

2017 Miami County Community Health Assessment

Miami County – Leading You To Better Health



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Acknowledgements

Miami County Public Health contracted with the Applied Policy Research Institute (APRI) to conduct the county health assessment. Miami County Public Health also played a key role in convening stakeholder meetings and other health-related state agencies.

Applied Policy Research Institute

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Non-profit, local, state, and federal agencies referenced in this report

Non-profit Agencies

- IHME – Institute for Health Metrics and Evaluation
- PHAB – Public Health Accreditation Board
- RWJ – Robert Wood Johnson Foundation
 - CHR – County Health Rankings

Local Agencies and Departments

- CORS – Council on Rural Services
- GCPH – Greene County Public Health
- MCPH – Miami County Public Health
- PCPH – Preble County Public Health
- WSU – Wright State University
 - APRI – Applied Policy Research Institute

State of Ohio Agencies and Departments

- OCJS – Ohio Criminal Justice Services
- ODA – Ohio Department of Aging
- ODE – Ohio Department of Education
- ODH – Ohio Department of Health
- ODJFS – Ohio Department of Job and Family Services
- ODM – Ohio Department of Medicaid
- ODOT – Ohio Department of Transportation
- ODPS – Ohio Department of Public Safety
- ODSA – Ohio Development Services Agency
- OFCF – Ohio Family and Children First
- OLMI – Ohio Labor Market Information
- OMHAS – Ohio Department of Mental Health and Addiction Services

Federal Agencies and Departments

- DOC – Department of Commerce
 - BEA – Bureau of Economic Analysis
 - Census – U.S. Census Bureau
 - ACS – American Community Survey
- HHS – U.S. Department of Health & Human Services
 - ACF – Administration for Children & Families
 - AHRQ – Agency for Healthcare Research and Quality
 - ATSDR – Agency for Toxic Substances and Disease Registry
 - CMS – Centers for Medicare & Medicaid Services
 - Office of Disease Prevention and Health Promotion
 - Healthy People 2020
 - U.S. Public Health Service
 - CDC – Centers for Disease Control and Prevention
 - FDA – Food and Drug Administration
 - HRSA – Health Resources and Services Administration
 - NIH – National Institutes of Health

- SAMHSA – Substance Abuse and Mental Health Services Administration
- USDA – U.S. Department of Agriculture

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Introduction

Purpose

The Community Health Assessment (CHA) describes the health of Miami County residents by presenting a broad analysis of factors which impact health status, as well as the context for the health status. The CHA also captures the social determinants of health that contribute to health status, including housing costs, access to healthy food, availability of recreational space, and physical activity. Community members and partners are engaged to collect and analyze health-related data and information from a variety of sources. The goal is to inform community decision-making, prioritize health problems, improve collaborative efforts, and assist in the development and implementation of planning, policy, and actions to improve the health status of all Miami County residents.

Mobilizing for Action through Planning and Partnerships

The process used to develop this Miami County Community Health Assessment is Mobilizing for Action through Planning and Partnerships (MAPP). Facilitated by public health leadership and Wright State University, the MAPP process helps communities prioritize health issues and identify resources for addressing them. MAPP defines “health” as more than the absence of illness. Rather, health is a “dynamic state of complete physical, mental, spiritual, and social well-being.”

The framework provided by MAPP is a truly community-driven initiative. Broad community participation is essential because a wide range of organizations and individuals contribute to the public’s health. Public, private, and voluntary organizations join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

During the MAPP process, four assessments were conducted to provide critical insights on the challenges and opportunities affecting health throughout Miami County. The results from the four assessments comprise the Community Health Assessment. The four assessments are the:

- Community Themes and Strengths Assessment
- Local Public Health System Assessment
- Community Health Status Assessment
- Forces of Change Assessment

Following recommendations outlined in the MAPP model, the steering committee selected indicators specific to local conditions including, but not limited to: chronic diseases, access to care, tobacco use, mental health and substance abuse, dental health, poverty and inequity, and the built environment. Community involvement was actively pursued throughout multiple stages of the CHA development process, including the selection of indicators and the development of an effective process to conduct and receive feedback from the community regarding the CHA.

Report Structure

This report illustrates the key health issues faced by Miami County residents along with relevant health disparities affecting community health. The intended audiences include community organizations, civic leaders, public health professionals, and healthcare providers. Data in this report are organized into

topical areas, which can be located by referring to the table of contents. The structure of this report includes: this introduction and description of the process; a demographic discussion of the population; an analysis based on the Healthy People 2020 approach to the Social Determinants of Health (SDOH); a summary of population health issues and challenges; summaries of key informant focus group sessions; and a summary of the key findings and conclusions.

This report compiles primary¹ and secondary² data in order to paint a detailed picture of Miami County and also compares the area's status to state and national data where possible, drawing out critical areas of concern. Narratives and graphics are used to highlight key findings. This research effort has included: a demographic analysis based on secondary data collected from sources like the U.S. Census Bureau and the Ohio Development Services Agency; primary data collection involving a telephone survey of 386 adult residents selected at random, online surveys of Miami County residents, service providers, and key informants on Miami County youths, as well as focus group sessions with Partners in Hope, the Miami County Farm Bureau, and Milton Union Senior Center facilitated by the Applied Policy Research Institute and Miami County Public Health; as well as analysis of secondary data from the Ohio Department of Health, Ohio Department of Job and Family Services, the Center for Disease Control and Prevention, the Bureau of the Census' American Community Survey, the Ohio Department of Public Safety, the Ohio Development Services Agency, the Institute for Health Metrics and Evaluation, the Health Resources and Services Association, the Ohio Mental Health and Addiction Services, and the Robert Wood Johnson Foundation. The study addresses secondary data for maternal and infant health data, clinical and preventive services, diseases, and leading causes of death. The steering committee has met 4 times over the past year to study the results and identify health priorities. In addition to that, a core planning team met multiple times to develop steering committee meeting agendas, to provide initial reactions to data, and to otherwise inform the process.

Vision Statement

Vision Statement

A community that provides the foundation for people to be self-sufficient, and resourceful to minimize disease and substance abuse while increasing emotional health to attain lifelong wellness.

Tagline

Miami County-Leading You To Better Health

¹ Primary data: Data collected by the investigator (the Applied Policy Research Institute or the county health department) for a specific purpose.

Examples: Data collected by the researcher from telephone or online surveys, personal interviews, group discussions or interviews.

² Secondary data: Data collected by someone else or another organization for some other purpose (but being utilized by the investigators for their specific purpose).

Examples: Census data being used to conduct a demographic analysis of the County's population or public health data to summarize the health status of county residents.

Definition of the Community Served

Miami County is located in the southwestern part of the State of Ohio, just north of Montgomery County and in 2015, was estimated to be home to 103,517 residents.³ Miami County is bordered on the north by Shelby County and on the west by Darke County. Miami County is bordered on the east by Champaign and Clark Counties.

Miami County, located along the Great Miami River, is primarily agricultural.⁴ Interstate 75 bisects the county and the largest cities are located along I-75. Miami County has a land area of 407 square miles. Land use within the county is arranged into five major categories and the largest use of land is for cropland (70.6%).⁵



Like other suburban⁶ counties in Ohio, Miami County's population is distributed across multiple communities (both cities and townships – Refer to Figure 2), as opposed to having a large population centralized in one city. The county has three main cities — Troy, Piqua, and Tipp City (Figure 1). However, over half (54.0% or 55,904 residents)⁷ of the County's population lives in three of these cities Troy, Piqua, and Tipp City, which are located along U.S. Interstate 75 in the center of the county. Troy is the county seat and the county's largest city with a population of 25,411.⁸



Source: Miami County Park District

³ (U.S. Census Bureau 2015)

⁴ (Ohio Development Services Agency 2016)

⁵ (Ohio Development Services Agency 2016)

⁶ (Ohio Department of Health 2015)

⁷ (U.S. Census Bureau 2015)

⁸ (U.S. Census Bureau 2015)

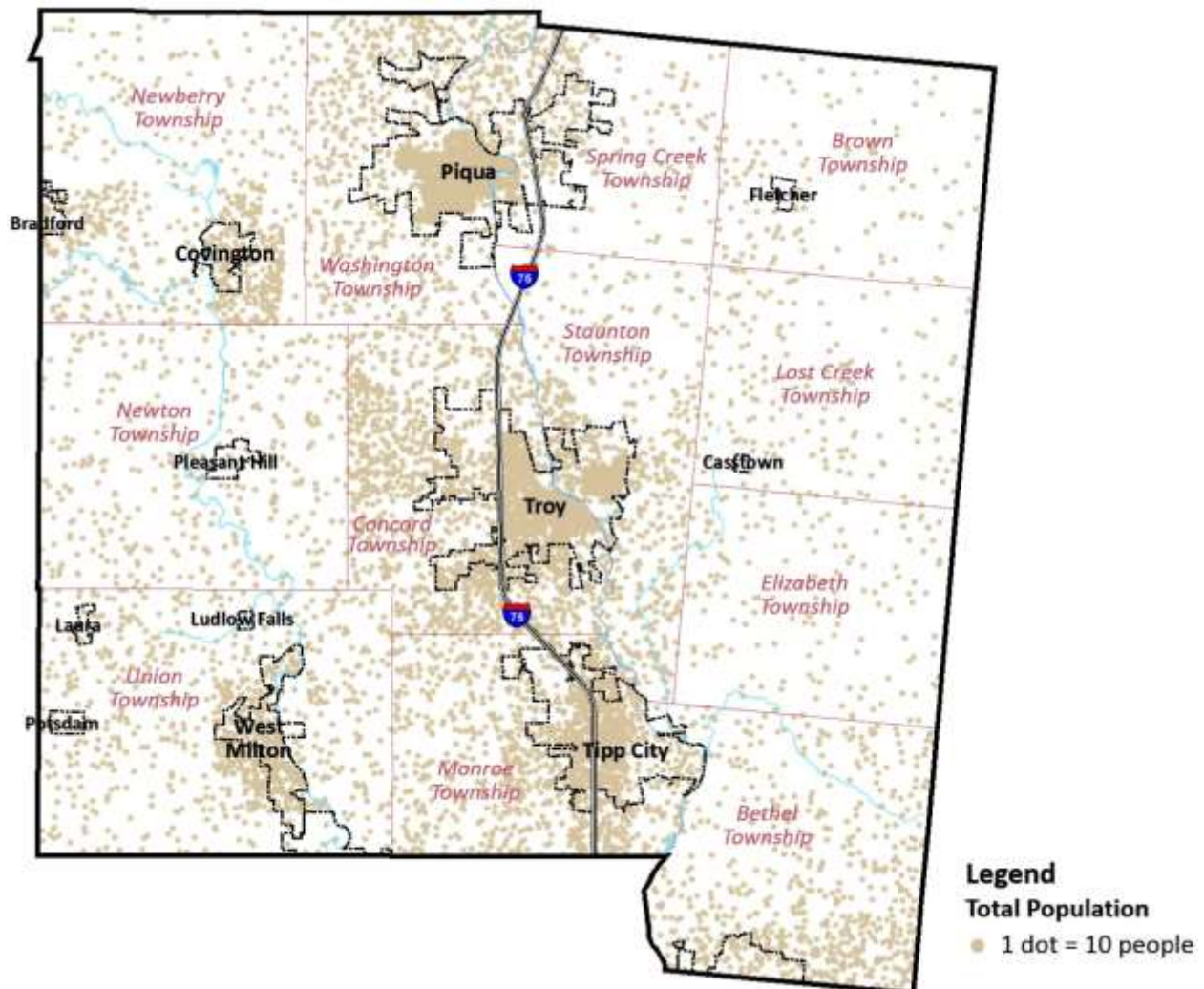
Figure 1: Miami County



Source: Ohio Department of Transportation

The Miami County population is more heavily concentrated in cities and townships along I-75. The most heavily concentrated areas are in the cities of Piqua, Tipp City, and Troy. Refer to the following figure.

Figure 2: Total Population, 2010-2015



Source: Ohio Department of Transportation

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Demographics of the Population and Social Determinants of Health

Demographic Determinants of Health

Figure 3: Population Trends, 2010-2040

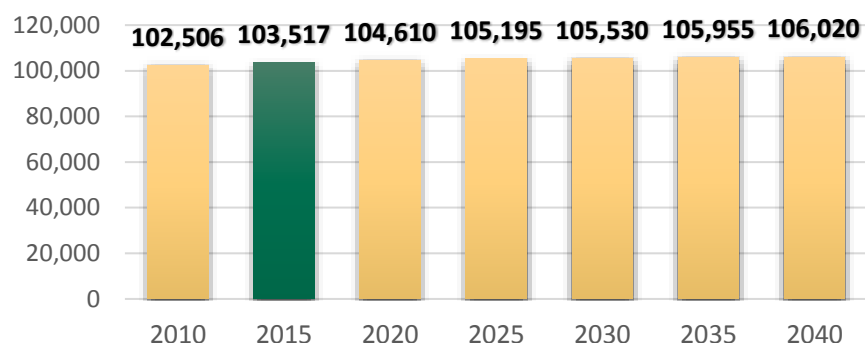


Figure 4: Child Population Trends, 2015-2040

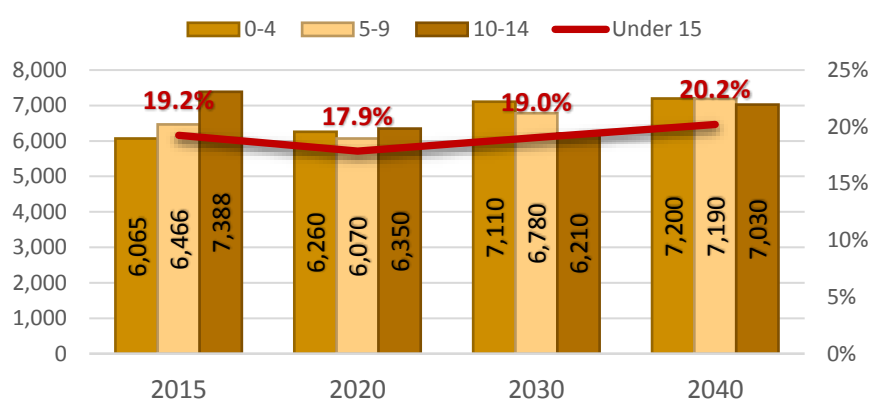
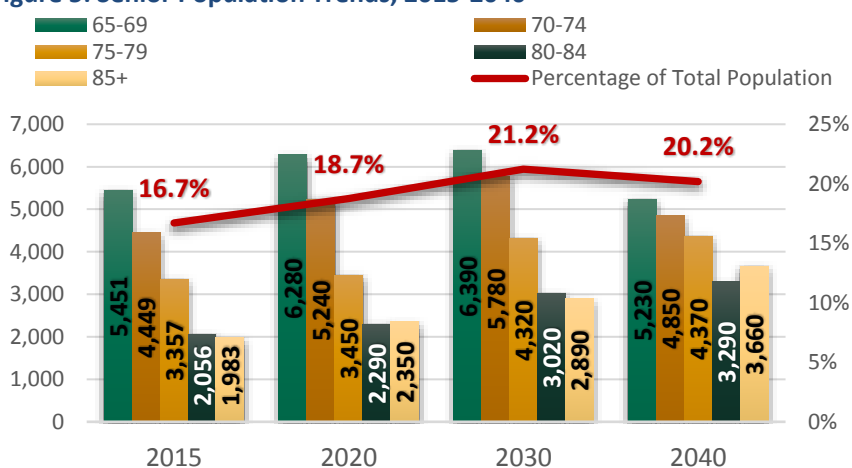


Figure 5: Senior Population Trends, 2015-2040



The Ohio Development Services Agency forecasts Miami County's population to remain steady through 2040 – experiencing growth of 1% from 2010 to 2025, when it stabilizes until 2035 and then increases again by 1% through 2040.

According to the 2011-2015 American Community Survey (ACS), Miami County's population is nearly evenly split between the sexes – 50.8% of the population is female, while 49.2% is male.⁹ The ratio of males to females remains relatively consistent across all age cohorts.

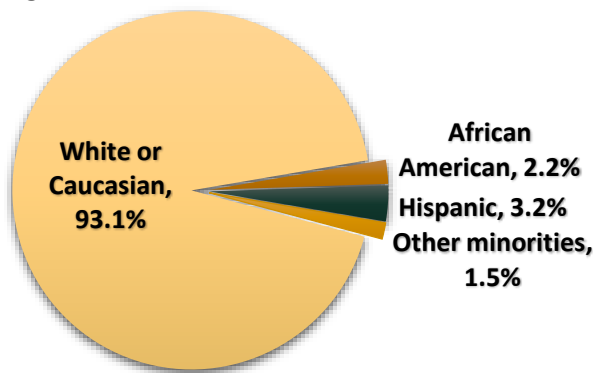
Figure 4 shows that the child population, ages 0-15, will increase by the year 2040 – from 19.2% of the population in 2015 to 20.2% of the total population in 2040.¹⁰

Conversely, Figure 5 illustrates how the senior population will change over this same period. The population will be steadily increasing through 2040, when 1 out of every 5 residents of the county is expected to be over the age of 65.¹¹

⁹ (U.S. Census Bureau 2015)

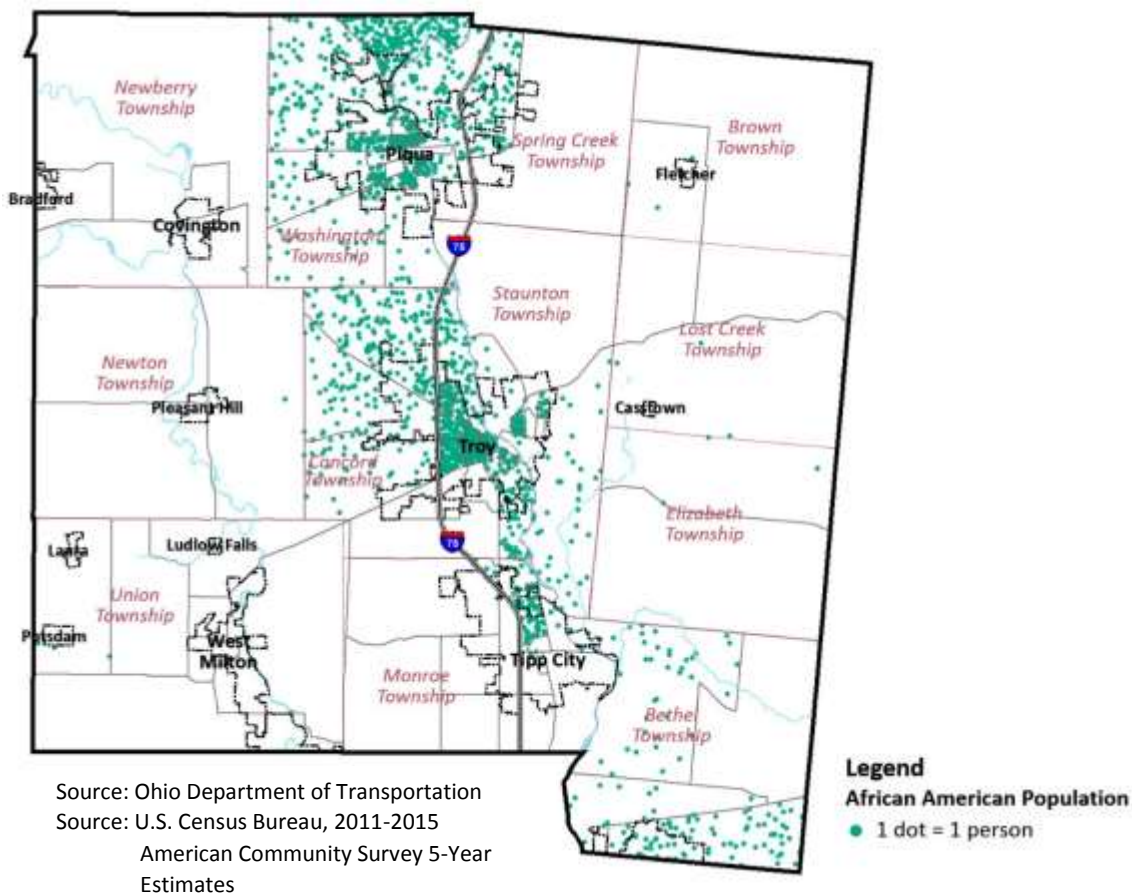
¹⁰ (Ohio Development Services Agency 2013)

¹¹ (Ohio Development Services Agency 2013)

Figure 6: Race, 2011-2015

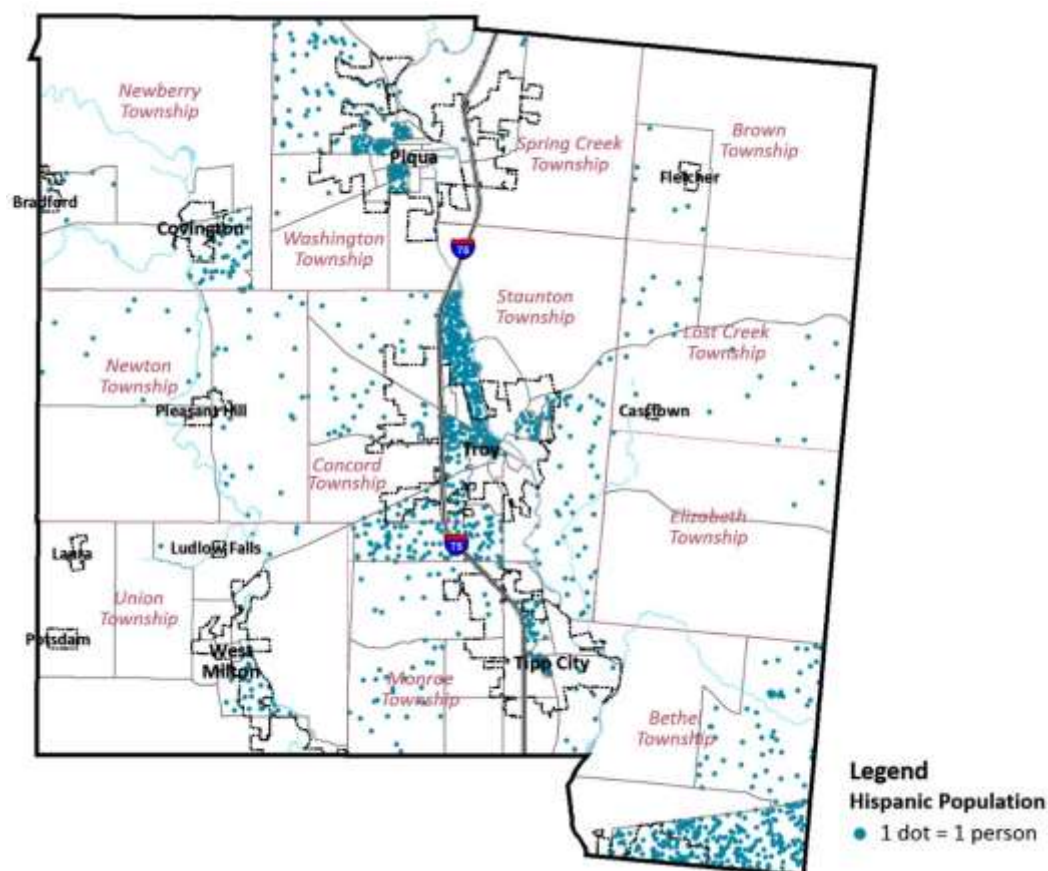
The percentage of the population who are minorities in Miami County (6.9%) is proportionally low when compared to Ohio (19.7%) and the nation (37.7%) in 2015.¹²

The African American population is more heavily concentrated in areas of Piqua and Troy and the Hispanic population is more heavily concentrated in Piqua, Troy, and southern Bethel Township. The following figures shows that these populations are primarily distributed in cities and townships running north to south along I-75 (although unevenly) and where these populations are most heavily concentrated.

Figure 7: African American Population, 2010-2015

¹² (U.S. Census Bureau 2015)

Figure 8: Hispanic Population, 2010-2015



Source: Ohio Department of Transportation

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Marital Status and Household Type

Households with no children made up approximately 69.3% of households in Miami County, according to the most recent American Community Survey. Married couples with children accounted for 19.4% of households. According to the literature, families consisting of two married adults who are the biological or adoptive parents of all children in the family were generally healthier, more likely to have access to health care, and less likely to have definite or severe emotional or behavioral difficulties than children living in nonnuclear families.¹³ Single-parent families accounted for 10.9% of families with children in Miami County. Single-family households are distributed throughout the county, but are most heavily concentrated in jurisdictions along I-75 (Troy, Piqua, and Tipton City) and West Milton. Refer to the following figures for more information on households.

¹³ (Blackwell 2010)

Figure 9: Marital Status

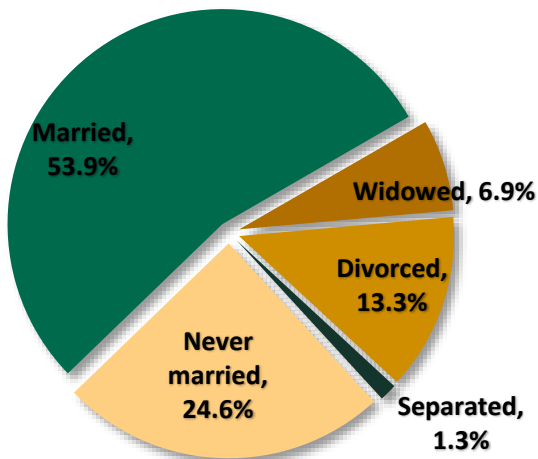
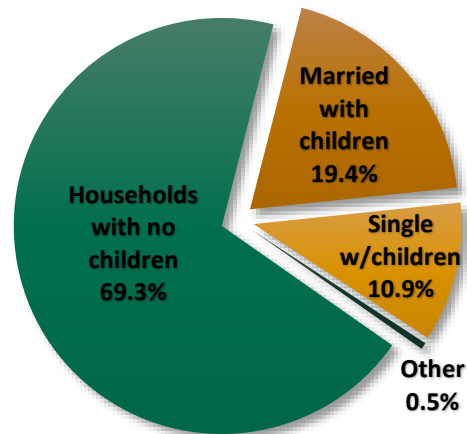
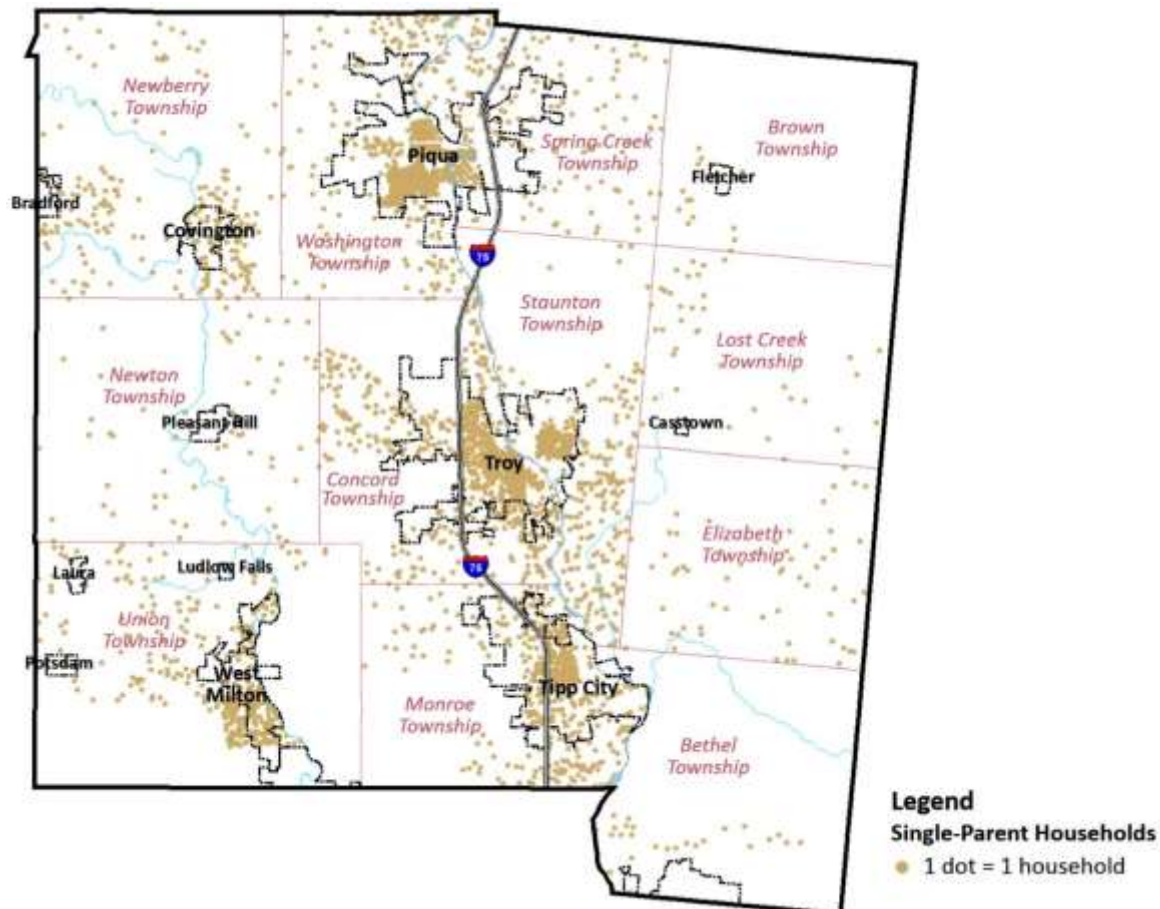


Figure 10: Household Type, 2010-2015



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Figure 11: Single Parent Households by Census Block Group, 2011-2015



Source: Ohio Department of Transportation

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Disabled Population

According to the United States Census American Community Survey 2015 5-year estimates, approximately 13,459 individuals (or 13.1% of the population) in Miami County reported at least one disability.

“Disability is part of human existence, occurring at any point in life,¹⁴ with conditions ranging from mild to severe even among those with the same diagnosis.”¹⁵ Individuals with disabilities are more likely to experience challenges finding a job,¹⁶ attending regular educational classrooms or college, receiving preventive health care services, accessing homes and businesses in the neighborhood, using fitness facilities, using health information technology, and obtaining sufficient social-emotional support.¹⁷ HP 2020 also reports “that individuals with disabilities, as a group, experience health disparities in routine public health arenas such as health behaviors, clinical preventive services, and chronic conditions. Compared with individuals without disabilities, individuals with disabilities are:

- Less likely to receive recommended preventive health care services, such as routine teeth cleanings and cancer screenings
- At a high risk for poor health outcomes such as obesity, hypertension, falls-related injuries, and mood disorders such as depression
- More likely to engage in unhealthy behaviors that put their health at risk, such as cigarette smoking and inadequate physical activity”

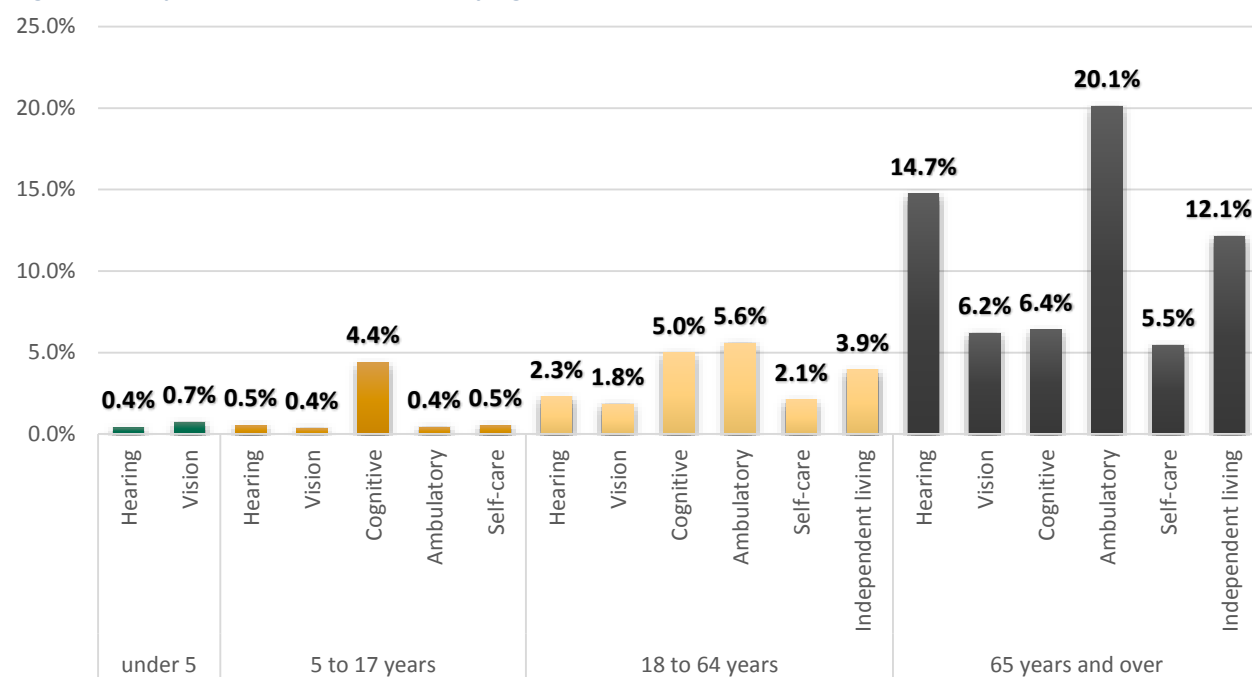
As age increases, so does the percentage of individuals with disabilities – 5.1% of the population between the ages of 5 and 17 has one or more reported disability, while 11.3% of the population between the ages of 18 and 64 and 32.7% of the population over the age of 65 report one or more disabilities. Nearly 7,000 individuals (6,893) reported a self-care difficulty, while 7.1% of the population reports an ambulatory difficulty. Approximately 11.3% of the population ages 18 to 64 years of age were disabled and 5.6% of individuals between the ages of 18 and 64 years of age report ambulatory difficulties, while 5.0% individuals ages 18-64 reported cognitive disabilities. Seniors (adults 65 years and older) reported the highest rate of disability – 32.7% reported one or more total disabilities. Twenty percent (20.1%) of the population over the age of 65 reported an ambulatory difficulty, which is nearly four times that of individuals ages 18-64. For a detailed look of disability status by age cohort, refer to the following figure.

¹⁴ (World Health Organization (WHO) 2001)

¹⁵ (U.S. Department of Health and Human Services 2017)

¹⁶ (Institute on Disability 2013)

¹⁷ (U.S. Department of Health and Human Services 2017)

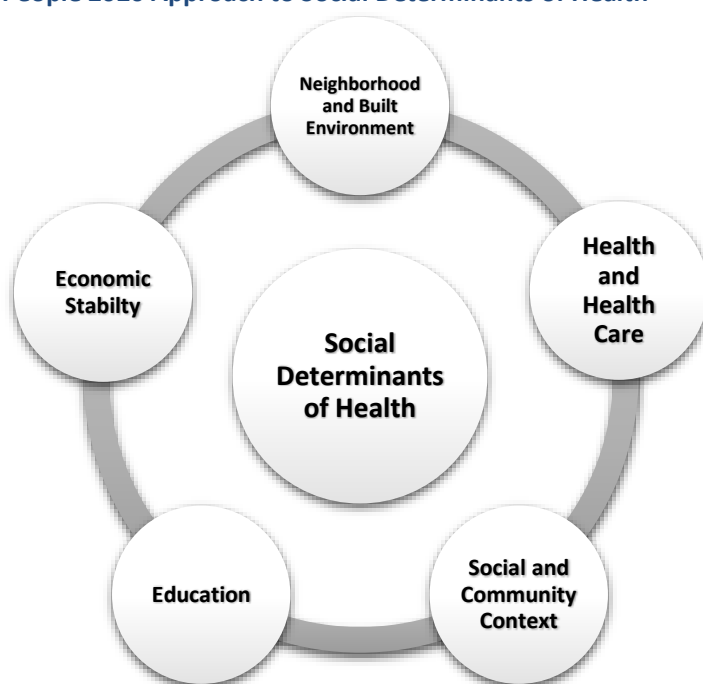
Figure 12: Population with Disabilities by Age Cohort, 2010-2015

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Social Determinants of Health

The following section discusses social determinants of health as they pertain to the Miami County population. The social determinants of health discussed in this section are based on a place-based framework constructed around the five key determinants. Four of the five key determinants of the Healthy People 2020 approach to the Social Determinants of Health (SDOH) are discussed here. Health and health care topics are summarized in the following chapters – Population Health Issues and Access to Health Care. Refer to the following figure.

Figure 13: Healthy People 2020 Approach to Social Determinants of Health



According to the Office of Disease Prevention and Health Promotion (ODPHP) at the U.S. Department of Health and Human Services (HHS), health starts in our homes, schools, workplaces, neighborhoods, and communities. The social determinants of health (SDOH) are conditions in these environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks. “Resources that enhance quality of life can have a significant influence on population health outcomes”.¹⁸

Examples of social determinants discussed here include:

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

¹⁸ (Office of Disease Prevention and Promotion 2017)

- Education
 - Early Childhood Education and Development
 - High School Graduation
 - Enrollment in Higher Education
 - Language and Literacy
- Social and Community Context
 - Social Cohesion
- Neighborhood and the Built Environment
 - Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
 - Built environment, such as buildings, sidewalks, bike lanes, and roads
 - Access to Foods that Support Healthy Eating Patterns
 - Quality of Housing
 - Crime and Violence
 - Environmental Conditions
 - Incarceration

Economic Stability

“Education, employment, and health are linked. Without a good education, prospects for a stable and rewarding job with good earnings decrease. Education is associated with living longer, experiencing better health, and practicing health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health checkups and screenings.”¹⁹

Employment and Sustainable Wages

“The association between unemployment and poor physical and mental health is well established. Unemployed persons tend to have higher annual illness rates, lack health insurance and access to health care, and have an increased risk for death.”²⁰ In Miami County, 52,600 individuals, ages 16-64, participate in the civilian labor force.²¹ The unemployment rate has dropped from 11.1% in 2010 to 4.3% in 2016.²² The median household income (\$51,569) in Miami County is higher than the State of Ohio and lower than the median household income for the nation. Per capita income (\$26,320) in Miami County is lower than both the State of Ohio and the nation, refer to the following figures.

¹⁹ (National Prevention Council 2011)

²⁰ (U.S. Centers for Disease Control and Prevention 2013)

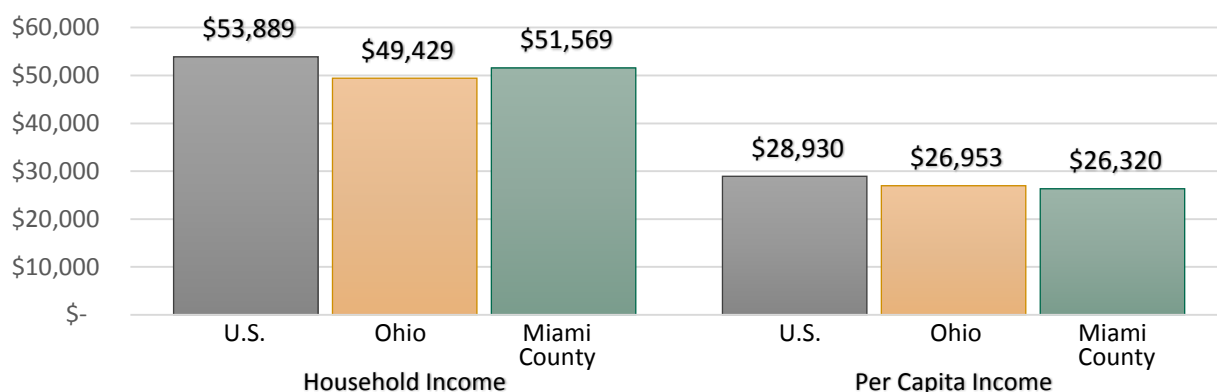
²¹ Civilian labor force. This is the sum of employment and unemployment. It comprises civilians 16 years of age and over who are working or seeking work. It excludes military personnel, persons in institutions, those studying or keeping house full-time, persons who are retired or unable to work, and volunteer workers.

²² (Ohio Department of Job and Family Services 2016)

Table 1: Annual Unemployment Rate, 2011-2015

County	2010	2011	2012	2013	2014	2015	2016
United States	9.6%	8.9%	8.1%	7.4%	6.2%	5.3%	4.9%
Ohio	10.3%	8.8%	7.4%	7.5%	5.8%	4.9%	4.9%
Miami	11.1%	9.1%	7.3%	7.2%	5.4%	4.4%	4.3%

Source: Ohio Department of Job and Family Services, Ohio Labor Market Information, Current Civilian Labor Force Estimates

Figure 14: Median Household and Per Capita Income, 2011-2015

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-year Estimates.

The median income of Miami County's resident civilian employed population is \$32,495²³ and although it is considered a livable wage for single earners, it is not considered a livable wage for a household with one wage earner and a child. According to a recent study by the Massachusetts Institute of Technology, the required annual income of a single adult before taxes is \$20,731 to be considered a sustainable or living wage. For a household with one adult and one child, a wage earner must earn \$43,969 to be considered a living wage.²⁴ According to the ACS, one out of six (17.4%) Miami County residents is employed in food preparation and serving, building and grounds cleaning and maintenance, personal care, firefighting and prevention, and material moving related occupations and none of these occupations pay what is considered to be a living wage (based on median income) for a single adult. An additional 29,615 (60.2%) individuals work in occupations where the median income is insufficient to be considered a sustainable wage for a household with one adult and one child.²⁵

Poverty

"Low-income and minority neighborhoods are less likely to have access to recreational facilities and full-service grocery stores and more likely to have higher concentrations of retail outlets for tobacco,

²³ (U.S. Census Bureau 2015)

²⁴ (Massachusetts Institute of Technology 2016)

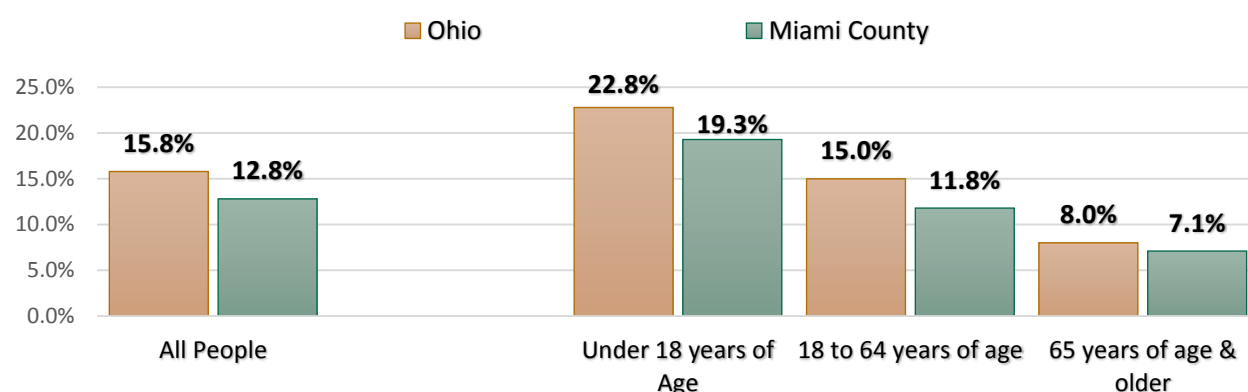
²⁵ (U.S. Census Bureau 2015)

alcohol, and fast foods.”²⁶ “Adolescents who grow up in neighborhoods characterized by concentrated poverty are more likely to be a victim of violence; use tobacco, alcohol, and other substances; become obese; and engage in risky sexual behavior.”²⁷

Examination of 2015 5-year American Community Survey data reveals that 28,831 Miami County residents met guidelines to qualify for many Federal Low-Income Assistance Programs (i.e., food and nutrition assistance programs, home energy assistance programs, and low-income Medicaid coverage, etc.). Income eligibility to qualify for these program benefits or entitlements is based around the 185% poverty rate. Using this metric, 28.2% of Miami County residents are considered to be low-income (below 185% of the poverty rate). Poverty is most heavily concentrated in the five largest jurisdictions of the county – Troy, Tipp City, Piqua, West Milton, and Covington. Refer to the following figures.

The American Community Survey also estimates that 12.8% of the population (13,076 people) in Miami County lived below poverty in 2015.

Figure 15: Percentage of the Population below the Poverty Level. 2011-2015



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Table 2: Family Poverty, 2011-2015

County	Families ^{28, 29} with children below Poverty Level
U.S.	18.0%
Ohio	19.6%
Miami County, Ohio	17.2%

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

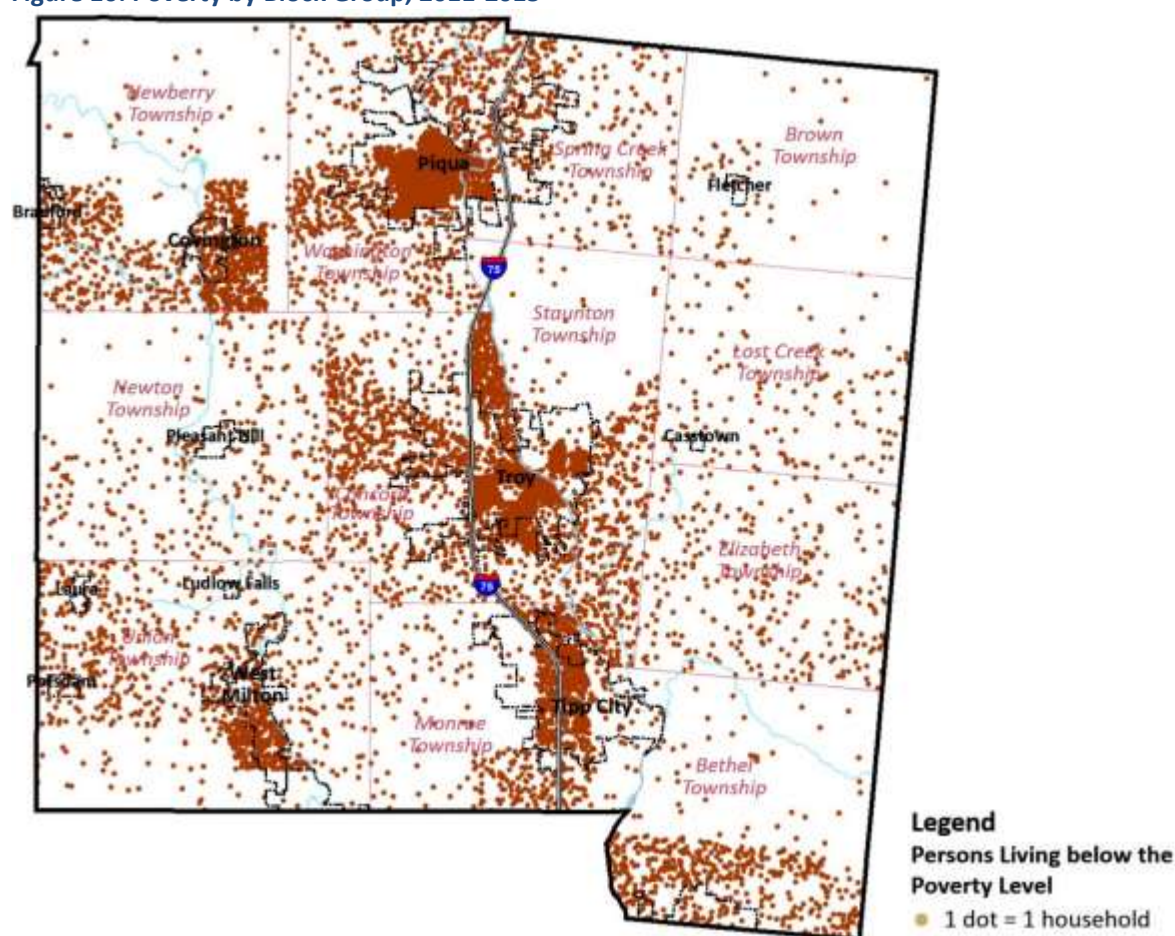
²⁶ (U.S. Department of Health and Human Services, Administration for Children and Families 2010)

²⁷ (National Prevention Council 2011)

²⁸ In general, family consists of those related to each other by birth, marriage or adoption.

²⁹ (U.S. Census Bureau 2015)

Figure 16: Poverty by Block Group, 2011-2015



Source: Ohio Department of Transportation

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Food Security

The prevalence of low to very low food security in Ohio is 16.1% of households.³⁰ Only five other states have a more prevalent rate of food insecurity than Ohio—Kentucky, Alabama, Louisiana, Arkansas, and Mississippi.³¹ For SNAP eligibility, adults who are not disabled and do not have custody of dependents are required to work at a paid job, be engaged in job training, or participate in a workfare (volunteer) program for 20 hours a week or 80 hours a month. Otherwise, food aid is limited to three months in any three-year period. People may have difficulty meeting the work requirements because of a lack of available jobs. Therefore, states can request that the time limit be waived in places where unemployment is high. Between 2007 and 2013, the entire state was eligible for a federal waiver of time limits on food aid. The statewide waiver was used from 2007 through 2013.³² Since then, due to

³⁰ (U.S. Department of Agriculture, Economic Research Service 2016)

³¹ (U.S. Department of Agriculture, Economic Research Service 2016)

³² (Ohio Department of Job and Family Services 2012)

improvements in Ohio's economy, the Ohio Department of Job and Family Services applied for a waiver for counties still suffering from unemployment. In the most recent Federal Fiscal Year 2016, 18 eligible counties received a waiver.³³

Table 3: Prevalence of Household Food Insecurity, 3-Year Average, 2013-2015

State	Number of households		Food insecurity			Very low food security				
			(low or very low food security)							
	Average	Interviewed	Prevalence		Margin of error ²		Prevalence		Margin of error ²	
	2013-2015 ¹									
U.S.	123,929,000	125,002	13.7%		0.19	5.4%		0.13		
KY	1,820,000	1,832	17.6%	*	2.36	7.3%	*	1.46		
OH	4,743,000	3,528	16.1%	*	1.19	6.6%	*	0.82		
MI	3,976,000	2,873	14.9%		1.54	6.4%	*	1.00		
WV	763,000	2,225	15.0%		1.50	6.2%		0.91		
IN	2,630,000	2,065	14.8%		1.65	6.1%		1.05		

* Difference from U.S. average was statistically significant with 90 percent confidence ($t > 1.645$).

¹ Total excludes households for which food security status is unknown because they did not give a valid response to any of the questions in the food security scale. These represented about 0.3 percent of all households in each year.

² Margin of error with 90 percent confidence (1.645 times the standard error of the estimated prevalence rate).

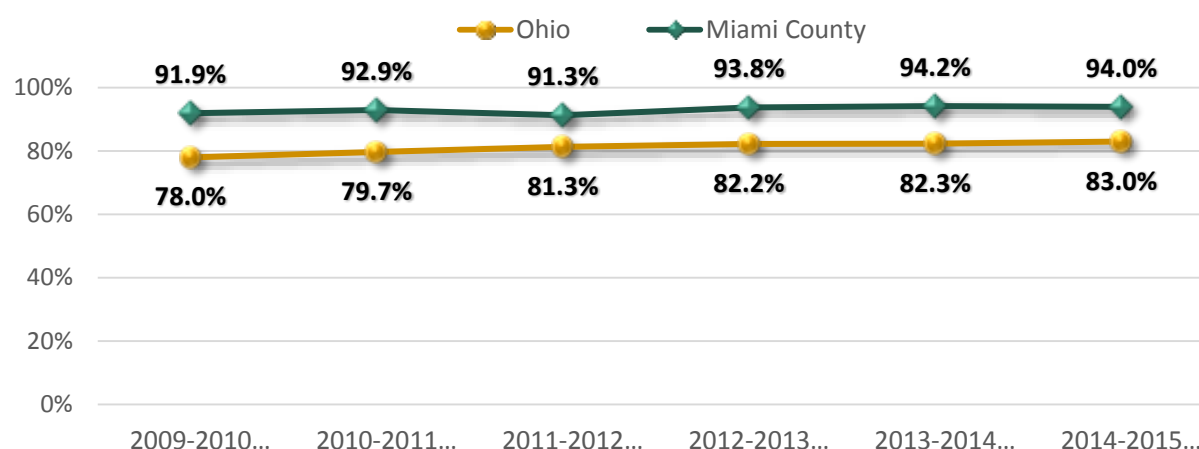
Calculated by ERS, USDA, using data from the December 2013, 2014, and 2015 Current Population Survey Food Security Supplements.

Source: U.S. Department of Agriculture, Economic Research Service

Education

At the county level, the public high school 4-year graduation rate ranged from 91.9% in 2009 to 94.0% in 2014, consistently outperforming the state. Refer to the following table for a complete breakdown by Miami County school district.

Figure 17: Miami County 4-year High School Graduation Rates, 2009-2014



Source: Ohio Department of Education

³³ (Ohio Department of Job and Family Services 2015)

Table 4: Miami County School District 4-year High School Graduation Rates, 2009-2014

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Ohio	78.0%	79.7%	81.3%	82.2%	82.3%	83.0%
Miami County	91.9%	92.9%	91.3%	93.8%	94.2%	94.0%
Bethel Local	92.9%	89.0%	92.2%	91.9%	88.9%	94.8%
Bradford Exempted Village	93.3%	85.7%	92.9%	92.3%	93.9%	97.8%
Covington Exempted Village	98.4%	93.7%	90.0%	97.6%	98.0%	100.0%
Miami East Local	92.1%	90.1%	90.2%	98.9%	97.9%	98.1%
Milton-Union Exempted Village	93.1%	95.8%	97.4%	91.9%	93.9%	95.7%
Newton Local	95.6%	94.3%	100.0%	100.0%	97.8%	97.8%
Piqua City	85.5%	92.6%	88.0%	88.5%	90.4%	85.9%
Tipp City Exempted Village	94.2%	93.5%	90.1%	96.5%	98.0%	98.9%
Troy City	93.0%	93.5%	90.8%	94.6%	94.2%	94.1%

Source: Ohio Department of Education

Early Childhood Education

There are many data points relevant to measuring the adequacy of education. Among the most frequently identified protective factors for child neglect is universal early childhood education and development. Therefore, researchers turned to the Kindergarten Readiness Assessment (KRA) to provide a snapshot of early childhood education and development in Miami County, Ohio.

At the beginning of each school year, children in public school kindergarten programs are assessed using Ohio's Kindergarten Readiness Assessment. This assessment includes ways for teachers to measure a child's readiness for engaging with instruction aligned to the kindergarten standards.³⁴ Ohio's Early Learning and Development Standards (birth to kindergarten entry) are the basis for the Kindergarten Readiness Assessment.



Source: Miami County Park District

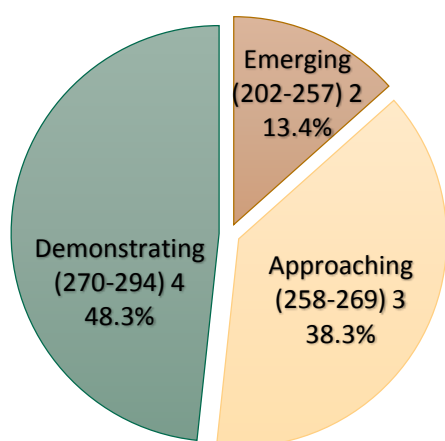
³⁴ (Ohio Department of Education n.d.)

There are three performance levels to calculate the overall Kindergarten Readiness Assessment score: Emerging, Approaching and Demonstrating.

1. *Demonstrating Readiness* are students with overall scores of 270 to 298. These children demonstrated foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.
2. *Approaching Readiness* are students with overall scores of 258 to 269. These children demonstrated some of the foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.
3. *Emerging Readiness* are students who got an overall score of 202 to 257. These children demonstrated minimal skills and behaviors that prepare him or her for instruction based on kindergarten standards.

On average in Miami County, 51.7% of children assessed for kindergarten are not demonstrating readiness in social foundations, math, language and literacy, and physical well-being and motor development – 13.4% show emerging (or the earliest signs) of readiness, and 38.3% are approaching readiness. Please refer to the following figure for a more detailed look at kindergarten readiness.

Figure 18: Kindergarten Readiness

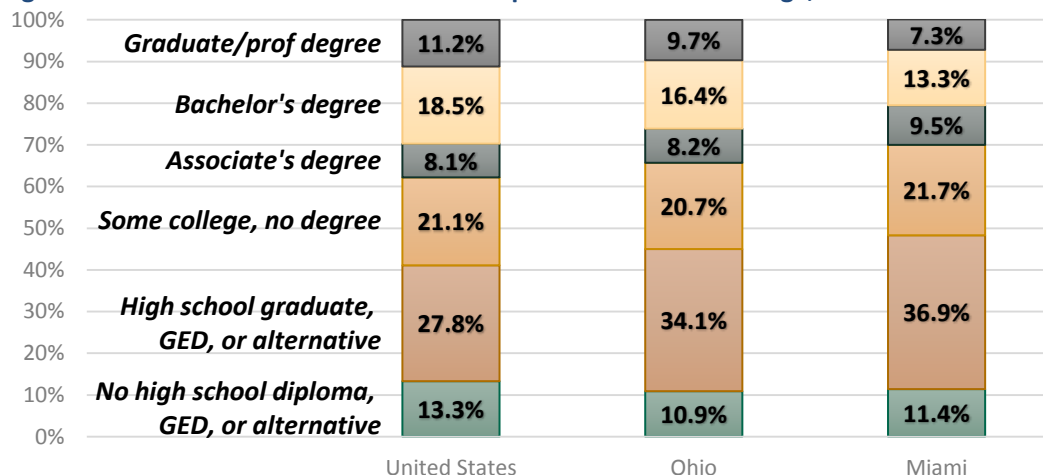


Source: Ohio Department of Education

Educational Attainment

Slightly more than 1 out of 10 (11.4%) of Miami County's population 25 years of age or older has no high school diploma. This is higher than the State of Ohio percentage (10.9%) but lower than the national percentage (13.3%). Lower educational attainment levels are directly associated with unemployment and lower pay.³⁵ Two out of five (20.6%) of Miami County's population currently holds a bachelor degree or higher, which is 5.5% lower than the State of Ohio and 9.1% lower than the nation. For a detailed look at the educational attainment of the population 25 years of age or older, refer to the following figure.

Figure 19: Educational Attainment of the Population 25+ Years of Age, 2011-2015



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Language

A common barrier to accessing quality health care is the ability to communicate well with medical professionals. In Miami County, where less than one percent of households have limited English capabilities, this is less of an issue than for the state or nation – 1.4% and 4.5%, respectively.

Table 5: Limited English Speaking Households

	Total Households	Limited English Speaking Households ^{36,37}	
		Households	Percent
U.S.	116,926,305	5,283,597	4.5%
Ohio	4,585,084	63,311	1.4%
Miami County	41,169	153	0.4%

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

³⁵ (U.S. Bureau of Labor Statistics 2017)

³⁶ A "limited English speaking household" is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English.

³⁷ (U.S. Census Bureau 2015)

Social and Community Context

Social Cohesion

“Social relationships are fundamental to emotional fulfillment, behavioral adjustment, and cognitive function. Social isolation predicts morbidity and mortality from cancer, cardiovascular disease, and a host of other causes.”³⁸ Experts do cite the lack of social connectedness and cohesion in communities as worsening more so than any other community aspect studied. In total, 72% of these experts believe that social connectedness and cohesion in communities has worsened over the last 5 years. According to the literature, social connectedness and cohesion is a community development strategy. “People, groups and organizations within communities share responsibility for the safety and well-being of children and young people. Communities that are cohesive and in which people feel connected are less likely to experience social problems including child abuse and neglect and will have more capacity to resolve local problems and issues collectively.”³⁹ Cohesive communities can also be a way of responding to issues experienced by smaller households including where people live alone or with one other person.

In a household survey conducted by APRI of Western Ohio households in 2016:

- 8% of adults have no one they can turn to when they are lonely
- 3% have no one to talk to when in a crisis
- From a neighborhood perspective, 26% of families never or rarely pull together in stressful times
- Many families don’t know where to turn, if the family needed it, for food (6%), housing (12%), or to make ends meet (13%)

Neighborhood and Built Environment



According to the CDC, physical environment metrics not only include the natural environment (air, water, and soil) but also include the built environment (safe and affordable housing, parks and recreational opportunities, transportation, and access to nutritious and affordable food). *The physical environment can directly affect health as well as influence choices and health behaviors (Fielding et al., 2010). Metrics of the physical environment include proposed or established causal factors in the natural and built environment that affects health outcomes (e.g., air and water quality, lead exposure, the design of neighborhoods) (Kindig, 2007).*⁴⁰

Source: Frederick Selanders, Jr.

³⁸ (Hawkey and Cacioppo 2003)

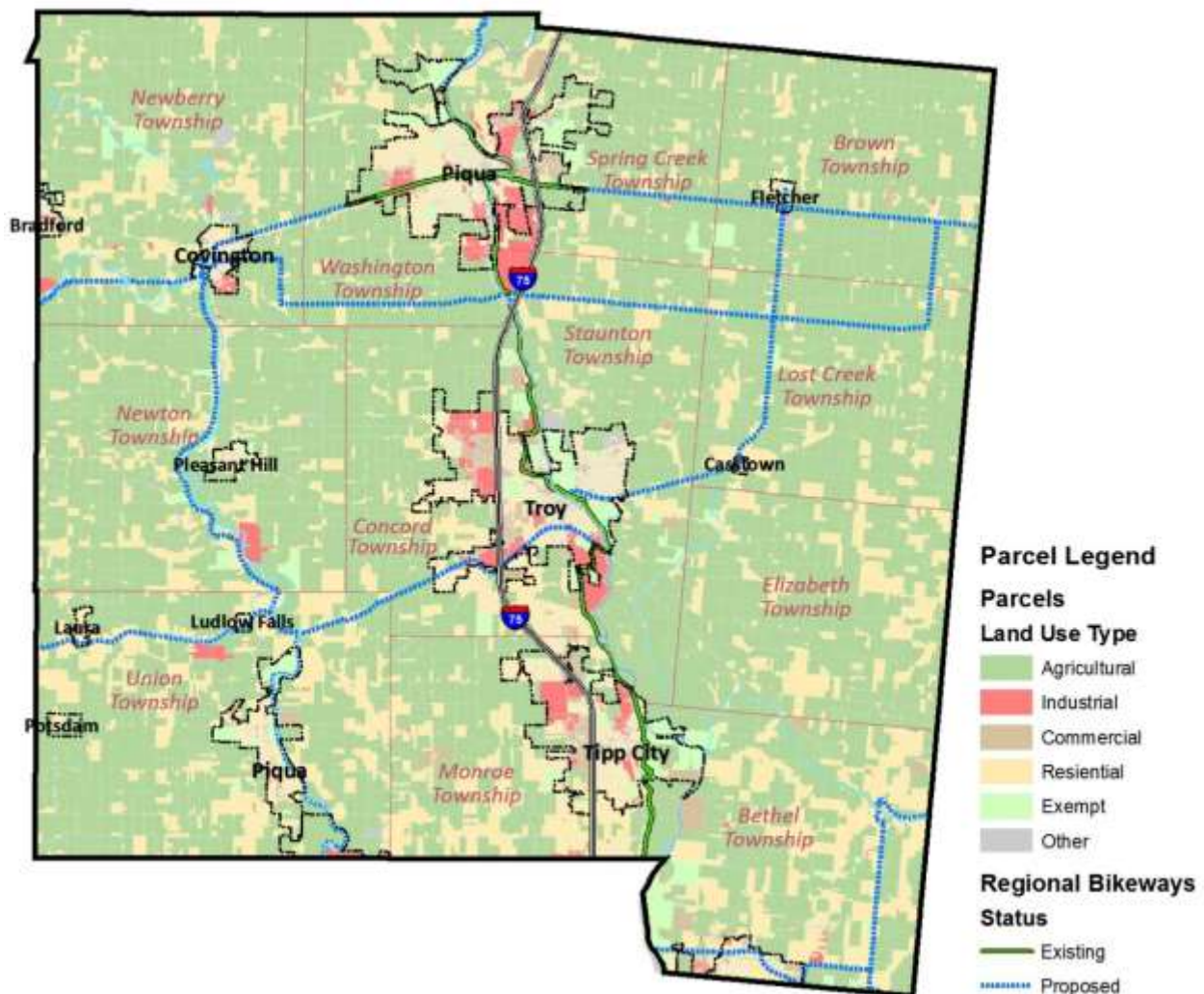
³⁹ (Queensland Council of Social Service Inc 2006)

⁴⁰ (U.S. Centers for Disease Control and Prevention 2013)

Land Use and Access to Green Space

The county is broken out into various land uses. There is an abundance of green space in Miami County. Most of the green space is dedicated to agriculture (70.4% of the county is agricultural) and is not necessarily accessible to general population. The second greatest amount of land is dedicated to residential uses (21.8%). Safe, accessible, and affordable places for physical activity (e.g., parks, playgrounds, community centers, schools, fitness centers, trails, gardens) can increase activity levels.⁴¹ Although residents may not have direct access to 2,200 acres of parkland and public recreational trails, the trails run through the county's population centers and residents do have access through the trail heads.

Figure 20: Land Use and Green Space



Source: Ohio Department of Transportation

Source: Miami County Auditor

Source: Miami Valley Regional Planning Commission

⁴¹ (U.S. Department of Health and Human Services 2017)

Outdoor Air Quality

According to the HP2020, poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. In 2008, approximately 127 million people lived in U.S. counties that exceeded national air quality standards. Decreasing air pollution is an important step in creating a healthy environment.⁴²

Air pollution can harm us when it accumulates in the air in high enough concentrations. People exposed to high enough levels of certain air pollutants may experience:

- Irritation of the eyes, nose, and throat
- Wheezing, coughing, chest tightness, and breathing difficulties
- Worsening of existing lung and heart problems, such as asthma
- Increased risk of heart attack



Charleston Falls Preserve
Source: Miami County Park District

In addition, long-term exposure to air pollution can cause cancer and damage to the immune, neurological, reproductive, and respiratory systems. In extreme cases, it can even cause death.

Ground level or "bad" ozone is not emitted directly into the air, but is created by chemical reactions between oxides of nitrogen (NOx) and volatile organic compounds (VOC) in the presence of sunlight. Emissions from industrial facilities, electric utilities, motor vehicle exhaust, gasoline vapors, and chemical solvents are some of the major sources of NOx and VOC. Breathing ozone can trigger a variety of health problems, particularly for children, the elderly, and people of all ages who have lung diseases such as asthma. Ground level ozone can also have harmful effects on sensitive vegetation and ecosystems.⁴³

The Environmental Protection Agency (EPA) calculates the Air Quality Index (AQI) for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, EPA has established national air quality standards to protect public health. Ground-level ozone and airborne particles are the two pollutants that pose the greatest threat to human health in this country.

Ozone is a gas found in the air we breathe. Good ozone is present naturally in the Earth's upper atmosphere and shields us from the sun's harmful ultraviolet rays. Bad ozone forms near the ground when pollutants (emitted by sources such as cars, power plants, industrial boilers, refineries, and chemical plants) react chemically in sunlight and is more likely to form during warmer months.⁴⁴

⁴² (U.S. Department of Health and Human Services 2017)

⁴³ (U.S. Environmental Protection Agency 2017)

⁴⁴ (U.S. Environmental Protection Agency 2016)

“Several groups of people are particularly sensitive to ozone, especially when they are active outdoors. This is because ozone levels are higher outdoors, and physical activity causes faster and deeper breathing, drawing more ozone into the body.

- People with lung diseases, such as asthma, chronic bronchitis, and emphysema, can be particularly sensitive to ozone. They will generally experience more serious health effects at lower levels. Ozone can aggravate their diseases, leading to increased medication use, doctor and emergency room visits, and hospital admissions.
- Children, including teenagers, are at higher risk from ozone exposure because they often play outdoors in warmer weather when ozone levels are higher, they are more likely to have asthma (which may be aggravated by ozone exposure), and their lungs are still developing.
- Older adults may be more affected by ozone exposure, possibly because they are more likely to have pre-existing lung disease.
- Active people of all ages who exercise or work vigorously outdoors are at increased risk.
- Some healthy people are more sensitive to ozone. They may experience health effects at lower ozone levels than the average person even though they have none of the risk factors listed above. There may be a genetic basis for this increased sensitivity.”⁴⁵

Ozone can cause the muscles in the airways to constrict, trapping air in the alveoli. This leads to wheezing and shortness of breath. Ozone can:

- Make it more difficult to breathe deeply and vigorously.
- Cause shortness of breath, and pain when taking a deep breath.
- Cause coughing and sore or scratchy throat.
- Inflammation and damage the airways.
- Aggravate lung diseases such as asthma, emphysema, and chronic bronchitis.
- Increase the frequency of asthma attacks.
- Make the lungs more susceptible to infection.
- Continue to damage the lungs even when the symptoms have disappeared.
- Cause chronic obstructive pulmonary disease (COPD).⁴⁶

⁴⁵ (U.S. Environmental Protection Agency 2016)

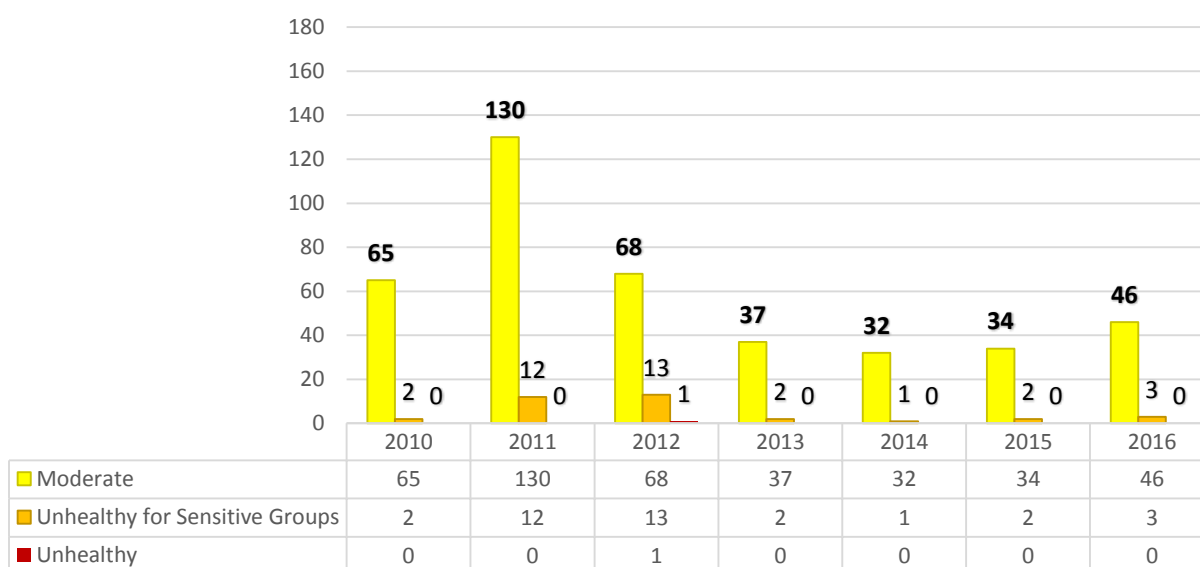
⁴⁶ (U.S. Environmental Protection Agency 2016)

"An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level the EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy-at first for certain sensitive groups of people, then for everyone as AQI values get higher. Each category corresponds to a different level of health concern. The six levels of health concern and what they mean are:

1. "Good" AQI is 0 to 50. Air quality is considered satisfactory, and air pollution poses little or no risk.
2. "Moderate" AQI is 51 to 100. Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people. For example, people who are unusually sensitive to ozone may experience respiratory symptoms.
3. "Unhealthy for Sensitive Groups" AQI is 101 to 150. Although general public is not likely to be affected at this AQI range, people with lung disease, older adults and children are at a greater risk from exposure to ozone, whereas persons with heart and lung disease, older adults and children are at greater risk from the presence of particles in the air.
4. "Unhealthy" AQI is 151 to 200. Everyone may begin to experience some adverse health effects, and members of the sensitive groups may experience more serious effects.
5. "Very Unhealthy" AQI is 201 to 300. This would trigger a health alert signifying that everyone may experience more serious health effects.
6. "Hazardous" AQI greater than 300. This would trigger health warnings of emergency conditions. The entire population is more likely to be affected."⁴⁷

Since 2010, air quality in Miami County has fluctuated from year to year. The number of days that were rated as moderate has steadily declined from 130 days in 2010 to 46 days in 2016. A total of 35 days was reported to be unhealthy for sensitive groups (people with heart or lung disease and children or older adults should reduce prolonged or heavy outdoor exertion) and one day was reported as unhealthy for everyone (people with heart or lung disease and children or older adults should avoid prolonged or heavy outdoor exertion). The following figure presents the number of days since 2010 that the air quality in Miami County was rated at 101 or above potentially affecting the population's respiratory health at some level.

⁴⁷ (U.S. Environmental Protection Agency 2016)

Figure 21: Miami County Annual Air Quality Index, 2010-2016

Source: U.S. Environmental Protection Agency

The Air Quality Statistics Report displays air pollution values related to national standards for air quality and shows the area's maximum air quality statistics are above the level of the national standards for a particular year. Each row lists standards-related air pollution statistics for pollutants, for a single area, for one year. The values shown are the highest reported during the year by all monitoring sites in the county. If a statistic exceeds the level of an air quality standard, it is highlighted in red. The following table is presented as an overview of the outdoor air quality in Miami County since 2010. O₃ levels in Miami County exceeded the daily 8-hour concentration in 2010, 2011, 2012, and 13, but have not since.

Table 6: Outdoor Air Quality, 2015

County	CO 1-hr (ppm)	CO 8-hr (ppm)	O ₃ 8-hr (ppm)	O ₃ 8-hr (ppm)	SO ₂ 99 th %	SO ₂ 1-hr (ppb)	SO ₂ 24-hr (ppb)	PM _{2.5} 24-hr ³ (µg/m ³)	PM _{2.5} Wtd Mean
2010	ND	ND	0.08	0.070	ND	ND	ND	ND	ND
2011	ND	ND	0.09	0.075	ND	ND	ND	ND	ND
2012	ND	ND	0.09	0.077	ND	ND	ND	ND	ND
2013	ND	ND	0.08	0.070	ND	ND	ND	ND	ND
2014	ND	ND	0.07	0.066	ND	ND	ND	ND	ND
2015	ND	ND	0.08	0.068	ND	ND	ND	ND	ND
2016	ND	ND	0.08	0.069	ND	ND	ND	ND	ND

EPA Air Quality Standards:

O₃ – Ozone: 0.12 ppm (1-hour), 0.070 ppm (8-hour)

Source: U.S. Environmental Protection Agency

Access to Healthy Foods

According to the U.S.D.A. data provided by Feeding America, 13,580 people, including 5,130 children, in Miami were food insecure in 2015. That means 1 in 8 individuals (13.1%), and 1 in 5 children (21.2%), lived in households without consistent access to adequate food. One out of every three (31.0%) food insecure people in Miami County have incomes that do not qualify for nutrition assistance programs (income is at or above 185% poverty threshold) and another 16% are over the Supplemental Nutrition Assistance Program (SNAP) threshold limit 130% poverty.⁴⁸ Feeding America also estimated that 28% of the children experiencing food insecurity in Miami County are also likely ineligible for federal nutrition programs based on household income. Refer to the following table for the food insecurity rates from 2013 to 2015 for Miami County, the State of Ohio, and the nation.

Table 7: Food Insecurity Rate, Estimates 2013-2015

	Miami County		Ohio		U.S.	
	Adult	Child	Adult	Child	Adult	Child
Food Insecurity Rate 2013	14.6%	24.9%	16.8%	24.2%	15.8%	21.4%
Food Insecurity Rate 2014	13.7%	23.5%	16.8%	23.8%	15.4%	20.9%
Food Insecurity Rate 2015	13.1%	21.2%	16.0%	21.9%	13.4%	17.9%

Source: Feeding America

The following table provides a snapshot of daily fruit and vegetable consumption and access to some of Miami County's healthier food options.

Table 8: Healthy Food Access, Ohio

Fruits and Vegetables	Measure	Year	Data Source
Adults who consume fruit < 1 time daily	54.3%	2017	APRI survey
Adults who consume vegetables < 1 time daily	73.7%	2017	APRI survey
Adolescents who consume fruit < 1 time daily	38.8%	2013	YRBSS
Adolescents who consume vegetables < 1 time daily	38.3%	2013	YRBSS
Census tracts with healthier food retailers	66.4%	2014	FVSS
Farmers markets per 100,000 residents	2.3	2012	SIRFV
Farmers markets that accept SNAP benefits	21.5%	2012	SIRFV
Farmers markets that accept WIC coupons	22.6%	2012	SIRFV

Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity

BRFSS – Behavioral Risk Factor Surveillance System

YRBSS – Youth Risk Behavior Surveillance System

FVSS – Fruits and Vegetables Surveillance Sources

SIRFV – State Indicator Report on Fruits and Vegetables

⁴⁸ (Feeding America 2017)

Housing Stability

“Quality housing is associated with positive physical and mental well-being. How homes are designed, constructed, and maintained, their physical characteristics, and the presence or absence of safety devices have many effects on injury, illness, and mental health.”⁴⁹ “Affordability of housing is linked to the health and well-being of individuals and families and when a market lacks a sufficient supply of affordable housing, lower-income families are often forced to limit expenditures for food, medical care, and other necessities in order to pay rent.”⁵⁰ According to the U.S. Department of Housing and Urban Development, a household is said to have a housing problem if they have any 1 or more of the following four problems: 1) housing units that lack complete kitchen facilities; 2) housing units that lack complete plumbing facilities; 3) household is overcrowded (more than one person per room); and 4) household is cost burdened (monthly housing costs including utilities exceed 30% of monthly income). A household is said to have a severe housing problem if they have severe overcrowding (more than 1.5 persons per room) or are severely cost burdened (monthly housing costs including utilities exceed 50% of monthly income).

In Miami County, 4,915 households experienced at least one of the four housing problems in 2014. For 40.6% of renters and 21.0% of homeowners housing may not be stable or sustainable because the expense is more than 30% of their monthly income. For the County overall, 10.4% of homeowners and renters are severely cost burdened by housing and related expenses.

Table 9: County Severe Housing Problems, 2014

Overview	Owner		Renter		Total	
Household has 1 of 4 Housing Problems	2,420	8.2%	2,495	21.0%	4,915	11.9%
The four housing problems are: incomplete kitchen facilities; incomplete plumbing facilities; more than 1 person per room; and cost burden greater than 30%.						
Housing Cost Burden Overview	Owner		Renter		Total	
Cost Burden <=30%	23,045	78.5%	6,990	58.9%	30,035	72.8%
Cost Burden >30% to <=50%	4,035	13.7%	2,680	22.6%	6,715	16.3%
Cost Burden >50% (Severe)	2,135	7.3%	2,135	18.0%	4,270	10.4%
Cost Burden not available	150	0.5%	65	0.5%	215	0.5%
Total	29,360		11,875		41,240	

Source: U.S. Department of Housing and Urban Development (HUD) custom tabulations of American Community Survey (ACS) data from the U.S. Census Bureau. Comprehensive Housing Affordability Strategy Data Query Tool, CHAS data for the 2009-2013 period.

Access to Public Transportation

In Miami County, public transportation needs are met through the Miami County Ohio Transit Service. The system includes a demand-response system that is open to the general Miami County public to and from any destination in Miami County. The demand-response system also provides limited service into Montgomery County connecting residents to jobs, shopping, and services in Montgomery County at two Greater Dayton RTA bus stops in Huber Heights and Vandalia (trips over the county border require an

⁴⁹ (National Prevention Council 2011)

⁵⁰ (Freeman 2002)

additional \$2 fee). Reservations must be made no less than 24 hours in advance to request regular and curb-to-curb or disability door-to-door service assistance. Service hours are limited to 5 a.m. – 6 p.m. five days per week, 8 a.m. – 2 p.m. on Saturdays, and service is not available on Sunday. Seniors and disabled individuals are eligible for half fare assistance.⁵¹

Crime and Violence

Adverse Childhood Experiences (ACEs)

The ACE survey was first conducted with Kaiser Permanente and the Centers for Disease Control and Prevention. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of how childhood abuse and neglect influence later-life health and well-being.

“Witnessing or being a victim of violence (e.g., child maltreatment, youth violence, intimate partner and sexual violence, bullying, elder abuse) are linked to lifelong negative physical, emotional, and social consequences.”⁵²

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

As a result, researchers had the ability to compare childhood trauma to adult health outcomes. They found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt.⁵³ The table below presents the results of a survey of 605 adults ages 18-60 in Western Ohio. This local study indicates that nearly 1 in 4 adults experienced 4+ ACEs in childhood, which puts them at much greater risk for alcoholism, drug abuse, depression, and suicide along with greater risk for heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Table 10: Adverse Childhood Experiences in Western Ohio, 2016

ACEs	Frequency	Valid Percent	Cumulative Percent
0	43	7%	7%
1	215	36%	44%
2	124	21%	65%
3	65	11%	76%
4 or more	145	24%	100%
Total	592	100%	

Source: WSU APRI Western Ohio Household Survey

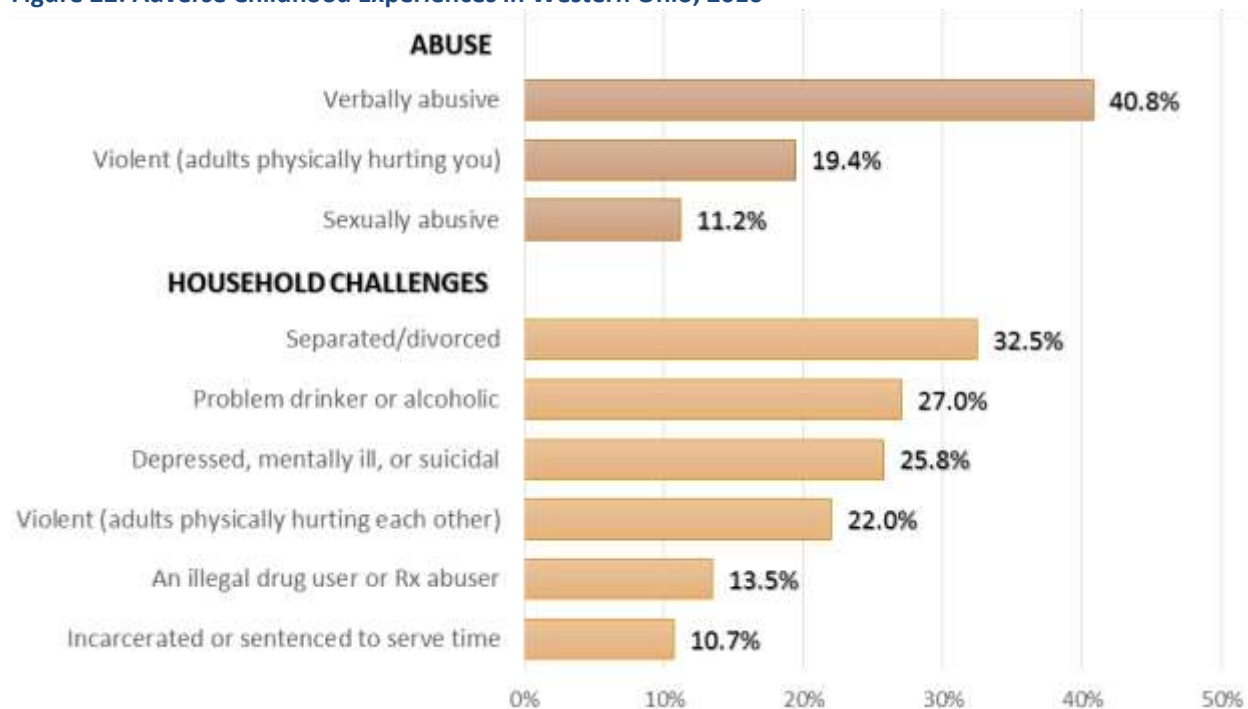
⁵¹ (Miami County, Ohio n.d.)

⁵² (National Prevention Council n.d.)

⁵³ (Department of Preventative Medicine, Southern California Permanente Medical Group (Kaiser Permanente) 1998)

A more detailed analysis of the factors included in the ACEs study shows that a substantial portion of adults in Western Ohio have grown up in households where violence and verbal abusiveness between adults or adults to children was experienced.

Figure 22: Adverse Childhood Experiences in Western Ohio, 2016



Source: WSU APRI Western Ohio Household Survey

In Ohio, 65,000 women between the ages of 18 and 64 are physically assaulted by a current or former partner each year, while 32,000 15-19 year olds experience physical dating violence, 29,000 (90.6%) of whom are forced to do sexual acts by someone they are dating. In Ohio, 48,000 children live in homes where an adult reports intimate partner violence.⁵⁴ The tables below present a snapshot of intimate partner and child abuse and neglect in Miami County and the State of Ohio.

Table 11: Domestic Violence 6-year Average Rate per 100,000, 2009-2014

County	Adults 18-64 years of age per 100,000
Ohio	624.8
Miami	846.2

Source: The Ohio Family Violence Prevention Project & the Ohio Department of Public Safety, Office of Criminal Justice, Domestic Violence in Ohio, 2014

⁵⁴ (Ohio Colleges of Medicine Government Resource Center 2014)

Table 12: Reports of Child Abuse and Neglect, 2014

County	Reports of Child Abuse or Neglect	Number of Children Victims	Rate per 1,000 Children	Substantiated Reports of Neglect	Substantiated Reports Physical Abuse
Ohio	81,608	30,680	30.9	14,711	11,764
Miami	349	185	14.4	97	53

Source: The Ohio Family Violence Prevention Project & the Ohio Department of Public Safety, Office of Criminal Justice, Domestic Violence in Ohio, 2014

Table 13: Violent Crime, 5-year Average Rate per 100,000, 2010-2014

County	Violent Crime
U.S.	386.7
Ohio	299.5
Miami	72.4

Source: Ohio Department of Public Safety Office of Criminal Justice Services Crime Statistics and Crime Reports from the FBI's Ohio Master File for the Uniform Crime Reporting Program, 5-year Average, 2010-2014

Population Health Issues

The following chapter will address access to health care, the general health status, and chronic health conditions of Miami County residents. This will include physical and mental health, as well as days with limitations in performing routine activities because of these conditions.

Maternal and Child Health

The HP2020 goal for maternal and child health is to improve the health and well-being of women, infants, children, and families. Improving the well-being of mothers, infants, and children not only affects their well-being, but determines the health of the next generation, and can help predict future public health challenges for families, communities, and the health care system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy), prenatal (during pregnancy), and interconception (between pregnancies) care.⁵⁵



Source: Miami County Park District

Other factors can affect a healthy pregnancy and childbirth, including age, race, poverty, and the mental health of the parents and/or caregivers. For example, “the social determinants that influence maternal health also affect pregnancy outcomes and infant health. Racial and ethnic disparities in infant mortality exist, particularly for African American infants and a child’s health status varies by both race and

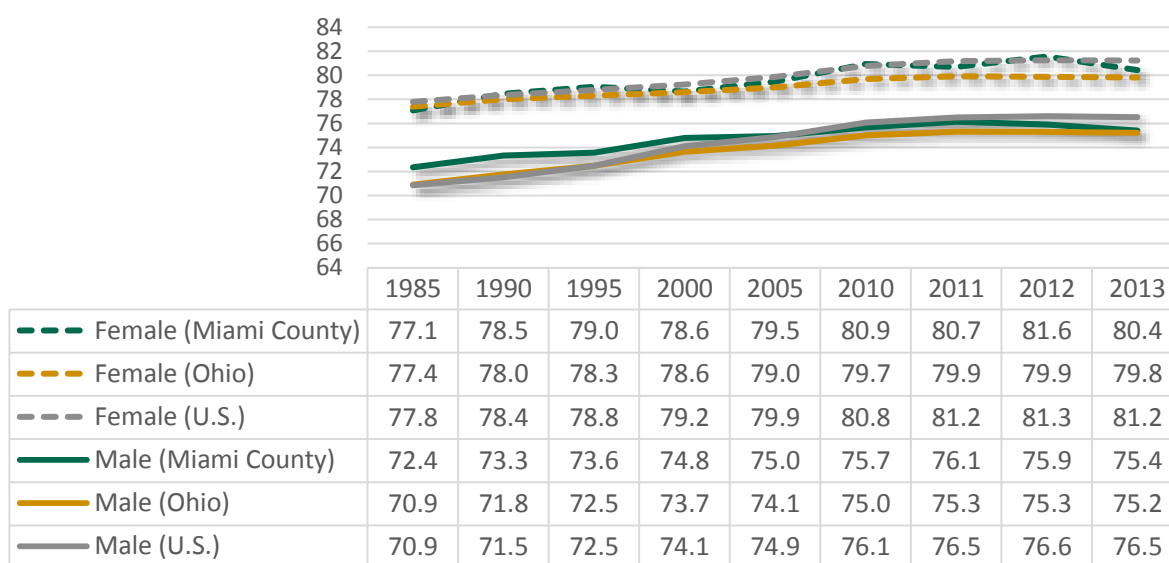
⁵⁵ (U.S. Department of Health and Human Services 2017)

ethnicity. Family income and related factors, including educational attainment among household members and health insurance coverage also affect prenatal and infant health outcomes.”⁵⁶

In addition, environmental factors can shape a woman’s overall health status before pregnancy, and her and the child’s health during and after pregnancy. Common barriers affecting her health directly and her ability to engage in healthy behaviors, like exercise and eating healthy foods, can be influenced by the neighborhood, community, and other environmental factors.

The following figure presents life expectancy at birth (age in years) from 1985-2013. Life expectancy has increased for both males and females since 1985 – females to their early 80s and males to their late 70s. Refer to the following figure for a breakdown by sex for Miami County, the State of Ohio, and the United States.

Figure 23: Life Expectancy at Birth, 1985-2013



Source: Institute for Health Metrics and Evaluation

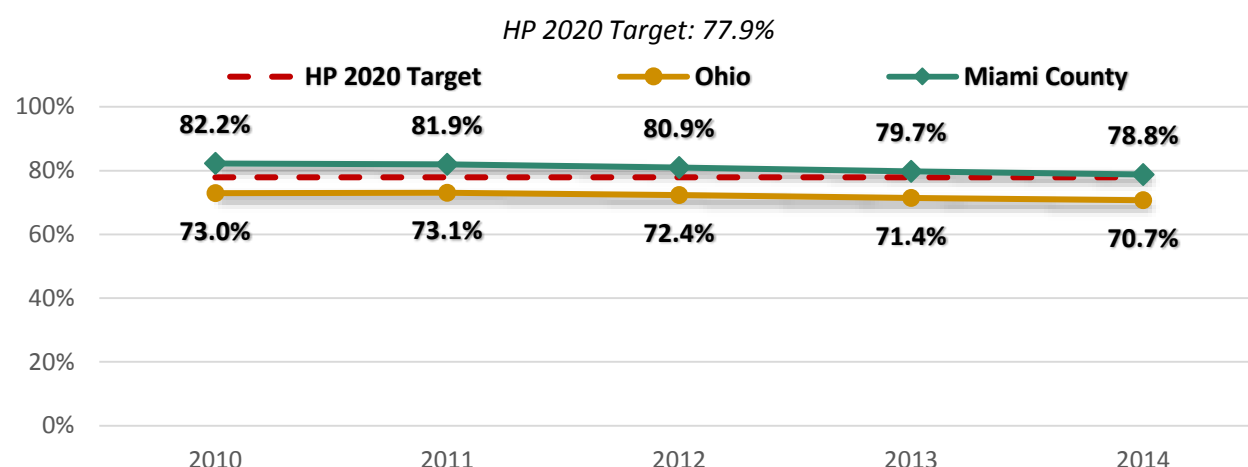
First Trimester Prenatal Care

In a survey conducted by the Applied Policy Research Institute in 2017, 66 women indicated that they had ever been pregnant and 46 of these women indicated that they had discussed ways to prepare for healthy pregnancy and baby with a doctor, nurse, or other healthcare worker.

Common barriers to a healthy pregnancy and birth include lack of access to appropriate health care before and during pregnancy.⁵⁷ The figure below presents the percentage of mothers in Miami County who received first trimester prenatal care versus the percentage in Ohio. Since 2010, Miami County’s percentage was comparatively better than Ohio’s, and more mothers in Miami County received first trimester prenatal care. However, the percentage of mothers receiving first trimester prenatal care has been steadily declining over this same period, but still remains above the HP2020 goal of 77.9% in 2014.

⁵⁶ (U.S. Department of Health and Human Services 2017)

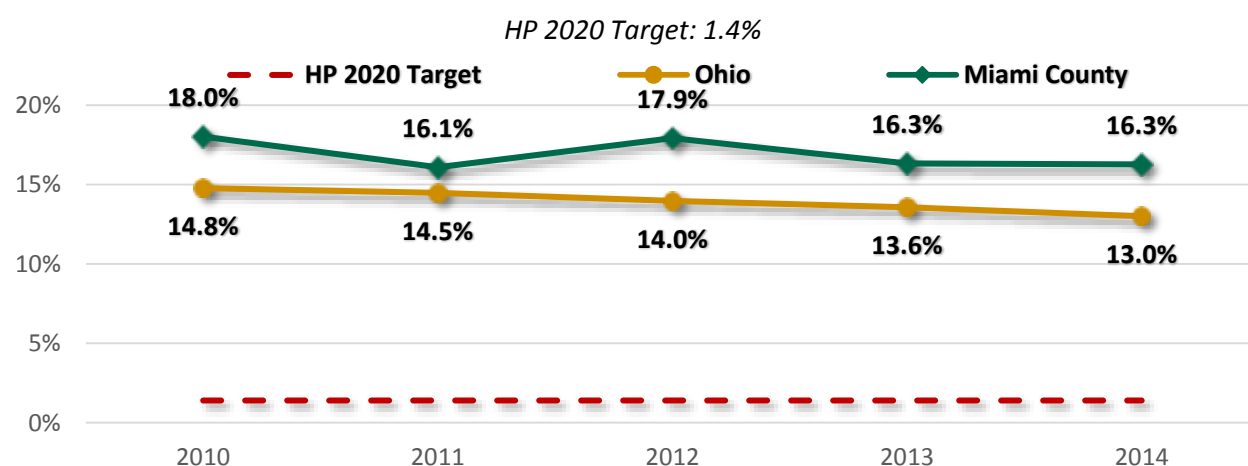
⁵⁷ (U.S. Department of Health and Human Services 2017)

Figure 24: Percentage of Live Births Receiving First Trimester Care, 2010-2014

Source: Ohio Department of Health, Ohio Resident Live Births

Births to Mothers Who Smoke

Smoking during pregnancy can increase the risk that the infant is born prematurely and/or born with low birth weight, which creates additional dangers. The percentage of mothers who smoke while pregnant is decreasing over time, but the rate for mothers in Miami County is higher than the national rate of 10.9% in 2014 and consistently higher than the rate for Ohio over the study period. Furthermore, in 2014, the percentage of Miami County women who did not abstain from smoking during pregnancy remains nearly 12 times higher than the HP2020 goal to reduce the percentage to 1.4%.

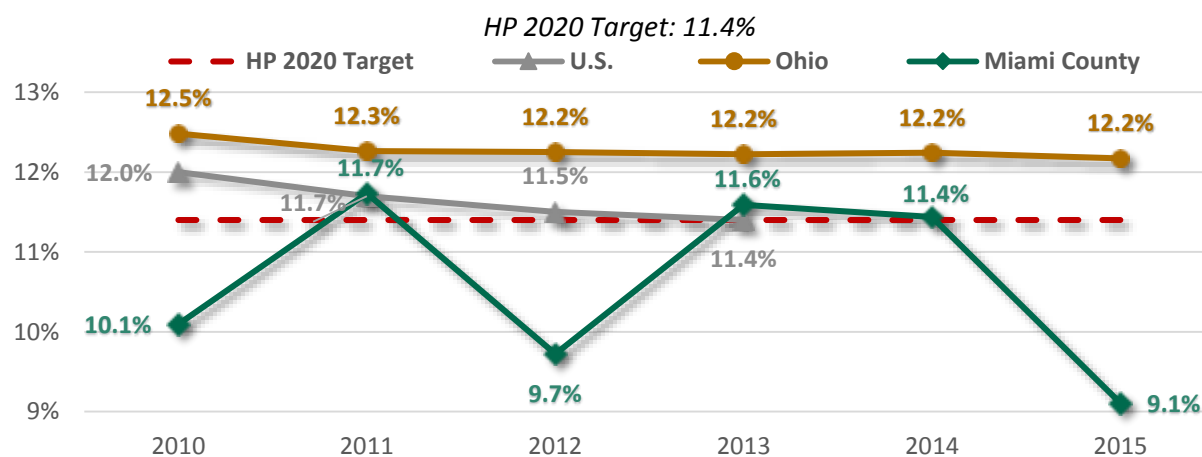
Figure 25: Percentage of Births to Mothers Who Smoked, 2010-2014

Source: Ohio Department of Health, Ohio Resident Live Births

Preterm Births

Preterm birth is when a baby is born too early – before the 37th complete week of pregnancy. Preterm birth is also a leading cause of long-term neurological disabilities in children. Preterm-related causes of death account for approximately 35% of all infant deaths.⁵⁸ According to the CDC, preterm birth affected about 1 of every 10 infants born in the United States in 2015. Preterm birth rates decreased from 2007 to 2014, and CDC research shows that this decline is due, in part, to declines in the number of births to teens and young mothers. The CDC also reports that the rate of preterm birth among African-American women (13%) was about 50 percent higher than the rate of preterm birth among white women (9%). The HP 2020 target for reduction is 11.4% annually. Miami County failed to meet this target in 2 out of 6 of the study years.

Figure 26: Preterm Live Births (Percent < 37 weeks gestation), 2010-2015



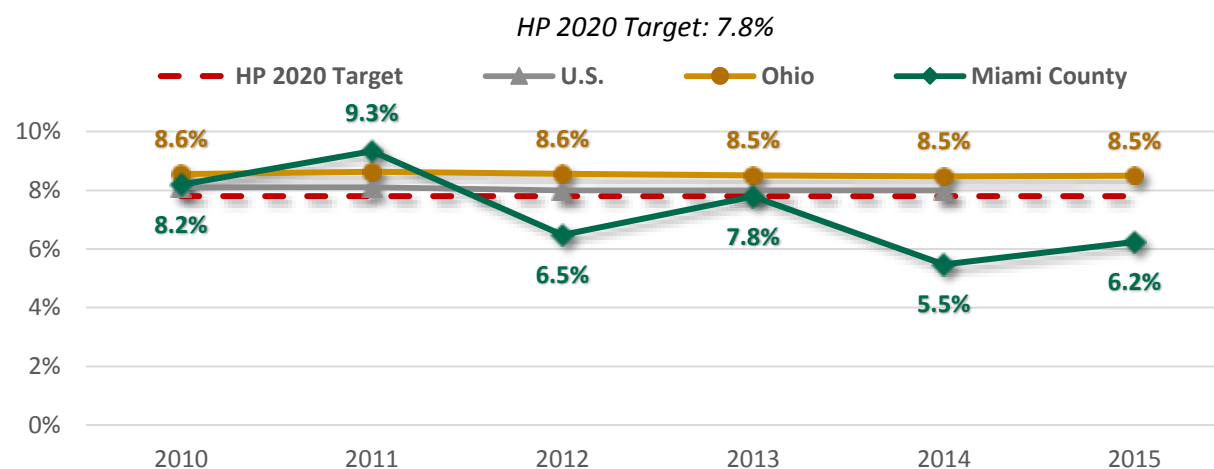
Source: Ohio Department of Health, Ohio Resident Live Births

⁵⁸ (U.S. Centers for Disease Control and Prevention 2013)

Low Birth Weight Rate

The low birth weight rate in the State of Ohio is 8.5%, while the national rate is 8.2% with a national target for reduction to 7.8%. Miami County's rate has consistently been lower than the state rate for every year since 2012 and has achieved or outperformed the HP2020 target every year since 2012.

Figure 27: Low Birth Weight Infants (percent, < 2,500 grams), 2010-2015



Source: Ohio Department of Health, Ohio Resident Live Births

Teen Birth Rates

“Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

- In 2011, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

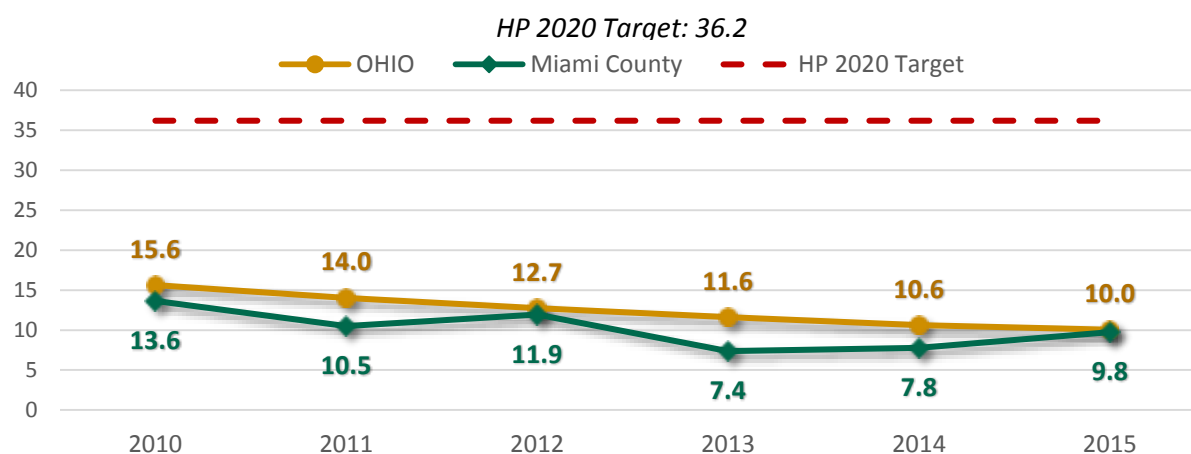
These effects remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.”⁵⁹

The graph below presents the six-year trend in teenage birth rates from 2010-2015. The birth rate to teenage mothers is consistently lower than the HP 2020 target of 36.2 per 1,000 and has declined over

⁵⁹ (U.S. Centers for Disease Control and Prevention 2017)

the course of the study period for both Miami County and the State of Ohio, with the County rate remaining lower than Ohio's rate in all years.

Figure 28: Birth Rates per 1,000 Mothers 15-19 Years of Age, 2010-2015



Source: Ohio Department of Health, Ohio Resident Live Births

Neonatal Abstinence Syndrome

Health choices of mothers can affect the health of newborns in a variety of ways, which can lead to risk of harm to the infant or child later due to the difficulties that arise in the infant's or child's behavior. For example, Neonatal Abstinence Syndrome (NAS), also known as neonatal withdrawal syndrome, is a set of symptoms associated with the abrupt withdrawal of opioids and other drugs when infants are born to mothers who were taking these substances. The symptoms can range from mild to severe and include:

- Low birth weight
- Breathing problems
- Seizures
- Feeding difficulties
- Tremors (trembling)
- Irritability (excessive crying)
- Sleep problems
- High-pitched crying
- Yawning, stuffy nose, and sneezing
- Vomiting
- Diarrhea
- Dehydration
- Sweating
- Fever or unstable temperature

In childhood, infants with NAS were more likely to be re-hospitalized (1.6 times more likely than other children), die during hospitalization (3.3 times), and be hospitalized for assaults (15.2), maltreatment (21 times), poisoning (3.6 times), and mental/behavioral (2.6 times) and visual (2.9 times) disorders.⁶⁰

Between 2004 and 2014 in Ohio, 9,498 hospitalizations resulted from Neonatal Abstinence Syndrome (NAS) in inpatient settings. In 2014 alone, there were 1,875 admissions, which equates to more than five

⁶⁰ (Uebel 2015)

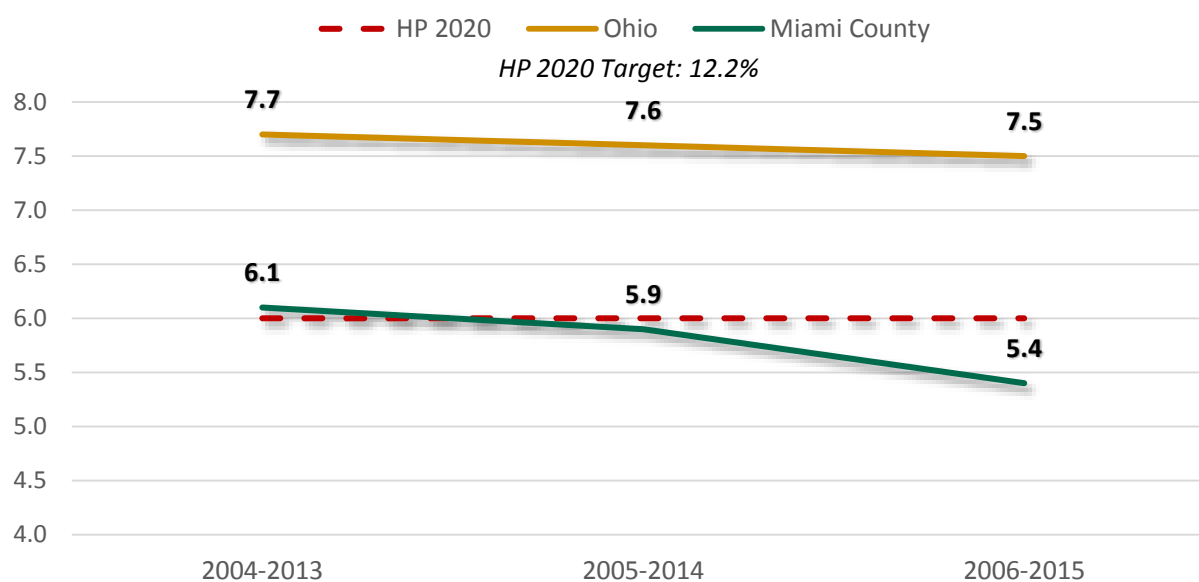
admissions per day. The rate of NAS grew nearly ten times from 14 per 10,000 live births in 2004 to 134 per 10,000 live births in 2014.⁶¹

Infant Mortality

Infant mortality refers to the number of deaths among children under one year of age and is calculated as a rate per 1,000 live births. Infant mortality is an important measure to inform communities about child health and well-being. According to the Centers for Disease Control and Prevention (CDC), there are significant differences in infant mortality by race. The mortality rate for black infants is more than twice that of white infants.

The graph below presents the general trend of infant mortality in Miami County and the State of Ohio. The number of infant deaths in any given year is below the threshold for reporting (<20 reported cases); therefore, specific numbers are considered unstable and should be interpreted with caution, but the impression indicates a substantially lower rate in Miami County over the study period than witnessed at the state level. The HP 2020 national target for reduction is 6.0% and Miami County's rate has achieved or outperformed the HP2020 target in 2014 and 2015.

Figure 29: Infant Mortality per 1,000 Births, 10-year Average, 2013-2015



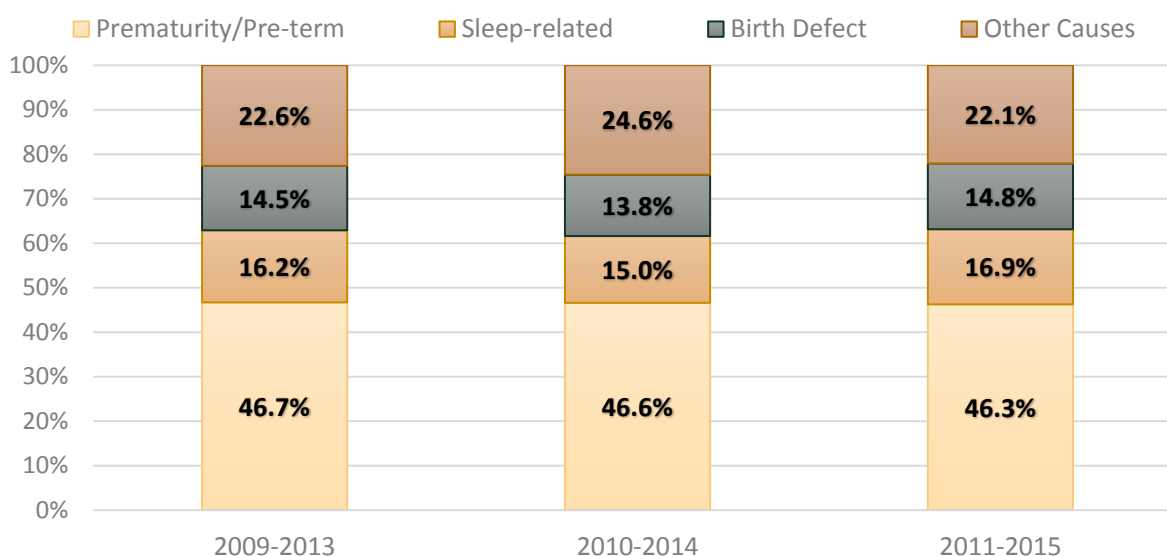
Source: Ohio Department of Health, Vital Statistics

⁶¹ (Ohio Department of Health 2016)

The CDC reports that the top five leading causes of infant mortality together account for over half (57%) of all infant deaths that happened in the United States in 2014. The top five causes of infant death are birth defects, preterm and low birth weight complications, maternal complications of pregnancy, sleep disorders (i.e., Sudden Infant Death Syndrome (SIDS)), and injuries.

The CDC reports that 1 in 10 infant deaths nationally were due to preterm-related causes in 2015. The State of Ohio reports that just over 46% of infant deaths are due to preterm/low birth weight complications. Sleep-related causes account for 16.9% of infant related deaths over the 2011-2015 study period, while birth defects account for almost 15% of infant related deaths in Ohio.

Figure 30: Leading Cause of Infant Death, 5-year Average in Ohio, 2013-2015



Source: Ohio Department of Health

Childhood Asthma

Obtaining data pertaining to child physical health, beyond the pre and post-natal stages, is a challenge. One measure of child health is asthma. Asthma remains one of the most prevalent chronic health problems facing American youth today. An estimated 14% of children and adolescents under the age of 18 are diagnosed with asthma at some point in their lives.

Asthma prevalence in Miami County, Ohio is difficult to come by. The national current asthma rate for children is 8.6% (2014) which is roughly the same percentage as in 2010. Children between 5-11 years old have the greatest prevalence; prevalence is much greater for African American children (13.4%). Impacts include: youth's psychological well-being, academic performance, and missed school days. Beyond physical pollutants, social "pollutants" such as childhood poverty, neighborhood violence, and familial stress, independently contribute to pediatric asthma outcomes.

3rd Grade Oral Health

Access to dental care means getting the dental care you need when you need it. According to the 2015 Ohio Medicaid Assessment Survey, getting dental care remains the number one unmet health care need among Ohio's children. The following figure presents these results.

Figure 31: 3rd Grade Oral Health Screening, 2013-2015

	Toothache in the Last Six Months	Untreated Cavities	History of Tooth Decay	One or More Sealants
Ohio	10.0%	17.0%	51.0%	49.0%
Miami	7.0%	12.9%	39.5%	34.4%

*Percentages have a relative standard error greater than or equal to 30% and have been deemed unreliable.

Source: Ohio Department of Health

Kindergarten Immunizations

In Ohio, students must be immunized at the time of initial entry or at the beginning of each school year or be in the process of being immunized by a method of immunization approved by the Ohio Department of Health against mumps, poliomyelitis, diphtheria, pertussis, tetanus, rubeola, and rubella. In Miami County 92.0% of kindergarten students were fully immunized (SY2012-2013).

Figure 32: Miami County Kindergarten Immunization Rates, SY2012-13

Kindergarten Immunization	Total Enrolled	Total Immunized	Percent fully Immunized	Total Exempt Religious / Philosophical	Percent Exempt
Miami	1,064	979	92.0%	26	2.4%

Source: Ohio Department of Health, published by the Springfield News-Sun

Infant and Child Safety

Motor vehicle injuries are a leading cause of death among children in the United States. But more than half of these deaths could be prevented by buckling children in age- and size-appropriate car seats, booster seats, and seat belts.⁶²

In a survey of adult Miami County residents in 2017, 153 individuals indicated that they have children – 93 of these respondents have children ages birth to a height of 4'9". Of these respondents, 78.9% always transport their children in a car or booster seat. Three individuals indicated that they seldom or never transported their child(ren) in the appropriate safety seat.

According to the CDC, the exact causes of Sudden Infant Death Syndrome (SIDS) is unknown, but research shows that parents and caregivers can take the following actions to help reduce the risk of SIDS and other sleep-related causes of infant death:

- Always place babies on their backs to sleep for every sleep

⁶² (U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention 2016)

- Babies should never sleep in an adult bed, on a couch, or on a chair alone, with their parent, or with anyone else⁶³

In 2017, Miami County respondents with infants were asked how often the infant sleeps in their bed. Three-quarters (73.5%) of respondents indicated that the infant never sleeps in their bed. These respondents were also asked how often they put their infant to sleep on their back and 57.8% respondents indicated that they always put their infant to sleep on their back.

Maternal and Child Health Data Highlights

Ohio, U.S., and Healthy People 2020 Comparison

- Percentage of women in Miami County receiving 1st trimester prenatal care (75.6%) is lower than the HP 2020 target of 77.9%
- 16.3% of births in Miami County is to mothers who smoke, which is higher than the State of Ohio (13.0%), the nation (10.4%), and the HP 2020 target of 1.4%
- Percentage of preterm births in Miami County (11.3%) is higher than the State of Ohio (10.3%)
- From 2008-2015, approximately 46% of infant deaths in Miami County were due to prematurity or preterm-related causes
- The average Miami County neonatal abstinence syndrome rate 5.7/1000 livebirths (2011-2015) is higher than HP 2020 target of 0.0/1,000
- In 2015, the infant mortality rate 11.5/1,000 live births in Miami County, which is higher than the State of Ohio (7.2/1,000), the nation (5.8/1,000), and the HP 2020 target of 6.0/1,000 live births
- 21.1% of Miami County respondents **do not** use age-appropriate booster or car seats when transporting their children
- 26.5% of respondents allow their infant to sleep in their bed
- 42.2% of Miami County respondents with infants **do not** put their infant to sleep on their back
- From 2008-2015, 15-17% of infant deaths in Miami County were due to sleep-related causes

Disparities

- The percentage of women between the ages of 15 and 24 receiving 1st trimester prenatal care is lower than women 25 years of age and older
- The percentage of women between the ages of 15 and 24 receiving 1st trimester prenatal care is lower than the HP 2020 target of 77.9%
- The percentage of low birth weight babies is higher than the HP 2020 target of 7.8% among women 15-19 years of age and women 25 years of age or older

⁶³ (U.S. Centers for Disease Control and Prevention 2017)

Table 14: State and National Comparison of Maternal and Child Health Indicators

Indicator	Miami County		Ohio		United States		HP 2020
	Year	Measure	Year	Measure	Year	Measure	Target
With 1st trimester prenatal care	2015	75.6%	2015	64.8%	2008	71.0%	77.9%
<15 years of age	2015	N/A	2015	35.0%	N/A		
15-19 years of age		57.0%		51.9%			
20-24 years of age		70.7%		58.7%			
25-29 years of age		78.4%		66.6%			
30-34 years of age		80.5%		70.4%			
35 years of age or older		79.4%		67.0%			
Low Birth Weight (<2500 grams)	2015	6.2%	2015	8.5%	2015	8.1%	7.8%
<15 years of age	2015	N/A	2015	18.9%	2015	12.6%	
15-19 years of age		N/A		10.0%		9.5%	
20-24 years of age		5.6%		9.3%		8.4%	
25-29 years of age		7.0%		7.9%		7.5%	
30-34 years of age		5.1%		7.4%		7.5%	
35 years of age or older		N/A		9.7%		9.2%	
Births to Mothers Who Smoke during Pregnancy	2014	16.3%	2014	13.0%	2007	10.4%	1.4%
Preterm Births	2015	9.1%	2015	10.3%	2013	11.4%	11.4%
Neonatal Abstinence Syndrome (2011-2015 5-yr average)	2015	5.7/1,000	2015	12.3/1,000	2013	6.0/1,000	0.0/1,000
Infant Mortality	2015	4.2/1,000	2015	7.2/1,000	2014	5.8/1,000	6.0/1,000

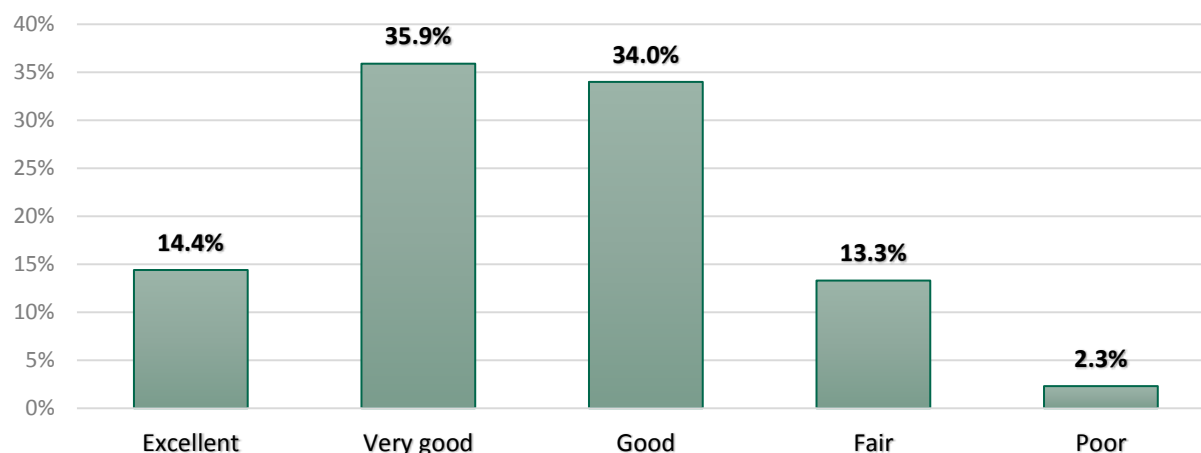
Adult Health

General Health

The general health status of respondents is a self-reported gauge of an individual's overall health condition. The first question of the Miami County Health Assessment Household Survey asked respondents to rate their overall health to provide a measure of peoples' initial impression of their health status.

Eight out of ten respondents (84.4%) indicated that in general, their health is excellent (14.4%), very good (35.9%), or good (34.0%). The percentage of Miami County residents who rated their health as fair or poor (15.6%) is lower than the percentage for both the State of Ohio (16.5%) and the nation (16.4%).

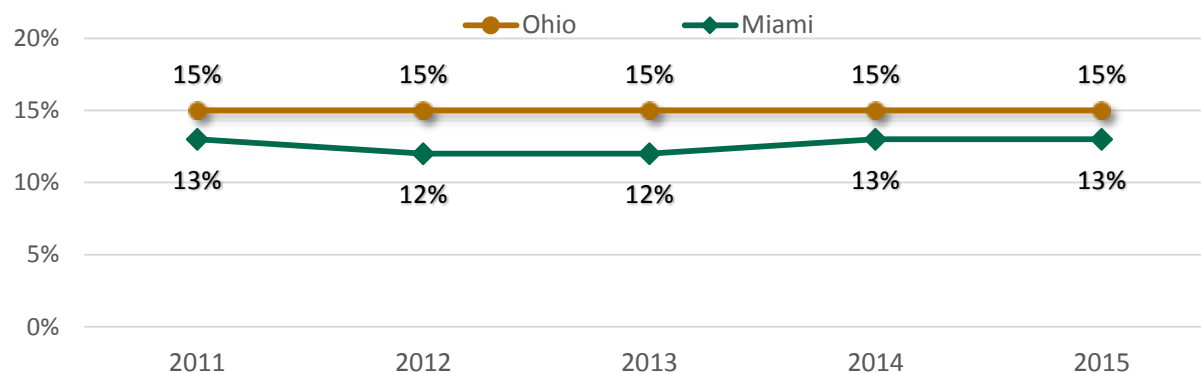
Figure 33: Would you say that in general your health is:



Source: 2017 Miami County Health Assessment Household Survey

The County Health Rankings provides estimates of overall health status over time. The graph below provides this trend from 2011-2015. The percentage of adults reporting fair or poor health has remained relatively consistent over the study period.

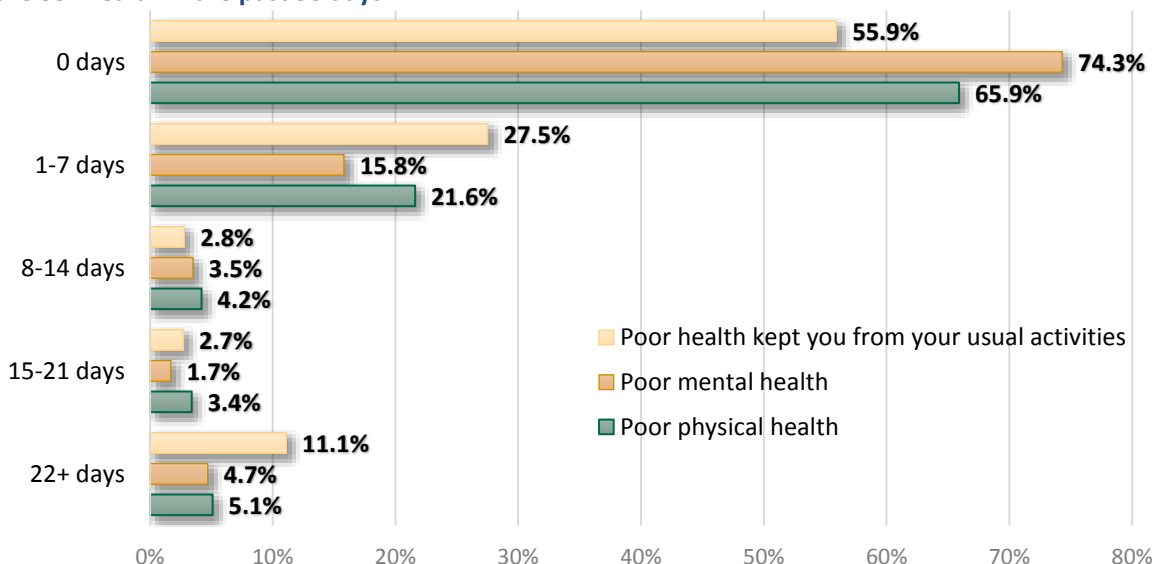
Figure 34: Overall Health Status, Percentage of adults reporting fair or poor health (age-adjusted), 2011-2015



Source: County Health Rankings and Roadmaps

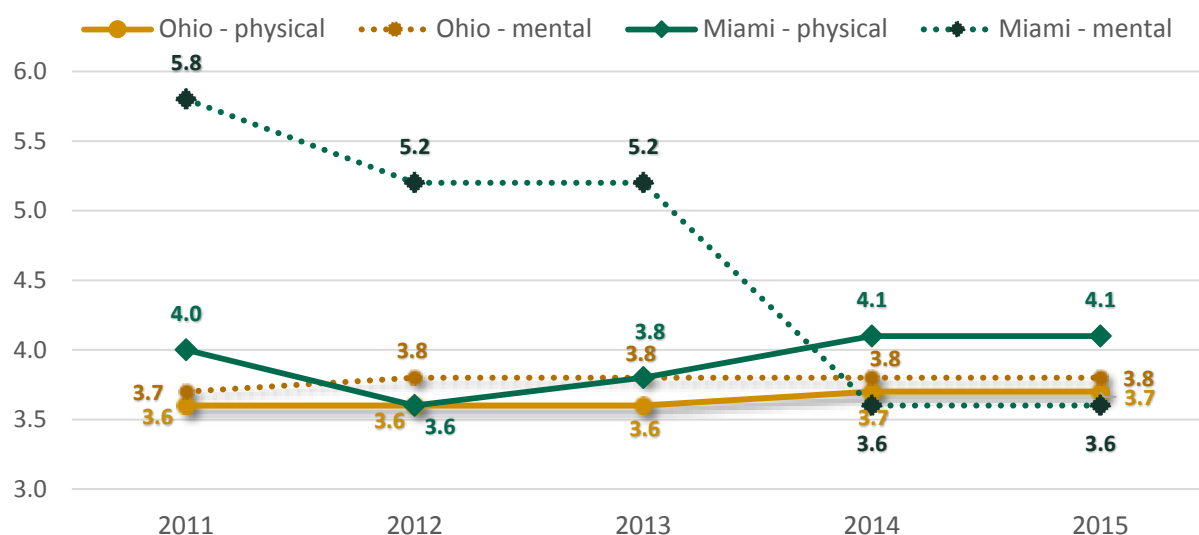
Respondents were asked about their health status over the past 30 days, including physical health, mental health, and how many days health issues kept them from their usual activities. When asked how many days in the past 30 days they had poor health, one-third of respondents (34.3%) indicated having at least one day in the past 30 with poor physical health and one out of four respondents (25.7%) indicated having at least one day in the past 30 with poor mental health. Of the respondents who had at least one day in the past 30 with poor physical or mental health, 44.1% indicated that poor physical or mental health had kept them from performing their usual activities like self-care, work, or recreation at least one day in the past 30.

Figure 35: Health in the past 30 days



Source: 2017 Miami County Health Assessment Household Survey

As a comparison, the graph below provides the trend from 2011-2015 of the average number of days reported by adults that they experienced poor physical or mental health as modeled by the County Health Rankings. The percentage of adults reporting fair or poor physical health has remained relatively consistent over the study period at approximately 3.9 days. The percentage of adults reporting fair or poor mental health has decreased from 5.8 days in 2011 to 3.6 days in 2015.

Figure 36: Overall Health Status, Number Poor Health Days Reported by Adults in the Past 30 Days, 2011-2015

Source: County Health Rankings and Roadmaps

Health Problems or Impairments Affecting Daily Activity

Respondents were posed several questions concerning impairments or health problems that may impact their daily activities. When asked if they are limited in any way in their daily activities because of an emotional, mental, or physical health problem, 20.3% of respondents indicated that they have one or more limitations. Women were more likely to indicate they are physically limited in some way than are men, with women also more likely to indicate they have serious difficulty walking or climbing stairs. Low-income (households earnings less than \$15,000) are also more likely to report that they have serious difficulty walking, climbing stairs, or doing errands alone.

Respondents were also asked if they currently have any health problems that require them to use special equipment to address their physical difficulties such as a cane, wheelchair, special bed, or special telephone. Ten percent (10.4%) of respondents do have a health problem requiring them to use special equipment. Significant differences are witnessed by income. Individuals living in households with incomes below \$15,000 are significantly more likely (35.3%) to indicate that they require the use of special equipment than are individuals living in households reporting incomes at or above \$15,000 (8.7%).

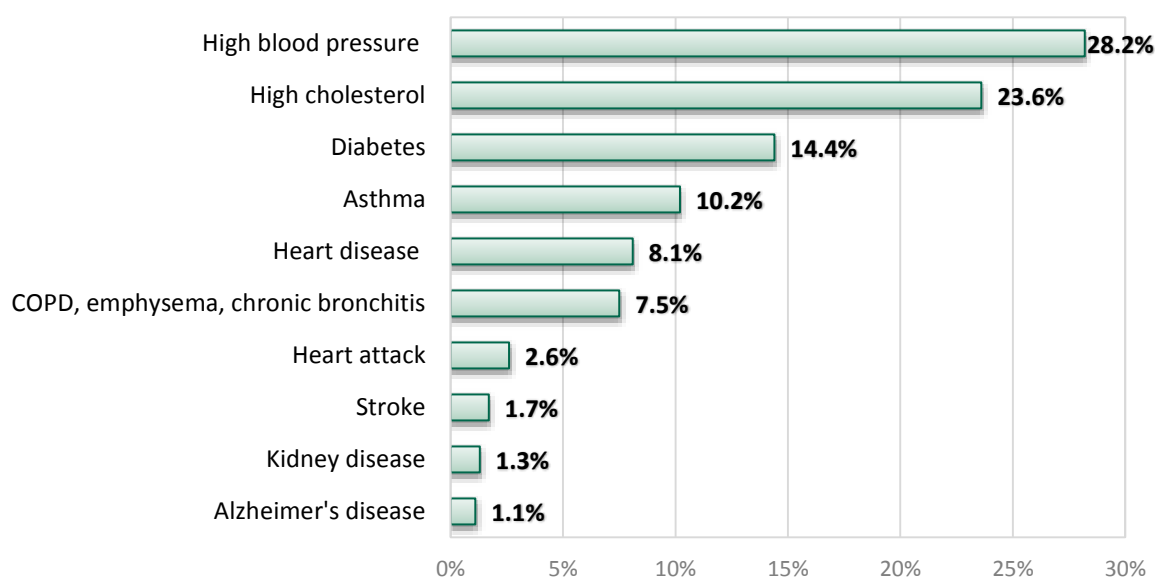
Chronic Disease and Injury

Chronic Disease

According to the CDC, about half of all adults had one or more chronic health conditions and one of four adults had two or more chronic health conditions⁶⁴ and two of the top ten causes of death account for almost half (48 percent) of the deaths in the United States – heart disease and cancer. The CDC also reports that arthritis is the most common cause of disabilities limiting adults' usual activities, while diabetes is the leading cause of limb amputations (not caused by accidental causes), and new cases of blindness among adults. This chapter discusses the prevalence of chronic health conditions in Miami County, including asthma, cardiovascular diseases, diabetes, and cancer. This section also provides some details on attitudes, behaviors, and actions toward these diseases as well as disease prevention and early detection.

The three most frequently cited conditions are high blood pressure (28.2%), high blood cholesterol (23.6%), and diabetes (14.4%).

Figure 37: Has a doctor or health professional ever told you that you had any of the following diseases?



Source: 2017 Miami County Health Assessment Household Survey

⁶⁴ (Ward, Schiller and Good 2014)

Cardiovascular Conditions

High Blood Pressure

Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure, or kidney failure. There are no symptoms, and according to the American Heart Association, 85 million adults have been diagnosed with high blood pressure and one in five adults are unaware they have high blood pressure. This is why high blood pressure is often called the "silent killer."

In the Health Assessment Household Survey, Miami County residents were asked if a doctor, nurse, or other health care professional had ever told them that they have high blood pressure and 28.2% of respondents said that they have been told they have high blood pressure, which is lower than both the State of Ohio (34.3%) and the nation (30.9%). As age increases, so does the likelihood of ever being told that the respondent has high blood pressure and this finding is significant.

Many people with high blood pressure rely on several different methods to help control their blood pressure, but the method most relied on is medication. Nine out of ten Miami County adults (88.9%) with high blood pressure control their blood pressure with medication.

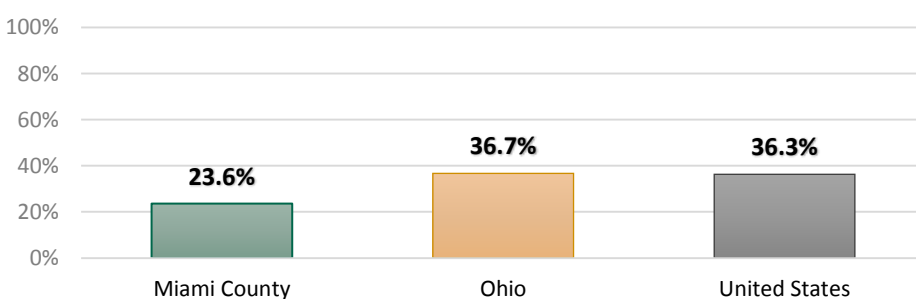
High Cholesterol

Cholesterol is a fat-like molecule found in all cells of the body and is essential for body functions, including the production of hormones. Too much cholesterol in the blood can be serious, causing plaque to build up in the walls of the arteries leading to narrowing of the arteries over time, or atherosclerosis.

Lowering blood cholesterol levels decreases the chance for having plaque burst and causing a heart attack, and may also prevent plaque from building up. People with high blood cholesterol are at greater risk for heart attacks and heart disease.

When respondents to the Health Assessment survey were asked if they had ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high, 23.6% of respondents indicated that they had been told by a health care professional; this percentage is lower than the percentage for the State of Ohio (36.7%) and the national median (36.3%). Significant differences are witnessed by age and by household income. As age increases so does the likelihood that the respondent has been diagnosed with high cholesterol. Individuals living in households earning less than \$15,000 per year are significantly more likely (39.4%) to report high cholesterol levels compared to individuals living in households with an annual income at or above \$15,000 (23.1%).

Figure 38: High Blood Cholesterol County, State, and National Comparison



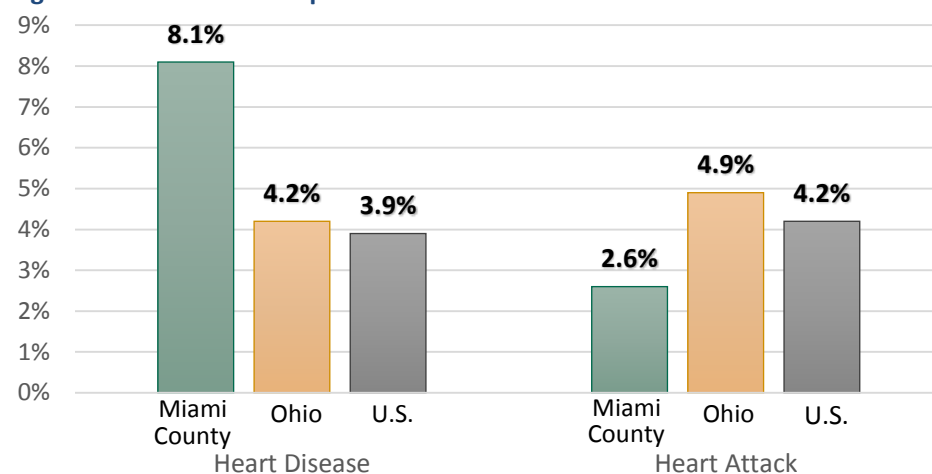
Source: 2017 Miami County Health Assessment Household Survey

Coronary Heart Disease, Heart Attack and Stroke

Coronary heart disease (CHD) is still the number one cause of death in the United States, outpacing cancer, stroke, and chronic lower respiratory disease. CHD is caused by a narrowing of the walls of the arteries, and often results in a heart attack. Each year, about 735,000 Americans suffer a heart attack and about 370,000 of those heart attacks are fatal (Centers for Disease Control and Prevention).

Approximately ten percent (9.9%) of Miami County Health Assessment 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) (2.6%), angina or coronary heart disease (8.1%), and stroke (1.7%). The percentage of Miami County adults reporting that they have been told they have heart disease is twice as high as the percentage for the State of Ohio and the nation. However, the percentage of Miami County (2.6%) respondents indicating that they have had a heart attack is lower than both the state (4.9%) and the nation (4.2%). Men are more likely to report that they have had a heart attack than women.

Figure 39: Cardiovascular problems



Source: 2017 Miami County Health Assessment Household Survey

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data

Respiratory Conditions

COPD

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 in some cases asthma. About 15.7 million Americans report that they have been diagnosed with COPD and it was the nation's 3rd leading cause of death in 2014.⁶⁵

⁶⁵ (National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. September 16, 2016. 2016)

According to the American Lung Association:

- Chronic obstructive pulmonary disease (COPD) is a condition caused by prolonged exposure to irritants that damage the lungs and eventually obstruct the airways. Cigarette smoke is the most common culprit (firsthand and secondhand smoke), but long-term exposure to air pollution, dust, and chemicals or fumes are also contributors. Breathing difficulties and persistent shortness of breath while doing everyday activities, frequent respiratory infections, and chronic cough and wheezing are classic COPD symptoms.
- Emphysema involves the gradual damage of lung tissue, specifically thinning and destruction of the alveoli or air sacs, making it more difficult to breathe as the disease progresses. Cigarette smoke is the most common cause of the damaged lung tissue. Once the damage is done, it is not curable, but there are treatments and lifestyle changes that can help manage the disease.
- Bronchitis is a form of lower respiratory tract inflammation affecting the air tubes (bronchi) of the lungs. According to the American Lung Association, chronic bronchitis is a chronic inflammation of the medium-sized airways, also known as bronchi, in the lungs. A clinical definition of chronic bronchitis is a persistent cough that produces sputum, also known as phlegm, and mucus, for at least three months per year in two consecutive years.

Nearly eight percent of Miami County residents (7.5%) has been told that they have COPD, emphysema, or chronic bronchitis, which is a lower percentage than for the State of Ohio (7.9%), but higher than the national percentage (6.2%). Miami County adults reporting household incomes below \$15,000 and adults who have less than a high school education are significantly more likely to report that they have been told they have COPD, emphysema, or chronic bronchitis. Older respondents are also significantly more likely to report that they have been told they have COPD, emphysema, or chronic bronchitis.

Asthma

Asthma is a chronic respiratory disease in which the airways of the lungs become temporarily blocked due to inflammation. Symptoms associated with asthma include labored breathing, chest constriction, and coughing.

The CDC reports that over 22 million Americans have asthma – 8.4% of children and 7.6% of adults. Black children and adults have a higher prevalence of asthma than do other races – 13.4% of children and 9.1% of adults. Females are also more likely to report that they have asthma. Asthma is also higher among obese adults compared to adults with a normal weight or those who are overweight – 11.7% vs. 7.1% and 7.8%, respectively.

The Centers for Disease Control and Prevention (CDC) report that asthma self-management education is essential to reducing asthma-related effects and improves the quality of life for asthma sufferers by reducing urgent care visits, emergency department visits, hospitalizations, and healthcare costs. Less than half of people with asthma reported being taught how to avoid triggers and 48 percent of adults taught to avoid triggers did not follow most of this advice.⁶⁶

⁶⁶ (U.S. Centers for Disease Control and Prevention 2017)

When respondents were asked if a doctor ever told them that they had asthma, 10.2% indicated that they had been diagnosed with asthma, which is lower than State of Ohio (14.1%) and nation percentages (14.3%). Significant differences are witnessed by educational attainment – respondents who have not achieved at least a high school diploma or GED are significantly more likely to report that they have asthma.

Diabetes

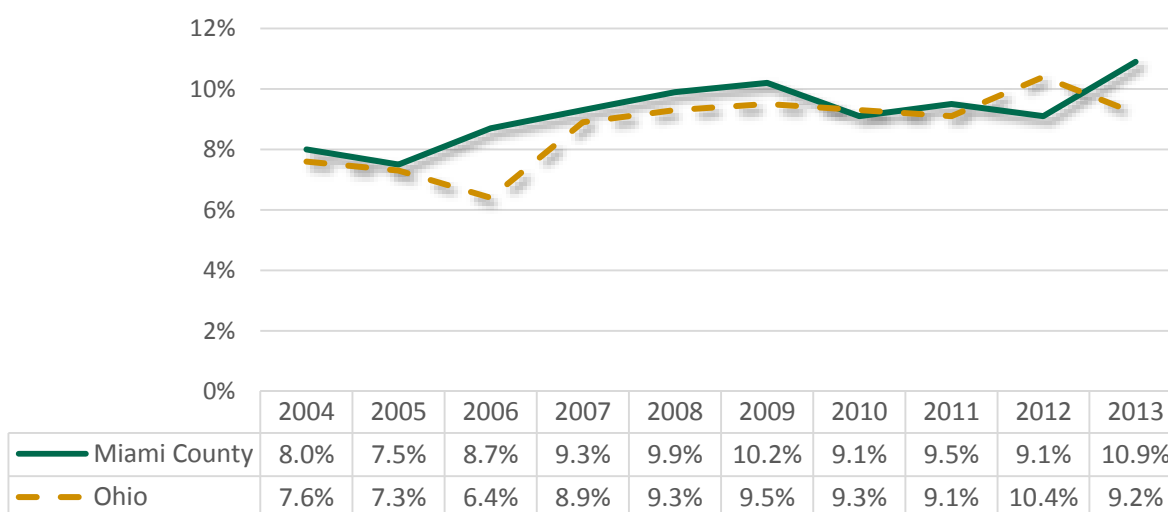
Diabetes is a disease in which the pancreas is unable to produce insulin or cannot properly use the insulin that it does produce. According to the American Diabetes Association, an estimated 29.1 million people in the United States have diabetes, although approximately 8.1 million are undiagnosed. Every year, 1.4 million new cases of diabetes are diagnosed. There is a higher prevalence witnessed among African Americans (13.2%) and Hispanics (12.8%) than Caucasians (7.6%) and Asian Americans (9.0%).

There are two main types of diabetes (although others do exist), Type 1 and Type 2. Only about 5-10 percent of people with diabetes have Type 1 diabetes, where the body fails to produce insulin. Type 2 diabetes is more common, where the cells are resistant to insulin and cells may also not produce enough insulin. 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 (American Diabetes Association).

Fourteen percent (14.4%) of Miami County respondents indicated that they have been told by a doctor that they have diabetes and this finding is higher than the State of Ohio (11.8%) and national percentages (10.8%).

The rate of adult diagnosed diabetes has increased since 2004, as witnessed in the following figure. In 2013, the CDC reports that the percentage of Miami County residents diagnosed with diabetes is 10.9% and this rate is higher than the rate for the State of Ohio.

Figure 40: Adult Diagnosed Diabetes Prevalence, 2004-2013



Source: U.S. Centers for Disease Control and Prevention, Diabetes

Kidney Disease

According to the Kidney Foundation, as many as 30 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.⁶⁷ One in three American adults are at risk for developing kidney disease.⁶⁸ The three leading causes of kidney failure are diabetes, high blood pressure, and glomerulonephritis.⁶⁹ Some of the other diseases that may affect the kidneys include infections, kidney stones, and polycystic kidney disease. Over use of over-the-counter pain killers and illegal drugs are also causes of kidney disease.⁷⁰ One percent (1.3%) of Miami County adults have been told that they have kidney disease, and this is lower than the rate for Ohio (3.2%) and the U.S. median (2.7%).

Injury

In the 2017 Miami County Health Assessment Household Survey, residents were asked to respond to injury related questions. Adults age 45 and older were asked how many times they had fallen in the past 12 months and if the fall had resulted in a visit to the doctor or an injury that limited their regular activities for at least one day. Seventy-eight percent (78.0%) of the respondents had not fallen within the previous 12 months. Fourteen percent (13.7%) had fallen once or twice and the remainder had fallen 3 or more times. When asked if the fall resulted in an injury that limited regular activities for at least a day or caused the respondent to go see a doctor, 33.7% of respondents indicated that it did.

The following table presents the fatal fall rates and fall-related hospitalization rates for senior adults in Miami County and Ohio. Miami County experienced 62.0 fatal falls per 100,000 in 2013, which is a much higher rate than for the State of Ohio, overall. The rate of fall-related hospitalizations is 6.2 times higher in the State of Ohio than in Miami County. Fall-related Emergency Department visits are also lower in Miami County than the State of Ohio. Please refer to the following figure for more information.

Table 15: Fall Related Issues for the Population Ages 65 and Older, 2013

	Fatal Fall Rates per 100,000 in 2013	Fall-related Hospitalization Rates per 1,000 in 2013	Fall-related ED Visit Rates per 1,000 in 2012
Ohio	56.6	8.7	41.6
Miami	62.0	1.4	36.8

Source: Ohio Department of Health & Ohio Hospital Association

⁶⁷ (National Kidney Foundation 2017)

⁶⁸ (National Kidney Foundation 2017)

⁶⁹ (National Kidney Foundation 2017)

⁷⁰ (National Kidney Foundation 2017)

Figure 41: Number and Rate of Fall Deaths and Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits, Ages 65 and older — Ohio, 2014

Fall Deaths*			Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits **			
	Number of Deaths	Death Rate per 100,000	Number of Hospitalizations	Nonfatal Hospitalization Rate per 100,000	Number of ED Visits	Nonfatal ED Visit Rate per 100,000
TOTAL	1,160	64.0	19,461	1,074.9	81,275	4,524.1
Sex						
Male	542	79.1	5,661	801.7	26,780	3,682.0
Female	618	54.2	13,800	1,253.3	54,495	5,148.9
Age Group						
Ages 65-69	69	11.8	1,961	335.2	14,987	2,561.8
Ages 70-74	93	22.1	2,258	536.5	13,328	3,166.9
Ages 75-80	163	52.2	2,815	901.7	13,507	4,326.3
Ages 80-84	247	107.4	3,740	1,626.0	13,902	6,044.0
Ages 85+	588	235.6	8,687	3,480.3	25,551	10,236.5

*Source: Ohio Department of Health, Vital Statistics

** Source: Ohio Hospital Association

Note: Rates are age-adjusted except for rates by age group

Chronic Disease and Injury Data Highlights

Ohio, U.S., and Healthy People 2020 Comparison

- Prevalence of high cholesterol in Miami County is higher than the HP 2020 target of 13.5%
- The percentage of respondents in Miami County (28.2%) reporting high blood pressure is higher than the HP 2020 target of 26.9%
- Prevalence of coronary heart disease in Miami County is almost twice that of Ohio or the U.S.
- Prevalence of diabetes is higher in Miami County than Ohio or the U.S.

Disparities

- The prevalence of high blood pressure, high cholesterol, coronary heart disease, diabetes, and COPD are significantly higher for Miami County adults 55 years of age or older
- Male respondents in Miami County are more likely to report having a heart attack than female respondents
- The prevalence of high cholesterol and COPD is higher for individuals in households with incomes below \$15,000
- The prevalence of high cholesterol, coronary heart disease, asthma, COPD, and fall related injuries is higher among Miami County respondents with less than a high school diploma or equivalency

Table 16: State and National Comparison of Chronic Disease and Injury Prevalence

Key Variable	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	
High Cholesterol	23.6%	386	36.7%^	10,463	4,571	5,892	36.3%^	63.7%	13.5%
High Blood Pressure	28.2%	386	34.3%^	11,886	5,420	6,466	30.9%^	69.1%	26.9%
Angina or Coronary Heart Disease (CHD)	8.1%	386	4.2%	11,818	823	10,995	3.9%^	96.1%	N/A
Heart Attack (myocardial infarction (MI))	2.6%	386	4.9%^	11,861	889	10,972	4.2%^	95.8%	N/A
Stroke	1.7%	386	3.5%^	11,886	624	11,262	3.0%^	97.0%	N/A
CHD or MI	8.7%	386	7.0%	11,819	1,299	10,520	6.1%^	93.9%	N/A
Diabetes	14.4%	386	11.8%	11,905	1,955	9,950	10.8%^	89.1%	N/A
Asthma	10.2%	386	14.1%	11,873	1,533	10,340	14.3%^	85.8%	N/A
COPD	7.5%	386	7.9%	11,865	1,324	10,541	6.2%^	93.8%	N/A
Kidney Disease	1.3%	386	3.2%*	11,884	547	11,337	2.7%^	97.3%	13.3%

^ Significant at the .05 Level

* Significant at the .01 Level

Table 17: Miami County Populations with a Significantly Higher Prevalence of Selected Chronic Diseases, 2017

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Chronic Health Conditions – Ever Told				
High Cholesterol		X	X	X
High Blood Pressure		X		
Angina or Coronary Heart Disease (CHD)		X		X
Heart Attack (myocardial infarction (MI))	X (male)			
Stroke				
Diabetes		X		
Asthma				X
COPD		X	X	X
Kidney Disease				
Fall related Injury (adults 45+)		N/A		X

Cancer

Diseases can be prevented to a great extent through healthy lifestyle choices like refraining from smoking, engaging in regular physical activity, making healthy food choices, and maintaining a healthy weight. However, not all diseases are preventable, making early detection through screenings and regular check-ups vital to health and longevity. The following section delves into cancer rates and the preventive actions Miami County residents have undertaken in order to remain healthy and cancer free.

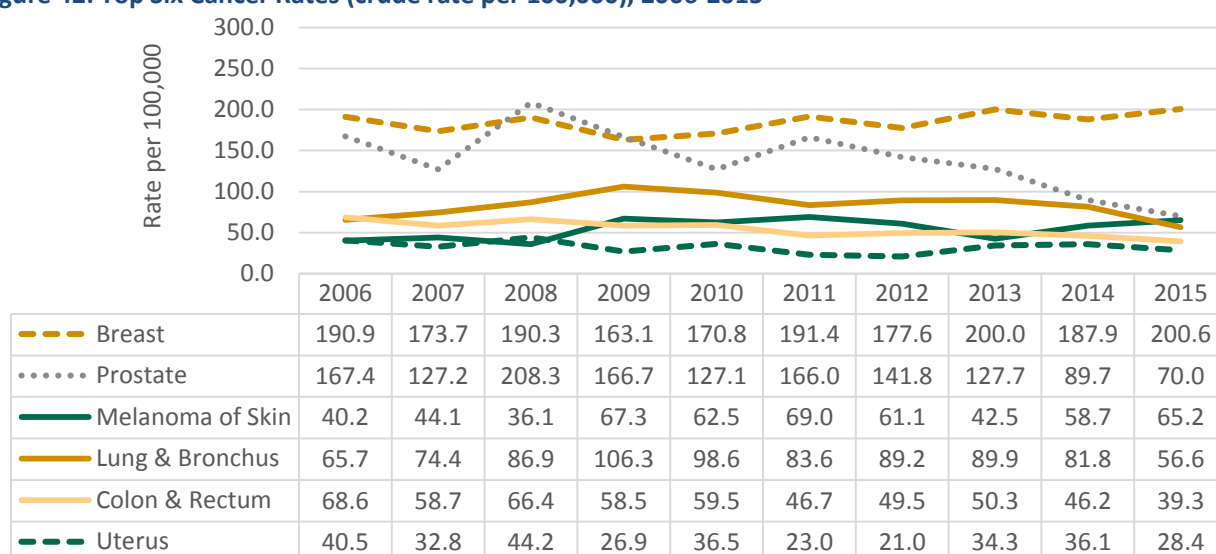
The CDC reports that nationwide in 2013, the most common cancers (age adjusted rates expressed per 100,000) are:

- Breast cancer (123.7 – 1st among women of all races and Hispanic origin populations)
- Prostate cancer (101.6 – 1st among men of all races and Hispanic origin populations)
- Lung cancer (67.4 – 2nd among white, black, American Indian/Alaska Native, and Asian/Pacific Islander men and women, but 3rd among Hispanic men and women)
- Colorectal Cancer (38.4 – 2nd among Hispanic men and 3rd among white, black, American Indian/Alaska Native, and Asian/Pacific Islander men)
- Uterine Cancer (25.9)
- Melanoma of the Skin (20.7)

Children

- Leukemias (8.3 – 1st among children 1-4 years of age)
- Brain and central nervous system cancer (4.5)

The most common form of cancer among the Miami County population is breast cancer (crude rate is calculated for the female population only) and the 2nd most common form of cancer is prostate cancer (crude rate calculated for men only). Of the six most prevalent cancers, all have remained consistent from 2006 to 2015 based on rates. Prostate cancer is an exception to this trend, where a dramatic increase can be seen in 2008, followed by a dramatic decrease. Refer to the following figure for the top six crude rates in cancer incidence from 2006-2015.

Figure 42: Top Six Cancer Rates (crude rate per 100,000), 2006-2015

Source: Ohio Department of Health

Early screenings are important in the detection and treatment of cancer. The stage of a cancer case refers to the degree to which the cancer has spread. The stage of cancer at diagnosis is an important determinant of survival, with the earliest stages often leading to better prognoses. Early detection through screening is useful in determining the most beneficial treatment and is a good predictor of long-term survival.⁷¹

The Ohio Department of Health defines the five stages at which cancer is diagnosed as:

Unstaged/Unknown: Insufficient information is available to determine the stage of cancer at the time of diagnosis, or the case was reported with missing stage data

Early Stage

- **in situ:** A tumor that has not invaded or penetrated surrounding tissue
- **Localized:** An invasive malignant tumor that is confined to the organ in which it originated

Late Stage

- **Regional:** An invasive malignant tumor that has spread by direct extension to adjacent organs or tissues and/or has spread to regional lymph nodes
- **Distant:** An invasive malignant tumor that has spread by direct extension beyond adjacent organs or tissues and/or metastasized to distant lymph nodes or tissues

Early Detection for Breast Cancer

The biggest risk for breast cancer is simply being a woman, and many women diagnosed with breast cancer do not have any of the identified risk factors. However, there are some risk factors that may

⁷¹ (Ohio Department of Health 2012)

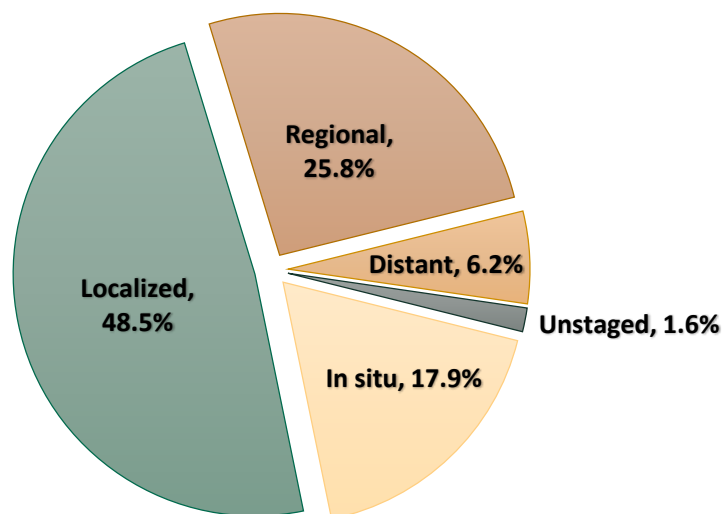
increase a woman's risk for breast cancer, including a personal history of a prior breast cancer; evidence of a specific genetic change that increases susceptibility to breast cancer (BRCA1/BRCA2 mutations); a mother, sister, daughter, or two or more close relatives, such as cousins, with a history of breast cancer (especially if diagnosed at a young age); a diagnosis of a breast condition (i.e., atypical hyperplasia) that may predispose a woman to breast cancer; or a history of two or more breast biopsies for benign breast disease.

Two important screenings in the early detection of breast cancer are the clinical breast exam and the mammogram. The American Cancer Society (ACS) recommends that women age 40 or older have a mammogram annually; however, women who have a family history of breast cancer should consult their doctor as to how often they should receive a mammogram.

Eighty-eight percent (88.0%) of women in Miami County report that they have had a clinical breast exam, and 77.2% have had one within the last two-years. Seven out of ten (71.2%) Miami County women surveyed have had a mammogram, and three out of five women (60.9%) have had this procedure less than one year ago. Nine out of ten (93.5%) women ages 40 and older have had a mammogram, and 80.1% have had one performed within the past two years; this finding is significantly higher than the finding for the State of Ohio (72.2%) and the nation (73.0%).

However, the HP2020 target is to increase the proportion of women, ages 50 to 74, who receive breast cancer screenings based on the most recent guidelines (currently biennially) to 81.1% and Miami County residents are exceeding this goal – 87.0% of Miami County women ages 50-74 are getting a mammogram biennially. An additional HP 2020 objective is to reduce the rate of late-stage breast cancer diagnoses. As witnessed in the following figure, two-thirds of breast cancer diagnoses among Miami County women were diagnosed in the early stages.

Figure 43: Breast Cancer Detection by Stage, 2011-2015



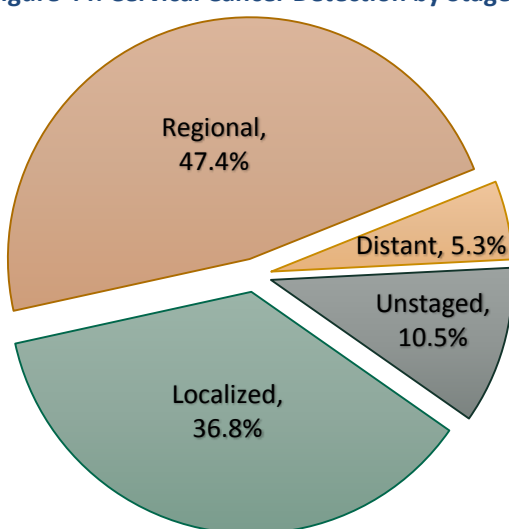
Source: Ohio Department of Health, Cancer Incidence Data

Early Detection for Cervical Cancer

Cervical cancer is often times preventable and curable if it is detected early. More women aged 40 years and older are diagnosed with cervical cancer, but younger women are at risk for the precursor to cervical cancer. The most effective tool for early detection is the Papanicolaou test (Pap test), which can detect lesions before they become cancerous. Most physicians recommend a Pap test every one to three years. Nearly ninety percent of all female respondents (88.6%) to the Health Assessment Survey have had a Pap test, and 74.0% of them have had the exam within the past 3 years. This percentage is similar to the percentage for the State of Ohio (73.7%) and nation (75.2%).

The HP 2020 target is to increase the percentage of women who received a cervical cancer screening based on the most recent guidelines to 93.0% and to reduce the rate of new, late-stage cervical cancer cases to 7.2 per 100,000. Between 2011 and 2015, 52.7% of the cervical cancer cases among women in Miami County were of late stage diagnoses – 47.4% regional and 5.3% Distant.

Figure 44: Cervical Cancer Detection by Stage, 2011-2015



Source: Ohio Department of Health, Cancer Incidence Data

Early Detection for Colorectal Cancer

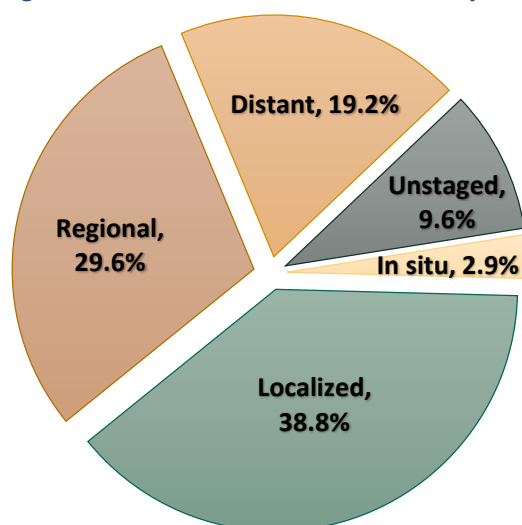
Colorectal cancer is the third most common cancer in both men and women, and is most common in people over age 50. More than 90 percent of people with this disease are diagnosed after age 50. Other risk factors include having colorectal polyps; having a family history of colorectal cancer; having a personal history of colon cancer; having colitis or Crohn's disease; having a diet high in fat and low in calcium, folate, and fiber; or being a cigarette smoker.

There are several methods used to screen for colon cancer, and early detection is the very best form of defense against the disease. One method of screening for colorectal cancer is the digital rectal exam. Other screenings include the fecal occult blood test (FOBT), a sigmoidoscopy, and a colonoscopy. Looking only at Miami County residents aged 50 and older, 22.8% of residents 50 and older have not had

a sigmoidoscopy or colonoscopy, which is lower than the percentage for the State of Ohio (32.4%) and the nation (30.7%). Of Miami County residents 50 years of age and older who indicated they have had a sigmoidoscopy or colonoscopy, 43.3% have done so in the last 2 years.

The HP 2020 target is to increase the percentage of adults, ages 50-75, who received a colorectal cancer screening based on the most recent guidelines to 70.5% and to reduce the rate of new late-stage colorectal cancer cases to 39.9 per 100,000. Between 2011 and 2015, nearly half (48.8%) of the colorectal cancer cases among adults in Miami County were of late stage diagnoses – 29.6% regional and 19.2% Distant.

Figure 45: Colorectal Cancer Detection by Stage, 2011-2015



Source: Ohio Department of Health, Cancer Incidence Data

Early Detection for Prostate Cancer

Men over age 55 are most at risk for prostate cancer, and the risk for developing prostate cancer is higher if a father or brother has had the disease. Prostate cancer is also more common in African American men than in white men. Another risk factor may be a diet high in animal fat.

There are two detection tests for prostate cancer: the digital rectal exam, and a blood test for prostate-specific antigen (PSA). In general, experts suggest men should have annual screenings for prostate cancer, beginning at age 50. Seven out of ten men in Miami County (69.8%) have been advised by a doctor or other health care professional about the advantages of the prostate-specific antigen (PSA) test, which is a blood test to measure protein produced by both cancerous and noncancerous tissue in the prostate and are following this advice. Seventy percent (71.0%) of men ages 50 or older have had a PSA test, and 61.2% have had one within the past year.

Communicable Disease

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 20 million new sexually transmitted disease (STD) infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$16 billion annually.⁷² Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to the CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. The CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.⁷³

According to the CDC, many social, economic, and behavioral factors affect STDs.

- Certain racial/ethnic groups
 - African Americans, Hispanics, and American Indian/Alaska Natives have higher rates of STDs
- Substance abuse
- Poverty
 - STDs higher among the economically disadvantaged

Sexually Transmitted Infections

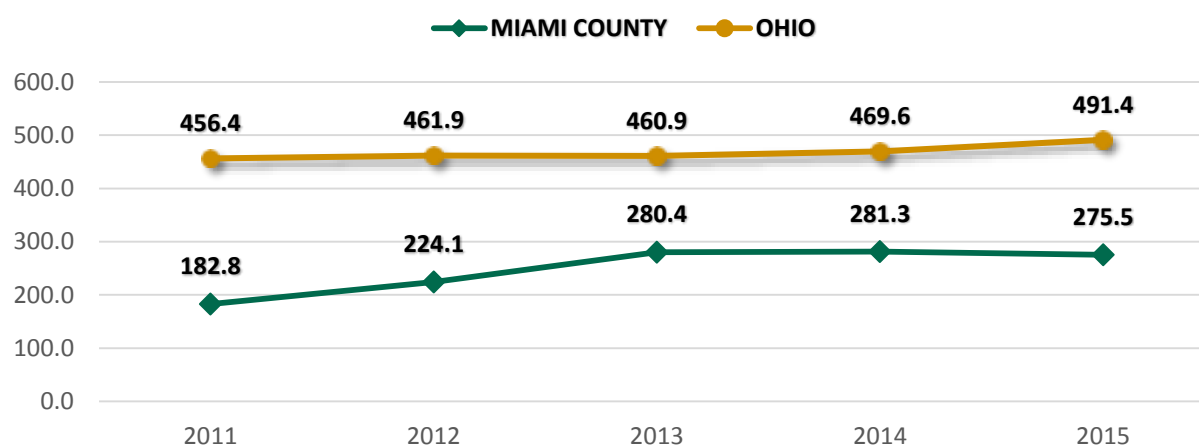
The rate per 100,000 in population of all sexually transmitted disease cases has increased since 2011 among Miami County residents. The rate per 100,000 is lower in Miami County than the rate for Ohio. However, while chlamydia cases in Ohio continues to increase, the rate of chlamydia cases in Miami County shows a leveling out.

Among Ohio residents, disparities by race and age are also apparent. STDs are of higher prevalence among African Americans when compared to the white population. STDs are also more prevalent among young adults between the ages of 20-24 than other age cohorts. Chlamydia cases are higher among women, while syphilis cases are higher among men.

⁷² (Owusu-Edusei and et al. 2008)

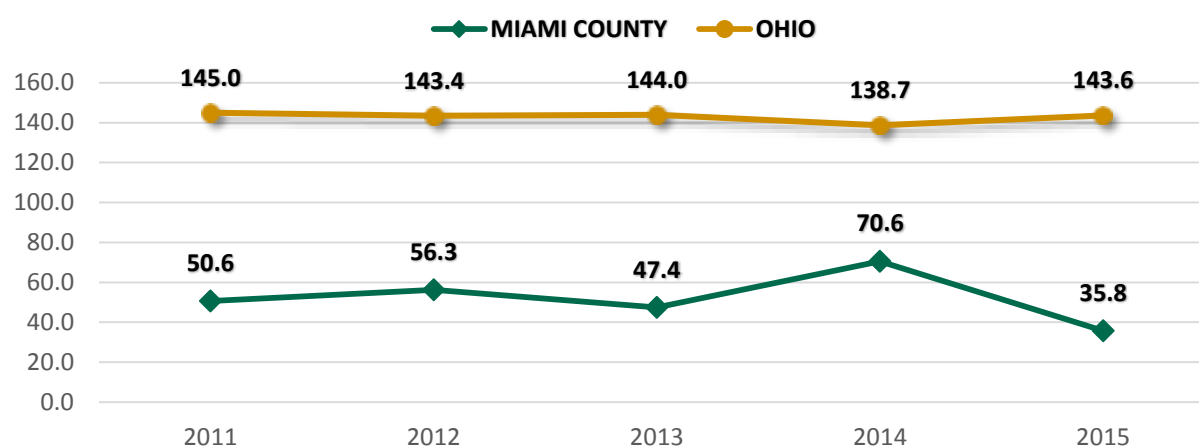
⁷³ (U.S. Department of Health and Human Services 2017)

Figure 46: Chlamydia Cases, 2011-2015

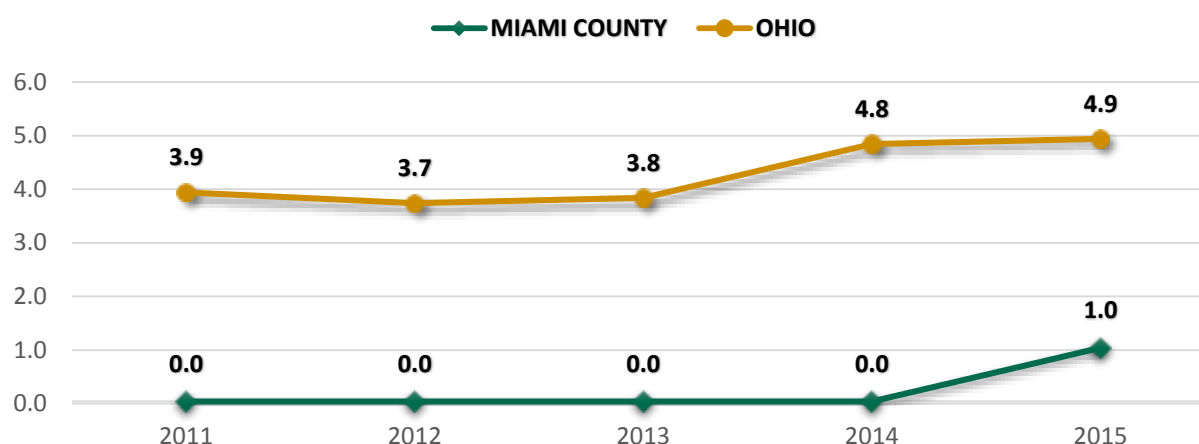


Source: Ohio Department of Health, STD Surveillance Program

Figure 47: Gonorrhea Cases, 2011-2015



Source: Ohio Department of Health, STD Surveillance Program

Figure 48: Syphilis Cases, 2011-2015

Source: Ohio Department of Health, STD Surveillance Program

Mental Health

Respondents to the 2017 Miami County Health Assessment Survey were asked about their mental health status over the past 30 days and how many days stress, depression, and problems with their emotions negatively affected their mental health. When asked how many days in the past 30 days they had poor mental health, 25.7% of respondents indicated they had at least one day in the past 30 where their mental health was not good. Forty-four percent (44.1%) indicated that poor physical or mental health had kept them from performing their usual activities like self-care, work, or recreation at least one day in the past 30 days. When asked if their mental/emotional health limits their activities, 3.4% of respondents indicated that mental health problems and 3.6% indicated emotional health problems does limit their activities.

Respondents were also asked if mental health issues were a problem for their household. Ten percent of households report they have a problem with adult mental illness, 3.9% report alcohol abuse as a problem for their household, and 1.0% report their household faces problems with prescription or illegal drug use.

Respondents were asked if they had ever been told by a doctor that they had a depressive disorder or mental or emotional problems or conditions. Ten percent (9.5%) of respondents indicated that they have a depressive disorder and 7.4% have been diagnosed with mental or emotional problems. Three percent of respondents also indicated that they could not get mental health care services when they needed it.

Significant differences are witnessed between the sexes in Miami County – 12.7% of female respondents reported being diagnosed with a depressive disorder compared to 5.9% of males. Female respondents are also significantly more likely to report being diagnosed with mental or emotional problems (9.1%) than male respondents (5.3%) and being limited in conducting daily activities because of mental or emotional problems.

Table 18: FY 2016 Individuals Served in Public Behavioral Health System, by Diagnoses

Board Area	Mental Health Diagnosis	Alcohol and Other Drugs	Dual Diagnosis	No Assessment	Total	Rate per 1,000
Darke-Miami-Shelby	3,609	939	812	891	6,251	40.4

Source: Ohio Department of Mental Health and Addiction Services

Alcohol Consumption and Substance Abuse

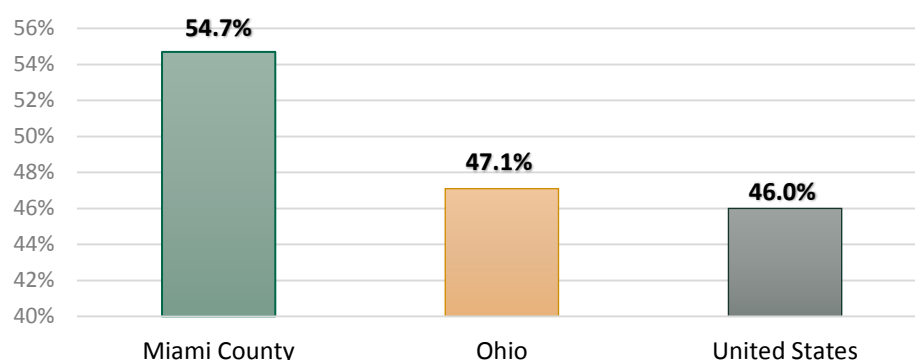
According to the CDC, we know that addiction is a disease that affects both the brain and behavior. Science has identified many of the biological and environmental factors that affect drug use and dependence and are beginning to search for the genetic variations that contribute to the development and progression of the disease. Despite these advances, it is still unknown why people become addicted to drugs or how drugs change the brain to foster compulsive drug use. The National Institute on Drug Abuse (NIDA) also reports that most drugs of abuse can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving, pregnancy risks, and infectious disease. Commonly abused drugs include alcohol, cocaine, heroin, marijuana, opioids, steroids, and nicotine.

According to NIDA, fentanyl-laced heroin has been linked to a surge of overdoses in Ohio. Fentanyl and related compounds are also being found in counterfeit pills made to look like prescription pain relievers and sedatives and those who use heroin or prescription drugs laced with fentanyl are at much higher risk of overdose and death. Emerging drug use trends in Ohio also include the use of the potent animal opioid sedative carfentanil, which has been linked to a significant number of overdose deaths. The next section of this report addresses alcohol consumption and substance abuse.

Alcohol Consumption

While recent research has shown that moderate alcohol consumption can be beneficial to health, excessive alcohol consumption has the opposite effect.

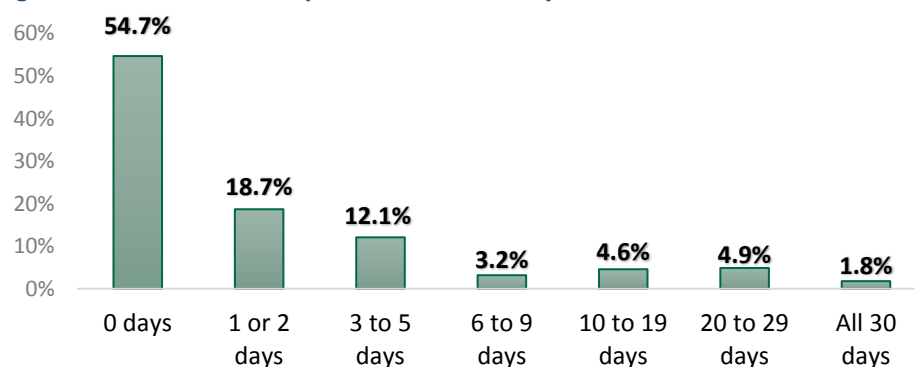
In the 2017 Health Assessment Survey, the Applied Policy Research Institute asked Miami County residents about their alcohol use. First, respondents were informed that a drink of alcohol includes one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor. With this in mind, respondents were asked to indicate how many times they have had at least one drink of alcohol in the past month. Just over half (54.7%) of respondents indicated that they had not consumed alcohol in the past 30 days. The percentage of Miami County adults who did not drink alcohol in the past month (54.7%) is higher than the percentage for the State of Ohio (47.1%) and the nation (46.0%).

Figure 49: No Alcohol in Past Month County, State, and National Comparison

Source: 2017 Miami County Health Assessment Household Survey

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data

Three out of ten (30.8%) Miami County adults report they consumed alcohol five or fewer days per month. Conversely, 1.8% of Miami County adults reported daily alcohol consumption.

Figure 50: Alcohol Consumption, Number of Days in the Last 30

Source: 2017 Miami County Health Assessment Household Survey

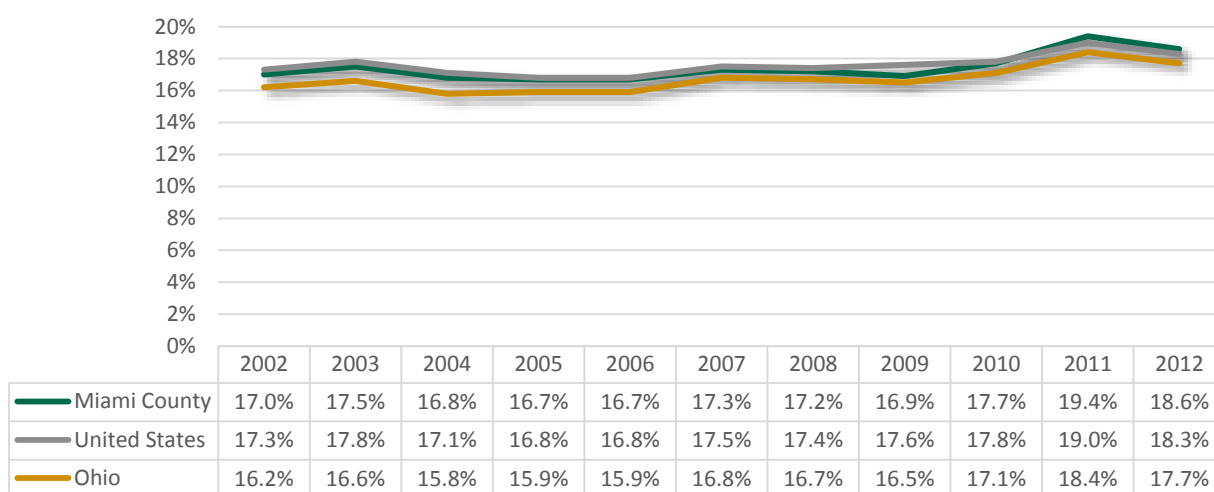
Miami County adults who reported drinking alcohol in the past month were asked how many drinks they had on average on the days that they drank. The average was 2.62 drinks.

"Binge drinking" is defined as the consumption of 5 or more alcoholic beverages on any one occasion for men and 4 or more for women. Fifteen percent (15.0%) of Miami County adults are considered binge drinkers, having consumed five or more drinks on at least one occasion within the past month (4 or more drinks if a female). The percentage of Miami County adults, responding to the survey, who binge drink is significantly lower than the percentage for the State of Ohio (18.2%) and the nation (16.3%).

"Heavy" drinking is defined as the consumption, on average, of more than one drink per day for women or two drinks per day for men in the past 30 days. The Institute for Health Metrics provides trend data in regard to binge and heavy drinking prevalence among adults. Data is available and provided in the following figures for a several year span through 2012.

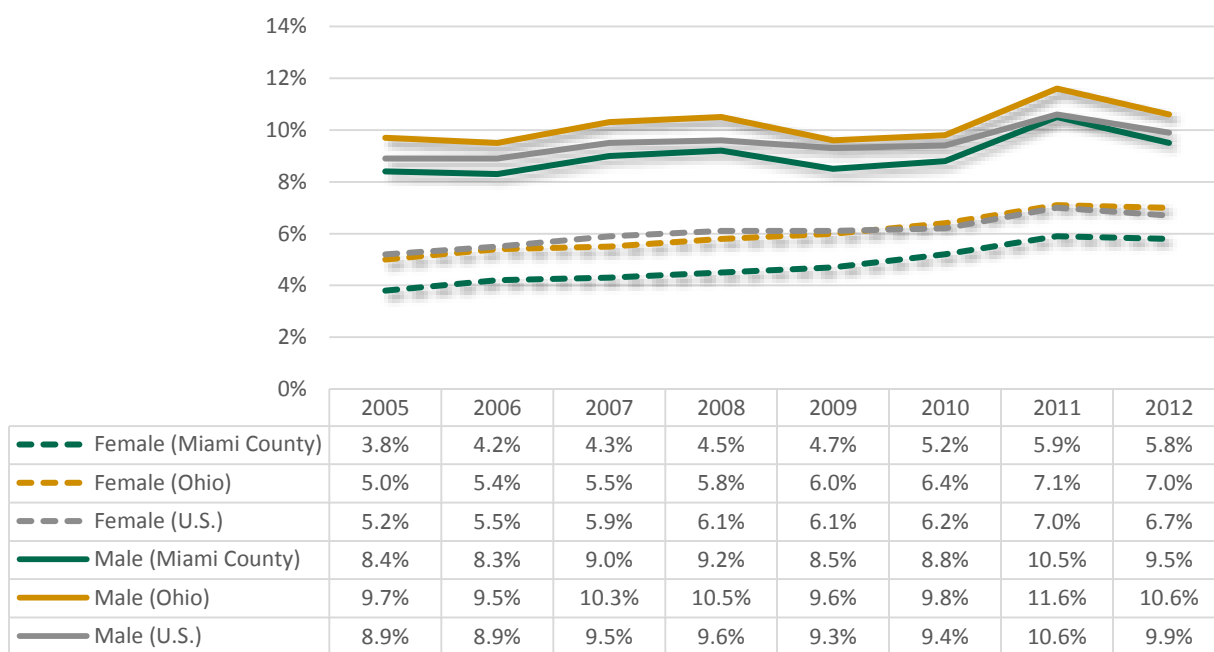
In Miami County, the prevalence for binge drinking has increased over the 2002-2012 time period from 17.0% to 18.6%, which is similar to both the State of Ohio and the nation. Differences can be seen between the sexes. Twice as many men reported binge drinking over the study period. The percentage of heavy drinkers among Miami County adults (7.6%) is similar to both the State of Ohio (8.2%) and the nation (8.8%) in 2012, and this rate has modestly increased over the study period. Similar to binge drinking, men are also more likely to be heavy drinkers.

Figure 51: Prevalence of Binge Drinking, Adults, 2002-2012

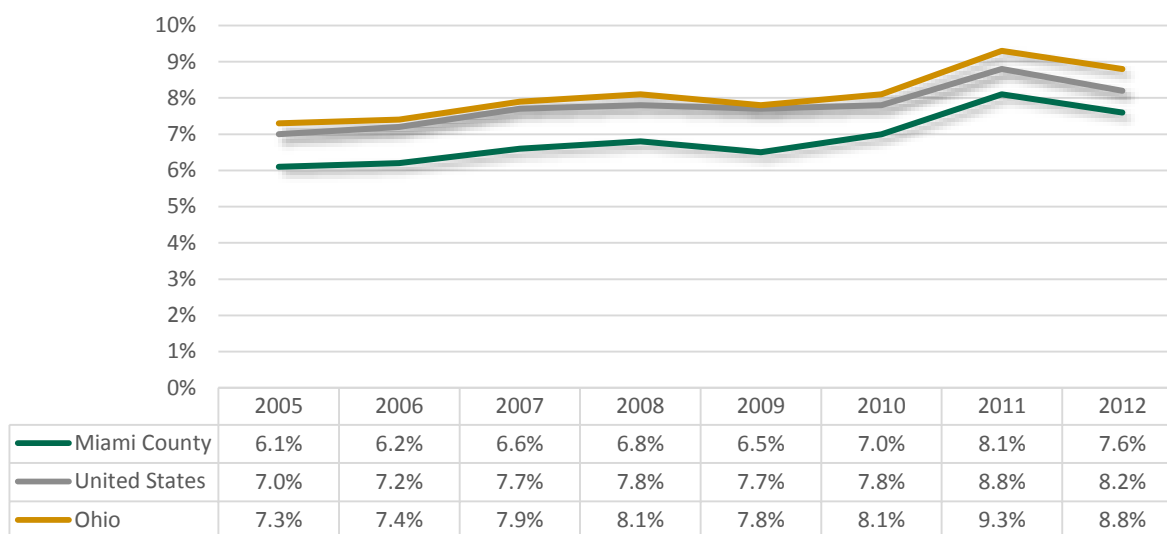


Source: Institute for Health Metrics and Evaluation

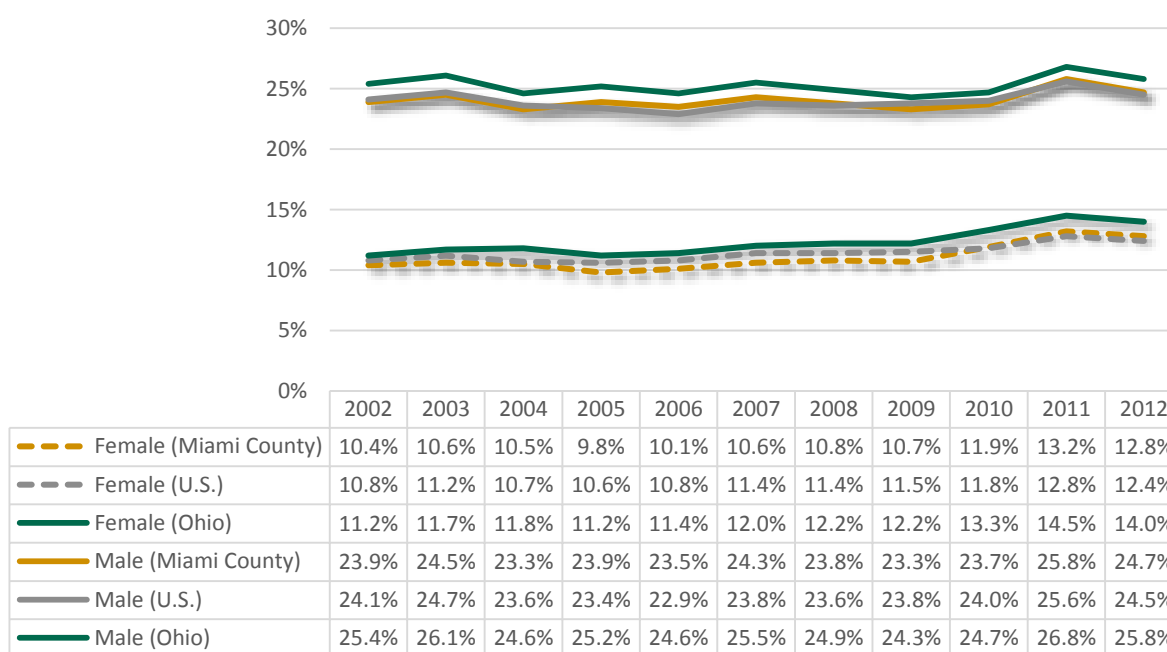
Figure 52: Prevalence of Binge Drinking, Adults by Sex, 2002-2012



Source: Institute for Health Metrics and Evaluation

Figure 53: Prevalence of Heavy Drinking, Adults, 2005-2012

Source: Institute for Health Metrics and Evaluation

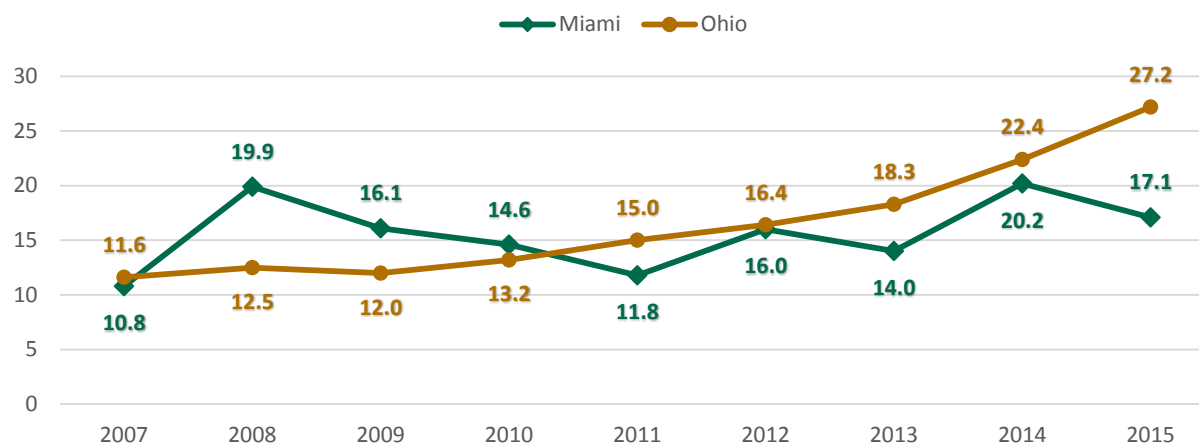
Figure 54: Prevalence of Heavy Drinking, Adults by Sex, 2005-2012

Source: Institute for Health Metrics and Evaluation

Substance Abuse

According to the CDC, “Drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than six out of ten) involve an opioid. Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled.” Studying unintentional drug overdose trends for Miami County and Ohio indicates that Miami County’s rate outpaced the State of Ohio’s rate in three years out of a nine year trend (refer to the following figure).

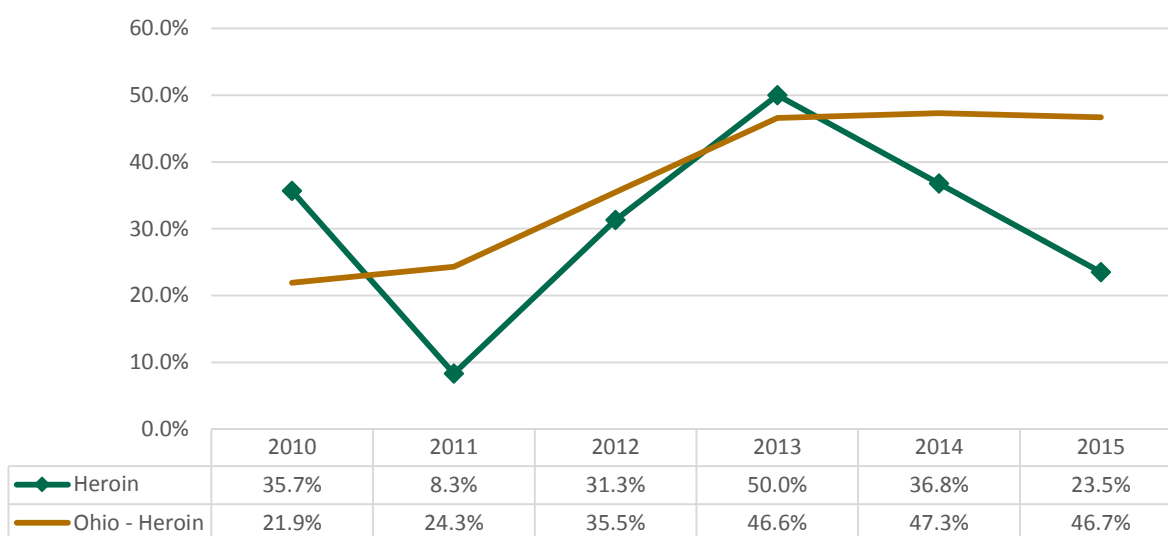
Figure 55: Unintentional Drug Overdose, Age-adjusted Death Rates per 100,000 Population



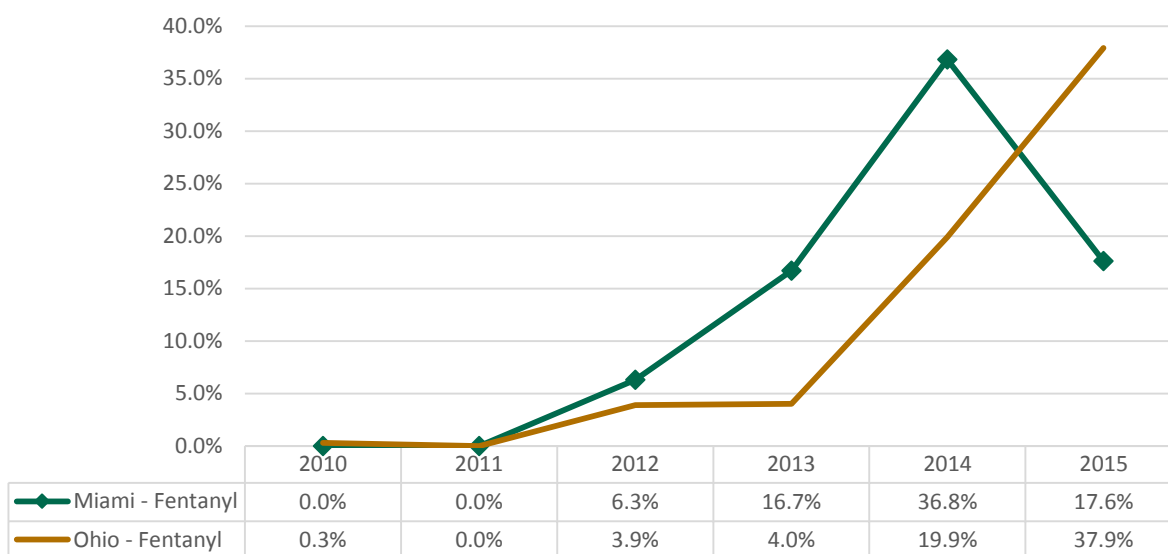
Source: Ohio Department of Health, Mortality

Respondents to the Miami County Community Health Assessment Survey were asked if they have ever taken prescription pain medication (Codeine, Vicodin, OxyContin, Hydrocodone, Percocet, etc.) that was not prescribed to them or differently than instructed by the doctor. One in five (20.4%) of respondents indicated that they have at one time or another. Respondents were also asked if they or anyone in their family have been affected by street drug use like heroin, methadone, cocaine, etc. and 13.3% indicated that illegal drug use has.

While the percentage of unintentional drug overdose deaths involving heroin was generally lower in Miami County than for Ohio, the percentage of unintentional drug overdose deaths involving fentanyl was higher in Miami County than for Ohio in three out of four years (2012-2015).

Figure 56: Unintentional Drug Overdose Deaths Involving Heroin, 2010-2015

Source: Ohio Department of Health, Mortality

Figure 57: Percentage of Unintentional Drug Overdose Deaths Involving Fentanyl, 2010-2015

Source: Ohio Department of Health, Mortality

Mental Health and Substance Abuse Data Highlights

- Fentanyl-laced heroin has been linked to a surge of overdoses in Ohio
- Drug overdose deaths involving fentanyl have more than tripled from 2012-2015 in Miami County

Disparities

- Men are more likely to be binge or heavy drinkers than women
- Adults under the age of 55 are more likely to be binge or heavy drinkers than older adults
- Respondents from lower income households are more likely to report binge drinking than respondents from households with incomes at or above \$15,000

Table 19: State and National Comparison of Mental Health and Substance Use Indicators

Key Variable	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Chronic Mental Health Conditions – Ever Told									
Depression	9.5%	386	18.9%^	2,587	10,400	12,987	19.0%^	81.0%	N/A
Health Behaviors									
Adults who have had at least one drink of alcohol within the past 30 days	45.3%	385	52.9%	5,221	6,229	11,450	54.0%	46.0%	N/A
Binge Drinking (5 or more drinks on one occasion)	15.0%	382	18.2%*	11,342	1,284	10,058	16.3%^	83.7%	24.4%

* Significant at the .05 Level

^ Significant at the .01 Level

Table 20: Miami County Populations with a Significantly Higher Prevalence of Selected Substance Use Behaviors, 2017

Key Variable	Sex	Age	Household Income <\$15,000	< High School Education
Adults who have had at least one drink of alcohol within the past 30 days	X (male)	X (adults <= 54)		
Binge Drinking	X (male)	X (adults <= 54)	X	

Dental Health

Respondents to the 2017 survey were asked how long it had been since they last visited a dentist or dental clinic for any reason. Seven out of ten (71.2%) respondents report that they last visited a dentist or dental clinic within the past year, which is significantly higher than both the State of Ohio (65.3%) and the nation (65.3%). Sixty percent (57.7%) of respondents report that none of their permanent teeth have been removed because of tooth decay or gum disease, while 42.3% have – 27.0% have lost 1-5 teeth, 9.1% have lost at least 6 teeth, but not all of their teeth, and 6.2% have lost all of their teeth due to tooth decay or gum disease. As previously mentioned, 38.5% of Miami County residents report that permanent teeth have been removed because of tooth decay or gum disease, which is significantly lower than both the State of Ohio (46.5%) and the nation (56.6%).

When asked if the respondent or anyone else in their household needed but could not get dental care in the past 12 months, 9.8% of respondents indicated that someone in their household could not get these services. Seven out of ten (68.7%) of respondents indicated that the reason someone in their household could not get dental services was because of cost. One respondent indicated that they could not find a dentist who accepted their insurance.

Dental Health Highlights

Disparities

- Low income respondents are significantly less likely to have visited a dentist within the past 12 months than residents from higher income households
- Adults 55 years of age or older are significantly more likely to indicate they have had teeth removed than younger adults
- Adults who do not have at least a high school diploma or GED are significantly more likely to have had teeth removed than adults with a high school diploma/GED or higher

Table 21: State and National Comparison of Adult Dental Health Indicators

Key Variable	Miami County 2017		State of Ohio 2014				Nationwide (States & DC) 2014		HP 2020
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Visited the dentist or dental clinic within the past year for any reason	71.2%	384	65.3%^	7,214	3,598	10,8012	65.3%^	34.7%	49.0%
Adults that have had any permanent teeth removed	42.3%	379	46.5%^	5,959	4,643	10,602	43.4%^	56.6%	N/A

* Significant at the .05 Level

^ Significant at the .01 Level

Table 22: Miami County Populations with a Significant Differences in Dental Health Usage and Outcomes, 2017

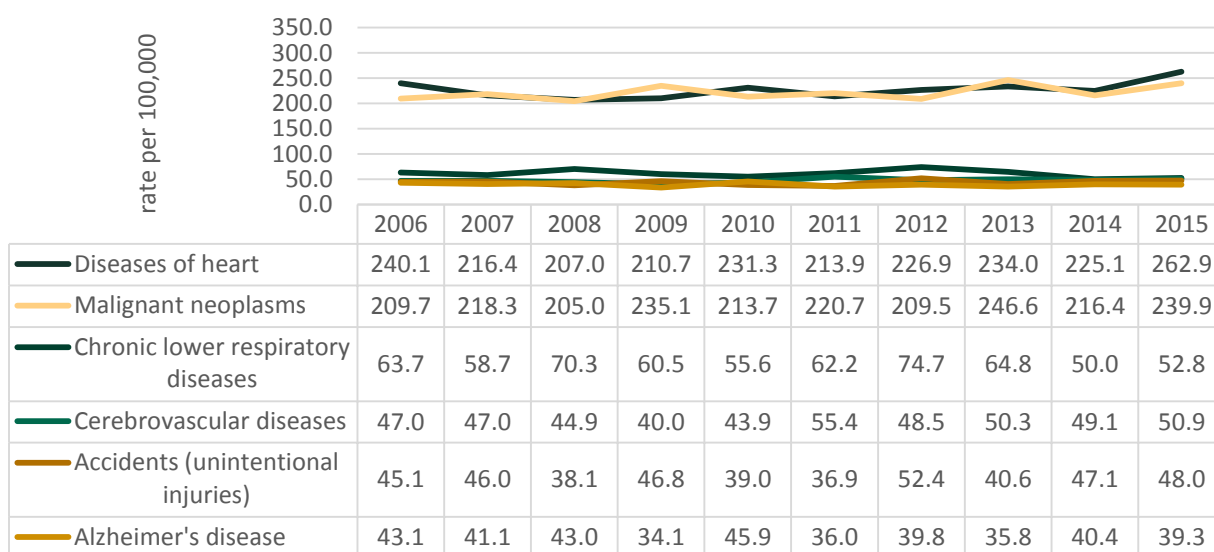
Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Visited the dentist or dental clinic within the past year for any reason (2014)			X	
Adults that have had any permanent teeth removed (2014)		X		X

Adult Mortality

Leading Causes of Death

The top two leading causes of death—cancer and heart disease—have rates that are 4 to 5 times greater than the other specified leading causes of death presented in the chart below for all Miami County adult residents. While death rates due to diseases of the heart had shown stabilization and even decline from 2010 to 2014, the rate increased in 2015. Refer to the following figure for a complete breakdown by cause over time.

Figure 58: Top Six Leading Causes of Death for the Adult Population, 2006-2015
(crude rate per 100,000)



Source: Ohio Department of Health, Vital Statistics

Health Challenges

While heart disease and cancer make up the two leading causes of death in the United States, lifestyle choices and behaviors contribute to these diseases. Modifiable behaviors like tobacco use, poor diet, physical inactivity, and excessive alcohol consumption cause much of the illness and early death related to chronic diseases and conditions.⁷⁴ This chapter profiles the lifestyle choices of Miami County residents.

Seatbelt Usage

According to the CDC, motor vehicle crashes are a leading cause of death, but by wearing seat belts and properly buckling children into age-and-size-appropriate car seats and booster seats, people can reduce the risk of serious injury and death in a crash by half. Despite that wearing appropriate vehicle restraints can save lives and prevent injury, there are millions of Americans who do not take these safety measures. In Ohio, 82% of drivers and front seat passengers wear their seat belt according to the *2012 Survey of Seat Belt Use*. This percentage is 4% lower than the nation – 86% seat belt usage.

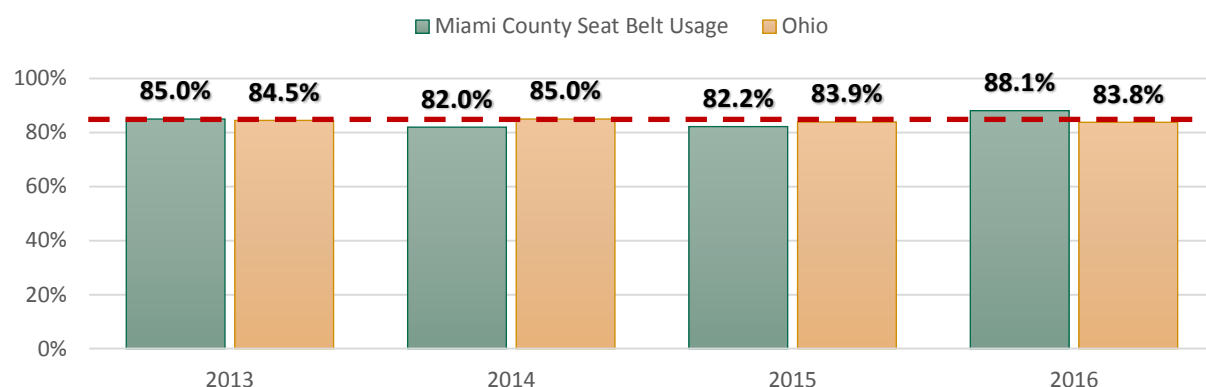
The *Ohio Department of Public Safety Grantee Observational Seat Belt Survey* has been conducted by Ohio Department of Public Safety annually since 1991.⁷⁵ However, due to the new weighting methodology, this rate is not directly comparable to years prior to 2012. Data were collected from vehicles stopped at randomly selected intersections and freeway off-ramps.

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. The required surveys conducted at randomly selected sites are a major component of the ongoing GHSO commitment to reduce highway fatalities and serious injuries throughout Ohio by increasing seat belt use. Miami County is one of the grantee counties participating in the *Grantee Observation of Seat Belt Use Surveys* since 2013. The goal set by the National Highway Traffic Safety Administration (NHTSA) and the Ohio Department of Public Safety (ODPS) is 85.0% seat belt usage. Between 2013 and 2015, 82.0% to 85.0%⁷⁶ of vehicles in Miami County observed Ohio law and belted while driving. In 2016, 88.1% of vehicles in Miami County belted while driving, which is greater than the NHTSA and ODPS goal of 85.0%.

⁷⁴ (U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention 2016)

⁷⁵ (Ohio Department of Public Safety 2013, 2014, 2015, 2016)

⁷⁶ (Ohio Department of Public Safety 2013, 2014, 2015, 2016)

Figure 59: Seatbelt Usage, 2013-2016

Source: Ohio Department of Public Safety Grantee Observational Seat Belt Surveys

In 2017 Health Assessment Survey respondents were asked how often they wore seat belts when they drove or rode in a car. Nearly 83% (82.5%) of respondents indicated that they always wear their seat belt. This percentage is lower than the goal set by the National Highway Traffic Safety Administration (NHTSA) and the Ohio Department of Public Safety (ODPS) of 85.0%. Respondents were also asked how often they drove a car while distracted by texting, e-mailing, or using a GPS. Forty percent (41.1%) indicated that had driven or a car or other vehicle while distracted by an electronic device – 7.5% of these respondents indicating nearly always or always. Women are significantly more likely to indicate that they always wear a seat belt (90.4%) compared to male respondents (74.2%) and less likely to text, e-mail or use GPS while driving.

Vaccinations

According to the CDC, influenza is a serious disease that can lead to hospitalization and sometimes even death. Millions of people get the flu every year. Hundreds of thousands of people are hospitalized and thousands or tens of thousands of people die from flu-related causes every year. The annual seasonal flu vaccine is the best way to reduce your risk of getting sick with seasonal flu and spreading it to others.

The CDC also reports that pneumococcal disease is common in young children, but older adults are at greatest risk of serious pneumococcal infections and even death. CDC recommends vaccination with the pneumococcal conjugate vaccine for all babies and children younger than 2 years old, all adults 65 years or older.

According to the CDC, shingles is a painful rash that usually develops on one side of the body, which forms blisters that typically scab over in 7 to 10 days and clears up within 2 to 4 weeks. Your risk of shingles increases as you get older and the shingles vaccine reduces the risk of developing shingles by 51%.

Miami County residents were asked if they had received one of three common vaccines for adults within the past year. Four out of ten (42.4%) respondents indicated that they had received a flu shot in the past year and two-thirds of respondents reported getting their last flu shot at either a doctor's office (28.9%) or a store pharmacy (39.8%). Female respondents are significantly more likely to report that they have

received a flu shot than male respondents in the past year. Only one-third of adults (34.1%) have ever had the pneumonia vaccine. Finally, 18.0% of respondents indicated they that had received the shingle or zoster vaccine.

According to the CDC, deaths due to influenza are generally most common among senior adults or those 65 years old and over. In addition, the pneumococcal polysaccharide vaccine is recommended for all adults 65 years or older. Two-thirds (63.4%) of Miami County senior adults have had the pneumonia vaccine within the last year, which is higher than the rate for the State of Ohio (57.7%) and nation (61.3%). Four out of five Miami County senior adults have ever had a pneumonia or pneumococcal vaccine (81.1%), which is higher than the rate for the State of Ohio (72.2%) and nation (72.7%).

Physical Activity

Exercise is an essential part of a well-balanced lifestyle and increasing attention has been placed on the link between exercise and disease prevention. *Regular physical activity using large muscle groups, such as walking, running, or swimming, produces cardiovascular adaptations that increase exercise capacity, endurance, and skeletal muscle strength. Habitual physical activity also prevents the development of coronary artery disease and reduces symptoms in patients with established cardiovascular disease. There is also evidence that exercise reduces the risk of other chronic diseases, including type 2 diabetes, osteoporosis, obesity, depression, and cancer of the breast and colon.*⁷⁷ The Centers for Disease Control and Prevention (CDC) recommends two types of physical activity to improve adult health – moderate-intensity aerobic activity for at least 150 minutes per week and muscle-strengthening activities at least 2 days per week.

Moderate-intensity aerobic activities involve increasing your heart rate and possibly breaking a sweat for at least 10 minutes at a time to get health benefits from the activity. Another way to gauge moderate aerobic activity is the talk test. While engaging in an activity if you can talk but not sing, then it can be considered moderate aerobic activity. One in four Miami County adults (26.2%) have not participated in some sort of moderate aerobic activity in the past month, such as running, calisthenics, golf, gardening, or walking for exercise, according to the 2017 survey. Women and adults under the age of 55 in Miami County are also more likely to indicate that they do not participate in regular exercise. As educational attainment increases, so does the likelihood that the respondent participates in any physical activity.

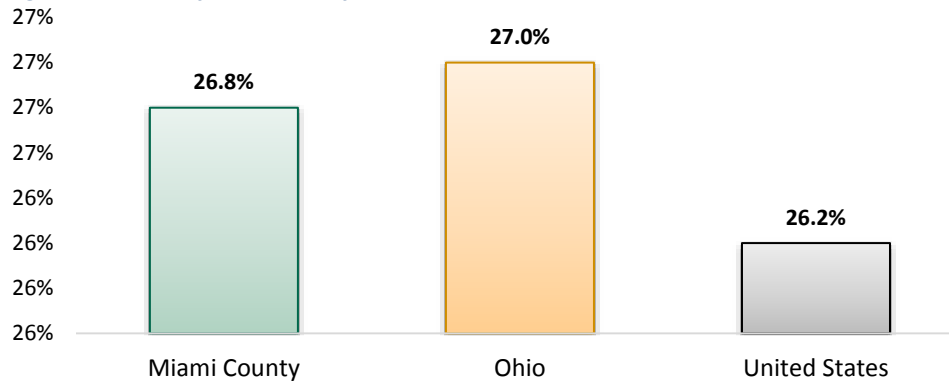


Source: Miami County Park District

⁷⁷ (American Heart Association 2003)

The percentage of Miami County adults not participating in physical activity (26.8%) is higher than the percentage reporting no regular physical activity in the Ohio (27.0%) or at the national level (26.2%).

Figure 60: No Physical Activity

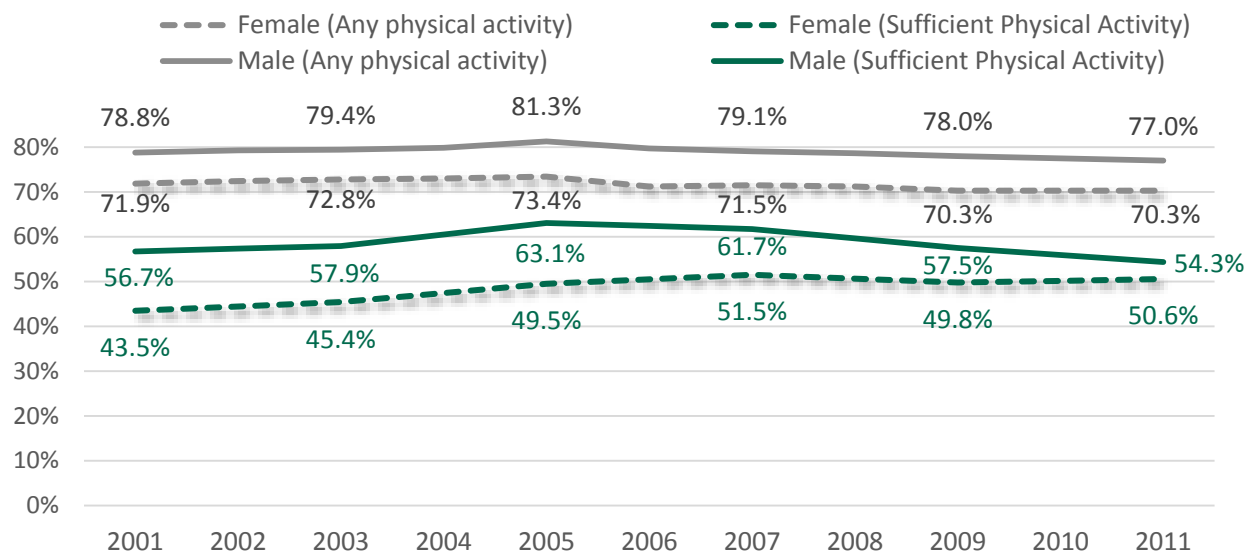


Source: 2017 Miami County Health Assessment Household Survey

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data

In a trend analysis provided by the Institute for Health Metrics and Evaluation for Miami County, the rate at which individual adults report participating in any physical activity has remained relatively constant from 2001-2011 for both males and females. Adults reporting that they participate in physical activity meeting the recommended levels of activity has decreased for males in Miami County since 2005, but has increased for females overall.

Figure 61: Physical Activity Miami County Adults, 2001-2011



Source: Institute for Health Metrics and Evaluation

The walkability index score measures walkability on a scale from 0 - 100 based on walking routes to destinations such as grocery stores, schools, parks, restaurants, and retail.⁷⁸ In Miami County, the walkability score is 0, which means almost all errands require a car or are car-dependent. The walkability index scores for Miami County jurisdictions include:

- Troy – average walk score of 33 with 25,058 residents (most errands require a car). There are about 79 restaurants, bars and coffee shops in Troy. People in Troy can walk to an average of 0.8 restaurants, bars and coffee shops in 5 minutes.
- Piqua – average walk score of 38 with 20,522 residents (most errands require a car). There are about 66 restaurants, bars, and coffee shops in Piqua. People in Piqua can walk to an average of 1 restaurant, bar, and coffee shops in 5 minutes.
- Tipp City – average walk score of 66 from center of city (some errands can be accomplished on foot). Nearby parks include Old Tippecanoe Main Street Historic District, Hathaway Park and Thomas B. Kyle Senior Memorial Park.
- West Milton – average walk score of 40 from a village location (most errands require a car).
- Pleasant Hill – average walk score of 18 from a village location (almost all errands require a car).
- Covington – average walk score of 54 from a village location (some errands can be accomplished on foot).
- Bradford – average walk score of 36 from a village location (most errands require a car).



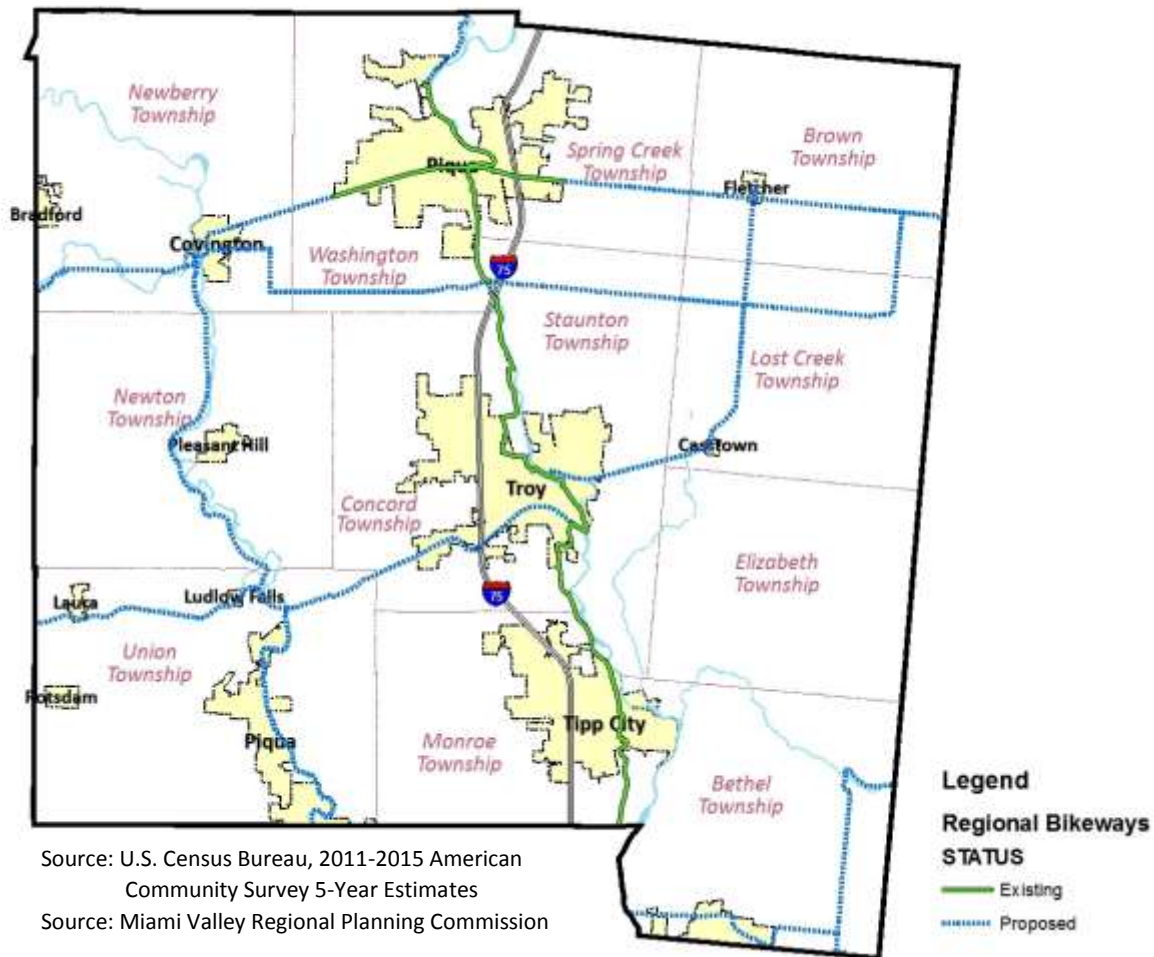
Source: Miami County Park District

The following figure shows where recreational trails can be found and are proposed in Miami County. Existing trails currently connect through the county's population centers, but as indicated above, may

⁷⁸ (Walk Score Professional 2017)

not encourage regular exercise because the trails are not easily accessible by pedestrians, except residents living in Piqua, Troy, and Tipp City.

Figure 62: Recreational Bike Trails in Relation to the Population, 2016



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
Source: Miami Valley Regional Planning Commission



Source: Miami County Park District

Daily Fruit and Vegetable Intake

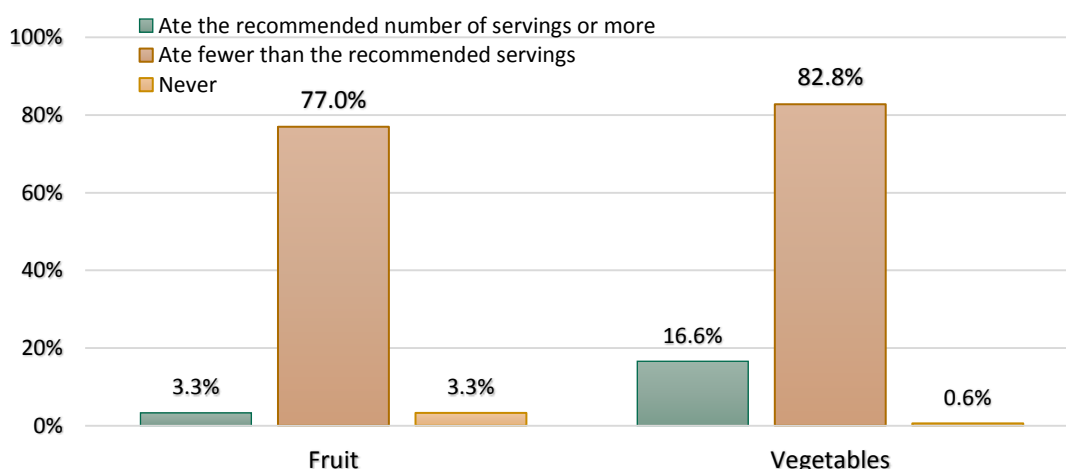


Source: Miami County Park District

“Eating a diet high in fruits and vegetables is associated with a decreased risk of many chronic diseases, including heart disease, stroke, high blood pressure, diabetes, and some cancers.”⁷⁹ According to the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (ODPHP), adults should consume at minimum 2 servings of fruit or 100 % fruit juice and 3 servings of vegetables per day. The CDC reports that American adults fall short of these recommendations – consuming 1 serving of fruit and 1.7 servings of vegetables per day.⁸⁰

When queried about the number of servings of fruit and/or vegetables the Health Assessment Survey respondents consume in a day, Miami County residents also fall short of these recommendations. Only 7.8% of respondents indicated that they consume the recommended 2 servings of fruit and 3 servings of vegetables per day. However, most respondents reported that they do consume fruits and vegetables daily, just not the daily recommended intake of each. For a detailed look at daily intake of fruit juice, fruit, and vegetables refer to the following figure.

Figure 63: Percent of Miami County Adults Getting Enough Fruits and Vegetables



Source: 2017 Miami County Health Assessment Household Survey

Just over fifty percent (54.3%) of Miami County residents consume at least one serving of fruit per day, which is a lower rate than Ohio residents (57.1%) or the national median (60.3%). Three out of four Miami County residents (73.7%) also eat at least a single serving of vegetables per day. This finding is also lower than the finding for the State of Ohio (75.3%) or nation (77.9%). Significant differences are

⁷⁹ (U.S. Centers for Disease Control and Prevention 2011)

⁸⁰ (Moore, PhD and Thompson, PhD 2015)

witnessed between the sexes. Female respondents are more likely to report that they get at least a single serving of fruit and a single serving of vegetables daily than male respondents.

Respondents were also asked if they had problems securing enough food for their household or food for a special diet prescribed by any household members' doctor. Fifteen individuals responding to the survey indicated that, in general, hunger or a need for food was a problem for their household and 27 respondents indicated that a member of their household had problems getting the food required for a special diet. Female respondents are significantly more likely to indicate that securing food for a special diet for themselves or someone in their family (6.1%) is a major or moderate problem compared to male respondents (1.0%).

Weight

In the 2017 Health Assessment Survey, Miami County respondents were also asked to indicate their height and weight so that researchers could calculate their BMI. One-fourth of respondents (26.8%) twenty years or older are of "normal or healthy weight." Seven out of ten (72.5%) Miami County adults, 20 years of age or older, are classified as overweight (36.7%) or obese (35.8%) based upon their body mass index. This finding is important because being overweight and obese could increase the chances of developing health problems, including type 2 diabetes, heart disease, strokes, and certain cancers.⁸¹ No significant differences were witnessed between the sexes.

As previously mentioned, 72.5% Miami County adults, 20 years of age or older, are classified as overweight or obese based upon their body mass index. This finding is higher than findings for the State of Ohio (66.5%) and the nation (65.3%).

Figure 64: Weight Status in Miami County

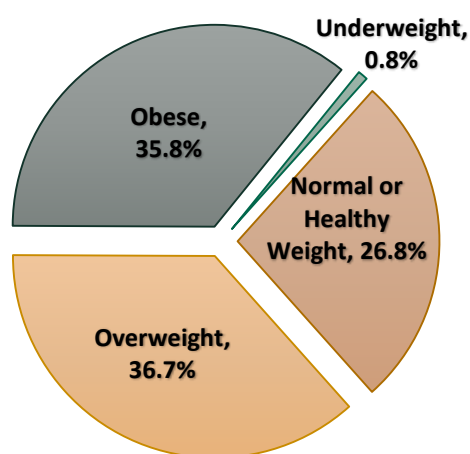
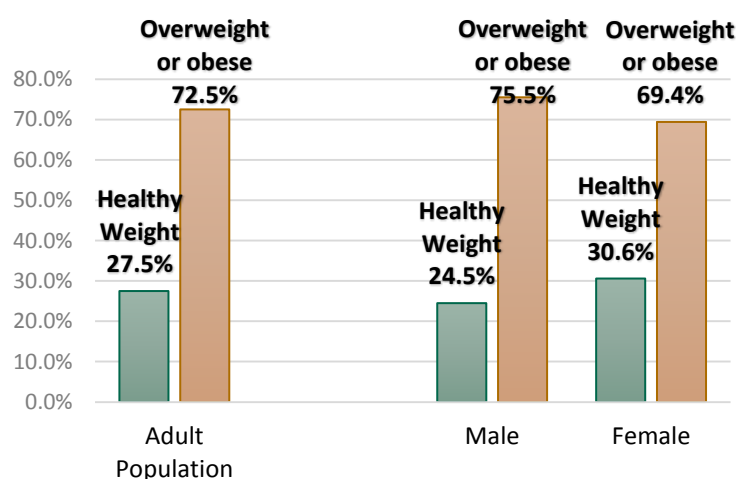


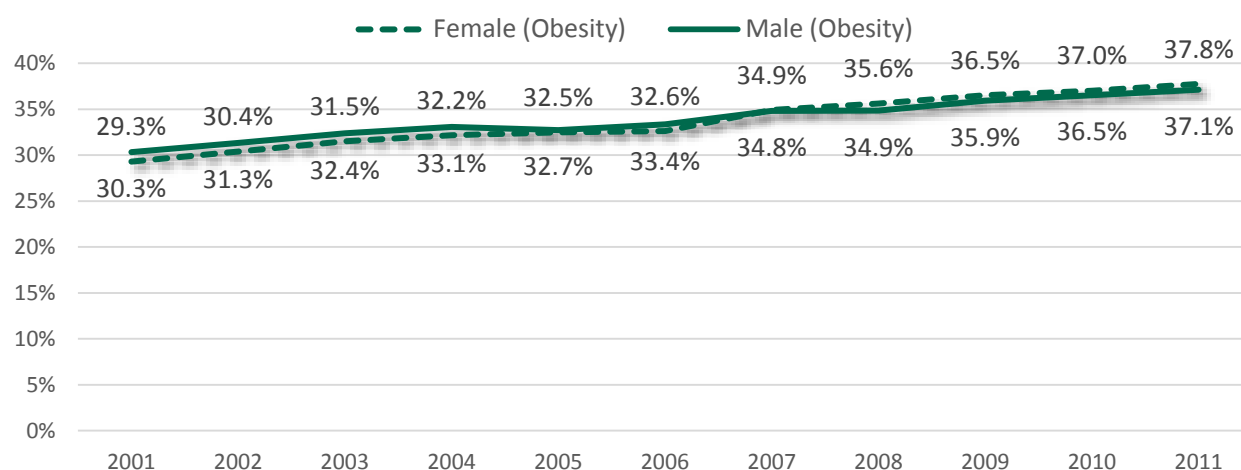
Figure 65: Weight Status by Gender in Miami County



Source: 2017 Miami County Health Assessment Household Survey

The following graph presents the trends in obesity in Miami County over an eleven year span. As shown in the following figure, more Miami County adults are reporting personal obesity every year.

⁸¹ (National Institute of Diabetes and Digestive and Kidney Diseases 2012)

Figure 66: Prevalence of Adult Obesity in Miami County, 2001-2011

Source: Institute for Health Metrics and Evaluation

HIV Prevention

According to the CDC, an estimated 1.2 million individuals in the U.S. are living with the human immunodeficiency virus (HIV – the virus that causes acquired immunodeficiency syndrome (AIDS)), and approximately 40,000 new HIV infections occur each year in the U.S. with 39,513 people being diagnosed in 2015. The annual number of new diagnoses declined by 9% from 2010 to 2014 (CDC). HIV transmission can be prevented by eliminating risky behaviors, like having unprotected sex with a partner whose HIV status is unknown or who is infected, or having contact with infected blood and sharing drug needles with someone who may be infected with the virus. HIV transmission cannot be eliminated if individuals do not know their HIV status.

Respondents were asked if they ever knowingly had their blood tested for HIV, outside of blood donations. Seven out ten (69.0%) respondents said they have never knowingly been tested for HIV, which is a similar rate compared to both the State of Ohio (69.3%) and the nation (63.7%). Approximately one-third of respondents (31.0%) indicated they knowingly had their blood tested for HIV. Of these respondents who have been tested, 46.4% of them reported having their last test at a private doctor's office, 10.1% in a hospital inpatient setting, and 9.5% report being tested at the local health department.

Tobacco Use

According to the Journal of the American Medical Association, tobacco use is the leading cause of preventable death in the United States. More than half of adults in the 2017 Miami County Health Assessment Survey (55.1%) have smoked cigarettes, cigars, or an electronic vapor product at some point in their life, and 15.0% of those residents still currently smoke cigarettes or cigars and 4.1% smoke a vapor product. This finding is significant by household income as lower income households (household income below \$15,000) are significantly more likely to have ever smoked. Adults under the age of 55 or

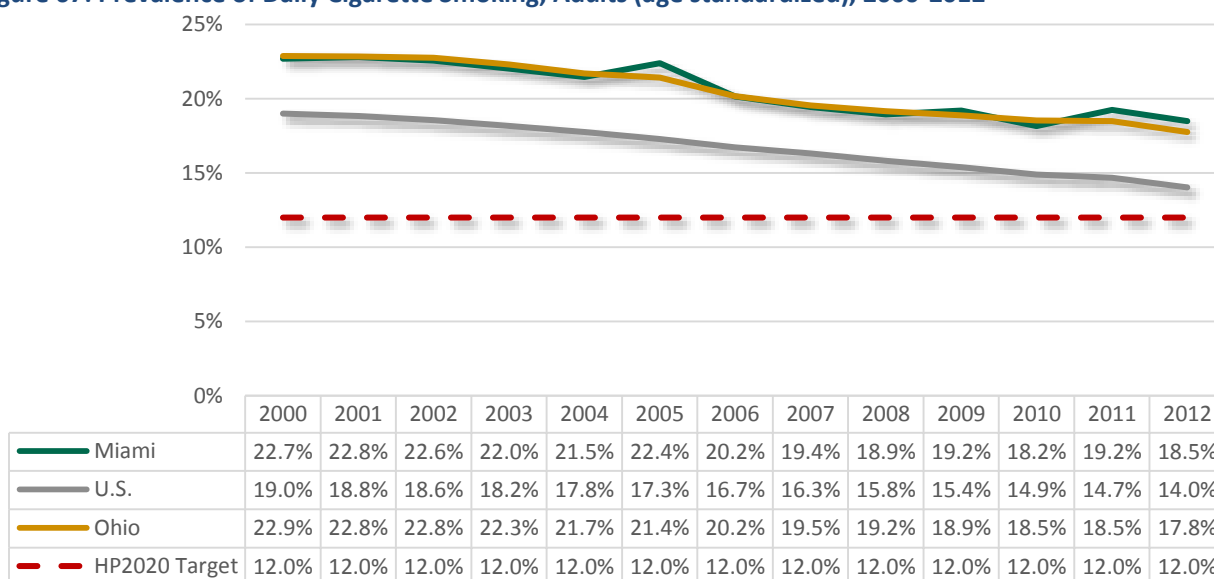
who do not have a high school diploma/GED are also more likely to indicate that they are a current smoker.

Four out of five Miami County adults (85.0%) report that they do not currently smoke cigarettes, which is a higher percentage than for the State of Ohio (78.2%) and the nation (82.5%). This finding is significant by household income as lower income households (household income below \$15,000) are significantly more likely to be current cigarette smokers.

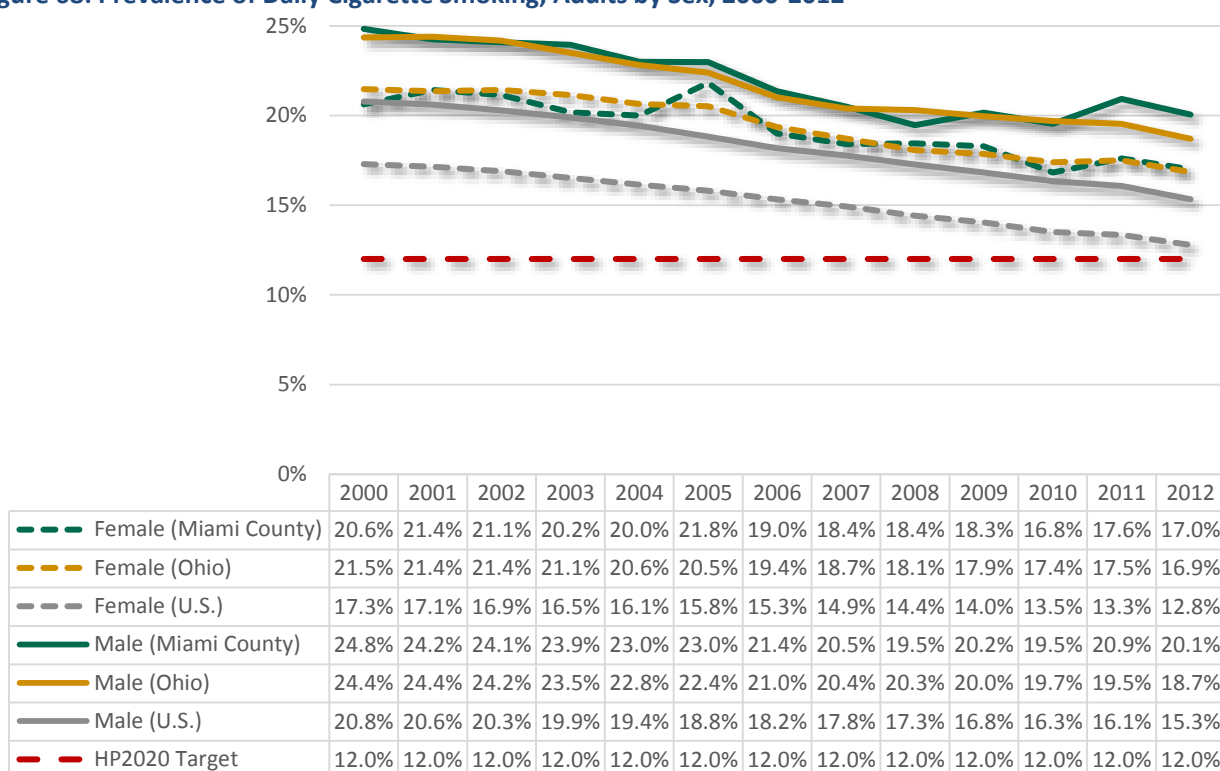
Respondents who indicated having smoked a cigarette in their life, but currently do not smoke, were asked how long it has been since they last smoked on a regular basis. Nearly half (48.1%) of respondents indicated they have not smoked for over five years. One-quarter (23.6%) of the individuals who currently smoke have tried to quit smoking in the past year.

The following figures present daily cigarette smoking trends for Miami County adults from 2000-2012 as reported by the Institute for Health Metrics and Evaluation. Daily cigarette smoking has declined in Miami County, the State of Ohio, and the nation, but still falls short of the HP 2020 goal 12.0%.

Figure 67: Prevalence of Daily Cigarette Smoking, Adults (age standardized), 2000-2012



Source: Institute for Health Metrics and Evaluation

Figure 68: Prevalence of Daily Cigarette Smoking, Adults by Sex, 2000-2012

Source: Institute for Health Metrics and Evaluation

Miami county residents were also asked how many days out of the previous 7 days had someone (other than the respondent) smoked tobacco inside their home. Nine out of ten respondents (90.6%) indicated that no one smoked tobacco inside their home while they were home. Similarly, 90.1% of respondents also indicated that they did not ride in a car when someone else was smoking tobacco.

Health Challenges Data Highlights

Ohio, U.S., and Healthy People 2020 Comparison

- 18.0% of respondents indicated that they had received the shingles or zoster vaccine, which is significantly lower than either the State of Ohio (20.8%) or the national median (22.2%)
- The HP 2020 target for adult shingles immunization is 30.0% and Miami respondents fell 12.0% below this target
- Adults 65 years of age or older who have not received the flu or pneumonia vaccine is below the HP 2020 target of 90.0%
- 72.5% Miami County adults are overweight or obese failing to meet the HP 2020 target (66.1%) and is significantly higher than both the State of Ohio (66.5%) and the nation (65.3%)
- Two-thirds (69.0%) of respondents said they have never knowingly been tested for HIV, which is significantly lower than the nation and the State of Ohio
- 31.0% of Miami County adults have been tested for HIV, which is much lower than the HP 2020 target of 73.6%

- 15.0% of Miami County adults currently smoke cigarettes, which is higher than the HP 2020 target of 12.0%
- 82.5% of Miami County respondents always wear their seat belt, which is significantly lower than both the State of Ohio (83.8%) and the U.S. median (90.1%)

Disparities

- Adults under the age of 55 are significantly less likely to have received the zoster vaccine
- Low income respondents are more likely to report a lack of physical activity than residents from higher income households
- Respondents over the age of 55 or who do not have at least a high school diploma or GED are less likely to report regular physical activity
- As age increases, so does the likelihood that the respondent does not participate in any regular physical activity
- Tipp City is somewhat walkable (some errands can be accomplished on foot) and the most walkable community in Miami County according to Walk Score
- Adults under the age of 55 are significantly more likely to indicate that they currently smoke
- Adults who do not have a high school diploma or GED are also more likely to be current smokers
- Respondents from lower income households are significantly more likely to be current smokers
- Females and respondents from households with incomes at or above \$15,000 are more likely indicate that they always wear their seatbelt
- Females and adults under the age of 55 are more likely to knowingly been tested for HIV

Table 23: State and National Comparison of Health Challenges (Behaviors)

Key Variable	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Health Behaviors									
Consumed fruit less than once per day	45.7%	359	42.9%	4,257	6,477	10,734	39.7%*	60.3%	N/A
Consumed vegetables less than once per day	16.1%	383	24.8%	2,259	7,980	10,509	22.1%*	77.9%	N/A
No Physical Activity	26.8%	386	27.0%^	10,963	3,281	7,682	26.2%^	73.8%	32.6%
Weight-Overweight/Obese	72.5%	354	66.5%^	10,924	7,490	3,434	65.3%^	34.7%	66.1%
Not Currently Smoker	85.0%	386	78.4%	11,522	9,593	1,929	82.5%^	17.5%	88.0%
Adults who have had at least one drink of alcohol within the past 30 days	45.3%	385	52.9%	5,221	6,229	11,450	54.0%	46.0%	N/A

Binge Drinking (5 or more drinks on one occasion)	15.0%	382	18.2%*	11,342	1,284	10,058	16.3%^	83.7%	24.4%
Seat belt usage - always	82.5%	384	83.8%^	N/A	N/A	N/A	90.1%^	8.9%	N/A
Adult Immunizations									
Adults Who Have Had Flu Shot Past 12 Months (65+) (2014)	63.4%	48	57.7%*	4,381	2,505	1,876	61.3%^	38.7%	90.0%
Adults Who Have Had Pneumonia Shot (65+) (2014)	81.1%	46	72.2%^	4,267	3,086	1,181	72.7%^	27.3%	90.0%
Have you ever had the shingles or zoster vaccine? All respondents (2014)	18.0%	345	20.8%	1,744	5,662	7,406	22.2%^	77.8%	30.0%
HIV Prevention									
Tested for HIV	31.0%	366	30.7%^	2,292	8,108	10,400	36.3%^	63.7%	73.6%

* Significant at the .05 Level

^ Significant at the .01 Level

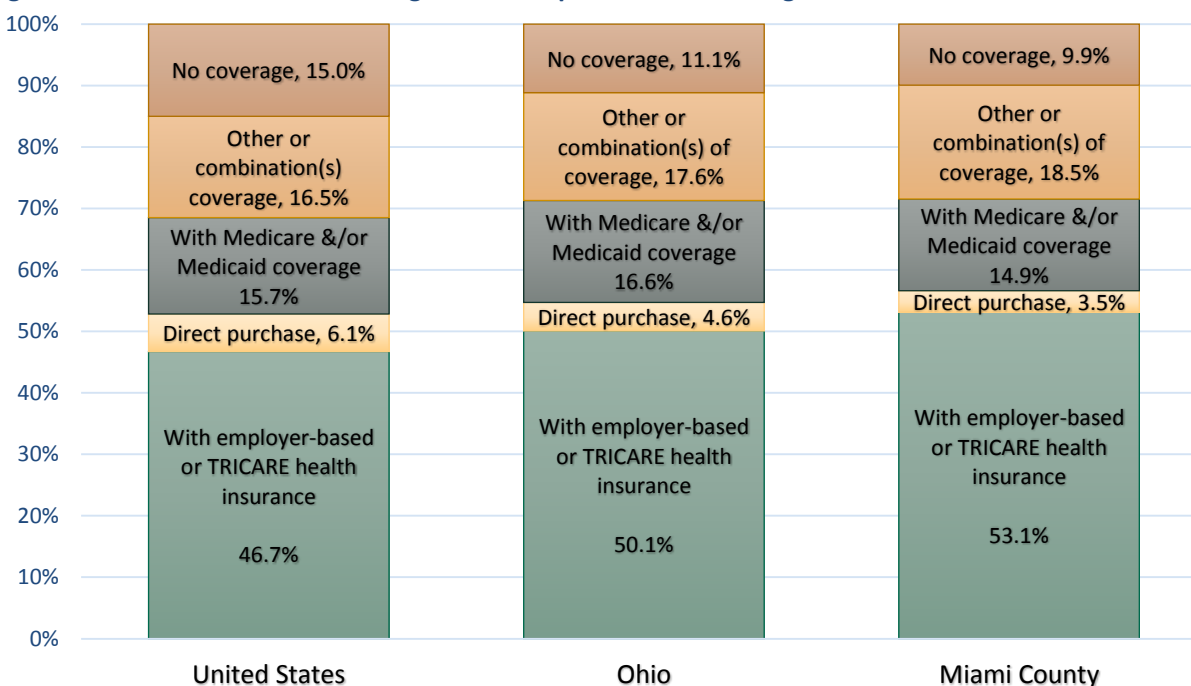
Table 24: Miami County Populations with a Significantly Higher Prevalence of Selected Health Challenges (Behaviors), 2017

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Health Behaviors				
Consumed fruit less than once per day	X (male)			X
Consumed vegetables less than once per day	X (male)			
No Physical Activity		X	X	X
Current Smoker		X (adults <= 54)	X	X
Adults who have had at least one drink of alcohol within the past 30 days	X (male)	X (adults <= 54)		
Binge Drinking	X (male)	X (adults <= 54)	X	
Seat belt usage - always	X (female)		X (\$15,000+)	
Have you ever had the shingles or zoster vaccine? All respondents (2014)		X		
Tested for HIV	X (female)	X (adults <= 54)		

Access to Health Care

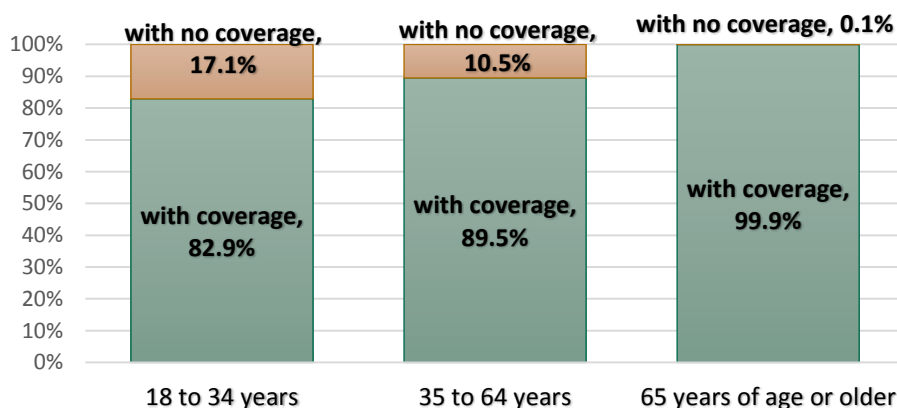
The US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for all states and counties. The percent of County residents over the age of 18 that do not have health insurance coverage is 9.9% versus 11.1% for the State of Ohio and 15.0% as the national benchmark. The percentage of Miami County residents over the age of 18 without medical insurance coverage is presented below along with State and national comparisons, followed by more detail by age in the following figure.

Figure 69: Medical Insurance Coverage for the Population over the Age of 18, 2011-2015



Source: Bureau of the Census American Community Survey, 2011-2015

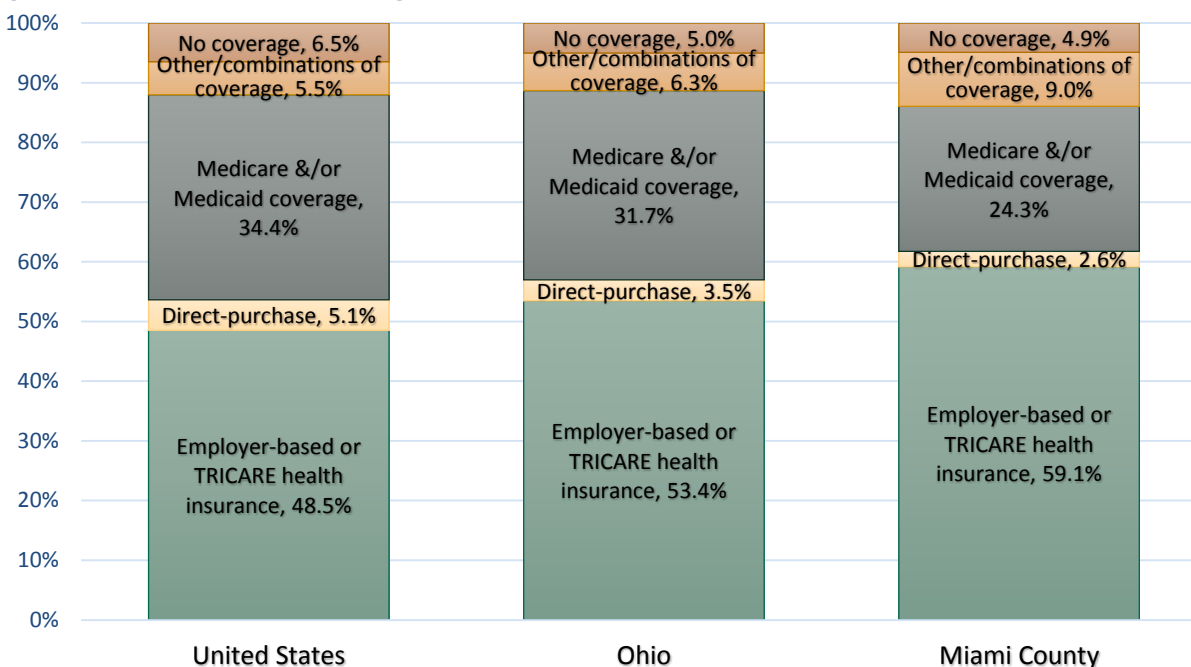
Figure 70: Insurance Coverage by Age for Miami County Adults, 2011-15



Source: Bureau of the Census American Community Survey, 2011-2015

Five percent of Miami County's children have no insurance coverage according to the 2011-2015 American Community Survey, which is similar to the State of Ohio (5.0%) and lower than the nation (6.5%). Refer to the following figure for more detail about insurance coverage for children.

Figure 71: Health Insurance Coverage for Children, 2015



Source: Bureau of the Census American Community Survey, 2011-2015

Health Care Coverage

In addition to the Census estimates of health insurance coverage, the survey of Miami County residents asked if they had health care coverage. Almost all respondents (96.6%) indicated they have some kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare or Indian Health Services. Significant differences are observed by household income – households earning less than \$15,000 per year are significantly more likely to report that they have no health care coverage.

Three percent (3.4%) of participants indicated that they did not have health care coverage. This percentage is significantly lower than both the State of Ohio (8.4%) and the nation (10.8 %). Despite these findings, 9.4% of Miami County respondents indicated that they could not see a doctor at some point in the past 12 months because of cost. The percentage of Miami County residents who could not see a doctor in the past year because of cost is significantly lower than both the State of Ohio (10.7%) and nation (12.1%).

Health Care Utilization

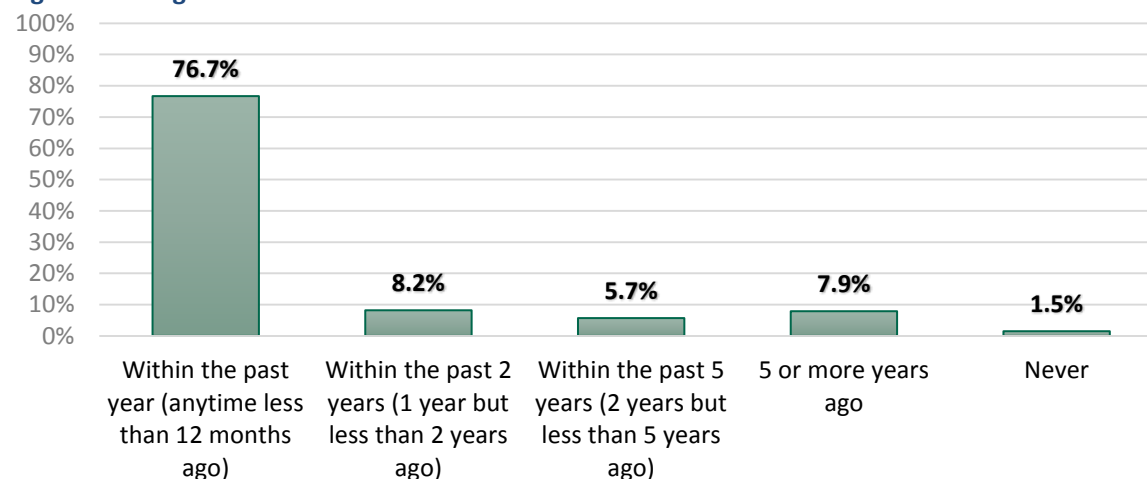
“Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with greater patient

trust in the provider, good patient-provider communication, and increased likelihood that patients will receive appropriate care.”⁸² In the 2017 Miami County Health Assessment Household Survey, respondents were also asked questions pertaining to access to health care providers. Questions were designed to assess whether respondents have a regular health care provider, the frequency of regular check-ups, as well as whether respondents without a health care provider are impacted by lack of health care coverage.

Three-quarters of respondents (76.0%) say they have one person who they think of as their personal doctor or health care provider, while 8.3% say they have more than one person they think of as their doctor or health care provider, and the remaining 15.7% say they do not have any regular person or persons they think of as their doctor or health care provider. When compared to Ohio and the U.S., the percentage of Miami County residents (84.3%) who have at least one person they think of as their personal doctor or health care provider is significantly higher than the Ohio percentage (82.0%) or the U.S. median (78.8%). As age increases, so does the likelihood that the respondent has one or more individuals they consider their personal doctor or health care provider.

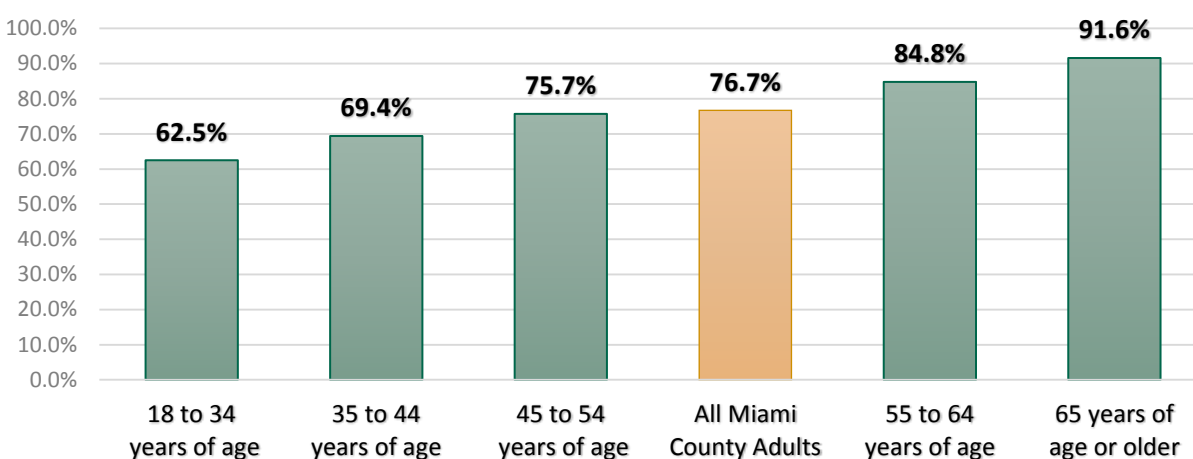
When participants were asked about how long it had been since they last visited a doctor for a routine checkup, three-quarters of respondents (76.7%) indicated they visited the doctor for a routine check-up in the past year, which is significantly higher than percentages for the State of Ohio (72.0%) and the nation (70.2%). Significant differences are also witnessed by age — adults ages 55 or older are significantly more likely to have visited a doctor for a routine checkup in the last year than adults under the age of 55.

Figure 72: Length of Time since Last Routine Doctor’s Visit



Source: 2017 Miami County Health Assessment Household Survey

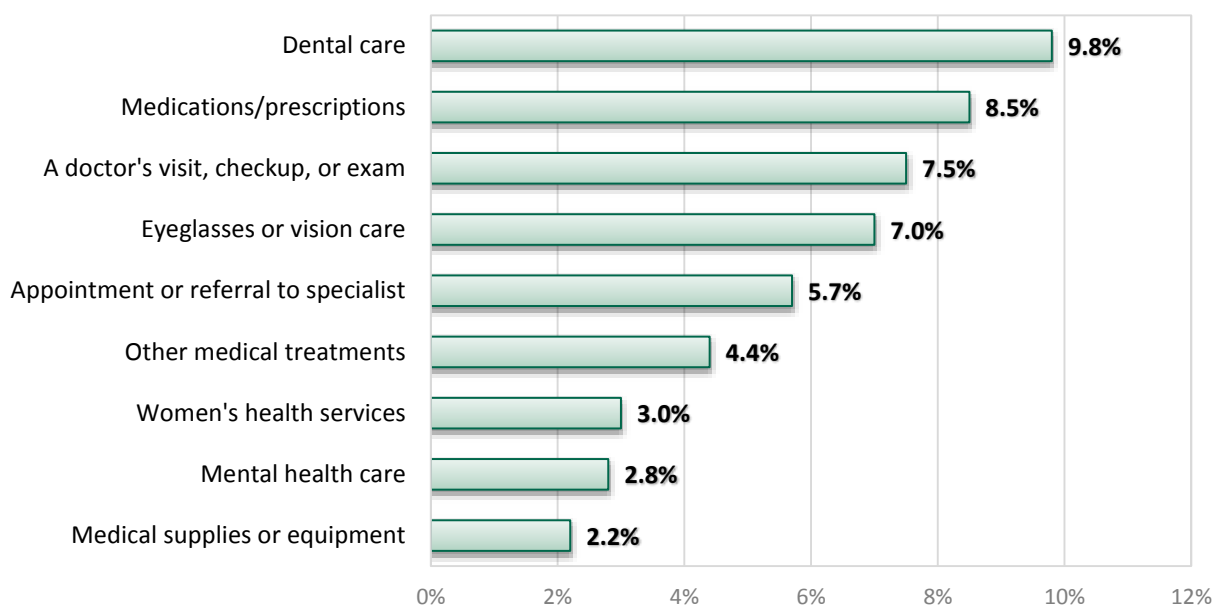
⁸² (U.S. Department of Health and Human Services 2017)

Figure 73: Adult Routine Exam within the Past 12 Months by Age Cohort

Source: 2017 Miami County Health Assessment Household Survey

Respondents were asked if there was a time in the past 12 months they could not see a doctor because of the cost and 90.6% of respondents indicated that cost was not an issue. However, female respondents were more likely than males to report that they could not see a doctor because of the cost. Younger respondents are significantly more likely to indicate that they could not see a doctor because of the cost than are older respondents. As the age of the respondent increases, the likelihood that a respondent could not see a doctor because of the cost decreases.

Respondents were asked what types of medical care they could not get in the past 12 months. The three most frequently cited needed services were dental care (9.8%), medications or prescriptions (8.5%), and a regular doctor's visit, checkup, or exam (7.5%). Refer to the following figure. Female respondents were also less likely to indicate that they were able to obtain all of the health care they need. Only 71.1% of female respondents indicated they could get all the health care related services needed compared to 86.2% of male respondents. In particular, females were more likely to indicate they could not get medications/prescriptions, medical treatments, dental care, and eye glasses or vision care than male respondents.

Figure 74: Types of Medical Care Needed in the Past 12 Months

Source: 2017 Miami County Health Assessment Household Survey

Resources to Address Health Issues

Health Care Facilities and Resources within the Community

Miami County's health care infrastructure is comprised of one hospital, two urgent care facilities, several nursing homes, and hospice care.

Table 25: Short-term Acute Care

Short-term Care	
Special Care	10
Adult Medical-Surgical	90
Psychiatric (licensed, not in use)	21
11 Physical Rehabilitation beds (licensed, not in use)	11
19 Obstetrics Level II	19
Sub-Total	151
Newborn Care	
New Born Care - Level I	25
New Born Care - Level II	6
Sub-Total	31
TOTAL BEDS	182

Source: Ohio Department of Health. Health Care Provider Report & Information Extract.
http://publicapps.odh.ohio.gov/eid/reports/Report_Output_RS.aspx last accessed 06/12/2017

Physicians and other Health Providers

The County Health Rankings indicates that Miami County has a less favorable ratio of population to Primary Care Physicians, Dentists, Mental Health and “other primary care providers” such as nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists, than Ohio’s ratio or U.S. top performing counties.

Table 26: Population per Physician in Miami County, 2015

	Miami County	U.S. Top Performers	Ohio
Primary Care Physicians	2,040:1	1,040:1	1,300:1
Dentists	2,130:1	1,320:1	1,690:1
Mental Health Care Providers	1,070:1	360:1	630:1
Other Primary Care Providers	2,044:1	853:1	1,491:1

Source: County Health Rankings and Roadmaps

According to HRSA, the following physicians and other health providers provide services in Miami County.

Table 27: Physicians and Other Health Care Providers, 2015

Primary Care Physicians	51	Obstetricians/Gynecologists	13
PCP Physician/100K Pop	49.1	OB/GYN /100K Pop	24.7
General/Family Practice	33		
Gen/Family/100K Pop	31.8	General Surgeons	10
Internal Medicine	12	General Surgeons/100K Pop	4.8
Internal Medicine/100K Pop	11.5		
Pediatricians	6	Psychiatrists	2
Pediatricians/100K Pop	22.8	Psychiatrists/100K Pop	1.9
Health Centers		Dentists	30
Community Health Centers (FQHC)	0	Dentist/100K Pop	28.9

Source: Health Resources and Services Administration, Health Resources Comparison Tool, <http://arh.hrsa.gov/arfdashboard/HRCT.aspx>, last accessed 09/13/2016 (except where noted)

Nursing Homes

According to the Ohio Department of Health, there are 6 licensed nursing home facilities in Miami County.

1. Covington Care Center, Covington, Oh 45318
2. Heartland of Piqua, Piqua, Oh 45356
3. Koester Pavilion, Troy, Oh 45373
4. Piqua Manor, Piqua, Oh 45356
5. Springmeade, Tipp City 45371
6. Troy Center, Troy, Oh 45373

Source: Ohio Department of Health http://publicapps.odh.ohio.gov/EID/reports/Report_Output.aspx Accessed 04/27/2017

Mental Health Care Capacity

In 1988, Ohio passed the “Mental Health Act” which stressed the importance of community treatment rather than institutionalization. Community Mental Health Boards received even more authority to plan and develop local systems of care.

In 1989, Ohio recognized that a cabinet level department and local community control could best serve the recovery needs of Ohioans with alcohol and/or other drug addictions. Counties throughout Ohio reengineered their existing Community Mental Health Boards to also plan and oversee alcohol and other drug services.

Miami County is part of a three-county board - the Tri-County Board of Recovery and Mental Health Services of Darke, Miami, and Shelby Counties, which provides services to the residents of all three counties.

The table below presents information about the mental health and addiction services provided in the service area that includes Miami County. More residents receive mental health services than addiction services, which is a common occurrence across mental health and recovery boards.

Table 28: FY 2016 Individuals Served in Public Behavioral Health System, by Diagnoses

Service Type	Mental Health Diagnosis	Alcohol and Other Drugs	Dual Diagnosis	No Assessment	Total	Rate per 1,000
Darke-Miami-Shelby	3,609	939	812	891	6,251	40.4

Source: Ohio Department of Mental Health and Addiction Services

Access to Health Care Data Highlights

Ohio, U.S., and Healthy People 2020 Comparison

- 3.4% of Miami County residents indicated that they did not have health care coverage, which fails to meet the HP 2020 target of 100% health care coverage
- 9.4% of Miami County residents have could not see a doctor because of the cost, which is higher than the HP 2020 target of 4.2%

Disparities

- Adults between the ages of 18-54 are less likely to have health care coverage than adults 65 years of age or older
- Low income respondents are less likely to have health care coverage than respondents with incomes at or above \$15,000
- As age increases, so does the likelihood that the respondent has one or more individuals they consider their personal doctor or health care provider
- Females and adults under the age of 55 are significantly more likely to report that they could not see a doctor because of the cost in the past twelve months
- Adults 55 years of age or older are more likely to report that they have had their last check up within the past twelve months

Table 29: State and National Comparison of Health Access Indicators

Key Variable	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Health Status									
No Health Care Coverage	3.4%	364	8.4%^	11,878	605	11,273	10.8%^	89.2%	0%
No Health Care Coverage for Adults 18-64	4.4%	299	10.2%^	6,936	519	6,417	13.0%^	87.0%	N/A
Could not see a doctor because of cost in past 12 months	9.4%	382	10.7%	11,893	995	10,898	12.1%^	87.9%	4.2%
Had last checkup within past 12 months	76.7%	373	72.0%^	11,750	9,306	2,444	70.2%^	30.9%	N/A
Have at least one (or more than one) health care provider	84.3%	381	82.0%^	11,882	10,601	1,281	78.8%^	21.0%	83.9%

* Significant at the .05 Level

^ Significant at the .01 Level

Table 30: Miami County Populations with a Significantly Higher Prevalence of Selected Health Access Indicators, 2017

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Health Access				
No Health Care Coverage		X (adults <= 54)	X	
Could not see a doctor because of cost in past 12 months	X (female)	X (adults <= 54)		
Had last checkup within past 12 months		X		X
Have at least one (or more than one) health care provider		X		

Community Participation and Input

Community leaders and residents provided their perceptions about county resources, strengths, challenges, and trends. Community leaders provided feedback on their county's themes, strengths, and forces of change through participation in one of the steering committee meetings and online surveys, while residents shared their insights in online surveys and focus group sessions. The feedback gathered from community leaders and residents is an important source used to inform the selection of county-level priorities. The findings from the Community Themes and Strengths Assessment, the Forces of Change Assessment, the Local Public Health System Assessment, the key informant surveys, and the focus group sessions are discussed in more detail in the sections below. The rollback or full repeal of the Affordable Care Act was a top media concern during this assessment process and therefore it is referenced throughout this section by community members.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that community leaders and residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health? In Miami County, the steering committee and 87 citizens-at-large completed the CTSA resulting in this summary report. The steering committee members completed the CTSA during a steering committee meeting, while the citizens-at-large were engaged via a link to an online survey that was published in the newspaper and the Miami County Public Health website, along with invitations through an expansive email distribution list. Question one, pertaining to the traits of a healthy community, was asked of the steering committee and the broad community, while two questions were asked only of the steering committee—provide examples of people or groups working together to improve the health and quality of life; and what assets, policies, and/or funding sources are available to improve health. Furthermore, two questions were asked of broad community members only—Name one thing in Miami County that stops people from being healthy; and Name one way we can improve people's health in Miami County.

Q1: What do you think are the most important traits of a healthy community?

Broad Community Themes

The top two responses from community members when asked, "What are the most important traits of a healthy community?" are nutrition / physical activity and access to adequate and affordable health care. Together, these two responses made up over half of the total responses submitted. Discussion of the social environment as an important trait of a healthy community is the third highest response in Miami County. Three other categories of responses that are worth noting are educating the community, having a clean and safe environment, and the state of the economic environment. Finally, other concerns for a healthy community that were mentioned by a handful of individuals include access to mental health services, adequate public transportation, preventative care, services for seniors, and a support system for those suffering from drug addictions. Each category of responses is described in further detail below, and the full list of results on this survey question can be found in the appendix.

Community members provided a variety of explanations for what defines a healthy and active lifestyle for the top ranking category, nutrition / physical activity. The most frequent response about nutrition is

dieting and healthy eating that is heavy on fresh vegetables. Respondents also described that a healthy, nutritious lifestyle is only possible if healthy food options are readily available and citizens are aware of proper nutrition and lifestyle choices. According to the survey results, defining physical activity includes being outdoors and regular cardio exercise. The comment that was seen most often pertaining to physical activity is the importance of access to affordable, free physical exercise and recreation opportunities. Ideas surrounding accessible and affordable exercise options are parks, walking paths, bike trails, organized walking groups, well-advertised opportunities to join exercise groups, YMCA, YWCA, outdoor areas/ green spaces, and activities geared towards both the young and older populations. Based on the responses, having a variety of recreational options is most important.

The second highest response for traits that define a healthy community is summarized in a category that emphasizes the importance of having access to adequate and affordable health care. Affordable health care is the #1 response in this category, and it includes coverage for pre-existing conditions, clinics, call-a-nurse system, medical care, and dental care. Accessibility is the other half of this category, and community members stressed the importance of having access to doctors, emergency care, and mental health, in-patient, treatment, and health care facilities for a healthy community. High quality doctors and hospitals, as well as access specialized care, are also mentioned as key traits that lead to a healthy community. Summed in three words, in a healthy community, health care should be “affordable, accessible and convenient” for all.

The next response that appeared most frequently for the survey question about the most significant traits in a healthy community is the importance of the community’s social environment. One method suggested by multiple individuals is active involvement in the community through volunteering. Another option proposed is going to church, whether it be individually or with family. Other social environment related responses in the survey include having empathy and respect for others in the community, offering social support systems, and community organizations that promote individual well-being, low stress, and good family conditions.

The following three categories did not produce as many responses as those previously discussed, but they are still important for the existence of a health community: educating the community, a safe and clean physical environment, and a good economic environment. According to participants, educating the community on nutrition, exercise, and a healthy lifestyle should begin with the children as early as elementary school. At a young age, children need to be well-educated by the community about what is involved in a healthy lifestyle. For adults, the education should be about information on services and food available, as well as how to access them, and awareness of the health benefits offered in the community. A safe and clean environment is explained by respondents as having safe drinking water, clean air, low crime rates, and an attractive and clean city. When addressing the economic environment, most responses in this category emphasized having an abundance of adequate jobs that pay well, which will impact stable families, schools, and business development.

The final five response categories include mental health services, transportation, preventative care, senior citizens, and services for substance abuse. Only a handful of individuals touched on these topics, but they are important to mention when discussing the traits that make up a healthy community. For mental health, respondents stressed the importance of access to services and professional help for

those who suffer from a mental health condition, as well as proactive treatment for both physical and mental issues. Regarding transportation, a healthy community is one that has public transportation available to those who need it in order to get to their medical appointments. Adequate public transportation is particularly beneficial for the health of smaller towns. Preventative care received only three responses, and is described by two individuals as access to regular annual check-ups by a physician. A healthy community also addresses its senior citizen population by offering elder care and targeted activities for seniors. Finally, one respondent suggested an important trait for a healthy community is stronger support for those with a drug addiction.

Appendix B, which are responses from the Miami County Steering Committee, address many of the same answers to what characteristics are most important in defining a healthy community, as well as others that are different from what was listed above. The Steering Committee's response themes include communication and collaboration among organizations, physical activity opportunities, community engagement, access to needed services, workforce development, healthy community environment, and safety.

Appendix C, which are the responses from only the community members of Miami County, has nutrition/physical activity as the #1 trait of a health community, and the #2 trait is access to adequate and affordable health care. Overall, these are the two responses that came up most throughout all of Miami County. The community members listed additional traits in the survey that are also important in defining a healthy community: social environment, educating the community, clean and safe community environment, strong economic environment, mental health services available, public transportation, awareness of preventative care, senior citizen care, and support for those who suffer from substance abuse or are recovering.

Steering Committee Themes

Steering committee members described communication and collaboration among organizations and community engagement as two key traits of a health community. Other healthy community traits included a healthy, economically viable, safe environment; physical activity options; and access to needed services such as health and senior services.

Positive perceptions include: a good place to live and raise children, good quality schools, generally a healthy citizenry, recreational resource availability such as access to bike and walking paths, access to health care services and providers, and safety.

Negative perceptions include: limited mental health services, substance abuse issues and being reactive to that situation, and experiencing an increase in poverty in the county over the last ten years.

Underlying these perceptions is a sense of class separation, where the "upper class" experiences access to great services and the "lower class" cannot access sufficient services. There is wealth and resource disparity across the county.

Q2: What are some specific examples of people or groups working together to improve the health and quality of life in our community? Steering Committee Themes only.

- Miami County Public Health
- Miami County Heroin Coalition
- Safe Communities Coalition
- Health-related: Upper Valley Medical Center; Dentists/Therapists, Physicians, nurses and other; Free clinic; Health Partners; Tri-County Mental Health Board
- Family and Children First Council
- Early intervention program and the WIC program
- Faith-based: New Path and a Coalition of Churches
- Salvation Army
- Protect Piqua
- Partners in Hope
- Soup kitchens, food pantries, and shelters including an abuse shelter
- Miami County Recovery Council
- Children's Services Board (CSB)
- County park system, YMCA and YWCA, recreation centers such as Lincoln Community Center
- Miami County Continuum of Care
- Cities in County – Tipp, Troy, Piqua
- Philanthropic funders
- EMS services and police and sheriff (especially with heroin)

Q3: Name one thing in Miami County that stops people from being healthy. Broad Community Themes only.

Direct survey responses to this question can be found in Appendix C, which were submitted by Miami County community members. Similar to the first question of this survey, respondents' #1 answer for the question that asks them to name one thing in Miami County that prevents people from remaining healthy is nutrition / physical activity. The highest response regarding nutrition / physical activity is an improper diet and bad eating habits, to include overeating, eating out too much, and eating fast food. Some respondents go further into the topic of nutrition and eating healthy by explaining the lack of healthy options and the lack of good, non-fast food restaurants in the community. Eating healthy also comes down to income and poverty. Many people do not have the money to eat healthy, and if they could afford it they would eat healthier. Exercise is also mentioned as important. However, one individual explained that an inactive lifestyle is the culture of this area.

The #2 response for this question about what stops people in Miami County from being healthy is alcohol and substance abuse issues. Drug abuse came up more often in this category of responses than alcohol abuse and addiction problems. Though it does not fall in this category, another issue somewhat related and mentioned by a number of respondents is the high rate of people who smoke in this community.

The economic environment and access to quality and affordable health care are two categories that produced the next most prevalent responses for this survey question. According to respondents, the

economic environment pertains to income, financial resources, costs of living, and financial burdens. In regard to access to health care, respondents mentioned how expensive health care and insurance can be, the lack of available doctors, being uninsured, and too many doctors over-prescribing medications.

The final category of responses received for this survey question pertains to the community culture. Respondents feel there is a lack of motivation in Miami County. One person responded that it is important to have a positive outlook on life, even in the darkest times, but the attitude toward life in this county does not seem to reflect that. Two others explained that people in this county do not have the will or motivation to want to get healthy and live a healthy lifestyle. Poor parental skills also contributes to this issue in Miami County, as mentioned by one other survey respondent.

Appendix B provides feedback from the Miami County Steering Committee on the negative perceptions of Miami County that stand in the way of people being healthy. These negative perceptions of the community include limited mental health services, increased levels of poverty, and a reactive approach toward combating substance abuse (as opposed to being proactive).

Q4: Name one way we can improve people's health in Miami County. Broad Community Themes only.

Despite the #1 trait of a healthy community being nutrition / physical activity, the top response for one way to improve the health in Miami County is through access to quality and affordable health care. Many responded that making health care and health insurance more affordable would improve the health of people in the county. Other suggestions include making it easy to access dental and vision care, having more free health clinics, and lowering the price of prescriptions and treatment.

Nutrition / physical activities and alcohol / substance abuse are the next two categories with the greatest number of responses. As discussed before, nutrition involves eating right, dieting, and eliminating fast food restaurants. A new idea suggested for nutrition is to have more community gardens in the spring and summer that are well-advertised so citizens know they are available. Many people cannot or will not plant their own garden, but a community garden would be beneficial. The main concern with alcohol and drug abuse in Miami County is the need to control the drug problem, particularly heroin. Some suggestions to control this issue are more education at all grade levels, stricter penalties for drug dealers, and access to counseling and prevention services that includes screening, treatment, and follow-up care for drug abuse.

Two other ideas for ways to improve the health in Miami County are opposites but complement each other: educating the community and personal responsibility. Educating community members can be done through advertisement of the dangers around over-eating and over-drinking to raise awareness. A specific example to spread awareness is literature that can easily be passed out and explains what to eat versus what not to eat in order to live a healthy life. However, to some extent respondents believe the citizens in the community have to own it themselves and take responsibility for their own actions. This category draws back to community culture and lack of motivation. One individual explains that many people are aware of what they need to do and the programs that are available, but they just are not motivated to participate. Another suggestion is to have people who maintain unhealthy habits and lifestyles pay higher health insurance premiums. One other response on personal responsibility is about

stopping the spread of germs, “Limit sick people coming into [the] grocery store [who] will touch produce.”

The last two categories are transportation and seniors. These two categories did not produce many responses, but are still mentioned as a way to improve the health in Miami County. As one respondent explains, transportation to the doctor’s office is key, especially for those who cannot or no longer drive. For seniors in this community, health would be improved through more free services for the elderly, as one respondent suggested. Again, Appendix C, which are the survey responses from Miami County community members, provides direct feedback for this question.

Other ways that Miami County can improve people’s health is through groups working together to increase the quality of life in the community. Appendix B lists specific examples of people and groups in Miami County who are currently working together toward this purpose. Furthermore, Appendix B, lists examples of assets and funding that are available in Miami County and can be used to further improve the health of people in the community. These examples are all provided by the Miami County Steering Committee.

Q5: What assets, policies, and/or funding sources do we have that can be used to improve health in our community? Steering Committee Themes only.

- Assets
 - Churches
 - Amazing philanthropic network – foundations, United Way and private donors
 - YMCA
 - Health – Strength of health department resources, Upper Valley Medical Center, Free Clinic, business involvement in wellness programs, Schools’ health facilities
 - Strong safety net services – dental clinic, health partners, Miami County Recovery Council
 - School districts
 - Bike path, youth sports programs, farmers’ market, Hobart Arena, river corridor
 - Service organizations
 - Varying degrees of city support
 - Smoking cessation programs and new policies governing food content
- However, the County currently has minimal transportation services
- Funding
 - Local, State, and Federal funding
 - Public support – levies pass
 - Grants and donations

Forces of Change Assessment

The national model we are using for the strategic planning process, called MAPP,⁸³ recommends four different health assessments to provide a comprehensive picture of health in the community. The Forces of Change Assessment is one of the four assessments, and its purpose is to identify the trends, factors, or events that are likely to influence community health and quality of life, or to impact the work of the local public health system. Respondents were asked to consider all types of forces are considered, including:

Social	Technological	Legal
Economic	Environmental	Ethical
Political	Scientific	

What has occurred recently that may affect our local public health system or health issues in our community?

Politics

- An ever-changing political landscape that dictates the available healthcare insurance coverage to our residents.
- New administration in Washington DC
- Also, not sure what to expect if Obamacare (aka the Affordable Care Act) is rolled back - will the Medicaid expansion be discontinued too?
- The Affordable Care Act (ACA/Obama Care) (two responses)
- The public debate over medical marijuana in Troy still needs resolution.
- Election of Trump, with his promise to abolish Obamacare. We have no idea what impact that will have.
- Political changes in regard to leadership which may change health insurance (ACA) and funding.

Accessible and Affordable Health Care

- The accessibility to care with certain insurance plans depending on the individual community clinics and hospital systems
- The rise in health care insurance coverage costs
- The Affordable Care Act - Even though the numbers show that more people are insured, they do not have healthcare! Their deductibles are so high that they are unable to obtain medical care. The students/adults that have Medicaid are still able to receive care because they are able to go to an ER for minor issues (non-emergent) such as a rash or head cold since they do not have to pay anything. Health Partners are now seeing patients that have insurance but the deductible is 10,000 dollars so they still are unable to be seen. It is unfortunate that our government feels that "health insurance" is the same as "health care."
- Even if [Obamacare] is not abolished, health care cost increases will have a huge impact on access.
- If prescription drugs continue to rise in price, people will not be able to afford what they need.

⁸³ Mobilizing for Action through Planning and Partnerships

- Uninsured individuals that cannot pay for health care.
- Affordable Care Act. The working middle class are starting to forego prevention and care due to skyrocketing health insurance costs.
- MC Anderson [cancer center] at Upper Valley Medical Center (UVMC); the expanded ER at UVMC

Technology

- Availability of internet pornography sexting
- Increased use of social media to communicate which isn't being used by the entire population.
- Technological advances continue to provide conveniences that result in the need to be less and less physically active as a society. As a result, we need to continue to look for ways to encourage our citizens to get out and move.

Health Problems of the Population

- Aging population and related health concerns
- I believe it also very important to educate our citizens on the importance of simple lifestyle changes that can reduce their chances of developing diseases such as diabetes and artery disease. We need more PSAs in these areas.
- Emerging diseases in the USA...Zika, etc.
- Growth of the older population, especially those 75 and older who tend to have more chronic health conditions

Substance Abuse

- The heroin epidemic and associated drugs that heroin is being cut with and the corresponding numbers of overdoses
- The heroin epidemic (7 responses)
- Drug epidemic
- Heroin and Meth epidemic
- Increased heroin deaths!
- Heroin is a huge drain on the health of our community. In addition, heroin is causing a significant drain on our public safety resources.
- The increase in heroin is almost self-evident. However, the response from the non-profit and church community has been very positive.
- Uptick in abuse of narcotics, particularly heroin. This impacts not only the abuser, but the abuser's family, doing particular harm to any children who may be affected.
- Rise in HIV and Hepatitis C related to heroin epidemic
- Drug overdoses
- Opioid abuse and addiction
- Opioids being routinely prescribed to patients has created a false belief that they aren't addicted to pain pills because they are prescribed by a physician.
- Increased drug use and overdose

Families

- Vaccine opponents

- Parents not immunizing their children from fear of illness or medical conditions talked about in the news or by celebrities
- This is not just a recent occurrence, but is an extension of years of change to the family unit; the breakdown of the family many times has a devastating impact on the children who are caught in the middle. The need for mental health support is rising dramatically.

Health Care Providers Exiting

- Several employer companies are pulling out of the area.
- Even if [Obamacare] is not abolished, health care providers withdrawing from the program will have a huge impact on access.

Violence

- Adolescent violence
- Violence is on the rise, including Domestic Violence
- While there has not been a huge increase in violence in Miami County, the nationwide trend is that the potential for violence is closer than ever. If the county has a widespread event, it will have a huge impact on public health.

What may occur in the next 3 to 5 years that could impact health issues in the community?

Changing Health Insurance

- The rollback or full repeal of the Affordable Care Act, which may leave many without healthcare insurance.
- Any changes in the medical insurance programs
- Changes in health care coverage (2 responses)
- Medicaid changes
- The healthcare system for those without insurance may change considerably under the new president. What will happen to Obamacare?
- If costs continue to increase and/or if providers pull out of Obamacare, health care access will become more and more limited and more expensive.
- Increased number of individuals that are uninsured or unable to afford health care.
- The ACA isn't affordable to many, causing a financial impact on those in the community. The financial impact is not only with the cost of the health insurance but the financial penalties for those who choose not to get insurance.
- The financial impact of the ACA to employers in the community.

Health Care Providers Exiting

- Loss of Primary Care Physicians due to the cost of obtaining the advanced degrees and the movement of our providers to the city. Nurse Practitioners and PA's were meant to help with this loss of primary care providers, however, they are even moving to the city and specializing to secure higher wages.

Substance Abuse

- Illegal drug use will always continue to plague communities in one form or another.
- Heroin and Meth epidemic

- Opioid abuse and addiction and the impact that it has on families, students, etc.
- We will start seeing more children that have been impacted by drugs, i.e. drug addicted babies becoming toddlers.
- More potent and intense opioid based drugs could hit the streets.
- Will marijuana be legalized for recreational purposes?
- Increased drug use and overdose.
- Spread of addictive drugs to all age brackets.
- Drug use
- Continued drug addiction problems
- The drug addiction issue may worsen, crime may go up resultantly.

Environment and Economy

- Stronger storms and an increase in temperatures during the summer months would also impact health, especially the elderly and young.
- The rise in inflation
- The rise and fall of the employment market
- Super bugs
- More global disease issues due to travel
- Emerging infectious diseases

Transportation and Health-Conscious

- Hopefully, with other health issues, as people become more informed they will make better health decisions, as has occurred with the decrease in the numbers of people who smoke.
- If a system can be created that focuses more on incentivizing good behavior rather than in punishing bad behavior this may positively impact health issues. How can this be done? No idea.
- Leaders in our communities that make up Miami County continue to look for opportunities to make their towns/villages/city more pedestrian friendly. Our walking/biking paths that make up our county are second to only a few. If our county leaders continue to focus on pedestrian friendly enhancement, I believe we will continue to see an increase in the number of folks using them for means of transportation and recreation.
- Access to health Care will continue to be a challenge as the population gets older and may lack access to transportation.

Aging Population

- Aging population (3 responses)
- Data from Scripps Gerontology Center of Miami University:
 - Miami County's population for persons 60 and older is projected to grow from 22,311 in 2010 to 29,204 in 2020 (increase of 30.9%)
 - Population of those 75 and older is projected to grow from 6,995 in 2010 to 9,316 in 2020 (increase of 33.2%).
 - Miami County's 60+ population as a percent of the total population is 21.8% in 2010 and is projected to be 27.5% in 2020.

Politics and Funding

- Decrease/loss of federal and state funds to support public health programs as well as other local programs
- Less money for social programs (women's health, health services for all citizens and increase costs for insurances)
- New government regulations
- The uncertainty of the ACA
- New President--don't know what is going to happen with government laws to impact insurance (i.e., Obamacare?)

Technology and Collaboration

- Advances in information technology
- Building on a One Wellness Place between the health department, mental health and dental care

Violence

- Increased violence
- Increased human trafficking

What forces are occurring locally, regionally, nationally, or globally that may affect health issues in our community?

Changing Health Insurance

- The rollback or full repeal of the Affordable Care Act, which may leave many without healthcare insurance
- The Health Insurance and Health Care issue
- Changes in health care coverage
- Medicaid changes
- Changing insurance fees and regulations
- Uninsured individuals unable to pay for health care
- Changes in the Medicaid program – Ohio is moving long-term care services (nursing homes and community-based care) to managed care
- Changes in health care coverages on the national level and the local level
- Affordable Care Act (2)
- Also uncertainty about changes to Medicare under the new administration

Substance Abuse

- Without a doubt the heroin epidemic
- Widespread distribution of drugs
- Opioid abuse
- Heroin abuse
- Rising drug abuse problem, particularly heroin

Environment and Economy

- The changes in the environment
- Weather conditions
- Pollution, contaminated ground water, climate change, etc.
- Increased exposure to chemicals and changes in the way chemicals are produced
- The economy and housing market movement in either direction
- Local housing crisis which means no safe, reliable and affordable housing
- Lack of well-paying jobs with quality benefits
- Weak national economy
- Terrorism
- We do know that terrorism on the national and world stage has the potential to have a major impact on health issues at a moment's notice

Spread of Infectious Diseases

- Illegal immigration (related to not being screened for communicable diseases and unidentified communicable diseases)
- Global travel, emerging infectious diseases
- Spread of various pathogens
- In public health, we are always concerned about the next disease outbreak like Ebola or Zika. With global warming issues, it will be interesting to see how it effects the occurrence of outbreaks.

Politics

- Recent election could mean a decrease/loss of funds to support public health programs and other local programs
- Less government regulations
- Potential changes in healthcare options
- Changing administration - not sure if funding will be increased, decreased or stay the same?
- Healthcare uncertainty - what is the future plan for it?
- When one is not intimately involved in the health care discussion, it is difficult, if not impossible, to know what changes are being dictated by local decisions, regional decisions, or national decisions.
- Legislative actions at all levels of government

Transportation

- No reliable local transportation
- Lack of reliable public transportation keeps people isolated and away from economic opportunities
- Telemedicine opportunities may provide for remote mental health services such as counseling.

Ability to Lead a Healthy Lifestyle

- Not enough available healthy and affordable food options
- There has been an emphasis on the obesity problem

Families

- Respect for each other, respect for family, are needed for a society to prosper and be healthy
- Continued decay in the family structure

Other

- The lack of affordable legal defense is a growing issue in our county and in other smaller counties without a legal aid office. Some of our clients are in need due to the need to pay for legal representation for child custody, and or other legal needs.
- All of the above plus more elderly

Consider the opportunities and threats related to each of the forces you identified above. What characteristics of the County and/or the State may create new opportunities?

Collaboration

- Continued cooperation with all criminal justice agencies, mental health professionals, substance abuse professionals, and others will likely mean more drug courts and other alternatives short of incarceration to combat this problem
- Preparedness and planning of the county and the agencies' ability to work together
- Miami County is great about working collaboratively - possible opportunities to strengthen relationships?
- The human service agencies in this county work extremely well together. They know each other, they know each other's capabilities, they share information and resources to best help their clients.
- Increase partnerships and collaborations
- Many agencies can work together to address these problems.
- I think there are many opportunities to see some benefits of "economies of scale" if we can get past the rivalries in our county.

Funding and Affordability of Health Care

- Increase in funding to support housing, transportation and addiction services
- Providing reasonably priced healthcare. Provide healthcare through our Public Health Clinics. Planned Parenthood monies could be delegated to our county health departments for Birth Control/ women's health. Planned Parenthood receives many dollars from donations and outside resources that the state/federal dollars could be used to support our own communities.
- Increase in care due to expansion of hospital, health department, and dental clinic
- Grants will become more available to tackle these issues.
- Opportunity to start a senior services property levy (similar to Greene County) to expand services for older adults

Education and Access to Lead a Healthy Lifestyle

- More local farmer's markets in small villages instead of only Eaton (a village in Preble County) that are open all year long
- Public education, enhanced law enforcement, community group engagement
- Intervention and outreach programs to educate and treat drug abuse

- Healthcare education in the event there are changes
- Education of the citizens
- Education/advocacy of law makers

Opportunities to meet Needs of the Population

- Legal needs make an opportunity for someone to open a legal aid office here
- Economic change opens the door to enrolling residents into budgeting classes
- Job market changes make it the right time to do résumé training

Politics

- The new president can make more positive job opportunities, better health care and decrease national debt which will help all of us.

War against Drugs

- Rally all citizens to a war against addictive drugs as we did against smoking with education and publicity.
- Heroin Task Force

Other

- This County is incredibly generous and concerned for the care of our poor and sick. With innovative ideas, we continue to strive for equal care of all.
- During hot summers may need to establish more cooling locations for people to go
- Continued efforts to create and maintain employment opportunity
- Keep parks and public spaces clean and environmentally friendly.

What characteristics of the County or the State may pose threats?

Funding

- Lack of funding
- Funding level from state health department
- Lack of funding for health initiatives
- Limited resources and funding to maintain education programs
- Funding for initiatives is always a concern.
- Fragmented system of services for older adults that is under funded
- The state has expanded healthcare within Ohio, however, is the cost to the state sustainable? This cost could have a trickle down affect to those already struggling.

Politics and Leadership

- Political agendas
- The county has a reputation for not being particularly well run and being too political.
- There is a lack of strong leadership in the county.
- When health decisions and policies are driven by political agendas and not by sound health care practices, it is a threat to citizens. Likewise, when profit margins and not best practices in health care drive decisions, it is a threat to citizens. Often the wrong people (politicians and CEO's whose primary focus is on profitability, for example) are driving health policy decisions.

Changing Health Care Insurance

- Loss of Medicaid Expansion potentially
- Lack of medical care due to underinsured or uninsured parents

External Environment

- Natural disasters
- Economy
- Programs moving in from outside counties
- Pollutants cause health problems such as cancer
- Contaminants in water supply

Understanding of Differences within Miami County

- Too conservative; lack of regard and understanding of the issues and needs of the citizens
- Lack of understanding between the different socio-economic classes within our County at times creates barriers

Access to Drug

- Drugs
- Near source of drugs in Dayton metropolitan area and 70 & 75 import routes

Technology

- Root of most of all of the evil, internet communications globally has bad influences
- Cyber attacks

Challenges for the Population

- Lack of affordable housing
- Low household income
- Reduced programming for at risk populations
- Increased number of unemployed
- Mental health issues
- Violence due to individuals with mental illness

What may occur or has occurred that may pose a barrier?*Politics and Leadership*

- Possible additions or changes to an already confusing Affordable Care Act law
- Lack of support from local, regional and state officials
- Recent election threatens funding for various programs
- Policies being created based on political agendas instead of reality
- Lack of county leadership on senior services issue

Funding and Resources

- Finances
- Funding or the threat to remove funding for programs (both treatment and prevention)
- Limited funding or resources

- People being tapped out financially by being asked to fund public programs to solve problems of the individual
- Funding
- Lack of resources in the community including primary care physicians, and drug addiction services
- Anti-tax sentiment

Education and Understanding

- Lack of understanding by those not impacted; hardened hearts
- People making wrong choices either by being uneducated or by knowing what to do but refusing to do so
- There is still much that needs to be done to educate our citizenry on the importance of lifestyle adjustments that enhance health and well-being.
- Much apathy and ignorance still exists.

External Environment

- Global warming is still debated on whether it is a legitimate issue to contend with. If we wait too long to intervene, then it may be too late.

Costs of Health Care and Access to Insurance

- Exorbitant costs of prescriptions and health care
- Changes in insurance availability
- Financial barriers and lack of health care due to not signing up for healthcare due to the prohibitive costs

Other

- Language differences
- Literacy
- The profit over care mentality
- Greed to consider people above lining their own pocket; lack of work ethic. Many on welfare don't work because they make more NOT working. Some want to be paid but not have to work in the job.

Where might the County tap into new resources to address health issues and overcome barriers?

Collaboration

- More opportunity for inclusive and collaborative care across community clinic and hospital systems
- Just continued collaboration between all governmental agencies
- Other counties could expand programming into Miami County.
- Working with other entities to share resources is vital in addressing health issues similar to our drug coalition we have enacted to handle the drug overdose issue in the county.
- County should consider the creation of a Healthier Buckeye Council.
- Increase partnerships and collaborate
- Collaborative efforts such as the Miami County Continuum of Care

- Form coalitions to combat problems.

Educating the Public on Health Care Issues

- Further education for the public to truly understand the needs of all residents
- Public education facilities - engage and educate the youth from junior high to college
- Investing in education programs regarding healthcare benefits
- Enlist the public to declare war against addictive drug usage with education and publicity using all media methods.

Religious Organizations

- Religious groups
- The religious community is a very caring, under-utilized resource
- Education of young people for most of these issues, social media, through churches with the Health Ministries group from Good Sam

Grants and Funding Sources

- Look into grant funding opportunities
- Use State and Federal resources, grants
- Property tax levy

Focus on Prevention

- Investing in rehab and prevention programs
- A preventive action not a reactive action and to encourage public support with funding of all treatment and policing actions

Other

- Literacy programs
- Budgeting classes
- Legal aid society
- The health care system (pharmaceuticals & insurance companies) and others making very large profits at the cost of the health of the citizens
- Promote wellness within the community.

The Local Public Health System Assessment (LPHSA)

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" There are ten essential public health services, and the following report summarizes the organizations and entities in Miami County that contribute to each of the ten essential services. This assessment was conducted on January 18, 2017 with the Miami County Community Health Assessment steering committee.

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community.

- Hospital – conducts CHNA; conducts assessment through various health issue education and supports groups (diabetes, cancer, maternity, cardiac etc.)

- Foundations—We may provide grant money to accomplish this work
- Miami County Recovery Council (MCRC) – conducts client satisfaction/needs surveys twice yearly
- Share our food pantry client data with interested parties (New Path)
- Partners in Hope (PIH) – staying ahead (developing programming); programming based on community needs; one on one coaching for barrier removal.
- TCB – strategic planning
- Health Department – participate and lead collaborative process for CHA

2. Investigate health problems and environmental public health hazards to protect the community.

- Miami County Public Health (MCPH) – environmental health together with RAPCA (Regional Air Pollution Control Agency) and EPA; conduct timely investigations of health problems (disease, environmental, health investigations, etc.); Epidemiology
- OSHA – infection/workplace safety – CLIA
- Foundations—We may provide grant money to accomplish
- Schools’ focus is generally on school-aged children; staff may investigate specific health issues that may infiltrate the school and address those issues. Schools also have the responsibility to ensure that inoculations are appropriately maintained.
- New Path—Work with food bank to pull recalled foods from our shelves
- Tri-County Board (TCB) – data collection
- Hospital involved in regional and local efforts to prepare for potential disasters. Also regularly involved in investigating health problems and educating patients, community, staff, etc.

3. Inform, educate, and empower people about health issues.

- Miami County Park District (MCPD) - Public programs (walking initiatives, gardening, nutrition) and health issues – increasing exercise; trail run services
- Foundations—We provide grant money to groups who do this work
- Miami County Dental Clinic – safety net for the uninsured; oral health education/treatment for those who do not have a dentist
- TCB – strategic plan, Mental Health First Aid, Crisis Intervention Team Academy, Crisis Response Team
- Patient information in doctor office clinics
- Schools’ primary focus is educating youth about health issues. In specific instances they may communicate with parent’s health “Hot Button” issues that are in play. Communication typically does not spread beyond kids and their families.
- New Path – Share food pantry client data with interested parties
- Hospital does patient education individually and in group settings. Also conducts community health education events on various topics.
- Hospital foundation funds community health education events
- PIH – education and development for clients and community

4. Engage with the community to identify and address health problems.

- Traveling Smiles (Miami County Dental Clinic) portable units in schools and local non-profits to provide dental care and oral health education
- Hospital engages through community health education, through support and collaboration with community health safety net providers; connects through health services provided inpatient, outpatient, emergency, physician offices, etc.
- PIH – Use community training and awareness tools, Bridges out of Poverty trainer, national consultant for Aha, poverty simulation facilities with community members/stories
- Riverside developmental disabilities – continuous education for Pediatricians in the Miami Valley area regarding information and referral for babies and families 0 – 3 years
- TCB – strategic plan, Mental Health First Aid, NAMI groups, Crisis Intervention Team Academy, Crisis Response Team
- MCRC – staff assigned to heroin coalition to educate community on opiate issues; Quick Response Team – works with Troy fire and Troy police to intervene with overdose individuals – educate community
- New Path—Use volunteers to do our work and they gain a new perspective on vulnerable population
- The schools' community consists of their students and in some cases their families

5. Develop policies and plans that support individual and community health efforts.

- PIH - We develop people through Getting Ahead and other education and development classes. Help get voices to community through community engagement activities and such
- Hospital (local and premier system) conducts CHNA; reviews data through data analysis internally which helps formulation of policies/initiatives to address issues
- We may provide grant money to groups to develop plans
- TCB – strategic planning
- Health and wellness development within our current strategic plan to increase partnerships with local agencies and make MCPD more visible as a health and wellness provider
- Many school plans are dictated by mandates (such as breakfast and lunch programs). The focus is on student health not community health
- MCRC – strategic plan yearly – ongoing quality improvement
- New Path—Continually reassess our program offerings to ensure maximum impact to our clients
- Health Department – participates and leads development of CHIP and CHA

6. Enforce laws and regulation that protect health and ensure safety.

- New Path—Ensure Access for all eligible individuals and households to food pantry and other services

- Health Department – conducts inspections in various programs such as food, pools, etc. And enforces those laws
- TCB – crisis hotline, mobile crisis
- Hospital abides by all health safety laws/regulations that are required. Participates in multiple surveys on an annual/periodic basis that assess degree to which hospital is in compliance (CLIA, JCAHO, CARF, OOH, etc.)
- PIH – have and assist individuals to stabilize and reach goals for courts/children services, homeless shelters

7. Promote strategies to improve access to health care.

- We may provide grant money to an organization that would do this work
- MCRC – Quick Response Team – reaching out to individuals who overdose and support them into treatment
- Health Partners Free Clinic
- TCB – one stop shop, advocate for affordable health care
- UW – health issues appressed with OOP campaign. Health, education, financial stability
- Also, Community Health Education provided by hospital departments. Hospital Foundation heavily involved in community health education activities.
- PIH – Bridges out of Poverty/G.A. trainings, consulting of best practices/ effective strategies

8. Maintain a competent public health workforce.

- TCB – opportunities for Ohioans with Disabilities program (OOD)
- Miami County Dental Clinic – hire/employ quality dentists and staff, educate/train OSU dental student interns
- Increase ability to have students achieve post-secondary education
- Health Department – provide training and professional development opportunities along with supportive work environments
- MCPH – host interns and students to provide experience and promote public health as a profession
- Hospital hires/trains healthcare clinicians, allied health providers and support staff necessary to maintain and advance services at the inpatient/outpatient level
- Well educated, well rounded students will become a competent workforce
- PIH – education and development

9. Evaluate and continuously improve processes, programs, and interventions.

- New Path—Continually survey and monitor program participants and incorporate feedback into program improvements
- MCPH – evaluate services and process both internal and external to ensure services are delivered both effectively and efficiently
- Continuous strategic planning locally and state wide to support individuals with developmental disabilities via service provision and education.

- Hospital heavily focused upon continuous process improvement measures and benchmarks monthly against national database
- TCB – quarterly quality improvement reports for contracted agencies
- PIH – We do surveys and programming is ever changing to needs of clients and community

10. Research for new insights and innovative solutions to health problems.

- May provide grant money to accomplish task
- New Path—Network and share resources with other non-profit to provide solutions to community problems
- Miami County Public Health – attending environmental health conference for updated experienced and solutions
- Work with local universities to assist and provide data for various projects
- Collaborate with other groups where evidence-based research is reviewed (ex. Heroin Coalition)
- Hospital is involved in research. Premier Health works with Wright State School of Medicine on research initiatives; DCOP on clinical trials for cancer patients, etc.
- TCB – provide local data to state organizations
- MCRC – quick response team – Hope House
- PIH – National connection share, collaborate, partnerships voice of clients

Key Informant Survey and Focus Group Findings

There are many population groups in Miami County experiencing health disparities and inequities. For some of these groups, evidence of disparities may be available at the state or national level but data is not collected or is not available at the county level. In order to achieve health equity in Miami County, the obstacles facing these populations must be more thoroughly understood and addressed.

APRI conducted a series of key informant online interviews or surveys with professionals involved in the care and/or education of Miami County's youth and community service organizations and focus group sessions with Partners in Hope, the Miami County Farm Bureau, and Milton Union Senior Center.

Miami County Survey on Youth

In the winter of 2017, an online survey was distributed to organizations that serve youth so as to assess the community's perspectives about youth well-being. This report begins with characteristics of the respondents, then describes youth challenges as perceived by the respondents. The survey was developed and analyzed by Wright State University's Applied Policy Research Institute (APRI).

Respondent Characteristics

Organizational Affiliation: Respondents work for the types of organizations listed below. The vast majority of respondents work at schools in the County. Other organizations include public and private health-related agencies, nonprofit organizations, social services, and public safety. A few other organizations are also specified. In all, 332 of 361 respondents provided their organizational affiliation. A pie chart follows that presents the proportion of respondents by category.

Schools (300)

Health (10)

- County Board for Developmental Disabilities
- Health Department (2)
- Integrated primary care
- Miami County Board of Developmental Disabilities – Riverside Developmental Disabilities Early Intervention (2)
- Private community mental health
- Private practice physical therapy
- Recovery and Wellness of Midwest Ohio
- Samaritan Behavioral Health

Non-profit (8)

- Non-profit (5)
- Non-profit organization that works with individuals of all ages, with developmental disabilities.
- Non-profit – Religious
- Social services-non-profit

Social Services (3)

- Child residential center
- Social services (2)

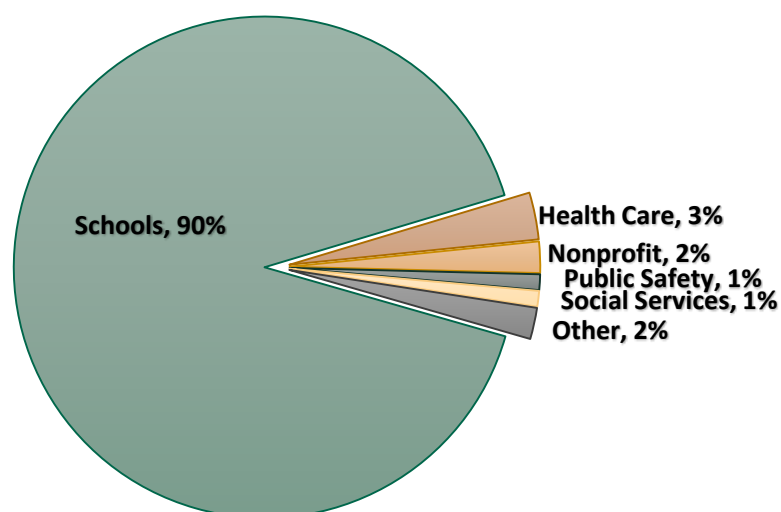
Public Safety (3)

- Juvenile Court
- Law Enforcement
- Sheriff's office

Other (8)

- Financial Services
- Forest
- Library
- Miami Soil and Water Conservation District
- Troy Recreation Association (2)
- WACO Air Museum & Aviation Learning Center
- YMCA

Figure 75: Youth Survey Respondent Organizational



Occupational Titles: Respondents hold the following types of occupational titles. The vast majority identify as “teacher.” More titles are presented than the number of survey respondents because some people have more than one title.

- Teacher, 223
- Coach, 36
- Administration, 26
- Counselor, 22
- Nurse, 13
- Program Staff, 13
- Aide, 10
- Director, 7
- Intervention workers, 6
- Mentor, 6
- Librarian, 5
- Psychologist, 4
- Bus Driver, 4
- Volunteer, 4
- Tutor, 3
- Food Service, 3 (Cafeteria Manager, 1; Cook, 1, other, 1)
- Custodian, 3
- School Resource Officer, 3
- Health Care Provider, 3
- Recreation Worker, 3
- Paraprofessional, 3
- Chaplain/Clergy, 2
- Job Coach, 2
- Gifted Coordinator, 1
- Physical Therapist, 1; School-based Physical Therapist, 1
- Speech Language Pathology, 1
- Special Education Supervisor, 1
- Therapist, 1
- Play Director, 1
- SSA Manager, 1
- Case Worker, 1; Social Worker, 1
- Probation Officer, 1
- Educator, 1

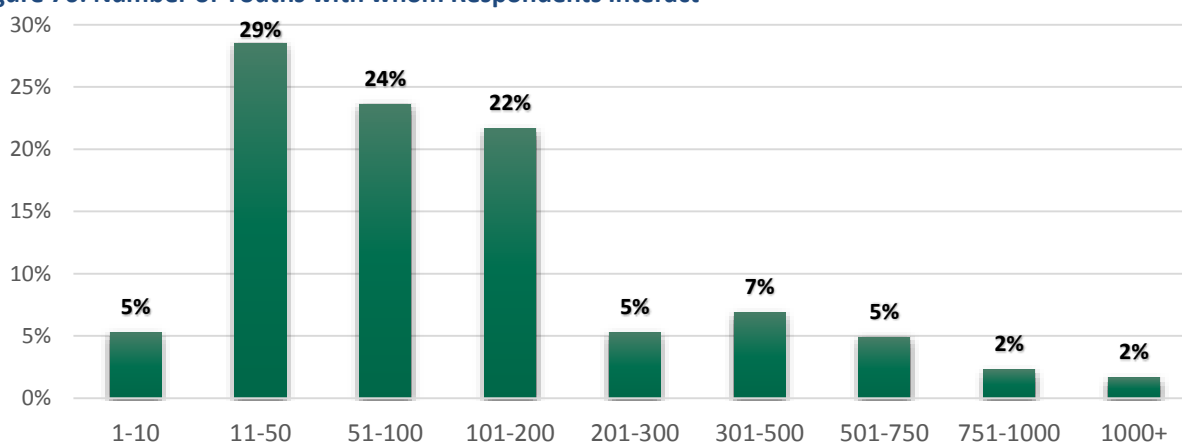
Tenure: The majority of the respondents (60%) have been working with youth in Miami County for over ten years and another 15% of respondents have been working with youth for 5 to 10 years. The remainder have worked with youth in Miami County for 1 to 4 years.

Age of Youth Served: A slim majority (51%) of survey respondents work with elementary aged youth; 39% work with high school aged youth, 38% work with middle school aged youth, and 5% work with preschool aged children. A respondent could work with youths across multiple age categories.

During an average week, about how many youths do you interact with at your organization? Most respondents interact with between 11 and 200 youths. The chart below shows that 29% of respondents interact with 11 to 50 youths, 24% of respondents interact with 51-100 youths, and 22% of respondents

interact with 101 to 200 youths. Some respondents work with 1,000 or more youths. If more than one respondent from the same organization responded, then there could be double counts.

Figure 76: Number of Youths with whom Respondents Interact



Youth Challenges

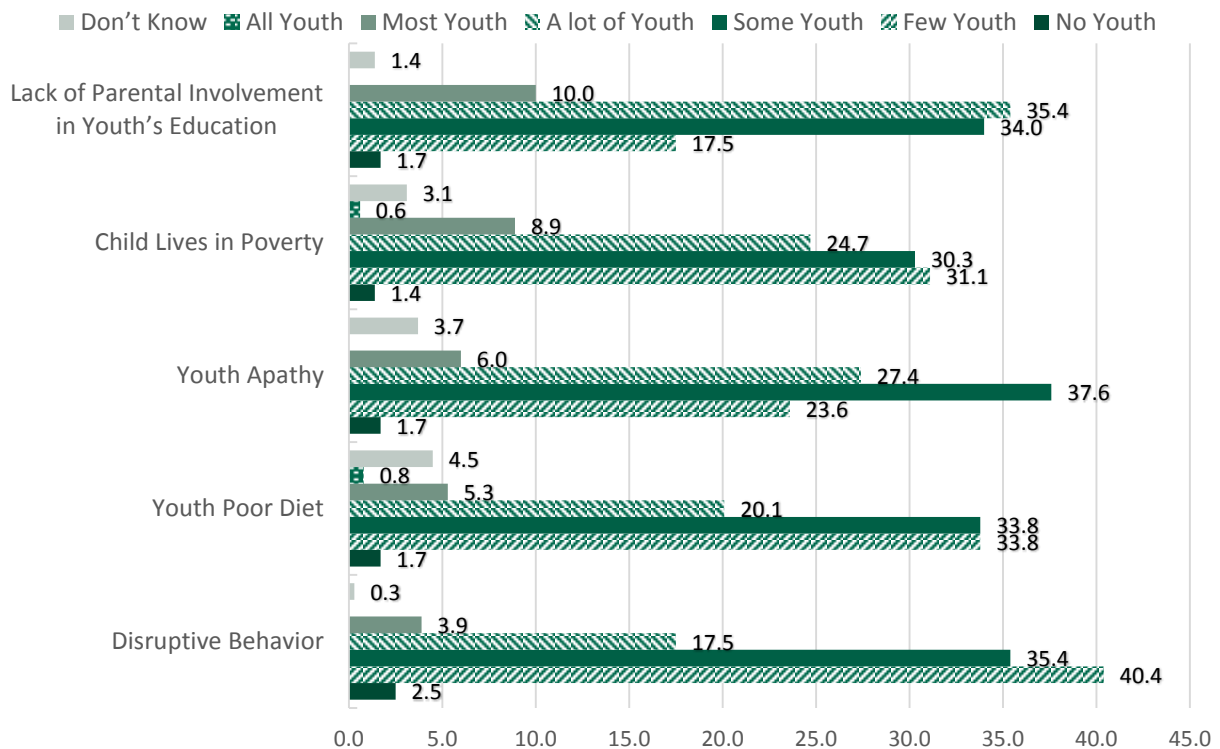
The table below presents 15 challenges that youth may face. The survey question asked the respondent to indicate to what degree these challenges are a common occurrence for youth served by the respondent's organization. A review of the percentage of respondents saying that they *don't know* provides insight into the challenges that youth-serving organizations are aware of and those challenges that they are less aware of. Fewer respondents are aware of youth illegal drug use, alcohol use, and tobacco use. Child abuse, bullying via social media, and youth violence are additional challenges where a smaller portion of adults has an opinion.

The most pervasive youth challenges pertain to: (1) a lack of parental involvement in the youth's education, (2) poverty, and (3) youth apathy. Poor diet and disruptive behavior are also generally prevalent. The table below presents 15 youth challenges, and the graph presents the top five most common youth challenges that respondents note.

Table 31: Common Youth Challenges

The Issue is a Common Occurrence for...	No Youth	Few Youth 1-24%	Some Youth 25-49%	A lot of Youth 50-75%	Most Youth 75-99%	All Youth 100%	Don't Know
Lack of Parental Involvement in Youth's Education	1.7	17.5	34.0	35.4	10.0		1.4
Youth Apathy	1.7	23.6	37.6	27.4	6.0		3.7
Disruptive Behavior	2.5	40.4	35.4	17.5	3.9		0.3
Child Lives in Poverty	1.4	31.1	30.3	24.7	8.9	0.6	3.1
Chronic Absenteeism	5.9	60.7	21.9	7.9	0.8		2.8
Illegal Drug Use	27.6	33.0	12.7	5.6			21.1
Alcohol Use	28.7	27.3	13.4	6.3	1.4		23.0
Tobacco Use	26.6	33.6	12.1	5.1	2.0		20.6
Youth Violence	20.5	55.3	10.1	2.8			11.2
Youth Poor Health	4.7	58.5	21.2	8.6	1.7		5.3

Youth Poor Diet	1.7	33.8	33.8	20.1	5.3	0.8	4.5
Bullying (In person)	9.8	59.4	19.3	4.8	1.4	0.3	5.0
Bullying (social media, phone texts, etc.)	17.1	38.5	19.7	7.6	2.5		14.6
Child is Abused	22.8	51.3	6.8	0.8	0.6		17.7
Child is Neglected	13.0	54.9	12.7	4.5	0.8	0.3	13.8

Figure 77: Common Youth Challenges

Other common occurrences among youth as shared by Respondents:

- Always seems sad, craves and wants attention and needs to hear positive recognition
- Anxiety
- Unable to deal with and move on past social issues/problems
- Mentally challenged
- Developmental delays children ages birth through 3 years
- Disruptive behaviors due to lack of structure and consequences at home
- Drug addicted parents
- Living with drug addicted or alcoholic adult/parent
- Grandparents raising kids
- Children in custody of grandparents
- Homeless/shelters
- Immaturity for age
- Lack of respect for adults
- Mobile device addiction
- Poor environment
- Poor hygiene
- Still in the closet (LGBTQ, non-Xian, etc.)

Approximately 48 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands designate professions whose members are mandated by law

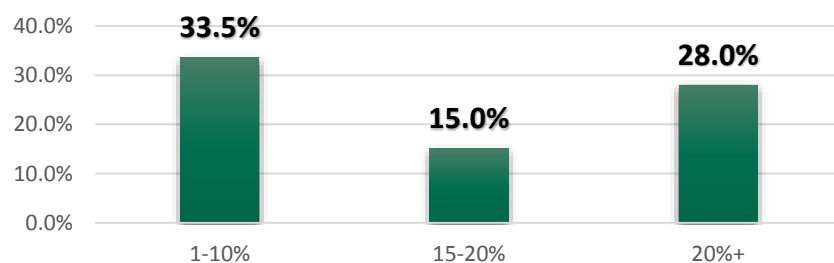
to report child maltreatment. Individuals designated as mandatory reporters typically have frequent contact with children. Such individuals may include: Social workers; Teachers, principals, and other school personnel; Physicians, nurses, and other health-care workers; Counselors, therapists, and other mental health professionals; Child care providers; Medical examiners or coroners; and Law enforcement officers. In this survey, a majority of respondents state that they have reported suspected child abuse (62.5%) and child neglect (56.9%).

Respondents Serving in Support Roles

Time Spent in Support Roles: Respondents were asked what percentage of their time they spend helping youth with problems that they face outside of the organizational setting of the respondent. One example would be teachers who spend time in school addressing problems that youth face at home or outside of the classroom. One teacher said 10% of his/her time is spent “Providing food for breakfast; adapting organizational time due to lack of parent involvement; and providing more help to students for homework and counsel whom I know won’t get help at home.”

One-third (121 or 33.5%) of the respondents report that they spend 1-10% of their time helping youth with problems they face at home or outside of the organizational setting of the respondent. Another 15% of respondents (n=54) say they spend 15-20% of their time in this way. And more than a quarter (n=101) of respondents say they spend over 20% of their time helping youth with problems they face at home or outside of the organizational setting of the respondent. Another 23.5% of respondents report time spent with students in a narrative way such as “It is every day,” “minimal,” “all day,” “I spend half of my work week helping youth,” and so on. While one would expect that counselors and therapists would spend their time this way, the vast majority of all respondents are spending substantial time in this way.

Figure 78: Respondent Time Spent Supporting Youth with Outside Issues



Financial and Advisory Support Roles: Respondents were also asked if they are paying money out of their own pockets to address youth challenges such as the need for food, school supplies, clothing, and footwear. The percentage of respondents providing such support is presented below in order from most to least common types of support.

- Paid money out of your own pocket to help secure school supplies for a child, 81.5%
- Paid money out of your own pocket to help feed a child, 76.6%
- Arranged for a child to get new clothing or footwear, 76.0%
- Assisted a child and/or their family through a crisis, 67.5%
- Arranged for a child to receive medical attention, 37.2%

- Helped a child find a safe place to stay, 21.0%

Respondents' Perceptions of Need

Survey respondents were asked whether there are additional services and resources needed to address youth needs. The results are presented below in order from most to least common types of support.

- Connecting youth to the mental health services they need, 77.4%
- Guidance counseling to address social and emotional needs, 77.0%
- Referrals to youth mental health providers, 74.4%
- Before-school or after-school program providing instruction beyond the normal school, 72.9%
- Before-school or after-school care for students who need academic assistance, 71.6%
- Connecting youth to the medical services they need, 65.7%
- Before-school or after-school day care programs, 55.0%
- Extracurricular Activities, 52.4%

Other common needs among youth as shared by respondents for which additional services and resources are needed:

- Grief counseling for youths who have lost parents to drug addiction or overdose
- Neglect/stupidity charges filed against parents more often
- Parent accountability
- Referrals to disability services, like Riverside
- Services to educate caregivers on parenting and supporting behavioral and emotional balance/behavior
- Spiritual Guidance
- Support for youths with family members in and out of jail/hospital
- Teaching basic life skills
- Trauma

Respondents' Support for Implementing Programs that Empower Youth

Respondents were asked to consider potential changes that could be made in Miami County to empower youth, and to indicate their level of support for these changes. In every instance, over 80% of respondents strongly favor the community investment queried. The results are presented below.

- Implement programs that empower youth to stay in school and achieve success, 85.8% of respondents are strongly in favor
- Provide dedicated professional staff from the local community to work closely with schools to provide services for youth and families with the greatest needs, 85.8% of respondents are strongly in favor
- Involve schools with community groups that connect caring professionals with at-risk youth, 85% of respondents are strongly in favor
- Provide community-based resources to help meet youth needs, 83.5% of respondents are strongly in favor

- Utilize partnerships between schools and the private sector to provide assistance to at-risk youth, 82.9%

Most Important Action/Investment the Community can make to improve the Health and Well-being of Youth

Nearly 400 respondents to this survey of Miami County youth provided their insights about how to improve youth health and well-being, resulting in eight single spaced pages of comments. The more common comments and themes are distilled below into categories along with quotes from respondents to elucidate the categories.

Educate Parents

One of the most common themes in the results to the question about how to improve the health and well-being of youth is educating parents. There are also a number of comments pertaining to holding parents accountable.

- “Educate parents about nutrition, need for sleep, need for healthy boundaries between parents experiences and child exposure.”
- “Encourage increased parent involvement and a campaign to stress the importance of the appropriate age for students to begin using technology such as Smartphones, etc.”
- “Find ways to get parents connected with their kids, especially when they are not doing so already.”
- “Get parents involved with their children.”
- “Improve parenting skills.”
- “Parenting classes from birth to age 3 so students get the best start on nutrition, behavior management skills, pre-reading skills, etc.”
- “Parents need to take ownership and responsibility for parenting their children. Parents need to be involved daily, know what their children are up to, know who their friends are, what school work they need to do, and limit social media to less than 1 hour a day during the school year. Parents need to set boundaries that have positive and negative consequences.”

Actively Participate

A common quote from respondents about how the community can invest in improving the health and well-being of youth is to get involved with youth. The quotes below indicate the different ways of articulating this theme.

- “Actively stay involved. Notify parents of resources they can use in the community.”
- “Be involved”; “Get involved”; “Listen [to youth]”
- “Be a mentor.”

Teaching Life Skills Topics to Students, to Parents or to Families

- “Assist parents in skills to help their children be successful. Life skills for families.”
- “Classes on stress management and coping techniques”
- “Consistent health awareness class/practice in school daily”

- “Money is cut from schools, so [there is a lack of funding and] kids are not often taught to deal with peer pressure, social/emotional issues, etc.”
- “Give children tools to cope with challenging circumstances that they cannot change. When kids are stressed due to neglectful parents or parents who keep them up at night with loud fighting which causes the child to be their own boss, it makes it difficult to stay awake in class, and it makes it difficult to accept that they need to take direction from adults. When the adults they love at home have let them down or allowed them to have no rules, self-regulation of their feelings and behavior is very difficult for the child.”
- “Give them time dedicated to ‘life’ instruction. Many students are not well enough (socially, mentally, physically sometimes) to care about what I have to teach. Time dedicated to counseling or otherwise would put them in a better place to be open to learning Algebra.”

Mental and Behavioral Health

- “Better health care access for low income students - not emergency room; better access to counseling and mental health services”
- “Continue to increase funding for mental and behavioral health services”
- “Mental health screenings”
- “Mental health programs and services”
- “Mental health resources – counseling”
- “Information and access to youth mental health and behavioral health resources”
- “Invest in mental health support”
- “More social workers/behavioral therapists housed in schools”
- “There needs to be more youth mental health providers for counseling (inpatient and outpatient) and psychiatric care. We also need more help for our youth that are struggling with drug addiction and/or mental illness.”

Address the Drug Issue/Drug Prevention

- “Al-anon or an ala-teen program locally”
- “Alcohol and drug prevention”
- “More drug prevention programs”
- “Drug abuse (both parents and students) is typically the common denominator for students with poor family relationships, poor grades, and poor attendance.”

Miami County Service Provider Survey Summary Report

Nearly 200 service providers responded to an online survey in the winter of 2017 to identify the resources and challenges impacting the County as it seeks to improve the physical, mental, spiritual, and social well-being of communities and individuals. The survey was developed and analyzed by Wright State University's Applied Policy Research Institute (APRI).

Respondent Background

These service providers represent schools, child care organizations, Parents as Teachers, health providers (like the hospital, Health Partners, dental clinic, and medical practices), churches, law enforcement, agencies (children services, health department, mental health, Ohio Means Jobs), libraries, arts councils, foundations, social clubs such as Lions Club, and senior services providers.

Of the 195 service providers responding, more (87) serve individuals between the ages of 4 and 17 than any other age group, reflecting the strong response rate from schools. Another 67 respondents serve adults ages 18-59, 47 serve older adults, and 38 serve children ages 0-3. Some agencies serve multiple age groups.

Forty percent of respondents (41.5%) think that the systems and agencies that support the physical, mental, spiritual and social well-being of individuals and communities are working together better today than five years ago. Another 39% think that the level of collaboration among systems and agencies has remained unchanged while 20% think agency collaboration has worsened.

Challenges and Waiting Lists

Compared to 5 years ago, most respondents state that the impact of poverty on the people they serve and the ability of families to meet their own basic needs has either remained unchanged or worsened. The survey also asked respondents how much of a problem it is to access a variety services in Miami County. The list below is sorted from most serious problems to least. The waiting list presented in the right-hand column indicates the services with the longest waiting lists, according to the service providers.

Table 32: Service Provider Challenges

Challenges	Moderate to Serious Problem	Waiting List Rank (1 is longest)
Substance abuse treatment for youth	75.9%	4
Mental health care for children age 17 and under	73.6%	2
Substance abuse treatment for adults	68.3%	3
Access to public transportation	66.7%	6
Mental health care for adults	61.1%	3
Homeless shelter	58.0%	7
Affordable housing	49.2%	5
Senior adult services	46.7%	9
Access to healthy food	45.3%	11
Primary Care Providers (PCP)	45.2%	1
Certified and licensed child care options	43.7%	10
After school programs for children	41.5%	8
Access to affordable fitness or recreation options	41.4%	12
Preschool programs	26.4%	8

Other services difficult to access were listed by service providers:

- Abortion Clinics
- Access to information
- Access to Dental Care
- Child psychiatrist
- Human Dignity
- Hygiene Supplies
- Options for mentally impaired
- Prescription costs
- Transportation to/from after and before school activities

Most Important Challenges that the Community Must Rally Around

Three challenges were mentioned most frequently: Drug Abuse and Treatment, Youth Services and Programs, and Mental Health Services. These challenges align with results in Table 1.

Drug Abuse and Substance Abuse Treatment (51 comments)

- Drug abuse-especially repeat offenders
- Drug abuse and the effect it has on family groups
- Drug abuse in local schools
- Drugs and Drug use
- Drug abuse (opiate)
- Drug abuse (7)
- Drug addicts
- Drug epidemic
- Drug problems and poverty, which often go hand in hand.
- The heroin epidemic in America, Ohio, Miami County.
- Heroin!!!!!!!!!!!!!!!!!!!!

- The issue of drug usage among our Miami County residents. (Example: Heroin)
- Discovering how to decrease drug use within the community....i.e. making it a distasteful, unattractive avenue of rebellion or escape.....
- Drugs...and not everyone cares about those addicted to them
- Extreme drug abuse problem in our area
- Heroin, heroin, heroin. Get it out of here.
- Heroin Addiction
- Heroin epidemic (3)
- Heroin & drug use epidemic
- Drugs and use of marijuana which results also in the disability to get and keep a decent job.
- Drug use/addictions that interfere with TRUST in relationships in the family and thus with others
- Families are struggling with drug problems.
- Of course the heroin epidemic is the #1 problem for our county at the present time. Having compassion and understanding of the overall drug problem and that it is a progressive disease is not received.
- Opiate/opioid addiction (2)
- Stiffer penalties for drug abuse
- Substance abuse (4)
- Increased collaboration around the opioid epidemic
- The easy/inexpensive access to opioids and other addictive drugs
- The out of control substance abuse by both youth and adults
- The community must rally around an acknowledgement that the current drug issues (heroin) touch all members of the community. There is no disconnect just because a family does not directly suffer from this addiction.
- Too many drugs
- Access to substance abuse treatment
- Drug treatment
- The lack of in-house substance abuse treatment facilities
- Providing for drug/alcohol abuse prevention and rehabilitation is desperately lacking locally
- Affordability and treatment options that work
- Heroin epidemic and the substance abuse support needed
- Heroin/opiate addiction and not enough substance abuse treatment
- Currently the substance abuse going on in our communities are ripping at the very fabric of our families and systems. It has been extremely difficult to get ahead in attacking this problem. New services are being introduced at the fastest possible pace but it is essentially using the same funding as before but moving it around the system of care. I believe that we need to adequately fund programming like the PAX Good Behavior Game at an early age to begin to help the next generation with self-regulation and being more conscientious of their fellow man.

Youth Services and Programs (29 comments)

- Affordable daycare that is provided for all 3 shifts, as many low-income families get 2nd and 3rd shift jobs through the temp agencies. Affordable housing opportunities - the wait list for Metro Housing is significant. Unless there is a documented disability, time residing on Metro Housing should be limited so new people can get a chance to benefit from it.

- Child care outside of traditional first shift positions.
- Community resources and access to affordable childcare especially to those who are working 2nd and 3rd shifts.
- Children with disabilities
- Resources for family with special needs children
- Lack of support for student's academic growth from their family.
- Lack of easily accessible/cost effective after school academic programs.
- Student academic and psycho-social growth beyond the classroom
- Mentors/role models for students beyond the classroom
- Children don't have the support system they need to grow into responsible adults and don't have role models that have time or money to provide a sense of well-being in any form.
- Mental health counseling for teenagers. Most public schools are not equipped to help kids who have serious mental health issues.
- We need more youth mental health services
- Youth mental health and substance abuse treatment
- Lack of care for children with substance abuse/mental health issues.
- Mental Health care for children
- Mental health for teens
- Mental health resources for youth (We need more than one mental health therapist.)
- Mental health facilities-especially for children
- Increasing mental illness among youth
- Not enough resources within the schools
- Children's mental health resources are lacking quite a bit. I know that there are new places in place. It is just getting openings to doctors.
- Children's dentist as well are hard to come by that do major work.
- I am saddened by what the youth is dealing with in their homes. The daily struggles they deal with are getting more serious as the drug epidemic is beginning to take over. I am not sure what the solution is or how to help these youth exactly but it is a concern for these young children going forward that they do have alternatives and hope.
- We have kids falling behind in school and missing school but when they are here they miss a large majority of instructional time because they are in the office for "group" or meeting with one of two counselors at school not to mention the other counselor outside of school. I feel like the services offered at school usually are only involved once the courts are, if the parents have a domestic or the kid messes up and has a parole officer. Once the student has problems and becomes part of the court system they may be mandated to be at school all day. Some work on online programs, but may do nothing in these classes the latter half of the day. This needs to be addressed through the courts and schools. Otherwise we are wasting time and money, especially since our teachers are not trained to deal with mental health issues.
- Programming for youth services
- More focus on children
- Still too many kids in the community suffering from poverty and parental drug addiction. The resources seem to be there, but the parents may not be taking advantage of them.
- Students with unstable home lives and unhealthy nutrition

- Proper food for children. Children who have no lunch at school because their parents don't have money to pay for it; the same applies to school supplies for back to school. Appropriate shoes/boots and clothing.

Mental Health Services (21 comments; more comments in the Youth Services section)

- Better social and mental health support services
- Current crisis with mental health and addiction services
- Mental health issues going untreated
- Not enough psychiatrists for the mentally ill
- Lack of mental health providers
- Mental health and social wellbeing
- Mental Health Care (3)
- Mental health services (2)
- Mental health issues and access to care within a timely manner
- Mental health programs for youth and adults
- Mental: Suicide and Depression
- Substance abuse treatment center
- Not enough family counseling
- Treatment for adults for mental issues
- Mental health treatment
- Quality mental health counseling
- Mental health treatment/support for those addicted to heroin and opiates (2)

Poverty and Basic Needs (13 comments)

- The issue of poverty and its impact upon Miami County residents.
- Addressing root causes of poverty
- Poverty (3)
- The pressure of providing basic needs for the family
- Poverty has changed. Real wages have not grown in Miami County over the past five to ten years, so individuals that use our food pantry are those that are stretching their dollars to be used for other necessities.
- Poverty;
- Radical as it may be, the wages of the working poor must be raised in order for them to overcome the issues of poverty. Living paycheck to paycheck does not create a situation where individuals/families can create positive changes in their lives.
- The need of job assistance, getting to doctor appointments, paying the remaining balance of a hospital or physician bill.
- Basic needs being met: Food and cleanliness
- Easy access to unhealthy foods on food stamps
- Nutrition

Access to affordable health care (12 comments)

- Access to health care providers
- Access to affordable healthcare

- Affordable health care
- Out of control health care costs
- Inadequate medical care
- Pushing back with legislators on the pending reduction of Medicaid Expansion, which will reduce access to services for many in our community.
- Lack of physicians in the area
- Lack of physicians that take Medicaid
- Making it a habit and accessible to see a primary care provider 1-2 times per year.
- Possible repeal of the ACA
- Lack of an FQHC
- Affordable care and services

Public Transportation (12 comments)

- Access to transportation beyond Monday - Friday 8-5
- Transportation to access services
- Affordable transit system
- Transportation, especially in rural areas
- Transportation (4)
- Lack of reliable transportation
- In working with job seekers they have barriers to overcome. One barrier to employment is the lack of transportation and or a driver's license. It is very difficult to get them employed.
- More comprehensive public transportation
- No public transportation to speak of

Life Skills Training/Health Literacy (10 comments)

- Basic need resources for needy individuals and resources to learn life skills (parenting, budgeting, job searching, etc.)
- First, it's mostly a cultural problem. We need to teach people to make better choices. They pay hundreds of dollars each month for tattoos and new cell phones, but when they get a shutoff notice from their utility company, they come running to us for help. The help is there, but the poor choices continue. We need to offer life coaching along with our physical support. There is very little of that happening.
- Financial literacy
- For the community to know exactly what resources are out there and how they can work together
- Knowledge of services
- Building community awareness of resources and how to access them.
- Knowing how to access these resources so the person trying to help knows where to call if there is a need.
- Lack of digital skills
- Teaching others to make *well-being* a priority in their lives and employers/schools to help provide adequate time to incorporate this. We can't focus on all aspects in a short time after school or work
- The availability of help and the knowledge of where to find help

Parents (7 comments)

- Lack of parental involvement
- Parent engagement and support for their k-3 children learning needs
- Parents who don't parent their children and let them "run wild" because they cannot control what they have created, parents who encourage the disrespecting of authority and rules, with no intention of teaching their children right from wrong or that there are consequences for their actions. Kids and parents who can't make plans or goals beyond getting inebriated, or besotted, blasted [slang], etc.
- Parenting
- School attendance and parental accountability
- Support for getting kids to school on time
- Support for parents

Service Delivery (6 comments)

- Coordinate services with physical, mental and recovery services for faster services
- Wrap around services
- Coordination of care/communication among service providers
- I feel like that there are many services through the county but maybe they should communicate with each other better.
- Identifying the need and the ability to follow through with the care people have been identified as needing
- Reaching those in need

Funding (6 comments)

- Keep supporting Goodwill/Easter Seals
- Funding for non-governmental agencies
- Finances and resources
- Finances
- Funding
- Continue funding for WIOA, NEG grants, Opportunities for Ohioans with Disabilities, Veteran Services, and many more. Those training funds are essential in assisting low income and those on unemployment, veterans and those with disabilities training for skill positions.

Affordable Housing (5 comments)

- Affordable housing (2)
- Affordable adequate housing
- The extensive waiting list for housing.
- Rental housing -- lack of code enforcement, slum lords

Employment (4 comments)

- Employment services that help people get jobs and then keep them. Case management for those who struggle to keep everything together, even without significant mental health or drug abuse problems. There is a whole sector that doesn't quite qualify for any help and they are struggling.
- Create better, more job opportunities.

- Another barrier to employment is background issues. Although this issue is not as big a hurdle today as 10 years ago, it can be an issue. We have so many jobs available and no workforce. The problem is twofold. There are many manufacturing jobs available, but wages are an issue. They will start out at \$9.50, \$10.00, or \$11.00 an hour. Individuals that are able to work, but receiving public assistance, do not want to work for those wages. 1. A family can't survive on those wages. 2. If they do get hired they will lose their food assistance and medical. If wages came up for those entry level positions and some welfare reform to maybe not take all of their public assistance away would help. As the employee made more money, then public assistance would decrease. We need to continue with training and education to get individuals trained in skilled positions to meet those needs.
- Unemployment

Spirituality (4 comments)

- Lack of religion
- Church attendance
- Lack of spiritual reinforcement in the home and community.
- Spiritual

Senior Citizens (3 comments)

- Hearing problems. Hearing aids cost in the thousands of dollars and most seniors cannot afford them. I would like to find a program that recycles used hearing aids for those in need. We do this for eye glasses, why can't we fix this problem. Insurance doesn't help. If seniors could hear, there would be better understanding of their health issues and needs as they could actually hear what you were asking.
- Lack of services for the different age groups, particularly the poor and aged. A lack of confidence in their government and leaders.
- The elderly and getting them help with processing their cases to understand what it means. Some do ok, but there are others that get upset because they really don't understand and it scares them.

Other (19 comments)

- Somehow fostering lifelong love of learning within the community and fostering and then fulfilling individuals' curiosity and desire to learn.
- The low value of education importance
- Many families don't prioritize education
- Lack of family free time and lack of education
- Domestic violence
- We need to get rid of the trashy people
- Bullying
- Cautious about helping others, lack of understanding how to work with diversity.
- Lack of participation
- Lack of trust of authority
- More social support. Especially for the lonely.

- The appropriate services need to keep these individuals productive in our community. There are no longer services as there was in past times where workers went into the home on a daily bases to assist and keep these folks safe and secure in their OWN homes.
- The continued and accelerated breakdown of the family unit for providing a safe and secure place for physical, mental, spiritual and social well-being.
- The cost of most things (affordability)
- Affordable services
- Low cost recreational options/activities
- Physical
- Positive community building
- Cultural entitlement mentality

Best Resources in Miami County for Improving Community Health

Service providers were asked to describe the best resources for improving the community's health, with "health" defined broadly as the state of physical, mental, spiritual, and social well-being for individuals and communities. Service providers were asked to consider a strategic planning framework when answering this question addressing: information delivery/marketing, staff training, programming, agency collaboration, enhancing access to services, physical design, and/or policy change.

Sometimes the comments pertained to the best but lacking resources in the County. Sometimes the comments pointed to the best resources in the County. The most common responses were in the following categories: Agencies/Organizations/Institutions, Collaboration, Information and Training, and Gaining Access to Services.

Agencies, Organizations, Institutions (26 comments)

- Churches, local counselors, nutritionists
- Churches, local food pantries, Goodwill/Easter Seals, The Miami County Foundation, FISH of Troy, Community Action Council Metropolitan Housing Authority, Family Abuse Shelter, Red Cross, G.I.V.E., Hospice of Miami County, MRDD
- Counseling; Compassionate Care Network; Churches
- County schools, libraries, churches, and local government resources
- Doctor offices, clinics and other medical facilities
- Health Partners Free Clinic, local churches, Partners in Hope, Practice CrossFit
- Hospital/physician offices, Health Department, free clinics
- Health Partners Free Clinic, Health Department, Partners in Hope, Lincoln Community Center, Childcare Choices, Miami County Continuum of Care, New Creations Counseling, Recovery and Wellness Center, etc..
- Miami County Public Health; Miami County Health Partners
- The community needs to be aware of the services the Health Department currently provides and the hours they provide the services. Where is the dental clinic? What population do they serve? Changes have been made and I do not believe the community is aware of the changes.
- Miami County Dental Clinic and Miami County Health Clinic
- Miami County Parks. Community sports programs through the Rec, YMCA, and outdoor pools.
- Arts classes - knitting, painting, photography, etc., public library.

- Miami County Recovery Council, Health Clinic, Lincoln Center, Troy Rec
- Parks, libraries, mental health board
- Partners In Hope, YMCA, and Lincoln Center
- Perhaps one of the most overlooked resources are the faith based organizations -- namely churches. Some of these have trained and qualified counselors and staffing who can provide economical (sometimes no cost) counseling, referrals and links to other health resources.
- The best resources for improving community health include churches (we could use a better county wide church networking device), non-profit agencies (the Miami County Continuum of Care and FCFC both do great jobs of bring agencies together). I am anxious to see how successful the Tri-County Board's one stop shop will do in between Troy and Piqua, it should be a positive for the County.
- Physicians, hospitals, recreational facilities/programs, schools, churches, mental health services, drug alcohol services
- Schools, churches, public libraries, and county agencies
- Schools, county organizations, churches
- The best resources in the county for improving the community's health are the multitude of churches of all denominations for spiritual health. The community also has available Health Partners, which is a free clinic for clients' physical health who are not established with a medical doctor or insurance provider. The Tri -County Behavior Health and New Creation Counseling center help with mental health issues for families and individuals. Miami County also has the Recovery Council for people who are addicted to drugs and alcohol to facilitate treatment programs. There is also the Troy Recreational Department that has numerous activities for children to participate in.
- The government/public agencies are very supportive of the private sector and as a whole the community works together to improve the overall health of all citizens.
- YMCA, area hospitals
- UVMC - Premier Health, YMCA, Park District, Mental Health, Health Partners, Health Departments,
- UVMC, Tri County Board for Mental Health & Recovery agencies and services, Health Partners, senior center services
- Improving health in the community: We acquire funding through the United Way, Troy Foundation, Miami County Foundation, and many, many other private, public, and nonprofit sources.

Collaboration (14 comments)

- Agency collaboration (5)
- Agency collaboration is found through the Miami County Continuum of Care--All non-profits, churches and the health and wellness community are invited to four quarterly meetings per year. The Board of Directors is comprised of Miami County nonprofits in the health, mental, dental and spiritual wellbeing of the community. I would like to see more collaboration from Premier Health in supporting area programming and staff trainings, such as CPR, Cultural Competence, and Nutrition etc.
- Collaboration among agencies is key, but there needs to be a solid communication plan so that agencies and those in need are aware of available services and how they access them.
- Collaboration with United Way Agencies.

- Combining the 2 health departments into a single unified health department (it's 35 years overdue!) ; collaboration with other agencies
- Very important: Agency Collaboration. - We are all limited in our staffing, we need to work together to get the information out to the public. Reduce the duplication of programs.
- In order to best serve the community, one must recognize the other agencies within the county and have an understanding of the services and resources that agency can provide. Agency collaboration is imperative in order to accomplish this. Once an individual is aware of the different agencies within the county, one can make a proper referral when needed.
- Prevention and education by a variety of agencies working together instead of in competition.
- There are a lot of services available to assist people in Miami County. Agencies collaborate extremely well together and they are always searching to identify ways to improve on that collaboration.
- One underutilized resource is taking advantage of our retired seniors. These individuals bring with them a wealth of knowledge, as well as an air of "elder deference" (i.e. built in respect for grandparent figures).

Information and Training (13 comments)

- Education is the best resource for consumers as well as agency staff.
- Premier Health in supporting area programming and staff trainings, such as CPR, Cultural Competence, and Nutrition etc.
- Community education opportunities.
- Enhancing access and knowledge of services, partnering with schools and teachers to benefit the health of students in the community.
- Getting information out to people in a way they are likely to use it.
- Marketing - getting the word out to the individuals.
- For me and my organization, I believe that there is a need for staff continued education. There is no requirement for continuing education in my nonprofit, mostly because no professional certificate is required. However, continued education in my field would include learning about how children with behavioral issues learn best. By learning how to best educate our youth, I believe our students would be better equipped to make healthy decisions. The best resources are the staffing of the various health/wellness agencies. I would want to see increased development of these individuals.
- For our agency to enhance the access to services we need to utilize social media. Currently we do not have a way for our clients and employers to see what services we have. If we had the availability to use social media our clients would not have to come into the agency to see what employers that will be at our agency hiring. Clients would be able to see the monthly newsletter that has additional job listings. We would have to ability to promote job fairs, workshops, free computer training. We could reach more of our Miami County residents and employers to get them informed on recent events.
- I believe that awareness training and departmental training would be beneficial. It would take the co-operation of department heads and elected officials.
- I think Miami County has wonderful resources that address most areas of a person's life. For those of us who like to help others, it would be helpful to have a resource that combines all of these services and programs in our community.
- Staff training (4)

- Most programs do a good job of marketing.
- Flyers

Gaining Access to Services (11 comments)

- Access to mental health services
- Many people now have insurance but they still don't know where to go for medical care. Many people with Medicaid are turned away from providers for various reasons.
- Wait time for mental health treatment and access to services is not a fluid process and is very confusing to not only clients, but also referring agencies.
- Improving access to services as well as affordable care for lower income families
- Best resources? They seem to be tangled up in red tape. In the schools, we have a guidance counselor. Working with our schools now is a person from Good Samaritan Health, but some students cannot see this person due to forms and red tape that need to be in place. It was really beneficial when we had a social worker assigned to our schools.
- Enhanced access to care. Mailers with recommended health screenings and services to homes - preferably tailored to age groups.
- Community outreach--bringing health resources to the patient rather than having the patients come to us.
- Ideally, mental health and physical health could be located together. Improved transportation within the county at a lower cost.
- Enhanced access to services (5)
- Ease of access by the public is a key point in delivery of services.
- The best resources for the county to improve its community health services is one [issue], more marketing as to what services can be offered to families of the community [is another issue], and three, more services such as providers for health care, mental health services, and drug/alcohol treatment. These services currently exist, but the amount of community persons needing these services and the amount of providers to provide these services is a huge barrier. Our community needs more mental health facilities that take the Ohio medical card, not just one, and we certainly need more drug/alcohol treatment centers in our community, not just one, as we currently have. (Wellness and Recovery for Mental Health Services, and MCRC for drug and alcohol)

Programming (6 comments)

- After school programs with community support. Schools can only do so much with staff/budget and many children want to stay [for after school programs], but do not have transportation or do not meet requirements for the standard "clubs" that normally meet. Programs that help a child grow academically and socially are very much needed.
Realizing that you need all resources to be successful through programs like Bridges out of Poverty is essential and should be utilized and supported more by the community.
- Educational programs through your schools, churches and local organizations. Making programs easily accessible - daytime and evening hours, programs held locally, free, etc.
- Providing programming at times when the community can use it.
- I believe that the county could benefit from having more programs that address mental health issues and addiction within the county. I am seeing more and more students who face mental health issues and are dealing with problems at home that children should not have to face.

- Home visiting nursing is missing especially for the newborn population. Every newborn should have a home visit from a nurse.
- Vaccination

Combination of Strategies (3 comments)

A few respondents mentioned a set of interconnected strategies as being the best resources for improving the community's health.

- First is the preparation of the community (education/marketing) on the issues; use data and survey findings; next is to utilize a coalition of providers who can craft and provide energy to a community education campaign; the partners in that coalition can then use a variety of tools to spread the message, i.e. community education campaign, training and workshops, adaption of workplace campaigns, etc.,; deduce through surveying impact of the message on the community.
- Physical: We have a wonderful YMCA full of excellent staff who are very knowledgeable. Unfortunately, the facility is in such disrepair that I don't think it is much of a draw to the community. We have a great Help Me Grow program, Parents as Teachers, and Head Start. Miami County also has a number of physical fitness facilities as well as beautiful county parks. Mental: We, unfortunately, don't have many book stores, but the library system is fantastic. We also have Edison Community College, which is an excellent resource for information in a variety of areas. Spiritual: I think I heard that we used to have the highest number of churches per capita, but I'm not sure if that's still true. Although, we do have many. I think that anyone seeking a spiritual connection could find one here. Social: The Hayner Center, the YWCA, and numerous social organizations including Kiwanis, Eagles, Rotary, and Optimist are very active in the Miami County. I think every one of the above could use improvement in marketing and physical design, but the programming is outstanding.
- Spiritual Health: I think the community does a good job of making known the types of spiritual practices available in Miami County. For those who are practicing outside the stereotypical Christian faiths they may have to look outside of Miami County to Montgomery County. Physical Health: The county has two YMCA branches that are available to county residents. In addition, there are a number of private health concerns in the county. Miami County also has a number of parks available as well as the bike path used for walking as well. I think the parks could be advertised more. And hiking at places such as Charleston Falls can help improve the mental and spiritual health as well. Social wellbeing for individuals and communities: I think Miami County does well in this department, but I tend to be more social than others. The communities of Tipp City, Troy and Piqua have pleasant, walkable downtown areas. Tipp City and Troy both have special "nights" to bring people to their downtowns. Troy also has community concerts throughout the summer. Personally I would like to see more development of activities along the river, but I don't know if there is community support for a project like that. Tubing trails where individuals could get inner tubes at one location and float down the river to another destination and then catch a ride back to the original destination where they parked would be fun.

Physical Design (2 comments)

- How exactly are signs, lighting, or physical design going to improve the community's health/wellbeing?

- Continued development and maintenance of parks, open spaces and recreational trails in Miami County.

Other (1 comment)

- Character in the communities as a whole is lacking. When parents/children don't fear consequences that is a huge problem for the wellbeing of them and everyone around them. Unless it depends on their survival, people will not care about information, staff training, programming, enhanced access to services (unless it's free, everyone likes stuff they don't have to pay for).

Miami County Focus Group Results

In the winter of 2017, three focus sessions were held with residents in Miami County – 1. Partners in Hope, a faith-based organization serving residents of Casstown and Troy who may need assistance and resources to move from crisis-based living to a secure and stable lifestyle; 2. the Farm Bureau, serving Miami County’s farming community; and, 3. Milton Union Senior Center. Findings from these focus group sessions provide information on the health of these populations and/or factors that may contribute to and/or cause health disparities and inequities in these populations.

Table 33: Top Health Issues Facing the Community

Partners in Hope	Farm Bureau	Milton Union Senior Center
<ul style="list-style-type: none"> • “What will happen with the ACA?” “What will be the effect of federal government changes – like rules and regulations affecting health care and disability?” • Health care access and affordability • Diabetes • Dental care • Mental health • Lack of access to specialists such as mental health professionals; Ears, Nose and Throat doctors; and physical therapists • Obesity (sugar is in everything) • “We have so many soup kitchens in the community, no one will starve, but they may not be able to eat very healthy.” 	<ul style="list-style-type: none"> • Farming is stressful and “you don’t have that social support that somebody else would that works in a different career. When you think about mental health issues, if you’re not exposed to others to help you, it can be more of a problem.” “Its 24/7, it’s not like you can leave it behind.” • “Landlords [in the farming community] add stress because they do not have a farming background, they have a business background, and do not understand that when it does not rain the entire month of June, there will not be as much hay produced.” • “Government involvement has made insurance premiums skyrocket. Our deductible is \$18,000. That’s not health insurance; that’s catastrophic insurance.” “One thing it did do for me is it took away denials due to preexisting conditions, but on the other side of it is such a financial drain.” 	<ul style="list-style-type: none"> • Prescription medications are costly; at the same time, “We haven’t gotten a raise in Social Security and our Medicare hasn’t gone up either.” In one example, the cost of a single shot for eye treatment is \$1,000; another example is a \$509 prescription. • “It’s really hard to find an alternative in health plans and it’s really confusing on insurance alternatives.” • “Cost of hearing aids is another thing. We don’t have \$5K, \$6K per hearing aid. I’m looking for someone who gets hearing aids from someone who died or can’t use them anymore to recycle them.” • Long-term care: “The cost is crazy. We will be on the street.” • In some long-term care centers, they have fewer beds, because beds are for rehab purposes.

Partners in Hope	Farm Bureau	Milton Union Senior Center
<ul style="list-style-type: none"> • Affordable Healthy Food <ul style="list-style-type: none"> ○ “It costs twice as much to eat healthy.” “I can access healthy foods and I can afford them, but I only shop once every two weeks when I get paid, and produce doesn’t last two weeks.” Once I spend my food budget, I can’t go buy more...like, let’s go buy more bananas because these went bad.” ○ “Now I only buy frozen vegetables because they only cost a dollar and I can eat them at any time.” ○ “There are no services for addressing eating disorders in the County.” ○ “People eat because they are bored...someone else makes their meals, etc., like at the soup kitchens.” • “Heroin has become more a problem now that doctors are not prescribing opioids.” 	<ul style="list-style-type: none"> • “The drug problem is every day on the news you hear about more overdoses, or Narcan being used and all that kind of stuff. Why or what’s attracting users I guess may be the bigger issue. • “I would say it costs more to live a healthier lifestyle. Not just money, but time also.” • “Healthy eating is an issue in the farming community.” “During harvest, farmers eat a lot of fast food because they are so busy, and fast food is easy and accessible.” “They do not eat on a regular schedule since they have long days, they might not eat until eleven o’clock at night.” • “School lunches are horrible [in terms of nutrition].” 	<ul style="list-style-type: none"> • Home health care providers “hire people before they get results back for background checks and drugs. So these people are helping those that are most vulnerable.” • “People come to hospitals saying they are hospices, under the impression that we think they are the hospice we know and trust (Hospice of Dayton), and scam us.” • “One thing I noticed is that there is a big difference between being admitted into the hospital and being under observation. You’re out of luck if you’re under observation and need rehab.”

Table 34: Services That People Need But That Are Not Sufficiently Offered

Partners in Hope	Farm Bureau	Senior Citizens
<ul style="list-style-type: none"> • “Low cost affordable health care. There are very few options if you don’t have insurance or if you have poor insurance with high deductibles. I currently have no health insurance because the plan offered through my employer is \$1,400/month for my daughter and me. That is half of my monthly salary, and that doesn’t cover deductibles, co-pays, prescriptions—that isn’t livable. And there are few PCPs in this area. Once you find one, then will they accept your insurance. Access to affordable health care is the challenge. I can’t afford my insurance, and I couldn’t find a doctor even when I had insurance.” • “Lack of access to specialists, including physical therapy specialists and ENT’s. I have to go to Oakwood for my care. I have a car, but it is costly in terms of gas.” This individual works in four part-time jobs.” • “In the past, we would be authorized to get new false teeth every five years. That rule has changed to every eight years.” (According to Medicaid Dental Benefits, “Complete dentures and partial dentures will not be replaced for a minimum of eight years from initial placement except when they become unserviceable through trauma, disease, or extensive physiological change.”) • “My daughter received a call from the hospital to help her find appropriate mental health care. The hospital said they would follow up, and that has been 4 and a half months ago and she still has no 	<ul style="list-style-type: none"> • “Educating children about healthy food, how to make healthy food, and finances.” • One person suggested that the lunch period in schools should be an hour long, not twenty minutes and then the school can use that time to educate students about healthy food choices and how to prepare it. • “We need to provide mental health services to students.” “They are kind of withholding the help students need, whether it’s counseling. Maybe it’s not an access issue, but a sociocultural issue where the imposition of one political mindset is so pervasive in that area, it is really hurting our kids.” • “Parenting education classes for people that did not grow up in a stable environment and who did not have good parenting role models.” • “Slow ambulance responses.” • “With more federal intervention it is clogging up the line. Instead of getting an appointment this week I have to wait until mid-March.” • “Just finding a doctor that is accepted by your insurance, I’ve been struggling. In network versus out of network.” 	<ul style="list-style-type: none"> • “We need help navigating the whole hospital system.” • “There’s no assisted living center in Miami County that takes Medicaid. Took two years on a waiting list to get into Covington. And when you run out of money with these places – up to \$4,000/month – then you’re done. You’re out on the street.” • “But when you get to our age, you lack the skills to do it yourself. I mean even trying to go online...or on the phone. You can’t remember everything. And it’s hard to hear. It’s stacked against anyone who doesn’t have someone they can call for help. You can’t remember every agency or even which ones to trust.” • “Transportation is a major issue and I have transported people to their doctor appointments, but what is the liability to transport people to doctor appointments?” • “I live by myself and just trying to get meals delivered. I mean Montgomery County had Meals on Wheels or something, and they will cross-county deliver. Try opening a jar by yourself when you had shoulder surgery.”

Partners in Hope	Farm Bureau	Senior Citizens
<p>mental health care without any contact from the hospital. She is still trying to find a psychiatrist; how are patients supposed to be compliant with their medications if they cannot access a mental health professional to prescribe the medications?" "The only way to get care is to say, 'I'm suicidal' and get in-patient care."</p> <ul style="list-style-type: none"> • "Miami County is spaced out and Miami County Transit is very expensive. I know people who walk to work because they can't afford the transit." "It doesn't accommodate 2nd and 3rd shifts and stops at 10:00 PM" 	<ul style="list-style-type: none"> • "Having a doctor and all of a sudden finding out a couple weeks later they are no longer going to carry your insurance." • When asked, "Any issues with dental?" • "Dental is the same thing as with the insurance—you've got to be in the network." • "Employment places aren't providing insurance to cover eye exams for their spouses." 	<ul style="list-style-type: none"> • "There is a book for senior citizens that has the community resources listed that we need." • Hospitals sending patients home for care when the care taker is not prepared to provide the care due to lack of training (like cleaning ports), or the patient is too unstable from the narcotics.

Table 35: One Thing the Community Could Do to Help Improve Your Health

Partners in Hope	Farm Bureau	Senior Citizens
<ul style="list-style-type: none"> • Provide medical insurance that is affordable. Several participants say they have no health insurance. "As of 11:59 tonight I lose my CareSource insurance; now I just won't have insurance. I earned \$120 too much to qualify for CareSource and the cheapest insurance I could find is \$165 a month." • Attract more doctors to the county. "When I did have insurance, trying to get in to a doctor that would accept my insurance was difficult." Another said, "Finding a doctor that will take new patients is difficult." • "We need affordable health care clinics for those who can't afford insurance." • "We need easier access to health care." 	<ul style="list-style-type: none"> • "Mindset about community responsibility. If we all take responsibility for ourselves and our neighbors." • Farmers' market. "There is a farmers' market in downtown Troy, but there should be a more permanent structure." • "Change of local leadership." • "Provide education. Teaching people about healthier options and how to cook." • "Community gardens." "Teaching people about canning and butchering." 	<ul style="list-style-type: none"> • "Senior Citizens and Community Club is very poor in terms of their finances. Other centers are owned by the city, but we are on our own. More grants are available to those centers. Their staff are paid and it's challenging here because we have to also look for the best bargains." The Club currently needs a new computer and roof. • "Have an open house by street – start with one street and show them what we offer, how much it will cost, etc. Have a block party." • "Could the police and fire departments have a list of seniors and the disabled to do regular wellness checks? They could stop

<ul style="list-style-type: none"> • “Get the Miami County Department of Job and Family Services to help people through the cliff effect by extending services for 15-18 months.” (A person who is well below the national poverty level, and who receives an increase in pay, can still struggle to reach economic stability because of the current negative “cliff effects” built into public assistance programs. That’s because public assistance ends when a person’s income increases to a certain level.) • “We need long-term case management.” • “The cost of prescriptions is too high—last year my prescription cost was \$67,000.” • “Private insurance can be predatory.” • “We need more jobs that offer insurance.” • “We need affordable day care and affordable preschool.” • “We need a single-payer health care program in Ohio.” (Single-payer healthcare is a system in which the state, rather than private insurers, pays for all healthcare costs.) • “Get me some teeth. I’m a diabetic and it makes it hard to eat the foods I need to eat.” • “Come together more and celebrate community like having parades.” 	<ul style="list-style-type: none"> • “People need to be encouraged and feel invited before they go to the farmers’ market or community garden.” • “I would say that personally acting is important. Sometimes you just have to model that behavior that you want to see.” 	<p>and introduce themselves as another resource that the seniors and disabled can use.”</p> <ul style="list-style-type: none"> • “Police should do bicycle patrol.” • “Create a phone network – have four people you can always call for help. Start here at the senior center.”
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Discussion and Conclusion

The section summarizes information from all of the county health assessment sources and highlights the findings most relevant to the priorities selected by the steering committee to be addressed in the county health improvement plan, including themes and emerging trends identified by the community, key informants, and community organizations; summary of the supporting data and review of the identified disparities.

Themes and Emerging Trends

The table below integrates the Forces of Change Assessment, the Community Themes and Strengths Assessment, and the Local Public Health System Assessment into one table. Key findings include concerns about healthcare reform and mental health and substance abuse. Taking those findings into account along with key informant and focus group results uncovers themes, too. The broad community underscores access to: nutritional food and physical activity amenities, adequate and affordable health care, and a good social environment. Service providers point to the need for mental health services and substance abuse treatment for youths and adults. The youth survey corroborates all of these findings as poverty, poor diet, lack of parental involvement, disruptive behavior, and youth apathy were top concerns for Miami County youth. Focus group participants pointed to health care access (including mental health care) and insurance options, as well as chronic diseases like obesity and diabetes. Other concerns discussed by focus group participants are poor nutrition, lack of dental care, stress, and the high cost of prescriptions, hearing aids, and long-term care.

Table 36: Miami County Trends Matrix

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
Political			
Healthcare/ Healthcare Reform	<ul style="list-style-type: none"> TCB – one stop shop, advocate for affordable health care. Miami County Dental Clinic – safety net for the uninsured; oral health education/treatment for those who do not have a dentist. Health Partners Free Clinic Premier Health Upper Valley Medical Center (UVMC) 	<ul style="list-style-type: none"> An ever-changing political landscape that dictates the available healthcare insurance coverage to our residents. Healthcare services are not easily accessible or affordable for all. The rollback or full repeal of the Affordable Care Act, which may leave many without healthcare insurance. When health decisions and policies are driven by political agendas and not by sound health 	<ul style="list-style-type: none"> Kettering Health Network is building a 67,000 square foot medical center in downtown Troy, which will increase health care choices and will create 120 new jobs. Building One Wellness Place for the health department, MCRC, and mental health. This building should open at the end of 2018.

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
		<p>care practices, it is a threat to citizens.</p> <ul style="list-style-type: none"> ▪ A deadline has passed, which means that Dayton-based Premier Health Network is no longer participating in United Healthcare's network. ▪ Anthem is pulling out of the ACA. 	
Funding Issues	<ul style="list-style-type: none"> ▪ Health Department accreditation will ensure continued state subsidy funding to the County. ▪ Hospital through its Community Benefits Fund supports agencies that provide vital safety net services. 	<ul style="list-style-type: none"> ▪ Decrease/loss of federal and state funds to support public health programs as well as other local programs. ▪ Lack of funding to maintain education programs. ▪ Cost of healthcare is expensive. 	<ul style="list-style-type: none"> ▪ Look into grant funding opportunities. ▪ Use State and Federal resources, grants. ▪ Property tax levy.
Economic			
Employment/Joblessness; Workforce competency	<ul style="list-style-type: none"> ▪ TCB – opportunities for Ohioans with Disabilities program. ▪ Miami County Dental Clinic – hire/employ quality dentists and staff, educate/train OSU dental student interns. ▪ Health Department – provide training and professional development opportunities along with supportive work environments. ▪ MCPH – host interns and students to provide experience and promote public health as a profession. 	<ul style="list-style-type: none"> ▪ People do not have money to eat healthy. ▪ The rise and fall of the employment market. ▪ Lack of well-paying jobs with quality benefits. ▪ Weak national economy. ▪ Several employer companies are pulling out of the area. ▪ Low household income among a growing population and increased number of unemployed. ▪ Increasing costs of education ▪ Debt from college 	<ul style="list-style-type: none"> ▪ Economic changes create the need for residents to take budgeting classes. ▪ Job market changes make it the right time to do resume training. ▪ Increase ability to have students achieve post-secondary education. ▪ Well educated, well rounded students will become a competent workforce ▪ Providing daycare for parents who work 2nd and third shift will provide opportunity to get out of poverty. ▪ Ohio Means Jobs has an online job search.

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
	<ul style="list-style-type: none"> ▪ Hospital hires/trains healthcare clinicians, allied health providers and support staff necessary to maintain and advance services at inpatient/outpatient level. ▪ PIH – education and development ▪ Upper Valley Career Center ▪ Edison College ▪ MVCTC ▪ Department of Job and Family Services ▪ Chambers of Commerce 	<ul style="list-style-type: none"> ▪ Daycare is difficult to find for 2nd and 3rd shift parents. ▪ Inability of some to pass a drug test screen to gain employment ▪ Council on Rural Services lost state funding to provide child care to head start children ▪ Quality child care has been found to be one of the leading causes of poverty. ▪ Employers and temp agencies do not know about the local social service safety net that is available. 	<ul style="list-style-type: none"> ▪ Miami County Continuum of Care looking into hiring a Navigator to help connect people to social services. ▪ Research on Edison, UV Career Center and any studies on skills mismatch (skills students are being taught vs. skills employers need them to have).
Transportation	<ul style="list-style-type: none"> ▪ Miami County Transit for a small cost. ▪ Veterans Transportation for veterans and/or spouses. ▪ Managed Medicaid Transportation available for those who are eligible. ▪ Rides to Work operated by Miami County Continuum of Care. 	<ul style="list-style-type: none"> ▪ Lack of reliable public transportation keeps people isolated and away from economic opportunities. ▪ Many need 48 hours' notice to use. They don't stay so you have to wait for them to come back. ▪ Veterans' transportation isn't wheel chair accessible. 	<ul style="list-style-type: none"> ▪ Telemedicine opportunities may provide for remote mental health services such as counseling. VA trying to obtain wheelchair accessible van.
Sociocultural			
Mental Health and Substance Abuse	<ul style="list-style-type: none"> ▪ MCRC – staff assigned to heroin coalition to educate community on opiate issues; Quick Response Team – works with Troy fire and Troy police to intervene with overdose individuals. 	<ul style="list-style-type: none"> ▪ Heroin is a huge drain on the health of our community. This impacts not only the abuser, but the abuser's family, doing particular harm to any children who may be affected. 	<ul style="list-style-type: none"> ▪ The response from the non-profit and church community has been very positive. ▪ Continued cooperation with all criminal justice agencies, mental health professionals, substance abuse professionals, and

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
	<ul style="list-style-type: none"> ▪ MCRC – Quick Response Team – reaching out to individuals who overdose and support them into treatment. ▪ Tri-County Board of Recovery and Mental Health Services. ▪ Safe Haven 	<ul style="list-style-type: none"> ▪ Widespread distribution of drugs. ▪ The breakdown of the family unit has a devastating impact on the mental health of the children who are caught in the middle. 	<p>others will likely mean more drug courts and other alternatives short of incarceration to combat this problem.</p> <ul style="list-style-type: none"> ▪ Intervention and outreach programs to educate and treat drug abuse. ▪ Enlist the public to declare war against addictive drug usage with education and publicity using all media methods.
Community Culture, Size and Reach	<ul style="list-style-type: none"> ▪ MCPD - Public programs (walking initiatives, gardening, nutrition) and health issues – increasing exercise; trail run services. ▪ Traveling Smiles (Miami County Dental Clinic) portable units in schools and local non-profits to provide dental care and oral health education. ▪ PIH – Use community training and awareness tools, Bridges out of Poverty trainer, national consultant for Aha, poverty simulation facilities with community members/stories. ▪ Use volunteers to do our work and they gain a new perspective on vulnerable population (New Path). 	<ul style="list-style-type: none"> ▪ “Inactive lifestyle is the culture of the area.” ▪ Improper diet and bad eating habits of the community. Lack of motivation to live a healthy lifestyle. ▪ There is a lack of healthy options when eating out. ▪ Lack of good habits and poor parental skills. 	<ul style="list-style-type: none"> ▪ The human service agencies in this county work extremely well together. They know each other, they know each other's capabilities, they share information and resources to best help their clients. ▪ More opportunity for inclusive and collaborative care across community clinic and hospital systems. ▪ Working with other entities to share resources is vital in addressing health issues similar to our drug coalition we have enacted to handle the drug overdose issue in the county. ▪ County should consider the creation of a Healthier Buckeye Council.

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
	<ul style="list-style-type: none"> Health and wellness development within our current strategic plan to increase partnerships with local agencies and make MCPD more visible as a health and wellness provider. TCB – crisis hotline, mobile crisis 		<ul style="list-style-type: none"> Create more community gardens.
Education			
Health Communication and Wellness Promotion	<ul style="list-style-type: none"> Schools' primary focus is educating youth about health issues. In specific instances they may communicate to parents the health "Hot Button" issues that are in play. Hospital does patient education individually and in group settings. Also conducts community health education events on various topics. Hospital foundation finds community health education events. PIH – education and development for clients and community. Hospital through its Community Benefits Fund supports agencies that provide vital safety net services. Health and wellness is embedded into all park district programs. OSU Extension 	<ul style="list-style-type: none"> People making wrong choices either by being uneducated or by knowing what to do but refusing to do so. Parents not immunizing their children from fear of illness or medical conditions talked about in the news or by celebrities. Lack of resources in the community including primary care physicians and drug addiction services. 	<ul style="list-style-type: none"> Educate our citizens on the importance of simple lifestyle changes that can reduce their chances of developing diseases such as diabetes and artery disease. As people become more informed they will make better health decisions. If a system can be created that focuses more on incentivizing good behavior rather than in punishing bad behavior this may positively impact health issues. Advertise the dangers of overeating and over-drinking. The growing presence of local foods initiatives that teach the importance of healthy food choices for good health. This also supports local business and agriculture and quality restaurants.

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
			<ul style="list-style-type: none"> ▪ OSU extension offers healthy finances, healthy people and healthy relationships courses. They also offer SNAP Education classes.

Priority Community Concerns

The data collection and analysis efforts for this Community Health Assessment have exposed priority health needs. The process used to select priorities from this needs assessment depends upon shared decision criteria, and relied upon a modified version of the Hanlon Method and PEARL test which has been promoted by NACCHO.⁸⁴ The first set of criteria used to uncover Miami County priority health concerns pertain to prevalence, seriousness (e.g., hospitalization and death), trends, comparison to state and/or national averages, and impacts on other health issues.

The next set of criteria were applied as practical criteria.

- Urgency – what are the consequences of not addressing this issue?
- Economics – does it make economic sense to address this issue?
- Acceptability – are stakeholders and the community ready to address this priority?
- Alignment – can this effort align with a group already working on this issue? Does this issue align with the State Health Improvement Plan?
- Resources – is funding likely to be available to apply this strategy? Are organizations able to offer personnel time and expertise or space needed to implement this strategy?

The three selected priority needs for Miami County are:

- Maternal and Family Health
- Chronic Disease
- Mental Health and Addiction

Demographic and Social Determinants of Health that Impact the Community Priorities

The Miami County Community Health Assessment steering committee underscored two demographic determinants of health and one social determinant of health that impact the community priorities. The two demographic determinants are single parent households and the aging population. The key social

⁸⁴ Specified Criteria –: size of health problem, magnitude of health problem, and effectiveness of potential interventions; PEARL: • Propriety – Is a program for the health problem suitable? • Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out? • Acceptability – Will a community accept the program? Is it wanted? • Resources – Is funding available or potentially available for a program? • Legality – Do current laws allow program activities to be implemented?

determinant of health is poverty. As the community rallies around strategies to improve maternal and family health, chronic diseases, and mental health and addiction, the steering committee espouses the targeting of programs and/or outreach to geographic areas where single parent households, the senior population, and/or families in poverty are more prevalent. Maps provided in this report identify those vulnerable population areas.

Maternal and Family Health

The goal for maternal and child health is to improve the health and well-being of women, infants, children, and families, because improving the well-being of mothers, infants, and children affects their well-being, determines the health of the next generation, and can help predict future public health challenges for families, communities, and the health care system.

The social determinants that influence maternal health also affect pregnancy outcomes and infant health. Racial and ethnic disparities in infant mortality exist, particularly for African American infants and a child's health status varies by both race and ethnicity. Family income and related factors, including educational attainment among household members and health insurance coverage also affect prenatal and infant health outcomes.⁸⁵ Environmental factors like neighborhood can have an effect too if the neighborhood lacks access to exercise opportunities and nutritious food.

Key Research Findings

- The percentage of pregnant mothers receiving first trimester prenatal care is steadily declining in Miami County.
- The percentage of mothers who smoke while pregnant is decreasing over time, but the rate for mothers in Miami County (16.3%) is higher than the state and national rates of 13.0% and 10.9%, respectively.
- The percentage of preterm births in Miami County is lower than the state rate, but was higher than the U.S. rate in 2013.
- The teen birth rate has been higher in Miami County than for the state in recent years. In 2015, Miami County's rate was 27.5 births per 1,000 15-19 year olds versus 23.3 for the state.
- The most pervasive youth challenges, according to 361 youth key informants, pertain to: (1) a lack of parental involvement in the youth's education, (2) poverty, and (3) youth apathy. Poor diet and disruptive behavior are also generally prevalent.

Health Disparities

Preterm Births: The percentage of U.S. births delivered prematurely rose more than 20 percent between 1990 and 2006. This rise has been tied to several interrelated trends one of which is an increase in births to older mothers.⁸⁶ Other maternal factors are also associated including behavioral

⁸⁵ (U.S. Department of Health and Human Services 2017)

⁸⁶ Kent, M. "Premature Births Help Explain Higher U.S. Infant Mortality Rate," Population Reference Bureau, 2009

and socioeconomic characteristics such as smoking, teenage pregnancy, obesity, poverty, and inadequate prenatal care.⁸⁷

Low Birth Weight: Being an older mother (aged 35 years or older) is associated with LBW in the United States.⁸⁸ Furthermore, a clear graded association between education and LBW is apparent, with a significant difference between mothers who have not completed high school and those with a high school education. There is also a clear and significant income gradient in LBW. According to the author, ““If you are a low-income woman and you grew up low-income and had poor nutrition and more stress, all these factors have accumulated throughout the life course to culminate in low birth weights.”

Chronic Disease

According to the CDC about half of all adults had one or more chronic health conditions and one of four adults had two or more chronic health conditions⁸⁹ and two of the top ten leading causes of death account for almost half (48 percent) of the deaths in the United States – heart disease and cancer. The CDC also reports that diabetes is the leading cause of limb amputations (not caused by accidental causes), and new cases of blindness among adults.

Key Research Findings

- The three most frequently cited chronic conditions for Miami County adults are high blood pressure (28.2%), high blood cholesterol (23.6%), and diabetes (14.4%). In addition, the prevalence of obesity in Miami County is 34%. Obesity, while not a chronic disease, is a health factor identified by the steering committee and in focus group sessions as a priority concern.
- The prevalence of high blood pressure in Miami County is significantly lower than the rate for Ohio and the nation based on survey results (28.2% versus 34.3% and 30.9%).
- The rate of high cholesterol conditions, based on the household survey, is significantly lower for Miami County adults versus the rate for Ohio and the nation (36.7% and 36.3%, respectively).
- The rate of coronary heart disease is significantly higher in Miami County than the national rate (8.1% versus 3.9%).
- The diabetes rate for adults in Miami County is 14.4% based on survey results versus 11.8% and 10.8% for the state and nation, respectively.
- The prevalence of obesity among Miami County adults is 34% versus 31% for Ohio, according to County Health Rankings data provided by the Robert Wood Johnson Foundation. According to survey results, the rate of overweight and obese for Miami County adults is 72.5% versus 66.5% and 65.3% for Ohio and the nation, respectively.

⁸⁷ Heron, M., et al. "Preterm Labor and Birth"; "Deaths: Final Data for 2006," National Vital Statistics Reports 57, no. 14 (2009): table D. (cited in Kent, M.)

⁸⁸ Martinson, M. "Socioeconomic Inequalities in Low Birth Weight in the United States, the United Kingdom, Canada, and Australia," American Journal of Public Health, 2016

⁸⁹ Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: a 2012 update. *Prev Chronic Dis.* 2014;11:130389. DOI: <http://dx.doi.org/10.5888/pcd11.130389>

Health Disparities

High Blood Pressure: High blood pressure is associated with age; Miami County adults over 55 years of age are significantly more likely to have this condition.

High Cholesterol: High cholesterol is associated with age (those over age 55), household income (less than \$15,000 per year), and educational attainment (less than a high school education). Adults with those demographics are statistically significantly more likely to have high cholesterol.

Coronary Heart Disease (CHD): CHD is associated with age and educational attainment level. Adults over the age of 55 and those with less than a high school education are more likely to report that they have CHD than other adults.

Diabetes: Diabetes is significantly more likely among adults over age 55.

Obesity: Tests for significance indicate that overweight and obesity are just as likely to occur at any age level, with either sex, with any household income level, and/or any educational attainment level.

Mental Health and Addiction

According to the CDC, addiction is a disease that affects both the brain and behavior. Science has identified many of the biological and environmental factors that affect drug use and dependence and are beginning to search for the genetic variations that contribute to the development and progression of the disease. Despite these advances, it is still unknown why people become addicted to drugs or how drugs change the brain to foster compulsive drug use. The National Institute on Drug Abuse (NIDA) also reports that most drugs of abuse can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving, pregnancy risks, and infectious disease. Commonly abused drugs include alcohol, cocaine, heroin, marijuana, opioids, steroids, and nicotine.

According to NIDA, fentanyl-laced heroin has been linked to a surge of overdoses in Ohio. Fentanyl and related compounds are also being found in counterfeit pills made to look like prescription pain relievers and sedatives and those who use heroin or prescription drugs laced with fentanyl are at much higher risk of overdose and death.

Key Research Findings

- Sixteen percent (15.7%) of Miami County adults are considered binge drinkers, having consumed five or more drinks on at least one occasion within the past month (4 or more drinks if a female). The percentage of Miami County adults who binge drink is lower than the state of Ohio percentage (18.2%) and the national percentage (16.3%).
- Adult tobacco use in Miami County is less prevalent than when compared to Ohio or the nation (15% versus 21.6% and 17.5%, respectively); however, the County rate is higher than the national Healthy People 2020 target rate of 12%.
- According to the CDC, "Drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than six out of ten) involve an opioid. Studying unintentional drug overdose trends for Miami County and Ohio indicates that Miami County's rate outpaced the state of Ohio's rate in three years out of a nine year trend,

but Miami County's rate is currently lower than Ohio's rate (17.1 drug overdose deaths in Miami County per 100,000 in population versus 27.2 for Ohio).

- The percentage of unintentional drug overdose deaths involving fentanyl was higher in Miami County than for Ohio in three years out of a six-year trend (2010-2015).

Health Disparities

Binge Drinking: Binge drinking is significantly more likely among males, adults under the age of 54, and among those with household incomes of less than \$15,000 annually.

Current Tobacco Smokers: Smoking is significantly more likely among adults 54 years of age or younger, among those with household incomes of less than \$15,000 annually, and among those with less than a high school education.

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Appendix A: Community Health Assessment Telephone Survey

Demographics

County of Residence

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Miami County	386	100.0	100.0	100.0

Age Cohort

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-34 years of age	96	24.9	24.9	24.9
35-44 years of age	63	16.3	16.3	41.2
45-54 years of age	72	18.8	18.8	59.9
55-64 years of age	70	18.2	18.2	78.2
65 years of age or older	84	21.8	21.8	100.0
Total	386	100.0	100.0	

Sex

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	188	48.8	48.8	48.8
Female	198	51.2	51.2	100.0
Total	386	100.0	100.0	

Do you speak a language other than English at home?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	10	2.7	2.7	2.7
No	376	97.3	97.3	100.0
Total	386	100.0	100.0	

Are you of Hispanic, Latino/a, or Spanish origin?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	2	.5	.5	.5
No	383	99.3	99.5	100.0
Total	385	99.8	100.0	
Missing Refused	1	.2		
Total	386	100.0		

Which one or more of the following would you say is your race? Recode

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White or Caucasian	357	92.5	92.5	92.5
	All other races	19	5.0	5.0	97.5
	Don't know	1	.3	.3	97.8
	Refused	8	2.2	2.2	100.0
	Total	386	100.0	100.0	

Which one or more of the following would you say is your race? Recode

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White or Caucasian	357	92.5	92.5	92.5
	Black or African American	6	1.5	1.5	94.0
	Asian	4	1.0	1.0	95.0
	American Indian or Alaskan Native	1	.2	.2	95.2
	All Other Races or Combinations of Races	9	2.3	2.3	97.5
	Don't know	1	.3	.3	97.8
	Refused	8	2.2	2.2	100.0
	Total	386	100.0	100.0	

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?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	13.3	13.3	13.3
	No	334	86.5	86.7	100.0
	Total	385	99.8	100.0	
Missing	Refused	1	.2		
Total		386	100.0		

Marital Status (recode)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	233	60.5	61.0	61.0
	Divorced, widowed, separated	62	16.0	16.2	77.2
	Single or never married	87	22.6	22.8	100.0
	Total	382	99.1	100.0	
Missing	System	4	.9		
Total		386	100.0		

How many children less than 18 years of age live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	233	60.5	60.8	60.8
	1	60	15.7	15.7	76.5
	2	53	13.6	13.7	90.2
	3	23	5.9	5.9	96.1
	4	14	3.7	3.7	99.8
	5	1	.2	.2	100.0
	Total	384	99.5	100.0	
Missing	Refused	2	.5		
Total		386	100.0		

Educational Attainment (recode)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than high school	21	5.4	5.4	5.4
	GED or high graduate	113	29.2	29.3	34.8
	Some college or 2 year degree	144	37.3	37.5	72.2
	Bachelor degree or higher	107	27.6	27.8	100.0
	Total	384	99.5	100.0	
Missing	System	2	.5		
Total		386	100.0		

Are you currently employed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed for wages	202	52.3	52.6	52.6
	Self-employed	34	8.7	8.8	61.4
	Out of work for more than 1 year	8	2.0	2.1	63.5
	Out of work for less than one year	8	2.2	2.2	65.6
	A homemaker	13	3.4	3.4	69.1
	A student	7	1.9	1.9	70.9
	Retired	90	23.3	23.4	94.4
	Unable to work	22	5.6	5.6	100.0
	Total	384	99.4	100.0	
Missing	Refused	2	.6		
Total		386	100.0		

Household Income recoded to State Cohorts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under \$15,000	34	8.7	13.9	13.9
	\$15,000 and over	208	53.9	86.1	100.0
	Total	242	62.6	100.0	
Missing	System	144	37.4		
Total		386	100.0		

Do you own or rent your home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Own	288	74.6	75.3	75.3
	Rent	76	19.6	19.8	95.1
	Other arrangement (Group home, staying with friends or family without paying rent)	19	4.9	4.9	100.0
	Total	383	99.2	100.0	
Missing	Refused	3	.8		
Total		386	100.0		

Population Health Issues

Health Status

Would you say that in general your health is excellent, good, fair, or poor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	55	14.3	14.4	14.4
	Very good	138	35.8	35.9	50.3
	Good	131	33.9	34.0	84.4
	Fair	51	13.3	13.3	97.7
	Poor	9	2.3	2.3	100.0
	Total	384	99.6	100.0	
Missing	Refused	2	.4		
Total		386	100.0		

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	249	64.5	65.9	65.9
	1	12	3.0	3.1	69.0
	2	23	6.1	6.2	75.2
	3	18	4.8	4.9	80.1
	4	7	1.8	1.8	81.9
	5	10	2.7	2.7	84.6
	6	1	.2	.2	84.8
	7	10	2.6	2.7	87.4
	10	10	2.6	2.7	90.1
	11	1	.2	.2	90.3
	12	1	.3	.4	90.7
	14	3	.9	.9	91.6
	15	7	1.8	1.8	93.4
	19	2	.4	.4	93.8
	20	3	.8	.8	94.6
	21	1	.3	.4	94.9
	25	2	.5	.5	95.4
	30	17	4.5	4.6	100.0
	Total	378	97.8	100.0	
Missing	Don't know	6	1.6		
	Refused	2	.6		
	Total	8	2.2		
Total		386	100.0		

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	283	73.4	74.3	74.3
	1	7	1.9	1.9	76.3
	2	17	4.4	4.5	80.7
	3	16	4.1	4.1	84.9
	4	9	2.4	2.4	87.2
	5	7	1.9	1.9	89.2
	7	4	.9	1.0	90.1
	9	1	.2	.2	90.3
	10	11	2.9	2.9	93.2
	12	1	.2	.2	93.4
	14	1	.2	.2	93.6
	15	4	1.1	1.1	94.7
	20	2	.6	.6	95.3
	25	1	.2	.2	95.6
	29	1	.2	.2	95.7
	30	16	4.2	4.3	100.0
	Total	381	98.7	100.0	
Missing	Don't know	5	1.3		
Total		386	100.0		

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	102	26.3	55.9	55.9
	1	11	2.7	5.8	61.7
	2	15	3.9	8.2	69.9
	3	8	2.0	4.2	74.1
	4	11	2.8	5.9	80.0
	5	3	.9	1.9	81.9
	6	1	.2	.5	82.4
	7	2	.5	1.0	83.4
	10	4	1.1	2.4	85.8
	12	1	.2	.4	86.2
	15	3	.7	1.5	87.8
	20	2	.6	1.2	89.0
	24	1	.2	.4	89.4
	25	1	.4	.8	90.1
	26	1	.2	.5	90.6
	28	1	.3	.6	91.2
	30	16	4.1	8.8	100.0
	Total	182	47.1	100.0	
Missing	Don't know	4	.9		
	System	201	52.0		
	Total	204	52.9		
Total		386	100.0		

Health Care Coverage

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	372	96.4	96.6	96.6
	No	13	3.4	3.4	100.0
	Total	385	99.8	100.0	
Missing	Don't know	1	.2		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	294	76.2	80.8	80.8
	No	70	18.1	19.2	100.0
	Total	364	94.3	100.0	
Missing	Don't know	8	2.1		
	System	14	3.6		
	Total	22	5.7		
Total		386	100.0		

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services? *Adults 18-64*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	286	95.4	95.6	95.6
	No	13	4.4	4.4	100.0
	Total	299	99.8	100.0	
Missing	Don't know	1	.2		
Total		300	100.0		

Health Care Access

Do you have one person you think of as your personal doctor or health care provider?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, only one	290	75.0	76.0	76.0
	Yes, more than one	32	8.2	8.3	84.3
	No	60	15.5	15.7	100.0
	Total	381	98.7	100.0	
Missing	Don't know	1	.4		
	Refused	4	.9		
	Total	5	1.3		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	9.3	9.4	9.4
	No	346	89.7	90.6	100.0
	Total	382	99.0	100.0	
Missing	Don't know	2	.6		
	Refused	2	.4		
	Total	4	1.0		
Total		386	100.0		

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	286	74.2	76.7	76.7
	Within the past 2 years (1 year but less than 2 years ago)	31	7.9	8.2	84.9
	Within the past 5 years (2 years but less than 5 years ago)	21	5.5	5.7	90.6
	5 or more years ago	30	7.7	7.9	98.5
	Never	6	1.5	1.5	100.0
	Total	373	96.7	100.0	
Missing	Don't know	12	3.1		
	Refused	1	.2		
	Total	13	3.3		
Total		386	100.0		

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. A doctor's visit, checkup, or exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	357	92.5	92.5	92.5
	Selected	29	7.5	7.5	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Mental Health Care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	375	97.2	97.2	97.2
	Selected	11	2.8	2.8	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Eyeglasses or vision care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	359	93.0	93.0	93.0
	Selected	27	7.0	7.0	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Medical supplies or equipment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	377	97.8	97.8	97.8
	Selected	9	2.2	2.2	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Appointment or referral to specialist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	364	94.3	94.3	94.3
	Selected	22	5.7	5.7	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Dental Care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	348	90.2	90.2	90.2
	Selected	38	9.8	9.8	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Other medical treatments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	369	95.6	95.6	95.6
	Selected	17	4.4	4.4	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Medications/prescriptions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	353	91.5	91.5	91.5
	Selected	33	8.5	8.5	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Women's health services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	375	97.0	97.0	97.0
	Selected	11	3.0	3.0	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Able to obtain all healthcare needed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	83	21.5	21.5	21.5
	Selected	303	78.5	78.5	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Don't know

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	382	99.1	99.1	99.1
	Selected	4	.9	.9	100.0
	Total	386	100.0	100.0	

Please indicate whether you or anyone in your household have needed but could not get any of the following types of medical care in the past 12 months. Refused

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	385	99.8	99.8	99.8
	Selected	1	.2	.2	100.0
	Total	386	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cost	44	11.3	56.9	56.9
	Lack of transportation	1	.2	.9	57.8
	Doctor not accepting new patients	3	.8	4.3	62.1
	Needed afterhours/weekend care	3	.8	4.1	66.2
	Other	26	6.7	33.8	100.0
	Total	77	19.9	100.0	
Missing	Don't know	2	.4		
	System	308	79.7		
	Total	309	80.1		
Total		386	100.0		

Chronic Disease

Have you ever been told by a doctor you have any of these diseases? High Blood Pressure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	277	71.8	71.8	71.8
	Selected	109	28.2	28.2	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Diabetes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	331	85.6	85.6	85.6
	Selected	55	14.4	14.4	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? High Cholesterol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	295	76.4	76.4	76.4
	Selected	91	23.6	23.6	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Heart Disease

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	355	91.9	91.9	91.9
	Selected	31	8.1	8.1	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Heart Attack

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	376	97.4	97.4	97.4
	Selected	10	2.6	2.6	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Coronary Heart Disease (CHD) or Heart Attack (myocardial infarction (MI))

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	352	91.3	91.3	91.3
	Selected	34	8.7	8.7	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? COPD, Emphysema, Chronic Bronchitis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	357	92.5	92.5	92.5
	Selected	29	7.5	7.5	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? A Depressive Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	349	90.5	90.5	90.5
	Selected	37	9.5	9.5	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Stroke

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	379	98.3	98.3	98.3
	Selected	7	1.7	1.7	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Asthma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	347	89.8	89.8	89.8
	Selected	39	10.2	10.2	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Kidney Disease

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	381	98.7	98.7	98.7
	Selected	5	1.3	1.3	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Substance Abuse Issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	383	99.2	99.2	99.2
	Selected	3	.8	.8	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Overweight/Obese

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	316	81.8	81.8	81.8
	Selected	70	18.2	18.2	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Mental or Emotional Problems or Conditions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	357	92.6	92.6	92.6
	Selected	29	7.4	7.4	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Alzheimer's disease

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	382	98.9	98.9	98.9
	Selected	4	1.1	1.1	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? None

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	226	58.5	58.5	58.5
	Selected	160	41.5	41.5	100.0
	Total	386	100.0	100.0	

Have you ever been told by a doctor you have any of these diseases? Don't Know

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	386	100.0	100.0	100.0

Have you ever been told by a doctor you have any of these diseases? Refused

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	385	99.8	99.8	99.8
	Selected	1	.2	.2	100.0
	Total	386	100.0	100.0	

Statistics

How old were you when you were told you have diabetes?

N	Valid	50
	Missing	336
Mean		44.09
Median		45.00

Are you currently taking medicine for your high blood pressure?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	97	25.1	88.9	88.9
	No	12	3.1	11.1	100.0
	Total	109	28.2	100.0	
Missing	System	277	71.8		
Total		386	100.0		

Dental Health

How long has it been since you last visited a dentist or a dental clinic for any reason?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	274	70.9	71.2	71.2
	Within the past 2 years (1 year but less than 2 years ago)	40	10.5	10.5	81.7
	Within the past 5 years (2 years but less than 5 years ago)	28	7.4	7.4	89.1
	5 or more years ago	39	10.1	10.2	99.3
	Never	3	.7	.7	100.0
	Total	384	99.6	100.0	
Missing	Don't know	2	.4		
Total		386	100.0		

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.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 to 5	102	26.5	27.0	27.0
	6 or more, but not all	35	9.0	9.1	36.1
	All	24	6.1	6.2	42.3
	None	219	56.7	57.7	100.0
	Total	379	98.3	100.0	
Missing	Don't know	6	1.5		
	Refused	1	.2		
	Total	7	1.7		
Total		386	100.0		

Health Problems or Impairments

Are you limited in any way in any activities because of the following? Physical problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	313	81.0	81.0	81.0
	Selected	73	19.0	19.0	100.0
	Total	386	100.0	100.0	

Are you limited in any way in any activities because of the following? Mental problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	373	96.6	96.6	96.6
	Selected	13	3.4	3.4	100.0
	Total	386	100.0	100.0	

Are you limited in any way in any activities because of the following? Emotional problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	372	96.4	96.4	96.4
	Selected	14	3.6	3.6	100.0
	Total	386	100.0	100.0	

Are you limited in any way in any activities because of the following? None

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	78	20.3	20.3	20.3
	Selected	308	79.7	79.7	100.0
	Total	386	100.0	100.0	

Are you limited in any way in any activities because of the following? Don't know

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	386	100.0	100.0	100.0

Are you limited in any way in any activities because of the following? Refused

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not selected	386	100.0	100.0	100.0

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?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	40	10.4	10.4	10.4
No	346	89.6	89.6	100.0
Total	386	100.0	100.0	

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	17	4.3	4.3	4.3
No	368	95.2	95.7	100.0
Total	384	99.5	100.0	
Missing Refused	2	.5		
Total	386	100.0		

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	35	9.2	9.2	9.2
No	349	90.4	90.8	100.0
Total	384	99.5	100.0	
Missing Refused	2	.5		
Total	386	100.0		

Do you have serious difficulty walking or climbing stairs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	50	13.0	13.1	13.1
No	333	86.3	86.9	100.0
Total	383	99.3	100.0	
Missing Refused	3	.7		
Total	386	100.0		

Do you have difficulty dressing or bathing?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	17	4.4	4.4	4.4
No	368	95.4	95.6	100.0
Total	385	99.8	100.0	
Missing Refused	1	.2		
Total	386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	6.3	6.4	6.4
	No	358	92.9	93.6	100.0
	Total	383	99.2	100.0	
Missing	Don't know	1	.2		
	Refused	2	.6		
	Total	3	.8		
Total		386	100.0		

Falls

In the past 12 months, how many times have you fallen?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	176	45.7	78.0	78.0
	1	18	4.5	7.8	85.8
	2	13	3.4	5.9	91.7
	3	10	2.6	4.4	96.1
	4	2	.5	.8	96.8
	6	1	.3	.5	97.3
	7	1	.2	.3	97.6
	8	2	.5	.8	98.4
	10	1	.2	.3	98.7
	20	1	.2	.3	99.0
	25	2	.4	.7	99.7
	30	1	.2	.3	100.0
	Total	226	58.6	100.0	
Missing	Don't know	1	.2		
	Refused	2	.5		
	System	157	40.7		
	Total	160	41.4		
Total		386	100.0		

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	33	8.5	66.3	66.3
	1	9	2.3	18.1	84.4
	2	4	1.0	7.5	91.9
	3	1	.2	1.3	93.3
	4	1	.2	1.8	95.0
	5	1	.2	1.4	96.4
	8	2	.5	3.6	100.0
	Total	50	12.9	100.0	
Missing	System	336	87.1		
Total		386	100.0		

Health Challenges

Tobacco Use

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, smoked cigarette or cigar	121	31.4	31.4	31.4
	Yes, smoked electronic vapor product	5	1.2	1.2	32.6
	Yes, both	87	22.5	22.5	55.1
	No - never smoked	173	44.9	44.9	100.0
	Total	386	100.0	100.0	

Ever Cigarette Smokers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	208	53.9	53.9	53.9
	No	178	46.1	46.1	100.0
	Total	386	100.0	100.0	

Ever Vapor Product Users

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	92	23.7	23.7	23.7
	No	294	76.3	76.3	100.0
	Total	386	100.0	100.0	

Currently Cigarette Smoker

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	58	15.0	15.0	15.0
	No	328	85.0	85.0	100.0
	Total	386	100.0	100.0	

Current Vapor Product User

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	4.1	4.1	4.1
	No	370	95.9	95.9	100.0
	Total	386	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	150	38.9	68.4	68.4
	1 or 2 days	2	.5	.9	69.4
	3 to 5 days	4	.9	1.6	71.0
	10 to 19 days	3	.9	1.5	72.5
	20 to 29 days	4	1.0	1.7	74.3
	All 30 days	45	11.7	20.6	94.9
	Never smoked a cigarette	11	2.9	5.1	100.0
	Total	219	56.8	100.0	
Missing	System	167	43.2		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	76	19.7	34.6	34.6
	1 or 2 days	2	.6	1.0	35.6
	3 to 5 days	5	1.3	2.3	37.9
	10 to 19 days	1	.4	.7	38.6
	All 30 days	5	1.4	2.4	41.0
	Never smoked a vapor product	129	33.5	59.0	100.0
	Total	219	56.8	100.0	
Missing	Don't know	1	.2		
	Refused	1	.2		
	System	165	42.7		
	Total	167	43.2		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	50	12.9	23.6	23.6
	No	161	41.8	76.4	100.0
	Total	211	54.7	100.0	
Missing	Refused	2	.4		
	System	173	44.9		
	Total	175	45.3		
Total		386	100.0		

How long has it been since you last smoked a cigarette, even one or two puffs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past month (less than 1 month ago)	63	16.2	30.1	30.1
	Within the past 3 months (1 month but less than 3 months ago)	5	1.2	2.3	32.3
	Within the past 6 months (3 months but less than 6 months ago)	5	1.3	2.5	34.8
	Within the past year (6 months but less than 1 year ago)	7	1.8	3.3	38.1
	Within the past 5 years (1 year but less than 5 years ago)	29	7.4	13.7	51.8
	Within the past 10 years (5 years but less than 10 years ago)	20	5.2	9.7	61.6
	10 years or more	80	20.7	38.4	100.0
	Total	208	53.9	100.0	
Missing	Don't know	2	.4		
	Refused	3	.8		
	System	173	44.9		
	Total	178	46.1		
Total		386	100.0		

Not counting decks, porches, or garages, during the past 7 days, on how many days did someone other than you smoke tobacco inside your home while you were at home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	346	89.7	90.6	90.6
	1	10	2.6	2.6	93.2
	2	3	.8	.8	94.0
	3	2	.5	.5	94.5
	4	1	.2	.2	94.7
	5	1	.2	.2	94.9
	7	20	5.1	5.1	100.0
	Total	382	99.1	100.0	
Missing	Don't know	2	.5		
	Refused	2	.4		
	Total	4	.9		
Total		386	100.0		

During the past 7 days on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	345	89.5	90.1	90.1
	1	11	2.8	2.8	93.0
	2	5	1.3	1.3	94.2
	3	5	1.4	1.4	95.7
	4	2	.5	.5	96.1
	5	6	1.5	1.5	97.7
	7	9	2.3	2.3	100.0
	Total	383	99.3	100.0	
Missing	Don't know	1	.2		
	Refused	2	.5		
	Total	3	.7		
Total		386	100.0		

Alcohol Use

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	211	54.6	54.7	54.7
	1 or 2 days	72	18.7	18.7	73.4
	3 to 5 days	46	12.0	12.1	85.5
	6 to 9 days	12	3.2	3.2	88.7
	10 to 19 days	18	4.6	4.6	93.3
	20 to 29 days	19	4.9	4.9	98.2
	All 30 days	7	1.8	1.8	100.0
	Total	385	99.8	100.0	
Missing	Don't know	1	.2		
Total		386	100.0		

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	67	17.3	39.0	39.0
	2	50	12.8	28.9	67.9
	3	32	8.4	18.9	86.8
	4	6	1.6	3.7	90.5
	5	1	.3	.7	91.2
	6	4	1.1	2.4	93.6
	7	1	.2	.5	94.1
	10	3	.8	1.9	96.0
	12	6	1.5	3.3	99.3
	20	1	.3	.7	100.0
	Total	171	44.4	100.0	
Missing	Don't know	1	.3		
	Refused	2	.5		
	System	211	54.8		
	Total	215	55.6		
Total		386	100.0		

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) (4 or more drinks if female) on an occasion?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	119	30.8	69.3	69.3
	1	25	6.4	14.3	83.7
	2	6	1.7	3.8	87.4
	3	6	1.5	3.5	90.9
	4	2	.6	1.3	92.2
	5	4	.9	2.1	94.3
	6	2	.5	1.2	95.6
	8	2	.4	.9	96.5
	10	1	.3	.7	97.2
	20	2	.4	.9	98.1
	25	2	.6	1.4	99.5
	30	1	.2	.5	100.0
	Total	171	44.4	100.0	
Missing	Don't know	2	.5		
	Refused	1	.3		
	System	211	54.8		
	Total	215	55.6		
Total		386	100.0		

During the past 30 days, what is the largest number of drinks you had on any occasion?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	50	13.0	29.6	29.6
	2	35	9.1	20.7	50.3
	3	34	8.8	20.0	70.3
	4	11	2.9	6.6	76.9
	5	13	3.5	7.9	84.8
	6	9	2.4	5.4	90.2
	7	2	.6	1.4	91.6
	8	2	.6	1.5	93.1
	9	1	.2	.6	93.7
	10	1	.3	.6	94.3
	12	5	1.3	2.9	97.2
	15	3	.7	1.5	98.7
	18	1	.2	.6	99.3
	20	1	.3	.7	100.0
	Total	170	43.9	100.0	
Missing	Don't know	4	1.0		
	Refused	1	.3		
	System	211	54.8		
	Total	216	56.1		
Total		386	100.0		

Binge drinking in the past 30 days (recode - calculated variable from multiple variables)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not	325	84.2	85.0	85.0
	Binged in the past 30 days	57	14.8	15.0	100.0
	Total	382	99.0	100.0	
Missing	Don't know or refused	4	1.0		
Total		386	100.0		

Vaccinations

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	163	42.1	42.4	42.4
	No	221	57.1	57.6	100.0
	Total	383	99.3	100.0	
Missing	Don't know	3	.7		
Total		386	100.0		

What kind of place did you last get your flu shot?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A doctor's office or health maintenance organization-HMO	47	12.1	28.9	28.9
	A health department	5	1.2	2.9	31.8
	Another type of clinic or health center	6	1.7	4.0	35.7
	A senior, recreation, or community center	1	.3	.7	36.4
	A store/pharmacy (Examples: supermarket, drug store)	64	16.7	39.8	76.2
	A hospital	7	1.8	4.3	80.5
	Workplace	30	7.6	18.2	98.7
	Some other kind of place	2	.5	1.3	100.0
	Total	162	41.9	100.0	
Missing	Don't know	1	.2		
	System	223	57.9		
	Total	224	58.1		
Total		386	100.0		

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	118	30.5	34.1	34.1
	No	227	58.9	65.9	100.0
	Total	345	89.4	100.0	
Missing	Don't know	41	10.6		
Total		386	100.0		

Have you ever had the shingles or zoster vaccine?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	16.9	18.0	18.0
	No	296	76.8	82.0	100.0
	Total	362	93.7	100.0	
Missing	Don't know	24	6.1		
	Refused	1	.2		
	Total	24	6.3		
Total		386	100.0		

During the past twelve months, have you had a flu shot? *Senior adults only*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	31	63.4	63.4	63.4
No	18	36.6	36.6	100.0
Total	48	100.0	100.0	

What kind of place did you last get your flu shot? *Senior adults only*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid A doctor's office or health maintenance organization-HMO	12	25.4	41.2	41.2
A health department	1	1.8	3.0	44.2
Another type of clinic or health center	1	2.2	3.7	47.8
A senior, recreation, or community center	1	2.2	3.7	51.5
A store/pharmacy (Examples: supermarket, drug store)	13	27.6	44.9	96.3
Some other kind of place	1	2.2	3.7	100.0
Total	30	61.6	100.0	
Missing Don't know	1	1.8		
System	18	36.6		
Total	19	38.4		
Total	48	100.0		

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? *Senior adults only*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	37	77.4	81.1	81.1
No	9	18.1	18.9	100.0
Total	46	95.5	100.0	
Missing Don't know	2	4.5		
Total	48	100.0		

Have you ever had the shingles or zoster vaccine? *Senior adults only*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	22	45.3	45.3	45.3
No	26	54.7	54.7	100.0
Total	48	100.0	100.0	

Motor Vehicle Safety

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	317	82.0	82.5	82.5
	Nearly always	35	9.2	9.2	91.7
	Sometimes	11	2.9	2.9	94.7
	Seldom	6	1.5	1.5	96.1
	Never	14	3.6	3.6	99.8
	Never drive or ride in a car	1	.2	.2	100.0
	Total	384	99.5	100.0	
Missing	Don't know/Not sure	1	.2		
	Refused	1	.3		
	Total	2	.5		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	62	16.1	16.3	16.3
	Nearly always	6	1.6	1.6	17.9
	Sometimes	10	2.5	2.5	20.4
	Seldom	10	2.6	2.7	23.1
	Never	88	22.9	23.2	46.3
	Never rode a bike, ATV, or motorcycle	204	52.9	53.7	100.0
	Total	381	98.6	100.0	
Missing	Don't know/Not sure	2	.5		
	Refused	4	.9		
	Total	5	1.4		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	16	4.2	4.2	4.2
	Nearly always	13	3.3	3.3	7.6
	Sometimes	63	16.4	16.6	24.2
	Seldom	65	16.7	17.0	41.2
	Never	208	53.8	54.7	95.9
	Never drive or ride in a car	16	4.1	4.1	100.0
	Total	380	98.5	100.0	
Missing	Don't know/Not sure	4	1.0		
	Refused	2	.5		
	Total	6	1.5		
Total		386	100.0		

Cancer Screenings

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *All women*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	140	36.2	71.2	71.2
	No	56	14.6	28.8	100.0
	Total	196	50.8	100.0	
Missing	Refused	2	.4		
	System	188	48.8		
	Total	190	49.2		
Total		386	100.0		

How long has it been since you had your last mammogram? *All women*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	84	21.9	60.9	60.9
	Within the past 2 years (1 year but less than 2 years ago)	22	5.7	15.8	76.6
	Within the past 3 years (2 years but less than 3 years ago)	10	2.7	7.6	84.2
	Within the past 5 years (3 years but less than 5 years ago)	7	1.7	4.8	89.0
	5 or more years ago	15	3.9	11.0	100.0
	Total	139	36.0	100.0	
Missing	Refused	1	.2		
	System	246	63.8		
	Total	247	64.0		
Total		386	100.0		

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? *All women*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	169	43.9	88.0	88.0
	No	23	6.0	12.0	100.0
	Total	193	49.9	100.0	
Missing	Don't know/Not sure	4	.9		
	Refused	2	.4		
	System	188	48.8		
	Total	193	50.1		
Total		386	100.0		

How long has it been since your last breast exam? *All women*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	109	28.1	64.3	64.3
	Within the past 2 years (1 year but less than 2 years ago)	22	5.6	12.9	77.2
	Within the past 3 years (2 years but less than 3 years ago)	11	2.9	6.5	83.7
	Within the past 5 years (3 years but less than 5 years ago)	11	2.9	6.7	90.4
	5 or more years ago	16	4.2	9.6	100.0
	Total	169	43.7	100.0	
Missing	Don't know/Not sure	1	.2		
	System	217	56.1		
	Total	217	56.3		
Total		386	100.0		

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *Women 40+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	124	92.9	93.5	93.5
	No	9	6.4	6.5	100.0
	Total	133	99.3	100.0	
Missing	Refused	1	.7		
Total		134	100.0		

How long has it been since you had your last mammogram? *Women 40+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	81	60.3	65.4	65.4
	Within the past 2 years (1 year but less than 2 years ago)	18	13.6	14.7	80.1
	Within the past 3 years (2 years but less than 3 years ago)	8	6.3	6.8	86.9
	Within the past 5 years (3 years but less than 5 years ago)	5	3.5	3.8	90.7
	5 or more years ago	12	8.6	9.3	100.0
	Total	123	92.3	100.0	
Missing	Refused	1	.7		
	System	9	7.1		
	Total	10	7.7		
Total		134	100.0		

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? *Women 40+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	112	84.0	85.6	85.6
	No	19	14.2	14.4	100.0
	Total	131	98.2	100.0	
Missing	Don't know/Not sure	2	1.1		
	Refused	1	.7		
	Total	2	1.8		
Total		134	100.0		

How long has it been since your last breast exam? *Women 40+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	68	51.1	61.2	61.2
	Within the past 2 years (1 year but less than 2 years ago)	15	11.0	13.2	74.4
	Within the past 3 years (2 years but less than 3 years ago)	9	6.7	8.0	82.4
	Within the past 5 years (3 years but less than 5 years ago)	6	4.8	5.7	88.1
	5 or more years ago	13	9.9	11.9	100.0
	Total	112	83.5	100.0	
Missing	Don't know/Not sure	1	.5		
	System	21	16.0		
	Total	22	16.5		
Total		134	100.0		

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *Women Ages 50-74*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	77	93.5	94.5	94.5
	No	5	5.5	5.5	100.0
	Total	82	98.9	100.0	
Missing	Refused	1	1.1		
Total		83	100.0		

How long has it been since you had your last mammogram? *Women Ages 50-74*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	57	68.6	74.2	74.2
	Within the past 2 years (1 year but less than 2 years ago)	10	11.8	12.8	87.0
	Within the past 3 years (2 years but less than 3 years ago)	4	5.3	5.7	92.7
	Within the past 5 years (3 years but less than 5 years ago)	2	2.1	2.3	95.0
	5 or more years ago	4	4.6	5.0	100.0
	Total	77	92.4	100.0	
Missing	Refused	1	1.1		
	System	5	6.5		
	Total	6	7.6		
Total		83	100.0		

A pap test is a test for cancer of the cervix. Have you ever had a pap test? *All women*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	173	44.8	88.6	88.6
	No	22	5.8	11.4	100.0
	Total	195	50.6	100.0	
Missing	Don't know/Not sure	1	.2		
	Refused	2	.4		
	System	188	48.8		
Total	Total	191	49.4		
		386	100.0		

How long has it been since you had your last pap test? *All women*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	81	20.9	49.1	49.1
	Within the past 2 years (1 year but less than 2 years ago)	33	8.6	20.3	69.4
	Within the past 3 years (2 years but less than 3 years ago)	8	2.0	4.6	74.0
	Within the past 5 years (3 years but less than 5 years ago)	12	3.2	7.6	81.5
	5 or more years ago	30	7.9	18.5	100.0
	Total	164	42.6	100.0	
Missing	Don't know/Not sure	6	1.6		
	Refused	2	.6		
	System	213	55.2		
	Total	222	57.4		
Total		386	100.0		

A pap test is a test for cancer of the cervix. Have you ever had a pap test? *Women 40+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	118	88.2	89.4	89.4
	No	14	10.5	10.6	100.0
	Total	132	98.7	100.0	
Missing	Don't know/Not sure	1	.7		
	Refused	1	.7		
	Total	2	1.3		
Total		134	100.0		

How long has it been since you had your last pap test? *Women 40+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	41	30.3	37.0	37.0
	Within the past 2 years (1 year but less than 2 years ago)	26	19.7	24.1	61.1
	Within the past 3 years (2 years but less than 3 years ago)	6	4.1	5.0	66.2
	Within the past 5 years (3 years but less than 5 years ago)	10	7.1	8.7	74.9
	5 or more years ago	27	20.5	25.1	100.0
	Total	109	81.8	100.0	
Missing	Don't know/Not sure	6	4.6		
	Refused	2	1.8		
	System	16	11.8		
	Total	24	18.2		
Total		134	100.0		

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the PSA test? *Men 50+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	67.2	69.8	69.8
	No	27	29.1	30.2	100.0
	Total	90	96.3	100.0	
Missing	Don't know	2	2.6		
	Refused	1	1.2		
	Total	3	3.7		
Total		93	100.0		

Have you ever had a PSA test? *Men 50+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	67.7	71.0	71.0
	No	26	27.6	29.0	100.0
	Total	89	95.3	100.0	
Missing	Don't know	4	4.7		
Total		93	100.0		

How long has it been since your last PSA test? *Men 50+ years of age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	38	40.3	61.2	61.2
	Within the past 2 years (1 year but less than 2 years ago)	12	13.3	20.2	81.4
	Within the past 3 years (2 years but less than 3 years ago)	2	2.5	3.9	85.2
	Within the past 5 years (3 years but less than 5 years ago)	3	2.8	4.2	89.5
	5 or more years ago	6	6.9	10.5	100.0
	Total	62	65.9	100.0	
Missing	Don't know/Not sure	2	1.8		
	System	30	32.3		
	Total	32	34.1		
Total		93	100.0		

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the PSA test? *Men 40+*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	55.6	58.8	58.8
	No	48	38.9	41.2	100.0
	Total	118	94.5	100.0	
Missing	Don't know	5	3.7		
	Refused	2	1.8		
	Total	7	5.5		
Total		125	100.0		

Have you ever had a PSA test? *Men 40+*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	55.0	59.3	59.3
	No	47	37.8	40.7	100.0
	Total	116	92.8	100.0	
Missing	Don't know	8	6.2		
	Refused	1	1.0		
	Total	9	7.2		
Total		125	100.0		

How long has it been since your last PSA test? *Men 40+*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	39	31.0	57.8	57.8
	Within the past 2 years (1 year but less than 2 years ago)	13	10.7	20.0	77.8
	Within the past 3 years (2 years but less than 3 years ago)	4	2.9	5.4	83.2
	Within the past 5 years (3 years but less than 5 years ago)	3	2.1	3.9	87.1
	5 or more years ago	9	6.9	12.9	100.0
	Total	67	53.6	100.0	
Missing	Don't know/Not sure	2	1.4		
	System	56	45.0		
	Total	58	46.4		
Total		125	100.0		

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? *Adults 50+*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	32.5	33.1	33.1
	No	130	65.8	66.9	100.0
	Total	194	98.2	100.0	
Missing	Don't know	1	.4		
	Refused	3	1.3		
	Total	3	1.8		
Total		198	100.0		

How long has it been since you had your last blood stool test using a home kit? *Adults 50+*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year (anytime less than 12 months ago)	18	9.3	30.2	30.2
	Within the past 2 years (1 year but less than 2 years ago)	8	4.1	13.4	43.6
	Within the past 3 years (2 years but less than 3 years ago)	5	2.6	8.5	52.1
	Within the past 5 years (3 years but less than 5 years ago)	6	2.8	9.0	61.1
	5 or more years ago	24	12.0	38.9	100.0
	Total	61	30.9	100.0	
Missing	Don't know/Not sure	3	1.6		
	System	133	67.5		
	Total	137	69.1		
Total		198	100.0		

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had either of these exams?

Adults 50+

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	151	76.5	77.2	77.2
	No	45	22.6	22.8	100.0
	Total	196	99.1	100.0	
Missing	Refused	2	.9		
Total		198	100.0		

Was your most recent exam a sigmoidoscopy or a colonoscopy? *Adults 50+*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sigmoidoscopy	4	2.1	2.8	2.8
	Colonoscopy	144	72.8	97.2	100.0
	Total	148	74.9	100.0	
Missing	Don't know	3	1.7		
	System	46	23.5		
	Total	50	25.1		
Total		198	100.0		

How long has it been since your last sigmoidoscopy or colonoscopy? *Adults 50+*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Within the past year (anytime less than 12 months ago)	31	15.6	21.0	21.0
Within the past 2 years (1 year but less than 2 years ago)	33	16.7	22.4	43.3
Within the past 3 years (2 years but less than 3 years ago)	24	12.1	16.2	59.5
Within the past 5 years (3 years but less than 5 years ago)	21	10.8	14.5	74.0
Within the past 10 years (5 years but less than 10 years ago)	27	13.9	18.6	92.6
10 or more years	11	5.5	7.4	100.0
Total	147	74.6	100.0	
Missing Don't know/Not sure	4	2.0		
System	46	23.5		
Total	50	25.4		
Total	198	100.0		

HIV Testing

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	114	29.4	31.0	31.0
No	253	65.5	69.0	100.0
Total	366	94.9	100.0	
Missing Don't know/Not sure	15	3.9		
Refused	5	1.2		
Total	20	5.1		
Total	386	100.0		

Where did you have your last HIV test - at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Private doctor or HMO office	53	13.7	46.4	46.4
Health department	11	2.8	9.5	55.9
Emergency room	1	.3	1.0	56.9
Hospital inpatient	11	3.0	10.1	67.0
Clinic	10	2.7	9.0	76.0
Jail or prison	1	.3	1.1	77.1
At home	3	.7	2.4	79.4
Somewhere else	10	2.7	9.2	88.6
Work	6	1.5	5.0	93.6
Don't know	6	1.6	5.3	98.9
Refused	1	.3	1.1	100.0
Total	114	29.4	100.0	
Missing System	272	70.6		
Total	386	100.0		

Maternal Health

Has a doctor, nurse, or other health care worker ever talked to you about ways to prepare for a healthy pregnancy and baby? *Women under 45*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	50	12.9	65.7	65.7
	No	26	6.7	34.3	100.0
	Total	76	19.7	100.0	
Missing	Don't know	1	.2		
	System	309	80.1		
	Total	310	80.3		
Total		386	100.0		

Have you ever been pregnant? *Women under 45*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	17.0	85.6	85.6
	No	11	2.9	14.4	100.0
	Total	77	19.9	100.0	
Missing System		309	80.1		
Total		386	100.0		

To your knowledge, are you now pregnant? *Women under 45*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.3	6.4	6.4
	No	72	18.6	93.6	100.0
	Total	77	19.9	100.0	
Missing System		309	80.1		
Total		386	100.0		

Has a doctor, nurse, or other health care worker ever talked to you about ways to prepare for a healthy pregnancy and baby? *Women who have ever been pregnant only*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	46	69.7	70.6	70.6
	No	19	29.0	29.4	100.0
	Total	65	98.7	100.0	
Missing Don't know		1	1.3		
Total		66	100.0		

How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

Women under 45

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times per week	34	8.8	44.2	44.2
	1-3 times per week	7	1.7	8.6	52.8
	4-6 times per week	7	1.7	8.6	61.4
	Every day of the week	30	7.7	38.6	100.0
	Total	77	19.9	100.0	
Missing	System	309	80.1		
Total		386	100.0		

Infant and Child Safety

How often do you transport your children (birth to 4'9") in a car or booster seat?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	74	19.1	78.9	78.9
	Nearly always	6	1.6	6.6	85.5
	Sometimes	8	2.0	8.1	93.6
	Never	3	.8	3.3	96.9
	Don't know/Not sure	3	.7	3.1	100.0
	Total	93	24.2	100.0	
Missing	Don't have an infant or child shorter than 4'9"	59	15.4		
	System	233	60.5		
	Total	293	75.8		
Total		386	100.0		

Does your infant sleep in bed with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	5	1.4	11.5	11.5
	Sometimes	3	.7	6.2	17.7
	Seldom	1	.3	2.6	20.3
	Never	34	8.8	73.5	93.8
	Don't know/Not sure	3	.7	6.2	100.0
	Total	46	12.0	100.0	
Missing	Not applicable	46	11.9		
	Refused	1	.2		
	System	293	75.8		
	Total	340	88.0		
Total		386	100.0		

Do you put your infant to sleep on their back?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	25	6.4	57.8	57.8
	Nearly always	1	.3	2.8	60.6
	Sometimes	4	1.1	9.6	70.2
	Seldom	1	.2	1.6	71.8
	Never	9	2.4	21.5	93.2
	Don't know/Not sure	3	.7	6.8	100.0
	Total	43	11.1	100.0	
Missing	Not applicable	51	13.1		
	System	293	75.8		
	Total	343	88.9		
Total		386	100.0		

Fruit and Vegetable Intake

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Answer given in times per day	191	49.4	50.8	50.8
	Answer given in times per week	112	28.9	29.8	80.6
	Answer given in times per month	67	17.4	17.9	98.5
	Never	5	1.4	1.5	100.0
	Total	375	97.1	100.0	
Missing	Don't know	8	2.2		
	Refused	3	.7		
	Total	11	2.9		
Total		386	100.0		

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils? Do not include long green beans.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Answer given in times per day	28	7.3	7.7	7.7
	Answer given in times per week	140	36.3	38.3	45.9
	Answer given in times per month	143	37.0	39.0	84.9
	Never	55	14.3	15.1	100.0
	Total	367	95.0	100.0	
Missing	Don't know	17	4.3		
	Refused	3	.7		
	Total	19	5.0		
Total		386	100.0		

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens, or spinach?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Answer given in times per day	82	21.3	21.9	21.9
	Answer given in times per week	145	37.5	38.6	60.5
	Answer given in times per month	115	29.7	30.5	91.0
	Never	34	8.8	9.0	100.0
	Total	375	97.3	100.0	
Missing	Don't know	8	2.0		
	Refused	3	.7		
	Total	11	2.7		
Total		386	100.0		

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Answer given in times per day	44	11.5	11.9	11.9
	Answer given in times per week	142	36.8	38.2	50.1
	Answer given in times per month	134	34.6	36.0	86.1
	Never	52	13.4	13.9	100.0
	Total	371	96.2	100.0	
Missing	Don't know	10	2.6		
	Refused	4	1.1		
	Total	15	3.8		
Total		386	100.0		

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat other vegetables? Examples include tomatoes, tomato or v8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Answer given in times per day	132	34.1	35.6	35.6
	Answer given in times per week	135	34.9	36.4	72.0
	Answer given in times per month	87	22.6	23.7	95.7
	Never	16	4.1	4.3	100.0
	Total	369	95.7	100.0	
Missing	Don't know	12	3.1		
	Refused	5	1.2		
	Total	17	4.3		
Total		386	100.0		

Daily Fruit and Vegetable Consumption, recommended 2 fruit & 3 vegetable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than the 5 recommended servings per day	339	87.9	92.2	92.2
	At least the recommended 5 servings per day	29	7.5	7.8	100.0
	Total	368	95.3	100.0	
Missing	System	18	4.7		
Total		386	100.0		

Recommended Daily Fruit Consumption (2 servings daily)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	12	3.1	3.3	3.3
	Less than recommended daily	280	72.6	77.0	80.2
	2 or more serving daily	72	18.7	19.8	100.0
	Total	364	94.3	100.0	
Missing	Don't know	8	2.2		
	Refused	13	3.5		
	Total	22	5.7		
Total		386	100.0		

Recommended Daily Vegetable Consumption (3 servings daily)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	2	.6	.6	.6
	Less than recommended daily	303	78.5	82.8	83.4
	3 or more serving daily	61	15.7	16.6	100.0
	Total	366	94.8	100.0	
Missing	Don't know	6	1.5		
	Refused	14	3.7		
	Total	20	5.2		
Total		386	100.0		

At least one serving of fruit daily

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than a single serving of fruit per day	164	42.4	45.7	45.7
	At least the 1 serving of fruit per day	195	50.5	54.3	100.0
	Total	359	92.9	100.0	
Missing	System	27	7.1		
Total		386	100.0		

Daily Vegetable Consumption (any combination of vegetables)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Zero or no servings	322	83.3	83.9	83.9
	Less than the 3 recommended servings per day	62	16.0	16.1	100.0
	Total	383	99.3	100.0	
Missing	System	3	.7		
Total		386	100.0		

At least one serving of vegetables daily

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than a single serving of vegetables per day	96	24.8	26.3	26.3
	At least the 1 serving of vegetables per day	268	69.4	73.7	100.0
	Total	364	94.2	100.0	
Missing	System	22	5.8		
Total		386	100.0		

Drug Use

During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it (count drugs such as Codeine, Vicodin, Oxycontin, Hydrocodone, and Percocet)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	328	85.0	89.6	89.6
	1	9	2.3	2.4	92.1
	2	7	1.8	1.9	94.0
	3	5	1.3	1.4	95.4
	4	2	.5	.6	95.9
	5	5	1.2	1.3	97.2
	6	2	.4	.4	97.7
	7	1	.2	.3	97.9
	10	3	.7	.8	98.7
	12	2	.5	.5	99.2
	13	1	.2	.3	99.5
	70	1	.3	.3	99.8
	76	1	.2	.2	100.0
	Total	366	94.8	100.0	
Missing	Don't know	10	2.5		
	Refused	10	2.7		
	Total	20	5.2		
Total		386	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	50	13.1	13.3	13.3
	No	327	84.8	86.7	100.0
	Total	378	97.8	100.0	
Missing	Don't know	4	1.1		
	Refused	4	1.1		
	Total	8	2.2		
Total		386	100.0		

Household Problems

Please indicate if the following are a major problem, moderate problem, minor problem, or no problem at all for your household: Hunger or a need for food in your household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Moderate problem	5	1.3	1.3	1.3
	Minor problem	10	2.5	2.5	3.8
	Not a problem at all or N/A	367	95.1	96.2	100.0
	Total	382	98.9	100.0	
Missing	Don't know	1	.2		
	Refused	4	1.0		
	Total	4	1.1		
Total		386	100.0		

Please indicate if the following are a major problem, moderate problem, minor problem, or no problem at all for your household: A need for food that is required for a special diet (prescribed by your/another household member's doctor)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	5	1.3	1.4	1.4
	Moderate problem	8	2.1	2.1	3.4
	Minor problem	14	3.7	3.7	7.2
	Not a problem at all or N/A	354	91.8	92.8	100.0
	Total	382	98.9	100.0	
Missing	Don't know	1	.2		
	Refused	4	1.0		
	Total	4	1.1		
Total		386	100.0		

Please indicate if the following are a major problem, moderate problem, minor problem, or no problem at all for your household: Alcohol abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	2	.6	.6	.6
	Moderate problem	5	1.2	1.2	1.8
	Minor problem	8	2.1	2.1	3.9
	Not a problem at all or N/A	364	94.4	96.1	100.0
	Total	379	98.2	100.0	
Missing	Don't know	2	.6		
	Refused	5	1.2		
	Total	7	1.8		
Total		386	100.0		

Please indicate if the following are a major problem, moderate problem, minor problem, or no problem at all for your household: Drug abuse (prescription or illegal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	1	.2	.2	.2
	Moderate problem	2	.6	.6	.8
	Minor problem	1	.2	.2	1.1
	Not a problem at all or N/A	377	97.8	98.9	100.0
	Total	381	98.8	100.0	
Missing	Don't know	1	.2		
	Refused	4	1.0		
	Total	5	1.2		
Total		386	100.0		

Please indicate if the following are a major problem, moderate problem, minor problem, or no problem at all for your household: Adult mental illness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	6	1.7	1.7	1.7
	Moderate problem	13	3.5	3.5	5.2
	Minor problem	18	4.8	4.8	10.0
	Not a problem at all or N/A	344	89.1	90.0	100.0
	Total	382	99.0	100.0	
Missing	Refused	4	1.0		
Total		386	100.0		

Exercise

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	283	73.2	73.2	73.2
No	103	26.8	26.8	100.0
Total	386	100.0	100.0	

Weight Status

Weight Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Underweight	3	.8	.8	.8
Normal or Healthy Weight	95	24.6	26.8	27.6
Overweight	130	33.6	36.7	64.2
Obese	127	32.8	35.8	100.0
Total	354	91.7	100.0	
Missing Respondent is under 20 years of age	12	3.1		
Refused	20	5.2		
Total	32	8.3		
Total	386	100.0		

State & National Comparison

	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
Key Variable	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Health Status									
General Health - Fair or Poor	15.6%	384	16.5%	11,900	2,507	9,393	16.4%	83.6%	20.2%
No Health Care Coverage	3.4%	364	8.4%^	11,878	605	11,273	10.8%^	89.2%	0%
No Health Care Coverage for Adults 18-64	4.4%	299	10.2%^	6,936	519	6,417	13.0%^	87.0%	N/A
Could not see a doctor because of cost in past 12 months	9.4%	382	10.7%	11,893	995	10,898	12.1%^	87.9%	4.2%
Had last checkup within past 12 months	76.7%	373	72.0%^	11,750	9,306	2,444	70.2%^	30.9%	N/A
Have at least one (or more than one) health care provider	84.3%	381	82.0%^	11,882	10,601	1,281	78.8%^	21.0%	83.9%
Dental Health									
Visited the dentist or dental clinic within the past year for any reason (2014)	71.2%	384	65.3%^	7,214	3,598	10,8012	65.3%^	34.7%	49.0%
Adults that have had any permanent teeth removed (2014)	42.3%	379	46.5%^	5,959	4,643	10,602	43.4%^	56.6%	N/A
Chronic Health Conditions – Ever Told									
High Cholesterol	23.6%	386	36.7%^	10,463	4,571	5,892	36.3%^	63.7%	13.5%
High Blood Pressure	28.2%	386	34.3%^	11,886	5,420	6,466	30.9%^	69.1%	26.9%
Angina or Coronary Heart Disease (CHD)	8.1%	386	4.2%	11,818	823	10,995	3.9%^	96.1%	N/A
Heart Attack (myocardial infarction (MI))	2.6%	386	4.9%^	11,861	889	10,972	4.2%^	95.8%	N/A
Stroke	1.7%	386	3.5%^	11,886	624	11,262	3.0%^	97.0%	N/A
CHD or MI	8.7%	386	7.0%	11,819	1,299	10,520	6.1%^	93.9%	N/A
Diabetes	14.4%	386	11.8%	11,905	1,955	9,950	10.8%^	89.1%	N/A
Asthma	10.2%	386	14.1%	11,873	1,533	10,340	14.3%^	85.8%	N/A

	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
Key Variable	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
COPD	7.5%	386	7.9%	11,865	1,324	10,541	6.2%^	93.8%	N/A
Kidney Disease	1.3%	386	3.2%*	11,884	547	11,337	2.7%^	97.3%	13.3%
Depression	9.5%	386	18.9%^	2,587	10,400	12,987	19.0%^	81.0%	N/A
Health Behaviors									
Consumed fruit less than once per day	45.7%	359	42.9%	4,257	6,477	10,734	39.7%*	60.3%	N/A
Consumed vegetables less than once per day	16.1%	383	24.8%	2,259	7,980	10,509	22.1%*	77.9%	N/A
No Physical Activity	26.8%	386	27.0%^	10,963	3,281	7,682	26.2%^	73.8%	32.6%
Weight-Overweight/Obese	72.5%	354	66.5%^	10,924	7,490	3,434	65.3%^	34.7%	66.1%
Not Currently Smoker	85.0%	386	78.4%	11,522	9,593	1,929	82.5%^	17.5%	88.0%
Adults who have had at least one drink of alcohol within the past 30 days	45.3%	385	52.9%	5,221	6,229	11,450	54.0%	46.0%	N/A
Binge Drinking (5 or more drinks on one occasion)	15.0%	382	18.2%*	11,342	1,284	10,058	16.3%^	83.7%	24.4%
Seat belt usage - always	82.5%	384	83.8%^	N/A	N/A	N/A	90.1%^	8.9%	N/A
Adult Immunizations									
Adults Who Have Had Flu Shot Past 12 Months (65+) (2014)	63.4%	48	57.7%*	4,381	2,505	1,876	61.3%^	38.7%	90.0%
Adults Who Have Had Pneumonia Shot (65+) (2014)	81.1%	46	72.2%^	4,267	3,086	1,181	72.7%^	27.3%	90.0%
Have you ever had the shingles or zoster vaccine? All respondents (2014)	18.0%	345	20.8%	1,744	5,662	7,406	22.2%^	77.8%	30.0%
Cancer Screenings									
Mammogram (Ages 50-74) – within last 2 Years (2014)	87.0%	77	75.8%^	3,422	2,604	818	78.1%^	21.9%	81.1%

	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
Key Variable	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Mammogram (Ages 40+) – within last 2 Years (2014)	80.1%	123	72.2%^	5,361	3,885	1,476	73.0%^	27.0%	N/A
Pap test - within last 3 years	74.0%	164	73.7%^	4,237	3,029	1,208	75.2%^	24.8%	93.0%
PSA Test (40+) – within last 2 Years	59.3%	116	56.7%	3,149	1,606	1,543	57.2%	42.8%	N/A
Never had a Sigmoidoscopy or Colonoscopy (50+)	22.8%	196	32.4%^	7,349	2,267	5,082	30.7%^	69.3%	29.5%
Communicable Disease									
Tested for HIV	31.0%	366	30.7%^	2,292	8,108	10,400	36.3%^	63.7%	73.6%

* Significant at the .05 Level

^ Significant at the .01 Level

Note - the N and Sample N (as reported by the CDC) for Ohio data represent unweighted counts, while the percentage represents the weighted State estimate.

Key Variables Demographic Comparison

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Health Status				
General Health - Fair or Poor		X		X
No Health Care Coverage		X (adults <= 54)	X	
Could not see a doctor because of cost in past 12 months	X (female)	X (adults <= 54)		
Had last checkup within past 12 months		X		X
Have at least one (or more than one) health care provider		X		
Dental Health				
Visited the dentist or dental clinic within the past year for any reason (2014)			X	
Adults that have had any permanent teeth removed (2014)		X		X
Chronic Health Conditions – Ever Told				
High Cholesterol		X	X	X
High Blood Pressure		X		
Angina or Coronary Heart Disease (CHD)		X		X

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Heart Attack (myocardial infarction (MI))	X (male)			
Stroke				
Diabetes		X		
Asthma				X
COPD		X	X	X
Kidney Disease				
Fall related Injury (adults 45+)		N/A		X
Health Behaviors				
Consumed fruit less than once per day	X (male)			X
Consumed vegetables less than once per day	X (male)			
No Physical Activity	X (female)	X	X	X
Weight- Overweight/Obese				
Current Smoker		X (adults <= 54)	X	X
Adults who have had at least one drink of alcohol within the past 30 days	X (male)	X (adults <= 54)		
Binge Drinking	X (male)	X (adults <= 54)	X	
Seat belt usage - always	X (female)		X (\$15,000+)	
Adult Immunizations				
Adults Who Have Had Flu Shot Past 12 Months (65+) (2014)		N/A		
Adults Who Have Had Pneumonia Shot (65+) (2014)		N/A		
Have you ever had the shingles or zoster vaccine? All respondents (2014)		X		
Cancer Screenings				
Mammogram (Ages 50-74) – within last 2 Years (2014)	N/A	N/A		
Mammogram (Ages 40+) – within last 2 Years (2014)	N/A	N/A		(>=HS diploma/GED)
Pap test - within last 3 years	N/A	X (females <= 54)		
PSA Test (40+) – within last 2 Years	N/A	N/A		
Never had a Sigmoidoscopy or Colonoscopy (50+)	X (male)	N/A		
Communicable Disease				
Tested for HIV	X (female)	X (adults <= 54)		

Appendix B: Steering Committee Community Themes and Strengths Assessment Detailed Comments

What are the most important characteristics of a healthy community?

- Communication and collaboration among organizations
 - Communication network strong
 - Collaboration among groups with similar activities
 - Organizations that work well and communicate with one another: collaboration and not territorial
 - Resources at all levels
- Physical activity opportunities
 - People have access to physical activity
 - Outdoor amenities
- Community Engagement
 - Community programs/involvement
 - Opportunities for youth to engage in a variety of activities
 - Well informed public
- Access to needed services
 - Good quality available and affordable
 - Healthcare provider resources: hospitals physicians, out-patient and safety net links
 - Access to affordable healthcare
 - Services for seniors (access) – ex. public transportation
- Workforce Development
 - Employment Opportunities
 - Quality Education
 - High education attainment and graduation rates
- Healthy Environment
 - Clean and well maintained
 - Clean water supply
 - Lack of blight
- Safety
 - Low crime rate
- Miscellaneous
 - Farmers' market
 - Growth
 - Less health disparities
 - Involved government
 - Diversity
 - Collective desire to strive to be healthy, build each other up

How is quality of life perceived in our community?

- Class separation beliefs
 - Upper class – access to services great
 - Lower class – not enough resources
 - Disparity resources county wide
 - This should be a survey question, depends on who you ask
- Positive Perceptions
 - A good place to live and raise children
 - Good, quality schools
 - As a whole seems to be a health community
 - Recreational availability
 - Access to health care
 - Safety
 - Access to bike paths, walking paths, park system, walk-able communities
 - Easy access to healthcare providers
- Negative Perceptions
 - Limited mental health services
 - Do we see poverty?
 - Substance abuse – community is proactive vs. reactive. Currently Miami County is reactive on this issue.
 - Declining or minimal poverty is essential. In Miami County we have experienced increase in poverty in past 10 years. (also working poor)

What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- | | |
|-------------------------------------|--|
| • Miami County Public Health | • Shelters |
| • Miami County Heroin Coalition | • Food pantries |
| • Safe Communities Coalition | • New Path |
| • Hospitals | • Children's Services Board (CSB) |
| • Dentists/Therapists | • Rec center |
| • Family and Children First Council | • LCC – (Lincoln Community Center?) |
| • Free clinic | • Miami County Continuum of Care |
| • Health partners | • Tri-County Mental Health Board |
| • Salvation army | • Upper Valley Medical Center |
| • Protect Piqua | • Physicians, nurses and other |
| • Partners in Hope | • Cities in County – Tipp, Troy, Piqua |
| • Coalition of churches | • County park system |
| • Soup kitchens | • Philanthropic funders |
| • Early intervention program | • Abuse shelter |
| • YMCA and YWCA | • EMS services and police and sheriff (especially with heroin) |
| • WIC | |
| • Partners in Hope | |
| • Miami County Recovery Council | |

What assets, policies, and/or funding sources do we have that can be used to improve health in our community?

- Assets
 - Churches
 - Amazing philanthropic network – foundations, united way and private donors
 - Strength of health department resources
 - Strong safety net services – dental clinic health partners, MCRC
 - Hospital
 - YMCA
 - Free clinic
 - School districts
 - Service organizations
 - Business involvement in wellness programs
 - Schools health facilities
 - Varying degrees of city support
 - Bike path, youth sports programs, farmers' market, Hobart Arena, river corridor
 - Smoking cessation programs and new policies governing food content
- Funding
 - State funding
 - Federal funding
 - Local funding
 - Public support – levies pass
 - Grants
 - Donations
- We currently have minimal transportation services

Appendix C: Broad Community Themes and Strengths Assessment

Detailed Comments

Question 1: What do you think are the most important traits of a healthy community?

Nutrition/Physical Activity (#1)

1. Allowing children to have a longer recess to get more exercise
2. Access to recreation,
3. Active lifestyle
4. Being active.
5. Being at your designated weight. Plenty of exercise. Less stress.
6. being out and active
7. Being outdoors.
8. free & affordable physical activities for the public (all ages),
9. When doctors stress eating healthy foods, make them affordable for those who need them.
10. awareness of nutrition and lifestyle choices
11. Diet and exercise (2)
12. Diet heavy on fresh vegetables, regular cardio exercise
13. Don't take away the activities in the community. Don't take the parks away, keep the arts, music, and football. Those are the things that make a healthy community, that's all healthy.
14. Many recreation and physical activities available Lots of parks
15. eat well
16. Eating right and exercising
17. opportunities for physical exercise (parks, walking paths, bike trails)
18. Affordable venues for exercising. Walking / Biking trails.
19. Exercise and walking groups
20. Exercise facilities
21. exercise like movement
22. Exercise, lack of smoking
23. Food readily available, places to exercise
24. Free to low cost exercise and health opportunities what are well advertised.
25. good diet and plenty of exercise
26. Recreation areas (which again Piqua does with its city parks, bike and walk path, YMCA, YWCA.)
27. Important to be more active.
28. Lack of obesity
29. recreational opportunities due both young and old
30. Lots of free public places to exercise and play.
31. Healthy eating
32. Many recreation options accessible to residents whether they have financial resources or not.
33. More physically fit

34. Multiple recreational options; biking/walking trails, YMCA/YWCA, outdoor areas (green spaces) that promote wellness.
35. One that offers lots of family activities, esp. outdoors
36. Outdoor activities for individuals and families. Things like Riverscape in downtown Dayton.
37. People out exercising on a variety of venues, walking trails, walking on streets, used bike paths and streets, pools being used, people doing RAKs and helping neighbors in yards, around house, etc., kids playing together in yards, laughter in all sorts of places;
38. Physically active citizens... all the things that go with that are self-explanatory.
39. Proper nourishment, good rest
40. Regular exercise; a managed healthy food diet; weight, control
41. That they eat properly and exercise properly and sleep properly.
42. The most important traits of a healthy community are accessibility to healthy foods and things to do to remain active.
43. The most important traits of a healthy community are areas where we can get out and be active like parks and outdoors activities.
44. They eat right and sleep right.
45. Sidewalks to walk on - need to be cleared of tripping hazards. Walking trails /good sidewalks, parks, community events centered around activity, foods that are locally grown or raised

Access to Adequate and Affordable Health Care (#2)

1. Easy access to all forms of health care
2. Affordable health care (not health savings) and Pre Existing coverage.
3. Ability to get into a physician of your choice in a reasonable amount of time. Chronic health conditions are managed and medication is taken appropriately.
4. Access to care, including complimentary medicine such as osteopaths, naturopaths, chiropractors, vitamin and supplement shops, medical marijuana access
5. Access to doctors and mental health professionals.
6. Access to healthcare (2)
7. Access to mental health or inpatient facilities.
8. Access to physicians, physical exercise opportunities, mental health care, education of our children, safe environment.
9. access to treatment facilities
10. Accessibility to excellent/well educated/caring health care professionals in a timely and affordable manner.
11. Affordable health care / clinics / call a nurse system
12. Affordable health care.
13. Affordable, accessible and convenient.
14. Availability of medical care
15. Available health care. Easily available emergency care. Free health care for those in need.
16. Available/ Accessible healthcare;
17. access to superior health care, local hospital w/experienced specialists, affordable medical and dental care

18. Clinic for underinsured or no insurances
19. Continued accessibility to affordable health care
20. Cost effective access to a wide range of medical resources and recreational activities
21. Dental, and stuff like that are hard to obtain, since they are so expensive and insurance doesn't always cover it. Everyone in this country should have health insurance.
22. Easy and affordable access to medical / dental care.
23. Easy and affordable access to regular healthcare (doctors that are willing to take on new patients),
24. adequate affordable medical care
25. Ensuring the poorest and sickest individuals in our community have access to stable and high-quality healthcare.
26. Excellent health care providers and facilities.
27. good doc
28. Good doctors, hospitals and environment.
29. Good Doctors/good hospitals. Good reputation Accessible healthcare
30. Having available health care facilities for all (which we do)
31. Having health care available to all and to have specialty hospitals.
32. Having the various specialties covered
33. health care access , hospitals and staff, modern facilities , physicians and specialists
34. Health care availability. Specially. Physicians. Accredited health care facility.
35. health care for all ages
36. Local doctors and dentists that take not only private insurance but Medicaid.
37. Medical center in the commuting area in order to see specialists if required. Affordable health insurance - costs no more that 2% of total annual income.

Social Environment (#3)

1. A place where activity is valued; where a volunteer spirit is the norm
2. Active involvement in work during working age years for personal satisfaction and fulfillment, after retirement, active involvement in giving back to the community via faith groups, service groups and neighborhood.
3. Addressing basic human needs.
4. Being social
5. Bible preaching churches, residents who live like Christians,
6. Community support, compassion, wealth and income
7. Social support systems, Empathy.
8. Everybody gets along with
9. Family faith and community organizations
10. Getting along with everyone, common respect, and helping out in the community can lead to a healthier community
11. Going to church, seeking God, getting right with God and it will work out for them.
12. Individual wellbeing.

13. Low Stress, Good Family Conditions,
14. A strong educational system beginning in elementary school about the importance of good nutrition, proper exercise, and awareness of the dangers of taking non-prescribed medications.
15. Residents are active mentally and physically
16. Togetherness

Educating the Community (#4)

1. Making sure that children are well educated about what a healthy lifestyle is
2. Making sure that people are aware of the health benefits that are offered to them
3. Availability of food and education for people to be aware of good health practices.
4. mentors for students who need positive roles models in their lives,
5. Health education & resources for health care, knowing and understanding what community needs are specific to the population demographics
6. Information about what makes you healthy.
7. Multilevel educational options,
8. Prevention and education programs.
9. The most important trait is information on services and how to access.

Clean and Safe Environment (#5)

1. crime prevention and control
2. Air, water
3. attractive & clean cities, safe drinking water
4. Clean water, cleanliness, sanitation
5. Good water.
6. Low crime, community working together.
7. People not shooting each other and not stealing from each other.
8. somehow law enforcement and laws need to be enforced more, there needs to be less people that are selling drugs or abusing them and alcohol, they need to be helping these people a lot more

Economic Environment (#6)

1. Addressing income inequality
2. good paying jobs with a sufficient industrial base
3. an abundant number of living wage jobs
4. Economic stability, stable families, adequate jobs, schools,
5. employment
6. jobs
7. leadership & business development

Mental Health (#7)

1. Places where people can access mental health help
2. MENTAL HEALTH WHICH I FEEL IS ON A FAST DECLINE TODAAY.
3. Health & mental health services.
4. Proactive treatment of both physical and mental issues.

Transportation (#8)

1. Transportation for medical needs etc. would be helpful in the smaller towns.
2. accessible transportation
3. public transportation

Preventative Care (#9)

1. Annual check ups
2. Preventive care from physicians.
3. Regular annual physical.

Seniors (#10)

1. Also caring for our elders is important
2. senior citizen activities

Substance Abuse (#11)

1. Stronger support for those with drug addiction.

Other

1. A strong infrastructure.
2. Also less trash in political discussions scaring people making them wonder what is going to happen to them. Truth would be helpful once in a while.
3. Activities.
4. No alcohol or drugs unless they're prescribed.
5. Being aware of the problems and then doing something about it.
6. Easy access, affordability
7. I care for the unable who are independent, I don't care for the people who are unwilling to take care of themselves.
8. I don't know (17)
9. lack of bigotry
10. listen to your doctor

11. Making time.
12. Service available to "all" to live a healthy life style which would have to include reasonable cost
13. Socialism
14. The environment in it.
15. Youth activities

Question 2: Name one thing in Miami County that stops people from being healthy.

Physical Activity/Nutrition (#1)

1. Accessibility to places to exercise, everything is so spread out, and lack of places to exercise
2. Afford healthy food
3. bad eating habits
4. diet
5. Fast food.
6. Eating out too much.
7. Eating too much.
8. Fast food.
9. Going out to eat.
10. Improper diet.
11. Inactive lifestyle is the culture of the area. I travel out west to the mountains and the passengers on the planes get thinner as you connect closer to the destination and quite the opposite as one heads back to the Midwest....
12. Lack of exercise
13. Lack of good restaurants. It is just fast food everywhere.
14. Lack of healthy options when they're eating out
15. The people would eat healthy if they could afford to.
16. not a lot of exercise
17. not being able to eat the right foods because they don't have money
18. One thing that stops people from being healthy is the cost of healthy foods.
19. One thing that's stops people from being healthy is inactivity.
20. Overeating (2)
21. People are not getting enough exercise.
22. Poor Diet (2)
23. Probably fast food, smoking, and alcohol.
24. The things they're eating or drinking, also smoking.
25. time to be able to exercise and to cook meals that have more vegetables in them because by the time people get off work they get home and have their kids and their homework

Access to Quality and Affordable Health Care (#4)

1. Lack of access to get to the doctor.
2. not access to affordable healthcare
3. Not having affordable health insurance.
4. Not having health insurance.
5. The cost of healthcare; I don't think anyone has the money.
6. Unaffordable healthcare
7. Too many doctors are pill happy

Economic Environment (#3)

1. Affordability.
2. Costs (x2)
3. Financial burden
4. Income (2)
5. Lack of financial resources.
6. Money (x2)
7. not having money to buy what they need to be healthy
8. Taking them off Welfare.

Alcohol and Substance Abuse (#2)

1. Addiction problem.
2. Alcohol abuse (x3).
3. Drug abuse (x8)

Motivation (#5)

1. apathy
2. Lack of good habits and poor parental skills.
3. My honest opinion is the attitude towards life in this county. It is important and healthy to have a positive outlook, even in the darkest of times.
4. Their will to not want to get healthy.
5. They just aren't motivated to live healthy lifestyles

Smoking (x4) (#6)

Other

1. One thing that stops people from being healthy is lack of information.
2. Iron in water.
3. I don't know (x14)
4. Stupidity

Question 3: Name one way we can improve people's health in Miami County.

Access to Quality and Affordable Health Care (#1)

1. If everyone could afford to get a regular checkup.
2. get better doctors in Miami county
3. Make health care cheaper.
4. Make health insurance more affordable.
5. Make healthcare affordable
6. Make healthcare easier to get and less expensive.
7. Make it easy to get dental and vision care.
8. Make more affordable therapy and medications
9. Making healthcare more affordable (x3)
10. More access to healthcare providers.
11. More free health clinics (2)
12. Need more doctors
13. One way to improve people's health is to take some of the stress off of the health care.
14. One way we can improve people's health is to lower the price of prescription medicines.
15. people being able to see doc more often that can't afford
16. try to get more people on insurance
17. not be so expensive improve rates

Physical Activities/Nutrition (tied #2)

1. Eat less at each meal. People are very overweight.
2. Eat right.
3. exercise more
4. Get rid of fast food restaurants.
5. have more community gardens in the spring and summer and have it advertised in some manner where people know about it because a lot of people wouldn't plan a garden themselves but if there were community gardens right there I think a lot of people would and get very benefitted by the vegetables and stuff they receive in return
6. Improve diets
7. More exercise (2)
8. Nutrition
9. Probably diet and exercise.

Alcohol and Substance Abuse (tied #2)

1. Control the drug problem.
2. Drug abuse especially heroin, our county and every county needs education.
3. Get rid of the drugs.
4. Get rid of the heroin problem.
5. Heroin epidemic is the biggest issue
6. I know people that have died because of the opioid epidemic. There needs to be more counseling and prevention. Also, more education for children and high schoolers. There needs to be stricter penalties for drug dealers.
7. Quit the drugs.
8. Start by working on the drug problem
9. Stop the drug problem.
10. There's a desperate need for screening, treatment, and follow-up care for drug abuse.

Education (tied #4)

1. Advertise the dangers of overeating and over-drinking.
2. Education (x3)
3. Pass out literature about what to eat and not to eat.

Transportation Access (#6)

1. Access to transportation to the doctor's office if you don't drive anymore.
2. There's a need for transportation for health care.

Personal Responsibility (tied #4)

1. A lot of people out there, that mentally need to know how to do it, the programs are there people just aren't motivated.
2. Make people who maintain unhealthy habits/ lifestyles pay higher health insurance premiums and vice versa... Somehow we must make it painful to be unhealthy... (Obviously, some have health issues that are not the result of lifestyles but we all know where most of our problems exist....Stop having premiums deducted from Pay checks and make folks write a check out of their pocket for the premium.... talk about supply and demand economics....
3. Take on personal responsibility for being healthy. Limit sick people coming into grocery store that will touch produce.

Seniors (#7)

1. There needs to be more free services for the elderly.

Other

1. Contributing towards health care and donating money.
2. Feed the hungry
3. Get rid of negative attitudes and start using more naturopathic medicine.
4. I don't know (x18)
5. Impeach Trump
6. Offer more services
7. Reduce the spend down.
8. Refused
9. Take government out of it. With Obamacare I can't get insurance or go to a doctor. I can only get it through my employer and I can't afford it for my kids. My son needs braces. I lost hours when Obama was elected and I am just now coming out of bankruptcy and paying off all the credit card debt I have accumulated.
10. We should have a single-payer system nationally.
11. They need to see their doctors more often than they do now.

Question 4: Do you have additional Comments to share?

Healthcare

1. Our health care is a travesty. Vast sums of money are spent by the privileged. The barest, basic care often unavailable to the rest, who live at risk of bankruptcy, job loss, home loss. We are alone in the first world in failing to provide - in having no intention to provide - care for everyone. Economic rationing of health care is the basis of our system.
2. Health care providers (aka: large regional hospital systems) need to figure out a way to quote costs for a service. I can get a quote for a new transmission in a car but try to get a straight answer for a colonoscopy. They will quote you the procedure but not lab fees, office fees etc. I had a lump removed on my back and I was quoted \$1,100.00..... I ended up paying \$3,600... That, my friends, is unacceptable.
3. I have many feelings about this that are too large for this box as I am one of the people that has little choice for insurance with large premiums and high deductibles at the same time. Many times I wonder how I'm going to pay for treatment and drugs before the insurance decides to pay anything while expecting "huge" premiums and deductibles. I have little faith in repealing the coverage, but I do feel it needs costs under control. This hits me hard... In my office I have heard many times where people are deciding between rent and prescription cost and/or medical treatments. Words said to me are "We either stay healthy or die." That's a pretty sad scenario.
4. In Miami County, many have been given access to healthcare insurance, but are still unable to access healthcare services due to doctor shortages, offices that do not accept certain insurance plans, unaffordable co-pays/deductibles, and lack of affordable transportation to offices that will accept their particular insurance plans but lie outside of the County. As the director of Miami County's sole free clinic, I am very aware of the many barriers that still exist.
5. Know that county needs an urologist. Not available several wks. a month

6. Miami County has a lack of resources for good care....it is absolutely necessary to drive out of town for acute care.
7. My care, in the last six months, has been very satisfying.
8. There is a lack of primary health care providers in the area that are taking new patients. With the increase in Medicaid coverage to community members they are looking for primary care providers but the physicians are not taking new patients or no new patients with Medicaid. Yes, people have insurance coverage but it is not widely accepted so they still are not able to get routine medical care.
9. We are fortunate to have good medical facilities staffed by good doctors and medical associates within Miami County. However must try to control costs of medical care.

Physical Activity/Nutrition

1. I appreciate the growing presence of local foods initiatives that teach the importance of healthy food choices for good health. This also supports local business and agriculture and quality restaurants.
2. Drink water often and more than any other liquid
3. The low income families cannot afford gym memberships or expensive equipment. They may not have access to transportation. These folks need help from the community to remain healthy.

Access to Healthy Food

1. I'm a member of the Lion's club, it is sad that the city of Marion and Springfield have a hunger epidemic.

Substance Abuse

1. At present I think that heroin and other harmful drugs are the most threatening problem in Miami County. Overdoses have become serious not only for victims but to everyone because of the resources needed to deal with this problem.
2. I'd like to clarify that when I said my family has been affected by street drug use, it is because we were robbed by addicts, not because we use drugs ourselves.
3. Used to be addicted to Vicodin; estimated abuse was 5000 times over 9 years.

Mental Health

1. I am disappointed that they have closed the mental health facility for children and teenagers. Also my grandson has to travel to Greenville to see a mental health counselor. This is very difficult for his single mother to get him to appointments.

Other

1. I do not feel available marijuana is needed or healthy for a community.
2. I have what is called stiff-person syndrome and it is a very rare disease that one in a million have and they don't know much about it or how to treat it because there are so few cases and I also have chronic inflammatory demyelinating polyneuropathy and it is also a rare neuro disease with not a lot of treatment.
3. I hope all of this information does something and goes somewhere because there is too much reversible disease not just in our county but everywhere.
4. In Miami County we enjoy all of these!
5. Schools should close when 100 plus students are out sick. This recent flu outbreak in Miami County was ridiculous

Appendix D: Community Assets and Resources

The MAPP assessments captured information about the local public health system and the community themes and strengths. Information from those assessments is used to summarize the assets available to improve health in Miami County.

Community Assets

- Assets
 - Churches
 - Miami County Foundation
 - Troy Foundation
 - Tri-County Board of Recovery and Mental Health Services
 - United Way and private donors
 - Miami County Public Health
 - City of Piqua Health Department
 - Premier Health Upper Valley Medical Center
 - Health Partners Free Clinic
 - Miami County Dental Clinic
 - Miami County Educational Service Center, School districts, preschools, and daycare centers
 - Libraries-Troy, Piqua, Covington, West Milton, Pleasant Hill, Tipp City, Bradford
 - Senior Centers –Troy, Piqua, West Milton, Tipp City
 - Service organizations
 - Women, Infants, and Children (WIC) program
 - Miami County Children’s Services
 - Miami County YMCA and YWCA
 - Lincoln Center, Troy Rec Center
 - Miami County Job & Family Services
 - Partners in Hope
 - Council on Rural Services
 - Housing - Family Abuse Shelter, St. Joseph House, St. Vincent DePaul Fund, Buckeye House, Miami County Community Housing
 - Business and Industry
 - Miami County Area Agency on Aging
 - Miami County Recovery Council
 - OSU Extension Office
 - Food Pantry and Distribution - Richards Chapel, Bethany Center, New Path, St. Patrick’s, First Place, Meals on Wheels, Troy Milk Fund, Needy Baskets, St. Vincent DePaul Society, Fletcher United Methodist Church, Covington Outreach, Church of Brethren (Bradford)
 - Community Housing
 - Fire/EMS services, local police departments and sheriff office
 - Recovery & Wellness Centers of Midwest Ohio
 - Local, State, and Federal government & funding

- Miami County Transit Service, Piqua Transit
- Salvation Army, Red Cross, Goodwill
- Edison Community College, Upper Valley Career Center
- Piqua Compassion Network
- Habitat for Humanity
- Miami County Veteran's Affairs
- Riverside of Miami County
- Brukner Nature Center
- Samaritan Behavioral Health
- Miami County Parks District
- Friends in Service Helping
- (FISH) New Creations
- Miami County Farm Bureau

Groups Working to Improve the Health and Quality of Life in Miami County

- Family Health
 - The One Wellness Place multi-organizational effort
 - Family and Children First Council
 - Council on Aging
 - Safe Communities Coalition
 - Miami County Continuum of Care
 - RIDE Program
 - Perinatal Nurse Managers: Perinatal Consortium for Educational Opportunities
 - GRADS
 - Medical Reserve Corps
 - Adult Protective Services
- Drugs/Mental Health and Addiction
 - Miami County Heroin Coalition
 - Miami County Continuum of Care
 - Tri-County Board of Recovery and Mental Health Services
 - Safe Haven
 - Project Dawn
 - QRT – Quick Response Team
 - Alcoholics Anonymous; Narcotics Anonymous
- Chronic Disease
 - Miami County Park District programs
 - Miami Valley Trails' bike paths and trails
 - Youth sports programs
 - Farmers' markets

Hobart Arena has multiple partners and provides an excellent location for walking indoors that remains cool during the warmer months and provides shelter during the colder months. Walking is FREE and open to the public