

Executive Summary

2004 Community Assessment

United Way of the Greater Dayton Area

Background

The 2004 Community Assessment was developed to provide a tool for United Way of the Greater Dayton Area and other nonprofit organizations in Montgomery, Greene and Preble Counties to use in community planning and to mobilize and allocate resources on behalf of a core safety network of local health and human services. It was designed to further explore the needs identified in the 2003 Needs Assessment Snapshot, increase knowledge on local community assets, and identify service gaps and eliminate barriers to services.

The assessment was completed through a partnership between the United Way of the Greater Dayton Area and Wright State University, specifically the Department of Urban Affairs and Geography's Master in Public Administration 2003/2004 graduate class and the Center for Urban and Public Affairs staff. Data gathering and analysis for the report included a literature review and data collection of over 90 sources, including the US Census, Community Action Partnership, Family and Children First Councils, Greater Dayton Hospital Association, as well as journals, community reports, and national and local university research.

Local key informant data was collected during the first and second quarter of 2004 from three community forums, one in each of the three counties served by United Way of the Greater Dayton Area. In total, more than 200 nonprofit service providers, hospitals, local business, faith-based organization, schools, funders, county and city leaders, local unions, and United Way volunteers participated in the forum input and discussion sessions. At each forum, participants were assigned to one of five topics that relate to United Way's first and second Priority Areas – Children, Youth and Families and Positive Living/Vulnerable Populations, respectively. The topic areas were:

- Children and Youth
- Economic Self Sufficiency
- Healthy People
- Senior Adults and Persons with Disabilities
- Stable Families

Demographic Snapshot

Regional population figures for the combined area of Greene, Montgomery, and Preble counties show a relatively stable trend and forecast. The total population of the region was just under 750,000 people in 2000, with a -0.2% change in population from 1990 to 2000. Forecasts predict a near 2% decline in population for this region by 2010.

Of all Montgomery County residents, 428,084 (76.6%) were white and 111,030 (19.9%) were African American. Of all Greene County residents, 131,975 were white, 9,414 were African American, 2,995 were Asian, and 2,452 reported two or more races. In Preble County the vast majority (98.5%) of the population is white.

Though children represent a smaller proportion of the population today than they did in 1960, they are still a substantial segment of the U.S. population and will remain so in the coming decades. In all three counties, the largest segment by age is youth age 5 to 17, accounting for approximately one out of every five people. Senior adults age 65 and older ranges from 12 to 14% of each county's population. The average median age ranges from 35.6 to 37.5 years of age.

Median household income ranges from \$40,000 to \$49,000 in the three-county area. Of those 25 and older, 12.2% to 16.5% have not earned a high school diploma. Poverty rates range from 4.5% to 5.2%. Of those in poverty, single mothers comprise 42% in Preble County, 51% in Greene County and 59% in Montgomery County. In the three counties combined, two out of three (64%) of single parent families with children under 18 are considered to be earning below the national poverty level.

The demographic data indicate correlations between educational attainment and regional poverty as well as suggest a relatively high potential for social service needs. Census and community data also indicate a plausible correlation with the needs identified by local key informants summarized in the following section.

Data Observations

Children, Youth and Families

Population and family characteristics, economic security, health, behavior and social environment, and education all impact the stability of a family and the health and well-being of children. The following are some findings covered in the full report.

Changes have significantly reshaped America's families over the past several decades. Young adults have delayed marriage. One in three women giving birth is now unmarried, up from one in 20 in 1960. The proportion of children under 18 living in single parent families rose from less than one fourth to nearly one-third (23% to 31%) between 1980 and 2000, reflecting increased rates of both non-marital childbearing and divorce.

The poverty rate as defined by the U.S. Census Bureau was \$18,244 in 2002 for a family of four with two children. In 1999, 12.4% of all persons in the US lived in poverty. In Ohio, the percentage was 10.6%. Montgomery County has a poverty rate between that of the state and nation (11.3%), while the rates are lower in Greene (8.5%) and Preble (6.1%). Children under 18 are much more likely than adults to be poor. Poverty puts children at increased risk for a wide range of problems. For young children, growing up in poverty is associated with lower cognitive abilities and school achievement and with impaired health and development. For adolescents, growing up in poverty is associated with a lower probability of graduating from high school. Poor children are also more likely than other children to have behavioral and emotional problems. Growing up in poverty is also associated with lower occupational status and a lower wage rate as an adult.

Nationally, the owner cost burden for housing is greater than in Ohio or locally. However, Montgomery County's owner cost burden is higher than the average for Ohio (20% versus 18.7%). The percentage of renters spending in excess of 30% of their income on housing expenses in Greene County (36%) and in Montgomery (35%) was close to the US (36.8%) and more than the percentage in Ohio (34.3%). Cost burdens for homeowners, along with other economic pressures,

has resulted in an increasing trend in the number of home foreclosures in Ohio and locally. Locally, Montgomery County had the highest foreclosure rate among the state's seven largest counties during the last five years. Almost seven out of 100 households experienced a foreclosure. Foreclosure cases more than doubled between 1999 and 2003.

Poor persons were more than twice as likely as all persons to be without health insurance in 2001 (30% v. 14%). Persons with family income at or below the poverty line were more likely to be without health insurance regardless of race/ethnicity, gender, educational attainment, or age. However, Hispanics were the ethnic group least likely to have health insurance in 2001 among the general and poor populations. Locally, while the estimate of uninsured for Montgomery County is 15%, some census tracts primarily in the City of Dayton have uninsured rates of 21 to 26%. Greene County's uninsured rate is 10.9% and Preble County's is 9.2%. Income and employment are the key predictors of insurance status. The unemployment rate was found to be the strongest predictor of uninsured rates, and the average weekly income was also a significant influence.

Positive Living/Vulnerable Populations

This section of the full report examines health issues, including mental health, as well as focuses on the population segments of senior adult and persons with disabilities. The following are just a few of the data findings.

The Greater Dayton Area Hospital Association (GDAHA) surveyed physical activity in 2000, using the same definition as the Center for Disease Control. The GDAHA survey noted that more than four out of five respondents in the region lead a physically inactive lifestyle. Specifically, four-fifths (80.1%) of all respondents in Montgomery County reported having a sedentary lifestyle, and 81.8% of Greene County residents report leading a sedentary lifestyle. The region's combined percentage (82.2%) is higher than the state (81.0%) and nation (79.7%). While those figures appear to be close, they are statistically significant.

The lack of physical activity and a sedentary lifestyle are major factors to Americans being overweight and obese. Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades.

According to the U.S. Surgeon General, one in five Americans experiences some form of mental illness each year, but nearly half of those with mental illnesses do not receive treatment despite the availability of effective treatment options. The lack of access to mental healthcare is due to the stigma as well as other access issues such as the high cost of treatments for mental illness, lack of mental health care coverage, and the lack of mental health care providers in some areas.

From 1990 to 2001, state funding in Ohio for mental health care decreased relative to inflation (Ohio's Mental Health Commission). Ohio ranks 29th in the United States for mental health spending per capita, yet the State is sixth in need, according to the Coalition for Healthy Communities. Ohio is one of less than 20 states that have not passed a parity law requiring private insurance to cover mental health at the same rate as other illnesses.

Senior adults over age 65 represent 12% of the national population. This segment and the segment over age 85 are growing as a proportion of the total population. This trend has far reaching

implications for health and human services, because these populations – especially the 85 and older population – tend to require more services than the other age groups because these individuals tend to be in poorer health.

When comparing the incomes across age groups, senior adult households fair significantly worse than their younger counter parts. Senior adult households across the board receive a minimum of 78.3% of the area median household income. Thus, housing expenditures are a considerable concern for senior adults.

In Montgomery County, one out of ten (10.6%) of the householders age 65 to 74 and more than one out of five (22.6%) of those over the age of 75 have no vehicle available. These percentages are similar to the state (10% and 22.5%) and differ only slightly from nation (11.4% and 24.1%). In Greene and Preble Counties, the percentage of senior householders between the ages of 65 and 74 with no vehicle is nearly half what the state and nation exhibit at 5.2% and 5.5%, respectively. The percentage of senior householders over the age of 75 who have no vehicle available is also considerably lower in these counties, 18.2% in Greene County and 15.0% in Preble County. However, there is a corresponding decrease in public transportation available in these counties.

Nearly one in five (19.3%) people in the nation age five and older and not living in an institution reported having some type of long-lasting condition or disability on the 2000 census. In the State of Ohio the rate is higher with 30.3% of the population reporting some type of long-lasting condition or disability. That higher rate is mirrored in the region of Montgomery, Greene, and Preble Counties, where 32% or a combined total of 232,143 residents reported having some type of long-lasting condition or disability on the 2000 Census.

Regionally 146,031 persons ages 16-64 are living with disabilities and comprise about one in five (19.5%) of the combined three-county population. Within this group the highest reported condition is an employment disability – with Greene and Montgomery ranging between 30.9% and 33.6% and Preble County at 35.2%. Physical disabilities are also reported at significantly higher rates compared to other disabilities, with ranges between 21.5% in Preble and 23.5% in Greene. Within the three counties, one in ten (10.2%) of the combined population or 76,531 people ages 64 and older are living with disabilities. Within this group the highest reported disability is difficulty in going outside the home with a prevalence rate of 22.8% to 24.8%. Within the three-county area, youth ages 5-15 have higher numbers of mental disabilities than any other age group. Mental disabilities make up 59-60% of all disabilities reported for youth ages 5-15 in this region. Physical and sensory disabilities in youth range from 12.9% to 25.7% for youth with disabilities in the three-county area, with Preble County having significantly more youth with these disabilities comparatively.

Nationally and locally, unemployment for people who are 21 to 64 years old and living with disabilities is higher than for people without disabilities at a rate of approximately half the target population versus one-fifth. Nationally 51.3% of working-age adults who have a disability are unemployed, compared to 21.2% who do not have a disability. Similarly, in Ohio 50.3% who have a disability are unemployed compared to 19.6 percent who do not have a disability. While still high, the unemployment rate for persons with a disability in our region is slightly better than the national and state averages. Of those living with a disability, 46.4% in Montgomery County, 44.9% in Greene County, and 43.5% in Preble County are unemployed compared to 21.3% of Montgomery and Greene residents and 19.4% of Preble residents who do not have a disability.

People with disabilities are almost three times as likely as people without disabilities to live in poverty, having a household income of \$15,000 or less (29% versus 10% respectively) – a gap of 19 percentage points. In the three county area the percentage of persons living with disabilities who are five years old and older and living below the poverty line range from 10% (Preble) to 17% (Montgomery); persons who are five and older without a disability range from 5% to 9% living below poverty level.

Community Capacity

Community Capacity was not a formalized topic for group discussion at the 2004 Community Forums. Although it is the third Priority Area for United Way of the Greater Dayton Area, this omission was purposeful. The concept behind this Priority Area is the need to build capacity – both at the community level and at the level of organizations that provide direct health and human services – in order to strengthen the collaborative network to support children, families, seniors, and persons with disabilities. Data-based findings within the full 2004 Community Assessment suggest the causes or barriers and the depth of need may be positively impacted by focusing attention to the infrastructure of the health and human service system or by enhancing a collaboration of nonprofit service providers.

Identified Needs

Parenting and Family Management

Participants in Children and Youth, Families and Self-Sufficiency discussion groups all identified high needs with regard to parenting and family management. Specific needs identified by Children and Youth participants' include parenting skills and family stability, social skills and discipline, and parental awareness and involvement in the lives of their children. Stable Families key informants most frequently cited parenting skills and life skills, as well as support for elderly family members. Self-Sufficiency discussion groups specified parenting skills, financial priorities, and mental health and/or criminal barriers.

Housing

Housing was identified as a high need across all groups. Forum comments from the Stable Families groups demonstrate the need for low-income and affordable housing, housing for special groups like teen mothers and singles, and permanent, transitional, and emergency housing. Housing needs for the target group of Senior Adults and Persons Living with Disabilities were for subsidized assisted living and emergency, affordable, independent living. Affordable housing also ranked high in the Children and Youth discussion areas. Similarly, the Economic Self-Sufficiency participants listed adequate safe affordable housing and shelter.

Programming

A high need for programming was identified by most target groups. The specific needs related to Children and Youth were: supervised out-of-school time; more youth-related activities; and, in Montgomery County, services for new families – especially the emerging Hispanic population. Healthy People groups documented the need for an increased number of facilities and providers in Preble County. Obesity and nutrition programs were cited as lacking in Greene and Preble, along with a related lack of awareness of nutrition and ability, access, affordability. Free medical providers were listed as needs in each of the counties. Preble County has a specific need for dentists who take

Medicaid and to remove barriers related to utilizing an out-of-state hospital in neighboring Indiana. Seniors and Persons Living with Disabilities list programming needs in the areas of adult daycare for seniors and those living with disabilities, as well as children with disabilities. Also listed as high needs within this target group were subsidized supportive assistance, personal care, case management, financial assistance for healthcare, prescriptions, in-home aid, and dentistry.

Transportation

Transportation is another need that impacted all target discussion groups. Lack of transportation is a barrier for children and youth to access many needed programs listed as assets during the regional community forum. Stable Families also lists transportation as a barrier to economic security and access to health care. Economic Self Sufficiency groups in all three counties state the need for public transportation to outlying jobs. In Preble County the cost of child safety restraints for autos was specifically mentioned. Senior Adults/Persons Living with Disabilities reported transportation-related barriers for people in independent living, and barriers for senior adults and persons living with disabilities to access services, run errands, socialize or participate within the community.

Overarching Themes

Along with the specific needs identified in the previous section, key informants voiced these overarching needs and concerns:

- **Lack of available services and barriers** including service limitations and eligibility requirements, hours of service, and waiting lists.
- **Funding reductions and gaps** in services overall, as well as a need for increased case management and for more financial resources.
- **Equal access to services** was documented with needs relating to recipient limitations or barriers, lack of education or awareness, and increased coordination between public-private and nonprofits.

Causes identified by key informants relate closely to the specific needs and overarching themes:

- Lack of adequate life skills and training
- Lack of adequate programs and services
- Lack of awareness of existing programs
- Lack of basic necessities
- Lack of transportation or access to services
- Lifestyle and choices related to health.

Assets

Research shows that not taking the time to recognize the assets that currently exist can inhibit the ability to make a positive community impact. The 2004 Community Assessment includes an initial attempt to begin to identify the health and human service assets in Montgomery, Greene and Preble Counties. Asset identification is complex, however, forum participants readily cited existing programs and resources as local assets. Therefore, the full report contains maps of existing programs related to high needs and target populations. The appendix also includes the Search Institute's 40 Developmental Assets, a widely used model for youth development and family stability.

Conclusions and Next Steps

The 2004 Community Assessment has looked further into the needs identified by key informants in 2003, began discussions of immediate contributing factors or causes for those needs, compared key informant opinions with those of recipients, and began mapping assets related to identified needs. Taking into consideration the depth of the needs, their multi-generational and behavioral-related nature, and the identified barriers to services, the qualitative forum input and the qualitative data make a strong case for a “continuum of care”.

The full report will continue to be a working document through the work of the Priority Team volunteers. First, they will review each section of the full report to recommend United Way’s funding priorities for 2005-2008. Then, with the help of local experts including United Way Partner Agencies and using a proven framework published by the United Way of America (Compass II), the Priority Teams will build on the assessment and explore its implications. More work will also be focused on identifying and developing community assets. The assessment will help guide United Way of the Greater Dayton Area’s advocacy efforts, special initiatives, and community impact work in 2005 and beyond.

The assessment demonstrates the connection between human development and economic development such as the population estimates creating concern in relation to tax revenues. Knowing more than 5% of residents in the three-county have quality of life indicators that point to being only one step away from complete financial, emotional, and familial crisis affirms the United Way’s public policy platform on survival needs. Data supports the early work of the collaborative youth initiative, calls for planning related to the growing senior population, draws attention to emergency and affordable housing, and underscores the large scale implications of healthcare.

The data provides a basis for informed decisions and community dialogue around defining the core services needed to sustain a healthy community in Montgomery, Greene, and Preble Counties. Working collaboratively on focused efforts, our community can make a positive difference on the many health and human service needs that challenge our three-county area today.