

community health needs assessment

2017



Foreword

Dayton Children's mission is to improve the health status of all children in our region. This community health assessment provides us with a snapshot of children's health in the Greater Dayton Area, as well as our state and nation so we have actionable data to move children's health forward.

With 20 percent of a child's health determined by his or her environment and 40 percent determined by behavior – there is a great need to ensure children have healthy and safe places to live, learn, and play. The data presented in this report provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs – elements impacting children's health beyond the walls of a hospital. These insights enable our community to identify top areas of concern and to develop or refine programs to help children thrive.

Funded by the Dayton Children's Foundation Board, the community health assessment is being conducted for the fifth time. It complies with health care reform requirements and provides valuable insight to develop future health care programming for children.

Through collaboration with The Hospital Council of Northwest Ohio and public health researchers at The University of Toledo, every effort has been made to assure that this report contains valid and reliable data.

We thank our many community partners who participated in the assessment and planning process. Partners came from the five counties in our primary service area and represented public health departments, child-serving organizations and social service providers. We also thank the hundreds of parents who took the time to complete the assessment as they are the critical voice for their children.

It is our hope that this assessment will foster new collaborative opportunities and initiate quality programs to improve the lives of children in our region. This assessment helps lay the groundwork for investments in our community's most precious resource – our children.

Sincerely,

Deborah A. Feldman
President and CEO
Dayton Children's Hospital

Acknowledgements

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Dayton Children's Hospital Foundation Board

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Miami Valley Child Development Centers
Miami Valley Regional Planning Commission
Montgomery County ADAMHS Board
Montgomery County Health and Human Services
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To see Greater Dayton Area data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

<http://www.hcno.org/community/data-indicator.html>

The 2017 Dayton Children's Community Health Needs Assessment is available on the following websites:

Dayton Children's Hospital

<https://www.childrensdayton.org/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

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Executive Summary

This executive summary provides an overview of health-related data for children (ages 0 to 11) in the Greater Dayton Area whose parents participated in a regional health assessment survey during January-March 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of parents within the Greater Dayton Area. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for this study for parents of children ages 0 to 11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of Northwest Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of children ages 0 to 11 years old. The majority of the survey items were derived from the NSCH. This decision was based on the ability to compare local data with state and national data.

The Project Coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the planning committee from the Greater Dayton Area. During these meetings, a bank of potential survey questions from the NSCH survey was reviewed and discussed. Based on input from the planning committee, the Project Coordinator composed a draft of the survey containing 89 items. The draft was reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | 0 TO 11 SURVEY

Children ages 0 to 11 residing in the Greater Dayton Area were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 158,909 children ages 0 to 11 reside in the Greater Dayton Area (92 zip codes in Montgomery, Miami, Greene, Clark, and Warren counties). The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error). The sample size required to generalize to all Greater Dayton Area children ages 0 to 11 was 383. The random sample of mailing addresses was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | CHILDREN 0 TO 5 AND 6-11

Prior to mailing the survey to parents, an advance letter was mailed to 3,600 parents in the Greater Dayton Area. This advance letter was personalized, printed on Dayton Children's letterhead and was signed by Deborah A. Feldman, President and CEO of Dayton Children's. The letter introduced the health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Dayton Children's letterhead) describing the purpose of the study; a questionnaire; a self-addressed stamped return envelope; and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 13% (n=393: CI=± 4.94).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 21.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

LIMITATIONS

As with all health assessments, it is important to consider the findings in the context of all possible limitations. First, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population). If there were little to no difference between respondents and non-respondents, then this would not be a limitation.

Second, it is important to note that, although several questions were asked using the same wording as the NSCH questionnaire, the parent data collection method differed. NSCH child data were collected using a set of questions from the total question bank and parents were asked the questions over the telephone rather than as a mail survey.

Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

Data Summary | Child Health

HEALTH AND FUNCTIONAL STATUS

In 2017, 50% of children ages 0 to 11 were classified as overweight (14%) or obese (36%) by Body Mass Index (BMI) calculations. One-in-eleven (9%) parents reported their child had been diagnosed with asthma. Eight percent (8%) of parents reported their child had been diagnosed with ADD/ADHD.

HEALTH CARE ACCESS

In 2017, 1% of Greater Dayton Area parents reported that their 0 to 11 year old child did not have health insurance. Nine out of ten (90%) children had received all their recommended vaccinations. More than half (55%) of children received the seasonal flu vaccine in the past year.

EARLY CHILDHOOD (AGES 0 TO 5)

The following information was reported by parents of 0 to 5 year olds. Eighty-nine percent (89%) of mothers received prenatal care within the first three months during their last pregnancy. One-in-eleven (9%) mothers smoked or used tobacco products during their last pregnancy. More than four-fifths (86%) of parents put their child to sleep on his/her back. Almost one-third (30%) of mothers never breastfed their child.

MIDDLE CHILDHOOD (AGES 6 TO 11)

The following information was reported by Greater Dayton Area parents of 6 to 11 year olds. About four-fifths (81%) of parents reported they felt their child was always safe at school. More than two-fifths (43%) of parents reported their child was bullied at some time in the past year. Eighty-one percent (81%) of parents reported their child participated in extracurricular activities.

FAMILY AND COMMUNITY CHARACTERISTICS

Ninety-four percent (94%) of parents reported their neighborhood was always or usually safe. One-in-nine (11%) parents reported they received benefits from the SNAP/food stamps program. Thirteen percent (13%) of parents experienced food insecurity.

PARENT HEALTH

In 2017, 18% of Greater Dayton Area parents were uninsured. Seventeen percent (17%) rated their mental and emotional health as fair or poor.

Child Trend Summary

Child Comparisons	Dayton Ages 0 to 5 (n=54)	Outside of Dayton Ages 0 to 5 (n=66)	Greater Dayton Area 2017 Ages 0 to 5	Ohio 2011/12 Ages 0 to 5	U.S. 2011/12 Ages 0 to 5	Dayton Ages 6- 11 (n=77)	Outside of Dayton Ages 6-11 (n=157)	Greater Dayton Area 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status										
Rated health as excellent or very good	87%	97%	93%	89%	86%	96%	94%	95%	86%	83%
Born premature (3 or more weeks before due date)	4%	17%	11%	12%	13%	13%	10%	11%	11%	12%
Diagnosed with asthma	9%	5%	7%	6%	6%	9%	11%	10%	10%	10%
Diagnosed with ADHD/ADD	4%	3%	4%	N/A	2%*	12%	9%	10%	12%	9%
Diagnosed with behavioral or conduct problems	4%	6%	6%	N/A	2%*	3%	5%	4%	5%	4%
Diagnosed with bone, joint, or muscle problems	6%	5%	5%	N/A	1%	3%	2%	2%	N/A	2%
Diagnosed with epilepsy	6%	5%	5%	N/A	<1%	1%	1%	1%	N/A	1%
Diagnosed with a head injury	4%	3%	4%	N/A	<1%	1%	4%	3%	N/A	<1%
Diagnosed with diabetes	2%	2%	2%	N/A	N/A	0%	0%	0%	N/A	<1%
Diagnosed with depression	2%	2%	2%	N/A	<1%*	1%	1%	1%	N/A	2%
Healthcare Access										
Had public insurance	35%	24%	30%	40%	44%	17%	13%	15%	34%	37%
Been to doctor for preventive care in past year	96%	95%	96%	94%	90%	87%	82%	83%	86%	82%
Received all the medical care they needed	96%	92%	93%	99%**	99%**	99%	97%	98%	98%**	98%**
Dental care visit in past year	56%	45%	49%	50%	54%	92%	94%	94%	92%	88%
Early Childhood (Ages 0 to 5)										
Never breastfed their child	32%	29%	30%	29%	21%	N/A	N/A	N/A	N/A	N/A
Parent reads to child every day	32%	38%	35%	53%	48%	N/A	N/A	N/A	N/A	N/A

N/A - Not available

* Ages 2-5 year old,

**2003 national and state data

Child Comparisons	Dayton Ages 0 to 5 (n=54)	Outside of Dayton Ages 0 to 5 (n=66)	Greater Dayton Area 2017 Ages 0 to 5	Ohio 2011/12 Ages 0 to 5	U.S. 2011/12 Ages 0 to 5	Dayton Ages 6-11 (n=77)	Outside of Dayton Ages 6-11 (n=157)	Greater Dayton Area 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Middle Childhood (Ages 6-11)										
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	N/A	8%	16%	13%	18%	22%
Child missed school 11 days or more because of illness or injury	N/A	N/A	N/A	N/A	N/A	3%	2%	2%	7%	5%
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	N/A	97%	97%	98%	96%	94%
Family Functioning										
Family eats a meal together every day of the week	54%	46%	49%	63%	61%	31%	37%	35%	45%	47%
Child never attends religious services	43%	49%	47%	N/A	N/A	34%	31%	32%	22%	18%
Neighborhood is usually or always safe	83%	94%	89%	88%	86%	92%	99%	97%	86%	86%
Child had 2 or more adverse childhood experiences	9%	6%	7%	23%	26%	13%	7%	9%	23%	26%
Parent Health										
Mother's mental or emotional health is fair/poor	N/A	N/A	19%	7%	7%	N/A	N/A	13%	10%	8%
Father's mental or emotional health is fair/poor	N/A	N/A	11%	N/A	3%	N/A	N/A	19%	7%	5%

N/A - Not available

Health and Functional Status

Key Findings

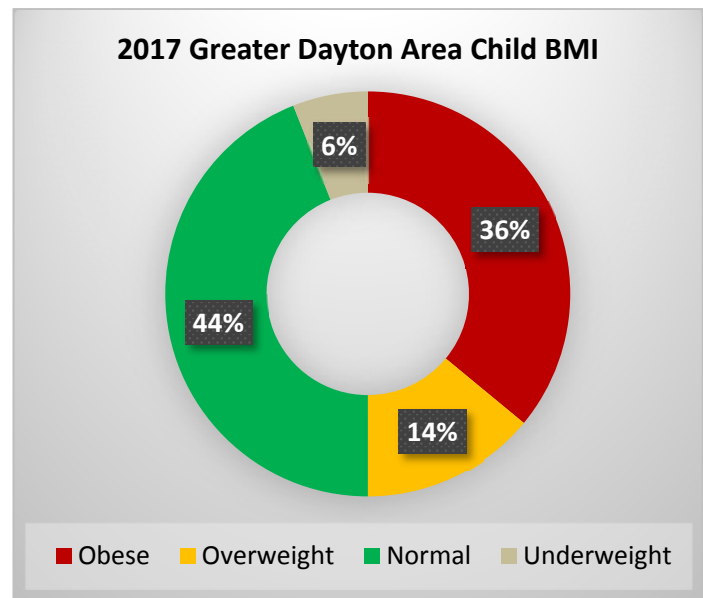
In 2017, 50% of children ages 0 to 11 were classified as overweight (14%) or obese (36%) by Body Mass Index (BMI) calculations. One-in-eleven (9%) parents reported their child had been diagnosed with asthma. Eight percent (8%) of parents reported their child had been diagnosed with ADD/ADHD.

General Health Status

- In 2017, 94% of Greater Dayton Area parents rated their child's health as excellent or very good. Six percent (6%) of parents rated their child's health as fair.
- One out of nine (11%) parents reported their child was born premature, increasing to 21% of African American parents *(Note: Please use African American data with caution due to a small sample size within that particular demographic).*
- Parents reported their child slept: 7 hours or less per night (11%); 8 hours per night (22%); 9 hours per night (31%); 10 hours per night (29%); and 11 hours or more per night (8%).

Weight Status and Nutrition

- Over one-third (36%) of children were classified as obese by Body Mass Index (BMI) calculations; 14% of children were classified as overweight; 44% were normal weight; and 6% were underweight.
- Children ate fruit: 4 or more times per day (5%); 2 to 3 times per day (45%); once per day (21%); 4 to 6 times during the past week (15%); and 1 to 3 times during the past week (13%). Two percent (2%) of parents reported that their child did not eat fruit.
- Children ate vegetables: 4 or more times per day (3%); 2 to 3 times per day (42%); once per day (25%); 4 to 6 times during the past week (14%); and 1 to 3 times during the past week (12%). Four percent (4%) of parents reported that their child did not eat vegetables.
- Children drank soda or pop: 4 or more times per day (<1%); 2 to 3 times per day (<1%); once per day (2%); 4 to 6 times during the past week (4%); and 1 to 3 times during the past week (34%). Sixty percent (60%) of parents reported that their child did not drink soda or pop.
- Children ate the following for breakfast: cereal (76%), milk (64%), eggs (42%), toast (39%), fruit (36%), yogurt (33%), bacon/ham/sausage (28%), oatmeal (28%), Pop Tart/donut/pastry (26%), fruit juice (18%), breast milk (3%), formula (3%), pizza (1%), candy (<1%), and other (8%). One-in-eleven (9%) children ate at the school breakfast program. Three percent (3%) of children ate nothing for breakfast.
- Children spent an average of 1.9 hours watching TV, 1.2 hours reading, 0.8 hours playing video games, and 0.8 hours on the computer/tablet on an average day of the week.

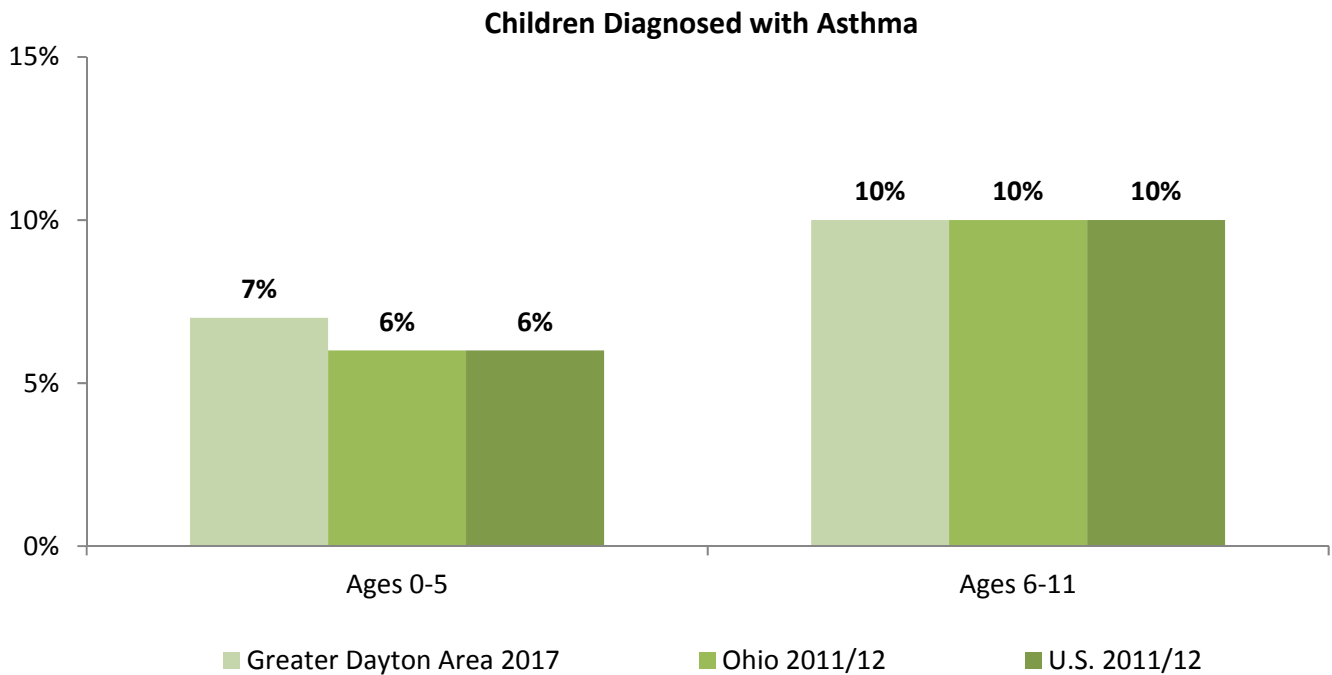


Health Conditions

- Parents reported their children had the following allergies: environmental allergies (19%), medicine allergies (11%), animal allergies (8%), milk (3%), peanuts (2%), red dye (2%), eggs (1%), bees (1%), gluten (<1%), wheat (<1%), soy (<1%), other food allergies (4%), and other (1%). Of those with allergies, 3% had an Epi-pen.
- Approximately one-third (34%) of parents reported their child had been tested for lead poisoning, increasing to 44% of children enrolled in a public insurance program such as Medicaid. One percent (1%) of parents reported their child was tested, levels were elevated, and medical follow-up was needed. Over half (52%) of parents had not had their child tested for lead poisoning, and 13% did not know.
- Greater Dayton Area parents were told by a doctor that their child had the following conditions:
 - Developmental delay/physical impairment (11%)
 - Asthma (9%)
 - ADD/ADHD (8%)
 - Anxiety problems (7%)
 - Learning disability (7%)
 - Pneumonia (7%)
 - Urinary tract infection (5%)
 - Behavioral/conduct problem (5%)
 - Birth defect (4%)
 - Head injury (3%)
 - Bone/joint/muscle problems (3%)
 - Hearing problems (3%)
 - Autism(3%)
 - Epilepsy (3%)
 - Intellectual disability/mental retardation (2%)
 - Genetic disease (2%)
 - Digestive tract infections (2%)
 - Cerebral palsy (2%)
 - Appendicitis (1%)
 - Depression problems (1%)
 - Diabetes (1%)
- Nearly one-in-five (19%) children had more than one type of health condition.
- Of children diagnosed with autism/ASD or Developmental Delay, 9% had received therapy services to meet his or her developmental needs, such as early intervention, occupational therapy, or behavioral therapy.
- Six percent (6%) of parents reported their child had an asthma attack in the past year.

Asthma

The following graph shows that the Greater Dayton Area had a slightly higher percentage of children ages 0 to 5 who were diagnosed with asthma than both Ohio and the U.S.



Behavioral and Emotional Health

- About one-in-eight (13%) parents reported their child had an emotional, developmental, or behavioral problem for which they needed treatment or counseling.
- Children had difficulties in the following areas: concentration (11%), emotions (11%), behavior (9%), and being able to get along with people (2%).
- Parents reported that difficulties were managed in the following ways: family and friends took care of it (32%); professional help (29%); school/day care (24%), and in-home care (1%). Forty-seven percent (47%) said they did not need help managing difficulties.

Child Comparisons	Dayton Ages 0 to 5 (n=54)	Outside of Dayton Ages 0 to 5 (n=66)	Greater Dayton Area 2017 Ages 0 to 5	Ohio 2011/12 Ages 0 to 5	U.S. 2011/12 Ages 0 to 5
Rated health as excellent or very good	87%	97%	93%	89%	86%
Born premature (3 or more weeks before due date)	4%	17%	11%	12%	13%
Diagnosed with asthma	9%	5%	7%	6%	6%
Diagnosed with ADHD/ADD	4%	3%	4%	N/A	2%*
Diagnosed with behavioral or conduct problems	4%	6%	6%	N/A	2%*
Diagnosed with bone, joint, or muscle problems	6%	5%	5%	N/A	1%
Diagnosed with epilepsy	6%	5%	5%	N/A	<1%
Diagnosed with a head injury	4%	3%	4%	N/A	<1%
Diagnosed with diabetes	2%	2%	2%	N/A	N/A
Diagnosed with depression	2%	2%	2%	N/A	<1%*

N/A - Not available

* Ages 2-5 year old

Child Comparisons	Dayton Ages 6 to 11 (n=77)	Outside of Dayton Ages 6 to 11 (n=157)	Greater Dayton Area 2017 Ages 6 to 11	Ohio 2011/12 Ages 6 to 11	U.S. 2011/12 Ages 6 to 11
Rated health as excellent or very good	96%	94%	95%	86%	83%
Born premature (3 or more weeks before due date)	13%	10%	11%	11%	12%
Diagnosed with asthma	9%	11%	10%	10%	10%
Diagnosed with ADHD/ADD	12%	9%	10%	12%	9%
Diagnosed with behavioral or conduct problems	3%	5%	4%	5%	4%
Diagnosed with bone, joint, or muscle problems	3%	2%	2%	N/A	2%
Diagnosed with epilepsy	1%	1%	1%	N/A	1%
Diagnosed with a head injury	1%	4%	3%	N/A	<1%
Diagnosed with diabetes	0%	0%	0%	N/A	<1%
Diagnosed with depression	1%	1%	1%	N/A	2%

N/A - Not available

Health Care Access

Key Findings

In 2017, 1% of Greater Dayton Area parents reported that their 0 to 11 year old child did not have health insurance. Nine out of ten (90%) children had received all their recommended vaccinations. More than half (55%) of children received the seasonal flu vaccine in the past year.

Health Insurance

- 1% of parents in the Greater Dayton Area reported that their child did not currently have health insurance.
- Children had the following types of health insurance: parent's employer (50%); someone else's employer (21%); Medicaid or other public health benefits (15%); self-paid (4%); Tri-care (3%); Medicare (2%); Insurance Marketplace (1%); or some other source of insurance (1%).
- Parents reported their child's health insurance covered the following: doctor visits (98%), prescription coverage (97%), well visits (97%), immunizations (97%), hospital stays (96%), dental (90%), vision (80%), mental health (78%) and therapies (69%).

Access and Utilization

- Ninety-six percent (96%) of children received all the medical care they needed in the past year.
- Parents reported their child did not get all of the medical care they needed in the past year for the following reasons: cost (3%); no referral (2%); inconvenient times/could not get an appointment (1%); too long of a wait for an appointment (1%); health plan problem (1%); not available in area/transportation problems (1%); dissatisfied with doctor (<1%); dissatisfied with office staff (<1%); specialist were not available (<1%); could not find a doctor who accepted child's insurance (<1%); and other reasons (4%).
- Eleven percent (11%) of parents reported their family had problems paying or were unable to pay any of their child's medical bills.
- Four percent (4%) of parents reported their child's health suffered because of not being able to afford the cost of any needed care in the past 12 months, increasing to 17% of parents with incomes less than \$25,000.
- More than half (55%) of children received the seasonal flu vaccine in the past year.
- Nine out of ten (90%) children had received all of their recommended vaccinations.
- Parents reported their child did not get all of their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (5%); parents chose to not vaccinate their child (4%); fear of negative effects (2%); alternate vaccination schedule used (2%); religious or cultural beliefs (1%); doctor advised against vaccination (<1%); not sure which are recommended (<1%); and other reasons (2%).
- Nine percent (9%) of Greater Dayton Area children received mental health care or counseling in the past year, increasing to 17% of those with incomes less than \$25,000.

- Parents took their child to the hospital emergency room for the following: fever/cold/flu (12%); accidents, injury or poisoning (10%); ear infections (5%); doctor told them to go (5%); broken bones (3%); asthma (2%); mental health (1%); dental issue (1%); and other sick visits (8%).
- Five percent (5%) of parents took their child to the hospital emergency room for primary care, increasing to 18% parents with incomes less than \$25,000.
- Five percent (5%) of parents reported having transportation issues, increasing to 28% of parents with incomes less than \$25,000. Parents reported the following transportation issues: could not afford gas (2%); no car (1%); suspended/no driver's license (1%); disabled (<1%); limited public transportation available or accessible (1%); no car insurance (1%); and other car issues/expenses (4%)

Medical Home

- Eighty-seven percent (87%) of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 63% of those with incomes less than \$25,000.
- Approximately nine out of ten (88%) children had visited their health care provider for preventive care in the past year, increasing to 96% of 0 to 5 year olds.
- Nearly all (98%) parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor's office (87%); an urgent care center (4%); a community health center (1%); a health department (1%); a hospital emergency room (1%); and some other kind of place (2%). One percent (1%) reported multiple places and 2% did not know.
- Children were referred and went to the following specialists: ophthalmologist (eye doctor) (23%); ear, nose, and throat (ENT) doctor (22%); allergist (10%); dermatologist (skin doctor)(9%); psychiatrist/mental health provider (7%); cardiologist (heart doctor) (6%); neurologist (brain doctor) (6%); developmental pediatrician (5%); endocrinologist (kidney doctor) (3%); oncologist (cancer doctor) (1%); and other specialist (15%).
- 82% of children ages 2 and older had been to the dentist in the past year, increasing to 94% of 6 to 11 year olds.
- Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (17%); cost (3%); could not find a dentist who accepted the child's insurance (2%); no insurance (2%); no convenient times/could not get appointment (1%); did not know where to go for treatment (1%); health plan problem (1%); not available in area/transportation problems (<1%); missed an appointment and not allowed to go back to the clinic (<1%); dissatisfaction with dentist (<1%); child refused to go (<1%); and other (3%).

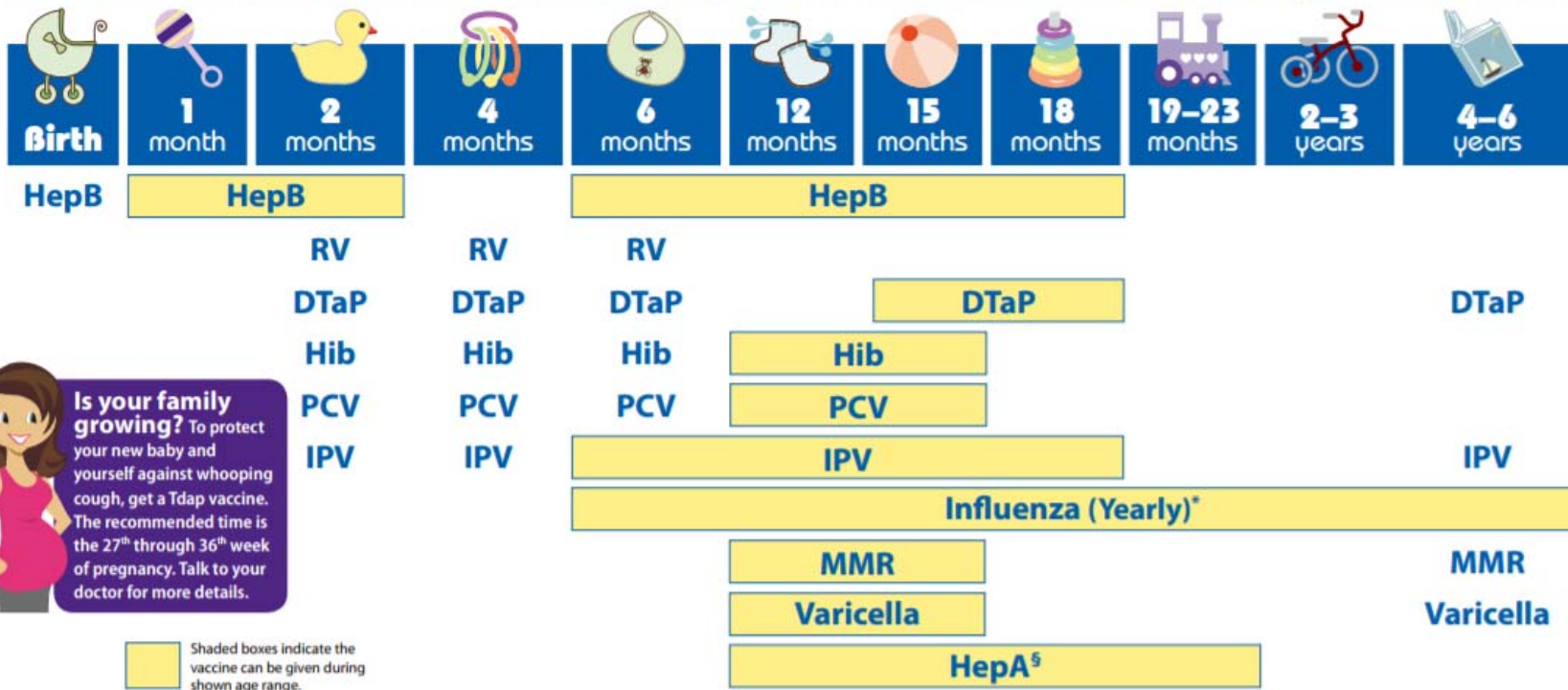
Child Comparisons	Dayton Ages 0 to 5 (n=54)	Outside of Dayton Ages 0 to 5 (n=66)	Greater Dayton Area 2017 Ages 0 to 5	Ohio 2011/12 Ages 0 to 5	U.S. 2011/12 Ages 0 to 5
Had public insurance	35%	24%	30%	40%	44%
Been to doctor for preventive care in past year	96%	95%	96%	94%	90%
Received all the medical care they needed	96%	92%	93%	99%*	99%*
Dental care visit in past year	56%	45%	49%	50%	54%

**2003 state and national data*

Child Comparisons	Dayton Ages 6 to 11 (n=77)	Outside of Dayton Ages 6 to 11 (n=157)	Greater Dayton Area 2017 Ages 6 to 11	Ohio 2011/12 Ages 6 to 11	U.S. 2011/12 Ages 6 to 11
Had public insurance	17%	13%	15%	34%	37%
Been to doctor for preventive care in past year	87%	82%	83%	86%	82%
Received all the medical care they needed	99%	97%	98%	98%*	98%*
Dental care visit in past year	92%	94%	94%	92%	88%

**2003 state and national data*

2017 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention, Immunization Schedules for Infants and Children, 2017.

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu <i>Influenza</i>	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox <i>Varicella</i>
				MenACWY	MenB						
7-8 Years	Green	Orange		Purple		Purple	Orange	Purple	Orange	Orange	Orange
9-10 Years	Green	Orange	Purple, Blue	Purple		Purple	Orange	Purple	Orange	Orange	Orange
11-12 Years	Green	Orange	Green	Green		Purple	Orange	Purple	Orange	Orange	Orange
13-15 Years	Green	Orange	Orange	Orange		Purple	Orange	Purple	Orange	Orange	Orange
16-18 Years	Green	Orange	Orange	Orange		Purple	Orange	Purple	Orange	Orange	Orange
More information:	Preteens and teens should get a flu vaccine every year.	Preteens and teens should get one shot of Tdap at age 11 or 12 years.	All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.	All 11-12 year olds should get a single shot of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.	Teens, 16-18 years old, may be vaccinated with a MenB vaccine.						



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.



This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention, Immunization Schedules for Preteens and Teens, 2017.

Early Childhood (Ages 0 to 5)

Key Findings

The following information was reported by parents of 0 to 5 year olds. Eighty-nine percent (89%) of mothers received prenatal care within the first three months during their last pregnancy. One-in-eleven (9%) mothers smoked or used tobacco products during their last pregnancy. More than four-fifths (86%) of parents put their child to sleep on his/her back. Almost one-third (30%) of mothers never breastfed their child.



Early Childhood

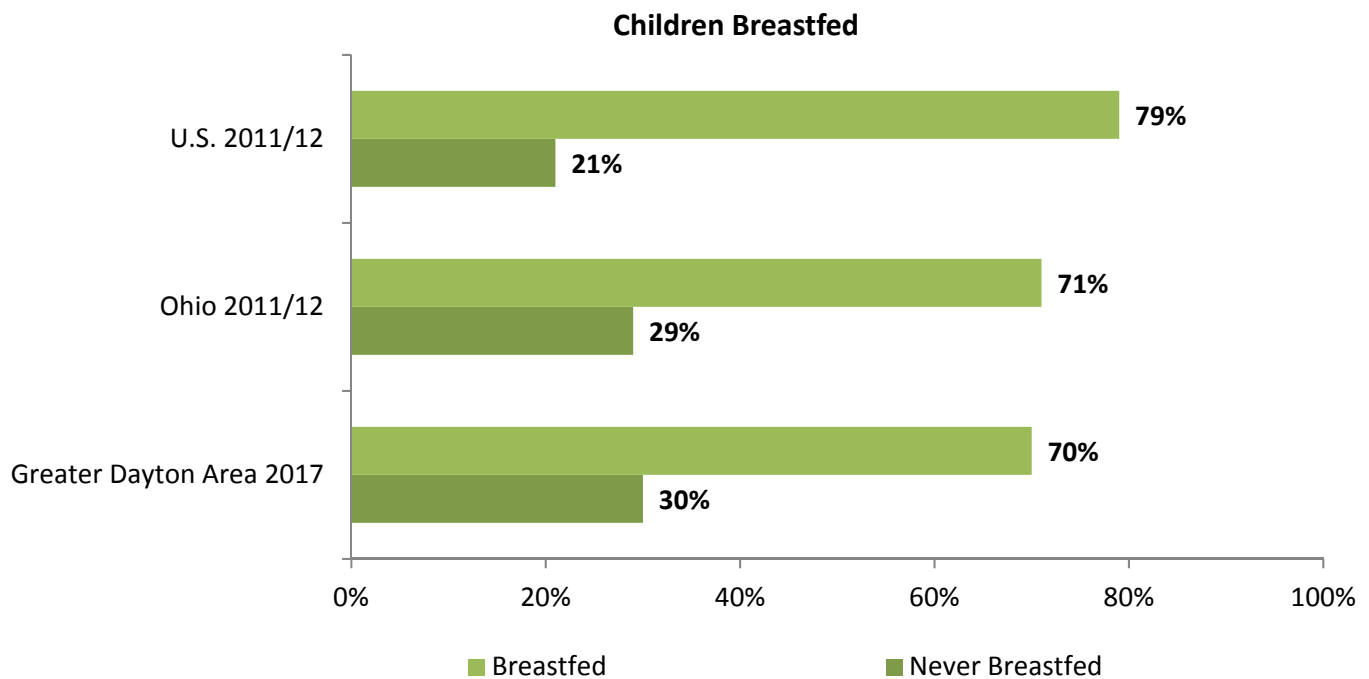
- During their last pregnancy, mothers did the following: received prenatal care within the first 3 months (89%); took a prenatal vitamin with folic acid during pregnancy (85%); took a prenatal vitamin with folic acid pre-pregnancy (77%); had a dental exam (61%); took folic acid during pregnancy (23%); received WIC services (25%); experienced depression during or after pregnancy (20%); took folic acid pre-pregnancy (15%); smoked cigarettes or used other tobacco products (9%); consumed alcoholic beverages (6%); used marijuana (5%); used opioids (4%); experienced domestic violence (3%); used any drugs not prescribed for them (4%); looked for options for an unwanted pregnancy (2%); and received opiate replacement therapy (1%). Three percent (3%) of mothers reported doing none of these during pregnancy.
- When parents were asked how they put their child to sleep as an infant: 86% said on their back; 18% said in bed with them; 14% said on their side; 10% said on their stomach; and 3% said in bed with another person.
- Parents reported putting their child to sleep in the following places: crib/bassinet without bumper, blankets, or stuffed animals (78%); pack n' play (50%); swing (37%); in bed with them (34%); car seat (29%); crib/bassinet with bumper, blankets, or stuffed animals (23%); in bed with another person (7%); floor (6%); and couch or chair (5%).
- Mothers breastfed their child: 3 months or less (17%); 4 to 6 months (8%); 7 to 9 months (8%); 10 to 12 months (12%); more than one year (14%); still breastfeeding (8%); and never breastfed (30%).
- More than half (53%) of mothers on a public insurance program, such as Medicaid, never breastfed.
- Parents gave the following reasons why their child was not breastfed for a year: did not produce enough milk (30%); did not want to (12%); medical issue with baby (9%); inconvenient (4%); did not have time (4%); did not have workplace support (3%); did not have adequate support (3%); did not have a breast pump (1%); and other (26%).
- Parents reported they or someone in their family read to their child: every day (35%); almost every day (21%); a few times a week (25%); a few times a month (13%); and a few times a year (2%). Two percent (2%) reported never reading to their child.

Child Comparisons	Dayton Ages 0 to 5 (n=54)	Outside of Dayton Ages 0 to 5 (n=66)	Greater Dayton Area 2017 Ages 0 to 5	Ohio 2011/12 Ages 0 to 5	U.S. 2011/12 Ages 0 to 5
Never breastfed their child	32%	29%	30%	29%	21%
Parent reads to child every day	32%	38%	35%	53%	48%

Breastfeeding

The following graph shows the percent of infants who had been breastfed or given breast milk from Greater Dayton Area, Ohio, and U.S.

- The U.S. had a larger percent of children who had been breastfed for any length of time, compared to Ohio and Greater Dayton Area.



Sources: National Survey of Children's Health and 2017 Dayton Children's Community Health Needs Assessment

Facts about Breastfeeding

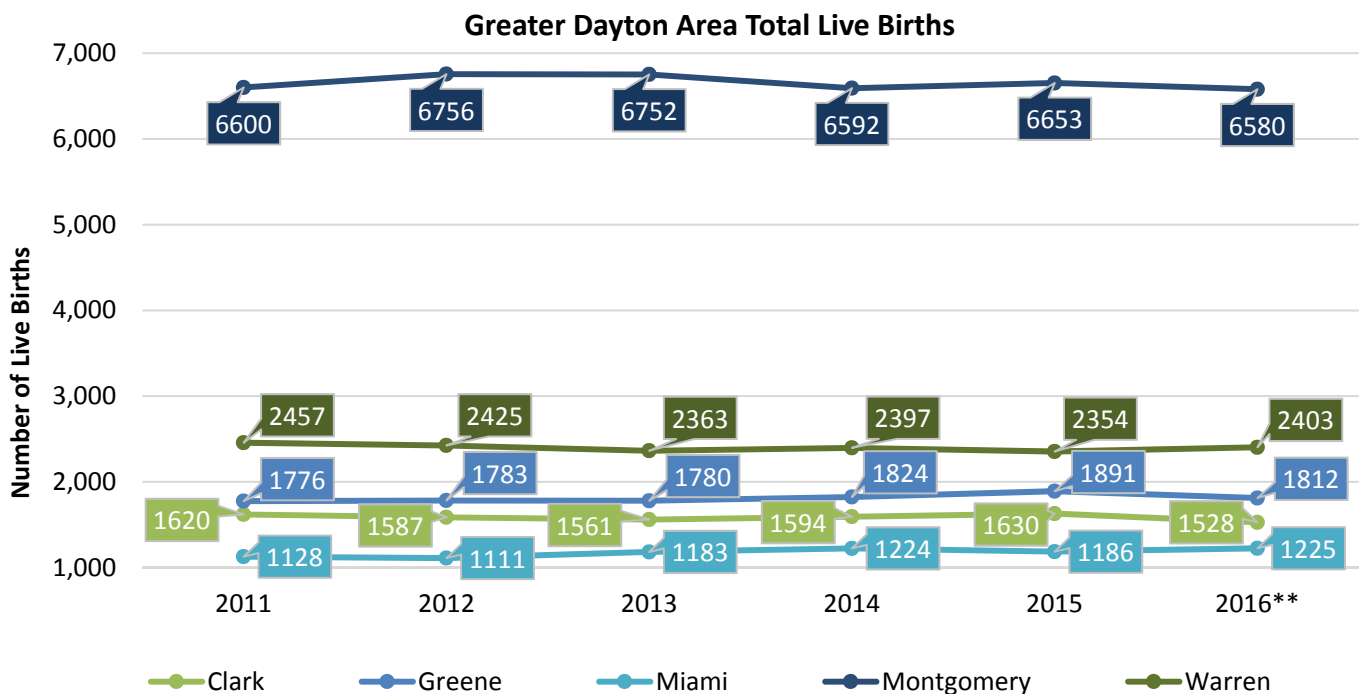
- The percent of infants who were ever breastfed is 65% in Ohio, compared to 77% in the U.S.
- Human milk provides virtually all the protein, sugar, and fat your baby needs to be healthy, and it also contains many substances that benefit your baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has weaned. Formula cannot offer this protection.
- With regards to allergy prevention, there is some evidence that breastfeeding protects babies born to families with a history of allergies, compared to those babies who are fed either a standard cow's milk based formula or a soy formula.
- Recent research even indicates that breastfed infants are less likely to be obese in adolescence and adulthood. They are also less vulnerable to developing both type 1 and type 2 diabetes.
- The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. The World Health Organization recommends continued breastfeeding up to 2 years of age or beyond.

Source: CDC, *Breastfeeding*, July, 31, 2013 & *Healthy Children, Breastfeeding Benefits Your Baby's Immune System*, 5/11/2013

Pregnancy Outcomes

*Please note that the pregnancy outcomes data includes all births to adults and adolescents.

- From 2011-2016, there was an average of 6,656 live births per year in Montgomery County, as compared to an average of 1,176 births per year in Miami County.

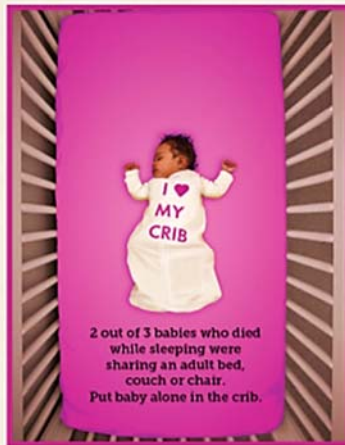


(Source for graphs: ODH Information Warehouse Updated 3/26/2017)

** - Indicates preliminary data that may change

ABCs of Safe Sleep

- Every week in Ohio, 3 babies die in unsafe sleep environments.



Alone.

Share the room, not the bed. Always place your baby alone in a crib, bassinet, or play yard with a firm mattress. The safest place for your baby to sleep is in your room (within arm's reach), but not in your bed. This way, you can easily breastfeed and bond with your baby. Never nap on a couch or chair while holding your baby and don't lay your baby down on adult beds, chairs, sofas, waterbeds, air mattresses, pillows, or cushions.

You should never share the bed with your baby because:

- You can roll too close to or onto your baby while she sleeps.
- Babies can get stuck between the mattress and the wall, headboard, footboard or other furniture.
- Your baby could fall off the bed and get hurt, or fall onto something on the floor and suffocate.



Back.

Back is best for baby. Always put your baby to sleep on his back. Healthy babies naturally swallow or cough up their spit up, so your baby will not choke if he's on his back.

It's also safer for your baby to wake up often during the night on his back.

If your baby is sleeping on his tummy and needs to take a deep breath, it could be dangerous because:

- He may be unable to move his head.
- His mouth or nose may be blocked and he could suffocate, even in a bare crib.
- The air people breathe out is filled with carbon dioxide, or "bad air," and your baby could keep breathing "bad air" and suffocate.



Crib.

Bare is Best. Many parents believe their baby won't be safe and warm without bumper pads, blankets, pillows, and stuffed animals, but these items can be deadly. Babies can suffocate on any extra item in the crib.

Place your baby to sleep in a safety-approved crib with a firm mattress covered by a fitted sheet. Sleep clothing like fitted, appropriate-sized sleepers and sleep sacks, are safer for baby than blankets!

If you use a safety-approved crib, baby's hand or foot won't get caught.

Many parents think baby will get hurt if they don't use bumper pads, but this isn't true because:

- Babies don't have enough strength to hurt themselves.
- No babies have seriously hurt themselves by getting stuck between the crib railings.

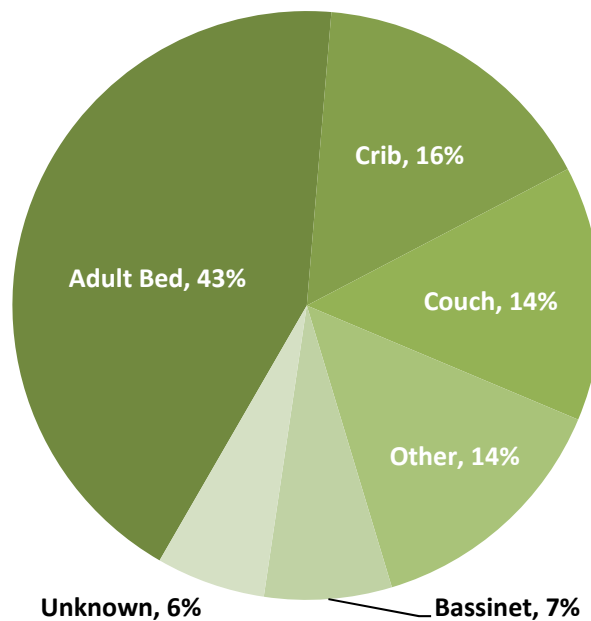
Source: Ohio Department of Health, Infant Safe Sleep

Sleep-Related Infant Death Factors

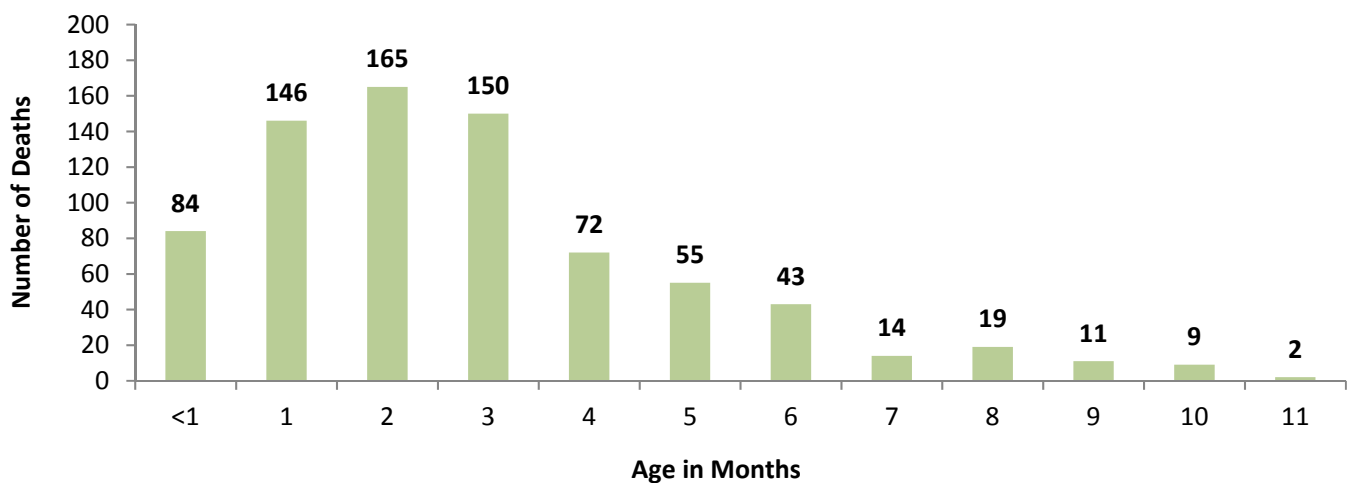
The following charts show the percentage of Ohio infant deaths by location when the infant was found and the age of infant at time of death.

- More than two-fifths of the sleep-related infant deaths in Ohio were found in an adult bed.
- Bed sharing was reported at the time of the death in 53% of the cases that were reviewed.
- Three-fifths of the sleep-related deaths involved infants between one month and three months old.

Reviews of Ohio Sleep-Related Infant Deaths by Incident Location, 2011-2015 (n=770)



Ohio Sleep-Related Infant Deaths by Age in Months, 2011-2015 (n=770)



Source for charts: ODH, Ohio Child Fatality Review, Sixteenth Annual Report

Middle Childhood (Ages 6 to 11)

Key Findings

The following information was reported by Greater Dayton Area parents of 6 to 11 year olds. About four-fifths (81%) of parents reported they felt their child was always safe at school. More than two-fifths (43%) of parents reported their child was bullied at some time in the past year. Eighty-one percent (81%) of parents reported their child participated in extracurricular activities.

Middle Childhood

- About four-fifths (81%) of parents reported their child participated in extracurricular activities in the past year. Their child participated in the following: a sports or intramural program (71%); exercising outside of schools (58%); a church or religious organization (49%); a school club or social organization (42%); volunteer in the community (17%); tutoring (13%); a church youth group (13%); summer school program (9%); take care of siblings after schools (4%); take care of parents or grandparents (2%); babysit for other kids (2%); and some other organized activity (20%).
- Children missed school an average of 2.7 days per year because of illness or injury.
- Greater Dayton Area children were enrolled in the following types of schools: public (77%), private (15%), home-schooled/online schooled (5%), and charter (3%).
- Four-fifths (81%) of parents reported they felt their child was always safe at school; 17% reported usually; 1% reported sometimes; and <1% reported they felt their child was never safe at school.
- Parents felt their child was not safe at school due to the following reasons: fear of bullying (8%); afraid of other kids who show unusual behavior (6%); buildings are not secure (3%); and bomb threats (2%).
- More than two-fifths (43%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 28% were verbally bullied (teased, taunted or called harmful names)
 - 12% were indirectly bullied (spread mean rumors about or kept out of a “group”)
 - 4% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - <1% were sexually bullied (had nude or semi-nude pictures used to blackmail, intimidate, exploit, or pressure them to have sex when they did not want to)
 - 1% of parents reported they did not know if their child was bullied.
- Parents reported they had contacted the following agencies to help with problems concerning their child: child’s school (9%), mental health agency (5%), faith-based agency (2%), non-profit agency (2%), juvenile court (1%), law enforcement (1%), and Children’s Services (1%). Eighty-eight percent (88%) of parents reported they have never called an agency for help with their child.



- Almost one-fifth (18%) of parents reported their child had a social media or other virtual network account. Of those who had an account, they reported the following: they had their child’s password (86%); they knew all of the people in their child’s “my friends” (57%); their child’s account was checked private (56%); and their child had a problem as a result of their account (2%).
- Parents reported they or someone in their family reads to their child: every day (19%); almost every day (24%); a few times a week (14%); a few times a month (7%); and a few times a year (1%). Almost one-third (32%) of parents reported their child read to him/herself, and 1% reported never reading to their child due to lack of interest from the child.
- Parents discussed the following topics with their child: eating habits (80%); screen time (TV or computer) (78%); bullying and violence (68%); empathy (59%); cyber/internet safety (45%); body image (44%); cultural sensitivity (40%); negative effects of tobacco (40%); negative effects of alcohol (33%); negative effects of marijuana and other drugs (27%); marijuana and other drugs (26%); negative effects of heroin/opiates (24%); respect for gender identity/sexual orientation (21%); refusal skills (18%); prescription drug misuse (15%); dating and positive relationships (14%); abstinence and how to refuse sex (13%); birth control (3%); and condoms, safer sex and STD prevention (2%). Four percent (4%) of parents reported they did not discuss any of the above topics with their child.

Child Comparisons	Dayton Ages 6 to 11 (n=77)	Outside of Dayton Ages 6 to 11 (n=157)	Greater Dayton Area 2017 Ages 6 to 11	Ohio 2011/12 Ages 6 to 11	U.S. 2011/12 Ages 6 to 11
Child did not miss any days of school because of illness or injury	8%	16%	13%	18%	22%
Child missed school 11 days or more because of illness or injury	3%	2%	2%	7%	5%
Parent felt child was usually/always safe at school	97%	97%	98%	96%	94%

How to Help Increase Your School-Aged Child's Social Ability

Consider the following as ways to foster your school-aged child's social abilities:

- Set and provide appropriate limits, guidelines, and expectations and consistently enforce using appropriate consequences.
- Model appropriate behavior.
- Offer compliments for your child being cooperative and for any personal achievements.
- Help your child choose activities that are appropriate for your child's abilities.
- Encourage your child to talk with you and be open with his or her feelings.
- Encourage your child to read and read with your child.
- Encourage your child to get involved with hobbies and other activities.
- Encourage physical activity.
- Encourage self-discipline; expect your child to follow rules that are set.
- Teach your child to respect and listen to authority figures.
- Encourage your child to talk about peer pressure and help set guidelines to deal with peer pressure.
- Spend uninterrupted time together—giving full attention to your child.
- Limit television, video, and computer time.

Source: eClinicalWorks, *The Growing Child: School Age (6 to 12 Years)*, 2017

Family and Community Characteristics

Key Findings

Ninety-four percent (94%) of parents reported their neighborhood was always or usually safe. One-in-nine (11%) parents reported they received benefits from the SNAP/food stamps program. Thirteen (13%) percent of parents experienced food insecurity.



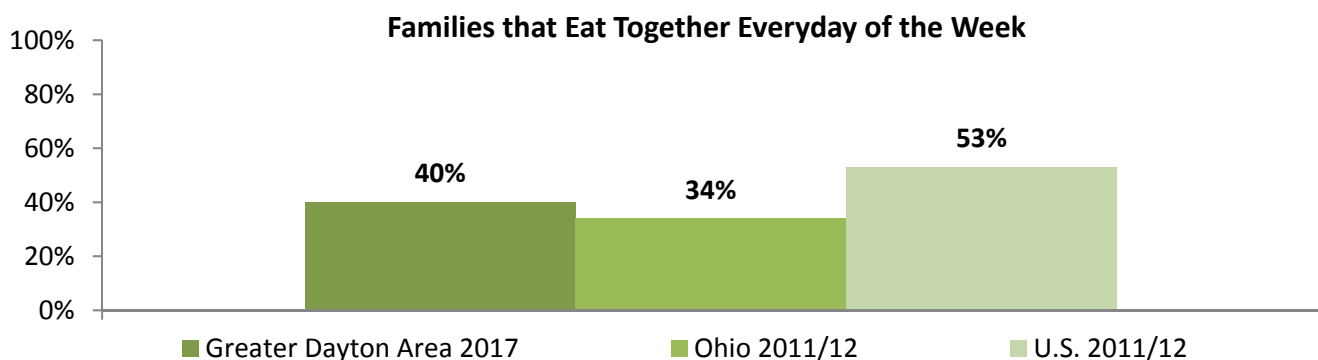
Family Functioning

- Two-fifths (40%) of parents reported that every family member who lived in their household ate a meal together every day of the week. Families ate a meal together an average of 5.3 times per week.
- Three out of ten (30%) parents reported their child attended a religious service one to three times per month; 34% reported four or more times per month. More than one-third (37%) of parents reported their child had never attended a religious service. Parents reported their child attended religious services an average of 3.3 times per month.
- Parents reported the following forms of discipline they used for their child: take away privileges (78%); time out (60%); yelling (30%); grounding (28%); spanking (28%); wash mouth out (3%); and other method (9%).
- Parents reported the following challenges they faced in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (40%); financial burdens (19%); working long hours (14%); being a single parent (10%); managing child's behavior (9%); child has special needs (8%); mental health/depression/anxiety (7%); lack of parental support (5%); difficulty with lifestyle changes (5%); loss of freedom (4%); affordable housing (4%); move a lot (1%); post-partum depression (1%); and alcohol and/or drug abuse (<1%). Thirty-one (31%) of parents reported having more than one difficulty, increasing to 47% of parents with incomes of less than \$25,000.

Family Dinners

The following graph shows the percent of Greater Dayton Area families that ate a meal together every day of the week along with the percent of Ohio and U.S. families.

- U.S. families eat a meal together every day of the week more frequently than Greater Dayton Area and Ohio families.



Source: National Survey of Children's Health & 2017 Dayton Children's Community Health Needs Assessment

Five Ways That Family Meals Keep Kids Healthy

1. Family meals prevent excessive weight gain: Eating 3 or more family meals (meaning at least one parent is present and the meal is prepared at home) results in a 12% lower likelihood of children being overweight.

2. Family meals teach healthy food choices: The eating habits of childhood often last a lifetime. Families that ate at least three meals together each had a 20% decrease in unhealthy food choices. Teaching your children to enjoy healthy foods rather than junk foods is a gift that will stay with them through adulthood.

3. Family meals prevent eating disorders: Children and adolescents who ate family meals at least three times per week had a 35% reduction in disordered eating habits such as anorexia and bulimia.

4. Family dinner improves social-emotional health, too: The ability to understand emotions, express empathy, demonstrate self-regulation, and form positive relationships with peers and adults is called social-emotional health. Young children with high social-emotional health adapt well to the school environment and perform well academically, even in long term studies. Guess which kids had the best social-emotional health? The ones who ate family dinner together regularly and talked about their day, told stories, etc.

5. Family dinner can help kids deal with cyberbullying: About one-fifth of adolescents are victims of cyberbullying, putting them at risk for depression, substance abuse, and a host of other concerns. But adolescents who eat regular family dinners handle cyberbullying better and are less likely to engage in substance abuse or develop psychiatric health concerns, even after their involvement in face-to-face bullying is taken into account.

Source: The Benefits & Tricks to Having a Family Dinner, HealthyChildren.org, 2017

Home Environment

- In the past year, 5% of parents reported someone in their family had to quit a job, not take a job or greatly change jobs because of the following problems concerning child care for their child: cannot afford child care (4%); medically fragile (1%); or child was removed from day care (1%).
- Six percent (6%) of children lived with household members who had three or more different last names.
- The primary language spoken in child's homes were: English (98%), Spanish (1%) or another language (1%).
- Parents reported their child lived with them: 0 days per week (1%); 1 to 2 days per week (1%); 3 to 4 days per week (6%); 5 to 6 days per week (3%); and 7 days per week (89%).
- Parents of children were: married (79%); divorced (8%); never married (7%); a member of an unmarried couple (3%); separated (2%); and widowed (1%).
- Two percent (2%) of children had at least one parent in active military duty.
- Children had moved to a new address: one time (32%), two times (15%), and three or more times (12%).

- Greater Dayton Area parents reported their child experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (14%); lived with someone who had a problem with alcohol or drugs (7%); lived with someone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (5%); seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (3%); been the victim of violence or witness violence in their neighborhood (3%); lived with a parent/guardian who served time or was sentenced to serve time in prison or jail after they were born (2%); lived with a parent/guardian who died (1%); and was treated or judged unfairly because his/her ethnic group (1%).
- One-in-11 (9%) children experienced two or more adverse childhood experiences.

Adverse Childhood Experiences (ACE)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in 5 states in 2009 reported having had at least one ACE while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STD's
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.

Source: CDC, Adverse Childhood Experiences (ACE) Study, & Adverse Childhood Experiences Reported by Adults, Last Reviewed: June 3, 2011

- About one-eighth (13%) of Greater Dayton Area parents reported experiencing any of the following issues in the past 12 months: they worried food would run out before they got money or food stamps to buy more (8%); their food assistance was cut (6%); they had to choose between paying bills and buying food (6%); loss of income led to food insecurity issues (4%); they went hungry/ate less to provide more food for their family (4%); the food that was bought did not last and they did not have money to buy more (3%); they were hungry, but did not eat because they did not have money for food (2%). Seven percent (7%) of parents experienced more than one type of food insecurity, increasing to 33% of parents with incomes less than \$25,000.
- In the past year, 23% of parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (14%); SNAP/food stamps (11%); benefits from WIC program (6%); mental health treatment (3%); cash assistance from a welfare program (3%); Help Me Grow (3%); Head Start/Early Head Start (1%); and subsidized child care through Greater Dayton Area JFS (1%).

Average Distance to Locations in Neighborhoods

Child Comparisons	Dayton (n=131)			Outside of Dayton (n=221)			Greater Dayton Area 2017		
	Grocery Store	School	Parks/ Green Space	Grocery Store	School	Parks/ Green Space	Grocery Store	School	Parks/ Green Space
Less than ¼ mile	17%	15%	39%	16%	17%	42%	16%	16%	41%
Between ¼ mile to ½ mile	15%	14%	26%	13%	10%	15%	14%	12%	19%
Between ½ mile to 1 mile	24%	17%	20%	17%	15%	14%	20%	16%	16%
Between 1 mile to 2 miles	28%	22%	9%	23%	23%	19%	25%	23%	15%
Two or more miles	16%	31%	4%	32%	34%	11%	27%	33%	8%

Numbers may not equal 100% due to respondents marking "don't know".

Child Safety Characteristics

- Parents reported their child spent the following unsupervised time after school on an average school day: no unsupervised time (79%); less than one hour (16%); 1 to 2 hours (4%); 3 to 4 hours (1%); and more than 4 hours (1%).
- Ninety-four percent (94%) of parents reported their child always or nearly always rode in a car seat when a passenger in a car.
- Seventy-three percent (73%) of parents reported their child always or nearly always rode in a booster seat when a passenger in a car; 23% of parents reported their child never rode in a booster seat.
- Four-fifths (80%) of parents reported their child always or nearly always rode with a seat belt (with no booster seat) when a passenger in a car; 12% of parents reported their child never wore a seat belt.

Greater Dayton Area Helmet Use in the Past Year

	Did not ride during the past 12 months	Always wore a helmet	Most of the time wore a helmet	Sometimes wore a helmet	Rarely wore a helmet	Never wore a helmet
Bike/Scooter	20%	35%	19%	9%	6%	11%
ATV	90%	7%	2%	0%	0%	1%
Snow Mobile	98%	1%	0%	0%	0%	1%
Skateboard	88%	5%	1%	1%	2%	3%

Neighborhood Safety and Community Characteristics

- Parents reported their neighborhood was: always safe (60%), usually safe (34%), sometimes safe (5%), and never safe (1%).
- Parents reported the following reasons they did not feel their neighborhood was safe: heavy traffic area (14%); drugs/alcohol activity (6%); crime (5%); no accessible sidewalks (5%); loud/disrespectful noise levels (5%); no place for kids to play (5%); bullying (2%); bad weather conditions (1%); gangs (<1%); and other (6%).

- Parents reported their child was exposed to secondhand smoke or vaping products in the following places: other relative's home (11%), home (6%), car (4%), friend's home (3%), park/ball field (2%), fairgrounds (1%), and other (3%).

Children and Smoking

- 63% of Ohio children ages 0 to 5 do not have anyone that smokes in their household. 27% has someone in their household that smokes, but does not smoke inside the child's house. 10% have someone that smokes in their household and smokes inside the child's house.
- 66% of Ohio children ages 6 to 11 do not have anyone that smokes in their household. 18% have someone that smokes in their household, but doesn't smoke inside the child's home. 16% have someone that smokes in the household, and smokes inside the home of the child.
- For U.S. children ages 0 to 5, 74% have no one that smokes in their household. 21% have someone that smokes in their household, but does not smoke inside the house. 5% have someone that smokes in the household, and smokes inside the child's home
- For U.S. children ages 6 to 11, 75% have no one that smokes in their household. 18% have someone that smokes in their household, but does not smoke inside the house. 8% have someone that smokes in the household, and smokes inside the child's house.

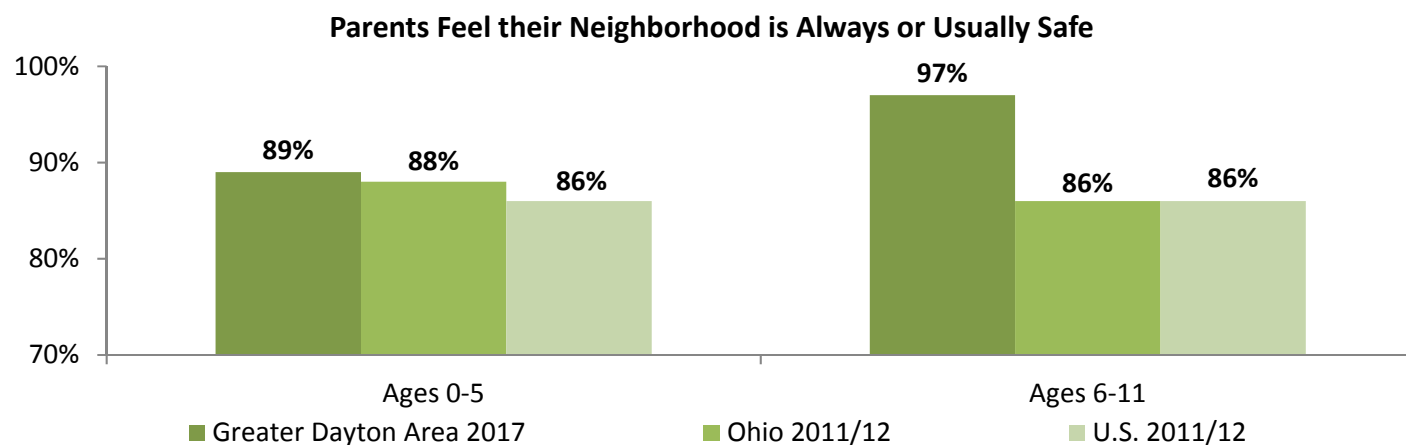
Source: National Survey of Children's Health, Data Resource Center

- Parents reported their child regularly attended the following: child care outside of their home (35%), child care in their home provided by a relative other than a parent/guardian (26%), child care center (23%), and Head Start or Early Start program (6%).
- Parents obtained their fruits and vegetables from the following places: large grocery store (96%); local grocery store (31%); farmer's market (29%); garden/grew their own (28%); Dollar General/Dollar Store (16%); corner/convenience stores (9%); mail order food service (3%); food pantry (3%); veggie mobile (2%); consumer supported agriculture (1%); community garden (<1%); and other places (3%).

Neighborhood Safety

The following graph shows the percent of Greater Dayton Area, Ohio, and U.S. parents who felt their neighborhood is always or usually safe.

- Greater Dayton Area had the largest percent of parents for both the 0 to 5 age group and the 6 to 11 age group who felt that their neighborhood is always/usually safe as compared to Ohio and U.S. parents.



Source: National Survey of Children's Health & 2017 Dayton Children's Community Health Needs Assessment

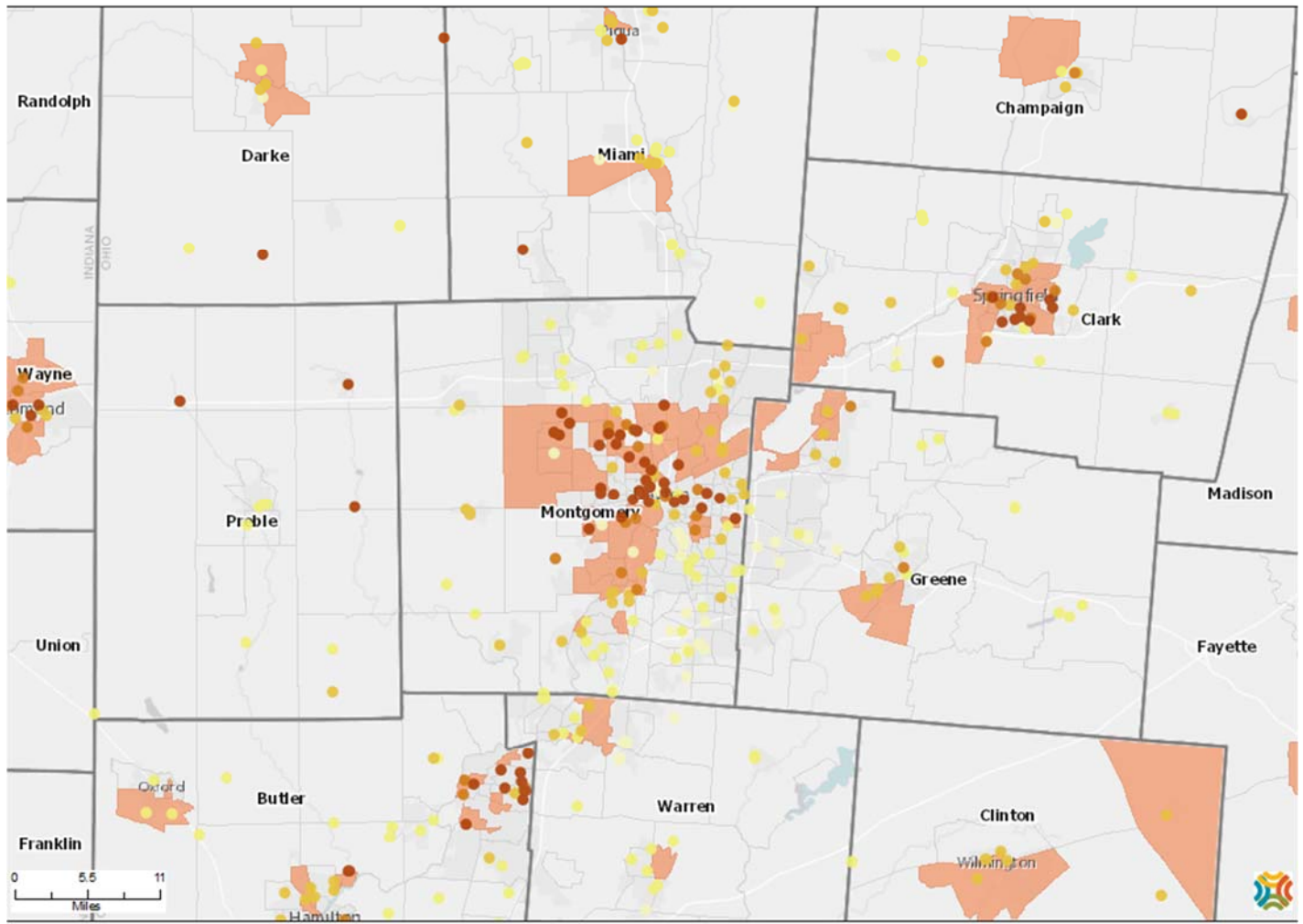
Child Comparisons	Dayton Ages 0 to 5 (n=54)	Outside of Dayton Ages 0 to 5 (n=66)	Greater Dayton Area 2017 Ages 0 to 5	Ohio 2011/12 Ages 0 to 5	U.S. 2011/12 Ages 0 to 5
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	N/A
Child missed school 11 days or more because of illness or injury	N/A	N/A	N/A	N/A	N/A
Child had 2 or more adverse childhood experiences	9%	6%	7%	23%	26%
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	N/A
Family eats a meal together every day of the week	54%	46%	49%	63%	61%
Child never attends religious services	43%	49%	47%	N/A	N/A
Neighborhood is usually or always safe	83%	94%	89%	88%	86%

N/A – Not available

Child Comparisons	Dayton Ages 6 to 11 (n=77)	Outside of Dayton Ages 6 to 11 (n=157)	Greater Dayton Area 2017 Ages 6 to 11	Ohio 2011/12 Ages 6 to 11	U.S. 2011/12 Ages 6 to 11
Child did not miss any days of school because of illness or injury	8%	16%	13%	18%	22%
Child missed school 11 days or more because of illness or injury	3%	2%	2%	7%	5%
Child had 2 or more adverse childhood experiences	13%	7%	9%	23%	26%
Parent felt child was usually/always safe at school	97%	97%	98%	96%	94%
Family eats a meal together every day of the week	31%	37%	35%	45%	47%
Child never attends religious services	34%	31%	32%	22%	18%
Neighborhood is usually or always safe	92%	99%	97%	86%	86%

N/A – Not available

Students Eligible for Free and Reduced-Price Lunches by Food Deserts in the Greater Dayton Area



Map Legend

Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2014-15

- Under 90.1%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported

Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, FARA 2015

- Food Desert
- Not a Food Desert
- No Data

Community Commons, 3/31/2017

(Source: 2014/2015 National Center for Education Statistics, Common Core of Data and US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2015, as compiled by Community Commons)

Parent Health

Key Findings

In 2017, 18% of Greater Dayton Area parents were uninsured. Seventeen percent (17%) rated their mental and emotional health as fair or poor.



Parent Health

- Those filling out the survey had the following relationship to the child: mother (72%), father (20%), grandparent (7%), aunt/uncle (1%), and other non-relative (<1%).
- Over four-fifths (84%) of parents rated their health as excellent or very good, decreasing to 56% of parents with incomes less than \$25,000. Sixteen percent (16%) of parents had rated their health as fair or poor.
- Eighty-three percent (83%) of parents rated their mental and emotional health as excellent or very good, decreasing to 47% of parents with incomes less than \$25,000. Seventeen percent (17%) rated their mental and emotional health as fair or poor.
- Nearly one-fifth (19%) of mothers and 11% of fathers of 0 to 5 year olds rated their mental and emotional health as fair or poor. Thirteen percent (13%) of mothers and 19% of fathers of 6 to 11 year olds rated their mental or emotional health as fair or poor.
- Nearly one-fifth (18%) of parents were uninsured.
- In times of need, parents reported they could count on: at least one person (6%) ; 2 people (13%); 3 or 4 people (32%); and 5 or more people (49%).
- Parents missed work an average of 1.1 days per year due to their child being ill or injured.

Child Comparisons	Greater Dayton Area 2017 0 to 5 Years	Ohio 2011/12 0 to 5 Years	U.S. 2011/12 0 to 5 Years	Greater Dayton Area 2017 6 to 11 Years	Ohio 2011/12 6 to 11 Years	U.S. 2011/12 6 to 11 Years
Mother's mental or emotional health is fair/poor	19%	7%	7%	13%	10%	8%
Father's mental or emotional health is fair/poor	11%	N/A	3%	19%	7%	5%

N/A – Not available

Parent's Health

- 57% of U.S. children have mothers who are in excellent or very good physical and mental health, increasing to 61% of mothers of 0 to 5 year olds (of children with a living mother in their household).
- 62% of U.S. children have fathers who are in excellent or very good physical and mental health, increasing to 66% of fathers of 0 to 5 year olds (of children with a living father in their household).
- 83% of U.S. parents indicated they were completely happy or very happy with their spouse/partner, increasing to 86% of parents of 0 to 5 year olds.
- 7% of U.S. parents reported it was very hard to get by on their family's income very often.
- 11% of U.S. parents indicated they usually/always felt stress from parenting, decreasing to 9% of parents of 0 to 5 year olds.

(Source: National Survey of Children's Health, Data Resource Center for Child & Adolescent Health, 2012)

Appendix I: Health Information Sources

Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> • Attention-Deficit/Hyperactivity Disorder (ADHD) • Breastfeeding Facts 	www.cdc.gov
Community Commons	<ul style="list-style-type: none"> • Children in Poverty • Free and Reduced Lunches by Food Deserts 	www.communitycommons.org/
March of Dimes	<ul style="list-style-type: none"> • Dangers of Bed Sharing 	www.marchofdimes.org/baby/co-sleeping.aspx
National Survey of Children's Health, 2011/12, Child and Adolescent Health Measurement Initiative	<ul style="list-style-type: none"> • Children and Smoking • Family Health and Activities • Health Care Access and Quality • Health Insurance Coverage • Neighborhood Safety and Support • Physical and Dental Health 	www.childhealthdata.org
Ohio Department of Health, Maternal and Child Health, Early Childhood, 2014	<ul style="list-style-type: none"> • Sleep-Related Infant Deaths Risk Factors 	www.odh.ohio.gov/~media/ODH/ASSETS/Files/data%20statistics/maternal%20and%20child%20health/ec_Sleeprelatedinfant.ashx
Ohio Department of Health, Infant Safe Sleep	<ul style="list-style-type: none"> • ABCs of Safe Sleep 	www.odh.ohio.gov/safesleep
Ohio Department of Health, Ohio Child Fatality Review, Sixteenth Annual Report	<ul style="list-style-type: none"> • Sleep-Related Deaths 	www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/Ohio-Childhood-Fatality-Review-16th-Annual-Report.pdf?la=en
Ohio Department of Health, Public Health Data Warehouse	<ul style="list-style-type: none"> • Live Births 	http://publicapps.odh.ohio.gov/EDW/DataCatalog
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> • American Community Survey 5 year estimate, 2015 • Ohio and County 2015 Census Demographic Information • Small Area Income and Poverty Estimates • Federal Poverty Thresholds 	www.census.gov

Appendix II: Acronyms and Terms

BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
CDC	Centers for Disease Control and Prevention.
CY	Calendar Year
HCNO	Hospital Council of Northwest Ohio
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	National Survey of Children’s Health
ODH	Ohio Department of Health
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.

Appendix III: Greater Dayton Area Sample Demographic Profile*

Variable	2016 Survey Sample
Child Age	
0-5	34%
6-11	66%
Child Gender	
Male	52%
Female	48%
Child Race/Ethnicity	
White	89%
Black or African American	8%
Native Hawaiian or Other Pacific Islander	1%
American Indian and Alaska Native	1%
Asian	3%
Hispanic Origin (may be of any race)	5%
Parent Marital Status	
Married Couple	79%
Never been married/member of an unmarried couple	10%
Divorced/Separated	10%
Widowed	1%
Parent Education	
Less than High School Diploma	2%
High School Diploma	13%
Some college	27%
College graduate/Post-graduate	58%
Income (Families)	
\$14,999 and less	5%
\$15,000 to \$24,999	5%
\$25,000 to \$49,999	12%
\$50,000 to \$74,999	19%
\$75,000 or more	59%

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

Appendix IV: Demographics and Household Information

Greater Dayton Area Population by Age Groups U.S. Census 2010

	Clark County		Greene County		Miami County		Montgomery County		Warren County	
	<i>Number</i>	<i>Percent of Total Population</i>	<i>Number</i>	<i>Percent of Total Population</i>	<i>Number</i>	<i>Percent of Total Population</i>	<i>Number</i>	<i>Percent of Total Population</i>	<i>Number</i>	<i>Percent of Total Population</i>
Total population (all ages)	138,333	100	161,573	100	102,506	100	535,153	100	212,693	100
Under 5 years	8,672	6.3	9,069	5.6	6,315	6.2	33,446	6.2	14,285	6.7
Under 1 year	1,650	1.2	1,763	1.1	1,204	1.2	6,700	1.3	2,581	1.2
1 year	1,686	1.2	1,782	1.1	1,284	1.3	6,603	1.2	2,727	1.3
2 years	1,831	1.3	1,849	1.1	1,239	1.2	6,715	1.3	2,871	1.3
3 years	1,776	1.3	1,825	1.1	1,277	1.2	6,832	1.3	3,043	1.4
4 years	1,729	1.2	1,850	1.1	1,311	1.3	6,596	1.2	3,063	1.4
5 to 9 years	8,844	6.4	9,777	6.1	6,872	6.7	33,681	6.3	17,288	8.1
5 years	1,703	1.2	1,926	1.2	1,276	1.2	6,631	1.2	3,261	1.5
6 years	1,756	1.3	1,920	1.2	1,365	1.3	6,646	1.2	3,473	1.6
7 years	1,705	1.2	1,977	1.2	1,395	1.4	6,588	1.2	3,419	1.6
8 years	1,843	1.3	1,958	1.2	1,402	1.4	6,823	1.3	3,463	1.6
9 years	1,837	1.3	1,996	1.2	1,434	1.4	6,993	1.3	3,672	1.7
10 to 14 years	9,229	6.7	9,852	6.1	7,099	6.9	34,295	6.4	17,355	8.2
10 years	1,920	1.4	1,952	1.2	1,415	1.4	6,945	1.3	3,661	1.7
11 years	1,843	1.3	2,010	1.2	1,404	1.4	6,985	1.3	3,455	1.6
12 years	1,817	1.3	1,917	1.2	1,424	1.4	6,815	1.3	3,567	1.7
13 years	1,865	1.3	2,019	1.2	1,405	1.4	6,724	1.3	3,279	1.5
14 years	1,784	1.3	1,954	1.2	1,451	1.4	6,826	1.3	3,393	1.6

Greater Dayton Area Profile

	Clark County		Greene County		Miami County		Montgomery County		Warren County	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Total Population										
2016 Total Population Estimate (July 1)	134,789		164,765		104,679		531,239		227,063	
2010 Total Population	138,333		161,573		102,506		535,153		212,693	
Population By Race/Ethnicity										
Total Population	136,827		164,192		103,517		533,763		219,916	
White Alone	118,001	86.2%	141,418	86.1%	97,699	94.4%	393,236	73.7%	197,206	89.7%
Hispanic or Latino (of any race)	4,113	3.0%	4,232	2.6%	1,525	1.5%	13,466	2.5%	5,379	2.4%
African American	11,648	8.5%	11,867	7.2%	2,251	2.2%	110,227	20.7%	7,601	3.5%
Asian	991	0.7%	4,919	3.0%	1,360	1.3%	10,534	2.0%	9,922	4.5%
Two or more races	4,207	3.1%	5,056	3.1%	1,886	1.8%	14,665	2.7%	3,581	1.6%
Other	1,768	1.3%	686	0.4%	174	0.2%	3,666	0.7%	1,389	0.6%
American Indian and Alaska Native	273	0.2%	225	0.1%	126	0.1%	1,303	0.2%	179	0.1%
Population By Age 2010										
Under 5 years	8,144	6.0%	9,031	5.5%	6,108	5.9%	33,093	6.2%	13,415	6.1%
5 to 17 years	23,397	17.1%	25,286	15.4%	18,115	17.5%	87,537	16.4%	44,203	20.1%
18 to 24 years	12,178	8.9%	21,673	13.2%	7,867	7.6%	50,707	9.5%	16,054	7.3%
25 to 44 years	31,333	22.9%	39,406	24.0%	24,844	24.0%	131,306	24.6%	57,398	26.1%
45 to 64 years	38,175	27.9%	44,332	27.0%	29,399	28.4%	144,116	27.0%	61,137	27.8%
65 years and more	23,808	17.4%	24,629	15.0%	17,287	16.7%	86,470	16.2%	27,269	12.4%
Median age (years)		41.0		37.7		41.4		39.4		38.7

	Clark County		Greene County		Miami County		Montgomery County		Warren County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Household By Type										
Total Households	54,809		64,182		41,135		222,687		78,359	
Family Households (families)	35,980	65.6%	42,229	65.8%	27,826	67.6%	133,872	60.1%	58,919	75.2%
With own children <18 years	14,736	26.9%	17,423	27.1%	11,502	28.0%	57,399	25.8%	27,493	35.1%
Married-Couple Family Households	25,299	46.2%	33,381	52.0%	21,472	52.2%	90,061	40.4%	49,902	63.7%
With own children <18 years	8,514	15.5%	12,445	19.4%	7,509	18.3%	32,339	14.5%	22,218	28.4%
Female Householder, No Husband Present	7,976	14.6%	6,682	10.4%	4,214	10.2%	33,723	15.1%	6,055	7.7%
With own children <18 years	4,778	8.7%	3,870	6.0%	2,651	6.4%	19,649	8.8%	3,620	4.6%
Non-family Households	18,829	34.4%	21,953	34.2%	13,309	32.4%	88,815	39.9%	19,440	24.8%
Householder living alone	15,778	28.8%	18,239	28.4%	10,958	26.6%	76,314	34.3%	15,882	20.3%
Householder 65 years and >	6,893	12.6%	6,730	10.5%	4,774	11.6%	28,164	12.6%	6,337	8.1%
Households With Individuals < 18 years	16,663	30.4%	19,103	29.8%	12,640	30.7%	65,134	29.2%	29,207	37.3%
Households With Individuals 65 years and >	16,706	30.5%	17,245	26.9%	11,941	29%	62,621	28.1%	18,286	23.3%
Average Household Size	2.44		2.41		2.49		2.32		2.73	
Average Family Size	2.97		2.96		3.02		2.98		3.18	
Marital Status										
Population 15 Years and Over	110,924		135,869		83,598		433,929		172,368	
Never Married	31,391	28.2%	43,206	31.8%	20,565	24.6%	141,895	32.7%	41,196	23.9%
Now Married, Excluding Separated	53,687	48.4%	69,836	51.4%	45,059	53.9%	190,929	44.0%	103,938	60.3%
Separated	2,329	2.1%	1,495	1.1%	1,087	1.3%	9,980	2.3%	2,068	1.2%
Widowed	8,430	7.6%	7,609	5.6%	5,768	6.9%	30,375	7.0%	8,101	4.7%
Female	6,388	11.0%	11,549	8.5%	8,443	10.1%	45,563	10.5%	12,583	7.3%
Divorced	15,197	13.7%	13,728	10.1%	11,118	13.3%	60,750	14.0%	16,892	9.8%
Female	8,725	15.0%	14,946	11.0%	11,787	14.1%	68,127	15.7%	18,960	11.0%
Disability Status of the Civilian Non-institutionalized Population										
Total Civilian Noninstitutionalized Population	135,060		160,236		102,709		525,410		213,931	
With a Disability	22,154	16.4%	19,583	12.2%	13,459	13.1%	80,706	15.4%	19,587	9.2%
Under 18 years	31,425		34,359		24,191		120,288		57,756	
With a Disability	1,752	5.6%	1,554	4.5%	998	4.1%	6,643	5.5%	1,655	2.9%
18 to 64 years	81,030		102,027		61,737		322,160		129,564	
With a Disability	11,915	14.7%	9,470	9.3%	6,968	11.3%	43,813	13.6%	9,687	7.5%
65 Years and Over	22,605		23,850		16,781		82,962		26,611	
With a Disability	8,487	37.5%	8,559	35.9%	5,493	32.7%	30,250	36.5%	8,245	31%

	Clark County		Greene County		Miami County		Montgomery County		Warren County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
School Enrollment										
Population 3 Years and Over Enrolled In School	33,496		48,847		25,249		141,736		60,523	
Nursery & Preschool	1,763	5.3%	2,682	5.5%	1,551	6.1%	8,703	6.1%	4,289	7.1%
Kindergarten	1,638	4.9%	1,725	3.5%	1,210	4.8%	6,771	4.8%	3,434	5.7%
Elementary School (Grades 1-8)	14,467	43.2%	15,624	32%	11,551	45.8%	52,863	37.3%	27,404	45.3%
High School (Grades 9-12)	7,254	21.7%	7,837	16%	5,665	22.4%	28,388	20%	13,834	22.9%
College or Graduate School	8,374	25%	20,979	43%	5,272	20.9%	45,011	31.8%	11,562	19.1%
Educational Attainment										
Population 25 Years and Over	93,110		108,078		71,468		362,413		146,044	
< 9 th Grade Education	3,226	3.5%	2,648	2.5%	1,538	2.2%	10,617	2.9%	2,693	1.8%
9 th to 12 th Grade, No Diploma	9,078	9.7%	5,788	5.4%	6,591	9.2%	28,696	7.9%	7,622	5.2%
High School Graduate (Includes Equivalency)	33,922	36.4%	27,712	25.6%	26,364	36.9%	104,439	28.8%	39,117	26.8%
Some College, No Degree	21,964	23.6%	22,474	20.8%	15,488	21.7%	91,017	25.1%	25,865	17.7%
Associate Degree	8,105	8.7%	9,314	8.6%	6,774	9.5%	34,440	9.5%	12,925	8.9%
Bachelor's Degree	10,691	11.5%	21,014	19.4%	9,517	13.3%	55,492	15.3%	36,576	25%
Graduate Or Professional Degree	6,124	6.6%	19,128	17.7%	5,196	7.3%	37,712	10.4%	21,246	14.5%
Percent High School Graduate or Higher		86.8%		92.2%		88.6%		89.2%		92.9%
Percent Bachelor's Degree or Higher		18.1%		37.1%		20.6%		25.7%		39.6%
<i>*(X) – Not available</i>										

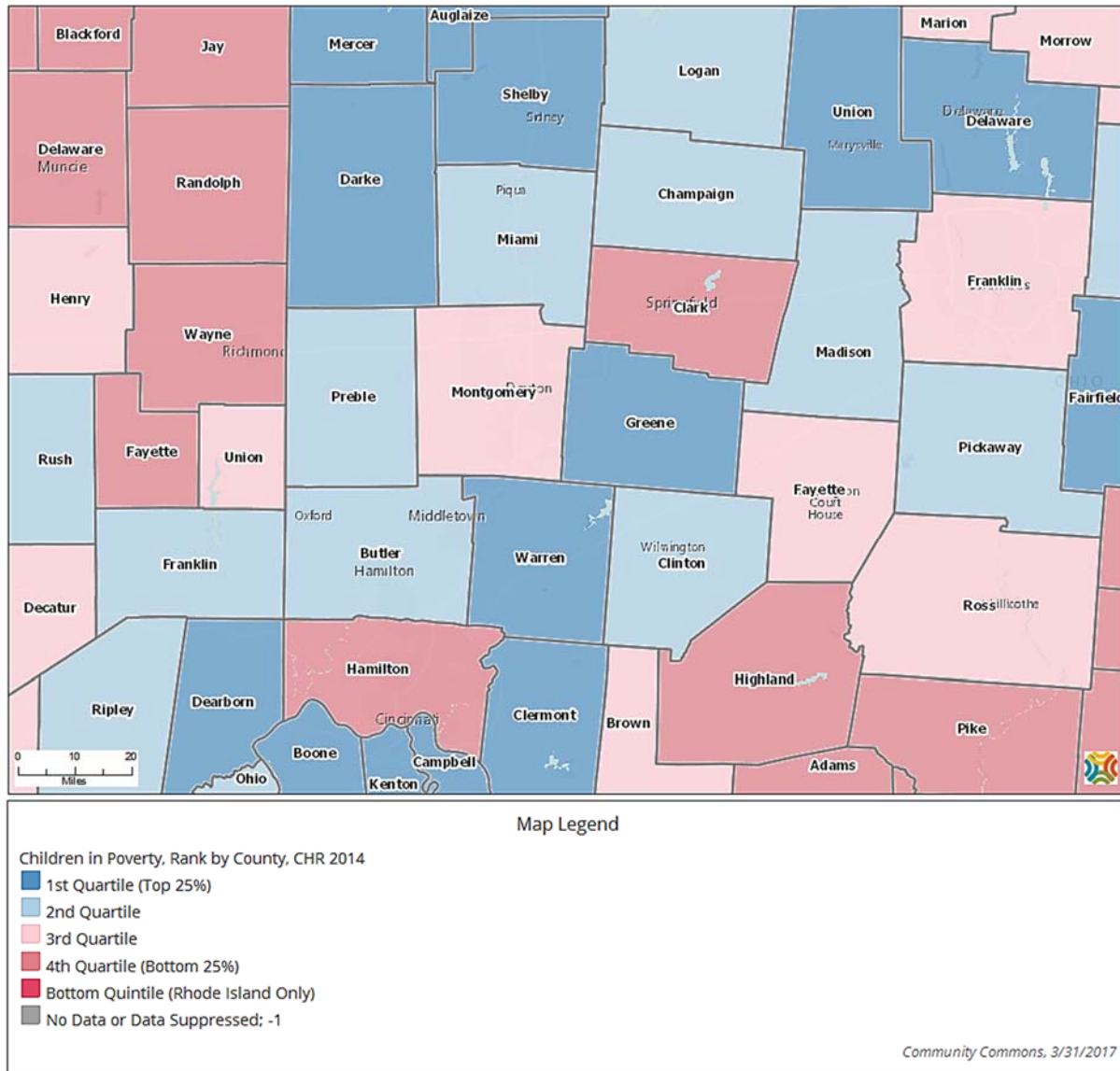
	Clark County		Greene County		Miami County		Montgomery County		Warren County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Income In 2015										
Households	54,809		64,182		41,135		222,687		78,359	
< \$10,000	4,923	9%	4,886	7.6%	2,150	5.2%	21,398	9.6%	2,117	2.7%
\$10,000 to \$14,999	3,193	5.8%	2,844	4.4%	2,419	5.9%	14,269	6.4%	2,162	2.8%
\$15,000 to \$24,999	7,500	13.7%	5,654	8.8%	4,212	10.2%	28,267	12.7%	5,208	6.6%
\$25,000 to \$34,999	6,450	11.8%	5,433	8.5%	4,794	11.7%	26,645	12%	5,551	7.1%
\$35,000 to \$49,999	8,680	15.8%	8,167	12.7%	6,318	15.4%	33,056	14.8%	8,668	11.1%
\$50,000 to \$74,999	9,812	17.9%	11,443	17.8%	8,149	19.9%	39,248	17.6%	15,791	20.2%
\$75,000 to \$99,999	6,661	12.2%	8,315	13%	5,716	13.9%	24,135	10.8%	11,262	14.4%
\$100,000 to \$149,999	5,075	9.3%	10,124	15.8%	5,002	12.2%	22,607	10.2%	13,934	17.8%
\$150,000 to \$199,999	1,686	3.1%	3,991	6.2%	1,499	3.6%	7,229	3.2%	6,964	8.9%
\$200,000 or more	829	1.5%	3,325	5.2%	876	2.1%	5,833	2.6%	6,702	8.6%
Median Household Income	\$43,625		\$60,113		\$51,569		\$43,829		\$74,379	
Income In 2015										
Families	35,980		42,229		27,826		133,872		58,919	
< \$10,000	2,215	6.2%	1,742	4.1%	1,072	3.9%	8,860	6.6%	824	1.4%
\$10,000 to \$14,999	1,175	3.3%	1,067	2.5%	860	3.1%	5,545	4.1%	843	1.4%
\$15,000 to \$24,999	3,249	9%	2,290	5.4%	1,752	6.3%	12,175	9.1%	2,044	3.5%
\$25,000 to \$34,999	3,513	9.8%	3,013	7.1%	2,526	9.1%	12,895	9.6%	3,329	5.7%
\$35,000 to \$49,999	5,933	16.5%	4,554	10.8%	4,057	14.6%	19,000	14.2%	5,466	9.3%
\$50,000 to \$74,999	7,656	21.3%	7,590	18%	6,185	22.2%	26,363	19.7%	11,621	19.7%
\$75,000 to \$99,999	5,548	15.4%	6,529	15.5%	4,615	16.6%	18,671	13.9%	9,492	16.1%
\$100,000 to \$149,999	4,473	12.4%	8,851	21%	4,664	16.8%	18,730	14%	12,365	21%
\$150,000 to \$199,999	1,499	4.2%	3,556	8.4%	1,323	4.8%	6,451	4.8%	6,450	10.9%
\$200,000 or more	719	2%	3,037	7.2%	772	2.8%	5,182	3.9%	6,485	11%
Median Household Income (families)	55,198		78,588		62,745		56,990		88,824	
Median Value of Owner-Occupied Units	\$103,600		\$159,400		\$136,800		\$109,900		\$190,900	
Median Monthly Owner Costs (With Mortgage)	\$1,076		\$1,416		\$1,173		\$1,199		\$1,580	
Median Monthly Owner Costs (Not Mortgaged)	\$393		\$530		\$407		\$470		\$540	
Median Gross Rent for Renter-Occupied Units	\$675		\$848		\$730		\$728		\$923	
Median Rooms Per Housing Unit	5.7		6.1		6		5.6		6.5	
Total Housing Units	61,241		68,953		44,266		254,415		82,922	
No Telephone Service	1,163	2.1%	1,406	2.2%	996	2.4%	4,543	2%	1,198	1.5%
Lacking Complete Kitchen Facilities	573	1%	331	0.5%	345	0.8%	1,653	0.7%	340	0.4%
Lacking Complete Plumbing Facilities	241	0.4%	147	0.2%	87	0.2%	746	0.3%	150	0.2%

Federal Poverty Thresholds in 2016 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,486					
1 Person 65 and >	\$11,511					
2 people Householder < 65 years	\$16,072	\$16,543				
2 People Householder 65 and >	\$14,507	\$16,480				
3 People	\$18,774	\$19,318	\$19,337			
4 People	\$24,775	\$25,160	\$24,339	\$24,424		
5 People	\$29,854	\$30,288	\$29,360	\$28,643	\$28,205	
6 People	\$34,337	\$34,473	\$33,763	\$33,082	\$32,070	\$31,470
7 People	\$39,509	\$39,756	\$38,905	\$38,313	\$37,208	\$35,920
8 People	\$44,188	\$44,578	\$43,776	\$43,072	\$42,075	\$40,809
9 People or >	\$53,155	\$53,413	\$52,702	\$52,106	\$51,127	\$49,779

(Source: U. S. Census Bureau, Federal Poverty Thresholds, 2016)

Children in Poverty



(Source: Community Commons, as compiled by 2014 County Health Rankings)