



MONTGOMERY COUNTY

Community Needs Assessment

July 2014



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Montgomery County Community Needs Assessment

Executive Summary

Over the last few years the Montgomery County Family and Children First Council (FCFC) and the United Way of the Greater Dayton Area (UWGDA) have been increasing the ways in which they work together. In 2012 a joint Request for Proposals process and resulting collaborative team actions were executed to prioritize and select non-profit agency programs to support community-wide health and human service needs. This partnership between the largest public and private local funding sources for human services will provide more strategic outcomes for both organizations and will better leverage all available resources.

In 2013 both organizations continued their collaboration by producing this Community Needs Assessment. It was conducted in two phases. In Phase I staff members from the FCFC and UWGDA were joined by staff from Public Health – Dayton & Montgomery County and the ADAMHS Board for Montgomery County in the preparation of a statistical brief. In phase II a broad array of community stakeholders was invited to participate in an interactive and collaborative process called a Group Level Assessment (GLA) that was conducted by the University of Cincinnati Action Research Center (ARC) .

The Phase I section begins with a “statistical snapshot” comparing Montgomery County to the state and the nation and consists of demographic, economic, and housing data culled primarily from the American Community Survey. The remainder of the document summarizes data from a wide variety of sources and is organized under the topics of Health, Education and Income. Some of the key sources of data include the set of Community Indicators analyzed each year in the *FCFC Progress Report* and issue analyses published by United Way Worldwide (see report for full citations).

The phase II section summarizes the results of eight separate GLAs in which the attendees identified the County’s needs and priorities and then distilled them into primary and secondary themes. Conclusions and recommendations prepared by ARC are included, as well as an appendix detailing the GLA process.

Together, the Phase I and Phase II sections provide a quantitative and qualitative glimpse of the health and human services landscape in Montgomery County. As such they are a useful starting point for those tasked with setting priorities for policy and funding decisions. Selected excerpts from each section are listed on the following pages.

Phase I

Statistical Snapshot

Compared to the state and nation, Montgomery County has a slightly older population; has a higher proportion of residents who are Black or African American; has higher poverty and unemployment rates; has lower household incomes; has a higher proportion of residents who receive public benefits; has older housing stock; has less access to affordable rent; and has more affordable housing for homeowners.

Health

- The majority of the Community Indicators associated with Health are not moving in the desired direction.
- Montgomery County residents report being diagnosed with a variety of chronic diseases at rates higher than those for people in Ohio and the US.
- In some areas, such as smoking and binge drinking, Montgomery County compares favorably to the state and nation; in others, such as obesity and physical activity, it does not.
- Montgomery County's rate of unintentional (accidental) deaths due to drug use has historically been much higher than the state's rate.
- Montgomery County has a higher proportion of its children living in single-parent households than do Ohio and the US. Living in a single-parent household can affect a child's access to healthcare.
- The Black infant mortality rate consistently exceeds the rate for White infants in Montgomery County; in some recent years it was more than twice as large.
- In a recent year, 20.0% of Montgomery County residents could not see a doctor due to the cost; this compares to 16.9% of Americans and 14.4% of Ohioans.

Education

- The majority of the Community Indicators associated with Education are moving in the desired direction.
- There is a wide disparity in kindergarten readiness across the County.
- For both 3rd-grade and 4th-grade there is a wide spread between school districts in reading achievement.
- Students in seven of the County's sixteen districts struggle to meet the state's standard for mathematics and/or science proficiency.
- Half of the districts in the County are below the state's requirement, 90%, for on-time graduation.

- The rates at which local high school graduates enroll in college, stay enrolled, and eventually graduate from college vary widely across districts.

Income

- Only one of the Community Indicators associated with Income is moving in the desired direction.
- If Montgomery County's rate for full-time, year-round employment (defined as 35 or more hours per week for 50 or more weeks) were the same as the national rate, over 9,000 more County residents would have full-time, year-round employment.
- If the percentage of Montgomery County's children whose families have incomes below 200% of poverty were the same as the national percentage, the County would have over 4,800 less children in this category.
- The percentage of households in Dayton which are unbanked (having no checking or savings account) or underbanked (having an account, but continuing to rely on alternative financial services, like check-cashing services, payday loans, rent-to-own agreements or pawn shops) is higher than the regional, state and national rates.
- In over half of the County's cities and townships, renters and/or homeowners are spending more than 30% of their income on housing.

Phase II

Primary Identified Needs and Priorities

Community Stakeholder Results:

Jobs that Pay a Living Wage and Match Skills of Residents

The most consistent theme across community stakeholders was the need for jobs that pay a living wage and match the skill levels of workers in Montgomery County.

Community Member Involvement is Key

A theme consistent through each of the four community stakeholder groups was the "necessary and critical" role of community members in the conversation about Montgomery County's needs and creating solutions to address those needs.

Increased Communication and Collaboration across Montgomery County

Each of the four community stakeholder groups noted that a major strength of Montgomery County is the many service agencies and innovative professionals dedicated to serving residents; however, each group noted that the County would be better served with increased communication and collaboration across agencies and between agencies and consumers.

Cycle of Poverty Must Be Broken

All four community stakeholder groups discussed the cyclical nature of poverty and the barriers that poverty creates for Montgomery County residents in terms of access to education, healthcare, housing, and employment. Poverty was prioritized as one of the most significant problems in the County and the root of most other social problems.

Increased Parental Involvement in Schools and Supportive Educational System

All four community stakeholder groups identified increasing parental involvement in schools as the greatest need in terms of education in Montgomery County.

Mental Health as a Prioritized Health Concern

All four community stakeholder groups prioritized the need for mental illness (including substance abuse) interventions in Montgomery County. Individuals with mental illness were described as a hidden, vulnerable population “because of stigma, cost, time, and access.” Mental health resources were described as “inadequate and difficult to access” in Montgomery County.

Consumer Stakeholder Results:

Youth Support Resources

Both adults and youth expressed concern about a lack of support, resources, and encouragement for youth in Montgomery County. Increased parental involvement, a more youth-friendly education system, mentoring programs, and peer-to-peer support were all identified as possible resources.

Need to Prioritize Safety and Crime

Consumer stakeholders believe more attention should be given to the crime in their communities and believe the lack of safety is a major barrier to residents being engaged in their communities.

Resources for Homelessness Prevention and Intervention

Adult consumer stakeholders describe high unemployment and mental illness as root causes of homelessness. Consumer stakeholders identified a need for more resources including more shelters and more indoor spaces that can be accessed by homeless citizens during the day.

Improved Job Opportunities for Adults

Youth and adult consumer stakeholders described the need for retraining of adults for higher skills jobs. Youth stressed the need to retrain adults so that lower-skill jobs can become available to youth, thereby increasing job opportunities for all ages.

Need for Engaged, Committed City Leaders

Consumer stakeholders described a lack of involvement of current city leaders at the neighborhood and community levels. They also described a lack of follow-through in community projects in a variety of arenas.

Need for Health Education for Youth

The youth-prioritized need that came out of this project was health education--reproductive health in particular, but also general health education relating to smoking, drugs, and healthy food choices.

Next Steps

The next steps as a result of completing the community needs assessment is to share this document with the Family and Children First Council, United Way of the Greater Dayton Area, and other local health and human services providers and systems to promote solution focused dialogue to address the identified needs. We purposefully included community stakeholder's feedback during the assessment and it is our intent to continue engaging the community as we move forward. Our vision for this document is that it will spur discussions about priorities for policy and funding decisions to engage our community to improve our health and educational status and to strengthen our economic position to advance our quality of life.

PHASE I

Preface

Some Words about Numbers

This report contains numbers – LOTS of numbers – about measurable aspects of our community. Numbers do not in and of themselves make value judgments. Such judgments will come from the people who will use these *quantitative* data in order to generate *qualitative* data (some consensus on value judgments regarding current conditions vs. desired conditions) that will lead to the identification of needs and priorities.

In other words, the numbers in this Community Needs Assessment report are the fuel for a community conversation. By themselves they are just a collection of graphs and tables. The challenge is to weave these elements into a coherent story and to start some conversations. In one sense this is like trying to connect a handful of stars into a constellation; two people can look at the same set of stars and discern two different patterns. When a compelling story can be told about the constellation it becomes easier for people to interpret what they are seeing. Completing a Community Needs Assessment is a way of telling a story about what the community wants.

The “story” is a common sense version that folds the data into a set of ideas about the “way things ought to be.” One of the difficult aspects of change, particularly when it is accompanied by complex technology and multiplying data sources, is the ability to give up an old story and develop a new one. The last step in any adaptation process is cultural (visceral) change. It requires a compelling, believable story that is easily understood and linked to our deepest values and beliefs.

[Adapted from remarks made by Jennifer James, Ph.D., Urban Cultural Anthropologist, speaking at a Plenary Session during the 2004 Community Indicators Conference, Reno, NV, in March, 2004.]



Introduction

This Community Needs Assessment was prepared to support the joint funding process between Montgomery County and the United Way of the Greater Dayton Area (UWGDA). This report will be a resource for UWGDA, the Montgomery County Family and Children First Council (FCFC), and the Frail Elderly Services Advisory Committee as they make recommendations regarding the service delivery models desired to meet the needs of the community. The report consists of two sections:

- Phase I, a statistical brief (this section); and
- Phase II, a report containing qualitative data and identifying needs and priorities.

As one step in implementing this joint process, each of the seven FCFC community outcomes (Figure 1, left-hand column) is linked to one of the United Way's Impact Areas (Figure 1, right-hand column):

FCFC Outcomes	UW Impact Areas
Healthy People Stable Families Positive Living for Special Populations Safe Neighborhoods	Health
Young People Succeeding	Education
Economic Self-Sufficiency Supportive and Engaged Neighborhoods	Income

Figure 1. *The Montgomery County Frail Elderly Services (not shown) is also linked to the United Way Income Impact Area.*

The “Safety Net”

An important objective of the joint funding process is to maintain and strengthen the local health and human services safety net which is critical for low-income and other vulnerable populations. A collection of services designed to provide a foundation of well-being creates the safety net. The safety net service needs may often be very complex and require the expertise of many independent and collaborative health and human services agencies. Some services answer immediate crisis and emergency needs by providing food, shelter, medical care and freedom from violence. Other services broaden the safety net creating opportunities to reverse hardship. The intention of the safety net is to catch people when they fall and is generally intended to be temporary.¹ The safety net changes over time based on community and individual needs.

A useful starting point for assessing the community’s needs is the set of 27 Community Indicators currently being tracked by the FCFC (Figure 2). The short-term trends and historical trends for these indicators are summarized by Community Outcome in the annual *FCFC Progress Reports on Community Outcomes, Indicators and Strategies*.²

Using the linkages described in Figure 1, these trends can also be summarized by Impact Team; see Figure 3.

¹ http://www.ehow.com/facts_6184079_safety-net-programs_.html?ref=Track2&utm_source=ask (accessed on August 8, 2013)

² The *Reports* are available under the “Annual Reports” tab at <http://montgomerycountyindicators.org/>. Attachment A of this document includes data and trend information for selected Community Indicators. Data and trend information for the complete set of Indicators can be found on the Web site and in the *Reports*.

Healthy People
Low Birthweight
Access to Health Care
Childhood Obesity
Tobacco Use
Young People Succeeding
Kindergarten Readiness
Student Achievement -- 3rd Grade Reading
Student Achievement -- 4th Grade Math
OGT -- 10th Grade
High School Graduation Rate
Public School Attendance
College Enrollment
College Persistence
College Graduation
Teen Pregnancy
Stable Families
Avoiding Poverty
Substantiated Child Abuse
Preventable Child Deaths
Domestic Violence Deaths
Positive Living for Special Populations
Nursing Home Population
Employment Rate for Persons with a Disability
Poverty Rate for Persons with a Disability
Safe and Supportive Neighborhoods
Violent Crime
Property Crime
Voter Participation
Economic Self-Sufficiency
Unemployment
People Receiving Public Assistance
Median Household Income

Figure 2. The FCFC currently tracks 27 Community Indicators grouped under six Community Outcomes. More information about the FCFC's use of Outcomes and Indicators can be found at <http://montgomerycountindicat.org/>.

	Short-term trends in desired direction	Historical trends in desired direction
Health	5/13	3/13**
Education	6/10	9/10*
Income	2/4	1/4*

* One trend is flat.

** Five trends are flat.

Figure 3. *The trends for the 27 Community Indicators being tracked by the FCFC can be summarized by the United Way Impact Team to which each is linked. The trends are those reported in the “2013 FCFC Progress Report on Community Outcomes, Indicators and Strategies.”*

How the remainder of this brief is organized:

Because the Outcome Teams and the Impact Teams can be linked as described above, the bulk of this brief will be organized under the categories of Health, Education and Income. Further discussion of the Community Indicators’ trends, as well as additional data relevant to each category, can be found in those sections. Because this brief is being prepared as part of a Needs Assessment, the discussion will emphasize those trends which are either not going in the desired direction or are flat. It is important to emphasize here that a fuller understanding of the County’s strengths and assets (as opposed to its needs) would include a look at all of the trends which are going in the desired direction.

Before looking at those three categories (Health, Education and Income), it is useful to present an overview of some general data for Montgomery County, a “statistical snapshot” covering demographics, economics, and housing.

Montgomery County Statistical Snapshot: *Demographics, Economics, and Housing*³

SUMMARY: Compared to the state and nation, Montgomery County ...

- *has a slightly older population;*
- *has a higher proportion of residents who are Black or African American;*
- *has higher poverty and unemployment rates;*
- *has lower household incomes;*
- *has a higher proportion of residents who receive public benefits;*
- *has older housing stock;*
- *has less access to affordable rent; and*
- *has more affordable housing for homeowners.*

Demographics: Montgomery County is home to 537,409 people. Their median age is 39, slightly older than it is for all of Ohio (38.5) and noticeably older than for the whole country (37.0). This is reflected in the fact that the proportion of the population which is 62 and over is much higher in Montgomery County than it is in Ohio and the US (Figure 4).

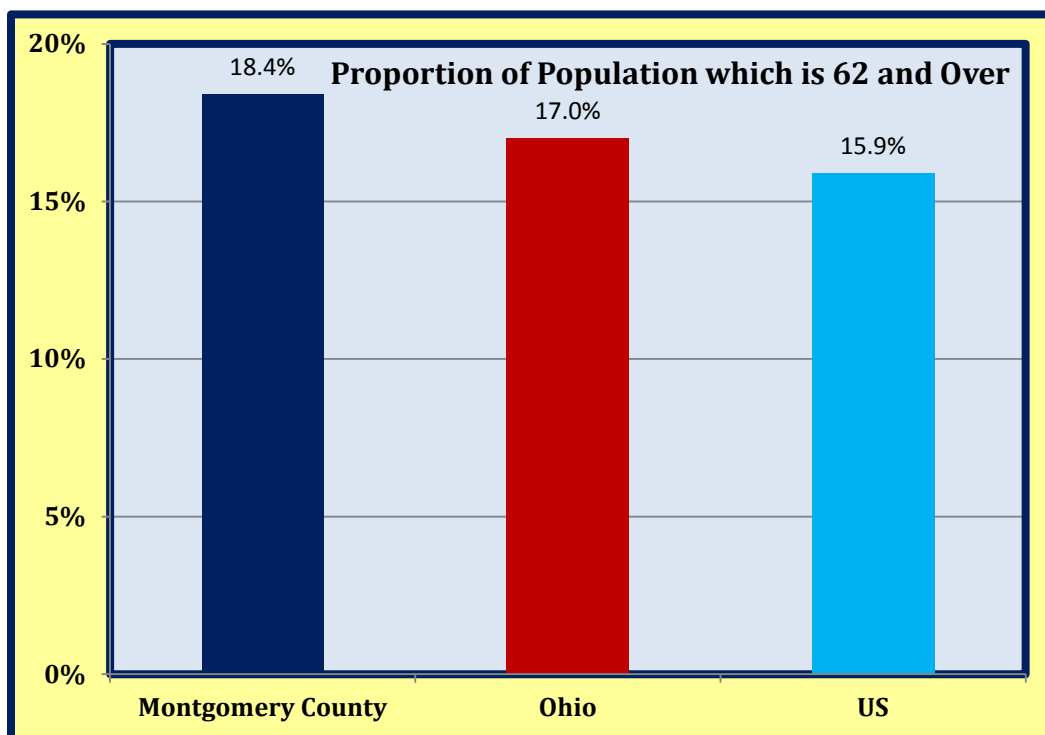


Figure 4. *The County's population skews older than that of the state or the nation.*

³ Unless stated, all data in the Statistical Snapshot are from the American Community Survey 2011 5-Year Estimates.

The County has racial similarities and differences when compared to the state and the nation. For example, 20.8% of County residents are Black or African American, compared to 12.1% in Ohio and 12.5% in the US, while 74.2% of County residents are White, compared to 83.2% in Ohio and 74.1% in the US (Figure 5). 2.2% of County residents identify themselves as being Hispanic or Latino (of any race), compared to 3.0% in Ohio and 16.1% in the US.

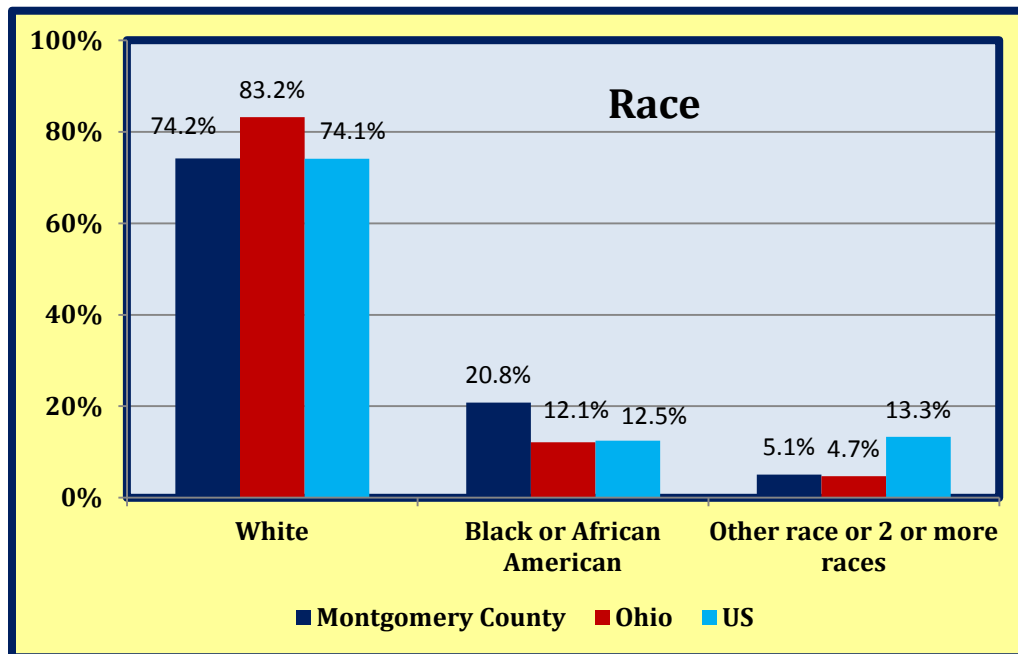


Figure 5. Montgomery County has a distinct racial profile compared to the state and the nation. Totals for a given jurisdiction may not add up to 100.0% due to rounding.

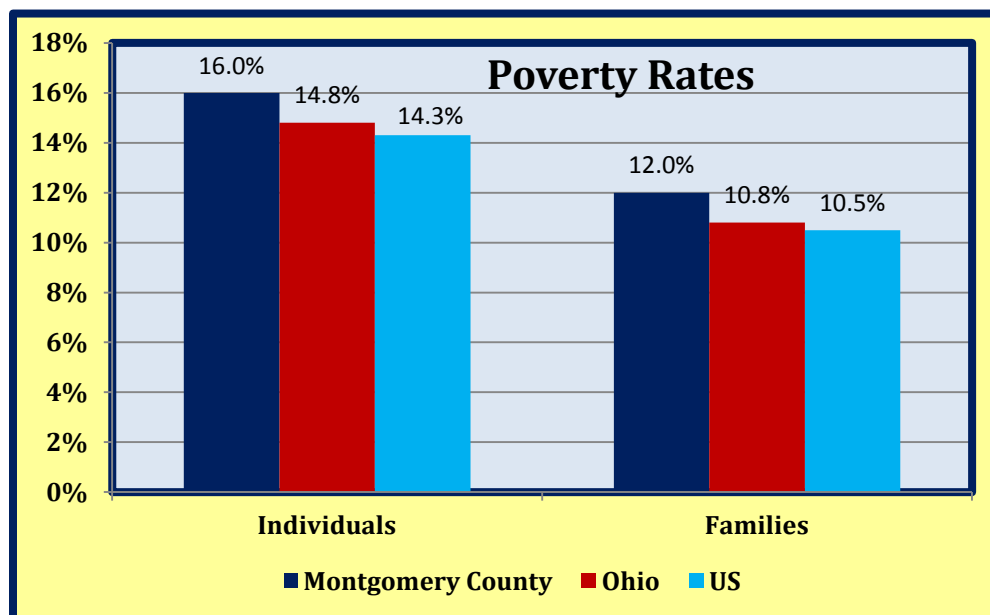


Figure 6. Montgomery County's poverty rates exceed the state and national rates.

Frail and Elderly Individuals in Montgomery County

In 2004, the Montgomery County Board of County Commissioners created the Montgomery County Frail Elderly Services Advisory Committee (MCFESAC) to provide oversight and recommendations on Frail Elderly Human Service Levy funding for this growing segment of the population. Since that time, many senior services have been put in place to address the myriad of needs that face many frail and elderly seniors. A frail elderly individual is a person who is 60 years of age and older and who is at increased risk for death or functional decline.

The percentage of individuals who are 60+ continues to rise in Montgomery County. According to Scripps Gerontology's report, in 2010, 21% of Montgomery County's population was 60+. ⁴ By 2040, Scripps estimates that 30.4% of Montgomery County's population will be 60+.

In 2011, about 5,044 frail elderly individuals were served in Montgomery County utilizing Frail Elderly Human Service Levy funds. In 2012, about 5,266 frail elderly individuals were served by these funds. Although Frail Elderly Funds were reduced in the second half of 2012, the senior service providers were able to serve about 5% more frail elderly seniors in Montgomery County. Studies have shown that seniors prefer to receive services in the safety and comfort of their own homes. ⁵ As the population of seniors continues to grow in Montgomery County and across the United States, their need for senior services will also increase to help them stay safely and securely in their homes.

Economics: The poverty rates for all people and for all families in Montgomery County are both higher than the respective rates for Ohio and the US (Figure 6). The County's rates for people within certain specified age ranges (e.g., under 18, under 5, 5 to 17, 18 and over, and 18 to 64) are also higher than the state and national rates, as are the County's rates for families with children under 18 and for families with children under 5 only. Single female-headed families with children all under 5 have a 55.7% poverty rate, compared to 54.6% for Ohio and 46.3% for the US.

Because the intent of the safety net is to mitigate the effects of poverty, it is useful to examine the local data further (see Figure 7):

- While the overall poverty rate for the County is 16.0%, there are significant differences between the geographic jurisdictions; for example, essentially one-third of the residents of Dayton live in poverty, compared to one in thirty residents of Oakwood.
- The childhood poverty rate in Montgomery County is 45% higher than the overall poverty rate; in some jurisdictions (Englewood, Jefferson Township, Perry Township) it is about twice as high.

⁴ Yamashita, T. (2012). [Maps of Ohio's 60+ Population by County 1990 - 2050](#). Scripps Gerontology Center, Miami University, Oxford, OH.

⁵ Pipes, K. "Aging U.S. Population is Driving Growth in Elderly Care Franchising", http://www.franchising.com/articles/aging_us_population_is_driving_growth_in_elderly_care_franchising.html, accessed on August 19, 2013.

- The poverty rate for those 65 and over is about half the overall rate; nevertheless, it exceeds 10% in five jurisdictions: Dayton, Jackson Township, Jefferson Township, Riverside, and Trotwood.
- There are wide racial and ethnic disparities in the poverty rate. Countywide, the Black or African American poverty rate is 2.7 times the rate for Whites, and the Hispanic or Latino rate is 2.4 times the White rate. In some jurisdictions the ratios exceed 3.0 or 4.0.

<i>Poverty</i>	Population for whom poverty status is determined	Overall	Under 18 years old	65 years old and over	White	Black or African American	Hispanic or Latino (of any race)
Montgomery County	515,734	16.0%	23.3%	8.4%	11.5%	30.9%	27.5%
Dayton	128,979	32.5%	48.1%	15.6%	24.5%	41.2%	49.5%
Moraine	6,191	22.3%	31.1%	7.0%	18.5%	47.3%	17.9%
Harrison Township	22,175	21.0%	32.3%	8.7%	17.1%	23.7%	46.5%
Jefferson Township	6,254	20.3%	36.9%	11.6%	13.9%	24.8%	47.4%
Trotwood	24,003	17.9%	22.0%	13.1%	15.6%	18.1%	0.0%
Riverside	25,230	14.7%	20.5%	10.2%	14.7%	12.0%	26.1%
West Carrollton	13,118	13.5%	18.1%	6.4%	11.4%	26.0%	18.6%
Miami Township	49,292	10.8%	16.0%	4.7%	9.7%	30.2%	19.8%
Perry Township	5,919	10.5%	21.3%	0.0%	10.6%	-	0.0%
Vandalia	15,019	10.2%	15.2%	3.5%	10.5%	8.4%	0.0%
Kettering	55,329	9.2%	14.2%	5.9%	8.5%	30.7%	14.8%
Englewood	13,124	8.4%	15.5%	5.2%	6.7%	6.4%	0.0%
Clay Township	8,634	8.0%	11.7%	6.5%	7.5%	-	53.3%
Huber Heights	36,744	7.5%	9.6%	6.3%	6.8%	8.7%	15.1%
Clayton	12,928	7.4%	5.4%	6.2%	7.9%	4.5%	0.0%
Union City	6,287	6.9%	11.5%	3.5%	6.1%	37.9%	7.9%
Washington Township	55,042	6.6%	9.4%	4.9%	5.0%	21.8%	18.4%
Jackson Township	6,148	5.5%	3.7%	12.0%	5.5%	-	0.0%
Butler Township	7,915	4.7%	3.6%	3.5%	5.2%	0.0%	0.0%
German Township	8,284	3.7%	2.9%	3.2%	3.8%	-	0.0%
Oakwood	9,119	3.4%	1.2%	5.9%	3.1%	13.6%	0.0%

Figure 7. Poverty rates for the County and its jurisdictions can be broken down by age, race, and ethnicity. The jurisdictions are listed in the order of decreasing rate of overall poverty. **Highlighted values** are those that exceed the countywide value. Notes: The population for whom poverty status is determined may be different than other population figures for the same jurisdiction. An '-' entry indicates that either no sample observations or too few sample observations were available to compute an estimate. See Reference Maps, page 44.

The consequences of poverty must also be mentioned. For example, 22.5% of the households in the Dayton Metropolitan Statistical Area or MSA (Montgomery, Greene and Miami Counties) struggle with food hardship, the fourth highest rate among MSAs in the country.⁶ Additional long-term consequences are cited below:

A large body of research continues to document the negative effects of poverty on children and their later life outcomes. Children growing up in poverty complete less schooling, work and earn less as adults, are more likely to receive public assistance, and have poorer health. Boys growing up in poverty are more likely to be arrested as adults and their female peers are more likely to give birth outside of marriage. Researchers have estimated that the costs associated with child poverty total about \$500 billion per year, or 4 percent of Gross Domestic Product (GDP).

While education has been envisioned as the great equalizer, this promise has been more myth than reality. Today, the achievement gap between the poor and the non-poor is twice as large as the achievement gap between Black and White students. The tracking of differences in the cognitive performance of toddlers, elementary and middle school students, and college-bound seniors shows substantial differences by income and/or poverty status. These differences undoubtedly contribute to the increasing stratification in who attends and graduates from college, limiting economic and social mobility and serving to perpetuate the gap between rich and poor.

Source: Coley, R. & Baker, B. (2013). *Poverty and Education: Finding the Way Forward*. Princeton, NJ: ETS Center for Research on Human Capital and Education, page 3.

Across the country, “neighborhoods in the 20 to 40 percent poverty rate range are capturing a growing share of the metropolitan poor.”⁷ Census tracts (a proxy for neighborhoods) in Montgomery County with 20% or higher poverty are shown in Figure 8.

⁶ Burke M., Hartline-Grafton H. and Weill, J. *Food Hardship In America 2012*. Food Research and Action Center. “Food hardship” is determined by the Gallup organization, as part of the Gallup-Healthways Well-Being Index, when a household answers “Yes” to the question “Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?”

⁷ Tatian, Peter, G. Thomas Kingsley, Joe Parilla, and Rolf Pendall. 2011. *Building Successful Neighborhoods*. Washington DC: The Urban Institute. Cited by Kingsley, G.T. and Pitingolo, R. 2013. “Concentrated Poverty and Regional Equity.” Washington, DC: The Urban Institute.

High Poverty Census Tracts in Montgomery County

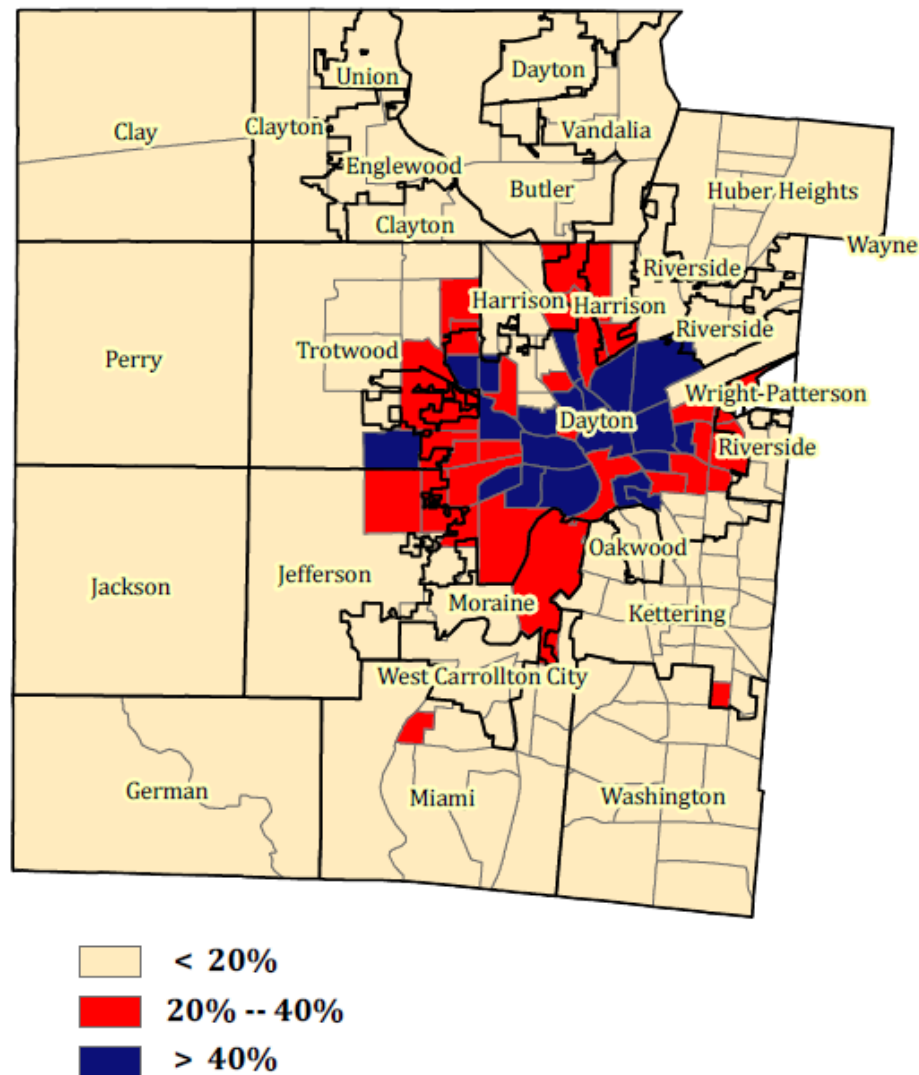


Figure 8. 49 of the 153 Census tracts in Montgomery County have a poverty rate equal to or greater than 20%. Source: American Community Survey 2011 5-year Estimates.

55.8% of the population 16 years and over is employed in the civilian labor force, about three percentage points below the rates for Ohio and the US; the percentage of the County's females 16 years and over who are employed in the civilian labor force (52.6%) is about two percentage points below the rates for Ohio and the US. The overall unemployment rate, 10.4%, is higher than that of Ohio (9.3%) and the US (8.7%). Despite having a civilian employment rate below those of the state and nation, Montgomery County has a higher percentage of parents with young children under 6 in the labor force (68.7%) compared to Ohio (67.9%) and the US (64.1%).

Both the median and the mean household income in Montgomery County are well below those of the state and nation (Figure 9)⁸, while the proportion of households with cash public assistance and the proportion with food stamps/SNAP benefits are both above the rates for Ohio and the US (Figures 10a and 10b).

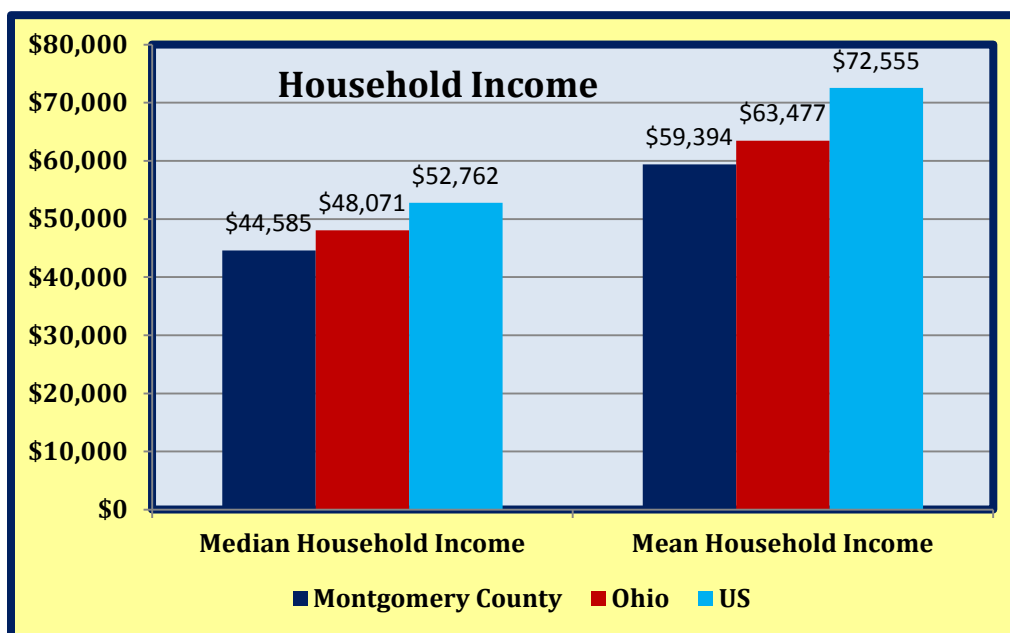


Figure 9. *Montgomery County lags both Ohio and the US in household income.*

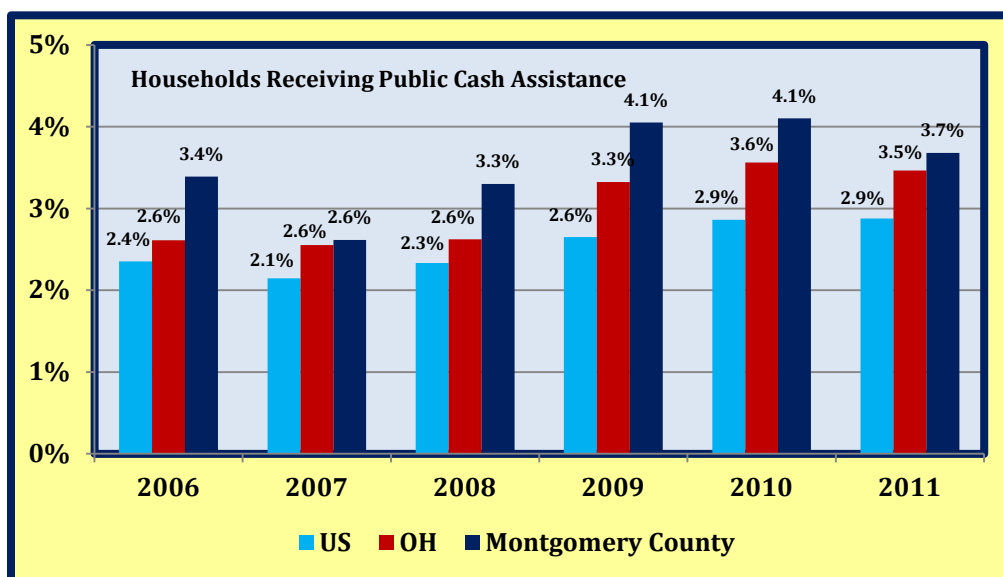


Figure 10a. *See caption under Figure 10b, page 14.*

⁸ The same is true for median family income, mean family income, and per capita income.

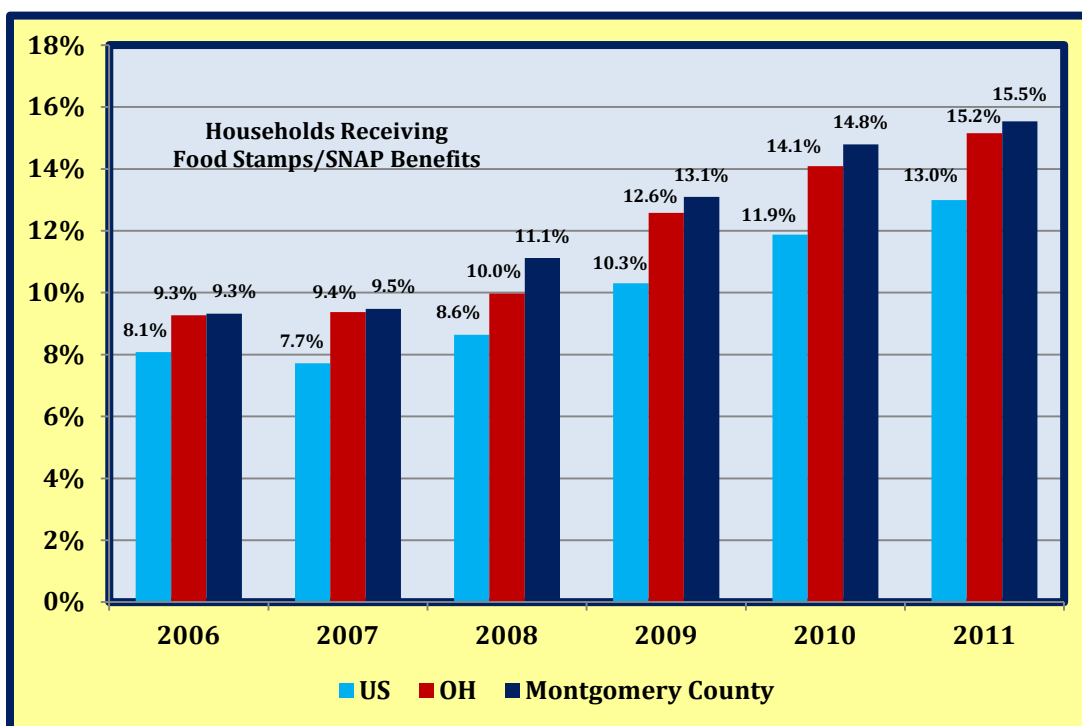


Figure 10b. Households in Montgomery County receive public benefits (both cash assistance, 10a, and food stamps/SNAP, 10b) at a higher rate than those in Ohio or the US. Source: American Community Survey 1-year Estimates for the indicated years. Data labels are rounded to the nearest tenth.

Housing: In Montgomery County, 12.3% of all housing units are vacant compared to 11.0% in Ohio and 12.4% nationally. The housing stock is generally older in the County than it is in the state and nation (Figure 11).

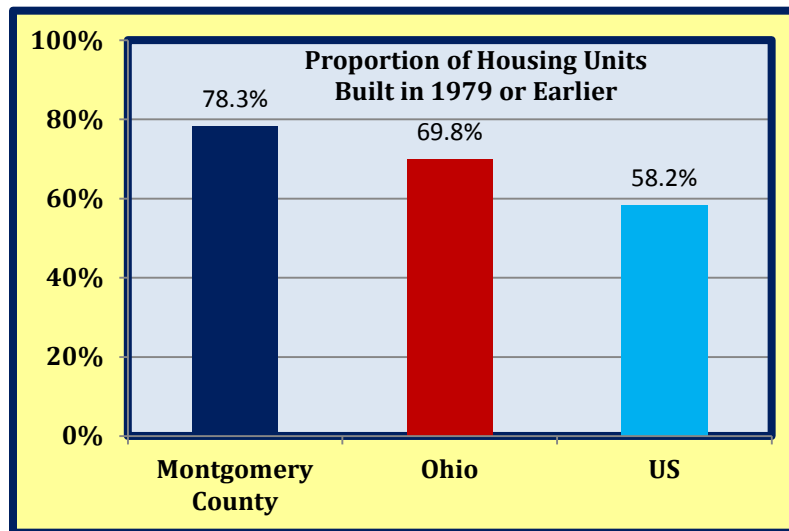


Figure 11. The median year in which housing units were built is in the 1960's for Montgomery County and in the 1970's for the US.

Of the occupied housing units in Montgomery County, slightly less than two-thirds (64.0%) are owner-occupied while the remainder (36.0%) are occupied by renters. For comparison, owner-occupied housing in the state is 68.7% and 66.1% nationally, while renter-occupied units make up 31.3% in the state and 33.9% nationally.

A slightly larger percentage of owner-occupied housing is mortgaged in Montgomery County (69.4%) compared to the state (68.3%) and the nation (67.6%). However, the median of selected monthly owner costs (SMOC)⁹ for a mortgaged housing unit is lower in Montgomery County (\$1,255) than Ohio (\$1,308) and the nation (\$1,560). Conversely, the median SMOC of a housing unit *without* a mortgage is slightly higher in Montgomery County (\$464) than Ohio (\$436) and the nation (\$444). The median gross rent¹⁰ is about the same in Montgomery County (\$703) as the state (\$697) but 20 percent less than the nation (\$871).

⁹ Selected monthly owner costs are calculated from the sum of payment for mortgages, real estate taxes, various insurances, utilities, fuels, mobile home costs, and condominium fees. (from American Community Survey 2011 Subject Definitions)

¹⁰ Gross rent provides information on the monthly housing cost expenses for renters. Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent is intended to eliminate differentials that result from varying practices with respect to the inclusion of utilities and fuels as part of the rental payment. The estimated costs of water and sewer, and fuels are reported on a 12-month basis but are converted to monthly figures for the tabulations. (from American Community Survey 2011 Subject Definitions)

There is a higher percentage (49.6%) of Montgomery County *renters* paying 30% or more of their household income¹¹ for rent compared to renters throughout the state (46.1%) and nation (47.5%). Because a shortage of affordable housing is one of the drivers of homelessness, it is relevant that the number of households sheltered by Montgomery County providers in 2012 (2,937) was 5% higher than the number sheltered in 2011 (2,805).¹² (See below for more information on homelessness.) On the other hand, Montgomery County *owners* are *more* likely to have affordable housing than do owners across the country (Figure 12).

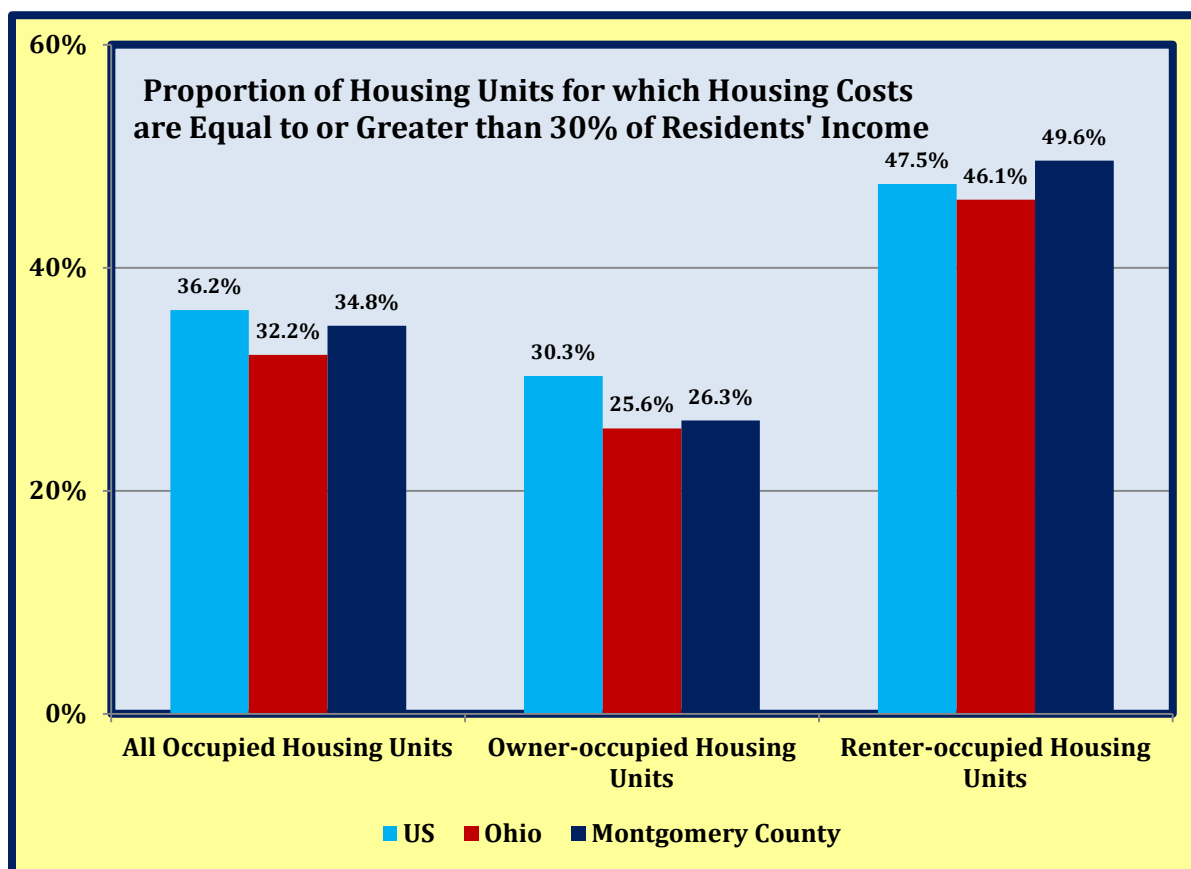


Figure 12. Compared to people in the state and the nation, Montgomery County's *renters* have less access to affordable housing, while Montgomery County's *homeowners* generally have more affordable housing. Source: American Community Survey 2011 5-year Estimates.

¹¹ Many government agencies define "excessive" as costs that exceed 30 percent of household income, making this a metric for affordable housing. (from American Community Survey 2011 Subject Definitions)

¹² *Homeless Solutions 2012 Report*. (2013) Montgomery County Office of Family and Children First; *Homeless Solutions 2011 Report*. (2012) Montgomery County Office of Family and Children First.

Homelessness

In 2006, Montgomery County, the City of Dayton and the United Way of the Greater Dayton Area adopted the *Homeless Solutions Community 10-Year Plan to End Chronic Homelessness and Reduce Overall Homelessness*. Since that time significant progress has been made on ending chronic homelessness. To qualify as chronically homeless, an individual or member of a household must be disabled and be homeless either continuously for a year or for four episodes in three years. In 2006 there were 127 people who met this definition and in 2013 there were 64 households with 69 people in them who met the chronic definition (the first year families were determined to be chronic), a decline of 50%.

The number of people homeless over the course of a year has increased since the Plan was adopted primarily because of the recession. When recent trends are examined,¹³ the occurrence of homelessness is different for single adults than for families. In 2012, 4,091 people stayed at least one night in one of the community's gateway shelters. These numbers include 667 families with 1,725 people, 2,270 single adults, and 96 unaccompanied minors. There were 5% more households sheltered in 2012 compared to 2011, with increases for all household types except single men. Family households increased by 21% which reflects national trends of increasing family homelessness, single women increased by 10%, and single men decreased by less than one percent. Compared to 2010, the total number of people sheltered was fewer in 2012 with more families and fewer single adults.

¹³ The Homeless Solutions 2012 annual report can be found at http://www.mcoho.org/services/fcfc/homeless_solutions.html

Health

Thirteen of the FCFC Community Indicators can be linked to Health (see Figure 3). The historical trends for three of them are in the desired direction, while the trends have been flat for another five. That leaves five for which the trends have been counter to the desired direction. See Figure 13.

<i>Three historical trends are in the desired direction:</i>
Preventable Child Deaths
Violent Crime
Property Crime
<i>Five historical trends are flat:</i>
Access to Health Care
Tobacco Use
Substantiated Child Abuse
Domestic Violence Deaths
Nursing Home Population
<i>Five historical trends are not in the desired direction:</i>
Low Birthweight
Childhood Obesity
Avoiding Poverty
Employment Rate for Persons with a Disability
Poverty Rate for Persons with a Disability

Figure 13. *Only some of the FCFC Community Indicators linked to Health have been moving in the desired direction.*

It is useful to look at the trends which are not in the desired direction:

- The low birthweight rate has been rising for the entire country for the last twenty years or so by about 11%; ideally, of course, it would be decreasing. Not only is the trend for Montgomery County mothers not in the desired direction, it has risen about 28% during that same time period, more than twice as much as the national rate (Attachment A, page 1).
- While childhood obesity for Montgomery County has been below the national rate for the last decade, it has recently spiked up. As a result, the Montgomery County average for the 2009-2011 period is about 23% higher than it was in 2002-2004; during the same period the national rate rose less than 1% (Attachment A, page 2).
- Even though the County has improved on the Avoiding Poverty indicator for the last four years, the overall trends for both the County and the state for the last twenty years have been generally down (i.e., a decreasing chance of avoiding poverty which means an increased chance of a child growing up in poverty). While the state's value has dropped about 9.5% over that time span, the County's value has fallen over 16% (Attachment A, page 3).
- The employment rate for persons with a disability has generally been trending down for the County, state, and nation during the few years that this indicator has

been available. The County's value is currently the lowest it has been (Attachment A, page 4).

- The poverty rate for persons with a disability has generally been trending up for the County, state, and nation; however, the County's most recent rate is about 11% higher than it was four years ago while the nation's rate rose about 7% during that time (Attachment A, page 5).

Further insight into the Health area comes from the indicators whose trends are flat:

- Access to healthcare has fluctuated between 82% and 89% for Montgomery County for the last nine years. The County has ranked in the lower half of Ohio's ten largest counties for the last several years (Attachment A, page 6).
- Tobacco use has fluctuated between 50% and 60% for most of the last nine years; it is too early to know whether the drop reported for the most recent year will be sustained (Attachment A, page 7).
- Substantiated child abuse has been fairly steady for the last four years after fluctuating both up and down during the previous sixteen years. For those four years the County has consistently ranked 4th, 5th, or 6th among Ohio's largest counties (Attachment A, page 8).
- The annual number of deaths due to domestic violence has fluctuated between five and eighteen for the last twenty years with an average between 11 and 12 (Attachment A, page 9).
- The nursing home population in Montgomery County (expressed in proportion to the total county population) is very close to what it was ten years earlier (Attachment A, page 10).

A useful tool for organizing additional Health data is the list of priorities set for the public health system by Public Health – Dayton & Montgomery County:

- Chronic Disease Prevention
- Creating a Culture of Health – Healthy Lifestyles
- Elimination of Health Disparities and the Promotion of Health Equity
- Improved Access to Care for Vulnerable Populations

Under each of these priorities, some data points for Montgomery County can be listed, as well as for other jurisdictions to provide some context.

Health: Chronic Disease Prevention

The leading causes of morbidity and mortality in Montgomery County include preventable chronic diseases such as cancer, cardiovascular disease, stroke, and diabetes.¹⁴ Figure 14 shows that Montgomery County residents report being diagnosed with a variety of chronic diseases at rates higher than those for people in Ohio and the US, and Figure 15 shows the number of deaths due to some of these preventable, chronic diseases.

¹⁴ *Community Health Assessment 2010*. (2011) Public Health – Dayton & Montgomery County. Dayton, OH.

Percentage of adults who have ever been told they have or had ...			
	Montgomery County	Ohio	US
a form of depression	20.9%	17.7%	17.5%
asthma	17.6%	13.6%	13.6%
diabetes	12.6%	10.0%	9.5%
any type of cancer except skin cancer	7.9%	6.6%	6.6%
skin cancer	7.2%	5.1%	5.8%
COPD (Chronic Obstructive Pulmonary Disease)	6.9%	7.7%	6.1%
angina or coronary heart disease	5.3%	5.0%	4.1%

Figure 14. Many chronic diseases, including some shown here, are preventable. The rates of reported diagnoses for Montgomery County residents are generally higher than the state and national rates. Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.¹⁵

Rank	Causes of Death, 2010-2011 (Montgomery County)	Number
	All Causes	11,297
1	Cancer	2,559
2	Heart Disease	2,375
3	Accidents	677
4	Chronic Lower Respiratory Diseases	665
5	Alzheimer's Disease	544
6	Stroke	537
7	Diabetes	433
8	Nephritis	183
9	Suicide	179
10	Septicemia	162

Figure 15. The ten leading causes of death for the 2010-2011 period account for over 73% of all deaths in those two years. Source: Center for Public Health Statistics and Informatics. Ohio Department of Health. 2007-2011 Montgomery County, Ohio. Death Certificate Data.

¹⁵ The data reported here and in Figure 16 do not include the confidence intervals which need to be considered in order to determine the significance of different values.

Health: Creating a Culture of Health – Healthy Lifestyles

Major determinants of people's health status include personal behaviors/lifestyle choices, environmental exposures, access to health care, social circumstances, and genetic predispositions. Of these, personal behaviors account for 40% of their health status.¹⁶ Many health outcomes such as preventable chronic diseases, sexually transmitted diseases, and infectious diseases are directly related to people's personal behaviors and social circumstances. Figure 16 represents just a sample of the behaviors that contribute to a community's culture of health.

Percentage of adults who ...			
	Montgomery County	Ohio	US
answer "fair" or "poor" to "What is your health status?"	20.1%	19.0%	16.9%
answer "No" to "During the past month, did you participate in any physical activities?"	26.8%	27.0%	26.2%
are current smokers	20.7%	25.1%	21.2%
are binge drinkers	15.0%	20.1%	18.3%
are classified as "obese" by Body Mass Index (BMI)	33.2%	29.7%	27.8%
participate in 150 minutes or more of aerobic physical activity per week	50.9%	51.6%	51.7%

Figure 16. In some areas, such as smoking and binge drinking, Montgomery County compares favorably to the state and nation; in others, such as obesity and physical activity, it does not. Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

Montgomery County's rate of unintentional (accidental) deaths due to drug use has historically been much higher than the state's rate (Figure 17). This includes accidental poisoning by and exposure to the following: analgesics, antipyretics, and antirheumatics; antiepileptics, sedative-hypnotics, medications for Parkinson's disease, and psychotropic medications; narcotics and hallucinogens; drugs acting upon the autonomic nervous system; and other, unspecified drugs or medications.¹⁷ In 2012, 162 unintentional drug

¹⁶ New England Journal of Medicine (2007). Cited by *Community Health Assessment 2010*. (2011) Public Health – Dayton & Montgomery County. Dayton, OH.

¹⁷ World Health Organization. (2007). International statistical classification of diseases and related health problems, 10th Vrs. Retrieved June 9, 2010, from <http://apps.who.int/classifications/apps/icd/icd10online/>. Cited by <https://prod.ada.ohio.gov/ControlledReports/?ReportFolder=SeowReports&ReportName=ParameterLine&Id=1020&Parameter=Montgomery>, accessed August 21, 2013.

overdose deaths, the highest number on record, occurred in Montgomery County. In 2011, there were 130 and in 2010 there were 127.¹⁸

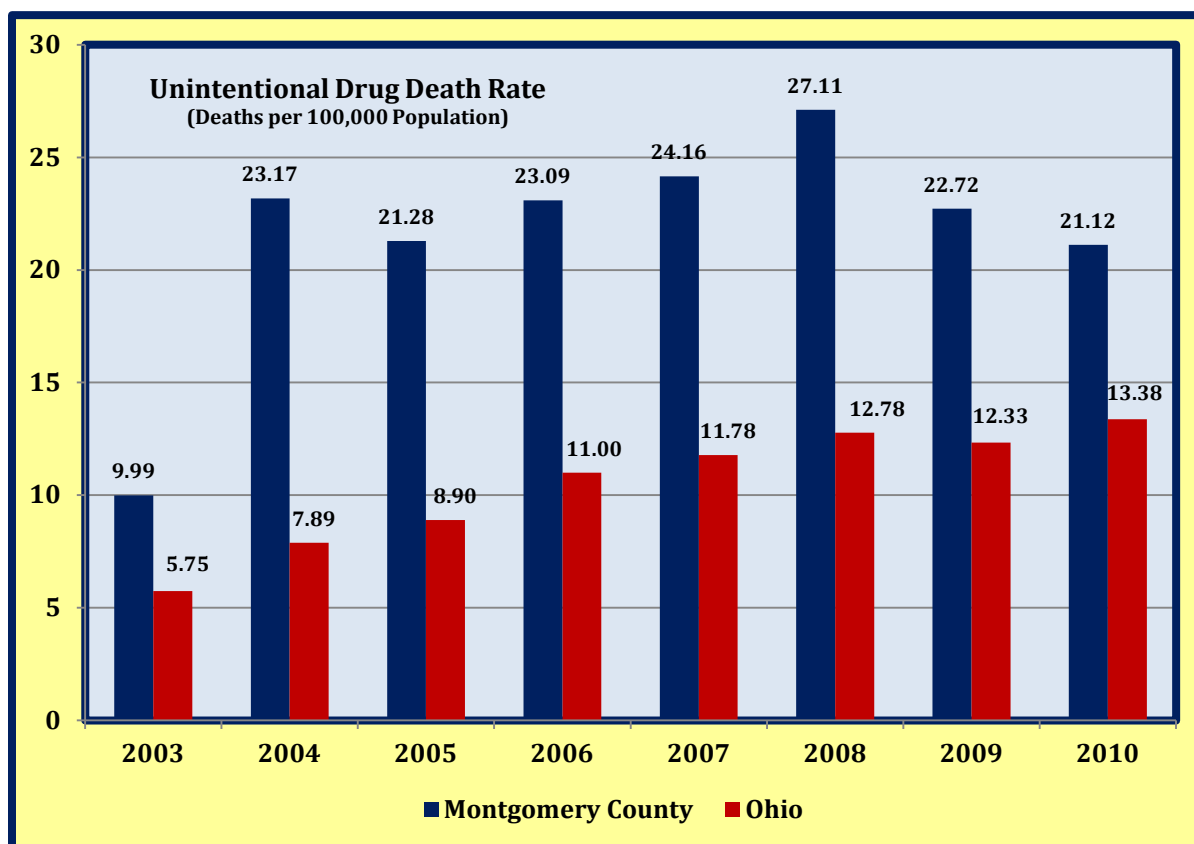


Figure 17. The County's rate was over twice the state's rate for the years 2004-2008.

Source: <https://prod.ada.ohio.gov/ControlledReports/?ReportFolder=SeowReports&ReportName=ParameterLine&Id=1020&Parameter=Montgomery>, accessed August 21, 2013.

Health: Elimination of Health Disparities and the Promotion of Health Equity

Health disparity is a particular type of health difference that is closely linked with social, economic and environmental disadvantage. Health equity is attainment of the highest level of health for all people, regardless of race/ethnicity or socioeconomic status. The causes of health disparities and barriers to good health and health care are multiple and overlapping. The likelihood of adverse health outcomes is often greater when individuals are racial/ethnic minorities or socioeconomically challenged. The United States Department of Health & Human Services (USDHHS) provides overarching goals and strategies for addressing health disparities and achieving health equity in its National Stakeholder Strategy.¹⁹ Many of the underlying risk factors that contribute to poor health outcomes are associated with social determinants of

¹⁸ Montgomery County Poisoning Death Review (PDR) – 2012. Wright State University Boonshoft School of Medicine Center for Interventions, Treatment & Addictions Research, in collaboration with the Montgomery County Coroner's Office, under contract with Public Health – Dayton & Montgomery County (PHDMC), with support from the Ohio Department of Health (ODH). The PDR is part of the Preventing Unintentional Drug Poisoning Project, which is funded by PHDMC and the ODH with injury prevention block funds from the U.S. Centers for Disease Control. This is the third year the Review has been conducted. Data include all poisoning deaths occurring in Montgomery County; thus some of the decedents were not residents of Montgomery County.

¹⁹ USDHHS National Partnership for Action to End Health Disparities (NPA) National Stakeholder Strategy for Achieving Health Equity, http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf.

health. Five determinant areas that reflect critical components/key issues that make up the underlying factors are: 1) economic stability, 2) education, 3) social and community context, 4) health and health care, and 5) neighborhood and built environment.²⁰

Economic Stability: These factors, which include poverty, housing stability (homelessness), employment status and access to employment, are discussed in the Statistical Snapshot (page 6) and/or Income (page 35) sections of this brief.

Education: These factors include high school graduation rates, school policies that support health promotion, school environments that are safe and conducive to learning, and enrollment in higher education. Some of these topics are addressed in the Education section (page 28).

Social and Community Context: Such things as family structure, social cohesion, perceptions of discrimination and equity, civic participation, and incarceration/institutionalization are considered here. Figure 18 shows that Montgomery County has a higher proportion of its children living in single-parent households than do Ohio and the US; Figure 19 demonstrates one aspect of social isolation.

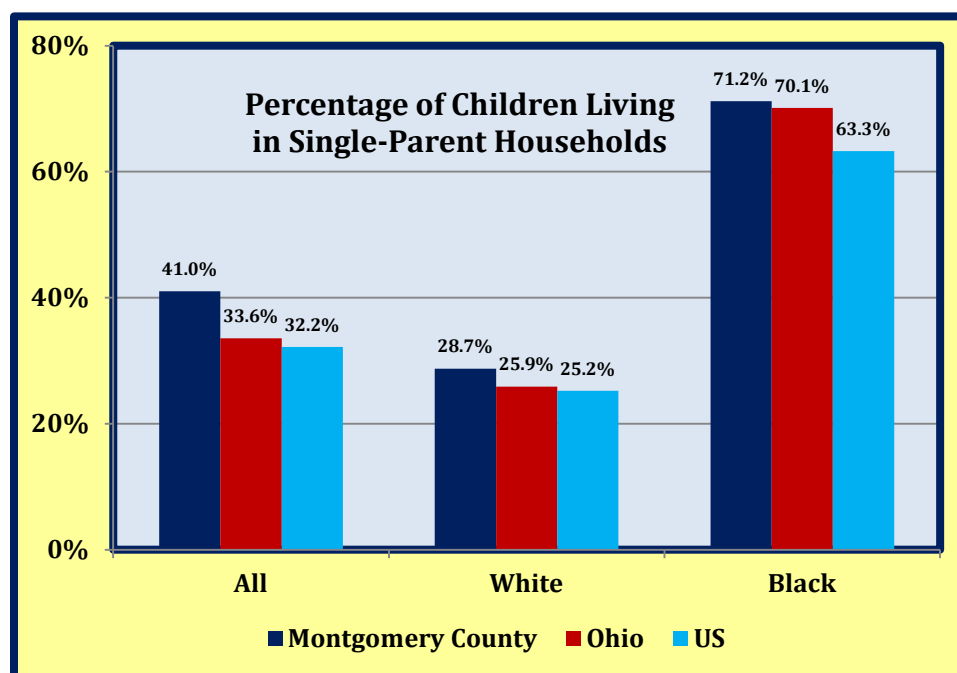


Figure 18. Living in a single-parent household can affect a child's access to healthcare. Montgomery County has a higher proportion of its children living in single-parent households than do Ohio and the US.

Source: American Community Survey 2011 5-year Estimates.

²⁰ Healthy People 2020, www.healthypeople.gov/2020/topicobjectives2020/overview.aspx?topicid=39

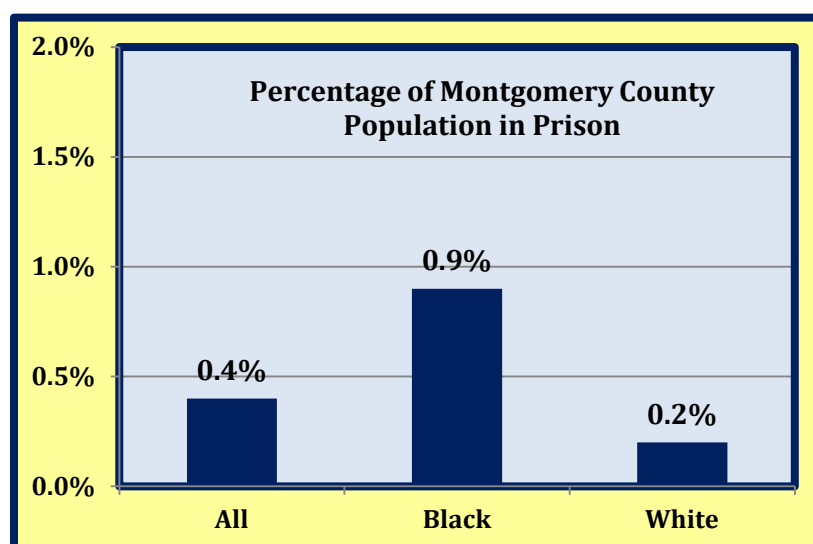


Figure 19. Incarceration rates for Montgomery County residents differ by race.
Source: American Community Survey 2011 3-year Estimates.

Health and Health Care: Differential access to health services and primary care, and to health technology, can have obvious effects on health equity. For example, 15% of the population of Ohio under age 65 is without health insurance, according to the Census Bureau which reports the same rate for Montgomery County. Within the County there is a racial difference; the rate for Blacks is 16% and the rate for Whites is 14%.²¹ On the other hand, Montgomery County has a higher number of primary care physicians for every 100,000 residents (116 physicians per resident, or 1,089 residents per physician) than does Ohio (92 physicians per resident, or 1,348 residents per physician).²²

Infant mortality (the number of deaths of children less than one year of age per 1,000 live births) is another area where there is a wide disparity (Figure 20).

²¹ American Community Survey 2011 Estimates.

²² RWJF County Health Rankings, 2013

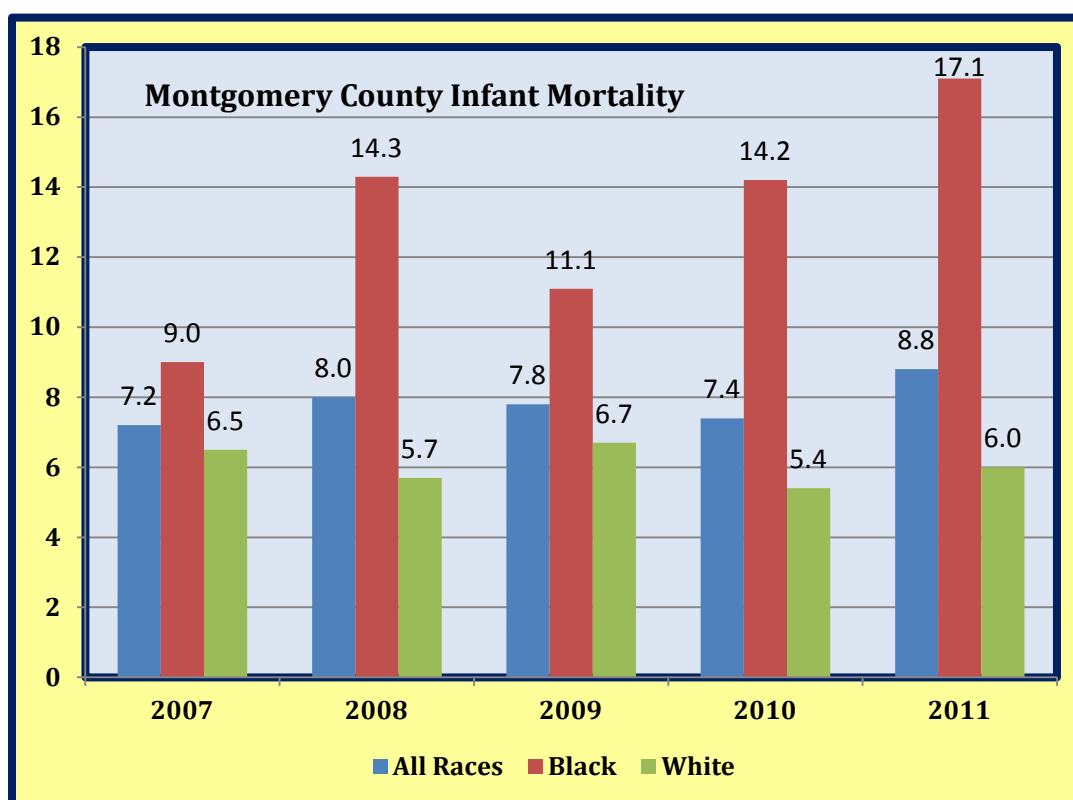


Figure 20. The Black infant mortality rate consistently exceeds the rate for White infants in Montgomery County; in some recent years (2008, 2010, and 2011) it was more than twice as large. Source: Center for Public Health Statistics and Informatics. Ohio Department of Health. 2007-2011 Montgomery County, Ohio. Death Certificate Data.

Neighborhood and Built Environment: Such things as the quality of housing in a neighborhood, the incidence of crime and violence, the overall condition of the environment, and whether there is convenient access to healthy foods (Figure 21) all have an effect on health equity.

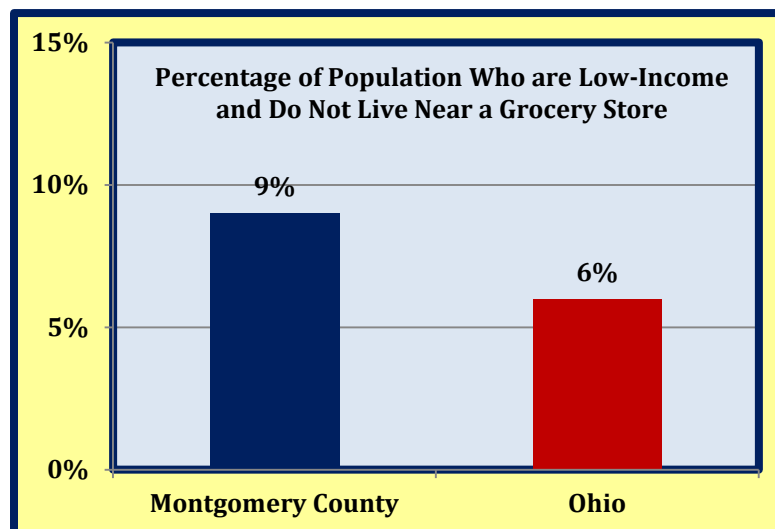


Figure 21. Convenient access to a grocery store and to healthy foods is clearly a component in determining health equity. Source: RWJF County Health Rankings, 2013.

Health: Improved Access to Care for Vulnerable Populations

According to the Health Policy Institute of Ohio (HPIO),²³ 84% of the people in Montgomery County with incomes below 200% of the poverty level are not served by Health Centers; this is 29% of the total County population. The HPIO also reports that, in a recent year, 20.0% of Montgomery County residents could not see a doctor due to the cost; this compares to 16.9% of Americans and 14.4% of Ohioans.

Age is another potential barrier to access. In 2011, 36.4% of Montgomery County's adults aged 65 and over reported having a flu shot within the past year, compared to 38.6% for Ohio and 38.7% for the US.²⁴

People with mental health and/or substance abuse issues are often vulnerable, and may have difficulty getting access to care. The most common diagnoses for the people receiving services from the ADAMHS network of providers are listed in Figure 22.

Most Prevalent MH/AOD Diagnoses
<i>Attention-Deficit Hyperactivity Disorder</i>
<i>Opioid (Opiate) Dependence</i>
<i>Mood Disorder</i>
<i>Alcohol Dependence</i>
<i>Posttraumatic Stress Disorder</i>
<i>Schizophrenia</i>
<i>Cannabis Disorder</i>
<i>Oppositional Defiant Disorder</i>
<i>Psychotic Disorder</i>
<i>Anxiety Disorder</i>
<i>Bipolar Disorder</i>

Figure 22. Diagnoses are listed in decreasing order of prevalence.

This analysis²⁵ combines data from providers of Mental Health services as well as Alcohol and Other Drug services, and it includes all ages, children and adults.

²³ Presentation to the Montgomery County Affordable Care Act Task Force Core Team Meeting, July 24, 2013.

²⁴ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

²⁵ Personal communication from Barbara Miller, Director, Information Systems Division, and Su-Ann Newport, Program Coordinator, Community Behavioral Health Division, ADAMHS Board for Montgomery County, August 22, 2013.

Education

Ten of the FCFC Community Indicators can be linked to Education (see Figure 3). For nine of them the historical trends are in the desired direction, while for the remaining indicator the trend has been flat. See Figure 23.

<i>Nine historical trends are in the desired direction:</i>
Kindergarten Readiness
Student Achievement – 3rd Grade Reading
Student Achievement – 4th Grade Math
Ohio Graduation Test – 10th Grade
High School Graduation Rate
Public School Attendance
College Enrollment
College Graduation
Teen Pregnancy
<i>One historical trend is flat:</i>
College Persistence
<i>No historical trends are not in the desired direction.</i>

Figure 23. Most of the FCFC Community Indicators linked to Education have been moving in the desired direction.

None of these indicators related to Education have trends which are not going in the desired direction, but one has a trend which is flat:

- College persistence has decreased for three straight years and is currently the same as it was eight years earlier (Attachment A, page 11).

A useful tool for organizing additional Education data would be the United Way Focus Areas for Education which align very well with the Learn to Earn Dayton™ continuum,²⁶ and which state that we must give our children the tools to:

- Enter school ready to succeed;
- Read proficiently by 4th grade;
- Make a successful transition into and out of middle school;
- Graduate from high school on time; and
- Be ready for success in college, work and life.

Under each of these Focus Areas some data points for Montgomery County can be listed, as well as for other jurisdictions to provide some context.

²⁶ More information available at <http://www.learntoearndayton.org/>

Education: Enter School Ready to Succeed

The trend for Kindergarten Readiness is in the desired direction because it has increased every year since 2007 (Attachment A, page 12). A more complete picture emerges when the most recent countywide value available (38.3% of kindergartners scored in Band 3, the highest Band, in the fall of 2011) is compared to the values within each school district (Figure 24).

Percentage of Kindergartners Scoring in Band 3, Fall 2011	
Oakwood	74.4%
Valley View	66.2%
Brookville	55.9%
Centerville	54.9%
Kettering	50.6%
Vandalia-Butler	48.2%
Northmont	47.2%
Miamisburg	40.5%
Mad River	37.6%
New Lebanon	31.3%
Huber Heights	29.3%
Trotwood-Madison	28.8%
West Carrollton	28.7%
Northridge	26.7%
Jefferson Township	21.4%
Dayton	20.8%

Figure 24. There is a wide disparity in kindergarten readiness across Montgomery County. **Highlighted values** are those that are below the countywide value (38.3%). Source: Ohio Department of Education. See Reference Maps, page 44.

Education: Read Proficiently by 4th Grade

The improvement in the Student Achievement – 3rd-Grade Reading indicator over the years, though modest, has been in the desired direction (Attachment A, page 13). As with the Kindergarten Readiness indicator, however, there are wide differences between districts (Figure 25).

Percentage of 3rd-Graders Passing the Reading Achievement Test		Percentage of 4th-Graders Passing the Reading Achievement Test	
Oakwood	97.2%	Oakwood	99.4%
Brookville	94.0%	Brookville	94.4%
Centerville	91.0%	Centerville	92.9%
Vandalia-Butler	88.5%	Vandalia-Butler	91.8%
Kettering	88.0%	Kettering	91.3%
Northmont	87.6%	Valley View	91.0%
Valley View	87.0%	Northmont	89.5%
New Lebanon	85.7%	Miamisburg	88.3%
Miamisburg	85.3%	New Lebanon	84.7%
Huber Heights	81.8%	Northridge	83.8%
Northridge	81.8%	Huber Heights	82.0%
West Carrollton	75.6%	Mad River	81.8%
Mad River	74.0%	West Carrollton	80.7%
Dayton	54.8%	Trotwood-Madison	62.2%
Trotwood-Madison	52.8%	Dayton	53.7%
Jefferson Township	50.1%	Jefferson Township	42.8%

Figure 25. The order in which the districts are ranked is fairly similar for 3rd-grade and 4th-grade reading achievement; for both grades there is a wide spread between districts.

Highlighted values are those that are below the state's requirement, 75%. The preliminary countywide values are 78.2% for 3rd-grade and 80.7% for 4th-grade. Source: Ohio Department of Education. See Reference Maps, page 44.

Education: Make a Successful Transition into and out of Middle School

Two Ohio Achievement Tests are administered in 7th grade and three in 8th grade (Figure 26). Collectively they describe the progress of students through Middle School.

Percentage of Students Passing Achievement Tests					
	7th Grade		8th Grade		
	Mathematics	Reading	Mathematics	Reading	Science
Brookville	85.9%	87.8%	98.5%	97.7%	87.0%
Centerville	89.6%	92.2%	92.1%	97.0%	89.1%
Dayton	38.7%	51.7%	50.8%	57.1%	31.9%
Huber Heights	73.5%	84.4%	80.6%	86.5%	74.9%
Jefferson Township	30.7%	57.7%	55.6%	61.1%	61.1%
Kettering	87.1%	89.4%	87.4%	92.9%	85.2%
Mad River	66.0%	75.9%	74.0%	81.3%	61.5%
Miamisburg	84.2%	88.8%	86.8%	87.8%	85.1%
New Lebanon	80.5%	91.5%	94.6%	94.6%	86.9%
Northmont	85.7%	90.8%	88.7%	91.8%	89.6%
Northridge	84.1%	76.6%	94.1%	91.1%	67.6%
Oakwood	94.1%	95.4%	96.5%	99.4%	96.6%
Trotwood-Madison	45.9%	52.2%	58.1%	66.5%	36.4%
Valley View	86.6%	87.3%	91.5%	90.8%	87.2%
Vandalia-Butler	78.5%	86.1%	82.7%	94.3%	81.6%
West Carrollton	68.4%	76.2%	78.9%	77.7%	69.1%

Figure 26. *Highlighted values* are those that are below the state's requirement, 75%. Students in seven of the sixteen districts struggle to meet that standard for mathematics and/or science proficiency. Source: Ohio Department of Education. See Reference Maps, page 44.

Education: Graduate from High School on Time

The historical trend for Montgomery County's High School Graduation Rate indicator has been in the desired direction (Attachment A, page 14). However, during the 2011-2012 school year Ohio began using the new Four-Year Adjusted Cohort Graduation Rate, mandated for all states by the United States Department of Education. These rates include as graduates only those students who earn a diploma within four years of entering the 9th grade for the first time. Employing the previous method, which used what has been called an "Estimated" Cohort, graduation rates were generally higher; it remains to be seen what effect the new formula will have on the trend for this Indicator.

Graduation rates for the 2010-2011 school year are reported on the state's 2011-2012 Report Cards²⁷ so they are the first to be reported with the new formula. Half of the districts in the County are below the state's requirement of 90% (Figure 27).

2010-2011 Four Year High School Graduation Rate	
Oakwood	97.3%
Vandalia-Butler	96.9%
Centerville	94.0%
Northmont	94.0%
Kettering	93.9%
Brookville	92.5%
Miamisburg	91.6%
Valley View	90.7%
Mad River	84.4%
Jefferson Township	82.6%
Huber Heights	81.1%
New Lebanon	80.0%
West Carrollton	78.5%
Trotwood-Madison	75.7%
Northridge	74.3%
Dayton	65.5%

Figure 27. 2010-2011 is the first year for which high school graduation rates are being reported using the state's new formula. **Highlighted values** are those that are below the state's requirement, 90%. Source: Ohio Department of Education. See Reference Maps, page 44.

²⁷ Graduation rates are always reported one year later to account for summer graduates.

Education: Be Ready for Success in College, Work and Life

The historical trends for College Enrollment and College Graduation have both been in the desired direction (Attachment A, pages 15 and 16); the trend for College Persistence (Attachment A, page 11) has been flat, as discussed above. Consistent with other academic indicators, there is a wide disparity between districts in all three of these measures (Figure 28).

	College Enrollment	College Persistence	College Graduation
	Percentage of Class of 2010 Graduates Enrolled in College at Any Time During First Two Years After HS	For Class of 2010 Graduates Who Enrolled in College the First Year after HS, the Percentage Who Returned the Second Year	Percentage of Class of 2006 Graduates Who Earned a College Degree within 6 Years
Brookville	70.3%	82.7%	36.7%
Centerville	88.5%	91.7%	60.3%
Dayton	69.3%	80.1%	13.7%
Huber Heights	76.0%	76.9%	27.1%
Jefferson Township	66.0%	76.9%	10.2%
Kettering	75.0%	83.7%	40.1%
Mad River	74.0%	77.4%	25.4%
Miamisburg	78.4%	79.9%	36.2%
New Lebanon	68.2%	82.4%	27.8%
Northmont	78.0%	90.3%	40.8%
Northridge	57.5%	68.3%	14.3%
Oakwood	92.1%	95.6%	68.6%
Trotwood-Madison	79.1%	87.2%	24.5%
Valley View	69.3%	79.8%	40.0%
Vandalia-Butler	83.5%	90.9%	46.9%
West Carrollton	67.8%	82.8%	19.7%

Figure 28. The rates at which local high school graduates enroll in college, stay enrolled, and eventually graduate from college vary widely. For a more complete picture of how all students are faring, these rates must be viewed in conjunction with the high school graduation rates themselves (Figure 27). **Highlighted values** are those that are below the County's values (Enrollment – 76.6%; Persistence – 84.4%; Graduation – 35.8%). Source: National Student Clearinghouse. See Reference Maps, page 44.

The Lumina Foundation estimates that by 2025, competitive regions of our country will need a workforce where 60 percent of adults between the ages of 25 and 64 have a college degree or a post high-school credential.²⁸ Currently, 58.2% of the County's residents ages 25 and over have at least some college or have attained an Associate's degree; the proportion which actually has an Associate's Degree (or more) is 33.0%.²⁹ Figure 29 displays the post-secondary educational attainment of Montgomery County residents by jurisdiction and by race.

	Total population 25 years and over	Percentage with at least some college or Associate's Degree	White population 25 years and over	Percentage with at least some college or Associate's Degree	Black population 25 years and over	Percentage with at least some college or Associate's Degree
Butler Township	6,270	69.4%	5,761	68.3%	337	81.0%
Clay Township	6,577	50.0%	6,503	50.0%	30	16.7%
Clayton	9,008	66.7%	7,219	67.4%	1,482	62.1%
Dayton	87,702	49.0%	49,152	49.8%	35,819	47.4%
Englewood	9,171	62.3%	7,911	61.8%	793	65.3%
German Township	5,817	54.7%	5,716	54.1%	0	-
Harrison Township	15,434	50.8%	9,179	44.1%	5,913	61.9%
Huber Heights	25,065	58.2%	20,238	56.2%	3,216	73.3%
Jackson Township	4,470	38.3%	4,434	38.1%	18	27.8%
Jefferson Township	5,212	40.1%	2,188	36.4%	2,867	43.3%
Kettering	39,793	66.8%	37,851	67.0%	989	59.4%
Miami Township	34,889	57.1%	31,398	55.2%	1,574	78.0%
Moraine	3,977	45.7%	3,356	47.3%	447	43.8%
Oakwood	5,816	92.3%	5,488	92.5%	89	62.9%
Perry Township	4,046	42.4%	4,023	42.1%	0	-
Riverside	17,219	47.6%	15,488	45.5%	1,068	76.5%
Trotwood	16,496	51.4%	5,634	41.0%	10,499	56.4%
Union City	4,231	58.1%	4,099	58.2%	96	38.5%
Vandalia	10,380	60.0%	9,456	58.2%	479	81.2%
Washington Township	40,954	80.3%	36,798	80.8%	1,901	77.2%
West Carrollton	9,276	54.7%	8,285	53.3%	714	58.7%

Figure 29. The proportion of adult residents who have at least some college varies by jurisdiction, from 38.3% in Jackson Township to 92.3% in Oakwood. **Highlighted values** are those that are below the County's overall value, 58.2%. Source: American Community Survey 2011 5-year Estimates. See Reference Maps, page 44.

²⁸ <http://www.learntoearndayton.org/>, accessed on August 21, 2013. More information on the Lumina Foundation is available at www.luminafoundation.org.

²⁹ American Community Survey 2011 5-year Estimates.

Income

Four of the FCFC Community Indicators can be linked to Income (see Figure 3). For one of them the historical trend is in the desired direction, while for another one the trend has been flat. That leaves two for which the trends have been counter to the desired direction. See Figure 30.

<i>One historical trend is in the desired direction:</i>
People Receiving Public Assistance
<i>One historical trend is flat:</i>
Voter Participation
<i>Two historical trends are not in the desired direction:</i>
Unemployment
Median Household Income

Figure 30. Only one of the FCFC Community Indicators linked to Income has been moving in the desired direction.

It is useful to look at the trends which are not in the desired direction:

- Unemployment rates are typically cyclical and Montgomery County's rate was especially hard hit by the 2008 recession. While the rate has dropped significantly since then, the most recent rate is 61% greater than it was in 1994; for comparison, the state and national rates are (respectively) 33% and 21% greater than they were in 1994. Exacerbating this disparity is the fact that for most of the 1990's the County's rate was *below* the state and national rate while for the last decade it has been *above* the state and national rates almost every year (Attachment A, page 17).
- While median household income (adjusted for inflation) has been trending down for the County, state, and nation, especially since 2008, the County's drop has been dramatically steep. The most recent (2012) values for Ohio and the US are 90% and 93% respectively of their 2002 values; Montgomery County's 2012 value stands at only 85% of its 2002 value (Attachment A, page 18).

The indicator whose trend is flat provides additional insight into the Income area:

- Voter participation follows a consistent four year cycle: it is highest in the Presidential election year, second highest in the mid-cycle year (Congress and Governor), and lowest in the two off years. Each of these trends separately is flat (Attachment A, page 19).

A useful tool for organizing additional Income data would be the United Way Focus Areas for Income:

- Family-Sustaining Employment
- Income Supports
- Savings and Assets
- Manageable Expenses
- Affordable Housing

Under each of these priorities, some data points for Montgomery County can be listed, as well as for other jurisdictions to provide some context.

Income: Family-Sustaining Employment

Family-sustaining employment is the foundation of financial stability. Almost 25% of adults in the United States earn less than \$27,000 annually in jobs that offer no healthcare, vacation, or paid sick leave. These workers often struggle to afford food, rent, childcare, and transportation, with little left over for saving and investing. Families must have a steady source of income that covers the cost of basic necessities before they can make more long-term financial decisions regarding savings and asset building.³⁰

Working full-time year-round is one way to obtain a “steady source of income.” The percentage of Montgomery County’s working age adults who work at least 35 hours per week for 50 or more weeks per year is below that of the state and nation (Figure 31). Figure 32 shows that this percentage varies widely within the County.

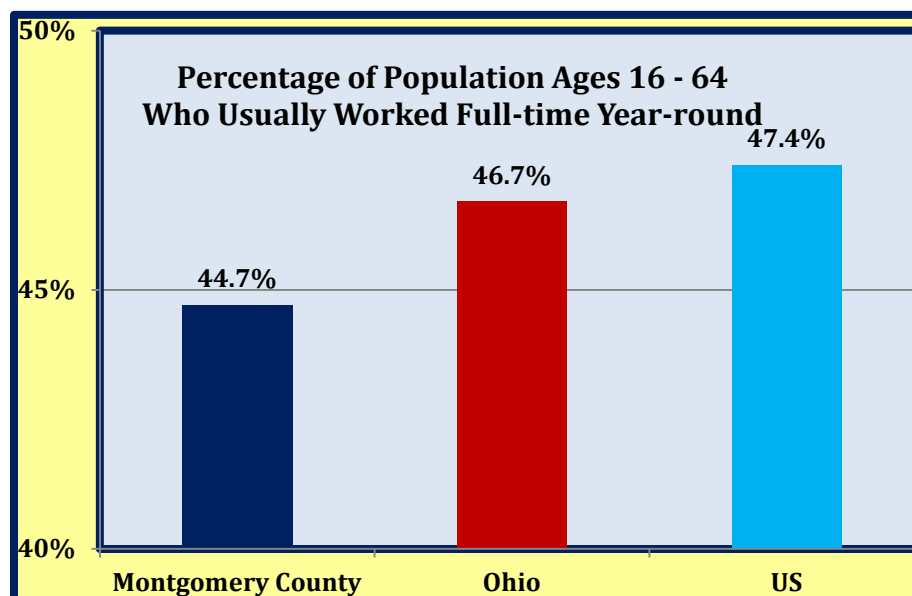


Figure 31. If Montgomery County’s rate for full-time, year-round employment (defined here as 35 or more hours per week for 50 or more weeks) were the same as the national rate, over 9,000 more County residents would have full-time, year-round employment. Source: American Community Survey 2011 5-year Estimates.

³⁰ United Way’s Income Strategies and Approaches (2010) United Way Worldwide, Alexandria, VA

	Population Ages 16-64	Percentage Working Full-time Year-round
Union City	3,928	59.2%
German Township	5,186	58.3%
Butler Township	5,128	54.2%
Washington Township	34,233	54.0%
Kettering	35,613	52.6%
Miami Township	31,523	52.5%
Vandalia	9,806	51.2%
Jackson Township	3,881	51.1%
West Carrollton	8,718	50.9%
Englewood	8,275	50.7%
Huber Heights	24,246	48.7%
Clayton	8,742	48.5%
Oakwood	5,500	48.2%
Clay Township	5,151	47.5%
Riverside	16,098	46.3%
Moraine	4,152	44.4%
Perry Township	3,731	43.8%
Trotwood	15,119	40.3%
Harrison Township	14,469	40.1%
Jefferson Township	4,513	36.7%
Dayton	98,824	32.2%

Figure 32. The rates of full-time, year-round employment vary widely within the County. **Highlighted values** are those that are below the County's rate, 44.7%. Source: American Community Survey 2011 5-year Estimates. See Reference Maps, page 44.

A common measure of economic stability is the percentage of individuals or families living with incomes below 200% of poverty. Figure 33 shows that Montgomery County's rate for children is well above the state and national rates. As with other economic measures, the rates within the County vary widely; in fact, some jurisdictions have rates that are five or more times as high as other jurisdictions (Figure 34).

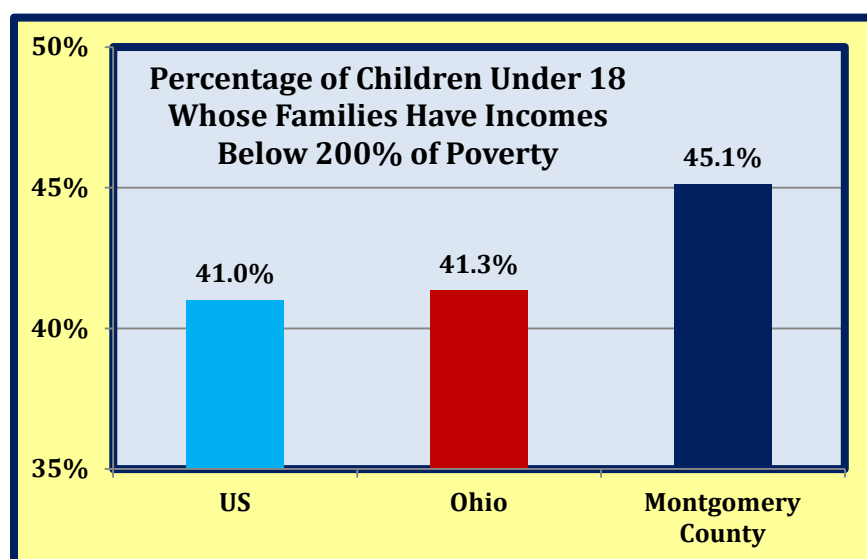


Figure 33. If the percentage of Montgomery County's children whose families have incomes below 200% of poverty were the same as the national percentage, the County would have over 4,800 less children in this category. Source: American Community Survey 2011 5-year Estimates.

	Children Under 18 Living in Families	Percentage Below 200% of Poverty
Dayton	29,491	71.1%
Moraine	1,561	67.5%
Jefferson Township	966	63.4%
Trotwood	5,633	63.0%
Harrison Township	5,014	62.4%
Riverside	5,743	48.9%
West Carrollton	2,867	44.7%
Perry Township	1,287	44.5%
Kettering	11,394	36.6%
Englewood	3,150	35.8%
Vandalia	3,526	35.3%
Miami Township	11,709	33.7%
Huber Heights	8,603	33.4%
Clay Township	1,683	32.9%
Union City	1,775	32.5%
Jackson Township	1,406	31.9%
Clayton	2,985	28.1%
German Township	1,953	21.6%
Washington Township	12,242	18.5%
Butler Township	1,355	14.2%
Oakwood	2,909	9.2%

Figure 34. The percentage below 200% of poverty is a common proxy for those earning less than a living wage. **Highlighted values** are those that are above the County's value, 45.1%. Source: American Community Survey 2011 5-year Estimates. See Reference Maps, page 44.

Income: Income Supports

Without the proper supports to supplement their wages, low-income working families are at a clear disadvantage when it comes to managing their expenses, building savings, and retaining a job. Research indicates that families are often unaware that they are eligible for income supports and that many ultimately drop out of the benefits enrollment process due to administrative hassles and procedural barriers. Research indicates that almost \$65 billion in benefits go unclaimed by low income working families each year. By promoting and connecting low-income working families with all the available income supports for which they are eligible, and working with community-based organizations and agencies to streamline enrollment processes, low-income working families will be better positioned to move toward financial stability.³¹

Research indicates that families transitioning out of welfare were less likely to return to it if they took advantage of the available income supports over the following two years. Families transitioning off TANF were more likely to be stably employed up to a year after exiting and less likely to return to TANF if they enrolled in SNAP. A study of the New Hope Project which packaged work supports in one cohesive net found parents improved their employment and earnings and children and adolescents also gained positive effects due to participation over an eight-year follow-up. Moreover, the whole community benefits from additional dollars being circulated through the purchase of goods and services, creating a multiplier effect whereby every dollar increase in SNAP benefits adds between \$1 .74 and \$1.84 to the economy.³²

Local data for a proposed³³ indicator, “Number and percentage of low-income working families that receive all of the public and private income supports that are available to them,” are not yet available, but note the following:³⁴

Research performed by the United States Department of Agriculture revealed that while knowledge of food stamps was widespread at a 96 percent recognition level, only 43 percent of non-participants knew they were eligible. More than a third of eligible non-participants believed they were ineligible, and more than two-thirds (69 percent) of eligible non-participants claimed that they would apply if they could be certain they were eligible.

Seniors are disproportionately affected by this barrier. According to the Food Research and Action Center (FRAC), seniors are significantly less likely to know that they may be eligible for SNAP than other eligible nonparticipants. They are less likely to have previously received SNAP, to know someone who has received it, or to know where to go to apply.

³¹ United Way's Income Strategies and Approaches (2010) United Way Worldwide, Alexandria, VA

³² <http://www.urban.org/uploadedpdf/412303-Work-Support-Benefits.pdf>. Cited by Financial Stability Focus Area: Income Supports. 2012. United Way Worldwide, Alexandria, VA.

³³ by United Way Worldwide, Alexandria, VA.

³⁴ <http://www.singlestopusa.org/HelpingAmericansHelpThemselves.pdf> and <http://frac.org/initiatives/addressing-senior-hunger/seniors-and-snapfood-stamps/> Cited by Financial Stability Focus Area: Income Supports. 2012. United Way Worldwide, Alexandria, VA.

Income: Savings and Assets

A bank or credit union account can be the first step in saving, planning for the future, building credit and climbing the economic ladder, but more than 9 million American households don't have one. Households without an account may spend a significant amount of money on financial services for which most Americans pay little to nothing. The average full-time worker without a bank account can spend \$40,000 over the course of his or her lifetime just to cash paychecks. In addition, those without an account don't have a safe place to store their money, which makes them more likely to be victims of theft and unable to safely access money during emergencies.³⁵ Figure 35 shows that a high proportion of Dayton residents do not have accounts or, if they do, they do not use them wisely.

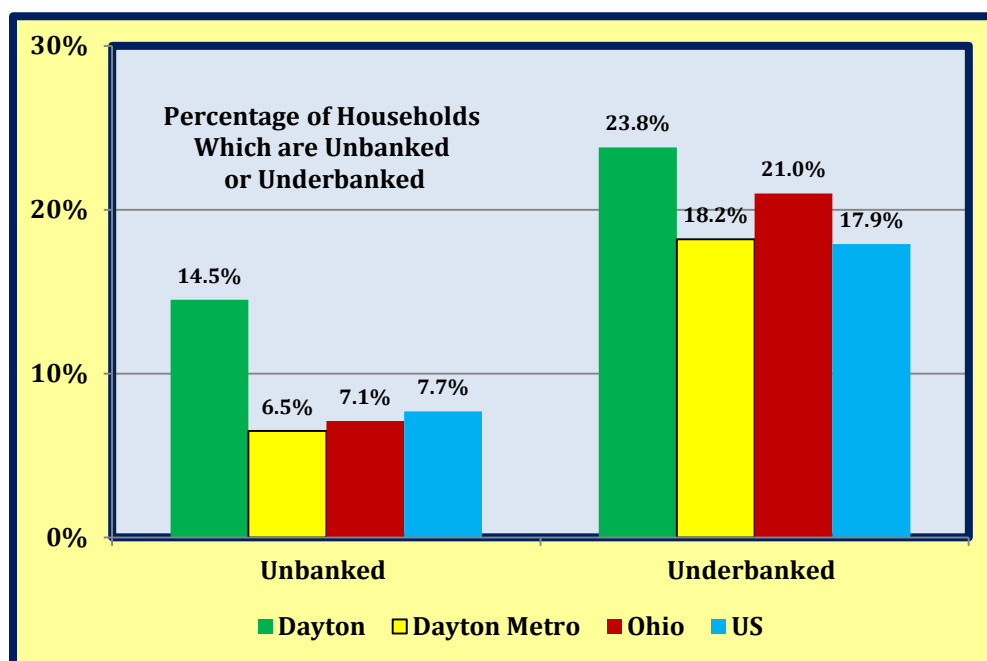


Figure 35. The percentage of households in Dayton which are unbanked (having no checking or savings account) or underbanked (having an account, but continuing to rely on alternative financial services, like check-cashing services, payday loans, rent-to-own agreements or pawn shops) is higher than the regional, state and national rates. Dayton Metro (for this analysis) is Greene, Miami, Montgomery, and Preble Counties. Source: *Unbanked Profile for Dayton, OH*. Produced by CFED under contract with the U.S. Dept. of the Treasury. www.joinbankon.org, accessed on August 15, 2013.

Income: Manageable Expenses

Because of the neighborhood they live in, credit history, or lack of access to transportation, low-income working families often pay more for basic goods and services, including groceries, healthcare, financial services, credit products, and insurance than families with higher incomes. Research shows that reducing the cost of living for lower-income working families by just one percent would add more than \$6.5 billion in new spending power in a community. Increasing the availability of and access to low-cost services and connecting low-income working families with appropriate consumer education will ensure that they remain healthy and purchase goods and services that are

³⁵ *Unbanked Profile for Dayton, OH*. Produced by CFED under contract with the U.S. Dept. of the Treasury. www.joinbankon.org, accessed on August 15, 2013.

fairly priced and within their budget, making it possible for them to work, avoid debt, and increase their ability to save and invest.³⁶

Local data for a proposed³⁷ indicator, “Number and percentage of low-income working families that purchase financial services, credit and loan products, insurance, furniture, and groceries that are priced at or below market rate and within their monthly budget,” are not yet available.

Income: Affordable Housing

Across the country, more than 4 million working families spend more than half their income for rent and/or mortgages, leaving them particularly vulnerable to eviction or foreclosure if their income is interrupted.³⁸ Figure 12 (page 16) showed that Montgomery County’s renters have less access to affordable housing than renters elsewhere, while Montgomery County’s homeowners generally have more affordable housing. Examining affordability data for jurisdictions within the County reveals that there are a number of areas where owners and/or renters face difficulty (Figure 36).

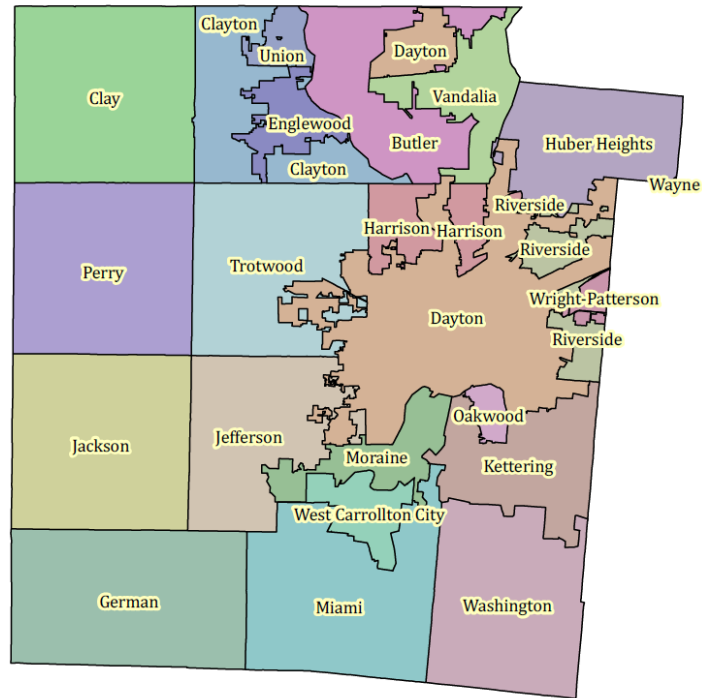
	Occupied Housing Units	Percentage with Monthly Housing Costs Greater than 30% of Income	Owner-occupied	Percentage with Monthly Housing Costs Greater than 30% of Income	Renter-occupied	Percentage with Monthly Housing Costs Greater than 30% of Income
Butler Township	3,474	26.7%	2,947	25.0%	527	35.5%
Clay Township	3,751	29.5%	2,857	23.9%	894	46.9%
Clayton	5,054	31.6%	4,237	28.2%	817	49.5%
Dayton	57,843	44.0%	28,146	30.0%	29,697	57.0%
Englewood	5,439	29.5%	4,012	22.3%	1,427	50.0%
German Township	3,307	25.8%	2,911	23.5%	396	43.0%
Harrison Township	10,139	39.2%	5,888	31.0%	4,251	50.6%
Huber Heights	14,532	31.2%	10,388	25.3%	4,144	45.8%
Jackson Township	2,369	31.5%	1,873	28.6%	496	42.3%
Jefferson Township	2,588	32.1%	2,034	30.1%	554	39.9%
Kettering	25,394	30.0%	16,603	22.6%	8,791	43.7%
Miami Township	21,108	31.1%	14,479	23.8%	6,629	46.8%
Moraine	2,529	38.5%	1,337	23.8%	1,192	55.2%
Oakwood	3,479	31.2%	3,004	31.7%	475	27.6%
Perry Township	2,422	32.7%	1,942	27.8%	480	52.3%
Riverside	10,704	33.2%	6,190	27.7%	4,514	41.0%
Trotwood	10,200	41.3%	6,148	32.3%	4,052	54.8%
Union City	2,551	30.0%	2,180	28.3%	371	40.2%
Vandalia	6,499	29.7%	4,365	23.7%	2,134	42.3%
Washington Township	24,154	28.1%	17,943	24.0%	6,211	38.8%
West Carrollton	6,010	31.6%	3,512	23.4%	2,498	43.4%

Figure 36. Using the 30% threshold (see page 16), housing affordability is an issue for owners and/or renters in many parts of the County. **Highlighted values** are those that are above the County’s values: 34.8% for all, 26.3% for owners, and 49.6% for renters. Source: American Community Survey 2011 5-year Estimates. See Reference Maps, page 44.

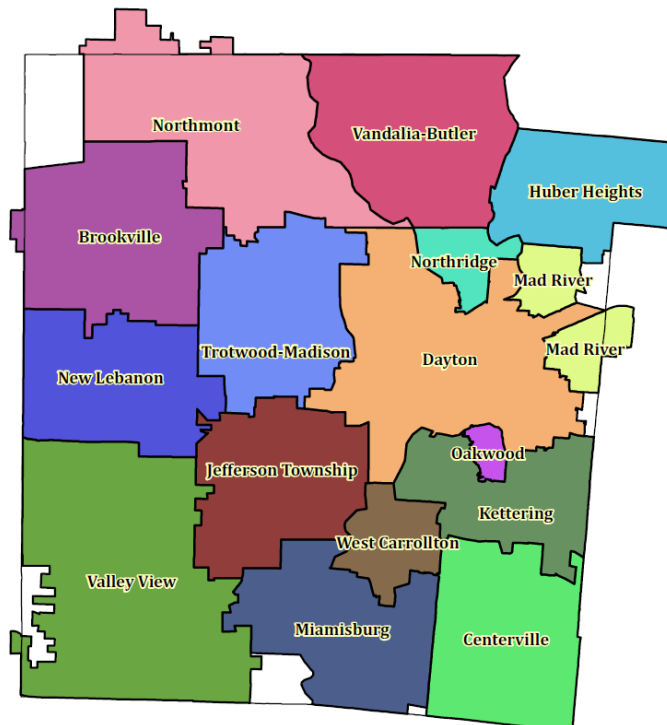
³⁶ United Way’s Income Strategies and Approaches (2010) United Way Worldwide, Alexandria, VA

³⁷ by United Way Worldwide, Alexandria, VA.

³⁸ United Way’s Income Strategies and Approaches (2010) United Way Worldwide, Alexandria, VA



County Subdivisions as reported by the Census Bureau. The word "Township" is omitted on this map to reduce clutter. No data are reported for Wayne Township and Wright-Patterson.



Montgomery County School Districts

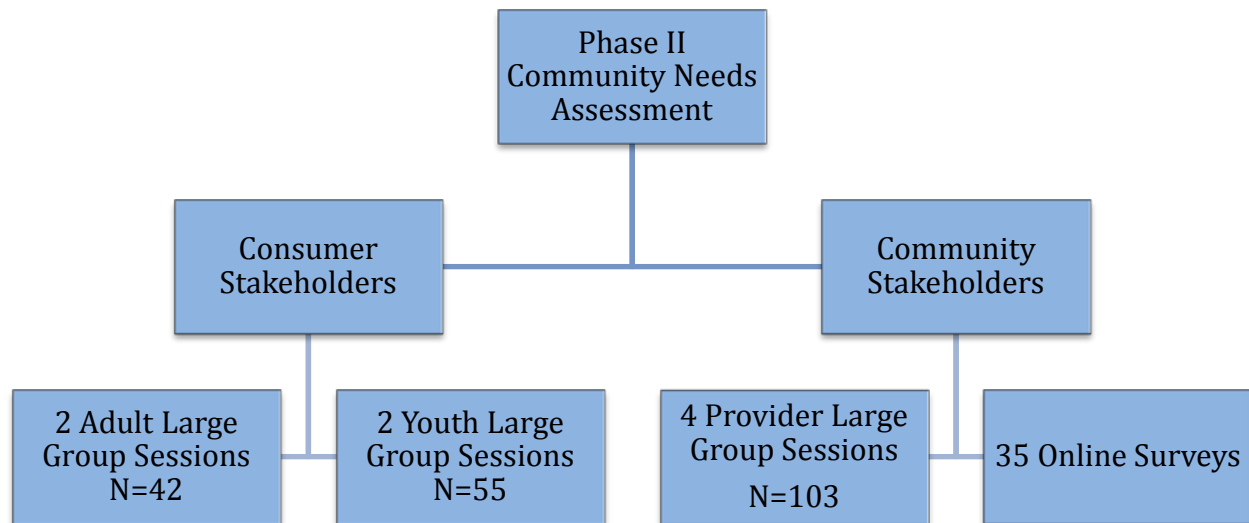
PHASE II ³⁹

Overview

The Phase II Community Needs Assessment for Montgomery County was initiated in order to inform the allocation recommendations following the release of the OFCF and UWGDA 2014 Joint Request for Proposals. OFCF and UWGDA worked in collaboration with the University of Cincinnati Action Research Center to conduct the second phase of the needs assessment (see Attachment B for more detail).

The Phase II Community Needs Assessment used a participatory approach to identifying relevant community needs and priorities. Four large group sessions were conducted with community stakeholders across a variety of sectors, including health and social service providers, volunteers, OFCF and UWGDA staff, and community partners. Community stakeholders who could not attend any of the large group sessions were invited to respond to an online survey about County needs and priorities. Four additional group sessions were held to elicit consumer perspectives about Montgomery County needs and priorities- two groups with youth and two with adult consumers. See the Figure 1 for a depiction of the sources of information.

Figure 1. Community Needs Assessment Sources of Information



³⁹ **Citation for this section:** Vaughn, L. M., & Jacquez, F. (2014). *Montgomery County Community Needs Assessment Phase II: Identified Needs and Priorities of Community Stakeholders and Consumers*. Dayton, OH: Montgomery County Office of Family and Children First and United Way of Greater Dayton Area.

As part of the large group sessions, community and consumer stakeholder attendees distilled the many county needs and priorities. To reflect the overarching themes prioritized by community and consumer stakeholder groups, the ARC team condensed community data and consumer data separately to reveal the primary and secondary needs and priorities of each set of stakeholders. Community stakeholders emphasized six primary themes and three secondary themes. Results from community stakeholder survey respondents corroborated the themes identified by community stakeholder large group session attendees. Consumer stakeholders also identified six main themes and three secondary themes, although consumer stakeholder themes varied from community stakeholder themes. Based on the results of this participatory needs assessment, conclusions and recommendations are provided.

Methodology—How We Gathered Information for Phase II

Group Level Assessments (GLAs) were conducted in Montgomery County to directly engage and tap into the wisdom of community and consumer stakeholders (i.e., relevant individuals and groups) in order to identify community-relevant needs and priorities. The GLA process stands in contrast to traditional approaches where the researcher decides the research/ assessment questions or interventions and determines which results are reported and which outcomes are important. GLAs are a participatory large group approach in which qualitative data are generated about an issue of importance through an interactive and collaborative process. For complete details, see Attachment C: Methodology. A total of 138 Montgomery County community stakeholders (103 GLA community stakeholder participants and 35 online survey respondents) and 97 consumer stakeholders also provided ratings regarding problems and barriers in Montgomery County; quantitative results are depicted in the charts below.

Four GLAs were held with a broad range of 103 community stakeholders representing various sectors of Montgomery County. Of the 103 community stakeholders, 47% were providers, 27% were volunteers, 14% were partners of ADAMHS, Montgomery County, UWGDA, and Public Health, 7% were from other community, funding, or grassroots organizations, and 5% were staff. Community stakeholders who could not attend any of the GLAs were invited to complete an online survey that coincided with topics discussed in the GLA sessions; 35 community stakeholders responded to the survey.

Four additional GLAs were held with consumer stakeholders—two with adult consumers and two with youth consumers. See table below for more information about each individual GLA.

GLA Sessions	Date	Location	Participants	Number of Attendees/ Respondents
1	September 26, 2013	ADAMHS Board for Montgomery County	community stakeholders	18
2	September 30, 2013	Miami Valley Regional Center	community stakeholders	29
3	October 9, 2013	Montgomery County Educational Service Center	community stakeholders	33
4	October 11, 2013	Union Hall	community stakeholders	23
5	October 12, 2013	The Job Center	youth consumer stakeholders (Youthworks Program ⁴⁰)	37
6	October 21, 2013	The Job Center	adult consumer stakeholders	9
Survey	Completed by October 22, 2013	Online	community stakeholders who could not attend any of the GLA sessions	35
7	February 17, 2014	Montgomery County Public Library	Adult consumer stakeholders	33
8	February 18, 2014	Montgomery County Public Library	Youth consumer stakeholders	18

⁴⁰ Youthworks is a workforce development program for teens from low-income households in Montgomery County.

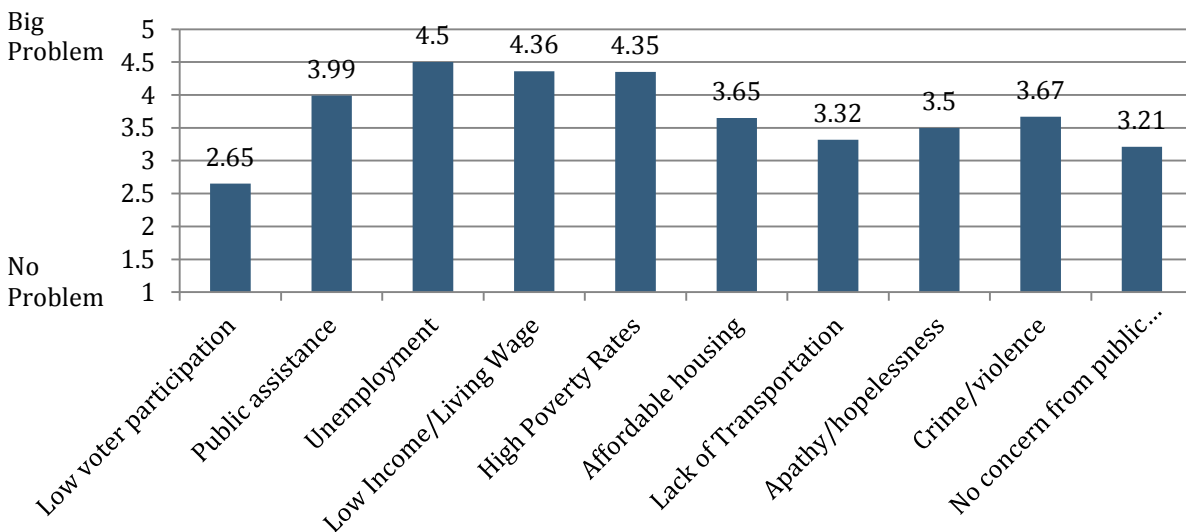
Community Stakeholder Results

Primary Identified Needs and Priorities

Jobs that Pay a Living Wage and Match Skills of Residents

The most consistent theme across community stakeholders was the need for jobs that pay a living wage and match the skill levels of workers in Montgomery County. The theme was discussed in all four community stakeholder GLA sessions and identified as the most important area of concern on quantitative questions. Specifically, when asked to rate the severity of unemployment as a barrier in Montgomery County, the mean community stakeholder rating was a 4.50 out of 5 on a 1-5 scale with 1 signifying *no problem* and 5 signifying *big problem* (N=77; see Figure 2).

Figure 2. The biggest barriers in our community are...

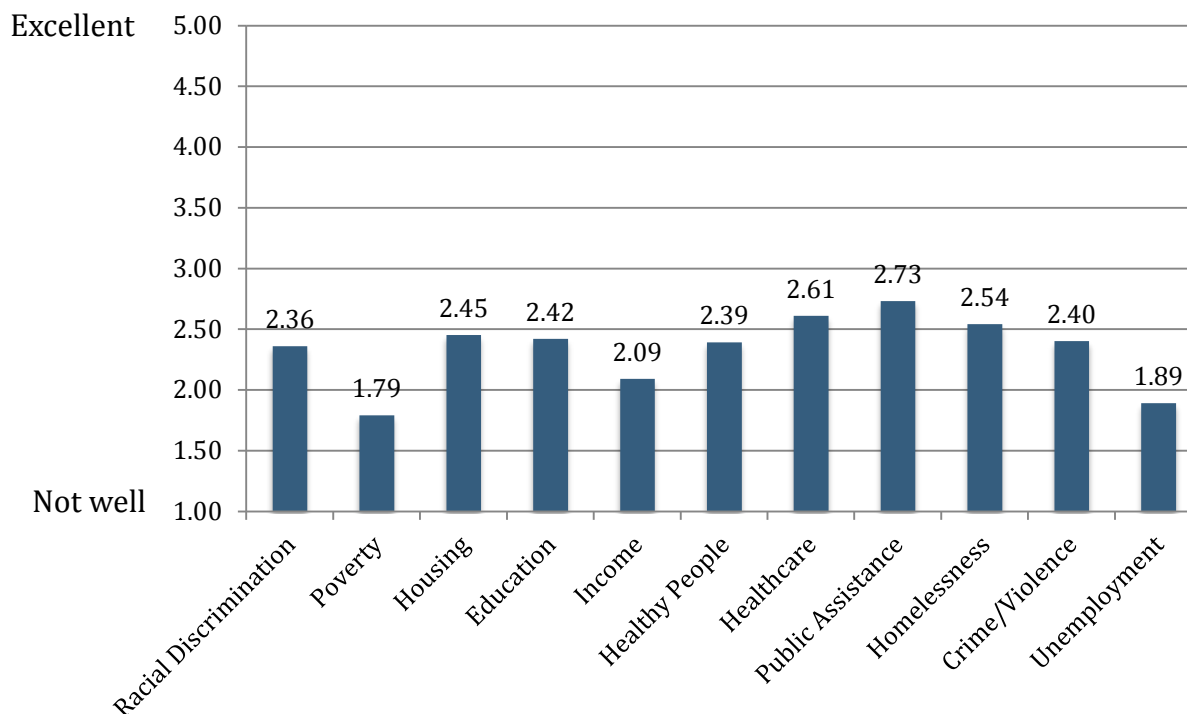


When asked to rate how Montgomery County is doing in terms of employment and jobs, community stakeholder ratings were lower than any other area (1-5 scale with 1 signifying *not well* and 5 signifying *excellent* ; M=1.89; N=84; see Figure 3). Community stakeholder survey respondents also prioritized jobs and jobs readiness. When asked about the most pressing need in Montgomery County, many participants prioritized employment-related needs, including “jobs with living wages”, “better paying jobs for college grads,” and “a workforce able to draw employment and prosperity to our area.” Survey participants also noted that the unemployed and working poor are vulnerable populations in Montgomery County and that neighborhoods would be safer if employment opportunities improved and more people made a living wage.

Three of four community stakeholder groups emphasized the importance of good job opportunities as a necessary prerequisite for success in every other realm, including family stability, community development, and education. As community stakeholders explained, stable jobs lead residents out of poverty and allow them to meet their basic

needs, which in turn allows residents to focus on other areas of life (health promotion, community engagement, etc.).

Figure 3. How are we doing in Montgomery County...



To improve employment opportunities for Montgomery County residents, community stakeholders had two possible areas for intervention: 1) create living-wage jobs with skill requirements that match the skills possessed by residents or 2) create living-wage employment opportunities that have job training as part of the hiring process. One community stakeholder group suggested implementing a countywide focus on connecting job training with job creation. Notably, survey respondents corroborated both of these suggestions.

Two community stakeholder groups mentioned the location of existing jobs as a major barrier to success for Montgomery County families. Specifically, community stakeholders described a trend in which jobs have moved outside the city and into the suburbs. Jobs that are available in the city often do not match the skill levels of the city residents and/or do not pay a living wage.

Community Member Involvement is Key

A theme consistent through each of the four community stakeholder groups was the “necessary and critical” role of community members in the conversation about Montgomery County’s needs and creating solutions to address those needs. Community stakeholder participants believe that understanding the perspective of community members is critical in developing and implementing services that make sense for

Montgomery County residents. Community stakeholders described the need to “understand consumers’ reality” and to know “what it is like to walk in the shoes of community members” in order to know how to effectively address needs and improve services. One community stakeholder summed up the perspective with a phrase often used by her clients: “nothing about us, without us.” Citizen involvement was identified as particularly critical for vulnerable groups and those that are “hidden”, including youth, seniors, and residents with mental illness. Although not as commonly mentioned in survey responses, some survey participants did prioritize the need for community member involvement in countywide decision making. For example, one participant noted that the most pressing need in the County is to include consumers and providers in decision making because these parties “are NEVER asked or allowed to be on task force committees” making decisions.

Inherent in the need for community involvement was the opportunity for service agencies to engage families. In order for community residents to be involved, community stakeholders described the need for agencies to create an environment where “the common citizen can feel comfortable being a part of the conversation.” One community stakeholder group suggested that a grassroots, community-organizing approach might be the most effective way to get families involved in creating solutions to problems in Montgomery County.

Increased Communication and Collaboration across Montgomery County

Each of the four community stakeholder groups noted that a major strength of Montgomery County is the many service agencies and innovative professionals dedicated to serving residents; however, each group noted that the County would be better served with increased communication and collaboration across agencies and between agencies and consumers. Community stakeholders believed that by improving communication and collaboration across agencies, Montgomery County could reduce duplication in programs and avoid redundancy. Increased communication would help engage “hidden resources” in the community (e.g., churches, sororities, etc.). One community stakeholder group specifically mentioned the need to collaborate across neighborhoods so that successful programs can be highlighted and made available to community members throughout the County.

Community stakeholder groups suggested specific strategies to increase cooperation and collaboration. Two groups emphasized the need for strong collaborative leadership from key community members and agencies. By including community members in addition to representatives from community stakeholder agencies, the collaborative leadership group would ensure that the community voice was heard before making important decisions. One group suggested that the County create a service navigation system and include geomapped services available to residents.

Interestingly, survey respondents highlighted community and collaboration as a strength in Montgomery County. When asked what Montgomery County can be proud of, survey respondents described well-intentioned providers who have the ability to work together effectively. For example, individuals noted, “many people and agencies work

together for the common good”, “agencies work together and cooperate in working for a better community”, we have “a record of cooperative action”, and that Montgomery County is a “community that works together to achieve goals that are collectively beneficial.” In conjunction with the need for collaboration and communication clearly identified by community stakeholder groups, survey responses suggest a significant opportunity to build on an existing strength to address an identified problem.

Cycle of Poverty Must Be Broken

All four community stakeholder groups discussed the cyclical nature of poverty and the barriers that poverty creates for Montgomery County residents in terms of access to education, healthcare, housing, and employment. Poverty was prioritized as one of the most significant problems in the County and the root of most other social problems. Community stakeholders believe that poverty prevents many Montgomery County residents from meeting the basic needs of their families (e.g., food, housing, and health) and until basic needs are met, individuals “can’t worry about anything else.” In quantitative ratings across all community stakeholder groups, poverty was identified as one of the most significant problems in the County. For example, when asked to rate on a 1-5 scale with 1 signifying *no problem* and 5 signifying *big problem*, the severity of High Poverty Rates as a barrier in the community, the average response was 4.35 (N=76; see Figure 2 above). When asked how Montgomery County is doing in terms of poverty, the mean community stakeholder response was 1.79 on a 1-5 scale with 1 signifying *not well* and 5 signifying *excellent* (N=83; see Figure 3 above).

Two community stakeholder groups suggested that in order to break the cycle of poverty, Montgomery County needs to identify ways to empower families to become self-sufficient, relying on themselves rather than the system. Specifically, one group reported the most influential pathways out of poverty are improving educational outcomes, helping residents gain meaningful employment, and increasing access to services that create a pathway toward self-sufficiency. Survey respondents corroborated the poverty-related themes identified in community stakeholder groups; in fact, the need to support families in becoming self-sufficient in order to break the cycle of poverty was one of the most common themes in survey responses. For example, when asked about the most pressing need in Montgomery County, responses included “helping people to become as self-sufficient as possible” and “helping individuals and families in poverty work toward and achieve self sufficiency.” When asked to identify the most vulnerable groups in Montgomery County, respondents mentioned “those with a history of unemployment and dependence on public assistance” and those who need “opportunities to lift themselves out of poverty.”

Increased Parental Involvement in Schools and Supportive Educational System

All four community stakeholder groups identified increasing parental involvement in schools as the greatest need in terms of education in Montgomery County. Community stakeholders noted that families, particularly those experiencing poverty, are often characterized by instability and the lack of parental involvement in schools is related to the lack of stability in families overall. In order to increase parental involvement in schools, according to community stakeholders, interventions should seek to increase the value that

adults/parents place on education and learning and to promote motivation among students and their families.

Mental Health as a Prioritized Health Concern

All four community stakeholder groups prioritized the need for mental illness (including substance abuse) interventions in Montgomery County. Individuals with mental illness were described as a hidden, vulnerable population “because of stigma, cost, time, and access.” Mental health resources were described as “inadequate and difficult to access” in Montgomery County. Three community stakeholder groups discussed the stigma around mental health services that makes individuals in need reluctant to access those services that are available.

Community stakeholder survey respondents corroborated the prioritization of mental health as a major need in Montgomery County. It is important to note that survey respondents emphasized substance abuse as a major component of the mental health need. When asked to identify the biggest mental issue/need in Montgomery County, the most common response emphasized access to quality services (e.g., “lack of resources, access to quality care, services available more timely”).

Secondary Identified Needs and Issues

Early Intervention in Education

Three of the four community stakeholder groups mentioned early intervention, including kindergarten readiness, as a major need in the Montgomery County educational system. Two groups identified youth as a vulnerable population and noted that “early intervention targeting at-risk youth is essential” in ensuring youth success. Similarly, when asked to describe Montgomery County’s biggest educational need, community stakeholder survey respondents commonly mentioned kindergarten readiness and early intervention. Survey participants mentioned early interventions as a pressing need in Montgomery County and a requirement for Montgomery County youth to be successful.

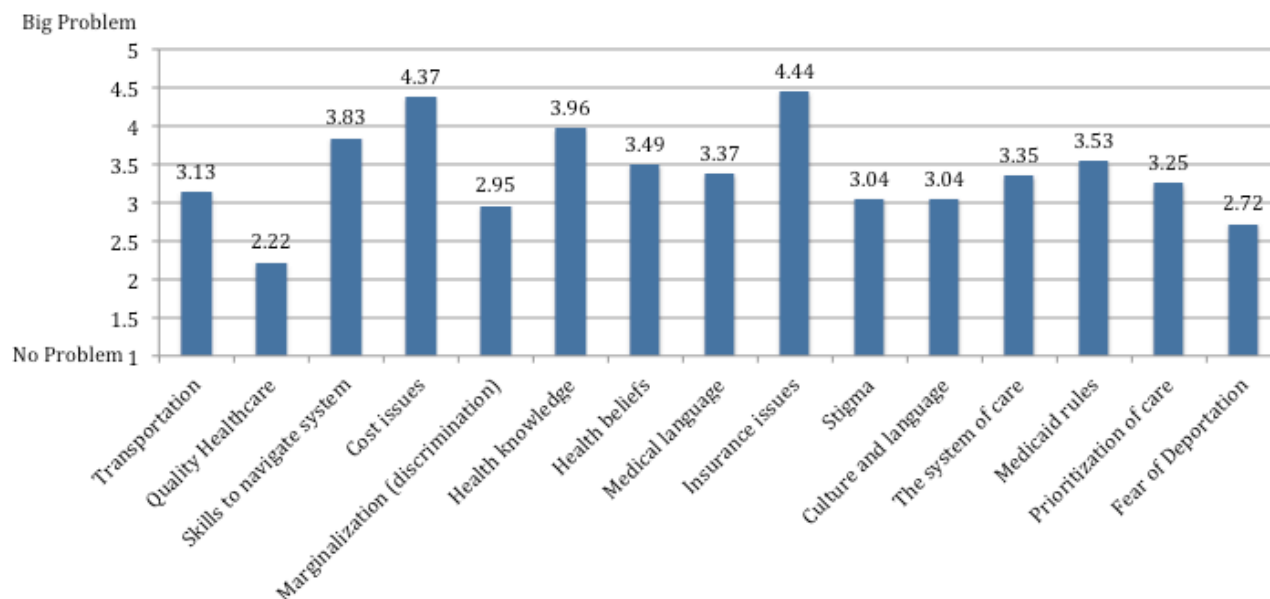
Recognizing and Addressing Discrimination/Racism

Two community stakeholder groups identified racism and/or discrimination as a critical issue that is “hidden” or “swept under the rug” in Montgomery County. In a quantitative question asking “How well is Montgomery County doing in terms of racial/ethnic discrimination”, community stakeholders on average rated the County as 2.36 on a 1-5 scale with 1 signifying *not well* and 5 signifying *excellent* (N=87; see Figure 3 on page 49). In addition to race and ethnicity-based discrimination, gender, sexual orientation, and class-based discrimination were also noted to be a problem. Several community stakeholders mentioned the specific discrimination targeting African American men, who have higher rates of incarceration and separation from the family unit.

Healthcare Cost Restricts Access

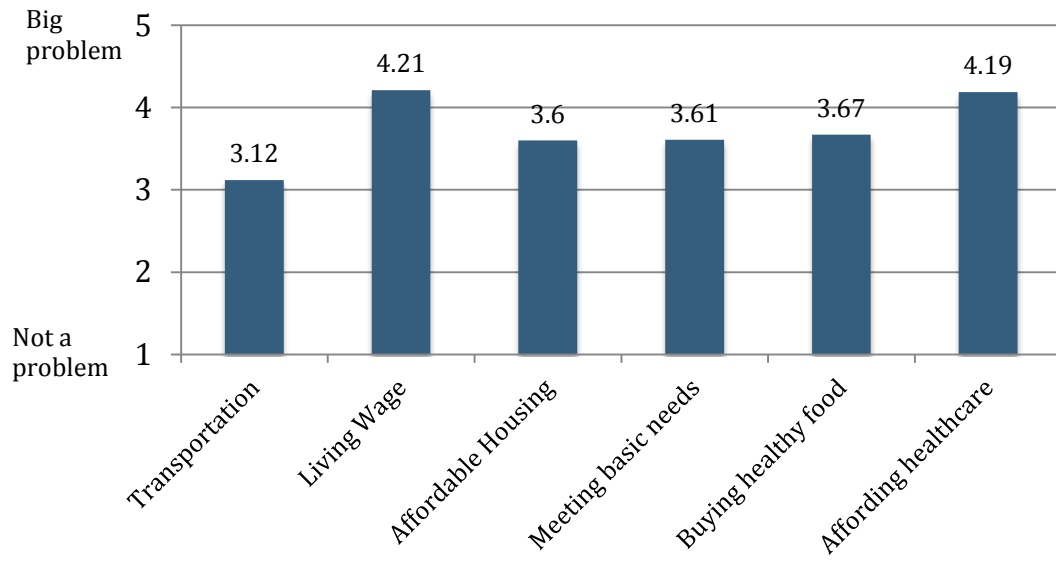
Taking quantitative and qualitative analysis together, results suggest that access to quality healthcare options is limited because of cost and insurance barriers. When asked to rate the severity of barriers to healthcare on a 1-5 scale with 1 signifying *no problem* and 5 signifying *big problem*, community stakeholders rated cost issues (M=4.37) and insurance issues (M=4.44) the highest, indicating that community stakeholders view financial barriers as the most significant barriers to healthcare (see Figure 4).

Figure 4. Rate the biggest barriers to healthcare in Montgomery County...



Similarly, when asked to rate the severity of a variety of financial difficulties in Montgomery County, community stakeholders rated Affordable Healthcare as a major barrier (M=4.19; see Figure 5). Community stakeholder survey participants responded in a similar fashion; when asked to identify the biggest physical health need/issue, the most common response alluded to affordable access to healthcare. In qualitative analysis, community stakeholders mentioned access to care and a lack of healthcare options (including mental, physical, dental, and substance abuse) in the community as the significant barriers to health.

Figure 5. The biggest financial difficulties in Montgomery County are...



Consumer Stakeholder Results

Primary Identified Needs and Priorities

Youth Support Resources

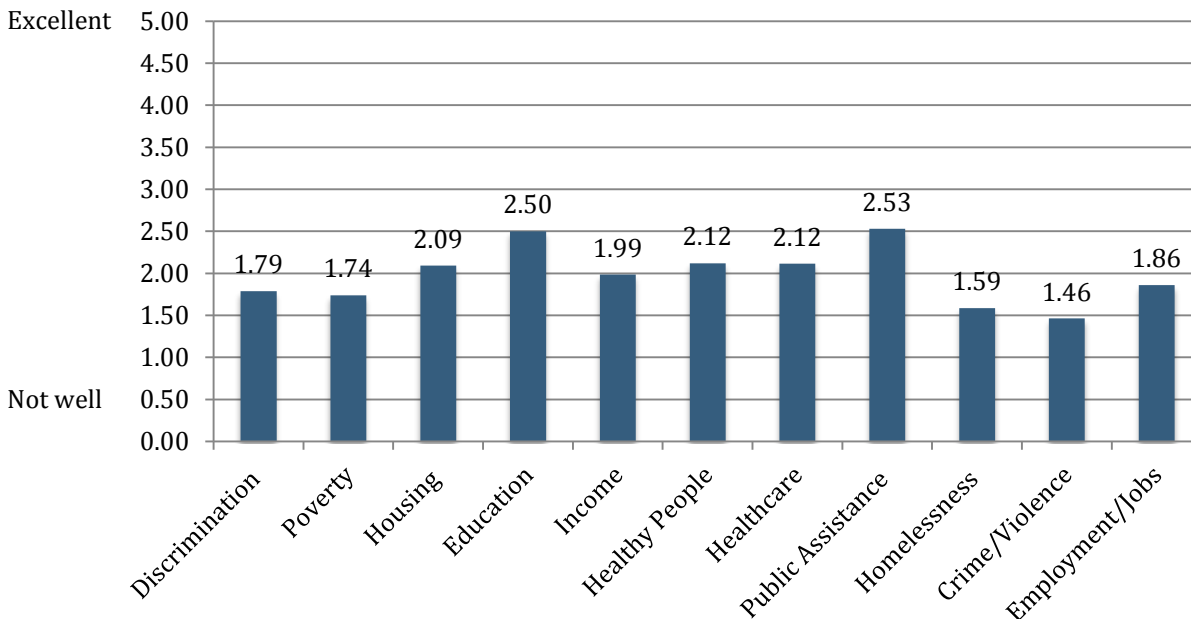
An overarching theme in both youth consumer stakeholder groups was a lack of support, resources, and encouragement for youth in Montgomery County. Youth believe that the problems experienced by adults in Montgomery County started when those adults were in school; therefore, by increasing community support services for youth, Montgomery County could help to prevent problems in adulthood. Although more strongly endorsed by youth consumer stakeholders, both adult consumer stakeholder groups also mentioned a need for increased support for youth in Montgomery County. Youth consumer stakeholders described the multitude of negative influences coming from many directions; crime, drugs, and lack of stable income all exert pressure that interferes with success. The lack of support and resources lead youth to feel hopeless and unmotivated. To stop negative cycles, youth described the need for increased parental involvement. Adult consumer stakeholder groups also emphasized the need for parents to be more involved in their children's education and in their lives as a whole. Youth specifically mentioned the need to empower fathers to support their children and be actively involved in the lives of their children.

In addition to parental involvement, consumer stakeholders described the need for improvements in youth support systems. One adult consumer stakeholder group described an education system that relied on suspensions to deal with problem behaviors in youth. Instead, adults would like to see support systems in place to help youth achieve. Youth also described a need for mentoring programs that provide positive role models as well as concrete skill mentorship (e.g., support applying for college and scholarships). One youth consumer stakeholder group also mentioned peer-to-peer support through recreation centers and afterschool programs as a strategy for youth to provide a positive influence to one another.

Need to Prioritize Safety & Crime

Both youth and adult consumer stakeholders described crime and lack of safety as major challenges of living in Montgomery County. On quantitative questions, consumer stakeholders rated crime and violence as the area in which Montgomery County is doing the poorest (see Figure 6).

Figure 6. How are we doing in Montgomery County...



Because of the location of Dayton at the I-70/I-75 Crossroads, consumers believe their community has become a popular place for criminal activity coming from out of state. Consumer stakeholders believe more attention should be paid to the crime in their communities. Youth in one consumer stakeholder group described safety as their #1 concern. They believe the lack of safety is a major barrier to residents being engaged in their communities. The other youth consumer stakeholder group specifically targeted drugs as the crime challenging community safety. Youth said that drugs ruin positive community spaces like public parks.

Resources for Homelessness Prevention & Intervention

Homelessness issues were a primary concern for one adult consumer stakeholder group and both teen consumer groups emphasized youth homelessness as a significant problem in Montgomery County. On quantitative questions, consumer stakeholders rated homelessness as one of the issues in which Montgomery County was doing most poorly (see Figure 6).

Adult consumer stakeholders describe high unemployment and mental illness as the primary root causes of homelessness. Although Section 8 housing could be a strategy to address homelessness, participants described many barriers to subsidized housing, including long wait times and negative living conditions (e.g., bed bugs, unsafe neighborhoods). Adult consumer stakeholders passionately described hopelessness, depression, and despair as the consequences of homelessness, perpetuating a negative cycle that is hard to escape. Teen consumer stakeholders emphasized a need for more resources specifically for homeless youth, including more teen homeless shelters and more flexible shelter requirements (e.g., not requiring birth certificate). Adult consumer stakeholders also described specific needs for the homeless in Montgomery County. Adults described the need for more shelters for men and more indoor spaces that can be accessed by homeless citizens during the day, like public libraries.

Improved Job Opportunities for Adults

All consumer stakeholder groups mentioned the problem of unemployment. The negative repercussions of unemployment described by consumer stakeholders ranged from homelessness to loss of family stability, but particular emphasis was placed on drug abuse. Adult consumers described drugs as the way that people cope with the stress of unemployment. Youth and adult consumer stakeholders described the need for retraining of adults for higher skills jobs. Youth stressed the need to retrain adults for higher-skill employment so that lower-skill jobs (e.g., fast food) can become available to youth, thereby increasing job opportunities for all ages. One adult consumer stakeholder group mentioned that unemployment resources and retraining programs are available, but they are underutilized by Montgomery County residents.

Need for Engaged, Committed City Leaders

Both adult consumer stakeholder groups emphasized a need for engaged, committed city leaders. One group described a lack of involvement of current city leaders at the neighborhood and community levels. They also described a lack of follow-through in community projects in a variety of arenas (education, housing, etc.). Consumers expressed disappointment in projects starting but never seeing completion. Similarly, one of the adult consumer stakeholder groups lamented a lack of accountability by public officials, which they believe has led to a decline in Montgomery County functioning.

Need for Health Education for Youth

A major strength of conducting two groups with youth consumer stakeholders is the ability to uncover needs that youth are not regularly discussing with adults. In this project, the youth-prioritized need was health education, particularly reproductive health education. Youth expressed a desire to have better access to information about the prevention and treatment of sexually transmitted infections. Youth also believed classes should be available to support pregnant and parenting adolescents. In addition to reproductive health education, youth consumer stakeholders believed that youth within the county would benefit from more general health education relating to smoking, drugs, and healthy food choices.

Despite the importance of reproductive health education to youth consumer stakeholders, reproductive health education was not mentioned by the adult consumer groups during the GLA process. Interestingly, youth seem to understand that sex education is not prioritized by adults, as they described sex and sex education as the issue most often “swept under the rug” in Montgomery County. The inconsistency between adult and youth perspectives suggest that in order to effectively reach youth, youth must be included in program planning processes.

Results: Secondary Identified Needs and Issues

Potential of Consumer Engagement

Consumer stakeholders described many strengths among the people of Montgomery County. A great deal of talent and potential exists throughout the county, but the county could better engage consumers to benefit from that talent. Some communities are close-knit and residents rely on one another when in need. Montgomery County might consider benefiting from the close networks of residents by opening more community centers to bring more people together. Consumer stakeholders also mentioned that they rely on word of mouth to find out about resources and policies, so Montgomery County might identify strategies to better connect with community stakeholders and take advantage of the power of word of mouth. Finally, youth emphasized that in order for programs to have a large impact, policymakers and social service agencies should listen to the perspectives of youth as well as adults.

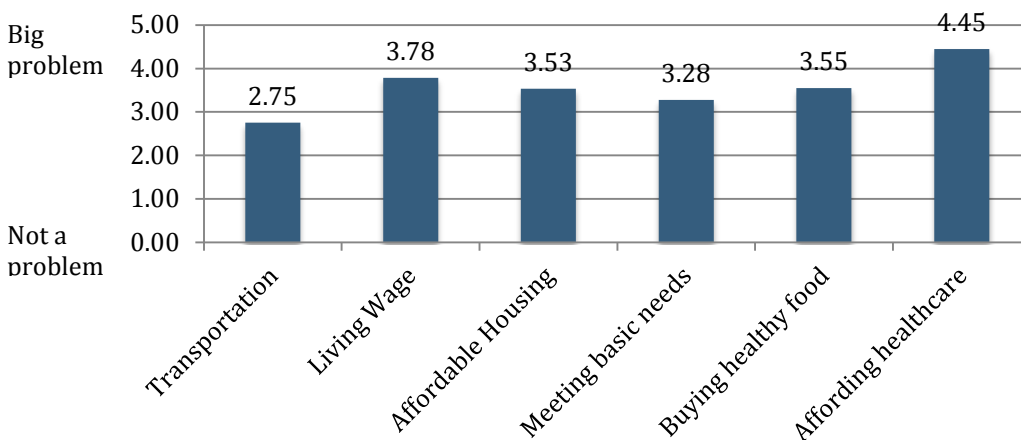
Personal Responsibility

Both youth consumer stakeholder groups mentioned personal responsibility of individuals as crucial in larger social change. A major theme in one group of youth was the idea that “change requires people to change themselves first.” Although youth had several suggestions to improve education, they also mentioned that the absence of personal responsibility impedes education in Montgomery County.

Transportation a Barrier for Some

The results regarding transportation as a barrier were mixed. Adult consumer stakeholder groups described transportation as significantly limited by cost and hours of operation. Adults felt that because shops and services are not located in inner city neighborhoods, transportation is a barrier for accessing goods and resources. In contrast to adults, youth did not see transportation as a significant problem in Montgomery County. In quantitative questions across all consumer focus groups, transportation was actually ranked lowest among financial difficulties in Montgomery County (see Figure 7 below), though averages ranked significantly (1.83-3.56) across individual groups.

Figure 7. The biggest financial difficulties in Montgomery County are...



Summary and Discussion

Although community and consumer stakeholder groups had overlap in their discussion, the salient aspects of Montgomery County's needs and priorities differed. As depicted in the table below, only two themes reflected a similar perspective: Jobs and Community Member Involvement.

Community Stakeholders	Consumer Stakeholders
Primary Themes	
Jobs that Pay a living Wage and Match Skills of Residents	Improved Job Opportunities for Adults
Community Member Involvement is Key	Youth Support Resources
Increased Communication and Collaboration across Montgomery County	Resources for Homelessness Prevention & Intervention
Cycle of Poverty Must Be Broken	Need to Prioritize Safety & Crime
Increased Parental Involvement in Schools and Supportive Educational System	Need for Engaged, Committed City Leaders
Mental Health as a Prioritized Concern	Need for Health Education for Youth
Secondary Themes	
Early Intervention in Education	Potential of Consumer Engagement
Recognizing and Addressing Discrimination/Racism	Transportation a Barrier for Some
Healthcare Cost Restricts Access	Personal Responsibility

Note: Dashed lines highlight overlapping themes.

In terms of **jobs**, both community and consumer stakeholders emphasized the need for more jobs that pay a living wage in Montgomery County. Both community and consumer stakeholders emphasized the need for jobs that matched the skills of the currently unemployed or provided appropriate training. Even youth mentioned the need for job training that prepared adults for higher level positions, thereby leaving entry level employment opportunities open for youth. All community and consumer stakeholders noted the central role of jobs in the overall quality of life for Montgomery County residents.

Unemployment has ramifications for mental health, homelessness, drug abuse, and crime and is a major initiator in the cycle of poverty that is problematic in Montgomery County.

Both community and consumer stakeholder groups noted the potential and importance of **community involvement** in decision-making and program planning in Montgomery County. Community stakeholders emphasized the importance of direct involvement of consumers as key to effectively implementing services that correspond to consumer needs. Particularly for vulnerable groups and hidden populations, all stakeholders agreed that consumer collaboration is necessary for success. Consumers emphasized the potential that exists among residents of Montgomery County, an area characterized by close-knit communities of individuals and families who support one another.

Overall, community and consumer stakeholders emphasized similar issues with overlapping content: mental health, parental involvement, safety/crime, homelessness, and youth services; however, the perspectives of consumers versus community stakeholders were different. Whereas community stakeholders tended to describe issues in terms of root causes (e.g., mental health issues, poverty), consumers tended to emphasize the problems associated with living through experiences (e.g., homelessness, crime/safety).

The need to increase and improve **mental health** services was identified by community stakeholders as a primary need within Montgomery County. Community stakeholders noted substance abuse as a major component of the mental health need. Consumer stakeholders also discussed mental illness as a problem but emphasized the contribution to and association with homelessness rather than mental illness or mental health services as solitary issues.

Community and consumer stakeholders described increased **parental involvement** as essential. Community stakeholders and adult consumers emphasized parental involvement in education while youth focused on parental involvement in their lives.

Safety and crime issues were identified as problematic by both community and consumer stakeholders. Community stakeholders mentioned crime/violence as both a symptom and outcome of poverty while consumer stakeholders prioritized violence and crime as the area in which Montgomery County is doing the poorest. Consumers agreed that safety and crime should be a primary focus in Montgomery County—one that warrants more attention. Consumers described the lack of safety as a major barrier to residents being engaged in their communities and explained that crime in Montgomery County is clearly linked to drugs.

Issues related to **homelessness** were discussed across community and consumer stakeholder groups. However, homelessness and increasing resources to address homelessness were described as an explicit priority for consumer stakeholders while community stakeholders felt that poverty, mental health and substance abuse were more pressing issues to address in Montgomery County.

Community and consumer stakeholders highlighted needs related to community resources. For community stakeholders, the discussion about **community resources** centered on reducing duplication in programs and improving communication and collaboration across

community agencies. For consumer stakeholders, the discussion about community resources was focused more on how residents learn about resources through word of mouth given their tight-knit communities. Youth consumers emphasized the need for community resources specifically targeting youth.

Conclusions and Recommendations

Based on the primary and secondary themes identified by community and consumer stakeholders, we offer eleven conclusions and recommendations that can inform Montgomery County programs, services, and agencies to more effectively target community needs and priorities.

1. Community Involvement

Community and consumer stakeholders identified community involvement as critical to adequately address County needs and priorities and improve services in Montgomery County. The County should find concrete ways to authentically collaborate with consumers and community residents who can provide much-needed perspectives of contextual relevance and feasibility of services. We recommend expanding the definition of “stakeholder” and “partner” to include consumers, youth, and other community residents who are typically considered service recipients and are not involved in decision-making.

There are a variety of successful models that facilitate the process of community involvement in decision-making and action planning. We recommend that Montgomery County consider multiple ways to engage community members. In the short term, we recommend that consumers and community residents be involved in multi-agency action groups to address each of the identified needs and priorities in this report. In other words, the people experiencing the identified problems must be involved in creating the solutions. For instance, individuals who have prior experience with mental health or addiction should be called upon to provide input on the best way to improve access to quality mental health services. Longer term community engagement efforts could include the establishment of community and neighborhood advisory councils, particularly in underserved and less engaged areas, consumer involvement on existing committees, town hall meetings, participatory/collaborative co-research projects, community champions, community organizing approaches, and lay health/education worker models.

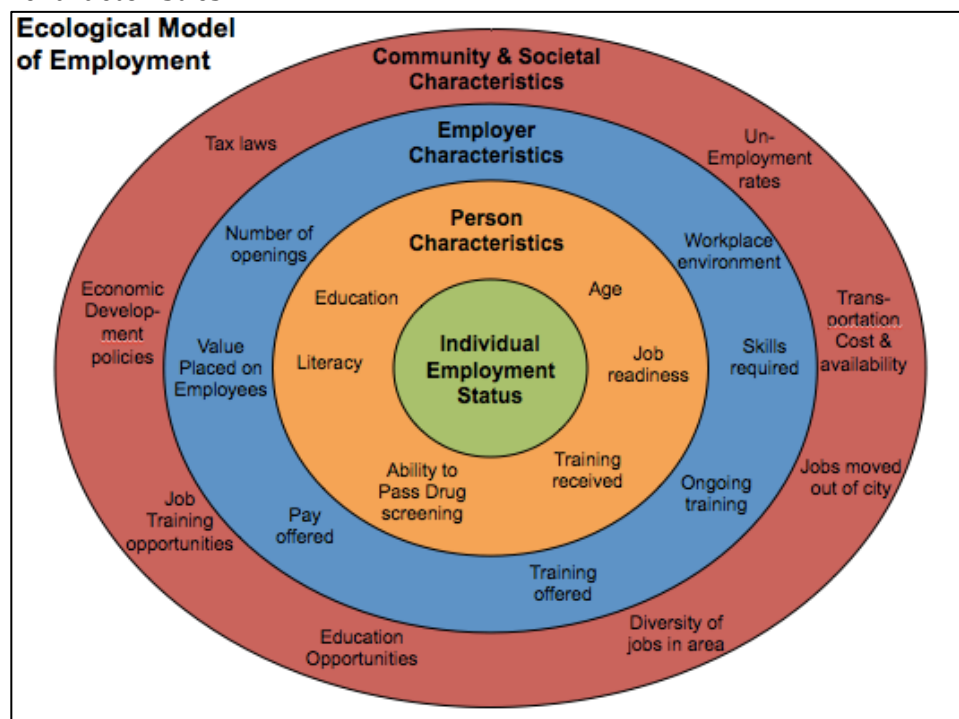
To increase the sustainability of existing programs and services and to facilitate lasting change, the need for diverse stakeholder and consumer input is particularly important. By getting diverse stakeholders from different “walks of life” to the table, interventions and programming can be piloted with “buy-in” from all sides rather than being implemented independently. This type of community engagement moves from what Schein (1999) calls the “Dr./Patient model” to what Weisbord (2004) refers to as getting “everybody working to improve whole systems.” Such an approach allows for equitable input by all relevant parties who have the knowledge and expertise to inform services and develop meaningful action plans. Community involvement in the

development or implementation of programs has been shown to have significant benefits, including higher quality decisions, increased capacity for managing the targeted issue, increased social capital among stakeholders, and overall improvements in the targeted outcome (Beierle & Konisky, 2001; Maak, 2007; Newman et al., 2011). Engaging diverse consumers, youth and community residents has the potential to mobilize the efforts of other community members toward a common purpose (Ganz, 2010). Having an intentional and structured stakeholder engagement process offers the potential to overcome the relative isolation of consumers by creating shared responsibility for collective action to address priorities in the County.

2. Employment

The biggest risk for Montgomery County is the dearth of employment opportunities that match the skill level of residents, a problem that initiates and exacerbates the cycle of poverty and other negative outcomes including homelessness, unstable families, and drug abuse that stakeholders describe as prevalent in the area. Across group sessions with both community and consumer stakeholders and in the online survey, participants generated several reasons for chronic unemployment and suggested many targets for intervention across the continuum of jobs from entry level to higher skilled jobs. Youth consumers focused on the need to retrain adults for higher-skill employment so that lower-skill jobs would be available to youth.

Rather than focus on any one intervention as a possible “cure” for unemployment, it is helpful to think about employment in terms of Ecological Systems Theory, or the notion that individuals are influenced by the systems they live within and interactions between those systems (Bronfenbrenner & Bronfenbrenner, 2009). The figure below describes how an individual’s employment status might be influenced not only by their personal characteristics, but also by the employer characteristics as well as community and societal characteristics.



Each of the examples described in the figure are based on actual quotes from community and consumer stakeholder groups and survey responses. As displayed in the figure, whether or not an individual person can get a job is influenced by their education, their ability to pass a drug screen, or their level of literacy. However, a person's job prospects are also influenced by the employer, including the training offered to new employees, the number of openings, and the skills required for the position. In addition to personal and employer characteristics, the ability for an individual person to get a job is also influenced by larger community and society-level factors, including the transportation available to reach the job, the educational opportunities available in the area, and the economic development policies of the County that might encourage new businesses to hire more employees.

Montgomery County community and consumer stakeholders described the complexity of the employment problem in the County and suggested a multitude of solutions. We recommend that the most effective way to increase employment is to address the multiple systems that contribute to an individual's ability to get and keep a job that pays a living wage.

3. Collaboration across agencies

Community stakeholder groups identified the need for increased communication and collaboration across agencies and between agencies and consumers. An important opportunity for Montgomery County is to expand the existing strong communication and collaboration between hard-working and well-meaning agencies and institutions to better address community needs and reduce redundancy and duplication of services. Increased communication and collaboration would not only help identify "hidden resources" in the community (e.g., churches, sororities, etc.) but could also help to mobilize pockets within the community to address particular issues of relevance. Adult consumer stakeholders described the existence of tight-knit communities that rely on each other for support and want to be involved with community development efforts.

Adult consumer stakeholders also identified the need for committed and engaged city leaders who follow through with projects once they are started and who are willing to directly engage with consumers at the neighborhood and community level. We recommend establishing cross-agency teams/coalitions that include diverse stakeholders and consumers to address complex problems associated with vulnerable groups. OFCF and UWGDA may want to consider facilitating regular coalition meetings that invite new and different partners to the table including leaders and public officials. For example, in Adams County Ohio, community stakeholders have established the cross-agency Adams County Health & Wellness Coalition to work together to apply for funding opportunities rather than competing against one another for grants. Further, we suggest that as part of their progress reports, OFCF and UWGDA funded agencies must demonstrate collaboration with other agencies and consumers with the understanding that future funding would depend on successful county collaboration and community engagement.

4. Youth Support and Service

A powerful opportunity exists in the untapped potential of youth in Montgomery County. Montgomery County youth emphasized an overwhelming lack of support, resources, and encouragement from adults and local organizations and the negative impact that this has across multiple arenas of their lives. Youth consumers described the prevalence of negative influences in their lives including crime, drugs, lack of parental involvement, and lack of stable income. The lack of support and resources lead youth to feel hopeless and unmotivated. We recommend expanding innovative educational and occupational development opportunities for youth especially programs and initiatives that partner directly with youth to target their expressed needs and priorities. Youth consumers described essential needs for parental involvement in their lives, increased support including mentorship regarding jobs and educational skills, and education about all aspects of reproductive health. Comprehensive life development tools including workplace preparedness, financial management, sex education and family stability are essential for youth particularly when youth can be actively involved in the program planning.

5. Moving Toward Self-Sufficiency

Montgomery County residents are struggling to meet basic needs for themselves and their families. Many residents report that they need a path to self-sufficiency through employment so they can make ends meet to pay for housing, healthcare, food, and transportation. A risk for agencies that provide services is that consumers may come to depend on continued assistance. Consumers also discussed the role of individuals in changing their own lives; in fact, both youth consumer groups emphasized the necessity for personal responsibility to affect positive change in Montgomery County. We suggest that OFCF and UWGDA funded agencies move from traditional service delivery to a collaborative model in which service providers work with directly engaged consumers to make informed decisions affecting their families and futures. Funded agencies need to demonstrate not only that they are providing quality services but that their services support individuals toward self-sufficiency. In addition, Montgomery County has an opportunity to explore creative programming. For example, some U.S. communities have implemented traveling food stores that make trips to neighborhoods, and some communities have had success with community gardens as a way to supplement food needs. Working across agencies within Montgomery County in collaboration with community and consumer stakeholders is an excellent opportunity to establish innovative ways to not only meet the complex needs of consumers but also build capacity across the County.

6. Parental Involvement in Schools

The educational need most commonly identified in community stakeholder groups was increased parental involvement in schools. Adult consumers agreed with the need for increased parental involvement in their children's education, and youth consumers emphasized the need for parental involvement in their lives in general. Although

individual schools or entire school systems can develop individual strategies to increase parental involvement (e.g., hiring Community Engagement Liaisons to engage parents, requiring parental involvement for student success), researchers and educational theorists have suggested that a comprehensive strategy which creates an inviting setting that meets community needs can be more effective. Community Schools are a specific strategy for increasing parental involvement in education and engaging communities around youth development that has been gaining support in both academic and administrative circles. A Community School is a setting that integrates the many systems that influence the lives of children, including academics, health, and social services. Community engagement is a specific goal of Community Schools; as such, they are open not only during school hours but also during nights and weekends. Community schools not only get families to the school, increasing the chances for parents to be involved in their child's education, but also increase family engagement with the community as a whole. Research has demonstrated that Community Schools are associated with increased family stability, better parent-teacher relationships, more positive school environments, and better academic outcomes for children (Coalition for Community Schools, 2009). For more information about Community Schools, the Coalition for Community Schools website is a well-resourced starting point (<http://www.communityschools.org/>). Individuals with particular interest in community schools might consider attending the Community Schools National Forum, which by chance is being held in Cincinnati in early April 2014.

7. Mental Health and the Association with Substance Abuse and Homelessness

Community stakeholders stressed the need to increase and improve mental health services, including those specific to substance abuse and addiction and for the homeless. Community stakeholders repeatedly described substance abuse as a growing problem in Montgomery County and lamented not only the lack of resources available but also the stigma associated with utilizing mental health services. Adult consumer stakeholders described mental illness as one of the primary contributors of homelessness. Like most issues, mental health, substance abuse, and homelessness are all part of a negative cycle that can be hard to escape; for example, a history of substance abuse makes it more difficult to get a job, increasing the likelihood of poverty and overall stress. Likewise, the despair associated with homelessness can exacerbate existing mental health issues, which can lead to potential substance abuse and so on. Homelessness was identified by adult and youth consumer stakeholders as an explicit priority including the need for increased resources and accessible shelters. Community stakeholder groups identified the need for more mental health services available at an affordable cost and to target funding toward mental health. In terms of recommendations, the first step of intervention is to recognize the significant overlap between mental health, homelessness, and drug abuse issues. Interventions targeting any one of these issues should include accommodations or additional services available to treat the associated problems. Mental health services should take a comprehensive approach (similar to the approach described above for employment) that recognizes the many systems that influence and are influenced by mental health.

8. Safety and Crime

Crime/violence and associated safety concerns in Montgomery County were major priorities identified by consumer stakeholders. Community stakeholders also mentioned crime and violence as a problem in Montgomery County but tended to focus on the underlying causes contributing to crime/violence such as substance abuse and poverty. In contrast, consumer stakeholders described the day-to-day experience and fear associated with living in violent, crime-ridden neighborhoods and the negative ramifications associated with crime/violence such as lack of community engagement. Consumer stakeholders expressed hopelessness and helplessness regarding the crime and violence that affects all aspects of their lives. Crime and violence issues are contextually different between communities and even within neighborhoods of a particular community. The results of community and consumer stakeholder groups suggest that consumers are experiencing crime and violence more acutely than community stakeholders may recognize. To bridge the gap between consumer and community perspectives on crime and violence, we suggest that Montgomery County work collaboratively through community-engaged efforts (as described in recommendation 1 above) to adapt successful interventions and solutions from other cities to Dayton.

9. Early Educational Intervention

Although individual community stakeholders mentioned a variety of educational programs that could be developed within Montgomery County schools (e.g., mentoring programs, college preparation, reading development programs), the clear leader in programs mentioned was kindergarten readiness and early intervention programs. Community stakeholders are likely aware of the long-term benefits associated with early intervention (Reynolds, Temple, Robertson, & Mann, 2001). If OFCF and UWGDA are interested in funding education programs that are endorsed by community stakeholders, the GLAs and community stakeholder surveys clearly suggest that early interventions are the most consistently identified choice.

10. Discrimination

Although racism and discrimination were mentioned as a significant problem in three community stakeholder groups and in the survey, participants described discrimination as an issue that is “swept under the rug” in Montgomery County. Community stakeholders noted that discrimination is not limited to racial and ethnic prejudice but also includes low-income, unemployed, and mentally ill individuals. Perceived discrimination contributes to a stigma that prevents residents from seeking all types of services, from counseling to food stamps. Because community stakeholders describe issues regarding racism and discrimination as “hidden,” open and continued dialogue about these issues is crucial in addressing the problem.

Recognizing discrimination within one’s own workplace or even within one’s self is difficult; social service providers in particular might be tempted to assume that the

problem of discrimination does not apply to them. However, community stakeholders identified discrimination as one of the major social issues in Montgomery County, so recognition by all County agencies and institutions that a discrimination problem exists is necessary in creating change. Further, it is important that agencies and institutions across Montgomery County adopt a culturally competent orientation to offering services. When discussing the problem of racism and discrimination, the idea of culturally competent care/services is often touted as the answer. However, few can identify the specific skills necessary to demonstrate cultural competency. Within the last decade, there has been a movement in healthcare toward viewing cultural competency as an orientation to service delivery rather than a specific set of skills (Fowers & Davidov, 2006; Vaughn, 2009). In this model, openness to the beliefs, values, and worldviews of diverse consumers is more important than the degree to which a provider has discrete knowledge about many different cultures. In other words, cultural competency is better understood as a “way of being” rather than a “way of doing”. For example, research on psychotherapeutic relationships shows cultural humility and openness are associated with positive provider/client relationships and improvements in therapy (Hook et al., 2013). One strategy Montgomery County might consider to improve perceptions of racism and discrimination among consumers is an intervention for providers that focuses on instilling a multicultural orientation to service delivery.

11. Healthcare Costs

Within health and healthcare, community stakeholders mentioned a variety of concerns (e.g., enhancing personal responsibility for health behaviors, lack of knowledge and education about health); however, community stakeholders most commonly described problems related to the limited access resulting from the high cost of healthcare. Healthcare is a highly complex system that typically elicits a variety of concerns. In Montgomery County, community stakeholder concerns consistently focused on the degree to which healthcare costs are simply too high to allow residents access to needed preventative and acute services. In order to address the concerns most important to community and consumer stakeholders, OFCF and UWGDA should focus funding efforts to increase affordable care options.

Next Steps

The next steps as a result of completing the community needs assessment is to share this document with the Family and Children First Council, United Way of the Greater Dayton Area, and other local health and human services providers and systems to promote solution focused dialogue to address the identified needs. We purposefully included community stakeholder's feedback during the assessment and it is our intent to continue engaging the community as we move forward. Our vision for this document is that it will spur discussions about priorities for policy and funding decisions to engage our community to improve our health and educational status and to strengthen our economic position to advance our quality of life.

Acknowledgments

This community needs assessment was a collaboration of the following organizations, all of which contributed time and expertise in its planning:

- Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board for Montgomery County
- Montgomery County Department of Job and Family Services, Senior Services Division
- Montgomery County Office of Family and Children First
- Public Health – Dayton & Montgomery County
- United Way of the Greater Dayton Area

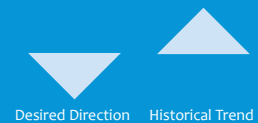
We thank all other organizations and individuals who provided time and thoughtful input in the data collection process.

Attachment A:
Excerpts from the *FCFC 2013 Progress Report*
on Community Outcomes, Indicators and Strategies

Low Birthweight	Page 1
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Avoiding Poverty	Page 3
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Outcome: Healthy People

Indicator: Low Birth Weight



Background

The term “low birth weight” is used to describe babies born with a weight of less than 2,500 grams, or 5 lbs. 8 oz. Babies with higher birth weights are more likely to begin life with a healthy start and to have mothers who had prenatal care and did not smoke or drink during pregnancy. Strategies to affect birth weight are focused on education and prevention.

Note that the full dataset, which includes data going back to 1987, is available at www.montgomerycountyindicators.org.

New Data

The preliminary value for Montgomery County for 2012 is 10.1%. The preliminary values for Ohio and the United States are 8.5% and 8.0% respectively. The values for 2011 were preliminary in last year's *Report* and they are now final; they did not change.

Short-Term Trends

The short-term trend from 2011 to 2012 – from 9.1% to 10.1% -- is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 5th to 9th.

2010

1 Lorain	7.1
2 Butler	7.6
3 Stark	8.4
4 Summit	9.1
5 Franklin	9.4
6 Montgomery	9.5
7 Hamilton	9.6
Lucas	9.6
9 Mahoning	10.2
10 Cuyahoga	10.3

2011

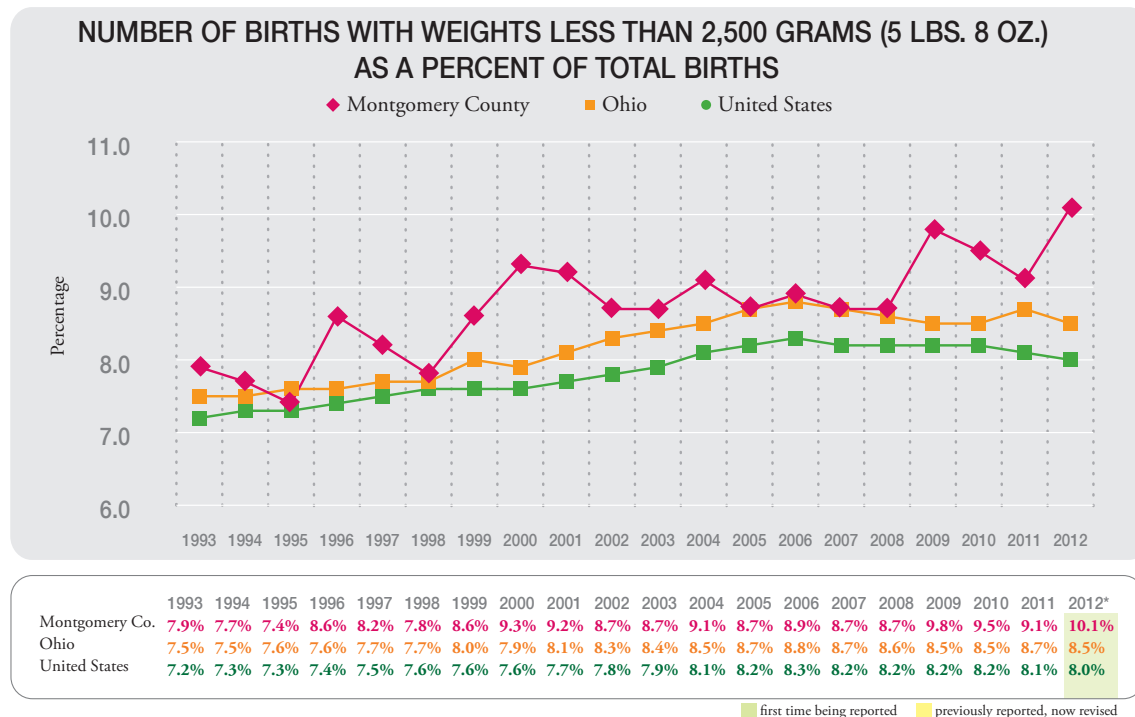
1 Stark	7.8
2 Lorain	8.1
3 Butler	8.3
4 Lucas	8.4
5 Montgomery	9.1
6 Summit	9.2
7 Franklin	9.3
8 Mahoning	9.6
9 Cuyahoga	10.3
Hamilton	10.3

2012*

1 Lorain	7.5
2 Butler	8.0
3 Lucas	8.9
Stark	8.9
5 Franklin	9.1
6 Mahoning	9.4
7 Hamilton	9.8
Summit	9.8
9 Montgomery	10.1
10 Cuyahoga	10.6

*2012 values are preliminary.
Most desirable ranking is number one.

*2012 values are preliminary.



Outcome: Healthy People

Indicator: Childhood Obesity



Background

Reducing the rate of childhood obesity is a priority for the community; this indicator was introduced in last year's *Report* to help track our progress.

One way to determine childhood obesity is to use the Body-Mass Index or BMI. The BMI, calculated using a formula based on a person's weight and height, is a way of estimating body fat. A child is considered obese if his or her BMI is much higher than the normal range for children of the same age and gender, specifically if it is equal to or greater than the 95th percentile based on the 2000 CDC (Centers for Disease Control and Prevention) growth chart percentiles for children 2 years of age and older.

The data reported here come from the Pediatric Nutrition Surveillance System (PedNSS), a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs. PedNSS provides data on the prevalence and trends of nutrition-related indicators, using existing data from the following public health programs for nutrition surveillance:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program; and
- Title V Maternal and Child Health Program (MCH).

In Ohio, all of the data are from the WIC program that serves children up to age 5.

New Data

Unfortunately, CDC discontinued the PedNSS at the end of 2012, and new data are not available. The FCFC will work to identify a suitable replacement for this indicator.

Short-Term Trends

The short-term trend from 2010 to 2011 – from 9.6% to 12.6% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 1st to 7th.

2009

1 Montgomery	9.2
2 Lucas	10.0
3 Cuyahoga	10.9
4 Stark	11.0
5 Summit	11.6
6 Hamilton	12.5
7 Lorain	12.8
8 Mahoning	12.9
9 Franklin	13.6
10 Butler	14.9

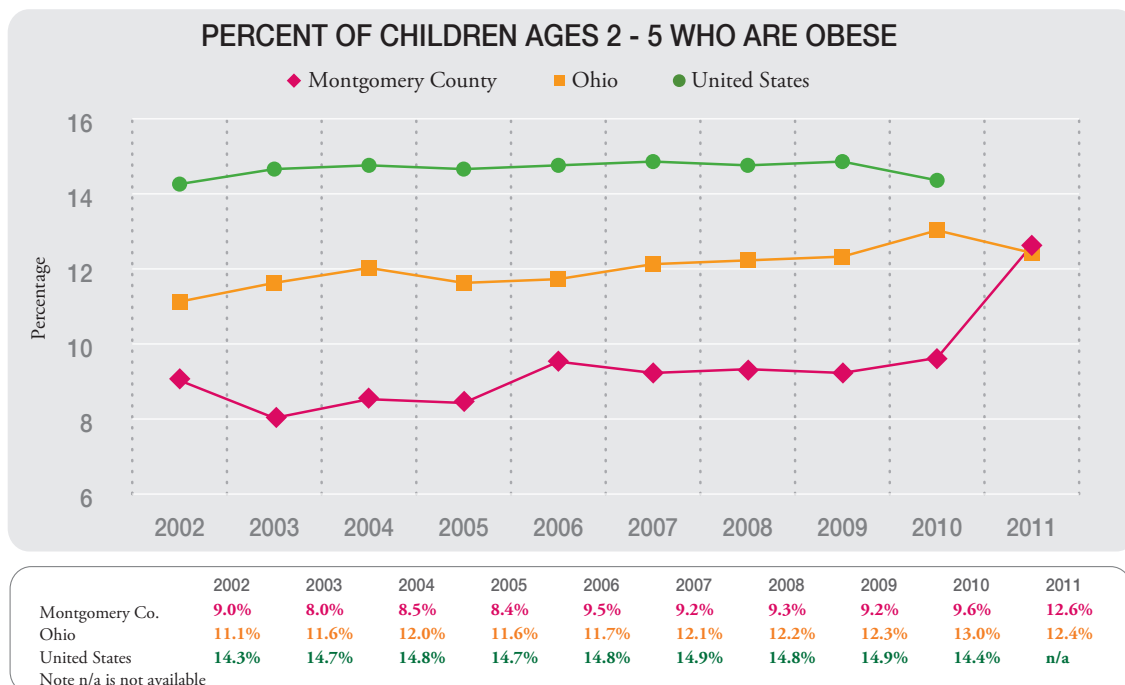
2010

1 Montgomery	9.6
2 Lucas	10.1
3 Cuyahoga	11.0
4 Summit	11.1
5 Stark	11.4
6 Lorain	12.9
7 Mahoning	12.9
8 Franklin	13.5
9 Hamilton	13.9
10 Butler	14.0

2011

1 Lucas	9.3
2 Summit	10.4
3 Cuyahoga	11.3
4 Mahoning	11.7
5 Lorain	12.2
6 Stark	12.3
7 Montgomery	12.6
8 Franklin	13.0
9 Hamilton	14.1
10 Butler	14.6

Most desirable ranking is number one.



Outcome: Stable Families

Indicator: Avoiding Poverty



Background

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

Note that the full dataset, which includes data going back to 1990, is available at www.montgomerycountyindicators.org.

New Data

The preliminary 2012 values for Montgomery County and Ohio are 43.0% and 45.5% respectively.

Short-Term Trends

The short-term trend from 2011 to 2012 – from 41.6% to 43.0% – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 5th.

2010

1 Franklin	50.8
2 Butler	46.8
3 Summit	46.3
4 Hamilton	44.0
5 Stark	43.6
6 Cuyahoga	42.0
7 Lorain	41.3
8 Montgomery	40.6
9 Mahoning	39.2
10 Lucas	35.4

2011

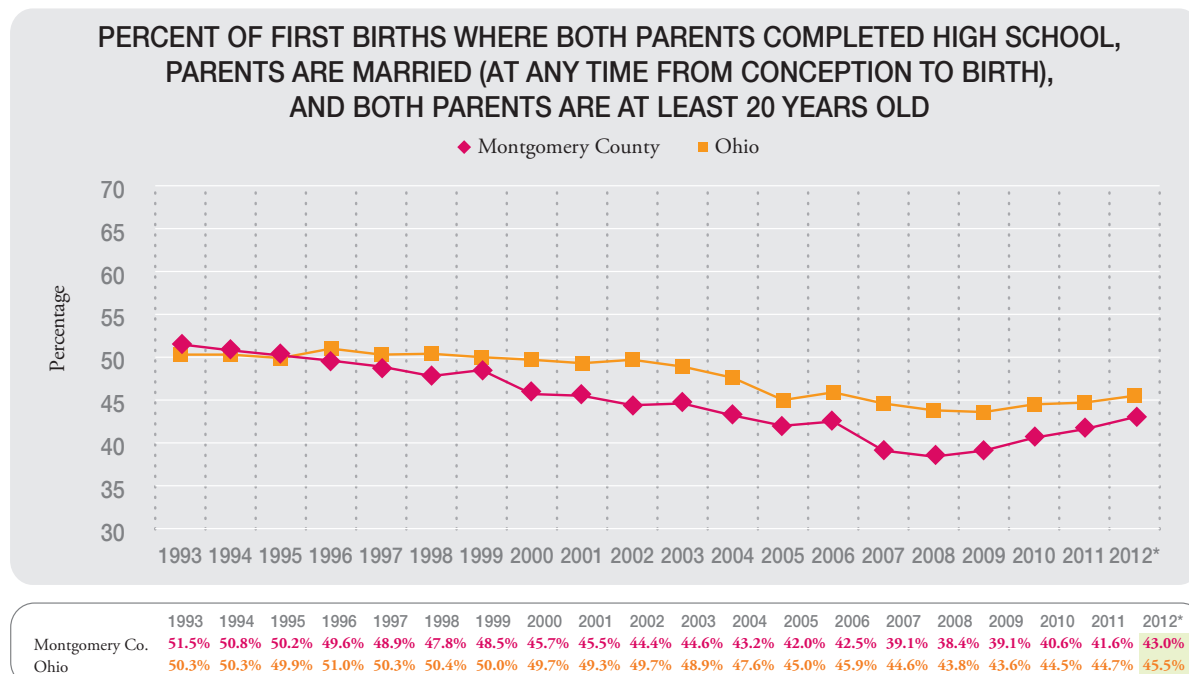
1 Franklin	52.2
2 Butler	47.9
3 Summit	46.9
4 Lorain	44.2
5 Stark	43.5
6 Hamilton	43.4
7 Cuyahoga	41.9
8 Montgomery	41.6
9 Mahoning	39.3
10 Lucas	35.6

2012*

1 Franklin	51.1
2 Summit	50.5
3 Butler	50.3
4 Hamilton	46.7
5 Montgomery	43.0
Stark	43.0
7 Lorain	41.9
8 Cuyahoga	41.8
9 Mahoning	38.3
10 Lucas	35.6

Most desirable ranking is number one.

*2012 data are preliminary.



Outcome: Positive Living for Special Populations

Indicator: Employment Rate for Persons with a Disability



Background

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

The employment rate is an alternative to the unemployment rate as an indicator of the utilization of labor resources. Such an alternative is useful because, despite being (arguably) the most widely known statistic regarding employment, the unemployment rate does have drawbacks. For example, the movement of discouraged workers, recent high school and college graduates, and others into and out of the labor force can affect the unemployment rate without having an effect on employment. In other words, the unemployment rate can go up or down without an actual change in employment. For these reasons, some analysts prefer the employment rate over the unemployment rate as a measure of economic activity and the economy's performance.

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

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore, this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.6% and for the county data it is approximately +/- 1% to 3%." The county comparative ranking may be affected by these margins of error.

New Data

All values for 2012 are new. For comparison, the 2012 employment rates for persons without a disability are as follows:

Montgomery County	64.0%
Ohio	65.4%
US	64.9%

Short-Term Trends

The short-term trend from 2011 to 2012 – 22.2% to 19.8% – is not in the desired direction.

The county comparative rank also did not change in the desired direction, moving from 3rd to 4th.

2010*

1 Franklin	27.2
2 Cuyahoga	21.3
3 Montgomery	21.1
4 Hamilton	19.7
Butler	n/a
Lorain	n/a
Lucas	n/a
Mahoning	n/a
Stark	n/a
Summit	n/a

2011*

1 Hamilton	23.5
2 Franklin	23.4
3 Montgomery	22.2
4 Summit	20.6
5 Cuyahoga	20.2
Butler	n/a
Lorain	n/a
Lucas	n/a
Mahoning	n/a
Stark	n/a

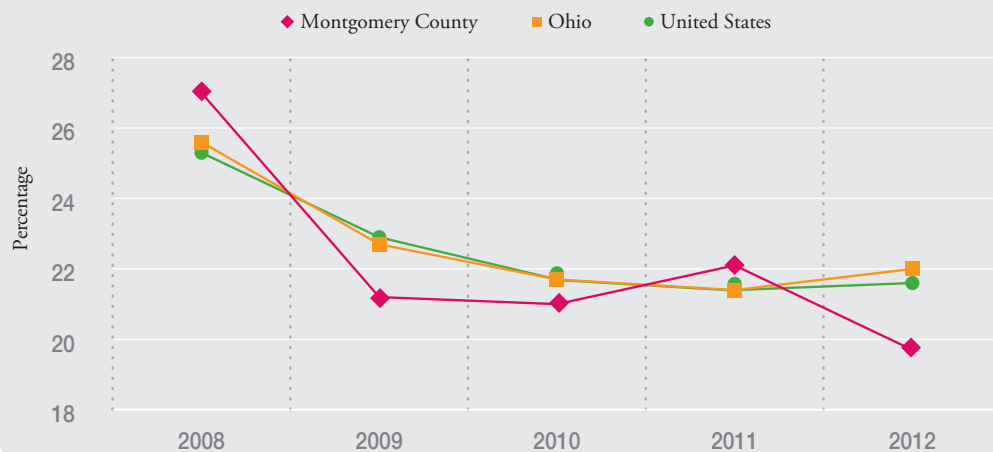
2012*

1 Franklin	25.7
2 Hamilton	22.8
3 Cuyahoga	20.8
4 Montgomery	19.8
Butler	n/a
Lorain	n/a
Lucas	n/a
Mahoning	n/a
Stark	n/a
Summit	n/a

Most desirable ranking is number one.

* The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.

EMPLOYMENT RATE FOR PERSONS AGE 16 AND OLDER WITH A DISABILITY



	2008	2009	2010	2011	2012
Montgomery Co.	27.1%	21.3%	21.1%	22.2%	19.8%
Ohio	25.7%	22.8%	21.8%	21.5%	22.1%
United States	25.4%	23.0%	21.8%	21.5%	21.7%

first time being reported previously reported, now revised

Outcome: Positive Living for Special Populations

Indicator: Poverty Rate for Persons with a Disability

Desired Direction Historical Trend

Background

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

The US Census Bureau, using thresholds which are adjusted annually for inflation, determines the percentage of people who are living in poverty. For example, in 2012 a two-parent family with two children under 18 was considered to be in poverty if the family income was below \$23,283. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

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

Note: These survey questions have changed over the years; as a result, the Census Bureau does not recommend comparing 2008 (and later) data with data prior to 2008. Therefore, this indicator begins with 2008 data. The values reported here are estimates of the true value as prepared by the American Community Survey (ACS). These are based on a sample of the population and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. For the US data reported here, there is a 90% probability that the true value is within the range of +/- 0.1%. For Ohio data, the comparable range is +/- 0.6% and for the county data it is approximately +/- 1% to 3%. The county comparative ranking may be affected by these margins of error.

New Data

All values for 2012 are new. For comparison, the 2012 poverty rates for persons without a disability are as follows:

Montgomery County	14.4%
Ohio	12.3%
US	12.7%

Short-Term Trends

The short-term trend from 2011 to 2012 – 25.9% to 24.4% – is in the desired direction.

The county comparative rank also changed in the desired direction, moving from 4th to 1st.

2010*

1 Hamilton	23.0
2 Cuyahoga	26.3
3 Franklin	26.6

4 Montgomery 26.9

Butler	n/a
Lorain	n/a
Lucas	n/a
Mahoning	n/a
Stark	n/a
Summit	n/a

2011*

1 Summit	21.1
2 Hamilton	25.2
3 Franklin	25.7

4 Montgomery 25.9

5 Cuyahoga	27.2
Butler	n/a
Lorain	n/a
Lucas	n/a
Mahoning	n/a
Stark	n/a

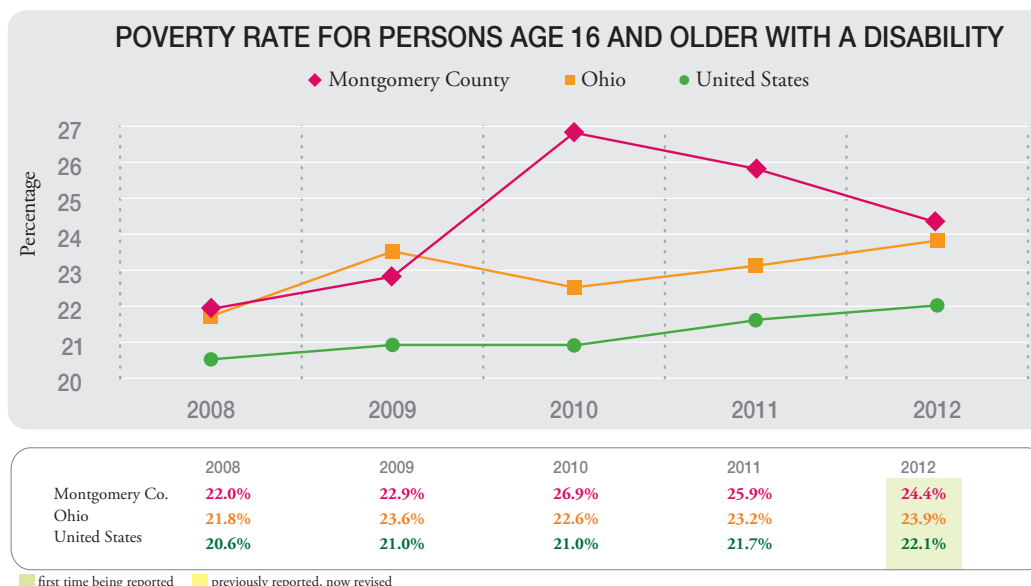
2012*

1 Montgomery 24.4

2 Franklin	26.3
3 Cuyahoga	28.2
4 Hamilton	28.8
Butler	n/a
Lorain	n/a
Lucas	n/a
Mahoning	n/a
Stark	n/a
Summit	n/a

Most desirable ranking is number one.

* The sample size for the American Community Survey means that comparative data are currently not available (n/a) for some of the nine other counties.



Outcome: Healthy People

Indicator: Access to Health Care



Background

Previous to the *2012 Progress Report* we used a source for this indicator that gave us Montgomery County data but no data for the other counties, the state or the nation. Starting with the *2012 Progress Report* we are using survey data from the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone poll established in 1984 by the Centers for Disease Control and Prevention (CDC). The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. The CDC's Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected areas with 500 or more respondents, meaning that we will now have access to data for the other counties, the state and the nation.

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

Readers of this *Report* should note that it is always difficult to discern long-term trends by comparing one year to the next. Such comparisons for this indicator will be especially difficult to make for 2010 and 2011 because cellular telephones were included in the 2011 sample for the first time and an improved statistical weighting method was employed. As a result, *shifts in observed prevalence from 2010 to 2011 will likely reflect improved methods of measuring risk factors, rather than true underlying trends in risk factor prevalence*. Occasional improvements in methods, with accompanying effects on results, have been a necessary part of all public health surveillance systems, including population surveys. Changes in BRFSS methods are especially important to keep up with changes in telephone use in the U.S. population, and to take advantage of improved statistical procedures.

New Data

The 2012 values are all new: Montgomery County, 82.4%; Ohio, 85.1%; and United States, 81.2%

Short-Term Trends

The short-term trend from 2011 to 2012 – from 83.6% to 82.4% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 7th to 8th.

2010

1 Lorain	93.1
2 Franklin	90.0
3 Mahoning	89.8
4 Hamilton	89.5
5 Butler	89.0
6 Montgomery	87.9
7 Cuyahoga	86.7
8 Summit	86.4
9 Stark	84.9
10 Lucas	84.5

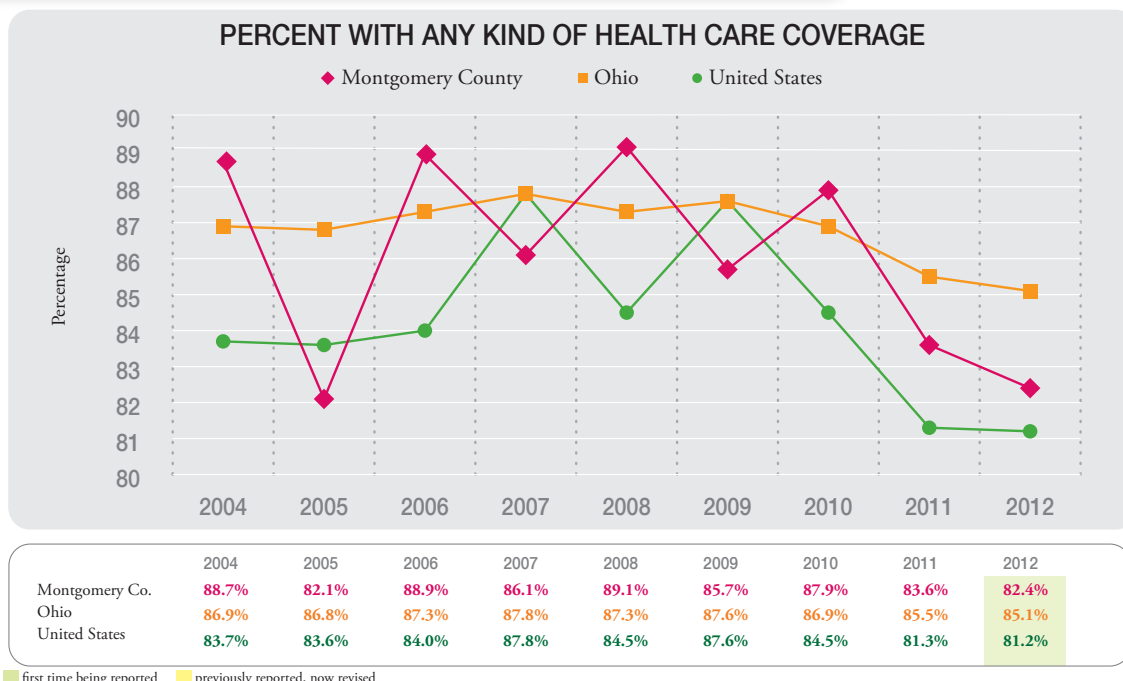
2011

1 Butler	88.2
2 Summit	87.8
3 Stark	87.4
4 Lorain	86.9
5 Franklin	85.6
6 Hamilton	84.7
7 Montgomery	83.6
8 Cuyahoga	83.5
9 Mahoning	80.8
10 Lucas	79.8

2012

1 Lorain	91.3
2 Hamilton	89.5
3 Mahoning	88.6
4 Butler	87.2
5 Stark	86.6
6 Franklin	84.9
7 Cuyahoga	84.5
8 Montgomery	82.4
9 Summit	81.9
10 Lucas	81.5

Most desirable ranking is number one.



Outcome: Healthy People

Indicator: Tobacco Use



Background

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

We use survey data from the Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone poll established in 1984 by the Centers for Disease Control and Prevention (CDC). The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. The CDC's Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected areas with 500 or more respondents, meaning that we have access to data for the other counties, the state and the nation.

This indicator will track the percentage of respondents who say "Not at all" to the following question in the BRFSS: "Do you now smoke cigarettes every day, some days or not at all?" The other answers reported by the BRFSS are "Every day," "Some days," "Don't know / not sure," and "Refused."

Readers of this Report should note that it is always difficult to discern long-term trends by comparing one year to the next. Such comparisons for this indicator will be especially difficult to make for 2010 and 2011 because cellular telephones were included in the 2011 sample for the first time and an improved statistical weighting method was employed. As a result, shifts in observed prevalence from 2010 to 2011 will likely reflect improved methods of measuring risk factors, rather than true underlying trends in risk factor prevalence. Occasional improvements in methods, with accompanying effects on results, have been a necessary part of all public health surveillance systems, including population surveys. Changes in BRFSS methods are especially important to keep up with changes in telephone use in the U.S. population, and to take advantage of improved statistical procedures.

New Data

The 2012 values are all new: Montgomery County, 46.9%; Ohio, 51.4%; and United States, 56.7%.

Short-Term Trends

The short-term trend from 2011 to 2012 – from 54.6% to 46.9% – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 2nd to 9th.

2010

1 Butler	61.2
2 Lorain	59.6
3 Summit	57.7
4 Hamilton	55.7
5 Mahoning	54.8
6 Franklin	54.6
7 Montgomery	54.2
8 Cuyahoga	53.6
9 Lucas	49.5
10 Stark	48.6

2011

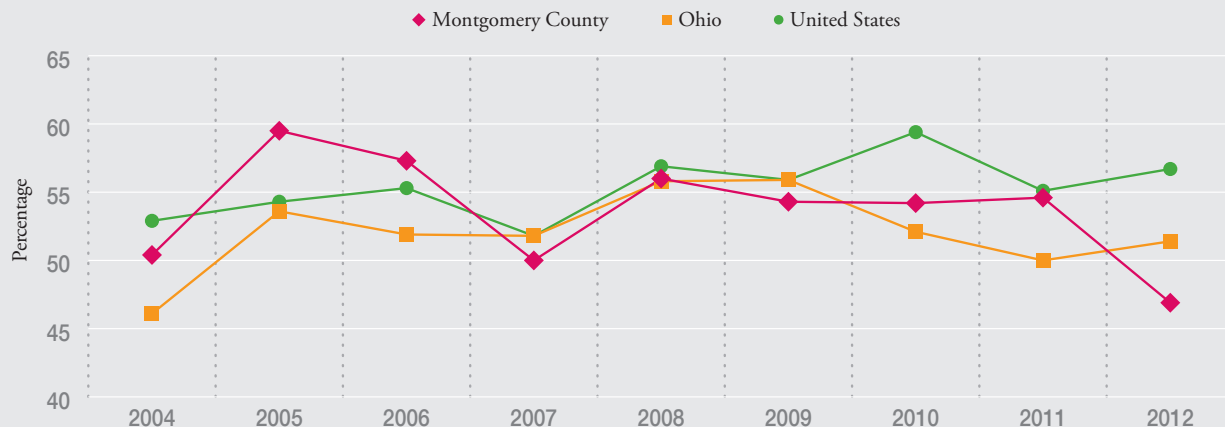
1 Stark	56.4
2 Montgomery	54.6
3 Hamilton	51.7
Lucas	51.7
5 Cuyahoga	50.7
6 Franklin	50.3
7 Lorain	49.4
Summit	49.4
9 Butler	43.0
10 Mahoning	41.5

2012

1 Summit	56.7
2 Hamilton	55.9
3 Cuyahoga	53.8
4 Franklin	52.7
5 Mahoning	49.7
6 Lucas	49.1
7 Butler	47.4
8 Stark	47.2
9 Montgomery	46.9
Lorain	46.9

Most desirable ranking is number one.

PERCENT WHO SMOKE CIGARETTES NOT AT ALL



	2004	2005	2006	2007	2008	2009	2010	2011	2012
Montgomery Co.	50.4%	59.5%	57.3%	50.0%	56.0%	54.3%	54.2%	54.6%	46.9%
Ohio	46.1%	53.6%	51.9%	51.8%	55.8%	55.9%	52.1%	50.0%	51.4%
United States	52.9%	54.3%	55.3%	51.8%	56.9%	55.9%	59.4%	55.1%	56.7%

■ first time being reported ■ previously reported, now revised

Outcome: Stable Families

Indicator: Substantiated Child Abuse



Background

These data reflect the number of reports to children services agencies in which abuse is substantiated. Investigations of reports take time and, in some cases, may extend past the end of the calendar year when the report was made. Therefore, some data in these reports may be revised in subsequent reports. This process of revision is especially likely for the most recent calendar year and readers are therefore cautioned to consider the most recent data as preliminary. The typical revision is an increase in the value of the indicator.

Readers are also cautioned about comparing these data between counties because there is evidence that the change to the new state reporting system (SACWIS) has caused changes in the number of reports filed by individual county agencies. In addition, the Alternative Response Pilot Project underway in Ohio is having an impact on the reported number of substantiated cases in certain counties. Those counties that are using the Alternative Response for a higher percent of cases have a decrease in the reported number of substantiated cases. A decrease in the number of reports does not necessarily mean fewer instances of abuse.

In addition, keep in mind that these reports may include multiple children per report. Note that during the period from 1998 – 2001, many counties used risk assessment-based risk levels instead of traditional (substantiated, indicated, unsubstantiated) dispositions for intra-familial cases.

Note that the full dataset, which includes data going back to 1990, is available at www.montgomerycountyindicators.org.

New Data

The preliminary value for Montgomery County for 2013 is 5.5; a 2013 preliminary value for Ohio is not yet available. The 2012 values for Ohio and for all of the counties reported here have been revised. As a result, there have been changes in the county comparative rankings for 2012 and Montgomery County's rank for 2012 is now 5th.

Short-Term Trends

The short-term trend from 2012 to 2013 – from 5.2 to 5.5 – is not in the desired direction. The county comparative ranking also did not move in the desired direction, changing from 5th to 6th.

2011

1 Lucas	2.5
2 Mahoning	2.9
3 Summit	3.8
4 Montgomery	5.0
5 Cuyahoga	5.3
6 Hamilton	5.6
Lorain	5.6
8 Butler	6.0
9 Franklin	6.4
10 Stark	8.0

2012

1 Mahoning	3.0
2 Lucas	3.7
3 Summit	3.8
4 Franklin	5.0
5 Montgomery	5.2
6 Cuyahoga	5.7
Hamilton	5.7
8 Lorain	6.0
9 Butler	6.8
10 Stark	7.0

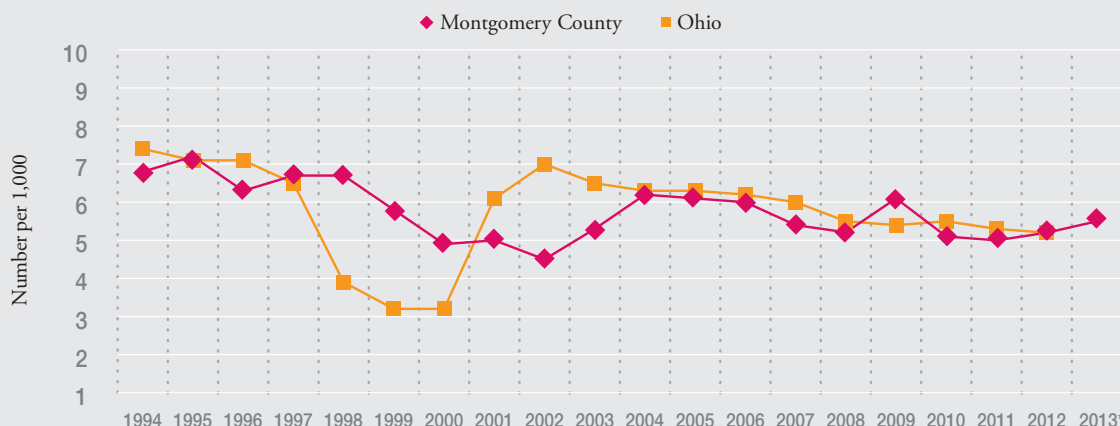
2013*

1 Summit	3.6
2 Mahoning	4.0
3 Lucas	4.1
4 Hamilton	5.0
5 Franklin	5.2
6 Montgomery	5.5
7 Cuyahoga	6.3
Lorain	6.3
9 Stark	6.5
10 Butler	6.7

Most desirable ranking is number one.

* 2013 data are preliminary. See the discussion in the Background section, above.

NUMBER OF SUBSTANTIATED REPORTS OF CHILD ABUSE AND NEGLECT PER 1,000 CHILDREN AGES 0 – 17



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013*
Montgomery Co.	6.8	7.2	6.3	6.7	6.7	5.8	4.9	5.0	4.5	5.3	6.2	6.1	6.0	5.4	5.1	6.1	5.1	5.0	5.2	5.5
Ohio	7.4	7.1	7.1	6.5	3.9	3.2	3.2	6.1	7.0	6.5	6.3	6.3	6.2	6.0	5.5	5.4	5.5	5.3	5.2	n/a

Note: n/a is not available.

■ first time being reported ■ previously reported, now revised

Outcome: Stable Families

Indicator: Domestic Violence Deaths



Background

The Family and Children First Council has zero tolerance for domestic violence-related homicides. The number of domestic violence deaths is a solid indicator of the prevalence of domestic violence in a community.

In 1992 (data not shown) there were 23 deaths due to domestic violence in Montgomery County, the highest number in all the years that we have been tracking this indicator. The full dataset is available at www.montgomerycountyindicators.org.

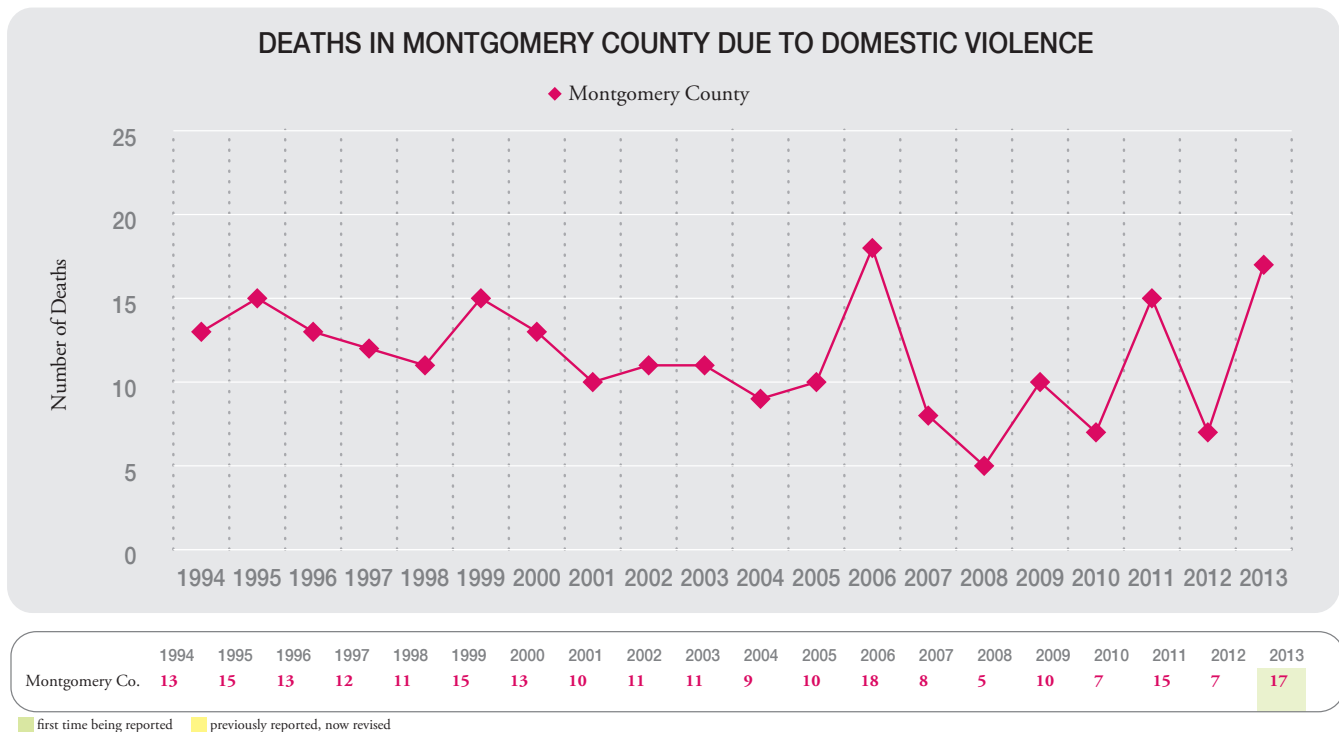
New Data

In 2013 there were 17 deaths due to domestic violence in Montgomery County.

Short-Term Trends

The short-term trend from 2012 to 2013 – from 7 to 17 – is not in the desired direction.

Note: Data include victims of all ages and genders. Information is not available from other counties.



Outcome: Positive Living for Special Populations

Indicator: Nursing Home Population



Background

The ability of people to live in the least restrictive environment is enhanced when options in addition to nursing homes are available. This indicator, which tracks the nursing home population in proportion to the total population, is an indirect measure of the availability and usage of less restrictive living arrangements. The value is derived from the results of a survey conducted by the Scripps Gerontology Center at Miami University. The survey is not conducted every year.

New Data

The 2011 survey is the most recent one for which the data analysis has been completed. The Montgomery County value is 7.04 and the Ohio value is 6.83.

Short-Term Trends

The short-term trend from 2009 to 2011 – from 6.83 to 7.04 – is not in the desired direction. The county comparative rank did change in the desired direction, moving from 6th to 5th.

2007

1 Franklin	4.75
2 Lorain	5.82
3 Butler	5.88
4 Summit	6.32
5 Lucas	7.08

6 Montgomery 7.10

7 Hamilton	7.53
8 Cuyahoga	8.25
9 Stark	9.22
10 Mahoning	9.55

2009

1 Franklin	4.67
2 Butler	5.63
3 Lorain	6.03
4 Summit	6.33
5 Lucas	6.81

6 Montgomery 6.83

7 Hamilton	7.50
8 Cuyahoga	8.25
9 Stark	8.95
10 Mahoning	9.82

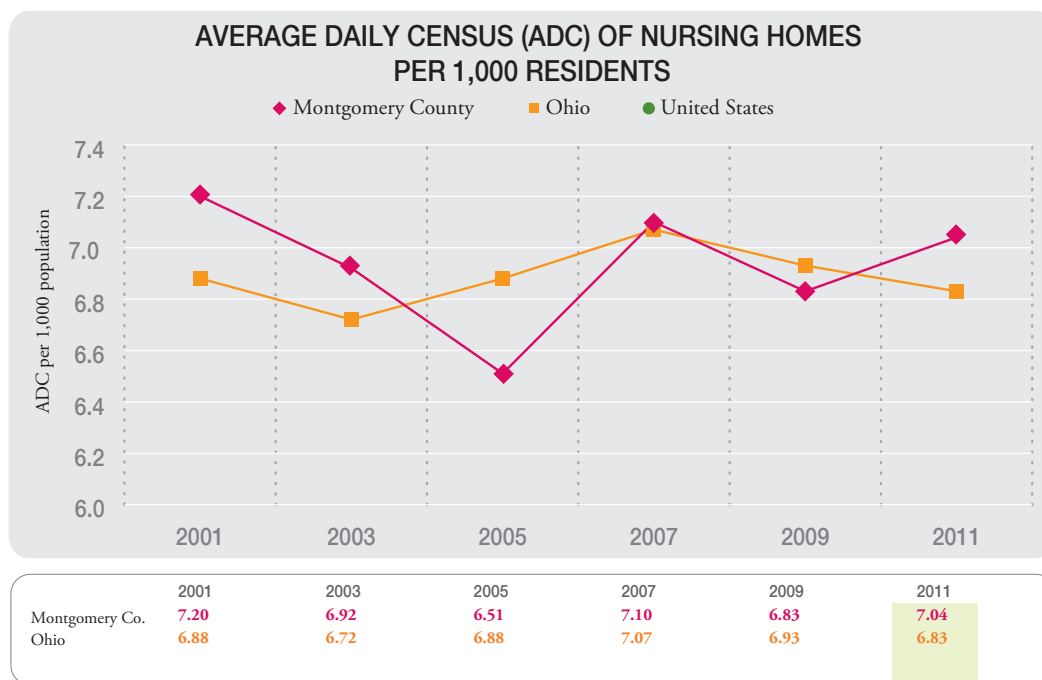
2011

1 Franklin	4.38
2 Butler	5.26
3 Lorain	6.08
4 Summit	6.49

5 Montgomery 7.04

6 Lucas	7.12
7 Hamilton	8.05
8 Cuyahoga	8.18
9 Stark	8.24
10 Mahoning	9.44

Most desirable ranking is number one.



Outcome: Young People Succeeding

Indicator: College Persistence



Desired Direction Historical Trend

Background

Currently 36.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Persistence” measure tracks the percentage of students enrolled in a 2- or 4-year college in the first year after graduating from high school who returned to college the next year. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,500 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate’s, bachelor’s and advanced degrees are counted in the graduation rates. Certificates are not included.

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

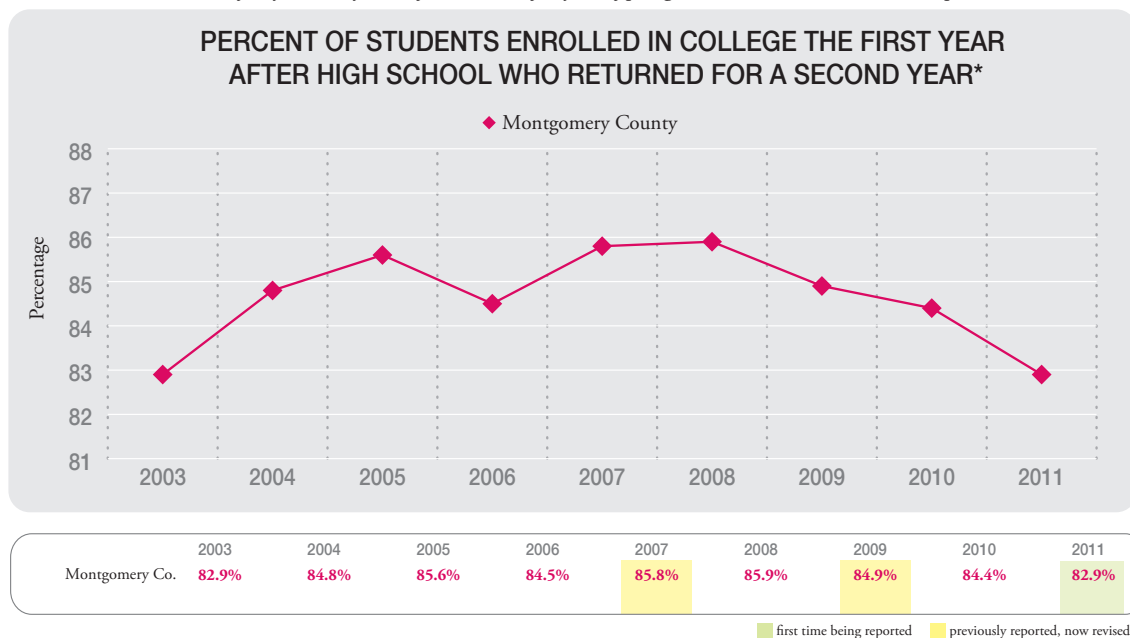
New Data

The value for 2011 is 82.9%. The values for the years 2007 and 2009 have been revised; see the note above.

Short-Term Trends

The short-term trend from 2010 to 2011 – from 84.4% to 82.9% – is not in the desired direction.

** Includes enrollment in any college term ending before August 14 of the year which is two years after the high school graduation year for those students who were also enrolled in any college term during their first year after high school. (Enrollment in the second year is not necessarily at the same institution as in the first year.) Only classes for which two full years of post-graduation data are available are reported here.*



Outcome: Young People Succeeding

Indicator: Kindergarten Readiness

For a look behind the numbers, go to page 52.

Behind
1,2,3?
the
Numbers

Desired Direction Historical Trend

Background

The Kindergarten Readiness Assessment—Literacy (KRA-L) “measures skill areas important to becoming a successful reader.” The State of Ohio believes the results will help districts and teachers do three things: 1.) understand children’s school entry level literacy skills; 2.) shape appropriate instruction; and 3.) find children who may need further assessment. Ohio now requires districts to administer KRA-L to all incoming kindergarten students during the first 6 weeks of school. Districts are not allowed to use the results to keep a child from entering kindergarten.

The KRA-L is scored on a 29 point scale. Students taking the KRA-L are placed in 3 bands that are designed to be indicators of the degree and type of intervention required. Students with scores in Band 1 (scores 0-13) are assessed as needing broad intense instruction. Students scoring in Band 2 (scores 14-23) are assessed as requiring targeted intervention and students in Band 3 (scores 24-29) are assessed as requiring enriched instruction. The state emphasizes the diagnostic nature of the KRA-L and the idea that the Bands are not cut-offs for instructional purposes.

New Data

The value for Montgomery County for 2012 is 37.6% and the county comparative rank is 7th. The value for Ohio for 2012 is 39.7%. The values for the other counties were not available in time for last year’s *Report*, so the 2011 values for the other counties are being reported here for the first time. Montgomery County’s comparative county rank for 2011 is 6th.

Short-Term Trends

The short-term trend from 2011 to 2012 – from 38.3% to 37.6% – is not in the desired direction. The county comparative rank also did not change in the desired direction, moving from 6th to 7th.

2010

1 Summit	45.8
2 Lorain	43.5
3 Mahoning	42.0
4 Stark	39.9
5 Butler	39.7
Hamilton	39.7
7 Lucas	38.2
8 Cuyahoga	38.0
9 Franklin	37.2

10 Montgomery 36.8

2011

1 Summit	44.9
2 Mahoning	42.2
3 Lorain	41.4
4 Hamilton	40.7
Stark	40.7

6 Montgomery 38.3

7 Cuyahoga	37.9
Lucas	37.9
9 Butler	37.7
10 Franklin	34.6

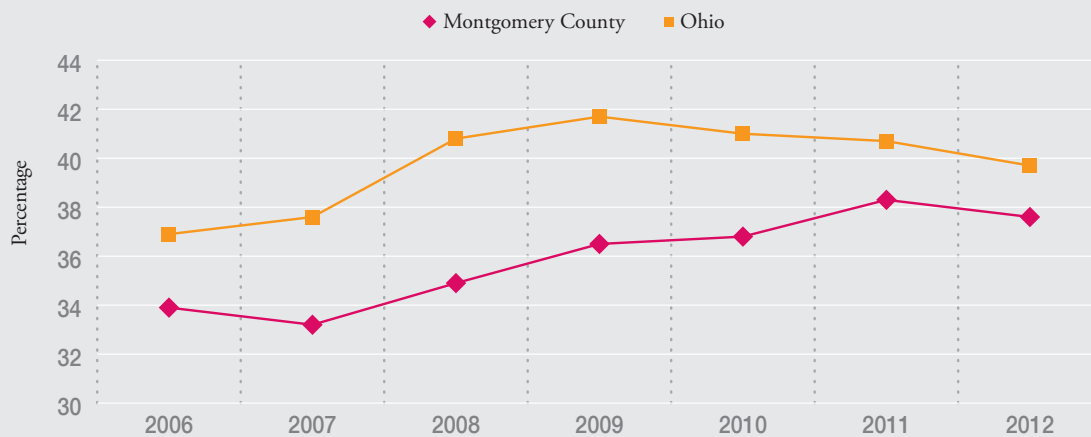
2012

1 Lorain	43.2
2 Summit	42.0
3 Hamilton	41.7
4 Mahoning	40.7
5 Stark	39.0
6 Butler	37.9
7 Montgomery 37.6	
8 Lucas	36.2
9 Cuyahoga	36.1
10 Franklin	34.9

Most desirable ranking is number one.

Note: The KRA-L Test is administered in October of the year indicated. Ohio began conducting KRA-L Tests in 2005 but the first year that all Montgomery County districts participated was 2006.

PERCENTAGE OF STUDENTS SCORING IN BAND 3 ON THE KINDERGARTEN READINESS ASSESSMENT – LITERACY TEST



Montgomery Co.	2006	2007	2008	2009	2010	2011	2012
Ohio	33.9%	33.2%	34.9%	36.5%	36.8%	38.3%	37.6%
	36.9%	37.6%	40.8%	41.7%	41.0%	40.7%	39.7%

■ first time being reported ■ previously reported, now revised

Outcome: Young People Succeeding

Indicator: Student Achievement – 3rd-Grade Reading

Desired Direction Historical Trend

Background

To be consistent with the federal No Child Left Behind legislation, Ohio has phased out its proficiency tests and replaced them with achievement and diagnostic tests. As discussed in the 2011 *Report*, we have aligned the Young People Succeeding indicators with the indicators adopted by Learn to Earn™ Dayton. As a result we are now publishing the 3rd-grade reading and 4th-grade math achievement scores.

New Data

The overall 3rd-grade reading achievement score for all of the districts in Montgomery County for 2011-12 had not been released by the Ohio Department of Education when last year's *Report* was being prepared, so it is reported now for the first time, 76.8%. The Ohio value for 2011-12 is 79.0%. The 2012-2013 values for Montgomery County and for Ohio are 78.6% and 81.4% respectively. The county comparative rankings for 2011-12 and 2012-13 are both being reported for the first time.

Short-Term Trends

The short-term trend from 2011-12 to 2012-13—from 76.8% to 78.6%—is in the desired direction. The county comparative rank did not change in the desired direction, moving from 7th to 8th.

2010-2011

1 Stark	84.8
2 Butler	83.9
3 Mahoning	82.6
4 Lorain	81.9
5 Summit	81.6
6 Hamilton	79.6
7 Montgomery	78.2
8 Lucas	77.7
9 Franklin	77.1
10 Cuyahoga	74.6

2011-2012

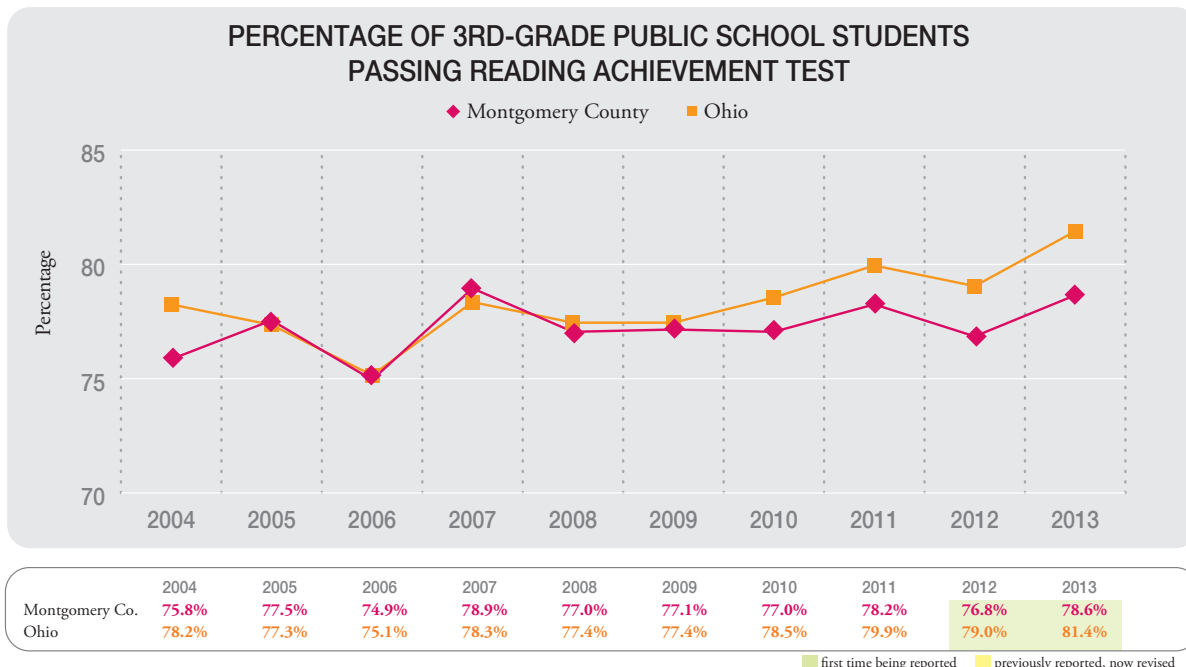
1 Butler	85.7
2 Mahoning	83.2
3 Stark	82.8
4 Summit	81.5
5 Lorain	80.6
6 Hamilton	80.4
7 Montgomery	76.8
8 Franklin	75.6
9 Cuyahoga	74.7
10 Lucas	74.5

2012-2013

1 Butler	85.2
2 Lorain	84.8
3 Stark	84.6
4 Summit	83.6
5 Hamilton	82.1
Mahoning	82.1
7 Lucas	78.7
8 Montgomery	78.6
9 Cuyahoga	78.2
10 Franklin	77.5

Most desirable ranking is number one.

Note: Each school year is named by the year in which it ends, e.g., the 2012-13 school year is shown as 2013.



Outcome: Young People Succeeding

Indicator: High School Graduation

Desired Direction Historical Trend

Background

The graduation rate of all students receiving instruction in a Montgomery County school district is considered for this indicator. It is a lagged rate, always one year behind, allowing the Ohio Department of Education to include summer graduates. The graduation rate for 2012-13 is scheduled to be released in June 2014.

Beginning with the Class of 2009-10 the Ohio Department of Education has revised the way it calculates graduation rates. As a result, graduation rates for the years before 2009-10 cannot easily be compared with more recent rates and are no longer displayed for this indicator. The new method, the 4-Year Longitudinal Graduation Rate, generally leads to a lower graduation rate than the previous method. For example, the statewide 4-Year Longitudinal Graduation Rate for 2009-10 is 6.3 percentage points below the statewide rate for that year using the previous method, while the average difference for the ten largest counties between the old and the new methods is 6.1 percentage points. The range of differences for those ten counties was 1.1 to 10.0 percentage points, with a median value of 6.95. Montgomery County experienced the largest change, 10.0 percentage points.

New Data

Because of the change in the method for calculating graduation rates (see above), all of the values reported are new.

Short-Term Trends

The short-term trend from 2010-11 to 2011-12 – from 77.0% to 78.8% – is in the desired direction. The county comparative rank remained unchanged, at 6th.

2009-2010

1 Stark	84.8
2 Butler	83.6
3 Summit	79.9
4 Lorain	79.1
5 Mahoning	76.5
6 Hamilton	73.2
7 Montgomery	72.7
8 Cuyahoga	68.2
9 Franklin	63.3
10 Lucas	60.4

2010-2011

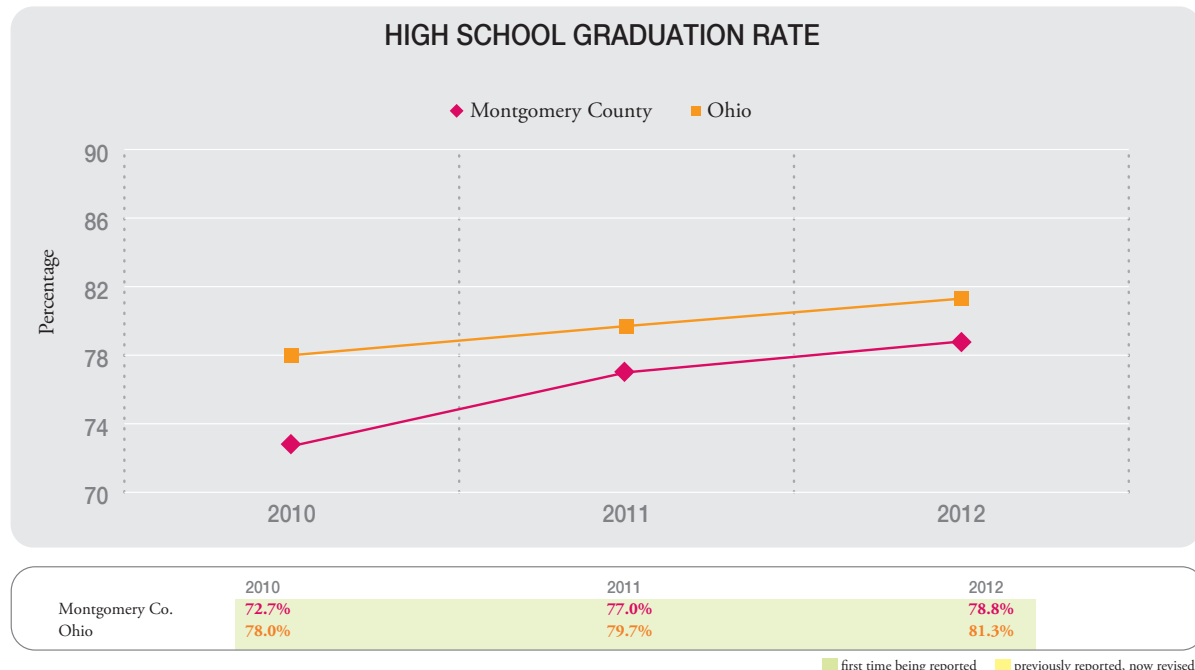
1 Stark	86.6
2 Butler	85.9
3 Lorain	81.3
4 Summit	81.0
5 Mahoning	79.0
6 Montgomery	77.0
7 Hamilton	76.3
8 Cuyahoga	70.4
9 Franklin	65.4
10 Lucas	60.0

2011-2012

1 Stark	88.2
2 Butler	87.9
3 Lorain	84.9
4 Summit	82.6
5 Mahoning	80.9
6 Montgomery	78.8
7 Hamilton	77.4
8 Cuyahoga	73.2
9 Franklin	66.9
10 Lucas	61.7

Most desirable ranking is number one.

Note: Each school year is named by the year in which it ends, e.g., the 2011-12 school year is shown as 2012.



Outcome: Young People Succeeding

Indicator: College Enrollment



Desired Direction Historical Trend

Background

Currently 36.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Enrollment” measure tracks the percentage of high school graduates who enrolled in a 2- or 4-year college at any time in the first two years after graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,500 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate's, bachelor's and advanced degrees are counted in the graduation rates. Certificates are not included.

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

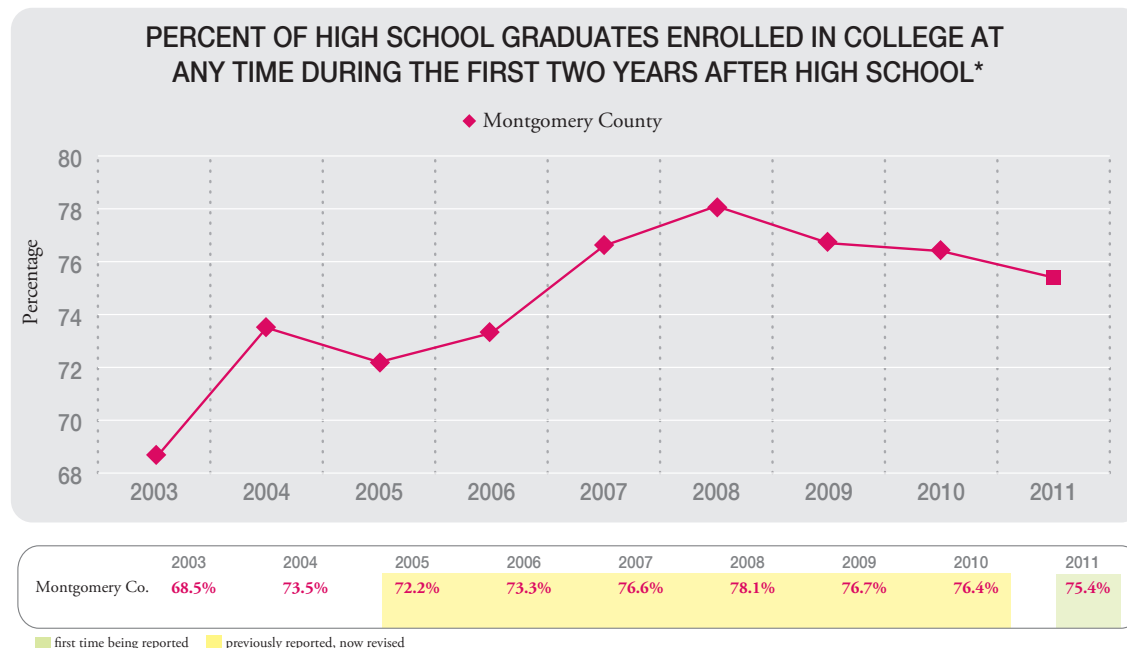
New Data

The value for 2011 is 75.4%. The values for the years 2005 – 2010 have been revised; see the note above.

Short-Term Trends

The short-term trend from 2010 to 2011 – from 76.4% to 75.4% – is not in the desired direction.

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



Outcome: Young People Succeeding

Indicator: College Graduation



Desired Direction Historical Trend

Background

Currently 36.1% of the 25-64 year-olds in Montgomery County have college degrees or other career-ready credentials. To ensure economic vitality, the Lumina Foundation has set the goal to “increase the percentage of Americans with high-quality degrees and credentials to 60 percent by the year 2025.” To achieve this goal locally it is necessary to increase the percentage of Montgomery County high school graduates who enroll in college, stay enrolled, and graduate from college. The “College Graduation” measure tracks the percentage of high school graduates who graduated with a 2- or 4-year college degree within the first six years after high school graduation. The indicated year is the year of high school graduation.

The source of these data is the National Student Clearinghouse. More than 3,500 colleges and universities, enrolling over 98% of all students in public and private U.S. institutions, participate in the Clearinghouse. For a fee, school districts can submit lists of graduates and obtain detailed reports regarding enrollment, re-enrollment, and graduation. Students who are enrolled in postsecondary institutions that do not participate in the Clearinghouse are not in the Clearinghouse database. Only associate's, bachelor's and advanced degrees are counted in the graduation rates. Certificates are not included.

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

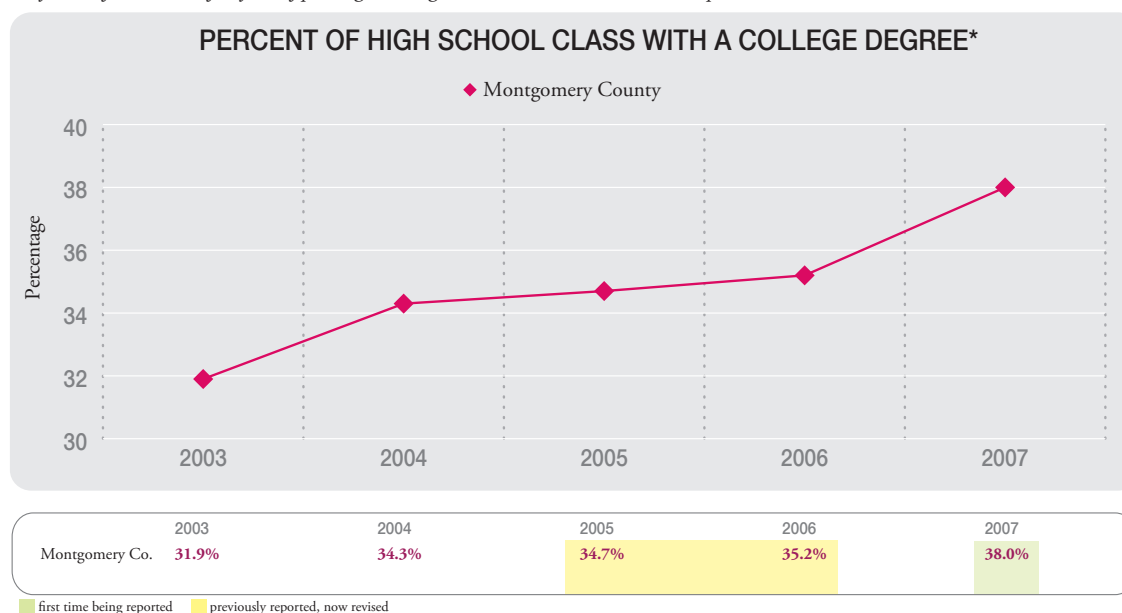
New Data

The value for 2007 is 38.0%. The values for 2005 and 2006 have been revised; see the note above.

Short-Term Trends

The short-term trend from 2006 to 2007 – from 35.2% to 38.0% – is in the desired direction.

** Includes students who complete their college degrees before August 14 of the year which is six years after the high school graduation year. Only classes for which six full years of post-high school graduation data are available are reported here.*



Outcome: Economic Self-Sufficiency

Indicator: Unemployment



Background

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

Note that the full dataset, which includes data going back to 1990, is available at www.montgomerycountyindicators.org.

New Data

The preliminary value for Montgomery County for 2013 is 7.9%. For 2013 the preliminary value for Ohio is 7.3% and for the United States it is 7.4%. The 2011 and 2012 values for Montgomery County, the 2012 value for Ohio, and the 2011 and 2012 values for most of the other counties reported here have all been revised. As a result, some of the county comparative rankings for 2011 and 2012 have also changed; the rank for Montgomery County remained unchanged for both years at 8th.

Short-Term Trends

The short-term trend from 2012 to 2013 – from 7.8% to 7.9% – is not in the desired direction. The county comparative ranking remained unchanged at 8th.

2011

1	Franklin	7.5
2	Cuyahoga	8.1
	Lorain	8.1
4	Summit	8.5
5	Butler	8.6
	Hamilton	8.6
7	Stark	9.2
8	Montgomery	9.5
	Mahoning	9.5
10	Lucas	9.7

2012

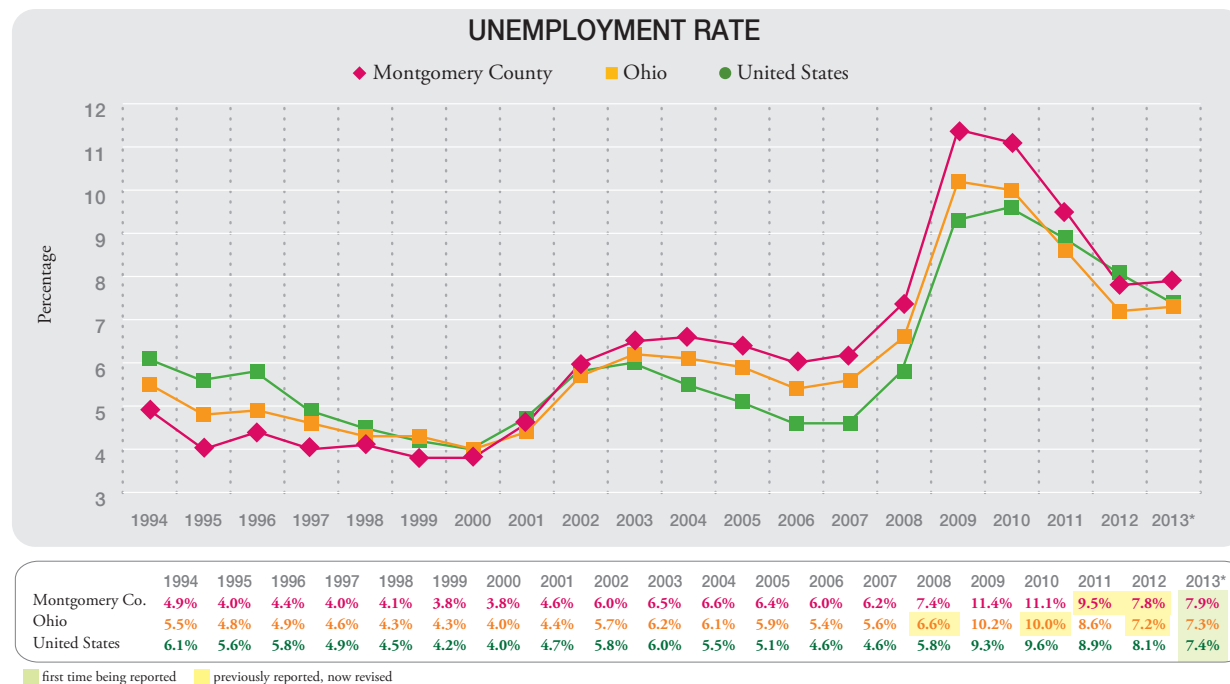
1	Franklin	6.1
2	Summit	6.8
3	Hamilton	7.0
4	Butler	7.1
5	Cuyahoga	7.3
	Stark	7.3
7	Lorain	7.7
8	Montgomery	7.8
	Mahoning	7.8
10	Lucas	8.0

2013*

1	Franklin	6.2
2	Butler	6.9
3	Summit	7.0
4	Hamilton	7.1
5	Cuyahoga	7.4
6	Stark	7.5
7	Lorain	7.8
8	Montgomery	7.9
9	Mahoning	8.2
10	Lucas	8.4

Most desirable ranking is number one.

*2013 data are preliminary.



Outcome: Economic Self-Sufficiency

Indicator: Median Household Income



Background

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

New Data

The 2012 values are new; the values for 2002 through 2011 have been revised to adjust for inflation.

Short-Term Trends

The short-term trend from 2011 to 2012 – from \$41,442 to \$42,524 – is in the desired direction. The county comparative rank also changed in the desired direction, moving from 8th to 7th.

2010

1 Butler	\$57,427
2 Lorain	\$52,856
3 Franklin	\$50,073
4 Hamilton	\$48,682
5 Summit	\$48,005
6 Stark	\$44,921
7 Cuyahoga	\$43,535
8 Montgomery	\$42,767
9 Lucas	\$40,825
10 Mahoning	\$39,850

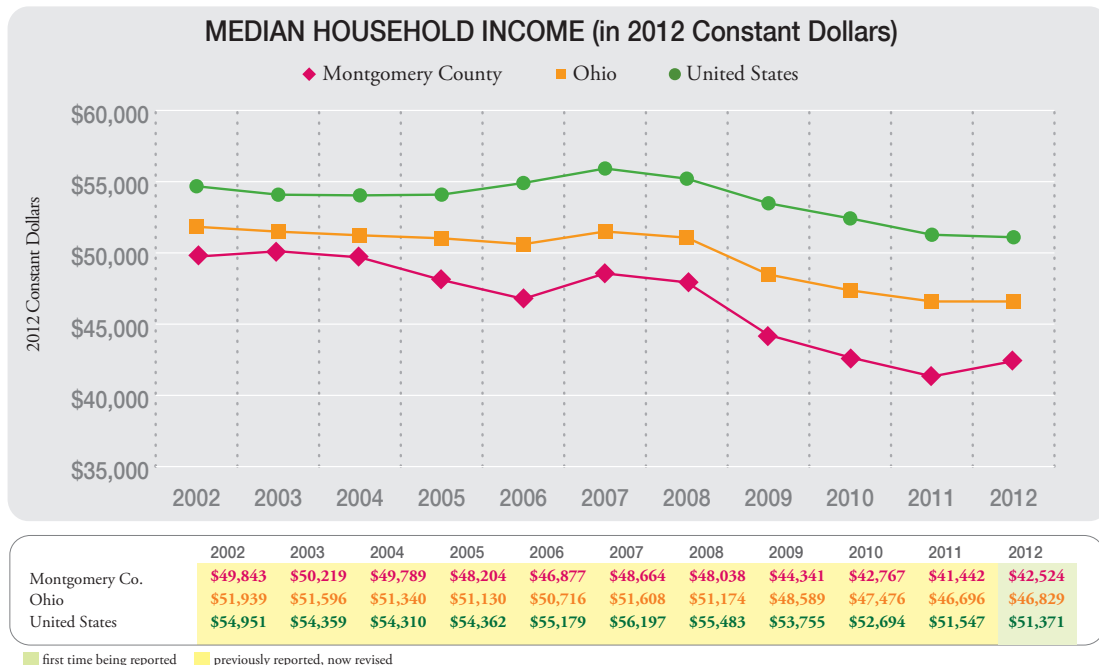
2011

1 Butler	\$54,238
2 Lorain	\$49,279
3 Franklin	\$48,002
4 Summit	\$47,390
5 Hamilton	\$46,891
6 Stark	\$42,693
7 Cuyahoga	\$42,389
8 Montgomery	\$41,442
9 Mahoning	\$40,170
10 Lucas	\$39,216

2012

1 Butler	\$55,687
2 Franklin	\$50,074
3 Lorain	\$49,131
4 Summit	\$48,798
5 Hamilton	\$46,837
6 Stark	\$45,617
7 Montgomery	\$42,524
8 Cuyahoga	\$41,880
9 Lucas	\$40,529
10 Mahoning	\$39,642

Most desirable ranking is number one.



Outcome: Safe and Supportive Neighborhoods

Indicator: Voter Participation



Background

The level of civic engagement within a neighborhood is often cited as a barometer of neighborhood strength. One measure of civic engagement is the voting rate.

New Data

The value for Montgomery County for 2013 is 23.8% and the value for Ohio is not yet available.

Short-Term Trends

The short-term trend from 2011 (the previous off-year election) to 2013 – from 43.5% to 23.8% – is not in the desired direction. The county comparative rank also did not move in the desired direction, changing from 8th in 2012 to 9th in 2013.

2011

1 Summit	49.7
2 Stark	49.1
3 Lorain	46.9
4 Hamilton	46.7
5 Butler	45.0
6 Franklin	44.8
7 Mahoning	44.4
8 Lucas	43.8
9 Montgomery	43.5
10 Cuyahoga	43.4

2012

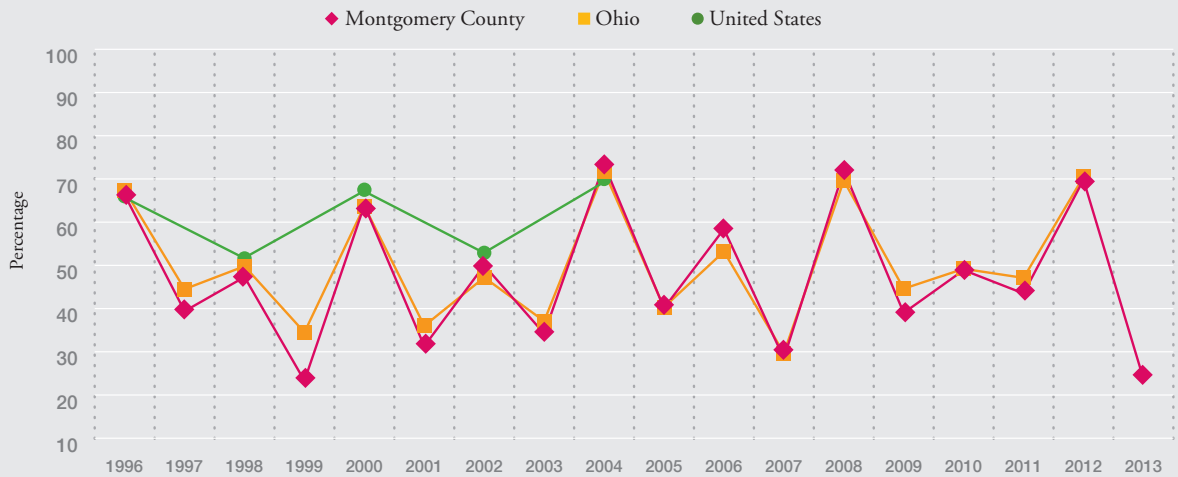
1 Hamilton	74.8
2 Summit	73.7
3 Mahoning	72.2
4 Butler	71.3
5 Franklin	71.0
6 Stark	70.8
7 Cuyahoga	70.1
8 Montgomery	69.8
9 Lucas	68.3
10 Lorain	68.0

2013

1 Hamilton	30.0
2 Cuyahoga	29.6
3 Mahoning	29.5
4 Lorain	28.9
5 Butler	27.2
6 Summit	27.1
7 Lucas	26.2
8 Stark	25.6
9 Montgomery	23.8
10 Franklin	19.8

Most desirable ranking is number one.

PERCENTAGE OF REGISTERED VOTERS WHO VOTE IN THE NOVEMBER GENERAL ELECTION



■ first time being reported ■ previously reported, now revised

Attachment B: University of Cincinnati Action Research Center

The Action Research Center (ARC) at the University of Cincinnati serves as the focal point for faculty and students from across the University working together with our partners in the community to make research more relevant to addressing critical problems and concerns. The mission of the ARC is to *promote social justice and strengthen communities, locally and globally, by advancing research, education, and action through participatory and reflective practices.*

Dr. Lisa M. Vaughn was the lead researcher for the Phase II community needs assessment. Lisa Vaughn is a Ph.D. social psychologist with expertise in the CBPR process, academic-community partnerships, organization development, and community engagement. She is Professor of Pediatrics at Cincinnati Children's Hospital Medical Center/ University of Cincinnati College of Medicine with a joint appointment in Educational Studies at University of Cincinnati College of Education, Criminal Justice, and Human Services. Dr. Vaughn worked with Dr. Farrah Jacquez, University of Cincinnati Department of Psychology and several doctoral students from University of Cincinnati—Demaree Bruck, Terri Pelley, and Melissa DeJonckheere to complete Phase II of the assessment.

Attachment C: Group Level Assessment Methodology

The ARC team conducted a Group Level Assessment (GLA), a participatory large group approach in which valid data is generated about an issue of importance through an interactive and collaborative process (Vaughn & Lohmueller, 1998; Vaughn et al., 2011). The GLA allows for the identification of needs and priorities within a large group setting where the participants have the knowledge and expertise to inform the research. The GLA proceeds through the following steps:

Climate Setting: Overview of session, warm-up

Generating: Group works at responding to prompts written on flip charts placed on walls around the room. Participants are given markers and asked to simultaneously walk around the room responding to each heading in any order with pictures, words, or phrases.

Appreciating: Mill around and look at data written on the wall charts

Reflecting: Spend time alone thinking about what the data means

Understanding: Subgroups discuss specific data items and report out

Selecting: Group discusses and prioritizes data

Using the GLA with county and consumer stakeholders who have different backgrounds and training, compared to traditional methods such as focus groups, works well because the GLA process allows for active involvement of all participants in generating and synthesizing data.

The total number of community and consumer stakeholders at the GLA sessions ranged from as few as nine people to as many as 37 people. Overall, 103 community stakeholders, 35 youth consumer stakeholders, and nine adult consumer stakeholders participated in the GLAs. An additional 35 community stakeholders who could not attend any of the GLA sessions responded to an online survey. For each of the GLA sessions, attendees met with the ARC research team in large rooms at local community sites. Thirty-five pieces of flip chart paper hung on the walls. Each flip chart contained one or more broad prompts/questions covering various arenas (i.e., health, education, income, etc.). Prompts/questions for the GLA sessions were developed by consulting the Montgomery County statistical brief and in collaboration with the needs assessment planning committee. Example prompts included:

- “The most pressing need in our county is...”
- “Neighborhoods in Montgomery County would be safer if...”
- “Montgomery County is exceptional/can be proud because....”

Five of the prompts were posed as Likert-scale questions; thus results are presented quantitatively in charts. An example of a Likert-scale question was:

“How are we doing in Montgomery County?” (1 = Very Poor and 5= Excellent)

- *Racial/Ethnic Discrimination*
- *Poverty*
- *Housing*
- *Education*
- *Income*
- *Healthy People*
- *Healthcare*
- *Public Assistance*
- *Homelessness*
- *Crime/Violence*
- *Employment/Jobs*

As a large group, attendees were instructed to provide responses to each of the 35 prompts in any order they preferred. After they finished responding, they were instructed to walk around the room and look at what others had written. Participants then divided into smaller groups and were given 5-7 flip charts each. Small groups were instructed to discuss responses on the charts and to identify 3-5 common themes/main ideas across their assigned charts. After each small group identified salient themes from the flip charts, the larger group reunited. Each small group reported its findings in a “round-robin” fashion with each group presenting one theme at a time. The primary facilitator recorded the major themes on a flip chart for the larger group to see. Then, participants as a large group discussed overall themes, distilled themes through consensus and discussed the needs and priorities of Montgomery County. When time permitted, attendees discussed possible next steps for the County and how the data from this process could be used effectively.

Data Analysis of GLAs. Individual-level qualitative data were generated by each community and consumer stakeholder in response to the different prompts during each GLA. Because the GLA is a participatory process, the participants themselves distilled and summarized themes from the flip charts and discussed needs and priorities during the GLA sessions.

Attachment D: References Cited in Phase II Section

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