GDAHA
Greater Dayton Area
Hospital Association

2024 GREATER DAYTON AREA

Community Health Needs Assessment

Foreword

The Greater Dayton Area Hospital Association (GDAHA) is a not-for-profit association whose primary focus is to ensure quality health care in our area. Currently, we serve 29 member hospitals and health organizations in the 11-county greater Dayton area. Much of our work in the Dayton region is a result of thoughtful hospital leadership. Our Board of Trustees and committees work with our staff to share common concerns and develop innovative solutions on a regional basis. With our partner organizations, we develop unique programs and services that have a positive impact on health.

Our Mission. Fortify trusted partnerships across the healthcare continuum through collaboration, advocacy, and industry expertise to help healthcare members and partners meet our communities' diverse health needs.

Our Vision. To be the catalyst for change and improve the health of all people who live, work, and play in the Greater Dayton area.

Our Values
- **Collaboration**: Building strong relationships sets our work apart and improves our ability to find solutions that support all partners.
- **Leadership**: We have an organizational responsibility and individual obligation to make our communities better for our members and the patients they serve.
- **Advocacy**: There is power in the individual voice. When we advocate as a collective, we harness our shared power on behalf of the Greater Dayton area.
- **Expertise**: We work on hard problems and by finding new solutions, we can help save lives
- **Impact**: Embrace change and innovation to help our members and our community succeed and grow.

Our Philosophy. When individuals come together and consciously choose to share their talents and work together, absolutely nothing can stand in the way of them succeeding together.

We are committed to collaborating with our member hospitals, local public health departments and community organizations to work together to address the needs of our community members to continue to improve the lives of everyone who lives, works and plays in our region.

Acknowledgments

This Regional Community Health Needs Assessment (Regional CHNA) process and report would not be possible without a collaborative approach from a variety of stakeholders across the community. Specifically, this collaboration was built on the including the Community Health Committee of the Greater Dayton Area Hospital Association (GDAHA), and consulting organizations and our CHNA Advisory Committee.

Critical to this collaborative effort was the participation of our region's public health departments. Leaders from each county shared their experience and expertise in working with their communities in the devopment and implementation of the survey and in reviewing the CHNA report. Partners included: Auglaize County Health Department, Champaign Health District, Clark County Combined Health District, Darke County General Health District, Greene County Health Department, Miami County Public Health, Preble County Health Department, Public Health Dayton & Montgomery County, and Sidney-Shelby County Health Department.

The CHNA Advisory Committee met regularly, hosted, and facilitated meetings, were responsible for deliverables, and managed day-to-day operations of the project. The Advisory Committee provided expertise on each step of the Regional CHNA including quantitative instrument development, qualitative questions, data collection efforts, reviewing results and report drafts, finalizing the Regional CHNA report, and committing to implementation efforts for their organization to address top needs.

This report has been commissioned by the members of the Greater Dayton Area Hospital Association:

Kettering Health
- Kettering Health Main Campus
- Kettering Health Miamisburg
- Kettering Health Dayton
- Kettering Health Washington Township
- Kettering Health Troy
- Kettering Health Hamilton
- Kettering Health Behavioral Medical Center
- Soin Medical Center – Kettering Health
- Kettering Health Greene Memorial

Premier Health
- Miami Valley Hospital
- Atrium Medical Center
- Upper Valley Medical Center
- Miami Valley Hospital South
- Miami Valley Hospital North

Wilson Health
Wayne HealthCare
Mercy Health Springfield Regional Medical Center
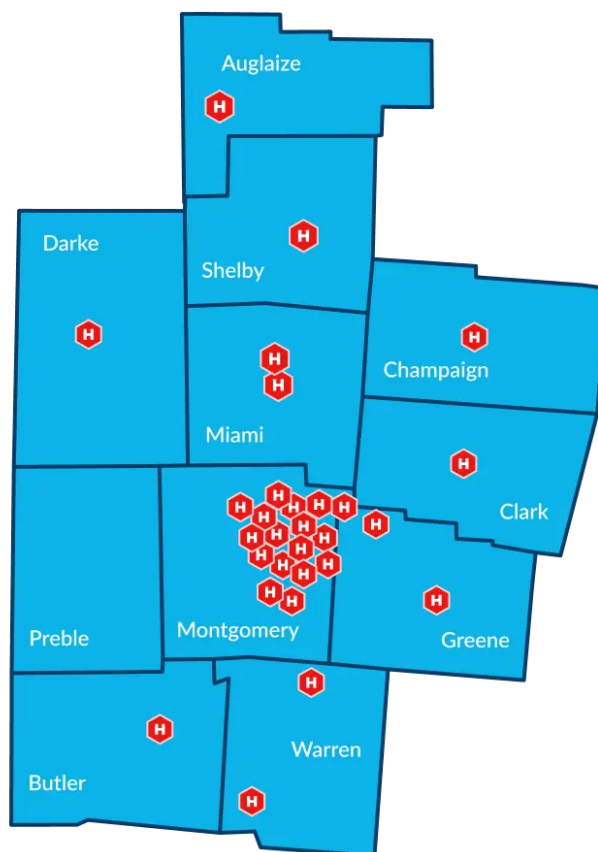Mercy Health Urbana Hospital

Contact Information

Lisa Henderson
Vice President, Health Initiatives
Greater Dayton Area Hospital Association
937-228-1000
lhenderson@gdaha.org

Written Comments

Individuals are encouraged to submit written comments, questions, or other feedback about the information included in this report and associated strategies to lhenderson@gdaha.org. Please make sure to include the name of the facility that you are commenting about, and if possible, a reference to the appropriate section within the document.

Project Management, Secondary Data, Data Collection, and Report Development
Hospital Council of Northwest Ohio

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health assessments and planning processes in 50+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their Master of Public Health (MPH) degree, with emphasis on epidemiology, policy, and health education.

Gabrielle MacKinnon, MPH
Community Health Improvement Manager

Jodi Franks, MPH, CHES
Community Health Improvement Coordinator

Emilee Tancak
Graduate Assistant

Data Collection & Analysis

Joseph A. Dake, Ph.D., MPH
Professor and Chair
School of Population Health
University of Toledo

Samantha Schroeder, MPA
Consultant

The 2024 Greater Dayton Area Health Assessment is available on the following websites:

Greater Dayton Area Hospital Association
https://gdaha.org/community-health/community-health-needs-assessment/

Hospital Council of Northwest Ohio
http://www.hcno.org/community-services/community-health-assessments/

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SPARKMAP

APPENDICES

Executive Summary

This executive summary provides an overview of health-related data for Greater Dayton Area (10 Counties - Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, Warren) adults who participated in a county-wide health assessment survey from April 2024 through July 2024. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Internal Revenue Services (IRS) Requirements

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by GDAHA and its member hospitals and partner agencies. The priorities identified in this report help to guide the hospitals' and health departments' community health improvement programs and community benefit activities, as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, for 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as the 10-county Greater Dayton Area. In addition, GDAHA collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and our 10 counties as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment, define their community to be the same. Defining the community as such allows the hospital to readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. This assessment meets 501(r) federal compliance for participating hospitals.

INCLUSION OF VULNERABLE POPULATIONS

The Advisory Committee, which includes representatives from member hospitals and public health departments, intentionally elected to use a random household survey to incorporate a broad range of perspectives across the county. The data is de-identified and aggregated in such a way to show several demographic categories such as income, gender, age, geography, etc. to further identify populations experiencing adverse conditions. It is described more fully in the Primary Data Collection Methods section of this report. Additionally, the Advisory Committee itself includes a variety of organizations working collaboratively to complete the assessment.

Internal Revenue Services (IRS) Requirements, *continued*

PROCESS & METHODS FOR ENGAGING COMMUNITY

This CHNA process was commissioned by GDAHA and its member hospitals. GDAHA's community health committee has been in existence for more than five years and has representation from all our member hospitals and health systems, in addition to representatives from public health departments. Multiple sectors, including the general public, were asked to participate in the process which included defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs. Over 30 organizations (see "Acknowledgments" section) worked together to create one comprehensive assessment. The general public will be invited to attend the release of the report and provide qualitative feedback. The Community Heath Committee and CHNA Advisory Committee will continue to be invited to participate in the strategy development stage of the process. Additionally, the online methodology (convenience + purposeful sampling), described more fully in the Primary Data Collection Methods section of this report was the primary instrument used to engage and receive input from the community.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

Data for the 2024 CHNA were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, online sampling (convenience + purposeful sampling) of Greater Dayton Area residents as follows: adults aged 18 years and older. The survey instrument contained both customized questions and a set of core questions taken from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from health department data sources (e.g., vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the survey. Detailed data collection methods are described later in this section.

IDENTIFYING & PRIORITIZING NEEDS

As the CHNA is completed and shared with the community and partner agencies, the Community Health Committee will begin the process to prioritize needs and identify strategies for our region's Community Health Improvement Plans. This process will include a thorough review the data collected during the CHNA, conducting focus groups with community members and with agency leaders in addition to other avenues identified by the community and stakeholders to gain invaluable input. Themes from this qualitative, secondary, and survey data will highlight specific populations within the region most likely to have unmet needs. These insights can be leveraged in order to identify common goals, action steps, and strategic partners.

The region has come together around a common goal to use a regional approach to improving the health of the community. Data from this Regional CHNA clearly supports comprehensive strategies including addressing SDOH that are driving health needs, a health equity lens that considers how strategies will remove disparities, and mutually reinforcing action across our region.

RESOURCES TO ADDRESS NEED

Addressing the needs identified during this process cannot be done in isolation, so a depth of partnerships will be developed along with strategies identified during the CHIP process. This may include community centers, libraries, healthcare providers, and other trusted resources in each community. The specific list of resources is dependent on the prioritization of needs, implementation strategies selected, and community to be served. Input from community members, leaders and agency staff will be crucial throughout this process, as all partners work to meet the needs and grow the capacity of all partners to serve.

Internal Revenue Services (IRS) Requirements, *continued*

EVALUATION OF IMPACT

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last community health needs assessment. Each member hospital and health system continually assesses the impact of their community health investments to ensure the greatest impact for the populations who need it most.

CHNA AVAILABILITY

The 2024 Greater Dayton Area Community Health Needs Assessment, as well as the various other assessments used in creating this report, can be found at the following websites:

Greater Dayton Area Hospital Association: https://gdaha.org/community-health/community-health-needs-assessment/

Hospital Council of Northwest Ohio: http://www.hcno.org/community-services/community-health-assessments/

Primary Data Collection Methods

DESIGN

This community health needs assessment was cross-sectional in nature and included an online survey of adults within the Greater Dayton Area. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. Comparisons to local, state, and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.

INSTRUMENT DEVELOPMENT

One adult survey instrument was designed for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adults. The investigators decided to derive the majority of the survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the Advisory Committee. During these meetings, HCNO and the Advisory Committee reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Advisory Committee, the project coordinator composed a draft of the survey containing 81 items, which was ultimately reviewed and approved by the Advisory Committee.

SAMPLING

The sampling frame for the adult survey consisted of adults ages 18 and over living in the 10-County Greater Dayton Area. There were 1,090,792 persons ages 18 and over living in the 10-County Greater Dayton Area. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings). A sample size of at least 267 adults was needed to ensure this level of confidence for the general population.

PROCEDURE

The primary data collection tool used was an online survey via Survey Monkey. The Advisory Committee also provided paper surveys to select populations. The Advisory Committee established a raffle with a variety of gift cards to encourage participation in the survey. Data collection occurred from April-July 2024, segmented into two major sampling methodologies: convenience sampling and purposeful sampling. The combination of sampling methodologies was utilized to yield valuable insights reflective of the county's unique characteristics.

Convenience sampling took place during the first three weeks of data collection. This approach enabled the inclusion of community members who were easily accessible, such as residents attending local events, using public services, or interacting with online platforms. The purpose of this first phase was to enable swift data collection and broad representation across various segments of the population.

Following convenience sampling, researchers conducted a demographic analysis to identify under-represented populations among the pool of respondents. By comparing the demographics of the survey respondents to U.S. Census 2022 American Community Survey estimates, researchers identified the following under-represented populations among the survey respondents: male respondents, Black/African American and Hispanic respondents, and those 60 and older living in Darke, Greene, Maimi, Montgomery, and Shelby counties.

Utilizing the results of the demographic analysis, purposeful sampling took place over the course of six weeks. This approach targeted the collection of data from under-represented demographic groups by promoting the survey in areas these populations frequented. Efforts included in-person outreach at specific locations and collaboration with key community stakeholders to raise awareness of the survey.

Primary Data Collection Methods, *continued*

PROCEDURE, *continued*

By combining the approaches outlined above, researchers aimed to capture a comprehensive picture of the 10-County Greater Dayton Area population, its dynamics, and its varied perspectives, contributing to informed decision-making and community-focused initiatives within the region. After thoroughly cleaning the adult data that was collected during the thirteen weeks, a total of 2,175 responses were considered valid for analysis.

This sample size (n=2,175: CI=± 2.10%) means that the responses in the adult health assessment should be representative of the entire county.

Note: "n" refers to the total sample size, "CI" refers to the confidence interval.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 29.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of the Greater Dayton Area, the data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities (including age, gender, race, and income-based disparities) can be identified throughout each section of the 2024 Greater Dayton Area Community Health Needs Assessment. Income-based disparities are particularly prevalent in the Greater Dayton Area. For example, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, asthma, arthritis, etc.), were higher among those with annual household incomes under $25,000 and those 65 and older compared to the general population.

As part of the implementation plan (IP)/community health improvement plan (CHIP) process, the Advisory Committee will identify specific populations that face disparities as part of the prioritization phase of the process.

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Greater Dayton Area adult assessment had an adequate response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of the Greater Dayton Area). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Sampling in an online context may inadvertently exclude individuals who do not have internet access or are not active online, resulting in a biased sample that may not accurately represent the broader population. Additionally, relying on online surveying can lead to self-selection bias, where individuals who are more motivated or have stronger opinions are more likely to participate, skewing the results and undermining the generalizability of findings.

Furthermore, adults responding to the survey were more likely to be living in Montgomery County and over the age of 30. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than the majority of Greater Dayton Area adult residents younger than 30). Therefore, any subgroup results reported for adults under age 30 should be used with extra caution as the margin of error is higher than the overall survey population.

Primary Data Collection Methods, *continued*

LIMITATIONS, *continued*

Also, it is important to note that although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via an electronic survey, with paper copies available.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple websites whenever possible. HCNO utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC webpages, U.S. Census data, Healthy People 2030, and other national and local sources. All primary data in this report is from the 2024 Greater Dayton Area Health Needs Assessment (CHNA). All other data is cited accordingly.

Key Report Sections

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., binge drinker) can be found in appendix II (Acronyms and Terms) of this report.

Data Summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found in the report. Please refer to the table of contents regarding placement of the full section.

Trend Summary: The summary tables consist of data from the 2024 Greater Dayton Area Community Health Needs Assessment (CHNA). Additional state and national adult data are included for comparison purposes. The trend summary tables highlight all sections found in the report.

Individual Sections: Each individual adult section consists of data from adults ages 18 and older in the Greater Dayton Area. The individual sections fall under four main categories: health care access, health behaviors, chronic disease, and social conditions. The social conditions section consists of topics such as food insecurity, adverse childhood experiences, environmental conditions, etc. Please reference the table of contents to review placement of individual sections.

SparkMap Section: SparkMap is a comprehensive platform for mapping, assessment, and data analysis, designed to meet data and case-building needs across multiple sectors. This section includes a variety of maps for the Greater Dayton Area, organized by County, Census Tract, and Zip Code. The data for these maps is sourced from organizations such as the CDC, USDA, CMS, ACS, and the US Census.

Appendix: The appendices are included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, etc.

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Needs Assessments (CHNAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2024 CHNA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies, to which makes up the Advisory Committee. The Community Health Improvement Process (CHIP) follows the CHNA process, which will involve the following six phases:

1. Organizing for success and partnership development
During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners, and uses participant's time efficiently, and results in a plan that can be realistically implemented.

2. Visioning
During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. The four assessments
Each of the four assessments generates valuable information. The results of the assessments are particularly valuable when looking at the results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

Figure 1.1 The MAPP Framework

4. Identifying strategic issues
The process to formulate strategic issues occurs during the prioritization process of the CHNA/CHIP. The Advisory Committee will consider the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies
Following the prioritization process, a gap analysis is completed in which the Advisory Committee will identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives, and strategies are presented to the Advisory Committee to meet the prioritized health needs.

6. Action cycle
The Advisory Committee will begin implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. At the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

2019 Ohio State Health Assessment (SHA)

The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health.

Similar to the 2019 Ohio SHA, the 2024 Greater Dayton Area Community Health Needs Assessment (CHNA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol 🛡 will be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the 2019 Ohio State Health Assessment, please visit: https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment

FIGURE 1.1 | Components of the 2019 SHA
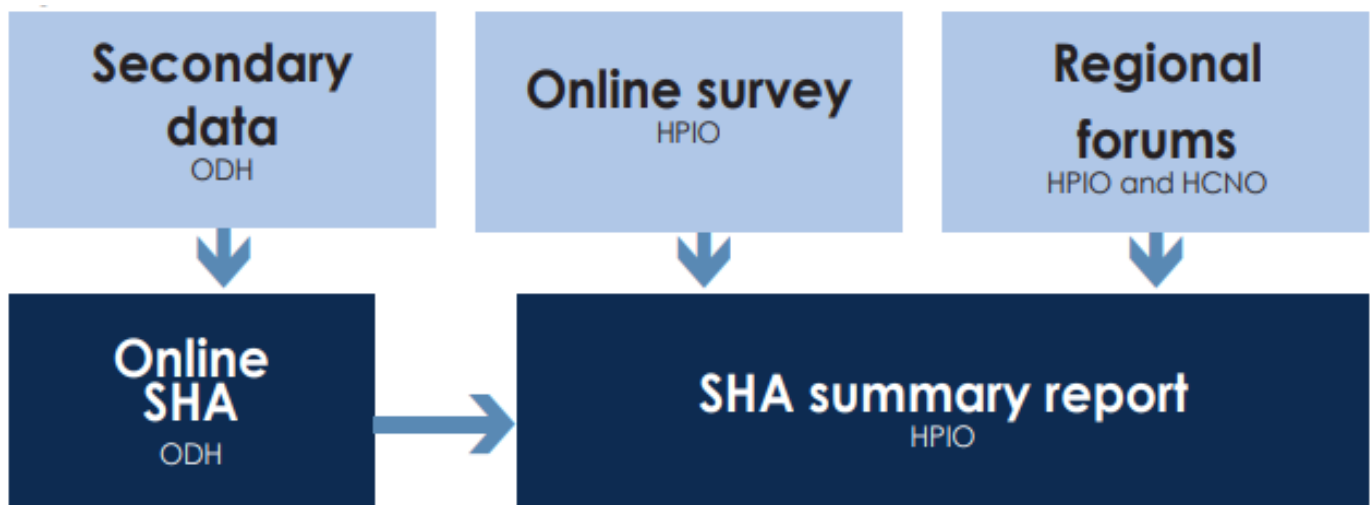
Acronyms:
HCNO – Hospital Council of Northwest Ohio
HPIO – Health Policy Institute of Ohio
ODH – Ohio Department of Health

Data Summary | Health Care Access

HEALTH CARE COVERAGE

Seven percent (7%) of Greater Dayton Area adults were without health care coverage in 2024. The top sources of health care coverage included employer (52%), Medicare (20%), and someone else's employer (13%).

Uninsured Greater Dayton Area Adults
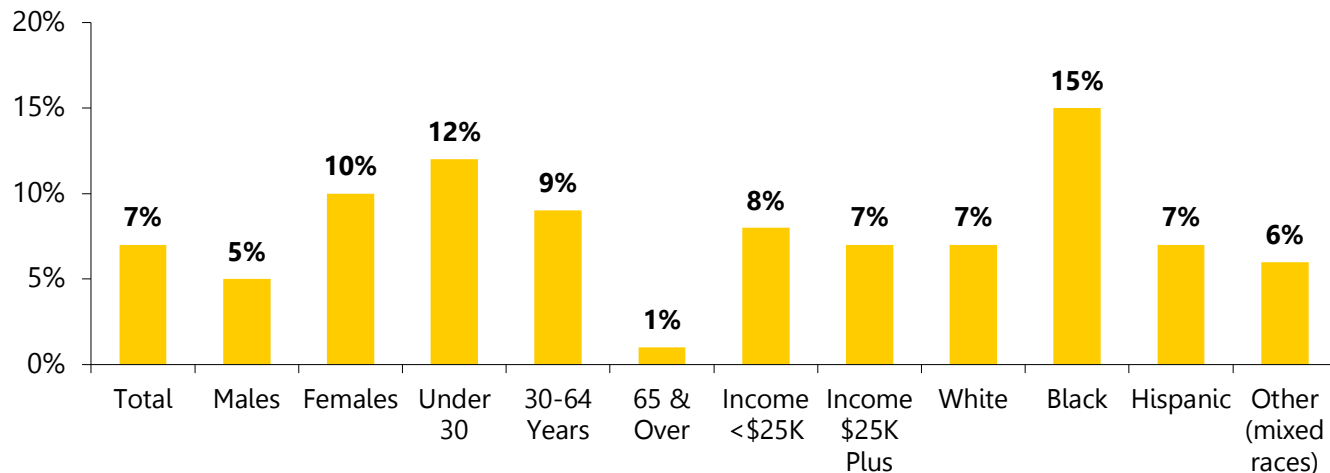
ACCESS AND UTILIZATION

Over three-quarters (78%) of Greater Dayton Area adults had visited a doctor for a routine checkup in the past year. Over half (58%) of adults had one person they thought of as their personal doctor or health care provider. Fifty-five percent (55%) of adults preferred to access information about their health care services from their employer.

Greater Dayton Area Adults Who Had a Routine Check-up in the Past Year
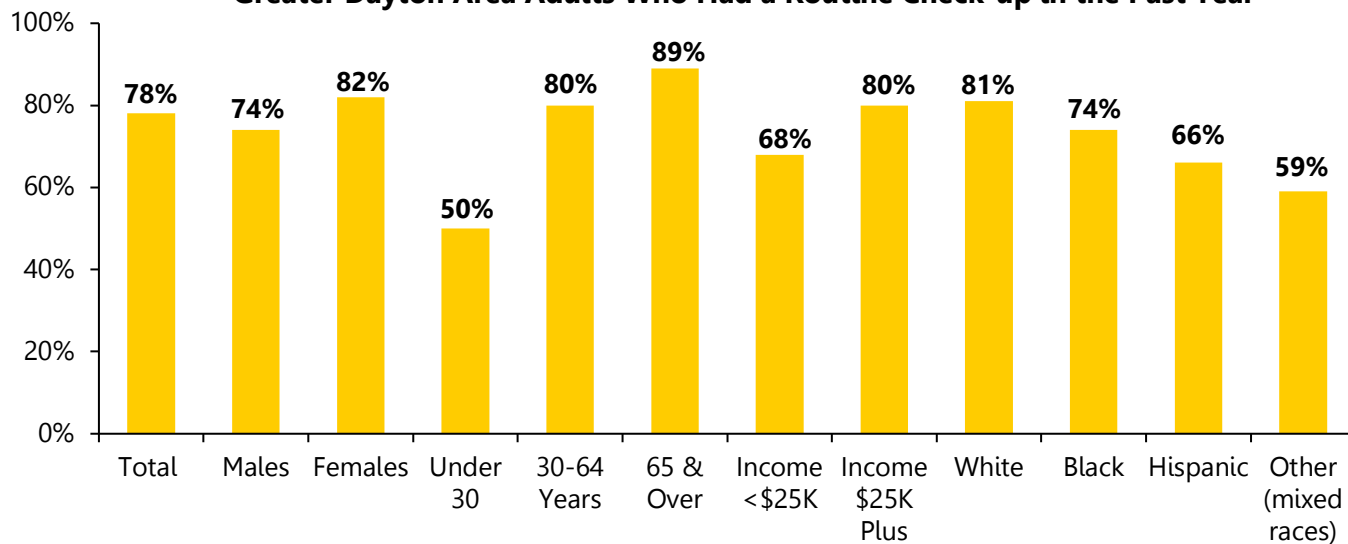
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Three-fourths (75%) of adults received a flu vaccine in the past year. Almost half (46%) of adults had a pneumonia vaccine in their lifetime, increasing to 74% of those ages 65 and over. Seventy-six percent (76%) adults had received a COVID-19 vaccine in the past year.

Greater Dayton Area Adults Who Received a Flu Vaccine in the Past Year

Category	Percent
Total	75%
Male	72%
Female	76%
Under 30	59%
30-64 Years	74%
65 & Over	83%
Income <$25K	55%
Income $25K Plus	77%
White	78%
Black	56%
Hispanic	67%
Other (mixed races)	63%

WOMEN'S HEALTH

Sixty-six percent (66%) of Greater Dayton Area women over the age of 40 reported having a mammogram in the past year. Over half (53%) of all women in the Greater Dayton Area had a clinical breast exam in the past year, and 71% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years.

Greater Dayton Area Women's Health Exams Within the Past Year
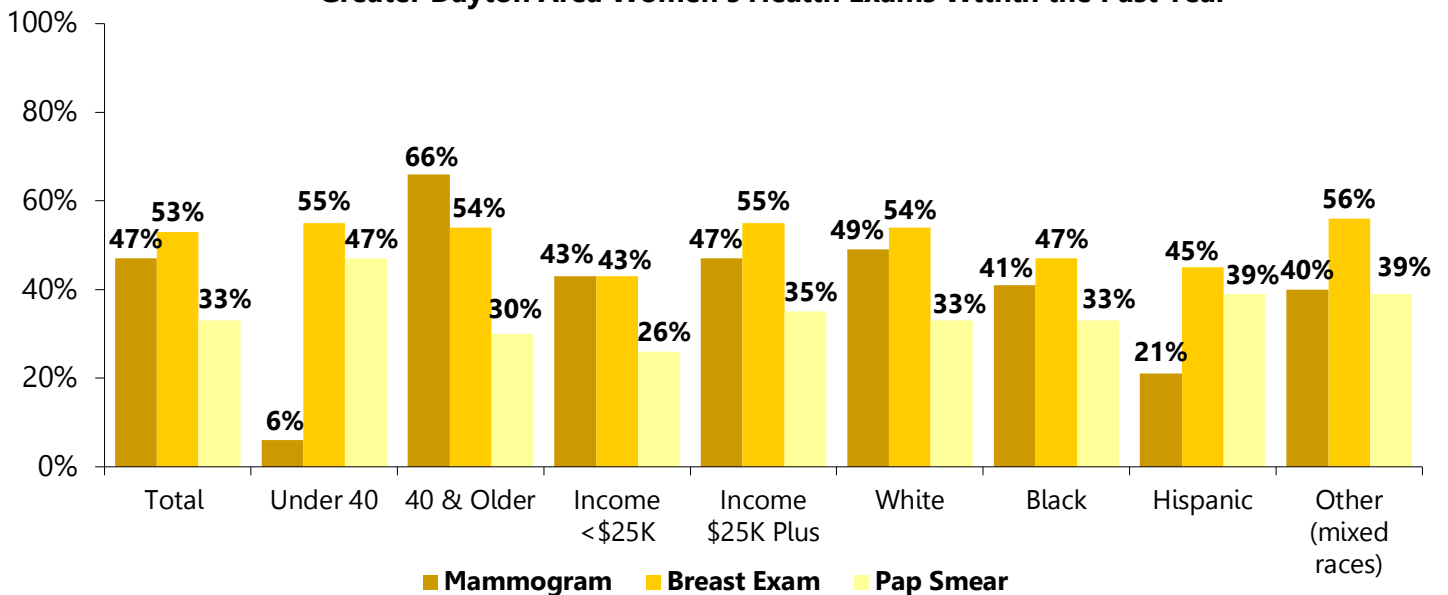
Category	Mammogram	Breast Exam	Pap Smear
Total	47%	53%	33%
Under 40	6%	55%	47%
40 & Older	66%	54%	30%
Income <$25K	43%	43%	26%
Income $25K Plus	47%	55%	35%
White	49%	54%	33%
Black	41%	47%	33%
Hispanic	21%	45%	39%
Other (mixed races)	40%	56%	39%

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

MEN'S HEALTH

Half (50%) of Greater Dayton Area males had a PSA Test in the past year to detect cancer in the prostate, increasing to 72% of males ages 50 and older. Sixteen percent (16%) of men had a digital rectal exam in the past year.

Greater Dayton Area Men Who Had a PSA Test in the Past Year

Category	Percent
Total	32%
Under 50	13%
50 & Older	46%
Income <$25K	5%
Income $25K Plus	35%
White	36%
Black	13%
Hispanic	22%
Other (mixed races)	17%

ORAL HEALTH

Seventy percent (70%) of Greater Dayton Area adults had visited a dentist or dental clinic in the past year. Adults who had not received dental care in the past year reported the following reasons for not visiting a dentist in the past year: cost (32%); fear, apprehension, nervousness, pain, disklike going (31%); and did not have or know a dentist (23%).

Greater Dayton Area Adults Visiting a Dentist or Dental Clinic in the Past Year

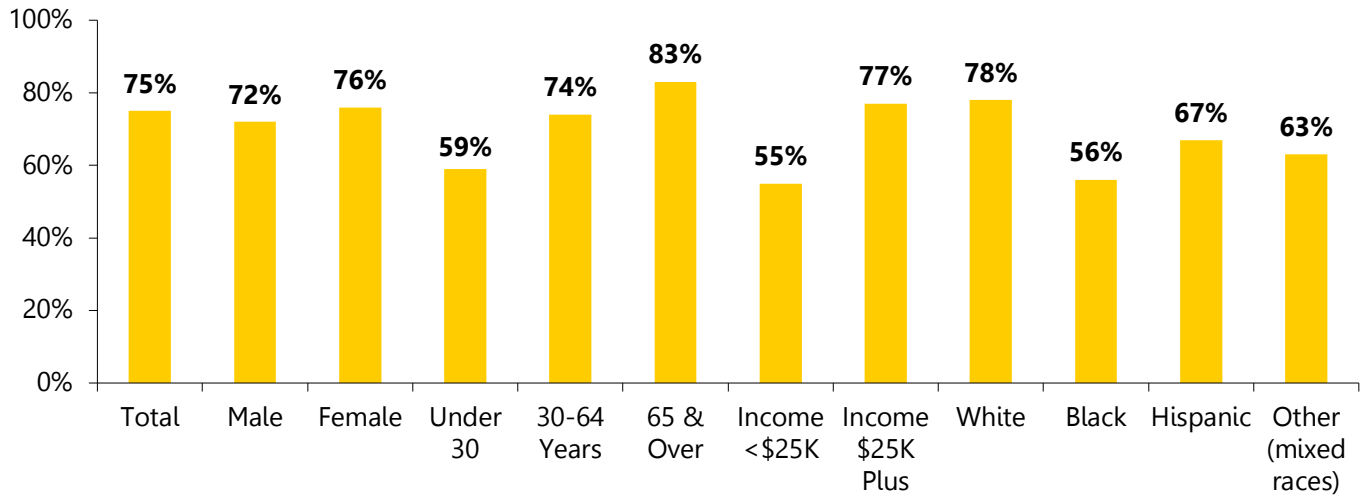| Category	Percent
Total	70%
Males	70%
Females	70%
Under 30	58%
30-64 Years	70%
65 & Over	79%
Income <$25K	40%
Income $25K Plus	75%
White	74%
Black	47%
Hispanic	71%
Other (mixed races)	54%

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

Almost half (45%) of Greater Dayton Area adults rated their health status as excellent or very good. Conversely, 16% of adults described their health as fair or poor, increasing to 27% of those with incomes less than $25,000.

Greater Dayton Area Adult Health Perceptions*

Category	Excellent/Very Good	Good	Fair/Poor
Total	45%	39%	16%
Males	49%	34%	17%
Females	41%	44%	15%
Under 30	52%	29%	19%
30-64 years	42%	43%	15%
65 & Over	45%	41%	14%
Income <$25K	39%	34%	27%
Income $25KPlus	46%	40%	14%
White	44%	41%	15%
Black	32%	41%	27%
Hispanic	63%	24%	13%
Other (mixed races)	65%	24%	11%

■ Excellent/Very Good ■ Good ■ Fair/Poor

Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

WEIGHT STATUS

Over three-quarters (79%) of Greater Dayton Area adults were either overweight (35%) or obese (including severely and morbidly obese) (44%) by body mass index (BMI), putting them at elevated risk for developing a variety of diseases.

Greater Dayton Area Adult BMI Classifications*

Category	Normal (BMI of 18.5-24.9)	Overweight (BMI of 25.0-29.9)	Obese, including Severely and Morbidly Obese (BMI of 30.0 and above)
Total	20%	35%	44%
Males	16%	45%	38%
Females	23%	26%	50%
Under 30	30%	23%	44%
30-64 Years	18%	31%	50%
65 & Over	14%	54%	32%
Income <$25K	32%	24%	44%
Income $25K	18%	37%	45%
White	19%	36%	44%
Black	16%	27%	56%
Hispanic	32%	35%	33%
Other (mixed races)	27%	43%	30%

■ Obese, including Severely and Morbidly Obese (BMI of 30.0 and above)
■ Overweight (BMI of 25.0-29.9)
■ Normal (BMI of 18.5-24.9)

Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.
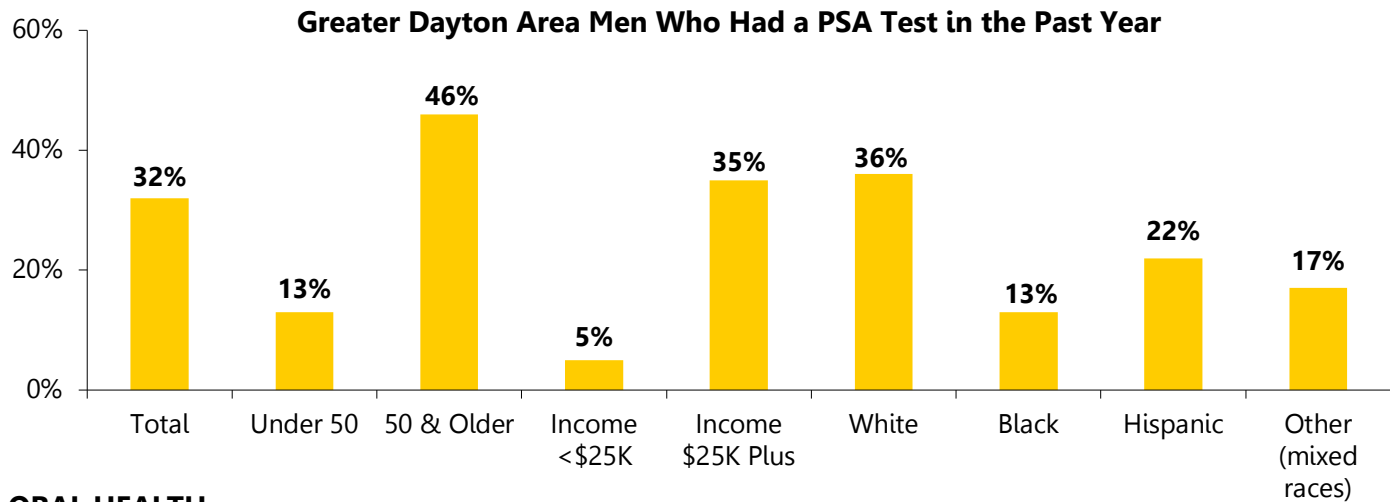*Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*
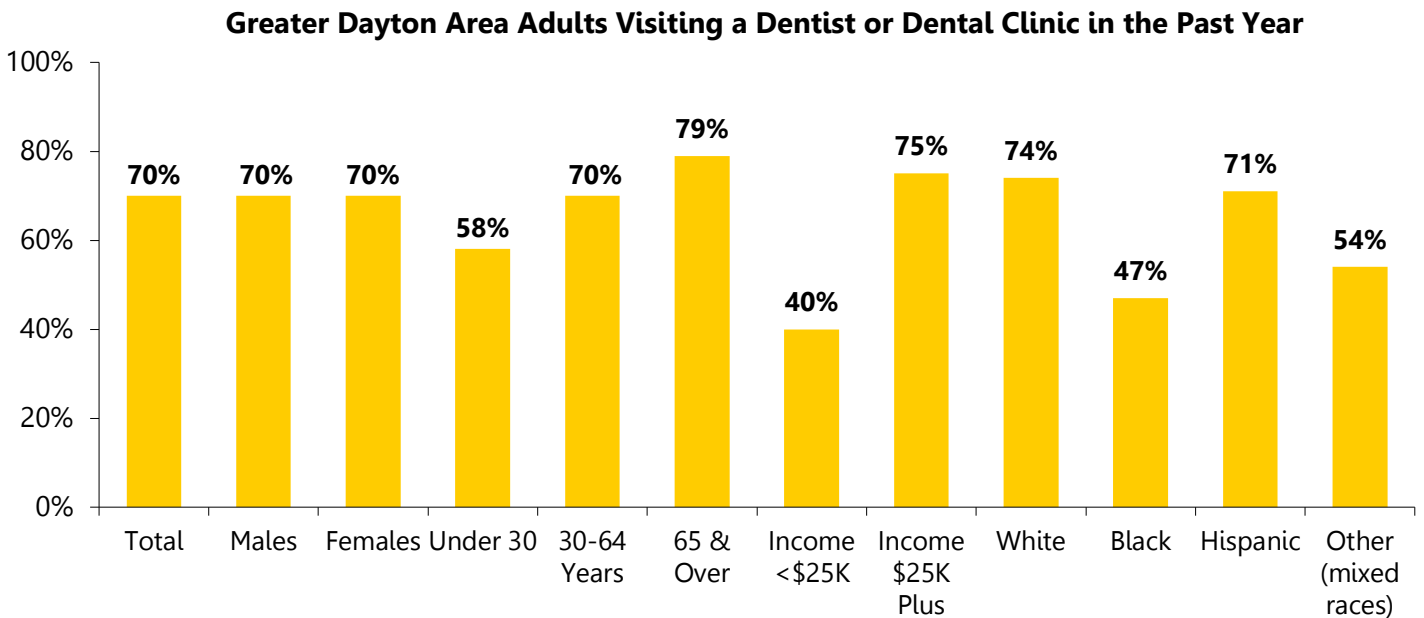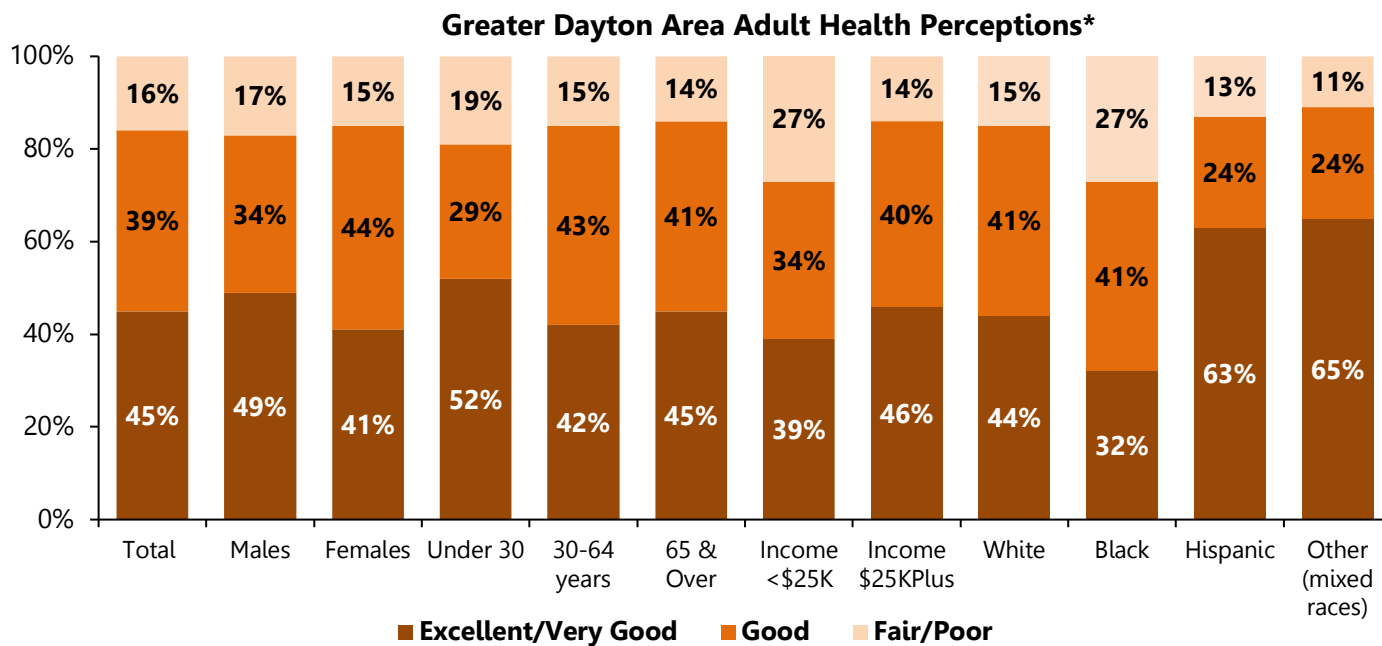
Data Summary | Health Behaviors, *continued*

TOBACCO USE

Eleven percent (11%) of Greater Dayton Area adults were current smokers, and 20% were considered former smokers. Eight percent (8%) of adults were current electronic vapor product users (those who indicated using an electronic vapor product in their lifetime and currently used it some or all days).

Greater Dayton Area Adult Smoking Behaviors*

■ **Current smoker**   ■ **Former smoker**   ■ **Never smoked**
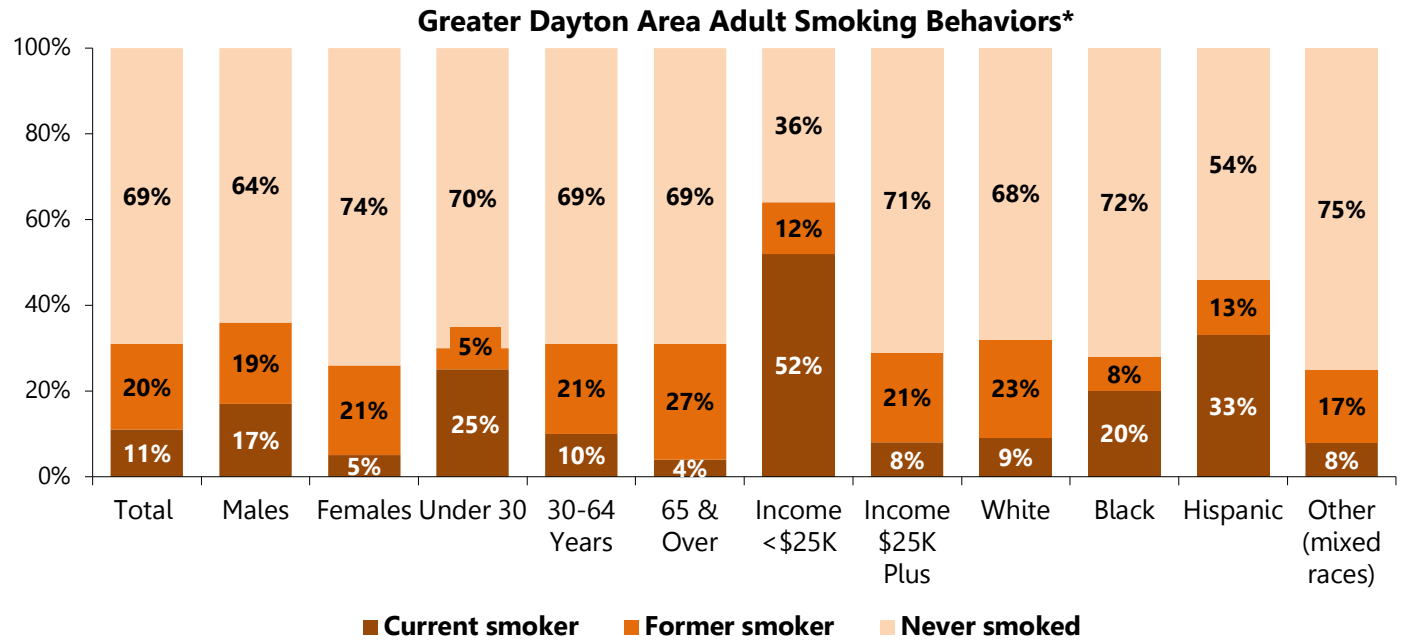
*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

ALCOHOL CONSUMPTION

Sixty-four percent (64%) of Greater Dayton Area adults had at least one alcoholic drink in the past month and would be considered current drinkers. On average, Greater Dayton Area current drinkers had 2.7 drinks per drinking occasion. Over one-quarter (26%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Greater Dayton Area Adults Average Number of Drinks Consumed Per Drinking Occasion, Among Current Drinkers

*Percentages may not equal 100% as some respondents answered, "don't know"
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
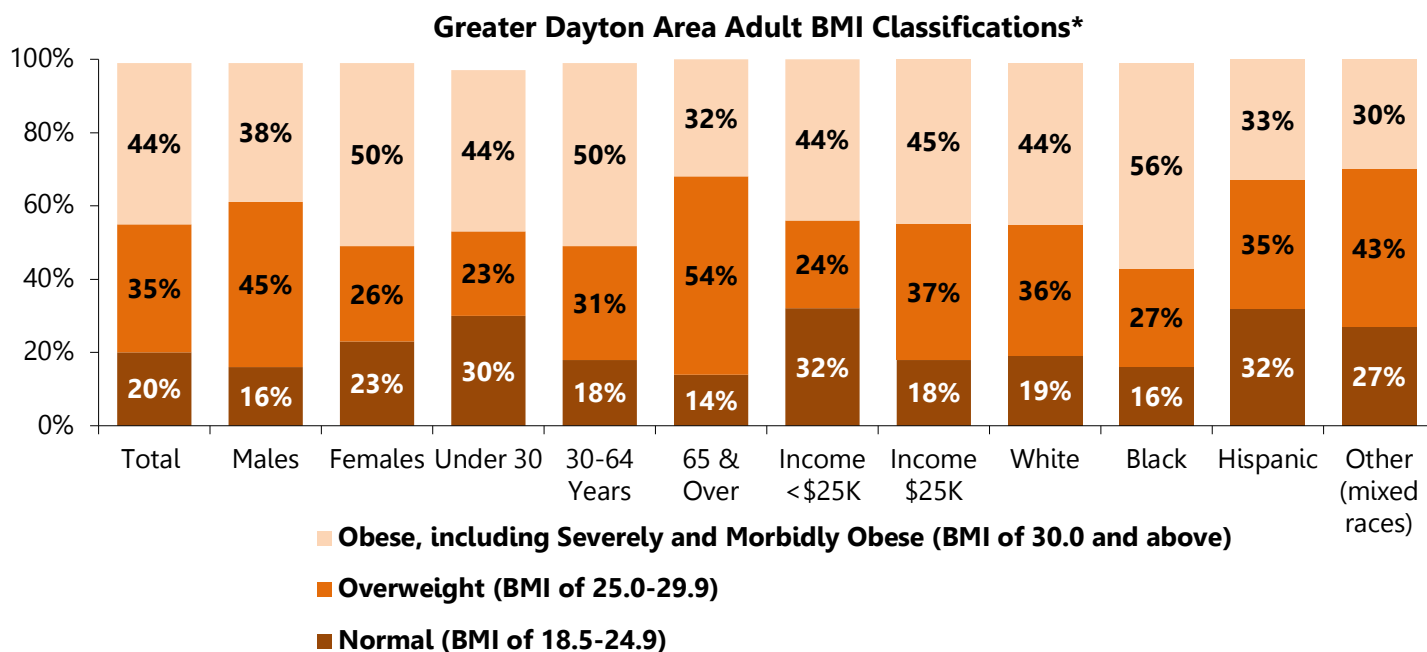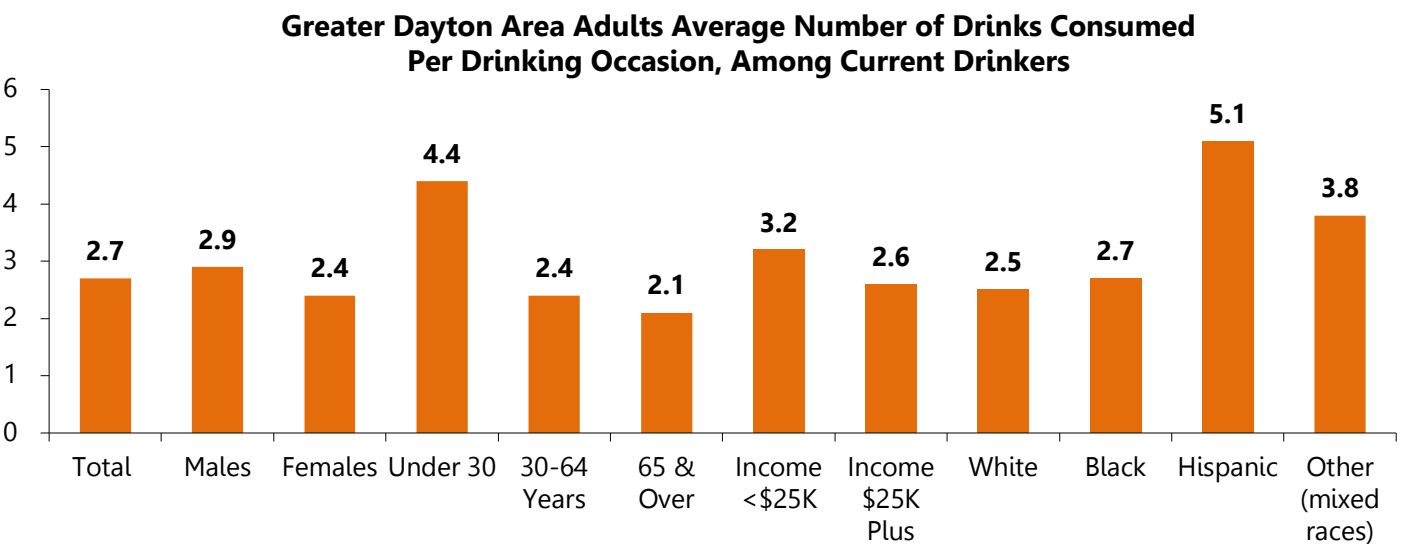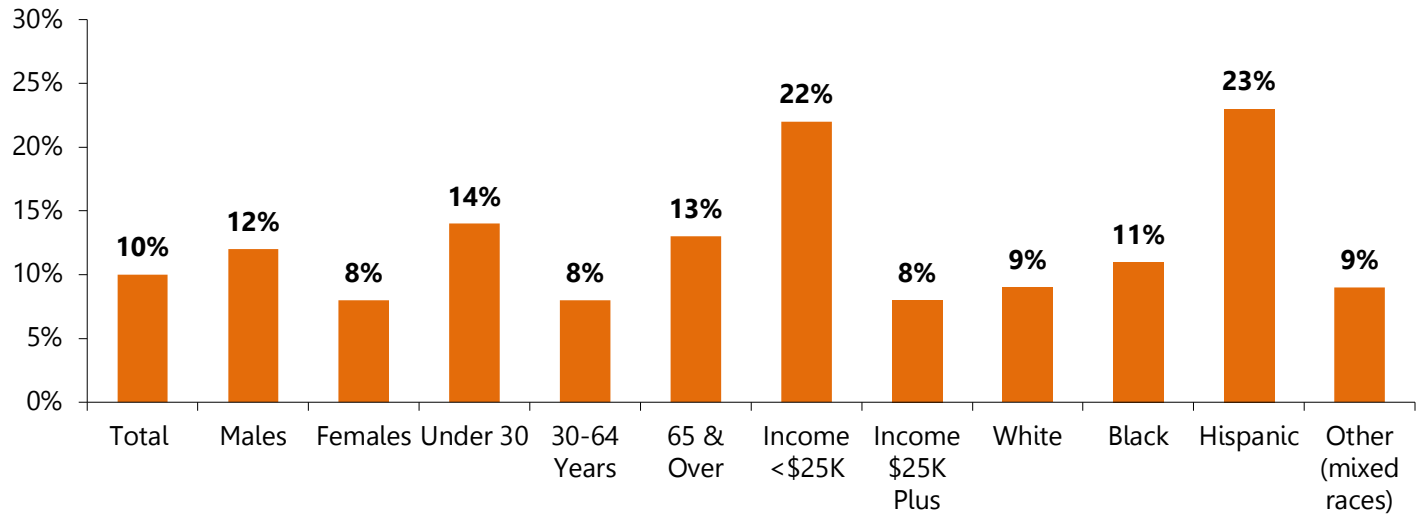
Data Summary | Health Behaviors, *continued*

DRUG USE

Ten percent (10%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months. Four percent (4%) of Greater Dayton Area adults reported they had used recreational marijuana or hashish in the past six months.

Greater Dayton Area Adult Medication Misuse in Past 6 Months

Category	Percentage
Total	10%
Males	12%
Females	8%
Under 30	14%
30-64 Years	8%
65 & Over	13%
Income <$25K	22%
Income $25K Plus	8%
White	9%
Black	11%
Hispanic	23%
Other (mixed races)	9%

SEXUAL BEHAVIOR

Seventy-two percent (72%) of Greater Dayton Area adults had sexual intercourse in the past year. Nine percent (9%) of adults reported they had intercourse with more than one partner in the past year. Nine percent (9%) of Greater Dayton Area adults indicated they were not using any method of birth control.

Greater Dayton Area Number of Sexual Partners in the Past Year*
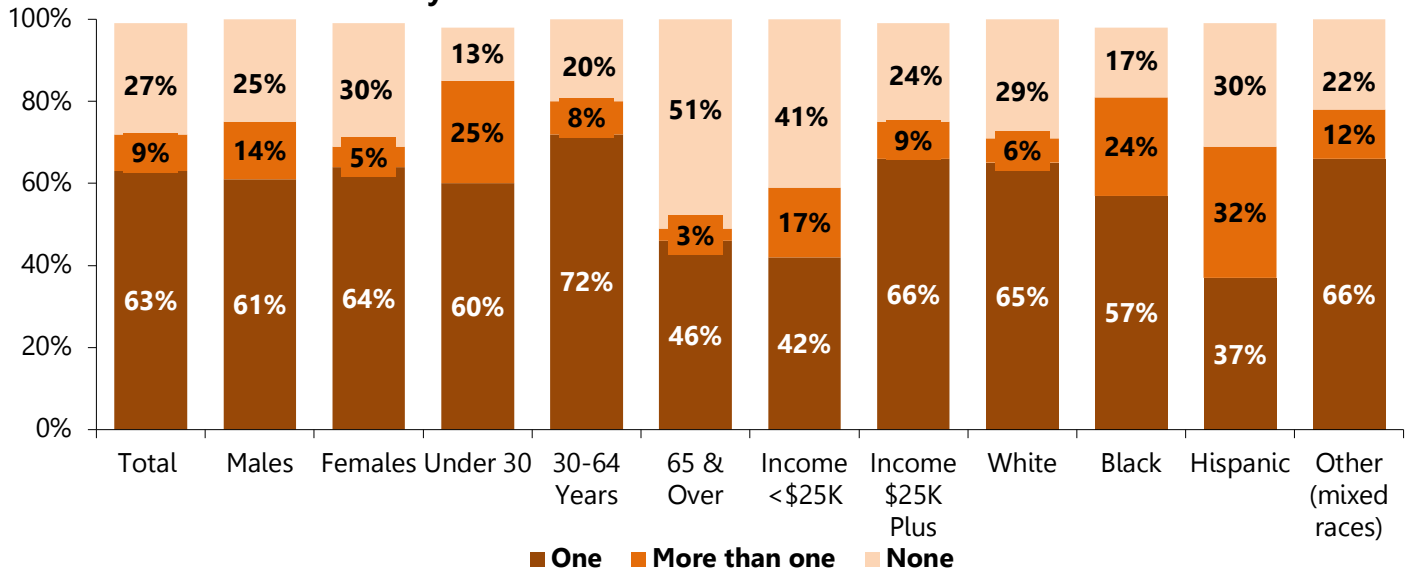
Category	One	More than one	None
Total	63%	9%	27%
Males	61%	14%	25%
Females	64%	5%	30%
Under 30	60%	25%	13%
30-64 Years	72%	8%	20%
65 & Over	46%	3%	51%
Income <$25K	42%	17%	41%
Income $25K Plus	66%	9%	24%
White	65%	6%	29%
Black	57%	24%	17%
Hispanic	37%	32%	30%
Other (mixed races)	66%	12%	22%

■ One ■ More than one ■ None

*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

MENTAL HEALTH

In the past year, 21% of Greater Dayton Area adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. In the past year, 7% of adults considered attempting suicide, and 1% adults reported attempting suicide in the past year.

Greater Dayton Area Adults Feeling Sad or Hopeless for Two or More Weeks in a Row
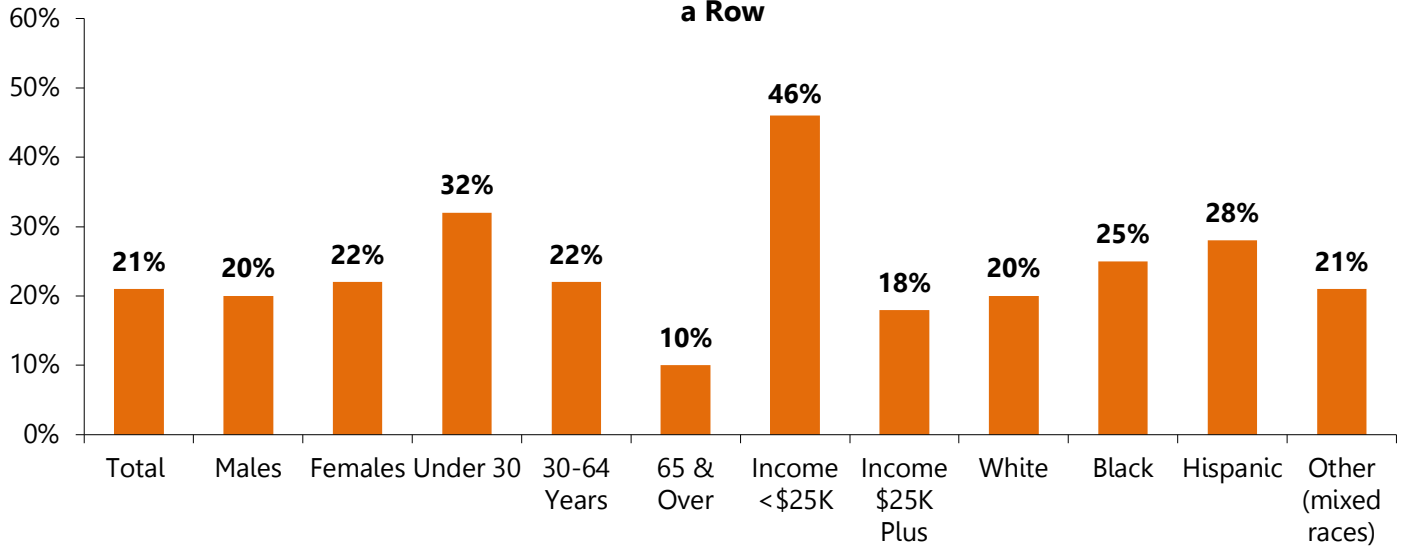
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Thirty-seven percent (37%) of adults had ever been diagnosed with high blood cholesterol. One third (33%) of adults had ever been diagnosed with high blood pressure. Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life.

Greater Dayton Area Adults with CVD Risk Factors

Category	Percentage
Obesity (Including Severely and Morbidly Obese)	44%
High Blood Cholesterol	37%
High Blood Pressure	35%
Sedentary Lifestyle	15%
Diabetes	14%
Current Smoker	11%

ASTHMA AND OTHER RESPIRATORY DISEASE

Thirteen percent (13%) of Greater Dayton Area adults had ever been diagnosed with asthma, increasing to 18% of adults with incomes less than $25,000.

Greater Dayton Area Adults Diagnosed with Asthma

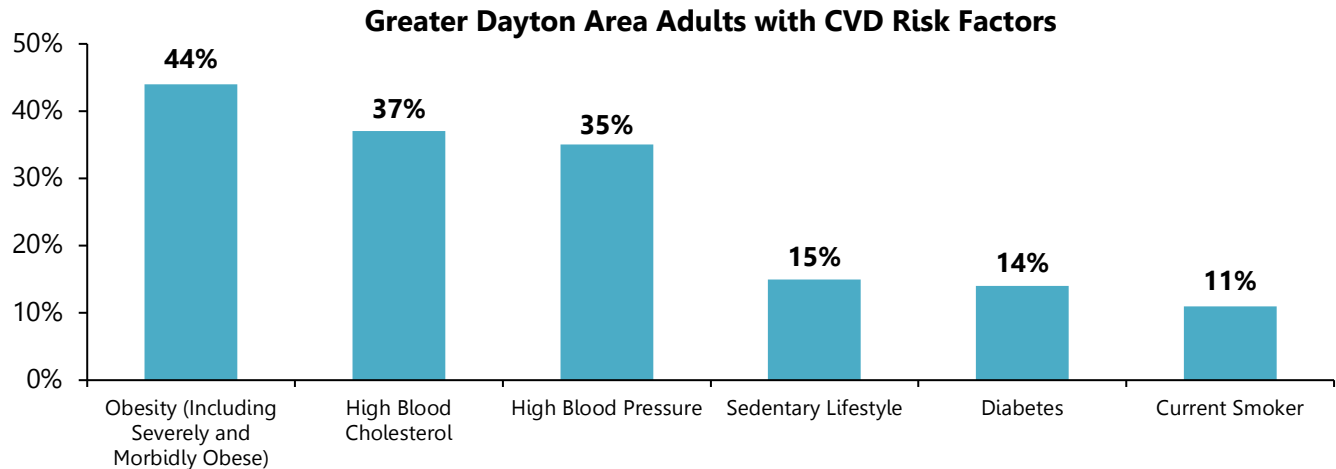| Group	Percentage
Total	13%
Males	10%
Females	16%
Under 30	14%
30-64 Years	13%
65 & Over	13%
Income <$25K	18%
Income $25K Plus	12%
White	13%
Black	17%
Hispanic	10%
Other (mixed races)	15%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Chronic Disease, *continued*
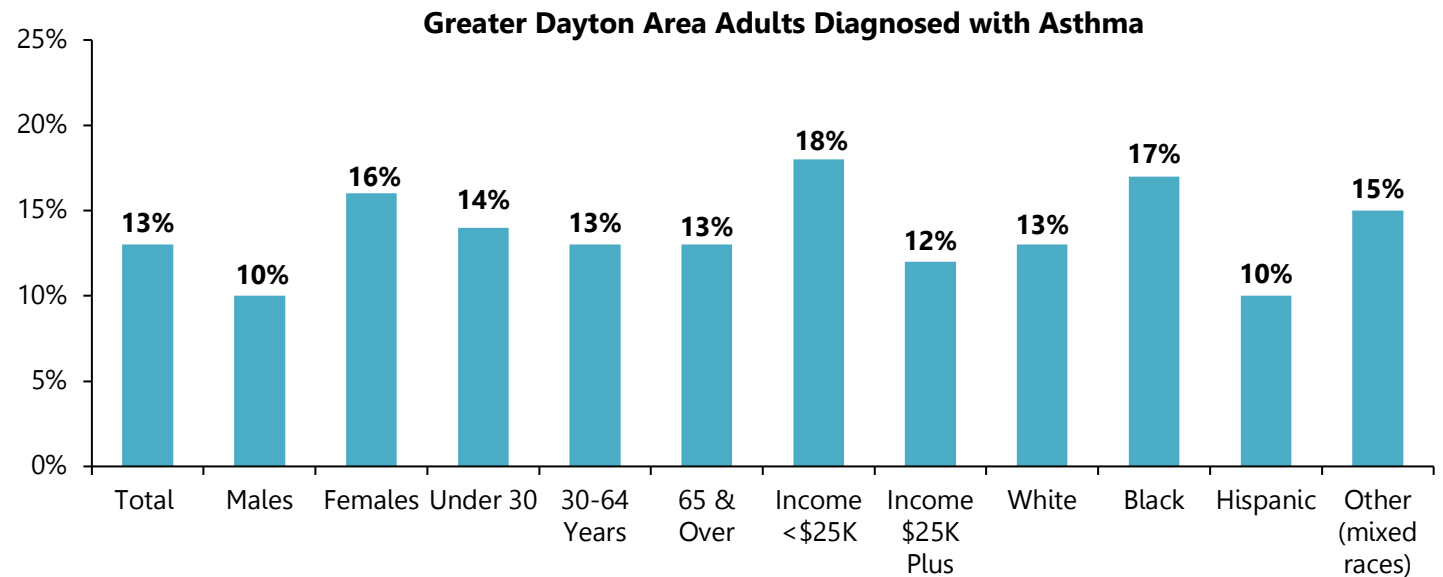
ARTHRITIS

One-fifth (20%) of Greater Dayton Area adults were told by a health professional that they had some form of arthritis.

Greater Dayton Area Adults Diagnosed with Arthritis

Category	Percentage
Total	20%
Males	18%
Females	22%
Under 30	4%
30-64 Years	16%
65 & Over	39%
Income <$25K	24%
Income $25K Plus	18%
White	22%
Black	17%
Hispanic	10%
Other (mixed races)	6%

DIABETES

Fourteen percent (14%) of Greater Dayton Area adults had ever been diagnosed with diabetes, increasing to 21% of adults with incomes below $25,000. Thirteen percent (13%) of adults had been diagnosed with pre-diabetes.

Greater Dayton Area Adults Diagnosed with Diabetes

Category	Percentage
Total	14%
Males	18%
Females	9%
Under 30	11%
30-64 Years	11%
65 & Over	24%
Income <$25K	21%
Income $25K Plus	13%
White	14%
Black	15%
Hispanic	26%
Other (mixed races)	5%

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
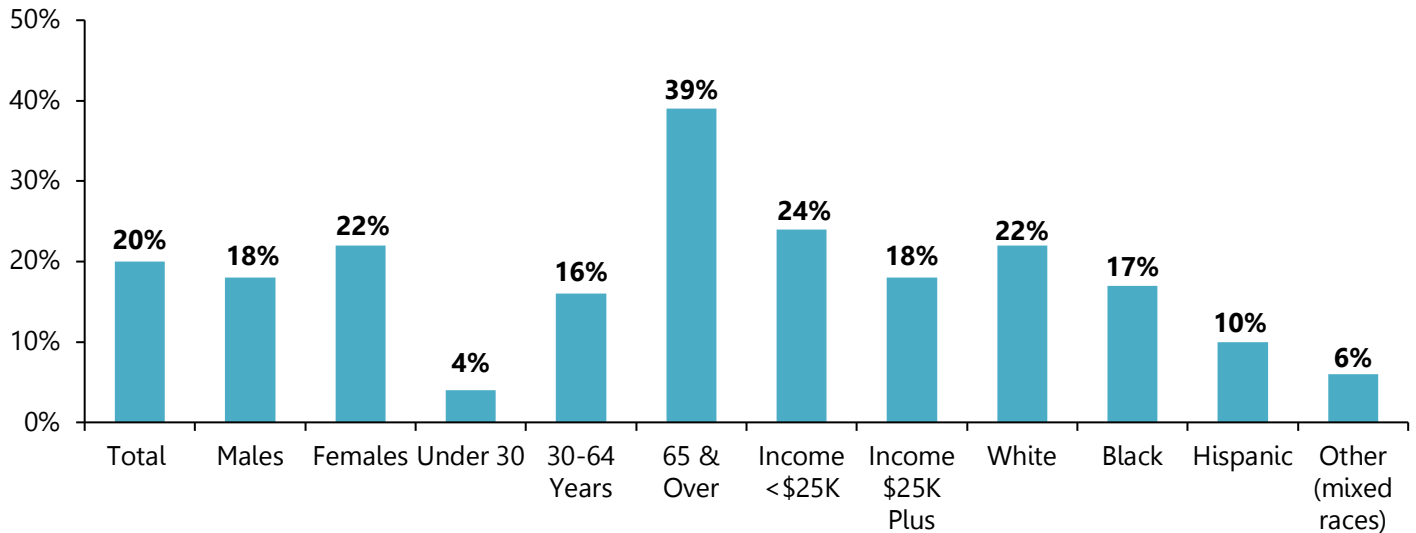
Data Summary | Chronic Disease, *continued*
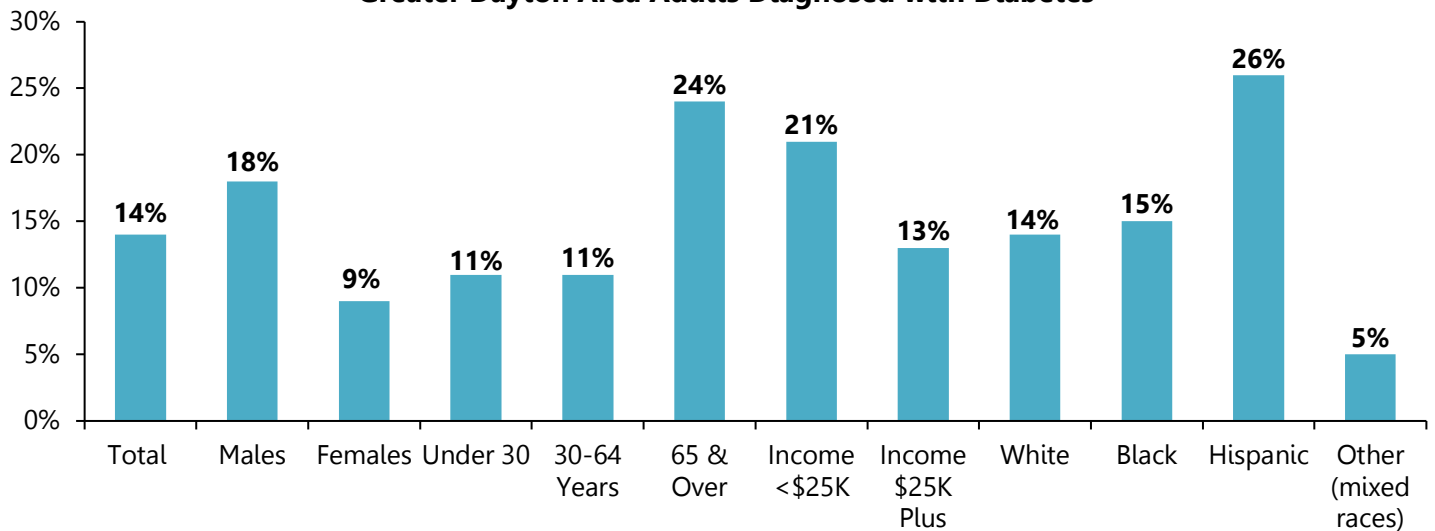
QUALITY OF LIFE

Over one-fifth (22%) of Greater Dayton Area adults reported they were limited in some way because of a physical, mental, or emotional problem. The most limiting health problems were back or neck problems (36%); stress, depression, anxiety, and emotional problems (26%); chronic pain (28%); arthritis/rheumatism (23%); and fitness level (20%).
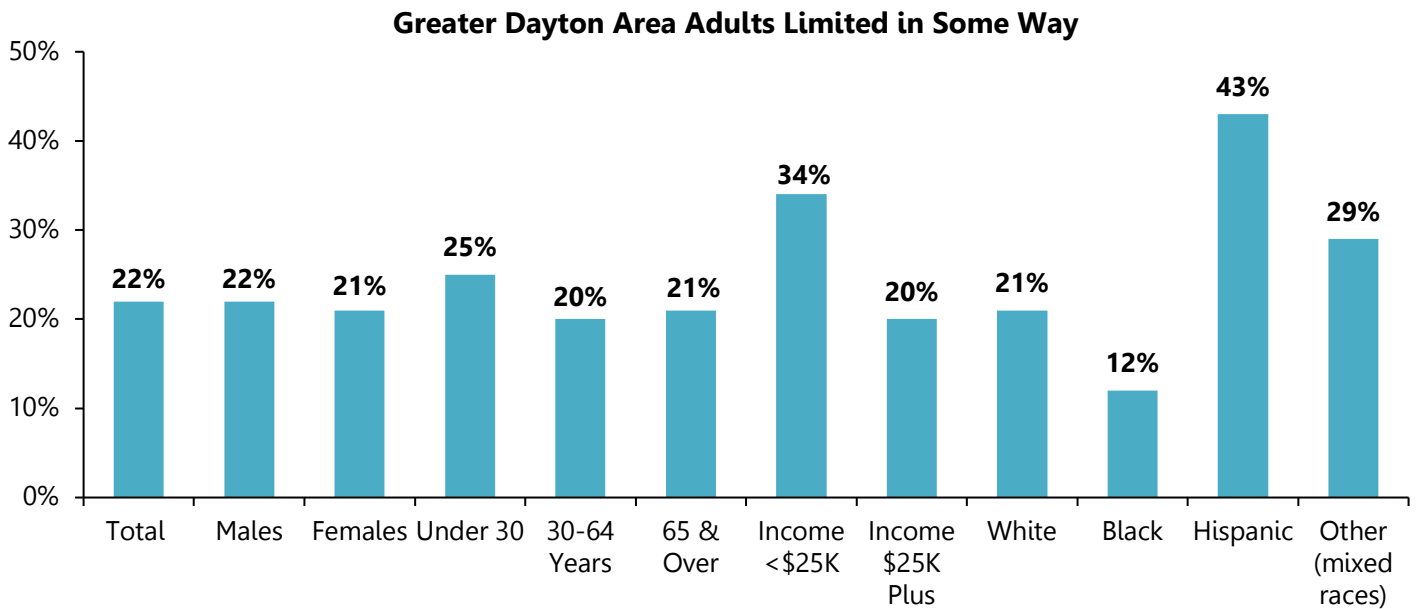
Greater Dayton Area Adults Limited in Some Way

Category	Percent
Total	22%
Males	22%
Females	21%
Under 30	25%
30-64 Years	20%
65 & Over	21%
Income <$25K	34%
Income $25K Plus	20%
White	21%
Black	12%
Hispanic	43%
Other (mixed races)	29%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Seventeen percent (17%) of Greater Dayton Area adults had four or more adverse childhood experiences (ACEs). Sixteen percent (16%) of adults experienced one or more food insecurity issues in the past year. Thirteen percent (13%) of adults need help meeting general daily needs in the past month.

Greater Dayton Area Adults Who Experienced Four or More ACEs

Total	Male	Female	Under 30	30-64 Years	65 & Over	Income <$25K	Income $25K Plus	White	Black	Hispanic	Other (mixed races)
17%	11%	22%	20%	19%	9%	22%	16%	16%	21%	13%	20%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
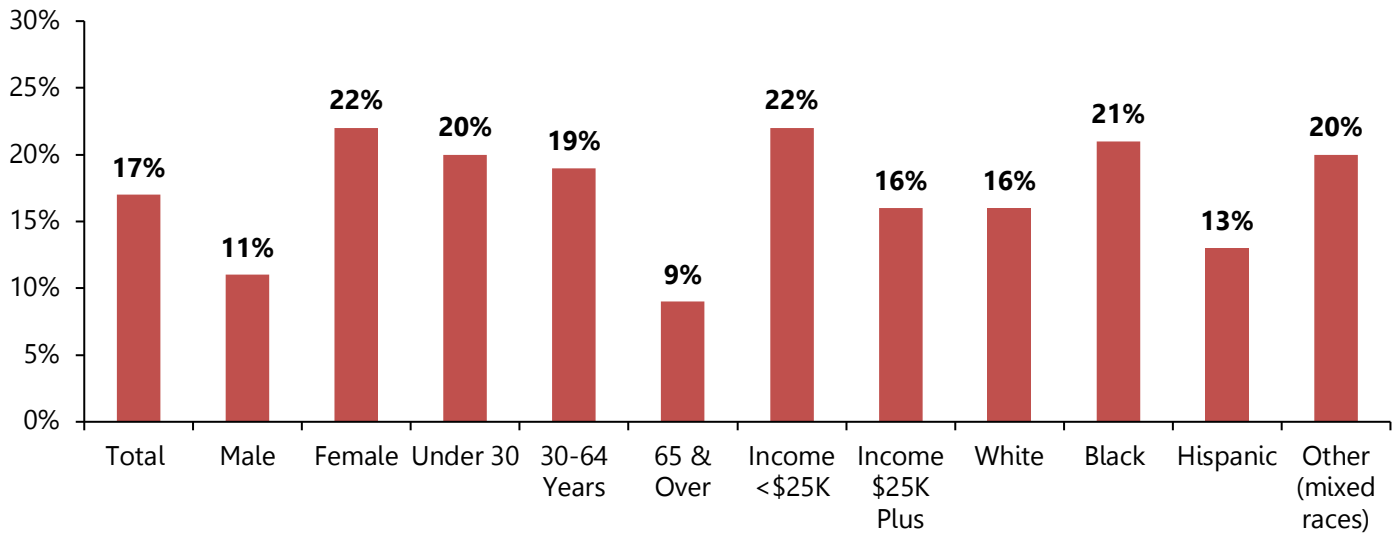
ENVIRONMENTAL HEALTH

Greater Dayton Area adults reported the following as the top four issues that threatened their health in the past year: air quality (8%), insects (7%), mold (6%), and plumbing problems (5%). Fourteen percent (14%) of adults reported they had more than one environmental issues in or around their household.

Trend Summary

Adult Indicators	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Health Care Coverage			
Uninsured 🛡	7%	6%	7%
Access and Utilization			
Had at least one person they thought of as their personal doctor or health care provider	87%	86%	84%
Visited a doctor for a routine checkup in the past year 🛡	78%	79%	77%
Visited a doctor for a routine checkup five or more years ago	4%	6%	6%
Preventative Medicine			
Had a pneumonia vaccination (age 65 and over)	74%	71%	71%
Had a flu vaccine in the past year (age 65 and over)	83%	65%	68%
Women's Health			
Had a mammogram within the past two years (age 40 and older)	81%	68%	70%
Had a Pap smear within the past three years (age 21-65)	71%	77%*	78%*
Men's Health			
Had a PSA test within the past two years (age 40 and over)	51%	32%*	33%*
Oral Health			
Visited a dentist or dental clinic in the past year	70%	64%	65%
Health Status Perceptions			
Rated health as excellent or very good	45%	49%	50%
Rated health as fair or poor 🛡	16%	19%	17%
Rated physical health as not good on four or more days (in the past 30 days)	28%	21%¥	20%¥
Average days that physical health not good in past month 🛡	4.0	3.2**	3.0**
Rated mental health as not good on four or more days (in the past 30 days)	38%	31%¥	29%¥
Average days that mental health not good in past month 🛡	8.2	5.0**	4.4**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	45%	26%¥	25%¥

🛡 *Indicates alignment with the Ohio State Health Assessment (SHA)*
¥ 2021 BRFSS
*2020 BRFSS
**2020 BRFSS data as compiled by 2023 County Health Rankings

Adult Indicators	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Weight Status			
Obese, including severely and morbidly obese (BMI of 30.0 and above) 💙	44%	38%	34%
Overweight (BMI of 25.0 – 29.9)	35%	33%	34%
Tobacco Use			
Current smoker (currently smoke some or all days) 💙	11%	17%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	26%	25%
Current e-cigarette user (vaped on some or all days)	8%	9%	8%
Alcohol Consumption			
Current drinker (drank alcohol at least once in the past month)	64%	53%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 💙	26%	18%	17%
Cardiovascular Disease			
Had angina or coronary heart disease 🔷	5%	6%	4%
Had a heart attack or myocardial infarction 💙	5%	5%	5%
Had a stroke	3%	4%	3%
Had high blood pressure 🔷	35%	36%¥	32%¥
Had high blood cholesterol	37%	36%¥	36%¥
Had blood cholesterol checked within past 5 years	91%	85%¥	85%¥
Asthma and Arthritis			
Ever been told they have asthma	13%	16%	16%
Ever diagnosed with some form of arthritis	20%	31%	27%
Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related) 💙	14%	13%	12%
Had been diagnosed with pre-diabetes or borderline diabetes 🔷	13%	2%	2%

💙*Indicates alignment with the Ohio State Health Assessment (SHA)*
¥ 2021 BRFSS
*2020 BRFSS

HEALTH CARE ACCESS

Health Care Coverage

Access and Utilization

Preventive Medicine

Women's Health

Men's Health

Oral Health

Note for population: "adults" are defined throughout the report as those ages 18 and older living in the Greater Dayton Area.
The counties in the Greater Dayton Area include the following: Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery,
Preble, Shelby, and Warren.

Health Care Coverage

- In 2024, 91% of Greater Dayton Area adults had health care coverage, leaving 7% who were uninsured, and 2% who were unsure if they had health care coverage.

- The top reasons uninsured adults gave for being without health care coverage were:
  1. They lost their job or changed employers (46%)
  2. Cost (24%)
  3. Other reasons (17%)
  4. They became ineligible (13%)
  5. They became a part time or temporary employee (13%)

  (Percentages do not equal 100% because respondents could select more than one reason)

The following graph shows the percentage of Greater Dayton Area adults who were uninsured. An example of how to interpret the information in the graph includes: 7% of all Greater Dayton Area adults were uninsured, including 10% of females and 12% of those under 30.

Uninsured Greater Dayton Area Adults
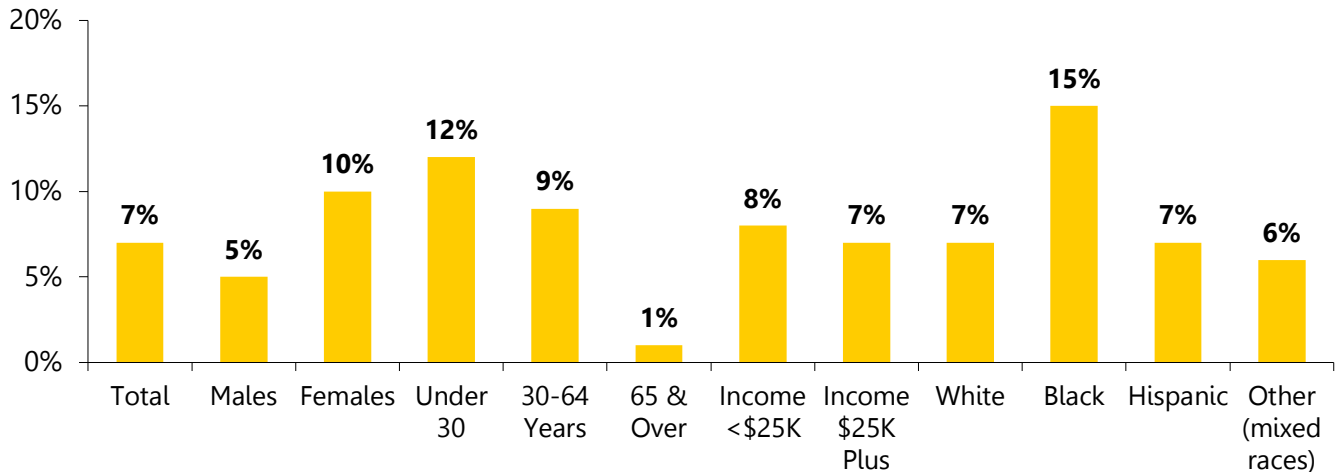
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Uninsured	7%	6%	7%

Healthy People 2030
Access to Health Services (AHS)

Objective	Greater Dayton Area 2024	Ohio 2022	U.S. 2022	Healthy People 2030 Target
AHS-01: Persons under the age of 65 with health care insurance	71% age 20-24 89% age 25-34 90% age 35-44 90% age 45-54 92% age 55-64	91% age 18-24 89% age 25-34 93% age 35-44 93% age 45-54 97% age 55-64	88%* age 18-24 85%* age 25-34 88%* age 35-44 90%* age 45-54 94%* age 55-64	92%**

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
*2021 BRFSS WEAT
**Healthy People 2030 objective is: Increase the proportion of people with health insurance. Age group not specified.
(Sources: 2022 BRFSS, 2021 BRFSS WEAT, Healthy People 2030 Objectives)

- The following types of health care coverage were used: employer (52%); Medicare (20%); someone else's employer (13%); Medicaid or medical assistance (8%); self-purchased plan (3%); military, CHAMPUS, TriCare, CHAMPVA, or the VA (2%); and health insurance marketplace (2%).

The pie chart below shows sources of Greater Dayton Area adults' health care coverage.

Source of Health Coverage for Greater Dayton Area Adults
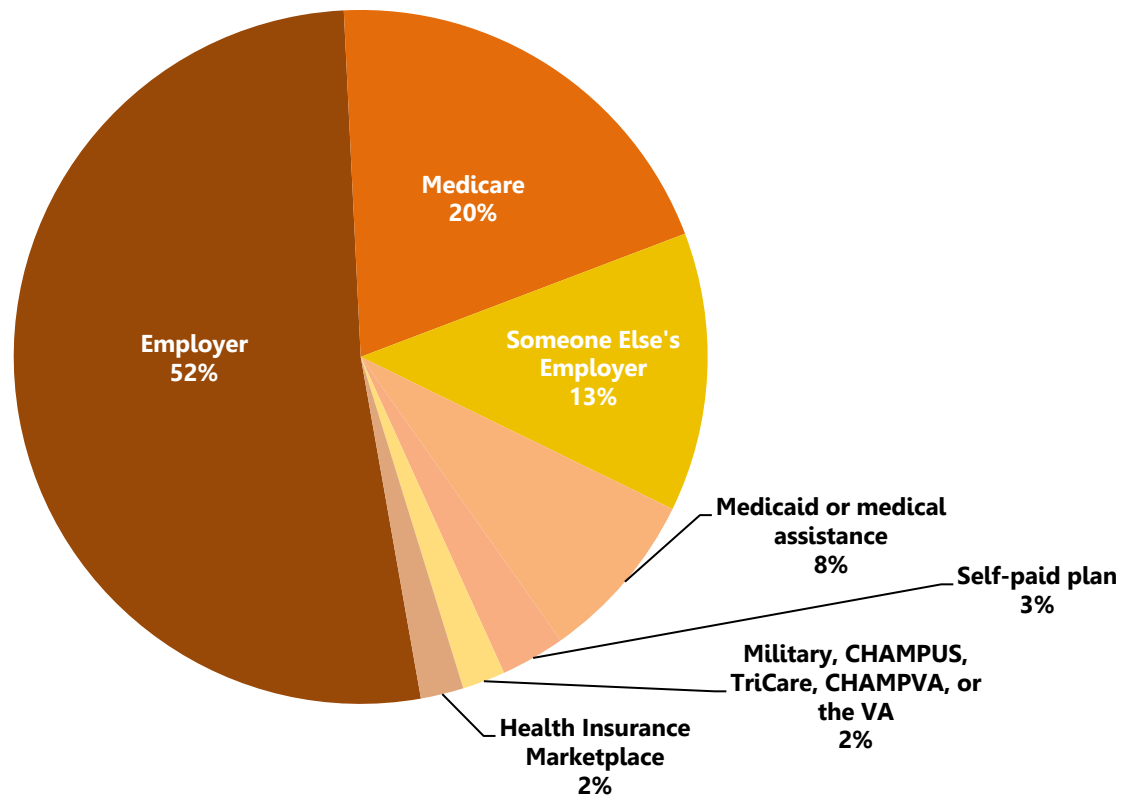
Health Care Coverage, *continued*

- Greater Dayton Area adult health care coverage included the following:
  — Medical (95%)
  — Prescription coverage (94%)
  — Preventive health (89%)
  — Immunizations (85%)
  — Dental (79%)
  — Vision/eyeglasses (76%)
  — Mental health (68%)
  — Outpatient therapy (67%)
  — Durable medical equipment (43%)
  — Alcohol and drug treatment (34%)
  — Home care (31%)
  — Skilled nursing/assisted living (30%)
  — Tobacco cessation (29%)
  — Hospice (27%)
  — Breast feeding support (21%)
  — Transportation (17%)

The following table shows what is included in Greater Dayton Area adults' health insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	95%	1%	4%
Prescription Coverage	94%	1%	5%
Preventive Health	89%	1%	10%
Immunizations	85%	3%	12%
Dental	79%	16%	5%
Vision/Eyeglasses	76%	17%	7%
Mental Health	68%	6%	26%
Outpatient Therapy	67%	2%	31%
Durable Medical Equipment	43%	7%	50%
Alcohol and Drug Treatment	34%	6%	40%
Home Care	31%	8%	61%
Skilled Nursing/Assisted Living	30%	5%	65%
Tobacco cessation	29%	6%	65%
Hospice	27%	6%	67%
Breast Feeding Support	21%	10%	69%
Transportation	17%	11%	72%

Health Care Access: Access and Utilization

Access and Utilization

- Over three-quarters (78%) of Greater Dayton Area adults visited a doctor for a routine checkup in the past year, increasing to 89% of adults over the age of 65.

- Four percent (4%) of adults visited a doctor for a routine checkup five or more years ago.

- Over half (58%) of Greater Dayton Area adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-nine percent (29%) of adults had more than one person they thought of as their personal health care provider, and 13% did not have one at all.

The following graph shows the percentage of Greater Dayton Area adults who had a routine check-up in the past year. An example of how to interpret the information on the graph includes: 78% of all Greater Dayton Area adults had a routine check-up in the past year, including 68% of adults with incomes below $25,000 and 89% of adults ages 65 years and older.
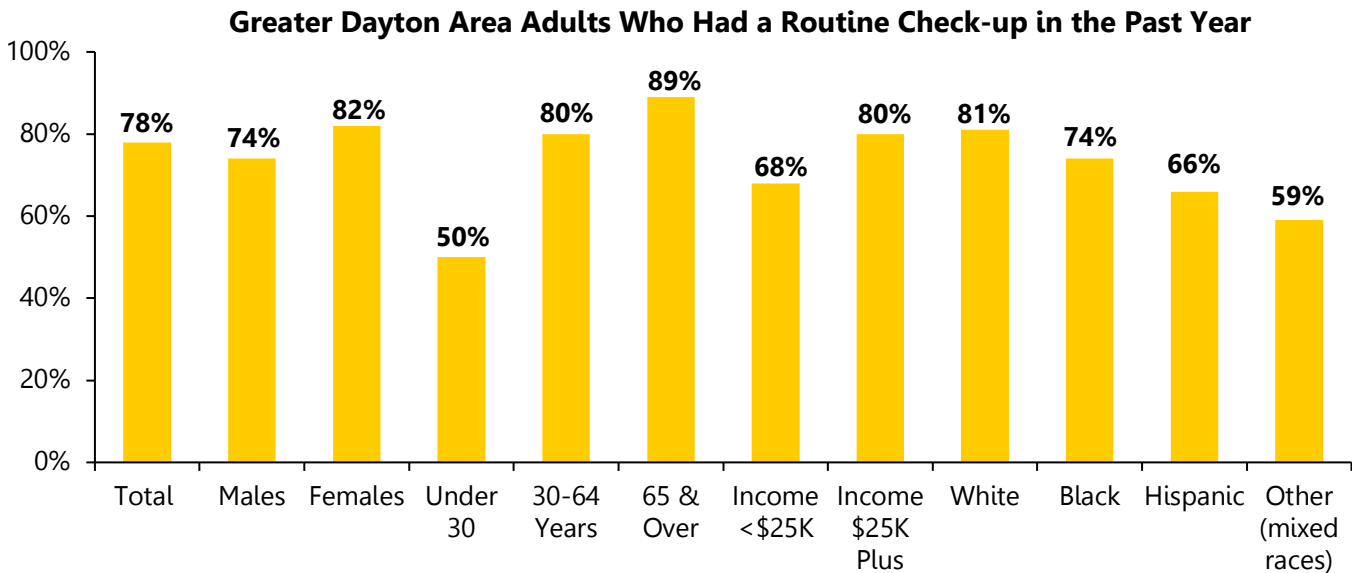
Greater Dayton Area Adults Who Had a Routine Check-up in the Past Year

	Total	Males	Females	Under 30	30-64 Years	65 & Over	Income <$25K	Income $25K Plus	White	Black	Hispanic	Other (mixed races)
%	78%	74%	82%	50%	80%	89%	68%	80%	81%	74%	66%	59%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Had at least one person they thought of as their personal doctor or health care provider	87%	86%	84%
Visited a doctor for a routine checkup in the past year	78%	79%	77%
Visited a doctor for a routine checkup five or more years ago	4%	6%	6%

Access and Utilization, *continued*

- — More than half (54%) of Greater Dayton Area adults reported the following top reasons that prevented them from getting medical care in the past year:Cost/no insurance (42%)
- — Difficult to get an appointment (40%)
- — Inconvenient appointment times (31%)
- — Could not get time off work (24%)
- — Provider would not take their insurance (18%)
- — Frightened of the procedure or doctor (14%)
- — Worried they might find something wrong (14%)
- — No child care (7%)
- — Do not trust or believe doctors (7%)
- — Discrimination (4%)
- — Difficult to find/no transportation (4%)
- — Language barrier (1%)
- — Some other reason (9%)

- Adults preferred to access information about their health or health care services from the following:
  - — Employer (55%)
  - — Medical Portal (43%)
  - — Doctor/health care provider (36%)
  - — Internet searches (18%)
  - — Family member or friend (17%)
  - — Text messages (11%)
  - — Advertisings or mailings from hospitals, clinics, or doctor's offices (7%)
  - — Social media/networks (5%)
  - — Newspaper articles or radio/television news stories (4%)
  - — Billboards (2%)
  - — Faith-based community/church (2%)

- Greater Dayton Area adults reported feeling confident in the following: filling out medical forms accurately (87%), following instructions correctly on a medicine or prescription container (86%), following the advice of their health care provider (81%), knowing how to obtain health insurance that best fits their needs (59%), and knowing what their insurance plan covers and what it does not (48%). Three percent (3%) of adults reported they were not confident in any of the above.

- Greater Dayton Area adults reported they had access any of the following services through telemedicine:

Greater Dayton Area Telemedicine Utilization

Types of Programs	Yes, I have accessed this service	Yes, and I would use this service again	No, I have not accessed this service	No, but I would be interested in this service
Telemedicine for medical care	23%	17%	44%	16%
Telemedicine for mental or emotional care	11%	8%	61%	20%
Health care provider diagnosed you via phone call or online	15%	12%	55%	18%
Health care provider ordered prescription for you via phone call or online	26%	28%	32%	14%
Other types of care	10%	7%	65%	18%

Utilization of Services

The following table shows the percentage of Greater Dayton Area adults, or someone in their family or household, who looked for and were able to access specific assistance programs and services.

Greater Dayton Area Adults Able to Access Assistance Programs/Services

Types of Programs	Yes, and I have found one	Yes, and I have NOT found one	No, I have not looked	No, I have not needed one
Alcohol abuse	3%	2%	18%	77%
Assist in-care for the disabled (either in home or out of home)	3%	4%	17%	76%
Assist in-care for the elderly (either in home, out of home, or adult day care)	8%	3%	17%	72%
Assistance with in-home care for an elderly or disabled adult	7%	4%	17%	72%
Assistance with out-of-home placement for an elderly or disabled adult	5%	3%	18%	74%
Assisted living program for an elderly or disabled adult	7%	2%	18%	73%
Cancer support group/counseling	4%	2%	19%	75%
Depression, anxiety, or some mental health problem	17%	10%	25%	48%
Detoxification for opiates/heroin	2%	1%	17%	80%
Disability	5%	3%	17%	75%
Disabled adult program	2%	3%	18%	77%
Drug abuse	1%	2%	16%	81%
End-of-life care or Hospice care	7%	1%	17%	75%
Family planning	5%	2%	19%	74%
Gambling abuse	1%	1%	17%	81%
Marital or family problems	5%	4%	20%	71%
Mental health/addiction/gambling	5%	4%	17%	74%
Nutritional services	8%	5%	22%	65%
Tobacco cessation	3%	1%	17%	79%
Weight problem	11%	7%	26%	56%

Health Care Access: Preventive Medicine

Immunizations

- Three-fourths (75%) of Greater Dayton Area adults received a flu vaccine during the past year, increasing to 83% of adults ages 65 and over.

- Almost half (46%) of adults had a pneumonia vaccine in their life, increasing to 74% of those ages 65 and over.

The following graph shows the percentage of Greater Dayton Area adults who received a flu vaccine in the past year. An example of how to interpret the information includes: 75% of all adults received the flu vaccine in the past year, including 55% of adults with incomes less than $25,000 and 83% of adults ages 65 and older.

Greater Dayton Area Adults Who Received a Flu Vaccine in the Past Year
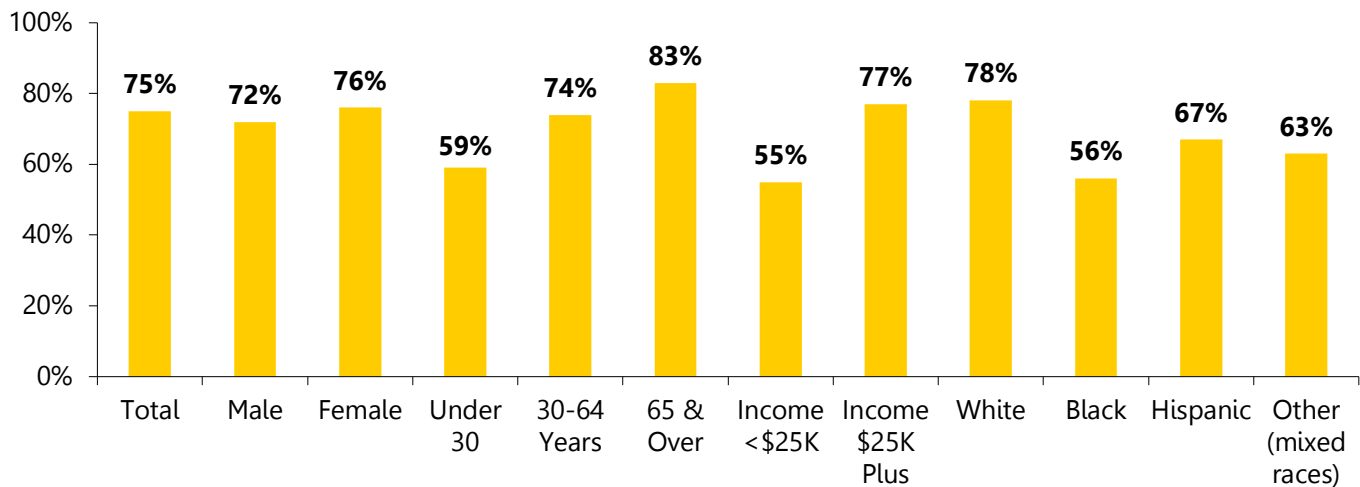
Category	Percentage
Total	75%
Male	72%
Female	76%
Under 30	59%
30-64 Years	74%
65 & Over	83%
Income <$25K	55%
Income $25K Plus	77%
White	78%
Black	56%
Hispanic	67%
Other (mixed races)	63%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Ever had a pneumonia vaccination (age 65 and over)	74%	71%	71%
Had a flu vaccine in the past year (age 65 and over)	83%	65%	68%

Healthy People 2030
Immunization and Infectious Diseases (IID)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
IID-09: Increase the proportion of people who get the flu vaccine every year	75%	70%

Note: Healthy People objective is for persons aged 6 months and over
(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)

Vaccinations, *continued*

- Greater Dayton Area adults had the following vaccines:
    - Measles, mumps, and rubella (MMR) in their lifetime (86%)
    - Tetanus, diphtheria, and pertussis (including Tdap) in the past 10 years (84%)
    - COVID-19 (Moderna, Pfizer, Johnson & Johnson, Novavax) vaccine in the past year (76%)
    - Chicken pox in their lifetime (68%)
    - Hepatitis B in their lifetime (65%)
    - Haemophilus influenza or Influenza type B (Hib) in their lifetime (56%)
    - Hepatitis A in their lifetime (55%)
    - Meningococcal vaccine in their lifetime (40%)
    - Zoster (shingles) vaccine in their lifetime (39%)
    - Human papillomavirus (HPV) vaccine in their lifetime (27%)

Health Care Access: Women's Health

Women's Health Screenings

- Sixty-six percent (66%) of women had a mammogram at some time in their life, and 47% had this screening in the past year.

- Nearly two-thirds (66%) of women ages 40 and over had a mammogram in the past year, and 81% had one in the past two years.

- Ninety-two percent (92%) of women had a clinical breast exam at some time in their life, and 53% had one within the past year. Almost three-fourths (72%) women ages 40 and over had a clinical breast exam in the past two years.

- Eighty-seven percent (87%) of women had a Pap smear at some time in their life, and 33% reported having had the exam in the past year. Almost three fourths (71%) women ages 21 to 65 had a Pap smear in the past three years.

Pregnancy

- Nearly one-quarter (23%) of Greater Dayton Area women had been pregnant in the past five years.

- During their last pregnancy within the past five years, Greater Dayton Area women:
  - Received prenatal care within the first 3 months (61%)
  - Took a multi-vitamin with folic acid during pregnancy (56%)
  - Had a dental exam (32%)
  - Experienced depression (during or after pregnancy) (23%)
  - Received WIC services (15%)
  - Experienced domestic violence (2%)
  - Consumed alcoholic beverages (2%)
  - Looked for options for an unwanted pregnancy (2%)
  - Used opioids (1%)
  - Used marijuana (1%)
  - Smoked cigarettes or other tobacco products (1%)
  - Received opiate replacement therapy (suboxone) (1%)
  - Used e-cigarettes or other electronic vaping products (1%)
  - Used over-the-counter medications or supplements not prescribed (1%)

Women's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In the Greater Dayton Area, the 2024 health assessment has identified that:
  - 76% of women were overweight or obese (2022 BRFSS reports 68% for Ohio and 63%* for U.S.)
  - 33% had been diagnosed with high blood cholesterol (2022 BRFSS reports 34%* for Ohio and 35%* for U.S.)
  - 33% had been diagnosed with high blood pressure (2022 BRFSS reports 34%* for Ohio and 31%* for U.S.)
  - 9% had been diagnosed with diabetes (2022 BRFSS reports 13% for Ohio and 11% for U.S.)
  - 5% were current smokers (2022 BRFSS reports 17% for Ohio and 12%* for U.S.)
    *2021 BRFSS Data

Greater Dayton Area Female Leading Causes of Death, 2018 – 2020

Total Female Deaths: 24,191

1. Heart Diseases (20% of all deaths)
2. Cancers (18%)
3. Stroke (8%)
4. Alzheimer's Disease (6%)
5. Accidents, Unintentional Injuries (6%)

(Source: CDC Wonder, 2018-2020)

Ohio Female Leading Causes of Death, 2018 – 2020

Total Female Deaths: 192,850

1. Heart Diseases (22% of all deaths)
2. Cancers (18%)
3. Stroke (6%)
4. Alzheimer's Disease (6%)
5. Chronic Lower Respiratory Diseases (6%)

(Source: CDC Wonder, 2018-2020)

The following graph shows the percentage of Greater Dayton Area females who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 47% of Greater Dayton Area females had a mammogram within the past year, 53% had a clinical breast exam, and 33% had a Pap smear.
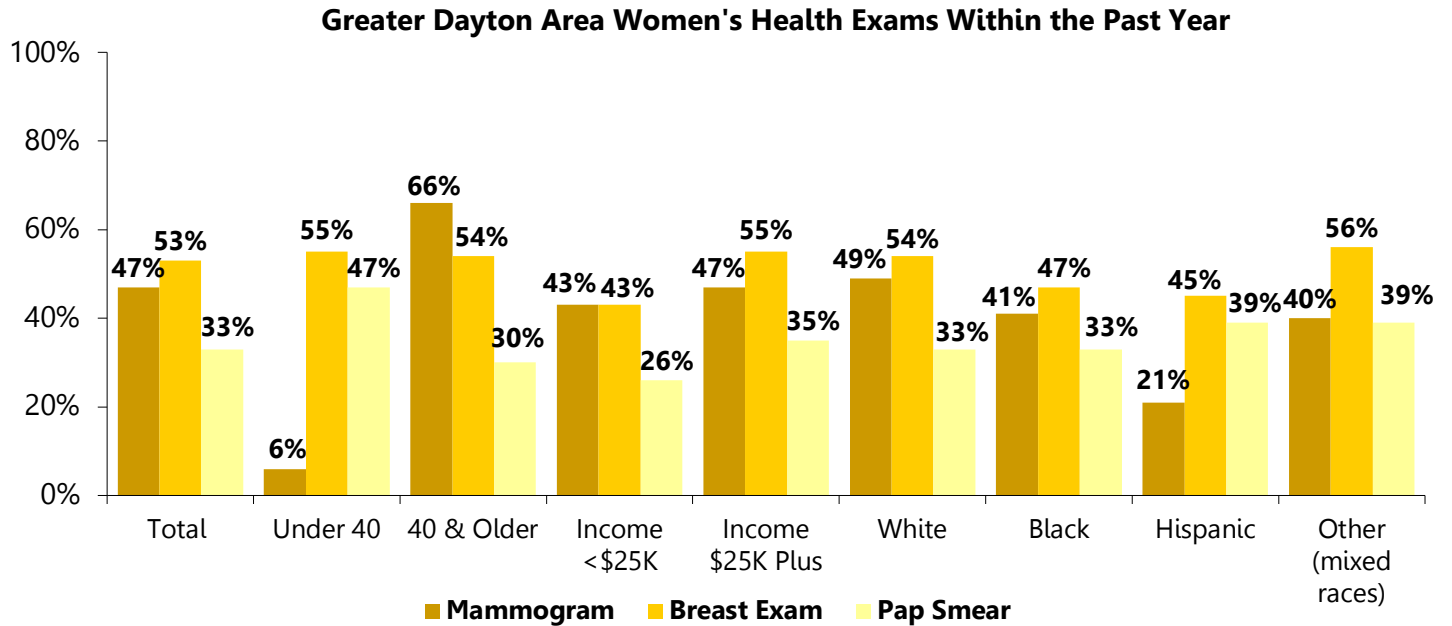
Greater Dayton Area Women's Health Exams Within the Past Year

Mammogram — Breast Exam — Pap Smear

Category	Mammogram	Breast Exam	Pap Smear
Total	47%	53%	33%
Under 40	6%	55%	47%
40 & Older	66%	54%	30%
Income <$25K	43%	43%	26%
Income $25K Plus	47%	55%	35%
White	49%	54%	33%
Black	41%	47%	33%
Hispanic	21%	45%	39%
Other (mixed races)	40%	56%	39%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Had a mammogram within the past two years (age 40 and older)	81%	68%	70%
Had a Pap smear within the past three years (age 21-65)	71%	77%*	78%*

*2020 BRFSS Data

Healthy People 2030
Cancer

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
C-09: Increase the proportion of females ages 21-65 who get screened for cervical cancer in the past three years	71%	79%

(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)

Health Care Access: Men's Health

Men's Health Screenings

- Sixteen percent (16%) of men had a digital rectal exam in the past year.

- Half (50%) of Greater Dayton Area males had a prostate-specific antigen (PSA) test at some time in their life, and 32% had one in the past year.

- Over three-fifths (61%) of males age 40 and over had a PSA test at some time in their life, and 51% had one in the past two years.

- Almost three-fourths (72%) of males age 50 and over had a PSA test at some time in their life, and 46% had one in the past year.

Men's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In the Greater Dayton Area, the 2024 health assessment has identified that:
  — 83% were overweight or obese (2022 BRFSS reports 74% for Ohio and 71%* for U.S.)
  — 40% had been diagnosed with high blood cholesterol (2022 BRFSS reports 37%* for Ohio and 37%* for U.S.)
  — 37% had been diagnosed with high blood pressure (2022 BRFSS reports 38%* for Ohio and 35%* for U.S.)
  — 18% had been diagnosed with diabetes (2022 BRFSS reports 13% for Ohio and 12%* for U.S.)
  — 17% were current smokers (2022 BRFSS reports 18% for Ohio and 15%* for U.S.)
     *2021 BRFSS Data

Greater Dayton Area Male Leading Causes of Death, 2018 – 2020

Total Male Deaths: 24,651

1. Heart Diseases (23%)
2. Cancers (20%)
3. Accidents, Unintentional Injuries (8%)
4. Stroke (5%)
5. Chronic Lower Respiratory Diseases (5%)

(Source: CDC Wonder, 2018-2020)

Ohio Male Leading Causes of Death, 2018 – 2020

Total Male Deaths: 198,831

1. Heart Diseases (24% of all deaths)
2. Cancers (20%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (5%)
5. Stroke (4%)

(Source: CDC Wonder, 2018-2020)

The following graph shows the percentage of Greater Dayton Area male adults who had a prostate-specific antigen (PSA) test in the past year. Examples of how to interpret the information shown on the graph includes: 32% of Greater Dayton Area males had a PSA test within the past year, including 5% of adult males with incomes less than $25,000.
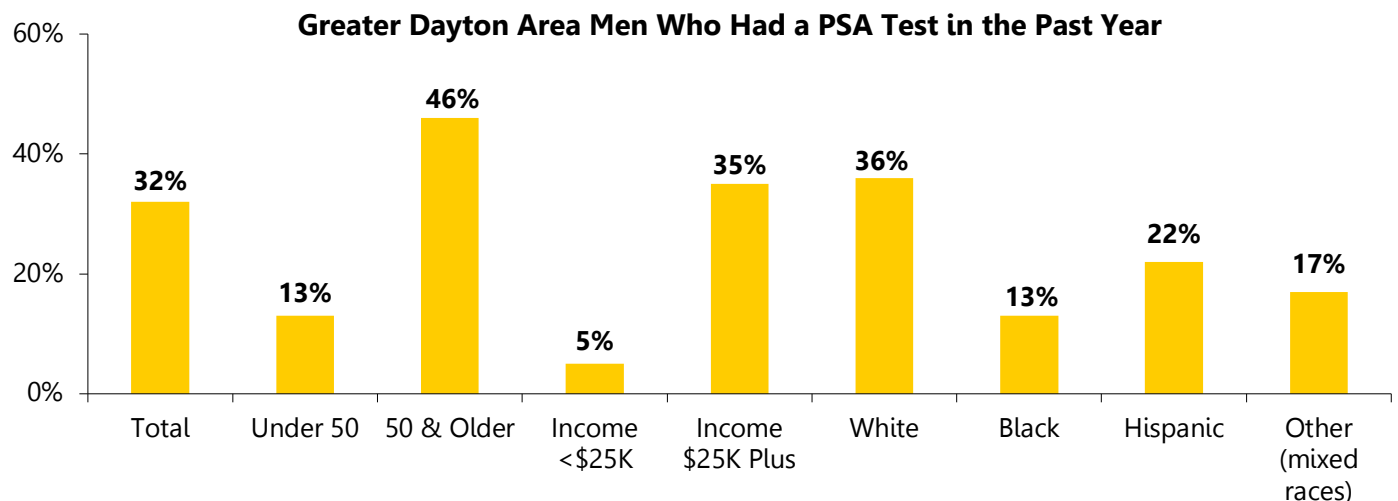
Greater Dayton Area Men Who Had a PSA Test in the Past Year

Category	Percentage
Total	32%
Under 50	13%
50 & Older	46%
Income <$25K	5%
Income $25K Plus	35%
White	36%
Black	13%
Hispanic	22%
Other (mixed races)	17%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Men's Health Screenings, *continued*

Adult Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Had a PSA test within the past two years (age 40 and over)	51%	32%*	33%*

*2020 BRFSS Data

Oral Health

- In the past year, 70% of Greater Dayton Area adults had visited a dentist or dental clinic, decreasing to 40% of adults with incomes less than $25,000.

- Seventy-one percent (71%) of adults with dental insurance had been to a dentist or dental clinic in the past year, compared to 56% of adults without dental insurance.

The following graph shows the percentage of Greater Dayton Area adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 70% of adults had been to the dentist or dental clinic in the past year, including 40% of adults with incomes less than $25,000 and 79% of adults ages 65 and over.

Greater Dayton Area Adults Visiting a Dentist or Dental Clinic in the Past Year
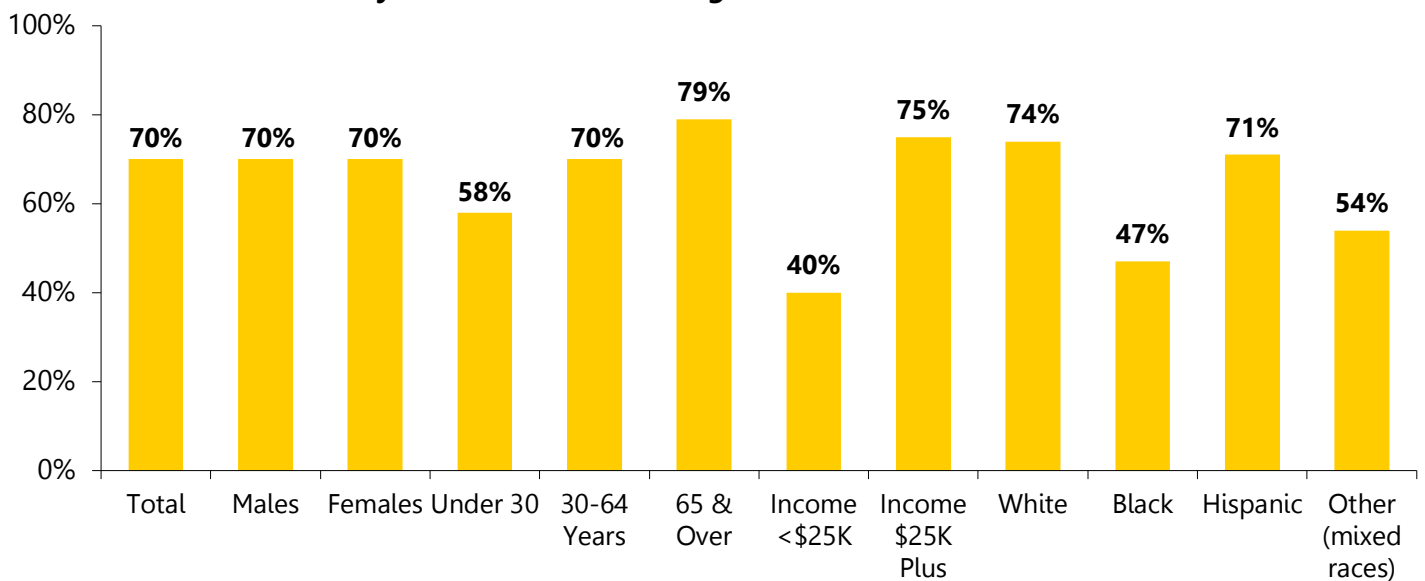
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2021	U.S. 2021
Visited a dentist or dental clinic in the past year	70%	64%	65%

Oral Health, *continued*

- Greater Dayton Area adults who had not visited a dentist or dental clinic in the past year reported the following reasons for not receiving dental care in the past year:
  — Cost (32%)
  — Fear, apprehension, nervousness, pain, dislike going (31%)
  — Did not have or know a dentist (23%)
  — No reason to go/had not thought of it (20%)
  — Dentist did not accept their health insurance (14%)
  — Have dentures (11%)
  — Could not get into a dentist (9%)
  — Could not find a dentist that takes Medicaid (9%)
  — Transportation (7%)
  — Use the emergency room for dental issues (3%)
  — Some other reason (10%)

The following table shows how long it has been since Greater Dayton Area adults last visited a dentist or dental clinic, by gender.

Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic*					
Males	70%	12%	8%	8%	1%
Females	70%	11%	9%	9%	0%
Under 30	58%	17%	19%	4%	1%
30-64 Years	70%	11%	8%	10%	<1%
65 & Older	79%	7%	4%	8%	0%
Income <$25K	40%	24%	18%	15%	0%
Income $25K Plus	75%	9%	8%	7%	1%
White	74%	10%	7%	8%	<1%
Black	47%	17%	14%	19%	1%
Hispanic	71%	4%	22%	3%	0%
Other (mixed races)	54%	25%	8%	7%	0%
Total	70%	11%	9%	9%	<1%

Totals may not equal 100% as some respondents answered, "Don't know".

HEALTH BEHAVIORS

Health Status Perceptions

Weight Status

Tobacco Use

Alcohol Consumption

Drug Use

Sexual Behavior

Mental Health

Note for population: "adults" are defined throughout the report as those ages 18 and older living in the Greater Dayton Area. The counties in the Greater Dayton Area include the following: Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren.

General Health Status

- Almost half (45%) of Greater Dayton Area adults rated their health as excellent or very good.

- Greater Dayton Area adults with higher incomes (46%) were most likely to rate their health as excellent or very good, compared to 39% of those with incomes less than $25,000.

- Sixteen percent (16%) of adults rated their health as fair or poor.

- Greater Dayton Area adults were most likely to rate their health as fair or poor if they:
  — Had been diagnosed with high blood cholesterol (50%)
  — Had been diagnosed with high blood pressure (28%)
  — Had been diagnosed with diabetes (22%)

- Forty-five percent (45%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.

- Adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation on an average of 5.3 days in the past month.

The following graph shows the percentage of Greater Dayton Area adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 45% of all Greater Dayton Area adults, 52% of adults under the age of 30, and 46% of adults with incomes of $25,000 or higher rated their health as excellent or very good.
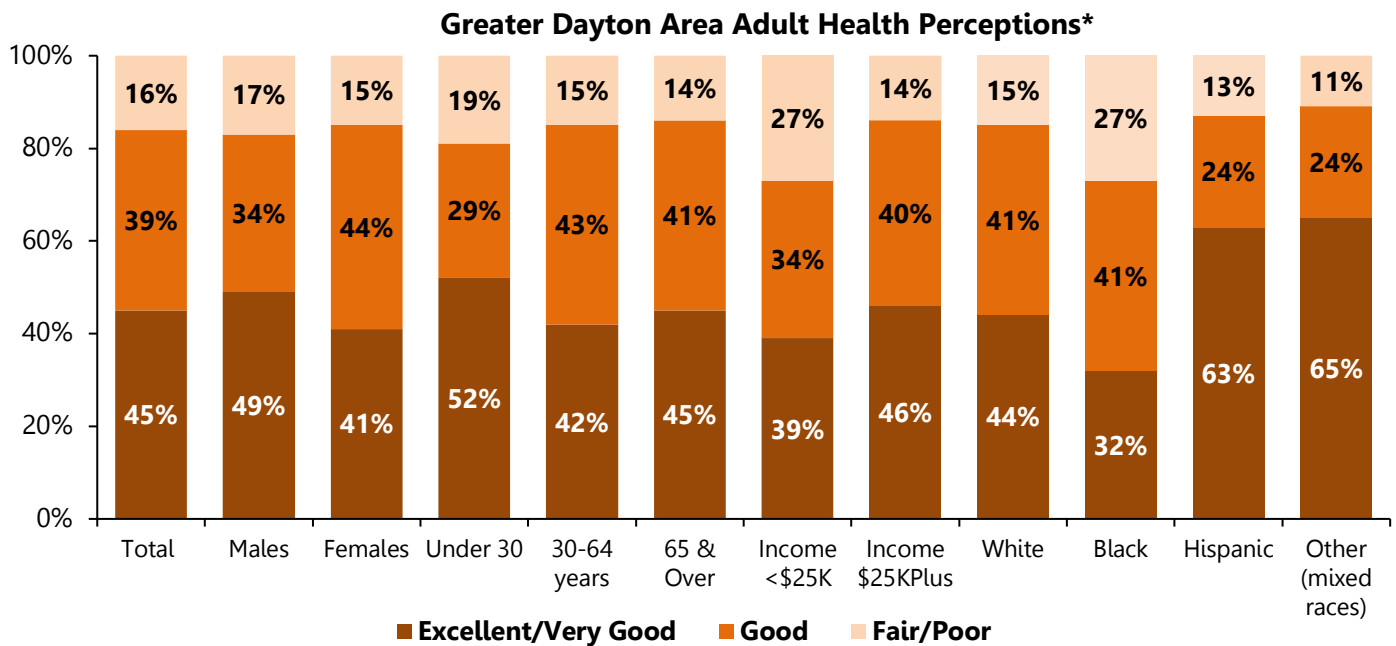
Greater Dayton Area Adult Health Perceptions*

Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Physical Health Status

- Over one-quarter (28%) of Greater Dayton Area adults rated their physical health as not good on four or more days in the previous month.

- Greater Dayton Area adults reported their physical health as not good on an average of 4.0 days in the previous month.

The following table shows the percentage of adults with poor physical health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	46%	22%	10%	2%	17%
Females	47%	25%	9%	3%	13%
Under 30	37%	28%	12%	2%	16%
30-64 Years	45%	25%	10%	3%	14%
65 & Over	54%	17%	8%	4%	15%
Income <$25K	47%	9%	7%	5%	25%
Income $25K Plus	46%	25%	11%	3%	13%
White	46%	23%	10%	3%	15%
Black	48%	22%	8%	4%	17%
Hispanic	32%	27%	7%	3%	17%
Other (mixed races)	49%	16%	10%	2%	14%
Total	46%	23%	10%	3%	15%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
*Totals may not equal 100% as some respondents answered, "Don't know".

Mental Health Status

- Thirty-eight percent (38%) of Greater Dayton Area adults rated their mental health as not good on four or more days in the previous month.

- Greater Dayton Area adults reported their mental health as not good on an average of 8.2 days in the previous month.

The following table shows the percentage of adults with poor mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Mental Health Not Good in Past 30 Days*					
Males	44%	19%	7%	4%	22%
Females	33%	22%	13%	5%	26%
Under 30	14%	35%	9%	7%	32%
30-64 Years	35%	19%	13%	5%	27%
65 & Over	67%	13%	3%	2%	10%
Income <$25K	25%	25%	5%	7%	34%
Income $25K Plus	40%	20%	11%	4%	23%
White	40%	19%	10%	4%	24%
Black	40%	19%	10%	4%	22%
Hispanic	25%	28%	12%	5%	29%
Other (mixed races)	32%	23%	5%	5%	29%
Total	39%	20%	10%	4%	24%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
*Totals may not equal 100% as some respondents answered, "Don't know".

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Rated health as excellent or very good	45%	49%	50%
Rated health as fair or poor	16%	19%	17%
Rated physical health as not good on four or more days (in the past 30 days)	28%	21%*	20%*
Average days that physical health not good in past month	4.0	3.2**	3.0**
Rated mental health as not good on four or more days (in the past 30 days)	38%	31%*	29%*
Average days that mental health not good in past month	8.2	5.0**	4.4**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	45%	26%*	25%*

* 2021 BRFSS
** 2020 BRFSS Data compiled by 2023 County Health Rankings

Health Behaviors: Weight Status

Weight Status

- Over three-quarters (79%) of Greater Dayton Area adults were either overweight (35%) or obese (including severely and morbidly obese) (44%) by body mass index (BMI), putting them at elevated risk for developing a variety of diseases.

The following graph shows the percentage of Greater Dayton Area adults who were normal weight, overweight, or obese by body mass index (BMI). An example of how to interpret the information includes: 20% of all adults were classified as normal weight, 35% were overweight, and 44% were obese.
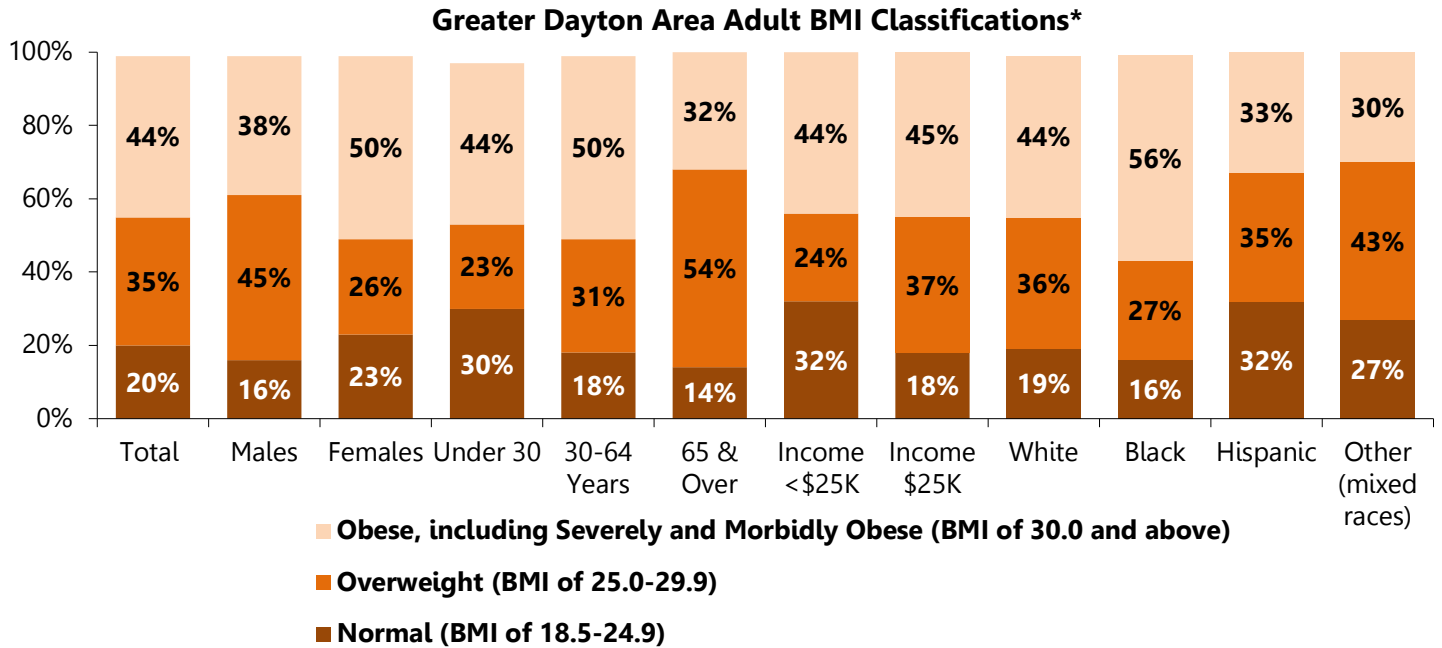
Greater Dayton Area Adult BMI Classifications*

Group	Obese	Overweight	Normal
Total	44%	35%	20%
Males	38%	45%	16%
Females	50%	26%	23%
Under 30	44%	23%	30%
30-64 Years	50%	31%	18%
65 & Over	32%	54%	14%
Income <$25K	44%	24%	32%
Income $25K	45%	37%	18%
White	44%	36%	19%
Black	56%	27%	16%
Hispanic	33%	35%	32%
Other (mixed races)	30%	43%	27%

■ Obese, including Severely and Morbidly Obese (BMI of 30.0 and above)
■ Overweight (BMI of 25.0-29.9)
■ Normal (BMI of 18.5-24.9)

Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.
Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Obese, including severely and morbidly obese (BMI of 30.0 and above)	44%	38%	34%
Overweight (BMI of 25.0 – 29.9)	35%	33%	34%

Healthy People 2030
Nutrition and Weight Status (NWS)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
NWS-03: Reduce the proportion of adults with obesity	44%	36%

(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)

Physical Activity

- Sixty-one percent (61%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week. Thirty-two percent (32%) of adults exercised 5 or more days per week. Fifteen percent (15%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

- Greater Dayton Area adults spent an average of 2.1 hours on their cell phone, 2.0 hours watching/streaming TV, 1.5 hours on the computer/tablet (outside of work), and 0.5 hours playing video games on an average day.

- Adults reported the following prevented them from exercising:
  — Time (28%)
  — Too tired (21%)
  — Self-motivation/will power (21%)
  — Lazy (14%)
  — Pain or discomfort (14%)
  — Weather (10%)
  — Do not like exercise (9%)
  — Choose not to exercise (5%)
  — Did not know what activity to do (5%)
  — Could not afford a gym membership (5%)
  — No exercise partner (4%)
  — Ill or physically unable (4%)
  — No child care (3%)
  — Poorly maintained/no sidewalks (2%)
  — Lack of opportunities for those with physical impairments or challenges (2%)
  — Afraid of injury (2%)
  — Neighborhood safety (2%)
  — Too expensive (1%)
  — Doctor advised them not to exercise (1%)
  — No gym available (1%)
  — No walking trails, biking trails, or parks (1%)
  — No transportation to a gym or other exercise activity (1%)
  — Don't know (1%)
  — Other (3%)

Nutrition

The table below indicates the number of servings of fruit, vegetables, whole grains, and sugar-sweetened beverages Greater Dayton Area adults consumed daily.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	3%	13%	70%	14%
Vegetables	3%	19%	73%	5%
Sugar-sweetened beverages	2%	6%	35%	57%
Caffeinated beverages	5%	18%	56%	21%

- In 2024, 33% of adults ate 1 to 2 servings of fruits and/or vegetables per day, 41% ate 3 to 4 servings per day, and 23% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.

- Adults reported the following barriers to consuming fruits and vegetables:
  — Too expensive (18%)
  — Did not like the taste (9%)
  — Did not know how to prepare (3%)
  — No variety (2%)
  — Did not have access to fruits and vegetables (2%)
  — Distance to access (2%)
  — Transportation (2%)
  — Stores did not take Electronic Benefit Transfer (EBT) (1%)
  — Other (6%)

- Sixty-one percent (61%) of adults reported they did not have any barriers in consuming healthy foods.

- Adults reported the following determines the types of food they eat:
  — Taste/enjoyment (58%)
  — Cost (51%)
  — Healthiness of food (49%)
  — Ease of preparation/time (46%)
  — Availability (32%)
  — Nutritional content (32%)
  — Food they are used to (32%)
  — Family prefers (29%)
  — Calorie content (26%)
  — Organic (13%)
  — Genetically modified (GMO) (9%)
  — Artificial sweetener content (8%)
  — Other food sensitivities (7%)
  — Gluten-free (6%)
  — Lactose-free (6%)
  — Health care provider's advice (5%)
  — Availability of food at food pantry (3%)
  — Limitations due to dental issues (2%)
  — Limitations set by WIC (1%)
  — Other (3%)

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Ohio is 7.0.
- The food environment index in Auglaize is 8.8.
- The food environment index in Champaign is 8.4.
- The food environment index in Clark is 7.2.
- The food environment index in Darke is 8.2.
- The food environment index in Greene is 8.0.
- The food environment index in Miami is 8.4.
- The food environment index in Montgomery is 7.2.
- The food environment index in Preble is 8.3.
- The food environment index in Shelby is 8.1.
- The food environment index in Warren is 8.6.
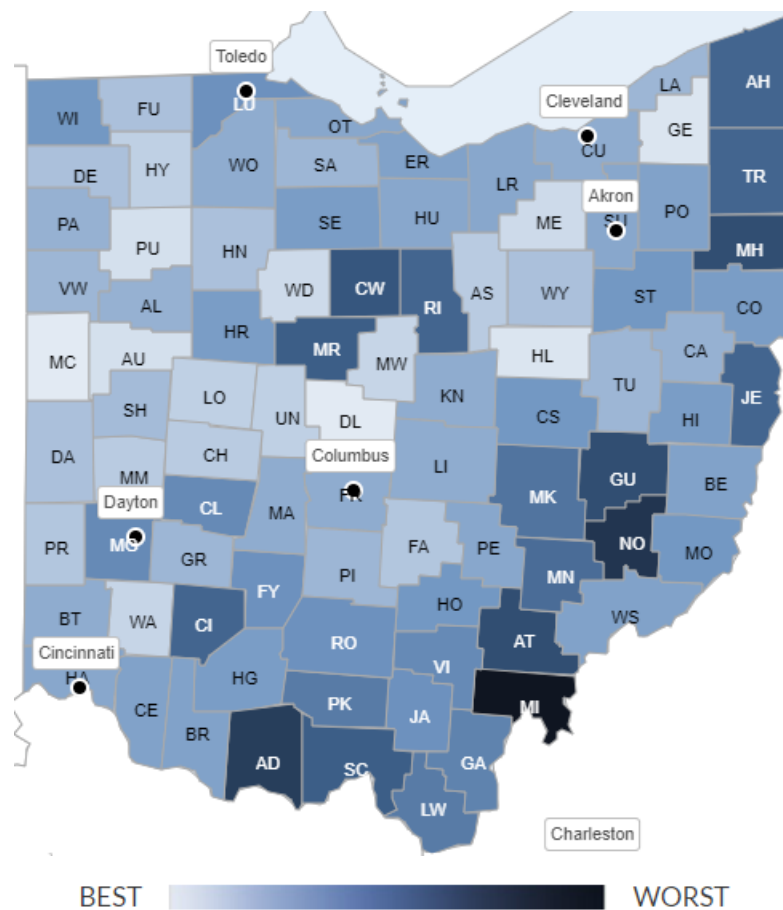
(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2024)

Tobacco Use

- Eleven percent (11%) of Greater Dayton Area adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked on some or all days).

- One-fifth (20%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

- Greater Dayton Area adult current smokers were more likely to:
  — Have an annual income less than $25,000 (52%)
  — Be Hispanic (33%)
  — Be under 30 years old (25%)

The following graph shows the percentage of Greater Dayton Area adults' smoking behaviors. An example of how to interpret the information includes: 11% of all adults were current smokers, 20% were former smokers, and 69% had never smoked cigarettes.
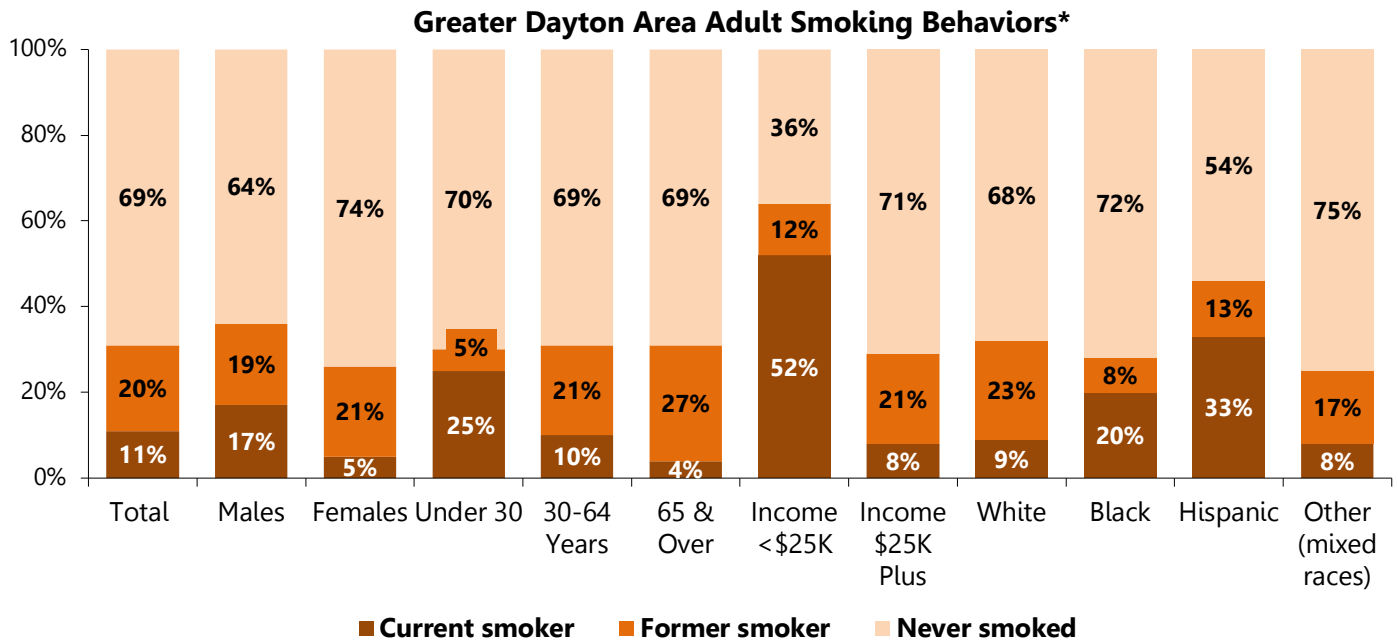
Greater Dayton Area Adult Smoking Behaviors*

	Current smoker	Former smoker	Never smoked
Total	11%	20%	69%
Males	17%	19%	64%
Females	5%	21%	74%
Under 30	25%	5%	70%
30-64 Years	10%	21%	69%
65 & Over	4%	27%	69%
Income <$25K	52%	12%	36%
Income $25K Plus	8%	21%	71%
White	9%	23%	68%
Black	20%	8%	72%
Hispanic	33%	13%	54%
Other (mixed races)	8%	17%	75%

Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Tobacco Use, *continued*

- Greater Dayton Area adults used the following tobacco products in the past year: cigarettes (17%); e-cigarettes or other electronic vaping products (9%); cigars (6%); little cigars (4%); chewing tobacco, snuff or snus (4%); cigarillos (2%); hookah (2%); pipes (1%); bidis (1%); and dissolvable tobacco (1%).

- Eighteen percent (18%) of adults had used at least one tobacco product in the past year, including 10% of adults who used two or more tobacco products.

- Over one-fifth (23%) of adults had ever used an e-cigarette or other electronic vaping product, even just one time in their lifetime.

- Eight percent (8%) of adults were current electronic vapor product users (those who indicated using an electronic vapor product in their lifetime and currently used it some or all days).

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Current smoker (currently smoke some or all days)	11%	17%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	26%	25%
Current e-cigarette user (vaped on some or all days)	8%	9%	8%

Healthy People 2030
Tobacco Use (TU)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
TU-02: Reduce current cigarette smoking in adults	11%	6%*

Healthy People 2030 target objective is among adults ages 18 years and over
(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment

Health Behaviors: Alcohol Consumption

Alcohol Consumption

- Sixty-four percent (64%) of Greater Dayton Area adults had at least one alcoholic drink in the past month, increasing to 68% of males and 76% of adults under 30.

- Of those who drank, Greater Dayton Area adults drank 2.7 drinks on average, increasing to 4.4 drinks among adults under the age of 30.

- Over one-quarter (26%) of Greater Dayton Area adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 41% had at least one episode of binge drinking.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Current Drinker (drank alcohol at least once in the past month)	64%	53%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	26%	18%	17%

Healthy People 2030
Substance Use (SU)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
SU-10: Reduce the proportion of people who engaged in binge drinking in the past month	26%	25%*

*Healthy People 2030 target objective is among adults ages 21 years and over
(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment

Alcohol Consumption, *continued*

The following graphs show the percentage of Greater Dayton Area adults who consumed alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph includes: 35% of all Greater Dayton Area adults did not drink alcohol in the past month, including 36% of adults ages 30-64 years and 50% of adults with incomes below $25,000.

Greater Dayton Area Average Number of Days Drinking Alcohol in the Past Month*

Group	Did not drink any	1-2 days	3 or more days
Total	35%	21%	44%
Males	32%	19%	49%
Females	40%	22%	38%
Under 30	24%	18%	58%
30-64 Years	36%	20%	44%
65 & Over	46%	21%	33%
Income <$25K	50%	18%	32%
Income $25K Plus	32%	21%	47%
White	35%	21%	44%
Black	38%	28%	34%
Hispanic	18%	18%	64%
Other (mixed races)	48%	14%	38%

■ **Did not drink any** ■ **1-2 days** ■ **3 or more days**
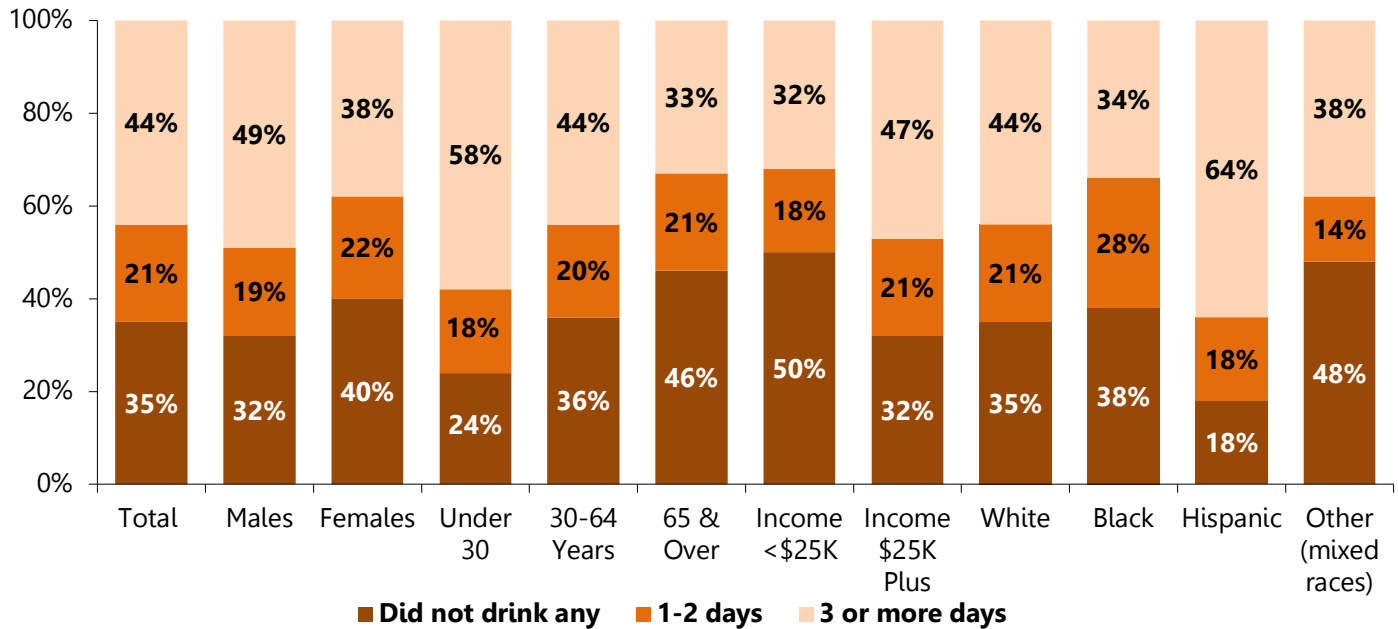
Percentages may not equal 100% as some respondents answered, "Don't Know"

Greater Dayton Area Adults Average Number of Drinks Consumed Per Drinking Occasion, Among Current Drinkers

Group	Value
Total	2.7
Males	2.9
Females	2.4
Under 30	4.4
30-64 Years	2.4
65 & Over	2.1
Income <$25K	3.2
Income $25K Plus	2.6
White	2.5
Black	2.7
Hispanic	5.1
Other (mixed races)	3.8
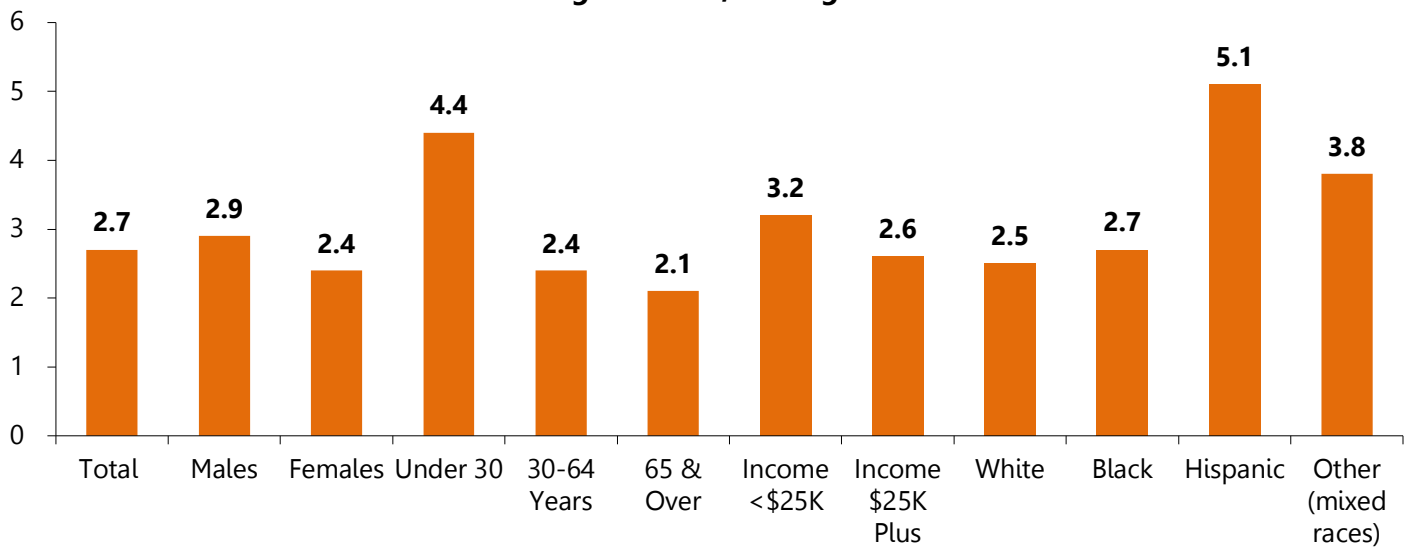
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Health Behaviors: Drug Use

Prescription Drug Misuse

- Ten percent (10%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

- Adults reported that they, an immediate family member, or someone in their household took the following medications not prescribed to them to feel good, high, and/or more active or alert during the past 6 months:
  — Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, etc. (9%)
  — Steroids (8%)
  — Ritalin, Adderall, Concerta, or other ADHD medication (6%)
  — Tramadol/Ultram (5%)
  — Vicodin (4%)
  — Neurontin (4%)
  — OxyContin (4%)
  — Suboxone or Methadone (3%)

The following graph shows adult medication misuse in the past six months. An example of how to interpret the information in the graph includes: 10% of adults misused medication in the past 6 months, including 14% of adults under the age of 30 and 22% of adults with incomes below $25,000.

Greater Dayton Area Adult Medication Misuse in Past 6 Months

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Marijuana and Other Drug Use

- Four percent (4%) of Greater Dayton Area adults reported they had used recreational marijuana or hashish in the past six months, increasing to 13% of adults under the age of 30.
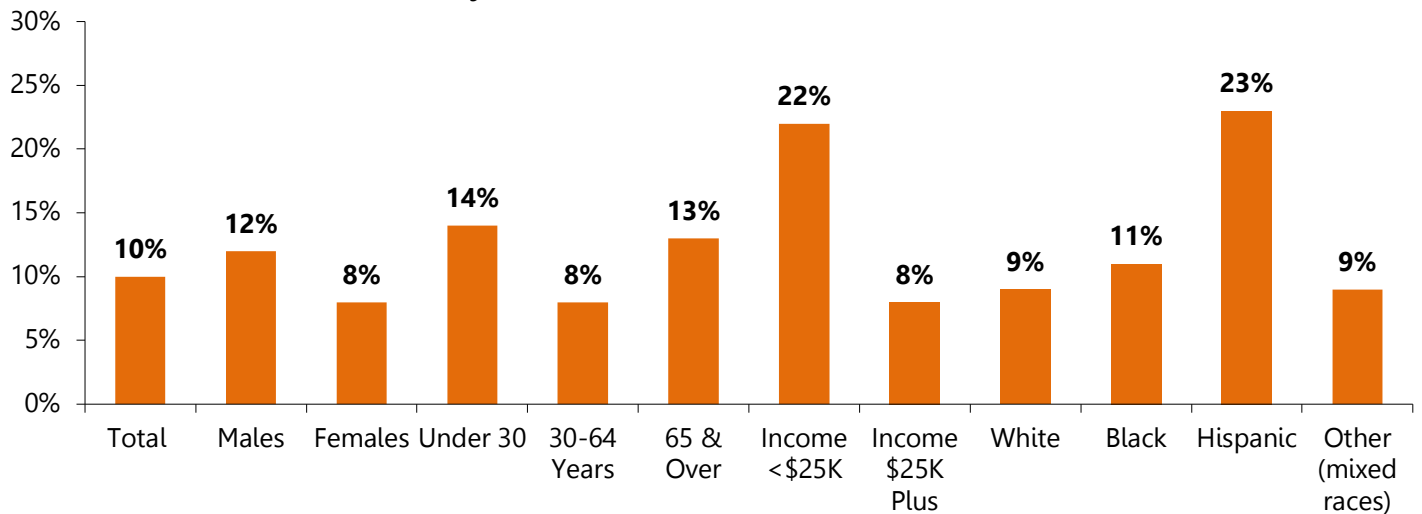
- Three percent (3%) of adults indicated they had used medical marijuana in the past six months.

- Adults reported that they, an immediate family member, or someone in their household used the following in the past 6 months:
  — Wax, oil, or edibles with THC (12%)
  — Recreational marijuana or hashish (12%)
  — Medical marijuana (11%)
  — Cannabidiol (CBD) oil (11%)
  — Amphetamines, methamphetamines, or speed (4%)
  — Inappropriate use of over-the-counter medications (4%)
  — Cocaine, crack, or coca leaves (3%)
  — LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (3%)
  — Bath salts (2%)
  — Heroin/Fentanyl (2%)
  — Ecstasy or E, or GHB (2%)
  — Synthetic marijuana/K2 (2%)
  — Inhalants such as glue, toluene, gasoline, duster, or paint (2%)

- As a result of using drugs, Greater Dayton Area adults indicated they, an immediate family member, or someone in their household had: experienced legal problems (6%), been placed in dangerous situations (3%), regularly failed to fulfill obligations at work or home (3%), overdosed and required EMS/hospitalization (3%), failed a drug screen (3%), received Narcan or nasal Naloxone (2%), and administered Narcan or nasal Naloxone (1%).

- Two percent (2%) of adults used a program or service to help with an alcohol or drug problem for them or a loved one. Reasons for not using such a program included the following: fear (3%), could not afford to go (2%), did not want to miss work (2%), stigma of seeking alcohol services (2%), wait time (2%), stigma of seeking drug services (1%), transportation (1%), no/unreliable internet access (1%), could not get into the office or clinic (1%), did not have any openings (wait-listed) (1%), did not want to get in trouble (1%), insurance did not cover it (1%), had not thought of it (1%), did not know how to find a program (1%), dissatisfied with previous experience (1%), a program was not available (<1%), and other reasons (3%). Eighty-four percent (84%) of adults indicated such a program was not needed.

Marijuana and Other Drug Use, *continued*

The following graph shows adult recreational marijuana or hashish use in the past 6 months. An example of how to interpret the information in the graph includes: 4% of Greater Dayton Area adults used recreational marijuana or hashish in the past 6 months, including 13% of adults under the age of 30 and 3% of adults ages 65 and over.

Greater Dayton Area Adult Recreational Marijuana or Hashish Use in Past 6 Months

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey
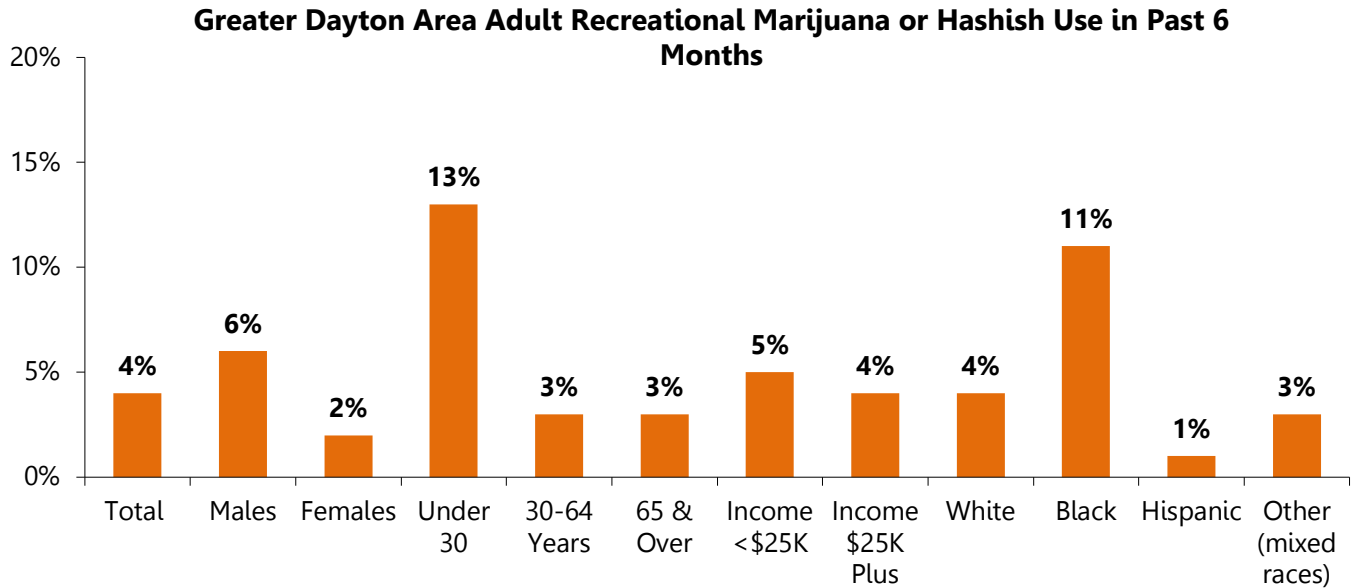
Drug Use, *continued*

The following graph shows the Greater Dayton Area and Ohio age-adjusted unintentional drug overdose deaths from 2016-2020.

**Greater Dayton Area and Ohio
Age-Adjusted Unintentional Drug Overdose Deaths, 2016-2020**

Year	Greater Dayton Area	Ohio
2016	46.7	36.8
2017	70.5	44.1
2018	40.1	34.1
2019	37.4	36.4
2020	43.4	45.6

Y-axis: Per 100,000 Population

■ Greater Dayton Area　　■ Ohio
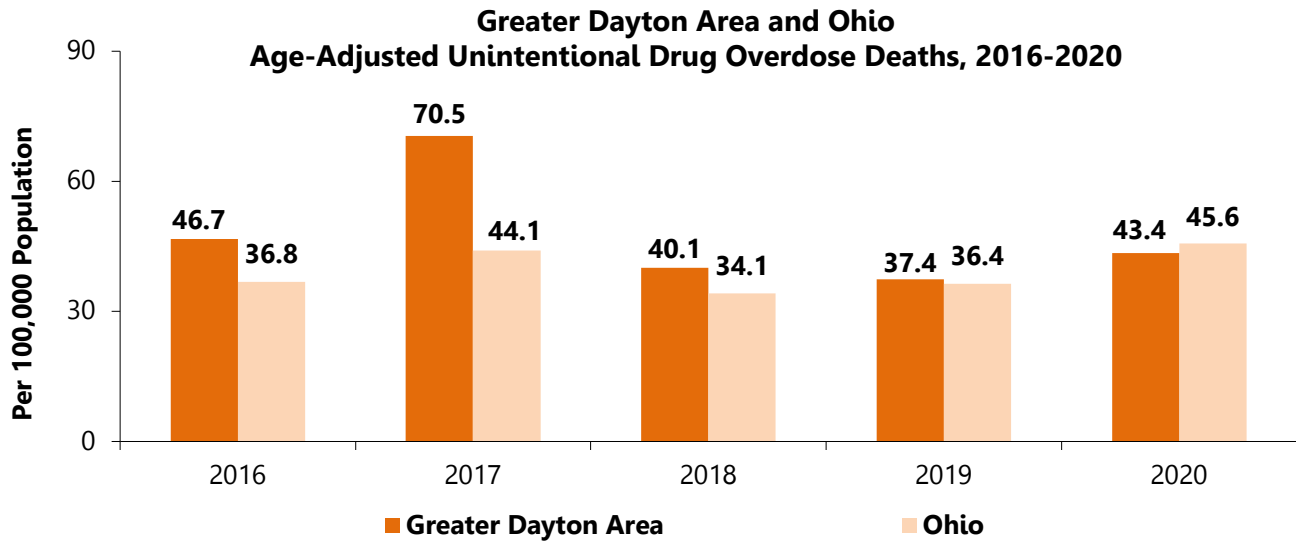
*Note: Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44)
Updated 4/10/2024*

The following graph shows the number of unintentional drug overdose deaths from 2016-2020 in the Greater Dayton Area.

**Greater Dayton Area
Unintentional Drug Overdose Deaths, 2016-2020
Total Deaths=3,072**

Year	Number of Deaths
2016	602
2017	902
2018	514
2019	481
2020	573

(Source for graphs: CDC Wonder, 2016-2020, Updated 7/1/7/2024)

Drug Use, *continued*

The following graphs show the number of opioid overdose deaths and number of overall drug overdose deaths from 2018-2022 in the Greater Dayton Area.

Greater Dayton Area Drug Overdose Deaths, 2018-2022
Total Deaths = 2,704

Year	Number of Deaths
2018	518
2019	486
2020	579
2021	600
2022	521

Greater Dayton Area Opioid Drug Overdose Deaths, 2018-2022
Total Deaths = 2,277

Year	Number of Deaths
2018	453
2019	406
2020	495
2021	496
2022	427
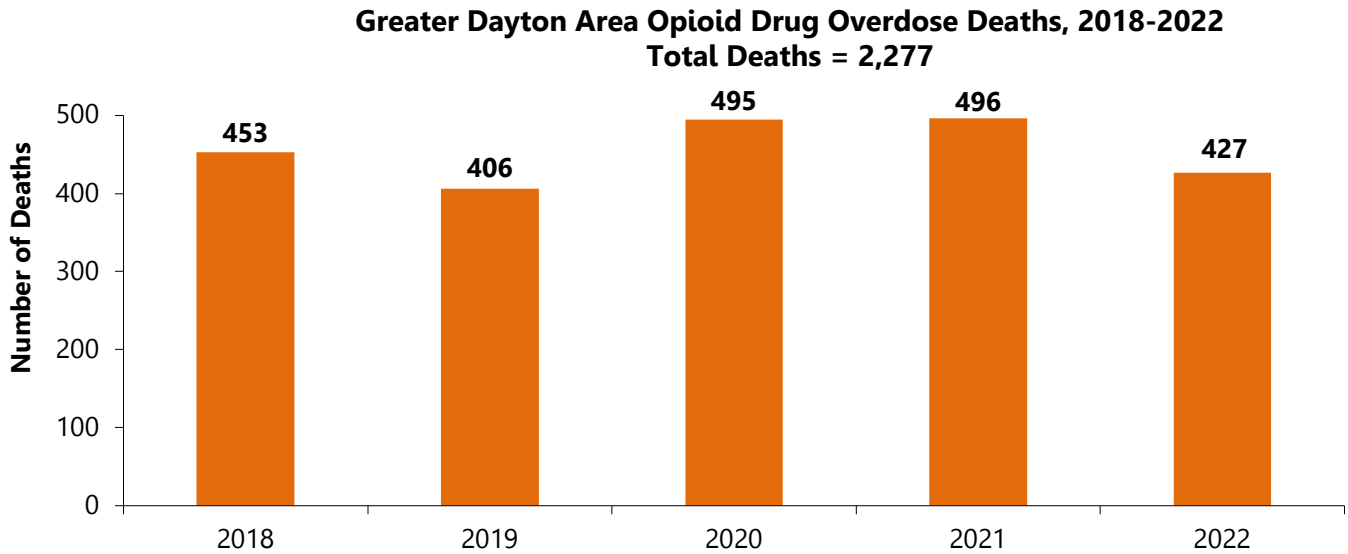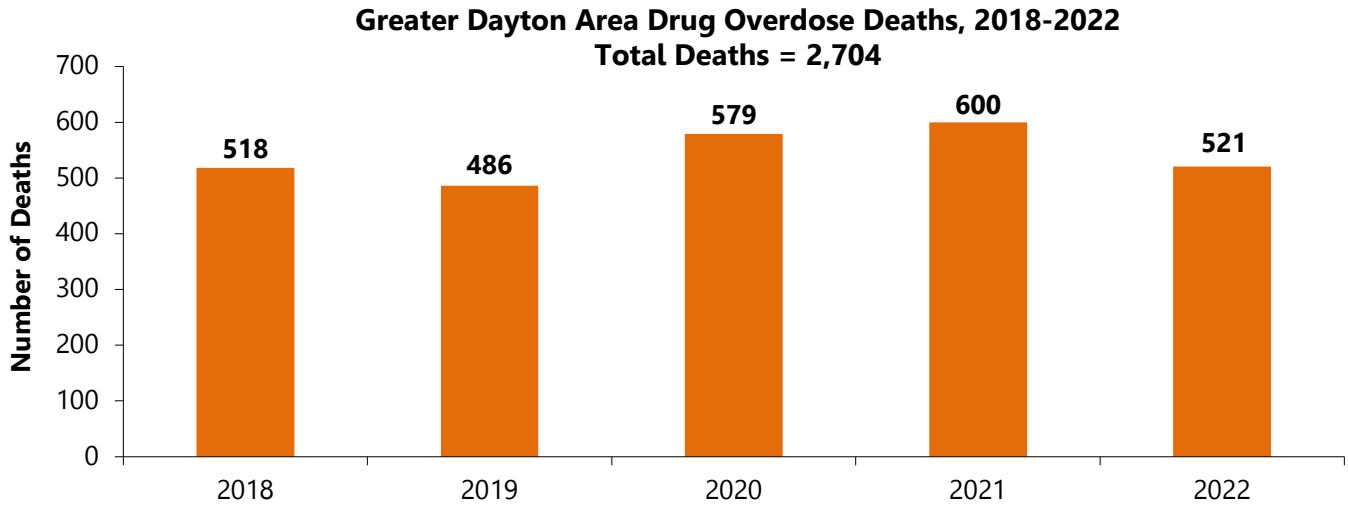
(Source for graphs: State of Ohio Integrated Behavioral Dashboard, 2018-2022, Updated 7/17/24)

Drug Use, *continued*

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2020 to 2022.

Figure 22. Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2020-2022
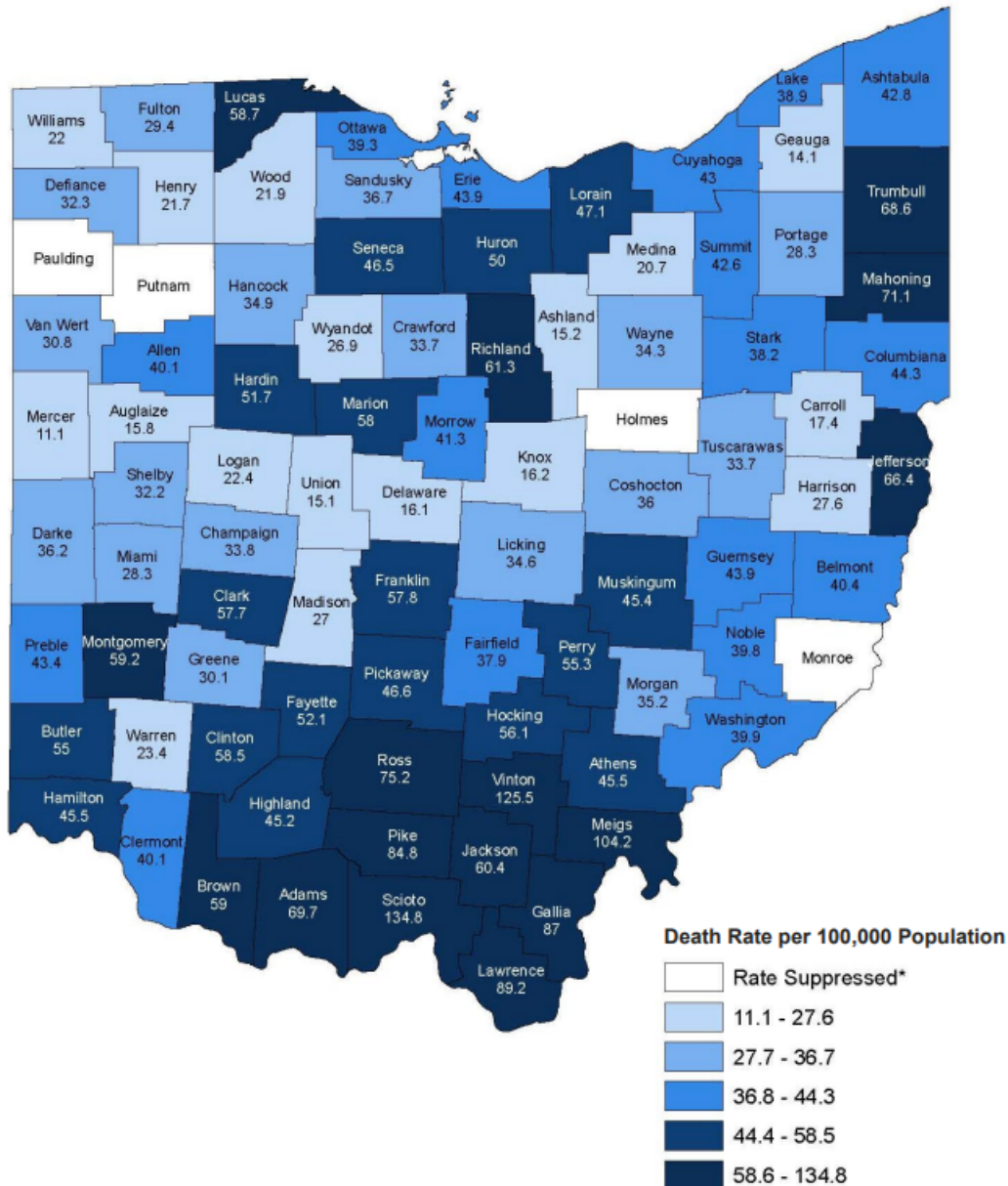
(Source: Ohio Department of Health, 2022 Ohio Drug Overdose Data: General Findings)

Sexual Behavior

- Seventy-two percent (72%) of Greater Dayton Area adults had sexual intercourse in the past year. Nine percent (9%) of adults reported they had intercourse with more than one partner in the past year.

The following graph shows the number of sexual partners Greater Dayton Area adults had in the past year. An example of how to interpret the information in the graph includes: 63% of all Greater Dayton Area adults had one sexual partner in the last 12 months, and 9% had more than one than one partner.

Greater Dayton Area Number of Sexual Partners in the Past Year*

	One	More than one	None
Total	63%	9%	27%
Males	61%	14%	25%
Females	64%	5%	30%
Under 30	60%	25%	13%
30-64 Years	72%	8%	20%
65 & Over	46%	3%	51%
Income <$25K	42%	17%	41%
Income $25K	66%	9%	24%
White	65%	6%	29%
Black	57%	24%	17%
Hispanic	37%	32%	30%
Other (mixed races)	66%	12%	22%
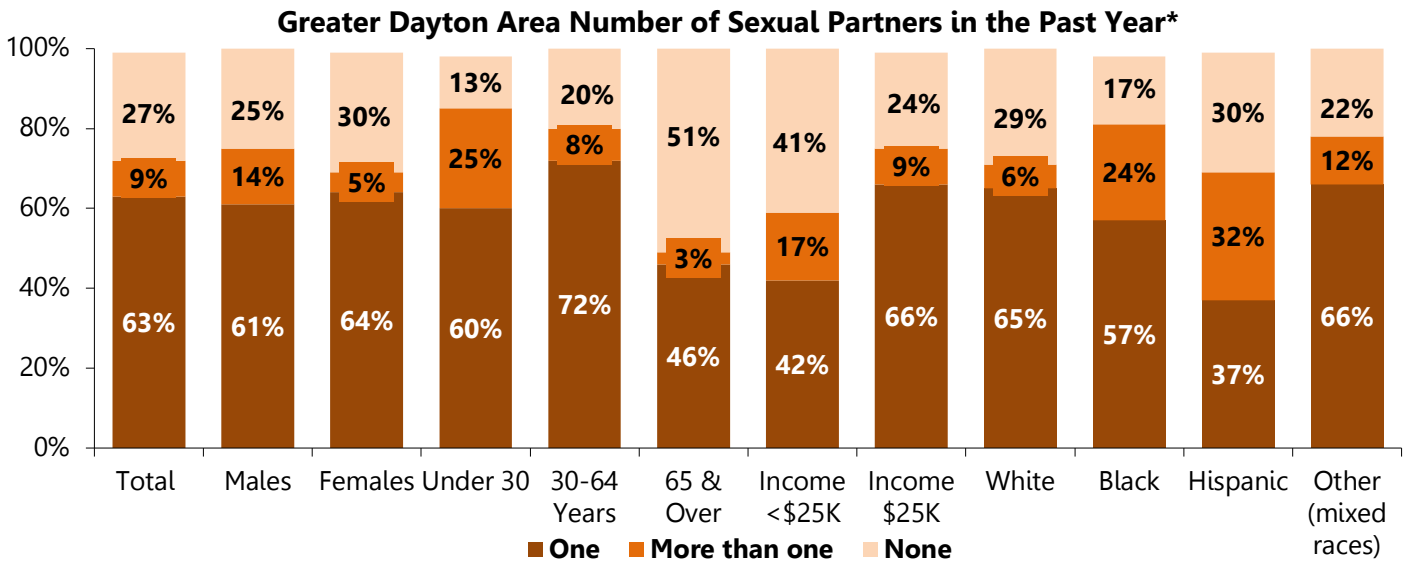
Totals may not equal 100% as some respondents answered, "Don't know".
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

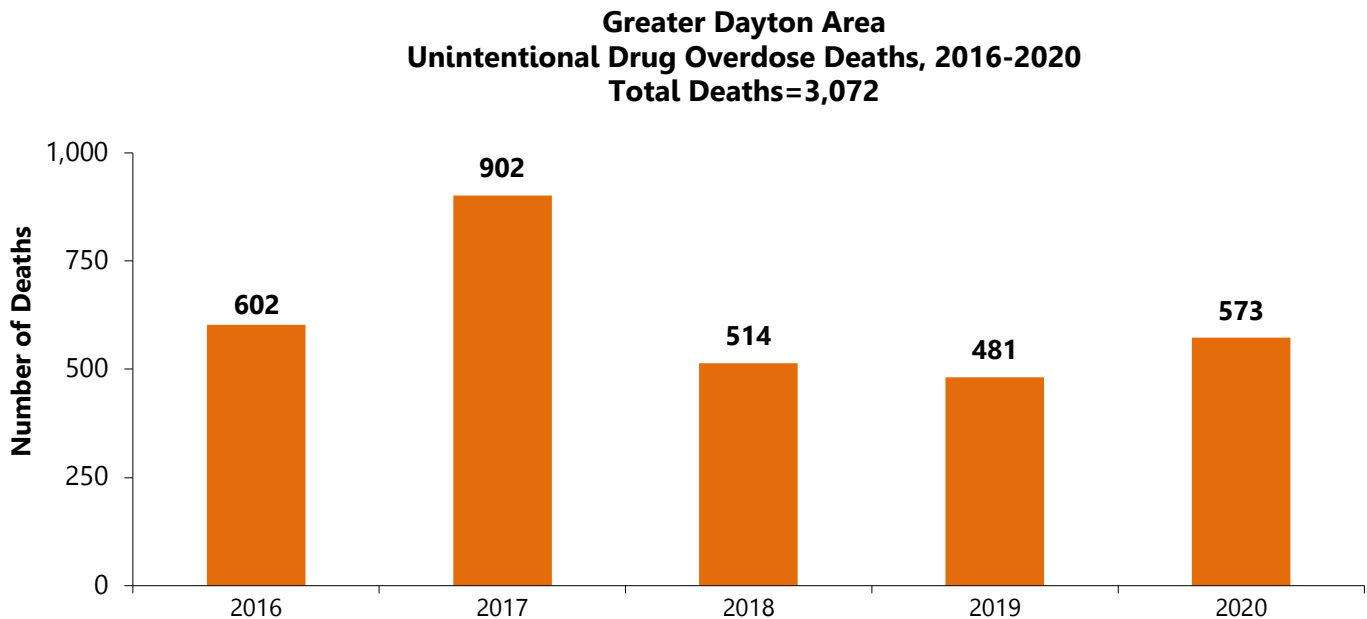- Greater Dayton Area adults used the following methods of birth control the last time they had sex:
  — They or their partner were too old to get pregnant (13%)
  — Condoms (12%)
  — Male sterilization (10%)
  — Female sterilization (9%)
  — Birth control pills, any kind (8%)
  — Hysterectomy (7%)
  — Withdrawal (6%)
  — IUD (5%)
  — Rhythm method (3%)
  — Infertility (3%)
  — Contraceptive implant (2%)
  — Ovaries or testicles removed (2%)
  — Abstinence (2%)
  — Copper-bearing IUD (2%)
  — Contraceptive ring (1%)
  — Diaphragm, cervical cap, sponge (1%)
  — Foam, jelly, or cream (1%)
  — Emergency contraception (1%)
  — Birth control shots (1%)
  — Diaphragm, cervical cap, sponge (1%)
  — Contraceptive patch (<1%)

- Almost one-fifth (19%) of adults indicated they did not have a partner or were not sexually active.

- Three percent (3%) of adults reported they and their partner were trying to get pregnant, and 1% were currently pregnant.

- Five percent (5%) of adults indicated they were gay or lesbian.

- Nine percent (9%) of Greater Dayton Area adults were not using any method of birth control.

Sexual Behavior, *continued*

- The following situations applied to Greater Dayton Area adults:
  — Had sex without a condom in the past year (20%)
  — Had anal sex without a condom in the past year (5%)
  — Had sexual activity with someone of the same gender (4%)
  — Had sex with someone they did not know (3%)
  — Had sex with someone they met on social media (3%)
  — Had four or more sexual partners in the past year (3%)
  — Engaged in sexual activity following alcohol or other drug use that they would not have done if sober (3%)
  — Treated for an STD in the past year (2%)
  — Had given or received money or drugs in exchange for sex in the past year (2%)
  — Tested positive for HPV (1%)
  — Tested positive for Hepatitis C (1%)
  — Knew someone involved in sex trafficking (1%)
  — Been forced to have any sexual activity in the past year (1%)
  — Injected any drug other than those prescribed in the past year (1%)
  — Had unprotected sex because they could not afford birth control methods (1%)
  — Tested positive for HIV (<1%)

Sexual Behavior, *continued*

The following graph shows the number of Greater Dayton Area (Dayton City) HIV/AIDS cases from 2018 to 2022. The graph shows:

- From 2018 to 2022, the number of Greater Dayton Area (Dayton City) HIV/AIDS cases steadily increased.

Living with Diagnosed HIV Infection in Greater Dayton Area (Dayton City)
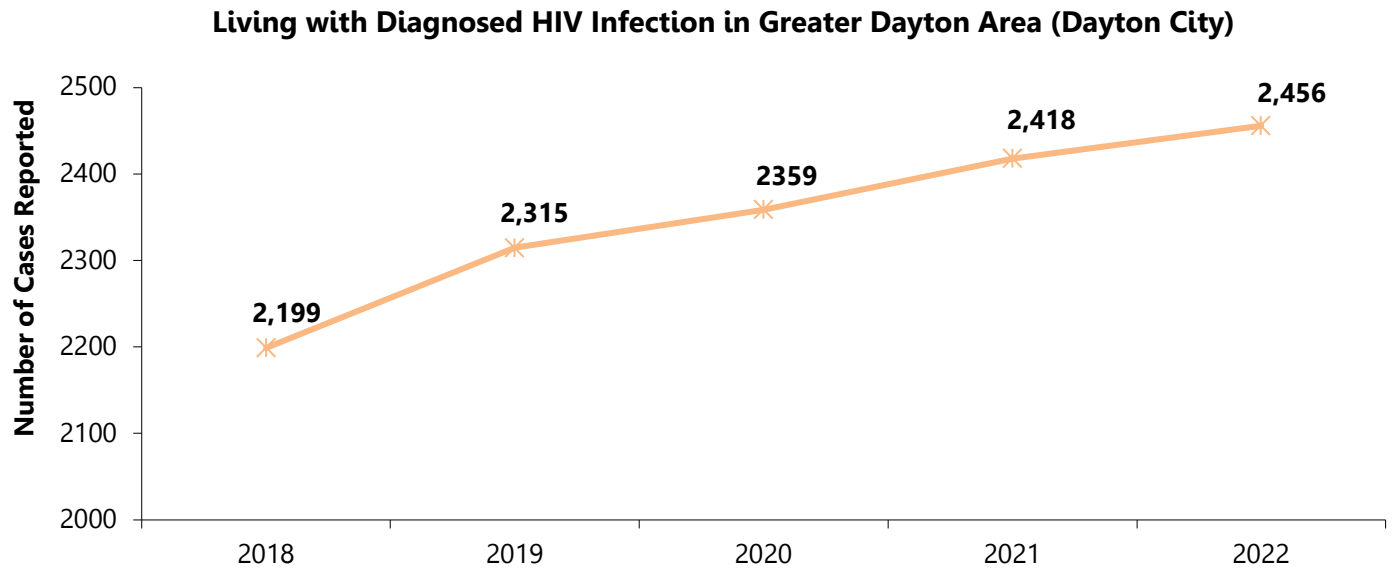
Note: Living with diagnosed HIV infection by year (2018-2022) represents all persons ever diagnosed and reported with HIV and/or AIDS who have not been reported as having died as of December 31 of the corresponding year. Persons living with diagnosed HIV infection represent persons living in Ohio as of December 31 of the corresponding year, regardless of whether the person was a resident of Ohio at time of initial HIV and/or AIDS diagnosis.
(Source: ODH, HIV/AIDS Surveillance Program, data reported through 6/30/2023)

Sexual Behavior, *continued*

The following graphs show Greater Dayton Area (Dayton City) and Ohio chlamydia disease rates per 100,000 population and the number of chlamydia disease cases.
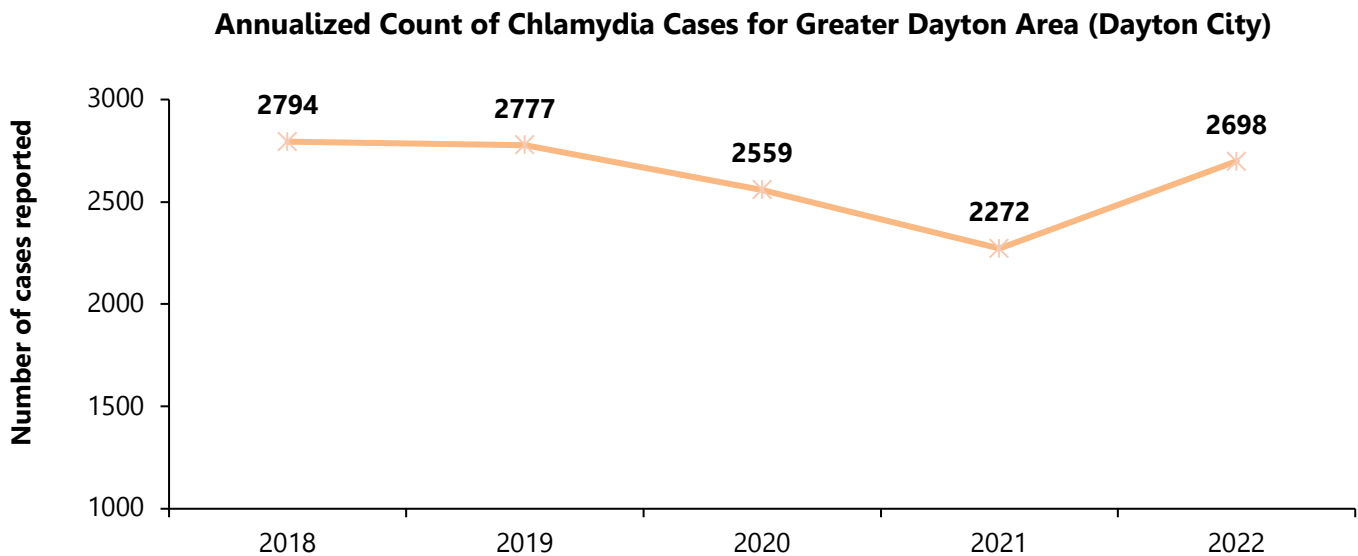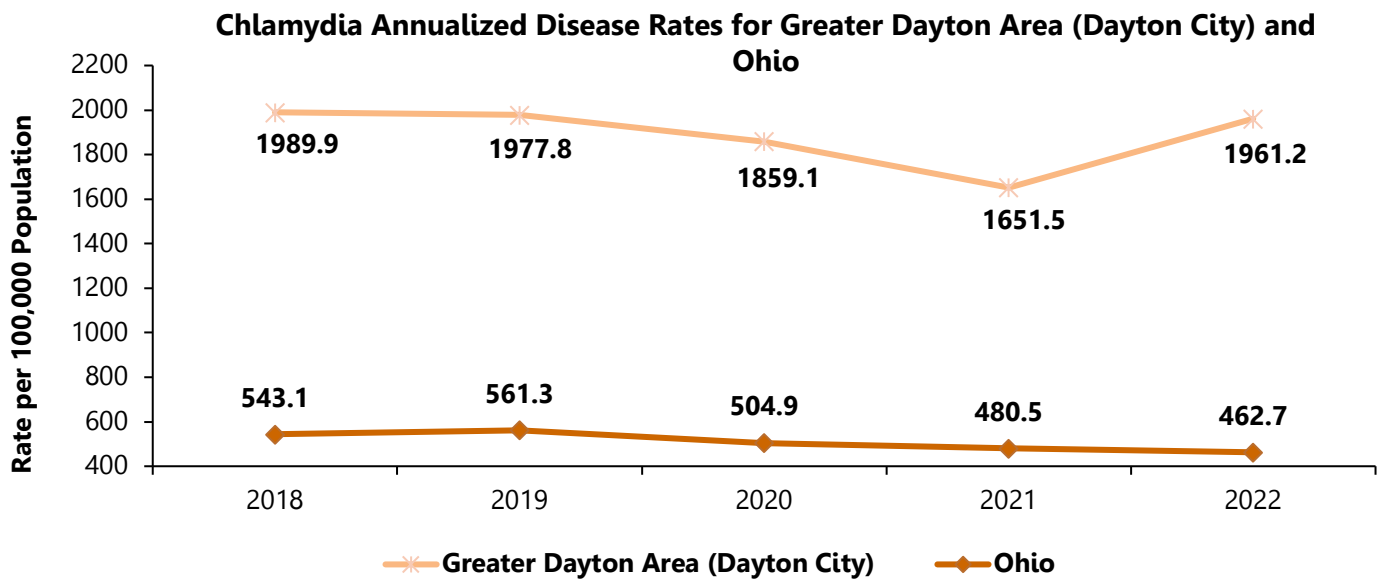
Chlamydia Annualized Disease Rates for Greater Dayton Area (Dayton City) and Ohio

Rate per 100,000 Population

Year	Greater Dayton Area (Dayton City)	Ohio
2018	1989.9	543.1
2019	1977.8	561.3
2020	1859.1	504.9
2021	1651.5	480.5
2022	1961.2	462.7

✳ **Greater Dayton Area (Dayton City)** ◆ **Ohio**

Annualized Count of Chlamydia Cases for Greater Dayton Area (Dayton City)

Number of cases reported

Year	Cases
2018	2794
2019	2777
2020	2559
2021	2272
2022	2698

(Source for graphs: ODH, STD Surveillance, data reported through 8/1/2023)

Sexual Behavior, *continued*

The following graphs show Greater Dayton Area (Dayton City) and Ohio gonorrhea disease rates per 100,000 population and the number of gonorrhea disease cases.
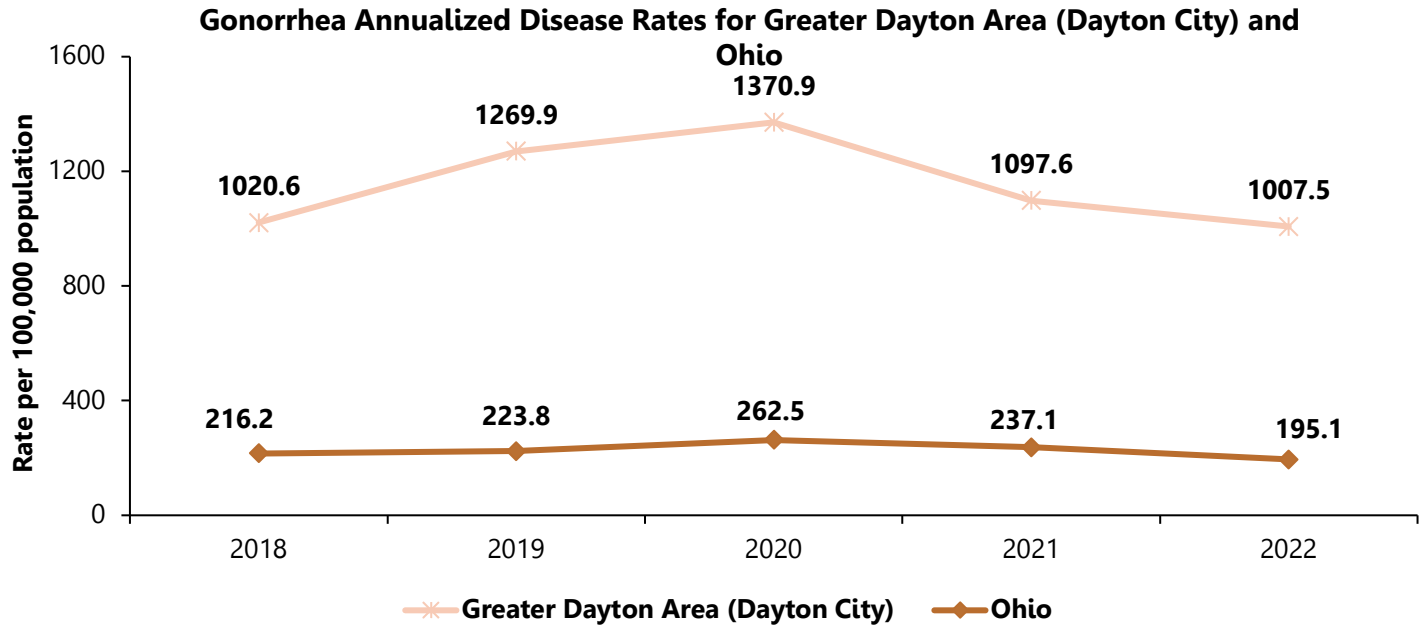
Gonorrhea Annualized Disease Rates for Greater Dayton Area (Dayton City) and Ohio

Rate per 100,000 population

Greater Dayton Area (Dayton City): 2018: 1020.6, 2019: 1269.9, 2020: 1370.9, 2021: 1097.6, 2022: 1007.5

Ohio: 2018: 216.2, 2019: 223.8, 2020: 262.5, 2021: 237.1, 2022: 195.1

Legend: —✳— Greater Dayton Area (Dayton City)   —◆— Ohio

Annualized Count of Gonorrhea Cases for Greater Dayton Area (Dayton City)

Number of cases reported

2018: 1433, 2019: 1783, 2020: 1887, 2021: 1510, 2022: 1386

(Source for graphs: ODH, STD Surveillance, data reported through 8/1/2023)

Sexual Behavior, *continued*

The following graphs show Greater Dayton Area (Dayton City) and Ohio syphilis disease rates per 100,000 population and the number of syphilis disease cases.

Syphilis Annualized Disease Rates for Greater Dayton Area (Dayton City) and Ohio

Rate per 100,000 population

Year	Greater Dayton Area (Dayton City)	Ohio
2018	90.5	16.5
2019	86.2	17.2
2020	113.3	20.9
2021	166.5	33.7
2022	188.3	45.0

— Greater Dayton Area (Dayton City)   — Ohio

Annualized Count of Syphilis Cases for Greater Dayton Area (Dayton City)

Number of cases reported

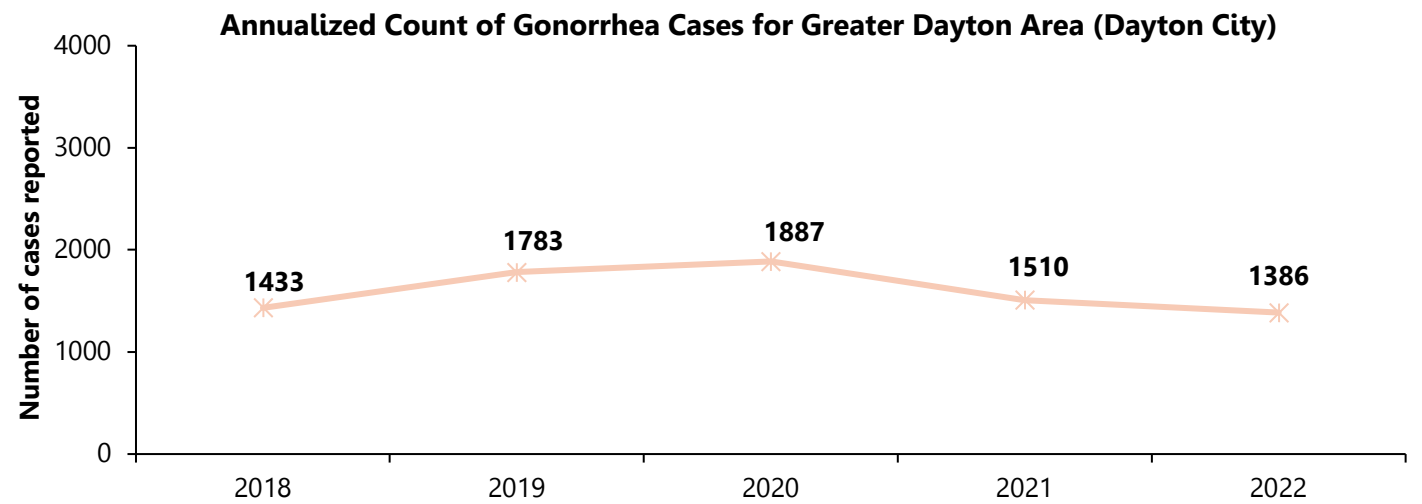| Year	Number of cases reported
2018	127
2019	121
2020	156
2021	229
2022	259

(Source for graphs: ODH, STD Surveillance, data reported through 8/1/2023)
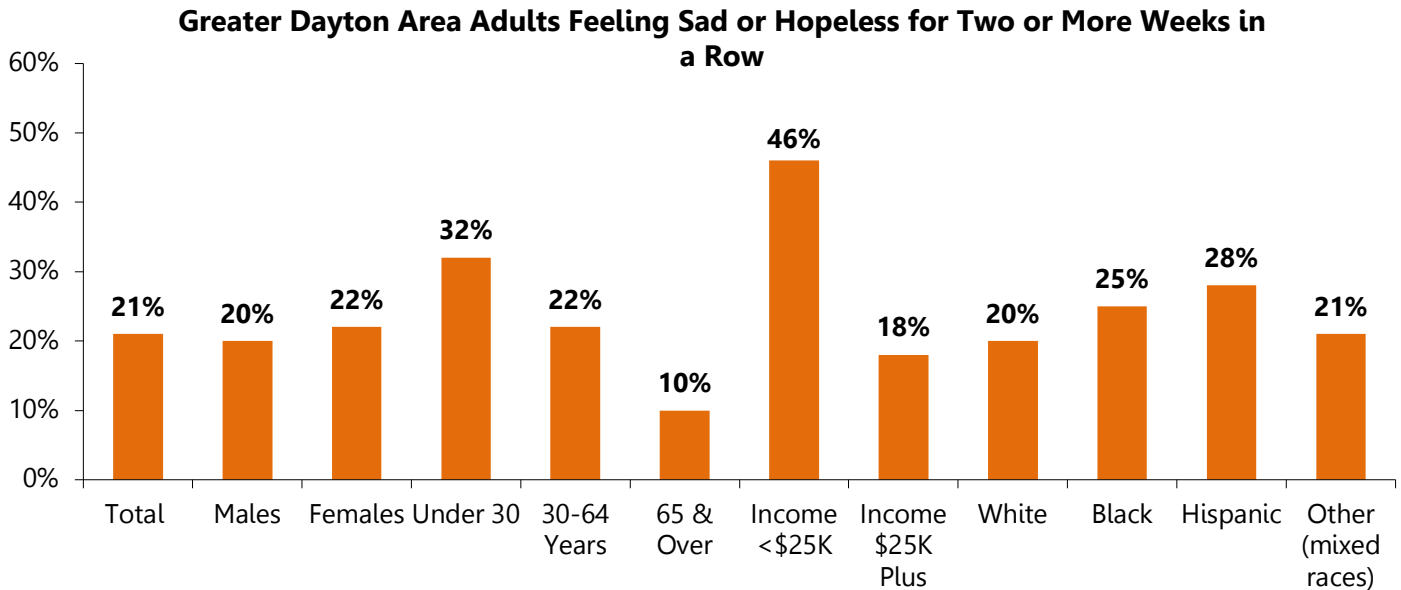
Health Behaviors: Mental Health

Mental Health

- In the past year, 21% of Greater Dayton Area adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

The following graph shows the percentage of Greater Dayton Area adults who felt sad or hopeless for two or more weeks in a row in the past year. An example of how to interpret the information includes: 21% of all adults felt sad or hopeless for two or more weeks in a row, including 46% of adults with incomes less than $25,000.

Greater Dayton Area Adults Feeling Sad or Hopeless for Two or More Weeks in a Row

Category	Percentage
Total	21%
Males	20%
Females	22%
Under 30	32%
30-64 Years	22%
65 & Over	10%
Income <$25K	46%
Income $25K Plus	18%
White	20%
Black	25%
Hispanic	28%
Other (mixed races)	21%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

- Seven percent (7%) of Greater Dayton Area adults seriously considered attempting suicide in the past year.

- One percent (1%) adults reported attempting suicide in the past year.

- Adults reported they or a family member were diagnosed with, or treated for, the following mental health issues:
  — Anxiety or emotional problems (30%)
  — Depression (29%)
  — Anxiety disorder (24%)
  — Attention deficit disorder (ADD/ADHD) (15%)
  — Post-traumatic stress disorder (PTSD) (11%)
  — Other trauma (8%)
  — Bipolar disorder (8%)
  — Some other mental health disorder (7%)
  — Alcohol and/or illicit drug abuse (7%)
  — Autism spectrum (6%)
  — Eating disorder (5%)
  — Psychotic disorder (4%)
  — Developmental disability (4%)
  — Life-adjustment disorder/issue (3%)
  — Gambling problem (2%)

- Over one-quarter (27%) of adults indicated that they or a family member had taken medication for one or more mental health issues.

- Twenty percent (20%) of Greater Dayton Area adults reported they or a family member had been diagnosed with, or treated for, more than one mental health issue in the past year.

Mental Health, *continued*

- Greater Dayton Area adults indicated the following caused them anxiety, stress, or depression:
  — Job stress (40%)
  — Financial stress (36%)
  — Current news/political environment (24%)
  — Marital/dating relationship (22%)
  — Raising/caring for children (18%)
  — Death of close family member or friend (18%)
  — Loneliness (16%)
  — Poverty/no money (16%)
  — Fighting at home (14%)
  — Sick family member (14%)
  — Other stress at home (13%)
  — Family member with mental illness (12%)
  — Social media (9%)
  — Caring for a parent (9%)
  — Unemployment (6%)
  — Not having enough to eat (5%)
  — Divorce/separation (4%)
  — Not feeling safe in the community (4%)
  — Not having a place to live (3%)
  — Sexual orientation/gender identity (3%)
  — Not feeling safe at home (2%)
  — Other causes (11%)

- Adults in Greater Dayton Area dealt with stress in the following ways:
  — Talked to someone they trust (45%)
  — Exercised (38%)
  — Listened to music (38%)
  — Slept (36%)
  — Ate more or less than normal (34%)
  — Engaged in prayer/meditation (32%)
  — Worked on a hobby (29%)
  — Worked (19%)
  — Drank alcohol (12%)
  — Took it out on others (6%)
  — Called a professional (6%)
  — Used prescription drugs as prescribed (5%)
  — Smoked tobacco (4%)
  — Used illegal drugs (1%)
  — Misused prescription drugs (<1%)
  — Other ways (10%)

Suicide

The graphs below show the number of suicide deaths by year and method in the Greater Dayton Area.

**Greater Dayton Area
Number of Suicide Deaths by Year, 2018-2022
Total Deaths =1,084**

Number of Deaths

- 2018: 220
- 2019: 212
- 2020: 212
- 2021: 217
- 2022: 223

**Greater Dayton Area
Number of Suicide Deaths By Leading Methods, 2018-2022
Total Deaths =1,084**

Number of Deaths

- Firearm: 627
- Hanging, Strangulation, and Suffocation: 279
- Drug Poisoning: 121
- Jumping from a High Place: 17
- Other/Unspecified: 40
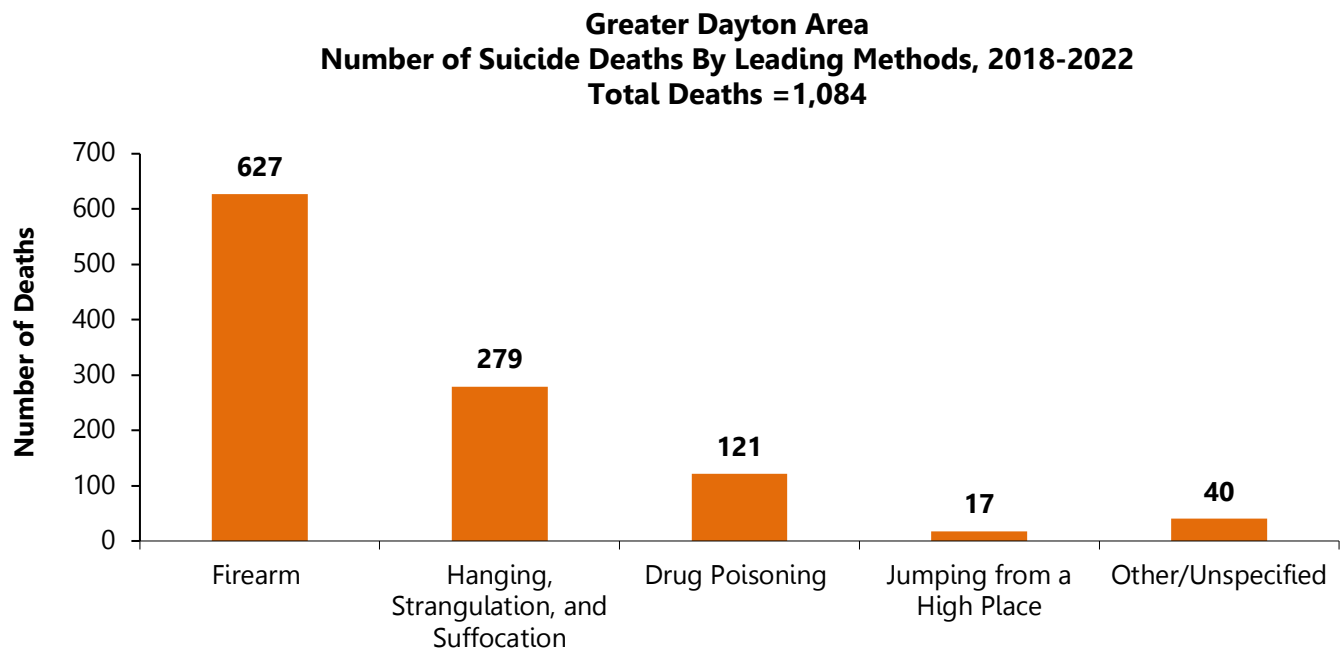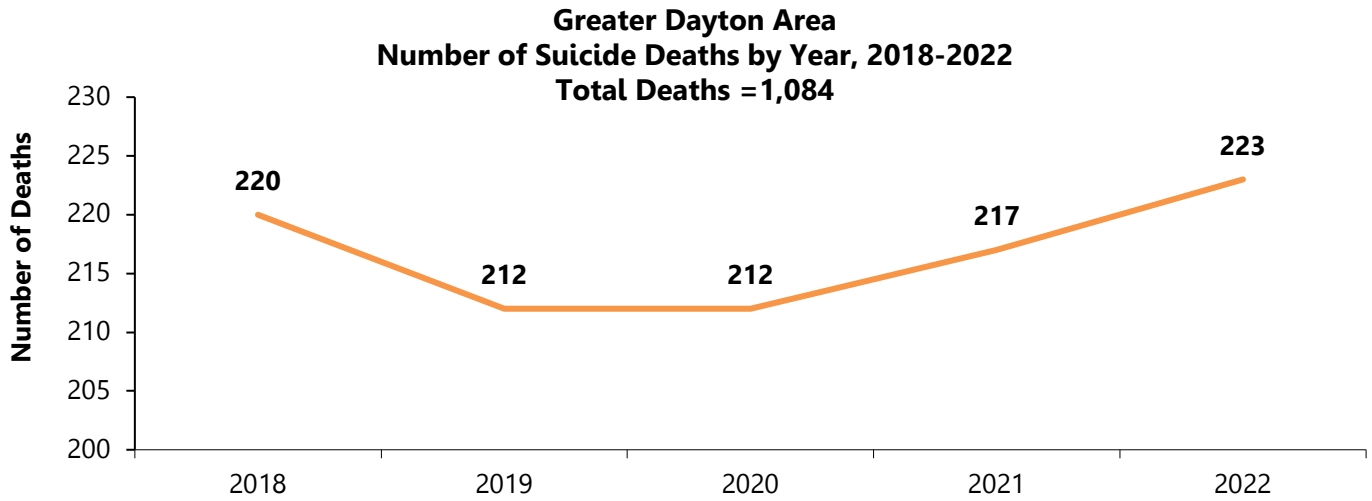
(Source for graphs: DataOhio, Mortality, Leading Causes of Death, updated 7/17/2024)

Suicide, *continued*

The graphs below show the number of suicide deaths by age group and gender from 2018 to 2021 in the Greater Dayton Area.

**Greater Dayton Area
Number of Suicide Deaths By Age Group, 2018-2022
Total Deaths =1,084**

Number of Deaths

Age Group	Deaths
5-14	20
15-24	153
25-34	180
35-44	194
45-54	137
55-64	179
65-74	125
75-84	61
85+	35

**Greater Dayton Area
Number of Suicide Deaths by Gender, 2018-2022
Total Deaths=1,084**

Number of Deaths

Gender	Deaths
Male	864
Female	220
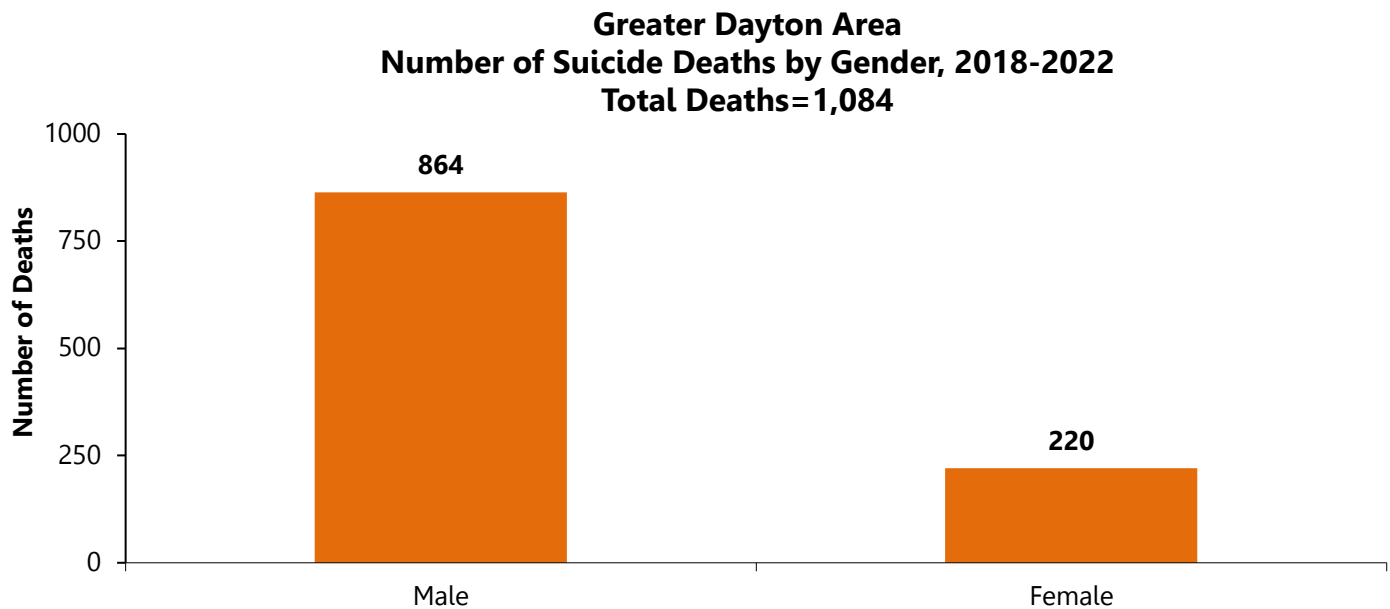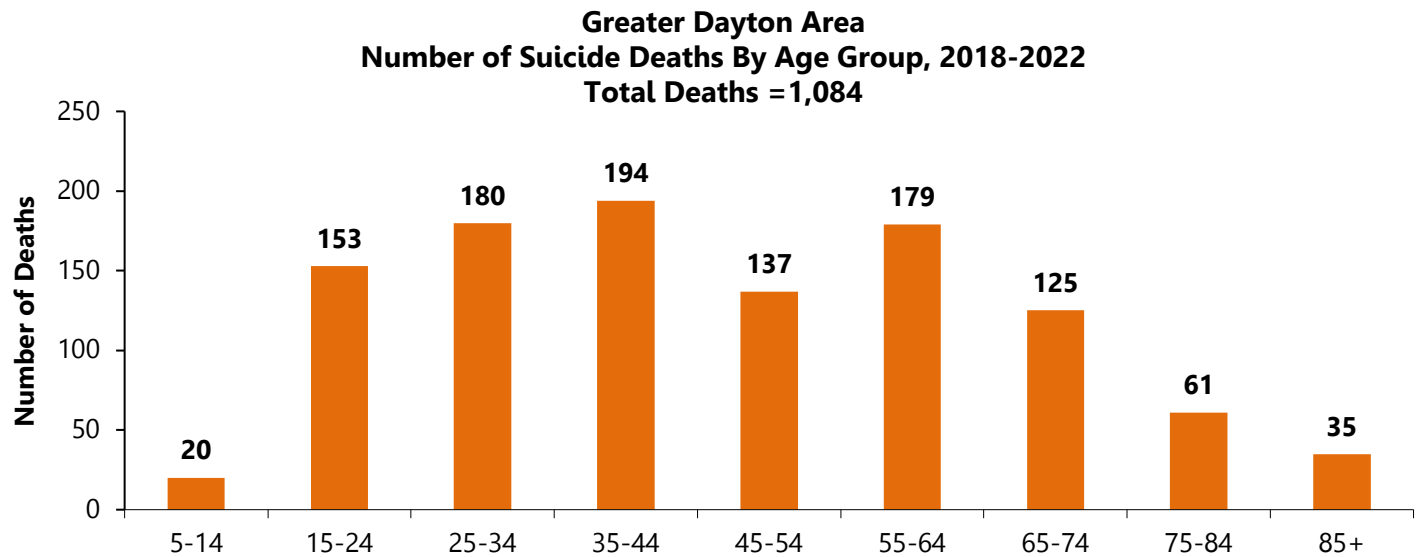
(Source for graphs: DataOhio, Mortality, Leading Causes of Death, updated 7/17/2024)

CHRONIC DISEASE

Cardiovascular Health

Cancer

Asthma and Other Respiratory Diseases

Arthritis

Diabetes

Quality of Life

Note for population: "adults" are defined throughout the report as those ages 18 and older living in the Greater Dayton Area. The counties in the Greater Dayton Area include the following: Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren.

Chronic Disease: Cardiovascular Health

High Blood Pressure (Hypertension)

- Over one-third (35%) of adults had ever been diagnosed with high blood pressure.

- Eight percent (8%) of adults were told they were pre-hypertensive/borderline high.

- Ninety percent (90%) of adults had their blood pressure checked within the past year.

- Greater area adults diagnosed with diagnosed with high blood pressure also had one or more of the following conditions:
  — Been ages 65 or older (53%)
  — Were Black (39%)
  — Were male (37%)

High Blood Cholesterol

- Thirty-seven percent (37%) of adults had ever been diagnosed with high blood cholesterol.

- Ninety percent (90%) of adults had their blood cholesterol checked within the past 5 years.

- Greater Dayton area adults diagnosed with diagnosed with high blood cholesterol also had one or more of the following conditions:
  — Been ages 65 or older (55%)
  — Were male (40%)
  — Were White (40%)

Heart Disease and Stroke

- Five percent (5%) of Greater Dayton Area adults reported they had survived a heart attack or myocardial infarction in their lifetime, increasing to 10% of adults over the age of 65.

- Three percent (3%) of Greater Dayton Area adults reported they had survived a stroke in their lifetime, increasing to 14% of adults with incomes less than $25,000.

- Five percent (5%) of adults reported they had ever been told they have angina or coronary heart disease by a health care provider, increasing to 10% of adults over the age of 65.

- Three percent (3%) of adults reported they had ever been told they have congestive heart failure by a health care provider, increasing to 7% of adults over the age of 65.

Cardiovascular Health, *continued*

The following graphs show the percentage of Greater Dayton Area adults who had been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 35% of all Greater Dayton Area adults had been diagnosed with high blood pressure, including 37% of all males and 53% of adults 65 years and older.

Greater Dayton Area Adults Diagnosed with High Blood Pressure*

Category	Value
Total	35%
Males	37%
Females	33%
Under 30	14%
30-64 Years	33%
65 & Over	53%
Income <$25K	34%
Income $25K Plus	35%
White	35%
Black	39%
Hispanic	32%
Other (mixed races)	23%
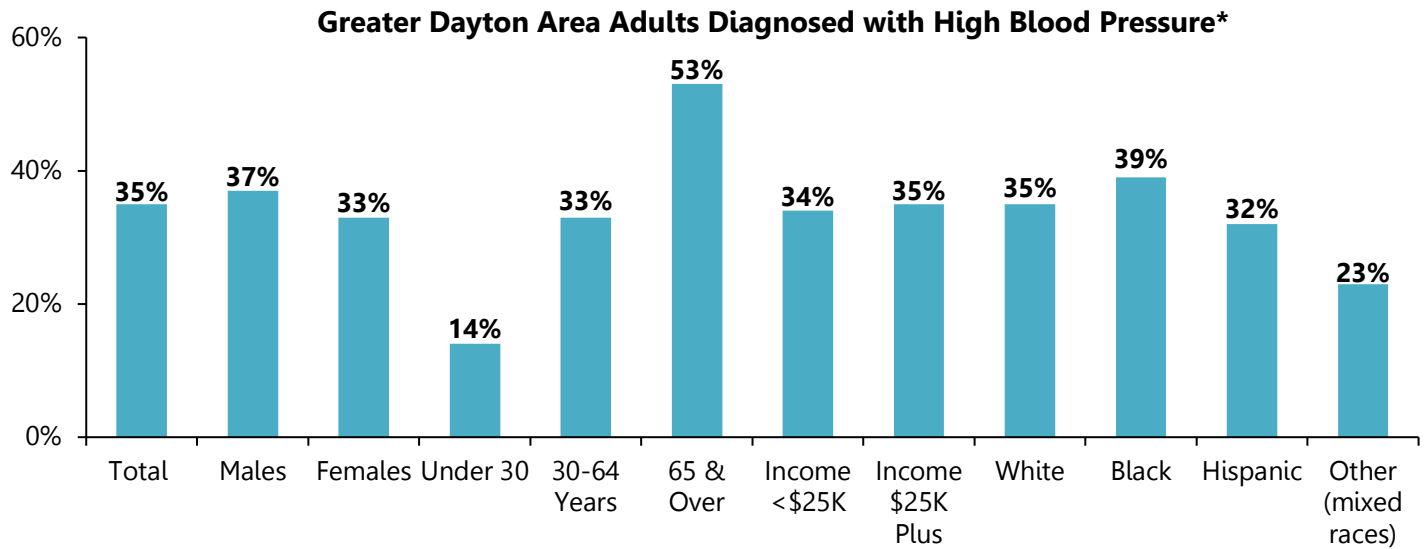
Does not include respondents who indicated high blood pressure during pregnancy only.
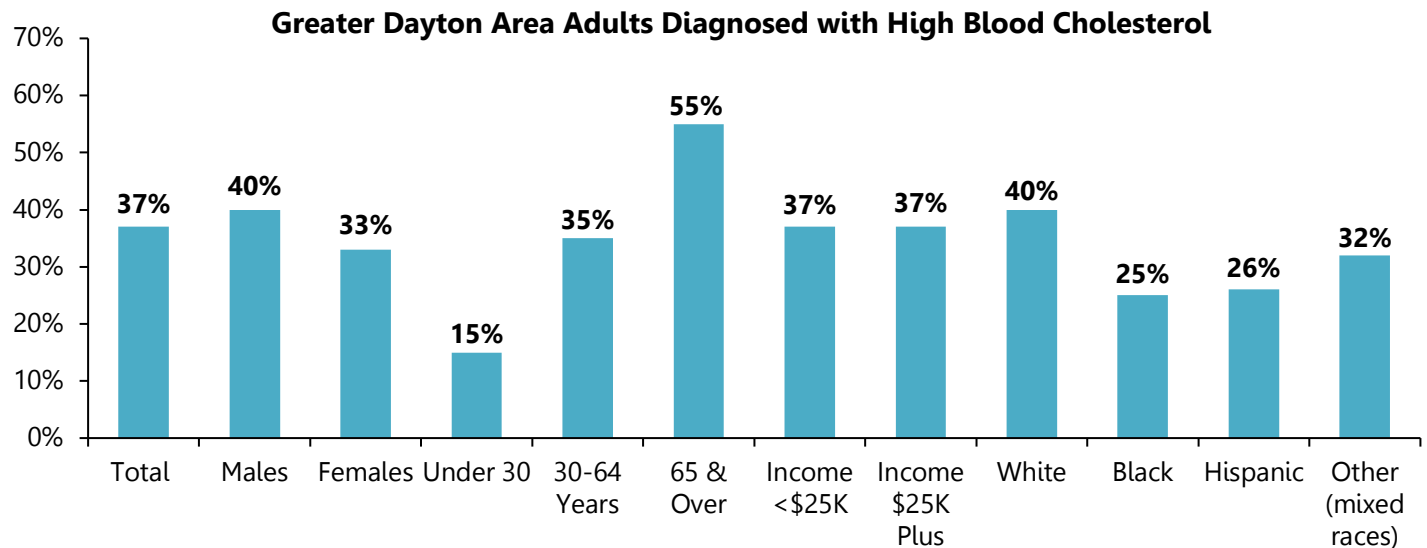
Greater Dayton Area Adults Diagnosed with High Blood Cholesterol

Category	Value
Total	37%
Males	40%
Females	33%
Under 30	15%
30-64 Years	35%
65 & Over	55%
Income <$25K	37%
Income $25K Plus	37%
White	40%
Black	25%
Hispanic	26%
Other (mixed races)	32%

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Cardiovascular Health, *continued*

The following graph demonstrates the percentage of Greater Dayton Area adults who had major risk factors for developing cardiovascular disease (CVD).

Greater Dayton Area Adults with CVD Risk Factors
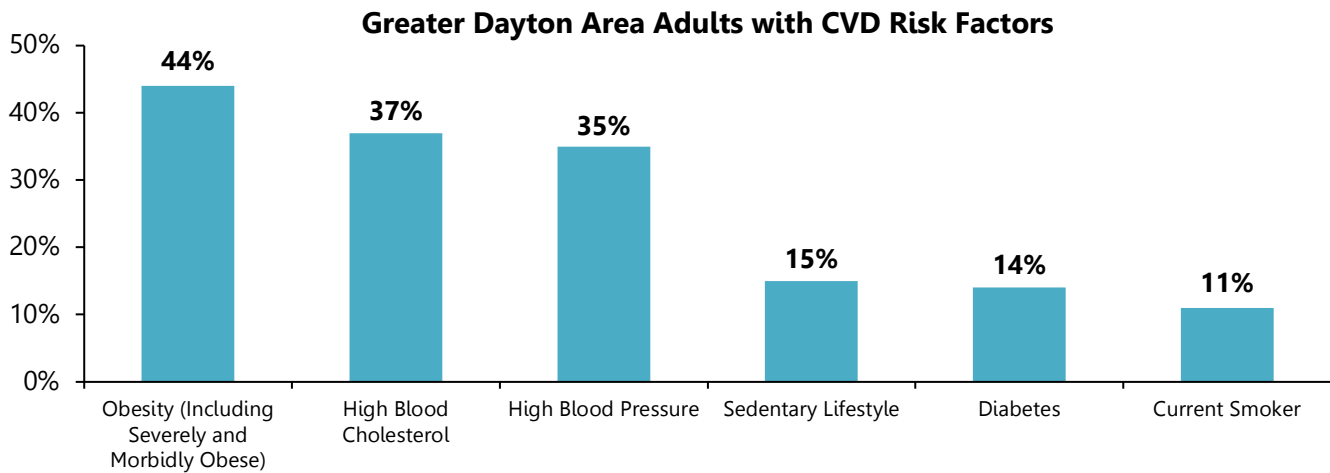
(Source: 2024 Greater Dayton Area Health Assessment)

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Had angina or coronary heart disease	5%	6%	4%
Had a heart attack or myocardial infarction	5%	5%	5%
Had a stroke	3%	4%	3%
Had high blood pressure	35%	36%*	32%*
Had high blood cholesterol	37%	36%*	36%*
Had blood cholesterol checked within past 5 years	91%	85%*	85%*

*2021 BRFSS Data

Healthy People 2030 Objectives
Heart Disease and Stroke (HDS)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with high blood pressure	35%	42%

(Sources: Greater Dayton Area Health Assessment, Healthy People 2030)

Cardiovascular Health, *continued*

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender.

- From 2012 to 2020, the Greater Dayton Area heart disease mortality rate was higher for males than for females.

**Greater Dayton Area
Age-Adjusted Heart Disease Mortality Rates by Gender**

**Greater Dayton Area
Age-Adjusted Stroke Mortality Rates by Gender**
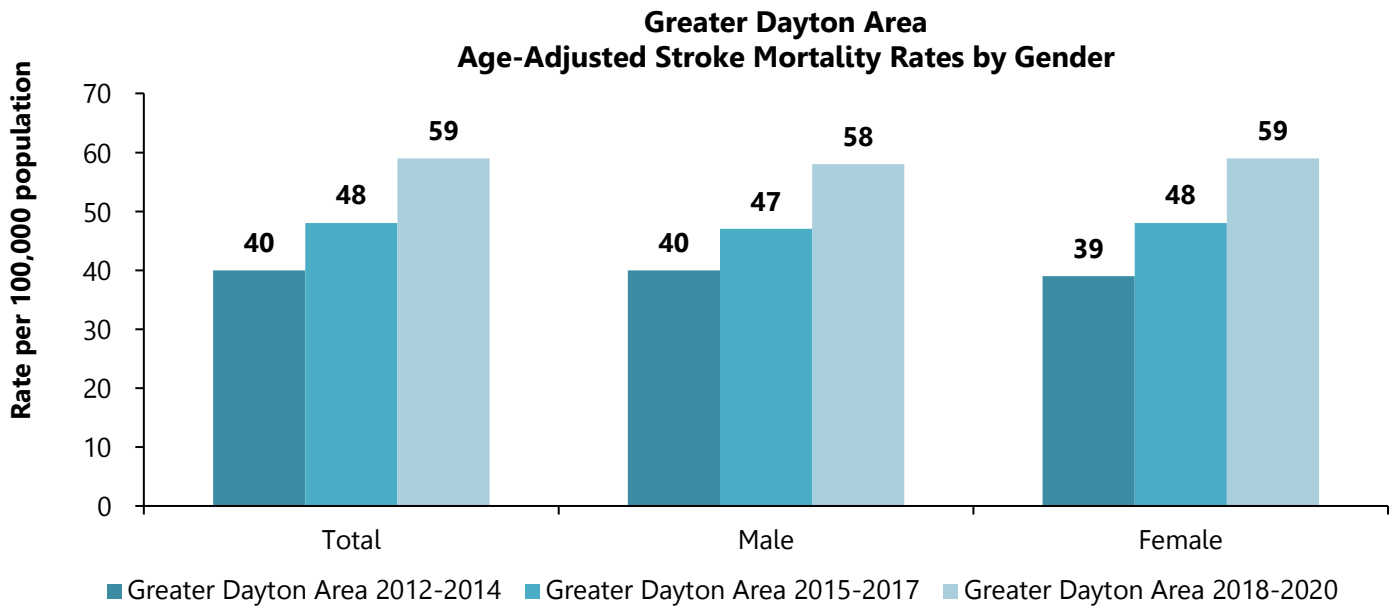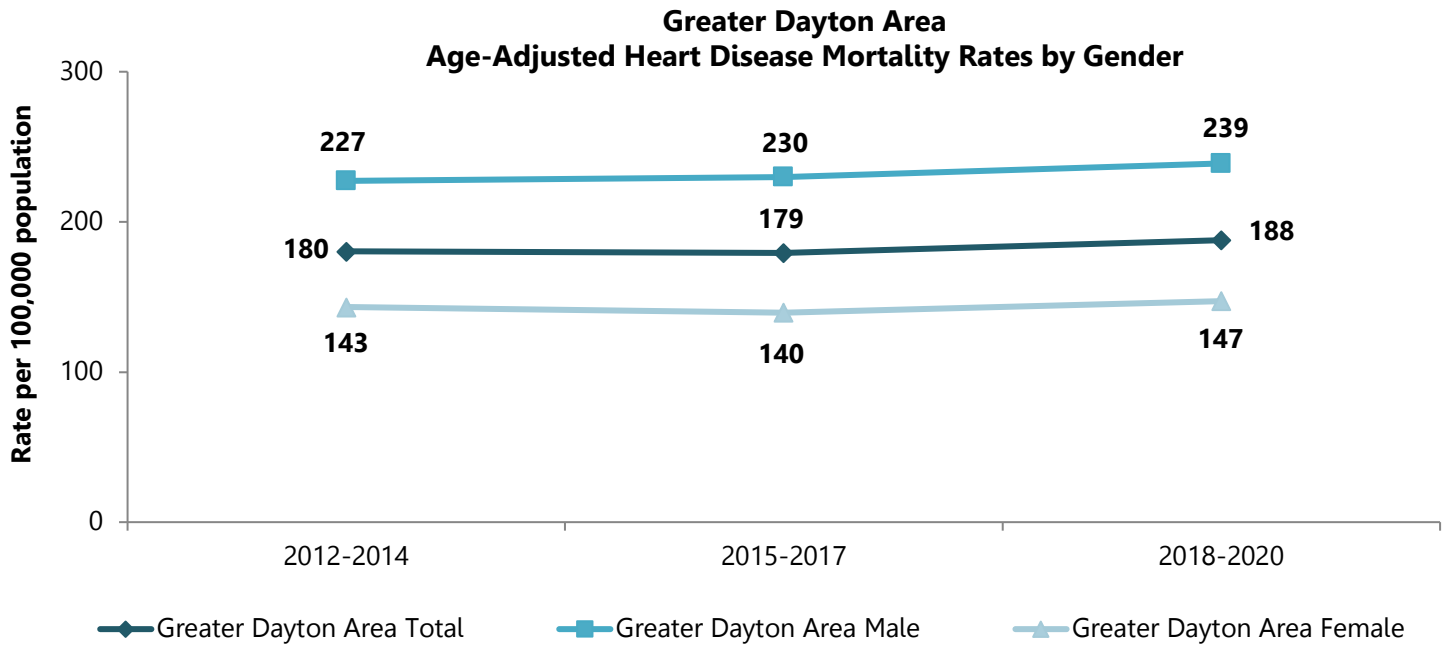
(Source for graphs: CDC Wonder, 2012-2020)

Cardiovascular Health, *continued*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for heart disease and stroke in comparison to the Healthy People 2030 target objective.

- When age differences are accounted for, the statistics indicate that from 2018 to 2020, the Greater Dayton Area heart disease mortality rate was lower than Ohio's heart disease mortality rate, but greater than the U.S rate and Healthy People 2030 target.

- The Greater Dayton Area age-adjusted stroke mortality rate from 2018 to 2020 was higher than the state rate, the U.S. rate, and the Healthy People 2030 target objective.

**Greater Dayton Area
Age-Adjusted Heart Disease Mortality Rates**

**Greater Dayton Area
Age-Adjusted Stroke Mortality Rates**
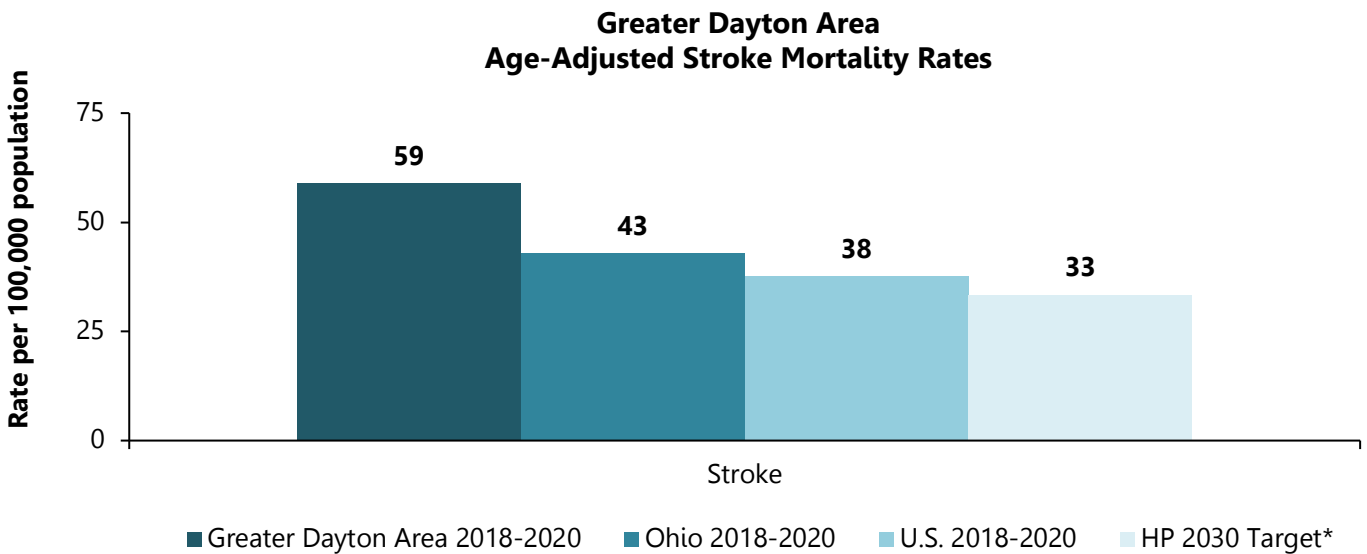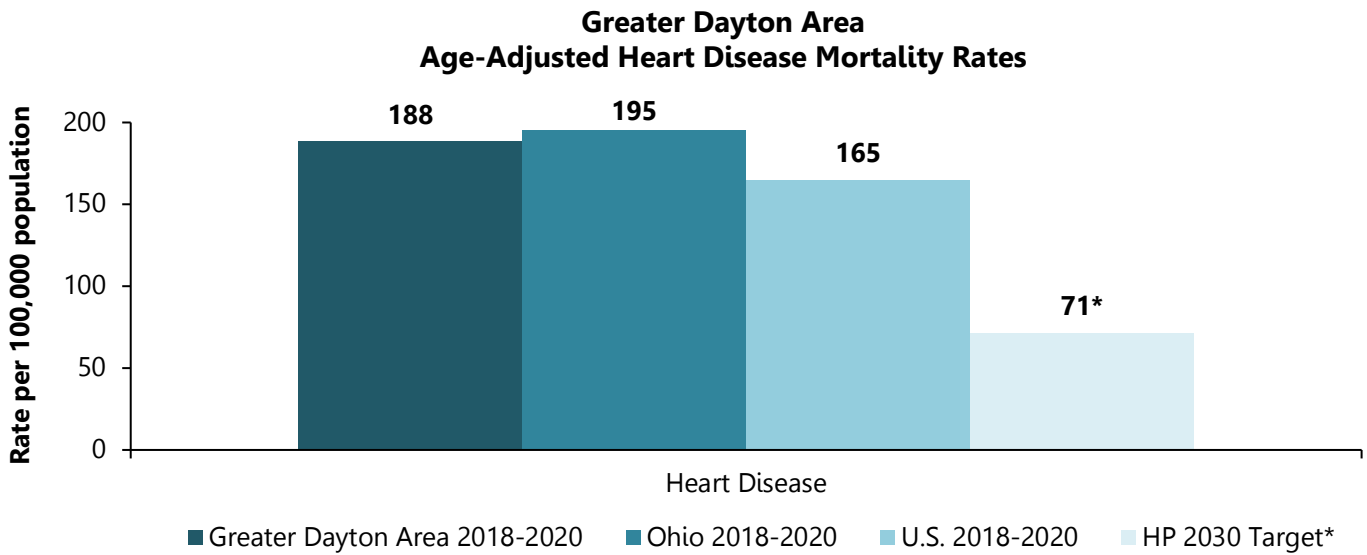
**Healthy People 2030 Target is for coronary heart disease
(Sources: CDC Wonder, 2018-2020; Healthy People 2030)*

Chronic Disease: Cancer

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicate that from 2018-2020, cancers caused 19% (9,194 of 48,842 total deaths) of all Greater Dayton Area resident deaths *(Source: CDC Wonder, 2018-2020).*

- The American Cancer Society states that about 611,720 Americans are expected to die of cancer in 2024. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. *(Source: American Cancer Society, Facts & Figures 2024)*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates (per 100,000 population) for all types of cancer in comparison to the Healthy People 2030 objective.

**Greater Dayton Area
Incidence of Cancer, 2017-2021**

All Types: 47,948

1. Breast: 8,268 cases (17%)
2. Lung and Bronchus: 6,212 cases (13%)
3. Melanoma of Skin: 5,243 (11%)
4. Prostate: 5,182 cases (11%)
5. Colon and Rectum: 3,423 cases (7%)

In 2018-2020, there were 9,194 cancer deaths in the Greater Dayton Area.

(Source: Ohio Data Portal, 2017-2021)

- The Greater Dayton Area age-adjusted cancer mortality rate from 2018 to 2020 was the same as the state rate, but greater than the U.S. rate and the Healthy People 2030 target objective.

Greater Dayton Area
Age-Adjusted Mortality Rates for All Cancers
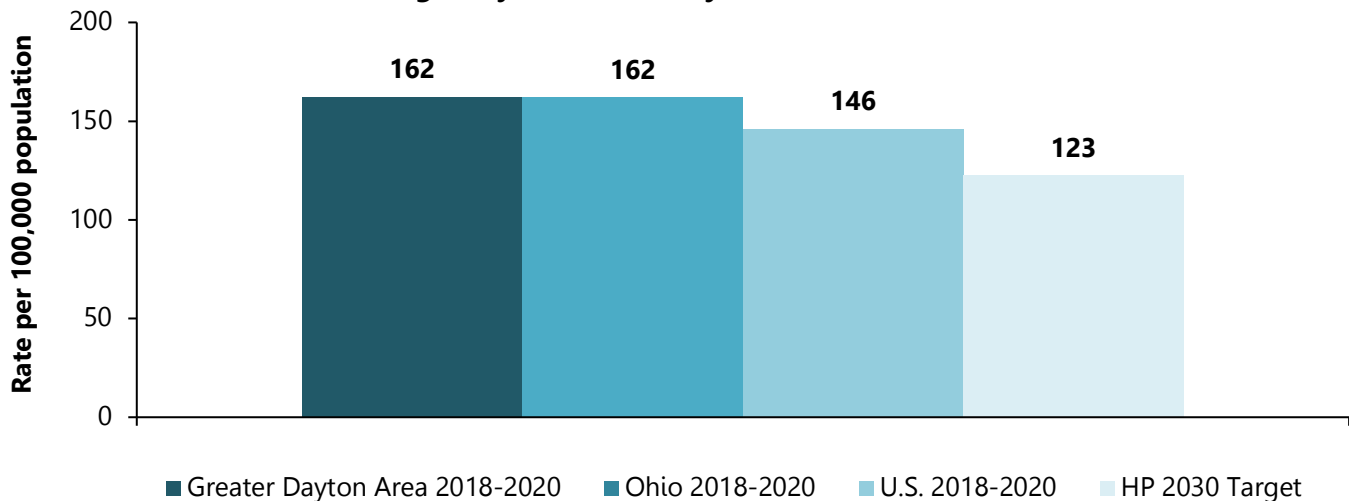
(Source: CDC Wonder, 2018-2020; Healthy People 2030)

Cancer Facts, *continued*

The following graph shows cancer as a percent of total deaths in the Greater Dayton Area by gender.

Cancer As Percent of Total Deaths in Greater Dayton Area by Gender, 2018-2020

	Males	Females
	20%	18%
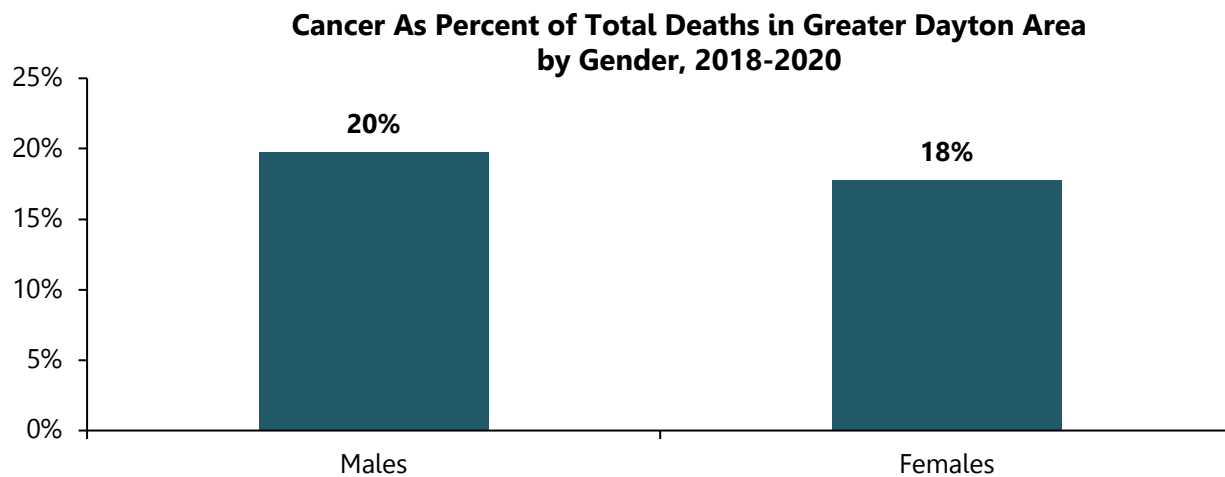
(Source: CDC Wonder, 2018-2020)

Breast Cancer

- Ninety-two percent (92%) of women had a clinical breast exam at some time in their life, and 53% had one within the past year.

- Sixty-six percent (66%) of women ages 40 and over had a mammogram in the past year, and 81% had one in the past two years.

- CDC statistics indicate that breast cancer accounted for 15% of all female cancer deaths from 2018 to 2020 in the Greater Dayton Area *(Source: CDC Wonder, 201-2020).*

- For women at average risk of breast cancer, the American Cancer Society recommends that women ages 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and women 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting before age 40. *(Source: American Cancer Society, Facts & Figures 2024)*

Breast Cancer, *continued*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2030 objective.

- The Greater Dayton Area female age-adjusted breast cancer mortality rate from 2018 to 2020 was the same as the state rate, but greater than the U.S. rate the Healthy People 2030 target objective.

Greater Dayton Area
Female Age-Adjusted Mortality Rates for Breast Cancer
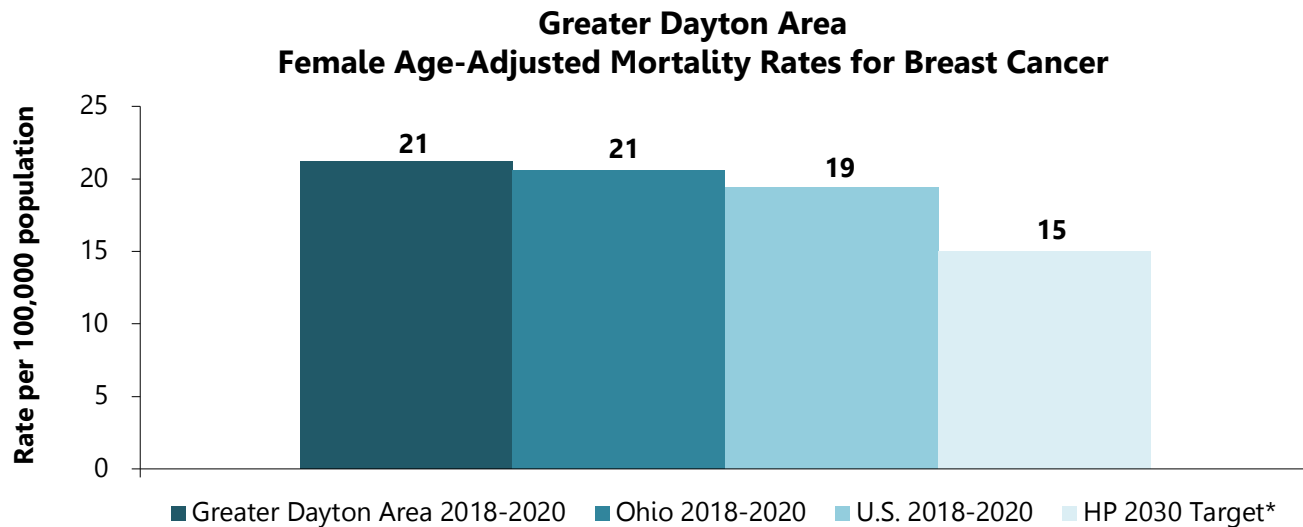
(Sources: CDC Wonder 2018-2020, Healthy People 2030)

Prostate Cancer

- Sixteen percent (16%) of men had a digital rectal exam in the past year.

- Almost three-fourths (72%) of males age 50 and over had a PSA test at some time in their life, and 46% had one in the past year.

- CDC statistics indicate that prostate cancer deaths accounted for 10% of all male cancer deaths from 2018-2020 in the Greater Dayton Area *(Source: CDC Wonder, 2018-2020).*

- No major medical organization presently endorses routine PSA screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms or harm), especially given the potential for serious side effects associated with prostate cancer treatment. However, because prostate cancer is a leading cause of cancer death in men, many organizations recommend "shared decision-making," whereby men are educated about the benefits and harms of PSA screening, and encouraged to make a personal choice. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and harms of PSA testing and make an informed decision about whether to be tested. Black men and those with a close relative diagnosed with prostate cancer before the age of 65 should have this discussion beginning at age 45, and men at even higher risk (several close relatives diagnosed at an early age and *BRCA* mutation carriers) should have this discussion beginning at age 40. *(Source: American Cancer Society, Facts & Figures 2024)*

Prostate Cancer, *continued*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2030 objective.

- The Greater Dayton Area age-adjusted prostate cancer mortality rate from 2018 to 2020 was greater than the state rate, the U.S. rate, and the Healthy People 2030 target objective.

**Greater Dayton Area
Age-Adjusted Mortality Rates for Prostate Cancer**
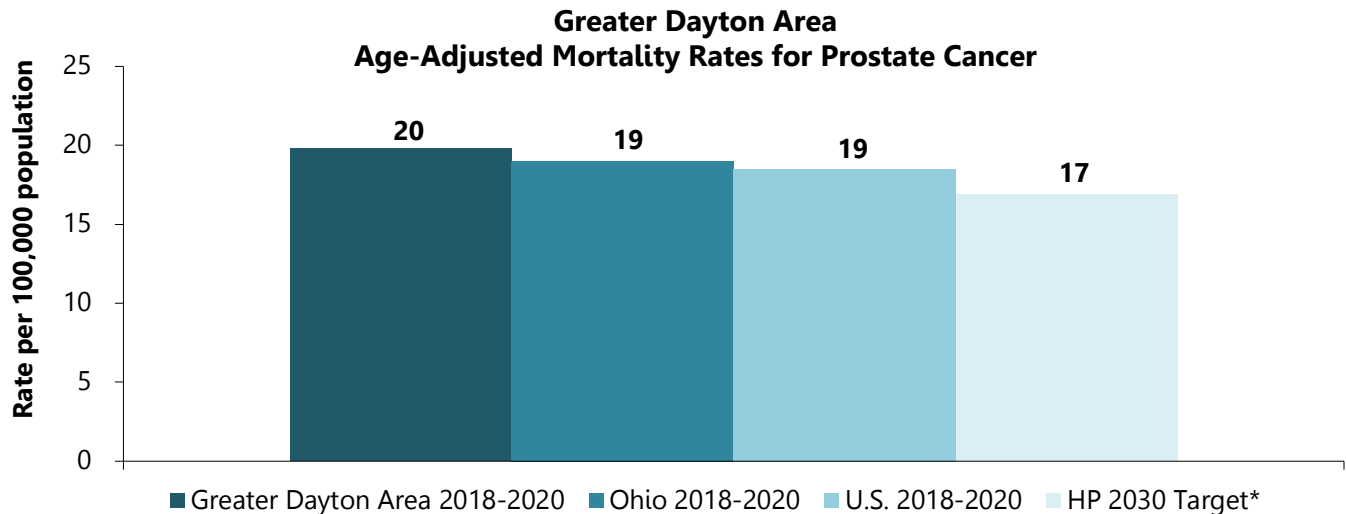
(Sources: CDC Wonder 2018-2020, Healthy People 2030)

Lung Cancer

- In the Greater Dayton Area, 17% of male adults and 5% of female adults were current smokers.

- CDC statistics indicate that lung and bronchus cancers accounted for 26% of male and female cancer deaths from 2018to 2020 in the Greater Dayton Area *(Source: CDC Wonder, 2018- 2020).*

- According to the American Cancer Society, smoking causes approximately 80% of lung cancer deaths in the United States. Exposure to radon gas, which is released from soil and can accumulate in indoor air, is the second leading cause of lung cancer in the U.S. Other risk factors include exposure to secondhand smoke, asbestos, certain metals, some organic chemicals, radiation, air pollution, and diesel exhaust. Specific occupational exposures that increase risk include rubber manufacturing, paving, roofing, painting, and chimney sweeping. *(Source: American Cancer Society, Facts & Figures 2024)*

- The American Cancer society recommends low-dose spiral tomography (LDCT) for generally health adults ages 50 to 80 years with a minimum of 20-pack year smoking history, regardless of number of years since quitting for people who no longer smoke. *(Source: American Cancer Society, Facts & Figures 2024)*

Lung Cancer, *continued*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates (per 100,000 population) for lung and bronchus cancer in comparison with the Healthy People 2030 objective.

- The Greater Dayton Area age-adjusted lung & bronchus cancer mortality rate from 2018 to 2020 was lower than the state rate but higher than the U.S. rate and the Healthy People 2030 target objective.

Greater Dayton Area
Age-Adjusted Mortality Rates for Lung & Bronchus Cancer

■ Greater Dayton Area 2018-2020 ■ Ohio 2018-2020 ■ U.S. 2018-2020 ■ HP 2030 Target*
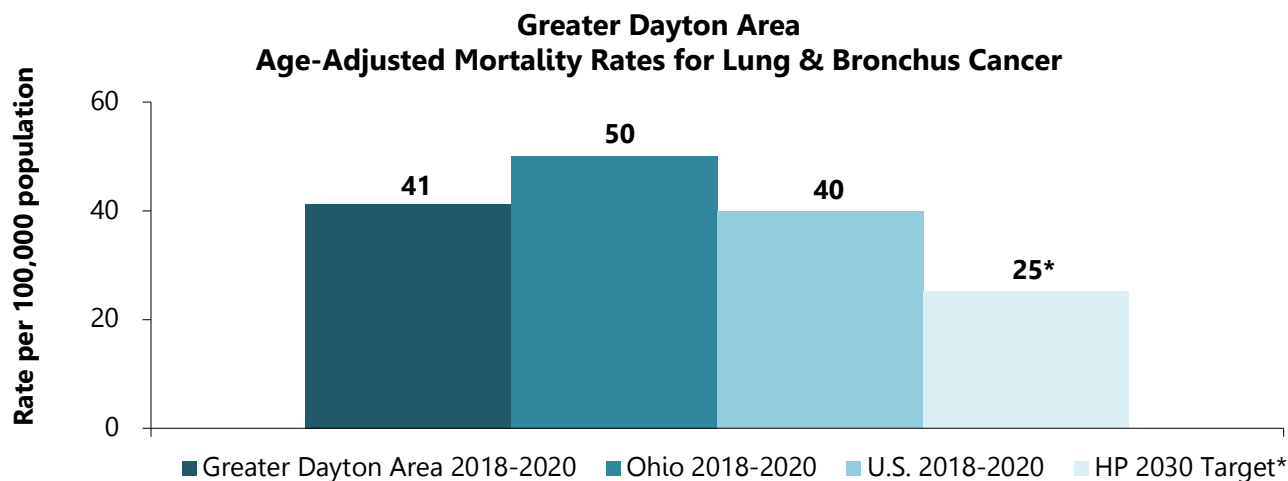
*Healthy People 2030 Target data is for lung cancer only
(Sources: CDC Wonder 2018-2020, Healthy People 2030)

Colorectal Cancers

- More than half (55%) of colorectal cancers in the U.S. are attributable to potentially modifiable risk factors, including excess body weight, physical inactivity, long-term smoking, high consumption of red or processed meat, heavy alcohol consumption, and low calcium, whole-grain, and/or fiber intake. Hereditary/genetic and medical factors that increase risk include a personal or family history of colorectal cancer and/or adenomatous polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes. *(Source: American Cancer Society, Facts & Figures 2024)*

- Screening can prevent colorectal cancer through the detection and removal or precancerous growths, as well as detect cancer at an early stage, when treatment is usually less intensive and more successful. Regular adherence to screening with either a stool test, multi-target stool DNA test (e.g., Cologuard), or direct visual exam (e.g., colonoscopy, flexible sigmoidoscopy, or computed tomography colonography) reduces risk of colorectal cancer incidence and death. *(Source: American Cancer Society, Facts & Figures 2024)*

Colorectal Cancers, *continued*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates (per 100,000 populations) for colorectal cancer in comparison with the Healthy People 2030 objective.

- The Greater Dayton Area age-adjusted colorectal cancer mortality rate from 2018 to 2020 was greater than the state rate, U.S. rate, and the Healthy People 2030 target objective.

Greater Dayton Area
Age-Adjusted Mortality Rates for Colorectal Cancer

Rate per 100,000 population

Category	Rate
Greater Dayton Area 2018-2020	15
Ohio 2018-2020	14
U.S. 2018-2020	13
HP 2030 Target	9
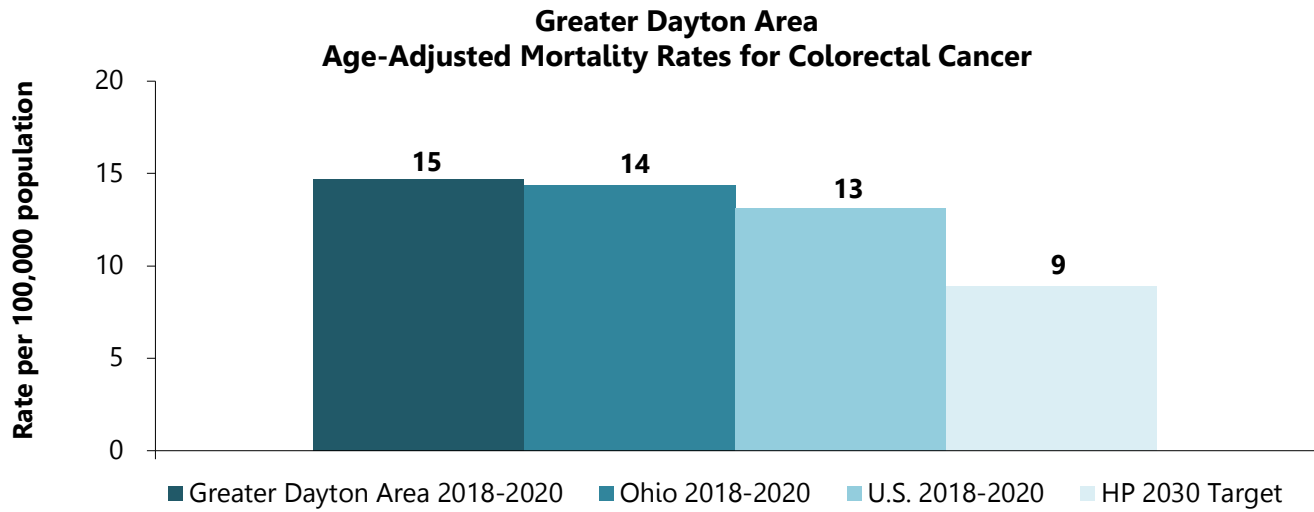
(Source: CDC Wonder 2018-2020, Healthy People 2030)

Cancer Incidence

Greater Dayton Area Incidence of Cancer, 2017-2021

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Breast	8,268	17.2%	94.0
Lung and Bronchus	6,212	13.0%	64.4
Melanoma of Skin	5,243	10.9%	59.5
Prostate	5,182	10.8%	51.5
Colon & Rectum	3,423	7.1%	38.3
Bladder	2,094	4.4%	22.1
Non-Hodgkins Lymphoma	1,749	3.6%	19.3
Kidney & Renal Pelvis	1,748	3.6%	19.6
Uterus	1,427	3.0%	15.4
Pancreas	1,264	2.6%	13.3
Oral Cavity & Pharynx	1,139	2.4%	12.4
Thyroid	1,111	2.3%	15.2
Leukemia	1,105	2.3%	12.8
Liver & Intrahepatic Bile Duct	782	1.6%	7.9
Brain and Other CNS	633	1.3%	7.8
Esophagus	534	1.1%	5.6
Multiple Myeloma	534	1.1%	5.8
Stomach	485	1.0%	5.4
Ovary	465	1.0%	5.3
Larynx	358	0.7%	3.8
Cervix	279	0.6%	3.9
Testis	184	0.4%	2.9
Hodgkins Lymphoma	174	0.4%	2.5
Other Sites/Types	3,555	7.4%	39.4
Total	**47,948**	**100%**	**528.2**

(Source: DataOhio, 2017-2021)

Chronic Disease: Asthma and Other Respiratory Diseases

Asthma

- Thirteen percent (13%) of Greater Dayton Area adults had been diagnosed with asthma, increasing to 18% of adults with incomes less than $25,000.

The following graph shows the percentage of Greater Dayton Areaadults who had ever been diagnosed with asthma. An example of how to interpret the information includes: 13% of adults were diagnosed with asthma, including 18% of adults with incomes below $25,000.
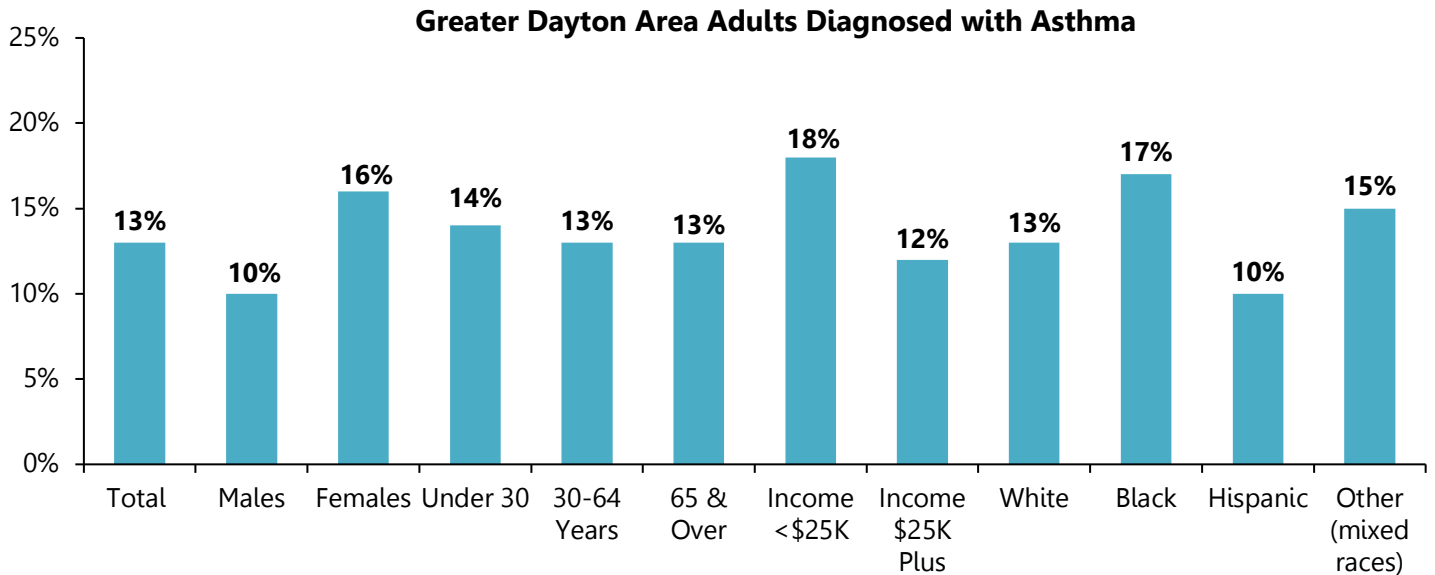
Greater Dayton Area Adults Diagnosed with Asthma

Category	Percentage
Total	13%
Males	10%
Females	16%
Under 30	14%
30-64 Years	13%
65 & Over	13%
Income <$25K	18%
Income $25K Plus	12%
White	13%
Black	17%
Hispanic	10%
Other (mixed races)	15%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Ever been told they have asthma	13%	16%	16%

Other Respiratory Diseases, *continued*

The following graph shows the Greater Dayton Area, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2030 objective. The graph shows:

- From 2018 to 2020, Greater Dayton Area age-adjusted mortality rate for chronic lower respiratory disease was lower than the Ohio rate and Healthy People 2030 target objective rate, but greater than the U.S. rate.

**Age-Adjusted Mortality Rates for
Chronic Lower Respiratory Diseases (Formerly COPD)**

Rate per 100,000 population

Greater Dayton Area 2018-2020	Ohio 2018-2020	U.S. 2018-2020	HP 2030 Target*
43	47	38	107
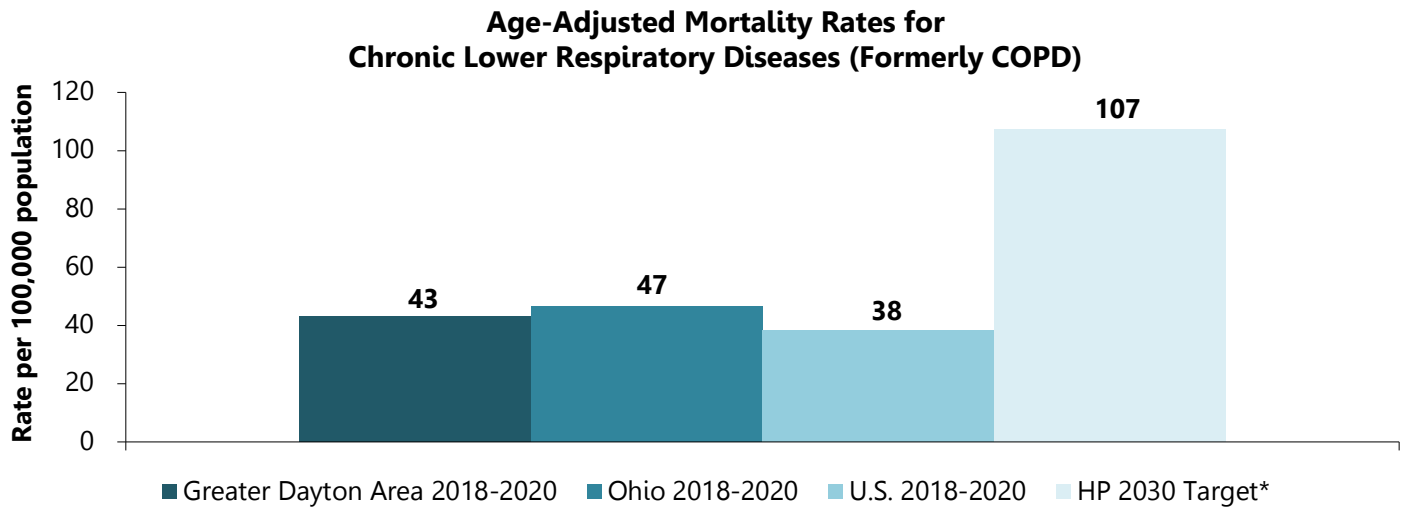
(Sources: CDC Wonder 2018-2020, Healthy People 2030)
Healthy People 2030's target rate is for adults aged 45 years and older

Chronic Disease: Arthritis

Arthritis

- One-fifth (20%) of Greater Dayton Area adults were told by a health professional that they had some form of arthritis, increasing to 39% of adults over the age of 65.

- Fourteen percent (14%) of adults diagnosed with arthritis rated their overall health as fair or poor.

The following graph shows the percentage of Greater Dayton Area adults who had been diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. An example of how to interpret the information includes: 20% of adults were diagnosed with arthritis, including 39% of adults over the age of 65.

**Greater Dayton Area Adults Diagnosed with Arthritis**
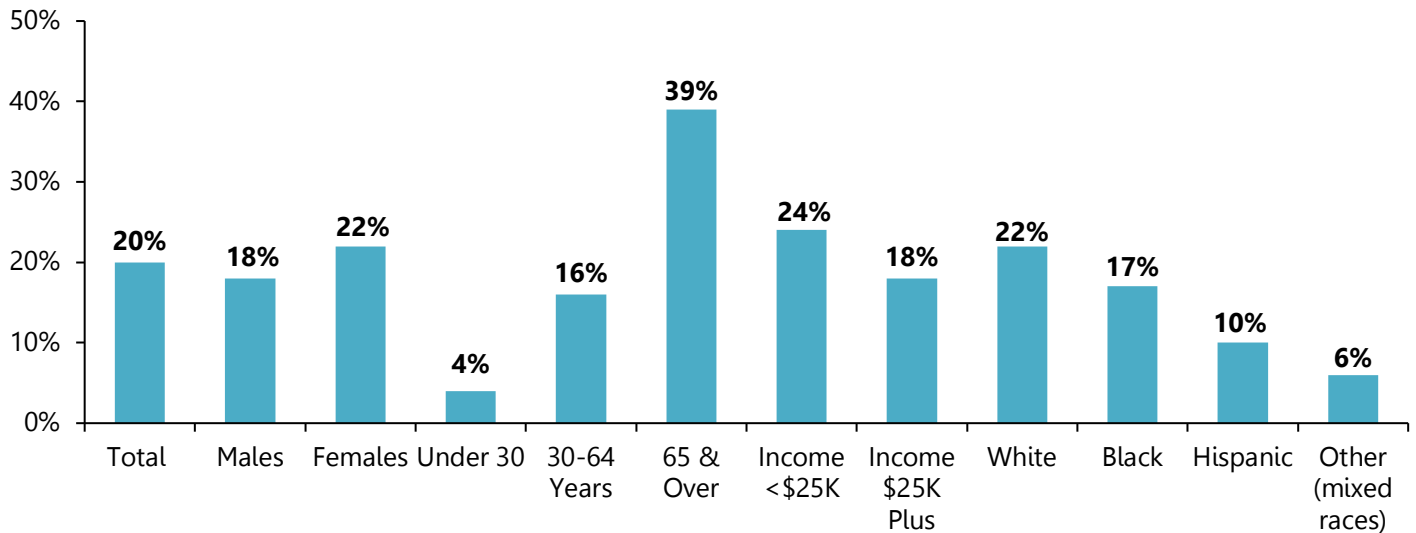
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Ever diagnosed with some form of arthritis	20%	31%	27%

Chronic Disease: Diabetes

Diabetes

- Fourteen percent (14%) of Greater Dayton Area adults had been diagnosed with diabetes, increasing to 21% of adults with incomes less than $25,000.

- Thirteen percent (13%) of adults had been diagnosed with pre-diabetes.

- Greater Dayton Area adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  — 93% were overweight or obese (including severely and morbidly obese)
  — 78% had been diagnosed with high blood pressure
  — 75% had been diagnosed with high blood cholesterol

The following graph shows the percentage of Greater Dayton Area adults who had been diagnosed with diabetes. An example of how to interpret the information includes: 14% of adults had been diagnosed with diabetes, including 24% of adults ages 65 and older and 21% of those with incomes less than $25,000.
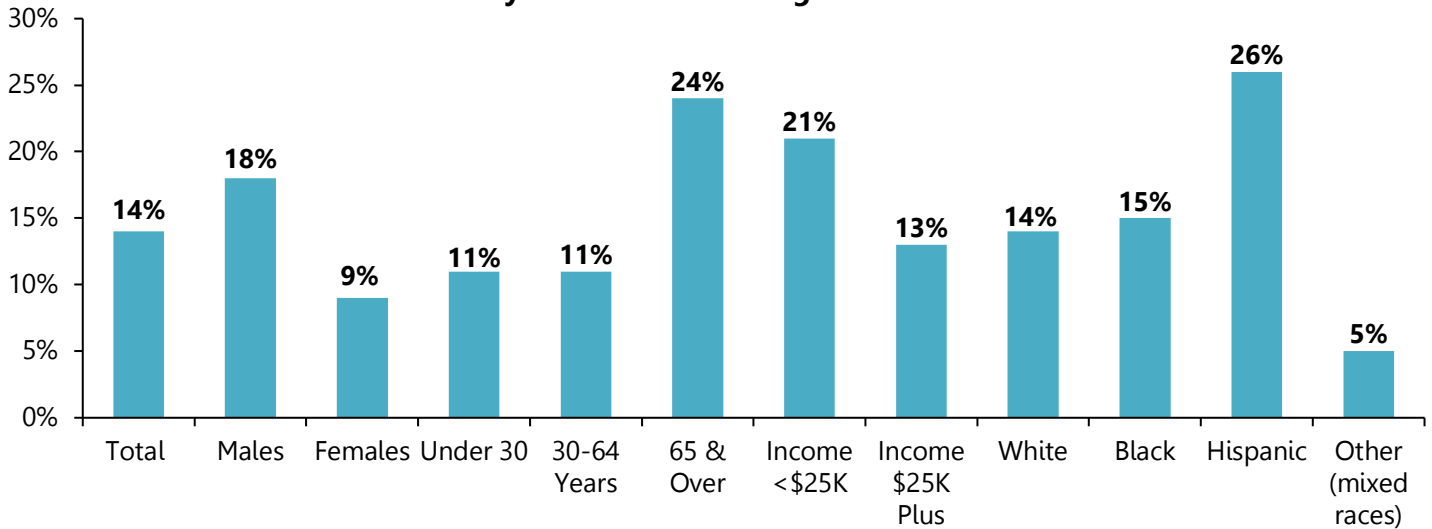
Greater Dayton Area Adults Diagnosed with Diabetes

Category	Percentage
Total	14%
Males	18%
Females	9%
Under 30	11%
30-64 Years	11%
65 & Over	24%
Income <$25K	21%
Income $25K Plus	13%
White	14%
Black	15%
Hispanic	26%
Other (mixed races)	5%

Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Ever been told by a doctor they have diabetes (not pregnancy-related)	14%	13%	12%
Had been diagnosed with pre-diabetes or borderline diabetes	13%	2%	2%

Diabetes, *continued*

The following graph shows the Greater Dayton Area, Ohio and U.S. age-adjusted mortality rates (per 100,000 population) for diabetes in comparison to the Healthy People 2030 objective. The graph shows:

- When age differences were accounted for, Greater Dayton Area had the same diabetes mortality rate as Ohio, but a greater mortality rate than the U.S. and Healthy People 2030 objective.

Age-Adjusted Mortality Rates and Healthy People 2030 Objective for Diabetes

Note: The Healthy People 2030 rate is for all diabetes-related deaths
(Source: CDC Wonder, 2018-2020, Healthy People 2030)

Chronic Disease: Quality of Life

Impairments and Health Problems

- Over one-fifth (22%) of Greater Dayton Area adults were limited in some way because of a physical, mental, or emotional problem, increasing to 34% of adults with incomes less than $25,000.

The following graph shows the percentage of Greater Dayton Area adults who were limited in some way. An example of how to interpret the information includes: 22% of Greater Dayton Area adults were limited in some way, including 21% of adults over the age of 65 and 34% of adults with incomes less than $25,000.
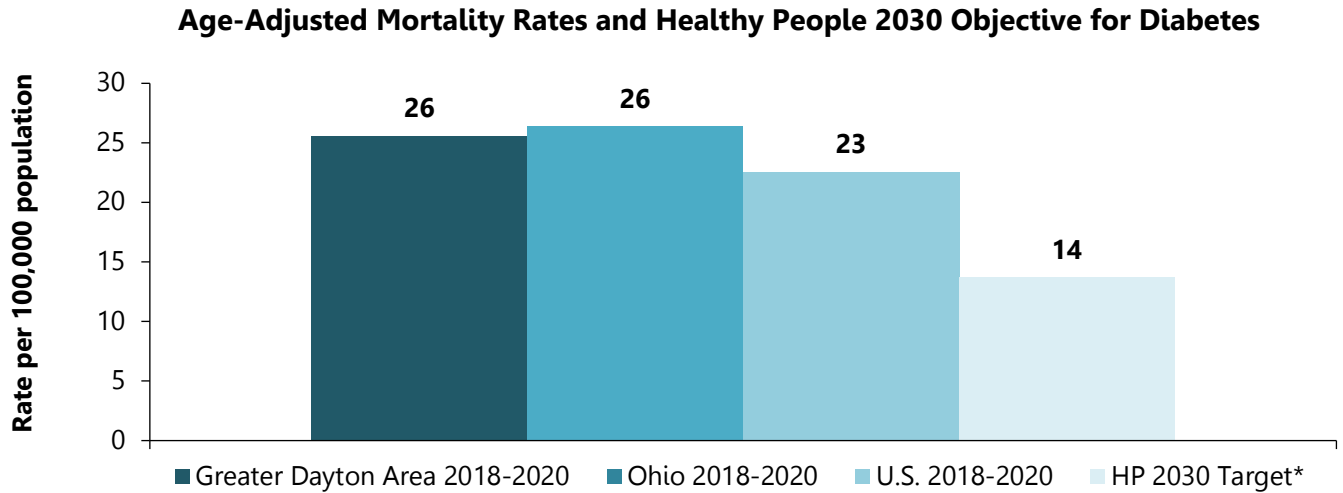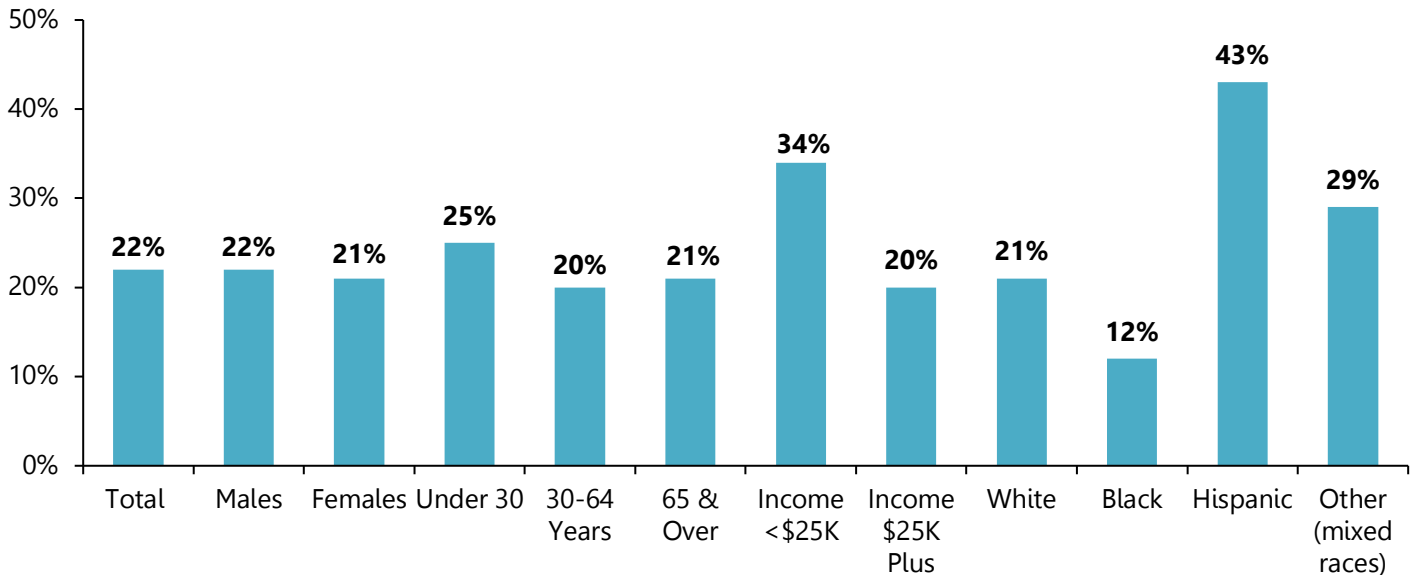
Greater Dayton Area Adults Limited in Some Way

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

- Greater Dayton Area adults were responsible for providing care or assistance to the following:
  — Multiple children (18%)
  — Elderly parent or loved one (12%)
  — An adult child (6%)
  — Someone with special needs (6%)
  — Grandchildren (5%)
  — A friend, family member, or spouse with memory issues (5%)
  — A friend, family member, or spouse with a mental health issue (5%)
  — Children with discipline issues (4%)
  — Children whose parent(s) use drugs or are unable to care for their children (2%)
  — Foster children (1%)
  — Children whose parent(s) lost custody due to other reasons (1%)

Impairments and Health Problems, *continued*

- Among those who were limited in some way, the following most limiting problems or impairments were reported:
  — Back or neck problems (36%)
  — Chronic pain (28%)
  — Stress, depression, anxiety, or emotional problems (26%)
  — Arthritis/rheumatism (23%)
  — Fitness level (20%)
  — Walking problems (19%)
  — Sleep problems (18%)
  — Chronic illness [e.g., diabetes, cancer, heart and stoke related problems, high blood pressure) (16%)
  — Lung/breathing problems (13%)
  — Mental health illness/disorder (13%)
  — Memory loss (9%)
  — Hearing problems (9%)
  — Eye/vision problems (9%)
  — Fractures, bone/joint injuries (9%)
  — Dental problems (7%)
  — Other physical disability (7%)
  — Other impairment/problem (7%)
  — Learning disability (6%)
  — Confusion (3%)
  — Drug addiction (1%)
  — Substance Dependency (1%)

The following graph shows the percentage of Greater Dayton Area adults most limiting health problems.

Greater Dayton Area Most Limiting Health Problems

Health Problem	Percentage
Back or Neck Problems	36%
Chronic Pain	28%
Stress, Depression, Anxiety, or Emotional Problems	26%
Arthritis or Rheumatism	23%
Fitness Level	20%
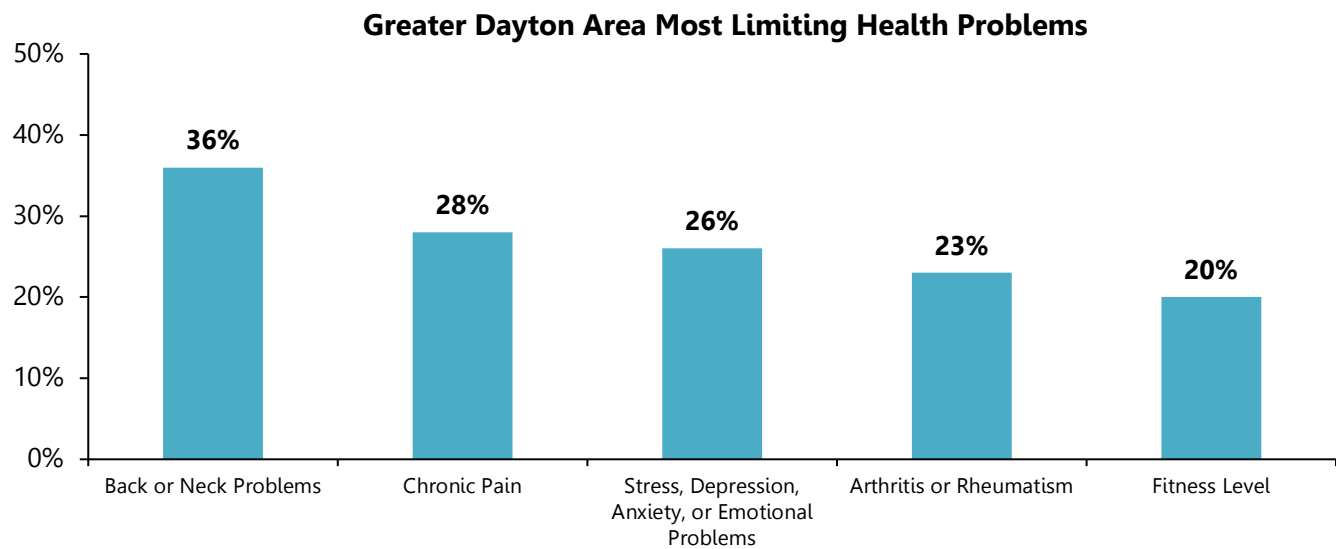
SOCIAL CONDITIONS

Social Determinants of Health

Environmental Conditions

Maternal and Infant Health

Note for population: "adults" are defined throughout the report as those ages 18 and older living in the Greater Dayton Area. The counties in the Greater Dayton Area include the following: Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren.

Social Conditions: Social Determinants of Health

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

— Economic stability
— Education access and quality
— Social and community context
— Health care access and quality
— Neighborhood and built environment

(Source: Social Determinants of Health, Healthy People 2030)

Social Determinants of Health

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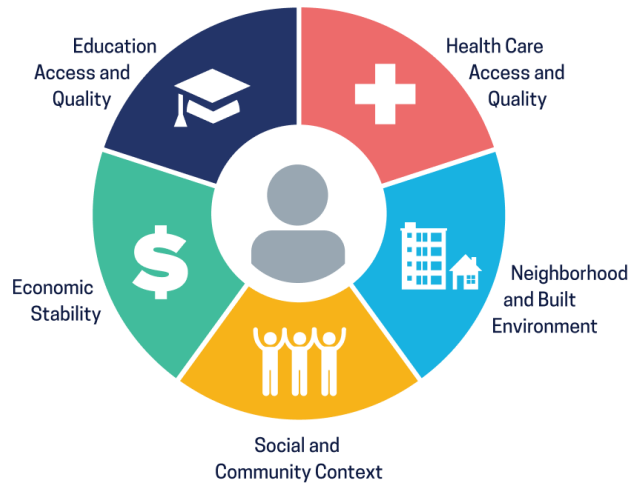
Economic Stability

- In the past 30 days, 13% of Greater Dayton Area adults reported needing help meeting general daily needs such as food, clothing, shelter, or paying utility bills.

The following graph shows the percentage of Greater Dayton Area adults who needed help meeting general daily needs such as food, clothing, shelter, or paying utilities bills in the past 30 days. An example of how to interpret the information on the graph includes: 13% of all adults needed help meeting their general daily needs, including 28% of adults with incomes less than $25,000.

Greater Dayton Area Adults Who Needed Help Meeting General Daily Needs in the Past Month

Category	Percentage
Total	13%
Male	12%
Female	15%
Under 30	20%
30-64 Years	13%
65 & Over	4%
Income <$25K	28%
Income $25K Plus	11%
White	10%
Black	32%
Hispanic	16%
Other (mixed races)	19%
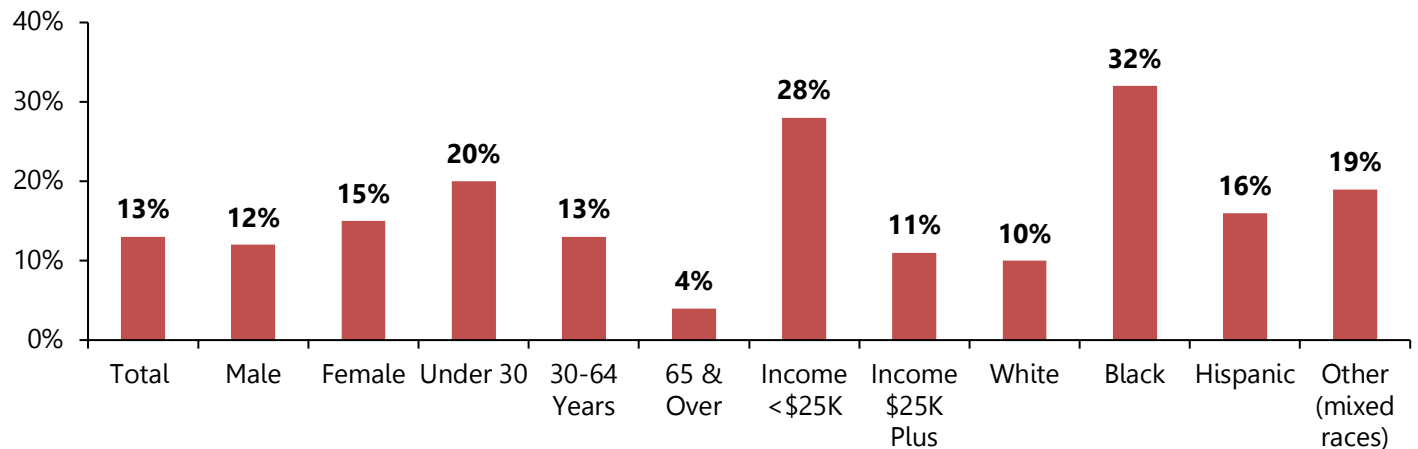
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Economic Stability, *continued*

- Greater Dayton Area Adults experienced the following food insecurity issues in the past 12 months:
  - Had to choose between paying bills and buying food (9%)
  - Worried food might run out (7%)
  - Went hungry/ate less to provide more food for their family (6%)
  - Loss of income led to food insecurity issues (5%)
  - Did not eat because they did not have enough money for food (5%)
  - Their food assistance was cut (2%)

- Sixteen percent (16%) of adults experienced one or more food insecurity issues in the past year.

The table below indicates economic conditions among counties in the Dayton Area.

Economic Conditions of Dayton Area Counties

County	Median Household Income 2022	Percent of Residents Living in Poverty 2022	Unemployment Rate (May 2024)	Owner-Occupied Housing Unit Rate 2022	Average Monthly Rent Costs 2022
Auglaize County	$71,669	8.4%	3.7%	77%	$815
Champaign County	$72,784	9.8%	4.1%	76%	$856
Clark County	$57,264	15.1%	4.8%	69%	$820
Darke County	$65,643	10.9%	4.1%	72%	$731
Greene County	$82,769	9.4%	4.5%	67%	$1,027
Miami County	$72,887	9.8%	4.2%	73%	$906
Montgomery County	$62,794	14.3%	5.0%	62%	$925
Preble County	$67,605	10.5%	4.1%	80%	$803
Shelby County	$72,498	9.3%	4.3%	74%	$865
Warren County	$104,523	5.5%	4.2%	79%	$1,254

(Sources: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2022; Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, May 2024; U.S. Census Bureau, 2018-2022, 2022 American Community Survey 5-year Estimates)

Education

The table below indicates educational attainment within each Greater Dayton Area County.

Educational Attainment of Greater Dayton Area Counties, Among Adults Age 25 Years and Over

County	Less Than a High School Diploma 2022	High School Graduate 2022	Associate's Degree 2022	Bachelor's Degree or Higher 2022
Auglaize County	6.6%	42.2%	12.1%	20.7%
Champaign County	8.6%	41.9%	9.1%	18.1%
Clark County	11.0%	37.3%	10.4%	18.6%
Darke County	9.0%	45.5%	8.4%	16.3%
Greene County	5.8%	22.6%	9.5%	41.2%
Miami County	7.2%	37.1%	10.0%	24.7%
Montgomery County	8.3%	27.8%	10.2%	30.0%
Preble County	8.1%	44.6%	8.6%	18.8%
Shelby County	8.8%	41.1%	11.6%	20.7%
Warren County	5.2%	24.6%	8.3%	44.7%

(Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates)

Health and Health Care

- In the past year, 7% of adults were uninsured.

- More than half (54%) of Greater Dayton Area adults reported the following top reasons for not getting medical care in the past year:
  — Cost/no insurance (42%)
  — Difficult to get an appointment (40%)
  — Inconvenient appointment times (31%)
  — Could not get time off work (24%)
  — Provider would not take their insurance (18%)
  — Frightened of the procedure or doctor (14%)
  — Worried they might find something wrong (14%)
  — No child care (7%)
  — Do not trust or believe doctors (7%)
  — Discrimination (4%)
  — Difficult to find/no transportation (4%)
  — Language barrier (1%)
  — Some other reason (9%)

- See the Health Care Coverage and Health Care Access sections for further health and health care information for Greater Dayton Area adults.

Social and Community Context

- In the past year, Greater Dayton Area adults reported they were abused by the following: a spouse or partner (4%), someone outside the home (2%), a parent (2%), a paid caregiver (2%), another family member living in the home (1%), a child (1%), and someone else (1%).

- Of those adults who were abused, they experienced the following types of abuse in the past year: verbal (40%), emotional (35%), financial (19%), sexual (15%), and physical (12%). Thirteen percent (13%) of adults were abused in any of the previously stated ways through electronic methods (such as texts, Facebook, etc.).

- Greater Dayton Area adults experienced the following in the past 12 months:
  — Death of a family member or close friend (29%)
  — A close family member went to the hospital (28%)
  — They were a caregiver (14%)
  — Had bills they could not pay (14%)
  — Experienced a decline in their own health (14%)
  — Moved to a new address (12%)
  — Someone close to them had a problem with drinking or drugs (11%)
  — Someone in their household lost their job/had their hours at work reduced (8%)
  — Were threatened or abused by someone physically, emotionally, sexually, and/or verbally (6%)
  — Household income was cut by 50% (5%)
  — Knew someone who lived in a hotel (4%)
  — Their family was at risk of losing their home (4%)
  — Had someone homeless living with them/sleeping on their couch (3%)
  — They were homeless (2%)
  — Became separated or divorced (2%)
  — Witnessed someone in their family being hit or slapped (2%)

Social and Community Context, *continued*

- Greater Dayton Area adults experienced the following adverse childhood experiences (ACEs):
  — Lived with someone who was depressed, mentally ill, or suicidal (22%)
  — Their parents became separated or were divorced (21%)
  — A parent or adult in their home swore at, insulted, or put them down (21%)
  — Lived with someone who was a problem drinker or alcoholic (19%)
  — A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
  — Someone at least 5 years older than them or an adult touched them sexually (11%)
  — Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (10%)
  — Lived with someone who used illegal street drugs, or who abused prescription medications (10%)
  — Their family did not look out for each other, feel close to each other, or support each other (9%)
  — Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
  — Their parents were not married (6%)
  — Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (6%)
  — Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (4%)
  — Someone at least 5 years older than them or an adult forced them to have sex (3%)

- Seventeen percent (17%) of adults experienced four or more adverse childhood experiences (ACEs).

The following graph shows the percentage of Greater Dayton Area adults who had experienced four or more adverse child experiences (ACEs). An example of how to interpret the information on the graph includes: 17% of all Greater Dayton Area adults had experienced four or more ACEs, including 11% of males and 22% of females.

Greater Dayton Area Adults Who Experienced Four or More ACEs
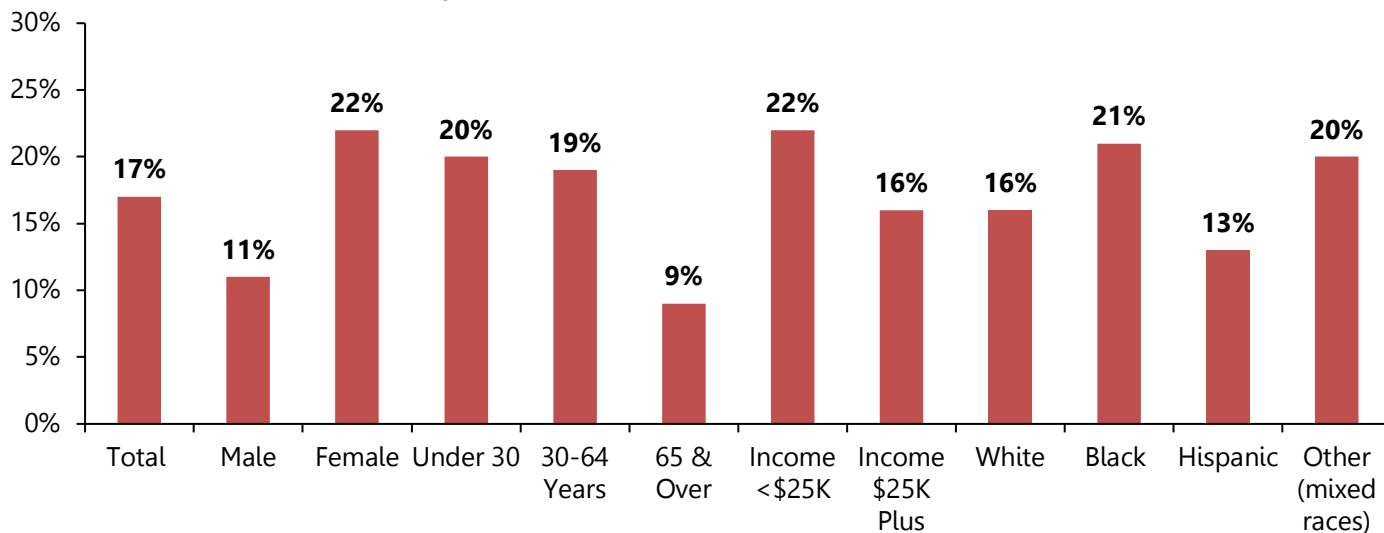
Category	Percentage
Total	17%
Male	11%
Female	22%
Under 30	20%
30-64 Years	19%
65 & Over	9%
Income <$25K	22%
Income $25K Plus	16%
White	16%
Black	21%
Hispanic	13%
Other (mixed races)	20%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Social and Community Context, *continued*

The table below indicates correlations between those who experienced four or more ACEs and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 16% of adults who experienced four or more ACEs were current smokers, compared to 7% of adults who did not experience any ACEs.

Health Behaviors of Greater Dayton Area Adults Experiencing Trauma
Experienced Four or More ACEs vs. Did Not Experience Any ACEs

Behaviors	Experienced Four or More ACEs	Did Not Experience Any ACEs
Overweight or obese (according to BMI)	79%	80%
Current drinker (had at least one alcoholic beverage in the past month)	62%	64%
Felt sad or hopeless for two or more weeks in a row in the past year	49%	12%
Binge drinker (drank 5 or more drinks for males or 4 or more for females on an occasion in the past month)	25%	24%
Misused prescription medication (used medications either not prescribed or took more than what was prescribed to feel good or high, more active or alert)	19%	7%
Had more than one sexual partner in the past year	17%	5%
Current smoker (currently smoke on some or all days)	16%	7%
Current vaper (currently vape on some or all days)	15%	4%
Contemplated suicide in the past year	14%	5%
Used recreational marijuana in the past six months	3%	3%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

What are ACEs?

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood. ACEs can generally be grouped into three categories: abuse, household challenges, and neglect. There is clear evidence that ACEs exposure is linked to poorer health and well-being through adulthood. Generally, the more ACEs a person is exposed to, the greater the risk of these poor outcomes.

ACEs exposure also results in direct and indirect costs to individuals, families, and society at large. This includes costs to the health care, children services, and criminal justice systems, as well as reduced quality of life and lost productivity. For example, more than $10 billion in annual statewide public and private healthcare spending on depression, asthma, COPD, smoking, and excessive drinking can be attributed to ACEs exposure.

(Source: Health Policy Institute of Ohio Brief: Taking Action to Prevent ACEs in Ohio, June 2024)

Neighborhood and Built Environment

- Over one-fifth (21%) of Greater Dayton Area adults experienced the following transportation issues:
  - No car (4%)
  - Could not afford gas (4%)
  - No car insurance (3%)
  - Disabled (2%)
  - Did not feel safe to drive (2%)
  - Suspended/no driver's license (2%)
  - Limited public transportation available or accessible (2%)
  - No public transportation available or accessible (1%)
  - Other car issues/expenses (5%)

- Thirteen percent (13%) of adults reported they had one or more transportation issues.

- Thirty-seven percent (37%) of Greater Dayton Area adults kept a firearm in or around their home. Two percent (2%) of adults reported that their firearms were unlocked and loaded.

The following graph shows the percentage of Greater Dayton Area adults who had a firearm in or around the home. An example of how to interpret the information includes: 37% of Greater Dayton Area adults had a firearm in or around the home, including 35% of females and 40% of males.

Greater Dayton Area Adults With a Firearm In or Around The Home
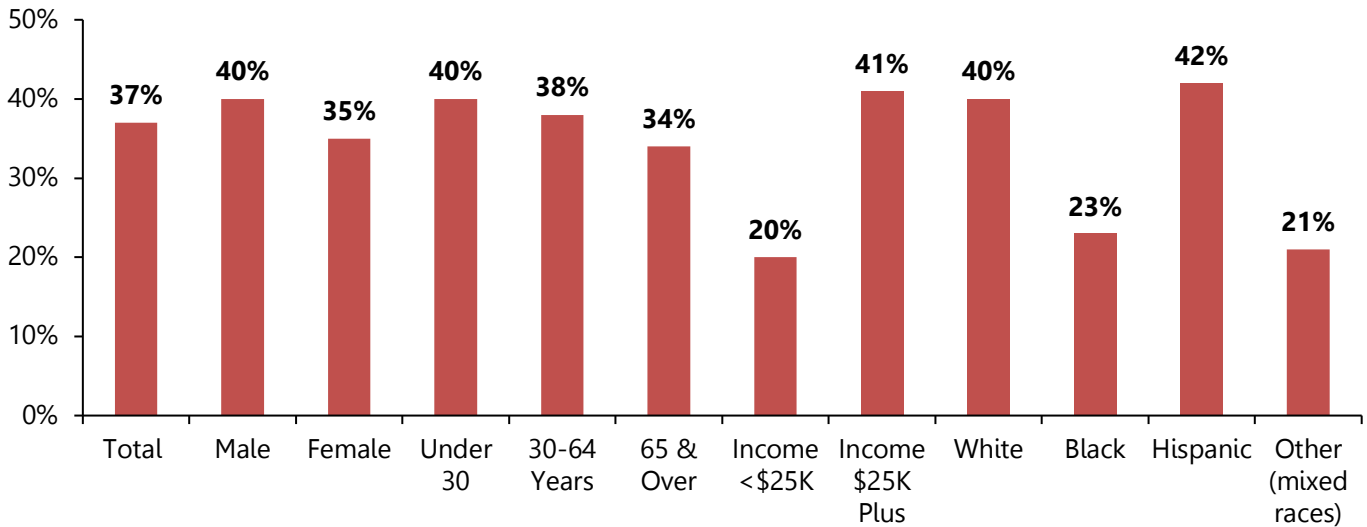
Category	Percentage
Total	37%
Male	40%
Female	35%
Under 30	40%
30-64 Years	38%
65 & Over	34%
Income <$25K	20%
Income $25K Plus	41%
White	40%
Black	23%
Hispanic	42%
Other (mixed races)	21%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Social Conditions: Environmental Conditions

Environmental Health

- In or around their household, Greater Dayton Area adults thought the following threatened their health or their family's health in the past year:
  - Air quality (8%)
  - Insects (7%)
  - Mold (6%)
  - Plumbing problems (5%)
  - Temperature regulation (5%)
  - Moisture issues (4%)
  - Rodents (3%)
  - Unsafe water supply/wells (3%)
  - Radon (2%)
  - Bed bugs (2%)
  - Cockroaches (2%)
  - Safety hazards (2%)
  - Agricultural chemicals (2%)
  - Sewage/waste water problems (2%)
  - Chemicals found in household products (2%)
  - Lice (1%)
  - Asbestos (1%)
  - Radiation (1%)
  - Lead paint (1%)
  - Sanitation issues (1%)

- Fourteen percent (14%) of adults reported they had more than one environmental issues in or around their household.

Social Conditions: Maternal and Infant Health

Birth Data

The following graphs show the number of live births in the Greater Dayton Area from 2018 to 2022 and the number of live births by the age of the mother from 2018-2022.

Note: Pregnancy outcomes data include all births to adults and adolescents

- From 2015-2020, there was an average of 16,054 live births per year in the Greater Dayton Area.
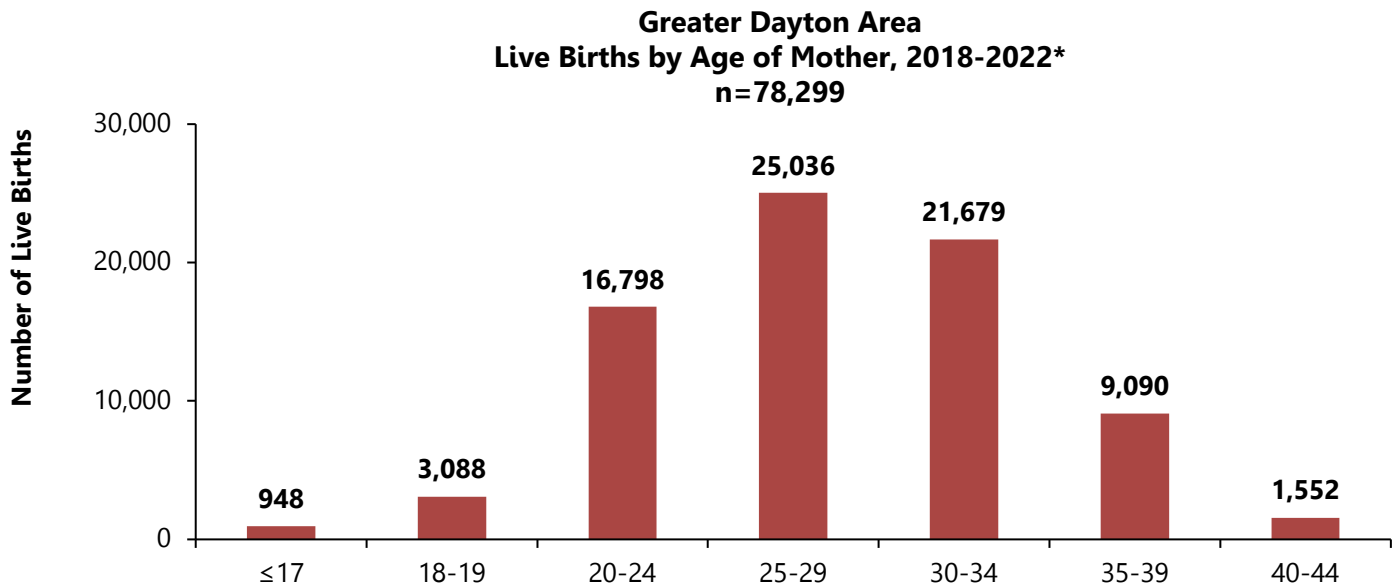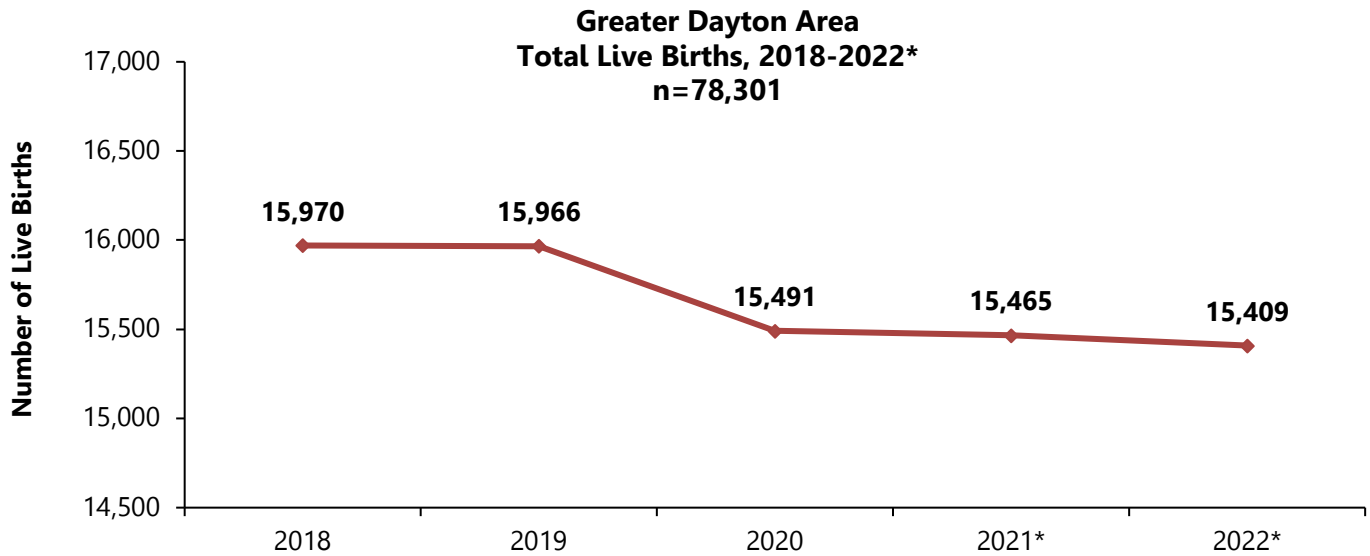
Greater Dayton Area
Total Live Births, 2018-2022*
n=78,301

Number of Live Births

Year	Value
2018	15,970
2019	15,966
2020	15,491
2021*	15,465
2022*	15,409

Greater Dayton Area
Live Births by Age of Mother, 2018-2022*
n=78,299

Number of Live Births

Age	Value
≤17	948
18-19	3,088
20-24	16,798
25-29	25,036
30-34	21,679
35-39	9,090
40-44	1,552

Preliminary data subject to change
Note for graphs: Births occurring in Ohio to non-Ohio residents are not included in the graphs
(Source for graphs: DataOhio, updated 7/18/2024)

Pre-Term Births

The following graph shows Greater Dayton Area pre-term deliveries (<37 weeks) among live births by year.

Note: Pregnancy outcomes data include all births to adults and adolescents

Greater Dayton Area
Pre-Term Deliveries Among Resident Live Births, 2018-2022*
Total Pre-Term Births = 8,015

Number of Pre-Terrm Deliveries Among Live Births

Year	Value
2018	1613
2019	1690
2020	1565
2021*	1589
2022*	1558

Low Birth Weight

The following graph shows the number of live births in the Greater Dayton Area that were low birth weight (including very low birth weight) by year. Low birth weight is defined as 1,500 – 2,499 grams and very low birth weight is defined as less than 1,500 grams.

Note: Pregnancy outcomes data include all births to adults and adolescents
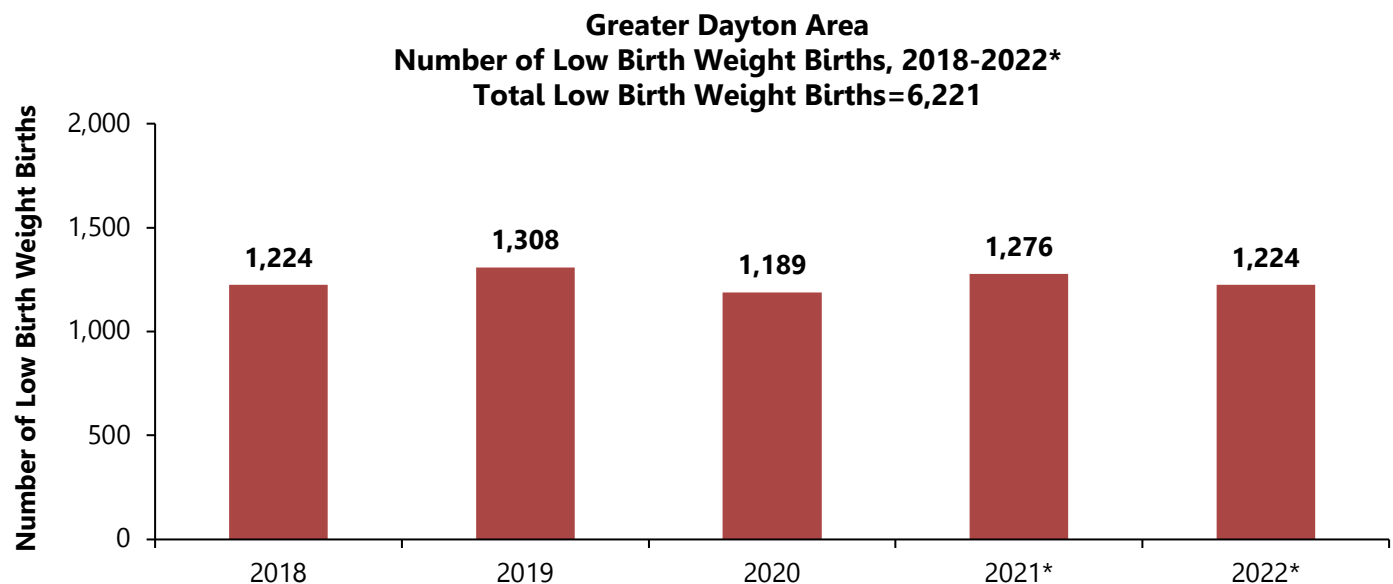
Greater Dayton Area
Number of Low Birth Weight Births, 2018-2022*
Total Low Birth Weight Births=6,221

Number of Low Birth Weight Births

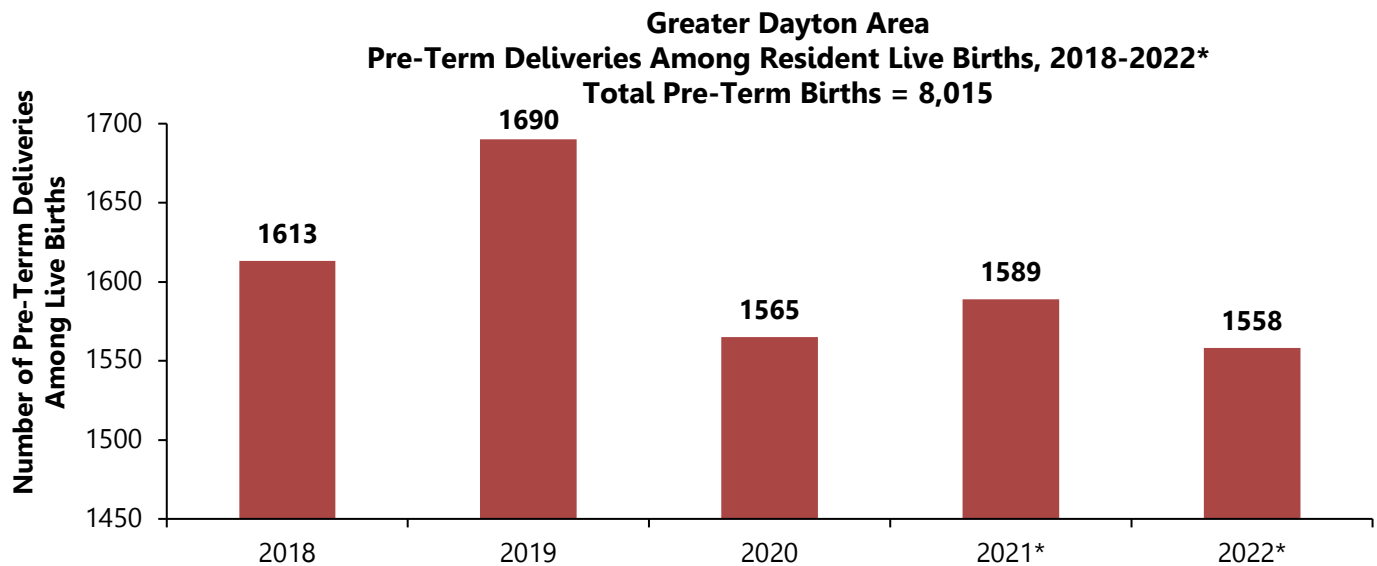| Year	Value
2018	1,224
2019	1,308
2020	1,189
2021*	1,276
2022*	1,224

Preliminary data subject to change
Note for graphs: Births occurring in Ohio to non-Ohio residents are not included in the graphs
(Source for graphs: DataOhio, updated 7/18/2024)

Infant Mortality

The following map shows the Ohio five-year total fetal mortality rate (per 1,000 fetal deaths and live births by county from 2017 to 2021.
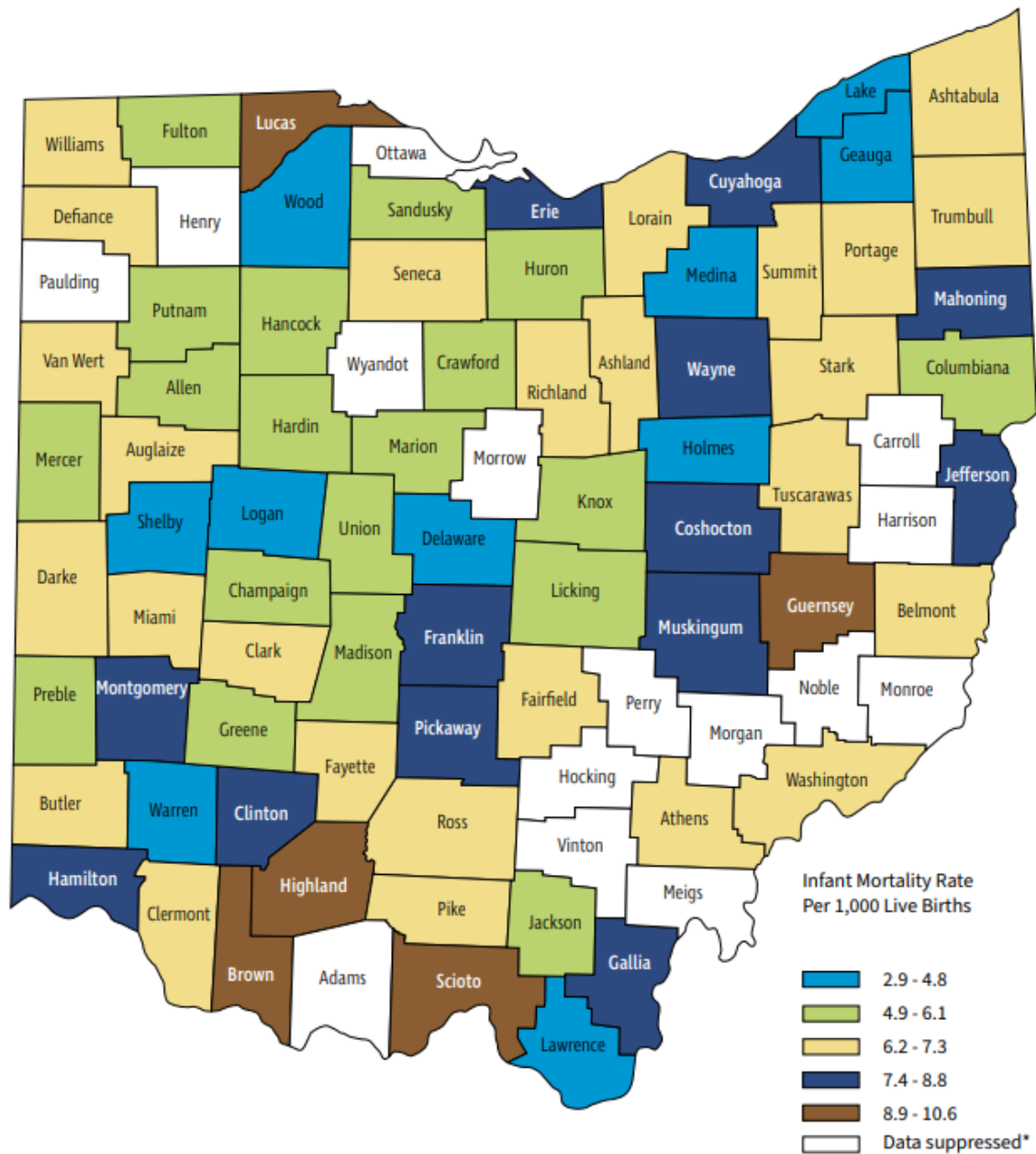
Infant Mortality Rate
Per 1,000 Live Births

- 2.9 - 4.8
- 4.9 - 6.1
- 6.2 - 7.3
- 7.4 - 8.8
- 8.9 - 10.6
- Data suppressed*

(Source: Ohio Department of Health, 2021 Infant Mortality Annual Report)

Neonatal, Post-Neonatal, and Infant Mortality in 2017-2021

Area	Number of Neonatal Deaths*	Number of Post-Neonatal Deaths**	Total Number of Infant Deaths	Number of Births	Rate of Infant Deaths per 1,000 Live Births
Auglaize County	12	6	18	2,759	6.5***
Champaign County	8	3	11	2,032	5.4***
Clark County	32	20	52	7,765	6.7
Darke County	11	8	19	3,058	6.2***
Greene County	30	13	43	8,498	5.1
Miami County	30	10	40	5,890	6.8
Montgomery County	173	83	256	31,963	8.0
Preble County	8	5	13	2,115	6.1***
Shelby County	8	4	12	3,111	3.9***
Warren County	43	14	57	12,011	4.7
Ohio	3,120	1,504	4,624	665,894	6.9

*Neonatal death is defined as a death of live born infant during the first 27 days of life.
** Post-neonatal death is defined as a death of an infant between 28 days and 364 days of life.
*** Rates based on fewer than 20 infant deaths should be interpreted with caution.
(Source: Ohio Department of Health, 2021 Infant Mortality Annual Report)

SPARKMAP

Population Change

Median Age

Income Inequality

Median Household Income

Family Households Living Below Poverty Level

Households with Housing Costs Over 30% of Household Income

Social Vulnerability Index

SNAP-Authorized Retailers

Preventable Hospitalizations

No Leisure-Time Physical Activity

Low Birthweight

The counties in the Greater Dayton Area include the following: Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren.

Population Change (2010-2020) by Hispanic Origin Total Population Change (2010-2020) by Race, Percent Population Change (2010-2020) by Race, by Census Tract

– Source: *US Census Bureau, Decennial Census, 2020*

Legend:

Population Change, Hispanic, Percent by Tract, US Census Bureau 2010 - 2020

- Over 60.0% Increase (+)
- 30.1% - 60.0% Increase (+)
- 5.1% - 30.0% Increase (+)
- Less Than 5.0% Change (+/-)
- 5.0% - 30.0% Decrease (-)
- Over 30.0% Decrease (-)
- No Population or No Data
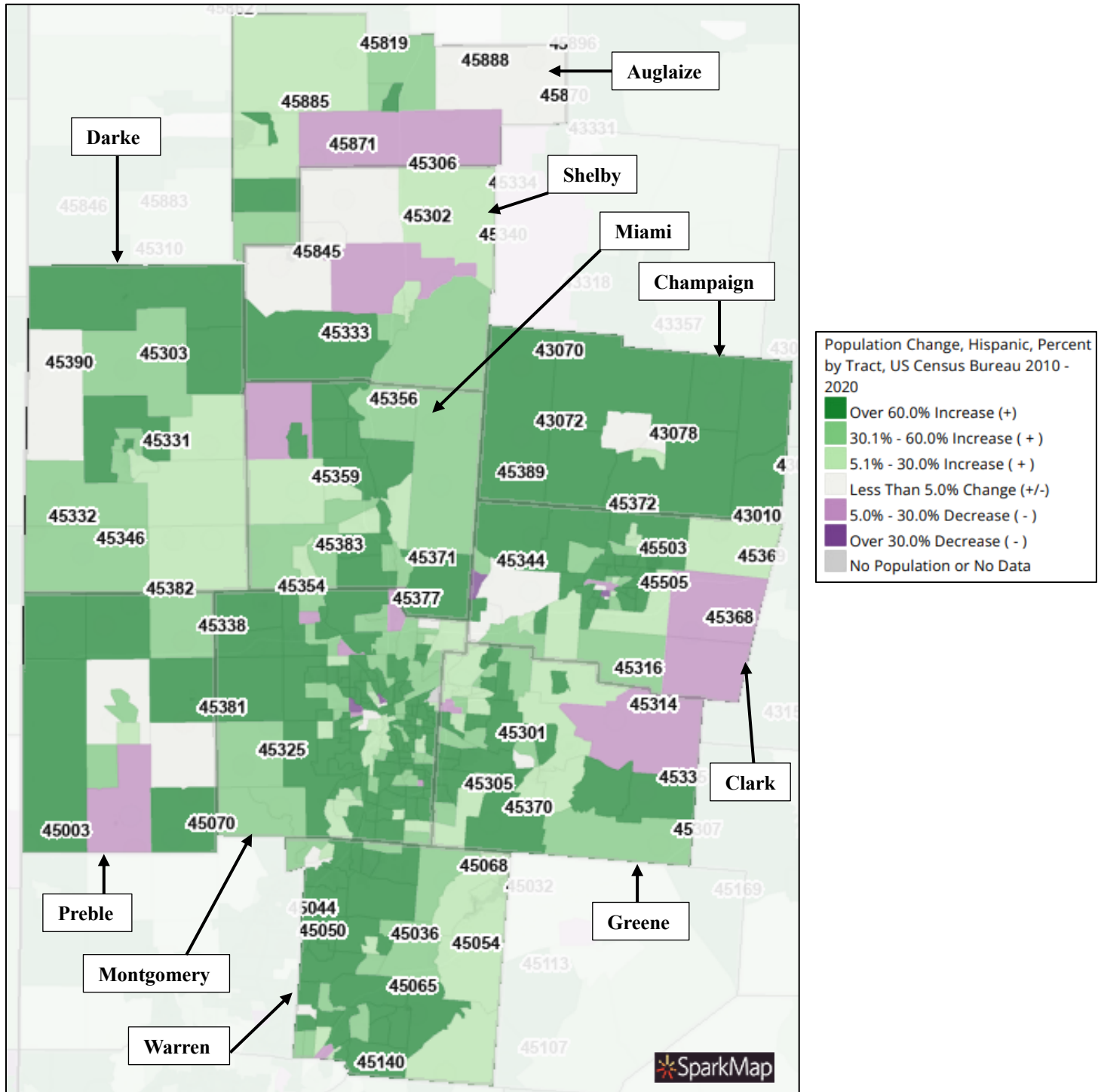
Median Age by Zip Code
- – Source: *ACS, 2017-2021*
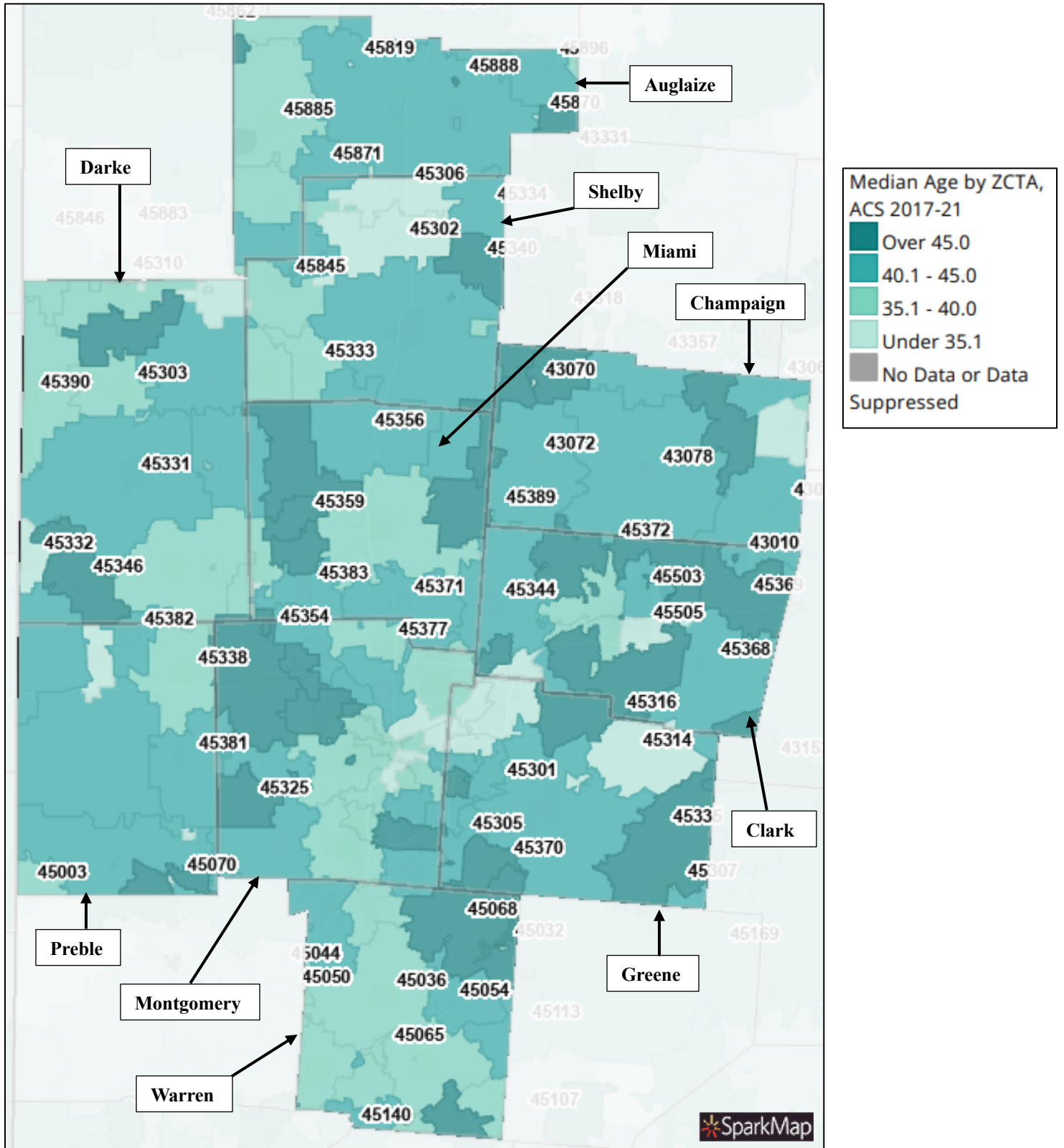
Income – Inequality (GINI Index) by Census Tract
  – Source: *ACS, 2017-2021*
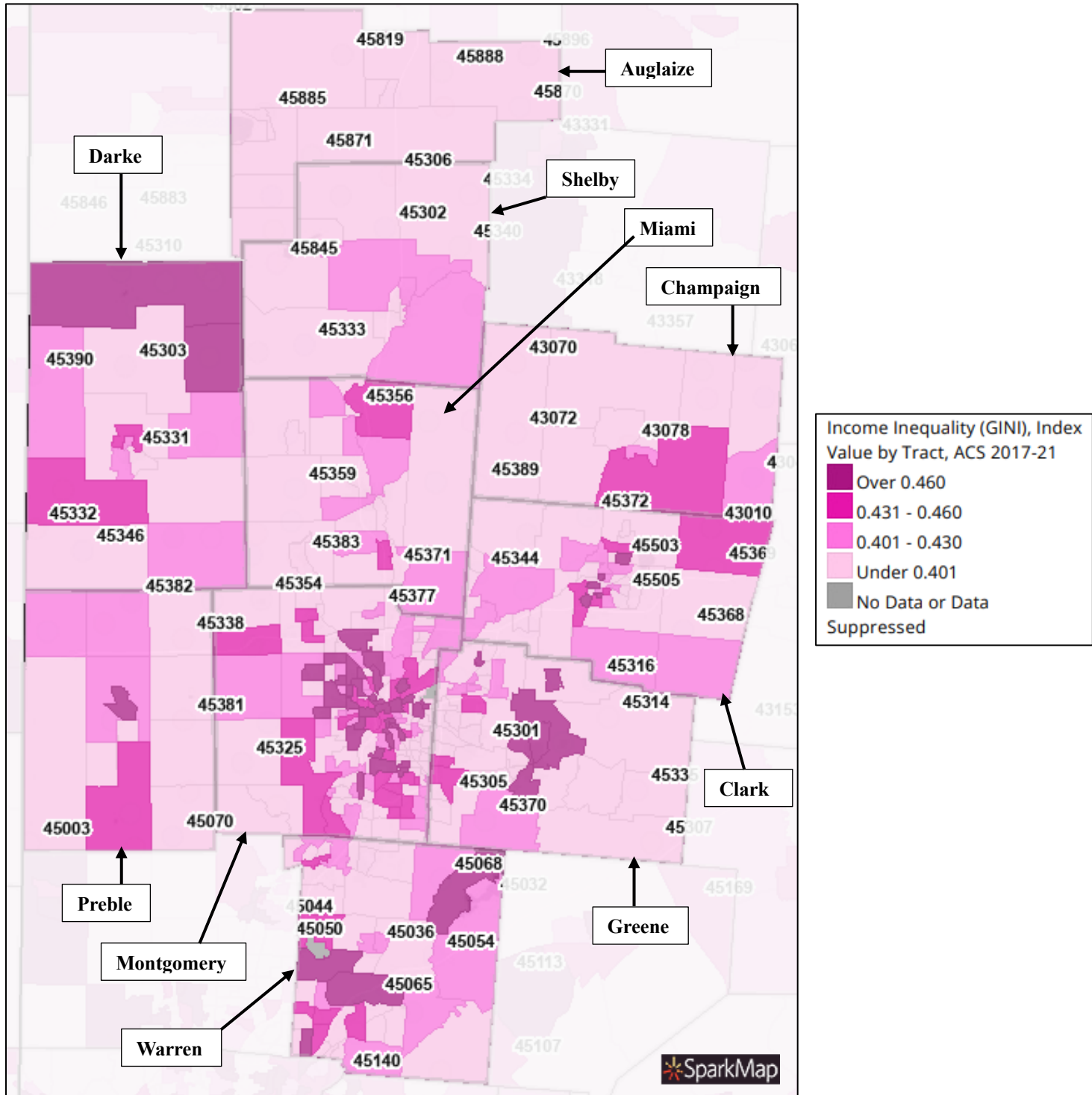
SPARKMAP: Median Household Income

Income – Median Household Income by Zip Code
– Source: *ACS, 2017-2021*

Median Household Income by ZCTA, ACS 2017-21
- Over $75,000
- $60,000 - $75,000
- $50,000 - $59,999
- Under $50,000
- No Data or Data Suppressed

Poverty – Population Below 100% FPL, Family Household Living Below the Poverty Line by Zip Code
- – Source: *ACS, 2017-2021*
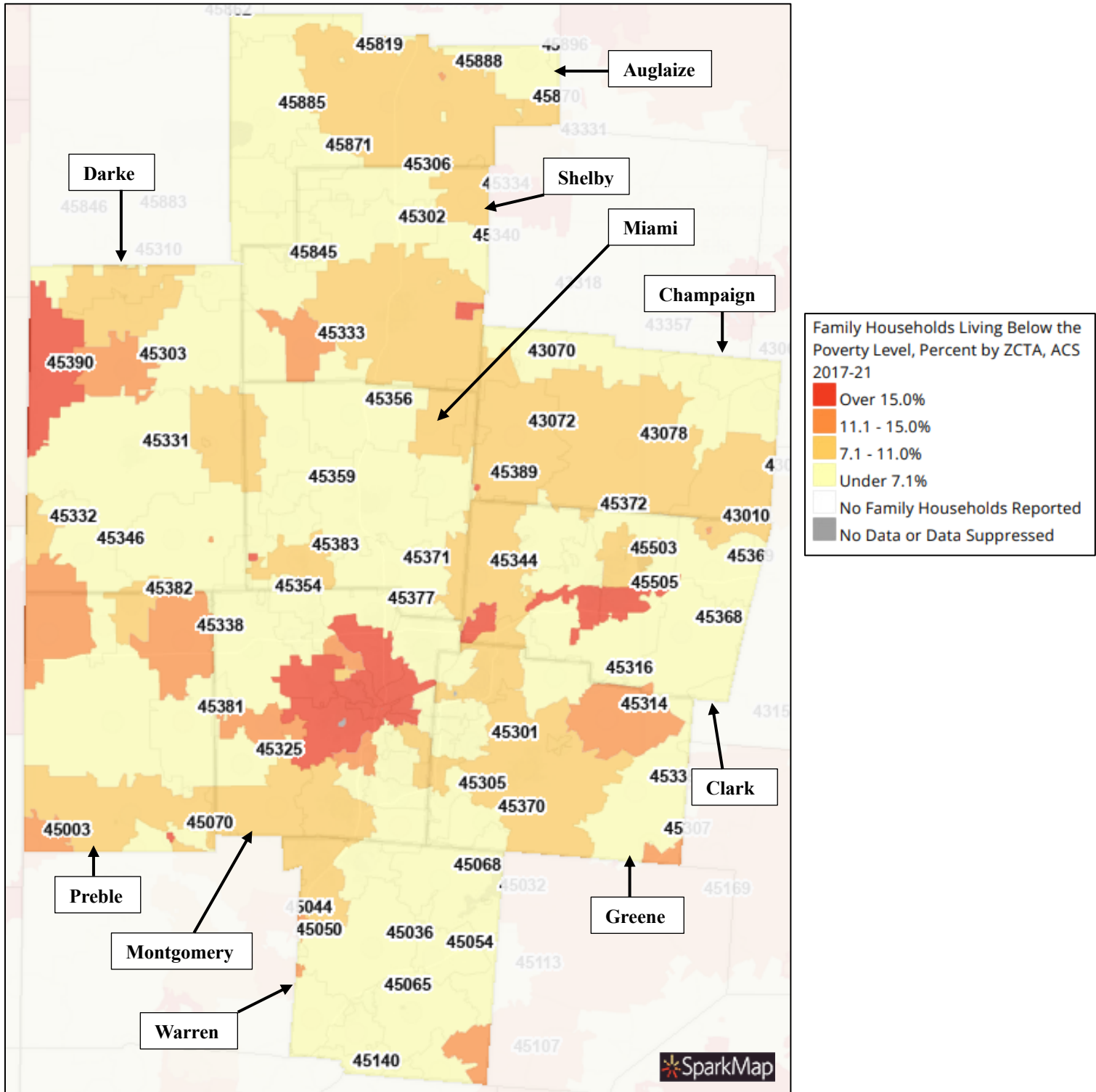
SPARKMAP: Households with Housing Costs Over 30% of Household Income

Poverty – Housing Costs – Cost Burden (30%) by Census Tract
 – Source: *ACS, 2017-2021*

Households with Housing Costs Over 30% of Household Income, Percent by Tract, ACS 2017-21
- Over 30.0%
- 25.1 - 30.0%
- 20.1 - 25.0%
- Under 20.1%
- No Data or Data Suppressed
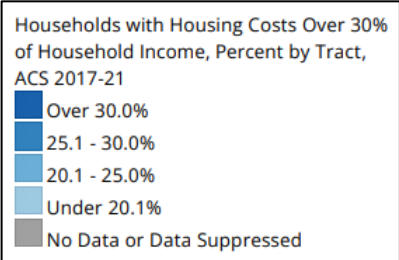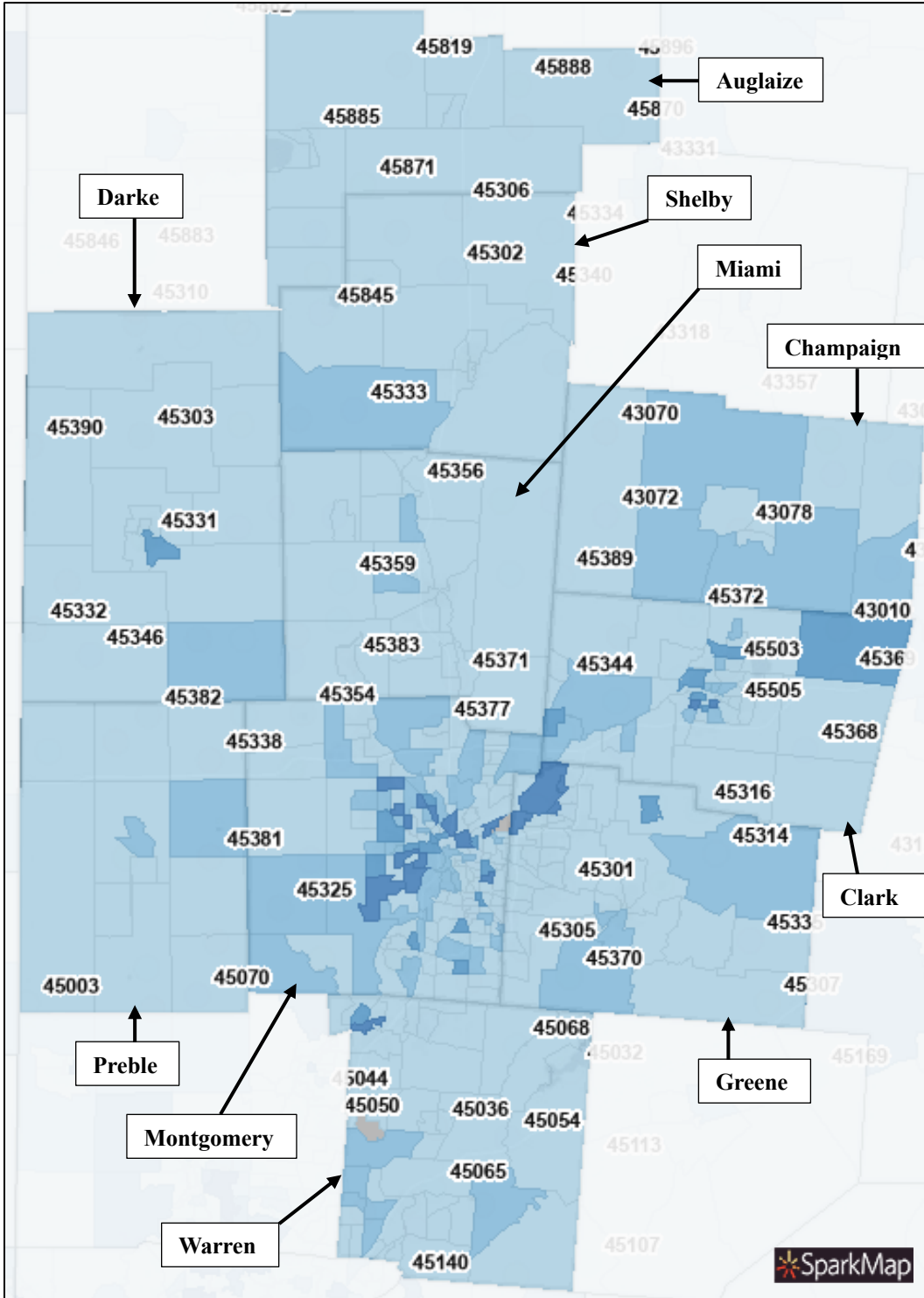
SPARKMAP: Social Vulnerability Index

Social Vulnerability Index by County
- – Source: *CDC, 2020*

Social Vulnerability Index by County, CDC 2020
- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
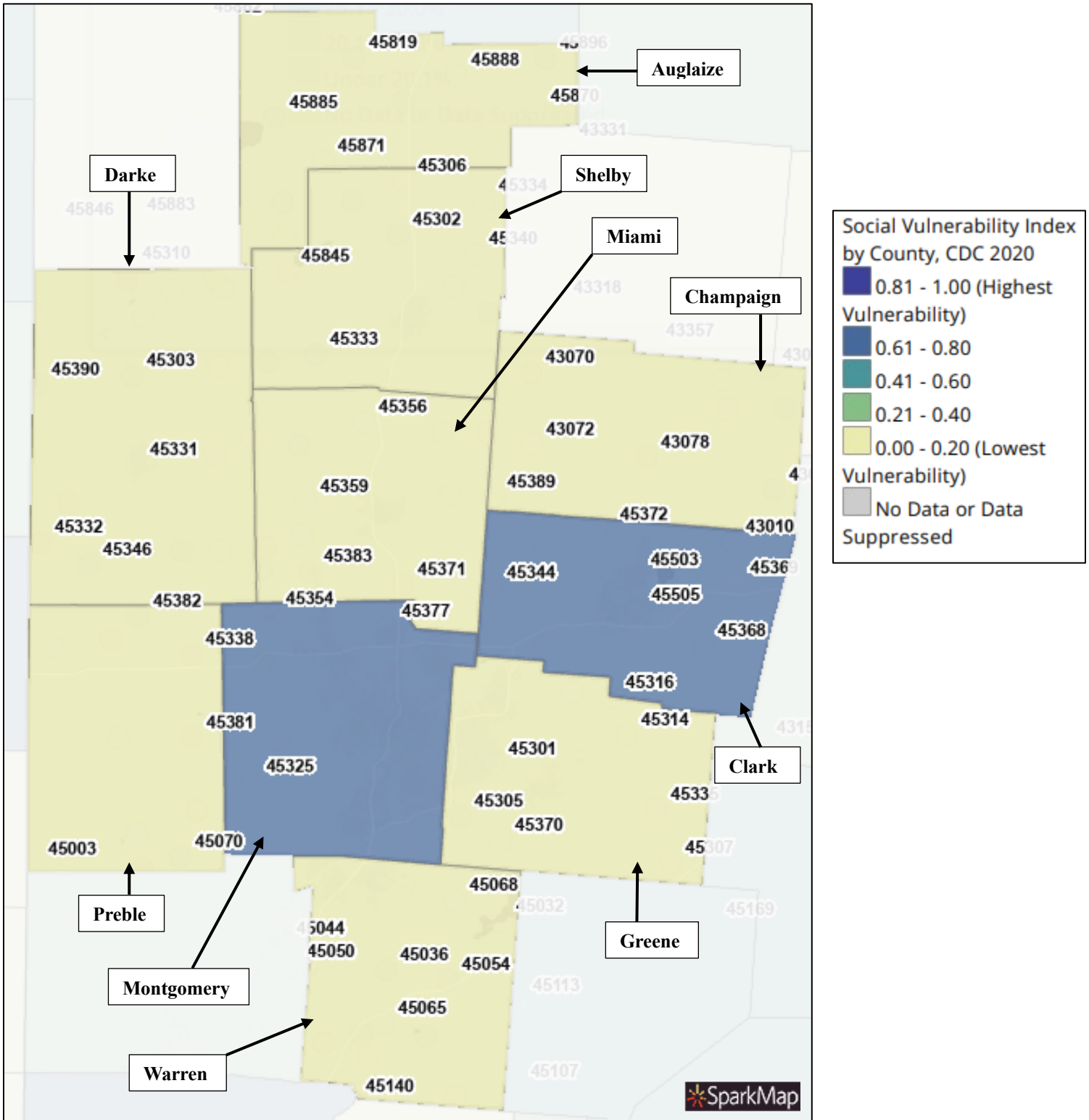
SNAP-Authorized Retailers
- – Source: *USDA, March 2023*
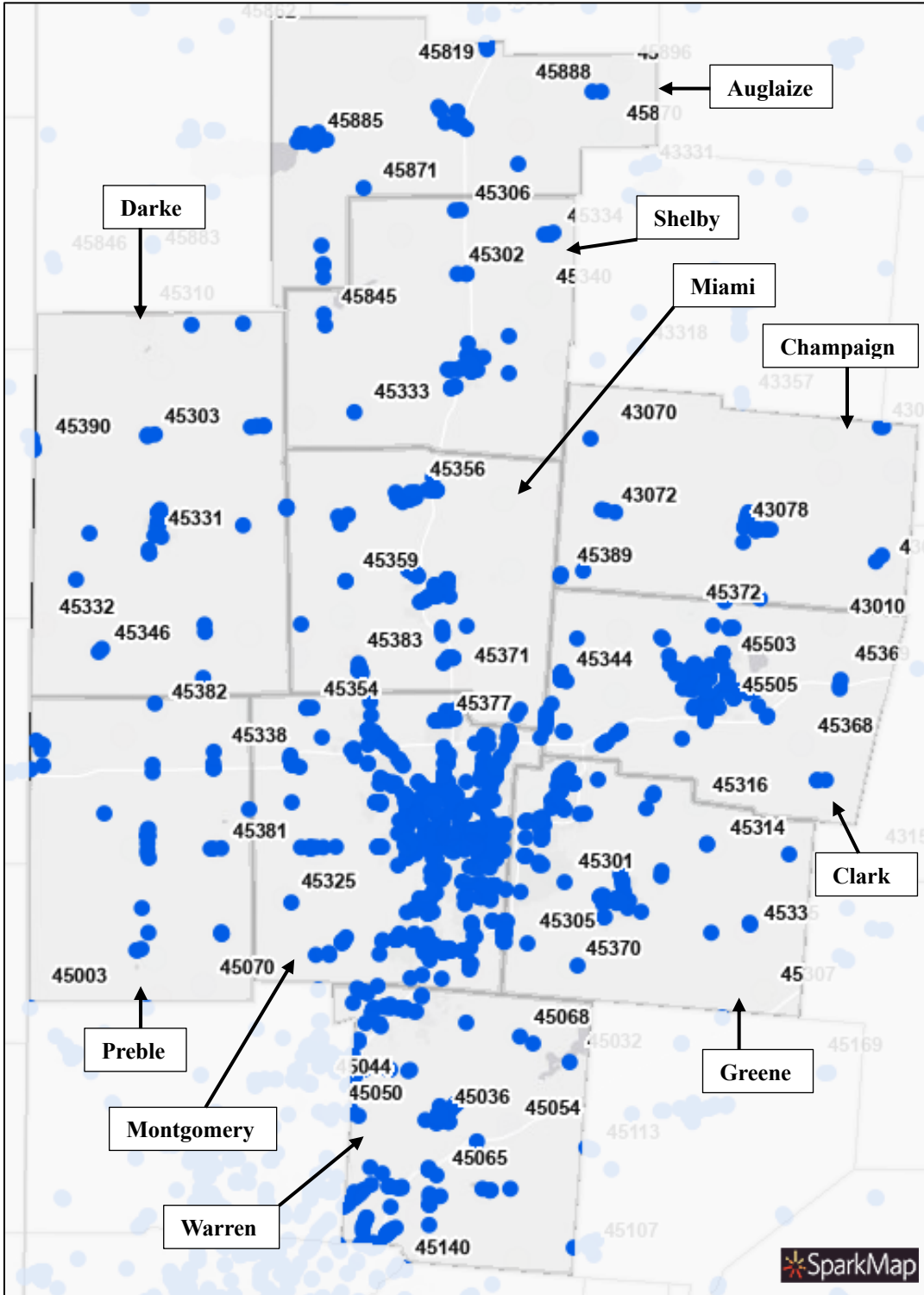
Preventable Hospitalization, Medicare Beneficiaries by County
- Source: *CMS, 2021*
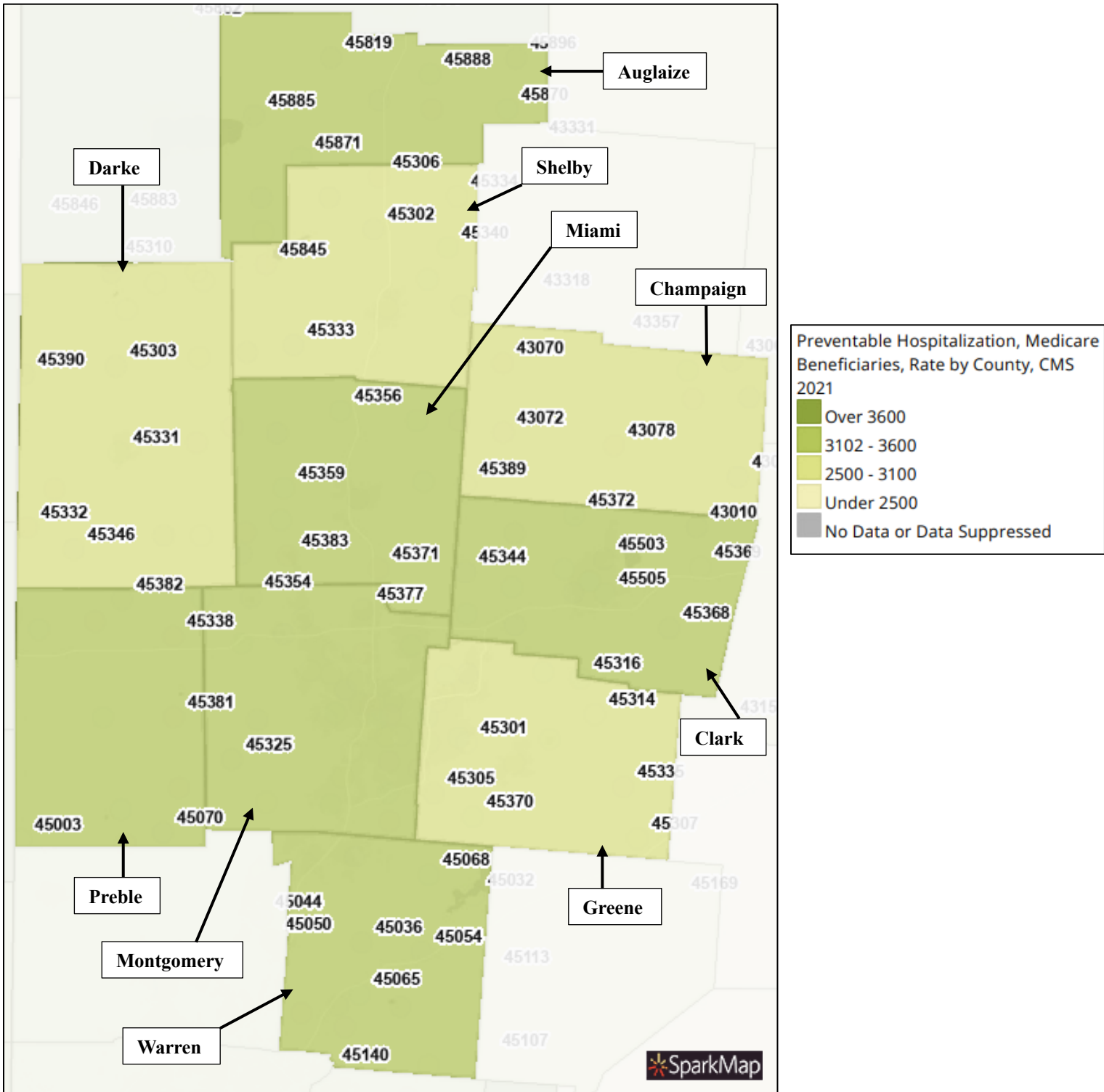
Physical Inactivity – No Leisure Time Physical Activity, Percent of Adults Age 18+ by Zip Code
- – Source: *CDC BRFSS PLACES Project, 2021*

No Leisure-Time Physical Activity, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021

- Over 32.0%
- 26.1 - 32.0%
- 20.1 - 26.0%
- Under 20.1%
- No Data or Data Suppressed
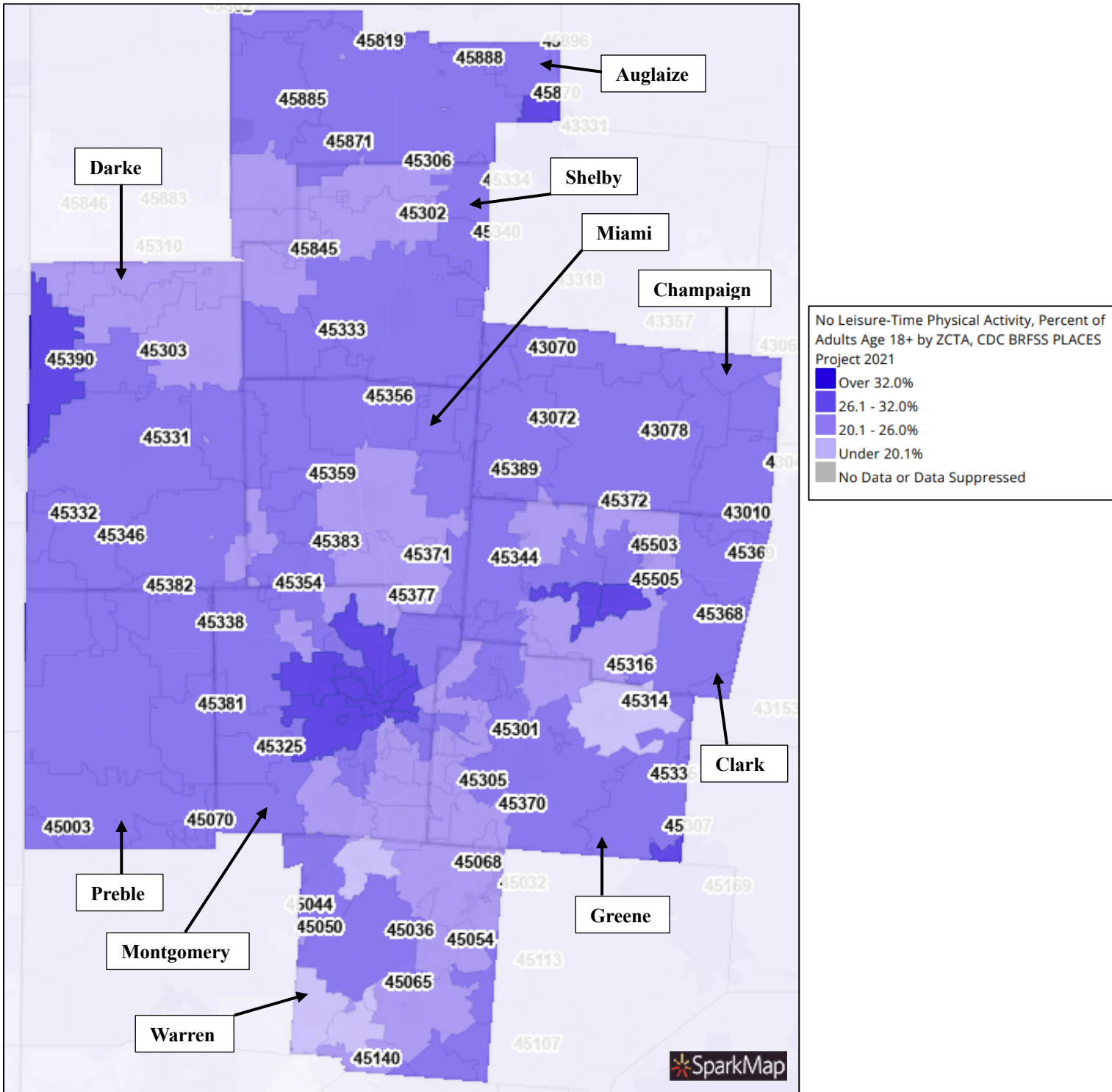
Low Birthweight, Percentage of Live Births by County
- Source: *CDC NVSS, 2014-2020*

Low Birthweight, Percentage of Live Births by County, CDC NVSS 2014-2020

- Over 10.0%
- 8.1 - 10.0%
- 7.1 - 8.0%
- Under 7.1%
- No Data or Data Suppressed
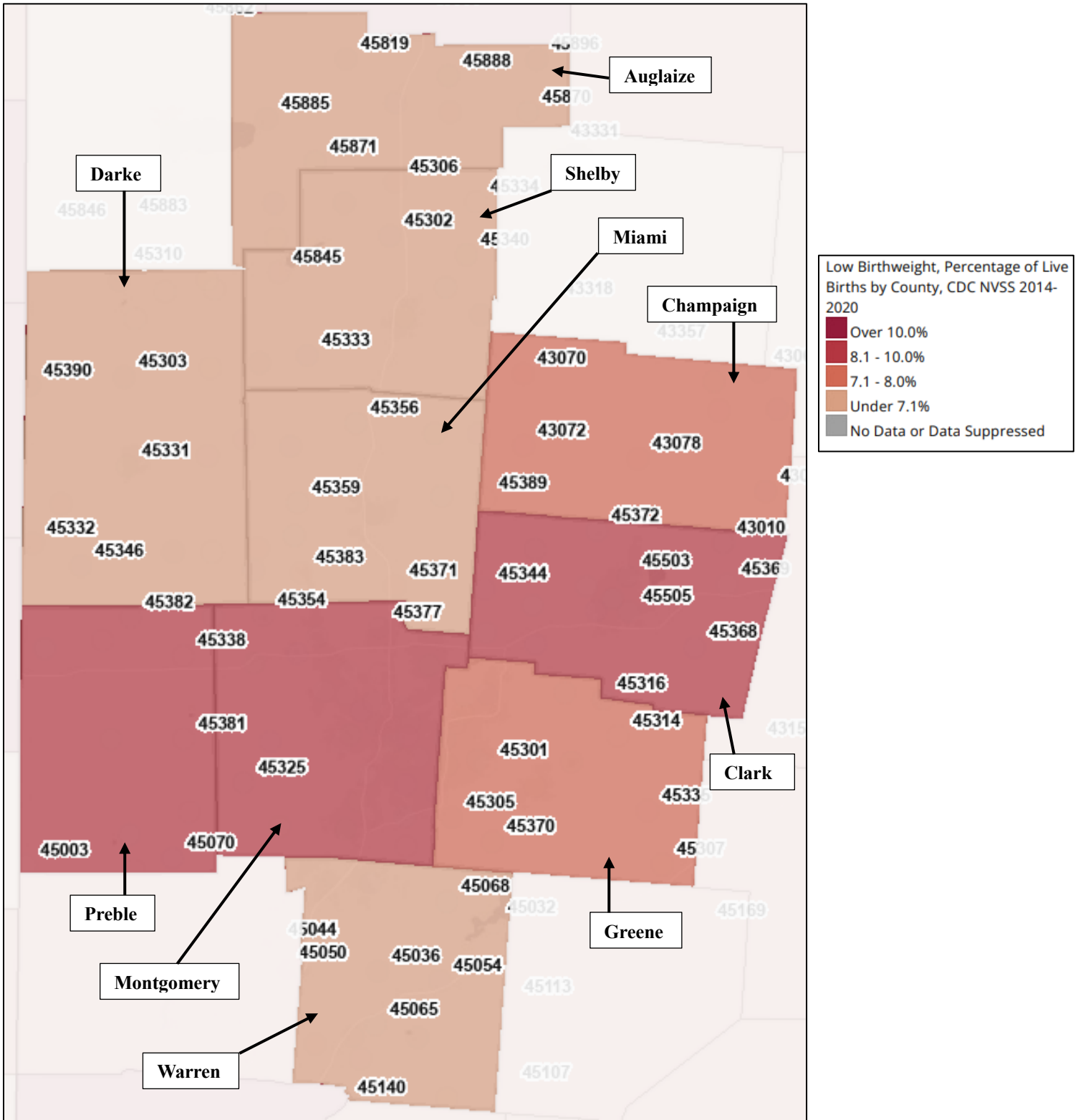
APPENDICES

Appendix I: Health Assessment Information Sources

Appendix II: Acronyms and Terms

Appendix III: Methods for Weighting

Appendix IV: Sample Demographic Profile

Appendix V: Demographic and Household Information

Note for population: "adults" are defined throughout the report as those ages 18 and older living in the Greater Dayton Area. The counties in the Greater Dayton Area include the following: Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2023.	• 2023 Cancer Facts, Figures, and Estimates	https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2022 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov/brfss
CDC, Wonder, U.S.	• Underlying Cause of Death, 2018-2020	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	• Physical and Mental Health Status • Food Environment Index (USDA Food Environment Atlas)	https://www.countyhealthrankings.org/
Data Ohio	• State of Ohio Integrated Behavioral Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd
	• Mortality	https://data.ohio.gov/wps/portal/gov/data/view/mortality?visualize=true
	• Cancer Incidence	https://data.ohio.gov/wps/portal/gov/data/view/invasive-cancer-report-builder-end-of-year-incidence-data?visualize=true
Healthy People 2030: U.S. Department of Health & Human Services Social Determinants of Health	• Social Determinants of Health	https://health.gov/healthypeople/priority-areas/social-determinants-health
Healthy People 2030: U.S. Department of Health & Human Services	• All Healthy People 2030 Target Data Points	www.healthypeople.gov/
Health Policy Institute of Ohio	• Adverse Childhood Experiences: Economic Impacts of ACEs in Ohio	https://www.healthpolicyohio.org/adverse-childhood-experiences-aces-economic-impact-of-aces-in-ohio/
Ohio Department of Health	• STD Surveillance	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics
	• HIV/AIDS Surveillance Program	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hiv-aids-surveillance-program/welcome-to

Source	Data Used	Website
Ohio Department of Health	• County and State Infant Mortality Report, 2021	https://odh.ohio.gov/wps/wcm/connect/gov/2ce0f7d5-df00-4672-a66e-2f00ab3f2495/2021+Annual+IM+Report+Jun+23edited.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-2ce0f7d5-df00-4672-a66e-2f00ab3f2495-oO7lLTz#:~:text=912%20Ohio%20infants%20died%20before,7.0%20Overall%20infant%20mortality%20rate.
Ohio Department of Health, Ohio Drug Overdose Data: General Findings	• Drug Overdose Rate Map, by County	https://odh.ohio.gov/wps/wcm/connect/gov/dea64cca-767c-4495-a75c-61b6f9d0f8fa/2022+Unintentional+Drug+Overdose+Annual+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-dea64cca-767c-4495-a75c-61b6f9d0f8fa-oNOoofn
Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information	• Unemployment Information	https://ohiolmi.com/_docs/LAUS/ranking.pdf
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis, Civilian Labor Force Estimates	• American Community Survey 5-Year Estimate, 2022	https://data.census.gov/table?q=greene+county+ohio&g=0500000US39057&tid=ACSDP1Y2021.DP05
	• Bureau of Economic Analysis	https://apps.bea.gov/iTable/index_regional.cfm
	• Civilian Labor Force Estimates, Employment Statistics: County and State	http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf
	• Federal Poverty Threshold	www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	• Small Area Income and Poverty Estimates	www.census.gov/programs-surveys/saipe/data/datasets.html

Appendix II: Acronyms and Terms

A1C	Glycated hemoglobin, a test to measure the amount of glucose in the blood
ACE	**A**dverse **C**hildhood **E**xperiences
ACS	**A**merican **C**ommunity **S**urvey, an annual survey program conducted by the U.S. Census Bureau
ADD/ADHD	**A**ttention **D**eficit **D**isorder/ **A**ttention **D**eficit **H**yperactivity **D**isorder
AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2030 objectives
Adult	Defined as 18 years of age and older
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	**B**ehavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.
BEA	**B**ureau of **E**conomic **A**nalysis
CDC	**C**enters for **D**isease **C**ontrol and **P**revention.
CHNA	**C**ommunity **H**ealth **N**eeds **A**ssessment
CHAMPUS	**C**ivilian **H**ealth and **M**edical **P**rogram of the **U**niformed **S**ervices
CHIP	**C**ommunity **H**ealth **I**mprovement **P**lan
COVID-19	Coronavirus disease 2019
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
DMT	Dimethyltryptamine, a hallucinogenic drug
EBT	**E**lectronic **B**enefit **T**ransfer
GDAHA	**G**reater **D**ayton **A**rea **H**ospital **A**ssociation
GHB	Gamma hydroxybutyrate, a type of euphoric drug often used at parties
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2020 objectives
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HP 2030	**H**ealthy **P**eople **2030**, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
HPIO	**H**ealth **P**olicy **I**nstitute of **O**hio

HPV	**H**uman **P**apillomavirus
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2030 objectives
IRS	**I**nternal **R**evenue **S**ervices
IUD	Intrauterine device, a form of contraception
LSD	Lysergic acid diethylamide, a hallucinogenic drug
MAPP	**M**obilizing **A**ction through **P**artnerships and **P**lanning
MDMA	Methylenedioxymethamphetamine, commonly known as the drug ecstasy
MMR	**M**easles, **m**umps, and **r**ubella
NACCHO	**N**ational **A**ssociation of **C**ounty and **C**ity **H**ealth **O**fficials
NWS	**N**utrition and **W**eight **S**tatus, Topic of Healthy People 2030 objectives
N/A	Data is not available
ODH	**O**hio **D**epartment of **H**ealth
PTSD	**P**ost-**T**raumatic **S**tress **D**isorder
PSA	**P**rostate-**S**pecific **A**ntigen
Race/Ethnicity	Census 2020: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2020 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other. Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
RSV	**R**espiratory **S**yncytial **V**irus
SHA/SHIP	**S**tate **H**ealth **A**ssessment/ **S**tate **H**ealth **I**mprovement **P**lan
SNAP	Special Supplemental Nutrition Program
SDOH	**S**ocial **D**eterminants **o**f **H**ealth
SPSS	**S**tatistical **P**roduct and **S**ervice **S**olutions
STD	**S**exually **T**ransmitted **D**isease
SU	**S**ubstance **U**se, Topic of Healthy People 2030 objectives
Tdap	**T**etanus, **d**iphtheria, **a**nd **p**ertussis
TU	**T**obacco **U**se, Topic of Healthy People 2030 objectives
USDA	**U**nited **S**tates **D**epartment of **A**griculture
VA	**V**eterans **A**ffairs
WIC	Special Supplemental Nutrition Program for **W**omen, **I**nfants, and **C**hildren

Appendix III: Methods for Weighting the 2024 Greater Dayton Area Needs Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2024 Greater Dayton Area survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Greater Dayton Area based on age, sex, race, income, and which county they live in.

Weightings were created for each category within sex (male, female), race (African American, Hispanic, White, and other), Age (8 different age categories), income (7 different income categories), and county (10 counties). The numerical value of the weight for each category was calculated by taking the percent of Greene County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2024 Greater Dayton Area Survey and the 2020 Census estimates.

2024 Greater Dayton Area Survey			2020 Census Estimate		Weight
Sex	Number	Percent	Number	Percent	
Male	316	14.89161	700,886	49.44958	3.32063
Female	1806	85.10839	716,489	50.55042	0.59395

In this example, it shows that there was a larger portion of females in the sample compared to the actual portion in Greater Dayton Area. The weighting for females was calculated by taking the percent of females in Greater Dayton Area (based on Census information) (50.55042%) and dividing that by the percent found in the 2024 Greater Dayton Area sample (85.10839%) [50.55042/85.10839 = weighting of 0.59395 for females]. The same was done for males [49.44958/ 14.89161 = weighting of 3.32063 for males]. Thus, females' responses are weighted less by a factor of 0.59395 and males' responses weighted heavier by a factor of 3.32063.

This same thing was done for each of the 21 specific categories as described above. For example, a Miami County respondent who was male, White, in the age category 35-44, and with a household income in the $50-$75k category would have an individual weighting of 3.09754 [3.320633 (weight for males) x 1.00629 (weight for White) x 0.71493 (weight for age 35-44) x 0.92551 (weight for income $50-$75k) x 1.40097 (weight for Miami County]. Thus, each individual in the 2024 Greater Dayton Area sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 28.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that

was applied during analysis included only age, sex, and income. Thus, a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 5 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of county, age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of county, sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of county, age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of county, age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of county, race and income weights) – used when analyzing by sex & age.
7. **Weight without sex or race** (product of county, age and income weights) – used when analyzing by sex & race.
8. **Weight without sex or income** (product of county, age and race weights) – used when analyzing by sex & income.

Category	Greater Dayton Area Sample	%	Greater Dayton Area 2020 Census*	%		Weighting Value*
Sex:						
Male	316	14.89161	700,886	49.44958		3.320633
Female	1806	85.10839	716,489	50.55042		0.593953
Age:						
20 to 34 years	405	19.04090	267,641	25.23420		1.32526
35 to 44 years	481	22.61401	171,476	16.16740		0.71493
45 to 54 years	483	22.70804	175,448	16.54190		0.72846
55 to 59 years	282	13.25811	97,398	9.18305		0.69264
60 to 64 years	256	12.03573	94,618	8.92094		0.74120
65 to 74 years	179	8.41561	148,600	14.01057		1.66483
75 to 84 years	38	1.78655	75,925	7.15849		4.00687
85+ years	3	0.14104	29,522	2.78345		7.00000
Race:						
White (non-Hispanic)	1727	80.88993	1,153,729	81.39899		1.00629
African American	241	11.28806	144,799	10.21600		0.90503
Hispanic (any race)	56	2.62295	42,051	2.96682		1.13110
Other (including multiracial)	111	5.19906	76,796	5.41819		1.04215
Household Income:						
Less than $25,000	140	6.75350	51,489	13.66310		2.02312
$25,000 to $34,999	111	5.35456	28,954	7.68329		1.43491
$35,000 to $49,999	256	12.34925	41,255	10.94731		0.88648
$50,000 to $74,999	386	18.62036	64,943	17.23324		0.92551
$75,000 to $99,999	362	17.46261	52,973	14.05695		0.80497
$100,000 to $149,999	434	20.93584	68,996	18.30882		0.87452
$150,000 or more	384	18.52388	68,237	18.10735		0.97751
County						
Auglaize	25	1.17096	46,263	3.26399		2.78745
Champaign	56	2.62295	38,715	2.73146		1.04137
Clarke	314	14.70726	135,877	9.58652		0.65182
Darke	135	6.32319	51,751	3.65119		0.57743
Greene	203	9.50820	167,567	11.82235		1.24338
Miami	117	5.48009	108,818	7.67743		1.40097
Montgomery	906	42.43560	536,121	37.82492		0.89135
Preble	60	2.81030	40,929	2.88766		1.02753
Shelby	234	10.96019	48,145	3.39677		0.30992
Warren	85	3.98126	243,189	17.15770		4.30961

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Greater Dayton Area in each subcategory by the proportion of the sample in the Greater Dayton Area survey for that same category. Any individual weighting or calculated weighting that exceeded 7.00000 was capped at 7.00000 to ensure that these small groups did not disproportionately affect the results. *Greater Dayton Area population figures taken from the 2020 Census estimates.

Appendix IV: Sample Demographic Profile*

Variable	2024 Greater Dayton Area Adult Survey Sample*	Ohio Census 2023 (1-year estimate)
Age		
20-29	8.9%	12.6%
30-39	20.1%	13.1%
40-49	23.6%	11.9%
50-59	24.7%	12.3%
60 plus	22.3%	25.6%
Race/Ethnicity		
White	80.3%	76.6%
Black or African American	11.3%	11.9%
Hispanic Origin (may be of any race)	2.6%	4.8%
Asian	1.8%	2.6%
American Indian and Alaska Native	1.3%	0.2%
Other	4.1%	1.8%
Education†		
Less than High School Diploma	0.7%	8.2%
High School Diploma	10.6%	31.8%
Some college/ College graduate	88.6%	60.1%
Income (Families)		
$14,999 and less	3.5%	5.1%
$15,000 to $24,999	3.1%	4.2%
$25,000 to $49,999	17.2%	15.1%
$50,000 to $74,999	18.1%	17.1%
$75,000 or more	55.3%	58.5%

The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

† *The Ohio Census percentages are slightly different than the percent who responded to the survey. Education is calculated for those 25 years and older.*

DAYTON AREA PROFILE

(Source: U.S. Census Bureau, 2022)
2022 ACS 5-year estimates

General Demographic Characteristics

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total Population																				
2022 Total Population	46,263	100%	38,715	100%	135,877	100%	51,751	100%	167,567	100%	108,818	100%	536,121	100%	40,929	100%	48,145	100%	243,189	100%
Population by Race*/Ethnicity																				
Total Population	46,263	100%	38,715	100%	135,877	100%	51,751	100%	167,567	100%	108,818	100%	536,121	100%	40,929	100%	48,145	100%	243,189	100%
White	45,295	97.9%	37,316	96.4%	121,712	89.6%	50,868	98.3%	149,251	89.1%	104,104	95.7%	404,312	75.4%	40,298	98.5%	46,200	96%	215,268	88.5%
Black or African American	649	1.4%	1,177	3.0%	15,012	11.0%	870	1.7%	14,772	8.8%	4,399	4.0%	124,687	23.3%	574	1.4%	1,983	4.1%	10,942	4.5%
American Indian and Alaska Native	217	0.5%	456	1.2%	1,497	1.1%	301	0.6%	1,840	1.1%	809	0.7%	5,827	1.1%	371	0.9%	252	0.5%	1,649	0.7%
Asian	359	0.8%	297	0.8%	1,770	1.3%	350	0.7%	7,256	4.3%	2,305	2.1%	16,953	3.2%	351	0.9%	677	1.4%	18,358	7.5%
Native Hawaiian and Other Pacific Islander	0	0.0%	140	0.4%	144	0.1%	116	0.2%	456	0.3%	113	0.1%	1,264	0.2%	244	0.6%	7	0.0%	129	0.1%
Some other race	945	2.0%	719	1.9%	2,950	2.2%	601	1.2%	4,594	2.7%	1,539	1.4%	15,167	2.8%	472	1.2%	633	1.3%	6,010	2.5%
Hispanic or Latino (of any race)	849	1.8%	665	1.7%	5,113	3.8%	894	1.7%	5,260	3.1%	2,101	1.9%	18,342	3.4%	443	1.1%	787	1.6%	7,597	3.1%
Two or more races	1,191	2.6%	1,334	3.5%	6,697	4.9%	1,188	2.3%	9,768	5.8%	4,264	3.9%	29,393	5.5%	1,097	2.7%	1,590	3.3%	8,602	3.5%

*Race alone or in combination with one or more races.

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Population by Age																				
Under 5 years	2,818	6.1%	2,067	5.3%	7,862	5.8%	3,065	5.9%	9,057	5.4%	6,240	5.7%	31,900	6.0%	2,123	5.2%	3,055	6.3%	13,375	5.5%
5 to 14 years	6,143	13.3%	4,814	12.5%	17,139	12.6%	6,926	13.4%	19,444	11.6%	14,221	11.6%	65,741	12.3%	5,204	12.7%	6,662	13.8%	33,811	13.9%
15 to 24 years	5,786	12.5%	4,621	12.0%	17,263	12.7%	6,444	12.8%	25,358	15.1%	12,990	11.9%	70,469	13.1%	4,860	11.8%	6,434	13.3%	31,099	12.8%
25 to 44 years	10,679	23.1%	9,038	23.3%	31,049	22.9%	11,424	22.1%	42,118	25.1%	26,161	24.0%	136,690	25.5%	9,367	22.9%	11,006	22.8%	61,341	25.2%
45 to 64 years	12,126	26.2%	10,905	28.2%	35,556	26.2%	13,566	26.1%	41,752	24.9%	28,559	26.2%	133,723	25.0%	11,373	27.8%	12,692	26.4%	67,212	27.7%
65 years and more	8,711	18.8%	7,270	18.8%	27,008	19.9%	10,326	20.0%	29,838	17.8%	20,647	19.0%	97,598	18.2%	8,002	19.6%	8,296	17.2%	36,351	14.9%
Median age (years)	**40.7**	**N/A**	**41.7**	**N/A**	**41.4**	**N/A**	**41.7**	**N/A**	**38.6**	**N/A**	**41.1**	**N/A**	**39.0**	**N/A**	**43.0**	**N/A**	**40.2**	**N/A**	**39.5**	**N/A**

N/A – Not Available

General Demographic Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Household by Type																				
Total households	18,858	100%	15,612	100%	55,429	100%	21,026	100%	66,856	100%	44,152	100%	228,062	100%	16,606	100%	18,599	100%	88,735	100%
Total families	12,599	N/A	10,736	N/A	35,050	N/A	13,824	N/A	42,764	N/A	29,589	N/A	131,680	N/A	11,472	N/A	12,654	N/A	67,010	N/A
Households with own children (<18 years) of the householder	5,417	N/A	4,196	N/A	14,231	N/A	5,553	N/A	17,147	N/A	12,529	N/A	55,093	N/A	4,446	N/A	5,379	N/A	29,638	N/A
Married-couple family household	10,317	N/A	8,223	N/A	23,990	N/A	11,171	N/A	34,279	N/A	23,702	N/A	88,887	N/A	8,970	N/A	10,274	N/A	56,192	N/A
Married-couple family household with own children (<18 years) of the householder	3,990	N/A	2,906	N/A	7,812	N/A	4,041	N/A	12,435	N/A	9,289	N/A	31,057	N/A	2,999	N/A	3,926	N/A	24,033	N/A
Female householder, no spouse present	1,429	N/A	1,870	N/A	7,715	N/A	1,850	N/A	5,887	N/A	4,088	N/A	31,678	N/A	1,851	N/A	1,774	N/A	7,533	N/A
Female householder, no spouse with own children (<18 years) of the householder	868	N/A	1,002	N/A	4,628	N/A	987	N/A	3,235	N/A	2,378	N/A	18,277	N/A	1,150	N/A	1,054	N/A	4,037	N/A
Households with one or more people <18 years	N/A	31.8%	N/A	31.6%	N/A	30.0%	N/A	28.8%	N/A	28.4%	N/A	30.8%	N/A	27.0%	N/A	31.0%	N/A	31.8%	N/A	35.6%
Households with one or more people 60 years and >	N/A	41.5%	N/A	43.1%	N/A	45.3%	N/A	45.1%	N/A	40.6%	N/A	43.5%	N/A	41.7%	N/A	44.0%	N/A	40.7%	N/A	38.8%
Average household size	2.43 people	N/A	2.44 people	N/A	2.40 people	N/A	2.43 people	N/A	2.39 people	N/A	2.44 people	N/A	2.27 people	N/A	2.44 people	N/A	2.56 people	N/A	2.66 people	N/A
Average family size	2.96 people	N/A	2.91 people	N/A	2.95 people	N/A	3.01 people	N/A	2.95 people	N/A	3.00 people	N/A	2.96 people	N/A	2.93 people	N/A	3.07 people	N/A	3.08 people	N/A

N/A – Not Available

General Demographic Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Housing Occupancy																				
Median value of owner-occupied units	$168,200	N/A	$166,900	N/A	$144,900	N/A	$157,800	N/A	$222,300	N/A	$190,900	N/A	$154,300	N/A	$158,700	N/A	$174,200	N/A	$290,900	N/A
Median housing unit cost with a mortgage	$8,393	N/A	$6,910	N/A	$22,759	N/A	$8,190	N/A	$28,887	N/A	$21,330	N/A	$88,276	N/A	$7,843	N/A	$8,101	N/A	$49,731	N/A
Median housing unit cost without a mortgage	$6,182	N/A	$5,004	N/A	$15,232	N/A	$6,901	N/A	$15,932	N/A	$11,093	N/A	$53,799	N/A	$5,417	N/A	$5,683	N/A	$20,300	N/A
Median value of occupied units paying rent	$815	N/A	$856	N/A	$820	N/A	$731	N/A	$1,027	N/A	$906	N/A	$925	N/A	$803	N/A	$865	N/A	$1,254	N/A
Median rooms per total housing unit	6.1	N/A	6.2	N/A	5.8	N/A	6.1	N/A	6.1	N/A	6.2	N/A	5.7	N/A	6.2	N/A	6.1	N/A	6.7	N/A
Total occupied housing units	18,858	94.5%	15,612	92.5%	55,429	90.8%	21,026	93.0%	66,856	93.5%	44,152	94.4%	228,062	90.5%	16,606	91.8%	18,599	92.5%	88,735	94.9%
No telephone service available	67	0.4%	225	1.4%	491	0.9%	277	1.3%	741	1.1%	310	0.7%	1,614	0.7%	240	1.4%	42	0.2%	554	0.6%
Lacking complete kitchen facilities	186	1.0%	106	0.7%	394	0.7%	227	1.1%	488	0.7%	386	0.9%	1,265	0.6%	107	0.6%	53	0.3%	418	0.5%
Lacking complete plumbing facilities	37	0.2%	30	0.2%	97	0.2%	24	0.1%	91	0.1%	59	0.1%	413	0.2%	15	0.1%	58	0.3%	142	0.2%

N/A – Not Available

General Demographic Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Language Spoken at Home																				
Total population 5 years and over	43,445	100%	36,648	100%	128,015	100%	48,686	100%	158,510	100%	102,578	100%	504,221	100%	38,806	100%	45,090	100%	229,814	100%
Speak only English	42,691	98.3%	36,249	98.9%	123,722	96.6%	47,659	97.9%	149,596	94.4%	98,691	96.2%	472,092	93.6%	38,320	98.7%	44,214	98.1%	205,047	90.7%
Speak a language other than English	754	1.7%	399	1.1%	4,293	3.4%	1,027	2.1%	8,914	5.6%	3,887	3.8%	32,129	6.4%	486	1.3%	876	1.9%	21,360	9.3%
Spanish	322	0.7%	225	0.6%	2,634	2.1%	427	0.9%	2,405	1.5%	948	0.9%	11,224	2.2%	188	0.5%	330	0.7%	4,577	2.0%
Other Indo-European languages	289	0.7%	86	0.2%	1,060	0.8%	255	0.5%	3,251	2.1%	1,277	1.2%	7,255	1.4%	132	0.3%	236	0.5%	6,926	3.0%
Asian and Pacific Island languages	143	0.3%	66	0.2%	363	0.3%	290	0.6%	2,267	1.4%	1,447	1.4%	8,076	1.6%	148	0.4%	201	0.4%	8,611	3.7%
Other languages	0	0%	22	0.1%	236	0.2%	55	0.1%	991	0.6%	215	0.2%	5,574	1.1%	18	0.0%	109	0.2%	1,246	0.5%

Selected Social Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Educational Attainment5.																				
Total population 25 years and over	31,516	100%	27,213	100%	93,613	100%	35,316	100%	113,708	100%	75,367	100%	368,011	100%	28,742	100%	31,994	100%	164,904	100%
< 9th grade education	478	1.5%	554	2.0%	2,267	2.4%	698	2.0%	1,772	1.6%	1,140	1.5%	8,482	2.3%	476	1.7%	545	1.7%	2,653	1.6%
9th to 12th grade, no diploma	1,596	5.1%	1,794	6.6%	8,031	8.6%	2,457	7.0%	4,820	4.2%	4,266	5.7%	22,046	6.0%	1,835	6.4%	2,276	7.1%	5,873	3.6%
High school graduate (includes equivalency)	13,297	42.2%	11,414	41.9%	34,933	37.3%	16,078	45.5%	25,669	22.6%	27,978	37.1%	102,472	27.8%	12,806	44.6%	13,163	41.1%	41,030	24.9%
Some college, no degree	5,798	18.4%	6,050	22.2%	21,175	22.6%	7,370	20.9%	23,858	21.0%	15,822	21.0%	87,332	23.7%	5,755	20.0%	5,706	17.8%	28,024	17.0%
Associate's degree	3,819	12.1%	2,463	9.1%	9,751	10.4%	2,958	8.4%	10,747	9.5%	7,569	10.0%	37,386	10.2%	2,458	8.6%	3,696	11.6%	13,676	8.3%
Bachelor's degree	3,973	12.6%	3,345	12.3%	10,887	11.6%	3,844	10.9%	24,036	21.1%	11,540	15.3%	65,572	17.9%	3,334	11.6%	4,261	13.3%	44,054	26.7%
Graduate or professional degree	2,555	8.1%	1,593	5.9%	6,569	7.0%	1,911	5.4%	22,806	20.1%	7,052	9.4%	44,501	12.1%	2,078	7.2%	2,347	7.3%	29,594	17.9%
Percent high school graduate or higher	N/A	93.4%	N/A	91.4%	N/A	89.0%	N/A	91.1%	N/A	94.2%	N/A	92.8%	N/A	91.7%	N/A	92.0%	N/A	91.2%	N/A	94.8%
Percent Bachelor's degree or higher	N/A	20.7%	N/A	18.1%	N/A	18.6%	N/A	16.3%	N/A	41.2%	N/A	24.7%	N/A	30.0%	N/A	18.8%	N/A	20.7%	N/A	44.7%

N/A – Not Available

Selected Social Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Marital Status																				
Total population 15 years and over	37,302	100%	31,834	100%	110,876	100%	41,760	100%	139,066	100%	88,357	100%	438,480	100%	33,602	100%	38,428	100%	196,003	100%
Never married	N/A	25.1%	N/A	25.2%	N/A	30.3%	N/A	25.0%	N/A	31.1%	N/A	25.4%	N/A	35.5%	N/A	24.2%	N/A	25.7%	N/A	25.7%
Now married, excluding separated	N/A	57.6%	N/A	53.5%	N/A	45.8%	N/A	55.0%	N/A	51.3%	N/A	55.8%	N/A	42.7%	N/A	55.1%	N/A	55.2%	N/A	59.2%
Separated	N/A	0.8%	N/A	1.9%	N/A	2.0%	N/A	1.3%	N/A	1.3%	N/A	1.1%	N/A	1.9%	N/A	1.2%	N/A	1.7%	N/A	0.8%
Widowed	N/A	6.6%	N/A	6.2%	N/A	8.1%	N/A	7.5%	N/A	5.3%	N/A	6.2%	N/A	6.4%	N/A	7.4%	N/A	6.6%	N/A	4.4%
Divorced	N/A	9.9%	N/A	13.3%	N/A	13.9%	N/A	11.1%	N/A	11.0%	N/A	11.5%	N/A	13.5%	N/A	12.1%	N/A	10.8%	N/A	9.8%
Veteran Status																				
Total civilian population 18 years and over	35,271	100%	30,147	100%	105,256	100%	39,472	100%	130,639	100%	83,649	100%	415,789	100%	31,863	100%	36,295	100%	184,422	100%
Veterans 18 years and over	2,515	7.1%	2,496	8.3%	10,178	9.7%	2,551	6.5%	15,077	11.5%	6,670	8.0%	36,415	8.8%	2,622	8.2%	2,900	8.0%	12,301	6.7%
Disability Status of the Civilian Non-Institutionalized Population																				
Total civilian noninstitutionalized population	45,738	100%	38,282	100%	134,239	100%	51,183	100%	163,872	100%	107,729	100%	527,307	100%	40,670	100%	47,762	100%	236,180	100%
Civilian with a disability	5,595	12.2%	5,268	13.8%	23,096	17.2%	6,923	13.5%	22,355	13.6%	12,864	11.9%	79,584	15.1%	6,085	15.0%	6,442	13.5%	25,316	10.7%

N/A – Not Available

Selected Economic Characteristics

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Employment Status																				
Total population 16 years and over	36,604	100%	31,457	100%	108,925	100%	40,971	100%	137,078	100%	87,130	100%	430,999	100%	32,906	100%	37,763	100%	192,319	100%
16 years and over in labor force	24,664	67.4%	19,805	63.0%	64,901	59.6%	25,291	61.7%	86,024	62.8%	55,628	65.0%	270,095	62.7%	20,647	62.7%	25,315	67.0%	125,972	65.5%
16 years and over not in labor force	11,940	32.6%	11,652	37.0%	44,024	40.4%	15,680	38.3%	51,054	37.2%	30,502	35.0%	160,904	37.3%	12,259	37.3%	12,448	33.0%	66,347	34.5%
All parents in family in labor force	5,727	80.3%	4,041	74.5%	13,963	75.6%	5,861	74.3%	14,815	67.2%	12,400	74.3%	55,193	75.1%	4,597	76.5%	6,142	79.3%	28,941	70.9%
Occupations																				
Total employed civilian population 16 years and over	23,945	100%	18,909	100%	60,332	100%	24,579	100%	79,792	100%	54,484	100%	252,061	100%	19,938	100%	24,054	100%	121,923	100%
Production, transportation, and material moving occupations	6,367	26.6%	4,921	26.0%	13,200	21.9%	6,712	27.3%	8,495	10.6%	11,748	21.6%	42,307	16.8%	4,273	21.4%	7,080	29.4%	12,793	10.5%
Management, business, science, and art occupations	7,905	33.0%	6,116	32.3%	18,454	30.6%	7,373	30.0%	38,498	48.2%	19,602	36.0%	98,136	38.9%	6,639	33.3%	7,459	31.0%	61,936	50.8%
Sales and office occupations	3,979	16.6%	3,137	16.6%	11,741	19.5%	4,638	18.9%	15,885	19.9%	10,849	19.9%	51,405	20.4%	3,527	17.7%	4,059	16.9%	24,409	20.0%
Service occupations	3,752	15.7%	3,005	15.9%	11,240	18.6%	3,125	12.7%	12,527	15.7%	8,009	14.7%	43,459	17.2%	3,054	15.3%	3,155	13.1%	15,300	12.5%
Natural resources, construction, and maintenance occupations	1,942	8.1%	1,730	9.1%	5,697	9.4%	2,731	11.1%	4,387	5.5%	4,276	7.8%	16,754	6.6%	2,445	12.3%	2,301	9.6%	7,485	6.1%

Selected Economic Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Household Income In 2022																				
Total households	18,858	100%	15,612	100%	55,429	100%	21,026	100%	66,856	100%	44,152	100%	228,062	100%	16,606	100%	18,599	100%	88,735	100%
< $10,000	571	3.0%	513	3.3%	2,956	5.3%	1,007	4.8%	2,952	4.4%	1,374	3.1%	12,717	5.6%	686	4.1%	432	2.3%	1,865	2.1%
$10,000 to $14,999	482	2.6%	475	3.0%	2,727	4.9%	903	4.3%	1,838	2.7%	1,501	3.4%	12,001	5.3%	565	3.4%	533	2.9%	1,631	1.8%
$15,000 to $24,999	1,122	5.9%	1,125	7.2%	4,772	8.6%	1,806	8.6%	4,427	6.6%	3,274	7.4%	19,709	8.6%	1,205	7.3%	1,343	7.2%	3,741	4.2%
$25,000 to $34,999	1,368	7.3%	1,072	6.9%	5,481	9.9%	1,952	9.3%	4,515	6.8%	3,051	6.9%	19,539	8.6%	1,237	7.4%	1,506	8.1%	3,468	3.9%
$35,000 to $49,999	2,214	11.7%	1,970	12.6%	7,677	13.9%	2,993	14.2%	6,732	10.1%	5,217	11.8%	29,860	13.1%	2,340	14.0%	2,130	11.5%	6,790	7.7%
$50,000 to $74,999	3,644	19.3%	3,011	19.3%	10,559	19.0%	3,826	18.2%	10,481	15.7%	8,498	19.2%	39,860	17.5%	3,344	20.1%	3,576	19.2%	12,838	14.5%
$75,000 to $99,999	3,010	16.0%	2,947	18.9%	7,289	13.2%	3,288	15.6%	9,018	13.5%	6,186	14.0%	31,002	13.6%	2,336	14.1%	2,701	14.5%	12,597	14.2%
$100,000 to $149,999	3,697	19.6%	2,819	18.1%	8,652	15.6%	3,082	14.7%	12,210	18.3%	8,562	19.4%	34,688	15.2%	2,949	17.8%	3,829	20.6%	19,511	22.0%
$150,000 to $199,999	1,713	9.1%	1,101	7.1%	3,464	6.2%	1,202	5.7%	6,630	9.9%	3,777	8.6%	14,793	6.5%	1,193	7.2%	1,519	8.2%	10,373	11.7%
$200,000 or more	1,037	5.5%	579	3.7%	1,852	3.3%	967	4.6%	8,053	12.0%	2,712	6.1%	13,893	6.1%	751	4.5%	1,030	5.5%	15,921	17.9%
Median household income	**$75,231**	N/A	**$70,486**	N/A	**$58,954**	N/A	**$60,237**	N/A	**$81,243**	N/A	**$71,440**	N/A	**$61,942**	N/A	**$66,355**	N/A	**$73,502**	N/A	**$103,128**	N/A

N/A – Not Available

Selected Economic Characteristics, Continued

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Family Income In 2022																				
Total families	12,599	100%	10,736	100%	35,050	100%	13,824	100%	42,764	100%	29,589	100%	131,680	100%	11,472	100%	12,654	100%	67,010	100%
< $10,000	156	1.2%	290	2.7%	1,532	4.4%	193	1.4%	800	1.9%	528	1.8%	4,722	3.6%	413	3.6%	209	1.7%	952	1.4%
$10,000 to $14,999	206	1.6%	150	1.4%	944	2.7%	286	2.1%	668	1.6%	315	1.1%	3,715	2.8%	126	1.1%	272	2.1%	654	1.0%
$15,000 to $24,999	403	3.2%	374	3.5%	1,784	5.1%	634	4.6%	1,681	3.9%	1,097	3.7%	6,954	5.3%	456	4.0%	521	4.1%	1,754	2.6%
$25,000 to $34,999	302	2.4%	531	4.9%	2,443	7.0%	1,066	7.7%	1,693	4.0%	1,304	4.4%	7,876	6.0%	502	4.4%	727	5.7%	1,647	2.5%
$35,000 to $49,999	1,158	9.2%	1,172	10.9%	4,158	11.9%	1,774	12.8%	3,428	8.0%	2,712	9.2%	13,589	10.3%	1,408	12.3%	1,039	8.2%	3,680	5.5%
$50,000 to $74,999	2,352	18.7%	1,831	17.1%	7,105	20.3%	2,572	18.6%	5,645	13.2%	5,308	17.9%	22,572	17.1%	2,394	20.9%	2,135	16.9%	8,725	13.0%
$75,000 to $99,999	2,323	18.4%	2,516	23.4%	4,956	14.1%	2,579	18.7%	6,043	14.1%	4,858	16.4%	20,571	15.6%	1,790	15.6%	2,149	17.0%	9,349	14.0%
$100,000 to $149,999	3,190	25.3%	2,374	22.1%	7,289	20.8%	2,773	20.1%	9,654	22.6%	7,425	25.1%	26,569	20.2%	2,588	22.6%	3,320	26.2%	15,923	23.8%
$150,000 to $199,999	1,645	13.1%	967	9.0%	3,175	9.1%	1,094	7.9%	5,746	13.4%	3,577	12.1%	12,863	9.8%	1,121	9.8%	1,320	10.4%	9,754	14.6%
$200,000 or more	864	6.9%	531	4.9%	1,664	4.7%	853	6.2%	7,406	17.3%	2,465	8.3%	12,249	9.3%	674	5.9%	962	7.6%	14,572	21.7%
Median family income	**$93,517**	**N/A**	**$83,504**	**N/A**	**$73,447**	**N/A**	**$78,204**	**N/A**	**$106,369**	**N/A**	**$92,126**	**N/A**	**$81,910**	**N/A**	**$80,000**	**N/A**	**$89,458**	**N/A**	**$118,627**	**N/A**
Per capita income	*$36,849*	**N/A**	**$33,377**	**N/A**	**$31,099**	**N/A**	**$32,732**	**N/A**	**$42,862**	**N/A**	**$37,701**	**N/A**	**$35,767**	**N/A**	**$33,627**	**N/A**	**$35,363**	**N/A**	**$43,360**	**N/A**
Poverty Status in 2022																				
Families	N/A	4.4%	N/A	6.9%	N/A	11.2%	N/A	7.9%	N/A	6.7%	N/A	5.6%	N/A	10.8%	N/A	8.3%	N/A	8.6%	N/A	3.9%
Individuals	N/A	6.6%	N/A	9.2%	N/A	15.6%	N/A	11.0%	N/A	10.6%	N/A	8.5%	N/A	15.1%	N/A	10.3%	N/A	10.9%	N/A	5.1%

N/A – Not Available

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*	Income	Rank*
BEA Per Capita Personal Income																				
2022	$55,857	22nd	$48,873	47th	$47,151	59th	$52,673	33rd	$61,013	12th	$56,078	19th	$55,114	26th	$48,644	48th	$51,955	36th	$73,592	3rd
2021	$55,346	19th	$49,260	45th	$47,344	60th	$52,191	34th	$59,860	11th	$55,632	18th	$54,574	26th	$48,922	47th	$52,067	35th	$70,482	3rd
2020	$50,590	25th	$46,026	44th	$44,342	58th	$47,551	37th	$55,350	12th	$51,885	18th	$51,333	22nd	$44,657	54th	$48,999	30th	$66,255	3rd
2019	$47,071	26th	$42,084	46th	$40,887	55th	$43,229	40th	$51,580	13th	$47,852	20th	$47,518	22nd	$40,854	56th	$45,224	34th	$62,379	3rd
2018	$47,600	18th	$41,241	46th	$39,335	60th	$43,042	36th	$50,355	13th	$46,756	19th	$45,809	24th	$39,566	58th	$44,646	27th	$59,181	3rd

(Source: Bureau of Economic Analysis)

*Rank indicates standing out of 88 counties in Ohio, with 1 indicating the highest per capita personal income and 88 indicating the lowest per capita personal income among Ohio counties.

Note: BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, etc.

Employment Statistics

	Auglaize County	Champaign County	Clark County	Darke County	Greene County	Miami County	Montgomery County	Preble County	Shelby County	Warren County	Ohio
Labor Force	25,000	19,800	64,000	25,600	83,600	54,300	250,200	22,000	23,700	126,600	5,879,300
Employed	24,200	19,000	61,200	24,700	80,200	52,200	238,600	21,200	22,800	121,800	5,633,000
Unemployed	800	800	2,800	900	3,400	2,100	11,600	800	900	4,800	246,300
Unemployment Rate* in August 2024	3.3	3.9	4.4	3.6	4.1	3.8	4.6	3.6	3.8	3.8	4.2
Unemployment Rate* in July 2024	3.8	4.5	5.0	4.2	4.6	4.4	5.3	4.2	4.5	4.3	4.9
Unemployment Rate* in August 2023	3.0	3.3	3.7	3.2	3.5	3.3	4.0	3.2	3.3	3.2	3.6

*Rate equals unemployment divided by labor force.
(Source: Ohio Department of Job and Family Services, August 2024)

Estimated Poverty Status in 2022

	Auglaize County		Champaign County		Clark County		Darke County		Greene County		Miami County		Montgomery County		Preble County		Shelby County		Warren County	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
All ages in poverty	3,790	8.4%	3,753	8.7%	19,944	15.1%	5,539	10.9%	15,145	9.4%	10,693	9.8%	74,391	14.3%	4,221	10.5%	4,402	9.3%	13,373	5.5%
Ages 0-17 in poverty	1,130	10.5%	1,166	14.1%	6,011	20.4%	1,530	12.9%	3,640	10.7%	3,247	13.2%	23,088	20.1%	1,336	15.3%	1,390	12.3%	3,354	5.8%
Median Household Income	$71,669	N/A	$72,784	N/A	$57,264	N/A	$65,643	N/A	$82,769	N/A	$72,887	N/A	$62,794	N/A	$67,605	N/A	$72,498	N/A	$104,523	N/A

(Source: U.S. Census Bureau, 2022 Poverty and Median Income Estimates)

Federal Poverty Thresholds in 2023 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	$15,852					
1 Person 65 and >	$14,614					
2 people Householder < 65 years	$20,404	$21,002				
2 People Householder 65 and >	$18,418	$20,923				
3 People	$23,834	$24,526	$24,549			
4 People	$31,428	$31,942	$30,900	$31,008		
5 People	$37,901	$38,452	$37,275	$36,363	$35,807	
6 People	$43,593	$43,766	$42,864	$41,999	$40,714	$39,952
7 People	$50,159	$50,472	$49,393	$48,640	$47238	$45,602
8 People	$56,099	$56,594	$55,575	$54,683	$53,416	$51,809
9 People or >	$67,483	$67,810	$66,908	$66,151	$64,908	$63,198

Note: According to the U.S. Census Bureau, poverty thresholds are the dollar amounts used to determine poverty status. The Census Bureau assigns each person or family one out of 48 possible poverty thresholds. The above table indicates how these thresholds vary by size of the family. The same thresholds are used throughout the Unites States (they do not vary geographically). Thresholds are updated annually for inflation using the Consumer Price Index for all Urban Consumers (CPI-U). Although the thresholds in some sense reflect a family's needs, they are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

(Source: U. S. Census Bureau, Poverty Thresholds 2023)