<table>
<thead>
<tr>
<th><strong>2019 : At-a-Glance</strong></th>
<th><strong>2018 Value &amp; Rank</strong></th>
<th><strong>2019 Value &amp; Rank</strong></th>
<th><strong>Desired Direction</strong></th>
<th><strong>Historical Trend</strong></th>
<th><strong>Narrative</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Care</td>
<td>93.6 / 5th</td>
<td>94.3 / 4th</td>
<td>Up</td>
<td>Up</td>
<td>Has increased 5 of last 6 years</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>17.5 / 7th</td>
<td>17.0 / 7th</td>
<td>Down</td>
<td>Down</td>
<td>Has decreased 6 of last 8 years</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>11.6 / 7th</td>
<td>10.8 / 7th</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated and is flat overall</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9.8 / 7th</td>
<td>8.6 / 3rd</td>
<td>Down</td>
<td>Down</td>
<td>Has fluctuated and is down overall</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>7.8 / 5th</td>
<td>6.8 / 2nd</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated but is flat overall</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>24.3 / 6th</td>
<td>25.1 / 5th</td>
<td>Down</td>
<td>Up</td>
<td>Has increased 5 of the last 7 years</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>2.1 / 7th</td>
<td>2.0 / 7th</td>
<td>Down</td>
<td>Down</td>
<td>Has decreased 7 of the last 9 years</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4.2 / 4th</td>
<td>5.4 / 8th</td>
<td>Down</td>
<td>Flat</td>
<td>Large increase in the last year after 2 years of decreases</td>
</tr>
<tr>
<td>Tobacco Use (% Not Smoking)</td>
<td>53.5 / 4th</td>
<td>58.5 / 4th</td>
<td>Up</td>
<td>Flat</td>
<td>Has fluctuated and is flat overall</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>19.2 / 4th</td>
<td>15.8 / 5th</td>
<td>Down</td>
<td>Flat</td>
<td>Has decreased after a large increase in 2017 but remains flat overall</td>
</tr>
<tr>
<td>Employment Rate for Persons w/ a Disability</td>
<td>21.9 / 4th</td>
<td>22.9 / 4th</td>
<td>Up</td>
<td>Flat</td>
<td>Has held fairly steady for 6 years</td>
</tr>
<tr>
<td>Poverty Rate for Persons w/ a Disability</td>
<td>23.8 / 3rd</td>
<td>24.2 / 7th</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated for 7 years</td>
</tr>
<tr>
<td>Nursing Home Population</td>
<td>7.34 / 6th</td>
<td>6.96 / 6th</td>
<td>Down</td>
<td>Flat</td>
<td>Has declined since 2013 but it flat overall</td>
</tr>
<tr>
<td>Death Rate -- Heart Disease</td>
<td>181.2 / 7th</td>
<td>172.4 / 5th</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated and is currently flat</td>
</tr>
<tr>
<td>Death Rate -- Cancer</td>
<td>173.2 / 6th</td>
<td>173.4 / 9th</td>
<td>Down</td>
<td>Down</td>
<td>Slight increase in the last year but is down overall</td>
</tr>
<tr>
<td>Domestic Violence Deaths</td>
<td>10</td>
<td>11</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated for many years and remains flat overall</td>
</tr>
<tr>
<td>Accidental Drug Overdoses</td>
<td>269</td>
<td>240</td>
<td>Down</td>
<td>Up</td>
<td>Has decreased in only 3 of the last 10 years and is down since its peak in 2017</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>3.7 / 6th</td>
<td>3.9 / 6th</td>
<td>Down</td>
<td>Down</td>
<td>Slight increase in the last year but is down overall</td>
</tr>
<tr>
<td>Property Crime</td>
<td>27.8 / 5th</td>
<td>27.2 / 6th</td>
<td>Down</td>
<td>Down</td>
<td>Has decreased 8 of last 10 years and is down overall</td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>37.7 / 7th</td>
<td>37.6 / 7th</td>
<td>Up</td>
<td>Up</td>
<td>Has increased 2 of the last 5 years</td>
</tr>
<tr>
<td>3rd Grade Reading</td>
<td>56.1 / 9th</td>
<td>61.8 / 9th</td>
<td>Up</td>
<td>Up</td>
<td>Still up following dramatic drop due to new test</td>
</tr>
<tr>
<td>8th Grade Math</td>
<td>54.0 / 7th</td>
<td>56.7 / 7th</td>
<td>Up</td>
<td>Up</td>
<td>Steady increases the last 4 years</td>
</tr>
<tr>
<td>High School Graduation</td>
<td>84.1 / 5th</td>
<td>83.9 / 6th</td>
<td>Up</td>
<td>Up</td>
<td>Decreased after increasing 7 straight years</td>
</tr>
<tr>
<td>College Enrollment</td>
<td>73.8</td>
<td>71.3</td>
<td>Up</td>
<td>Down</td>
<td>Has fluctuated over the last 10 years but is down overall</td>
</tr>
<tr>
<td>College Persistence</td>
<td>79.8</td>
<td>78.8</td>
<td>Up</td>
<td>Down</td>
<td>Has decreased 7 of last 9 years and is down overall</td>
</tr>
<tr>
<td>College Graduation</td>
<td>36.6</td>
<td>38.4</td>
<td>Up</td>
<td>Up</td>
<td>Has declined 3 of last 5 years but is up overall</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>38.2 / 5th</td>
<td>38.4 / 5th</td>
<td>Up</td>
<td>Up</td>
<td>Has increased 7 of last 8 years</td>
</tr>
<tr>
<td>Avoiding Poverty</td>
<td>43.7 / 8th</td>
<td>44.1 / 8th</td>
<td>Up</td>
<td>Up</td>
<td>Has increased 7 of last 10 years</td>
</tr>
<tr>
<td>Concentrated Poverty</td>
<td>6.9 / 2nd</td>
<td>7.2 / 3rd</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated the last 10 years but is flat overall</td>
</tr>
<tr>
<td>People Receiving Public Assistance</td>
<td>0.90 / 6th</td>
<td>1.06 / 6th</td>
<td>Down</td>
<td>Down</td>
<td>Slight increase in the last year; down overall</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>48.9 / 7th</td>
<td>50.8 / 7th</td>
<td>Up</td>
<td>Up</td>
<td>Has held fairly steady but is up overall</td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.54 / 4th</td>
<td>4.2 / 4th</td>
<td>Down</td>
<td>Down</td>
<td>Has decreased 7 of last 10 years</td>
</tr>
<tr>
<td>Stable Employment</td>
<td>50.8 / 8th</td>
<td>53.8 / 8th</td>
<td>Up</td>
<td>Up</td>
<td>Has increased 8 of the last 10 years and is up overall</td>
</tr>
<tr>
<td>Abandoned Housing</td>
<td>6.9 / 8th</td>
<td>6.9 / 7th</td>
<td>Down</td>
<td>Flat</td>
<td>Has fluctuated and is flat overall</td>
</tr>
<tr>
<td>Homelessness</td>
<td>3,559</td>
<td>3,627</td>
<td>Down</td>
<td>Up</td>
<td>Has increased 6% since 2015</td>
</tr>
</tbody>
</table>
**Focus Area:** Health & Safety  
**Indicator:** Access to Health Care

### Data & Trends

The short-term trend from 2017 to 2018 — from 93.6% to 94.3% — is in the desired direction. The county comparative rank also changed in the desired direction, moving from 5th to 4th.

### Background

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

This indicator tracks the percentage of respondents who say “Yes” to the following question in the BRFSS: “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” [Beginning with the 2011 survey “or Indian Health Services” was added.] The other answers reported by the BRFSS are “No,” “Don’t know/not sure,” and “Refused.”

**Data Source:** Centers for Disease Control and Prevention, BRFSS

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**Percent With Any Kind Of Health Care Coverage**

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.</th>
<th>Ohio</th>
<th>Mont. Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>87.6</td>
<td>87.6</td>
<td>85.7</td>
</tr>
<tr>
<td>2010</td>
<td>84.5</td>
<td>86.9</td>
<td>87.9</td>
</tr>
<tr>
<td>2011</td>
<td>81.3</td>
<td>85.5</td>
<td>83.6</td>
</tr>
<tr>
<td>2012</td>
<td>81.2</td>
<td>85.1</td>
<td>82.4</td>
</tr>
<tr>
<td>2013</td>
<td>82.2</td>
<td>86.0</td>
<td>85.4</td>
</tr>
<tr>
<td>2014</td>
<td>85.5</td>
<td>89.3</td>
<td>89.1</td>
</tr>
<tr>
<td>2015</td>
<td>87.3</td>
<td>91.1</td>
<td>87.8</td>
</tr>
<tr>
<td>2016</td>
<td>88.5</td>
<td>93.2</td>
<td>93.5</td>
</tr>
<tr>
<td>2017</td>
<td>89.5</td>
<td>92.2</td>
<td>93.6</td>
</tr>
<tr>
<td>2018</td>
<td>89.1</td>
<td>92.9</td>
<td>94.3</td>
</tr>
</tbody>
</table>

---

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Health & Safety
Indicator: Food Insecurity

Background
Food Insecurity is the disruption of food intake or eating patterns because of lack of money or other resources. Proper nutrition is the cornerstone of good health and well-being throughout one’s life. Nutrition involves the amount and types of food eaten and includes a variety of nutrients such as vitamins and minerals, fats, proteins, and carbohydrates, which together contribute to overall health. Poor nutrition and physical inactivity may lead to a person becoming overweight or obese. Even for individuals at a healthy weight, poor diet is associated with heart disease, hypertension, diabetes, osteoporosis, and certain types of cancer. (2019 Community Health Assessment, Public Health Dayton and Montgomery County)

Data & Trends
The short-term trend from 2016 to 2017 – from 17.5% to 17.0% – is in the desired direction. The county comparative ranking did not change, remaining at 7th.

How food insecurity is measured: Every year, the Census Bureau asks about a dozen questions related to food insecurity to thousands of households across the country, for example, “In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food?” Those households who respond “yes” to three or more of these questions are considered to be “food insecure.” Researchers with Feeding America, a nationwide network of food banks, combine the results of this annual survey with some other data (poverty, unemployment, median income, etc.) to estimate the percentage of residents in each county who suffer from food insecurity.

Data Source: Feeding America

The Food Equity Coalition was established to increase community food security in Montgomery County by: decreasing food waste, decreasing food insecurity, and increasing the availability of healthy, affordable local food. Working branches include Food Insecurity, Vibrant Farms, Sustainable Ecosystems, Strong Communities, Healthy People, and Thriving Local Economy.

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Preterm Births

**Background**

Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. A developing baby goes through important growth throughout pregnancy including in the final weeks and months. For example, the brain, lungs, and liver need the final weeks of pregnancy to fully develop. Babies born too early (especially before 32 weeks) have higher rates of death and disability. In 2017, preterm birth and low birth weight accounted for about 17% of infant deaths.

Babies who survive may have:

- Breathing problems
- Feeding difficulties
- Cerebral palsy
- Developmental delay
- Vision problems
- Hearing impairment

Preterm births may also take an emotional toll and be a financial burden for families.

**Data & Trends**

The short-term trend from 2017 to 2018 – from 11.6% to 10.8% – is in the desired direction. The county comparative ranking remains unchanged at 7th.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Butler</td>
</tr>
<tr>
<td>2</td>
<td>Stark</td>
</tr>
<tr>
<td>3</td>
<td>Summit</td>
</tr>
<tr>
<td>4</td>
<td>Lorain</td>
</tr>
<tr>
<td>5</td>
<td>Hamilton</td>
</tr>
<tr>
<td>6</td>
<td>Lucas</td>
</tr>
<tr>
<td>7</td>
<td>Montgomery</td>
</tr>
<tr>
<td></td>
<td>Franklin</td>
</tr>
<tr>
<td>9</td>
<td>Cuyahoga</td>
</tr>
<tr>
<td>10</td>
<td>Mahoning</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

**Desired Direction**

Historical Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.</th>
<th>Ohio</th>
<th>Mont. Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10</td>
<td>10.3</td>
<td>11</td>
</tr>
<tr>
<td>2011</td>
<td>9.8</td>
<td>10.2</td>
<td>11</td>
</tr>
<tr>
<td>2012</td>
<td>9.8</td>
<td>10.5</td>
<td>11.6</td>
</tr>
<tr>
<td>2013</td>
<td>9.6</td>
<td>10.3</td>
<td>11.5</td>
</tr>
<tr>
<td>2014</td>
<td>9.6</td>
<td>10.3</td>
<td>11.7</td>
</tr>
<tr>
<td>2015</td>
<td>9.6</td>
<td>10.4</td>
<td>11.2</td>
</tr>
<tr>
<td>2016</td>
<td>9.8</td>
<td>10.4</td>
<td>11.6</td>
</tr>
<tr>
<td>2017</td>
<td>9.9</td>
<td>10.4</td>
<td>10.8</td>
</tr>
<tr>
<td>2018</td>
<td>10</td>
<td>10.3</td>
<td>10.8</td>
</tr>
</tbody>
</table>

**Text Source:** [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm)

**Data Source:**

Public Health – Dayton & Montgomery County; Ohio Department of Health; Centers for Disease Control and Prevention

The **Everyone Reach One Task Force** was established in 2017 to reduce the infant mortality rate in Montgomery County. Infant Mortality is the key long-term indicator for birth outcomes as well as for overall community health and well-being. Goals include reducing preterm births, reducing substance misuse in pregnant women and mothers of infants, and weave the social determinants of health into all strategies to reduce racial and ethnic disparities in infant mortality.

*The full dataset is available at* [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Health & Safety  
Indicator: Low Birthweight

Data & Trends
The short-term trend from 2017 to 2018 – from 9.8% to 8.6% – is in the desired direction. The county comparative ranking also changed in the desired direction, moving from 7th to 3rd.

Background
Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. Some babies with low birthweight are healthy, even though they’re small. But being low birthweight can cause serious health problems for some babies. A baby with low birthweight may have trouble eating, gaining weight and fighting off infections. Some low-birthweight babies may have long-term health problems, too. Two main reasons a baby may be born with low birth weight are premature birth and fetal growth restriction.

Medical risk factors for having a low birth weight baby include: preterm labor, chronic health conditions, taking certain medicines to treat health conditions, infections, problems with placenta, not gaining enough weight during pregnancy having a premature or growth restricted baby in the past, and being pregnant with multiples. Risk factors in every day life include smoking, drinking alcohol, using street drugs, abusing prescription drugs, exposure to air pollution or lead, low socioeconomic status, and domestic violence.

Text Source: https://www.marchofdimes.org/complications/low-birthweight.aspx
Data Source: Center for Public Health Statistics and Informatics, Ohio Department of Health (The Department specifically disclaims responsibility for any analyses, interpretations or conclusions); National Center for Health Statistics; Data analysis by Public Health – Dayton & Montgomery County, Office of Epidemiology

The Everyone Reach One Task Force was established in 2017 to reduce the infant mortality rate in Montgomery County. Infant Mortality is the key long-term indicator for birth outcomes as well as for overall community health and well-being. Goals include reducing preterm births, reducing substance misuse in pregnant women and mothers of infants, and weave the social determinants of health into all strategies to reduce racial and ethnic disparities in infant mortality.

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Infant Mortality

Data & Trends
The short-term trend from 2017 to 2018 – from 7.8 to 6.8 – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 5th to 2nd.

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

**Text Source:** 2019 Community Health Assessment, Public Health – Dayton & Montgomery County

**Data Source:** Public Health – Dayton & Montgomery County; Ohio Department of Health; Centers for Disease Control and Prevention

The **Everyone Reach One Task Force** was established in 2017 to reduce the infant mortality rate in Montgomery County. Infant Mortality is the key long-term indicator for birth outcomes as well as for overall community health and well-being. Goals include reducing preterm births, reducing substance misuse in pregnant women and mothers of infants, and weave the social determinants of health into all strategies to reduce racial and ethnic disparities in infant mortality.

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Health & Safety  
Indicator: Child Abuse

### Data & Trends

The short-term trend from 2018 to 2019 – from 24.3 to 25.1 – is not in the desired direction. The county comparative ranking did change in the desired direction, moving from 6th to 5th.

### Background

Through the 2016 Report we tracked the number of reports to children services agencies in which abuse is substantiated. Recently, the growing use of the Alternative Response pathway is having an impact on the reported number of substantiated cases. Those counties that are using this pathway for a higher percentage of cases have a decrease in the reported number of substantiated cases. In addition, the rates at which each county is using Alternative Response vary widely, making it more difficult to make meaningful comparisons of substantiation rates. Rates are reported per 1,000 children under age 18.

Starting with the 2017 Report, we revised the definition of this indicator to be inclusive of the following case conditions:

- **Substantiated** is used to describe a report in which there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the PCSA.
- **Indicated** is used to describe a report in which there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of the assessment/investigation.
- **Alternative Response** is a secondary response option in which caseworkers partner with families and ensure they are connected with the services and supports they need to keep their children safe. It is used for reports that do no allege serious or imminent harm and have no formal findings/substantiations of the report, in addition to meeting other conditions.

**Source:** Ohio Department of Job & Family Services

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
**Focus Area: Health & Safety**  
**Indicator: Teen Pregnancy**

### Data & Trends
The short-term trend from 2017 to 2018 – from 2.1% to 2.0% – is in the desired direction. The county comparative ranking remained the same, at 7th.

### Background
The teen pregnancy value includes the number of teen births, fetal losses and terminations of pregnancy. The child of a teen mother has a greater risk of being premature and experiencing poverty, child abuse and, if female, premature childbearing.

**Source:** Center for Public Health Statistics and Informatics, Ohio Department of Health (The Department specifically disclaims responsibility for any analyses, interpretations or conclusions); Guttmacher Institute

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<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>3.4</td>
<td>3</td>
<td>2.7</td>
<td>2.4</td>
<td>2.1</td>
<td>2.1</td>
<td>2.2</td>
<td>2.3</td>
<td>2.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Ohio</td>
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<td>3</td>
<td>2.7</td>
<td>2.5</td>
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<td>2.1</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Mont. Co.</td>
<td>3.9</td>
<td>3.3</td>
<td>2.9</td>
<td>2.8</td>
<td>2.5</td>
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<td>2.1</td>
<td>2.3</td>
<td>2.1</td>
<td>2.0</td>
</tr>
</tbody>
</table>
Focus Area: Health & Safety
Indicator: Mental Health

### Data & Trends
The short-term trend from 2017 to 2018 – from 4.2 to 5.4 – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 4th to 8th.

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

This indicator tracks the average answer given by a sample of the population to this question in the Behavioral Risk Factor Surveillance System (BRFSS): “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?”

**Source:** Centers for Disease Control and Prevention

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Health & Safety
Indicator: Tobacco Use

Data & Trends
The short-term trend from 2017 to 2018 – from 53.5% to 58.5% – is in the desired direction. The county comparative ranking remained the same, 4th.

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

This indicator tracks the percentage of respondents who say “Not at all” to the following question in the BRFSS: “Do you now smoke cigarettes every day, some days or not at all?” The other answers reported by the BRFSS are “Every day,” “Some days,” “Don’t know / not sure,” and “Refused.” To be asked this question, the respondent must have also answered “Yes” to “Have you smoked at least 100 cigarettes in your entire life?” which does not include: e-cigarettes, cigars, pipes, or other alternatives.

Promoting tobacco-free living is a priority for the community and this indicator helps track our progress.

Source: Centers for Disease Control and Prevention

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Binge Drinking

Data & Trends
The short-term trend from 2017 to 2018 – from 19.2% to 15.8% – is in the desired direction. However, the county comparative ranking did not change in the desired direction, moving from 4th to 5th.

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

Binge drinking is a measure of substance abuse, one of the priorities adopted in the Joint Strategic Plan. This indicator is calculated based on the responses to two different questions that are asked as part of the Behavioral Risk Factor Surveillance System (BRFSS):

1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
2. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 or more drinks for men or 4 or more drinks for women] on an occasion?

The calculation yields the percentage of people who meet the definition of a binge drinker.

Excessive alcohol use can be harmful to your health. The excessive use of alcohol comes with many short-term and long-term health risks. Short-term health risks include an increased risk of injury and violence, acute alcohol poisoning, risky sexual behavior (including unprotected sex and sex with multiple partners), and poor birth outcomes including miscarriage, stillbirth, or fetal alcohol spectrum disorders (FASDs). The health risks associated with long-term, excessive alcohol use include cardiovascular disease, liver and digestive diseases, various types of cancer, learning and memory impairment, mental health problems (e.g., anxiety and depression), social issues, and alcohol dependence or alcoholism. (2019 Community Health Assessment, Public Health Dayton and Montgomery County)

Source: Centers for Disease Control and Prevention

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Employment Rate for Persons with a Disability

### Data & Trends
The short-term trend from 2017 to 2018 – 21.9% to 22.9% – is in the desired direction. In 2017, data points were only available for Franklin, Cuyahoga, Hamilton, and Montgomery counties. When considering only the counties for whom values were available, the county comparative ranking remained the same at 4th. When considering all comparative counties, Montgomery county ranks 9th.

### Background
The employment rate (also called the employment-population ratio or e-p ratio) represents the proportion of the civilian noninstitutional population that is employed. Because the employment rate for persons with a disability is approximately one-third of the rate for persons without a disability, this indicator focuses attention on the challenges that people in special populations face when they seek to participate fully in the life of the community.

The American Community Survey (ACS), an annual survey conducted by the Census Bureau, uses a series of questions to determine the employment status of the population. The employment rate can easily be derived from their reports. The Census Bureau also maintains a count of the number of people with a disability. The ACS uses a series of questions to identify serious difficulty in four basic areas of functioning: vision, hearing, ambulation, and cognition; additional questions identify difficulty with self-care (dressing, bathing) and difficulty with independent living (doing errands alone such as visiting a doctor’s office or shopping).

The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.7% and for the county data it is approximately +/- 1% to 3%.

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

*The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)*
Focus Area: Health & Safety
Indicator: Poverty Rate for Persons with a Disability

Data & Trends
The short-term trend from 2017 to 2018 – from 23.8% to 24.2% – is not in the desired direction. In 2017, data points were only available for Franklin, Cuyahoga, Hamilton, and Montgomery counties. When considering only the counties for whom values were available, the county comparative ranking remained at 3rd. When considering all comparative counties, Montgomery county ranks 7th. For comparison, the 2018 poverty rates for persons without a disability are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Montgomery County</th>
<th>Ohio</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>12.9%</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2010</td>
<td>21</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2011</td>
<td>21</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2012</td>
<td>21.7</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2013</td>
<td>22.1</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2014</td>
<td>21.6</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2015</td>
<td>21.5</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2016</td>
<td>20.5</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2017</td>
<td>20.3</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2018</td>
<td>19.9</td>
<td>11.0%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

Background
The poverty rate is a standard measure of the well-being of a population. Because the poverty rate for persons with a disability is approximately twice the rate for persons without a disability (see comparison data in the New Data section, below), this indicator focuses attention on the challenges that people in special populations face when they seek to participate fully in the life of the community.

The US Census Bureau, using thresholds which are adjusted annually for inflation, determines the percentage of people who are living in poverty. For example, in 2019 a two-parent family with two children under 18 was considered to be in poverty if the family income was below $25,926. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

The Census Bureau also maintains a count of the number of people with a disability. The American Community Survey, an annual survey conducted by the Census Bureau, uses a series of questions to identify serious difficulty in four basic areas of functioning: vision, hearing, ambulation, and cognition; additional questions identify difficulty with self-care (dressing, bathing) and difficulty with independent living (doing errands alone such as visiting a doctor’s office or shopping).

The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.7% and for the county data it is approximately +/- 1% to 3%. The county comparative ranking may be affected by these margins of error.

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

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Nursing Home Population

Data & Trends
The short-term trend from 2015 to 2017 – from 7.34 to 6.96 – is in the desired direction. The county comparative ranking remains unchanged at 6th. Because of updates to the population estimates, some previously reported values have been revised.

Background
The ability of people to live in the least restrictive environment is enhanced when options in addition to nursing homes are available. This indicator, which tracks the nursing home population in proportion to the total population, is an indirect measure of the availability and usage of less restrictive living arrangements.

Source: The value is derived from the results of a survey conducted by the Scripps Gerontology Center at Miami University. The survey is not conducted every year.

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Death Rate — Heart Disease

Data & Trends
The short-term trend from 2017 to 2018 – from 181.2 to 172.4 – is in the desired direction. The county comparative ranking moved from 7th to 5th.

Background
The leading cause of death for both men and women in the U.S. is heart disease. Heart disease accounts for 1 in every 4 deaths. The term “heart disease” refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease (CAD), which affects the blood flow to the heart. Decreased blood flow can cause a heart attack.

Risk factors for heart disease include: High blood pressure, high blood cholesterol, and smoking. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease including: diabetes, overweight and obesity, unhealthy diet, physical inactivity, and excessive alcohol use (CDC, 2019)

Text Source: https://www.cdc.gov/heartdisease/about.htm
Data Source: Ohio Department of Health

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety  
Indicator: Death Rate — Cancer

<table>
<thead>
<tr>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mahoning</td>
</tr>
<tr>
<td>2</td>
<td>Franklin</td>
</tr>
<tr>
<td>3</td>
<td>Hamilton</td>
</tr>
<tr>
<td>4</td>
<td>Summit</td>
</tr>
<tr>
<td>5</td>
<td>Butler</td>
</tr>
<tr>
<td>6</td>
<td>Cuyahoga</td>
</tr>
<tr>
<td>7</td>
<td>Stark</td>
</tr>
<tr>
<td>8</td>
<td>Lorain</td>
</tr>
<tr>
<td>9</td>
<td>Montgomery</td>
</tr>
<tr>
<td>10</td>
<td>Lucas</td>
</tr>
</tbody>
</table>

Most desirable ranking is number one.

Data & Trends
The short-term trend from 2017 to 2018 – from 173.2 to 173.4 – is not in the desired direction. The county comparative ranking also moved not in the desired direction, changing from 6th to 9th.

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

Text Source: 2019 Community Health Assessment, Public Health - Dayton & Montgomery County  
Data Source: Ohio Department of Health

The full dataset is available at www.montgomerycountyindicators.org
Data & Trends
The short-term trend from 2018 to 2019 – from 10 to 11 – is not in the desired direction.

Background
The Family and Children First Council has zero tolerance for domestic violence-related homicides. The number of domestic violence deaths is a solid indicator of the prevalence of domestic violence in a community. In 1992 (data not shown) there were 23 deaths due to domestic violence in Montgomery County, the highest number in all the years that we have tracked this indicator.

Data includes victims of all ages and genders. Information is not available from other counties.

Source: Montgomery County Prosecutor’s Office

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Accidental Drug Overdoses

Background
This indicator tracks the number of Montgomery County residents who die each year because of accidental drug overdoses. Note that when a Montgomery County resident dies of an accidental overdose outside of Montgomery County, it may take several months before the record is officially transferred.

Nationally, from 2003 to 2017 there was an increase in opioid deaths, particularly involving fentanyl that caused devastating effects. During this time period there was a 3.6-fold increase in the total number of overdose deaths involving heroin WITHOUT other synthetic narcotics, but a 505.7-fold increase in the total number of overdose deaths involving heroin AND other synthetic narcotics.

Drug addiction is a brain disease. Although initial drug use might be voluntary, drugs of abuse have been shown to alter gene expression and brain circuitry, which in turn affect human behavior. Once addiction develops, these brain changes interfere with an individual’s ability to make voluntary decisions, leading to compulsive drug craving, seeking, and use.

The impact of addiction can be far reaching. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use, however, some may occur after just one use.

Data Source: https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Violent Crime

Data & Trends
The short-term trend from 2017 to 2018 – from 3.7 to 3.9 – is not in the desired direction. The county comparative ranking remained the same at 6th.

Background
Violent crime is measured by incidents per 1,000 residents. Violent crimes include murders, forcible rapes, robberies and aggravated assaults reported in the Uniform Crime Index published by the FBI.

Source: U.S. Department of Justice, Federal Bureau of Investigation

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Health & Safety
Indicator: Property Crime

### Data & Trends

The short-term trend from 2017 to 2018 – from 27.8 to 27.2 – is in the desired direction. The county comparative ranking did not move in the desired direction, changing from 5th to 6th.

### Background

The property crime rate is measured by incidents per 1,000 residents. Property crimes include burglary, larceny and motor vehicle theft and are reported by the Uniform Crime Index published by the FBI.

**Source:** U.S. Department of Justice, Federal Bureau of Investigation

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Education  
Indicator: Kindergarten Readiness

Data & Trends
The short-term trend from 2017-2018 to 2018-2019 – from 37.7% to 37.6% – is not in the desired direction. The county comparative ranking remained unchanged at 7th.

Background
The comprehensive Kindergarten Readiness Assessment (KRA) began in the 2014-2015 school year. The new assessment considers four areas of a student’s development and learning: (1) language and literacy; (2) mathematics; (3) social skills; and (4) physical development and well-being. These areas all play a significant role in each child’s success during the first year in school.

Kindergarten teachers administer the KRA to all children in their classrooms during the school day between the first day of school and Nov. 1. Teachers observe children doing daily activities and completing specific tasks; they then enter scores for each item into a secure online data system.

The results provide a measure of a child’s level of readiness for kindergarten instruction. Performance on the KRA does not prevent or prohibit a child from remaining in kindergarten. The results, coupled with other information about the child, inform decisions about instruction in kindergarten:

- **Demonstrating Readiness:** The child demonstrates foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.
- **Approaching Readiness:** The child demonstrates some foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.
- ** Emerging Readiness:** The child demonstrates minimal foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

Source: Ohio Department of Education

Preschool Promise is making high quality Preschool more available and affordable to Montgomery County families with 4-year-olds. The initiative exists because of bold leadership by the Montgomery County Commission, the City of Dayton and numerous philanthropic organizations that are committed to building tomorrow’s workforce by investing in today’s children. In all of its work, Preschool Promise is committed to fostering equity.

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Education  
Indicator: Student Achievement — Third Grade Reading

Data & Trends
The short-term trend from 2017-18 to 2018-19 — from 56.1% to 61.8% — is in the desired direction. The county comparative ranking remained the same at 9th.

Background
To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. Family and Children First Council indicators are aligned with the indicators adopted by Learn to Earn™ Dayton. As a result we publish the 3rd-grade reading and 8th-grade math achievement scores.

In the 2015-16 school year, the State of Ohio changed the assessment for English Language Arts. Due to this change, comparative rankings only date back to 2016.

Source: Ohio Department of Education

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Education  
Indicator: Student Achievement — Eighth Grade Math

### Data & Trends

The short-term trend from 2017-2018 to 2018-2019 — from 54.0% to 56.7% — is in the desired direction. The county comparative ranking remained unchanged at 7th.

### Background

To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. Family and Children First Council indicators are aligned with the indicators adopted by Learn to Earn™ Dayton. As a result we publish the 3rd-grade reading and 8th-grade math achievement scores.

In the 2014-15 school year, the State of Ohio changed the assessment for mathematics. Due to this change, comparative rankings only date back to 2015.

Some students did not take the 8th grade math test because they were enrolled in Algebra I. The reported values, reflect the percentage of students who pass either the math test or the algebra test, on the assumption that students who are proficient in algebra are also proficient in 8th-grade math. This reporting is aligned with Learn to Earn™ Dayton.

Source: Ohio Department of Education
Focus Area: Education
Indicator: High School Graduation

**Data & Trends**
The short-term trend from 2017 to 2018 – from 84.1% to 83.9% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 5th to 6th.

**Background**
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2018-19 (graduating class of 2019) is scheduled to be released in June 2020. Family and Children First Council indicators are aligned with the indicators adopted by Learn to Earn™ Dayton.

Beginning with the Class of 2009-10, the Ohio Department of Education revised the way it calculates graduation rates. The new method, the 4-Year Longitudinal Graduation Rate, generally leads to a lower graduation rate than the previous method.

*Source: Ohio Department of Education*

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A leading initiative to retain and re-engage high school youth is lead by Sinclair Community College’s Fast Forward Re-engagement Center. Established in 2001 with purpose to reconnect and re-engaged disconnected youth to viable alternative educational programs for high school completion and successful transition to post-secondary education, workforce, or the military.

*The full dataset is available at www.montgomerycountyindicators.org*
Focus Area: Education
Indicator: College Enrollment

**Background**
According to the 2018 American Community Survey, 40.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. 3,600 colleges and universities, enrolling 99% of all students in public and private U.S. institutions, participate in the Clearinghouse. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

Each report from the Clearinghouse includes data for more than one high school graduation class, which means that a given high school graduation class can be represented in several annual reports from the Clearinghouse. This indicator uses the most recent available data for each high school graduation class.

**Data & Trends**
The short-term trend from 2016 to 2017 – from 73.8% to 71.3% – is not in the desired direction.

**Desired Direction**

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Education
Indicator: College Persistence

Data & Trends
The short-term trend from 2016 to 2017 – from 79.8% to 78.8% – is not in the desired direction.

Background
According to the 2018 American Community Survey, 40.1% of the 25-64 year olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally, it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Persistence” measure tracks the percentage of students enrolled in a 2- or 4-year college in the first year after graduating from high school who returned to college the next year. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. 3,600 colleges and universities, enrolling 99% of all students in public and private U.S. institutions, participate in the Clearinghouse. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

Each report from the Clearinghouse includes data for more than one high school graduation class, which means that a given high school graduation class can be represented in several annual reports from the Clearinghouse. This indicator uses the most recent available data for each high school graduation class.

Source: National Student Clearinghouse

The full dataset is available at www.montgomerycountyindicators.org
**Focus Area:** Education  
**Indicator:** College Graduation

**Background**

According to the 2018 American Community Survey, 40.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally, it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Graduation” measure tracks the percentage of high school graduates who graduated with a 2- or 4-year college degree within the first six years after high school graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. 3,600 colleges and universities, enrolling 99% of all students in public and private U.S. institutions, participate in the Clearinghouse. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

Each report from the Clearinghouse includes data for more than one high school graduation class, which means that a given high school graduation class can be represented in several annual reports from the Clearinghouse. This indicator uses the most recent available data for each high school graduation class.

**Source:** National Student Clearinghouse

*Includes enrollment in any college term ending before August 14 of the year which is six years after the high school graduation year. Only classes for which six years of post-high school graduation data are available are reported here.*

**Data & Trends**

The short-term trend from 2012 to 2013 – from 36.6% to 38.4% – is in the desired direction.
Focus Area: Education  
Indicator: Educational Attainment

### Data & Trends

The short-term trend from 2017 to 2018 – from 38.2% to 38.4% – is in the desired direction. The county comparative ranking did not change, remaining at 5th.

### Background

To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college.

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

**Source:** American Community Survey

The full dataset is available at [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Income & Stability
Indicator: Avoiding Poverty

Data & Trends
The short-term trend from 2017 to 2018 – from 43.7% to 44.1% – is in the desired direction. The county comparative ranking did not move in the desired direction, changing from 7th to 8th. The preliminary 2018 values published in the last Report are now final. The 2018 value for Ohio has been revised to 48.6%. The 2018 values for some of the other counties were also revised, Butler and Hamilton county positions switched with Butler moving from preliminary 3rd to final 2nd. The comparative county ranking for Montgomery County for 2018 is remains 8th.

Background
Research suggests American children have only an 8% chance of growing up in poverty when their parents have a first child after age 20, finish high school, and get married. However, children of parents who do not meet these conditions have a 79% chance of being raised in poverty.

Data Source: Center for Public Health Statistics and Informatics, Ohio Department of Health (The Department specifically disclaims responsibility for any analyses, interpretations or conclusions)

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Income & Stability
Indicator: Concentrated Poverty

Data & Trends
The short-term trend from 2017 to 2018 – from 6.9% to 7.2% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 2\textsuperscript{nd} to 3\textsuperscript{rd}.

Background
Poverty rates are determined by the Census Bureau using a set of income thresholds that vary by family size and composition. For example, the 2019 threshold for a family of four with two children was $25,926 and for a single parent with one child it was $17,622.

While every jurisdiction within Montgomery County has at least some poverty, about one-third of the County’s 153 Census tracts have a poverty rate above 20%. These high poverty Census tracts are almost all contiguous, and many of them have very high poverty with rates greater than 40%. The geographic proximity of neighborhoods with such high and very high rates of poverty is often called “concentrated poverty.”

One proxy for concentrated poverty can be what is called “extreme poverty,” incomes which are below 50% of the federal poverty level. For this indicator we are tracking the percentage of residents who are living in extreme poverty, i.e., who have incomes below 50% of the federal poverty level.

Source: American Community Survey

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Income & Stability
Indicator: People Receiving Public Assistance

| 2019 | 1           | Butler | 0.11 |
|      | 2           | Lorain | 0.33 |
|      | 3           | Franklin | 0.45 |
|      | 4           | Summit | 0.58 |
|      | 5           | Cuyahoga | 0.89 |
|      | 6           | Montgomery | 1.06 |
|      | 7           | Stark | 1.13 |
|      | 8           | Lucas | 1.17 |
|      | 9           | Hamilton | 1.73 |
|      | 10          | Mahoning | 3.60 |

Most desirable ranking is number one.

*Average number of Assistance Groups per month, excluding child-only Assistance Groups. A child-only Assistance Group is an Assistance Group containing a minor child residing with a parent(s), legal guardian, legal custodian, or other specified relative whose needs are not included in the assistance group. An OWF custodial parent or caretaker is required to participate in “work activities” that are defined by law and that include employment, on-the-job training, a job search and readiness program, certain educational activities, and/or certain other specified activities.

**Population data for 2006-2017 are from Census Bureau estimates; 2018 population data are derived from regression analysis of the 2010-2017 estimates.

Data & Trends
The short-term trend from 2018 to 2019—from 0.90 to 1.06—is not in the desired direction. The county comparative ranking remains unchanged at 6th.

Background
Ohio Works First (OWF) is part of Ohio’s Temporary Assistance to Needy Families (TANF) program and provides time-limited cash assistance to eligible needy families for up to 36 months. During that time, county departments of job and family services provide support to adult participants to become job-ready, obtain necessary job skills, and find employment. The emphasis of OWF is self-sufficiency, personal responsibility, and employment. Eligibility for OWF is governed by federal and state law. Each recipient is part of an “Assistance Group,” which, for practical purposes, can be considered a household. (On average, each Assistance Group has about 2.25 people.) Assistance Groups that are “Child Only” are excluded from this indicator. As a result, this indicator tracks the proportion of people in the county who have work activity participation requirements in order to receive OWF.

Note: Starting in September 2018 the state changed the database it was using for eligibility determination, so the reporting tool that we had been using to gather these data could no longer provide what we need. Unfortunately the reporting tool currently being used does not have any reports that are similar to the one we had been using. As a consequence the 2018 data reported here are for the January – August period, and 2018 statewide data are not available. A new reporting tool was developed and implemented part way through 2019, so 2019 data reported here are for October – December.

Source: Montgomery County Human Services Planning and Development; Ohio Department of Job and Family Services; U.S. Census Bureau

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Income & Stability
Indicator: Median Household Income

Data & Trends
The short-term trend from 2017 to 2018 – from $48,921 to $50,838– is in the desired direction. The county comparative ranking did not change, staying at 7th.

Background
Because the bulk of household income is from wages and salaries, this indicator focuses our attention on what we can do to increase the value that employers put on our local workforce. This extends the discussion to all of the community outcomes, because it will be important to ensure that all of our workers – and their neighborhoods – are healthy, stable, and well-educated. This indicator is adjusted every year to control for inflation.

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

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Income & Stability
Indicator: Unemployment

Data & Trends
The short-term trend from 2018 to 2019—from 4.5% to 4.2%—is in the desired direction. The county comparative ranking remains unchanged at 4th.

Background
The unemployment rate is a measure of the percentage of the labor force that is unemployed. The unemployment rate reflects the match between the number of people seeking employment and the number of available jobs. Factors that influence unemployment are child care, work skills, and the economic climate.

Source: U.S. Bureau of Labor Statistics

The full dataset is available at www.montgomerycountyindicators.org
Focus Area: Income & Stability
Indicator: Stable Employment

Data & Trends
The short-term trend from 2017 to 2018 – from 50.8% to 53.8% – is in the desired direction. The county comparative ranking remained unchanged at 8th.

Background
In 2018, the national poverty rate for those (16 years and over) who worked full time, year-round was 2.5% while the poverty rate for those who worked part-time or part-year was 15.8%. Thus, stable employment is desired, both for individuals and for the community, because it promotes economic self-sufficiency.

In Montgomery County, of those individuals who did any work at all in 2018 as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business, 67.8% worked 35 or more hours per week for 40 or more weeks.

Source: American Community Survey

The full dataset is available at www.montgomerycountyindicators.org
**Focus Area: Income & Stability**  
**Indicator: Abandoned Housing**

### Background

*How abandoned housing is measured:* Because there are no universal definitions of “vacancy” and “abandonment,” we are following a generally accepted practice using Census data. From the total number of vacant housing units we subtract the number which are for rent or for sale, the number which have been rented or sold but are unoccupied, the number which are for seasonal, recreational, or occasional use, and the number which are for migrant workers. The resulting total of abandoned housing units is then expressed as a percentage of the total housing units.

Properties may become vacant for a variety of reasons, some of which are relatively benign. A property that is for rent or sale can be vacant for a short time, and a vacation home might be vacant for most of the year. If these properties are well maintained by responsible owners, they will not become eyesores or depress neighboring property values. In general, a vacant property becomes a problem when the property owner abandons the basic responsibilities of ownership, such as routine maintenance or mortgage and property tax payments.

Vacant and abandoned properties have negative spillover effects that impact neighboring properties and, when concentrated, entire communities and even cities. Research links foreclosed, vacant, and abandoned properties with reduced property values, increased crime, increased risk to public health and welfare, and increased costs for municipal governments.

Vacant and abandoned properties are widely considered to attract crime because of the “broken windows theory” — that one sign of abandonment or disorder (a broken window) will encourage further disorder. Increased vacancies leave fewer neighbors to monitor and combat criminal activity. Boarded doors, unkempt lawns, and broken windows can signal an unsupervised safe haven for criminal activity or a target for theft of, for example, copper and appliances. One study showed that, after a property becomes vacant, the rate of violent crime within 250 feet of the property is 15 percent higher than the rate in the area between 250 and 353 feet from the property. In addition, longer periods of vacancy have a greater effect on crime rates. In another study, researchers reported an association between vacant properties and risk of assault, finding vacancy to be the strongest predictor among almost a dozen indicators after controlling for other demographic and socioeconomic variables.

**Source:** Office of Policy Development and Research, U.S. Department of Housing and Urban Development, American Community Survey

*The full dataset is available at* [www.montgomerycountyindicators.org](http://www.montgomerycountyindicators.org)
Focus Area: Income & Stability
Indicator: Homelessness

Data & Trends
The short-term trend from 2017 to 2018 — from 3,559 to 3,627 — is not in the desired direction.

Background
A key indicator of the extent of homelessness or lack of housing stability in a community is an annual count of the number of households who, as the result of having no other safe place to sleep, spend at least one night in an emergency gateway shelter or were unsheltered, residing on the street or in an abandoned building. The community’s gateway shelters include Daybreak, Gettysburg Gateway for Men, St. Vincent Gateway for Women and Families, and the YWCA Domestic Violence shelter. The indicator also includes data from the PATH Outreach program. Households include single adults, families with children, couples without children, and unaccompanied minors.

Partial data exists for the years 2010 through 2014. Since not all providers are included, the data is not comparable and not reported here.

Source: Homeless Solutions Policy Board

The role of the Homeless Solutions Policy Board is to (1) provide policy direction, allocate funding, coordinate programs and the overall homeless system, and evaluate performance to prevent and end homelessness, and (2) direct the implementation of the Homeless Solutions Community 10-Year Plan to End Chronic Homelessness and Reduce Overall Homelessness.

The full dataset is available at www.montgomerycountyindicators.org