Public Health
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COMMUNITY HEALTH

ASSESSMENT 2019

Montgomery County, Ohio

From the Health Commissioner:

Dear Family, Friends, and Neighbors:

Public Health - Dayton & Montgomery County's 2019 Community Health Assessment describes the health of our county and identifies key factors that contribute to our public health challenges. Similar to previous versions in 2010 and 2014, the county-level data in this assessment measure behavioral health, maternal and child health, deaths, chronic diseases, health risks, built environment and access to care. New to this assessment are geographic snapshots which define health characteristics of smaller areas of the county.
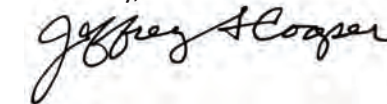
The data tell a compelling story around disparities in health outcomes between population groups. Our White population enjoys a longer lifespan, has more economic stability, experiences less burden of preventable disease and violence, and benefits from better access to healthcare. Our Black, Asian, Native American and other populations and individuals of Hispanic ethnicity fare much worse and have less opportunity to be healthy.

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

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

Sincerely,

Jeffrey A. Cooper
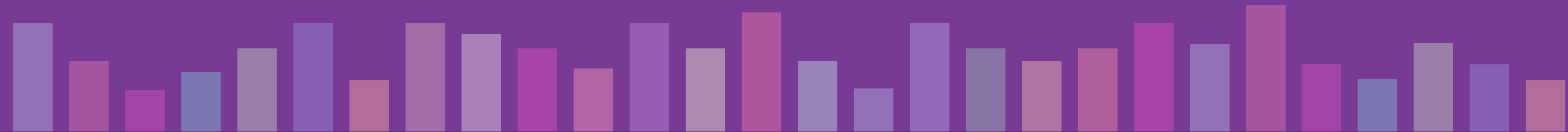Montgomery County Health Commissioner

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

Focus Groups

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

About Montgomery County

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

Behavioral Health

Mental health and substance misuse and abuse are strongly influenced by a variety of social factors as well as an individual's physical environment. The rate of hospital visits for all major mental health disorders increased between 2016 and 2017. Twenty-one percent of Ohio youth have experienced three or more Adverse Childhood Experiences (ACEs). Men have the highest rates of suicide, and firearms are the most common mechanism of suicide. Most self-harm related hospital visits are paid by Medicaid indicating an income disparity. Since 2014, the overdose death rate has more than doubled in the county with most deaths occurring in the East Dayton area. Those with a high school education or less account for 76% of overdose deaths and Whites account for 81% of overdose deaths.

Maternal Child Health

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

Death

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

Chronic Disease Risks & Outcomes

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

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

Health Risks & Outcomes

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

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

Access to Care

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

Built Environment

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

Key Community Health Indicators

Behavioral Health

Indicator	Montgomery County	Ohio
Accidental Drug Overdose Death Rate (2017)	106.7 per 100,000	44.1 per 100,000
Suicide Death Rate (2016-2017)	15.6 per 100,000	14.5 per 100,000
Mental Health Provider Ratio (2017)	531:1	561:1
Substance Use Treatment Centers (2017)	2.3 per 100,000	3.5 per 100,000

Birth Outcomes

Indicator	Montgomery County	Ohio
Low Birthweight (< 2500g) (2017)	9.8%	8.7%
Women Who Smoked During Pregnancy (2017)	8.7%	11.0%
Preterm Births (< 37 weeks gestation) (2017)	11.6%	10.4%
Infant Mortality Rate (2017)	7.8 per 1,000 live births	7.2 per 1,000 live births

Mortality

Indicator	Montgomery County	Ohio
Heart Disease Death Rate (2016-2017)	176.8 per 100,000	185.4 per 100,000
Cancer Death Rate (2016-2017)	175.9 per 100,000	172.2 per 100,000
Accident Death Rate (2016-2017)	126.4 per 100,000	71.8 per 100,000
Life Expectancy at Birth (2016-2017)	74.0 years	75.6 years

Cancer

Indicator	Montgomery County	Ohio
All Cancer (2014-2015)	466.8 per 100,000	467.4 per 100,000
Breast (female) (2014-2015)	135.6 per 100,000	128.5 per 100,000
Prostate (2014-2015)	98.4 per 100,000	100.4 per 100,000
Lung (2014-2015)	72.7 per 100,000	69.4 per 100,000
Colorectal (2014-2015)	37.2 per 100,000	42.6 per 100,000

Chronic Disease Health Risks

Indicator	Montgomery County	Ohio
Met Aerobic Recommendations (2015 & 2017)	25.4%	29.9%
Overweight (2016-2017)	35.4%	34.5%
Obese (2016-2017)	33.1%	32.6%
Food Insecurity (2017)	17.0%	14.6%
Current Smoker (2016-2017)	22.6%	21.8%

Access to Care

Indicator	Montgomery County	Ohio
Percent Uninsured (2017)	8.0%	7.4%
Could not see a doctor because of cost (2016-2017)	10.6%	11.0%
Visited dentist within the past year (2014 & 2016)	63.4%	66.7%

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In 2018, Public Health - Dayton & Montgomery County (Public Health) participated in the Southwest Ohio Regional Health Needs Assessment which involved 26 counties in 3 states, 35 hospitals, and 31 local health departments. This comprehensive and collaborative health needs assessment informed nonprofit hospitals and local health departments of the concerns faced by the larger communities they serve.

Public Health used the results of the regional assessment and health issues identified in focus groups to identify a central theme, **Social Determinants of Health,** of Montgomery County's 2019 Community Health Assessment.

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

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

Social determinants are organized into 5 key areas:

Neighborhood and Built Environment

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

Education

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

Health and Health Care

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

Social and Community Context

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

Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty

Tools for Understanding This Report

Report Layout

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

Data Sources

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

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

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

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

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

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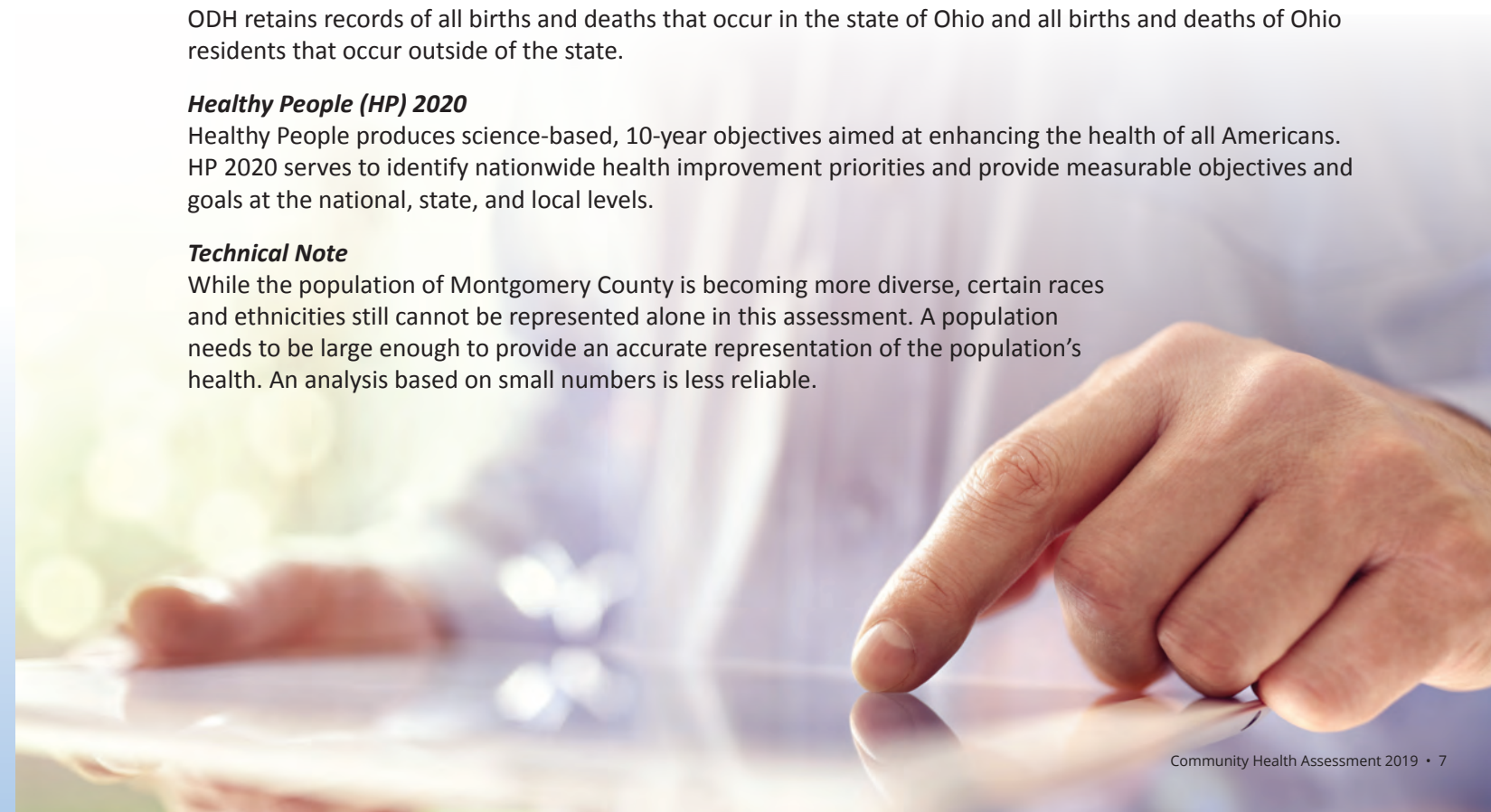
Adequate Prenatal Care
Prenatal care initiated by the fourth month of pregnancy and 80% or more of recommended visits received.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hypertensive Disease or Hypertension
Blood pressure that is consistently too high or blood pressure that is above 130/80.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Preconception
The period of time before becoming pregnant.

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

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

Race vs. Ethnicity
Race refers to a person's physical characteristics (i.e., skin, hair, or eye color). Ethnicity refers to cultural factors, including nationality, regional culture, ancestry, and language.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(World Health Organization, 1948)

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COMMUNITY HEALTH FOCUS GROUPS SUMMARY

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

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

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

Focus group participants discussed the following questions:

1. What are the most serious health issues facing your community?

2. What can you do to improve your health?

3. What barriers have you experienced in receiving health care in your community?

4. What would you say is the most important child health issues in your community?

5. What would you say is the most important thing that can be done to improve child heath in your community?

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

1. What are the most serious health issues facing your community?

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

2. What can you do to improve your health?

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

3. What barriers have you experienced in receiving health care in your community?

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

4. What would you say is the most important child health issue in your community?

African American Community (under 30 years old)	Diet, **Physical inactivity**, Violence (conflict resolution, anger management), **Social support** (problems with home life, not enough support), Sexual health
African American Community	Housing instability, Adverse Childhood Experiences, Mental health, Divorce, SIDS
Hispanic Community	**Parent education**, Lack of child care (unattended children)
Senior Citizen Community	Parent substance abuse, Family stress (lack of nurturing, stigma against asking for help), **Parent education**, **Physical inactivity**
LGBTQ Community	**Physical inactivity**, Food insecurity, **Social support** (bullying, family dinners, latch key kids, coping skills, places for LGBTQ youth to feel welcome), Opportunities for physical activity (safe parks, playgrounds, affordable sports programs)

COMMUNITY HEALTH FOCUS GROUPS SUMMARY

5. What would you say is the most important thing that can be done to improve child health in your community?	
African American Community (under 30 years old)	Peer support, **Parent education**, Parent support, Positive imaging (in media, music, etc.), Knowledge about available resources
African American Community	**Parent education**, More school nurses, Coordination of care, Trauma Informed Care, More involvement from caseworkers, More home visits
Hispanic Community	Improve nutrition with higher quality foods, Increase physical activity, Advertise opportunities for activities
Senior Citizen Community	**Increase access to healthy foods, Parent education, Nutrition education**, Expand WIC options
LGBTQ Community	Decrease child homelessness, More opportunities for physical activity (parks, playgrounds), **Nutrition education**, **Increase access to health foods**, Higher quality education

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

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

At the end of the meeting, one final question was asked of the participants: **"Given the health issues facing the community, which ones would be your top priorities?"**

Each participant was given 3 colored dots to select their top health issues from the comments made during the meeting. After the votes were tallied and organized into similar themes for all focus groups, the overall top priorities were: **social determinants of health, mental health, substance use, chronic diseases, and care coordination.**

Rank	Top Priorities
1	**Social Determinants of Health** ♦ Access to Care (Insurance, Cost, Availability of Services and Providers) ♦ Cultural Competence ♦ Healthy Food/Nutrition ♦ Discrimination ♦ Education ♦ Employment ♦ Parenting/Family ♦ Language ♦ Opportunity to Exercise ♦ Public Safety ♦ Transportation
2	**Mental Health** ♦ Suicide
3	**Substance Use** ♦ Stigma
4	**Chronic Diseases**
5	**Care Coordination**

ABOUT MONTGOMERY COUNTY

PHI PUBLIC HEALTH IMPORTANCE:

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

Population and Socioeconomic Characteristics by Race
Montgomery County, 2017

Indicator	Montgomery	White	Black
Total Population	531,987	389,413	109,808
Males	48.1%	48.6%	46.2%
Females	51.9%	51.4%	53.8%
Highest Level of Education			
< High School	10.1%	9.0%	13.8%
High School or Equivalent	28.1%	28.4%	28.8%
Some College or Associate's	35.0%	34.3%	39.6%
Bachelor's or Higher	26.8%	28.3%	17.8%
Median Household Income	$47,045	$53,303	$30,032
Household Type			
Family Households	**60.5%**	**61.9%**	**55.8%**
Married Couple	67.5%	74.5%	40.7%
Male Head of Household	7.7%	7.3%	9.2%
Female Head of Household	24.8%	18.2%	50.1%
Nonfamily Households	**39.5%**	**38.1%**	**44.2%**
Living Alone	85.0%	83.7%	90.3%
Not Living Alone	15.0%	16.3%	9.7%
Below Poverty Level	17.9%	13.3%	32.8%
Unemployment Rate	8.0%	6.2%	14.1%
Veterans	10.0%	10.3%	9.6%

Source: American Community Survey, U.S. Census

🔑 KEY FINDINGS

► The median household income is $23,271 higher for Whites than for Blacks.

► The percentage of Blacks living below the poverty level is 2.5 times higher than the percentage of Whites.

Across the Nation[1]			
	Montgomery	Ohio	United States
Total Population	531,987	11,609,756	321,004,407
Race			
White	73.2%	81.9%	73.0%
Black	20.6%	12.3%	12.7%
American Indian and Alaskan Native	0.2%	0.2%	0.8%
Asian	2.0%	2.0%	5.4%
Other	0.8%	0.9%	5.0%
Two or More Races	3.1%	2.7%	3.1%
Ethnicity			
Hispanic or Latino	2.7%	3.5%	17.6%
Median Household Income	$47,045	$52,407	$57,652
Below Poverty	17.9%	14.9%	14.6%
Unemployment Rate	8.0%	6.5%	6.6%

[1]American Community Survey, U.S. Census, 2017

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

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

Source: American Community Survey, U.S. Census

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

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

🔑 KEY FINDINGS

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

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

Homelessness in Montgomery County, 2018

Couples 1.9%
Families with Children 10.4%
Minors 5.4%
Single Women 27.9%
Single Men 54.4%
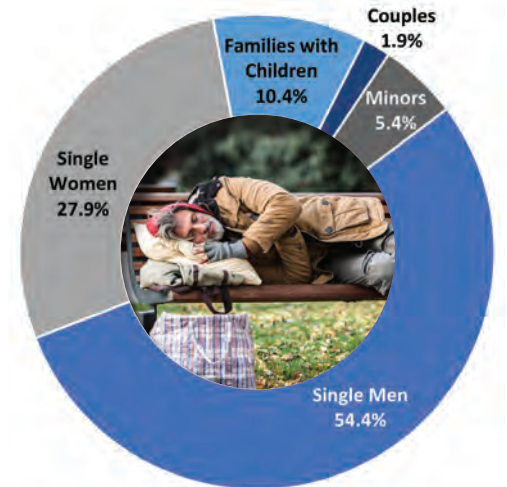
Source: Montgomery County Homeless Solutions

🔑 KEY FINDING

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

Disability Type by Age Group, Montgomery County, 2017

Hearing: 10%, 17%, 40%
Vision: 17%, 17%, 19%
Cognitive: 77%, 45%, 24%
Walking: 11%, 53%, 66%
Self-Care: 15%, 18%, 22%
Independent Living: 36%, 44%

■ Under 18 ■ 18 to 64 ■ 65 and older

Source: American Community Survey, U.S. Census

🔑 KEY FINDING

► More than 65% of those 65 and older with a disability have difficulty walking; the second most common difficulty in this age group is independent living (44%).

MENTAL HEALTH

SDOH SOCIAL DETERMINANTS OF HEALTH:

Mental health concerns such as depression and anxiety are more common among adults who have had exposure to unfavorable social, economic, or environmental circumstances. Stressful experiences such as poverty, debt, low educational attainment, unemployment, and weak social support all contribute to poor mental health.

Mental Health-related Hospital Visits by Disorder and Sex, Montgomery County, 2017
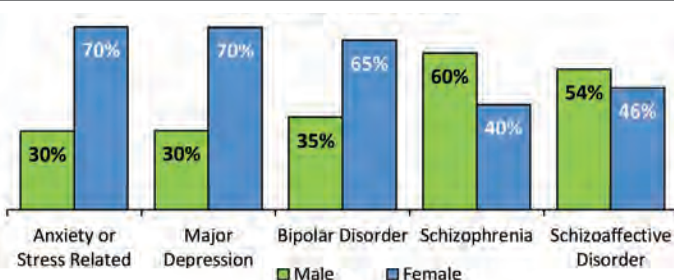
Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDING

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

KEY FINDING

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

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

Source: Greater Dayton Area Hospital Association Healthcare Database

Across the Nation

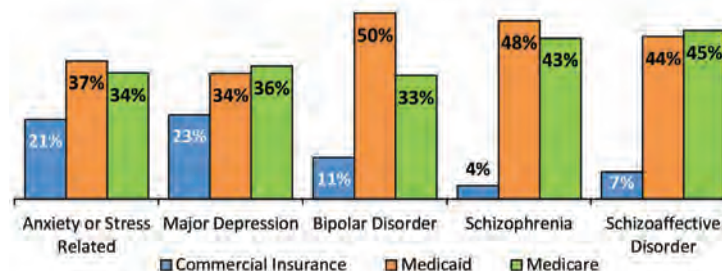|	Montgomery	Ohio	United States
Mental Health Provider Ratio[1]	531:1	561:1	470:1
Received Mental Health Services in the Past Year[2]	17.2%	16.9%	14.5%

[1]National Provider Identifier Standard (NPI), CMS, 2017
[2]National Survey on Drug Use and Health, 2014-2016

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

Mental Health Disorder	2016	2017	Trend
Anxiety and Stress-related	90.0	101.5	↑
Major Depressive Disorder	65.8	71.4	↑
Bipolar Disorder	17.3	19.5	↑
Schizophrenia	5.1	5.6	↑
Schizoaffective Disorder	3.1	3.6	↑

Source: Greater Dayton Area Hospital Association Healthcare Database

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

Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDING

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

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
Suicide Death Rate*	15.6	14.5	13.8	10.2

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

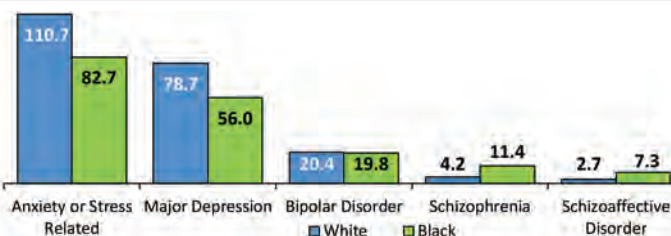### Suicide Death Rate* by Demographic Group Montgomery County, 2016-2017

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

KEY FINDING

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

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

Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDING

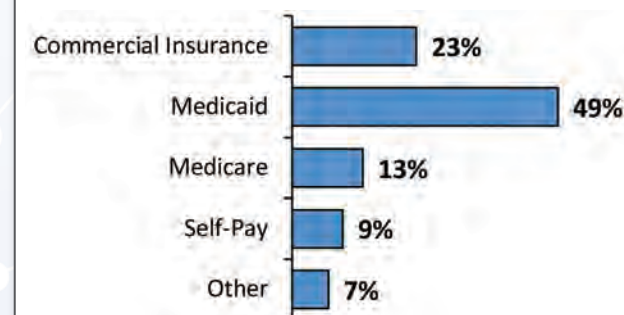▶ Nearly half (49%) of self-harm related hospital visits were paid for by Medicaid.
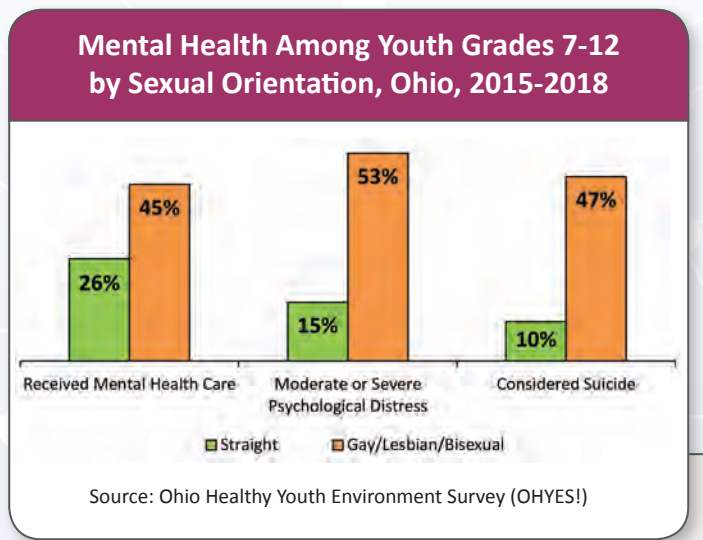
PHI PUBLIC HEALTH IMPORTANCE:

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

Bullying Among Youth Grades 7-12 by Demographic Characteristics, Ohio, 2015-2018

	Ohio	Orientation		Gender			Race/Ethnicity		
		Straight	Gay/Lesbian/ Bisexual	Male	Female	Transgender	Black	White	Hispanic
Bullied at School in the Past Year	22%	17%	39%	18%	25%	46%	17%	21%	25%
Missed School in the Past Month Because Felt Unsafe	8%	6%	19%	7%	9%	34%	11%	7%	14%

Source: Ohio Healthy Youth Environment Survey (OHYES!)

🔑 KEY FINDINGS as self-reported

▶ Gay, lesbian, and bisexual youth are twice as likely to be bullied and 3 times more likely to stay home from school because they feel unsafe compared to straight youth.

▶ 46% of transgender youth are bullied, and one-third miss school because they feel unsafe attending.

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

Source: Ohio Healthy Youth Environment Survey (OHYES!)

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

Source: Ohio Healthy Youth Environment Survey (OHYES!)

🔑 KEY FINDING as self-reported

▶ Gay, lesbian, bisexual and transgender youth are more likely than straight youth to experience psychological distress, consider suicide, or receive mental health care.
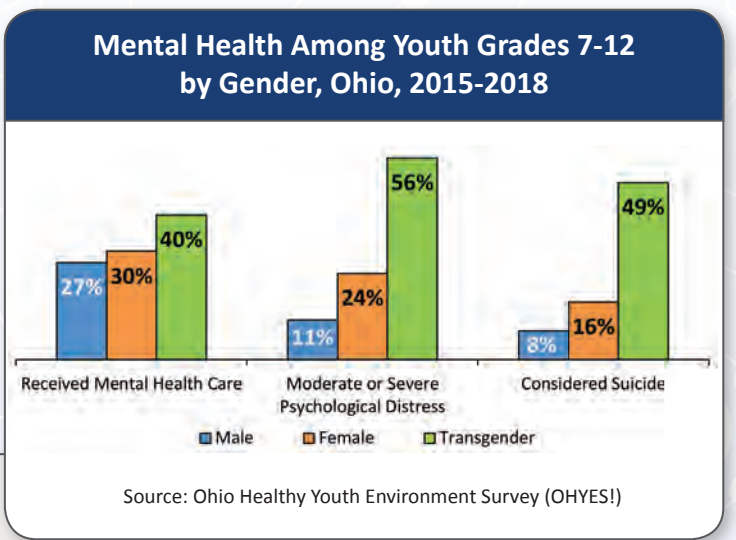
Adverse Childhood Experiences

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

ACEs Include:	Related Health Problems Include:
• Physical abuse • Substance abuse in the home • Sexual abuse • Mental illness in the home • Emotional abuse • Parental separation or divorce • Witnessing physical abuse • Incarcerated household member	• Substance abuse • Mental illness • Poor pregnancy outcomes • Chronic disease

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

Any Psychological Distress	39.1%
Anxious	23.8%
Depressed	17.0%
Received Mental Health Care	29.0%
Considered Suicide	13.0%

Source: Ohio Healthy Youth Environment Survey (OHYES!)

🔑 KEY FINDING as self-reported

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

Adverse Childhood Experiences (ACEs) Among Youth Grades 7-12, Ohio, 2015-2018

Adverse Childhood Experience	Ohio Youth
ACE Score of 3 or More	21%
Parents Separated, Divorced, or Unmarried	33%
Emotional Abuse	28%
Drugs/Alcohol Abuse in the Home	22%
Mental Illness in the Home	21%
Incarcerated person in the Home	13%
Physical Abuse	8%
Witnessed Physical Abuse	7%
Sexual Abuse	5%

Source: Ohio Healthy Youth Environment Survey (OHYES!)

🔑 KEY FINDING as self-reported

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

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

Source: Ohio Healthy Youth Environment Survey (OHYES!)

🔑 KEY FINDING as self-reported

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

SUBSTANCE MISUSE & ABUSE

SDOH SOCIAL DETERMINANTS OF HEALTH:

Many social factors influence substance misuse and abuse. These include events in childhood, neighborhood factors, and economic pressures.

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

Across the Nation[1]

	Montgomery	Ohio	United States
Substance Use Treatment Centers per 100,000 Residents	2.3	3.5	4.1

[1]Substance Abuse and Mental Health Services Administration Services Locator Map, 2017
Note: Treatment centers defined as facilities responding to SAMHSA's National Survey of Substance Abuse Treatment Services; data updated monthly

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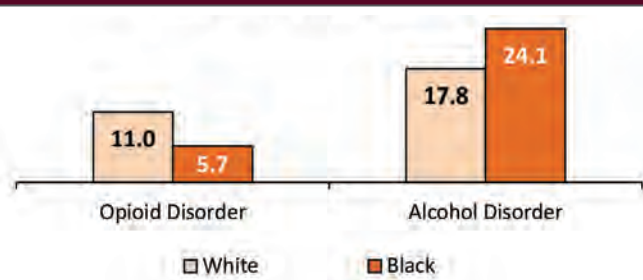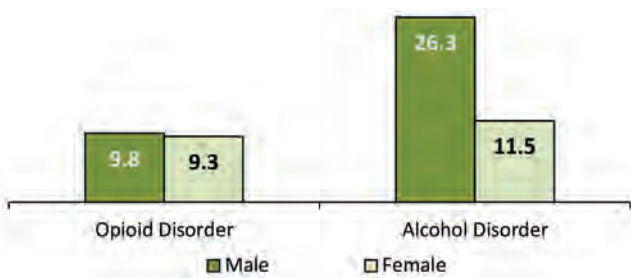

Opioid Disorder: White 11.0, Black 5.7
Alcohol Disorder: White 17.8, Black 24.1

Source: Greater Dayton Area Hospital Association Healthcare Database

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

Opioid Disorder: Male 9.8, Female 9.3
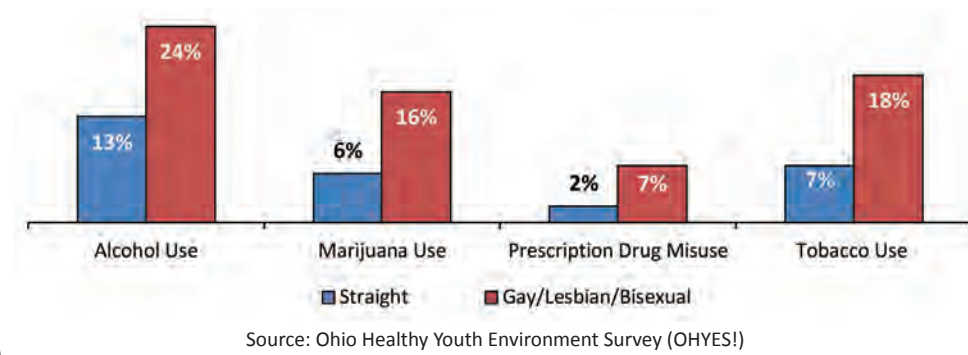Alcohol Disorder: Male 26.3, Female 11.5

Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDING
▶ The rate of alcohol use disorder-related hospital visits for men is more than twice as high as for women.

KEY FINDING
▶ Whites have a higher rate of opioid use disorder-related hospital visits, and Blacks have a higher rate of alcohol use disorder-related hospital visits.

Substance Use in the Past 30 Days Among Youth by Sexual Orientation Ohio, 2015-2018

Alcohol Use: Straight 13%, Gay/Lesbian/Bisexual 24%
Marijuana Use: Straight 6%, Gay/Lesbian/Bisexual 16%
Prescription Drug Misuse: Straight 2%, Gay/Lesbian/Bisexual 7%
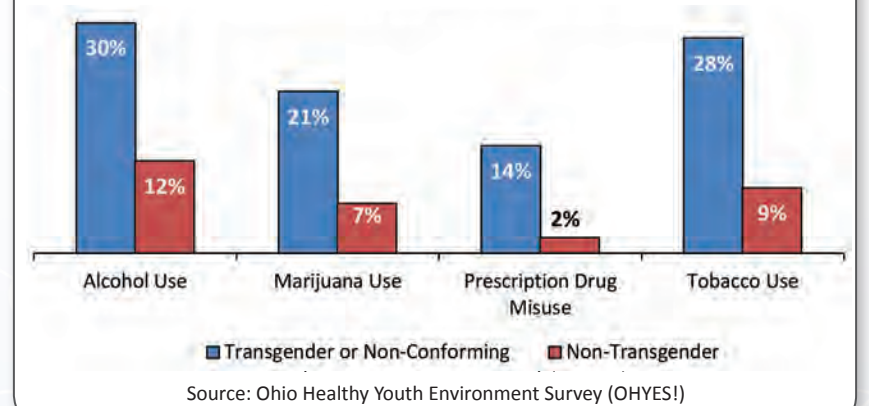Tobacco Use: Straight 7%, Gay/Lesbian/Bisexual 18%

Source: Ohio Healthy Youth Environment Survey (OHYES!)

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

Substance Use Among Youth by Gender Identity Ohio, 2015-2018

Alcohol Use: Transgender or Non-Conforming 30%, Non-Transgender 12%
Marijuana Use: Transgender or Non-Conforming 21%, Non-Transgender 7%
Prescription Drug Misuse: Transgender or Non-Conforming 14%, Non-Transgender 2%
Tobacco Use: Transgender or Non-Conforming 28%, Non-Transgender 9%

Source: Ohio Healthy Youth Environment Survey (OHYES!)

Among surveyed High School students in Ohio:

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

Across the Nation[1]

	Montgomery	Ohio	United States
Marijuana Use	13.6%	12.8%	13.6%
Cocaine Use	1.4%	1.6%	1.8%
Heroin Use	0.4%	0.4%	0.3%
Alcohol Use Disorder	6.5%	6.3%	6.0%

[1]National Survey on Drug Use and Health, 2014-2016

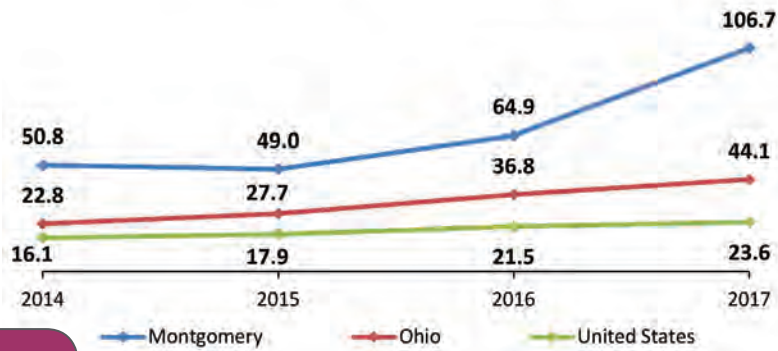Source: Ohio Healthy Youth Environment Survey (OHYES!), 2015-2018

ACCIDENTAL DRUG OVERDOSE
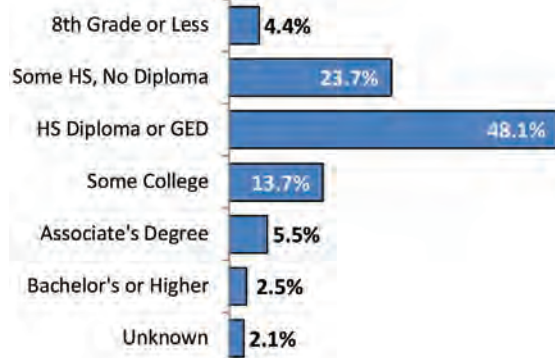
PHI | PUBLIC HEALTH IMPORTANCE:

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

Overdose Death Rate*, Montgomery County, Ohio, and the United States, 2014-2017

	2014	2015	2016	2017
Montgomery	50.8	49.0	64.9	106.7
Ohio	22.8	27.7	36.8	44.1
United States	16.1	17.9	21.5	23.6

*Age-adjusted rate per 100,000
Source: Ohio Death Certificates, Ohio Department of Health;
Mortality public-use data on CDC WONDER online database

Percent of Overdose Deaths by Education Montgomery County, 2017

- 8th Grade or Less — 4.4%
- Some HS, No Diploma — 23.7%
- HS Diploma or GED — 48.1%
- Some College — 13.7%
- Associate's Degree — 5.5%
- Bachelor's or Higher — 2.5%
- Unknown — 2.1%

Source: Ohio Death Certificates, Ohio Department of Health

🔑 KEY FINDING

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

Overdose Deaths by Race/Ethnicity Montgomery County, 2014 & 2017

	2014 Percent	2017 Percent
White	88%	81%
Black	12%	17%
Hispanic	0%	2%

Source: Ohio Death Certificates, Ohio Department of Health

🔑 KEY FINDING

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

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

🔑 KEY FINDINGS

▶ Fentanyl analogue is the most common drug mention in overdose deaths. Carfentanil is the most common fentanyl analogue (data not shown).

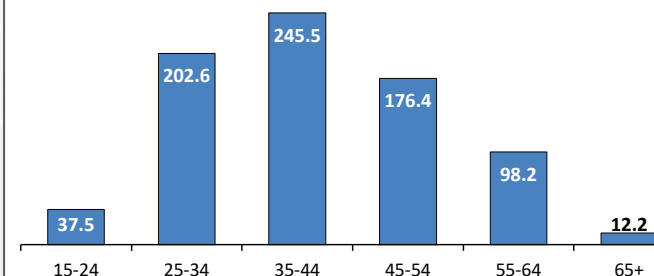▶ Prescription opioids and heroin decreased while Illicit fentanyl increased between 2014 and 2017.

Opioid Mentions in Overdose Deaths Occurring in Montgomery County, 2014-2017

	2014	2015	2016	2017
Prescription Opioids	37%			25%
Illicit Fentanyl	43%			66%
Heroin	48%			9%
Fentanyl Analogue			9%	64%

Note: The Coroner's Office began testing for fentanyl analogs in 2016.
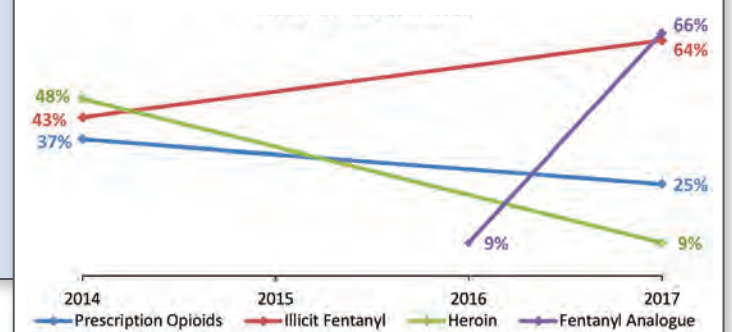
Source: Montgomery County Poisoning Death Review

Overdose Death Rate* by Age Montgomery County, 2017

Age	Rate
15-24	37.5
25-34	202.6
35-44	245.5
45-54	176.4
55-64	98.2
65+	12.2

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

🔑 KEY FINDING

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

🔑 KEY FINDINGS

▶ Cocaine and benzodiazepines are mentioned in more than one-third of all overdose deaths. The most common benzodiazepine is Xanax (data not shown).

▶ Benzodiazepine mentions decreased while methamphetamine and cocaine mentions increased between 2014 and 2017.

Non-Opioid Mentions in Overdose Deaths Occurring in Montgomery County, 2014-2017
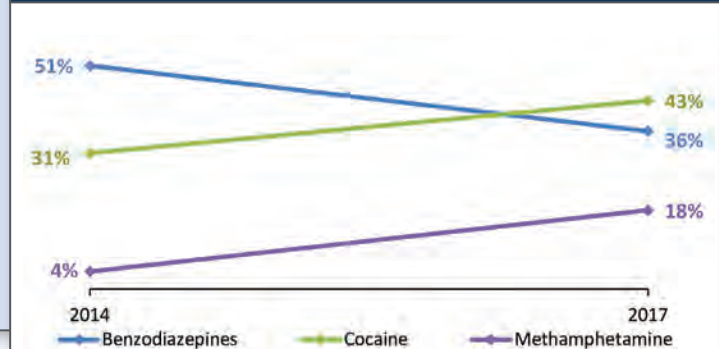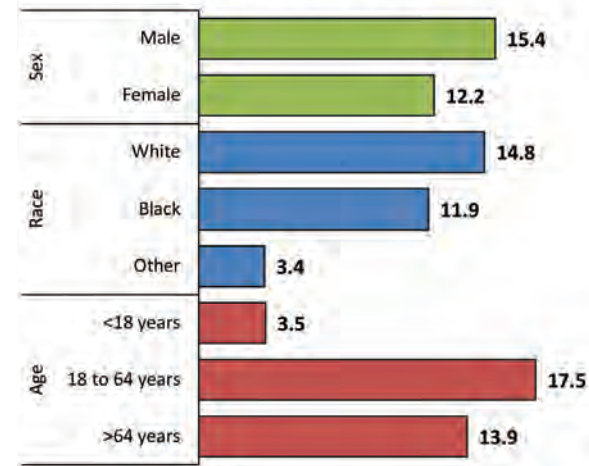
	2014	2017
Benzodiazepines	51%	36%
Cocaine	31%	43%
Methamphetamine	4%	18%

Source: Montgomery County Poisoning Death Review

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

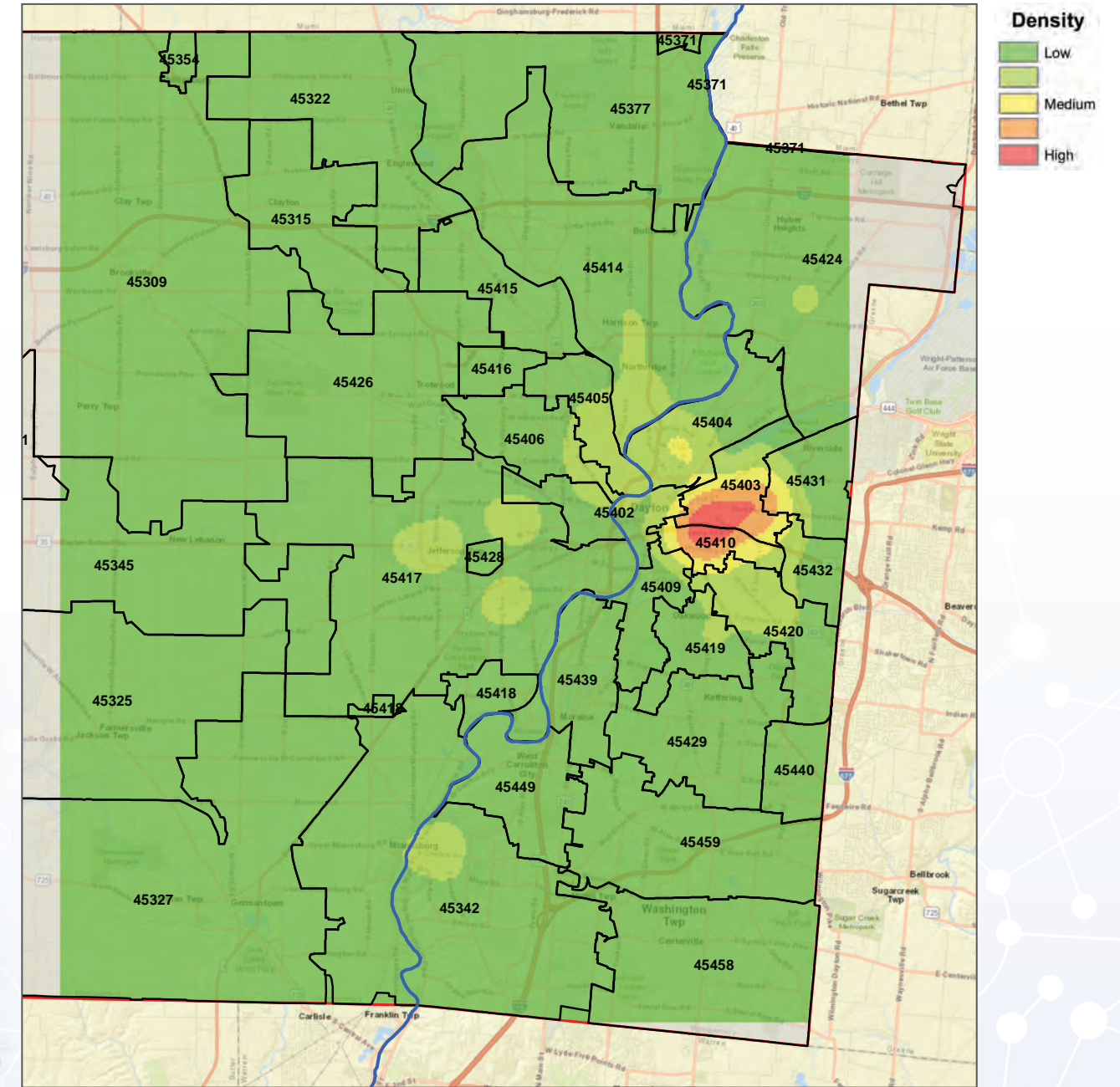|		
Sex	Male	15.4
	Female	12.2
Race	White	14.8
	Black	11.9
	Other	3.4
Age	<18 years	3.5
	18 to 64 years	17.5
	>64 years	13.9

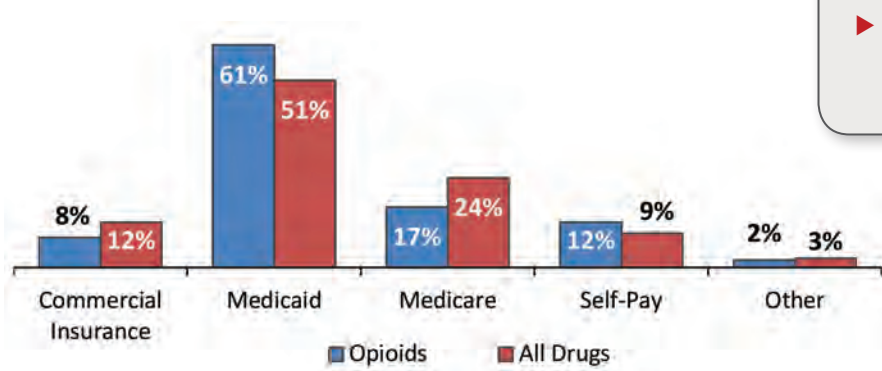Source: Greater Area Dayton Hospital Association Healthcare Database

🔑 KEY FINDINGS

▶ Men are more likely than women to have an overdose-related hospital visit.

▶ The rate of overdose-related hospital visits for Whites is higher than for Blacks.

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

Commercial Insurance	Medicaid	Medicare	Self-Pay	Other
8% / 12%	61% / 51%	17% / 24%	12% / 9%	2% / 3%

■ Opioids ■ All Drugs

Source: Greater Area Dayton Hospital Association Healthcare Database

🔑 KEY FINDING

▶ Medicaid pays for the majority of overdose visits.

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

Density
- Low
- Low
- Medium
- High

Source: Ohio Death Certificates, Ohio Department of Health

Birth Count by Race/Ethnicity Montgomery County, 2013-2017

Source: Ohio Birth Certificates, Ohio Department of Health
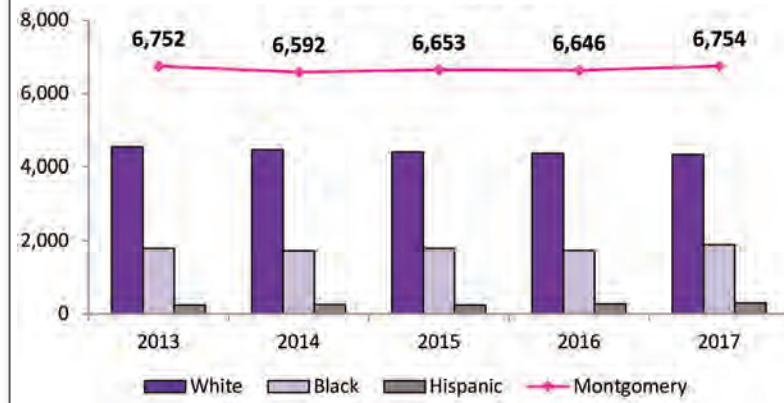
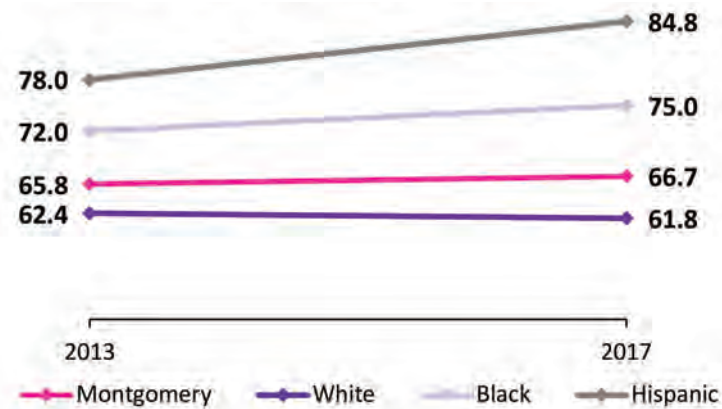### 🔑 KEY FINDINGS

▶ On average, there are 6,680 births per year.

▶ There are nearly 2.5 times as many White births compared to Black births.

🔑 KEY FINDINGS

▶ The birth rate among Black and Hispanic women increased from 2013 to 2017.

▶ The teen (15 to 19 yrs) birth rate decreased by 19% from 2013 to 2017 (data not shown).

Birth Rate (per 1,000 females, 15 to 44yrs) by Race/Ethnicity, Montgomery County, 2013-2017

Source: Ohio Birth Certificates, Ohio Department of Health

Births to Married Women by Race/Ethnicity Montgomery County, 2013-2017

Source: Ohio Birth Certificates, Ohio Department of Health
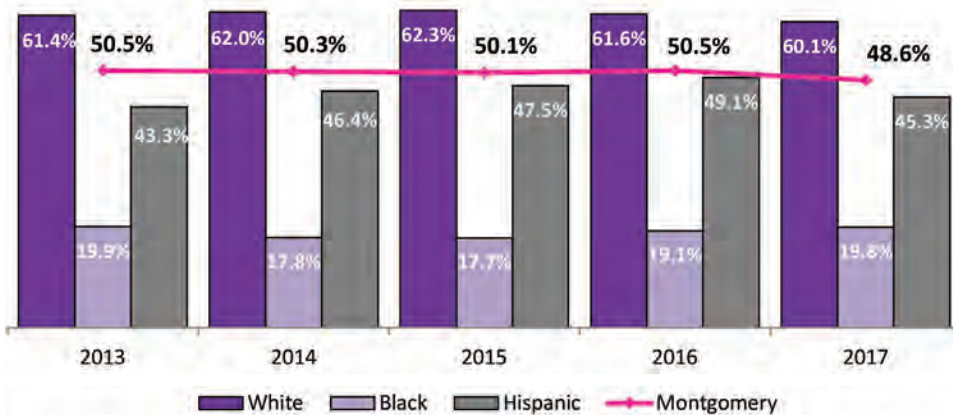
🔑 KEY FINDINGS

▶ Less than half (49%) of all women who give birth are married.

▶ Only 20% of Black women who give birth are married compared to 60% of White women and 45% of Hispanic women.

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

Pre-pregnancy Chronic Disease* by Race/Ethnicity Montgomery County, 2013-2017

*Either hypertension (high blood pressure) or diabetes
Source: Ohio Birth Certificates, Ohio Department of Health
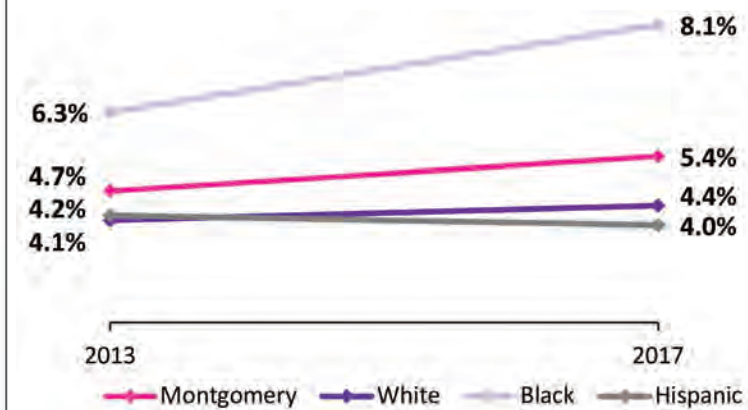
🔑 KEY FINDINGS

▶ The percent of women with pre-pregnancy hypertension or diabetes increased over the past 5 years among all races.

▶ Black women are more likely to have a pre-pregnancy chronic disease compared to White and Hispanic women.

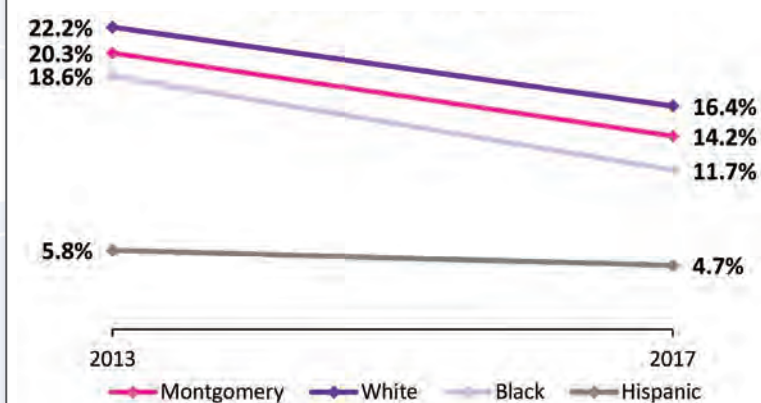Source: Ohio Birth Certificates, Ohio Department of Health

Body Mass Index Category Prior to Pregnancy, 2017	
Underweight (<18.5 kg/m²)	3.2%
Normal (18.5 to 24.9 kg/m²)	38.1%
Overweight (25 to 29.9 kg/m²)	25.9%
Obese (30 kg/m² or more)	32.9%

🔑 KEY FINDINGS

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

Smoking 3-Months Prior to Pregnancy by Race/Ethnicity Montgomery County, 2013-2017

Source: Ohio Birth Certificates, Ohio Department of Health

🔑 KEY FINDINGS

▶ The percent of women smoking 3 months prior to pregnancy decreased over the past 5 years.

▶ Smoking prior to pregnancy is highest among White women and lowest among Hispanic women.

Receiving adequate prenatal care increases a woman's chance of having a healthy pregnancy and a healthy birth. **Adequate prenatal care** is when a pregnant woman visits her doctor during the first 4 months of pregnancy and then at regular, prescribed intervals throughout the remainder of the pregnancy.
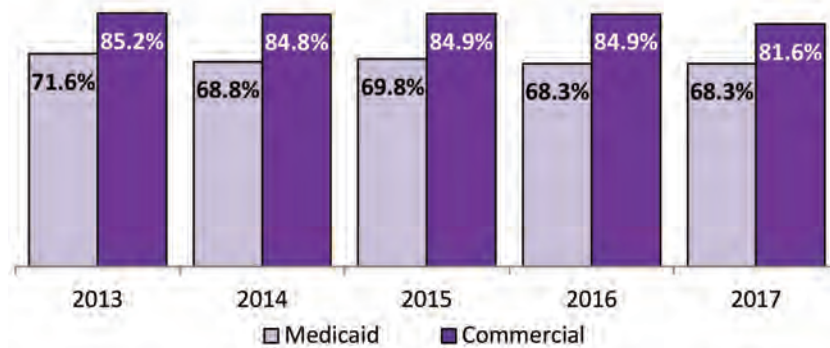
Adequate Prenatal Care by Race/Ethnicity Montgomery County, 2013-2017

80.3%
77.8%
74.0%
71.8%

77.3%
73.6%
69.6%
66.3%

2013 — 2017

Montgomery — White — Black — Hispanic

Source: Ohio Birth Certificates, Ohio Department of Health
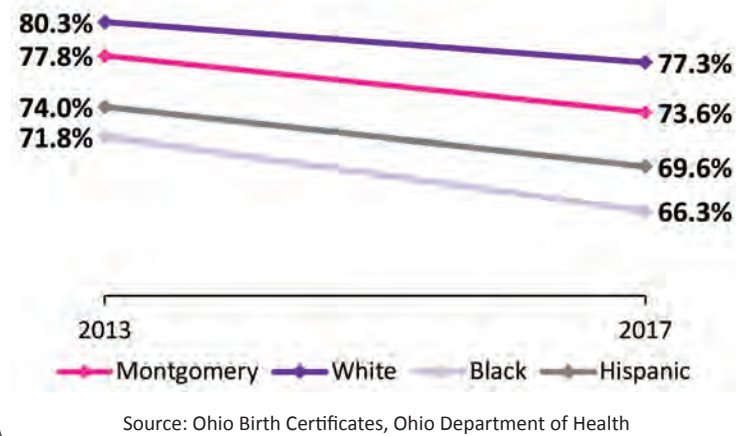
KEY FINDINGS

▶ The percent of women receiving adequate prenatal care decreased over the last 5 years.

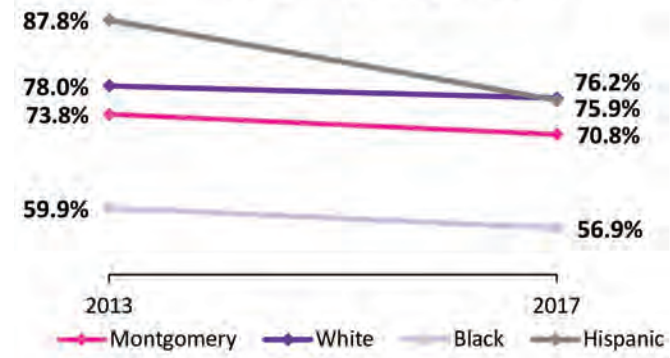▶ White women are more likely to receive adequate prenatal care compared to Black and Hispanic women.

Adequate Prenatal Care by Insurance Type Montgomery County, 2013-2017

2013	2014	2015	2016	2017
71.6%	68.8%	69.8%	68.3%	68.3%
85.2%	84.8%	84.9%	84.9%	81.6%

☐ Medicaid ■ Commercial

Source: Ohio Birth Certificates, Ohio Department of Health

KEY FINDING

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

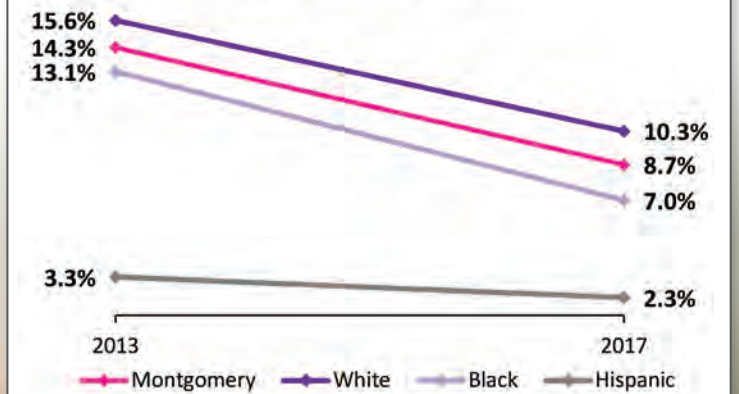## Breastfeeding at Hospital Discharge by Race/Ethnicity, Montgomery County, 2013-2017

87.8%
78.0%
73.8%

76.2%
75.9%
70.8%

59.9%
56.9%

2013 — 2017

Montgomery — White — Black — Hispanic

Source: Ohio Birth Certificates, Ohio Department of Health

KEY FINDINGS

▶ The percent of mothers who breastfed their baby when they left the hospital declined over the past 5 years.

▶ 76% of White and Hispanic mothers were breastfeeding when they left the hospital; which is nearly 1.5 times higher than Black mothers.

Smoking During Pregnancy* by Race/Ethnicity Montgomery County, 2013-2017

15.6%
14.3%
13.1%

10.3%
8.7%
7.0%

3.3%
2.3%

2013 — 2017

Montgomery — White — Black — Hispanic

*Any cigarettes during the third trimester of pregnancy
Source: Ohio Birth Certificates, Ohio Department of Health

KEY FINDINGS

▶ Smoking during pregnancy decreased over the past 5 years.

▶ Smoking during pregnancy is highest among White women and lowest among Hispanic women.
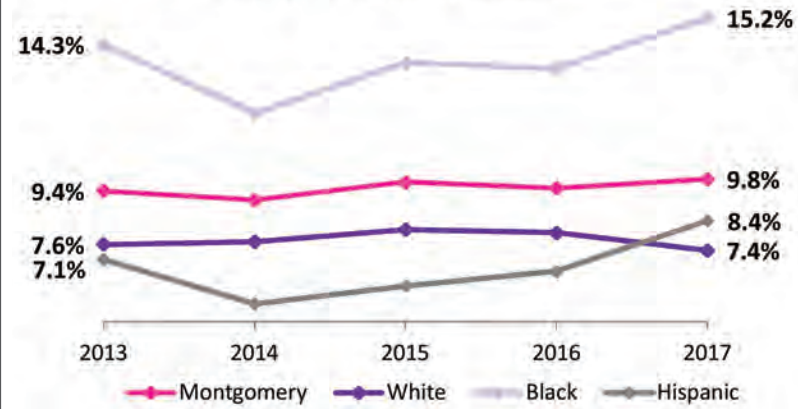
BIRTH OUTCOMES

PHI PUBLIC HEALTH IMPORTANCE:

Premature births (before 37 weeks) often result in low birth weight babies (less than 2,500g, 5lbs, 8oz). These babies can suffer from serious medical conditions because their bodies have not fully developed. Sometimes these problems are too severe, and the baby is unable to survive. These conditions can also lead to developmental delays and learning disabilities as the baby matures.
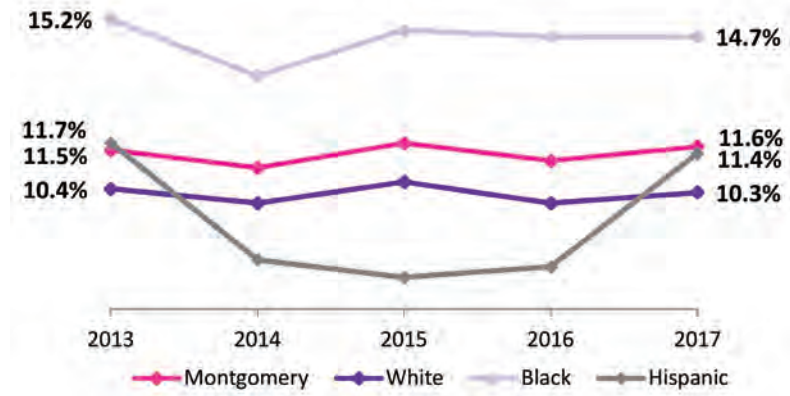
Low Birth Weight (<2,500g) by Race/Ethnicity Montgomery County, 2013-2017

14.3% 15.2%
9.4% 9.8%
7.6% 8.4%
7.1% 7.4%

2013 2014 2015 2016 2017

— Montgomery — White — Black — Hispanic

Source: Ohio Birth Certificates, Ohio Department of Health

Preterm Birth (Gestation <37wks) by Race/Ethnicity Montgomery County, 2013-2017

15.2% 14.7%
11.7% 11.6%
11.5% 11.4%
10.4% 10.3%

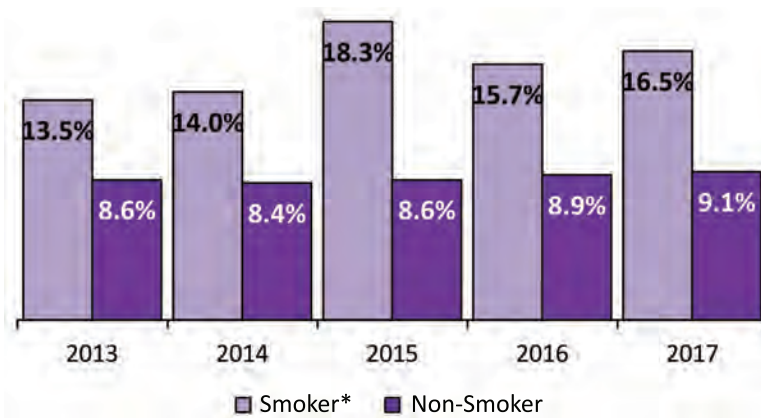2013 2014 2015 2016 2017

— Montgomery — White — Black — Hispanic

Source: Ohio Birth Certificates, Ohio Department of Health

🔑 KEY FINDINGS

▶ Overall, the percent of babies born prematurely has not changed since 2013.

▶ Black women are more likely to have a preterm birth compared to White and Hispanic women.

🔑 KEY FINDING

▶ Black women are twice as likely to have a low birth weight baby compared to White women, and nearly 2 times more likely compared to Hispanic women.

Poor Birth Outcomes by Education Montgomery County, 2013-2017

16.0%
13.1%
10.5% 11.3%
10.8% 8.5%

Preterm Birth Low Birth Weight

■ Less than HS □ HS degree/GED ■ More than HS

Source: Ohio Birth Certificates, Ohio Department of Health

Low Birth Weight (<2,500g) by Smoker Status Montgomery County, 2013-2017

13.5% 14.0% 18.3% 15.7% 16.5%
8.6% 8.4% 8.6% 8.9% 9.1%
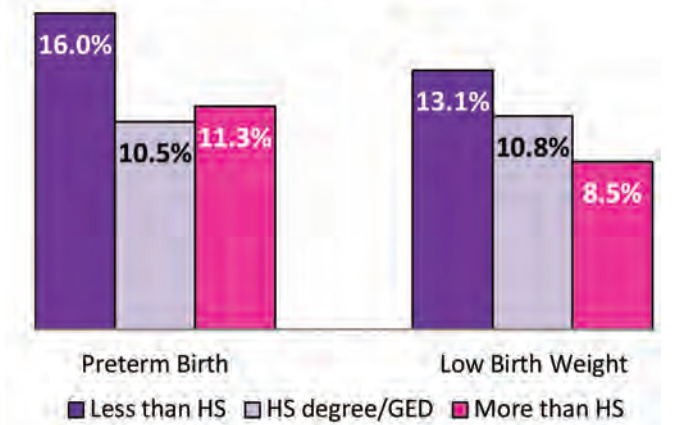
2013 2014 2015 2016 2017

□ Smoker* ■ Non-Smoker

*Any cigarettes during the third trimester of pregnancy
Source: Ohio Birth Certificates, Ohio Department of Health

🔑 KEY FINDING

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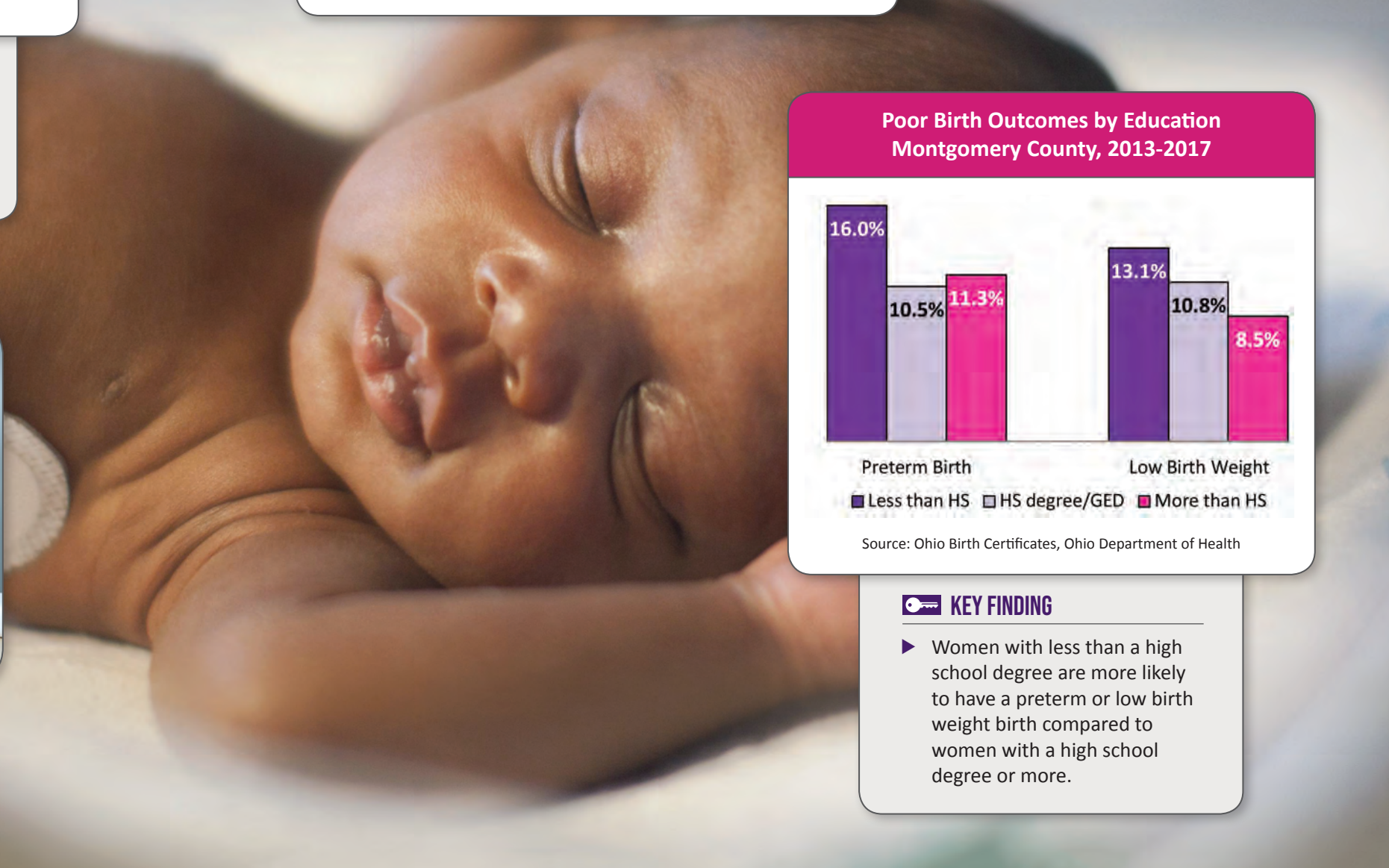
🔑 KEY FINDING

▶ Women with less than a high school degree are more likely to have a preterm or low birth weight birth compared to women with a high school degree or more.
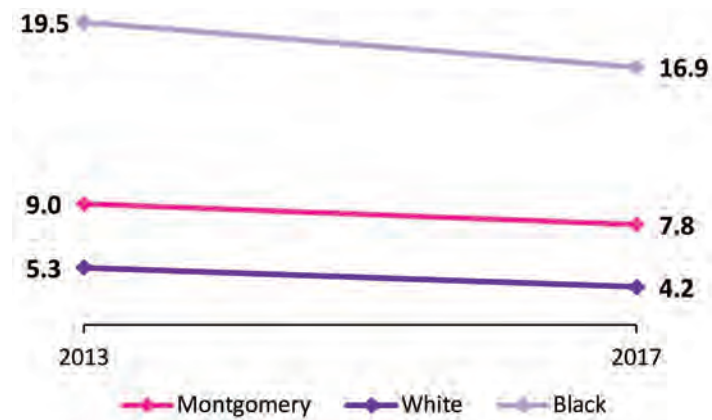
INFANT MORTALITY

SDOH SOCIAL DETERMINANTS OF HEALTH

The causes of infant mortality can be related to the conditions in which moms and babies live, learn, work, and play. Communities experiencing higher levels of poverty, crime, and food insecurity, as well as deteriorating neighborhood and housing conditions often experience higher rates of infant mortality. Women living within these communities may experience higher levels of stress. High levels of stress can cause a baby to be born too early (prematurely), which can increase a baby's risk of dying before they reach their first birthday.

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

	2013	2017
Black	19.5	16.9
Montgomery	9.0	7.8
White	5.3	4.2

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

🔑 KEY FINDINGS

▶ All infant mortality rates declined since 2013.

▶ Black babies die at a rate 4 times higher than White babies.

▶ The Hispanic infant mortality rate from 2013 to 2017 is 7.7 deaths per 1,000 live births (data not shown).

Source: Ohio Death Certificates, Ohio Department of Health

Leading Causes of Infant Death, 2013-2017

Rank	Cause	% of Deaths
1	Prematurity/Related Conditions	32.1%
2	Birth Defects	14.1%
3	Maternal Complications	12.9%
4	Accidents/Unintentional Injuries	12.4%
5	Other Causes	8.4%

🔑 KEY FINDINGS

▶ Most babies die because they are born too early and too small.

▶ 68% of accidental deaths among infants are caused by sleep-related suffocation or strangulation in bed (data not shown).

Across the Nation

	Montgomery[1]	Ohio[1]	United States	HP 2020 Goal
Adequate Prenatal Care	73.6%	76.1%	75.6%[4]	77.6%
Smoking During Pregnancy	8.7%	11.0%	5.5%[3]	–
Breastfeeding at Hospital Discharge	70.8%	73.4%	–	81.9%
Preterm Birth	11.6%	10.4%	9.9%[3]	9.4%
Low Birth Weight	9.8%	8.7%	8.3%[3]	7.8%
Infant Mortality Rate (per 1,000 live births)	7.8	7.2	5.8[2]	6.0
Black	16.9	15.6	11.3[2]	6.0
White	4.2	5.3	4.9[2]	6.0

[1]Ohio Birth and Death Certificates, Ohio Department of Health, 2017
[2]Mortality public-use data on CDC Wonder online database, 2017
[3]National Vital Statistics, Birth Report, 2017
[4]National Vital Statistics, Adequate Prenatal Care Report, 2016

Public Health Importance

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

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

POSTPARTUM
▶ Breastfeed
▶ Avoid infant's exposure to secondhand smoke
▶ Place infant to sleep on his or her back

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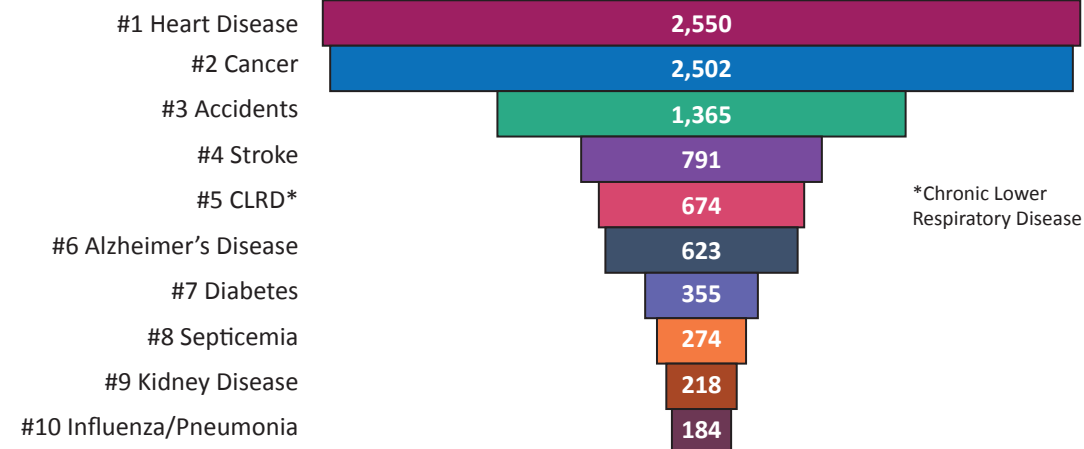▶ Know the signs of preterm labor

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

Rank	Cause	Deaths
#1	Heart Disease	2,550
#2	Cancer	2,502
#3	Accidents	1,365
#4	Stroke	791
#5	CLRD*	674
#6	Alzheimer's Disease	623
#7	Diabetes	355
#8	Septicemia	274
#9	Kidney Disease	218
#10	Influenza/Pneumonia	184

*Chronic Lower Respiratory Disease

Source: Ohio Death Certificates, Ohio Department of Health

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

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

Rank	White	Black
1	Cancer	Heart Disease
2	Heart Disease	Cancer
3	Accidents	Accidents
4	Stroke	Stroke
5	CLRD*	Diabetes
6	Alzheimer's Disease	Alzheimer's Disease
7	Diabetes	Homicide
8	Septicemia	Kidney Disease
9	Influenza/Pneumonia	CLRD*
10	Chronic Liver Disease	Septicemia

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

Rank	Male	Female
1	Heart Disease	Cancer
2	Cancer	Heart Disease
3	Accidents	Accidents
4	CLRD*	Stroke
5	Stroke	Alzheimer's Disease
6	Diabetes	CLRD*
7	Alzheimer's Disease	Diabetes
8	Septicemia	Septicemia
9	Suicide	Kidney Disease
10	Kidney Disease	Influenza/Pneumonia

Source: Ohio Death Certificates, Ohio Department of Health   *Chronic Lower Respiratory Disease

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

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

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

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

Source: Ohio Death Certificates, Ohio Department of Health

KEY FINDING
▶ Accidents are the leading cause of death among those aged 1 to 54 years.

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

Life Expentacy Montgomery County, 2012-2017

76.1 (2012-2013)
74.0 (2016-2017)
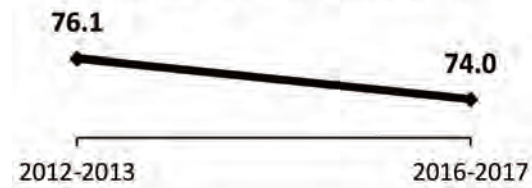
Source: Ohio Death Certificates, Ohio Department of Health

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

Montgomery	74.0
White	74.9
Black	70.0
Male	70.7
White Male	71.6
Black Male	65.5
Female	77.3
White Female	78.0
Black Female	74.2
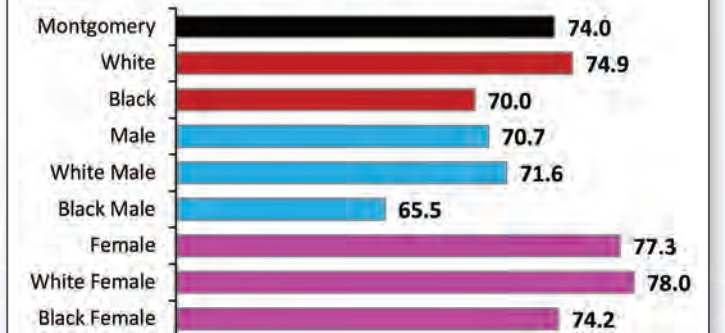
Source: Ohio Death Certificates, Ohio Department of Health

KEY FINDINGS
▶ Black men have the lowest life expectancy (65.5 years).
▶ Life expectancy dropped 2.1 years since 2012-2013.
▶ The years of potential life lost increased more than 21,000 years compared to 2013-2013.

Years of Potential Life Lost Montgomery County, 2012-2017

92,715 (2012-2013)
113,760 (2016-2017)

Source: Ohio Death Certificates, Ohio Department of Health

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

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]
Life Expectancy	74.0	75.6	78.6

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

WEIGHT

PHI PUBLIC HEALTH IMPORTANCE:

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

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

- <$15,000: 77.8%
- $15,000-$24,999: 69.2%
- $25,000-$34,999: 67.1%
- $35,000-$49,999: 53.7%
- $50,000+: 70.8%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 **KEY FINDING** as self-reported

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

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

- Montgomery: 68.5%
- Male: 75.5%
- Female: 62.2%
- White: 66.2%
- Black: 74.3%
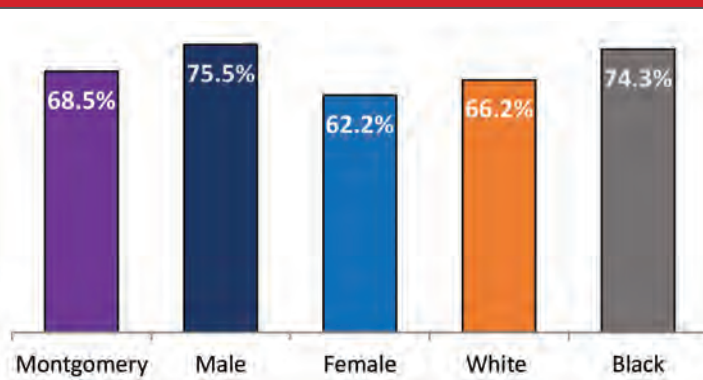
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 **KEY FINDINGS** as self-reported

▶ 69% of all adults are overweight or obese.

▶ Being overweight or obese is more likely among men than women and among Blacks compared to Whites.

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
Obese	33.1%	32.6%	31.6%	30.5%
Overweight or Obese	68.5%	67.1%	66.9%	-

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

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

- Underweight: 2.0%
- Normal Weight: 29.5%
- Overweight: 35.4%
- Obese: 33.1%
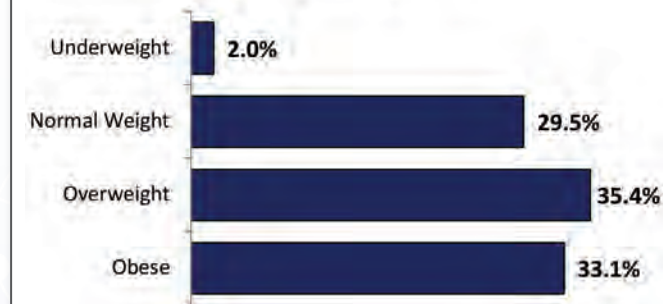
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 **KEY FINDING** as self-reported

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

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

Child* Body Mass Index (BMI)
Montgomery County
and Surrounding Areas, 2017

- Obese 36%
- Overweight 14%
- Underweight 6%
- Normal Weight 44%

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

🔑 **KEY FINDING** as self-reported

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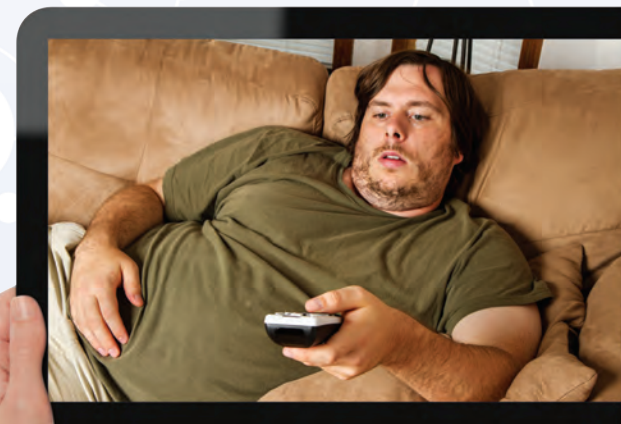
PHYSICAL ACTIVITY

PHI PUBLIC HEALTH IMPORTANCE:

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

Adults Who Meet Physical Activity Guidelines by Sex and Race Montgomery County, 2015 & 2017
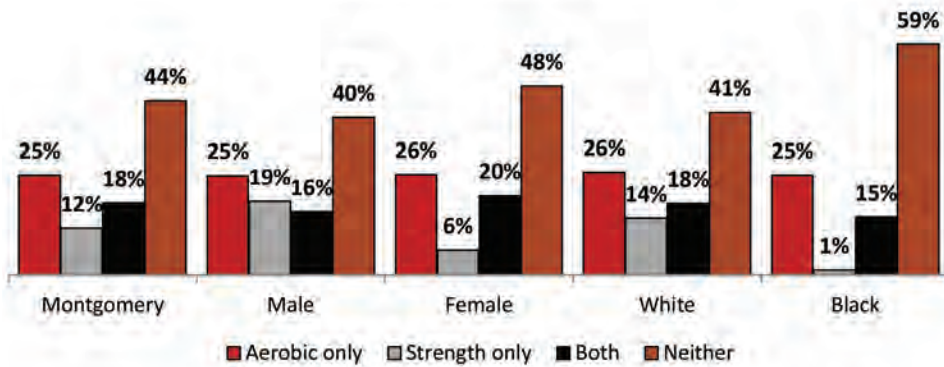
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 KEY FINDINGS as self-reported

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

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

Physical Activity Guidelines for Adults

▶ **Aerobic:** 150 to 300 minutes a week of moderate-intensity activity, or 75 to 150 minutes a week of vigorous-intensity activity or a combination of the two.

▶ **Muscle-strengthening:** moderate or greater intensity activity involving all major muscle groups on 2 or more days a week.

Source: U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition.

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
Meet Both Guidelines	18.4%	19.0%	20.3%	20.1%

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

Any Physical Activity Outside of Work by Education Montgomery County, 2016-2017
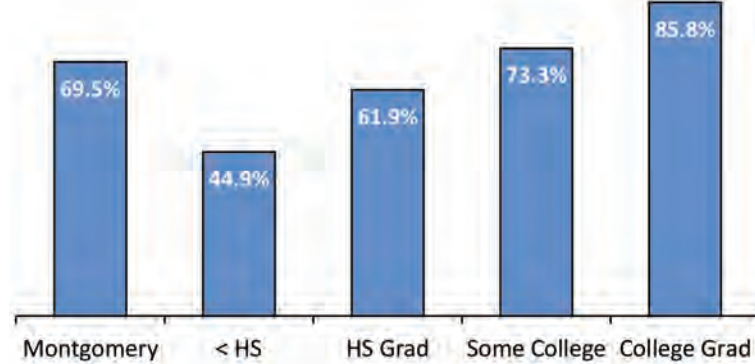
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 KEY FINDING as self-reported

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

🔑 KEY FINDING as self-reported

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

Child* Physical Activity Montgomery County and Surrounding Areas, 2017

Children exercising outside of schools: 58%

Children participating in an intramural sport: 71%
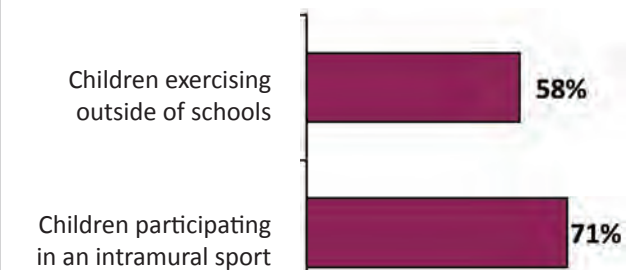
Source: Dayton Children's Hospital Community Health Needs Assessment
*6-11 years

FOOD INSECURITY & NUTRITION

PUBLIC HEALTH IMPORTANCE:

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

Nutritional Habits Among Children*
Montgomery County and Surrounding Areas, 2017

▶ About 30% of children eat less than one serving of fruit and less than one serving of vegetables per day.

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

Food Insecurity

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

Food Insecurity
Montgomery County, 2014-2017

Overall: 18.4%, 18.0%, 17.5%, 17.0%
Child: 24.5%, 22.9%, 22.0%, 21.6%
(2014, 2015, 2016, 2017)

— Overall   — Child

Source: Feeding America
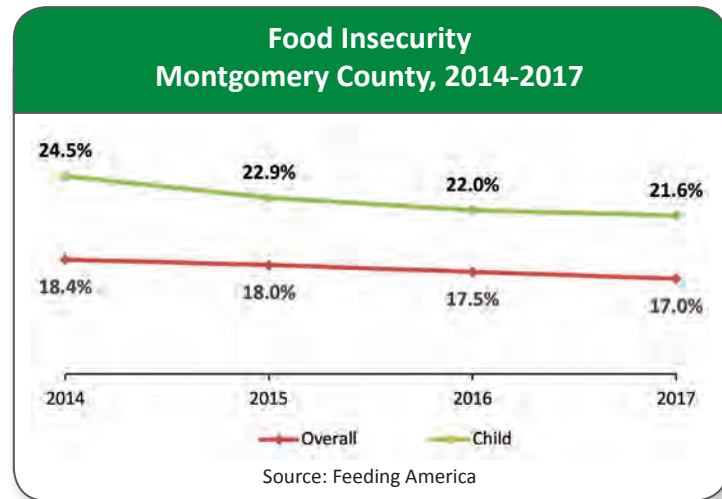
🔑 KEY FINDING

▶ Food insecurity decreased between 2014 and 2017.

Adults Consuming Fruits and Vegetables an Average of Less Than Once per Day by Race
Montgomery County, 2015-2017

Montgomery: Fruit 40.6%, Vegetable 21.3%
White: Fruit 41.8%, Vegetable 18.6%
Black: Fruit 40.2%, Vegetable 34.0%

■ Fruit ■ Vegetable

Source: Behavioral Risk Factor Surveillance System (BRFSS)
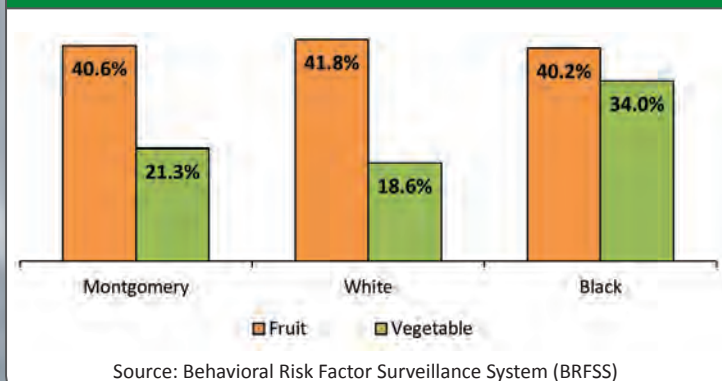
🔑 KEY FINDING as self-reported

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

Across the Nation[1]

	Montgomery	Ohio	United States
Overall Food Insecurity	17.0%	14.6%	12.6%
Food Insecurity Among Children	21.6%	19.6%	17.0%

[1]Feeding America, 2017

Women, Infants, And Children (WIC) Program
Montgomery County, 2017

Number of WIC Participants	9,200
Infants Receiving WIC	3,100
Percent of Women Who Received WIC During Pregnancy	31.8%
WIC Authorized Stores	42
WIC Authorized Pharmacies	3
WIC Farmers' Market Nutrition Program (FMNP)	
Maximum Vouchers available through FMNP	787
Farmers authorized to participate in FMNP	14

Source: WIC Program, PHDMC

Supplemental Nutrition Assistance Programs (SNAP)
Montgomery County, 2017

Active Participants	70,839
Percent of Population Enrolled in SNAP	13.3%
Percent of Population below 100% FPL Enrolled in SNAP	86.2%
Monthly Benefits Issued	$9,200,220
Average Monthly Benefit Issued per Participant	$129.88

Characteristics	Households Receiving SNAP	Households *not* Receiving SNAP
Households	14.6%	85.4%
With one or more people 60 yrs and over	26.4%	42.2%
With child(ren) under 18 yrs	46.7%	21.6%
With disabled individual(s)	50.6%	74.4%
Below poverty level	52.3%	47.7%
Median Household Income	$16,269	$54,988

Source: American Community Survey, U.S. Census

SOCIAL DETERMINANTS OF HEALTH:

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

National School Lunch Program (NLSP)
Montgomery County, 2017

Schools Enrolled in the NLSP	162
Free Lunch Eligible Students	48.3%
Reduced Price Lunch Eligible Students	4.4%
Free or Reduced Price Lunch Eligible Students	52.7%

Source: National School Lunch Program, Ohio Department of Education

ALCOHOL USE

PHI PUBLIC HEALTH IMPORTANCE:

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

BINGE DRINKING
5+ Drinks per occasion (Men)
4+ Drinks per occasion (Women)

HEAVY DRINKING
15+ Drinks per week (Men)
8+ Drinks per week (Women)

Adult Binge Drinking by Age
Montgomery County, 2016-2017

Montgomery 16.0%
18-24 22.2%
25-34 27.4%
35-44 23.1%
45-54 19.3%
55-64 11.0%
65+ 6.0%
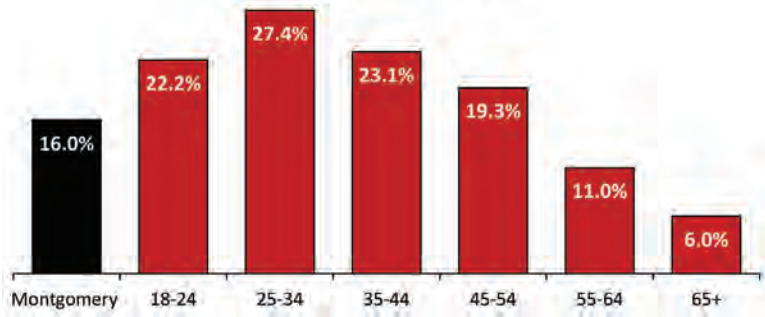
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 **KEY FINDING** as self-reported

▶ Binge drinking is most common among adults age 25 to 34 years.

Adult Binge and Heavy Drinking by Sex and Race
Montgomery County, 2016-2017

	Binge Drinking	Heavy Drinking
Montgomery	16.0%	6.2%
Male	24.9%	8.1%
Female	8.2%	4.5%
White	17.0%	8.3%
Black	14.8%	1.6%
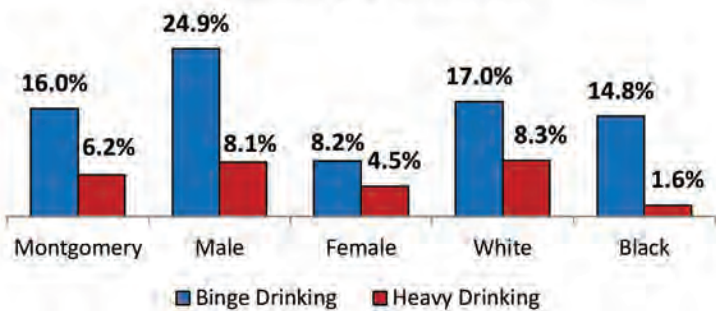
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 **KEY FINDINGS** as self-reported

▶ Heavy and binge drinking are more common among men than women.

▶ More Whites report binge drinking and heavy drinking than Blacks.

Across the Nation

	Montgomery	Ohio	United States	HP 2020 Goal
Alcohol-related Causes of Death Rate[1]	11.6	8.6	9.5	-
Alcohol Liver Disease Death Rate[1]	6.5	5.2	5.9	-
Binge Drinking	16.0%[2]	18.4%[2]	17.4%[3]	24.2%
Heavy Drinking	6.2%[2]	6.7%[2]	6.3%[3]	-

[1] Mortality public-use data on CDC Wonder online database, 2016-2017; Age-adjusted rates per 100,000.
[2] Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017
[3] Behavioral Risk Factor Surveillance System (BRFSS), 2017

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

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

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

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

Source: National Survey on Drug Use and Health, 2014-2016

Adult Heavy Drinking by Income
Montgomery County, 2016-2017

<$15,000	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000+
10.1%	9.0%	6.7%	2.0%	5.7%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 **KEY FINDING** as self-reported

▶ Heavy drinking is highest among those with an income less than $15,000.

PHI PUBLIC HEALTH IMPORTANCE:

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

Adult Current Smoker Status by Education
Montgomery County, 2016-2017

- < HS: 37.1%
- HS Grad: 32.6%
- Some College: 19.0%
- College Grad: 7.9%
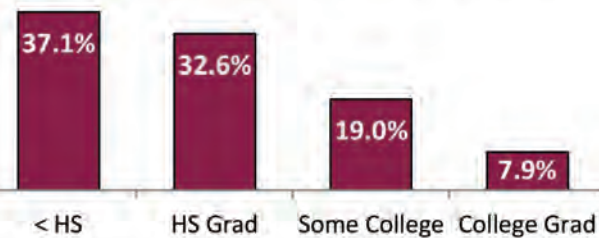
Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING as self-reported

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

Each Year Smoking Claims the Lives of More Than 480,000 Americans.

Adult Smoking Status by Sex
Montgomery County, 2016-2017

Montgomery — Current Smoker 22.6%, Former Smoker 26.4%, Never Smoker 51.0%
Male — Current Smoker 28.1%, Former Smoker 32.1%, Never Smoker 39.8%
Female — Current Smoker 17.9%, Former Smoker 21.5%, Never Smoker 60.6%

Legend: Current Smoker, Former Smoker, Never Smoker
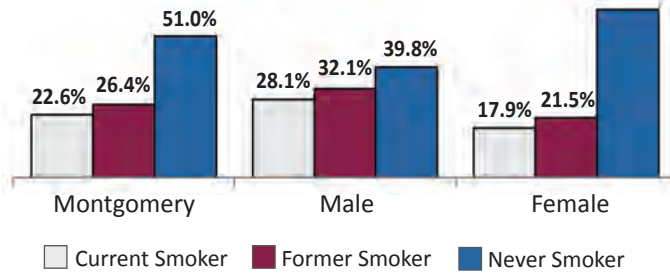
Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDINGS as self-reported

▶ 23% of adults currently smoke.
▶ 61% of women compared to 40% of men have never smoked.

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
Current Smoker	22.6%	21.8%	17.1%	12.0%
Smokeless Tobacco	4.0%	4.9%	4.1%	0.2%

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

E-Cigarette Status Among Adults
Montgomery County, 2016-2017

- Ever Tried E-cigs: 24.9%
- Current User of E-cigs: 5.1%
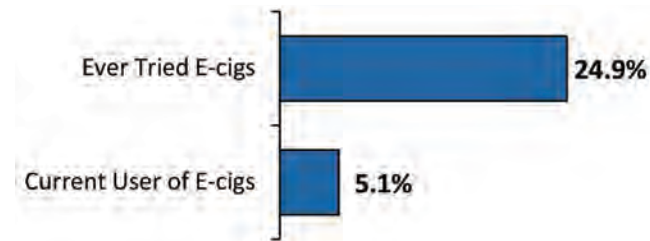
Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING as self-reported

▶ 25% of adults have tried e-cigarettes and 5% currently use e-cigarettes.

E-Cigarette Status Among Youth
Ohio, 2014

- Ever Tried E-cigs: Ohio High School 40.9%, Ohio Middle School 12.6%
- Current User of E-cigs: Ohio High School 21.7%, Ohio Middle School 4.9%
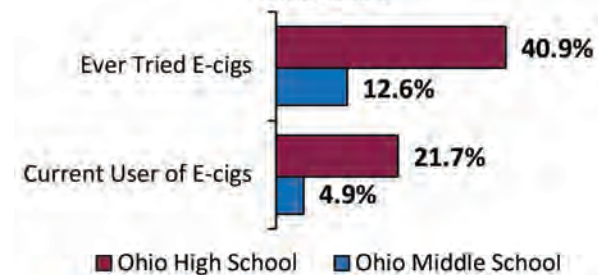
Source: Ohio Youth Tobacco Survey

KEY FINDING as self-reported

▶ In middle school, only 13% of students report trying e-cigarettes, but by high school, 41% report trying e-cigarettes.

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

DIABETES

PHI PUBLIC HEALTH IMPORTANCE:

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

Diabetes-related Hospital Visits by Insurance Type Montgomery County, 2017
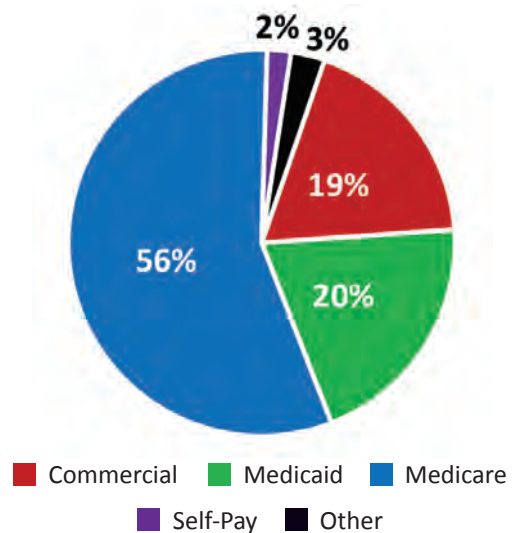
- Commercial
- Medicaid
- Medicare
- Self-Pay
- Other

Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDING

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

Adults Diagnosed with Diabetes and Prediabetes by Sex, Montgomery County, 2016-2017

- Diabetes
- Prediabetes
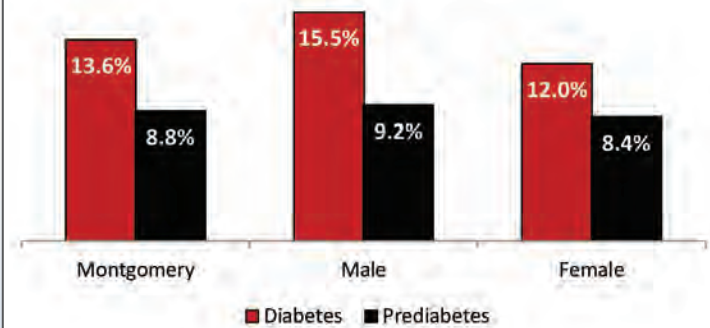
Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDINGS as self-reported

▶ Men are more likely than women to be diagnosed with diabetes and prediabetes.

▶ A diagnosis of diabetes is less likely at higher levels of education.

Adults Diagnosed with Diabetes by Education Montgomery County, 2016-2017
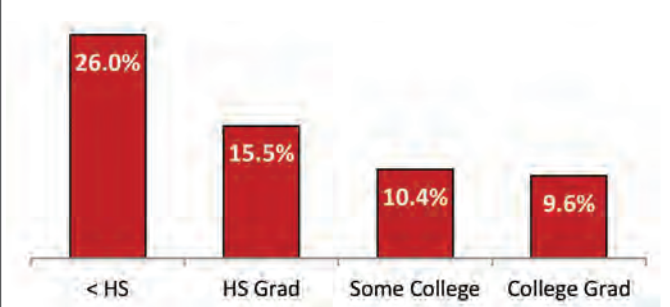
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]
Diabetes Death Rate*	25.5	24.9	21.2
Diabetes Diagnosis[3]	13.6%	11.2%	10.5%

*Age-adjusted rate per 100,000
[1]Ohio Death Certificates, Ohio Department of Health, 2016-2017
[2]Mortality public-use data on CDC Wonder online database, 2016-2017
[3]Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017

Diabetes Death Rate* by Race and Sex Montgomery County, 2016-2017
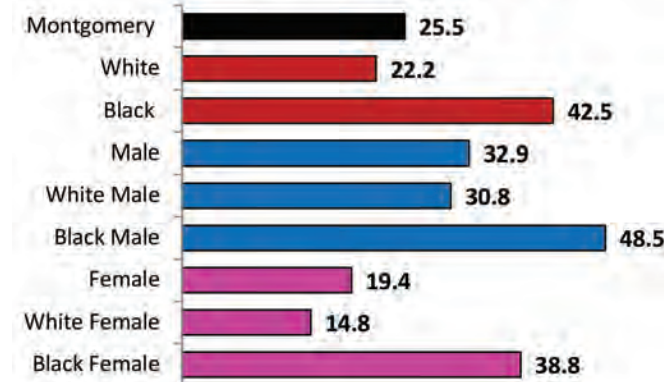
*Age-adjusted rate per 100,000
Source: Ohio Death Certificates, Ohio Department of Health

KEY FINDING

▶ The diabetes death rate among Black men is nearly 2 times the rate of all Montgomery County.

SDOH SOCIAL DETERMINANTS OF HEALTH:

Compared to Whites, racial and ethnic minority populations have a higher percentage of adults, adolescents, and children diagnosed with diabetes and are more likely to have poorer self-management of diabetes. Minority groups also have a higher percentage of undiagnosed diabetes compared to Whites (CDC, 2017). Neighborhood and community characteristics play a significant role in diabetes development and management. Having access to health care services, healthy food options, and safe places to exercise are associated with lower rates of diabetes and higher rates of compliance with diabetes self-management. Many minority populations live in areas with low access to these resources.

Diabetes-related Hospital Visits (per 1,000) by Race, Montgomery County, 2017

Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDING

▶ The rate of diabetes-related hospital visits is 1.5 times higher for Blacks than Whites.

CARDIOVASCULAR DISEASE

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

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

- <$15,000: 10.3%
- $15,000-$24,999: 9.6%
- $25,000-$34,999: 4.6%
- $35,000-$49,999: 3.9%
- $50,000+: 2.1%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
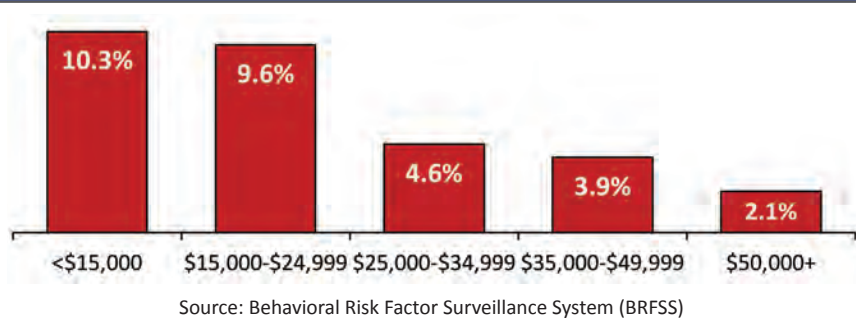
KEY FINDING as self-reported
▶ Coronary heart disease becomes less common as income increases.

Heart Disease Death Rate* by Race and Sex Montgomery County, 2016-2017
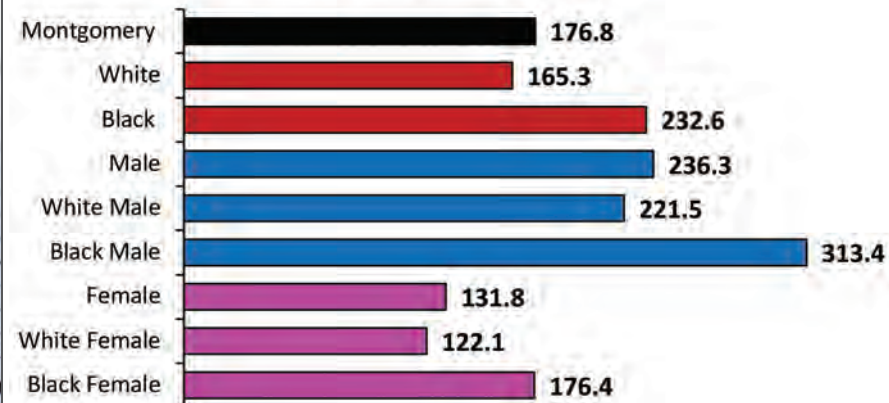
- Montgomery: 176.8
- White: 165.3
- Black: 232.6
- Male: 236.3
- White Male: 221.5
- Black Male: 313.4
- Female: 131.8
- White Female: 122.1
- Black Female: 176.4

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

KEY FINDINGS
▶ The death rate for heart disease is 1.8 times higher in Black men than the overall heart disease death rate.
▶ On average, Black men die at a younger age from heart disease compared to other race and sex groups (data not shown).

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
Heart Disease Death Rate*	176.8	185.4	165.3	-
Stroke Death Rate*	53.9	41.7	37.5	-
Ever Diagnosed with High Blood Pressure[3]	38.0%	34.7%	32.3%	26.9%

*Age-adjusted rate per 100,000
[1]Ohio Death Certificates, Ohio Department of Health, 2016-2017
[2]Mortality Public-use Data on CDC Wonder Online Database, 2016-2017
[3]Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

Source: Greater Dayton Area Hospital Association Healthcare Database

Cardiovascular Disease-related Hospital Visits Montgomery County, 2017

Condition	Number of Visits
Hypertensive Disease	184,721
Heart Attack	3,421
Stroke	3,789

KEY FINDING
▶ Most cardiovascular disease-related visits are due to hypertensive disease.

Stroke Death Rate* by Race and Sex Montgomery County, 2016-2017

- Montgomery: 53.9
- White: 53.1
- Black: 57.2
- Male: 52.8
- White Male: 49.8
- Black Male: 67.0
- Female: 53.9
- White Female: 54.9
- Black Female: 50.4

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

KEY FINDING
▶ The death rate for stroke is lowest in White men (49.8 per 100,000) and Black women (50.4 per 100,000).

CANCER & PREVENTATIVE SCREENINGS

PHI | PUBLIC HEALTH IMPORTANCE:

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

New Cancers[1], Montgomery County, 2014-2015

Type of Cancer	Number of Cases	Rate* of New Cases	Trend (11-12)
All Cancer	6,272	466.8	↑
Female Breast	957	135.6	↑
Prostate	641	98.4	↑
Lung	1,014	72.7	↓
Colorectal	502	37.2	-
Melanoma	361	28.0	↑
Uterus	204	27.0	↑
Bladder	286	20.6	↓
Kidney and Renal Pelvis	242	18.2	↑
Non-Hodgkin's Lymphoma	245	18.1	↑
Oral Cavity and Pharynx	175	13.2	↑
Ovary	90	12.3	-
Thyroid	138	12.2	↓
Leukemia	158	12.2	-
Pancreas	166	11.9	↑
Liver and IBD[†]	115	8.1	↑
Brain and CNS[‡]	90	7.6	↑
Cervix	38	7.1	↓
Stomach	96	6.8	-
Testis	27	5.7	↑
Esophagus	69	5.0	↑
Larynx	69	5.0	↑
Multiple Myeloma	67	4.8	↓
Hodgkin's Lymphoma	32	2.9	↑
All Other Sites and Types	480	-	-

Cancer Deaths[2], Montgomery County, 2016-2017

Type of Cancer	Number of Deaths	Rate* of Death	Trend (12-13)
All Cancer	2,502	175.9	↓
Lung	681	47.3	↓
Female Breast	187	24.6	↑
Prostate	117	20.1	↓
Colorectal	199	14.2	↓
Pancreas	169	11.6	↑
Liver and IBD[†]	112	7.3	↑
Ovary	53	7.0	↓
Leukemia	87	6.3	↓
Non-Hodgkin's Lymphoma	76	5.3	↓
Esophagus	75	5.0	↑
Brain and CNS[‡]	64	4.9	↑
Bladder	68	4.6	↓
Kidney and Renal Pelvis	62	4.3	↑
Multiple Myeloma	64	4.3	↑
Uterus	32	3.9	↓
Melanoma	43	3.3	↑
Cervix	16	2.4	-
Oral Cavity and Pharynx	33	2.2	-
Stomach	27	1.9	↓
Larynx	22	1.5	↑
Thyroid	**	**	-
Testis	**	**	-
Hodgkin's Lymphoma	**	**	-
All Other Sites and Types	294	-	-

*Age-adjusted rate per 100,000.
[†]Central Nervous System.
[‡]Intrahepatic Bile Duct.
(-) No change/Not applicable.
**Data not shown when cases are < 10.

Sources:
[1]Ohio Cancer Incidence Surveillance System (OCISS)
[2]Ohio Death Certificates, Ohio Department of Health
Note: the trend compares the years in parentheses - 2011-2012; 2012-2013.

🔑 KEY FINDINGS

▶ Lung cancer is the most common and deadly of all cancers (nearly 30% of all cancer deaths).

▶ Breast cancer is the most commonly diagnosed cancer among women, and prostate cancer is the most commonly diagnosed cancer among men.

▶ The overall rate of new cancers steadily increased since 2011-2012. However, the overall rate of death due to cancer has decreased since 2012-2013.

Across the Nation
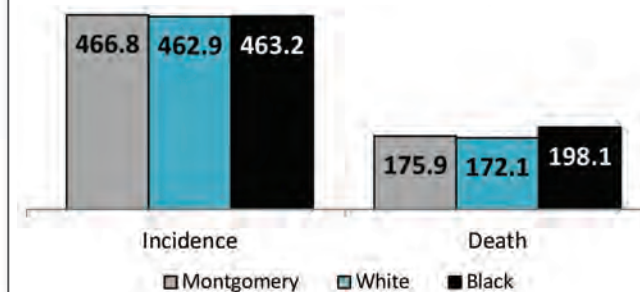
Cancer Death Rates*	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
All Cancer	175.9	172.2	154.1	161.4
Female Breast Cancer	24.6	21.7	20.0	20.7
Colorectal	14.2	15.2	13.8	14.5
Lung Cancer	47.3	46.2	37.5	45.5
Prostate Cancer	20.1	19.6	19.0	21.8

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

All Cancer Rates* Montgomery County, 2014-2017

Incidence: Montgomery 466.8, White 462.9, Black 463.2
Death: Montgomery 175.9, White 172.1, Black 198.1

Legend: ▢ Montgomery ▢ White ■ Black

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

🔑 KEY FINDING

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

Lung Cancer Death Rate* Trend Montgomery County, 2012-2017
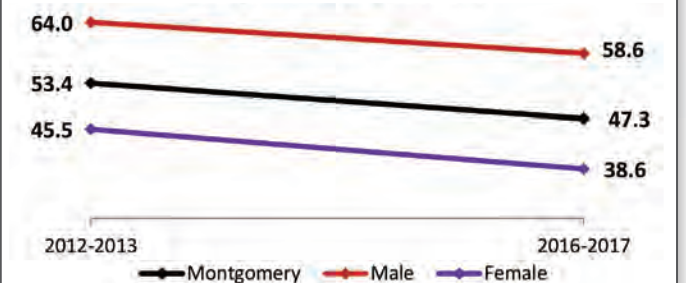
2012-2013: Montgomery 53.4, Male 64.0, Female 45.5
2016-2017: Montgomery 47.3, Male 58.6, Female 38.6

Legend: — Montgomery — Male — Female

*Age-adjusted per 100,000
Source: Ohio Death Certificates, Ohio Department of Health

🔑 KEY FINDINGS

▶ The lung cancer death rate declined since 2012-2013.

▶ Men have a higher lung cancer death rate compared to women.

CANCER & PREVENTATIVE SCREENINGS

Prostate Cancer Rates*
Montgomery County, 2014-2017

Bar chart values:
- Incidence: Montgomery 98.4, White 86.8, Black 155.1
- Death: Montgomery 20.1, White 19.3, Black 26.1

■ Montgomery ■ White ■ Black

*Age-adjusted per 100,000
Source: Ohio Cancer Incidence Surveillance System (OCISS)
Ohio Death Certificates, Ohio Department of Health
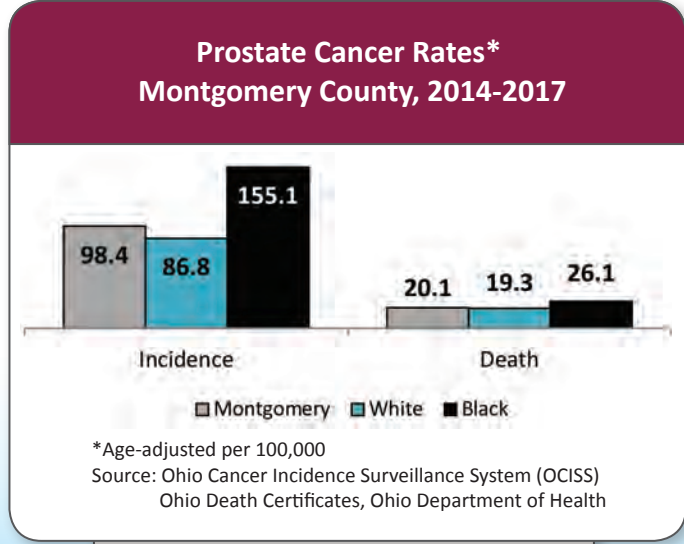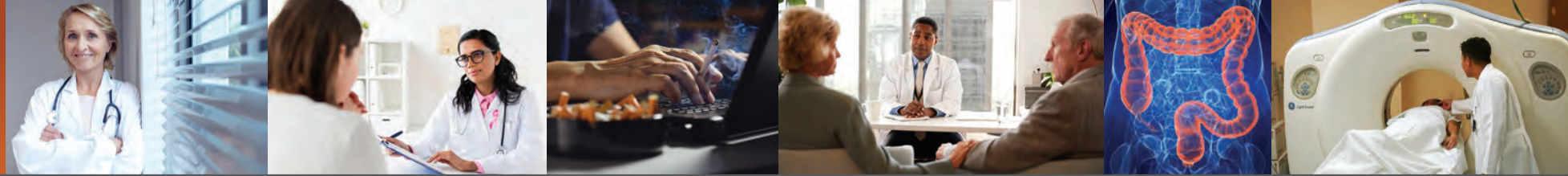
🔑 KEY FINDING
▶ The rate of new prostate cancer cases among Black men is nearly 2 times higher than White men.

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

Bar chart values:
- Montgomery 53.5%, White 54.4%, Black 59.1%

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)
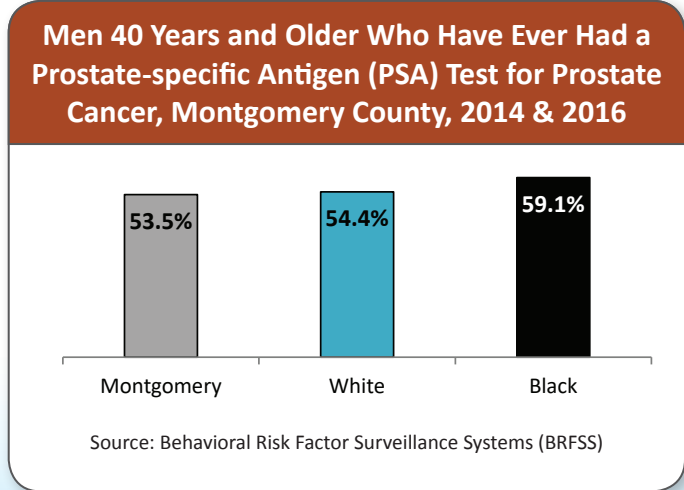
🔑 KEY FINDING as self-reported
▶ 54% of men 40 years and older had a PSA test.

Female Breast Cancer Rates*
Montgomery County, 2014-2017

Bar chart values:
- Incidence: Montgomery 135.6, White 136.8, Black 129.0
- Death: Montgomery 24.6, White 22.2, Black 34.6

■ Montgomery ■ White ■ Black

*Age-adjusted per 100,000
Source: Ohio Cancer Incidence Surveillance System (OCISS)
Ohio Death Certificates, Ohio Department of Health
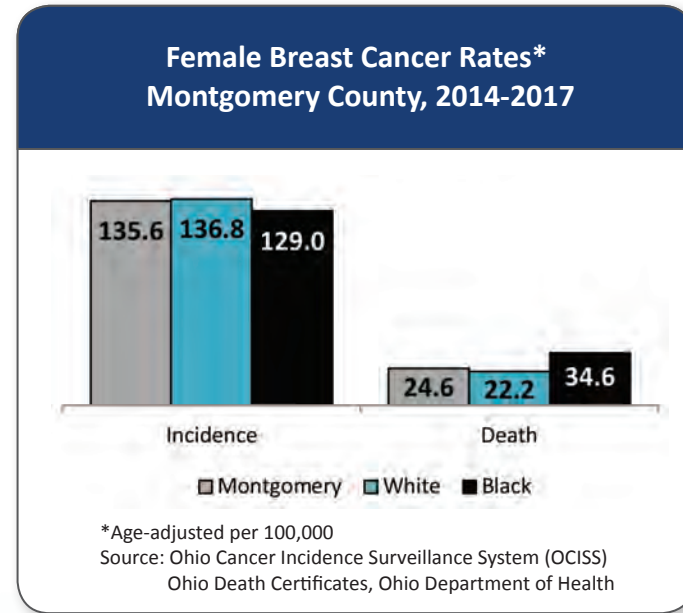
🔑 KEY FINDINGS
▶ Breast cancer occurs more frequently in White women compared to Black women.
▶ Black women die from breast cancer more often than White women.

Women 21 to 65 Years Who Have Had a Pap Test in the Past 3 Years Montgomery County, 2014-2016

Bar chart values:
- Montgomery 68.0%, White 66.1%, Black 72.8%

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)
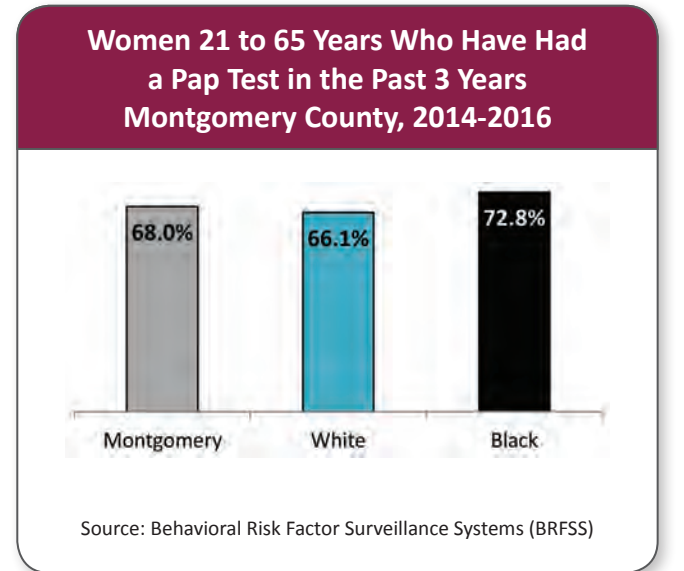
🔑 KEY FINDING as self-reported
▶ Black women 21 to 65 years are more likely to have received a pap test in the past 3 years compared to White women.

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

Bar chart values:
- Montgomery 74.9%, 50-54 61.3%, 55-64 71.4%, 65+ 82.3%

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)
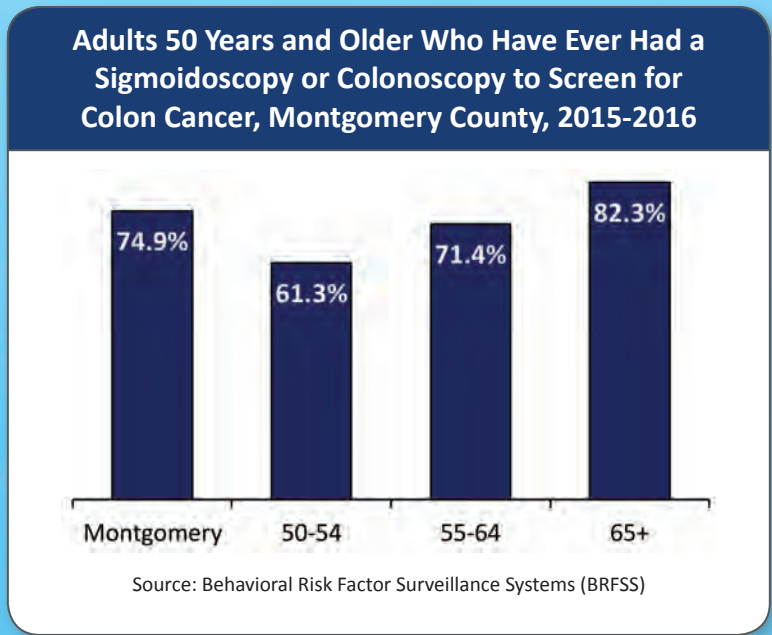
🔑 KEY FINDING as self-reported
▶ Over 80% of adults aged 65 years and older were screened for colon cancer.

Women 40 Years and Older Who Have Had a Mammogram in the Past 2 Years Montgomery County, 2015-2016

Bar chart values:
- Montgomery 74.0%, White 69.3%, Black 90.8%

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)
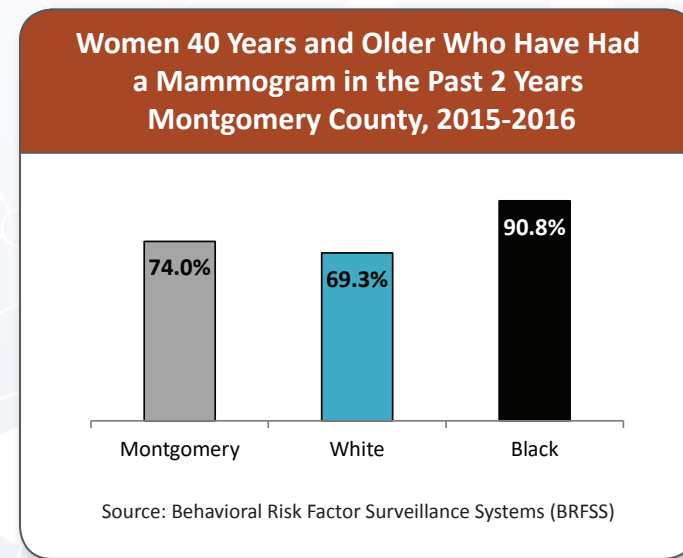
🔑 KEY FINDING as self-reported
▶ Black women 40 years and older are more likely to have had a mammogram in the past 2 years compared to White women.

ASTHMA

SDOH SOCIAL DETERMINANTS OF HEALTH:

The physical characteristics of neighborhoods and housing environments account for much of the disparity in the number of children diagnosed with asthma. Lower socioeconomic areas tend to have higher rates of smoking and higher levels of air pollution, dampness, dust, and pests compared to wealthier neighborhoods, which can lead to increased rates of asthma among children living in these environments. Additionally, stress has also been linked to higher rates of asthma. Children living in poverty can experience additional hardships related to living without daily needs, safety, food, and stable housing. These anxiety-causing issues can trigger stress-induced asthma.

Across the Nation[1]

	Montgomery	Ohio	United States
Adults Who Ever Had Asthma	16.6%	13.8%	14.2%
Adults Who Currently Have Asthma	11.5%	9.8%	9.4%
Children Who Ever Had Asthma	14.5%	11.1%	12.4%

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

Children Who Currently Have Asthma, 2017

US (0-11 years)[1] 7.0%
Ohio (0-17 years)[2] 8.5%
Greater Dayton Area[3] (0-11 years) 9.0%
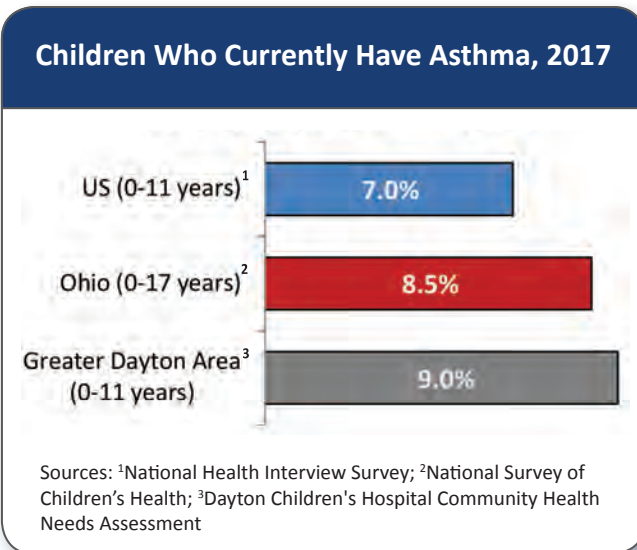
Sources: [1]National Health Interview Survey; [2]National Survey of Children's Health; [3]Dayton Children's Hospital Community Health Needs Assessment

🔑 KEY FINDING as self-reported

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

Asthma-related Hospital Visits Montgomery County, 2017

Characteristics	Percent
Sex	
Male	34.7%
Female	65.3%
Race	
White	58.1%
Black	37.5%
Other Race	1.9%
Unknown Race	2.6%
Insurance Type	
Commercial Insurance	23.1%
Medicaid	49.7%
Medicare	19.6%
Self-Pay	4.7%
Other	2.9%

Source: Greater Dayton Area Hospital Association Healthcare Database

🔑 KEY FINDINGS

▶ Women account for nearly two-thirds (65%) of asthma-related hospital visits.

▶ Medicaid pays for the largest proportion of asthma-related hospital visits (50%).

Adults Who Currently Have Asthma by Race Montgomery County, 2016-2017

Montgomery 11.5%
White 11.1%
Black 13.4%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Adults Who Currently Have Asthma by Income Montgomery County, 2016-2017

<$15,000 22.6%
$15,000-$24,999 17.4%
$25,000-$34,999 9.8%
$35,000-$49,999 3.4%
$50,000+ 8.2%
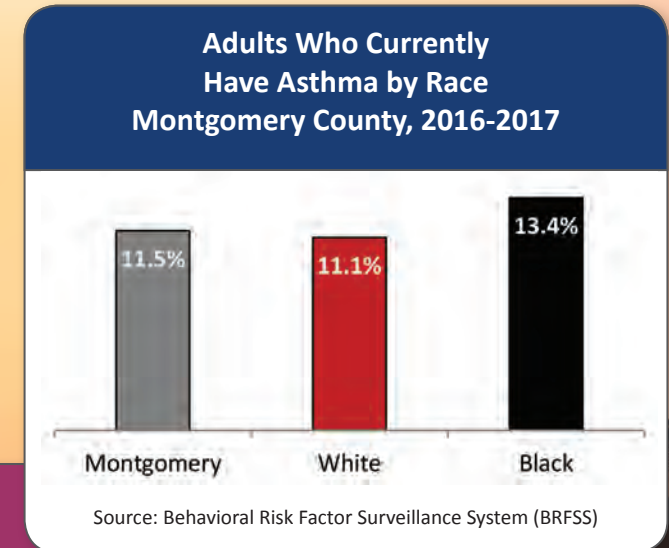
Source: Behavioral Risk Factor Surveillance System (BRFSS)

🔑 KEY FINDINGS as self-reported

▶ Asthma is most common among individuals who earn less than $15,000.

▶ Blacks are more likely to currently have asthma compared to Whites.

INJURIES

PHI | PUBLIC HEALTH IMPORTANCE:

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

Leading Causes of Injury-related Deaths by Age Group Montgomery County, 2016-2017

Age Group	1st Leading Cause	2nd Leading Cause
All Ages	Poisoning	Falls
< 1 year	Suffocation	Falls, Drowning
1-14 years	Motor Vehicle Accidents	Drowning
15-24 years	Poisoning	Motor Vehicle Accidents
25-34 years	Poisoning	Motor Vehicle Accidents
35-44 years	Poisoning	Motor Vehicle Accidents
45-54 years	Poisoning	Motor Vehicle Accidents
55-64 years	Poisoning	Falls
65-74 years	Falls	Poisoning
75+ years	Falls	Other

Source: Ohio Death Certificates, Ohio Department of Health

🔑 KEY FINDINGS

▶ Poisoning from drugs, alcohol, pesticides, chemicals, gases, or vapors is the leading cause of injury-related or accidental deaths; falls are the second leading cause.

▶ Poisoning and falls account for about 82% of all accidental deaths (data not shown).

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

Age Group	Injuries As % of Total Deaths
All Ages	12.9%
< 1 year	11.2%
1-14 years	68.3%
15-24 years	84.5%
25-34 years	78.4%
35-44 years	58.9%
45-54 years	29.9%
55-64 years	11.9%
65-74 years	4.3%
75+ years	4.2%

Source: Ohio Death Certificates, Ohio Department of Health

Number and Rate* of Suicide and Homicide Deaths Montgomery County, 2012-2017
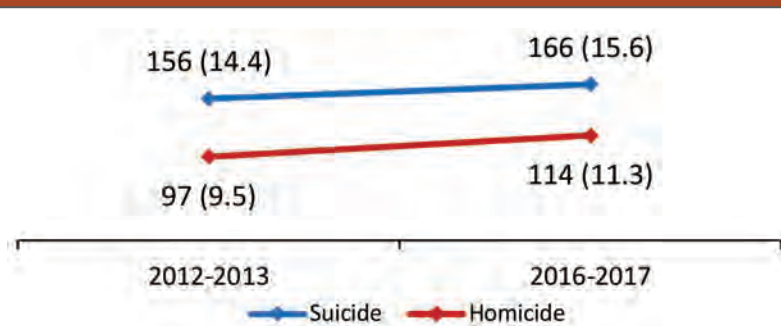
156 (14.4)   166 (15.6)

97 (9.5)   114 (11.3)

2012-2013   2016-2017

—◆— Suicide   —■— Homicide

*Age-adjusted per 100,000
Source: Ohio Death Certificates, Ohio Department of Health

🔑 KEY FINDINGS

▶ The number and rate of accidental deaths nearly doubled since 2012-2013 (data not shown).

▶ Nearly 85% of deaths among those ages 15 to 24 are due to injuries.

▶ Both suicide and homicide death rates have increased since 2012-2013.

Source: Greater Dayton Area Hospital Association Healthcare Database

Injury-related Hospital Visit Rate (per 1,000) by Demographic Characteristics, Montgomery County, 2017

		Falls	Transportation-related Injuries	Assaults	Intentional Self-Harm
	Total	49.1	18.8	6.8	1.0
Age	<18	13.9	7.9	1.6	1.2
Age	18 to 64	39.1	24.8	10.3	1.1
Age	65+	131.1	11.4	1.0	0.2
Sex	Male	38.7	18.3	7.2	0.9
Sex	Female	58.7	19.2	6.4	1.1
Race	White	51.2	14.6	4.2	1.0
Race	Black	46.5	34.1	16.2	0.9

🔑 KEY FINDINGS

▶ Falls are most common among individuals age 65 and over.

▶ Assaults are nearly 4 times more likely among Blacks than Whites.

▶ Medicare pays for nearly half (47%) of all hospital visits for falls.

▶ Medicaid pays for the majority of hospital visits for assaults (60%) and intentional self-harm (49%).

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

	Falls	Transportation-related Injuries	Assaults	Intentional Self-Harm
Commercial Insurance	16.4%	36.9%	10.2%	22.7%
Medicaid	25.9%	31.7%	59.9%	48.6%
Medicare	46.9%	7.3%	7.8%	12.9%
Self-Pay	4.7%	5.5%	15.7%	9.3%
Other	6.1%	18.6%	6.4%	6.6%

Source: Greater Dayton Area Hospital Association Healthcare Database

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
Accidental Death Rate*	126.4	71.8	48.4	36.4
Suicide Death Rate*	15.6	14.5	13.8	-
Homicide Death Rate*	11.3	7.1	6.2	5.5

*Age-adjusted per 100,000
[1]Ohio Death Certificates, Ohio Department of Health, 2016-2017
[2]Mortality Public-use Data on CDC Wonder Online Database, 2016-2017
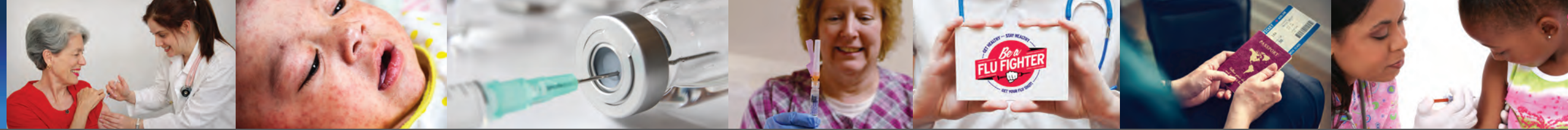
PHI PUBLIC HEALTH IMPORTANCE:

Vaccines protect individuals from contracting infectious diseases and prevent the spread of diseases within the community. Recommended vaccines vary by a person's age, occupation, or plans for travel to areas outside the U.S. There are individuals who do not receive the proper immunizations due to cost, transportation, and insurance and others who are not vaccinated because of cultural beliefs or a lack of education or misinformation concerning vaccines. Vaccines, however, have proven to be safe and effective when administered appropriately. Public Health professionals must work to ensure the public has access to vaccines and is educated on the importance of vaccines, the diseases they prevent, and the protection they provide.

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020
Flu Vaccine (Adults 65+)	57.5%	60.1%	60.3%	90.0%
Pneumonia Vaccine (Adults 65+)	71.0%	75.4%	75.3%	90.0%

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

Children* Who Received a Flu Vaccine in the Past Year, Montgomery County and Surrounding Area, 2017
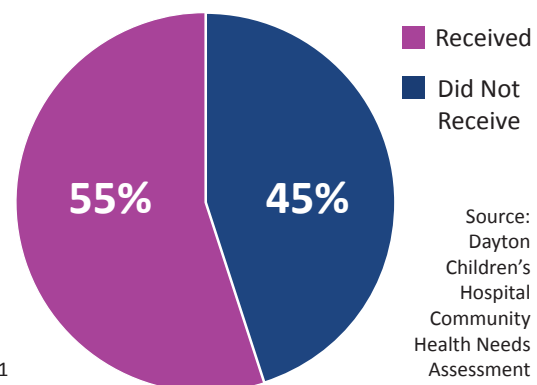
- Received 55%
- Did Not Receive 45%

Source: Dayton Children's Hospital Community Health Needs Assessment

*Ages 0-11

KEY FINDINGS

▶ More than half of children received a flu vaccine in the past year.

▶ The rate of Hepatitis B infections is 6 times higher in Montgomery County than all of Ohio.

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

Reportable Condition	Montgomery County		Ohio	
	Cases	Rate*	Cases	Rate*
Haemophilus influenzae	29	2.7	523	2.2
Hepatitis A	228	21.4	1,917	8.2
Hepatitis B (acute & chronic)	160	15.1	581	2.5
Influenza A (novel virus infection)	0	0.0	22	0.1
Influenza-associated hospitalization	1,654	155.6	26,626	114.2
Influenza-associated pediatric mortality	1	0.1	11	0.0
Meningococcal disease	1	0.1	19	0.1
Measles	0	0.0	1	0.0
Mumps	5	0.5	24	0.1
Pertussis	171	16.1	1,230	5.3
Streptococcus pneumoniae	144	13.5	2,498	10.7
Varicella (chickenpox)	17	1.6	406	1.7

*Rates per 100,000
Source: Ohio Disease Reporting System (ODRS)

Adults Who Received a Flu Vaccine in the Past Year by Sex Montgomery County, 2016-2017

- Montgomery 45.9%
- Male 43.4%
- Female 48.1%
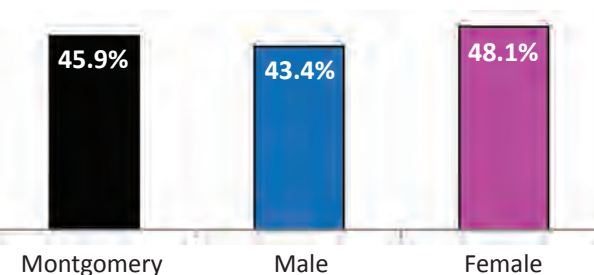
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Adults 65 Years and Older Who Received a Flu Vaccine in the Past Year by Sex Montgomery County, 2016-2017
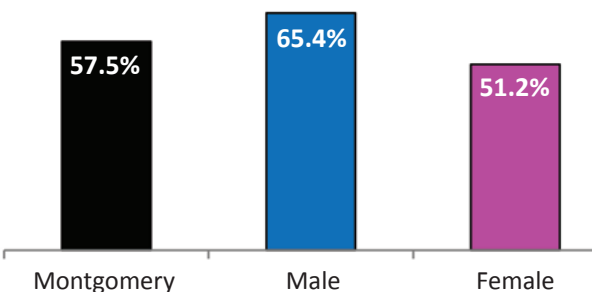
- Montgomery 57.5%
- Male 65.4%
- Female 51.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDINGS as self-reported

▶ More women received a flu vaccine in the past year compared to men.

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

Adults 50 Years and Older Who Have Ever Received a Shingles Vaccine by Race Montgomery County, 2016-2017
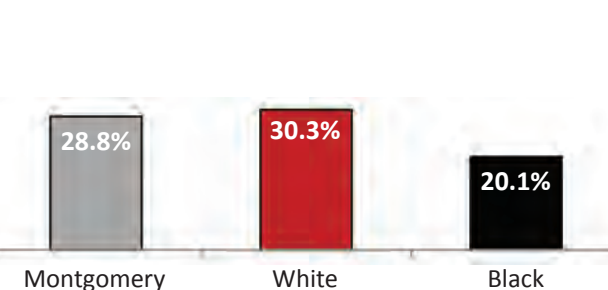
- Montgomery 28.8%
- White 30.3%
- Black 20.1%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Adults 65 Years and Older Who Have Ever Received a Pnuemonia Vaccine by Race Montgomery County, 2016-2017

- Montgomery 71.0%
- White 73.7%
- Black 52.2%
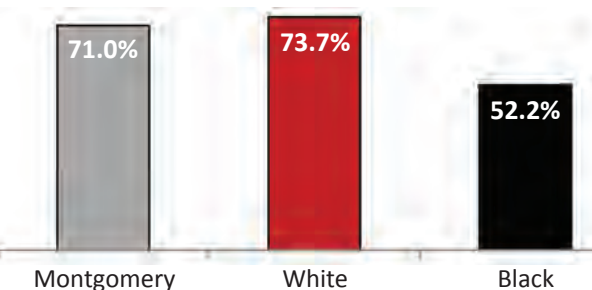
Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDINGS as self-reported

▶ Over 70% of adults 50 years and older have not received a shingles vaccine.

▶ Among adults 65 years and older, more White adults received a pneumonia vaccine compared to Black adults.

COMMUNICABLE DISEASES

PHI PUBLIC HEALTH IMPORTANCE:

A primary function of Public Health is to control the spread of communicable diseases. To do this, Public Health monitors disease symptoms and confirmed illnesses reported by health care providers throughout the county. If surveillance detects an unexpected increase in confirmed reports, steps will be employed to investigate and control any potential disease outbreak. Public Health can respond by providing vaccinations, organizing mass distribution of medication if needed, or education to the public. By conducting routine disease surveillance, Public Health reacts quickly and effectively to ensure members of the community are protected.

Most Commonly Reported Communicable Diseases Montgomery County, 2018

- Influenza-associated hospitalization (n=735) — 38%
- Hepatits C (n=442) — 23%
- Hepatits A (n=227) — 12%
- Streptococcus pneumoniae (n=81) — 4%
- Pertussis (n=77) — 4%
- Hepatits B (n=64) — 3%
- Legionnaire's Disease (n=59) — 3%
- Streptococcal Disease, Group A (n=59) — 3%
- Salmonellosis (n=52) — 3%
- Campylobacteriosis (n=24) — 1%
- All Others (n=112) — 6%

Source: Ohio Disease Reporting System (ODRS)
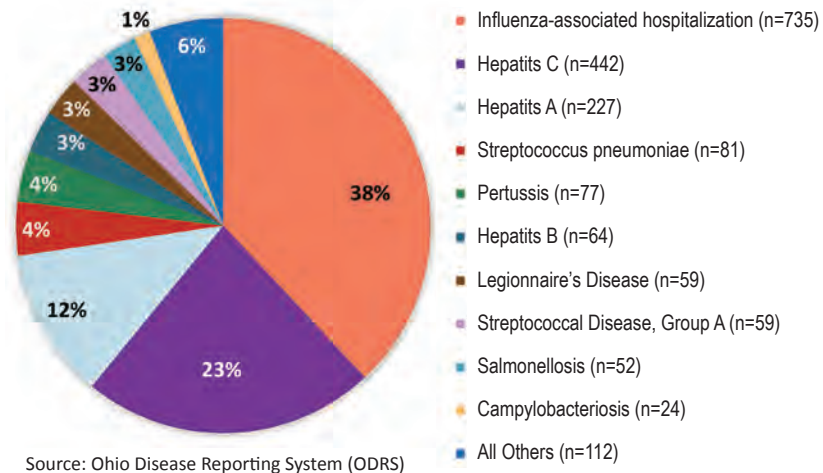
KEY FINDING

▶ Influenza-associated hospitalizations, hepatitis C, and hepatitis A accounted for nearly 75% of the 1,932 reported communicable diseases in 2018.

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

- Influenza-associated hospitalization (n=90) — 41%
- Pertussis (n=72) — 32%
- Salmonellosis (n=14) — 6%
- Campylobacteriosis (n=9) — 4%
- Meningitis, aseptic (n=7) — 3%
- All Others (n=30) — 14%

Source: Ohio Disease Reporting System (ODRS)
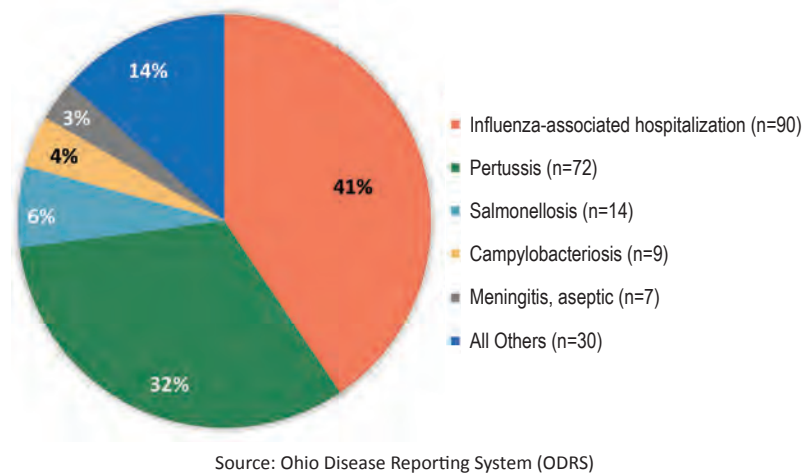
KEY FINDING

▶ In 2018, 73% of reported communicable diseases in youth (0-18 years) were due to influenza-associated hospitalizations and pertussis, both vaccine-preventable diseases.
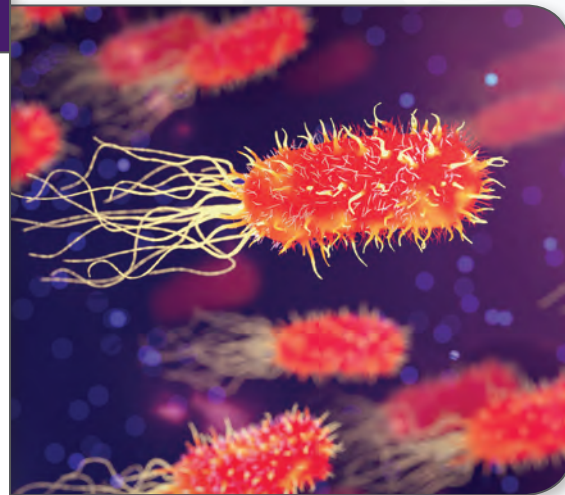
Hepatits A Cases by Sex and Race Montgomery County, 2018

	Count	Percent
Montgomery	227	100%
Male	133	58.6%
Female	94	41.4%
White	205	90.3%
Black	20	8.8%
Other	2	0.9%

Source: Ohio Disease Reporting System (ODRS)

KEY FINDINGS

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

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

Hepatitis A Cases Montgomery County, 2014-2018

2014	2015	2016	2017	2018
0	1	0	1	227

Source: Ohio Disease Reporting System (ODRS)
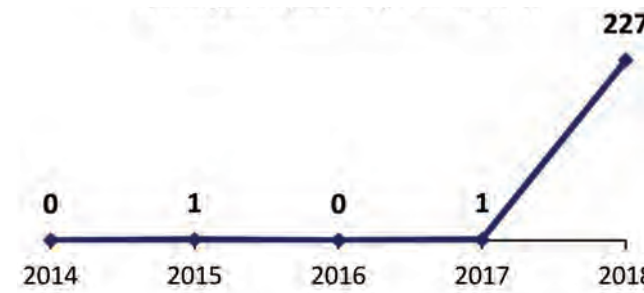
HEALTH ALERT
Hepatitis A Outbreak

There is a Hepatitis A outbreak in Ohio and Montgomery County. Hep A can make you so sick that you need to go to the hospital and some people have even died. The best way to protect yourself is to get a FREE Adult HEP A shot (be vaccinated).

To protect you, Public Health is giving

FREE Adult Hep A Shots
(For adults only - 19 and older)

Be Protected!
Get Your FREE Hep A shot.

Wednesdays in November from 11am-3pm
East End Community Services
624 Xenia Avenue, Dayton, OH 45410

Fridays in November from 10am-2pm
Life Enrichment Center
425 N. Findlay Street, Dayton, OH 45404

For more information call Public Health at (937) 225-5700

Hepatitis A Cases by Age Montgomery County, 2018

<18	18-24	25-34	35-44	45-54	55-64	65+
	4%	33%	29%	19%	8%	6%

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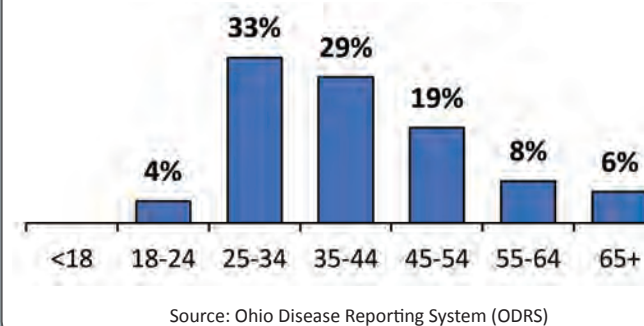
SEXUALLY TRANSMITTED DISEASES

PHI | PUBLIC HEALTH IMPORTANCE:

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

Source: Ohio Disease Reporting System (ODRS)

Across the Nation

	Montgomery[1]	Ohio[2]	United States[3]
Chlamydia Rate*	630.2	528.9	528.8
Gonorrhea Rate*	304.6	206.6	171.9
Syphilis Rate*	27.3	16.4	31.4

*Rate per 100,000
[1]Ohio Disease Reporting System (ODRS), 2018
[2]Ohio Department of Health, STD Surveillance Program, 2017
[3]Centers for Disease Control and Prevention, Division of STD Prevention, 2017

Gonorrhea Cases by Age and Sex, Montgomery County, 2018

Age Range	Total		Male		Female		Unknown
	Cases	Percent	Cases	Percent	Cases	Percent	Cases
< 13	7	0.4%	1	0.1%	6	0.4%	0
13 - 14	9	0.6%	0	0.0%	9	0.6%	0
15 - 19	296	18.3%	140	8.6%	156	9.6%	0
20 - 29	786	48.5%	417	25.8%	368	22.7%	1
30 - 39	316	19.5%	204	12.6%	112	6.9%	0
40 - 49	121	7.5%	93	5.7%	28	1.7%	0
50 - 64	75	4.6%	68	4.2%	7	0.4%	0
65+	7	0.4%	7	0.4%	0	0.0%	0
Unknown	2	0.1%	2	0.1%	0	0.0%	0
Total	1,619	100%	932	57.6%	686	42.4%	1
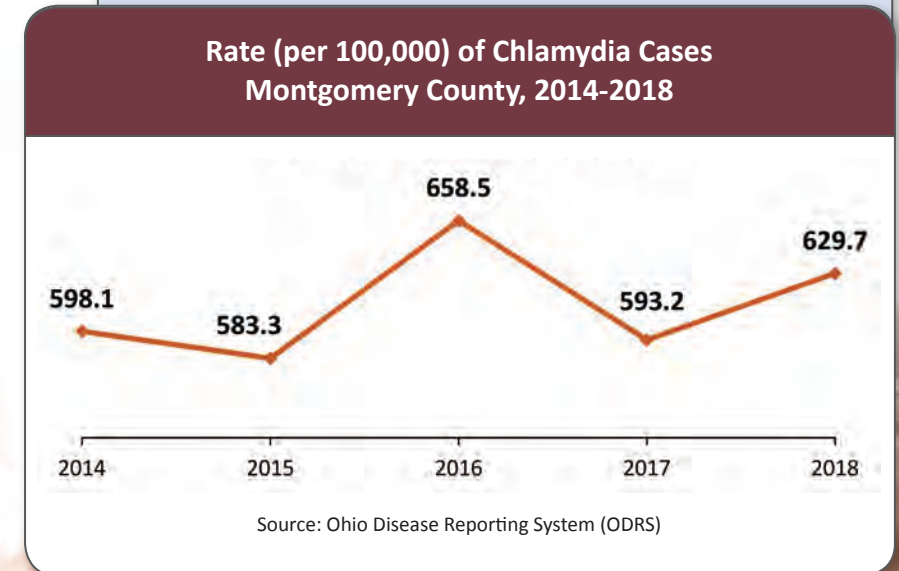
ANYONE WHO IS SEXUALLY ACTIVE CAN GET GONORRHEA.
cdc.gov

Rate (per 100,000) of Gonorrhea Cases Montgomery County, 2014-2018

182.0 (2014), 203.0 (2015), 266.7 (2016), 253.0 (2017), 304.3 (2018)
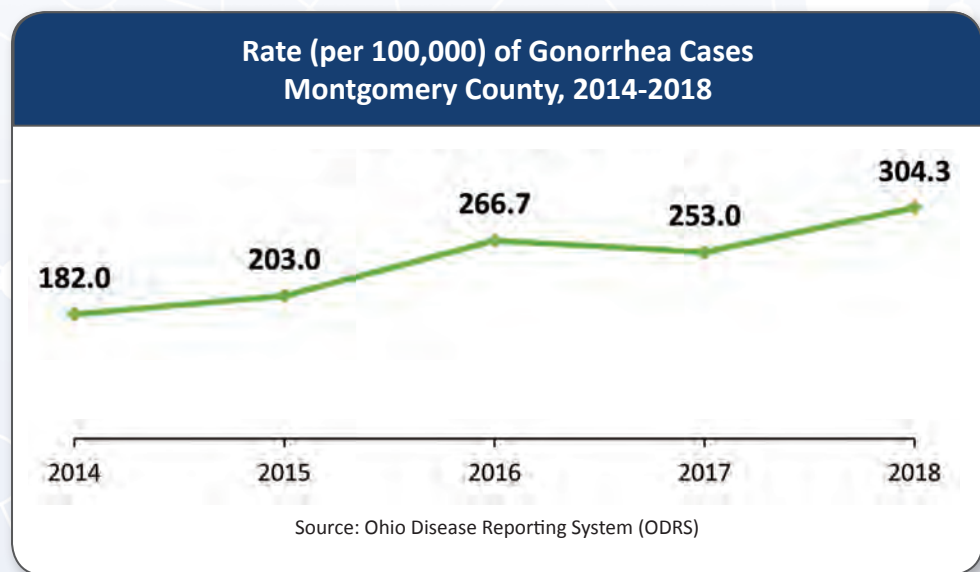
Source: Ohio Disease Reporting System (ODRS)

KEY FINDINGS

▶ The rate of new gonorrhea cases has steadily increased since 2014.

▶ Over 650 more gonorrhea cases occurred in 2018 (1,619) compared to 2014 (968).

Chlamydia Cases by Age and Sex, Montgomery County, 2018

Age Range	Total		Male		Female		Unknown
	Cases	Percent	Cases	Percent	Cases	Percent	Cases
< 13	2	0.1%	1	0.0%	1	0.0%	0
13 - 14	24	0.7%	1	0.0%	22	0.7%	1
15 - 19	965	28.8%	236	7.0%	728	21.7%	1
20 - 29	1,854	55.3%	620	18.5%	1,234	36.8%	0
30 - 39	367	11.0%	167	5.0%	199	5.9%	1
40 - 49	90	2.7%	51	1.5%	39	1.2%	0
50 - 64	43	1.3%	28	0.8%	15	0.4%	0
65+	4	0.1%	3	0.1%	1	0.0%	0
Unknown	1	0.0%	0	0.0%	0	0.0%	1
Total	3,350	100%	1,107	33.0%	2,239	66.8%	4

Source: Ohio Disease Reporting System (ODRS)

KEY FINDINGS

▶ The rate of chlamydia cases was higher in 2018 compared to the rate in 2014.

▶ Over the past 5 years, the highest number of chlamydia cases occurred in 2016 (3,503 cases).

Rate (per 100,000) of Chlamydia Cases Montgomery County, 2014-2018

598.1 (2014), 583.3 (2015), 658.5 (2016), 593.2 (2017), 629.7 (2018)

Source: Ohio Disease Reporting System (ODRS)

Syphilis Cases Montgomery County, 2014-2018

27 (2014), 58 (2015), 74 (2016), 94 (2017), 145 (2018)

Source: Ohio Disease Reporting System (ODRS)

KEY FINDING

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

HIV/AIDS

PHI | PUBLIC HEALTH IMPORTANCE:

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

Across the Nation

	Montgomery[1]	Ohio[1]	United States[2]	HP 2020 Goal
New HIV Rate (per 100,000)	11.9	8.7	11.8	10.0

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

Know Your Status
Get Tested.
cdc.gov

New HIV Cases Montgomery County, 2013-2017

65 58 57 56 63
2013 2014 2015 2016 2017

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

KEY FINDINGS

▶ There are 63 new HIV diagnoses and 1,497 individuals living with HIV.

▶ The number of new HIV diagnoses declined from 2013 to 2016 but increased from 2016 to 2017.

Rate (per 100,000) of New HIV Cases by Age Group, Montgomery County, 2017

Montgomery 11.9
<15 0.0
15-19 14.7
20-24 48.2
25-29 26.5
30-34 14.8
35-39 21.9
40-44 *
45-49 18.6
50-54 *
55-64 6.9
65+ *

* Rates are not calculated for case counts <5 due to unstable/unreliable rates.
Source: HIV/AIDS Surveillance Program, Ohio Department of Health

KEY FINDING

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

SDOH | SOCIAL DETERMINANTS OF HEALTH:

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

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

Montgomery 11.9
Black 22.3
White 6.9
Male 20.3
Black Male 38.4
White Male 12.5
Female 4.0
Black Female 8.3
White Female *

* Rates are not calculated for case counts <5 due to unstable/unreliable rates.
Source: HIV/AIDS Surveillance Program, Ohio Department of Health

KEY FINDINGS

▶ Among Black men, the rate of new HIV cases is over 3 times the rate for the entire county.

▶ Blacks are nearly twice as likely as Whites to have ever been tested for HIV (data not shown).

HIV Transmission Category by Sex Montgomery County, 2017

Male-to-male sexual contact — Male 73.1%
Other/unknown — Female 27.3%, Male 17.3%
Injection drug use (IDU) — Female 9.1%, Male 1.9%
Male-to-male sexual contact & IDU — Male 7.7%
Heterosexual contact — Female 63.6%

■ Female ■ Male

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

KEY FINDINGS

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

▶ Heterosexual contact accounts for the majority (64%) of HIV transmission among women.

PHI PUBLIC HEALTH IMPORTANCE:

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

Uninsured
Montgomery County, 2017

Montgomery, 2017	8.0%
Montgomery, 2013	12.3%
Under 19 Years	4.1%
19-25 years	14.4%
65+ years	0.3%
Employed	10.0%
Unemployed	30.7%

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

🔑 KEY FINDINGS

▶ 8% of the population is uninsured, compared to 12% in 2013.

▶ 14% of the population 19 to 25 years of age are uninsured.

Across the Nation

	Montgomery	Ohio	United States	HP 2020 Goal
Uninsured[1]	8.0%	7.4%	8.7%	0%
Could Not See a Doctor Because of Cost[2]	10.6%	11.0%	13.3%	-

[1]American Community Survey, U.S. Census, 2017
[2]Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017

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

Montgomery	<$15,000	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000+
10.6%	11.4%	20.8%	19.2%	11.0%	4.2%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
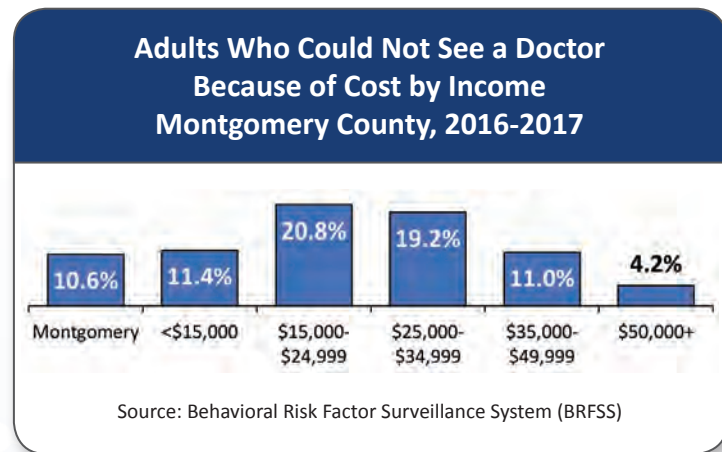
🔑 KEY FINDING as self-reported

▶ Adults who earn between $15,000 and $34,999 are most likely to be unable to see a doctor due to cost.

Across the Nation[1]

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

[1]American Community Survey, U.S. Census, 2017 and Area Health Resources Files, HRSA, 2018

Across the Nation[1]

	Montgomery	Ohio	United States	HP 2020 Goal
Visited the Dentist Within the Past Year	63.4%	66.7%	65.1%	49.0%

[1]Behavioral Risk Factor Surveillance System (BRFSS), 2014 & 2016

Adults Receiving Dental Care in the Past Year by Race, Montgomery County, 2014 & 2016

Montgomery	63.4%
White	65.6%
Black	55.7%

Source: Behavioral Risk Factor Surveillance System (BRFSS)
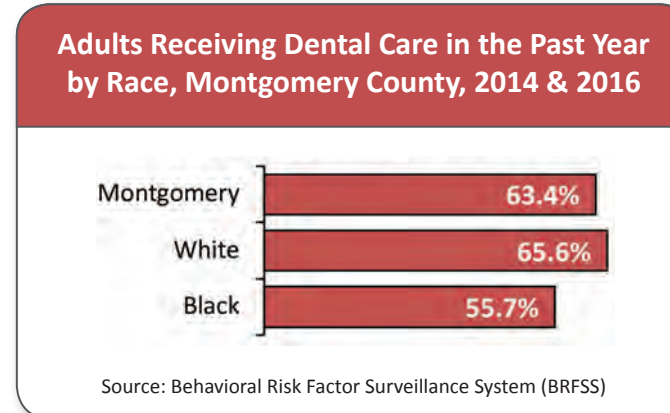
🔑 KEY FINDING as self-reported

▶ Whites are more likely than Blacks to have visited the dentist within the past year.

Across the Nation

Dentists per 100,000	Montgomery	Ohio	United States
Dentists[1]	43.2	48.2	56.2
Dentists Accepting Medicaid	15.8[2]	18.2[2]	21.1[3]

[1]Area Health Resources Files, HRSA, 2018
[2]Ohio Department of Medicaid Provider Directory, 2016
[3]Health Policy Institute, Dentist Profile, 2016

Dental Care at Hospitals

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

Dental Issues Among Montgomery County Children

• 65.4% - History of tooth decay
• 62.2% - One or more sealants
• 15.4% - Toothache in the last 6 months
• 11.1% - Untreated cavities

Source: Third grade Oral Health Screening Survey, 2013-2015
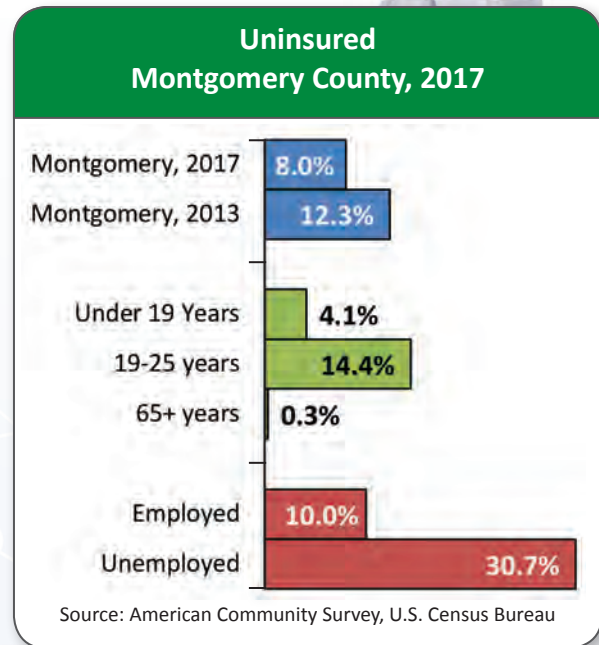
HOSPITAL UTILIZATION
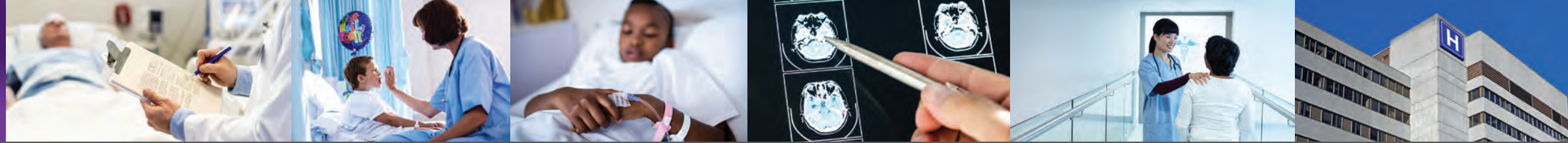
SDOH | SOCIAL DETERMINANTS OF HEALTH:

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

Top Reasons for a Hospital Visit, Montgomery County, 2017

1. Hypertension
2. Diabetes
3. Dental
4. Asthma
5. Major Depressive Disorder
6. Poisoning by Heroin
7. Anxiety
8. Stroke
9. Heart Attack
10. Alcohol Abuse

KEY FINDING

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

Source: Greater Dayton Area Hospital Association Healthcare Database

Top Reasons for a Hospital Visit by Insurance Type, Montgomery County, 2017

Commercial	Medicare (Age 65+)	Self-Pay	Medicaid
Hypertension	Hypertension	Dental	Dental
Diabetes	Diabetes	Hypertension	Asthma
Depression, Anxiety	Stroke	Heroin Poisoning	Hypertension

KEY FINDINGS

▶ Hypertension is the top reason for a hospital visit among those with commercial insurance or Medicare.

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

Source: Greater Dayton Area Hospital Association Healthcare Database

Top Reasons for a Hospital Visit by Demographic Characteristics, Montgomery County, 2017

Demographic Group		1st	2nd	3rd
Age	<18	Asthma	Depression, Anxiety, Adjustment Disorder	Dental
	65+	Hypertension	Diabetes	Stroke
Race/Ethnicity	White	Hypertension	Diabetes	Heroin Poisoning
	Black	Hypertension	Asthma	Diabetes
	Hispanic	Hypertension	Diabetes	Depression, Anxiety
Sex	Male	Hypertension	Diabetes	Dental
	Female	Hypertension	Diabetes	Anxiety

KEY FINDINGS

▶ Hypertension and diabetes are 2 of the 3 most common visit reasons for those 65 and older, both men and women, and Blacks, Whites, and Hispanics.

▶ Asthma, mental health, and dental problems are the top reasons for hospital visits among children.

▶ Mental health is the top reasons for a hospital visit for women, children, and Hispanics.

A person's built environment, the community where they live and work, impacts their overall health and quality of life. Individuals living in poverty may have more adverse health outcomes than other individuals. Issues such as poor air quality, childhood lead exposure, a high concentration of tobacco and alcohol retail locations, high crime rates and limited access to healthy food disproportionately affect communities in poverty.

Density of Individuals Living in Poverty, Montgomery County, 2017

Percent of Individuals Living in Poverty Top 20 Zip Codes		
Montgomery County 2014-2017		
1	45428	68.6%
2	45402	42.2%
3	45403	39.3%
4	45417	38.7%
5	45405	36.0%
6	45406	31.8%
7	45410	31.3%
8	45404	25.7%
9	45426	24.7%
10	45416	21.9%
11	45439	21.2%
12	45414	20.9%
13	45420	20.4%
14	45409	19.8%
15	45345	19.6%
16	45449	18.1%
17	45344	15.8%
18	45342	12.5%
19	45418	12.3%
20	45424	11.6%
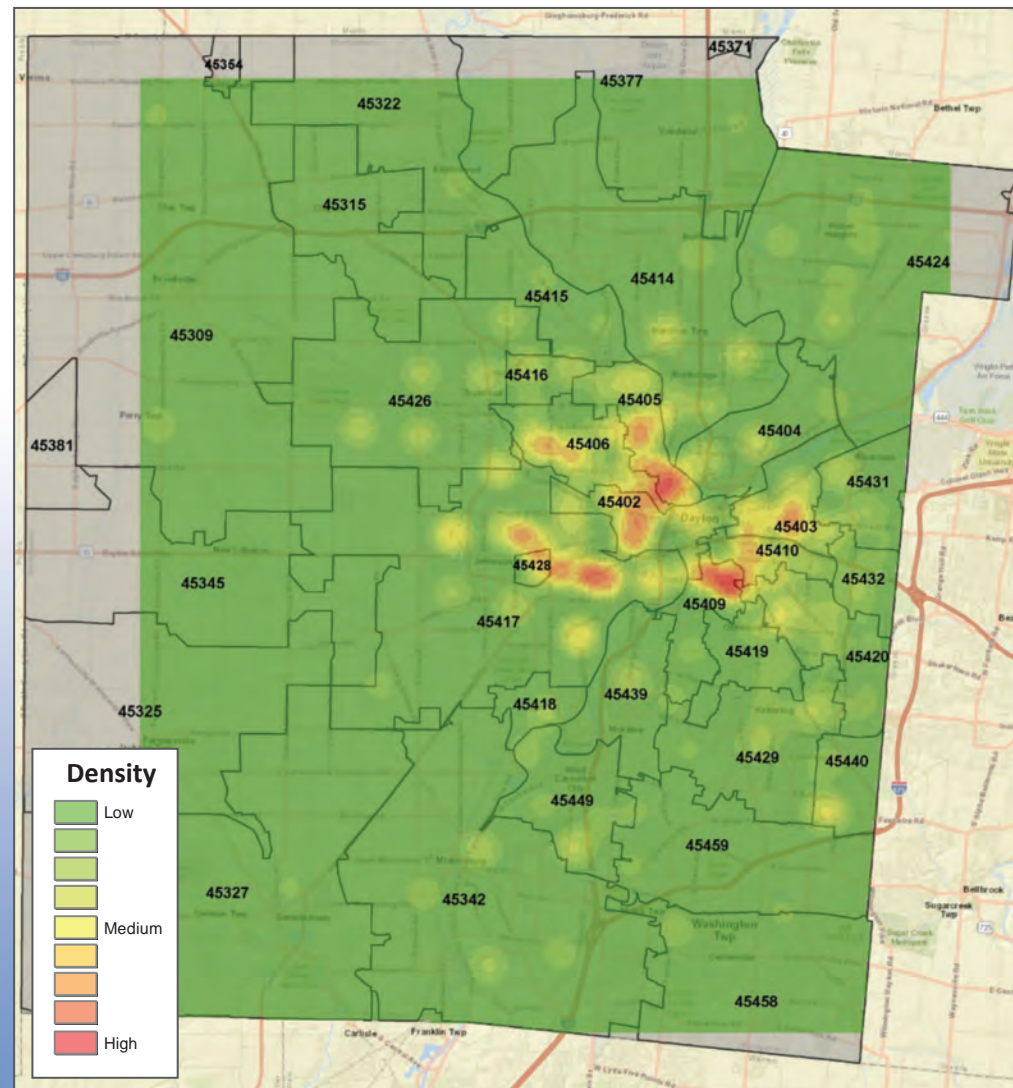
Source: American Community Survey, U.S. Census

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

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

PHI PUBLIC HEALTH IMPORTANCE:

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

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

	Rate
Montgomery (Race)	6.8
White	4.2
Black	16.2
Male (Sex)	7.2
Female	6.4
<18 (Age)	1.6
18 to 64	10.3
>64	1.0
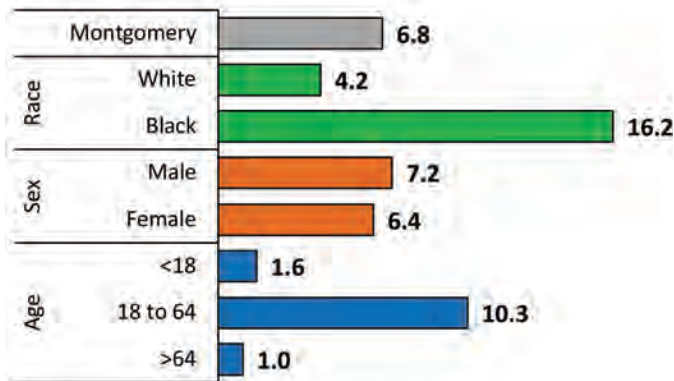
Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDINGS

▶ Blacks and men are most likely to visit the hospital for assaults.

▶ 60% of hospital visits for assaults are paid for by Medicaid.

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

Insurance	%
Medicaid	60%
Self-Pay	16%
Commercial Insurance	10%
Medicare	8%
Other	6%

Source: Greater Dayton Area Hospital Association Healthcare Database

All Violent Crimes Montgomery County, 2013-2016

2013	2014	2015	2016
1,879	1,909	2,080	2,156
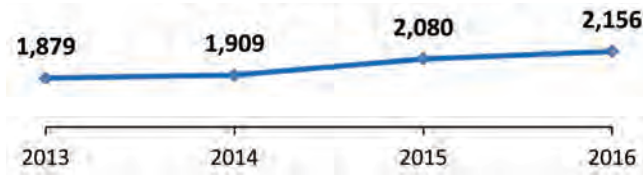
Source: Ohio Incident-Based Reporting System (OIBRS)

KEY FINDINGS

▶ Violent crimes increased 15% between 2013 and 2016.

▶ Robbery is the only form of violent crime that did not increase between 2013 and 2016.

Forcible Rape

2013	2014	2015	2016
243	297	357	326

Murder

2013	2014	2015	2016
44	33	40	57

Robbery

2013	2014	2015	2016
780	807	786	773

Aggravated Assault

2013	2014	2015	2016
812	772	897	1,000

Across the Nation

Rate per 100,000	Montgomery	Ohio	United States
Homicide Death Rate*	11.3[1]	7.1[1]	6.0[2]
Violent Crime[3]	418.4	300.3	397.1
Property Crime[3]	3,289.4	2,577.5	2,450.7

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

Homicide Death Rate* by Race and Sex Montgomery County, 2016-2017
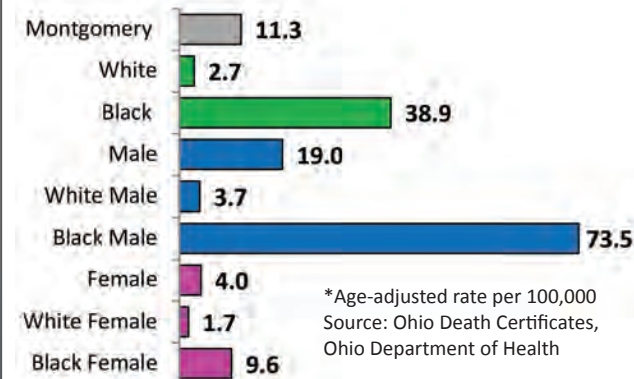
	Rate
Montgomery	11.3
White	2.7
Black	38.9
Male	19.0
White Male	3.7
Black Male	73.5
Female	4.0
White Female	1.7
Black Female	9.6

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

KEY FINDINGS

▶ Black men are nearly 20 times more likely to die by homicide than White men.

▶ The homicide death rate among men is 5 times higher than for women.

▶ Gun violence accounts for 83% of homicides between 2015 and 2017 (data not shown).

All Property Crimes Montgomery County, 2013-2016

2013	2014	2015	2016
19,177	18,690	17,047	16,951
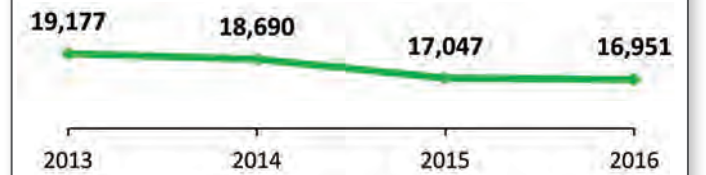
Source: Ohio Incident-Based Reporting System (OIBRS)

KEY FINDINGS

▶ Property crimes decreased 12% between 2013 and 2016.

▶ Motor vehicle theft is the only form of property crime that increased between 2013 and 2016.

Burglary

2013	2014	2015	2016
5,324	5,434	4,533	4,297

Larceny

2013	2014	2015	2016
12,670	12,120	11,225	11,191

Motor Vehicle Theft

2013	2014	2015	2016
1,183	1,136	1,289	1,463

Arson

2013	2014	2015	2016
200	167	176	151
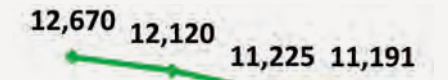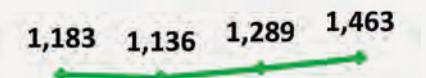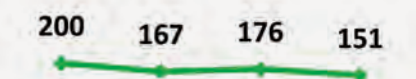
Overall Crime Rate, Montgomery County, 2016

Source: Ohio Incident-Based Reporting System (OIBRS)
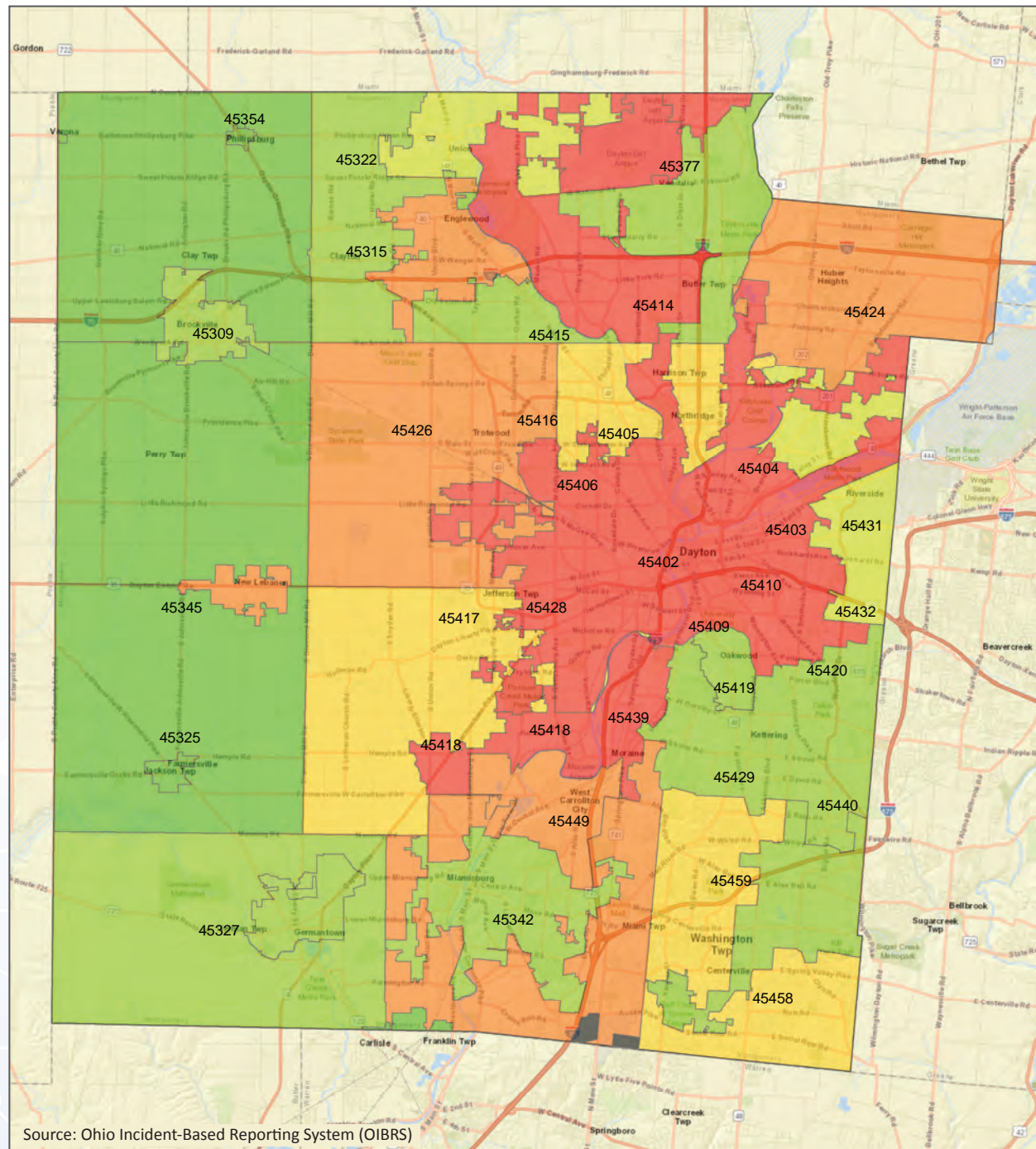
▶ Jackson Township Police Department covers Farmersville

▶ The Montgomery County Sheriff's Office covers Harrison, Jefferson, and Washington Townships

Rate per 1,000

Low

High

Data not Available

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

Violent Crime Rate, Montgomery County, 2016

Rate per 1,000

Low

High

Data not Available

Source: Ohio Incident-Based Reporting System (OIBRS)
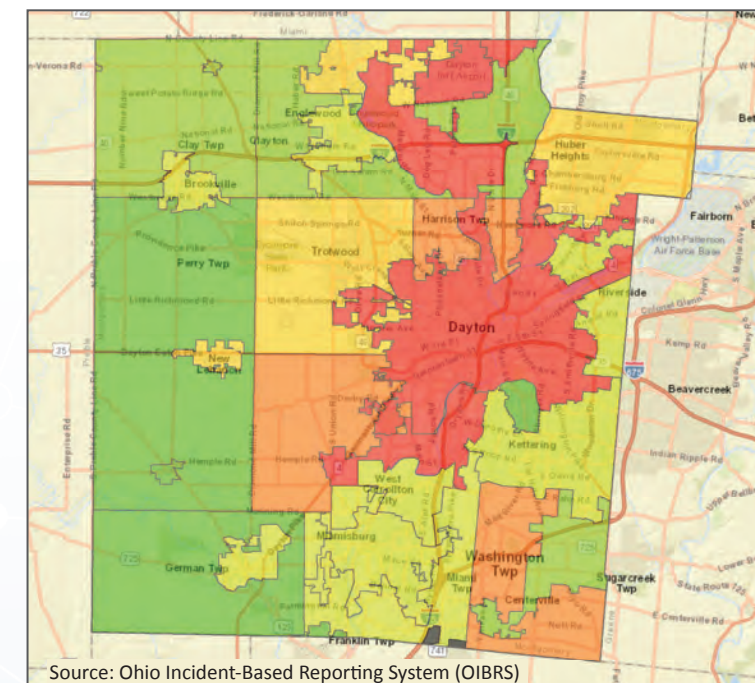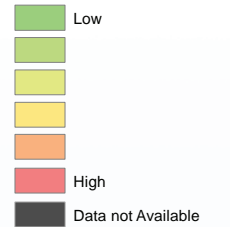
Property Crime Rate, Montgomery County, 2016

Rate per 1,000

Low

High

Data not Available

Source: Ohio Incident-Based Reporting System (OIBRS)
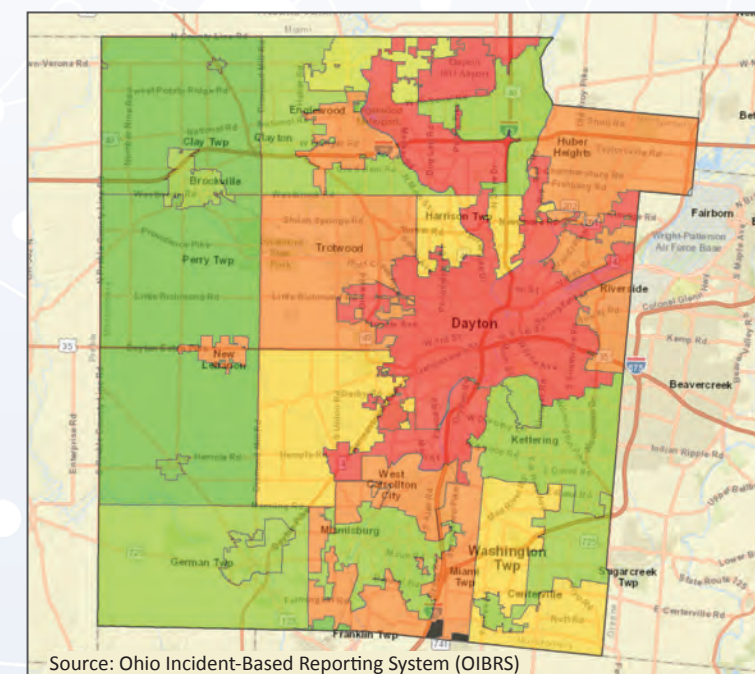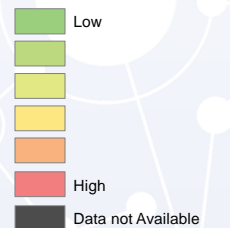
PHI | PUBLIC HEALTH IMPORTANCE:

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

Air Quality Index (AQI) Guide

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

Percent of Days per Year with AQI Level of "Good" Montgomery County, 2010-2017

42% 52% 52% 57% 61% 70% 75% 79%

2010 2011 2012 2013 2014 2015 2016 2017
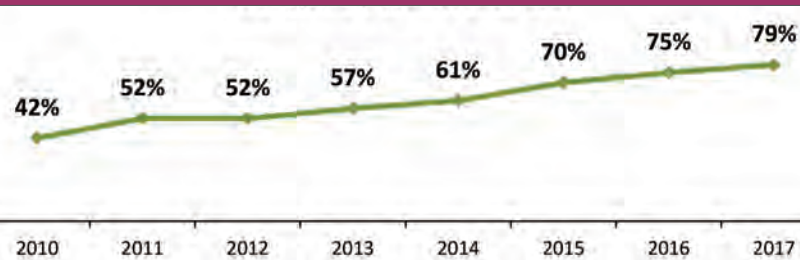
Source: Environmental Protection Agency (EPA)

🔑 KEY FINDINGS

▶ The percent of days with a "**Good**" AQI level increased between 2010 and 2017.

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

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

Tree Pollen | Grass Pollen | Weed Pollen | Mold Spores
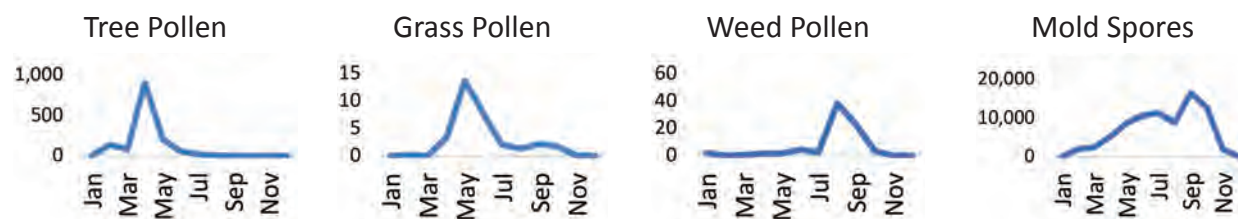
Source: Regional Air Pollution Control Agency (RAPCA), PHDMC

🔑 KEY FINDINGS

▶ The pollen counts are highest for trees in April, for grasses in May, and for weeds in August.

▶ The mold counts begin increasing in April, peak in September, and begin to decline in October.

Rate of High Blood Lead Levels Among Children, 0 to 15 years (2014-2017) & Percent of Houses Built Prior to 1970 (2013-2017), Montgomery County

High blood lead levels are levels greater than 5 micrograms per deciliter (μg/dL).

Houses Built Prior to 1970 Percent

- 38.1% - 64.6%
- 64.7% - 74.9%
- 75.0% - 83.3%
- 83.4% - 91.9%
- 92.0% - 96.5%

High Blood Lead Levels Rate (per 1,000)

- 0.0 - 2.7
- 2.8 - 9.5
- 9.6 - 23.8
- 23.9 - 44.2
- 44.3 - 66.4
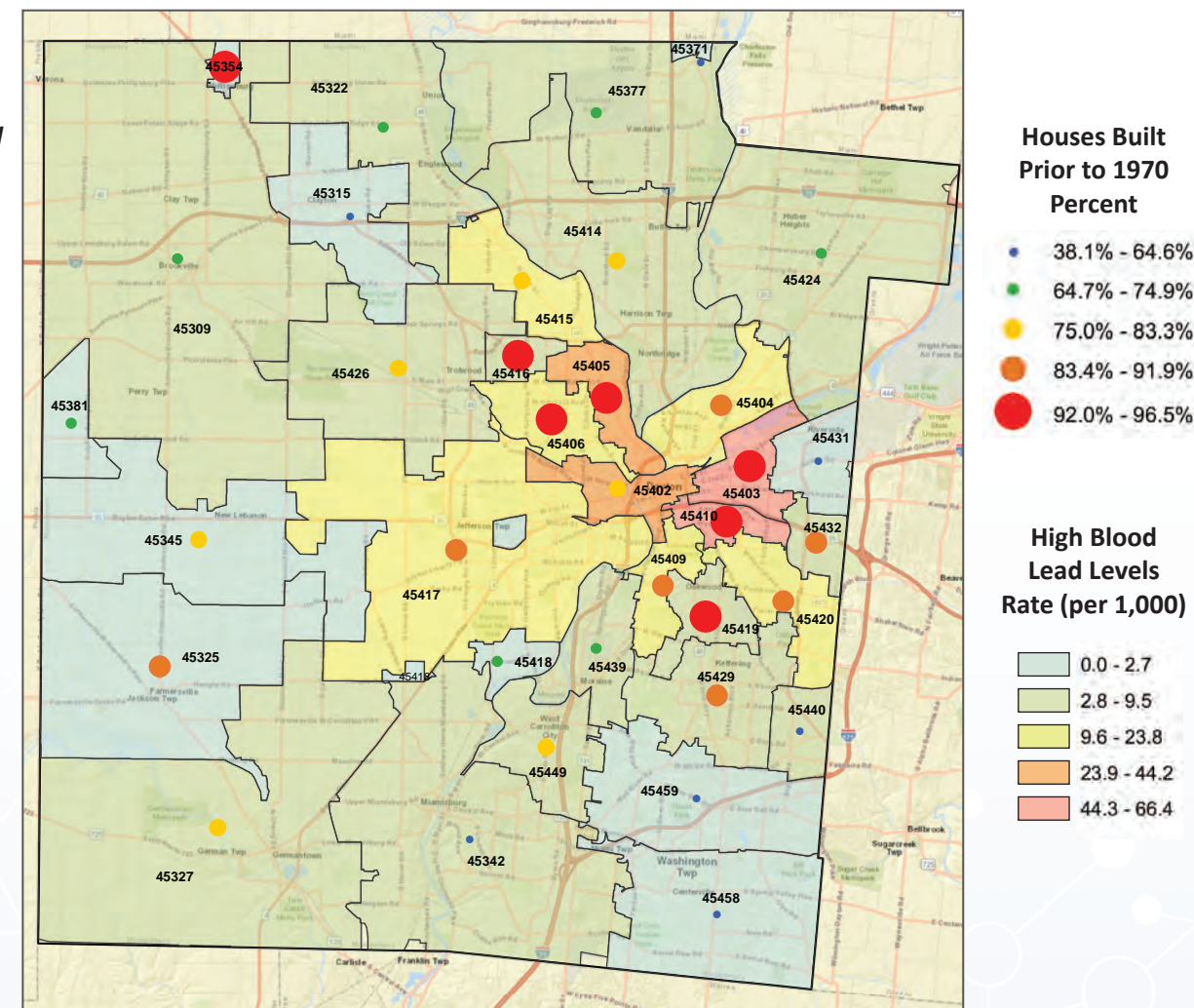
Source: Ohio Healthy Homes and Lead Poisoning Prevention Program & U.S. Census Bureau

SDOH | SOCIAL DETERMINANTS OF HEALTH:

A child's home environment serves as a significant source of lead exposure. Lead can be found in certain toys, lead pipes, soil, and within the paint used on homes built before 1978. Lead paint can break down, peel, and flake spreading lead dust throughout the home. Young children are at high risk of poisoning when they put objects or their hands in their mouths that have been exposed to lead. Lead is harmful to the developing brain and nervous system as it can cause irreversible effects in young children. Some of these health effects include aggressive behavior, hyperactivity, impaired growth, hearing loss, learning disabilities, mental retardation, coma, and, in extreme cases, death. Children that are at a higher risk for lead exposure are poor, members of racial or ethnic minority groups, recent immigrants, or live in older, poorly maintained rental property (CDC, 2015).

Lead Free KIDS for a Healthy Future

Density of Alcohol Retail Carry-Out Locations
Montgomery County, 2019

Density
Low

Medium

High

• Alcohol Carry-Out (Does not include gas stations)
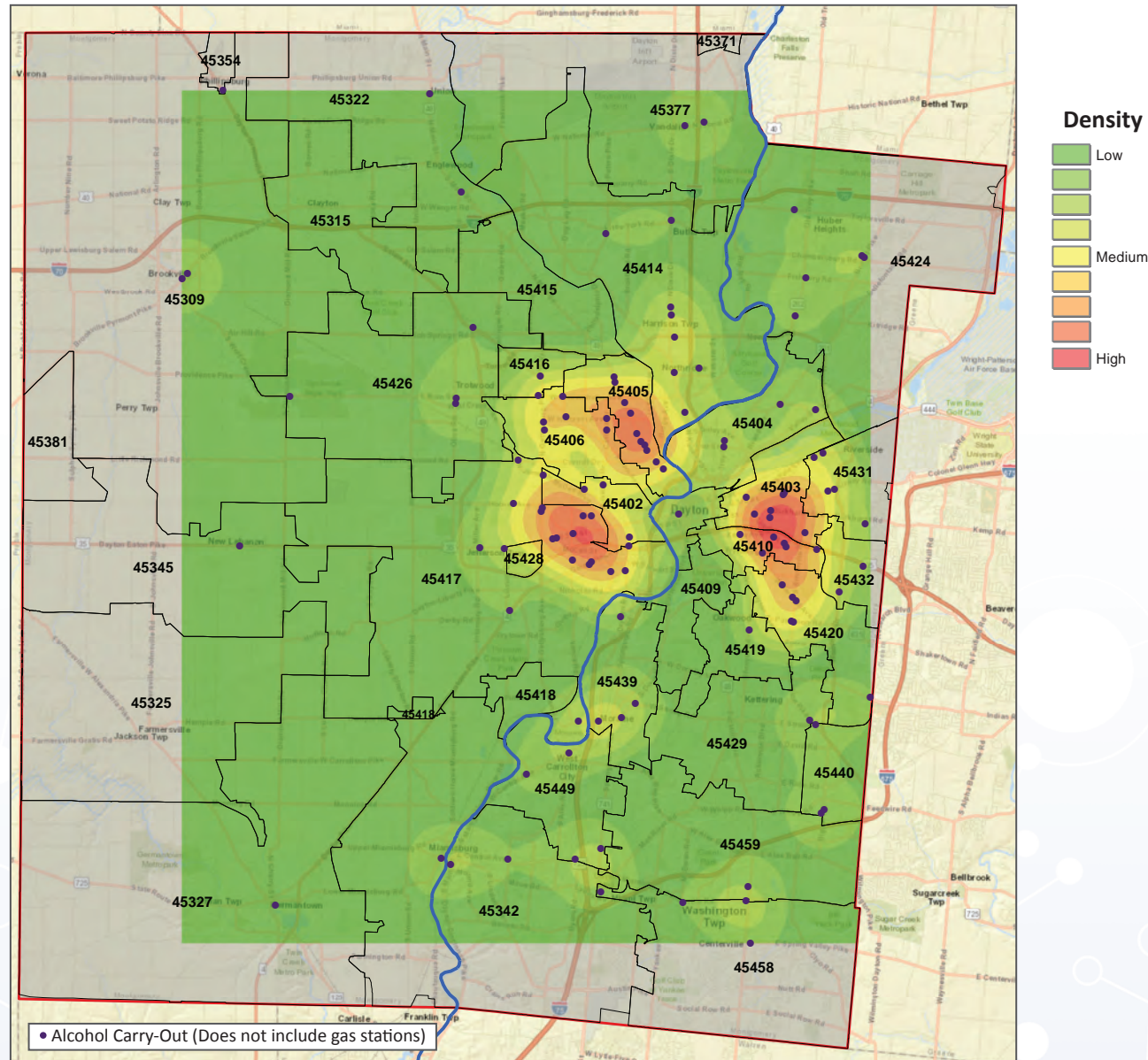
Source: Division of Liquor Control, Ohio Department of Commerce

Density of Tobacco Vendors
Montgomery County, 2018

Density
Low

Medium

High

• Tobacco Vendor
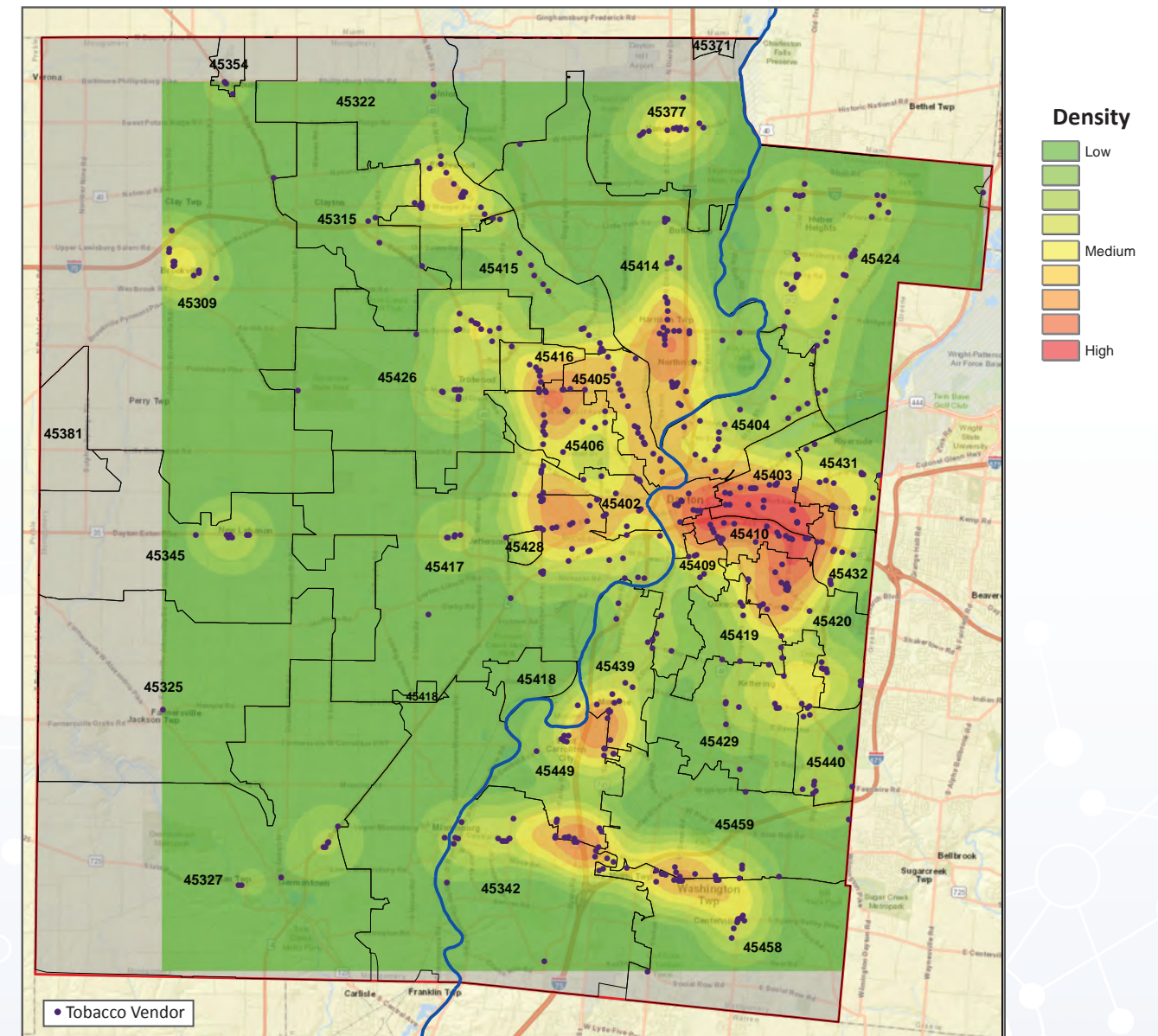
Source: Environmental Health, PHDMC

SDOH SOCIAL DETERMINANTS OF HEALTH:

Communities with higher poverty rates and larger minority populations (i.e., Black and Hispanic populations) have a higher concentration of alcohol retail stores and tobacco vendors. These neighborhoods are subjected to the negative social consequences associated with these stores such as physical violence, noise, property damage, and disorderly conduct. Strong social cohesion and community involvement are needed in these neighborhoods to work collectively to address zoning laws that permit a high density of alcohol and tobacco vendors (CDC, 2017).

Food Deserts and Available Food Options, Montgomery County, 2018

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

Food Desert

Food Location Types

● **Grocery**
Small chain retail shop that primarily sells food

● **Local Market**
Small neighborhood market that offers food options

● **Supercenter**
Combined supermarket and department store (i.e., Walmart)

● **Supermarket**
Large grocery store that also sells non-grocery items (i.e., Kroger)

Sources: Office of Health Promotion, PHDMC & Food Access Research Atlas, USDA
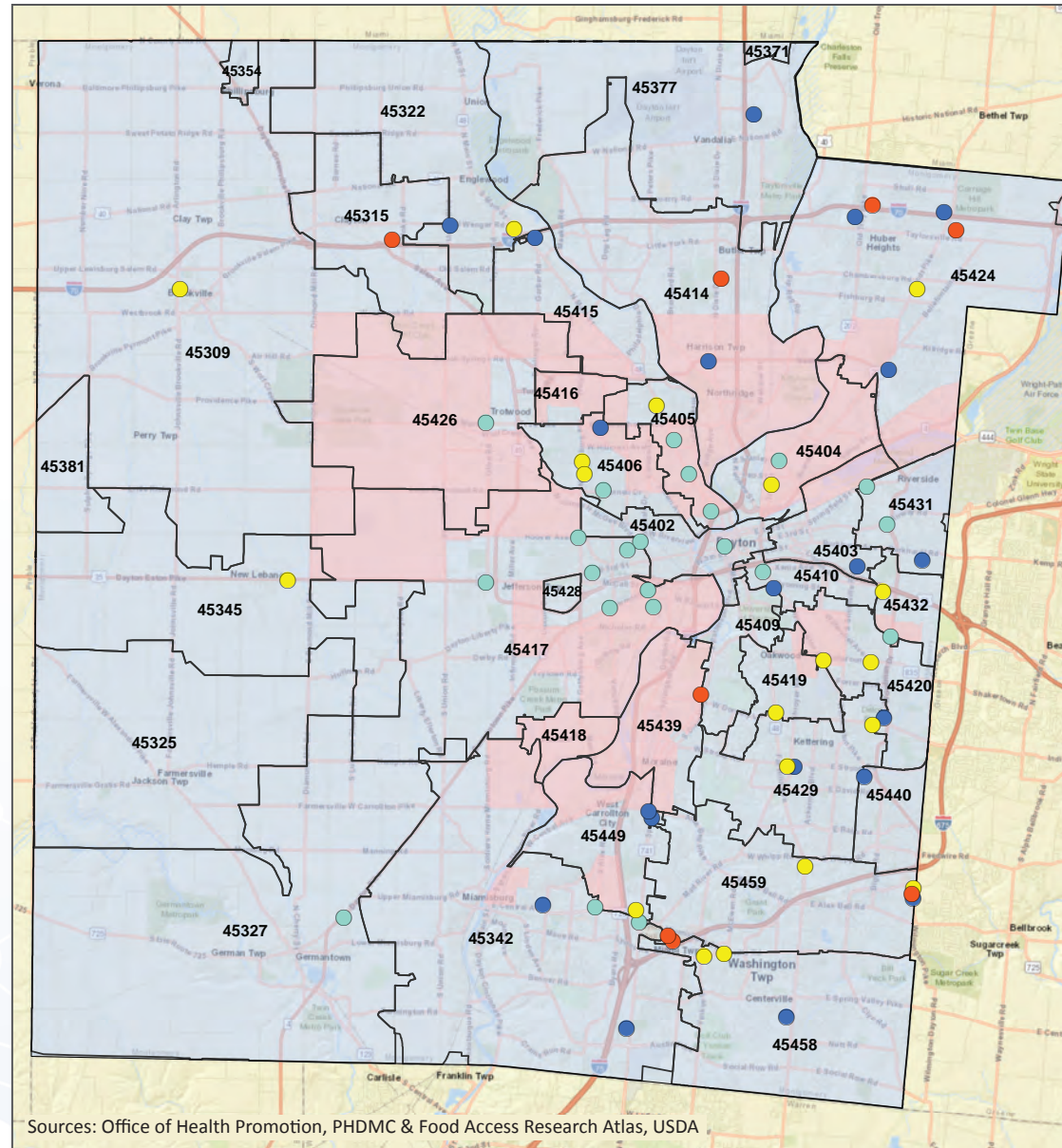
Parks and Bike Trails, Montgomery County, 2019

Sources: Miami Valley Regional Planning Commission & Five Rivers MetroParks
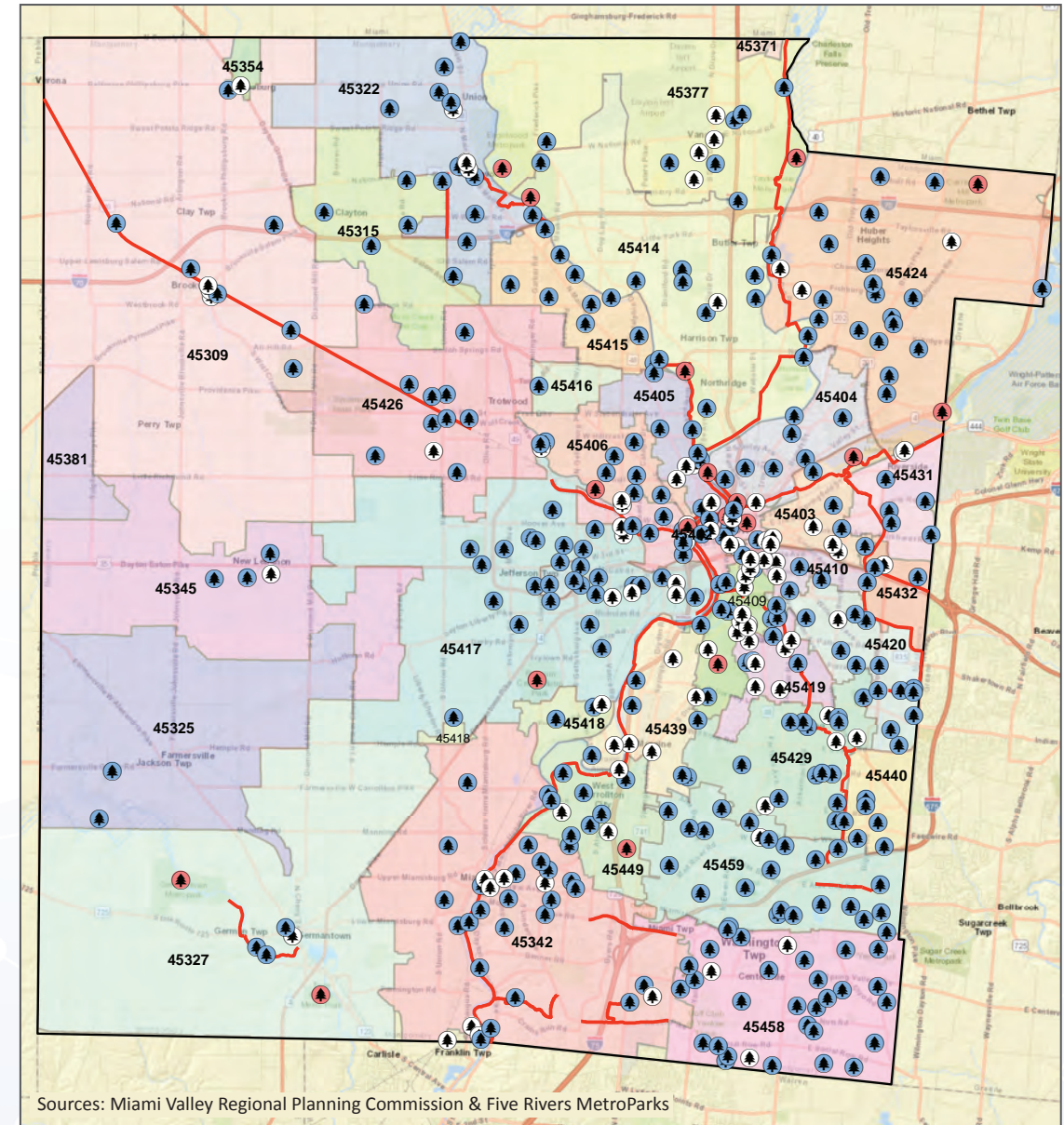
🌲 Large Park   🌲 Small Park   🌲 Five Rivers MetroPark   ▬ Bike Trail

SDOH SOCIAL DETERMINANTS OF HEALTH:

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

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

SDOH SOCIAL DETERMINANTS OF HEALTH:

When neighborhoods have nearby parks and bike trails, they may often go unused. In communities where sidewalks are absent or poorly maintained, streets are poorly lit, crosswalks are nonexistent, or cars travel at a high rate of speed, residents do not feel safe walking to parks. A fear of violence, whether real or perceived, may also discourage the use of neighborhood parks.

MONTGOMERY COUNTY GEOGRAPHIC SNAPSHOTS

While presenting data at the county-level provides an overall picture of the health of the residents of Montgomery County, there is a benefit to understanding the population and health characteristics of smaller areas of the county so that place-based programs and policies can be developed.

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

The following section presents information pertaining to population demographics, income and poverty, education, employment, housing, food access, birth outcomes, mental and behavioral health, and chronic disease for the 13 selected areas of Montgomery County.

Areas in and Surrounding:
Union, Clayton, Englewood, Butler Township, and Vandalia

Population: 56,522

Montgomery County (MC)

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

Housing

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

Vacancy
6%
12% (MC)

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

Owner Occupied
78%
61% (MC)

Renter Occupied
23%
39% (MC)

Economics

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

Family Poverty
6%
14% (MC)

Educational Attainment

Less Than High School
7%
10% (MC)

High School Diploma
28%
28% (MC)

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

Employment

Unemployment Rate
6%
8% (MC)

Commuting to Work

Drive Alone
87%
83% (MC)

Carpool
7%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
0.4%
2% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
11%
10% (MC)

Kids with Low Access
54%
34% (MC)

Seniors with Low Access
50%
34% (MC)

Health

Births: 1,673

Preterm Births
10%
12% (MC)

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

Life Expectancy at Birth
76.1 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
6.6
9.5 (MC)

Alcohol-Related Disorder
13.7
18.7 (MC)

Mental Health

Depressive Disorder
51.7
71.5 (MC)

Anxiety & Stress Disorders
74.9
101.6 (MC)

Illness

Type 2 Diabetes
146.8
158.0 (MC)

Heart Attack
7.2
6.4 (MC)

Asthma
57.9
75.6 (MC)

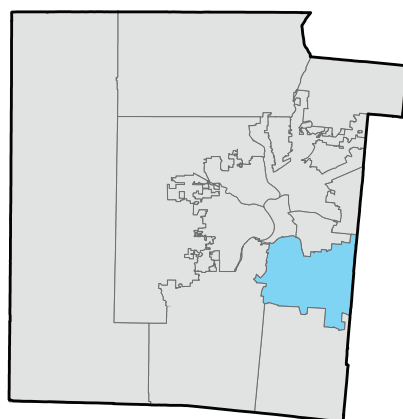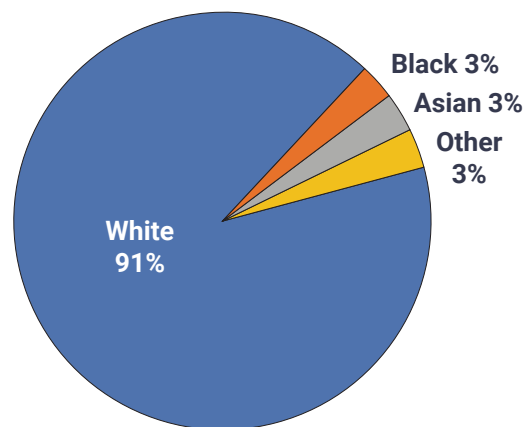#### Accidents

Accidental Falls
46.6
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Huber Heights

Population: 39,965

Montgomery County (MC)

Pie chart:
- White 76%
- Black 15%
- Asian 2%
- Other 7%

Housing

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

Vacancy
6%
12% (MC)

Year Built
1949 or Earlier
5%
25% (MC)

Owner Occupied
67%
61% (MC)

Renter Occupied
33%
39% (MC)

Economics

Median Household Income
$57,345
$47,045 (MC)

Family Poverty
11%
14% (MC)

Educational Attainment

Less Than High School
7%
10% (MC)

High School Diploma
29%
28% (MC)

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

Employment

Unemployment Rate
6%
8% (MC)

Commuting to Work

Drive Alone
87%
83% (MC)

Carpool
8%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
1%
2% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

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

Kids with Low Access
22%
34% (MC)

Seniors with Low Access
19%
34% (MC)

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

Health

Births: 1,587

Preterm Births
11%
12% (MC)

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

Life Expectancy at Birth
73.8 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
5.5
9.5 (MC)

Alcohol-Related Disorder
11.4
18.7 (MC)

Mental Health

Depressive Disorder
67.9
71.5 (MC)

Anxiety & Stress Disorders
95.0
101.6 (MC)

Illness

Type 2 Diabetes
144.8
158.0 (MC)

Heart Attack
5.8
6.4 (MC)

Stroke
6.1
7.1 (MC)

Accidents

Accidental Falls
39.2
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Areas in and Surrounding:
Trotwood, Jefferson Township, and Harrison Township

Population: 76,344

Montgomery County (MC)

White 35%
Black 61%
Other 4%

Housing

Median Home Value
$69,950
$112,100 (MC)

Vacancy
18%
12% (MC)

Owner Occupied
52%
61% (MC)

Renter Occupied
48%
39% (MC)

Economics

Median Household Income
$30,896
$47,045 (MC)

Family Poverty
25%
14% (MC)

Educational Attainment

Less Than High School
15%
10% (MC)

High School Diploma
34%
28% (MC)

Bachelor's Degree or Higher
15%
27% (MC)

Employment

Unemployment Rate
15%
8% (MC)

Commuting to Work

Drive Alone
80%
83% (MC)

Carpool
11%
8% (MC)

Public Transportation
5%
2% (MC)

Walk
1%
2% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
18%
10% (MC)

Kids with Low Access
34%
34% (MC)

Seniors with Low Access
49%
34% (MC)

Housing Units With No Vehicles and Low Access
5%
3% (MC)

Health

Births: 3,146

Preterm Births
15%
12% (MC)

Smoking During Pregnancy
13%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
13.4
7.4 (MC)

Life Expectancy at Birth
69.0 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
12.6
9.5 (MC)

Alcohol-Related Disorder
22.7
18.7 (MC)

Mental Health

Depressive Disorder
62.8
71.5 (MC)

Bipolar Disorder
21.5
19.5 (MC)

Anxiety & Stress Disorders
94.8
101.6 (MC)

Illness

Type 2 Diabetes
195.4
158.0 (MC)

Heart Attack
7.0
6.4 (MC)

Asthma
100.5
75.6 (MC)

Dental
18.9
13.3 (MC)

Accidents

Assault
11.5
6.8 (MC)

Intentional Self Harm
1.3
1.0 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Areas in and Surrounding:
Phillipsburg, Germantown, Farmersville, German Township, Jackson Township, Brookville, Clay Township, and New Lebanon

Population: 29,573
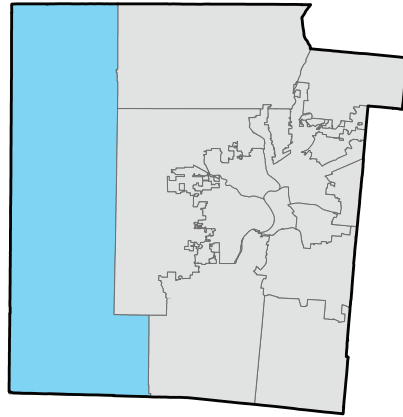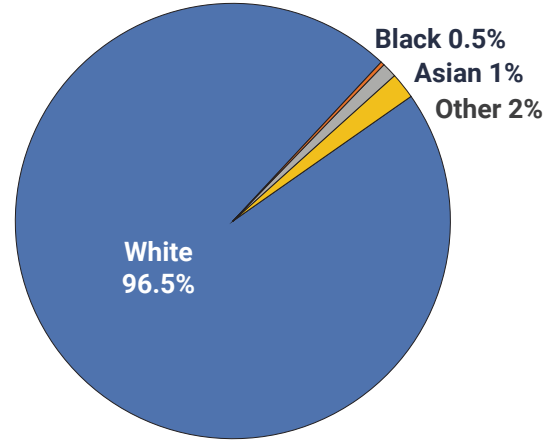
Montgomery County (MC)
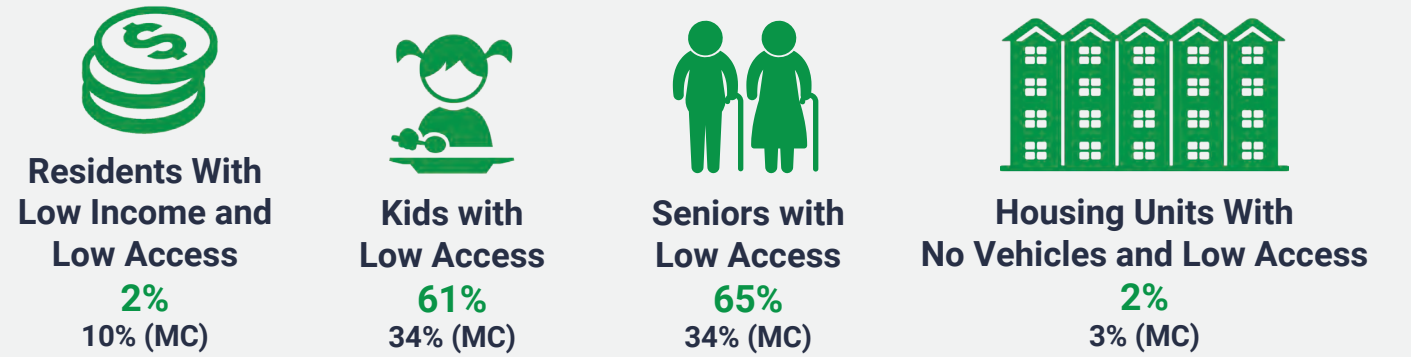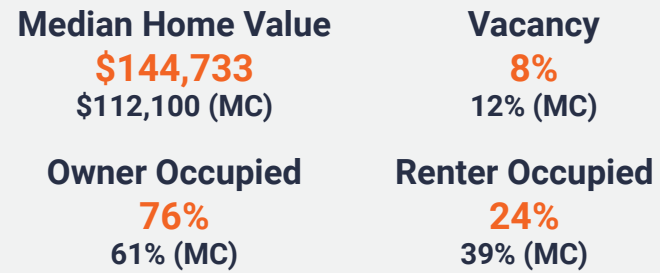
White 96.5%
Black 0.5%
Asian 1%
Other 2%

Housing

Median Home Value
$144,733
$112,100 (MC)

Vacancy
8%
12% (MC)

Owner Occupied
76%
61% (MC)

Renter Occupied
24%
39% (MC)

Economics

Median Household Income
$52,374
$47,045 (MC)

Family Poverty
10%
14% (MC)

Educational Attainment

Less Than High School
8%
10% (MC)

High School Diploma
38%
28% (MC)

Bachelor's Degree or Higher
19%
27% (MC)

Employment

Unemployment Rate
5%
8% (MC)

Commuting to Work

Drive Alone
88%
83% (MC)

Carpool
7%
8% (MC)

Public Transportation
0.1%
2% (MC)

Walk
1%
2% (MC)
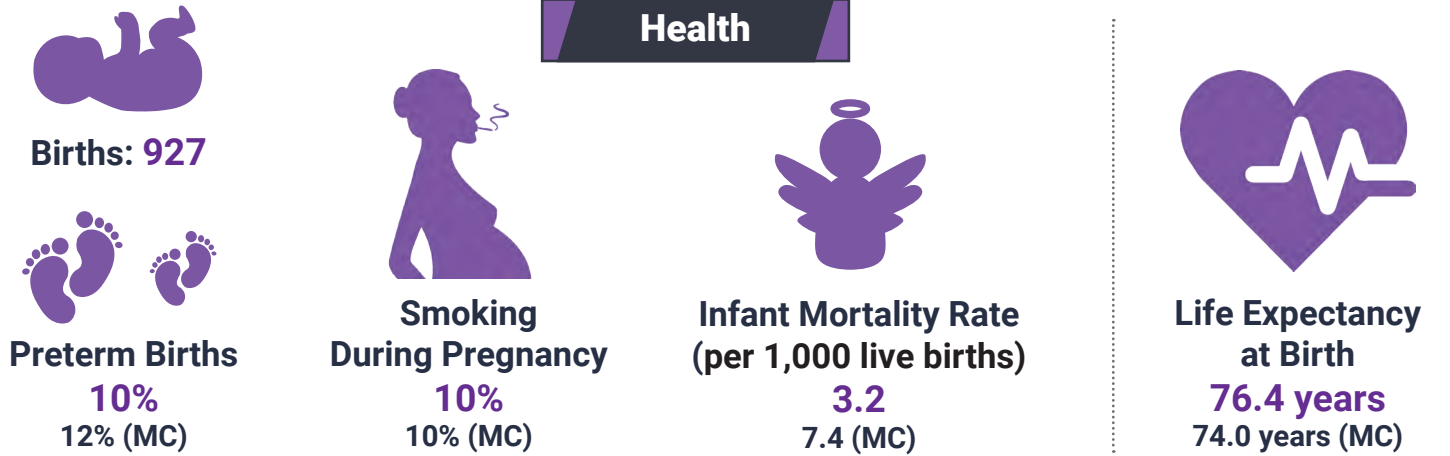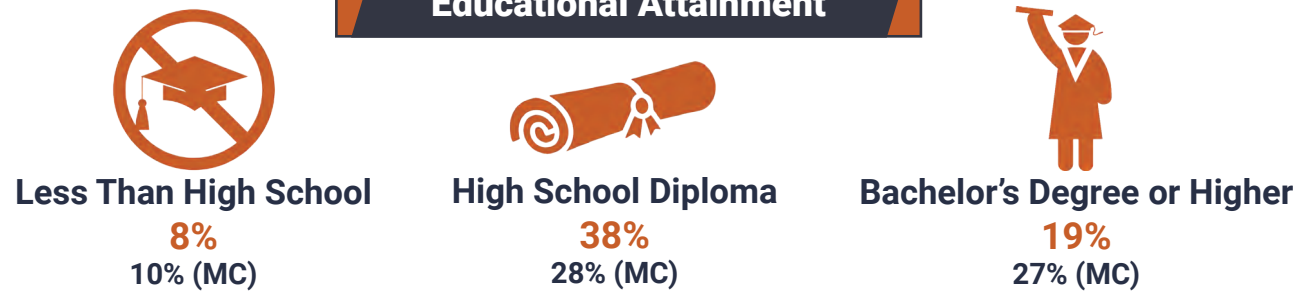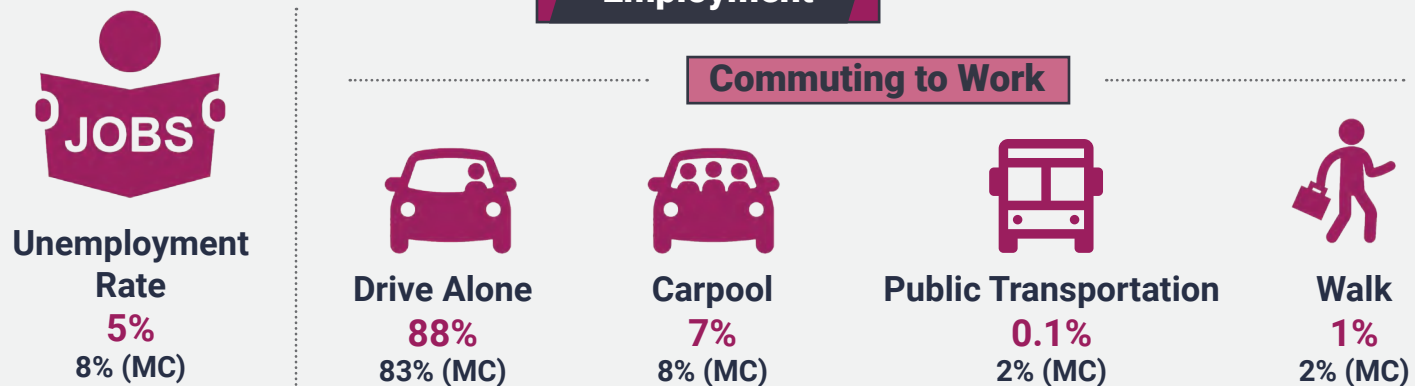
Average Travel Time: 25.5 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
2%
10% (MC)

Kids with Low Access
61%
34% (MC)

Seniors with Low Access
65%
34% (MC)

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

Health

Births: 927

Preterm Births
10%
12% (MC)

Smoking During Pregnancy
10%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
3.2
7.4 (MC)

Life Expectancy at Birth
76.4 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
7.5
9.5 (MC)

Alcohol-Related Disorder
10.1
18.7 (MC)

Mental Health

Depressive Disorder
54.1
71.5 (MC)

Anxiety & Stress Disorders
80.2
101.6 (MC)

Illness

Type 2 Diabetes
120.9
158.0 (MC)

Heart Attack
6.2
6.4 (MC)

Stroke
5.7
7.1 (MC)

Accidents

Assault
2.3
6.8 (MC)

Accidental Falls
42.4
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Areas in and Surrounding:
Riverside and Mad River Township

Population: 44,899

Montgomery County (MC)

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

Housing

Median Home Value
$74,509
$112,100 (MC)

Vacancy
11%
12% (MC)

Owner Occupied
58%
61% (MC)

Renter Occupied
42%
39% (MC)

Economics

Median Household Income
$45,125
$47,045 (MC)

Family Poverty
16%
14% (MC)

Educational Attainment

Less Than High School
15%
10% (MC)

High School Diploma
32%
28% (MC)

Bachelor's Degree or Higher
18%
27% (MC)

Employment

Unemployment Rate
9%
8% (MC)

Commuting to Work

Drive Alone
86%
83% (MC)

Carpool
8%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
2%
2% (MC)

Work from Home
2%
3% (MC)

Average Travel Time: 19.1 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket

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

Kids with Low Access
22%
34% (MC)

Seniors with Low Access
27%
34% (MC)

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

Health

Births: 2,007

Preterm Births
10%
12% (MC)

Smoking During Pregnancy
12%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
4.0
7.4 (MC)

Life Expectancy at Birth
73.8 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
5.8
9.5 (MC)

Alcohol-Related Disorder
11.0
18.7 (MC)

Mental Health

Depressive Disorder
67.9
71.5 (MC)

Anxiety & Stress Disorders
93.5
101.6 (MC)

Illness

Type 2 Diabetes
142.9
158.0 (MC)

Heart Attack
6.0
6.4 (MC)

Stroke
6.3
7.1 (MC)

Accidents

Accidental Falls
39.8
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Moraine, West Carrollton, Miamisburg, and Miami Township

Population: 76,052

Montgomery County (MC)

Black 9%
Asian 3%
Other 4%
White 84%

Housing

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

Vacancy
9%
12% (MC)

Owner Occupied
67%
61% (MC)

Renter Occupied
33%
39% (MC)

Economics

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

Family Poverty
11%
14% (MC)

Educational Attainment

Less Than High School
9%
10% (MC)

High School Diploma
26%
28% (MC)

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

Employment

Unemployment Rate
6%
8% (MC)

Commuting to Work

Drive Alone
86%
83% (MC)

Carpool
9%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
1%
2% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

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

Kids with Low Access
41%
34% (MC)

Seniors with Low Access
47%
34% (MC)

Health

Births: 2,953

Preterm Births
11%
12% (MC)

Smoking During Pregnancy
13%
10% (MC)

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

Life Expectancy at Birth
75.3 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
7.5
9.5 (MC)

Alcohol-Related Disorder
15.4
18.7 (MC)

Mental Health

Depressive Disorder
90.2
71.5 (MC)

Anxiety & Stress Disorders
123.0
101.6 (MC)

Illness

Type 2 Diabetes
147.2
158.0 (MC)

Heart Attack
6.3
6.4 (MC)

Stroke
7.3
7.1 (MC)

Accidents

Accidental Falls
51.4
49.4 (MC)

Intentional Self Harm
1.0
1.0 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Area in and Surrounding:
Oakwood and Kettering

Population: 67,552

Montgomery County (MC)

White 91%
Black 3%
Asian 3%
Other 3%

Housing

Median Home Value
$137,492
$112,100 (MC)

Vacancy
8%
12% (MC)

Year Built
1980 or Later
11%
22% (MC)

Owner Occupied
69%
61% (MC)

Renter Occupied
31%
39% (MC)

Economics

Median Household Income
$56,539
$47,045 (MC)

Family Poverty
9%
14% (MC)

Educational Attainment

Less Than High School
6%
10% (MC)

High School Diploma
22%
28% (MC)

Bachelor's Degree or Higher
38%
27% (MC)

Employment

Unemployment Rate
5%
8% (MC)

Commuting to Work

Drive Alone
85%
83% (MC)

Carpool
8%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
2%
2% (MC)

Work from Home
4%
3% (MC)

Average Travel Time: 20.2 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
3%
10% (MC)

Kids with Low Access
14%
34% (MC)

Seniors with Low Access
13%
34% (MC)

Housing Units With No Vehicles and Low Access
0.4%
3% (MC)

Health

Births: 2,433

Preterm Births
10%
12% (MC)

Infant Mortality Rate (per 1,000 live births)
4.5
7.4 (MC)

Life Expectancy at Birth
77.9 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
5.7
9.5 (MC)

Alcohol-Related Disorder
14.0
18.7 (MC)

Mental Health

Depressive Disorder
60.6
71.5 (MC)

Anxiety & Stress Disorders
83.1
101.6 (MC)

Illness

Type 2 Diabetes
100.0
158.0 (MC)

Heart Attack
4.8
6.4 (MC)

Asthma
44.6
75.6 (MC)

Accidents

Accidental Falls
38.7
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Areas in and Surrounding:
Centerville and Washington Township

Population: 56,416

Montgomery County (MC)

Black 4%
Asian 6%
Other 4%
White 86%

Housing

Median Home Value
$204,886
$112,100 (MC)

Vacancy
6%
12% (MC)

Year Built
1980 or Later
46%
22% (MC)

Owner Occupied
78%
61% (MC)

Renter Occupied
22%
39% (MC)

Economics

Median Household Income
$76,444
$47,045 (MC)

Family Poverty
5%
14% (MC)

Educational Attainment

Less Than High School
3%
10% (MC)

High School Diploma
15%
28% (MC)

Bachelor's Degree or Higher
53%
27% (MC)

Employment

Unemployment Rate
3%
8% (MC)

Commuting to Work

Drive Alone
86%
83% (MC)

Carpool
6%
8% (MC)

Public Transportation
0.4%
2% (MC)

Walk
1%
2% (MC)

Work from Home
6%
3% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
5%
10% (MC)

Kids with Low Access
42%
34% (MC)

Seniors with Low Access
34%
34% (MC)

Health

Births: 1,642

Preterm Births
10%
12% (MC)

Smoking During Pregnancy
2%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
5.5
7.4 (MC)

Life Expectancy at Birth
81.1 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
3.1
9.5 (MC)

Alcohol-Related Disorder
11.9
18.7 (MC)

Mental Health

Depressive Disorder
60.7
71.5 (MC)

Anxiety & Stress Disorders
81.0
101.6 (MC)

Illness

Type 2 Diabetes
101.3
158.0 (MC)

Heart Attack
5.4
6.4 (MC)

Stroke
6.4
7.1 (MC)
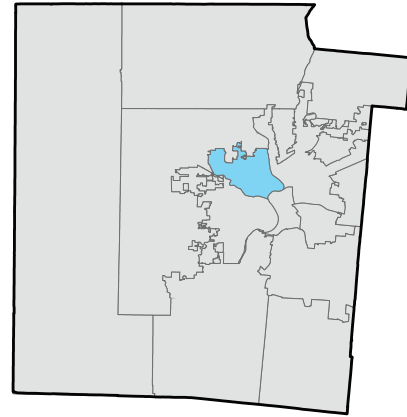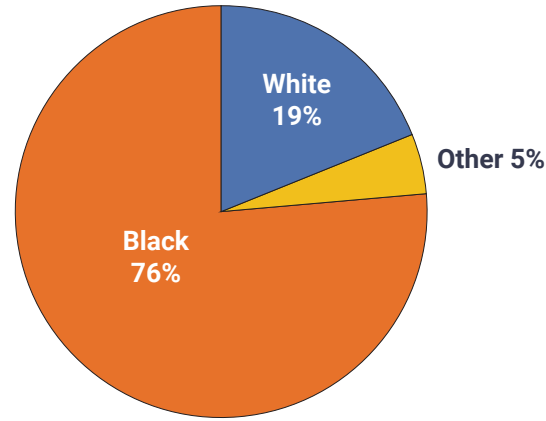
Accidents

Accidental Falls
44.2
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Area in:
Dayton's Northeast Area

Population: 72,135

Montgomery County (MC)

Pie chart:
- White 80%
- Black 14%
- Asian 1%
- Other 5%

Housing

Median Home Value
$80,950
$112,100 (MC)

Vacancy
13%
12% (MC)

Owner Occupied
58%
61% (MC)

Renter Occupied
43%
39% (MC)

Economics

Median Household Income
$40,657
$47,045 (MC)

Family Poverty
22%
14% (MC)

Educational Attainment

Less Than High School
17%
10% (MC)

High School Diploma
31%
28% (MC)

Bachelor's Degree or Higher
17%
27% (MC)

Employment

Unemployment Rate
12%
8% (MC)

Commuting to Work

Drive Alone
83%
83% (MC)

Carpool
9%
8% (MC)

Public Transportation
3%
2% (MC)

Walk
2%
2% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
11%
10% (MC)

Kids with Low Access
29%
34% (MC)

Seniors with Low Access
36%
34% (MC)

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

Health

Births: 3,220

Preterm Births
12%
12% (MC)

Smoking During Pregnancy
15%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
6.2
7.4 (MC)

Life Expectancy at Birth
70.8 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
12.6
9.5 (MC)

Alcohol-Related Disorder
19.4
18.7 (MC)

Mental Health

Depressive Disorder
78.1
71.5 (MC)

Anxiety & Stress Disorders
111.6
101.6 (MC)

Bipolar Disorder
23.1
19.5 (MC)

Illness

Type 2 Diabetes
165.7
158.0 (MC)

Heart Attack
7.0
6.4 (MC)

Asthma
86.8
75.6 (MC)

Dental
15.6
13.3 (MC)

Accidents

Assault
8.4
6.8 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Area in:
Dayton's North Central Area

Population: 40,402

Montgomery County (MC)

White 19%
Other 5%
Black 76%

Housing

Median Home Value
$63,700
$112,100 (MC)

Vacancy
29%
12% (MC)

Owner Occupied
46%
61% (MC)

Renter Occupied
54%
39% (MC)

Year Built

1980 or Later
7%
22% (MC)

1949 or Earlier
53%
25% (MC)

Economics

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

Family Poverty
25%
14% (MC)

Educational Attainment

Less Than High School
15%
10% (MC)

High School Diploma
30%
28% (MC)

Bachelor's Degree or Higher
16%
27% (MC)

Employment

Unemployment Rate
13%
8% (MC)

Commuting to Work

Drive Alone
75%
83% (MC)

Carpool
11%
8% (MC)

Public Transportation
8%
2% (MC)

Walk
1%
2% (MC)

Work from Home
4%
3% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
19%
10% (MC)

Kids with Low Access
36%
34% (MC)

Seniors with Low Access
29%
34% (MC)

Housing Units With No Vehicles and Low Access
8%
3% (MC)

Health

Births: 1,797

Preterm Births
15%
12% (MC)

Smoking During Pregnancy
12%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
14.5
7.4 (MC)

Life Expectancy at Birth
68.7 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
17.0
9.5 (MC)

Alcohol-Related Disorder
37.5
18.7 (MC)

Mental Health

Depressive Disorder
77.2
71.5 (MC)

Anxiety & Stress Disorders
118.6
101.6 (MC)

Bipolar Disorder
35.8
19.5 (MC)

Illness

Type 2 Diabetes
234.4
158.0 (MC)

Heart Attack
8.2
6.4 (MC)

Dental
29.7
13.3 (MC)

Accidents

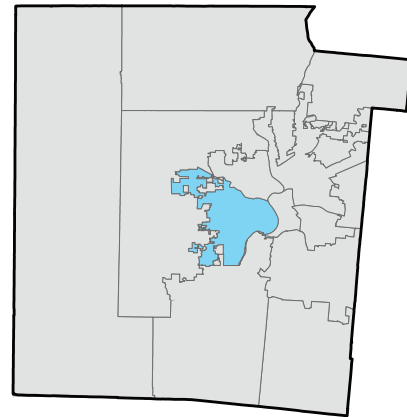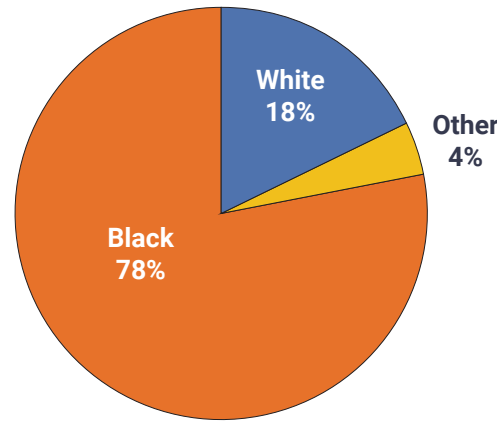**Assault**
22.4
6.8 (MC)

Accidental Falls
61.0
49.1 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Area in:
Dayton's Southwest Area

Population: 38,930

Montgomery County (MC)

- White 18%
- Other 4%
- Black 78%

Housing

Median Home Value
$58,120
$112,100 (MC)

Vacancy
23%
12% (MC)

Owner Occupied
45%
61% (MC)

Renter Occupied
51%
39% (MC)

Economics

Median Household Income
$28,201
$47,045 (MC)

Family Poverty
26%
14% (MC)

Educational Attainment

Less Than High School
19%
10% (MC)

High School Diploma
35%
28% (MC)

Bachelor's Degree or Higher
12%
27% (MC)

Employment

Unemployment Rate
16%
8% (MC)

Commuting to Work

Drive Alone
79%
83% (MC)

Carpool
10%
8% (MC)

Public Transportation
7%
2% (MC)

Walk
2%
2% (MC)

Average Travel Time: 23.5 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
26%
10% (MC)

Kids with Low Access
47%
34% (MC)

Seniors with Low Access
54%
34% (MC)

Housing Units With No Vehicles and Low Access
9%
3% (MC)

Health

Births: 1,567

Preterm Births
15%
12% (MC)

Smoking During Pregnancy
13%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
13.4
7.4 (MC)

Life Expectancy at Birth
69.5 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
16.2
9.5 (MC)

Alcohol-Related Disorder
32.1
18.7 (MC)

Mental Health

Depressive Disorder
64.4
71.5 (MC)

Bipolar Disorder
23.9
19.5 (MC)

Illness

Type 2 Diabetes
229.7
158.0 (MC)

Stroke
9.0
7.1 (MC)

Dental
26.0
13.3 (MC)

Asthma
124.7
75.6 (MC)

Accidents

Assault
14.4
6.8 (MC)

Intentional Self Harm
1.4
1.0 (MC)

Public Health
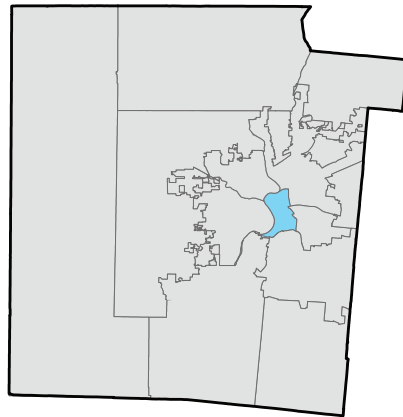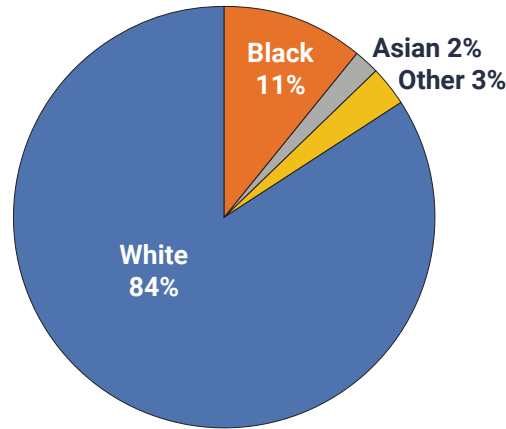Prevent. Promote. Protect.
Dayton & Montgomery County

Area in:
Dayton's Downtown Area

Population: 15,411

Montgomery County (MC)

Pie chart:
- White 84%
- Black 11%
- Asian 2%
- Other 3%

Housing

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

Vacancy
17%
12% (MC)

Owner Occupied
21%
61% (MC)

Renter Occupied
80%
39% (MC)

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

Economics

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

Family Poverty
28%
14% (MC)

Educational Attainment

Less Than High School
20%
10% (MC)

High School Diploma
21%
28% (MC)

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

Employment

Unemployment Rate
11%
8% (MC)

Commuting to Work

Drive Alone
44%
83% (MC)

Carpool
6%
8% (MC)

Public Transportation
3%
2% (MC)

Walk
41%
2% (MC)

Work from Home
5%
3% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
0.1%
10% (MC)

Kids with Low Access
0.4%
34% (MC)

Seniors with Low Access
1%
34% (MC)

Health

Births: 214

Preterm Births
12%
12% (MC)

Smoking During Pregnancy
17%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
0.0
7.4 (MC)

Life Expectancy at Birth
71.3 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
17.2
9.5 (MC)

Alcohol-Related Disorder
27.6
18.7 (MC)

Mental Health

Depressive Disorder
66.0
71.5 (MC)

Bipolar Disorder
24.2
19.5 (MC)

Schizophrenia
10.0
5.6 (MC)

Illness

Type 2 Diabetes
139.8
158.0 (MC)

Asthma
76.3
75.6 (MC)

Dental
17.8
13.3 (MC)

Accidents

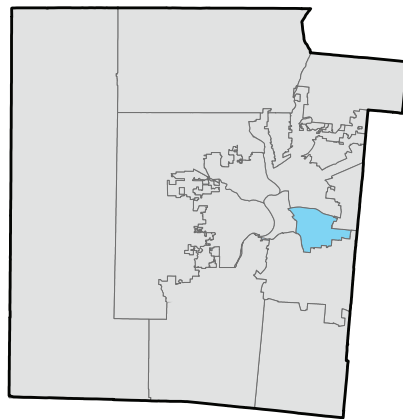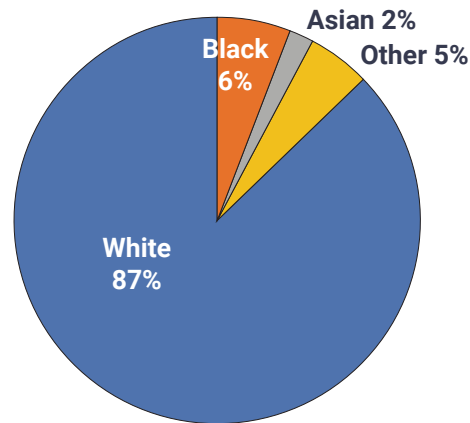Intentional Self Harm
1.6
1.0 (MC)

Assault
11.0
6.8 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Area in:
Dayton's Southeast Area

Population: 34,792

Montgomery County (MC)

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

Housing

Median Home Value
$80,870
$112,100 (MC)

Vacancy
12%
12% (MC)

Owner Occupied
55%
61% (MC)

Renter Occupied
45%
39% (MC)

Year Built

1980 or Later
7%
22% (MC)

1949 or Earlier
60%
25% (MC)

Economics

Median Household Income
$33,577
$47,045 (MC)

Family Poverty
22%
14% (MC)

Educational Attainment

Less Than High School
12%
10% (MC)

High School Diploma
30%
28% (MC)

Bachelor's Degree or Higher
22%
27% (MC)

Employment

Unemployment Rate
8%
8% (MC)

Commuting to Work

Drive Alone
80%
83% (MC)

Carpool
7%
8% (MC)

Public Transportation
3%
2% (MC)

Walk
7%
2% (MC)

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

Access to Food Beyond 1 Mile of Supermarket

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

Kids with Low Access
16%
34% (MC)

Seniors with Low Access
30%
34% (MC)

Housing Units With No Vehicles and Low Access
4%
3% (MC)

Health

Births: 1,309

Preterm Births
11%
12% (MC)

Smoking During Pregnancy
13%
10% (MC)

Infant Mortality Rate (per 1,000 live births)
8.4
7.4 (MC)

Life Expectancy at Birth
71.7 years
74.0 years (MC)

Hospital Visits (per 1,000)

Substance Use

Opioid-Related Disorder
11.3
9.5 (MC)

Alcohol-Related Disorder
19.4
18.7 (MC)

Mental Health

Depressive Disorder
74.1
71.5 (MC)

Anxiety & Stress Disorders
104.1
101.6 (MC)

Illness

Type 2 Diabetes
133.2
158.0 (MC)

Heart Attack
5.5
6.4 (MC)

Accidents

Assault
4.7
6.8 (MC)

Intentional Self Harm
1.2
1.0 (MC)

Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Data Sources

- American Community Survey, United States Census Bureau

- Area Health Resources Files, Health Resources and Services Administration (HRSA)

- Behavioral Risk Factor Surveillance System (BRFSS) Survey, Centers for Disease Control and Prevention (CDC)

- CDC WONDER Online Database, Mortality and Natality, Centers for Disease Control and Prevention (CDC)

- Dayton Children's Hospital 2017 Community Health Needs Assessment

- Division of Liquor Control, Ohio Department of Commerce

- Division of STD Prevention, Centers for Disease Control and Prevention (CDC)

- Economic Research Service, Food Access Research Atlas. United States Department of Agriculture (USDA)

- Environmental Health, Public Health - Dayton & Montgomery County (PHDMC)

- Environmental Protection Agency (EPA)

- Five Rivers MetroParks

- Greater Dayton Area Hospital Association Healthcare Database

- Healthy People 2020

- Health Policy Institute

- HIV/AIDS Surveillance Program, Ohio Department of Health (ODH)

- HIV Surveillance Report, Centers for Disease Control and Prevention (CDC)

- Map the Meal Gap, Feeding America

- Montgomery County Homeless Solutions

- Miami Valley Regional Planning Commission (MVRPC)

- Montgomery County Poisoning Death Review

- National Health Interview Survey, Centers for Disease Control and Prevention (CDC)

- National Provider Identifier Standard (NPI), Center for Medicare and Medicaid Services

- National School Lunch Program, Ohio Department of Education (ODE)

- National Survey of Children's Health, Health Resources and Services Administration (HRSA)

- National Survey of Drug Use and Health (NSDUH): 2014-2016 Substrate Estimates of Substance Use and Mental Disorders, Substance Abuse and Mental Health Services Administration (SAMHSA)

- National Vital Statistics System (NVSS), Adequacy of Prenatal Care Report, Centers for Disease Control and Prevention (CDC)

- National Vital Statistics System (NVSS), Births Report, Centers for Disease Control and Prevention (CDC)

- National Vital Statistics System (NVSS), Mortality NCHS Data Brief, Centers for Disease Control and Prevention (CDC)

- Office of Health Promotion, Public Health - Dayton & Montgomery County (PHDMC)

- Ohio Birth Certificates and Ohio Death Certificates, Ohio Department of Health (ODH)

- Ohio Cancer Incidence Surveillance System (OCISS), Ohio Department of Health (ODH)

- Ohio Disease Reporting System (ODRS), Ohio Department of Health (ODH)

- Ohio Healthy Homes and Lead Poisoning Prevention Program, Ohio Department of Health (ODH)

- Ohio Healthy Youth Environment Survey (OHYES!)

- Ohio Incident-Based Reporting System (OIBRS), Office of Criminal Justice Services

- Ohio Medicaid Assessment Survey, Ohio Department of Medicaid

- Ohio Youth Tobacco Survey, Ohio Department of Health (ODH)

- Provider Directory, Ohio Department of Medicaid

- Regional Air Pollution Control Agency (RAPCA), Public Health - Dayton & Montgomery County (PHDMC)

- STD Surveillance Program, Ohio Department of Health (ODH)

- Substance Abuse and Mental Health Services Administration Services (SAMHSA) Locator Map

- Third Grade Oral Health Screening Survey, Ohio Department of Health (ODH)

- Women, Infants, and Children (WIC) Program, Public Health - Dayton & Montgomery County (PHDMC)

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ACCREDITED HEALTH DEPARTMENT

PUBLIC HEALTH ACCREDITATION BOARD

PHAB

*Advancing
public health
performance*

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

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

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

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