Miami County, OH

Community Health Assessment
2024

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**Center for Public
Policy and Health**

**Miami County
Public Health**
Prevent. Promote. Protect.

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Contents

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Acronyms

ACS: American Community Summary

AQI: Air Quality Index

CDC: Centers for Disease Control and Prevention

CHIP: Community Health Improvement Plan

COPD: Chronic Obstructive Pulmonary Disease

CPPH: Center for Public Policy and Health

CHA: Community Health Assessment

CPA: Community Partners Assessment

CSA: Community Status Assessment

IOM: Institute of Medicine

KRA: Kindergarten Readiness Assessment

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

LHI: Leading Health Indicators

MAPP: Mobilizing for Action through Planning and Partnerships

MCPH: Miami County Public Health

NACCHO: National Association of County and City Health Officials

ODH: Ohio Department of Health

SDH: Social Determinants of Health

STIS: Sexually Transmitted Infections

SVI: Social Vulnerability Index

USDA: United States Department of Agriculture

WHO: World Health Organization

About Miami County Public Health (MCPH)

MCPH serves residents in Miami County and works to improve their health through programs and collaboration with other community organizations. Their mission is "*to prevent illness, promote healthy lifestyles, and protect every person who spends time in our community.*"

About the Center for Public Policy & Health (CPPH)

The mission of the CPPH at Kent State University is to conduct research to develop and improve public policies aimed at improving the public's health, and to provide targeted assistance to public, non-profit, and private sector organizations which share this health mission. The Center pursues its mission by engaging faculty, staff, students, outside experts and the community in scholarly activities that build capacity to make positive and beneficial public health contributions.

Community Summary

Miami County is the 70th largest county out of Ohio's 88 counties, covering 407 square miles. As of the 2020 Census, is estimated to be home to 108,774 residents. With an unemployment rate of 3.8%, and the median household income is $71,457, Miami County is one of the wealthier and most employed counties in the state. Based on the County Health Rankings, Miami County fares better than average in general health and health outcomes than other Ohio counties. While Miami County's health outcomes are ranked well, there are factors that impact resident's health negatively. These factors were identified through qualitative and quantitative research methodology discussed throughout the report.

Using primary and secondary data, community health needs were identified within the county. Topics studied within this CHA include demographics of the Miami County population, social determinants of health, health status, and health behaviors.

Miami County is in good health compared to the state and national averages regarding social cohesion, crime and violence, education completion, outdoor air quality and STI transmission. Areas of improvement include access to services and resources, including transportation, mental health, maternal health and childcare, and management and prevention of chronic diseases. With a focus on health equity, the CHA further describes and explains each health topic and area of concern.

Executive Summary

The 2024 Community Health Assessment (CHA) describes the health status and needs of Miami County with the purpose of informing future community health improvement efforts. This report utilizes Healthy People 2030 targets and County Health Rankings data to determine areas of strength and opportunity within the county as it pertains to public health.

Three primary areas of concern were identified as important targets: maternal health, mental health, and chronic disease. A few key findings in each of these areas are reported, along with whether the Healthy People 2030 target has been met (red or green shading.)

Additional findings to note include:

Social Determinants of Health

- 4-year high school graduation rates are higher than national averages.

- Areas near Troy and Piqua have higher social vulnerability index scores than the rest of the county.

Health Status

- Miami County rates for STIs are lower than Ohio rates.
- Fewer Miami County residents rely on the Emergency Department to receive treatment for asthma than the HP 2030 target.

Health Behaviors

- Physical activity rates do not meet HP 2030 targets and are below Ohio and U.S. rates.
- Seatbelt usage has fallen drastically since 2019 and is now below U.S. rates.

Maternal Health

70.9% — Percentage of pregnant women who receive early and adequate prenatal care

7.1% — Percentage of births to mothers who smoke

12.94 per 1,000 — Number of births to females aged 15-19 per 1,000 births

Mental Health

14.0 per 100,000 — Number of suicides per 100,000 people

27 per 100,000 — Number of drug overdose deaths per 100,000 people

1 per 720 — Number of mental health providers per person

Chronic Disease

36.4% — Percentage of adults with high blood pressure

6.3 per 1,000 — Number of new diabetes cases diagnosed yearly

76.4% — Percentage of adults who had a routine medical checkup in the past year[†]

† 2024 Community Status Assessment data

Introduction & Purpose

According to the Institute of Medicine (IOM), public health is "a coordinated effort at the local, state, and federal level whose mission is fulfilling society's interest in assuring conditions in which people can be healthy."[1] This vision for ensuring every individual has the ability to achieve good health is fulfilled through a variety of means, and requires coordination and collaboration across multiple systems. Put simply, there are many factors that impact one's ability to achieve good health and many systems that play a role to ensure it.

To better understand the landscape of health within a community, a community health assessment (CHA) is conducted to gather comprehensive information about the resources available that provide for the public's health, as well as to better understand key health needs and concerns of community members. Information gathered through the CHA process is used to address the community's needs through resource allocation and improvements in the coordination of services across systems.

In 2024, Miami County Public Health (MCPH) conducted a CHA to gather insight into residents' health experiences and feedback from key stakeholders about the resources available in the community to provide for the health of all. Key findings are presented in this report. At the center of the CHA process is the pursuit of health equity, where CHA activities are geared toward understanding more about potential health inequities in the community and disparities in health outcomes that occur as a result.

Health equity is "the state in which everyone has a fair and just opportunity to attain their highest level of health[2]. Health equity is achieved through equal access to the resources necessary to live a healthy life, regardless of age, gender or gender identity, disability status, economic status, sexual orientation, race, or ethnicity. By addressing social determinants of health (i.e. the factors that impact health outcomes), health equity can be achieved. Throughout this report, data is reported that highlights health outcomes of Miami County residents and compares those outcomes to the state of Ohio and nationally. This is an opportunity to identify persistent health disparities within the community and consider potential strategies to address them.

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[1] *The Future of Public Health.* Institute of Medicine. 1988. The Future of Public Health - NCBI Bookshelf (nih.gov).
[2] *What is Health Equity?* Centers for Disease Control and Prevention. 2024. What is Health Equity? | Health Equity | CDC.

Conducting the Community Health Assessment (CHA)

Mobilizing for Action through Planning and Partnerships (MAPP) Framework

The framework underpinning the 2024 Miami County CHA is Mobilizing for Action through Planning and Partnerships (MAPP).[3] MAPP is a strategic planning process that is driven by the community with the goal of identifying health priorities, determining what resources are available to address them, and developing strategies to bridge gaps in health outcomes and provide for a healthier future.[4] MAPP is rooted in principles of systems thinking, shared vision, the use of evidence to create understanding and develop strategies, and partnership.[5] These key functions ensure that the voices of stakeholders and community members are threaded within the strategic planning process and that all future work is founded on a reliable evidence base.

Three assessments that comprise the 2024 Miami County CHA were developed through MAPP. They are the: 1) Community Partners Assessment (CPA), 2) Community Status Assessment (CSA), and 3) Community Context Assessment (CCA). Figure 1 provides a timeline of project activities of the Miami County CHA. Figure 2 illustrates the unique content of each of the three assessments, as defined by the National Association of County and City Health Officials (NACCHO.)[6]

Figure 1: Timeline of CHA Activities

	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024
Value Statement						
CPA						
CSA						
CCA						
CHA						
Meetings	2/1, 2/29		4/18	5/9		7/11

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[3] *Mobilizing for Action through Planning and Partnerships (MAPP).* National Association of County and City Health Officials. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp.

[4] *Mobilizing for Action Through Planning and Partnerships: A Community Approach to Health Improvement.* National Association of County and City Health Officials. 2008. MAPP-factsheet-system-partners.pdf (naccho.org).

[5] *MAPP: Mobilizing for Action Through Planning and Partnerships.* Community Toolbox. Chapter 2. Other Models for Promoting Community Health and Development | Section 13. MAPP: Mobilizing for Action through Planning and Partnerships | Main Section | Community Tool Box (ku.edu)

[6] *Intro to MAPP 2.0.* National Association of County and City Health Officials. MAPP-2.0-Launch-V3.pdf (naccho.org).

Figure 2: 2024 Miami County CHA – Individual Assessments

Community Partners Assessment (CPA)	Community Status Assessment (CSA)	Community Context Assessment (CCA)
Allows all community partners involved in MAPP to critically look at: 1) their own individual systems, processes, and capacities and 2) their collective capacity as a network/across all community partners to address health inequities.	A quantitative assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and broader systems.	A qualitative assessment aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems.

Miami County Public Health CHA Steering Committee

A steering committee comprised of leadership from local organizations in Miami County was convened by MCPH to guide assessment activities. Representatives from 20 organizations served on the committee. The steering committee identified several critical health outcomes and systems-level indicators that most impact the local community at this time. Key findings in each of these topic areas can be found within this report.

Methods

Framework for Reporting Miami County Health Outcomes in this Report

A framework for reporting health outcomes was developed for this report using Healthy People 2030 objectives and leading health indicators.[7] Healthy People 2030 is an initiative of the U.S. Department of Health and Human Services that sets a series of measurable health objectives and targets that the public health and associated systems can work toward for the decade. The objectives are developed through collaborative working groups that identify areas of concern for population health in the United States. Each decade, a subset of critical priority areas are also identified that are referred to as "Leading Health Indicators (LHI)."[8] Findings in this report are organized by Healthy People 2023 topic area. In addition, areas of concern to Miami County based on steering committee and community member feedback are also highlighted.

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[7] *Healthy People 2030.* U.S. Department of Health and Human Services. https://health.gov/healthypeople.
[8] *Healthy People 2030: Leading Health Indicators.* U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/leading-health-indicators.

Data Sources

This report provides a landscape of population health outcomes within Miami County using a variety of primary and secondary data sources. Primary data was collected through surveys and focus groups. Secondary data sources, including national, state, and county-level datasets are utilized to both describe the county and identify health inequities. Together, these data points summarize current health outcomes within Miami County.

The data points included in this report were selected based on the following criteria: 1) Their inclusion in the Healthy People 2030 framework and 2) their impact on Miami County residents. In the Key Findings section of this report, each data point is associated with its corresponding Healthy People 2030 objective and target. Progress toward meeting that target within Miami County is also reported. In some cases, county-level data is not available for all Healthy People 2030 topic areas. Where this occurs, a note is included that county-level data is 'not available.' In addition, in cases where there is no corresponding Healthy People 2030 objective, another target is reported, primarily from the 2024 County Health Rankings. Results from the 2024 Miami County Community Status Assessment (CSA) are also referenced throughout the Key Findings section of the report.

The following section reports the demographic characteristics of the county overall, including race/ethnicity, age, sex, marital status and household type, military service, and disability status.

Miami County Demographics

Miami County is located along the Miami River in a rural portion of southwestern Ohio, within the Dayton Metropolitan Area. It is comprised of 14 cities, including Troy, Piqua, and Tipp. In 2022 the population was estimated to be 110,876 residents (Figure 3), with a median age of 42.4 years, and average income of $71,457.[9] Miami County residents are primarily White and non-Hispanic/Latino (90.8%), high school educated (92.8%), and primarily employed in the manufacturing industry (29.3%).

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[9] *Miami County Quick Facts.* United States Census Bureau. https://health.gov/healthypeople/objectives-and-data/leading-health-indicators.

Figure 3: ACS, Miami County Total Population, 2010-2022[10]

The population of Miami County has increased by over 8,000 people since 2010.

| | 102,506 | 103,517 | 108,774 | 110,876 |

| 2010 | 2015 | 2020 | 2022 |
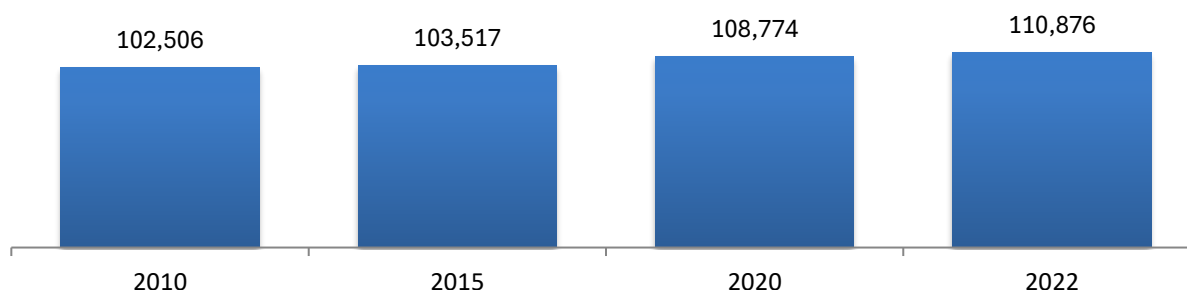
Race and Ethnicity

The majority of Miami County residents identify as White non-Hispanic (90.8%). Miami County has lower racial diversity than Ohio and the U.S. As seen in Figure 4, the county's racial and ethnic minorities consist of Multiracial (4.4%), African American (3%), Hispanic, (2.1%), Asian (1.7%) Native American (0.1%), and other (0.5%).[11] Hispanic includes respondents of any race; all other categories are non-Hispanic.

Figure 4: ACS, Miami County Comparative Demographics, 2022

Multi-racial was the second largest racial group in Miami County.

African-American 3%
Native American 0.10%
Asian 1.70%
Other 0.50%
White 90.80%
Multi-racial 4.40%
Hispanic 2.10%

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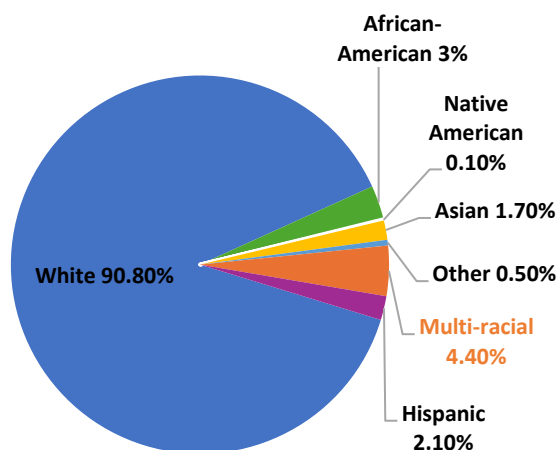
[10] *2010-2022 American Community Survey 1-Year Estimates*. United States Census Bureau. B1003: Total Population – Census Bureau Tables.

[11] *2022 American Community Survey 5-Year Estimates*. United States Census Bureau. CP05: Comparative … - Census Bureau Table.

Age and Sex

The distribution of Miami County residents by age is shown in Figure 5. The median age of county residents is 42.4 years, which is higher than Ohio (39.6 years), and the U.S. (38.5 years).[12] The relative distribution of ages in Miami County has not changed significantly since 2015. 50.4% of residents are Male and 49.6% are Female.

Figure 5: ACS, Miami County Age and Sex, 2022

40% of County residents are between 40 and 69 years old.
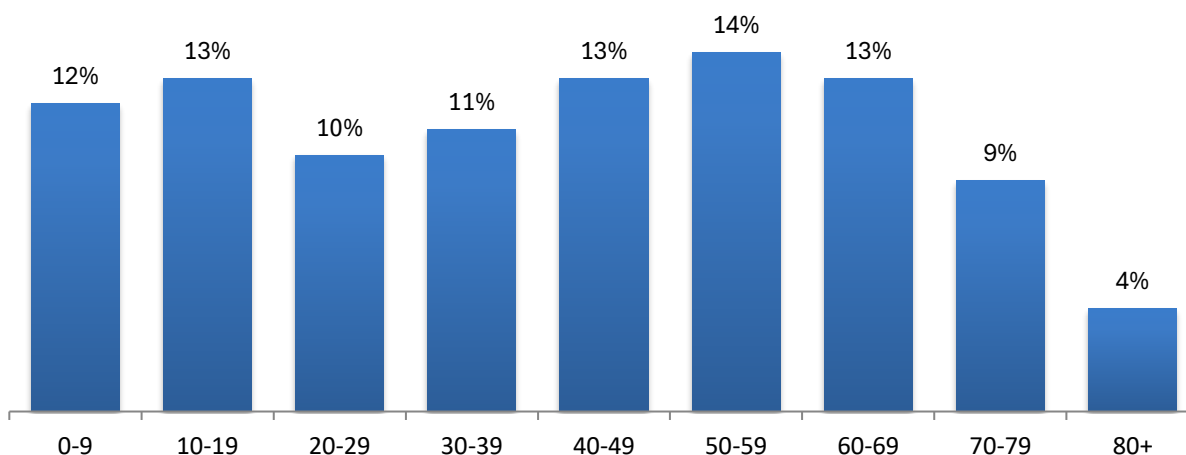
Language Spoken

Most of Miami County residents speak English, with 96.2% of residents speaking only English and 3.8% speaking a language other than English.[13] 0.9% of residents spoke Spanish, 1.2% other Indo-European languages, and 1.4% Asian and Pacific Island languages. Approximately 0.8% of households are limited English-speaking.

Marital Status and Household Type[14]

Households with no children make up over half of all households in Miami County, according to the 2022 American Community Survey (ACS) (Figure 6). This is down from 69.3% in the 2015 ACS. Married with children households have increased from 19.4% in 2015 to 31.6% in 2022. Single with children has remain approximately 10% since 2015

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[12] *2022 American Community Survey 1-Year Estimates.* United States Census Bureau. S0101: Age and Sex - Census Bureau Table.

[13] *2022 American Community Survey 5-Year Estimates.* United States Census Bureau. S1601: Language Spoken at Home – Census Bureau Table.

[14] *2022 American Community Survey 1-Year Estimates.* United States Census Bureau. DP02 Household - Census Bureau Tables.

Households with no children make up over half of all households.

Figure 6: ACS, Miami County Household Type, 2022
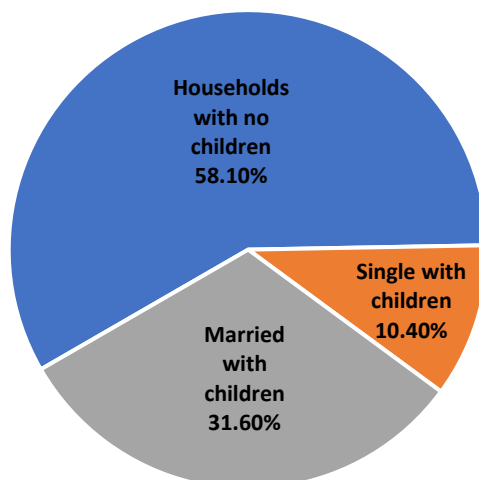
Shown in Figure 7, Miami County's marital status in 2022 has changed from 2015. The percentage of married couples has increased from 53.9% in 2015 to 58.1% in 2022, while the percentage of divorced couples has decreased from 13.3% to 8.5%. The amount of never married and widowed have both increased, from 24.6% to 26.8% and 6.9% to 8.5% respectively.

Figure 7: ACS, Miami County Marital Status, 2022

Over half of Miami County residents are married.
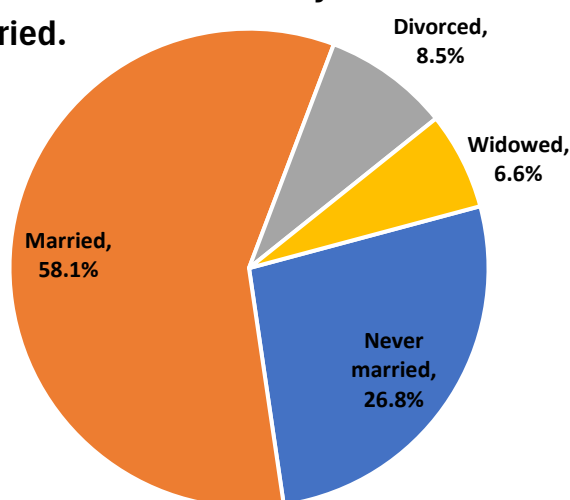
Military Service

8.76% of Miami County residents have served in the military, with 60.2% of those that have served being female.[15]

Disabled Population

In 2022, the rate of residents living with disabilities in Miami County was 11.4%; this rate is lower than Ohio (14.4%). The U.S. Census categorizes disabilities into six categories[16]:

- Hearing: deaf or having serious difficulty hearing
- Vision: blind or having serious difficulty seeing, even when wearing glasses
- Cognitive: difficulty remembering, concentrating, or making decisions
- Ambulatory: serious difficulty walking or climbing stairs
- Self-care: difficulty bathing or dressing
- Independent living: difficulty doing errands alone such as visiting a doctor's office or shopping

Figure 8 shows the percent of residents living with disabilities by age group. Those over 65 years of age were the most impacted, with rates of hearing, ambulatory, and independent living disabilities rising sharply in that age group.

Figure 8: ACS, Miami County Disability Characteristics by Age Group, 2022

Disability rates increased with age.

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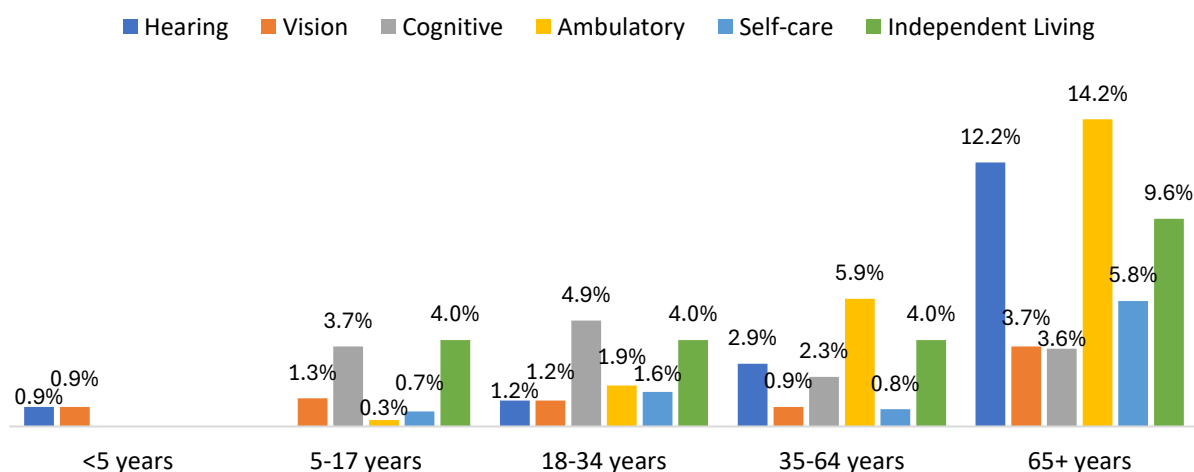
[15] *United States Census Decennial Census.* United States Census Bureau. Military Population - Census Bureau Tables.

[16] *How Disability Data are Collected from the American Community Survey.* United States Census Bureau. How Disability Data are Collected from The American Community Survey (census.gov).

Key Findings

The following section reports health outcomes in Miami County in three broad categories: social determinants of health, health status, and health behaviors.

Social Determinants of Health

The social determinants of health (SDHs) are "the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[17] They are also referred to as the "causes of the causes."[18] Within public health, a key driver is determining what factors are contributing to health outcomes within the broader population. It is looking at factors beyond the individual that result in either good or poor health outcomes and overall quality of life. When considering population health outcomes, the focus is often turned to factors upstream that impact health, such as the social and policy context, neighborhoods, the environment, interpersonal relationships, institutions and organizations, and more.[19]

In the following section, the health outcomes of Miami County are reported using 5 categories of SDH identified as priority areas by Healthy People 2030[20] including:

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Social and Community Context
- Neighborhood and Built Environment

In each of these areas, there are specific data points reported (e.g., poverty rates, educational attainment, insurance coverage, etc.) to better understand the health landscape in Miami County.

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[17] *Social Determinants of Health*. Healthy People 2030. Social Determinants of Health - Healthy People 2030 | health.gov

[18] *The Social Determinants of Health: Coming of Age*. Braverman, P., Egerter, S., & Williams, D.R. 2011. The social determinants of health: coming of age - PubMed (nih.gov).

[19] *The Ecology of Human Development: Experiments by Nature and Design*. Bronfenbrenner, U. 1979. The social determinants of health: coming of age - PubMed (nih.gov)

[20] *Social Determinants of Health*. Healthy People 2030. Social Determinants of Health - Healthy People 2030 | health.gov.

SDH-A. Economic Stability
Healthy People 2030 Goal: Help People Earn Steady Incomes that Allow them to Meet their Health Needs.
Definition: The ability of people to afford the resources essential to a healthy life. *Impact on Health:* People experiencing economic instability are more likely to engage in health risk behaviors, live with chronic health conditions, and experience premature mortality. *Measures:* Employment and Sustainable Wages, Poverty, Food Security *Data Sources:* American Community Survey, 2024 County Health Rankings, Feeding America, 2024 Miami County Community Status Assessment, National Institute on Minority Health and Health Disparities, Ohio Department of Jobs and Family Services, United States Census Bureau

SDH-A.1. Employment and Sustainable Wages

Healthy People 2030 Objective: Increase Employment in Working-Age People
Target: 75%
Miami County: 62.7%[21]
Target Not Met

Employment is foundational to health. Through a steady job, an individual has access to the resources that are necessary to live a healthy life, including the ability to access high quality education, live in a healthier neighborhood, obtain childcare services, purchase healthy foods, have safe spaces to exercise, and more.[22] Individuals who are unemployed are at risk for a number of poor health outcomes, including stress-related illnesses like high blood pressure and heart disease, as well as mental distress, including depression and anxiety.[23] The working age population are those between 15 and 64 years that are able and likely to work.

The current employment rate in Miami County, Ohio is 62.7%, which is below the target percentage reported in Healthy People 2030. Over the past five years, unemployment rates in Miami County have remained lower than the state of Ohio overall and comparable to

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[21] *Quick Facts Miami County.* United States Census Bureau. 2022. U.S. Census Bureau QuickFacts: Ohio; Miami County, Ohio; United States.

[22] *Employment.* 2024 County Health Rankings. https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/employment.

[23] *Employment.* Healthy People 2030. Employment. Employment - Healthy People 2030 | health.gov

national averages.[24] Shown in Table 1, the annual unemployment rate in Miami County, compared to the state of Ohio and the United States from 2018 to 2023.

Table 1:ACS, Annual Unemployment Rate, 2018-2023

	2018	**2019**	**2020**	**2021**	**2022**	**2023**
U.S.	3.3%	3.7%	8.1%	5.3%	3.6%	3.6%
Ohio	4.5%	4.2%	8.2%	5.1%	4.0%	3.5%
Miami County	3.9%	3.7%	7.0%	4.3%	3.6%	3.2%

A steady income "provides the economic resources that shape choices about housing, education, childcare, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase, or decrease, so do opportunities for health."[25] Miami County's median household income and per capita income were both lower than the national average in 2022. Compared to state of Ohio averages, Miami County's median household income was higher, but the per capita income was lower. Figure 9 shows the median household income for Miami County, the state of Ohio, and the U.S. in 2022.

Figure 9: ACS, Median Household Income, 2022

Average County incomes fall below U.S. averages.

Legend: ■ Miami County ■ Ohio ■ U.S.

Median Household Income: Miami County $71,440, Ohio $66,990, U.S. $75,149

Per Capita Income: Miami County $37,701, Ohio $37,729, U.S. $41,261

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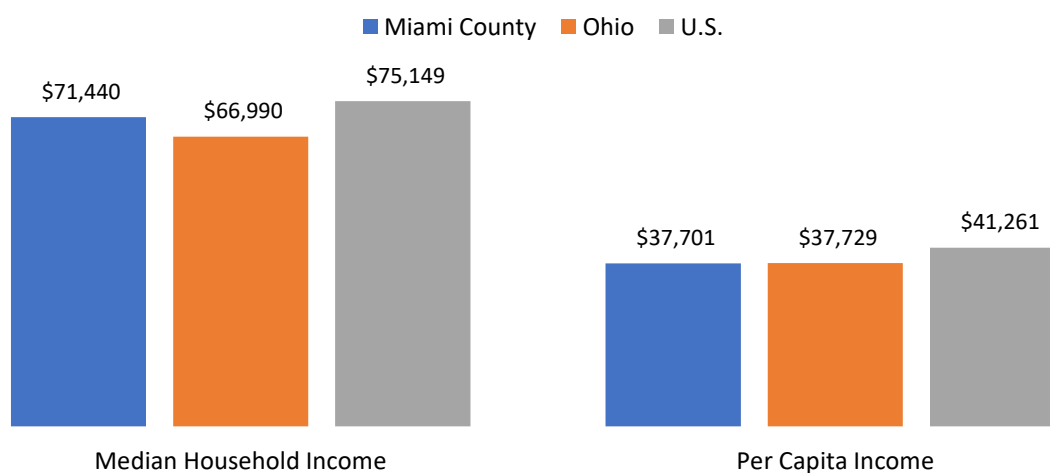
[24] *Miami County.* United States Census Bureau. Miami County, Ohio - Census Bureau Profile.
[25] *How Does Employment, or Unemployment, Affect Health?* Robert Wood Johnson Foundation. 2013. How Does Employment, or Unemployment, Affect Health? (rwjf.org).

By gender, the unemployment rate among female residents 16 years and older in Miami County is slightly higher than male residents (3.9% vs. 3.0%.)[26] By educational attainment, residents who did not complete high school have the highest unemployment rate at 10.4% compared to high school graduates (3.6%) and to those who have earned a bachelor's degree (2.1%).[27] There do not appear to be significant disparities in unemployment by race and ethnicity, where the unemployment rate is even at 4% between White residents and Black residents.[28] By income, Hispanic/Latinx residents report a median household income roughly $15,000 less ($77,821) than White and Black residents ($92,901 and $90,407, respectively.)[29]

SDH-A.2. Poverty

Healthy People 2030 Objective: Reduce the Proportion of People Living in Poverty
Target: 8%
Miami County: 11%[30]
Target Not Met

The cycle of poverty is often multi-generational and caused by systemic factors that make it difficult to overcome.[31] There are many links between poverty and health, including chronic stress, limited access to resources, lower educational attainment, substance use, obesity, and nutritional deficiencies and developmental delays in children.[32] According to the 2022 ACS 1-Year Estimates, 11% of people 18 years of age and older are living in poverty in Miami County, which is lower than the state of Ohio (13.4%) and the nation (11.5%).[33] For children, the 2024 County Health Rankings report that 13% of people under 18 are living in poverty in Miami County, compared to 18% in the state of Ohio and 16% in the United States.[34]

There are disparities to note in the percentage of residents living below poverty (defined as "income less than the poverty threshold for the applicable family size, age of householder,

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[26] *Ohio Income - Map*. National Institute on Minority Health and Health Disparities. 2018-2022. Income Map for Ohio Counties | HDPulse Data Portal (nih.gov).

[27] *Unemployment Rates by County and Education Level*. DataOhio. 2018. Unemployment Rates by County and Education Level | DataOhio.

[28] *Ohio Workforce - Map*. National Institute on Minority Health and Health Disparities. Workforce Map for Ohio Counties | HDPulse Data Portal (nih.gov).

[29] *Ohio Income – Map*. National Institute on Minority Health and Health Disparities. Income Map for Ohio Counties | HDPulse Data Portal (nih.gov).

[30] *Ohio Poverty – Map*. National Institute on Minority Health and Health Disparities. Income Map for Ohio Counties | HDPulse Data Portal (nih.gov).

[31] *Poverty*. Healthy People 2030. Poverty - Healthy People 2030 | health.gov.

[32] *Poverty and Health – The Family Medicine Perspective (Position Paper)*. American Academy of Family Physicians. Poverty and Health - The Family Medicine Perspective (Position Paper) | AAFP.

[33] *Miami County, Ohio*. United States Census Bureau. Miami County, Ohio - Census Bureau Profile.

[34] *Miami, OH*. 2024 County Health Rankings. Miami, Ohio | County Health Rankings & Roadmaps.

and number of related children under 18"[35]) by race and ethnicity, where the percentage of Black residents living below poverty is 14.8%, compared to White (8.5%) and Hispanic/Latinx (6.8%) residents. By gender, a higher percentage of female residents (11.8%) live below poverty compared to male residents (2.1%).

SDH-A.3. Food Security
Healthy People 2030 Objective: Reduce Household Food Insecurity and Hunger
Target: 6%
Miami County: 12.4%[36]
Target Not Met

Food insecurity is defined as adults and children living in households without consistent access to adequate and healthy food. According to the United States Department of Agriculture (USDA) and data provided by Feeding America, 13,510 (12.4%) of adults and 3,620 (14.5%) of children are food insecure in Miami County. Additionally, 62% of people and 33% of children lived in households that did not qualify for federal nutrition assistance programs (income at or above 185% poverty threshold).

The food insecurity rate among Black (21%) and Hispanic/Latinx (18%) residents is higher than among White residents (11%) in Miami County.[37]

Based on the 2024 Miami County Community Status Assessment (CSA), 20.3% of respondents reduced the size of or skipped meals in the past year. Of those that reduced or skipped meals, 51.1% did so every month. 10.6% of respondents did not eat for a whole day, with 42.3% of those reporting they did not eat for a whole day almost every month. 17.1% of respondents had used a food bank, food pantry, or soup kitchen in the past year.

Figure 10 illustrates the total and child food insecurity rates for Ohio and Miami County. Miami County has consistently had lower food insecurity rates than Ohio. While food insecurity rates were decreasing from 2018 to 2021, they have increased in 2022. This may be in part due to rising food prices and stagnant wages influencing food affordability. Miami County is currently not meeting the Healthy People 2030's target household rate of 6%.

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[35] *Ohio Poverty – Map.* National Institute on Minority Health and Health Disparities. 2018-2022. Poverty Map for Ohio Counties | HDPulse Data Portal (nih.gov).
[36] *Food Insecurity Among the Overall Population in Ohio.* Feeding America. 2022. Older Adult Hunger & Poverty in Ohio | Map the Meal Gap (feedingamerica.org).
[37] *Food Insecurity Among the Black Population in Ohio; Food Insecurity Among the White, Non-Hispanic Population in Ohio; Food Insecurity Among the Latino Population in Ohio.* Feeding America. 2022. Black Hunger & Poverty in Ohio | Map the Meal Gap (feedingamerica.org).

Figure 10: USDA, Ohio and Miami County Food Insecurity Rates, 2018-2022

Children have higher rates of food insecurity.
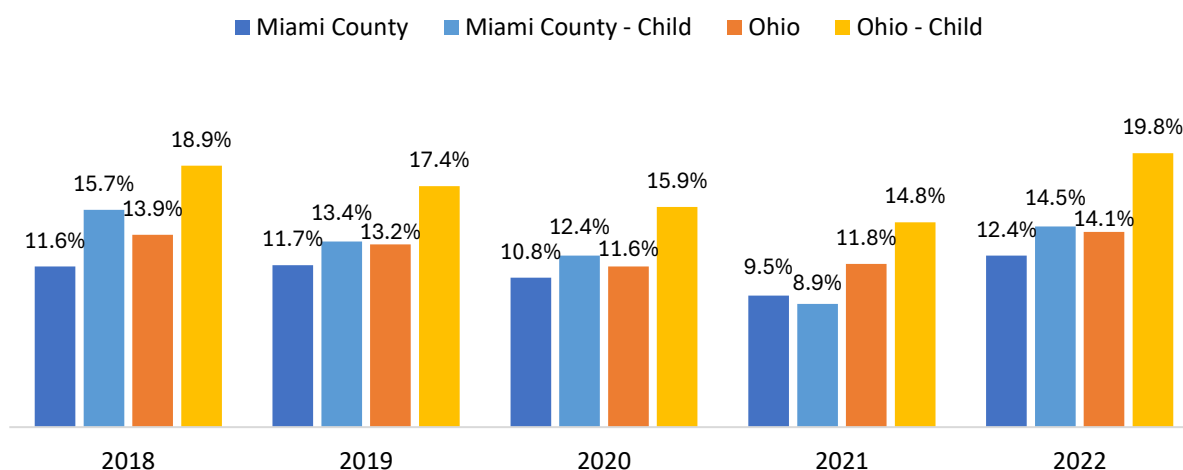
Economic Stability Key Findings

- Miami County's employment rate (62.7%) is below the Healthy People 2030 target of 75%.
- The unemployment and poverty rates are lower in Miami County than the State of Ohio overall. However, the poverty rate (11%) is higher than the Healthy People 2030 target of 8%.
- Miami County has lower food insecurity rates than Ohio, but rates have increased since 2021 and are now above 2018 rates.
- Those under 18 have higher poverty and food insecurity rates than other age groups.
- There are important disparities to note in the unemployment rate and median income levels among Miami County residents.

SDH-B. Education Access and Quality
Healthy People 2030 Goal: Increase Educational Opportunities and Help Children and Adolescents Do Well in School.
Definition: The ability of people to obtain a quality education regardless of background or circumstances. *Impact on Health:* People who attain higher levels of education are more likely to have access to the financial, social, and personal resources necessary to live a healthy life. *Measures:* High School Graduation Rates, Early Childhood Education, Chronic Absenteeism, Educational Attainment *Data Sources:* Ohio Department of Education and Workforce

SDH-B.1. *High School Graduation Rates*
Healthy People 2030 Objective: Increase the Proportion of High School Students Who Graduate in 4 Years
Target: 90.7%
Miami County: 94.6%[38]
Target Met

Earning a high school diploma is a pathway to higher education opportunities and an entry point to the job market.[39] Individuals who do not earn a high school diploma are at risk for earning low wages throughout their lifetime, experiencing lower quality of life and premature mortality, and living in poverty. According to the Ohio Department of Education and Workforce, the 4-year graduation rate for all students in Miami County was 94.6%, which was higher than the state of Ohio overall (87.3%).[40] This also exceeds Healthy People 2030's target 4-year graduation rate of 90.7%.

There is some variation in 4-year graduation rates by demographic group. While overall graduation rates are high for the county, students who are living with disabilities, experiencing homelessness, Hispanic/Latinx, and/or foster students have noticeably lower

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[38] *4-Year Graduation Rates for Selected Districts.* Ohio Department of Education and Workforce. Reports Portal (ohio.gov).
[39] *High School Graduation.* Healthy People 2030. High School Graduation - Healthy People 2030 | health.gov.
[40]

graduation rates. Figure 11 reports the 4-year graduation rate of Miami County students by demographic group in 2022.[41]

Figure 11: Ohio Department of Education, Miami County 4-Year Graduation Rate by Demographic Group, 2022

Homeless and Foster students are at much greater risk to not graduate.

Group	Rate
All Students	94.6%
Female	95.8%
Male	93.5%
Asian or Pacific Islander	100.0%
Black, Non-Hispanic	97.0%
Hispanic	81.1%
Multiracial	96.4%
White, Non-Hispanic	94.8%
Economic Disadvantaged	87.0%
English Learner	90.9%
Students with Disabilities	83.6%
Homeless Students	72.7%
Military Students	95.5%
Foster Students	71.4%
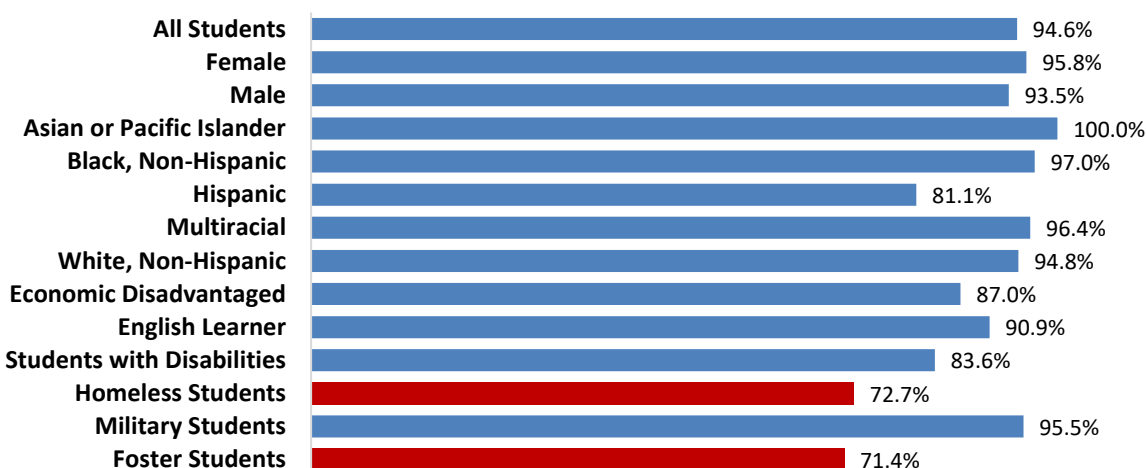
SDH-B.2. Early Childhood Education

Healthy People 2030 Objective: Increase the Proportion of Children Who are Developmentally Ready for School
Target: In development
Miami County: 52.2%[42]
Target in Development

School readiness refers to the "skills and abilities children need to succeed and thrive in school, including physical well-being, motor development, social and emotional development, general knowledge, language acquisition, and how a child learns."[43] Ensuring children begin school healthy and ready to learn is essential for meeting early academic milestones. Early academic success is associated with positive educational, social, health, and economic outcomes throughout the lifespan.

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[41] *4-Year Graduation Rates for Select Districts.* Ohio Department of Education and Workforce. Reports Portal (ohio.gov).
[42] *Ohio School Report Cards – Building Kindergarten Readiness Assessment 2023-2024 2022-2023.* reportcard.education.ohio.gov/download.
[43] *School Readiness.* National Survey of Children's Health. 2022. https://mchb.hrsa.gov/sites/default/files/mchb/data-research/2023-nsch-hrtl-brief-oct-2023.pdf.

Photo 1 Source: Miami County Park District Staff

Within Ohio, the Kindergarten Readiness Assessment (KRA) measures student's skills and development in areas of Language and Literacy, Social Foundations, Mathematics, and Physical Well-Being and Motor Development in the fall a student enters Kindergarten.[44] Student scores, particularly in the Language and Literacy sub-domain of the KRA, demonstrate whether they are "on track" for success in Kindergarten. A student can score into one of three categories:

- Demonstrating Readiness (270-298): Children demonstrate foundational skills and behaviors that prepare them for instruction based on Ohio's Kindergarten standards
- Approaching Readiness (258-269): Children demonstrate some of the foundational skills and behaviors that prepare them for instruction based on Ohio's Kindergarten standards
- Emerging Readiness (202-257): Children demonstrate minimal skills and behaviors that prepare them for instruction

For the 2023-2024 school year, 52.2% of Miami County Kindergarteners were considered "Not on Track" for Kindergarten success.[45] This is lower than the State of Ohio overall (55.7%). This suggests that 5 out of 10 Miami County Kindergarteners are not starting their educational journeys prepared for success.

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[44] *Ohio's Kindergarten Readiness Assessment.* Ohio Department of Education and Workforce. Ohio's Kindergarten Readiness Assessment | Ohio Department of Education and Workforce.
[45] *District Kindergarten Readiness Assessment (KRA) Data 2023-2024 2022-2023.* Ohio Department of Education and Workforce. District Kindergarten Readiness Assessment (KRA) Data 2023-2024 2022-2023

Among school districts within Miami County, there are some disparities to note in Kindergarten readiness by race/ethnicity, where larger percentages of Hispanic/Latinx and Multiracial students were considered "Not on Track" during the 2023-2024 school year. Within the Troy City school district, 80% of Hispanic/Latinx and 65.7% of Multiracial students are considered "Not on Track" compared to their White (48.5%) and Black (33.3%) peers. In the Piqua City school district, similar trends can be seen, where 78.6% of Hispanic/Latinx and 70% of Multiracial students are considered "Not on Track" compared to their White peers (64.7%). By disability status, a higher percentage of students with disabilities are reported to be "Not on Track" in several districts, including a large disparity in the Troy City school district, where 85.3% of student with disabilities were considered "Not on Track." By economic disadvantage (classified as eligibility for free or reduced-price lunch), students who were eligible were also less likely to be Kindergarten ready, with percentages as high as 83.3% reported for Tipp City Exempted Village and 87.3% reported for Bethel Local school district.

SDH-B.3. Chronic Absenteeism

Healthy People 2030 Objective: Reduce Chronic School Absence among Early Adolescents
Target: 16.4%
Miami County: 19.2%[46]
Target Not Met

The Ohio Department of Education and Workforce defines chronic absenteeism as a student missing 10% or more of the school year for any reason.[47] Chronic absences place students at risk for a number of negative short-and long-term outcomes, ranging from poor academic performance to impacting future careers.[48] Chronic absenteeism leads to missed learning opportunities, lower test scores, and increases the risk a student will not graduate.[49] Figure 12 shows a comparison of Miami County chronic absenteeism rates to the State of Ohio from 2019 to 2023. While Miami County has lower absenteeism rates than the state of Ohio overall, there has been a large increase in chronic absenteeism rates since 2020. This follows national trends since the COVID-19 pandemic.

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[46] *Absenteeism Overview for Select Districts.* Ohio Department of Education and Workforce. 2023. Reports Portal (ohio.gov)
[47] *Attendance Support.* Ohio Department of Education and Workforce. Attendance Support | Ohio Department of Education and Workforce.
[48] *The Relationship Between School Attendance and Health.* Robert Wood Johnson Foundation. 2016.ED592870.pdf.
[49] *Assessing the Effect of School Days and Absences on Test Score Performance.* Aucejo, E.M., Romano, T.F. 2016. Assessing the effect of school days and absences on test score performance - ScienceDirect.

Figure 12: Ohio Department of Education, Chronic Absenteeism Rates, 2019-2023

Chronic Absenteeism in schools increased sharply during the COVID-19 Pandemic.
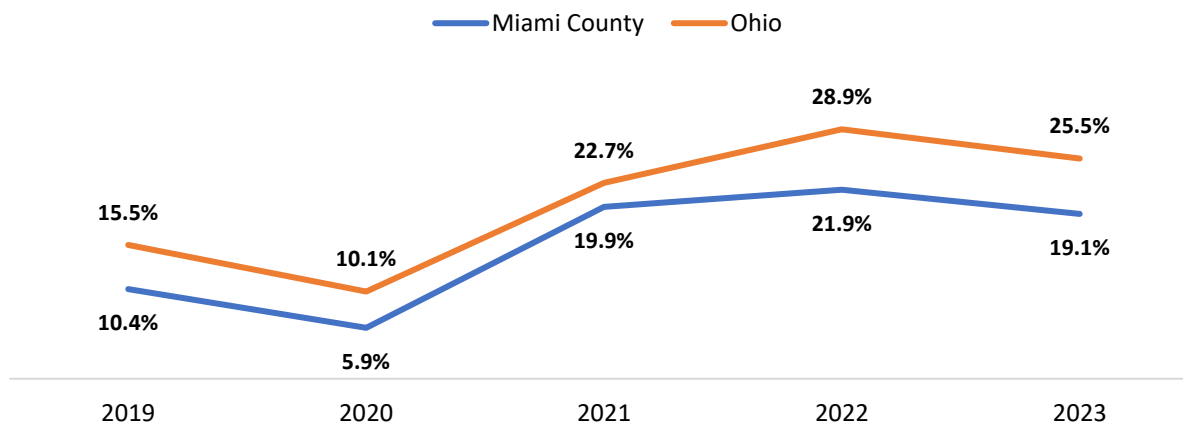
Students are more likely to be chronically absent if they live in poverty, have disabilities, are living with chronic physical or mental health issues, do not have reliable transportation or a safe route to school, or are food insecure. Black and LGBTQ+ students are also more likely to be chronically absent.[50]

There are differences in the chronic absenteeism rate during the 2022-2023 school year by district in Miami County. Table 2 reports the chronic absenteeism rate (defined as missing at least 10% of total attendance hours reported in a district or school) by school district.[51]

Table 2: Ohio Department of Education, Miami County Chronic Absenteeism Rates by School District, 2022

District	Chronic Absenteeism Rate
Bethel Local	13.7%
Bradford Exempted Village	18.9%
Covington Exempted Village	17.4%
Miami East Local	8.0%
Milton-Union Exempted Village	21.6%
Newton Local	10.7%
Piqua City	30.2%
Tipp City Exempted Village	11.6%
Troy City	22.1%

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[50] *Chronic Absence.* Attendance Works The Problem - Attendance Works.
[51] *Absenteeism Overview.* Ohio Department of Education and Workforce. 2022-2023. Reports Portal (ohio.gov)

SDH-B.4. Educational Attainment

Healthy People 2030 Objective: N/A
Ohio Department of Education Attainment Goal: 65%
Objective: By 2025, 65% of Ohioans ages 25-64 will have a degree, certificate, or other postsecondary credential of value in the workplace[52]
Target: 65%
Miami County: 28.5%[53]
Target Not Met

In terms of educational attainment (Figure 13), 92.8% of Miami County residents have graduated high school, which is slightly above the State of Ohio (91.4%) and U.S. rate of 89.1%.[54] Miami County's rate of residents with a bachelor's degree or higher is 28.5%, lower than Ohio (30.4%) and the U.S. (34.3%).

Figure 13: ACS, Educational Attainment for Persons 25 years and over, 2022

Miami County residents have a lower rate of college degrees than the U.S. averages.
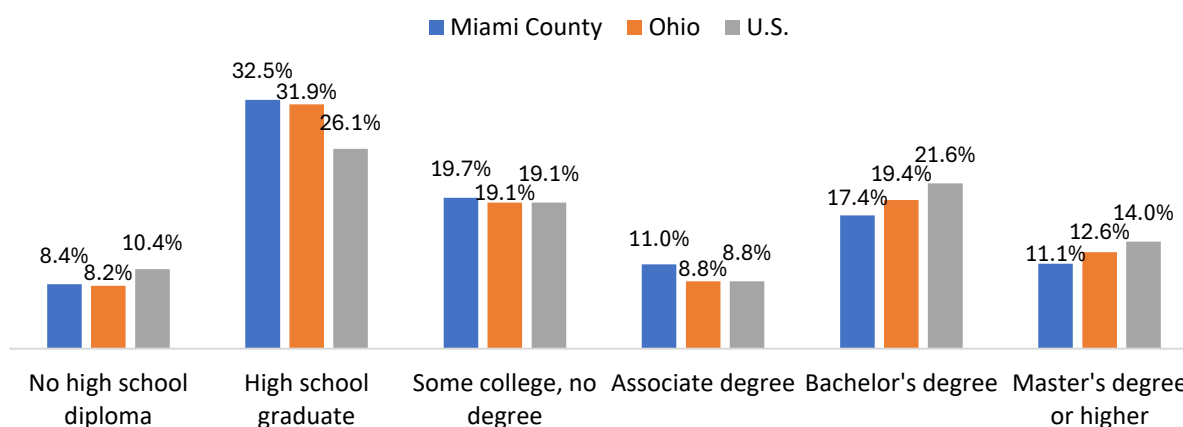
Among White residents in Miami County, 91.7% are high school graduates and 27% earned a bachelor's degree or higher. The percentages are slightly higher for Multiracial residents, where 94.9% are high school graduates and 34.1% earned a bachelor's degree or higher.

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[52] *Ohio Attainment Goal 2025.* Ohio Department of Higher Education. 2018. Attainment Report 2018.pdf (ohio.gov).
[53] *Miami County Quick Facts.* United States Census Bureau. 2018-2022. U.S. Census Bureau QuickFacts: Ohio; Miami County, Ohio; United States.
[54] *Miami County Quick Facts.* United States Census Bureau. U.S. Census Bureau QuickFacts: Ohio; Miami County, Ohio; United States.

Data is not available for residents of other races due to a small sample size within the 2022 ACS 1-Year Estimates.[55]

Education Access and Quality Key Findings

- Miami County has a higher 4-year high school graduation rate than the state of Ohio overall.
- High school graduation rates are significantly lower for Hispanic/Latinx, disabled, homeless, and foster students.
- There are important disparities in Kindergarten readiness to note among Black and Hispanic/Latinx students.
- The chronic absenteeism rate among Miami County students is higher than the Healthy People 2030 target.
- Miami County falls behind Ohio and the U.S. for the percentage of residents over 25 years with a bachelor's degree or higher.

SDH-C. Healthcare Access and Quality
Healthy People 2030 Goal: Increase Access to Comprehensive, High-Quality Health Care Services
Definition: The ability to obtain healthcare services such as prevention, diagnosis, treatment, and management of diseases and other health-impacting conditions. *Impact on Health:* People who do not have adequate access to healthcare often do not receive recommended clinical services, like disease screenings and prescription medication, which increases their risk of experiencing poor health outcomes. *Measures:* Insurance Coverage, Healthcare Utilization, Healthcare Infrastructure, Oral Health *Data Sources:* American Community Survey, Health Resources & Service Administration, 2024 Miami County Community Status Assessment

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[55] *American Community Survey 1-Year Estimates – Educational Attainment*. United States Census Bureau. 2022. S1501: Educational Attainment - Census Bureau Table.

SDH-C.1. Insurance Coverage

Healthy People 2030 Objective: Increase the Proportion of People with Health Insurance
Target: 92.4%
Miami County: 93.6%[56]
Target Met

Insurance coverage affects where residents can seek care and how they utilize the local healthcare system. Individuals without insurance are less likely to have a primary care provider (PCP) and have more difficulty getting regular, preventive care. Figure 14 outlines the percentage of Miami County residents without insurance (7%), compared to the state of Ohio (8%) and the U.S. (10%).[57] Miami County is currently exceeding the Healthy People 2030 target of 92.4% insured.

Figure 14: ACS, Percent of Uninsured Versus Insured Populations, 2023

Miami County has lower rates of uninsured than Ohio and the U.S.
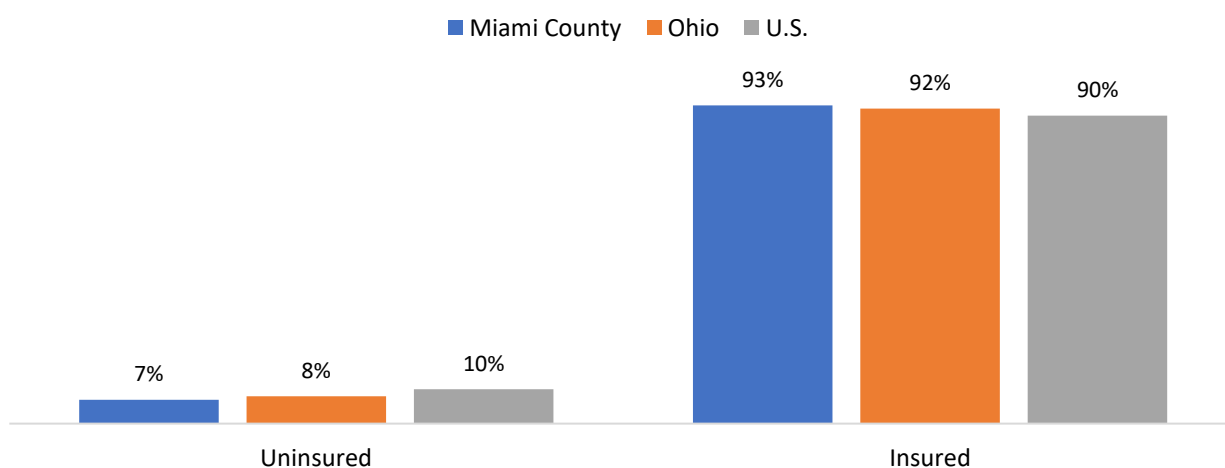
Figure 15 shows the same comparison of insurance coverage but categorized by age group.[58] Miami County has higher uninsured rates for those under 6 years and those between 19 to 25 years than Ohio and the U.S. The 2024 Miami County CSA found that 3.2% of participants did not have insurance coverage. 38.5% of participants said coverage was not affordable, especially for those with employment-based plans or individual plans through the marketplace. In the state of Ohio overall, the percentage of residents who are

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[56] *American Community Survey 1-Year Estimates: Selected Characteristics of Health Insurance Coverage in the United States.* United States Census Bureau. 2022. Health Insurance - Census Bureau Tables.
[57] *Uninsured.* 2024 County Health Rankings. 2024. Miami, Ohio | County Health Rankings & Roadmaps,
[58] *American Community Survey 1-Year Estimates: Selected Characteristics of Health Insurance Coverage in the United States.* 2022. Health Insurance - Census Bureau Tables.

uninsured is higher for African Americans (7.4%), Hispanic/Latinx (14.2%), and American Indian/Alaska Natives.[59]

Figure 15: ACS, Percent of Population Uninsured by age, 2022

Young adults were the most uninsured age group in Miami County.
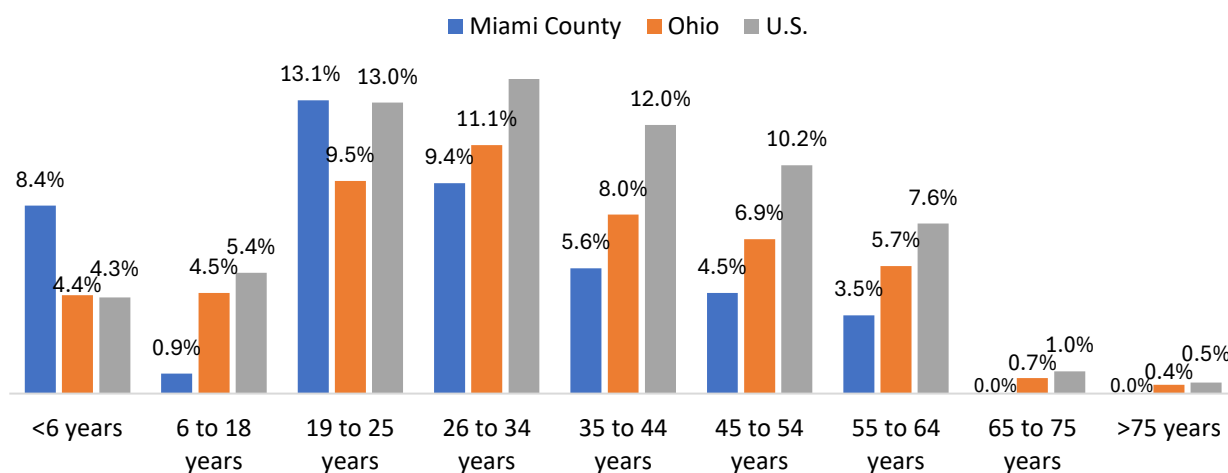
SDH-C.2. Healthcare Utilization

Healthy People 2030 Objective: Increase the Proportion of People with a Usual Primary Care Provider

Target: 84.0%

Miami County: Not available (State of Ohio overall = 85.4%)[60]

Target Met

Healthy People 2030 states that "primary care providers (PCPs) play a critical role in a population's overall health by offering a usual source of care, early detection and treatment of diseases, chronic disease management, and preventive care."[61] PCPs help coordinate care for patients and are essential for improving health outcomes and reducing health inequities. Table 3 lists the ratio of residents to providers in Miami County and Ohio overall.[62] Miami County has more residents than providers when compared to Ohio and the U.S. The 2024 Miami County CSA found that 12.8% of participants did not have a PCP, with common reasons being they had not found a provider they trust (30.8%), high cost (26.9%),

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[59] *Health Insurance Coverage by Type*. State Health Compare. Table | Health Insurance Coverage Type by Race / Ethnicity | State Health Access Data Assistance Center (shadac.org).

[60] *Ohio Utilization – Table*. National Institute on Minority Health and Health Disparities. 2022. Utilization Table for Ohio Counties | HDPulse Data Portal (nih.gov)

[61] *Access to Primary Care*. Healthy People 2030. Access to Primary Care - Healthy People 2030 | health.gov.

[62] *Resident to Provider Ratio – Area Health Resource File*. Health Resources & Service Administration. 2022-2023. Area Health Resources Files (hrsa.gov).

and not having time to establish a PCP (26.9%). 71.8% of respondents had a PCP and 15.4% had more than one.

Table 3: Area Health Resource File, Residents to Providers Ratios, 2015 vs. 2023

	Miami County		Ohio		U. S.
	2015	**2023**	**2015**	**2023**	**2023**
Primary Care Physicians	2,040:1	2,230:1	1,040:1	1,330:1	1,330:1
Dentists	2130:1	2040:1	1,320:1	1530:1	1360:1
Mental Health Providers	1,070:1	720:1	360:1	310:1	320:1

When CSA participants were asked about how long it had been since they last visited a doctor for a routine check-up, three-quarters of respondents (76.4%) indicated they visited the doctor for a routine check-up in the last year than adults under the age of 55. Figure 16 shows the length of time since last routine doctor's visit. In terms of age group, shown in Figure 17, individuals 65 years of age or older were the most likely to have had a routine exam visit in the past year. Individuals between 25-29 years of age were the least likely (44.4%).

Figure 16: CSA, Length of Time Since Last Routine Doctor's Visit, 2024

Most residents have had a routine medical checkup in the past year.
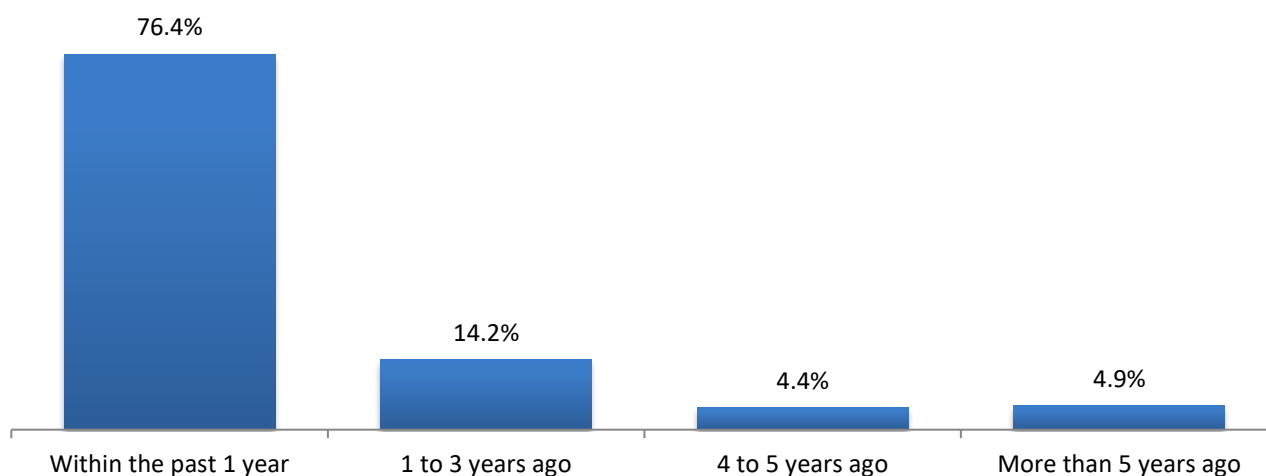
Figure 17: CSA, Adult Routine Exam within the Past 12 Months by Age Cohort, 2024

Older adults were more likely to have had a medical routine checkup.
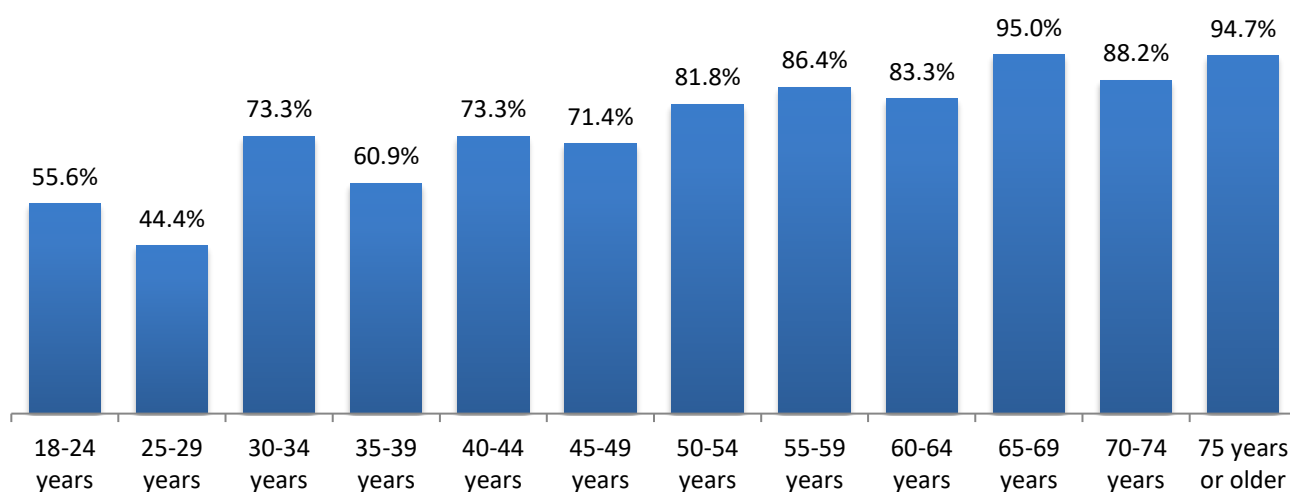
Respondents were asked what types of medical care they could not get in the past 12 months. Shown in Figure 18, the three most frequently cited needed services were a doctor's visit, checkup, or exam (31.8%), dental care (29.0%), and eyeglasses or vision care (20.6%). 54.4% of respondents were able to get all the medical care they needed in the past year. Men were more likely to experience difficulty getting eyeglasses or vision care and dental care, women were more likely to experience difficult getting mental health and medical supplies or equipment. 45.8% of participants cited cost as the reason for not getting care, with doctors not accepting new patients or their insurance also being a common obstacle.

Figure 18: CSA, Types of Medical Care Needed in the Past 12 Months, 2024

Types of medical care that was needed in the past year but not accessible.

A doctor's visit, checkup, or exam	34.3%
Dental Care	30.9%
Eyeglasses or vision care	21.6%
Medications/prescriptions	21.1%
Appointment or referral to specialist	18.1%
Mental Health Care	13.7%
Women's health services	13.2%
Medical supplies or equipment	8.3%
Other medical treatments	8.3%
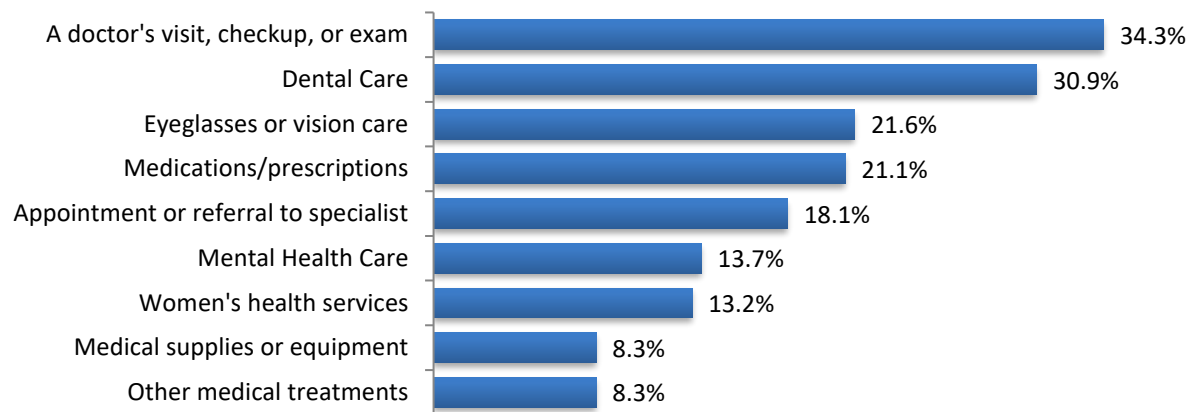
SDH-C.3. Healthcare Infrastructure

Healthy People 2030 Objective: Reduce the Proportion of People Who Can't Get Medical Care When they Need It
Target: 5.9%
Miami County: Not available

Access to healthcare is critical for obtaining medical care and treatment that is essential for both preventing and managing disease.[63] Medical care that is affordable, available, and accessible ensures the population can receive the care they need.[64] Without access to medical care, individuals tend to experience worse health outcomes than those with access.

Miami County's only Labor and Delivery Unit closed in February 2024, impacting birthing mothers within the county. Table 4 below lists the number of health professionals by healthcare specialty in Miami County and Ohio per 100,000 residents. Outside of general practice, Miami County had significantly lower provider rates than Ohio.[65]

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[63] *Healthcare Access and Quality.* Healthy People 2030. Health Care Access and Quality - Healthy People 2030 | health.gov.
[64] *Access to Care: Remembering Old Lessons.* Wyszewianski, L. 2002. Access to Care: Remembering Old Lessons - PMC (nih.gov).
[65] *Area Health Resources File.* Health Resources & Services Administration. https://data.hrsa.gov/topics/health-workforce/ahrf.

Table 4: Health Resources & Service Administration, Miami County vs. Ohio Access to Various Types of Healthcare Services, 2022 [66]

	Miami County	Ohio		Miami County	Ohio
Primary Care Physicians	48		**OB/GYN**	6	
PCP/100k Pop	43.9	82.16	OB/GYN/100k Pop	5.49	11.52
General Practice	1		**Pediatrics**	11	
General/100k Pop	0.92	0.70	Pediatrics/100k Pop	10.7	18.73
Internal Medicine	11		**Psychiatrists**	3	
Internal Med./100k Pop	10.7	34.36	Psychiatrists/100k Pop	2.75	9.96
General Surgeons	6		**Dentists**	33	
General Surg./100k Pop	5.49	13.59	Dentists/100k Pop	30.2	51.35
All Active M.D.	99				
All Active M.D./100K Pop	90.61	306.94			

SDH-C.4. Oral Health

Healthy People 2030 Objective: Increase the Use of the Oral Health Care System
Target: 45%
Miami County: 47.4% to 71.9% (depending on Census tract)[67]
Target Met

Oral health is an important component of good health and overall well-being.[68] Oral health conditions, like gum disease and tooth decay can impact many facets of life. Regular dental checkups are essential for early detection and treatment of oral health problems, in addition to preventive cleanings.[69] In 2019, 35% of adults aged 18 and older did not visit a dentist.[70] Lack of health insurance is associated with untreated cavities among adults. There is also an association between race and oral health, where Black adults are twice as likely to have untreated cavities compared to White adults. In terms of access to the oral

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[66] *Area Health Resources File.* Health Services & Research Administration. https://data.hrsa.gov/topics/health-workforce/ahrf.
[67] *Community Wellbeing: Social Determinants of Health - Dental Visits.* DataOhio. 2021. https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health.
[68] *Oral Health Facts.* Centers for Disease Control and Prevention. 2024. Oral Health Facts | Oral Health | CDC.
[69] *Gum Disease Facts.* Centers for Disease Control and Prevention. 2024. Gum Disease Facts | Oral Health | CDC.
[70] *Dental Care Utilization Among Adults Aged 18-64: United States, 2019 and 2020.* Centers for Disease Control and Prevention. 2022. Products - Data Briefs - Number 431 - January 2022 (cdc.gov).

health system, there are additional disparities, where individuals living in poverty, individuals living in rural areas, and certain demographic groups have less access.[71]

Respondents to the 2024 CSA survey were asked how long it had been since they last visited a dentist or dental clinic for any reason. Shown in Table 5, 74.2% respondents report that they last visited a dentist or dental clinic within the past year, which is significantly higher than both Ohio (64.4%) and the nation (65.9%). 55.6% of respondents report that none of their permanent teeth have been removed because of tooth decay or gum disease, while 44.4% have – 30.5% have lost 1-5 teeth, 11.2% have lost at least 6 teeth, but not all of their teeth, and 2.7% have lost all of their teeth due to tooth decay or gum disease. Based on the CDC's Behavioral Risk Factor Surveillance System (BRFSS) data, the percent of Miami County residents that report that permanent teeth have been removed because of tooth decay or gum disease is lower than Ohio (44.5%), but higher than the U.S. (40.3%). Of the 25.7% of respondents that had not seen a dentist in the past year, 25% were concerned about costs, 24.1% did not have dental insurance, and 17.0% did not have time for appointments. 5.4% also cited fear or anxiety, and 3.6% did not go as they had dentures or false teeth.

Table 5: CSA and BRFSS, Dental Health Factors, 2022[72]

Key Variable	Miami County 2024	Ohio 2022	U.S. 2022
Visited the dentist or dental clinic within the past year for any reason	74.3%	64.4%	65.9%
Adults that have had any permanent teeth removed	44.4%	44.5%	40.3%
Adults that have had all permanent teeth removed	2.7%	15.7%	11.8%
Note: Miami County data may not be representative of the entire county			

Healthcare Access and Quality Key Findings

- Miami County has lower rates of uninsured than Ohio and the U.S.
- Children under 6 years and those between 19 to 25 years had the highest rates of uninsured

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[71] *Addressing Oral Health Inequities, Access to Care, Knowledge, and Behaviors.* Hannan, C.J., Ricks, T.L., Espinoza, L., Weintraub, J.A. 2021. Addressing Oral Health Inequities, Access to Care, Knowledge, and Behaviors (cdc.gov).

[72] *BRFSS Prevalence & Trends Data Oral Health*, Centers for Disease Control and Prevention. 2022 BRFSS Prevalence & Trends Data

- Miami County has lower provider to resident ratios for primary care and dentists than the U.S., leading to difficulty obtaining routine exams and dental care
- Miami County has lower population to provider ratios for almost all healthcare professionals when compared to Ohio.

SDH-D. Social and Community Context
Healthy People 2030 Goal: Increase Social and Community Support
Definition: The relationships, resources, and support available to an individual through their connections with others. *Impact on Health:* Relationships with others can exert an influence on health either positively or negatively. Individuals with strong connections to others tend to experience a higher quality of life than those without. *Measures:* Voting, Social Associations *Data Sources:* 2024 County Health Rankings, Ohio Secretary of State

SDH-D.1. Voting
Healthy People 2030 Objective: Increase the Proportion of Voting Age Citizens Who Vote
Target: 58.4%
Miami County: 77.3%[73]
Target Met

Voting is an essential component of a healthy society. By voting, individuals can elect officials and support issues that may ultimately impact their health and well-being.[74] Communities that have higher voter participation tend to be healthier, have higher self-rated health, and higher social cohesion.[75][76]

During the 2020 presidential election, voter turnout in Miami County was 77.3%. This was higher than the state of Ohio (66.9%) and the U.S. (67.9%) overall.[77] This is also higher than the Healthy People 2030 target of 58.4%.

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[73] *2020 Election Results -Voter Turnout by County.* Ohio Secretary of State. 2020. 2020 Official Elections Results - Ohio Secretary of State (ohiosos.gov).

[74] *Health and Democracy Index.* 2021. Health & Democracy Index (hdhp.us).

[75] *Voter Participation is a Path to Health Equity: How Health Departments Can Promote a Healthy, Inclusive Democracy.* Castrucci, B., Ayers, J., Mahs, G. 2024. Journal of Public Health Management and Practice (lww.com).

[76] *Social and Community Context.* Healthy People 2030. Increase the proportion of the voting-age citizens who vote — SDOH-07 - Healthy People 2030 | health.gov.

[77] *Voter Turnout.* 2024 County Health Rankings. 2020. Ohio | County Health Rankings & Roadmaps.

SDH-D.2. Social Associations
County Health Rankings: Number of Membership Associations per 100,000 People
Target: No target
Miami County: 11.7 membership organizations per 10,000 population[78]
No Target Available

Connections with others are an important key to good health. According to the 2024 County Health Rankings, "Minimal social contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking."[79] It is through connections with others that individuals receive social support, access to resources, and a sense of community that improves well-being.

One measure of social cohesion in a community is membership in social associations (e.g., civic, political, religious, sports, and professional organizations.) In Miami County, there are currently 11.7 membership organizations per 10,000 people in the population. This is higher than the state of Ohio (10.7 per 10,000) and the U.S. (9.1 per 10,000) overall.

Social and Community Context Key Findings

- Miami County has higher voter participation that the state of Ohio and U.S. overall
- Miami County has greater access to membership organizations than the state of Ohio and U.S. overall

SDH-E. Neighborhood and Built Environment
Healthy People 2030 Goal: Create Neighborhoods and Environments that Promote Health and Safety
Definition: The human-made or modified structures that provide people with living, working, and recreational spaces. *Impact on Health:* The environments in which people live can expose them to a variety of health risks, including violence, unsafe air or water quality, food deserts, inadequate space for physical activity, and more. *Measures:* Outdoor Air Quality, Housing Stability, Crime and Violence *Data Sources:* 2024 County Health Rankings, DataOhio.

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[78] *Social Associations.* 2024 County Health Rankings. 2021. Ohio | County Health Rankings & Roadmaps.
[79] *Social Associations.* 2024 County Health Rankings. 2021. Social Associations | County Health Rankings & Roadmaps.

Photo 2: Map of Miami County Parks and Trails
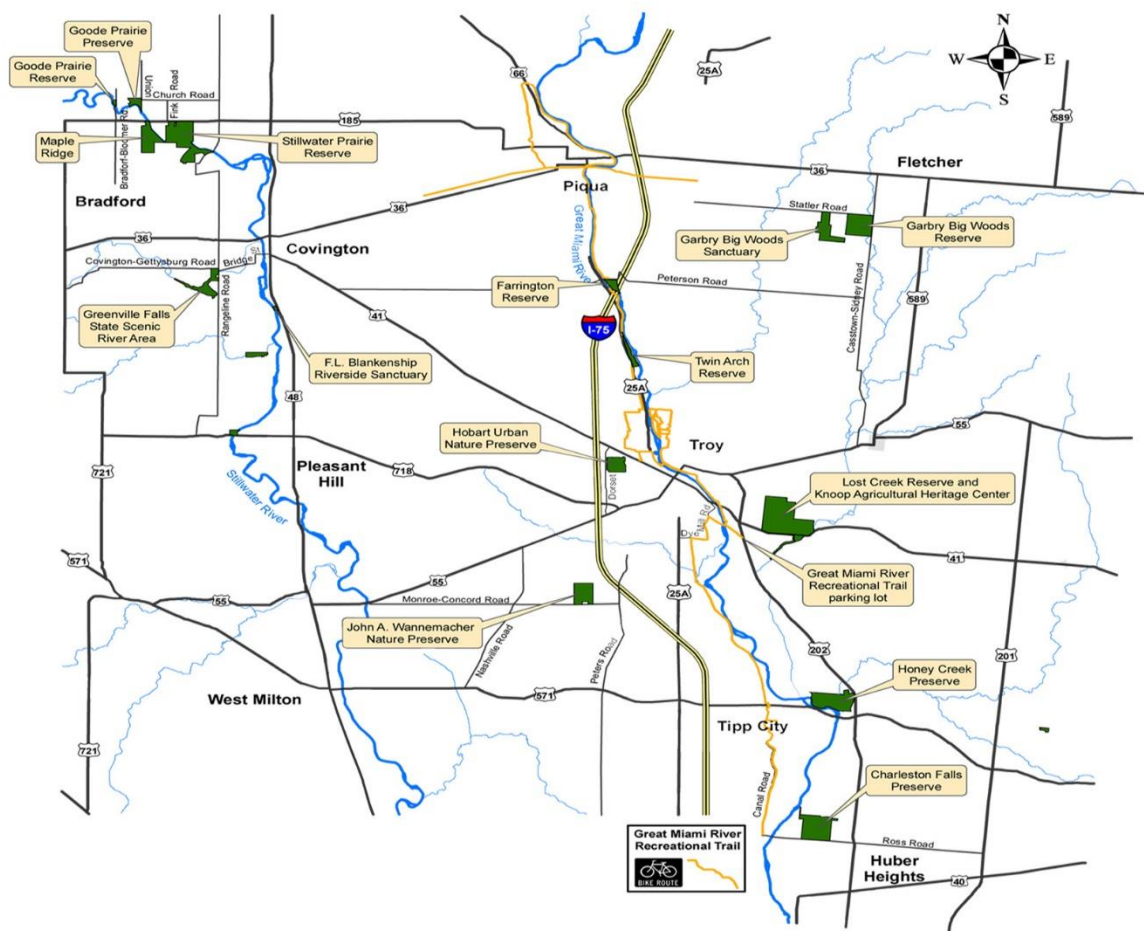
SDH-E.1. Outdoor Air Quality

Healthy People 2030 Objective: Reduce the Number of Days People are Exposed to Unhealthy Air
Target: 3,866,365,816 AQI-weighted people days
Miami County: Not available

Air pollution is one of the greatest environmental risks to health. While it affects select populations more significantly, it can negatively impact anyone. Health effects of exposure to air pollution include:

- Stroke
- Lung cancer
- Heart disease
- Respiratory diseases
- Asthma
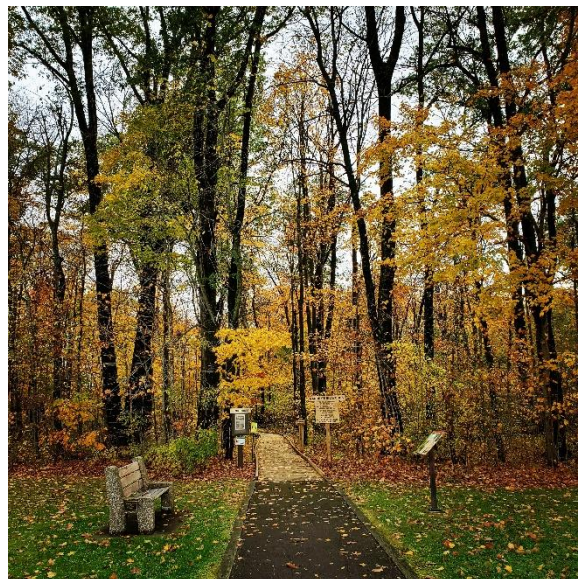
Photo 3 Source: Miami County Park District Staff

Poor ambient air quality disproportionately effects children, the elderly, people with underlying health conditions, Black and low-income populations, pregnant people, and the elderly. In 2019, the World Health Organization (WHO) indicated that 99% of the entire world was living in areas where air quality expectations were not met.[80] In that year alone, more than 4.2 million premature deaths were caused by outdoor air pollution.

Miami County closely monitors air quality and works with the Regional Air Pollution Control Agency (RAPCA) to issue notices and alerts to county residents when air pollution levels are high a day in advance. RAPCA also provides hourly and daily air quality statistics for residents to view. An Air Quality Index (AQI) reports the quality of air daily within a given area. Shown in Figure 19, Miami County AQI is considered *"good"* most days.

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[80] *Ambient (Outdoor) Air Quality.* World Health Organization. 2022. Ambient (outdoor) air pollution (who.int).

Figure 19: RAPCA , Miami County Annual Air Quality Index, 2019-2023[81]

Miami County has good air quality most days.

■ Good AQI　　■ Moderate AQI　　■ Unhealthy for Sensitive Groups
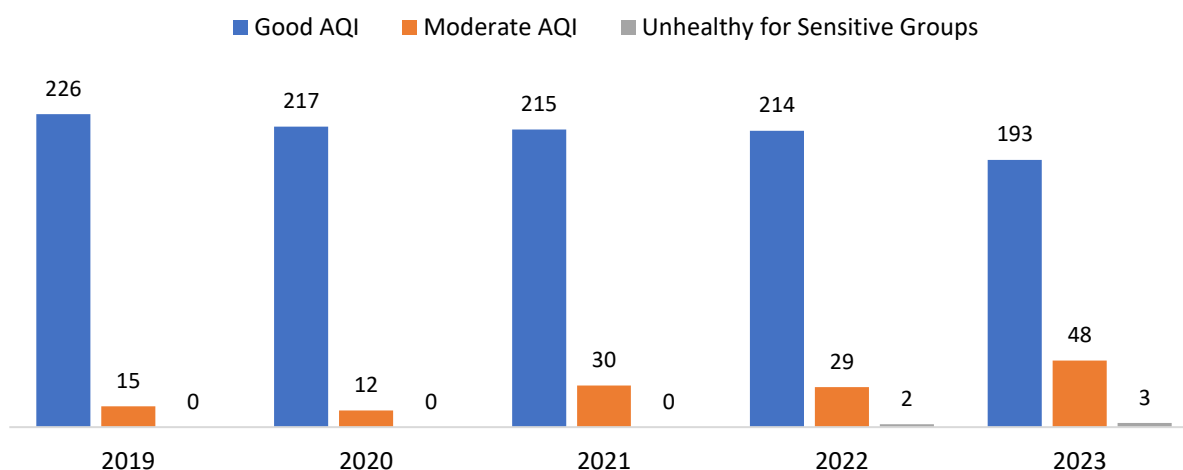
SDH-E.2. Housing Stability

Healthy People 2030 Objective: Reduce the Proportion of Families that Spend More than 30 Percent of Income on Housing
Target: 25.5%
Miami County: Ranges from 5.2% to 22.7%, depending on U.S. Census tract[82]
Target Met

Housing stability, which has been defined as "living in the same housing unit for more than one year,"[83] has significant implications for individual health and the health of the community. Individuals who are chronically homeless or face uncertainty about their housing situation are at increased risk for chronic disease, premature mortality, and poor mental health.[84]
Within Miami County, there are differences in the proportion of families spending over 35 percent of income on housing depending on the census tract in which the family lives.

[81] *Miami County Annual Air Quality Index 2019-2023.* Regional Air Pollution Control Agency. RAPCA | Regional Air Pollution Control Agency - Home.
[82] *Percent Spending 35% or More of Income on Mortgage by Census Tract.* DataOhio. 2021. Community Wellbeing: Social Determinants of Health | DataOhio.
[83] *Neighborhood Data for Social Change.* Housing Stability. Housing Stability – Neighborhood Data for Social Change (myneighborhooddata.org).
[84] *Housing and Health: An Overview of the Literature.* Taylor, L. 2018. Housing And Health: An Overview Of The Literature | Health Affairs.

Miami County works toward ensuring housing stability for its residents by providing services and resources for community members who need assistance securing a safe place to live.

SDH-E.3. Crime and Violence
Healthy People 2030 Objective: Reduce the Rate of Minors and Young Adults Committing Violent Crimes
Target: 199.2 per 100,000 adolescents and young adults
Miami County: Data not available per 100,000 adolescents and young adults for Miami County. The 2024 County Health Rankings reports 30 arrests per 1,000 juveniles[85]
Target Met

Exposure to crime, either directly or indirectly, has a significant impact on health and well-being. These effects include an increased risk for asthma, heart disease, cancer, adverse pregnancy outcomes, and mental disorders.[86] There is an additional impact on the health of a community overall, where increased crime rates limit the use of public spaces for physical activity and social connections.

In 2022, a total of 7,464 crimes were committed per 100,000 Miami County residents.[87] For the state of Ohio overall, the rate was around 7,500 per 100,000 residents. Among youth and young adults, there were a total of 30 juvenile arrests in Miami County per 1,000 youth in 2021.

There are a number of factors that influence an adolescent's risk for committing a violent offense. This includes individual characteristics, family characteristics, peer influence, neighborhood environments, and more.[88]

Neighborhood and Built Environment Key Findings
- The number of days classified as "Good" air quality has been significantly higher than "Moderate" and "Unhealthy for Sensitive Groups" from 2019 to 2023.
- The percentage of families spending 30% of their household income on housing is currently lower in Miami County than the Healthy People 2030 target.
- The rate of arrests for crimes committed by juveniles is lower in Miami County than the state of Ohio overall.

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[85] *Juvenile Arrests*. 2024 County Health Rankings. 2021. Miami, Ohio | County Health Rankings & Roadmaps.
[86] *Crime and Violence*. Healthy People 2030. Crime and Violence - Healthy People 2030 | health.gov.
[87] *Crime in Ohio*. Department of Public Safety. Rines, K., Wedd, A. 2022. crime-in-ohio-2016-2022.pdf.
[88] *Characteristics and Patterns of At-Risk Juveniles and Factors that Contribute to Violence Committed by or Against Juveniles*. Office of Juvenile Justice and Delinquency Prevention. Characteristics and Patterns of At-Risk Juveniles and Factors That Contribute to Violence Committed By or Against Juveniles (ojp.gov).

Health Status

Health status (HS) refers to "the overall condition of an individual's physical, cognitive, emotional, and social well-being."[89] Health status is measured in a variety of ways, including disease incidence and prevalence and self-assessment of health. For the purposes of this report, health status outcomes are presented for Miami County in several areas including:

- Maternal and Child Health
- Chronic Disease
- Communicable Disease
- Mental Health

HS-A. Maternal and Child Health
Healthy People 2030 Goal: Prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy.
Definition*:* The health of women of child-bearing age, infants, children, and adolescents. ***Impact on Health:*** Pregnancy, childbirth, infancy, and childhood are potentially vulnerable times that carry significant implications for health throughout the lifespan. ***Measures:*** First Trimester Prenatal Care, Births to Mothers who Smoke, Preterm Births, Low Birthweight, Teen Births, Infant Mortality ***Data Sources:*** CDC Wonder, DataOhio.

HS-A.1 First Trimester Prenatal Care
Healthy People 2030 Objective: Increase the Proportion of Pregnant Women Who Receive Early and Adequate Prenatal Care
Target: 80.5%
Miami County: 70.9%[90]
Target Not Met

Common barriers to a healthy pregnancy and birth include lack of access to appropriate health care before and during pregnancy. First

Photo 4: Source: Miami County Park District Staff

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[89] *Health Status*. Madans, J.H. 2008. Health Status - an overview | ScienceDirect Topics.
[90] *Trimester Prenatal Care Began*. CDC Wonder. Natality, 2016-2022 expanded Request Form (cdc.gov).

trimester prenatal care includes important information and discussion on due dates. Prenatal care includes blood tests, a physical exam, conversations about lifestyle and more. Obtaining first trimester care correlates with lower rates of premature and low birth weight infants, which is a leading cause of infant mortality.[91] Figure 20 presents the percentage of mothers in Miami County who received first trimester prenatal care compared to the Healthy People 2030 target.

Figure 20: ODH, Percentage of Miami County Mothers Receiving First Trimester Prenatal Care, 2019-2023

First trimester prenatal care rates have decreased since the COVID-19 pandemic started.
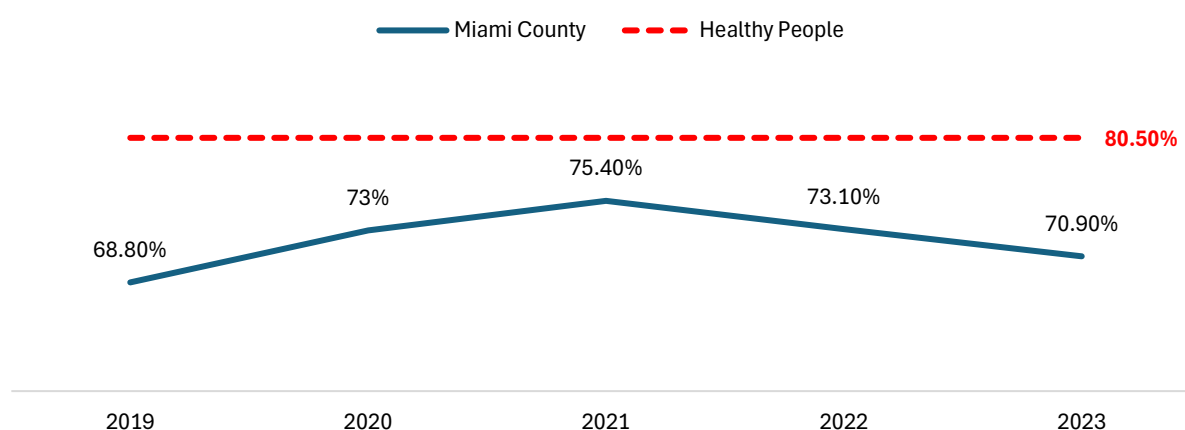
Within Miami County, 68.5% of Black mothers who gave birth in 2020 received prenatal care in the first trimester, compared with 75.4% of White mothers.[92]

HS-A.2. Births to Mothers Who Smoke
Healthy People 2030 Objective: Increase Abstinence from Cigarette Smoking Among Pregnant Women
Target: 4.3%
Miami County: 7.1%[93]
Target Not Met

Smoking during pregnancy can cause serious harm to both the mother and baby. Smoking increases the risk that the infant is born prematurely and/or born with low birth weight and doubles the risk of abnormal bleeding during pregnancy and delivery among other health

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[91] *Infant Mortality.* Centers for Disease Control and Prevention. 2024. Infant Mortality | Maternal Infant Health | CDC.
[92] *Trimester Prenatal Care Began.* CDC Wonder. Natality, 2016-2022 expanded Request Form (cdc.gov).
[93] *Tobacco Use.* CDC Wonder. https://wonder.cdc.gov/controller/datarequest/D149.

complications. Smoking during pregnancy can also cause damage to a baby's lungs and brain development. This damage can last through childhood and into teenage years.[94] If unable to quit smoking while pregnant or would like assistance through the process, Miami County Public Health department offers resources for mothers. In 2022, 89 women reported smoking during pregnancy, all of whom were White.[95]

Figure 21: ODH, Percentage of Births to Mothers that Smoke, 2019-2023

Births to mothers that smoke have been trending down.
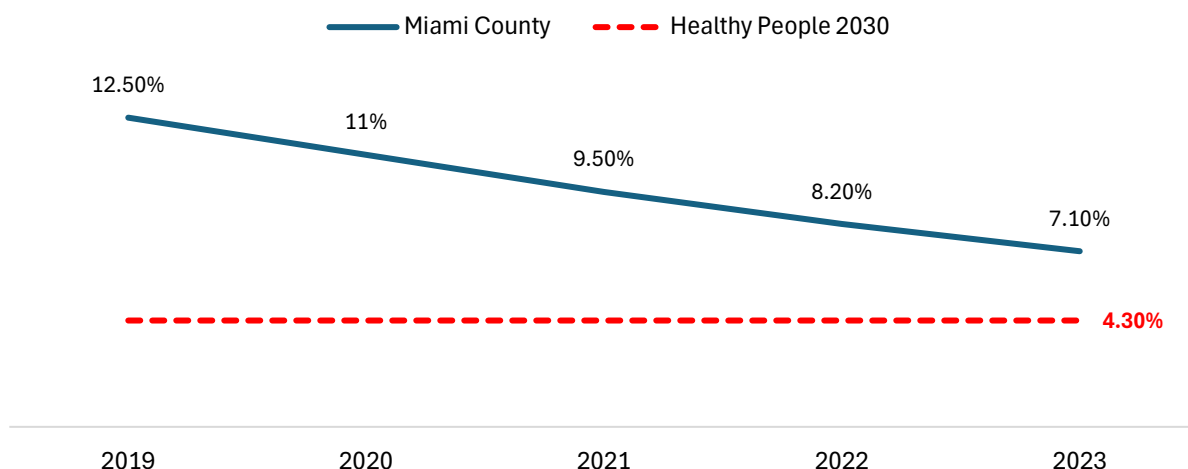
HS-A.3. Preterm Births
Healthy People 2030 Objective: Reduce Preterm Births
Target: 9.4%
Miami County: 9.5%[96]
Target Not Met

A preterm birth is when a baby is born too early, before the completion of the 37th week of gestation. Babies born prematurely have a higher risk of infections, developmental problems, breathing problems, and even death. Preterm births are more common in some racial/ethnic groups in the United States. Healthy People 2030 strategies to reduce preterm

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[94] *Health Effects of Cigarettes: Reproductive Health.* Centers for Disease Control and Prevention. 2024. Health Effects of Cigarettes: Reproductive Health | Smoking and Tobacco Use | CDC.
[95] *Tobacco Use.* CDC Wonder. https://wonder.cdc.gov/controller/datarequest/D149.
[96] *Birth Count by County of Residence Viewed Across Year and Preterm Indicator.* DataOhio. 2020. Birth | DataOhio.

births include promoting adequate birth spacing, helping women quit smoking and providing high-quality medical care for women during pregnancy.[97]

Figure 22: National Vital Statistics Reports & ODH, Percentage of Preterm Births, 2019-2023

Preterm birth rate in Miami County are typically below Ohio preterm birth rates.
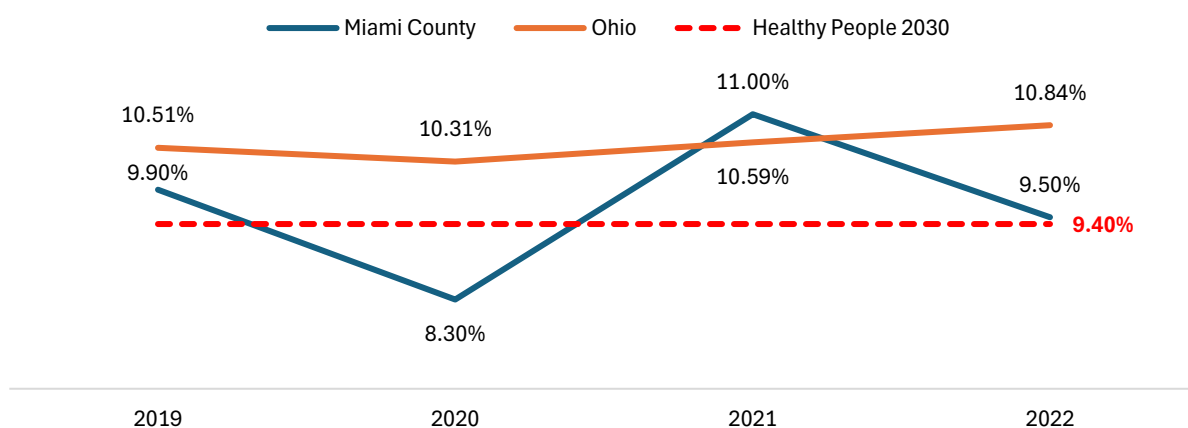
Of Miami County births in 2022, 8.6% of White women gave birth at less than 37 weeks gestation, compared to 1.8% of Black women, and 9.4% of Asian/Pacific Islander women.[98]

HS-A.4. Low Birth Weight
County Health Rankings: Percentage of Live Births with Low Birthweight (<2,500 grams)
Miami County: 7%[99]
No Target Available

Low birth weight occurs when an infant is born under 2500 grams and is considered an indicator of a community's health throughout the world. In 2024, 7% of total births had low birth weight in Miami County, which is less than Ohio (9%) and the United States (8%) rates. Causes of low birth weight include premature birth, smoking and not getting adequate nutrition during gestation, among others.[100] In 2022, 6.6% of White women who gave birth

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[97] *Reduce Preterm Births*. Healthy People 2030. Reduce preterm births — MICH-07 - Healthy People 2030 | health.gov.
[98] *Birth Count by County of Residence Viewed Across Year and Preterm Indicator*. DataOhio. 2020. Birth | DataOhio.
[99] *Low Birthweight*. 2024 County Health Rankings. Miami, Ohio | County Health Rankings & Roadmaps.
[100] *Low Birthweight*. March of Dimes. Low birthweight | March of Dimes.

delivered a child who was below 2500 grams, compared to 1.8% of Black women and 6.3% of Asian/Pacific Islander women.[101]

Figure 23: National Vital Statistics Reports & ODH, Percentage of Births with Low Birth Weights, 2019-2022

Miami County has less low-weight births than Ohio averages.
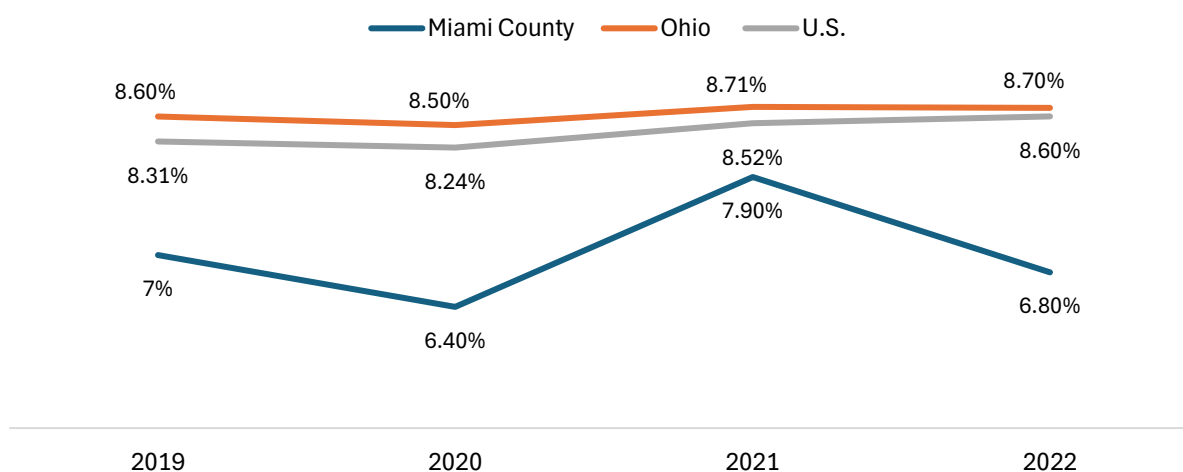
HS-A.5. Teen Birth Rates

Healthy people 2030 target: Reduce Pregnancies in Adolescents
Target: 31.4 per 1,000
Miami County: 12.94 per 1,000[102]
Target Met

Babies born to teen mothers are more likely to be born preterm, have a low birth weight, and experience premature mortality. Having a baby can also negatively impact teen mothers' health and their educational and job opportunities.[103] While Miami County had higher teen birth rates in 2019 and 2020 the U.S. and Ohio, they have fallen drastically since 2021 and are now below the national and state rates.

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[101] *Birth Count by County of Residence Viewed Across Year and Preterm Indicator.* DataOhio. 2020. Birth | DataOhio.
[102] *Miami County Resident Dataset for Live Births from 2019-2023*. Ohio Secure Health Information Warehouse.
[103] *Reduce Pregnancies in Adolescents*. Healthy People 2030. Reduce pregnancies in adolescents — FP-03 - Healthy People 2030 | health.gov.

Figure 24: National Vital Statistics Reports & ODH, Births per 1,000 females aged 15-19, 2019-2022[104]

Miami County has fewer teen births than Ohio.
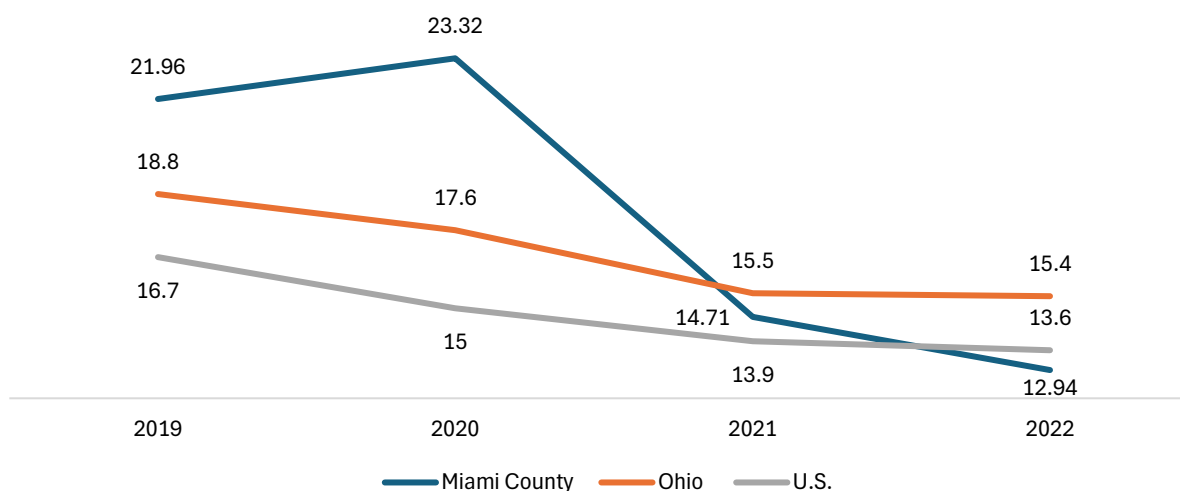
HS-A.6. Infant Mortality

Healthy people 2030 Target: Reduce the Rate of Infant Deaths within 1 Year of Age
Target: 5 per 1,000 live births
Miami County: 6 per 1,000 live births
Target Not Met

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is an important marker of the overall health of a society. The top five leading causes of death of infants in the United States are preterm birth, birth defects, sudden infant death syndrome (SIDS), injuries, and maternal pregnancy complications.[105] Miami County's infant mortality rate from 2017-2021 was 6 per 1,000 live births. In Ohio, the overall infant mortality rate for Black infants was substantially higher at 14.2 per 1,000 live births compared to White infants (5.4 per 1,000 live births.)[106]

Maternal and Child Health Key Findings

- Miami County mothers are below Healthy People 2030 for first trimester prenatal care by almost 10%.

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[104] *Teen Births*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/fastats/teen-births.htm.
[105] *Infant Mortality*. Centers for Disease Control and Prevention. Infant Mortality | Maternal Infant Health | CDC.
[106] *2021 Infant Mortality Annual Report*. Ohio Department of Children and Youth. 2021. 2021+Annual+IM+Report+Jun+23edited.pdf (ohio.gov).

- Miami County is losing their local birthing unit which means mothers and families will have to go out of county to receive care and deliver their children.
- Mothers who smoke while pregnant have been steadily declining but are still not meeting Healthy People 2030's goal.
- Miami county teen birth rates are much lower than Ohio's overall teen birth rate.

HS-B. Chronic Disease
Healthy People 2030 Goal: N/A
Definition: Conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. *Impact on Health:* Chronic diseases are the leading cause of illness, disability, and death in America. Most chronic diseases are caused by a short list of risk factors: smoking, poor nutrition, physical inactivity, and excessive alcohol use. *Measures:* High Blood Pressure, High Cholesterol, Coronary Heart Disease, Heart Attacks, Strokes, COPD, Asthma, Diabetes, Kidney Disease, Cancer *Data Sources:* American Diabetes Association, American Heart Association, American Lung Association, BRFSS, Mayo Clinic, 2024 Miami County Community Status Assessment, National Kidney Foundation, Ohio Department of Health.

According to the Centers for Disease Control and Prevention (CDC), approximately six out of ten adults had one or more chronic health conditions and four out of ten adults had two or more chronic health conditions.[107] Two of the top ten causes of death are the chronic diseases – cancer and heart disease – which account for almost half of the deaths in the United States. This section discusses the prevalence of chronic health conditions in Miami County including cardiovascular diseases, respiratory conditions, diabetes and kidney disease. Miami County residents responding to the CSA were asked, "*Has a doctor or health professional ever told you that you had any of the following:*" Shown in Figure 25, the number one chronic health condition among reported was obesity (52.0%). This was followed by high blood pressure (44.4%) and high cholesterol (41.3%).

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[107] *Advancing Chronic Disease Prevention through the CDC Data Modernization Initiative.* Centers for Disease Control and Prevention. Carney, T.J. et al. 2023. Advancing Chronic Disease Practice Through the CDC Data Modernization Initiative.

Figure 25: CSA, Percentage of Chronic Disease Reported by Miami County Residents, 2024

Diagnosed chronic health conditions.

Condition	Percentage
Overweight/Obese	52.0%
High blood pressure	44.4%
High cholesterol (LDL-cholesterol)	41.3%
Arthritis, gout, lupus, or fibromyalgia	31.1%
Anxiety disorder	28.6%
Depressive disorder	26.0%
Asthma	21.4%
Pre-diabetes or borderline diabetes	16.8%
Cancer	16.3%
Diabetes	13.8%
Autoimmune disorder	10.2%
C.O.P.D, emphysema or chronic bronchitis	7.7%
Angina or coronary heart disease	5.1%
Stroke	4.6%
Heart attack (myocardial infraction)	3.6%
Substance use disorder	3.1%
Kidney disease	2.0%
HIV	0.5%
Alzheimer's disease	0.5%

HS-B.1. High Blood Pressure

Healthy People 2030 Objective: Reduce the Proportion of Adults with High Blood Pressure
Target: 41.9%
Miami County: 36.4%[108]
Target Met

High blood pressure can lead to various severe health outcomes, including stroke, heart attack, heart failure, and kidney failure. According to the American Heart Association, nearly half of U.S. adults have been diagnosed with high blood pressure and one in five adults are unaware they have it.[109] This is why high blood pressure is often called the "silent killer."

Within Miami County, there are disparities in the death rate among residents with high blood pressure from 2019-2021.[110] Among non-Hispanic Black residents of all genders,

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[108] *Places – Local Data for Better Health: High Blood Pressure among Adults 18+.* Centers for Disease Control and Prevention. https://places.cdc.gov/?view=county&locationIds=39109.
[109] *Facts About High Blood Pressure.* American Heart Association. Facts About High Blood Pressure | American Heart Association.
[110] *Interactive Atlas of Heart Disease and Stroke.* Centers for Disease Control and Prevention. 2019-2021. Interactive Atlas of Heart Disease and Stroke Tables (cdc.gov).

there were 263.8 deaths per 100,000 vs. 90.1 deaths per 100,000 among non-Hispanic White residents. By gender, there were 307.5 deaths per 100,000 among Black male residents compared to 99.1 per 100,000 among White male residents, and 226.6 per 100,000 among Black female residents compared to 87.9 per 100,000 among White female residents.

In the 2024 Miami County CSA, residents were asked if a doctor, nurse, or other health care professional had ever told them that they have high blood pressure. 44.4% of respondents said that they have been told they have high blood pressure, which is higher than both Ohio (35.6%) and the U.S. (32.2%). As age increases, so does the likelihood of being diagnosed with high blood pressure. Figure 26 shows the percentage of residents reporting high blood pressure by age group. As age increases, so does the percentage of residents diagnosed with high blood pressure. However, collectively, Miami County has 36.4% of adults reporting high blood pressure, which is below the Healthy People 2030 target of 41.9%.

Figure 26: CSA, Adults Reporting High Blood Pressure by Age Cohort, 2024

High blood pressure rates increase with age.
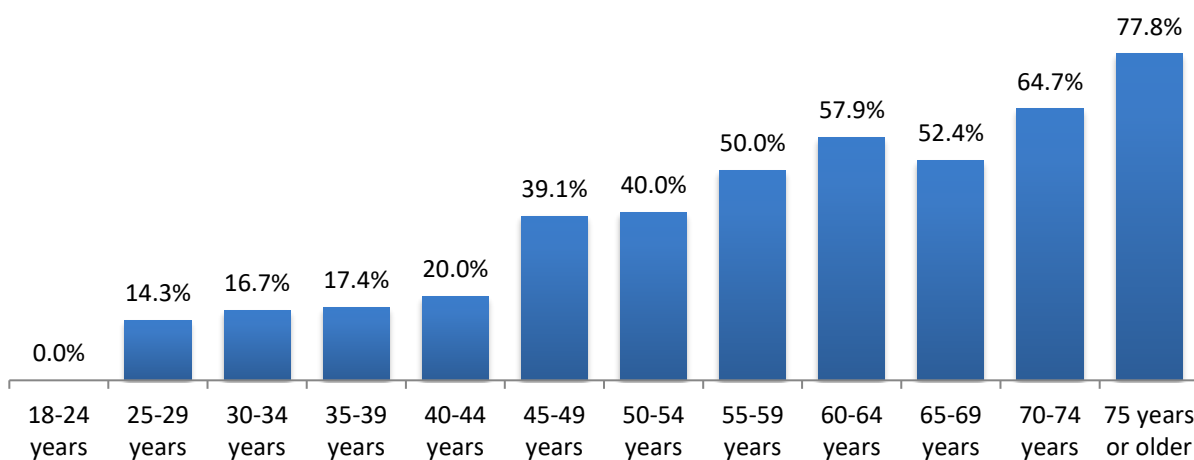
HS-B.2. High Cholesterol
Healthy People 2030 Objective: Increase Cholesterol Treatment in Adults
Target: 55.0%
Miami County: Not available

High cholesterol in the blood may cause plaque buildup in arteries over time, restricting blood flow. If these plaques break, they form blood clots which can lead to a heart attack or

stroke. People with high blood cholesterol have an increased risk of heart attack and other cardiovascular diseases.[111]

Over 40% of respondents to the CSA survey reported that they had ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high. This is higher than Ohio (35.5%) and the U.S. median (35.6%). Shown in Figure 27, as age increases so does the percentage of individuals reporting being diagnosed with high cholesterol.

Figure 27: CSA, Adult Reporting High Cholesterol by Age Cohort, 2024

High cholesterol rates increase with age.
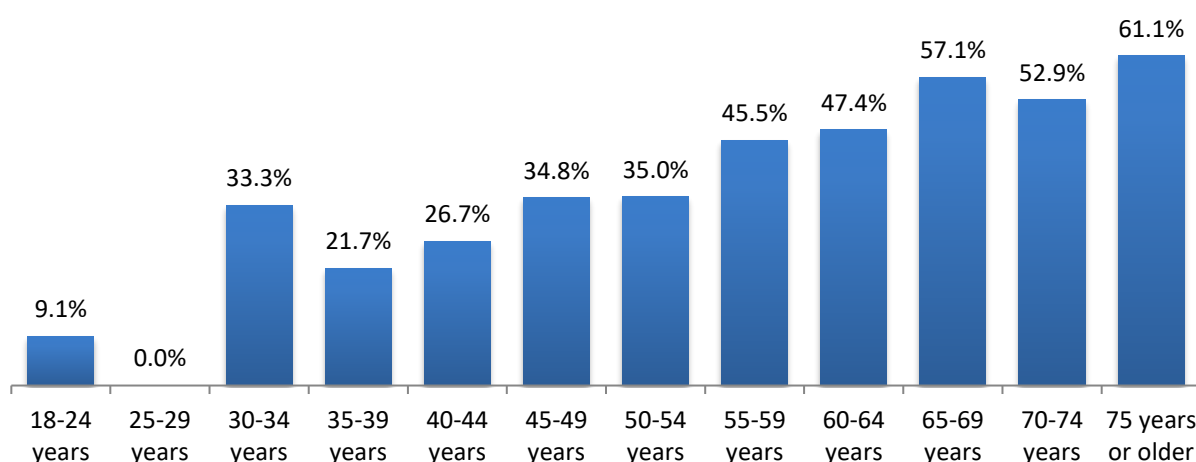
HS-B.3. Coronary Heart Disease
Healthy People 2030 Objective: Reduce Coronary Heart Disease Deaths
Target: 71.1 per 100,000
Miami County: 228.3-272.5 per 100,000[112]
Target Not Met

Heart disease (CHD) is still the number one cause of death in the United States, outpacing cancer, stroke, and chronic lower respiratory disease.[113] CHD is caused by fatty build-up

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[111] *High Cholesterol.* Mayo Clinic. High cholesterol - Symptoms and causes - Mayo Clinic.
[112] *County Map of Heart Disease Deaths among Working Age Ohioans.* Healthy Policy Institute of Ohio. 2021-2022. https://www.healthpolicyohio.org/health-policy-news/2024/02/23/graphic-of-the-week-county-map-of-heart-disease-deaths-among-working-age-ohioans.
[113] *Heart Disease Facts.* Centers for Disease Control and Prevention. 2024. Heart Disease Facts | Heart Disease | CDC.

narrowing of the walls of the arteries, and often results in a heart attack. Every year, about 805,000 Americans suffer a heart attack, and 695,000 die from heart disease.[114]

There are disparities in the death rate due to CHD within Miami County from 2019-2021.[115] Among non-Hispanic Black residents, the death rate was 113.7 per 100,000 compared to 66.7 per 100,000 among non-Hispanic White residents. For Black men, the rate was 160.6 per 100,000 compared to 92.2 per 100,000 for White men. For Black women, the rate was 83.4 per 100,000 compared to 51.4 per 100,000 for White women.

Approximately 13 percent (13.3%) of Miami County CSA Survey respondents indicated they have been told by a doctor that they had at least one of the following conditions: heart attack or myocardial infarction (MI) (3.6%), angina or coronary heart disease (5.1%), and stroke (4.6%). The percentage of Miami County adults reporting that they have been told they have heart attack or myocardial infarction (MI), angina or coronary heart disease is lower than Ohio (5.4% and 5.6% respectively), but higher than the U.S. (4.5% and 4.4% respectively).

Men reported higher rates than females for all measured heart diseases: 9.1% vs. 3.5% for angina or coronary heart disease, 6.8% vs. 2.1% for heart attack (MI), and 6.7% vs 4.7% for stroke.

HS-B.4. Stroke
Healthy People 2030 Objective: Reduce Stroke Deaths
Target: 33.4 per 100,000
Miami County: 141.7 per 100,000[116]
Target Not Met

A stroke occurs when blood flow to an area of the brain is stopped by a blood clot or broken blood vessel.[117] Within the state of Ohio, it is one of the leading causes of death.[118] There are important disparities to note in the burden of stroke death by race, where Black Americans are 50% more likely to have a stroke than their White adult peers. Black men are

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[114] *Leading Causes of Death*. National Center for Health Statistics. 2022. FastStats - Leading Causes of Death (cdc.gov).

[115] *Interactive Atlas of Heart Disease and Stroke*. Centers for Disease Control and Prevention. 2019-2021. Interactive Atlas of Heart Disease and Stroke Tables (cdc.gov).

[116] *Interactive Atlas of Heart Disease and Stroke*. Centers for Disease Control and Prevention. 2019-2021.Interactive Atlas of Heart Disease and Stroke Tables (cdc.gov).

[117] *What is Stroke?* Ohio Department of Health. https://odh.ohio.gov/know-our-programs/stroke/what-is-stroke.

[118] *Stroke Mortality by State*. National Center for Health Statistics. 2022. https://www.cdc.gov/nchs/pressroom/sosmap/stroke_mortality/stroke.htm

also 70% more likely to die from a stroke compared to non-Hispanic Whites. Black women are also twice as likely to have a stroke compared to White women.[119]

According to the CSA, the percentage of Miami County adults reporting that they have been told they have had a stroke is higher than Ohio (4.3%) and the U.S. (3.4%). Overall, county residents have a higher percentage of cardiovascular problems than the U.S., but lower than Ohio.

HS-B.5. Chronic Obstructive Pulmonary Disease (COPD)

Healthy People 2030 Objective: Reduce Deaths From COPD in Adults
Target: 107.2 per 100,000
Miami County: 35.3 per 100,000 (includes other chronic lower respiratory disease deaths)[120]
Target Met

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems, which includes emphysema, chronic bronchitis, and more. According to the American Lung Association, about 11.7 million Americans report that they have been diagnosed with COPD.[121] COPD was the 6th leading cause of death in the U.S. in 2022.

COPD rates are highest among smokers and those with lower family incomes. Additionally, rates are highest among individuals with depression and anxiety.[122]

According to the 2024 CSA, 7.7% of Miami County residents have been told that they have COPD, emphysema, or chronic bronchitis, which is a lower percentage than for Ohio (9.5%), but higher than the U.S. (6.9 %).

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[119] *Stroke and African Americans*. U.S. Department of Health and Human Services Office of Minority Health. https://minorityhealth.hhs.gov/stroke-and-african-americans.
[120] *Mortality Map – Ohio*. National Institute on Minority Health and Health Disparities. 2018-2022. https://hdpulse.nimhd.nih.gov/data-portal/mortality/map?cod=253&cod_options=cod_15&ratetype=aa&ratetype_options=ratetype_2&race=00&race_options=race_6&sex=0&sex_options=sex_3&age=001&age_options=age_11&ruralurban=0&ruralurban_options=ruralurban_3&yeargroup=5&yeargroup_options=yearmort_2&statefips=00&statefips_options=area_states&county=01000&county_options=counties_alabama&comparison=states_to_us&comparison_options=comparison_state&radio_comparison=areas&radio_comparison_options=cods_or_areas.
[121] *Learn about COPD*. American Lung Association. Learn About COPD | American Lung Association.
[122] *COPD Trends Brief: Risk Factors and Patient Characteristics*. American Lung Association. https://www.lung.org/research/trends-in-lung-disease/copd-trends-brief/copd-risk-factors.

HS-B.5. Asthma

Healthy People 2030 Objective: Reduce Emergency Department Visits for People Aged 5 Years and Over With Asthma
Target: 40.2 per 10,000
Miami County: 31.6 per 10,000[123]
Target Met

The CDC reports that about 24.9 million people, 8.7% of adults and 6.2% of children, have asthma.[124] Asthma is a chronic respiratory disease in which lung airways are temporarily blocked by inflammation. Asthma attacks occur when something irritates the lungs. Symptoms associated with asthma include labored breathing, chest tightness, wheezing and coughing. Many living with asthma will visit an emergency department due to an asthma attack. This can be reduced by teaching individuals with asthma how to manage their condition to prevent attacks, as well as improving access to necessary medications.[125]

In Ohio, there are disparities in asthma prevalence, where rates are highest among low-income families, adults who did not complete high school, and the Black population, particularly children.

According to the CSA, when respondents were asked if a doctor ever told them that they had asthma, 21.4% indicated that they had been diagnosed with asthma, which is much higher than Ohio (16.1%) and U.S. rates (15.7%).

HS-B.6. Diabetes

Healthy People 2030 Objective: Reduce the Number of Diabetes Cases Diagnosed Yearly
Target: 4.8 per 1,000
Miami County: 6.3 per 1,000[126]
Target Not Met

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[123] *Burden of Asthma in Ohio.* Ohio Department of Health. 2019. https://odh.ohio.gov/wps/wcm/connect/gov/34c902fb-5d06-4765-9205-b86c05934908/Asthma+Burden+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-34c902fb-5d06-4765-9205-b86c05934908-n8-qGyk

[124] *Most Recent National Asthma Data.* Centers for Disease Control and Prevention. 2021. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm.

[125] *Reduce Emergency Department Visits for People Aged 5 Years and Over with Asthma.* Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-emergency-department-visits-people-aged-5-years-and-over-asthma-rd-03.

[126] *Newly Diagnosed Diabetes – Adults Aged 20+, Age-Adjusted Per 1,000 Miami County, OH.* Centers for Disease Control and Prevention. 2019. https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html.

According to the American Diabetes Association, an estimated 38.4 million people in the United States have diabetes, although approximately 8.7 million are undiagnosed.[127] There is a higher prevalence witnessed among African Americans (12.1%) and Hispanics (11.7%) than White Americans (6.9%) and Asian Americans (9.1%).

About 5-10% of people with diabetes have Type 1 diabetes, where the body fails to produce insulin. Type 1 diabetes cannot be prevented but it can be treated. Most people with diabetes have Type 2, where the cells are resistant to insulin and cells may also not produce enough insulin.[128] More people are developing Type 2 diabetes than ever, and it can be prevented or delayed with lifestyle changes such as diet and exercise. Having diabetes dramatically increases the risk of heart attack and stroke, and 65% of deaths in diabetes patients are attributed to heart and vascular diseases. Diabetes was the 8th leading cause of death in the United States in 2022.

Based on 2019 CDC data, the rate of newly diagnosed diabetes cases among Miami County residents is higher than the Healthy People 2030 target of 4.8 per 1,000. Within the state of Ohio, older adults, those with low household incomes and education, and those on Medicaid have a higher prevalence. Additionally, the diabetes death rate is 89% higher among Black Ohioans than White Ohioans.[129]

According to the CSA, fourteen percent (13.8%) of Miami County respondents indicated that they have been told by a doctor that they have diabetes which is higher than Ohio (13.1%) and national percentages (11.5%). Many participants in the CCA chronic disease focus group said they had difficulties obtaining medications due to shortages. Some newer and emerging medications they were using to manage diabetes were also used for weight-loss, leading to shortages in supply.

HS-B.7. Kidney Disease
Healthy People 2030 Objective: Reduce the Proportion of Adults with Chronic Kidney Disease
Target: 11.4%
Miami County: 1.3%[130]
Target Met

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[127] *Statistics About Diabetes.* American Diabetes Association. Statistics About Diabetes | ADA.
[128] *About Type 2 Diabetes.* Centers for Disease Control and Prevention. 2024.About Type 2 Diabetes | Diabetes | CDC.
[129] *Ohio Diabetes Action Plan.* Ohio Department of Health. 2021. https://odh.ohio.gov/wps/wcm/connect/gov/fc94c68d-86d0-4174-9a8a-58871c1ace9d/2021+DAP_FINAL.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-fc94c68d-86d0-4174-9a8a-58871c1ace9d-oynp5sh

[130] *Kidney Disease Surveillance System.* Centers for Disease Control and Prevention. 2017-2020. https://nccd.cdc.gov/CKD/detail.aspx?Qnum=Q9&topic=1#refreshPosition.

According to the National Kidney Foundation, as many as 37 million adults in the United States have kidney disease, most of whom are unaware, as kidney disease often goes undetected until it is in the late stages of the disease.[131] The three leading causes of kidney failure are diabetes, high blood pressure, and glomerulonephritis. Kidney disease was the 9th leading cause of death in 2022.

In general, Black individuals are more likely to experience kidney failure than White individuals and are also more likely to be dialysis patients. They are also more likely to experience barriers in accessing necessary care.[132]

According to the CSA, one percent (1.3%) of Miami County adults have been told that they have kidney disease, which is lower than Ohio (2.7%) and the U.S. median (3.5%).

HS-B.8. Cancer

Healthy People 2030 Objective: Reduce the Overall Cancer Death Rate
Target: 122.7 per 100,000
Miami County: 165.7 per 100,000[133]
Target Not Met

Cancer is the second most common cause of death in the United States, after heart disease. Many social determinants can affect the chance a person develops cancer including age, sex, family history, lifestyle choices, and environmental exposures. Table 6 shows the cases and rate of various types of cancer in the United State, Ohio and Miami County. Overall, by comparison Miami County is only slightly higher than Ohio (465.5 vs. 465.3) but is 26.8 higher than the overall cancer rate in the United States.

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[131] *Kidney Disease: The Basics.* National Kidney Foundation. Kidney Disease: The Basics | National Kidney Foundation.
[132] *Health Disparities.* National Kidney Foundation. https://www.kidney.org/advocacy/legislative-priorities/health-disparities.
[133] *Miami County Cancer Profile.* Ohio Department of Health. 2023.Miami+County+Cancer+Profile+2023.pdf (ohio.gov).

Table 6: ODH, Average Annual Number and Age-Adjusted Cancer Incidence and Mortality Rates by Site/Type in Miami County, Ohio, and the United States, 2016-2020

	Incidence			Mortality			
	Miami County		Ohio	U.S.	Miami County		Ohio	U.S.
	Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
All Sites/Types	**655**	**465.5**	**465.3**	**438.7**	**244**	**165.7**	**166.1**	**149.4**
Bladder	35	24.6	21.4	18.2	6	4.2	4.9	4.2
Brain and Other CNS	11	8.5	6.9	6.2	9	6.8	4.6	4.4
Breast (Female)	102	141.8	129.5	126.9	16	19.9	21.0	19.6
Cervix	4	6.3	7.8	7.7	<2	n/a	2.2	2.2
Colon and Rectum	52	37.4	39.1	36.6	20	13.9	14.5	13.1
Esophagus	7	4.5	5.6	4.2	9	5.9	4.9	3.8
Hodgkin Lymphoma	2	1.4	2.7	2.5	<2	n/a	0.3	0.3
Kidney and Renal	29	21.6	17.6	17.2	7	5.1	3.9	3.5
Larynx	5	3.2	3.7	2.7	<2	n/a	1.1	0.9
Leukemia	15	11.3	12.4	14.0	10	6.4	6.6	6.0
Liver and Bile Duct	8	4.8	7.6	9.3	7	4.5	6.22	6.6
Lung and Bronchus	94	61.9	64.7	50.0	65	43.1	42.9	35.0
Melanoma of the Skin	46	35.5	25.3	21.0	6	4.2	2.5	2.1
Multiple Myeloma	7	4.7	6.3	7.1	4	2.6	3.4	3.1
Non-Hodgkin Lymphoma	28	19.6	19.0	18.7	10	7.1	5.7	5.1
Oral Cavity and Pharynx	15	10.3	12.6	11.4	3	2.3	2.8	2.5
Ovary	7	9.5	9.6	10.3	5	5.4	6.3	6.3
Pancreas	21	14.4	13.7	13.3	24	15.5	12.1	11.1
Prostate	74	99.5	114.1	113.4	11	19.2	19.3	18.8
Stomach	7	5.0	5.7	6.9	3	1.8	2.3	2.8
Testis	3	5.5	5.7	6.0	<2	n/a	0.3	0.3
Thyroid	18	15.8	14.7	13.9	<2	n/a	0.5	0.5
Uterus	22	27.9	30.9	27.6	3	3.9	5.3	5.1

There was an average of 655 new cancer cases diagnosed each year in Miami County between 2016 and 2020, with breast, prostate, and lung and bronchus cancer having the highest incidence rates. Lung and bronchus, pancreas, and colorectal cancers led to the most deaths in Miami County between 2016 and 2020. The 2016-2020 cancer mortality rate in Miami County was 165.7 per 100,000 population, compared with the Ohio rate of 166.1 per 100,000 and the U.S. rate of 149.4 per 100,000. Cancer incidence rates and mortality rates among males was higher than the rates among females in Miami County, Ohio, and the United States in 2016-2020.

Chronic Disease Key Findings

- The percentage of Miami County residents with high blood pressure is higher than the Healthy People 2030 target.
- There are significant disparities in the death rate due to high blood pressure.
- The number of deaths due to CHD, the number of newly diagnosed cases of diabetes, and the number of cancer deaths are higher than the Healthy People 2030 target.
- The number of deaths due to COPD and emergency department visits due to asthma are lower than the Healthy People 2030 targets.

HS – C. Communicable Disease
Healthy People 2030 Goal: Reduce rates of infectious diseases and improve health for people with chronic infections.
Definition: Illnesses that spread from one person to another or from an animal to a person, or from a surface or a food. *Impact on Health:* Many people in the United States get sick and die from infectious diseases each year. *Measures:* STIs, HIV/AIDS *Data Sources:* Ohio Department of Health, Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, American Heart Association, Mayo Clinic, American Lung Association, American Diabetes Association, National Kidney Foundation, 2024 Miami County Community Status Assessment.

The CDC defines infectious diseases as illnesses that spread from one person to another or from an animal to a person, or from a surface or a food. Common infectious diseases can spread in many ways including: unprotected sex, sharing injecting equipment, coming into contact with blood and droplets of an infected person and ingesting contaminated food. Some infectious diseases must be reported to health departments or government agencies in the outbreak's jurisdiction. Table 7 shows the reported infectious diseases in Miami County from 2018 to 2022 that had 5 or more cases.[134] Over time, Chlamydia has

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[134] *2022 Annual Communicable Disease Report.* Miami County Public Health. 2022. https://www.miamicountyhealth.net/pdf/annual-reports/92SRGYH4N7MSPJR7Y4R-FINAL-2022-Communicable-Disease-Report-.pdf.

been the most reported infectious disease in Miami County until the COVID-19 pandemic that emerged in 2020.

Table 7: MCPH, Reportable Communicable Diseases 2018-2022

Reportable Disease	2018	2019	2020	2021	2022
Campylobacteriosis	13	10	7	17	18
Chlamydia infection	240	317	210	212	279
COVID-19	0	0	7,503	11,503	11,275
Carbapenamase-producing carbapenem-resistant Enterobacteriaceae	4	2	1	5	5
Cryptosporidiosis	2	3	5	2	5
Cyclosporiasis	0	0	4	0	2
E. coli, Shiga Toxin-Producing (O157:H7, Unknown Serotype)	2	5	1	1	2
Giardiasis	9	2	5	0	8
Gonococcal infection	57	87	82	83	72
Haemophilus influenzae (invasive disease)	1	1	1	0	5
Hepatitis A	21	16	0	0	1
Hepatitis B (including delta) – acute	1	3	1	0	0
Hepatitis B (including delta) – chronic	13	15	9	5	12
Hepatitis C – acute	6	3	1	0	2
Hepatitis C – chronic	119	74	59	67	114
Influenza-associated hospitalization	118	73	77	15	99
Legionellosis	3	1	6	6	3
Lyme Disease	3	10	3	4	0
Meningitis – aseptic/viral	2	2	1	1	4
Meningitis – bacterial (Not N. meningitidis)	5	1	1	1	1
Pertussis	6	11	3	1	0
Salmonellosis	4	11	8	7	9
Shigellosis	1	1	1	2	0
Streptococcal – Group A -invasive	3	10	6	1	7
Streptococcus pneumoniae – invasive antibiotic resistant	16	8	7	6	7
Syphilis	5	10	9	5	16
Varicella	3	2	5	1	9
Total number of cases	***661***	***684***	***8,019***	***11,948***	***11,959***

HS-C.1. Sexually Transmitted Infections

Healthy People 2030 Objective: Reduce the Syphilis Rate in Females
Target: 4.6 per 100.000
Miami County: 10.3 per 100,000[135]
Target Not Met

Sexually transmitted infections (STIs) are passed from one person to another through intimate physical contact from sexual activity. STIs may have mild or no symptoms so it is possible to have an infection and not know it. STIs are common and impose a substantial burden in terms of cost and complications. Of particular concern in the U.S. is the syphilis epidemic, where cases are on the rise among women. It is estimated that between 2015 to 2020, the rate of syphilis infections increased by 233% among women aged 15-44 years old.[136] Without treatment, syphilis can lead to several complications decades after infection.[137] Syphilis can affect multiple organs and systems, including brain, nerves, eyes, liver, heart, blood vessels, bones and joints, and in some cases be fatal.

According to the CDC, many social determinants affect STIs including age, race, socioeconomic status, community, and access to healthcare. Figures 28 - 30 compare Miami County's rate of infection per 100,000 for chlamydia, gonorrhea, and syphilis to Ohio.

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[135] *County-Level Data Table of Primary and Secondary Syphilis Rates Among Women Aged 15-44.* Centers for Disease Control and Prevention. 2022. https://www.cdc.gov/nchhstp/syphilis-county-level.html#cdc_report_pub_study_section_3-county-level-data-table-of-primary-and-secondary-syphilis-rates-among-women-aged-15-44.
[136] *Syphilis.* U.S. Department of Health & Human Services. Office on Women's Health. https://www.womenshealth.gov/a-z-topics/syphilis.
[137] *Syphilis*. World Health Organization https://www.who.int/news-room/fact-sheets/detail/syphilis

Figure 28: ODH, Rate of Chlamydia Cases, 2018-2022[138]

The Chlamydia rate in Miami County is less than Ohio.
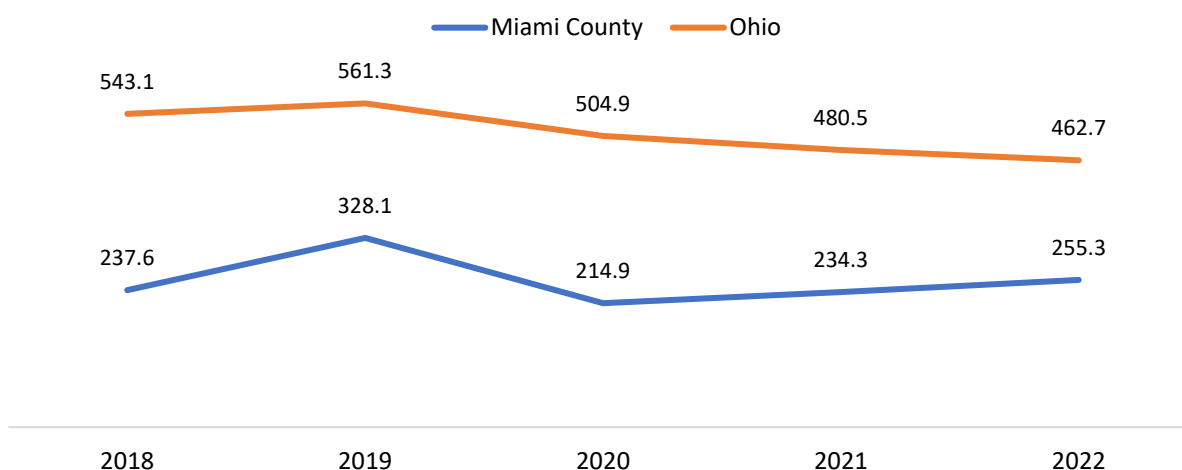
Figure 29: ODH, Rate of Gonorrhea Cases, 2018-2022[139]

The Gonorrhea rate in Miami County is less than Ohio.

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[138] *Chlamydia Five-Year Report.* Ohio Department of Health. https://odh.ohio.gov/know-our-programs/std-surveillance/resources/chlamydia-five-year-report.
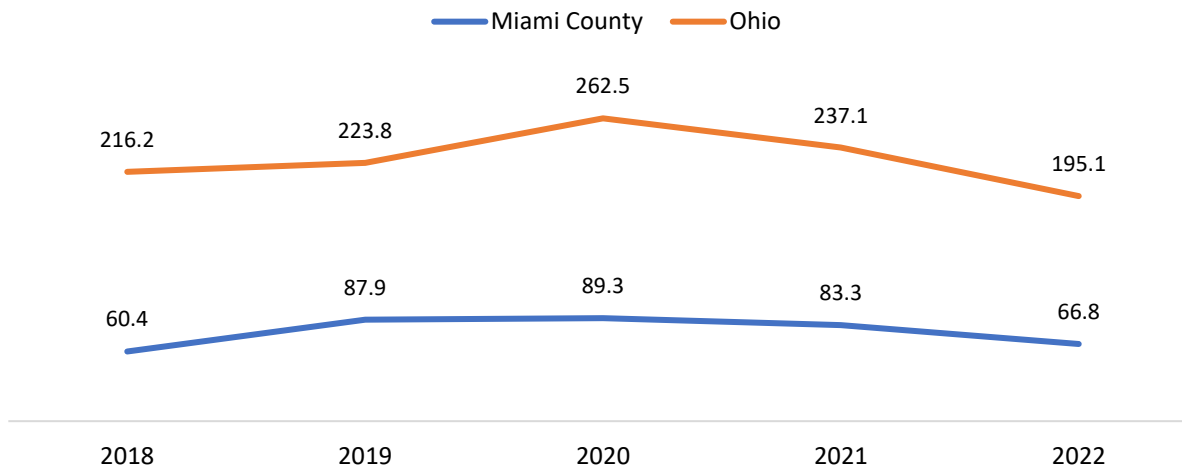
[139] *Gonorrhea Five-Year Report.* Ohio Department of Health. Gonorrhea: Five-Year Report | Ohio Department of Health.

Figure 30: Rate of Syphilis Cases, 2018-2022[140]

Miami County has avoided the rise in Syphilis affecting much of Ohio.
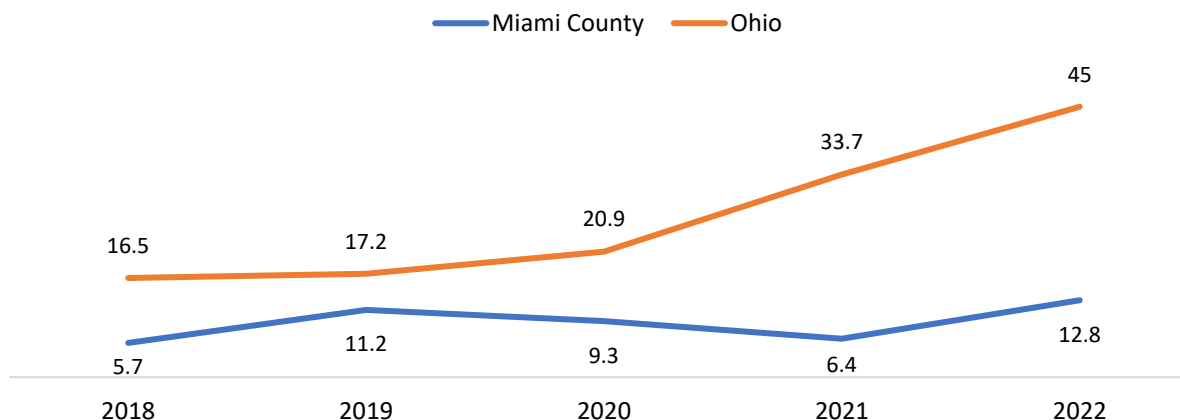
HS-C.2. HIV/AIDS

Healthy People 2030 objective: Reduce the Number of New HIV Infections
Target: 3,000 people
Miami County: 4.5 per 100,000 people[141]
Target Met

Human immunodeficiency virus, or HIV, is a virus that attacks the body's immune system. If HIV is not treated, it can progress to acquired immunodeficiency syndrome (AIDS).[142] While there is currently no cure for HIV, early diagnosis and getting started on an effective treatment plan can slow or prevent disease progression. New advances in medicine allow people diagnosed with HIV to still live long, healthy lives and protect their partners. HIV transmission can be prevented by eliminating risky behaviors, like having unprotected sex with a partner who is infected or whose status is unknown, having contact with infected blood, and sharing needles. But it cannot be eliminated if individuals do not know their HIV status. Table 8 shows the number of new cases and incidence of HIV in Miami County and

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[140] *Total Syphilis Five-Year Report.* Ohio Department of Health. https://odh.ohio.gov/know-our-programs/std-surveillance/resources/total-syphilis-five-year-report.
[141] *HIV in Ohio.* Ohio Department of Health. 2023. https://odh.ohio.gov/wps/wcm/connect/gov/2af5d7eb-b1e3-4df7-bbd2-9fe6c493a8ad/Ohio+HIV+Summary+2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-2af5d7eb-b1e3-4df7-bbd2-9fe6c493a8ad-neB-tT.
[142] *About HIV.* Centers for Disease Control and Prevention. 2024. About HIV | HIV | CDC.

Ohio.[143]Miami County has lower rates of HIV incidence than Ohio. The number of people in Miami County living with HIV has increased from 69 in 2018 to 86 in 2022.

Table 8: ODH, HIV Data, 2018-2022

	Miami County		Ohio	
	Number of New Cases	Incidence per 100,000	Number of New Cases	Incidence per 100,000
2018	1	n/a	985	8.4
2019	5	4.7	969	8.3
2020	3	n/a	887	7.6
2021	3	n/a	919	7.8
2022	5	4.5	866	7.4

There are important disparities to note in HIV infections. Black/African American and Hispanic/Latinx people, women who use drugs, and men who have sex with men are at highest risk for contracting HIV and make up more than 70% of new HIV infections.[144]

Communicable Disease Key Findings

- Syphilis cases are on the rise across the U.S.
- The number of syphilis cases among women 15-44 years old in Miami County is higher than the Healthy People 2030 target.
- The number of cases of HIV in Miami County remains low.

HS – D. Mental Health
Healthy People 2030 Goal: Improve Mental Health
Definition: A state of mental and emotional well-being that impacts daily living. ***Impact on Health:*** Mental health impacts well-being and quality of life in many ways. Poor mental health puts an individual at risk for negative health outcomes. ***Measures:*** Suicide, Poor Mental Health Days, Frequent Mental Distress, Drug Overdose Deaths, Mental Health Providers ***Data Sources:*** 2024 County Health Rankings.

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[143] *Ohio HIV Surveillance Data Tables.* Ohio Department of Health. 2022. Ohio HIV Surveillance Data Tables | Ohio Department of Health.
[144]*To End HIV, We Must Address Health Disparities.* National Institutes of Health. 2021. https://www.nih.gov/news-events/news-releases/end-hiv-epidemic-we-must-address-health-disparities

HS – D.1. Suicide

Healthy People 2030 Objective: Reduce the Suicide Rate
Target: 12.8 per 100,000
Miami County: 14 per 100,000[145]
Target Not Met

According to recent data, suicide is considered among the leading causes of death in the United States.[146] The suicide rate has increased by 36% over two decades.[147] It affects all age groups and carries a far-reaching impact for those who have experienced the death of someone by suicide. Suicide is preventable, and effective strategies can be applied at multiple levels to assist an individual in crisis. In 2021, 48,183 deaths by suicide occurred within the United States population. Within the state of Ohio, it has been estimated that five people die by suicide each day.[148]

There are some demographic groups that are at higher risk for suicide. By race/ethnicity, Non-Hispanic American Indian/Alaska Native and non-Hispanic Whites are at higher risk. Veterans, individuals living in rural areas, and youth who identify as LGBTQ+ also experience a higher risk.

HS-D.2. Poor Mental Health Days

County Health Rankings: Average Number of Mentally Unhealthy Days Reported in Past 30 Days
Target: No target
Miami County: 5.1[149]
No Target Available

Mental health includes "our emotional, psychological, and social well-being."[150] It can affect thinking, mood, and behavior.[151] It also plays a significant role in many aspects of life, including relationships with self and others, stress management, coping, and health behaviors.

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[145] *Suicide*. 2024 County Health Rankings. https://www.countyhealthrankings.org/health-data/ohio/miami?year=2024.

[146] *Suicide*. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/suicide.

[147] *Facts About Suicide*. Centers for Disease Control and Prevention. 2024. https://www.cdc.gov/suicide/facts/index.html.

[148] *Data Snapshot: Suicide in Ohio*. Health Policy Institute of Ohio. 2024. https://www.healthpolicyohio.org/our-work/publications/suicide-in-ohio.

[149] *Poor Mental Health Days*. 2024 County Health Rankings. Ohio | County Health Rankings & Roadmaps.

[150] *About Mental Health*. Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealth/learn/index.htm.

[151] *What is Mental Health?* Substance Abuse and Mental Health Services Administration. 2023. https://www.samhsa.gov/mental-health.

Mentally unhealthy days are considered a measure of "health-related quality of life," which are associated with a person's overall well-being.[152] Frequently experiencing mentally unhealthy days can impact physical health, emotional and social health, and can also result in unhealthy habits and coping behaviors.

Adults with disabilities, younger adults, individuals with low income, individuals with a high school education or less, and Black, Asian, and ethnic minority women more frequently report poor mental health days compared to others. According to the 2024 County Health Rankings, the average number of mentally unhealthy days reported by adults living in Miami County in the past 30 days in 2021 was 5.1. This is similar to reports for the state of Ohio overall (5.5) and slightly higher than the U.S. average (4.8).[153]

Respondents to the 2024 CSA had an average of 6.94 mentally unhealthy days in the past 30 days. Disparities were seen based one healthcare type, with those on Medicaid having an average of 14.00 mentally unhealthy days and those without insurance having an average of 18.33 mentally unhealthy days. Never married, separated, and divorced respondents had averages of 11.30, 9.00, and 11.30 mentally unhealthy days respectively.

HS-D.3. Frequent Mental Distress
County Health Rankings: Percentage of Adults Reporting 14 or More Days of Poor Mental Health per Month
Target: No target
Miami County: 17%[154]
No Target Available

Frequent mental distress occurs when an individual experiences 14 or more mentally unhealthy days over a 30-day period. Persistent mental distress is associated with an increased risk of engaging in unhealthy behaviors, like smoking, physical inactivity, and getting insufficient sleep. It's also associated with housing and food insecurity.[155] Frequent mental distress can also indicate an individual is experiencing clinical depression or an

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[152] *What is Health-Related Quality of Life?* Johns Hopkins Medicine. 2024. https://www.hopkinsarthritis.org/arthritis-research/patient-centered-outcomes-research/what-is-health-related-quality-of-life/.
[153] *Poor Mental Health Days.* 2024 County Health Rankings. 2021. https://www.countyhealthrankings.org/health-data/ohio/miami?year=2024.
[154] *Frequent Mental Distress Among Adults with Disabilities: An Easy-Read Summary.* Centers for Disease Control and Prevention. 2020. https://www.cdc.gov/ncbddd/disabilityandhealth/easy-read-frequent-mental-distress.html.
[155] *Frequent Mental Distress in United States.* America's Health Rankings. https://www.americashealthrankings.org/explore/measures/mental_distress.

anxiety disorder.[156] The percentage of adults who report experiencing frequent mental distress has been on the rise since the COVID-19 pandemic.

Women, younger adults (18-44 years old), Multiracial, American Indian/Alaskan Native, and Hawaiian/Pacific Islander adults, individuals with a high school education or less, individuals with a household income of $25,000 or less, and LGBTQ+ individuals are at higher risk for experiencing frequent mental distress. In Miami County, 17% of adults reported frequent mental distress in 2021. This is the same as the state of Ohio overall and slightly higher than the U.S. average (15%). 22.4% of CSA respondents reported having 14 or more mentally unhealthy days in the past 30 days, and 9.3% reported being mentally unhealthy all 30 days.

HS-D.4. Drug Overdose Deaths
County Health Rankings: Number of Drug Poisoning Deaths per 100,000 Population
Target: No target
Miami County: 26 per 100,000[157]
No Target Available

A drug overdose occurs when a "toxic amount of a drug or combination of drugs overwhelms the body."[158] Drug overdose is a leading cause of injury mortality in the U.S., with an increasing proportion of deaths occurring due to opioids[159] Risk factors for a drug overdose include low drug tolerance (e.g. a reduction in tolerance due to abstinence from a substance as a result of time spent in jail or a treatment center), not knowing the strength of the substance used, how the substance is ingested, mental health issues, mixing drugs, underlying health conditions, previous non-fatal overdose, and using alone.[160]
Males, people aged 15 and older, American Indian and Alaska Natives, and opioid users are at higher risk for experiencing a drug overdose death.[161] According to the 2024 County Health Rankings, there were 26 drug overdose deaths per 100,000 people in Miami County

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[156] *Frequent Mental Distress.* Communities Count. https://www.communitiescount.org/frequent-mental-distress.
[157] *Drug Overdose Deaths.* 2024 County Health Rankings. https://www.countyhealthrankings.org/health-data/ohio/miami?year=2024.
[158] *What is an Overdose?* National Harm Reduction Coalition. 2020. https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/what-is-an-overdose/.
[159] *Drug Overdose Deaths.* Centers for Disease Control and Prevention. 2024. https://www.cdc.gov/nchs/hus/topics/drug-overdose-deaths.htm.
[160] *Overdose Symptoms, Risks, and Treatment.* American Addiction Centers. 2024. https://americanaddictioncenters.org/overdose.
[161] *Drug Overdose Deaths in the United States, 2002-2022.* Centers for Disease Control and Prevention. Spencer, M.R., Garnett, M.F., & Minino, A.M. 2024. https://www.cdc.gov/nchs/products/databriefs/db491.htm#:~:text=In%20both%202021%20and%202022%2C%20rates%20were%20highest%20for%20American,race%20and%20Hispanic%2Dorigin%20groups..

between 2019-2021. This is similar to trends in the U.S. (27 deaths per 100,000 people) and lower than the state of Ohio overall (42 deaths per 100,000 people.)[162]

HS-D.5. Mental Health Providers
County Health Rankings: Ratio of Population to Mental Health Providers
Target: No target
Miami County: 720 people per 1 provider[163]
No Target Available

An estimated 1 in 4 U.S. adults had a mental illness in the past year and 3 in 10 high school students reported poor mental health.[164] Nearly 48.7 million individuals aged 12 and older in the U.S. are also estimated to have a substance use disorder, many of which co-occur with a mental illness. Left untreated, persistent mental disorders can result in hospitalization, premature mortality, poor quality of life, and even suicide.[165] With the appropriate treatment, mental health and substance use disorders can be managed.[166] However, while the U.S. has experienced a mental health crisis in recent years, there is also a shortage of trained mental health professionals. As of December 2023, more than half of the U.S. population (169 million) lives in a Mental Health Professional Shortage Area.[167] Rural counties are particularly at-risk. In 2023, there was 1 mental health provider per 720 people living in Miami County. This is much lower than the ratio reported for the state of Ohio (310:1) and the U.S. (320:1).[168]

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[162] *Drug Overdose Deaths.* 2024 County Health Rankings. https://www.countyhealthrankings.org/health-data/ohio/miami?year=2024.

[163] *Mental Health Providers.* 2024 County Health Rankings. https://www.countyhealthrankings.org/health-data/ohio/miami?year=2024.

[164] *Mental Health.* Centers for Disease Control and Prevention. 2024. https://www.cdc.gov/cdi/indicator-definitions/mental-health.html#:~:text=In%202021%2C%2014.7%25%20of%20US,depression%2C%20or%20problems%20with%20emotions.&text=FMD%20estimates%20are%20higher%20for%20women%20than%20men..

[165] *The Importance of Mental Health Services.* New Roads Behavioral Health. 2022. https://newroadstreatment.org/the-importance-of-mental-health-services/.

[166] *Mental Health Concerns: Treatment Works.* Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/mental-health-treatment-works#:~:text=With%20appropriate%20treatment%2C%20people%20can,most%20health%20plans%E2%80%94by%20law..

[167] *Behavioral Health Workforce, 2023.* Health Resources Service Administration. 2023. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf.

[168] *Mental Health Providers.* 2024 County Health Rankings. https://www.countyhealthrankings.org/health-data/ohio/miami?year=2024.

Mental Health Key Findings

- Suicide is among the leading causes of death in the United States. Death by suicide impacts all age groups.
- There are some demographic groups that are at increased risk for suicide.
- The suicide rate in Miami County is 14 per 100,000 which is higher than the Healthy People 2030 target of 12.8 per 100,000.
- The number of poor mental health and frequent mental distress days is similar in Miami County to state and national averages.
- The number of drug overdose deaths in Miami County is much lower than the state of Ohio overall.
- The ratio of mental health providers per person in Miami County is much lower than the state of Ohio and U.S.

Health Behaviors

Health behaviors are "health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members."[169] The ability to engage in healthy behaviors is influenced in large part by the social determinants of health. The following section reports outcomes in Miami County around health behaviors including:

- Seatbelt Usage
- Physical Activity
- Vaccination
- Tobacco and Vape Use

HB– A. Health Behaviors
Healthy People 2030 Goal: N/A
Definition: Individual actions that are taken that can impact health and quality of life.   ***Impact on Health:*** Health promoting behaviors can significantly reduce disease risk and premature mortality. Conversely, health risk behaviors can increase disease and mortality risk.   ***Measures:*** Seatbelt Usage, Physical Activity, Vaccination, Tobacco and Vape Use   ***Data Sources:*** 2024 Community Status Assessment, 2024 County Health Rankings, National Highway Traffic Safety Administration, Ohio Department of Health, Ohio Strategic Highway Safety Plan.

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[169] *Health Behaviors.* 2024 County Health Rankings. Health Behaviors | County Health Rankings & Roadmaps.

HB – A.1. Seat Belt Usage

Healthy People 2030 Objective: Reduce the Proportion of Deaths of Car Passengers Who Weren't Buckled In
Target: 41.9%
Miami County: 20-22%[170]
Target Met

According to the CDC, motor vehicle crashes are a leading cause of death, but by wearing seat belts, people can reduce the risk of serious injury and death.[171] Despite that wearing appropriate vehicle restraints can saves lives and prevent injury, there are millions of Americans who do not take these safety measures.

The Ohio Department of Public Safety Grantee Observational Seat Belt Survey has been conducted by Ohio Department of Public Safety annually since 1991. Data was also not collected in 2020 due to COVID-19. Data was collected from vehicles stopped at randomly selected intersections and freeway off-ramps.

Passenger vehicle fatalities due to non-seatbelt compliance were highest in 2018 among the Pacific Islander (68%) and American Indian (67%) populations. They were also high among multi-race (59%) and Black (56%) individuals.[172]

The Governor's Highway Safety Office (GHSO) requires that Safe Communities, law enforcement, and occupant protection grant recipients conduct annual observation surveys of seat belt use in their respective Ohio counties.[173] Miami County is one of the grantee counties participating in the Grantee Observation of Seat Belt Use Surveys since 2013. While Miami County's seatbelt usage was above the U.S. and Ohio rates in 2018 and 2019, in 2021 Miami County fell below the U.S. rate, and in 2022 it fell below the Ohio rate (Figure 31).[174] In the 2024 CSA survey, 78.4% of respondents said they always wear a seatbelt. Respondents were also asked how often they drove a car while distracted by texting, e-mailing, or otherwise using their phone. 60.1% indicated that they had driven or a car or other vehicle while distracted by an electronic device, with 8.4% of these respondents indicating they nearly always or always use their phone while driving.

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[170] *Seatbelt Data Fact Sheet*. Ohio Strategic Highway Safety Plan. http://zerodeaths.ohio.gov/public/pdf/Tools-Occupant_Protection.pdf
[171] *Facts About Seatbelt Use*. Centers for Disease Control and Prevention. 2024. Facts About Seat Belt Use | Seat Belts | CDC.
[172] *Seatbelt Use, Race, and Hispanic Origin*. National Highway Traffic Safety Administration. 2021.
[173] *Grantee Observation Surveys of Seatbelt Use*. Ohio Department of Public Safety. 2008. https://www.ohiomemory.org/digital/collection/p267401ccp2/id/8539.
[174] *Observational Survey of Seat Belt Use in Ohio*. Ohio Department of Public Safety. 2022. https://dam.assets.ohio.gov/image/upload/otso.ohio.gov/reports/2022ObservationSurvey.pdf.

Figure 31: National Highway Traffic Safety Administration, Seat Belt Usage, 2018-2022

Seat belt usage in Miami County has fallen drastically since COVID-19.

■ Miami County   ■ Ohio   ■ U.S.

Year	Miami County	Ohio	U.S.
2018	90.6%	82.2%	89.6%
2019	91.3%	80.5%	90.7%
2021	83.6%	82.3%	90.4%
2022	77.4%	78.6%	91.6%
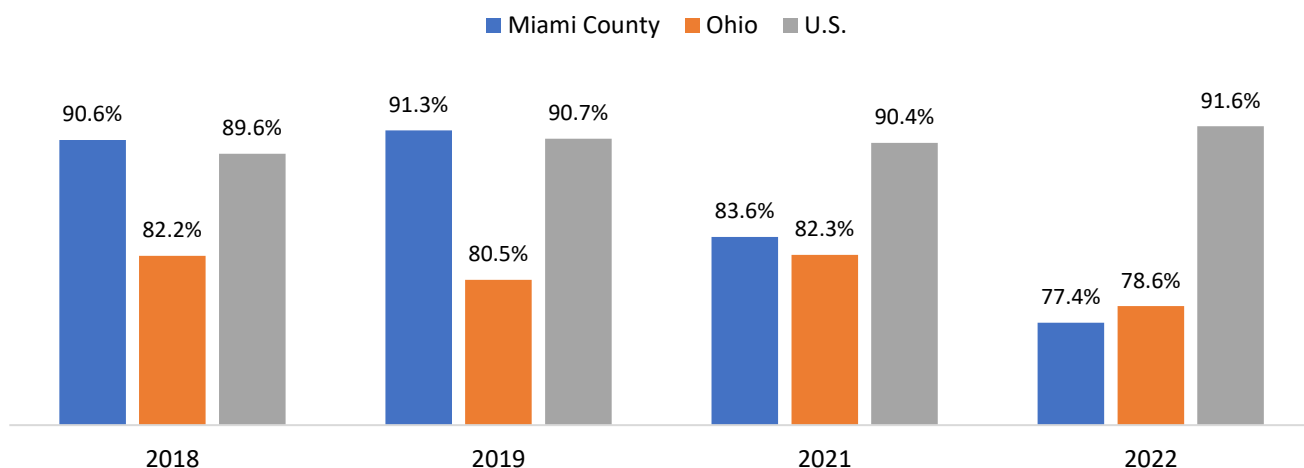
HB-A.2. Physical Activity

Healthy People 2030 Objective: Reduce the Proportion of Adults Who Do No Physical Activity
Target: 21.8%
Miami County: 24%[175]
Target Not Met

Photo 5 Source: Miami County Park District Staff

Physical activity promotes normal growth and development, manages weight, improves sleep, enhances brain function, reduces stress, elevates mood, lowers the risk of developing a chronic disease, and increases the chances of living longer.

The CDC recommends children 6 to 17 years need 60 minutes or more of moderate to vigorous physical activity including aerobic, muscle-strengthening, and bone-strengthening.[176] They recommend that adults spend 150 minutes every week on moderate physical activity including 2 days of muscle-strengthening. Aerobic exercise, often called

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[175] *Physical Inactivity.* 2024 County Health Rankings. Miami, Ohio | County Health Rankings & Roadmaps.
[176] *Child Activity: An Overview.* Centers for Disease Control and Prevention. Child Activity: An Overview | Physical Activity Basics | CDC.

cardio, involves activities that increase heart rate and breathing, such as running. Muscle-strengthening exercise is focused on building strength, such as push-ups or climbing. Despite the known benefits of regular physical activity, less than 1 in 5 adults in Ohio meet the guidelines for both aerobic and muscle strengthening physical activity. The rate of Miami County residents that perform no physical activity (24%), is lower than Ohio (25%) and higher than the U.S. (23%).

HB-A.3. Vaccination

Healthy People 2030 Goal: Increase the Proportion of People Who Get the Flu Vaccine Every Year
Target: 70%
Miami County: 48%[177]
Target Not Met

Vaccinations help prevent the spread of infectious diseases and reduce severe symptoms. Low vaccination rates put communities at risk for outbreaks.[178] Vaccinations are particularly important for protecting children and ensuring diseases do not spread through schools. Getting vaccinated against the flu prevents illness, medical visits, hospitalizations, and death every year. [179] It is one of the most effective ways to stop the spread of the flu. There are notable disparities in flu vaccine uptake, where less than 43% of Black, Hispanic, and American Indian/Alaska Native adults were vaccinated during the 2021-2022 flu season.[180]

The 2024 CSA asked people about their vaccination habits. Responses indicated that 32.0% had gotten the shingles vaccine, 40.1% the pneumonia vaccine, and 91.8% the MMR vaccine. 50.9% also had gotten a seasonal flu vaccine in the past year. Looking at BRFSS data for Ohio, for adults aged over 65 years, 71.1% of Ohio respondents had received a pneumonia vaccine and 64.7% a seasonal flu vaccine. The U.S. has an average 71.6% vaccination rate for pneumonia and 67.8% for seasonal flu. Miami County falls behind both Ohio and the U.S. in vaccination rates.

HB-A.4. Tobacco and Vape Use

Healthy People 2030 Goal: Reduce Current Cigarette Smoking in Adults
Target: 6.1%

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[177] *Flu Vaccinations*. 2024 County Health Rankings. 2024. Miami, Ohio | County Health Rankings & Roadmaps.
[178] *Vaccination*. Healthy People 2030. Vaccination - Healthy People 2030 | health.gov.
[179] *A Strong Defense Against Flu: Get Vaccinated!* Centers for Disease Control and Prevention.https://www.cdc.gov/flu/pdf/freeresources/general/strong-defense-against-flu.pdf.
[180] *Inequities in Flu Vaccine Uptake*. Centers for Disease Control and Prevention. 2022. https://www.cdc.gov/vitalsigns/flu-inequities/index.html.

Miami County: 18%[181]
Target Not Met

Smoking tobacco products like cigarettes greatly affects a person's health and increases their chances of premature death. According to the CDC, smoking causes almost half a million deaths a year in the U.S. every year, which is nearly one in five deaths.[182] Smoking can damage multiple organs and systems and increase the risks of cardiovascular disease, respiratory disease, cancer, and more. While e-cigarettes and vaping products may not be as harmful as cigarettes, they can still cause similar negative health effects.[183]

Within the state of Ohio, there are disparities to note among current cigarette users (18 years of age and older.) Individuals who are low-income (earning <$15,000 annually), did not graduate from high school, report frequent poor mental health, are living with a disability, and/or are LGBTQ+ are more likely to report cigarette usage.[184]

The 2024 CSA found 49% of respondents never smoked, with 35.1% having smoked cigarettes or cigars, 5.7% smoking an electronic vapor product, and 10.2% smoking both. For comparison, the BRFSS found that 17.1% of Ohio respondents were current smokers, with 57.4% never having smoked, and 8.8% were current vape users, with 68.1% having never vaped. For the U.S., 14.0% were current smokers, 60.8% never smoked, 7.7% were current vape users, and 71.9% never vaped.

CAS respondents that smoked were also asked if they had tried quitting in the last month, and how long it had been since they last smoked. 21% of those that smoked had tried quitting in the past month. 76.6% of smokers had not smoked for over 1 year, 61.8% had not smoked in over 5 years, and 52.2% had not smoked for over 10 years.

It is important to note emerging trends in nicotine pouch use within the U.S. population, particularly among young people. While pouches do not contain tobacco, they do include nicotine which poses significant health risks. According to a CDC study, 1.5% of middle and high school students reported using nicotine pouches in 2023.[185] It is also estimated

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[181] *Adult Smoking.* 2024 County Health Rankings. 2024. Miami, Ohio | County Health Rankings & Roadmaps.
[182] *Health Effects of Cigarette Smoking.* Health Effects of Cigarette Smoking | CDC.
[183] *Health Effects of Vaping.* Centers for Disease Control and Prevention. Health Effects of Vaping | Smoking and Tobacco Use | CDC.
[184] *Adult Tobacco Use Data Slides - 2022.* Ohio Department of Health. https://odh.ohio.gov/know-our-programs/tobacco-use-prevention-and-cessation/media/adulttobaccousedataslides2022
[185] *Tobacco Product Use among U.S. Middle and High School Students – National Youth Tobacco Survey, 2023.* Centers for Disease Control and Prevention. Birdsey, J. et al. 2023. https://www.cdc.gov/mmwr/volumes/72/wr/mm7244a1.htm

that sales of nicotine pouches have increased six-fold from 2019 to 2022.[186] Data continues to emerge around trends in use.

Social Justice in Health

In order to make health equity a reality within local communities, addressing and dismantling barriers to achieving good health for historically marginalized groups is essential at the societal and policy level. Measuring inequities at the community level is an important component of identifying these barriers that result in "an unequal distribution of money, power, and resources" within communities.[187] The following section outlines barriers present within Miami County that may contribute to health inequities within the population.

Social Vulnerability Index

The CDC's Social Vulnerability Index (SVI) is a measure of the demographic and socioeconomic factors that can result in health disparities, including poverty, housing, and transportation.[188] The SVI provides a measure of overall social vulnerability, which is comprised of four broad areas using U.S. Census data: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. Social vulnerability within the county places individuals at risk for a number of health-related hazards, including natural disasters, disease outbreaks, and poor health outcomes. Each category of the SVI is classified in quartiles from 0 to 1.0 (least to most vulnerable.) The table below reports the SVI as of 2022 for Miami County overall and by each indicator. Figure 32 illustrates the overall SVI by census tract, and Figure 33 illustrates each SVI measure by census tract.

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[186] *Nicotine Pouch Sales Trends in the U.S. by Volume and Nicotine Concentration Levels from 2019 to 2022*. JAMA Network Open. Majmundar, A., Okitondo, C., & Xue, A. 2022. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2798449.

[187] *Social Justice and Health*. American Public Health Association. https://www.apha.org/what-is-public-health/generation-public-health/our-work/social-justice.

[188] *Social Vulnerability Index*. Centers for Disease Control and Prevention. https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

Table 9: CDC, Social Vulnerability Index, 2022

Measure	Score	Category	Data Points
Overall	0.1149	Low	
Socioeconomic Status	0.1264	Low	Below 150% poverty, Unemployed, Housing cost burden, No high school diploma, No health insurance
Household Characteristics	0.3793	Low to Medium	Aged 65 & older, Aged 17 & younger, Civilian with a disability, Single-parent households, English language proficiency
Racial & Ethnic Minority Status	0.5402	Medium to High	Racial and ethnic demographic composition of the population
Housing Type & Transportation	0.069	Low	Multi-unit structures, Mobile homes, Crowding, No vehicle, Group quarters

Across each indicator, Miami County is experiencing low levels of vulnerability overall and by Socioeconomic Status and Housing Type & Transportation. Miami County is experiencing low to medium vulnerability based on Household Characteristics and medium to high vulnerability based on Racial & Ethnic Minority Status. This suggests that certain demographic groups within the county, including racial and ethnic minorities, older adults, children and youth, individuals living with disabilities, and English language learners are particularly vulnerable to poor health outcomes.

Figure 32: CDC, Miami County Overall Social Vulnerability Index, 2022
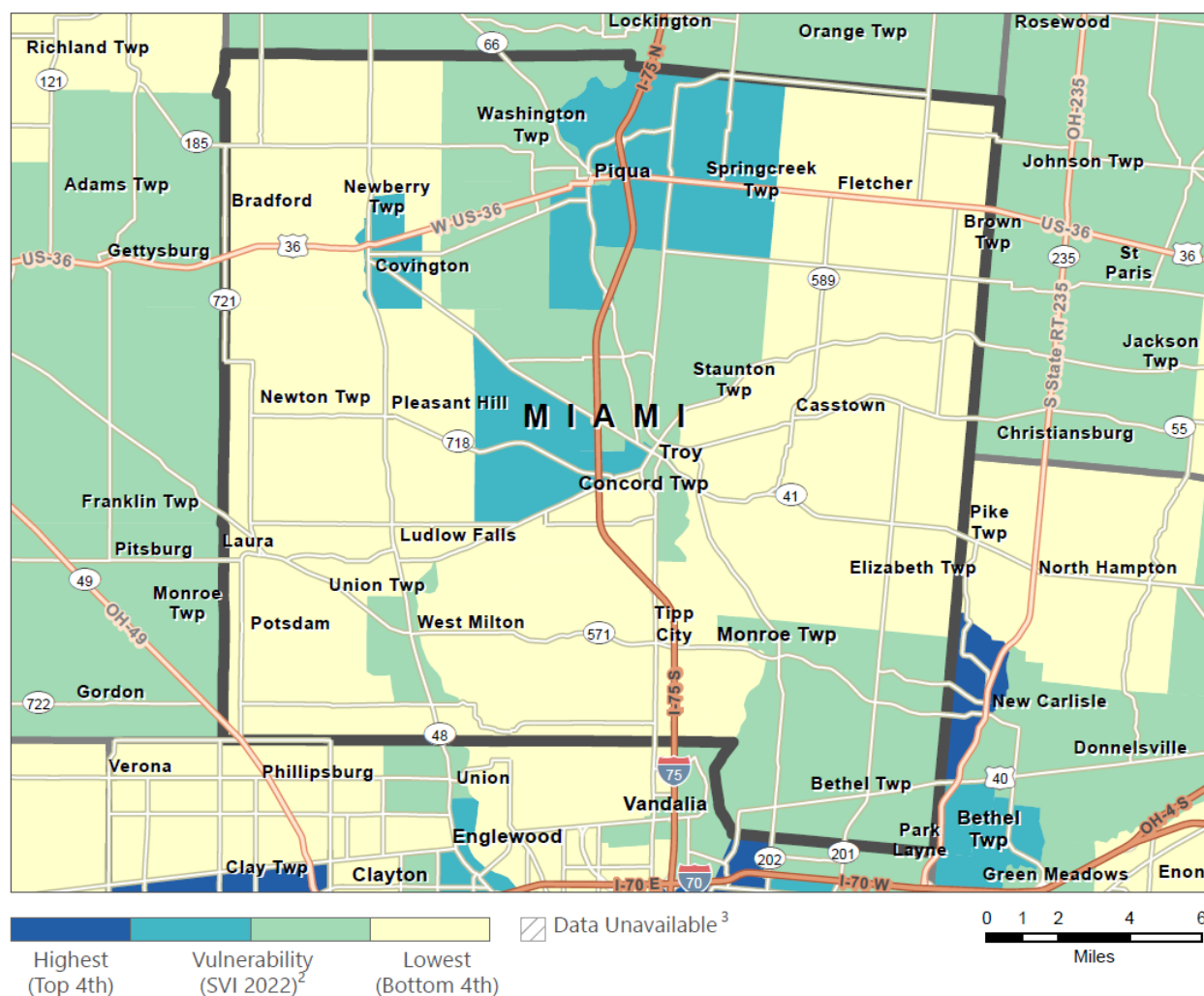
Miami's overall SVI indicators are low, but some areas do stand out as being more vulnerable. Areas surrounding Covington, Piqua, and Troy report higher SVI than most of the county. As Piqua and Troy are the two most populus cities in Miami County, factors such as housing costs, crowding, and transportation may contribute more to these vulnerabilities than other areas of the county.

Figure 33: CDC, Miami County Social Vulnerability Index by Measure, 2022
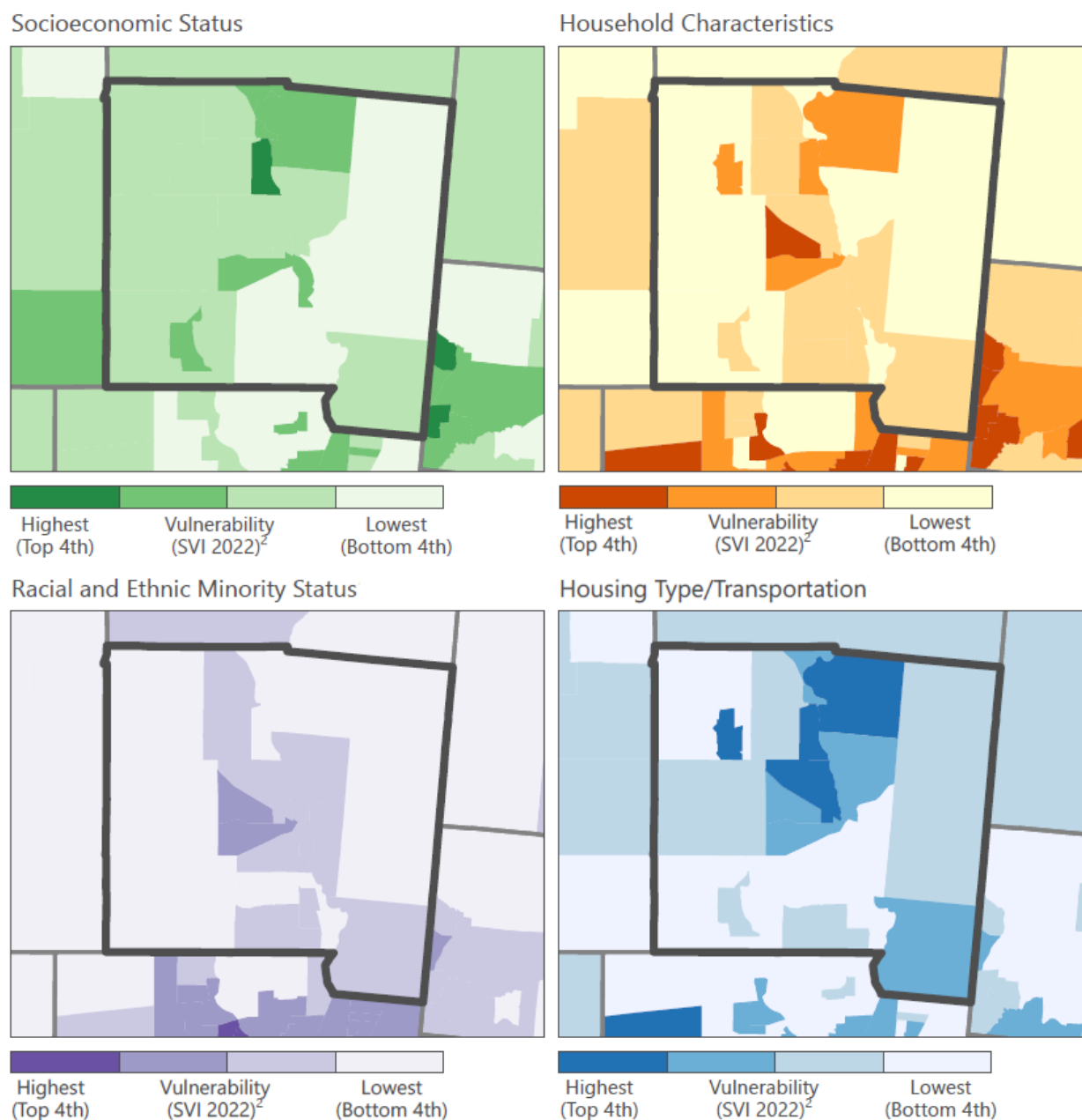
When looking at Socioeconomic Status, the area south of Piqua reports higher SVI scores than any other area of the county. This area may have a combination of high unemployment, poverty, housing costs, and uninsured rates. The region west of and including Troy has the highest Household Characteristic SVI score, with areas around Piqua and Covington also reporting higher scores than most of the county. The areas around and including Troy also have higher Racial & Ethnic Minority Status SVI scores. Much of the

areas surrounding and between Troy and Piqua have the highest SVI scores for Housing Type & Transportation, as does the area around Covington. As these are populated cities, multi-unit structures, crowding, and lack of transportation could all be factors contributing to high scores.

Community Resilience Estimates for Equity

Additional measures of social vulnerability can be identified using the U.S. Census Bureau's Community Resilience Estimates for Equity[189] Similar to the CDC's SVI, this resource identifies an area's risk for poor personal and community health outcomes using the following measures: income to poverty ratio, single or zero caregiver household, crowding, communication barriers due to language, unemployment, disability, no health insurance, age 65+, no vehicle access, and no broadband Internet access.

The table below reports the percentage of the population experiencing: zero, 1-2, and 3 or more social vulnerability components:

Table 10: Census Bureau, Community Resilience Estimates for Equity, 2022

Measure	Percentage
Zero Social Vulnerability Components	43.4%
1-2 Social Vulnerability Components	39.1%
3 or more Social Vulnerability Components	17.5%

While a proportion of Miami County residents are not experiencing social vulnerability, it is important to note the 56.6% of the population who are experiencing at least 1 social vulnerability component.

The demographic and environmental factors reported above can place segments of the Miami County population at risk. When considering the health disparities included in this report, trends can be seen in the outcomes experienced by racial and ethnic minorities in particular. There is an opportunity to consider what resources may be available or policy shifts that can be made to address the needs of vulnerable groups.

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[189] *2022 Community Resilience Estimates for Equity.* United States Census Bureau. 2022. https://experience.arcgis.com/experience/76f53fb6758b49dc87ef47687f9476cf

Community Participation and Input

Steering Committee Activities

Activities were held during multiple steering committee meetings to discover more about the health status of Miami Count, build connections between organizations, and collaborate more effectively.

SWOT

A SWOT (Strength, Weakness, Opportunity, Threat) analysis was conducted in the 2/19/2024 steering committee meeting in order to examine participant's experiences within Miami County to develop a community profile. The pictures below contain responses from the various community organizations. Strengths and Weaknesses were conditions internal to Miami County, while Opportunities and Threats were outside factors. Strengths of Miami County included how many organizations are offering public services and how well they work together to assist community members. All participants felt that organizations are invested in the community and willing to collaborate to improve public health. Miami County's extensive park and trail system, and the overall natural environment was also considered a strong asset.
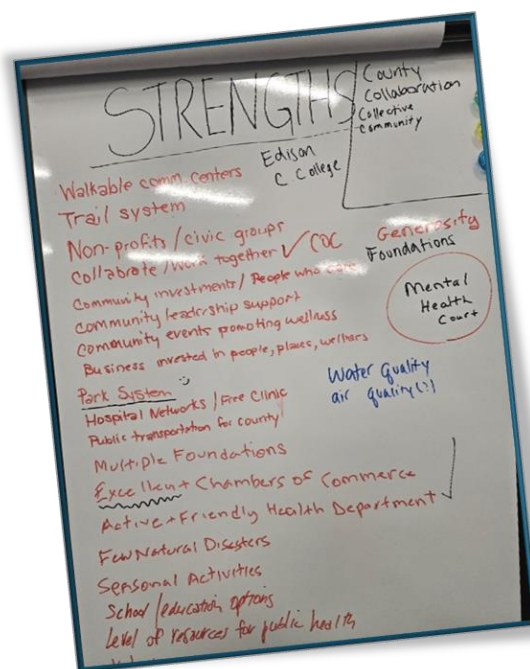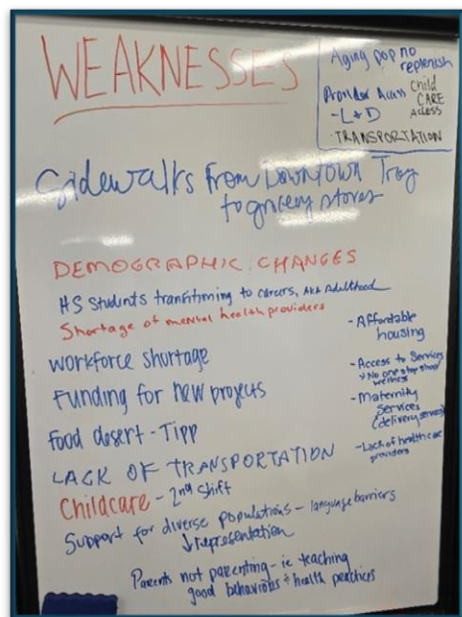
Some weaknesses in the community included a lack of funding and resources for transportation, childcare, and mental health. Many participants worked with residents that faced problems with affordable housing and accessing healthcare. The closure of the only labor and delivery unit was a concern, with participants acknowledging the difficulties mothers faced. A common pinch point participants found in the community was children transitioning into adult hood. Participants felt that residents were not adequately prepared for adulthood and sometimes struggled to find resources if they needed them. The visibility and awareness of resources was mentioned as an area of improvement. Also mentioned was difficulty supporting a diverse population due to language barriers and low representation.

Opportunities participants saw within the community was how collaboration could help expand programs. Connecting park trails to infrastructure was a possibility to improve the walkability of the county. New grants and programs for senior citizens was also an area of interest, especially with an aging population. Housing was a focus, with potential grants being used to improve housing accessibility. A "one-stop shop" for wellness services was an opportunity as well.

Threats to the community included low insurance reimbursements leading to loss of medical providers. A decrease in vaccinations was a concern, especially after COVID-19. After the opioid epidemic, easy access to drugs and changing drug laws worried many participants.
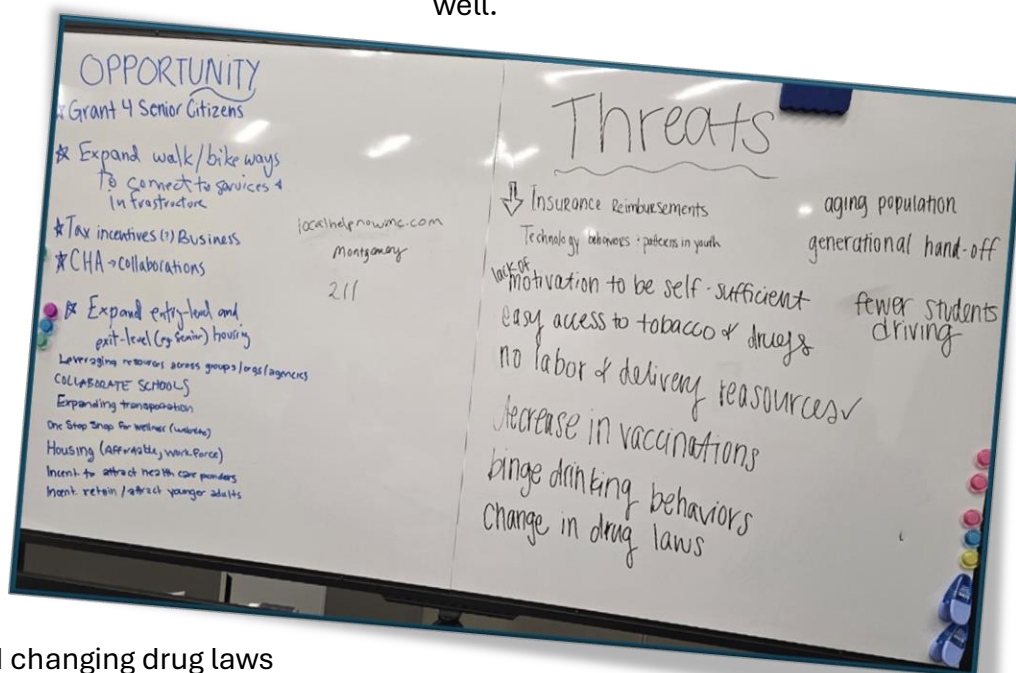
Essential Public Health Services

In the April 18, 2024, steering committee meeting, organizations were asked how they took part in the 10 essential public health services. The included images capture responses provided by organizations participating in the process.
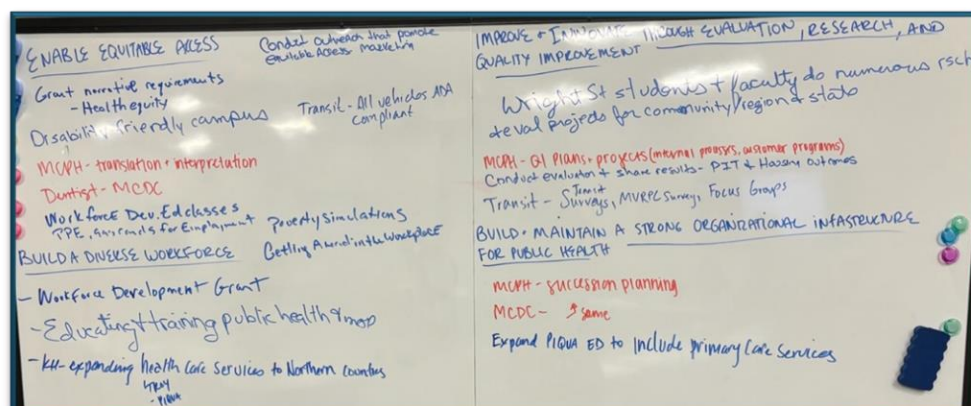
These services are:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
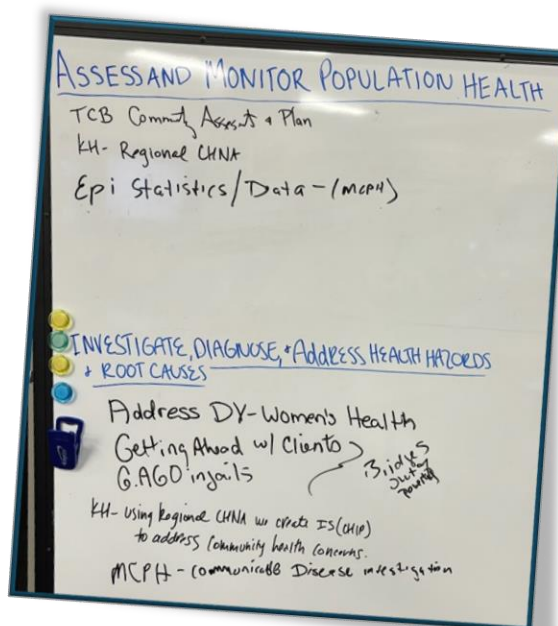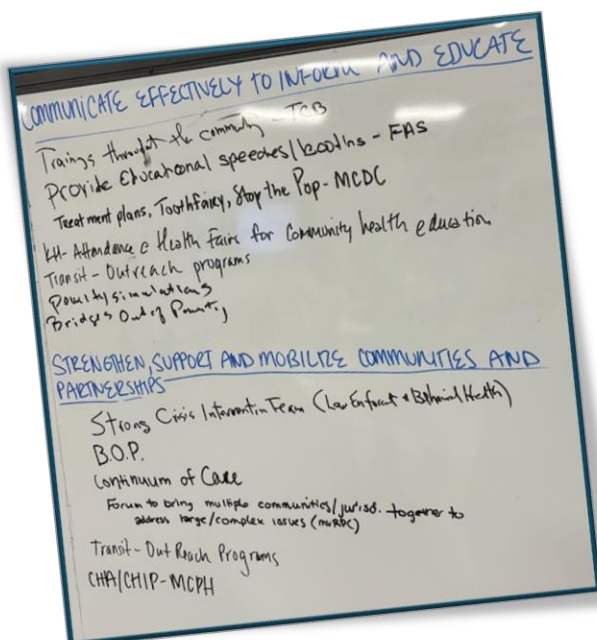
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

10. Build and maintain a strong organizational infrastructure for public health.
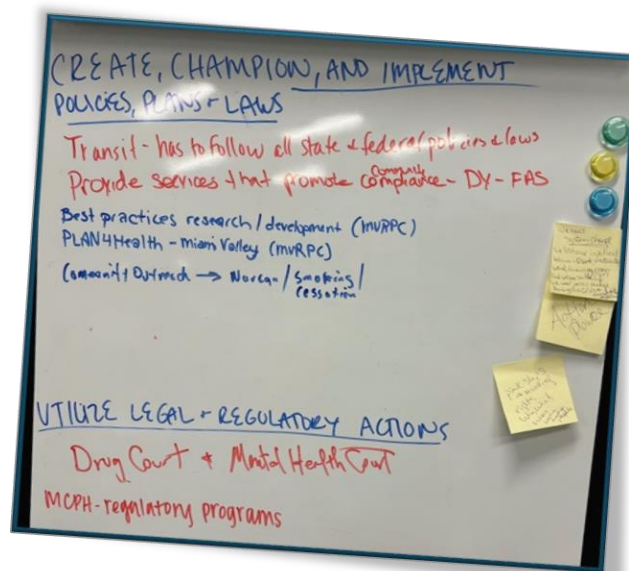
Community Partner Assessment

The Community Partners Assessment (CPA) was a survey that obtained feedback from multiple sectors and stakeholders within the county. The CPA gave organizations the opportunity to reflect on their capacity to respond to community needs and to understand how their work fits into the broader community. Findings of the CPA are used to understand how organizations can be better positioned to meet the community's needs.

The Mobilizing for Action through Planning and Partnership (MAPP) framework was used to conduct the CPA. This framework includes a standard assessment survey tool that was amended to fit the specific interests of Miami County based on feedback from the steering committee. The survey covered 5 main areas: health equity capacity, community engagement, resources, community linkages, and leadership. The process for the CPA started with the creation of the survey, followed by identifying and reaching out to community partners, and collecting and analyzing the survey data.

Organizations were invited to participate in the CPA based on steering committee guidance, with focus on if they influenced the community through employment, infrastructure, services provided, and available resources. Fifty-six organizations were identified to participate and a total of 41 completed the survey. Organizations that participated included: government agencies, non-profits, health care agencies, and faith-based organizations. The CHA steering committee reviewed preliminary results of the survey and provided feedback to better understand the strengths of organizations in Miami County and the service delivery roadblocks they face.

The multiple-choice questions and responses to the CPA survey can be found in Appendix A. The full 2024 Community Context Assessment can be found at Miami County Public Health's website: https://www.miamicountyhealth.net/.

Community Status Assessment

The Community Status Assessment (CSA) was a survey that collected quantitative data on the community's health status, behaviors, living condition, and more. The CSA is a community-driven assessment to tell the resident's story and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression.

The Mobilizing for Action through Planning and Partnership (MAPP) framework was used to conduct the CSA. The framework contains guiding questions and indicators that were used to design survey questions. Miami County Public Health's 2017 Community Health Assessment Telephone survey was used as the base for the 2024 Community Status Assessment. Questions were refined based on the MAPP framework to identify key health inequalities within Miami County. The survey aimed to capture data in categories of **demographics, health status, injury and disease, health behaviors, healthcare access and quality, neighborhood and built environment, economic stability, and social and community context.** The survey was launched online May 1, 2024, and remained open until June 6, 2024. The online survey was made available in English, Spanish, French, Portuguese, Russian, and Turkish. The electronic survey was promoted through partner organization's social media and electronic newsletters. 191 responses were recorded online. Paper copies were also distributed through Miami County with the help of partner organizations over the same timeframe. 95 paper surveys were collected, for a total of 286 responses.

Data from the survey was analyzed to try and identify health inequalities based on demographic groups. The data and analyses were used in the writing of this CHA report. The multiple-choice questions and responses to the CSA survey can be found in Appendix B.

Community Context Assessment

The Community Context Assessment (CCA) was multiple focuses groups that gathered insights about the lived experiences of a small group of residents in Miami County to better understand community strengths and opportunities for improvement, particularly as it

relates to health. The CCA relies on first-hand accounts, gathered through focus groups, about life in the community. The CCA is an opportunity for MCPH to connect with underserved groups and obtain feedback which is then used to identify opportunities and challenges within Miami County's current systems.

The Mobilizing for Action through Planning and Partnership (MAPP) framework was used to conduct the CCA and to guide the development of focus group questions. Using data from the 2024 Miami County Community Partner Assessment (CPA), areas of interest and need were identified for further investigation, which included: **mental health, chronic disease, and maternal health**. That is, these were high areas of need identified by community organizations. Focus group participants were recruited by MCPH with assistance from the steering committee. Participants were given a $25 gift card for taking part in the focus group. Childcare was provided by MCPH Help Me Grow staff for the Maternal Health focus group. The focus groups were held between May 9-May 10, 2024, with a facilitator from Miami County Public Health and a student researcher from Kent State University. The focus groups were approximately 60 minutes long and audio recorded so responses could be later transcribed. The transcribed data was used to identify common and crosscutting themes. The questions used in the CCA focus groups can be found in Appendix C. The full 2024 Community Context Assessment can be found at Miami County Public Health's website: https://www.miamicountyhealth.net/.

Discussion and Conclusion

Miami County Public Health worked closely with a team of Kent State University Center for Public Policy and Health members to implement the necessary steps in completing this Community Health Assessment. NAACHO's MAPP 2.0 Framework was utilized as a guideline throughout the implementation phase. The health status of Miami County was reported using a variety of primary and secondary data sources. Miami County measures were compared to Healthy People 2030 goals and objectives to determine if they were areas that need improvement. Several indicators are not currently met based on the Healthy People 2030 objectives, while some are. There is an opportunity to address the health needs of the community using this data, in addition to building off successes in achieving good health outcomes for residents.

Of note are the health topics covered through the CSA that were especially pressing among the population. Maternal health and childcare, mental health, and chronic disease were the most reported health needs by residents. An overarching need reported by individuals was lack of access to services. Disparities were also reported based on age and race for some measures. Low-income residents faced many health challenges, especially in relation to accessing

resources and services. Miami County does have a lower median household and per capita income than the U.S., and many community organizations work to assist low-income individuals. Food insecurity increased in 2022 and has disproportionately affected children in the community. While Miami County does have a higher average high school graduation rate than Ohio, homeless and foster students have noticeably lower graduation rates than other groups. Kindergarten readiness is below Ohio averages and chronic absenteeism has increased since 2020.

Miami County has relatively low uninsured rates, with approximately 7% of residents lacking health insurance coverage. No resident over 65 years is uninsured. While most residents do have insurance coverage, many still face challenges accessing care, especially for routine medical exams. For most medical professions Miami County as lower resident to provider ratios than Ohio, and this is especially true for mental health providers. Miami County does fall below many Healthy People 2030 targets related to maternal health, but improvements have been seen in recent years. Births to mothers that smoke and teen births have been trending down. Other measures such as first trimester prenatal care, preterm birth rate and low-weight births have not changed significantly since 2019. Rates of chronic heart diseases and diabetes for residents are higher than Healthy People 2030 targets. STI rates are much lower than Ohio rates, with little change since 2019.

Seat belt usage has fallen drastically in the past few years and is well below national rates. Miami County falls behind Ohio and the U.S. in vaccination rates. This is important to note, as Ohio has had measles outbreaks in 2022 and 2024.

This CHA and its findings will be a vital part of the ongoing health improvement process of Miami County. Understanding the health status of the county will guide the policy development and assurance process. Overall, Miami County has succeeded in providing its community with health resources, and the population is healthier than national and state averages in many areas as a result. However, there are still areas for improvement, especially with respect to factors that create health disparities. Through community development processes, such as the Community Health Improvement Plan (CHIP), underserved populations will be provided with necessary tools and resources to live healthier lives.

Appendix A: Community Partner Assessment Questions

The following section contains the multiple-choice questions, response rate and response count for the CPA survey.

Which best describes your position or role in your organization?

	Percent	Count
Administrative staff	24%	10
Supervisor (not senior management)	7%	3
Senior management level/unit or program lead	34%	14
Leadership team	10%	4
Front line staff	0%	0
Community member	0%	0
Community leader	2%	1
Other:	22%	9
Total:	100%	41

Has your organization ever participated in a community health assessment process?

	Percent	Count
Yes	41%	17
No	22%	9
Unsure	37%	15
Total	100%	41

Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?

	Percent	Count
Yes	66%	27
No	15%	6
Unsure	19%	8
Total	100%	41

Which of the following best describe(s) your organization? (check all that apply)

	Percentage	Count
City Health department	0%	0
County health department	7%	3
State health department	0%	0
Other city government agency	0%	0
Other county government agency	24%	10
Other state government agency	5%	2
Private hospital	5%	2
Public hospital	0%	0
Private clinic	0%	0
Public clinic	2%	1

Emergency response	2%	1
School/education (PK-12)	7%	3
College/University	5%	2
Library	2%	1
Non-profit organization	44%	18
Grassroots Community organizing group/organization	0%	0
Tenants' association	0%	0
Social service provider	15%	6
Housing provider	2%	1
Mental health provider	2%	1
Neighborhood association	0%	0
Foundation/philanthropy	0%	0
For-profit organization/private business	2%	1
Faith-based organization	12%	5
Center for independent living	0%	0
Other	7%	3
Total	-	60

What are your organization's top-three interests in joining a community health assessment partnership? (check all that apply)

	Percentage	Count
To deliver programs effectively and efficiently and avoid duplicated efforts	61%	20
To pool resources	27%	9
To increase communication among groups	33%	11
To break down stereotypes	6%	2
To build networks and friendships	30%	10
To revitalize low energy of groups who are trying to do too much alone	0%	0
To plan and launch community-wide initiatives	58%	19
To develop and use political power to gain services or other benefits for the community	3%	1
To improve line of communication from communities to government decision-making	6%	2
To improve line of communication from government to communities	6%	2
To create long-term, permanent social change	42%	14
To obtain or provide services	15%	5
Other:	3%	1
Total	-	96

What support might your organization contribute for community health assessment activities? (check all that apply)

	Percentage	Count
Funding to support assessment activities (e.g., data collection, analysis)	6%	2
Funding to support community engagement (e.g., stipends, gift cards)	9%	3
Food for community meetings	6%	2
Childcare for community meetings	0%	0

Policy/advocacy skills	45%	15
Media connections	27%	9
Social media capacities	30%	10
Physical space to hold meetings	45%	15
Technology to support virtual meetings	12%	4
Staff time to support community engagement and involvement	48%	16
Staff time to support interpretation and translation	6%	2
Lending interpretation equipment for use during meetings	3%	1
Staff time to support relationship-building between CHA staff and other organizations (e.g., introductions to government agencies or organizers)	42%	14
Staff time to support focus group facilitation or interviews	36%	12
Staff time to help analyze data	18%	6
Staff time to participate in meetings and activities	61%	20
Staff time to help plan meetings and activities	21%	7
Staff time to help facilitate meetings and activities	21%	7
Staff time to help implement priorities	33%	11
Note-taking support during data collection	9%	3
Staff time to transcribe meeting notes/recordings	3%	1
I'm unsure	12%	4
Other:	6%	2
Total	-	166

What racial/ethnic populations does your organization work with? (check all that apply)

	Percentage	Count
Black/African American	82%	27
African	48%	16
Native American/Indigenous/Alaska Native	52%	17
Latinx/Hispanic	70%	23
Asian	52%	17
Asian American	52%	17
Pacific Islander/Native Hawaiian	45%	15
Middle Eastern/North African	42%	14
White/European	85%	28
Turkish	45%	15
Russian	42%	14
Other	33%	11
Total	-	214

Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?

	Percentage	Count
Yes	64%	21
No	15%	5
Unsure	21%	7

Total	100%	33

Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

	Percentage	Count
Yes—we provide services specifically for the LGBTQIA+ community	12%	4
Somewhat—we provide general services and LGBTQIA+ individuals could use those services	52%	17
To some extent—we are working towards providing services for the LGBTQIA+ community	0%	0
No—our organization is not specifically designed to serve the LGBTQIA+ community	18%	6
Unsure	18%	6
Total	100%	33

Does your organization offer services specifically for people with disabilities?

	Percentage	Count
Yes—we provide services specifically for people with disabilities	24%	8
Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities	49%	16
No—our organization is not specifically designed to serve people with disabilities	21%	7
Unsure	6%	2
Total	100%	33

Does your organization work with other populations or groups who are not addressed in the previous questions?

	Percentage	Count
Yes	79%	26
No	6%	2
Unsure	15%	5
Total	100%	33

Do you provide interpretation and translation services to your clients or community?

	Percentage	Count
Yes	50%	15
No	40%	12
Unsure	10%	3
Total	100%	30

What do you do to reach/engage/work with your clientele or community? (check all that apply)

	Percentage	Count
We hire staff from specific racial/ethnic groups that mirror our target populations	13%	4
We hire staff/interpreters who speak the language/s of our target populations	13%	4
We support leadership development in our target populations	23%	7
We have leadership who speak the language(s) of our target populations	7%	2

Our organization is physically located in neighborhood(s) of our target populations	37%	11
We receive many clients from our target populations	43%	13
We receive many referrals from our target populations	33%	10
We work closely with community organizations from our target populations	63%	19
We have done extensive outreach to our target populations	33%	10
Other:	17%	5
Total	-	85

Does organization's staff reflect the demographics of the community you serve?

	Percentage	Count
Yes	72%	18
No	12%	3
Unsure	16%	4
Total	100%	25

What languages do staff at your organization speak? (check all that apply)

	Percentage	Count
English	97%	29
Spanish	17%	5
Chinese (Mandarin, Cantonese, Hokkien, etc.)	0%	0
Tagalog (Filipino)	0%	0
Vietnamese	0%	0
French and French Creole	0%	0
Arabic	0%	0
Japanese	0%	0
Russian	0%	0
Sign language	3%	1
Other:	13%	4
Total		39

In what language(s) do you hold public meetings? (check all that apply)

	Percentage	Count
English	97%	29
Spanish	0%	0
Chinese (Mandarin, Cantonese, Hokkien, etc.)	0%	0
Tagalog (Filipino)	0%	0
Vietnamese	0%	0
French and French Creole	0%	0
Arabic	0%	0
Japanese	0%	0
Russian	0%	0
Sign language	0%	0

Other:	3%	1
Total	100%	30

How much does your organization focus on each of these topics? For each one, select A lot, A little, Not at all, or Unsure.

		Count
Economic Stability	A lot	18
Economic Stability	A little	6
Economic Stability	Not at all	4
Economic Stability	Unsure	2
Education Access and Services	A lot	11
Education Access and Services	A little	12
Education Access and Services	Not at all	6
Education Access and Services	Unsure	1
Healthcare Access and Quality	A lot	12
Healthcare Access and Quality	A little	6
Healthcare Access and Quality	Not at all	10
Healthcare Access and Quality	Unsure	2
Neighborhood and Built Environment	A lot	13
Neighborhood and Built Environment	A little	13
Neighborhood and Built Environment	Not at all	3
Neighborhood and Built Environment	Unsure	1
Social and Community Context	A lot	12
Social and Community Context	A little	8
Social and Community Context	Not at all	8
Social and Community Context	Unsure	2

Which of the following categories does your organization work on/with? (check all that apply)

	Percentage	Count
Arts and culture	17%	5
Businesses and for-profit organizations	30%	9
Criminal legal system	30%	9
Disability/independent living	33%	10
Early childhood development/childcare	33%	10
Education	50%	15
Community economic development	37%	11
Economic security	20%	6
Environmental justice/climate change	20%	6
Faith communities	33%	10
Family well-being	40%	12
Financial institutions (e.g., banks, credit unions)	3%	1
Food access and affordability (e.g., food bank)	37%	11
Food service/restaurants	17%	5

Gender discrimination/equity	3%	1
Government accountability	13%	4
Healthcare access/utilization	47%	14
Housing	50%	15
Human services	43%	13
Immigration	0%	0
Jobs/labor conditions/wages and income	13%	4
Land use planning/development	17%	5
LGBTQIA+ discrimination/equity	10%	3
Parks, recreation, and open space	23%	7
Public health	33%	10
Public safety/violence	23%	7
Racial justice	7%	2
Seniors/elder care	33%	10
Transportation	23%	7
Utilities	30%	9
Veterans' issues	17%	5
Violence	13%	4
Youth development and leadership	23%	7
Other:	10%	3
Total	-	250

Which of the following health topics does your organization work on? (check all that apply)

	Percentage	Count
Cancer	17%	5
Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)	23%	7
Family/maternal health	33%	10
Immunizations and screenings	20%	6
Infectious disease	20%	6
Injury and violence prevention	17%	5
HIV/STD prevention	20%	6
Healthcare access/utilization	40%	12
Health equity	20%	6
Health insurance/Medicare/Medicaid	33%	10
Mental or behavioral health (e.g., PTSD, anxiety, trauma)	43%	13
Physical activity	30%	9
Tobacco and substance use and prevention	27%	8
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps	17%	5
None of the above/Not applicable	23%	7
Other	13%	4
Total	-	119

To whom is your organization accountable? (check all that apply)

	Percentage	Count
Mayor, governor, or other elected executive official	7%	2
City council, board of supervisors/commissioners, or other elected legislative officials	32%	9
State government	32%	9
Federal government	21%	6
Foundation	7%	2
Community members	25%	7
Members of the organization/association	21%	6
Customers/clients	21%	6
Board of directors/trustees	64%	18
Shareholders	7%	2
Voters	11%	3
Voting members	4%	1
National/parent organization	4%	1
Other government agencies	11%	3
Other:	11%	3
Total		78

Please select whether your organization regularly does the following activities. (check all that apply)

	Percentage	Count
Assessment: My organization conducts assessments of living and working conditions and community needs and assets.	39%	11
Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.	21%	6
Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it	61%	17
Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.	68%	19
Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.	32%	9
Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.	14%	4
Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.	50%	14
Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.	29%	8
Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.	39%	11
Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.	29%	8
Unsure	11%	3

Total	-	110

Does your organization have sufficient capacity to meet the needs of your clients/members?

	Percentage	Count
Yes	61%	17
No	25%	7
Unsure	14%	4
Total	100%	28

Which of the following strategies does your organization use to do your work? (check all that apply)

	Percentage	Count
Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.	41%	11
Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services).	48%	13
Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.	37%	10
Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.	52%	14
Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.	37%	10
Litigation: Using legal resources to reach outcomes that further long-term goals.	4%	1
Advocacy and Grassroots Lobbying: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.	19%	5
Alliance and Coalition-Building: Building collaboration among groups with shared values and interest.	41%	11
Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.	7%	2
Campaigns: Using organized actions that address a specific purpose, policy, or change.	7%	2
Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities.	26%	7
Inside-Outside Strategies: Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.	19%	5
Integrated Voter Engagement: Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.	7%	2
Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.	11%	3
Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.	4%	1
Other:	22%	6
Total		103

Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

	Percentage	Count

Yes	59%	16
No	26%	7
Unsure	15%	4
Total	100%	27

What data does your organization collect? (check all that apply)

	Percentage	Count
Demographic information about clients or members	67%	16
Access and utilization data about services provided and to whom	46%	11
Evaluation, performance management, or quality improvement information about services and programs offered	50%	12
Data about health status	13%	3
Data about health behaviors	13%	3
Data about conditions and social determinants of health (e.g., housing, education, or other condition)	33%	8
Data about systems of power, privilege, and oppression	0%	0
We don't collect data	17%	4
Other:	8%	2
Total		59

Appendix B: Community Status Assessment

The following section contains the multiple-choice questions, response rate and response count for the CSA survey.

Do you live in Miami County?

	Percentage	Count
Yes	99%	275
No	1%	4
Total	100%	279

What is your age?

	Percentage	Count
Younger than 18 years	2%	5
18-24 years	6%	16
25-29 years	7%	20
30-34 years	9%	24
35-39 years	10%	28
40-44 years	8%	22
45-49 years	9%	24
50-54 years	9%	24
55-59 years	9%	24
60-64 years	9%	25
65-69 years	8%	22
70-74 years	7%	18

75 years or older	7%	20
Total	100%	272

Which race do you identify as?

	Percentage	Count
White	91%	242
Black or African American	6%	17
American Indian or Alaska Native	2%	4
Asian	0%	1
Native Hawaiian or Pacific Islander	0%	0
Middle Eastern	0%	0
Two or more races (please specify)	4%	10
Total	-	274

Are you of Hispanic or Latino origin?

	Percentage	Count
Yes	3%	7
No	97%	258
Total	100%	265

What is your primary language?

	Percentage	Count
English	99%	269
Spanish	1%	2
French and French Creole	0%	0
Arabic	0%	0
Hindi	0%	0
Russian	0%	0
Turkish	0%	0
Portuguese	0%	0
Japanese	0%	0
Chinese (Mandarin, Cantonese, Hokkien, etc.)	0%	0
Vietnamese	0%	0
Sign language	0%	0
Total	100%	272

How would you rate your health in general?

	Percentage	Count
Excellent	11%	27
Very Good	35%	87
Good	36%	92
Fair	14%	36
Poor	4%	11
Total	100%	253

During the past 30 days: How many days per week did you have at least one drink of any alcoholic beverage (such as beer, wine, or liquor)?

	Percentage	Count
I do not drink alcohol	47%	119
0-1 days per week	33%	82
2-3 days per week	14%	34
4-5 days per week	4%	10
6-7 days per week	2%	5
Total	100%	250

During the past 30 days: On the days when you drank alcohol, about how many drinks did you have?

	Percentage	Count
I do not drink alcohol	13%	18
1-2 drinks	63%	87
3-4 drinks	18%	24
5-6 drink	3%	4
7 or more drinks	3%	4
Total	100%	137

Have you ever smoked a cigarette or used an electronic vapor product in your life?

	Percentage	Count
Yes, smoked cigarette or cigar	35%	85
Yes, smoked electronic vapor product	6%	14
Yes, both	10%	25
No - never smoked	49%	120
Total	100%	244

During the past 30 days, on how many days did you smoke cigarettes?

	Percentage	Count
0 days	78%	98
1 to 7 days	6%	7
8 to 14 days	1%	1
15 to 21 days	3%	4
22 or more days	10%	13
Never smoked a cigarette	2%	2
Total	100%	125

During the past 30 days, on how many days did you use an electronic vapor product?

	Percentage	Count
0 days	64%	84
1 to 7 days	4%	5
8 to 14 days	2%	3
15 to 21 days	4%	5
22 or more days	13%	17

| Never smoked a vapor product | 13% | 18 |
| Total | 100% | 132 |

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

	Percentage	Count
Yes	20%	20
No	80%	79
Total	100%	99

How long has it been since you last smoked a cigarette?

	Percentage	Count
Less than 1 month ago	17%	20
1 to 3 months ago	2%	2
4 to 6 months ago	3%	3
7 to 12 months ago	2%	2
1 to 5 years ago	14%	16
6 to 10 years ago	10%	11
More than 10 years ago	52%	60
Total	100%	114

During the past month, other than your job, did you participate in physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

	Percentage	Count
Yes	78%	182
No	22%	52
Total	100%	234

Do you use any nearby parks for exercise?

	Percentage	Count
Yes, often	19%	44
Yes, sometimes	27%	65
Yes, but rarely	18%	42
No, not at all	36%	85
Total	100%	236

Do you ride a bicycle for recreational and/or commuting purposes?

	Percentage	Count
Yes, for commuting and recreation	3%	8
Yes, for commuting only	1%	2
Yes, for recreation only	23%	54
No	73%	171
Total	100%	235

How often do you use seat belts when you drive or ride in a car?

	Percentage	Count
Always	79%	185
Nearly always	11%	27
Sometimes	6%	14
Rarely	2%	5
Never	2%	4
Total	100%	235

If you rode a bike, ATV, or motorcycle during the past 12 months, how often did you wear a helmet?

	Percentage	Count
Always	37%	41
Nearly always	5%	5
Sometimes	8%	9
Rarely	11%	12
Never	39%	43
Total	100%	110

During the past 30 days, how often did you text, email, or otherwise use your phone while driving a car or other vehicle?

	Percentage	Count
Always	3%	7
Nearly always	5%	12
Sometimes	18%	41
Rarely	34%	77
Never	40%	90
Total	100%	227

Please select all items below that may be affecting your sleep currently:

	Percentage	Count
Trouble falling asleep	38%	77
Trouble staying asleep	58%	117
Stress	49%	98
Health condition (i.e. sleep apnea, insomnia)	22%	44
Work schedule	16%	32
Nighttime familial or caregiver duties (such as taking care of children or someone in need)	12%	25
Uncomfortable temperatures	17%	35
Loud environmental noises (construction, road traffic)	6%	12
Other (please specify)	12%	24
Total	-	464

During the past twelve months, have you had a flu shot?

	Percentage	Count
Yes	49%	111

No	51%	116
Total	100%	227

For those that did get a flu shot, what kind of place did you last get your flu shot?

	Percentage	Count
A doctor's office or health maintenance organization	23%	24
A health department	16%	17
Another type of clinic or health center	1%	1
A senior, recreation, or community center	0%	0
A store/pharmacy (Examples: supermarket, drug store)	46%	47
A hospital	3%	3
Workplace	10%	10
Some other place	1%	1
Total	100%	103

Have you ever had a pneumonia shot?

	Percentage	Count
Yes	40%	79
No	60%	118
Total	100%	197

Have you ever had the shingles or zoster vaccine?

	Percentage	Count
Yes	32%	65
No	68%	138
Total	100%	203

Have you ever had the MMR (measles, mumps, and rubella) vaccine?

	Percentage	Count
Yes	92%	191
No	8%	17
Total	100%	208

Have you ever had a COVID-19 Vaccine?

	Percentage	Count
Yes, Pfizer-BioNTech	33%	75
Yes, Moderna	34%	78
Yes, Novavax	1%	3
Yes, other manufacturer	3%	8
No	29%	65
Total	100%	229

What type of health care coverage do you have?

	Percentage	Count
I do not have health care coverage	3%	7
Health insurance through employment	47%	103

Individual policy through an insurance marketplace	7%	15
Medicare	23%	52
Medicaid	15%	33
Other government plan or assistance	1%	2
Other (please specify)	4%	8
Total	100%	220

In your opinion, do you feel that your health care coverage is affordable?

	Percentage	Count
Yes	62%	128
No	38%	80
Total	100%	208

Do you have a primary care provider?

	Percentage	Count
Yes, one	72%	163
Yes, more than one	15%	35
No	13%	29
Total	100%	227

For those without a primary care provider, what are some of the reasons you do not have one? Please select all that apply

	Percentage	Count
High cost of health care	28%	7
I have not found a doctor or provider I trust	32%	8
I have not found a health care organization I trust	12%	3
I do not need a primary care provider	24%	6
I do not have time to establish a primary care provider	28%	7
Other reason (please specify)	20%	5
Total		36

When was the last time you went to the doctor for a physical or routine checkup?

	Percentage	Count
Within the past 1 year	77%	172
1 to 3 years ago	14%	32
4 to 5 years ago	4%	10
More than 5 years ago	5%	11
Total	100%	225

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

	Percentage	Count
Yes	17%	38
No	83%	186
Total	100%	224

Please select all types of medical care that was needed in the past 12 months but not accessible among members of your household:

	Percentage	Count
A doctor's visit, checkup, or exam	34%	70
Mental Health Care	14%	28
Eyeglasses or vision care	22%	44
Medical supplies or equipment	8%	17
Appointment or referral to specialist	18%	37
Dental Care	31%	63
Other medical treatments	8%	17
Medications/prescriptions	21%	43
Women's health services	13%	27
Able to obtain all healthcare needed	54%	111
Total	-	457

If you said yes to any of the above, what is the main reason you could not get the service?

	Percentage	Count
Cost	46%	33
Lack of transportation	6%	4
Doctor not accepting new patients	8%	6
Needed afterhours/weekend care	13%	9
Other	27%	20
Total	100%	72

If you were unable to receive care, what was the outcome of not of not receiving care?

	Percentage	Count
I managed my health myself/at home and my condition and/or symptoms got better	29%	20
I managed my health myself/at home and my condition and/or symptoms got worse	7%	5
I managed my health myself/at home and my condition and/or symptoms stayed the same	21%	14
I found an alternative care provider	4%	3
I waited and ended up going to Urgent Care or the Emergency Room	27%	18
Other outcome (please specify)	12%	8
Total	100%	68

Are you currently pregnant?

	Percentage	Count
Yes	3%	4
No but planning	1%	2
No and not planning	96%	151
Total	100%	157

If you are currently pregnant, what trimester are you in?

	Percentage	Count
First trimester, 0 to 3 months	75%	3
Second trimester, 4 to 6 months	0%	0
Third trimester, 7 to 9 months	25%	1
Total	100%	4

For those that are currently pregnant, have you been able to attend healthcare appointments regularly?

	Percentage	Count
Yes	75%	3
No	0%	0
I have not had an appointment yet but am scheduled	25%	1
Total	100%	4

If you could not attend healthcare appointments regularly, what is the main reason you could not attend?

	Percentage	Count
Cost	24%	23
Lack of transportation	9%	9
Doctor not accepting new patients	22%	21
Needed afterhours/weekend care	19%	18
Other	26%	25
Total	100%	96

When was the last time you went to the dentist?

	Percentage	Count
Less than 6 months	55%	121
6 to 12 months ago	19%	43
13 to 24 months ago	8%	18
More than 24 months ago	18%	39
Total	100%	221

What are some reasons that you have not seen a dentist regularly? Please select all that apply:

	Percentage	Count
My teeth are fine, I haven't needed to go to the dentist	19%	18
I haven't had time to go to the dentist	20%	19
I do not have dental insurance	23%	22
I'm concerned that seeing the dentist will be too expensive	29%	28
Other (please specify)	26%	25
Total	-	112

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

	Percentage	Count
None	56%	124

1 to 5	30%	68
6 or more but not all	11%	25
All	3%	6
Total	100%	223

Has a doctor, nurse, or other health professional ever told you that you had any of the following? Please select all that apply:

	Percentage	Count
High blood pressure	44%	87
High cholesterol (LDL-cholesterol)	41%	81
Heart attack (myocardial infraction)	4%	7
Angina or coronary heart disease	5%	10
Stroke	5%	9
Obstructive pulmonary disease, C.O.P.D, emphysema or chronic bronchitis	8%	15
Asthma	21%	42
Cancer	16%	32
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	31%	61
Autoimmune disorder	10%	20
Kidney disease	2%	4
Diabetes	14%	27
Pre-diabetes or borderline diabetes	17%	33
Overweight/Obese	52%	102
Depressive disorder (including depression, major depression, dysthymia, or minor depression)	26%	51
Anxiety disorder (including generalized anxiety, obsessive-compulsive disorder, panic disorder, PTSD, or social anxiety	29%	56
HIV	1%	1
Substance abuse disorder	3%	6
Alzheimer's disease	1%	1
Total	-	645

For those with cancer, please select all types of cancer(s) you were diagnosed with:

	Percentage	Count
Melanoma or skin cancer	38%	12
Lung or bronchus cancer	3%	1
Breast cancer	22%	7
Prostate cancer	13%	4
Colorectal Cancer	9%	3
Cervical cancer	0%	0
Lymphatic cancer	3%	1
Other (please specify)	16%	5
Total		33

For those with cancer, how long ago were you first diagnosed with cancer?

	Percentage	Count
Within the last year	10%	3
1-2 years ago	13%	4
3-4 years ago	19%	6
5 or more years ago	58%	18
Total	100%	31

For those with cancer, what is the status of your cancer diagnosis today?

	Percentage	Count
Ongoing and currently receiving treatment	12%	3
Ongoing and not receiving treatment	8%	2
Cancer is in remission	58%	15
Other (please specify)	23%	6

Have you ever had a diabetes or blood sugar test?

	Percentage	Count
Yes, within the past 3 years	70%	147
Yes, more than 3 years ago	10%	21
No	20%	41
Total	100%	209

Have you ever had your cholesterol levels checked?

	Percentage	Count
Yes, within the past 6 years	84%	177
Yes, more than 6 years ago	2%	4
No	14%	29
Total	100%	210

Have you ever been tested for HIV?

	Percentage	Count
Yes, within the past 12 months	11%	23
Yes, more than 12 months ago	29%	60
No	60%	124
Total	100%	207

For those of you over 40 years old, have you ever had a screening test for colorectal cancer? Please select all that apply:

	Percentage	Count
Yes, I have had a colonoscopy or sigmoidoscopy	58%	93
Yes, I have had a stool-based screening	20%	32
Yes, but I don't remember what kind of test it was	2%	4
No	25%	41
Total		170

For those that have had a colorectal cancer screening test, how long has it been since you last had a screening test?

	Percentage	Count
Less than a year ago	21%	25
1 to 3 years ago	56%	67
4 to 6 years ago	12%	14
7 to 10 years ago	8%	9
10 or more years ago	3%	4
Total	100%	119

Are you limited in any way in any activities because of the following? Please select all that apply:

	Percentage	Count
Physical problems	31%	68
Mental problems	7%	15
Emotional problems	7%	15
None	66%	145
Total	-	243

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

	Percentage	Count
Yes	10%	23
No	90%	199
Total	100%	222

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

	Percentage	Count
Yes	7%	15
No	93%	210
Total	100%	225

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

	Percentage	Count
Yes	16%	35
No	84%	188
Total	100%	223

Do you have serious difficulty walking or climbing stairs?

	Percentage	Count
Yes	18%	41
No	82%	185
Total	100%	226

Do you have difficulty dressing or bathing?

	Percentage	Count

Yes	4%	8
No	96%	218
Total	100%	226

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

	Percentage	Count
Yes	8%	18
No	92%	209
Total	100%	227

Have you or your immediate family been affected by street drug use like heroin, methadone, cocaine, etc.?

	Percentage	Count
Yes	22%	48
No	78%	180
Total	100%	238

In the last 12 months, did you ever reduce the size of your meals or skip meals because there was not enough money for food?

	Percentage	Count
Yes	20%	47
No	80%	185
Total	100%	232

If you did reduce meal sizes or skip meals, how often did this happen?

	Percentage	Count
Almost every month	51%	24
Some months	32%	15
only 1 or 2 months	17%	8
Total	100%	47

In the last 12 months, did you ever not eat for a whole day because there was not enough money for food?

	Percentage	Count
Yes	11%	24
No	89%	203
Total	100%	227

If you did not eat for a whole day, how often did this happen in the past 12?

	Percentage	Count
Almost every month	42%	11
Some months	31%	8
only 1 or 2 months	27%	7
Total	100%	26

In the last 12 months, did you ever get food from a food pantry, food bank, church, or eat in a soup kitchen?

	Percentage	Count
Yes	17%	39
No	83%	189
Total	100%	228

In the last 12 months, how often could you afford to eat balanced meals?

	Percentage	Count
Always	55%	126
Often	18%	40
Sometimes	17%	39
Rarely	6%	14
Never	4%	10
Total	100%	229

Do you own or rent your home?

	Percentage	Count
Own	66%	152
Rent	27%	61
Other arrangement (group home, saying with friends or family)	6%	13
Other (please specify)	1%	2
Total	100%	228

How many adults live in your household, including yourself? Any person over 18 years old is considered an adult.

	Percentage	Count
1	19%	44
2	61%	139
3	13%	30
4	5%	11
5 or more	2%	4
Total	100%	228

How many children (younger than 18 years old) live in your household?

	Percentage	Count
0	66%	147
1	11%	26
2	13%	29
3	6%	14
4	3%	6
5 or more	1%	2
Total	100%	224

How would you describe the quality of housing where you currently live?

	Percentage	Count

Excellent	37%	85
Very Good	40%	92
Fair	21%	47
Poor	2%	4
Total	100%	228

Have you moved in the past 24 months?

	Percentage	Count
Yes	16%	36
No	84%	193
Total	100%	229

If you have moved in the past 24 months, how many times have you moved?

	Percentage	Count
I have moved 1 time	64%	23
I have moved 2 times	33%	12
I have moved 3 or more times	3%	1
Total	100%	36

If you have moved, why did you move? Please select all that apply:

	Percentage	Count
Relocated due to life changed (i.e. new job, school, moving in with a partner)	50%	18
To find a better living situation (i.e. unsafe neighborhood, issues with landlord)	25%	9
Rent became too expensive	25%	9
Purchased a new home	25%	9
Other (please specify)	6%	2
Total		47

If you are renting, has your rent increased in the past 24 months?

	Percentage	Count
My rent has not increased	35%	21
My rent has increased less than $50	12%	7
My rent has increased between $50-$99 per month	24%	14
My rent has increased between $100-$199 per month	19%	11
My rent has increased by more than $200 per month	10%	6
Total	100%	59

In the last 24 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?

	Percentage	Count
Yes	16%	34
No	84%	182
Total	100%	216

Have you ever experienced a water or electricity shut off?

	Percentage	Count

Yes, a water shut off	5%	12
Yes, an electricity shut off	3%	8
Yes, both a water and electricity shut off	11%	24
No	81%	184
Total	100%	228

If you did experience a shutoff, were you able to get your water and/or electricity turned on again?

	Percentage	Count
Yes	85%	29
No	15%	5
Total	100%	34

Have you ever experienced an eviction in Miami County?

	Percentage	Count
Yes, I have been evicted from my home while residing in Miami County	5%	9
I have had an eviction filed in Miami County, but did not have to leave my home	1%	2
No, I have never been evicted from my home in Miami County	94%	177
Total	100%	188

Was there a period of time in which you did not have a permanent home?

	Percentage	Count
Yes	11%	21
No	89%	169
Total	100%	190

If you did not have a permanent home, where did you stay during that time period?

	Percentage	Count
With family or friends	36%	7
Transitional housing	11%	2
Emergency shelter	5%	1
In my vehicle	11%	2
I did not have a place to stay	11%	2
Other (please specify)	26%	5
Total	100%	19

If you did not have a permanent home, how long did it take you to find a new permanent home?

	Percentage	Count
Less than a week	0%	0
1-2 weeks	0%	0
3-4 weeks	16%	3
More than a month	79%	15
I have not found a new permanent home	5%	1
Total	100%	19

Do you or another member of your household own a vehicle?

	Percentage	Count
Yes	95%	183
No	5%	9
Total	100%	192

Have you faced difficulty in any of the following areas due to inadequate transportation? Please select all that apply:

	Percentage	Count
Difficulty getting to work or school	5%	10
Difficulty getting to medical appointments	6%	12
Difficulty getting to going shopping for groceries or other necessities	6%	12
Feeling unsafe walking, waiting outside, or utilizing public transportation	5%	10
Public transportation schedules do not fit my needs	5%	10
Difficulty affording public transportation	3%	5
Other (please specify)	2%	3
None of the above	87%	163
Total	-	225

Do you feel safe at home?

	Percentage	Count
Yes	96%	182
No	4%	6
Total	100%	188

How safe do you feel walking in your neighborhood at night?

	Percentage	Count
Extremely safe	30%	56
Safe	51%	96
Unsafe	12%	23
Extremely unsafe	3%	6
Total	96%	181

What is your employment status?

	Percentage	Count
Employed part-time	10%	19
Employed full-time	45%	85
Self-employed	2%	3
Unemployed seeking employment	2%	3
Unemployed not seeking employment	0%	1
Homemaker	5%	9
Student	2%	3
Retired	31%	61
Unable to work	2%	3
Other	1%	1

Total	100%	187

Are you employed in Miami County?

	Percentage	Count
Yes	63%	83
No, but seeking in county employment	2%	3
No, and not seeking in county employment	35%	46
Total	100%	132

What is your annual household income?

	Percentage	Count
Less than $20,000	15%	29
$20,000 - $29,999	12%	24
$30,000 - $39,999	9%	18
$40,000 - $49,999	9%	18
$50,000 - $59,999	6%	12
$60,000 - $69,999	5%	10
$70,000 - $79,999	4%	8
$80,000 - $89,999	7%	13
$90,000 - $99,999	2%	4
$100,000 - $124,999	11%	21
$125,000 - $149,999	5%	9
$150,000 or more	15%	30
Total	100%	196

Are you currently having serious problems paying your rent or mortgage?

	Percentage	Count
Yes	10%	21
No	90%	200
Total	100%	221

Are you currently having serious problems affording medical care or prescription drugs?

	Percentage	Count
Yes	12%	26
No	88%	194
Total	100%	220

Are you currently having serious problems affording food?

	Percentage	Count
Yes	12%	26
No	88%	194
Total	100%	220

Are you currently having any other serious financial problems, like paying credit card bills or loans?

	Percentage	Count
Yes	20%	44

No	80%	177
Total	100%	221

In general, how do your finances usually work out at the end of the month?

	Percentage	Count
End up with some money left over	53%	110
Have just enough to make ends meet	36%	75
Do not have enough money to make ends meet	11%	22
Total	100%	207

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

	Percentage	Count
Yes	6%	12
No	94%	204
Total	100%	216

What was your sex assigned at birth?

	Percentage	Count
Male	23%	50
Female	77%	166
Total	100%	216

Which of the following best represents your gender?

	Percentage	Count
Man	24%	51
Woman	76%	165
Transgender	0%	1
Non-binary	0%	0
Total	100%	217

Which of the following best represents your sexual orientation?

	Percentage	Count
Heterosexual	89%	188
Gay / lesbian	3%	6
Bisexual	5%	10
Pansexual	0%	0
Asexual	1%	1
Questioning / Unsure	1%	3
Other	1%	3
Total	100%	211

What is your marital status?

	Percentage	Count
Married	56%	120
Separated	2%	4

Divorced	12%	26
Widowed	8%	16
Never married	22%	48
Total	100%	214

What is the highest level of education you have attained?

	Percentage	Count
Some high school or less	3%	7
High school or GED	22%	48
Some college or technical school	25%	55
Associate or other 2-year degree	10%	23
Bachelor's degree	21%	46
Master's degree	15%	34
Doctorate or professional degree	4%	9
Total	100%	222

Appendix C: Community Context Assessment

The following section contains the questions CCA focus groups.

General Questions:

What are the top concerns facing your community?

What services are you using?

What assets are there in Miami County?

Why do you like living in Miami County?

Do you travel out of County for services?

What services do you need that are missing?

Chronic Disease Specific Questions:

In what ways did your condition affect your daily life?

What is the most challenging part of managing your condition?

What are the largest behavioral or lifestyle changes you have made due to your condition?

Mental Health Specific Questions:

Have your faced discrimination?

Do you have any treatment goals?

Maternal Health Specific Questions:

What are your top concerns raising a child in Miami County?

Do you have difficulty finding childcare?

Appendix D: Community Assets and Resources

Organization	Services
Alexander-Davis YMCA Childcare Center	Childhood Education
Bethany Center	Food Pantry
Bethel Hope	Food Pantry
Buckeye Men's Shelter	Homeless Shelter
Community Housing	Housing Assistance
Clubhouse, The	Childhood/ Teen Education
Deaf Services Center Inc.	Disability Services, Employment
Family Abuse Shelter	Family Support, Abuse Shelter
Family Resource Center of Northwest Ohio Inc.	Mental Health, Substance Abuse Recovery
First United Methodist Church/ First Place Food Pantry	Food Pantry
FISH	Emergency Financial Assistance
Franklin House Women's Shelter	Homeless Shelter
Greene Street Preschool	Childhood Education
Greene Street United Methodist Church	Food Pantry
Health Partners Free Clinic	Healthcare
Legal Aid of Western Ohio Inc.	Legal Aid
Kettering Health Network	Medical
Local History Library	Special Library, Records
Miami County Community Action Council	Utility Assistance
Miami County Department of Job and Family Services	Rent Assistance
Supplemental Nutrition Assistance Program	Food Assistance
Miami County Business Advisory Council - ESC	Job Assistance, Educational Services
Miami County Dental Clinic	Dental Assistance
Miami County Parks	Parks Services
Miami County Public Health Department	Public Health Needs
Miami County Recovery Council	Legal Aid, Substance Abuse Recovery
Miami County Right To Life Society	Baby Pantry
Miami County Transit	Transportation
Miami Valley Regional Planning Commission	Regional Planning, Transportation, Environment
Miami County Veterans Service Office	Rent & Food Assistance
Milton-Union Public Library	Library
Needy Basket of Southern Miami County, Inc.	Food Pantry
New Path Inc, The	Rent Assistance, Food Pantry
Oakes-Beitman Memorial Library	Library
OSU Extension	Education, Health Programs

Partners In Hope	Utility Assistance, Employment, Clothing
Piqua Compassion Network	Basic Needs Assistance
Piqua City Parks & Recreation	Parks Services
Premier Upper Valley Medical Center	Medical
Riverside of Miami Co.	Development Disabilities Assistance
Tri-County Board of Recovery & Mental Health Services	Recovery and Mental Health Services
Troy Foundation, The	Scholarships