

Community Health Improvement Plan Annual Report for 2024

DECEMBER 2024

IMPLEMENTED BY: GROWING HEALTHY TOGETHER GREENE COUNTY
FACILITATED BY: GREENE COUNTY PUBLIC HEALTH



Public Health
Prevent. Promote. Protect.
Greene County

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Introduction

Background Information

The Growing Healthy Together Greene County Steering Committee (GHT) participated in a Community Health Assessment (CHA) process led by Greene County Public Health (GCPH) from 2022 to 2023. The quantitative and qualitative data and analysis conducted by the Hospital Council of Northwest Ohio provided the foundation for developing the 2023 Community Health Improvement Plan (CHIP). This report is an update on the progress made from October 2023 to October 2024 regarding the goals, objectives, and strategies outlined in the CHIP.

The CHIP outlines community-based strategic priority health issues. Through collaborative community stakeholder engagement, resident health status can be improved. Various community organizations have worked together as GHT to develop a shared understanding and vision for a healthier Greene County. After the Community Health Assessment in Spring of 2023, four health priorities were identified. GHT identified along with the personal health aspects and contributing factors:






Priorities	Access to Care	Health Behaviors	Mental Health and Addiction	Maternal and Infant Health
Personal Health	Barriers to care for because of transportation and cost.	Physical Activity*	Lack of access to healthcare because of cost	Low-birth weight
	Fears, apprehension, and nervousness about dental appointments.	Fruit & Vegetable Consumption	Adult suicide deaths	First-trimester care
Contributing Factors	Lack of Medicaid providers for dental services and cost	High blood cholesterol	Youth Suicide deaths	Access to resources
	Accessible transportation	High blood pressure	Unintentional drug overdose deaths	
Contributing Factors	Transportation issues	Tobacco Use*	Naloxone Administration	
	Lack of dental providers that accept Medicaid	Lack of motivation for physical activity	Health Insurance Coverage*	Safe Sleep practices
Contributing Factors		Food insecurity	Health Literacy	Health insurance coverage*
		Diabetes*	Adverse Childhood Experiences	
Contributing Factors		Adverse Childhood Experiences	Stress	
			Poor mental health	

* Aligns with Ohio Department of Health, [State Health Improvement Plan](#)

Process for Monitoring and Revision

GCPH took on a lead role in monitoring and revising the plan. The lead agencies meet quarterly to review success, barriers, help needed, and collaborations achieved. Bi-annually, the whole Growing Healthy Together group meets to hear about progress. The following table is the trend summary of county primary data and the respective state and national benchmarks from our 2023 Community Health Assessment:

Trend Summary

Adult Indicators	Greene County 2019	Greene County 2023	Ohio 2021	U.S. 2021
Health Care Coverage				
Uninsured 	3%	5%	6%	7%
Access and Utilization				
Had at least one person they thought of as their personal doctor or health care provider	85%	83%	86%	84%
Visited a doctor for a routine checkup in the past year 	71%	73%	77%	76%
Visited a doctor for a routine checkup five or more years ago	4%	6%	5%	5%
Preventive Medicine				
Had a pneumonia vaccination (age 65 and over)	67%	77%	71%	71%
Had a flu vaccine in the past year (age 65 and over)	74%	61%	66%	67%
Women's Health				
Had a mammogram within the past two years (age 40 and older)	71%	73%	71%*	72%*
Had a Pap smear within the past three years (age 21-65)	69%	72%	77%*	78%*
Men's Health				
Had a PSA test within the past two years (age 40 and over)	N/A	47%	32%*	32%*
Oral Health				
Visited a dentist or dental clinic in the past year	73%	69%	65%*	66%*
Health Status Perceptions				
Rated health as excellent or very good	53%	51%	51%	53%
Rated health as fair or poor 	14%	14%	17%	15%
Rated physical health as not good on four or more days (in the past 30 days)	21%	27%	21%	20%
Average days that physical health not good in past month 	3.5	4.7	4.2**	3.1**
Rated mental health as not good on four or more days (in the past 30 days)	30%	32%	31%	29%
Average days that mental health not good in past month 	4.5	4.8	5.2**	4.5**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	29%	36%	N/A	N/A

Note: 2023 Indicators in green font indicate improvement from 2019, indicators in red indicate a decline from 2019, and indicators in black font indicate no change from 2019

 Indicates alignment with the Ohio State Health Assessment (SHA)

*2020 BRFSS

**2019 BRFSS data as compiled by 2022 County Health Rankings

COMMUNITY HEALTH IMPROVEMENT PLAN – ANNUAL REPORT

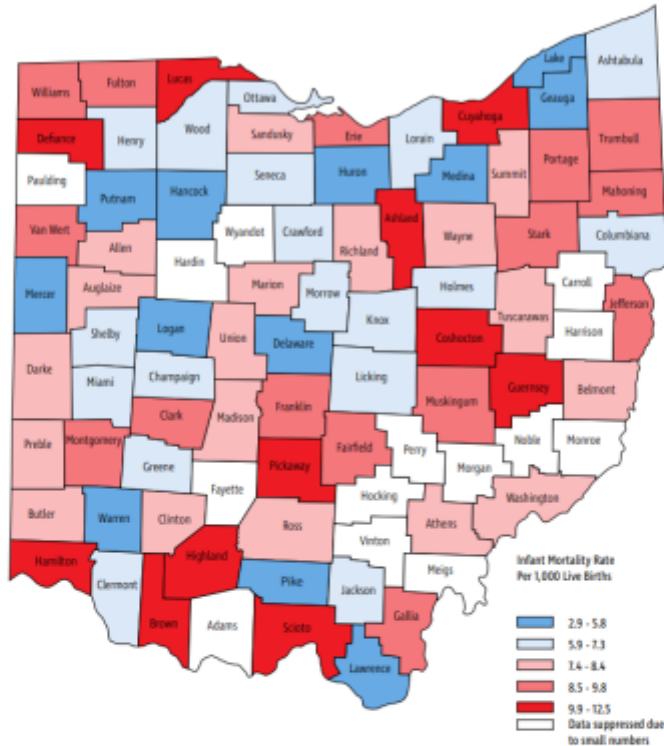
Adult Indicators	Greene County 2019	Greene County 2023	Ohio 2021	U.S. 2021
Weight Status				
Obese, including severely and morbidly obese (BMI of 30.0 and above) 🗳️	30%	39%	38%	34%
Overweight (BMI of 25.0 – 29.9)	33%	37%	33%	34%
Tobacco Use				
Current smoker (currently smoke some or all days) 🗳️	10%	10%	18%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	24%	20%	25%	25%
Current e-cigarette user (vaped on some or all days)	1%	6%	8%	7%
Alcohol Consumption				
Current Drinker (drank alcohol at least once in the past month)	66%	58%	53%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 🗳️	22%	22%	17%	15%
Drove after having perhaps too much alcohol to drink (in the past month)	3%	2%	N/A	N/A
Cardiovascular Disease				
Had angina or coronary heart disease 🗳️	2%	2%	5%	4%
Had a heart attack or myocardial infarction 🗳️	4%	4%	5%	4%
Had a stroke	2%	2%	4%	3%
Had high blood pressure 🗳️	30%	33%	36%	32%
Had high blood cholesterol	37%	43%	37%	36%
Had blood cholesterol checked within past 5 years	84%	84%	85%	85%
Asthma and Other Respiratory Diseases				
Ever been told they have asthma	18%	19%	15%	15%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	6%	6%	9%	6%
Arthritis				
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	32%	38%	30%	25%
Diabetes				
Ever been told by a doctor they have diabetes (not pregnancy-related) 🗳️	8%	10%	12%	11%
Had been diagnosed with pre-diabetes or borderline diabetes 🗳️	8%	7%	2%	2%

Note: 2023 Indicators in green font indicate improvement from 2019, indicators in red font indicate a decline from 2019, and indicators in black font indicate no change from 2019

🗳️ Indicates alignment with the Ohio State Health Assessment (SHA)

Infant Mortality

The following map shows the Ohio five-year total fetal mortality rate (per 1,000 fetal deaths and live births by county from 2016 to 2020.



(Source: Ohio Department of Health, 2020 Infant Mortality Annual Report)

Neonatal, Post-Neonatal, and Infant Mortality in 2020-2022

Area	Year	Number of Neonatal Deaths*	Number of Post-Neonatal Deaths**	Total Number of Infant Deaths	Number of Births	Rate of Infant Deaths per 1,000 Live Births
Greene County	2020	5	4	9	1,692	5.31
Greene County	2021	6	0	6	1,630	3.68
Greene County	2022	9	5	14	1,632	8.57
Ohio	2020	574	290	864	129,320	6.68
Ohio	2021	616	296	912	129,924	7.01
Ohio	2022	584	329	913	128,303	7.11

*Neonatal death is defined as a death of live born infant during the first 27 days of life.
 ** Post-neonatal death is defined as a death of an infant between 28 days and 364 days of life.
 (Source: Greene County Public Health)

Access the full Community Health Assessment data listed above and more here: [Greene County CHA.pdf](#)

Strategies

Priority	Lead	Strategy
Access to Care	Greene CATS	Promote and maintain transportation options**
	Greene County Public Health	School dental program*
Health Behaviors	Greene County Public Health	Multi-component obesity prevention interventions*
		Retail tobacco and paraphernalia sales licensing program**
Mental Health and Addiction	Mental Health and Recovery Board Clark, Greene, and Madison County	Crisis Line*
	Greene County Educational Service Center	School-based social and emotional instruction*
	Greene County Public Health	Naloxone education/distribution programs* and Syringe service programs*
Maternal and Infant Health	Greene County Public Health	Multi-component infant mortality prevention interventions

*State Health Improvement Plan Alignment

** Policy development, enforcement, or advocacy strategy

Community Context

2023-2024 gave us many opportunities to implement year-one activities successfully. One strategy that experienced a major barrier was tobacco and the tobacco retail licensure (TRL) ordinances. In December of 2023, the Ohio House voted to override the Governor’s veto bill, allowing Counties to implement TRL ordinances in jurisdictions. GCPH is the lead agency for this strategy and will be working towards implementing another tobacco policy.

Progress on CHIP Priority Areas

Priority 1: Access to Care

About this Priority

Strategy 1: Promote and maintain transportation options:

According to the health assessment, over the past year, more than half (51%) of Greene County adults reported barriers to receiving medical care. Two percent of the mail survey respondents specifically reported transportation as their barrier. Five focus groups across Greene County were completed during the qualitative data collection process. During each of those, transportation barriers were identified as barriers to health care and healthy foods.

This strategy aims to increase knowledge of our local transportation services and help maintain them.

Priority #1: Access to Care				
Strategy 1: Promote and maintain transportation options				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Create/update a community transportation resource list annually according to transportation resources that are available in the county. Include:</p> <ul style="list-style-type: none"> Public transportation systems Human Services transportation providers Reduced/free transportation services and eligibility criteria (e.g., income, Medicaid, etc.) Private transportation providers (e.g., Uber, taxi) <p>Spread awareness of transportation services using various formats (e.g., social media, email, committee websites, flyers with QR code, etc.).</p> <p>Assess gaps and opportunities regarding current volunteer driver initiatives. Collaborate to recruit additional volunteer drivers.</p> <p>Participate in update of Greater Regional Mobility Initiative Plan Update 2024</p> <p>Participate in the Miami Valley Regional Active Transportation Plan</p>	October 31, 2024	Adults	<p>Barriers to care: Percent of adults reporting "difficult to find/no transportation" as a top reason for not accessing medical care in the past year (2023 CHA)</p> <p>Accessible transportation: Percent of adults indicating "there are accessible transportation services available" in Greene County (2023 CHA)</p> <p>Transportation issues: Percent of adults reporting limited or no public transportation available or accessible (2023 CHA)</p>	Greene CATS Public Transit
<p>Year 2: Continue efforts of year 1.</p> <p>Publish Greene County resource guide of combined public and active transportation options.</p> <p>Provide travel training for public health students and practitioners on transportation policy and its effects on health. ▲</p>	October 31, 2025			
<p>Year 3: Continue efforts of years 1 and 2.</p> <p>Assess gaps and opportunities from years 1 and 2.</p> <ul style="list-style-type: none"> Search for grants and funding opportunities to support efforts. <p>Evaluate transportation needs yearly in coordination with county and regional plans and adapt accordingly.</p>	October 31, 2026			
<p>Resources to address strategy: Miami Valley Regional Planning Commission (MVRPC) – Greater Region Mobility Initiative (goals and strategy process), Transportation Coordination Plan, & Active Transportation Plan; CDC Transportation Policy Recommendations – Expand Public Transportation & Promote Active Transportation</p>				

Progress

Status: In Process

Lead Agency: Greene CATS

Strategy: Promote and maintain transportation options

Year 1 Update:

Greene CATS collected a current inventory of transportation resources for Greene County. The information was then printed on a magnet and distributed to communities and partners.

Throughout the first year, Shannon Webster provided countless events to share services available in Greene County and try to connect community residents with resources. In collaboration with the Miami Valley Regional Planning Commission, during February – May 2024, a survey was completed with seven surrounding Counties to review unmet needs in more depth, foster broader public feedback, and gather additional data. The data was used to develop the 2024-2028 Greater Region Mobility Initiative Transportation Coordination Plan. Served on the Miami Valley Regional Active Transportation steering committee.

Major Successes:

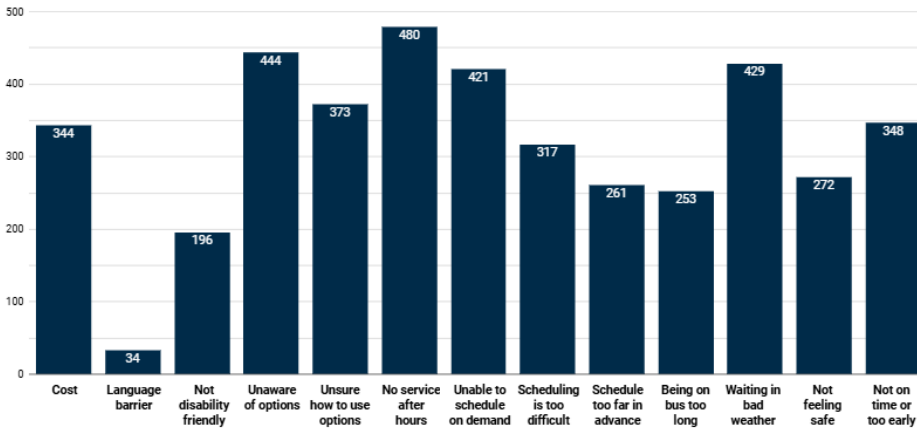
- Over 1,000 transportation options are distributed in Greene County magnets throughout the county.
- 300 surveys were completed in Greene County, the second-highest number of surveys received among the eight-county region (Montgomery County received 665). This is the highest level of participation received in over a decade. The Survey Dashboard displays data from the entire region or by separate counties. It can also compare/contrast counties within the region. The information displayed that was collected includes:
 - Survey traffic
 - Respondent demographics
 - Services utilization
 - Service challenges

<https://www.mvrpc.org/transportation/greater-region-transportation-coordination-plan/greater-region-mobility-initiative-survey>

- Connected the workgroup with the Catholic Social Services Transportation Community Liaison to learn about the Volunteer Drivers Program. [RideConnect Volunteer Driver Program | Catholic Social Services of the Miami Valley](#)
- The Greater Region Mobility Initiative Transportation Coordination Plan:
 - https://www.mvrpc.org/sites/default/files/final_grmi_report_2024-2028.pdf

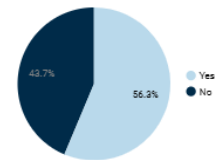
SERVICE CHALLENGES

TRANSPORTATION SERVICE CHALLENGES

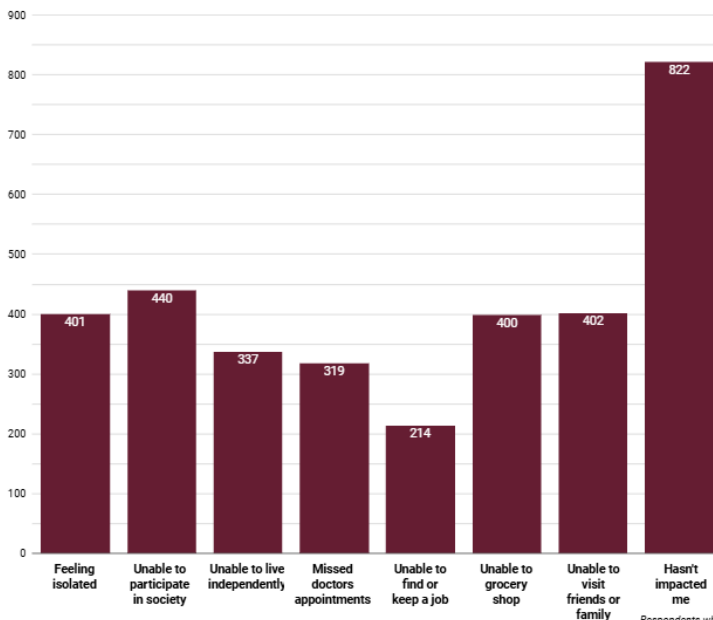


41.5%
of respondents say that they have challenges using transportation services in their community

RESPONDENTS WHO MUST TRAVEL OUTSIDE OF THEIR COUNTY



SITUATIONS CAUSED BY LACK OF RELIABLE TRANSPORTATION

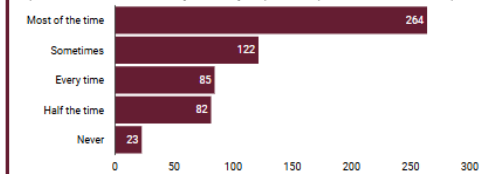


35.0%
of users who do not use public transportation say that they would if it were more affordable or convenient

Respondents who chose "Hasn't impacted me" as their only response are represented in this count

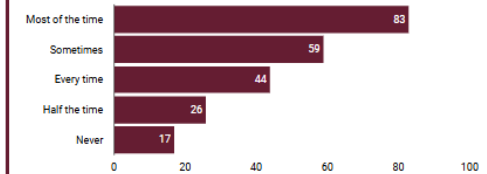
HOW OFTEN PUBLIC TRANSPORT DELIVERS USERS ON TIME

Respondents who chose "Yes" to "Do you currently use public transportation?" were shown this question

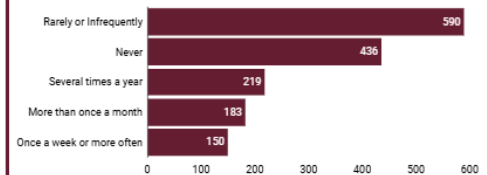


HOW OFTEN NEMT DELIVERS USERS ON TIME

Respondents who chose "Yes" to being on Medicaid and using NEMT were shown this question



HOW OFTEN USERS ARE UNABLE TO REACH DESTINATION



Strategy 2: School dental programs:

According to the health assessment, sixty-nine percent of Greene County residents visited a dentist or dental clinic in the past year. For individuals under 30, that number dropped to fifty-six percent. Reasons for not visiting were cost, fear, apprehension, nervousness, pain, dislike of going, and no reason to go/had no thought of it.

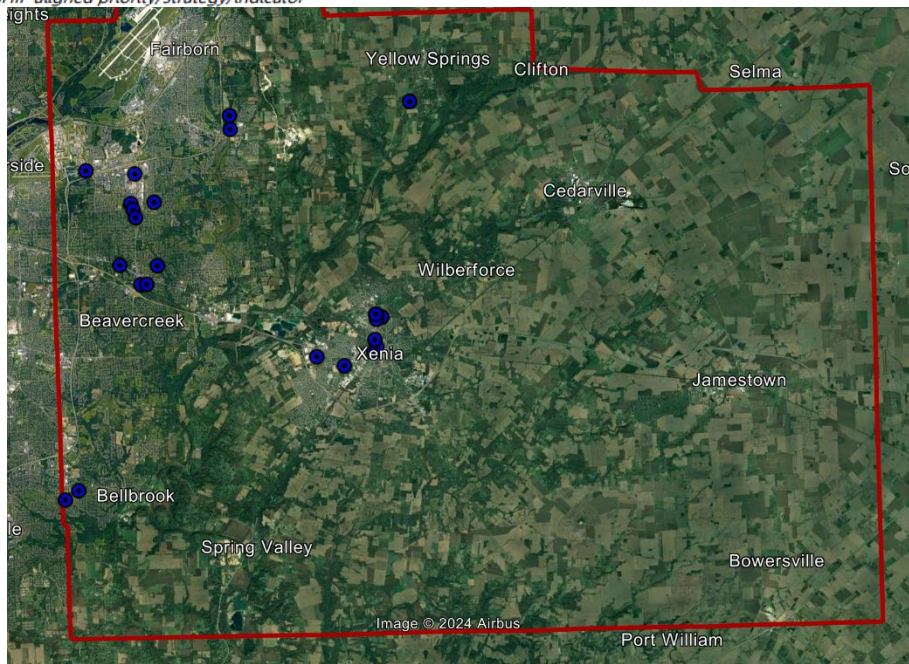
The goal of this strategy is to implement school dental programs.

Priority #1: Access to Care				
Strategy 2: School dental programs ** ✓				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy.	Lead Contact/Agency
Year 1: Assess current activity of school dental programs in Greene County (e.g., school participation, age range of youth served, types of services offered, frequency of service offerings, etc.). Identify ways to expand school dental program offerings (e.g., all schools in Greene County, frequency of service offerings, etc.).	October 31, 2024	Youth	Youth dental visit: Visited a dentist in the past year (2018-2019 OHYES! Report for Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties)	Greene County Public Health
Year 2: Facilitate planning and expansion of school dental programs. Search for grants and funding opportunities to support efforts. Evaluate programming yearly and adapt accordingly.	October 31, 2025			
Year 3: Continue efforts of year 2.	October 31, 2026			
Resources to address strategy: County Health Rankings – school dental programs				

** Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

✓ Strategy is likely to reduce disparities based on review by **What Works for Health** or health equity strategy in **The Community Guide**.

📍 - Ohio SHIP aligned priority/strategy/indicator



Status: In Process

Lead Agency: Greene County Public Health

Strategy: School Dental Programs

Year One Update: Greene County Public Health completed a dental mapping project. From that assessment, we learned that Greene County has a limited number of pediatric dentists. Currently, only four providers accept Medicaid, leaving large gaps in services. We are working with schools to address what programs are being offered and have been exploring multiple programs that could come to schools to perform on-site dental clinics.

Major Success: Our major success this year has been collaborating with future partners and school nurses and exploring dental education programs that could be implemented in schools in addition to the clinic. We will be partnering with Health Partners of Western Ohio to establish and expand dental programs in Greene County.

Priority 2: Health Behaviors

About this Priority

Strategy 1: Multi-component obesity prevention interventions:

According to the health assessment, over three-quarters (76%) of Greene County adults were either overweight (37%) or obese (including severely morbidly obese (39%). Forty-three percent (43%) of adults were diagnosed with high blood pressure, thirty-three percent (33%) had high blood pressure, and nine-teen percent (19%) lived sedentary lifestyles.

This strategy aims to increase personal health behaviors, including physical activity and fruit and vegetable consumption. Some identified contributing factors for these behaviors are lack of motivation for physical activity, adverse childhood experiences, food insecurity, and diabetes.

Priority #2: Health Behaviors				
Strategy 1: Multi-component obesity prevention interventions **				
Action Step	Timeline	Priority Population	Indicator (s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Assess the built environment to identify improvements to increase access to healthy foods. Create Community Food Mapping to highlight food establishments and maintain community food resource guide. Review the Move Your Way Community Playbook and complete Phase 1: Planning and Strategy Development. When selecting strategies, consider interests and activities for specific populations, such as seniors or families. Explore programming that includes group sports as well as individual fitness opportunities (e.g., weightlifting, running club, etc.). Assess the feasibility of integrating physical activity opportunities into planned events (e.g., festivals, farmer’s markets, etc.). Identify ways to incorporate nutrition initiatives into strategies (e.g., community gardens*, healthy food initiatives in food banks*).</p> <p>Identify ways to advocate on behalf of policies related to nutrition, food insecurity, and physical activity (e.g., advocate for improved school nutrition and physical activity standards, expansion of WIC/SNAP benefits, etc.).</p> <p>Search for grants and funding opportunities to support efforts (e.g., incentives, free events).</p>	October 31, 2024	Adults Youth/Children	<p>Adult physical inactivity: Percent of adults, age 18 and older, reporting no leisure time physical activity (<i>County Health Rankings</i>)</p> <p>Adult physical inactivity: Percent of adults reporting they did not participate in any physical activity in the past week (<i>2023 CHA</i>)</p> <p>Adult obesity: Percent of adults considered obese according to BMI (<i>2023 CHA</i>)</p> <p>Adult cholesterol: Percent of adults who have ever been diagnosed with high blood cholesterol (<i>2023 CHA</i>)</p>	Greene County Public Health
<p>Year 2: Continue efforts of year 1. Explore healthy food initiatives to incorporate into strategies (e.g., community gardens, healthy food initiatives in food banks).</p> <p>Complete implementation steps for Phase 2 from the Move Your Way Community Playbook.</p>	October 31, 2025		<p>Adult hypertension: Percent of adults who have ever been diagnosed with high blood pressure (<i>2023 CHA</i>)</p>	
<p>Year 3: Continue efforts of years 1 and 2. Complete evaluation steps for Phase 2 from the Move Your Way Community Playbook.</p>	October 31, 2026			
<p>Resources to address strategy: Greene County Parks and Trails, Extension Offices, Food Banks, County Health Rankings – Community-based social support for physical activity, Healthy People 2030, USDA – Healthy Eating and Active Living (HEAL) Toolkit for Community Educators, CDC – Supports for Healthy Eating and Active Living</p>				

** Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

* Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

👤 - Ohio SHIP aligned priority/strategy/indicator

👑 - Policy development, enforcement, or advocacy strategy



Progress

Status: In process

Lead Agency: Greene County Public Health

Strategy: Multi-component obesity prevention interventions

Update: Greene County Public Health (GCPH) created a Healthy Eating Active Living (HEAL) committee of residents and partners in Fairborn. Map-dotting activities were completed in the Fairborn community to determine locations for built-environment improvements. Internally, GCPH utilized the Move Your Way (Move Your Way® Community Resources | odphp.health.gov) campaign materials to share on social media. Walk audits were conducted in Fairborn, which provided an extensive list of enhancements to increase access to healthy foods. The committee purchased a bench and waste receptacle on Funderburg Road near the Fish Food Pantry. A park clean-up day was held at Fish to celebrate the bench and receptacle being placed.

Major Success:

- Greene County Public Health has been awarded the Ohio Department of Health's Creating Healthy Communities grant. This five-year grant will focus on Healthy Eating and Active Living. It began in October 2024 and will continue through September 2029. For the first year, GCPH has identified three strategies, including implementing a Farmers Market in downtown Xenia, renegotiating the Greene County Local Food Council, and creating an Active Transportation Plan with the City of Fairborn.

- In Fairborn, Transdev and Fairborn Fish worked with Greene CATS to identify a safe place for transit users, no matter their ability, to board/exit the flex line at Wright Park via a scheduled flag stop two days a week beginning May 21. Transit users could check in with FISH after arriving without walking to the pantry or through the parking lot, as FISH arranged for golf carts to circle the lot regularly after Blue Flex Line drop-off times. Fairborn FISH bought tokens to distribute to anyone who needs them.

Strategy 2: Retail tobacco and paraphernalia sales licensing program:

According to the health assessment, six percent (6%) of Greene County residents were current e-cigarette users. This increased by 5% from the last CHA, where only one percent (1%) of residents were current e-cigarette users. This strategy aims to implement a tobacco and paraphernalia sales licensing policy in Greene County.

Priority #2: Health Behaviors				
Strategy 2: Retail tobacco and paraphernalia sales licensing program (Tobacco 21 Model Policy) ✓ ▲				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Gather data on current substance use, specifically tobacco and e-cigarette use, among youth. Consider participating in Greene County OHYES! survey to collect youth data. Reach out to schools to encourage participation in youth surveying.</p> <p>Increase awareness and education of youth tobacco use and social norms campaigns within the schools, various community partners, and GCPH.</p> <p>Using the Tobacco 21 Retail License Model Policy, assess the feasibility of implementation and enforcement of retail tobacco licensing policy in Greene County.</p> <p>Educate and gather support from stakeholders to advocate for retail tobacco licensing policy in Greene County.</p>	October 31, 2024	Youth	<p>Youth current electronic vapor product use: Percent of youth who used an electronic vapor product at least once in the past month (2018-2019 OHYES! Report for Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties)</p> <p>Youth cigarette purchase: Percent of current youth cigarette smokers that bought cigarettes from a store in the past month (2018-2019 OHYES! Report for Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties)</p>	Greene County Public Health
<p>Year 2: Continue efforts of year 1. Draft and propose tobacco retail license ordinance to local government for approval.</p>	October 31, 2025			
<p>Year 3: Enact tobacco retail license ordinance in Greene County. ▲</p> <p>Search for grants and funding opportunities to support enforcement efforts.</p>	October 31, 2026			
<p>Resources to address strategy: Preventing Tobacco Addiction Foundation/Interact for Health (Model Policy, Why TRL, Ohio TRL Landscape)</p>				

✓ Strategy is likely to reduce disparities based on review by *What Works for Health* or health equity strategy in *The Community Guide*.

▲ - Policy development, enforcement, or advocacy strategy

■ - Ohio SHIP aligned priority/strategy/indicator

TOBACCO ~~eighteen~~ **twenty-one**

Status: In-process

Lead Agency: Greene County Public Health

Strategy: [Ohio TRL - Tobacco 21](#)

Updates: In December 2023, the Ohio House voted to override the Governor’s veto bill, allowing Counties to implement TRL ordinances in jurisdictions. GCPH is the lead agency for this strategy and is working on researching and developing other tobacco policies.

Major Successes: Before the veto, our health educator, Shernaz Reporter, presented to the City of Xenia and the GCPH Board of Health to increase awareness of tobacco use in Greene County and potential policies. Greene County Educational Service Center contacted schools to encourage them to participate in the next round of OHYES! Surveys.

Priority 3: Mental Health and Addiction


About this Priority

Strategy 1: Crisis lines

According to the health assessment, in the past year, twelve percent (12%) of Greene County adults had two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Four percent (4%) of adults seriously considered attempting suicide in the past year. This strategy aims to increase and enhance the available crisis lines for Greene County residents.

Priority #3: Mental Health and Addiction				
Strategy 1: Crisis lines *				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to monitor crisis line utilization regularly in Greene County. Identify follow-up methods that can be implemented to connect crisis line users to care and supportive services.	October 31, 2024	Adults Youth	Adult suicide deaths: Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Public Health Data Warehouse) Suicide attempt: Percent of adults who reported they attempted suicide in the past year (2023 CHA) Youth suicide deaths: Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Public Health Data Warehouse)	Mental Health & Recovery Board of Clark, Greene, Madison Counties
Year 2: Continue efforts of year 1. Implement follow-up and connection to care protocol for crisis line users.	October 31, 2025			
Year 3: Continue efforts of years 1 and 2. Evaluate crisis line utilization and effectiveness yearly.	October 31, 2026			
Resources to address strategy: TCN Behavioral Health; DeCoach’s Behavioral Health Urgent Care TCN’s See U Now (SUN) Clinic (funded by MHRB through SOS grant); 988 Call Center; 911 (collaboration/integration); MHRB Warmline (937-662-9080); Crisis line resource cards/information distributed to community; MHRB QPR presentations; Training embedded about crisis lines in MHRB’s Crisis Intervention Team (CIT) courses to law enforcement, fire/EMS, public safety telecommunicators, and behavioral health professionals				

* Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

 - Ohio SHIP aligned priority/strategy/indicator



Progress

Status: In Process

Lead Agency: Mental Health Recovery Board Clark, Greene, and Madison Counties

Strategy: Crisis Lines [Find Help – Mental Health Recovery Board](#)

Update: The Mental Health and Recovery Board of Clark, Greene, and Madison County (MHRB) funds crisis call lines through Thrive and TCN. Due to funding constraints, the Warmline peer support resource ceased operations in June 2024. Individuals have been encouraged to use the 988 Crisis Line when needed. The Crisis Line received 4,943 calls in 2024.

Strategy 2: School-based social and emotional instruction

About the Priority

According to data from the OHYES! In a survey from MHRB Clark, Greene & Madison Counties 2018-2019, youth reported experiencing the following:

- twenty-eight percent (28%) with anxiety issues
- twenty percent (20%) with depression issues
- twenty-two percent (22%) with mental health issues
- Twenty-seven percent (27%) in the past 12 months felt sad and hopeless almost every day for two weeks or more in a row.
- Sixteen percent (16%) in the past year seriously considered attempting suicide.

This strategy aims to enhance, develop, and implement programs that focus on school-based social and emotional instruction.

Priority #3: Mental Health and Addiction				
Strategy 2: School-based social and emotional instruction **				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Assess current social and emotional instruction being implemented in schools. Work with school social workers, care coordinators, and counselors to identify:</p> <ul style="list-style-type: none"> • Types of programming currently being offered in different schools and grades • How often programming is incorporated • Admin/teacher satisfaction with current programming • Capacity and barriers to implementing social and emotional instruction • Feasibility of extending programming to families • Opportunities for diverse, youth-led programming • Incorporating connections to care for students and their families <p>Gather feedback from school administration and teachers regarding current programming and interest or need in additional/new social and emotional instruction programming. Collect information from schools regarding admin approval, selection of social and emotional learning program, teacher buy-in, capacity to train staff, etc.</p> <p>Explore evidence-based prevention programs such as the PAX Good Behavior Game, ROX (Ruling Our Experience), Sources of Strength, Disconnect to Connect, etc. Considering feedback from schools, decide which program(s) to implement or expand within schools.</p>	October 31, 2024	Youth	<p>Youth suicide deaths: Number of deaths due to suicide for youth, ages 8-17, per 100,000 population <i>(ODH Public Health Data Warehouse)</i></p> <p>Youth depression: Percent of youth who reported feeling sad or hopeless for two weeks or more in a row <i>(2018-2019 OHYES! Report for Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties)</i></p>	Greene County Educational Service Center
<p>Year 2: Introduce or re-introduce the evidence-based program(s) to the school districts. Train staff to implement programming.</p> <p>Pilot any new programs in at least one district.</p>	October 31, 2025			
<p>Year 3: Expand programming to all districts in all grade levels.</p>	October 31, 2026			
<p>Resources to address strategy: Greene County Drug-Free Coalition, Ohio School Based Mental Health and Wellness Resources, Ohio Prevention Education, National Center for School Based Mental Health, Ohio Center of Excellence for Prevention and Wellness, Ohio Bold Beginnings Resources</p>				

** Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

👉 - Ohio SHIP aligned priority/strategy/indicator

Progress

Status: In-Process

Lead Agency: Greene County Educational Service Center

Strategy: School-based social and emotional instruction

Updates: Greene Co. ESC strategized with the Ohio Department of Education and Workforce to implement the Whole-Child Design Approach by forming the UP team to focus on students, families, and staff retention. The Mental Health (MH) and Early Childhood Mental Health (ECMH) launched the annual Disconnect 2 Connect initiative by spreading awareness through public announcements, capacity-building training, and media/promotional materials. The MH team continues to provide ongoing prevention services using a curriculum of researched best practices to youth and adults through education on substance use/misuse, coping skills for those who struggle with anxiety and depression, and ways to become a healthier and happier version of themselves. The ECMH team has provided training and professional development sessions to districts within the GCESC area, as well as out-of-county partnered organizations. Additionally, the ECMH team continues to run four sessions of parenting support group monthly and consultation services to districts, families, and community partners.







Major Success:

- Renewed “Parent Powered” text messaging app to push out weekly parenting tips for age group birth to 8th grade.
 - 187 active enrollments
 - 3,825 curricular messages delivered.
 - 2,025 custom messages delivered.
- Providing Social-Emotional Learning (SEL), Conscious Discipline professional parenting support, and development opportunities for the 2024-2025 academic year.
 - 65 participants registered for the Conscious Discipline “Responding to Anger and Rage” E-course.
 - 21 participants registered for the Conscious Discipline “Engage with Equity” E-Course.
 - Increased facilitators and offered more HOPE sessions, becoming HOPE Organization:
 - 2 New facilitators added.
 - 1 new HOPE facilitator trainer
 - In Q4, two HOPE training sessions were completed. Providing training for 76 community members

Strategy 3: Naloxone education/distribution programs and syringe service programs

About the Priority


According to the health assessment, approximately one in ten (11%) adults had used medication not prescribed or taken more than prescribed to feel good, high, and more active or alert during the past six months. This strategy aims to expand our distribution and education of Naloxone and syringe service programs in Greene County.

Priority #3: Mental Health and Addiction 				
Strategy 3: Naloxone education/distribution programs *   and syringe service programs (SSPs) **  				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Expand SSP and naloxone access to community locations based on data trends.</p> <p>Address stigma surrounding drug use and harm reduction using evidence-based educational materials.</p> <p>Implement an overdose surveillance system for Greene County, Ohio by expanding the number of partners utilizing ODMAPs.</p>	October 31, 2024	Adults	Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) <i>(ODH Public Health Data Warehouse)</i>  Naloxone Administration: Number of EMS events involving naloxone administration <i>(OIBHD)</i>	Greene County Public Health
<p>Year 2: Continue efforts from year 1.</p> <p>Expand harm reduction education and secondary Naloxone distribution partnerships (e.g., Naloxbox placement) to treatment providers, law enforcement/first responders, health systems, and businesses to ensure multiple points of contact are available 24 hours per day.</p> <p>Expand access to SSPs via partnership with local organizations and street outreach.</p> <p>Analyze overdose trends based on surveillance system and develop a Community Response Plan to Overdose Anomalies.</p>	October 31, 2025			
<p>Year 3: Continue implementing Community Response Plan to Overdose Anomalies and expand SSP and naloxone access to community locations based on data trends.</p> <p>Create and distribute community harm reduction education materials.</p>	October 31, 2026			
<p>Resources to address strategy: ODMAP, Greene County Drug Free Coalition, SafeTrade, Treatment and Recovery facilities (TCN Behavioral Health), DeCoach Rehabilitation, Women's Recovery, Her Story, Emerge Recovery & Trade Initiative, etc.), Fairborn FISH Pantry, Xenia FISH Pantry, Bridges of Hope, Fire & EMS jurisdictions within Greene County, NACCHO funding, State funding, Mental Health & Recovery Board</p>				

* Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

** Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

 Strategy is likely to reduce disparities based on review by *What Works for Health* or health equity strategy in *The Community Guide*.

 - Ohio SHIP aligned priority/strategy/indicator

Progress

Status: In-Process

Lead Agency: Greene County Public Health

Strategy: Syringe services programs | County Health Rankings & Roadmaps & Naloxone education & distribution programs | County Health Rankings & Roadmaps

Updates: GCPH placed twelve Naloxone Kiosks throughout Greene County (four in Xenia, two in Fairborn, two at Central State, and one in Yellow Springs), and Beavercreek City Schools installed Nalox boxes in all schools. Emerge was established as a secondary naloxone distribution site and scheduled monthly HIV/HCV/Syphilis testing to be performed by GCPH starting in April 2024. All GCPH members of the Harm Reduction Team received their HIV permanent counseling from ODH. Fentanyl test strips and Narcan via the mail order program saw an increase in requests. Safe Trade saw a steady increase in participants, which was due to the rise in safe smoking and snorting supplies.

Major Successes:

- GCPH has contracted with local fire departments (Xenia and Fairborn) to implement ODMAP. This system uses reported cases to plot to overdose occurrences. The system has had issues, so we have been working out technical issues.
- Naloxone distributor in 2024: 3,762 kits
- Individuals trained in Naloxone: 1,251
- SafeTrade encounters: 811 **Due to the transferring of platforms, this number is an estimate.

Priority 3: Maternal and Infant Health

About this Priority

Strategy 1: Multi-component infant mortality prevention interventions

According to the health assessment, in 2020, there were 1,692 live births in Greene County. 168 were pre-term births, and 115 were low birth weight. The table below shows neonatal, post-neonatal, and infant mortality from 2020-2022. This strategy aims to help combat infant mortality deaths in Greene County by increasing education and resources.

Neonatal, Post-Neonatal, and Infant Mortality in 2020-2022

Area	Year	Number of Neonatal Deaths*	Number of Post-Neonatal Deaths**	Total Number of Infant Deaths	Number of Births	Rate of Infant Deaths per 1,000 Live Births
Greene County	2020	5	4	9	1,692	5.31
Greene County	2021	6	0	6	1,630	3.68
Greene County	2022	9	5	14	1,632	8.57
Ohio	2020	574	290	864	129,320	6.68
Ohio	2021	616	296	912	129,924	7.01
Ohio	2022	584	329	913	128,303	7.11

*Neonatal death is defined as a death of live born infant during the first 27 days of life.

** Post-neonatal death is defined as a death of an infant between 28 days and 364 days of life.
(Source: Greene County Public Health)

COMMUNITY HEALTH IMPROVEMENT PLAN – ANNUAL REPORT

Priority #4: Maternal and Infant Health				
Strategy 1: Multi-component infant mortality prevention interventions				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Develop goals and objectives to be addressed by the lead agency (e.g., Safe Sleep, prenatal care, etc.).	October 31, 2024	Mothers Infants	Infant mortality: Number of deaths for infants under age 1, per 1,000 live births (<i>ODH Public Health Data Warehouse</i>)	Greene County Public Health
Year 2: Work to address the goals and objectives created. Search for grants and funding opportunities to support efforts.	October 31, 2025			
Year 3: Continue efforts from years 1 and 2. Evaluate programming yearly and adapt accordingly.	October 31, 2026			
Resources to address strategy: Help Me Grow, Nurse Family Partnership, WIC, Kettering Health – Soin				

- Ohio SHIP aligned priority/strategy/indicator

Progress

Status: In Process

Lead Agency: Greene County Public Health

Strategy: Multi-component infant mortality prevention interventions

Update: GCPH received the Family Connects grant. This evidence-based program utilizes trained nurses to carefully assess newborns and mothers and discuss concrete next steps to address opportunities and concerns, including seeking immediate medical care when necessary. The nurses keep the whole family in mind, recommending appropriate mental health services or medical care for other family members as needed. They will follow up to ensure that families’

needs are met. GCPH assembled an internal workgroup that meets quarterly to discuss programs and community education opportunities. They created a Maternal, Child & Infant Health resource guide that has been shared with partners and the community. This guide provides program details, eligibility, and QR codes for referrals. During the last year, our Cribs for Kids program distributed 88 cribs and provided safe sleep education.

Next Steps

During 2023-2024, the Growing Healthy Together Steering Committee (GHT) experienced multiple staff and partner transitions. Our CHA was released in Spring 2023, and GHT completed the Mobilizing for Action through Planning and Partnerships (MAPP) process following the CHA release. The four completed assessments helped us develop these strategic priorities to improve our community's health. Lead agencies aligning with this report's strategic priorities secured multiple funding sources over the first year. GHT is excited to execute new grants in 2025 and continue to explore other funding sources for future initiatives. We look forward to continuing to provide education and resources to Greene County residents so that we may all grow healthy together.

Thank You, Growing Healthy Together Greene County Steering Committee:

Beavercreek Chamber of Commerce	Greene County Educational Service Center
Beavercreek Township Board of Trustees	Greene County Emergency Management Agency
Buckeye Health	Greene County Housing
City of Xenia	Greene County Parks & Trails
Clark State Community College	Greene County Public Health
CareSource	Greene Memorial Hospital & Soin Medical Center
Dayton Children's Hospital	Layh & Associates, Inc.
Family and Children First Council	Mental Health & Recovery Board of Clark, Greene & Madison Counties
Greene CATS Public Transit	Ohio State University Extension
Greene County Board of County Commissioners	TCN Behavioral Health Services
Greene County Board of Developmental Disabilities	United Way of Greater Dayton
Greene County Council on Aging	Village of Yellow Springs
Greene County Job and Family Services	