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Dear Community Member,

As Chair of the Montgomery County Family and Children First Council (FCFC), I am pleased to present our 2005 Progress Report. This issue, as those in the past, is designed to monitor our community’s progress as we strive to improve the health and well-being of the families, children and adults of Montgomery County.

You will find updates on our Strategic Community Initiatives and Community-Based Projects as well as new data for the indicators we track to measure our progress. If this is the first time you’ve seen our Report, let me explain that the Council has identified six outcomes which describe attributes of a thriving and healthy community. In order to measure how successful we are at achieving those outcomes, we have adopted indicators that provide a broader picture of activities that shape our progress. This Report provides historic or trend data for Montgomery County and, whenever possible, we also include data from the nation, the state as a whole, and/or the rest of the ten largest counties in Ohio. The Council continues to sponsor the “Easy Steps to Grow Great Kids” public media campaign and to support programs such as the Mentoring Collaborative, Help Me Grow, and Parents as Teachers.

I’m excited to tell you that the Council underwent a major change in its committee structure during 2005 which included expanding its membership and increasing our community focus by initiating six Outcome Teams. Each Outcome Team has two Champions who will guide their Team as they assess community strengths and weaknesses, identify gaps and needs, and develop potential solutions to advance their outcome area. While the Champions are on the FCFC, members of their Teams are identified from the FCFC and throughout the community. Although each Team will look at things as they relate to their specific outcome, they will also look at how each outcome is part of the whole and collaborate with the other Teams.

I want to thank all the people on the Council and in the community who continue to volunteer their time and energy to make our community a better place for our citizens. We believe we have assembled talented and broad-based Outcome Teams that will produce new and innovative strategies designed to meet the human service needs of our community.

Sincerely,

Ned J. Sifferlen, Ph.D.
President Emeritus, Sinclair Community College
Chair, Montgomery County Family and Children First Council
Staff support for the Family and Children First Council is provided by the Office of Family and Children First (OFCF):

TOM KELLEY,
Director

GAYLE L. INGRAM,
Community Liaison

DIANE LUTERAN,
Manager of Planning and Research

DONNA NETTLES,
Secretary

LEON E. NIECE,
Secretary [retired 9/30/05]

GERALDINE PEGUES,
Manager of Community Programming

ROBERT L. STOUGHTON,
Research Administrator
  University of Dayton Fitz Center

Additional Outcome Team assistance provided to OFCF by:

CAROLYN BASFORD,
Consultant to Montgomery County Educational Service Center

SARA SHUSTER, Ph.D.,
Consultant

JOE SPITLER,
Coordinator, Montgomery County Criminal Justice Council

DON VERMILLION,
Director, Public Projects, University of Dayton Fitz Center

GARY WILLIAMSON, Ph.D.,
Director, The Job Center

With the adoption of the Family and Children First Council’s approach and establishment of Six Community Outcomes (see page 14) in late 1996, the FCFC initiated a tool for local organization of community dialogue, information gathering and reporting. The movement to specific action planning by FCFC increased dramatically in early 1999 with the introduction of three Strategic Community Initiatives, each led by a Community Champion.
Promoting School Readiness and Fourth Grade Success led by Thomas G. Breitenbach, President and CEO of Premier Health Partners

Promoting Alternative Learning Opportunities led by John E. Moore, Sr., local community leader and organizer

Preventing Family Violence led by Montgomery County Commissioner Vicki D. Pegg

Each Champion recruited and organized a team of community leaders to further identify issues at hand, analyze concerns, research data, identify best practices, and propose approaches toward improvement through action plans. The implementation of these action plans has occurred since 1999.

Promoting School Readiness and Fourth Grade Success

This Team’s research led to the belief that the early years of a child’s social, physical, emotional and cognitive development are the most critical in developing a foundation for achievement.

The Team’s projects have included:

**Easy Steps to Grow Great Kids**

As the *Easy Steps to Grow Great Kids* public awareness campaign enters its sixth year, the scope and reach of the campaign continue to expand. The campaign was originally launched in November 2000. It addresses the issue of school readiness among young children in Montgomery County.

More than a million educational brochures and other materials have been distributed throughout Montgomery County over the past five years. *Easy Steps* billboards and bus ads have become a familiar sight for Miami Valley residents, and *Easy Steps* literature and promotional items are distributed regularly at a wide variety of community events. The FCFC has created many partnerships to help make the *Easy Steps* campaign a success. Going beyond traditional advertising, detailed advice and tips for early childhood development have been distributed directly to families, schools, hospitals, and social service agencies.

**Parents as Teachers (PAT)** is a nationally recognized best practice program for parents and their preschool aged children. In this model, PAT-certified trainers teach parents to be the first teachers of their children. They introduce age-appropriate individualized lesson plans to the parents, who in turn work with their child. Research shows this approach increases parent-child bonding, improves the child’s learning development capabilities, and advances the child’s readiness to begin school and then learn at a faster rate. FCFC sponsored PAT programs operate in several school districts in Montgomery County.
PROMOTING ALTERNATIVE LEARNING OPPORTUNITIES

This Team’s work led to increased support for improved educational and training options for youth and helped connect youth to caring adults in the community.

Creating Alternative Learning Opportunities in the Community

The Montgomery County community took a stand: We need educated, skilled workers, not dropouts. We recognize that not everyone learns in the same way or at the same rate. Our youth need caring adults and other supports to be successful in school. Spearheaded in the late 1990s by the Montgomery County Out of School Youth Task Force and the FCFC Alternative Learning Opportunities strategic community initiative, great results have been accomplished through community partnerships and by local school districts to improve educational and training options for our youth.

School attendance in public schools in Montgomery County consistently has improved over the last several years, from 91.9% in 1999-2000 to 93.7% in 2004-2005. Montgomery County now has the third highest graduation rate of the ten largest counties in the state (87.4% in 2003-2004 vs. 74% in 1999-2000). Montgomery County also exceeds the state average graduation rate for all school districts in Ohio. Since the Sinclair Fast Forward Center began, 2,600 youth have received reading, math, and behavioral assessments, and 7,500 students have enrolled in 14 educational alternatives in Montgomery County. This impact may be measured for almost 1,000 young adults: 777 students have earned their high school diplomas, and 214 students earned GEDs. In 2005 our community’s unique collaborative efforts were recognized, as the Fast Forward Center was cited as a best practice in the area of career and technical education by the National Dropout Prevention Conference and was recognized as its 2005 Crystal Star Award Winner. The American Youth Policy Forum came to our community in 2005 to observe the Fast Forward Center and local partners. Our model has been designated a national best practice.

Our www.SchoolIsWorthIt.org Web site was developed as part of the Alternative Learning Opportunity Team’s (A.L.O.T.’s) truancy prevention awareness campaign. The Web site contains parenting and career planning information, homework helpers, and other information of interest to students and parents. To date, the site has received 20,300 visits and 106,500 hits.

Linking Youth in Our Community with Mentors

www.mentoringcollaborative.org

Strong, long-term relationships between youth and positive adult role models help those youth succeed in school and in life. The Montgomery County Mentoring Collaborative, administered by the Montgomery County Educational Service Center, promotes awareness of the need for adult mentors for youth, helps recruit and retain mentors, provides mentor training and background checks, and sponsors local mentoring events. In 2005, the Mentoring Collaborative worked with over 60 partner agencies. A total of 21,563 children in Montgomery County were mentored in 2005 by a caring adult (2,300 more than in 2004) while 3,432 children still were waiting for a special adult in their life.
2005 OUTSTANDING MENTOR AWARD WINNERS.
Individuals and groups recognized in 2005 as Outstanding Mentor Award Winners were:

**Kelli Blaine, Wesley Community Center.** Kelli is a valuable asset to the afternoon/evening Academic Success Program serving seventh – ninth graders. Besides tutoring in math and reading, Kelli focuses on her mentee’s personal, spiritual and professional growth.

**Philip Buxton, Parity, Inc.** Teaching math at Fairview Middle School means that Phil spends his working hours encouraging young people to achieve, but he doesn’t stop when the final bell rings. Phil organizes after school and weekend activities that positively impact some of the toughest kids in the community and mentors several of them personally.

**Cindy Gardner, Big Brothers/Big Sisters.** Cindy’s Air Force career, wedding planning, and role as “Miss Greater Dayton” keep her very busy, but she has made sure that her ten-year-old “little sister” is part of everything. Her example shows that determination and hard work are necessary to reach the challenging goals her mentee is setting for herself.

**Alfonza Howard, Big Brothers/Big Sisters.** As an Air Force officer, Alfonza has been a positive role model to African American males. His mentee’s mother feels that Alfonza “is a strong black male with a good head on his shoulders and the skills to help my son become a positive, young man and an even more positive adult.”

**Marty McMichael, Community Action Partnership.** This father of five has the ability to empathize with his mentees, while moving them towards self-reliance. He encourages them to focus on what’s most important in life and develop the skills and strategies necessary to achieve their goals.

**Jolene Walker, City of Miamisburg.** Jolene’s nine-year relationship with her mentee began when Kinder School staff realized they were losing a fifth grader to overwhelming family challenges. Jolene made a commitment to this child and never gave up on her, even when it was difficult. The student has blossomed into an outstanding singer, graduated with honors, and began college in the fall.

PREVENTING FAMILY VIOLENCE

This Team’s focus led to the formation of new partnerships for the purpose of developing tools to improve information and strengthen the collaborative use of data in the fight against domestic violence and other crimes.

The Family Violence Database was implemented in 2004 with the cooperation of many elected officials, courts, departments and agencies throughout Montgomery County. This work has now evolved into the backbone of the Montgomery County Criminal Justice Information System and has dramatically increased the sharing of data. Its interest has now gone well beyond the borders of Montgomery County and many of our neighboring counties see its benefits for regional use.
Help Me Grow is a state and federally funded early intervention initiative for eligible Montgomery County children under age three and their families. Services focus on infant and toddler health and development to give children the best possible start in life. The program is guided by the Ohio Department of Health and locally administered by the Montgomery County FCFC through local providers. Participation in the program is entirely voluntary. Services include finding children through community screenings, community events, and outreach to the medical community, providing information and referral to families, conducting a home visit of newborn and mother, and ongoing services and service coordination for families of children at risk for, or with, a confirmed developmental delay or disability.

In 2005, 2,531 referrals to Help Me Grow were received, including over 600 from potential clients, family members, or friends, and about 500 each from community screenings and hospitals. Help Me Grow nurses made 1,482 home visits to check on the health and physical status of mothers and their newborns (most visited within the first two weeks of birth). Help Me Grow service coordinators work daily with over 1,100 children and their families to receive services identified on Individualized Family Service Plans (IFSPs).

The year 2005 also was a time of change for the program. While Fidelity Health Care and Kettering Medical Center continued to provide newborn home visits, the Greater Dayton Area Hospital Association’s Help Me Grow –Brighter Futures program assumed responsibility in November 2005 for both the Central Intake and ongoing services functions of Help Me Grow previously provided by the Montgomery County Educational Service Center (MCESC). We were pleased that 787 families were assured a seamless transition between providers, as most of the MCESC service coordinators joined Help Me Grow –Brighter Futures. Help Me Grow Central Intake’s new phone number is 208-GROW and all Help Me Grow service coordinators now can be contacted at 208-MOMS.

### Children Receiving Ongoing Services

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<th>Age Group</th>
<th>Total</th>
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<td>Under 12 months (includes prenatal)</td>
<td>350</td>
</tr>
<tr>
<td>12 - 23 months</td>
<td>168</td>
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<tr>
<td>24 - 35 months</td>
<td>120</td>
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### At Risk for Developmental Delay or Disability

- Total: 638
- Under 12 months: 350
- 12 - 23 months: 168
- 24 - 35 months: 120

### Suspected/Diagnosed Delay or Disability

- Total: 511
- Under 12 months: 101
- 12 - 23 months: 173
- 24 - 35 months: 237

Source: Ohio Department of Health Early Track
A young mother called Central Intake and Referral (CI&R) seeking financial assistance and community resources. CI&R gave her information about services available at the Job Center, local Head Start Centers, and food pantries. Although she had no immediate concerns about her toddler’s development, the young mother was glad to have an easy to use developmental questionnaire so she could determine if her 1 year old son’s development seemed to be on track.

When the Help Me Grow nurse made a newborn home visit, she found that the newborn was very lethargic, did not respond readily, and had a fever. The nurse called the pediatrician immediately and described her concern that the baby could not wait to be seen until Monday. The doctor instructed her to have the baby taken to the hospital, where she was admitted and treated for meningitis. The next day, the physician called the Help Me Grow nurse to thank her for following up on her concerns and “making a difference.”

A young child was referred to Help Me Grow who had shaken baby syndrome and cerebral palsy. The Help Me Grow service coordinator developed the service plan in partnership with the family for the girl to receive early intervention services through the MRDD PACE program and speech services through Children’s Medical Center. The service coordinator empowered the family to establish a positive relationship with a pediatrician, and the child is receiving ongoing medical care. The family secured housing with the support of the service coordinator and is now preparing for transition of the child to the school district.

With the support and encouragement of her Help Me Grow service coordinator for over two years, an at-risk teen mother has tackled her life goals diligently. The mother recently graduated from Wright State University, is working full time at Miami Valley Hospital, got an apartment, and bought her own car. Her 2 year old son now has a safe, organized home that is conducive to learning, has appropriate language skills, and is on track developmentally. The mother follows through with medical appointments and immunizations for her child.
TEENAGE PREGNANCY PREVENTION

Teenage pregnancy prevention efforts supported by the Montgomery County Family and Children First Council (FCFC) focus on prevention education and services for youth ages 10-19 years. Since 1997, the FCFC has provided funding for a wide variety of services and approaches to girls and boys which include mentoring, counseling, youth life skill development, and youth and parent pregnancy prevention education. These services also support the involvement of parents.

The agencies funded by FCFC to provide these pregnancy prevention services in the community include Abstinence Resource Center, Catholic Social Services, Dayton Urban League, East End Community Service Corporation, Girl Scouts of Buckeye Trails, Planned Parenthood of Southwest Ohio, Wesley Community Center and YWCA of Dayton.

The FCFC has received positive feedback from some of the programs and youth who have received services. The youth expressed that they enjoyed being in the programs, and the staff was nice and helpful. They allowed them to openly talk about many issues. During one of the program sessions, the youth were asked to be creative and decorate a trash can to express their feelings. A youth wrote, “I liked the idea because we could take our emotions and just decorate the trash can. When I was finished it almost looked like the way I felt.” At times our youth are waiting for moments to express themselves, unable to voice their displeasures. Given the opportunity through creative expression, they were able to display their emotions in a constructive manner with follow-up discussion.

Other youth reported that they learned things they did not know and would not have known if they had not been involved in the programs. They mentioned that the activities and field trips taken helped them learn about new things. The youth also enjoyed learning from each other. A youth wrote, “I plan to give back to the community because I am a prime example of how the community can prosper in the development of a young, productive citizen.”

“Being in the group has been good and I greatly appreciate everything that people have done for me.” - Anonymous male youth

DIVERSITY AWARENESS AND CULTURAL COMPETENCY

The Family and Children First Council continues to encourage county-wide support for diversity awareness and cultural competency. The members of the FCFC’s Agency Directors Committee have worked collaboratively to examine service delivery issues and have discussed cultural sensitivity in service delivery.

In addition, the FCFC supports the many other initiatives that are underway throughout our community to improve cultural competency in building better awareness, relationships and service delivery.
CHILD FATALITY REVIEW

“The largest percentage of deaths of children in our community occur in infants less than one year of age.”

-Report to the Community 2003 – 2004

Since 1996, Montgomery County’s multidisciplinary team has reviewed the deaths of children between the ages of 0 – 17 years. The mission of the Montgomery County Child Fatality Review Board (CFRB) is to prevent future child deaths by identifying and documenting risk factors. The Child Fatality Review Board plays a vital role in supporting the development of interventions and services designed to reduce those factors. In 2005, the CFRB approved the distribution of the “Safe Sleep for Your Baby” brochure in Spanish and reprinted the English version as one of many prevention strategies in the community. The bilingual brochures are also being used in other communities across the state to raise community awareness to promote safe sleeping for children. Other prevention efforts target educating the community about child fatalities, preventing child suicides, parenting and strengthening the family.

Death by natural cause is the leading cause of death for children in our community. Accidents are the second leading cause. Some of the causes of the accidents are suffocation (sleep related), motor vehicle, poisoning (drug overdose), drowning, and fire.

The CFRB reviews all children deaths under the age of 18. Analysis of the 2001 – 2004 child death reviews conducted, indicated 63% of the preventable deaths were due to accidents. Preventability of a death is defined as “the degree to which an individual or community could have reasonably done something that would have changed the circumstance that led to the child’s death.” Appropriate supervision of children is key to reducing preventable deaths in our community.

The state-mandated Child Fatality Review Board is chaired by Montgomery County Health Commissioner William Bines. The Review Board’s subcommittees are: the Child Death Prevention Committee, the Child Death Review Committee, the Safe Sleep Committee and the Suicide Prevention Task Force. In the fall of 2004, the Suicide Prevention Coalition was formed with members that serve on the Suicide Prevention Task Force and others from the broader community. The Coalition addresses adult and child suicide.

The FCFC provides a community forum to receive the Child Fatality Review Board’s Annual Report. The Office of Family and Children First provides partial staffing assistance as well.

Go to pages 18-20 for more detail
The Ohio Children’s Trust Fund publishes a special calendar for families each year. This calendar emphasizes the importance of regular positive interactions between parents and children and offers a variety of suggested activities to strengthen family well-being throughout the year. Families are encouraged to share, to learn, to play and to grow together. Artwork featured in the calendar represents the winners of a statewide coloring contest for 5th graders run by Family and Children First Councils.

Montgomery County Family and Children First Council believes that one way to promote Young People Succeeding is to recognize our young people for their accomplishments. Fifth grade students from throughout the county were asked to create artwork to depict the things people can do in their everyday lives to prevent child abuse and neglect using the theme, “Attention Adults: You are the Key to Preventing Child Abuse & Neglect.” Our panel of judges chose one winner and five runners-up. An artwork display and Awards Ceremony was held at the Town & Country Fine Arts Gallery in May.

**Winner**
Zachary Cross, *Immaculate Conception School*

**Runners Up**
Megan Butler, *Immaculate Conception School*  
Shava’e Ferguson, *Charles L. Loos Elementary School*  
Samantha Meeker, *Charles L. Loos Elementary School*  
Rahn Tillman, *Charles L. Loos Elementary School*  
Megan Scupski, *Charles L. Loos Elementary School*

Zachary’s artwork was entered in the statewide competition and was selected as one of the 12 state winners. It will appear as “September” in the statewide 2006 Prevention Calendar. Zachary and his family have been invited to a Luncheon and Awards Ceremony being held at the Statehouse in April 2006.

**Congratulations to our winners!!**
The Brother Raymond L. Fitz, S.M. Ph.D. Award was established by the FCFC in 2001 to honor Brother Raymond L. Fitz, S.M., former president of the University of Dayton, for his years of leadership and service to the community*.

The recipient of the 2005 Brother Raymond L. Fitz, S.M., Ph.D. Award was Barbara Holmes. Barbara’s service and dedication to children and families in Montgomery County encompasses four decades. Both as a volunteer and as a staff member, Barbara has successfully launched, managed and actively participated in initiatives that were critical to this community, positively impacting Montgomery County’s most vulnerable families and communities.

As a young parent in the 1970’s Barbara began working with families in her own neighborhood. During the 1980’s Barbara became heavily involved in many social action issues and groups. In the 1990’s she served as co-chair of the Dayton Peace Bridge Annual Rally in support of racial harmony. She also chaired the Youth Leadership Breakfast. This initiative brings together youth from all sections of Montgomery County to dialogue on race relations and promotion of racial cohesiveness. Barbara was also very active with the Greater Dayton Christian Connections and Building Bridges Tutoring Program. Barbara is currently a Prevention Coordinator for Unified Health Solutions where she is assisting families living in Northridge and Dayton in developing skills and obtaining the education needed to be self-sufficient. As a result of these efforts, children from these communities have become involved with local scouting and volunteer opportunities, mentoring, after-school tutoring and enrichment services, and have actively participated in monthly family empowerment meetings designed to increase families’ accessibility to resources necessary for success.

Barbara takes her commitment with children and families very seriously and knows that there is no easy or short-term answer to making Montgomery County a great place for all its citizens. Barbara is relentless in her pursuit to do what is right for this community and its citizens. Barbara’s definition of neighborhood does not end with her own street, city limit, church denomination or race.

* Brother Fitz served as the first chair of the FCFC from 1996 to 1999. He also served as Chair of the New Futures/Youth and Family Collaborative for the Greater Dayton Area from 1994 - 1995, and was co-chair of the Child Protection Task Force. The Award is intended to recognize someone who exemplifies Brother Fitz’s extraordinary dedication to the cause of nurturing and protecting children and families by going well beyond the scope of their front-line work through grassroots efforts and volunteer leadership in the community.
A new FCFC committee structure was designed in 2005 around the six community outcomes. The new structure better organizes the FCFC to develop community action strategies, assess the relationships with indicators and harness the energy of the FCFC, the community, and integrate other existing initiatives. In September the Council adopted the new structure and appointed Outcome Team Champions and team members.

Each Outcome Team has two Champions and representation on the FCFC Executive Committee. The Outcome Teams are made up of Council members and non-members (community volunteers, business and service professionals and experts, educators, advocates, constituency groups and others). Each Team will assess community strengths and weaknesses, identify gaps and needs, and develop, recommend, and implement community strategies. The Executive Committee meetings will be a forum to discuss Team activities and develop ways to collaborate on issues that overlap multiple outcomes. By the end of 2005, all of the Outcome Teams had met and begun developing strategies for moving their outcome areas forward.

The Council is excited about this new Committee Structure and believes it will be a powerful tool for developing strategies that will ultimately improve the lives of children and families in Montgomery County.

OUTCOME TEAM DUTIES:
- Identify projects / subcommittee work
- Identify related strengths and weaknesses in the community
- Research related cause and effects of related strengths and weaknesses
- Assess needs, gaps and priorities
- Identify and research best-practice models
- Identify financial and non-financial resources
- Seek, solicit, negotiate, acquire and leverage other resources
- Develop, recommend and implement community strategies
INTER-Agency Collaboration

The Montgomery County Family and Children First Council (FCFC) acknowledges that the community’s human services system has gaps and barriers that can be difficult for young people and families whose needs are unable to be met by a single agency. To address this, the FCFC’s organization includes the Agency Directors Committee and Service Brokers Group who meet monthly to keep the challenging process of inter-agency collaboration alive and well and moving forward in Montgomery County.

The Agency Directors Committee has defined itself as “directors of Montgomery County Human Service agencies who come together for the single purpose of promoting the well-being of Montgomery County residents.” They strive to eliminate barriers so Montgomery County residents have access to the services they need in order to attain and maintain self-sufficiency by:

- Responding to major community issues relating to health and human services;
- Promoting collaborative relationships among agencies;
- Advocating for policies and practices that benefit our constituents/the community; and
- Recommending to FCFC policies and solutions to resolve issues.

The Agency Directors Committee pools their professional judgment and knowledge to recommend strategies for community improvement, advise the FCFC Executive Committee on implementation methods, create structures for sharing resources, and identify and develop collaborative initiatives between/among agencies that respond to community need.

Family and Children First Council Outcome Champions

Healthy People
Laurence P. Harkness – Community Leader
Gary L. LeRoy, M.D. – East Dayton Health Center

Young People Succeeding
Donald R. Thompson, Ph.D. - Montgomery County Educational Service Center
Helen E. Jones-Kelley, J.D. – Montgomery County Children Services

Stable Families
Vicki D. Pegg – Montgomery County Commissioner
Christine F. Olinsky – OSU Extension, Montgomery County

Positive Living for Special Populations
Richard M. Delon – Frail Elderly Services Advisory Committee
Amy K. Luttrel – Goodwill Industries of the Miami Valley

Safe & Supportive Neighborhoods
Brother Raymond L. Fitz, S.M., Ph.D. – University of Dayton
Judge Jeffrey E. Froelich – Montgomery County Common Pleas Court

Economic Self-Sufficiency
Roy G. Chew, Ph.D. – Grandview Hospital and Medical Center
Willie F. Walker – Dayton Urban League

(continued on page 14)
The Service Brokers Group reports to the Agency Directors Committee. It consists of human service professionals whose knowledge of the system, network of relationships and can-do attitude enable them to pull strings, call in favors and cut through the red tape to access a needed array of services from several agencies for their multi-need clients. These individuals have the authority to intervene when problems arise with the referral process or service delivery within their respective agencies and ensure that appropriate follow-up services occur. Service Brokers assist in the identification of service gaps and barriers to services within the community’s human service network.

Individually and collectively they have helped thousands of families access needed services and resources. Each Service Broker puts a name, face and phone number on “the system” that enables other workers to have reliable access to current information and resources. They have also raised and tackled tough issues such as school truancy, adolescent sex offenders, kinship caregiving and information sharing between public agencies. Developing and maintaining close personal relationships with each other, the Brokers have accumulated a reservoir of trust and candor that they leverage to achieve impressive results. The Service Brokers are energized by knowing that their efforts do make a difference in the lives of families – and in the way agencies do business.

In last year’s Report the Montgomery County Family and Children First Council (FCFC) began the second phase of its use of results-based accountability, a set of tools and concepts for analyzing and acting upon data in order to achieve better results for children and families. We continue to embrace the six community outcomes identified in 1998 in our first publication, Turning the Curve.

OUTCOMES are conditions of well-being and are, by their nature, general and descriptive. Across the country many communities have adopted statements of desired outcomes, especially in the last few years. Locally, the Montgomery County Family and Children First Council has articulated six Outcomes: Healthy People, Young People Succeeding, Stable Families, Positive Living for Special Populations, Safe and Supportive Neighborhoods, and Economic Self-Sufficiency. (See pages 20–21 for a description of each Outcome.)

Because of their general nature Outcomes do not lend themselves to measurement. Therefore, in order to quantify the achievement of the Outcomes we have selected some measurable attributes of the community to use as INDICATORS. The reasoning is that if these indicators are moving in the desired direction from year to year, then we are making progress toward achieving that Outcome. To make them more useful we have, whenever possible, assembled data that not only reflect our own history but also enable us to compare ourselves to the other large counties in Ohio, to the state as a whole, and to the nation.

As we began doing last year, we have placed arrows in the upper right hand corner of the indicator pages to let you know the desired direction and the historical trend of the data.
The desired direction tells you if we want the value of the indicator to go higher or lower.

The historical trend tells you, over time, the direction the value of the indicator has actually moved.

To understand the impact - If the historical trend arrow is shown moving in the same direction as the desired direction arrow, it means that the value of the indicator (and measured condition in our community) is improving. If the arrows are moving in opposite directions it means the value of the indicator (and measured condition in our community) is getting worse. In a few cases the historical trend arrow is shown level because there has been very little movement or because the value has fluctuated up and down but with no significant change.

We continue to give you an explanation of the short-term trend in the highlighted box on each indicator page. The short-term trend is considered in the “desired direction” if either the value or the rank for the preceding year has moved in the desired direction, or if the value has remained unchanged. A one-year fluctuation is not necessarily permanent. A more meaningful measure of long-term success might be whether the overall trend is in the desired direction.

BEHIND THE NUMBERS

As we began doing last year, we will once again look Behind the Numbers. This means that we will provide you with in-depth analysis of the data you see on two of our indicator pages. This year we are looking deeper into the data for Low Birthweight (page 16) and Preventable Child Deaths (page 18). As you will see, there is often more to the story when you look deeper into the statistics.

INDICATOR DATA

You will recall that we revised the indicators slightly for Phase II. Data for three of those indicators were not available for last year’s Report: Kindergarten Readiness, Fourth Grade Achievement, and Access to Health Care. The only new indicator that we are still unable to track is Kindergarten Readiness. The Kindergarten Readiness Assessment – Literacy Test was performed in the 2005-2006 school year, but the results will not be available until after publication of this year’s Report. That data will be included in the 2006 Progress Report.

Last year’s Report gave the results of the math and reading sections of the 10th grade Ohio Graduation Test (OGT) because those were the only ones given in the 2003-2004 school year. In the 2004-2005 school year all five areas were administered (reading, math, writing, science, and social studies). Because, beginning with the class of 2007, students will be required to pass all five areas of the OGT in order to receive a high school diploma, we are now tracking the percentage of students who have passed all sections of the OGT rather than the individual tests.
Behind the numbers

LOW BIRTHWEIGHT

The indicator data that the FCFC collects and reports are intended to provide “fuel for community conversations, just like gasoline for a car.” A good example is Low Birthweight, the percentage of babies born weighing less than 2,500 grams (five-and-a-half pounds). This is one of the community indicators chosen by the FCFC when we began Phase I of our reporting on outcomes and indicators.

Babies born with a low birthweight are at increased risk of death and of a wide range of disorders that can affect them throughout childhood and beyond, including learning disorders, behavior problems, lower respiratory tract infections, and neurodevelopmental conditions. In short, the personal, societal and financial costs made this a key indicator worthy of attention in Phase I, and it remains an important indicator in Phase II.

In our first report, Turning the Curve (1998), it was clear that the local trend was not in the desired direction. Fig. 1, based on the data presented in that report, reveals a definite upward trend for Montgomery County as well as for the state and the nation.

The steady increase of the national rate began in 1984 when it was 6.72%, having fallen from a value of 7.93% in 1970. This rise had already caught the attention of health professionals and policy makers. By the mid-1990s efforts to explain the increase and to respond to the “seemingly intractable problem of preventing death and disability in infants as a result of being born too soon at low birthweight” were well underway.

Unfortunately, a decade later the problem remains. Fig. 2 shows the most current data for the Low Birthweight indicator. The wide swings in the county’s rate, reflecting the relatively small size of the local population compared to the state and the nation, certainly do not mask the continuing upward trend.

Preterm delivery (before 37 weeks of gestation, at least three weeks before the “due date”) has been called “the principal cause of low birthweight in developed countries.” Consistent with the rise in the low birthweight rate has been the steady increase in the percentage of babies born preterm in the United States. Fig. 3 shows that the rate in 2004 was 33% higher than the rate in 1981. Black mothers are more likely than white mothers to deliver preterm, but the difference has been narrowing, primarily because the rate for white mothers has increased much faster. (Fig. 4.)

Because the causes of preterm birth remain poorly understood, a significant
One thing that is known is that twins, triplets and higher order multiple births are more likely to be born preterm than singletons (babies born alone). Multiple births are also accounting for an increasingly greater proportion of all preterm births. There are two reasons for this. First, the percentage of all multiple birth babies who are born preterm has been rising; in the 1981-83 period 42% of all multiple births were born preterm while by 1995-97 the figure had grown to 56%. Second, multiple births are becoming more common; for example, the rate of multiple births in 2003 was 73% higher than the rate in 1980. However, these facts are not sufficient to explain the overall increase in the rate of preterm births because the preterm rate for singletons alone has also risen, by 7 percent between 1990 and 2002 (from 9.7 to 10.4 percent).

During the period that the percentage of multiple order births born preterm was rising from 42% to 56%, the percentage of multiple order births (whether preterm or later) which were low birthweight babies was also rising, but at a much slower pace, from 52% to 56%. Therefore, the dramatic increase in the rate of multiple births over the last two decades or so, rather than an increase in the rate at which multiple births are of low birthweight, may be what has contributed to the increase in the overall low birthweight.

A next logical question might be “What is the cause of the increasing rate of multiple births?” Some associate this increase with two related trends: the older age at childbearing (older mothers are more likely than younger mothers to spontaneously conceive multiples) and the increasing use of fertility therapies. Further analysis is beyond the scope of this article, but it is clear that the “community conversation” fueled by this indicator involves more than just our local community. The FCFC Healthy People Outcome Team will help us participate in that conversation knowledgeably.

The percentage of infants born preterm has been rising steadily in the United States, with the drop in 2000 being the first decrease since 1992 (not shown).

The rate of preterm births for black mothers was 3% higher in 1998 than it was in 1981. For white mothers the increase was 35%.

10. Ibid.
12. Ibid.
Behind the numbers

PREVENTABLE CHILD DEATHS

By choosing Preventable Child Deaths as a community indicator, the FCFC is calling attention to one of the most significant conclusions of the Montgomery County Child Fatality Review Board:

For every three child deaths in Montgomery County, at least one could have been prevented.1

As we say on page 33, this indicator “focus(es) attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe.”

How vulnerable are they? The Child Fatality Review Board has determined that 113 of the deaths of children occurring between 2001 and 2004 were preventable. During those four years there were 320 child deaths, meaning that at least 35% of them (113/320) were preventable. We say “at least” because it could be higher – two more deaths were considered somewhat preventable, and for another 109 deaths (34% of the total) the Review Board was unsure about preventability. (Fig.1)

Using these data to increase “the effectiveness of our efforts to keep them safe” begins with some common sense. A large majority of the 113 preventable child deaths (71, or 63%) were due to accidents. As the Review Board pointed out, “(a)cidents involve many dangers – from bathtubs to motor vehicles – but one recurring theme is the lack of supervision at the time of the accident.” Our common sense tells us that constant, responsible supervision is essential. In fact, partly because of the vital role that parents and guardians play in either providing or ensuring this supervision, the Preventable Child Death indicator is grouped under the Stable Families outcome.

While accidents are the leading manner of preventable child deaths, it is instructive to ask “at what age do the highest number of preventable child deaths occur?” The answer is “during infancy;” 40% of the preventable child deaths (45 out of 113) occurred before the child’s first birthday.

As it turns out, the vast majority of all child deaths – whether preventable or not – occur in infancy. In fact, infant mortality rates are so devastatingly high in developing regions of the world that special data analysis approaches have been introduced by the world health community. These tools are intended to jumpstart efforts at reducing infant mortality. One of the most powerful is the “Perinatal Periods of Risk” (PPOR) approach.2 The overall intent of the PPOR approach is to develop a simple method based on a strong conceptual framework that can be used by communities to mobilize and prioritize prevention efforts.3 In other words, the PPOR approach can help prevent preventable child deaths.

By collecting just two pieces of information for each death, birthweight and age at death, a PPOR map with four regions (Fig.2) can be constructed. Once a community has created a map of its own statistics, it can compare itself to a pre-defined reference group (with best outcomes) and determine in which region(s) of the map it suffers “excess” mortality.

But how does making these maps lead to prevention strategies? It is because each region of the map can be given a name that suggests what the primary focus of prevention efforts should be for deaths in that region. For example, all deaths where the birthweight was considered to be very low (below 1,500 grams) – regardless whether it was a fetal death

Only 30% of child deaths were determined to be not preventable. When just infant deaths are considered, 22% are considered preventable, 29% not preventable, and 49% unsure.
or the death of an infant – can best be prevented by addressing maternal health issues and by preventing and treating prematurity. For higher birthweight-related deaths, fetal deaths can best be prevented by providing maternal care; neonatal deaths (less than 28 days old), by providing newborn care; and post-neonatal deaths (28 – 364 days old), by improving infant health.

So what does our local map look like? Fig.3, using data from a recent four-year period in which there were 278 fetal-infant deaths that met the criteria for the PPOR approach, shows that the Maternal Health/Prematurity region has the highest number of deaths.

It is difficult to interpret this map without knowing what the numbers “should” be. Research has shown that in the United States some of the best pregnancy outcomes (healthy babies that live through infancy) are achieved by white non-Hispanic mothers, greater than 20 years of age and with more than 12 years of education. Therefore, we can identify that group of mothers within our local data and apply the PPOR approach to them (called the reference group) in order to get a sense of what the numbers “should” be. The final step is to convert all the numbers to a rate per 1,000 in order to make comparisons and to determine what the PPOR approach calls the “excess” rate of death.

The result of all of this is shown in Fig.4. The first observation is that the excess rate of death for our community is 1.9. In other words, if the entire population were achieving the pregnancy outcomes of the reference group, the fetal-infant mortality rate would be 1.9/6.5 or 29% lower.

The strength of the PPOR approach is its ability to focus on specific regions of the map in order to help policy makers and practitioners set priorities for prevention efforts. Another look at Fig.4 reveals that the highest excess rates of death are in two areas, Maternal Health/Prematurity

The local PPOR map reveals that the Maternal Health/Prematurity region has the highest number of deaths.

The local map (left) represents the data from Figure 3 expressed as a rate per 1,000 in order to make a comparison with the reference group (center). The “excess” map is the result of subtracting the reference group values from the local values. The numbers at the top of each map are the totals of the four regions within each map, for example, 6.5 = 2.4 + 1.6 + 1.3 + 1.2.
The conclusion is that addressing these two strategic prevention areas should be the highest priority in an effort to reduce the local death rate.

By a similar analysis the strategic prevention area of Newborn Care should be the next priority. Note that the remaining strategic prevention area, Maternal Care, has the second highest rate of death (1.6) but the lowest excess rate of death (actually a negative number, -0.1).

As the Child Fatality Review Board pointed out in its Report, prevention efforts in the area of Maternal Health/Prematurity may need to focus on preconceptional health, unintended pregnancy, smoking, drug abuse, and specialized perinatal care. Prevention efforts in the area of Infant Health may need to focus on SIDS prevention activities such as sleep position education or breast-feeding promotion, improved access to medical care and injury prevention.

The Child Fatality Review Board also highlighted the fact that infant mortality rates (IMR) in the black population are more than twice as large as they are in the white population. This is true locally and all across the country. Accordingly, the Review Board prepared a PPOR analysis for the local black population. (Fig.5)

The result is that, while Maternal Health/Prematurity and Infant Health remain as the two highest priorities for prevention efforts for all women, an additional priority for black women might be Maternal Care. Prevention efforts in this area may need to focus on early continuous prenatal care, referral of high risk pregnancies, good medical management of diabetes, seizures, postmaturity (babies born after the normal length of a pregnancy) and other medical problems.

As we have said in the past, the FCFC indicator data are intended to fuel conversations about conditions in the community and about actions we can take, both individually and collectively, to improve those conditions. The data analyzed here show us that some child deaths can be prevented and that infant mortality can be reduced. The Child Fatality Review Board has started those conversations, and we all need to respond.

(2.4 – 1.6 = 0.8) and Infant Health (1.2 – 0.4 = 0.8). The conclusion is that addressing these two strategic prevention areas should be the highest priority in an effort to reduce the local death rate.

The PPOR approach applied to the local black population suggests that Maternal Care should be an additional priority for prevention efforts.
Children are well prepared for learning when they start school and receive support outside of the classroom for their efforts inside the classroom. Intellectual curiosity, skill development and achievement are valued. Young people receive mentoring, guidance and support as they develop the capacity to differentiate between positive and negative risk behaviors. Positive role models are plentiful, and others in the community talk to teenagers with candor and respect about the difficult choices they face. Students finish high school ready to compete successfully in the labor market and/or in continuing education and skills development.

The frail elderly, and people of any age who are disabled, are supported (when necessary) with services which allow them to live in the most appropriate, least restrictive environment. With support from the community, everyone has the opportunity to participate in every aspect of community living that he or she desires. People with disabilities live, learn, work, and participate in typical accessible community settings. The community respects and protects their rights and includes them as contributing members.

Residents have access to employment that provides a living wage and benefits. Barriers to employment, including transportation and day care issues, are minimized. Adequate opportunities for lifelong learning help prepare the workforce for the realities of 21st-century jobs. Educational, vocational training, and worker retraining services are readily available to support the needs of residents and employers.
The term “low birthweight” is used to describe babies born with a weight of less than 2,500 grams, or 5 lbs. 8 oz. Babies with higher birthweights are more likely to begin life with a healthy start and to have mothers who had prenatal care and did not smoke or drink during pregnancy. Strategies to affect birthweight are focused on education and prevention.

NEW DATA
The provisional value for low birthweight for 2004 was 9.3%, an increase from the provisional 2003 value of 8.8%. The 2004 U.S. provisional value was 8.1% and the final value for 2003 was 7.9%. Due to extenuating circumstances, the state’s Vital Statistics Program has not yet finalized their 2003 data. Last year the Combined Health District of Montgomery County did a linear estimation using past data to create the 2003 preliminary numbers but does not wish to continue that estimation for a second year because it could create an inaccurate trend line. This means that preliminary 2004 state and county comparison data for this Report are not available.

SHORT-TERM TRENDS
The 2004 value is higher than the preliminary 2003 value which means that the value did not move in the desired direction. Because 2004 values are not available for the other counties, no comparative rank can be calculated.

NUMBER OF BIRTHS WITH WEIGHTS LESS THAN 2,500 GRAMS (5 LBS. 8 OZ.) AS A PERCENT OF TOTAL BIRTHS

*2003 and 2004 data are provisional.
BACKGROUND

This indicator tracks the proportion of 24 -35 month old children attending Health District clinics who have received at least 4 doses of Diphtheria, Tetanus and Pertussis vaccine, 3 doses of polio vaccine, 1 dose of Measles, Mumps and Rubella vaccine, 3 doses of Hepatitis B vaccine, and 3 doses of Haemophilus influenzae type b conjugate vaccine. Because not all providers participate in a registry, it is difficult to assess the true up-to-date rate of children in a geographic area.

"The benefits of universal immunization have been demonstrated by the eradication of debilitating diseases. Routine immunization has eradicated smallpox from the planet, nearly eliminated the polio virus worldwide, and dramatically reduced the occurrence of other preventable infectious diseases including measles, pertussis and rubella. In fact, vaccines have safely and effectively prevented more disease and death than any other medical intervention or treatment, including antibiotics.

In the absence of widespread vaccination, epidemics of vaccine-preventable diseases would return. Millions of lives would be lost. Children would suffer needlessly, the incidence of infant and childhood deaths would rise dramatically, and we would reverse the tremendous progress already made in protecting children and communities from disabling and deadly diseases.

Vaccines have been shown to be safe and effective in preventing the transmission of serious infectious diseases. Routine immunization is the most effective way to protect children from harmful but preventable diseases and to thwart the reemergence of the deadly disease outbreaks of the past.”

(From a joint statement issued on April 6, 2000 by nine national nonprofit organizations that are deeply involved in immunization education.)

NEW DATA

The value for 2005 is 80.7%.

SHORT-TERM TRENDS

The short-term trend from 2004 to 2005—81.7% to 80.7%—is not in the desired direction.
BACKGROUND
For the purposes of this indicator access to health care is defined as either having private health insurance OR having public coverage (Medicaid) OR applying for Medicaid OR having information about how to obtain access to free or subsidized clinics.

In Montgomery County a collaborative called HealthLink Miami Valley (HLMV) is working to improve access to health care for the health uninsured and to better coordinate public sector safety net services. Thirty HLMV collaborative agencies refer health uninsured to the Center for Healthy Communities; Community Health Advocates (CHAs) then contact these individuals (primarily by telephone). CHAs interview cooperating parties and collect relevant demographic and service utilization information. This information is stored in a secure Web-based health information exchange called HIEx™. Improving access to health care involves using HIEx™ to generate completed Medicaid and PRC applications and to track the referral process. Individuals who are not eligible for such programs are referred to free and low cost public and hospital clinics.

Although HIEx™ data represent only a sample of Montgomery County residents, HIEx™ is currently the only data source for an unduplicated count of citizens who use multiple safety net organizations. A conservative estimate of data currently housed in HIEx™ suggests that at least 24% of Montgomery County residents living at or below the poverty level are represented in this data set.

NEW DATA
This is the first time that the FCFC is reporting on this indicator.

SHORT-TERM TRENDS
The short-term trend—from 88.3% to 87.3%—is not in the desired direction.

*An unduplicated count is obtained of the number of clients served by HIEx™ agencies at some point during the year for whom one of the following is true: (1) they report having health insurance or (2) they are included in active Medicaid applications or (3) they are uninsured and referred for Medical Services (free or subsidized clinics). That count is then divided by the total number of clients served by HIEx™ agencies during the year and the result is expressed as a percentage. Data are available beginning with July, 2004.
OUTCOME

HEALTHY PEOPLE

INDICATOR

PREMATURE MORTALITY

BACKGROUND

Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic. This figure is calculated as the sum of the difference between the average age of death for each group and age 75 for each death. The method of calculation gives greater computational weight to deaths among younger persons and does not include deaths after 75 years of age. The Premature Mortality statistic reflects the preventability of early deaths through changes in lifestyle, reduction of substance abuse and behavior modification. Smaller values are desired. (During Phase I we called this indicator Years of Potential Life Lost.)

NEW DATA

The provisional value for Premature Mortality for 2004 was 76.7 for Montgomery County. The revised preliminary 2003 value was 80.5, which replaces the original provisional value of 79.8 reported in the 2004 Progress Report. Due to extenuating circumstances, the state’s Vital Statistics Program has not yet finalized their 2003 data. Last year the Combined Health District of Montgomery County did a linear estimation using past data to create the 2003 preliminary numbers but does not wish to continue that estimation for a second year because it could create an inaccurate trend line. This means that preliminary 2004 state, U.S. and county comparison data for this Report are not available.

SHORT-TERM TRENDS

The value for Montgomery County is moving in the desired direction. The comparative ranking among the ten largest counties is not available for this Report.

TOTAL YEARS OF POTENTIAL LIFE LOST FOR DEATHS OF PEOPLE UNDER 75 PER 1,000 PEOPLE UNDER 75

*2003 and 2004 data are provisional.
OUTCOME  YOUNG PEOPLE SUCCEEDING

INDICATOR  STUDENT ACHIEVEMENT — 4TH GRADE

BACKGROUND
To be consistent with the federal No Child Left Behind legislation, Ohio is phasing out its proficiency tests and replacing them with a new set of achievement and diagnostic tests. In the 2004-2005 school year 4th grade students took math, citizenship, and science Proficiency Tests and reading and writing Achievement Tests. This indicator provides the percentage of students that passed all portions of the 4th grade tests.

NEW DATA
In the 2004-2005 school year, 44.4% of Montgomery County public school students passed all portions of the fourth grade exams. Montgomery County ranked sixth among urban Ohio counties. The percentage of students in the state of Ohio who passed all portions of the exams in the 2004-2005 school year was 46.8%.

SHORT-TERM TRENDS
Both the value and comparative ranking are moving in the desired direction.

2004-05 2003-04 2002-03
1. Butler 52.6 52.1 52.6
2. Stark 49.7 49.2 49.7
3. Mahoning 47.5 47.1 47.5
4. Summit 45.6 45.2 45.6
5. Lorain 44.4 44.0 44.4
6. Hamilton 43.5 43.1 43.5
7. Cuyahoga 42.9 42.5 42.9
8. Franklin 42.1 41.7 42.1
9. Lucas 41.0 40.6 41.0
10. Lucas 27.2 36.4 27.2

Most desirable ranking is number one.

Note: The State of Ohio is phasing out Proficiency Tests. Beginning with the 2004-2005 school year, reading and writing Achievement Tests were administered to 4th grade students while Proficiency Tests continued to be administered in math, science, and social studies.
BACKGROUND
Beginning with the class of 2007, students will be required to pass all five areas of the Ohio Graduation Test (OGT), as well as meet all local and state curricular requirements, in order to receive a high school diploma. Members of the class of 2007 took the OGT for the first time in March 2005. Students will have five opportunities while school is in session to pass the OGT prior to their high school graduation. Districts will be required to provide intervention to those students who score below proficient on the OGT. This requirement includes students with disabilities. In the 2003-2004 school year only reading and math exams were administered. In the 2004-2005 school year all five areas were administered (reading, math, writing, science, and social studies).

NEW DATA
In the 2004-2005 school year, 64.7% of Montgomery County public school students passed all portions of the tenth grade OGT exams. Montgomery County ranked seventh among urban Ohio counties. The percentage of students in the state of Ohio who passed all portions of the OGT exams in the 2004-2005 school year was 64.6%.

SHORT-TERM TRENDS
Both the value and comparative ranking are moving in the desired direction.

Note: The State of Ohio is phasing out Proficiency Tests. Beginning with the 2003-2004 school year the Ohio Graduation Test was administered to 10th grade students. Only reading and math tests were given in 2003-2004. Writing, science and social studies were added in the 2004-2005 school year.
OUTCOME  YOUNG PEOPLE SUCCEEDING

INDICATOR  GRADUATION RATE

BACKGROUND
The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator.

NEW DATA
The Graduation Rate is a lagged rate, always one year behind allowing the Ohio Dept. of Education to include summer graduates. The 2004-2005 data will not be released until June 2006 so no new data are available for this year’s report.

SHORT-TERM TRENDS
New data are not available. The value and comparative ranking has been moving in the desired direction over the past several years.

Most desirable ranking is number one.

1. Lorain 91.3 2. Butler 88.2 3. Stark 84.4 4. Montgomery 82.9
5. Mahoning 82.4 6. Hamilton 81.9 7. Summit 81.5 8. Franklin 77.2
9. Lucas 74.5 10. Cuyahoga 68.6

1. Lorain 90.3 2. Butler 87.8 3. Stark 84.5 4. Montgomery 83.8
9. Lucas 75.1 10. Cuyahoga 70.4

1. Butler 89.5 2. Lorain 88.2 3. Montgomery 87.7 4. Stark 87.4
5. Mahoning 84.0 6. Hamilton 83.3 7. Summit 82.4 8. Franklin 78.9
9. Cuyahoga 77.0 10. Lucas 75.3

Most desirable ranking is number one.
BACKGROUND
The attendance of all students, kindergarten through twelfth grade, receiving instruction in a Montgomery County school district is considered for this indicator.

NEW DATA
The attendance rate for the 2004-2005 school year was 93.7% for Montgomery County schools, an increase from 93.5% in the 2003-2004 school year. The comparative county rank remains at tenth as it was in the past several years. The attendance rate in Ohio schools for the 2004-2005 school year was 94.7%.

SHORT-TERM TRENDS
The value is moving in the desired direction; however, the comparative ranking among the ten largest counties remained at tenth place.

Note: FY92-98 data were obtained through ODE Vital Statistics. Beginning in 1999 data came from ODE Information Management Services as gathered for the District Report Cards using a slightly different formula. (ODE Vital Statistics data are no longer available.)
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.

NEW DATA
The provisional value for teen pregnancy in Montgomery County in 2004 was 3.4%. The provisional value in 2003 was 3.3%. Due to extenuating circumstances, the state’s Vital Statistics Program has not yet finalized their 2003 data. Last year the Combined Health District of Montgomery County did a linear estimation using past data to create the 2003 preliminary numbers but does not wish to continue that estimation for a second year because it could create an inaccurate trend line. This means that preliminary 2004 state and county comparison data for this Report are not available.

SHORT-TERM TRENDS
The value for Montgomery County is not moving in the desired direction. The comparative ranking among the ten largest counties is not available for this Report.

OUTCOME YOUNG PEOPLE SUCCEEDING
INDICATOR TEEN PREGNANCY

NUMBER OF PREGNANCIES IN FEMALES AGES 15 – 17 AS A PERCENT OF ALL FEMALES 15 – 17

Most desirable ranking is number one.
BACKGROUND
Research suggests that American children of parents who have their first child after they reach the age of 20, finish high school and get married have only an 8% chance of growing up in poverty. However, children of parents who do not meet these three conditions have a 79% chance of being raised in poverty.

NEW DATA
For 2004, the provisional percentage of first births which were to parents who were married, had finished high school and had reached age 20 years was 42.1% in Montgomery County. The revised preliminary 2003 value was 44.6%, which replaces the original provisional value of 49.5% reported in the 2004 Progress Report. Due to extenuating circumstances, the state’s Vital Statistics Program has not yet finalized their 2003 data. Last year the Combined Health District of Montgomery County did a linear estimation using past data to create the 2003 preliminary numbers but does not wish to continue that estimation for a second year because it could create an inaccurate trend line. This means that preliminary 2004 state and county comparison data for this Report are not available.

SHORT-TERM TRENDS
The value for this indicator is not moving in the desired direction. Because 2004 values are not available for the other counties, no comparative rank can be calculated.

Note: Calculations made by Combined Health District, Office of Epidemiology. Since the educational status of many fathers is unknown, the above percentages may not be accurate.
* 2003 and 2004 data are provisional.
BACKGROUND
These data reflect the number of referrals to children services agencies in which abuse is substantiated. Keep in mind that these reports may include multiple children per report. Note that during the period 1998 – 2001 many counties used risk assessment based risk levels instead of traditional (substantiated, indicated, unsubstantiated) dispositions for intra-familial cases.

NEW DATA
In 2004 there were 6.5 substantiated reports of child abuse and neglect per 1,000 children ages 0 – 17. This is an increase from 5.5 reported in 2003. The data for this indicator are calculated using population figures. Population data were updated for 2000 - 2003 which resulted in changes to the data published for those years in the 2004 Progress Report.

SHORT-TERM TRENDS
Neither the value nor ranking moved in the desired direction.
BACKGROUND
Since 2001 the Montgomery County Child Fatality Review Board has been determining whether each death it reviews is “Preventable,” “Somewhat Preventable,” “Not Preventable” or “Not Sure.” The definition of preventability as set forth in the Ohio Administrative Code means “the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child’s death.” According to the Ohio Department of Health, “A child’s death is considered to be preventable if the community (through reasonable education, etc.) or an individual (through reasonable precaution, supervision, or action) could have done that which could have changed the circumstances that led to the death.” Last year we began reporting “Preventable” and “Somewhat Preventable” child deaths as determined by the Montgomery County Child Fatality Review Board as opposed to just “Child Deaths” as we had done in previous years. These indicators are intended to focus attention on the vulnerability of our children and the effectiveness of our efforts to keep them safe. In 2005 the Ohio Department of Health changed the categories to “Probably Not Preventable,” “Probably Preventable,” and “Team Could Not Determine.” The 2006 Progress Report will reflect this change in reporting.

NEW DATA
In 2004, there were 22 preventable child deaths which is an improvement over the 29 preventable child deaths reported in 2003. There were no deaths to children 0 – 17 that were ruled as “Somewhat Preventable” in 2004.

SHORT-TERM TRENDS
The value for both “Preventable” child deaths and “Somewhat Preventable” child deaths moved 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.

NEW DATA
In 2004, there were 9 domestic violence-related deaths in Montgomery County which is an improvement over the 11 reported in 2003.

SHORT-TERM TRENDS
The value moved in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.
BACKGROUND
The ability for the frail elderly 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 population ages 60 and over, is an indirect measure of the availability and usage of less restrictive living arrangements.

NEW DATA
The value was 38.0 for 2003, the most recent year available. Data for 2002 are not available. County comparison data are not available for 2003.

SHORT-TERM TRENDS
The short-term trend from 2001 to 2003 – 40.0 to 38.0 – is in the desired direction.

AVG DAILY CENSUS (ADC) OF NURSING HOMES PER 1,000 COUNTY RESIDENTS AGES 60 AND OVER

- Montgomery County

1. Summit 33.6
2. Lorain 38.0
3. Cuyahoga 38.4
4. Franklin 38.7
5. Butler 39.5
6. Montgomery 40.0
7. Lucas 41.3
8. Mahoning 42.3
9. Stark 46.0
10. Hamilton 47.9

Most desirable ranking is number one.
OUTCOME  POSITIVE LIVING FOR SPECIAL POPULATIONS

INDICATOR  PEOPLE WITH DEVELOPMENTAL DISABILITIES COMPETITIVELY EMPLOYED

BACKGROUND
The results that people with developmental disabilities want in their lives include the opportunity to participate in the life of the community. Going to work is a significant part of that experience in our society. This indicator tracks the average number of clients of the Montgomery County Board of Mental Retardation and Developmental Disabilities who are individually employed in typical workplaces in each half of the indicated state fiscal year.

NEW DATA
The value for SFY05 was 155.

SHORT-TERM TRENDS
The short-term trend from SFY04 to SFY05 – 168 to 155 – is not in the desired direction.
BACKGROUND
People with developmental disabilities want the opportunity to participate in the life of the community. Going to work is a significant part of that experience in our society. This indicator tracks the average number of clients of the Montgomery County Board of Mental Retardation and Developmental Disabilities who are employed in enclaves in each half of the indicated state fiscal year. Enclave employment is competitive employment obtained through the non-profit MONCO Enterprise Incorporated. MONCO is responsible for securing contracts with business, industry and government for subcontract work in the Board of MR/DD's Adult Services Centers including one vocational center. MONCO also provides job placement, on-the-job training and follow-along services.

NEW DATA
The value for SFY05 was 113.

SHORT-TERM TRENDS
The short-term trend from SFY04 to SFY05 – 85 to 113 – is in the desired direction.
BACKGROUND
The Ohio Department of Mental Health recently implemented a statewide, standardized outcome measurement system for mental health clients. Currently, all Montgomery County ADAMHS Board funded mental health treatment providers are participating in the Ohio Mental Health Consumer Outcomes System. Mental health consumers are asked how satisfied they are with various aspects of their lives (such as relationships, financial status, meaningful activity, and safety and health) at intake and then at least once per year while they are receiving services. This indicator tracks the proportion of those clients with Severe and Persistent Mental Illness who, during the report year, reported an overall improvement in their quality of life 12 months after intake.

NEW DATA
The value for SFY05 was 68%.

SHORT-TERM TRENDS
The short-term trend from SFY04 to SFY05 – 62% to 68% – is in the desired direction.
BACKGROUND
The Ohio Department of Mental Health recently implemented a statewide, standardized outcome measurement system for mental health clients. Currently, all Montgomery County ADAMHS Board funded mental health treatment providers are participating in the Ohio Mental Health Consumer Outcomes System. Youth who are receiving mental health services are asked a number of questions, including one set which gauge how their “problems might get in the way of your ability to do everyday activities.” (These activities include getting along with friends and family, taking care of personal health and grooming, participating in school and recreational activities, etc.) This indicator tracks the proportion of those youth who, during the report year, reported an overall improvement in their level of functioning after six months of treatment.

NEW DATA
The value for SFY05 was 66%.

SHORT-TERM TRENDS
The short-term trend from SFY04 to SFY05 – 61% to 66% – is in the desired direction.
BACKGROUND
When a treatment case is closed, the client’s disposition at discharge is recorded by the treatment provider’s staff. In general, there are three main categories of disposition at discharge: goals met (successful completion of treatment); client rejects or fails to return for treatment; and referral to another treatment program. A referral to another treatment program is not seen as a success or failure. Rather, it is seen as a continuation of care. Thus, the measure to determine the percentage of clients that successfully completed treatment uses only those cases that were closed because of “Goals Met” or “Client Rejects or Fails to Return.”

NEW DATA
The value for SFY05 was 37%.

SHORT-TERM TRENDS
The short-term trend from SFY04 to SFY05 – 36% to 37% - is in the desired direction.
OUTCOME  SAFE AND SUPPORTIVE NEIGHBORHOODS

INDICATOR  VIOLENT CRIME

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.

NEW DATA
The violent crime rate for Montgomery County in 2003 was 4.3 per 1,000 population, ranking Montgomery County fourth among Ohio’s largest counties. In 2003, the value for violent crime was 3.5 for Ohio and 4.8 for the United States.

SHORT-TERM TRENDS
Both the value and ranking are moving in the desired direction.

Most desirable ranking is number one.
Ins.data = Insufficient data.
**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.

**NEW DATA**

The property crime rate for Montgomery County was 46.8 per 1,000 persons in 2003. The property crime rate for Ohio was 36.7 in 2003 and 35.9 for the United States.

**SHORT-TERM TRENDS**

The value is moving in the desired direction and the comparative ranking for counties remained at sixth.
BACKGROUND
The level of civic engagement within a neighborhood is often cited as a barometer of neighborhood strength. One measure of civic engagement is the voting rate.

NEW DATA
The value for Montgomery County was 40.1% in 2005 and for Ohio it was 40.3%.

SHORT-TERM TRENDS
The short-term trend from 2003 (the previous off-year election) to 2005 – from 34.2% to 40.1% – is in the desired direction. From 2004 to 2005 the county comparative rank did not move in the desired direction.

PERCENTAGE OF REGISTERED VOTERS WHO VOTE IN THE NOVEMBER GENERAL ELECTION

Most desirable ranking is number one.
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 transportation, child care and work skills.

NEW DATA
Unemployment data for the past several years, released by the Bureau of Labor Statistics, have been revised since the printing of the 2004 Progress Report. The value for unemployment in Montgomery County in 2004 was 6.5%. The unemployment rate for the state of Ohio in 2004 was 6.1% and the United States unemployment rate in 2004 was 5.5%.

SHORT-TERM TRENDS
Both the value and comparative ranking have remained level.

Most desirable ranking is number one.
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.

NEW DATA

The 2005 value for Montgomery County was 5.05 and for Ohio it was 3.74. In 2005 Montgomery County was fifth in the county comparative ranking. Some slight revisions have been made to the county data statistics for previous years since the printing of the 2004 Progress Report; however, the comparative rankings did not change.

SHORT-TERM TRENDS

The short-term trend from 2004 to 2005 – 5.56 to 5.05 – is in the desired direction. The county comparative ranking – fifth – remained the same in 2005 as it was in 2004.

**People Receiving Public Assistance**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rank</th>
<th>County</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>2003</td>
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<td>Butler</td>
<td>1.97</td>
</tr>
<tr>
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<td>2.</td>
<td>Lorain</td>
<td>3.77</td>
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<tr>
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<td>3.</td>
<td>Cuyahoga</td>
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<td>4.</td>
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<td></td>
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<td>Hamilton</td>
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<td></td>
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<td>Montgomery</td>
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<tr>
<td></td>
<td>7.</td>
<td>Franklin</td>
<td>5.80</td>
</tr>
<tr>
<td></td>
<td>8.</td>
<td>Mahoning</td>
<td>5.98</td>
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<td>Summit</td>
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<tr>
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<td>Lucas</td>
<td>8.41</td>
</tr>
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</table>

<table>
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<th>Rank</th>
<th>County</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<tr>
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<td>2.</td>
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<tr>
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<td>3.</td>
<td>Cuyahoga</td>
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<td>4.</td>
<td>Stark</td>
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<td>Franklin</td>
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<td>8.</td>
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<tr>
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<td>10.</td>
<td>Lucas</td>
<td>9.94</td>
</tr>
</tbody>
</table>

**Assistance Groups with Work Activity Participation Requirements**

- Montgomery County
- Ohio

*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 2000-2004 are from the 2000 Census and Census Bureau projections; 2005 population data are derived from regression analysis of the 2000-2004 data.**
With the adoption of the Family and Children First Council's Six Community Outcomes (see page 14) in late 1996, the FCFC initiated a tool for local organization of community dialogue, information gathering and reporting. The movement to specific action planning by FCFC increased dramatically in early 1999 with the introduction of three Strategic Community Initiatives, each led by a Community Champion.

**BACKGROUND**

Per Capita Effective Buying Income represents disposable income after taxes.

**NEW DATA**

The value for Per Capita Effective Buying Income in 2004 for Montgomery County was $19,216 and the rank in comparison to Ohio’s other large counties was sixth. In 2004, the value for Ohio was $18,743 and the value for the United States was $19,289. The value for the Consumer Price Index in 2004 was 188.9 (Base period: 1982-1984 = 100.)

**SHORT-TERM TRENDS**

The comparative county rank for Montgomery County is the same as last year although the value has moved in the desired direction.
2005 MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL

Ned J. Sifferlen, Chair* .................................................. Sinclair Community College
Donna Audette* ............................................................. YWCA of Dayton
Fred Baxter ................................................................. Ohio Dept. of Youth Services
William H. Bines .......................................................... Combined Health District
Thomas G. Breitenbach ................................................. Premier Health Partners
Joyce Sutton Cameron .................................................. Family Representative
Roy Chew, Ph.D.* ........................................................ Workforce Policy Board Chair
Richard DeLon* ............................................................. Community Volunteer
Bro. Raymond L Fitz, S.M., Ph.D.* ................................ University of Dayton Fitz Center
Mark Gerhardstein ......................................................... Montgomery County Board of MR/DD
Dannetta Graves* ........................................................ Montgomery County Dept. of Job & Family Services
Laurence P. Harkness* .................................................... Community Leader
Robin Hecht ................................................................. Diversion Team/ICAT
Franz Hoge* ................................................................. Human Services Levy Council Chair
Sharon Honnert* .......................................................... Family Representative
Kathleen K. Hoyng* ........................................................ Deloitte & Touche
Gregory D. Johnson ....................................................... Dayton Metropolitan Housing Authority
Helen E. Jones-Kelley, J.D.* ........................................... Montgomery County Children Services
David Kinsaul* ............................................................. The Children’s Medical Center
Gary LeRoy, M.D.* ........................................................ East Dayton Health Clinic
Marc Levy* ................................................................. United Way of Greater Dayton Area
Sherrie Lookner ............................................................. Miami Valley Child Development Centers
Connie Lucas-Melson* ...................................................... Family Representative
Amy Luttrell* .............................................................. Goodwill Industries
Percy Mack, Ph.D.* ........................................................ Dayton Public Schools
Douglas M. McGarry ......................................................... Area Agency on Aging
Rhine McLin* ............................................................... Mayor, City of Dayton
John E. Moore* ............................................................ Community Leader
John North ................................................................. Unified Health Solutions, Inc.
Christine Olinsky* ........................................................ OSU Extension
Vicki D. Pegg* ............................................................. Montgomery County Commissioner
Mary D. Pryor, M.D. ......................................................... Oakwood Health Commissioner
Frederick C. Smith (Honorary Member) ............................... Huffy Foundation
Joseph L. Szoke* ........................................................ ADAMHS Board for Montgomery County
Donald R. Thompson, Ph.D.* ........................................ Montgomery County Educational Service Center
Donald A. Vermillion ..................................................... University of Dayton Fitz Center
Dave Vore ................................................................. Montgomery County Sheriff
Willie Walker* ............................................................ Dayton Urban League
Joyce C. Young ............................................................ Community Leader

* Executive Committee members
Join us in congratulating several FCFC members who received honors and achieved milestones in 2005.

MONTGOMERY COUNTY FAMILY AND CHILDREN FIRST COUNCIL
- Chosen to illustrate "Where Results Accountability Thinking Has Worked" by Mark Friedman in his book, *Trying Hard is Not Good Enough*.

DONNA AUDETTE
- Named as one of the 2005 Top Ten Women by the Dayton Daily News.

DANNETTA GRAVES
- Received the 2005 Director’s Leadership Award from the National Association of County Human Services Administrators (NACHSA) at the NACo (National Association of Counties) Conference.
- Keynote speaker at the Ohio Job and Family Services Director’s Association (OJFSDA) 2005 spring conference.

LAURENCE P. HARKNESS
- Named the 2004 Citizen of the Year by the Montgomery County Board of County Commissioners.

FRANZ HOGE
- Recognized at the 2005 National Philanthropy Day luncheon in Cincinnati for contributions of time and resources for the Athenaeum of Ohio.

HELEN E. JONES-KELLEY
- Named a Paul Harris Fellow through the Dayton Rotary Club in recognition of her contributions to the eradication of polio worldwide.
- Keynote speaker for the luncheon at the 2005 State of the State annual conference.
- Appointed chair of the Miami Valley Hospital Board of Directors.
JOHN E. MOORE
- Received Lifetime Recognition Award by the Dayton Foundation.
- Received the Rev. Fred L. Shuttlesworth Humanitarian Award during the 2005 State of the State annual conference. This award is given to an individual, group, or organization that best epitomizes Rev. Shuttlesworth’s commitment to social justice, civil rights and broadening opportunities for all Americans.
- Keynote speaker at the Center for Healthy Communities 13th Annual Meeting whose theme was “The Mission is the Message.”

FREDERICK C. SMITH
- Received Lifetime Recognition Award by the Dayton Foundation.

JOYCE C. YOUNG
- Received Sinclair Community College’s David H. Ponitz Honorary Alumnus Award.

TOM KELLEY
- Named as one of the 2005 Top 10 African-American Males by Parity, Inc.

DATA SOURCES
ADAMHS Board for Montgomery County
Center for Healthy Communities
Combined Health District of Montgomery County
Demographics U.S.A. — County Edition
Federal Election Commission
Montgomery County Board of Elections
Montgomery County Board of MR/DD
Montgomery County Child Fatality Review Board
Montgomery County Office of Family and Children First
Montgomery County Prosecutor’s Office
National Center for Health Statistics
Ohio Department of Education
Ohio Department of Health
Ohio Department of Job & Family Services
Ohio Secretary of State
Scripps Gerontology Center, Miami University
U.S. Bureau of Labor Statistics
U.S. Census Bureau
U.S. Department of Justice, Federal Bureau of Investigation

The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions from the data provided for the charts.
Our **VISION** is that Montgomery County is a place where families, children and adults live in safe, supportive neighborhoods, care for and respect one another, value each other, and succeed in school, the workplace and life.

The **MISSION** of the Montgomery County Family and Children First Council is to serve as a catalyst to foster interdependent solutions among public and private community partners to achieve the vision for the health and well-being of families, children and adults.