ANNUAL REPORT 2018

Growing Healthy Together GREENE COUNTY

Greene County Community Health Improvement Plan

Vision: A vibrant health conscious community concerned with preserving the environment, where all people are informed, have equitable opportunity and are empowered to access what they need to be healthy.

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INTRODUCTION

Background Information

The Growing Healthy Together Greene County Steering Committee participated in a Community Health Assessment (CHA) led by Greene County Public Health from 2016 - 2017. The quantitative and qualitative data and analysis provided the foundation to develop the 2017 Community Health Improvement Plan (CHIP). This report is an update on the progress made in 2018 regarding the goals, objectives and strategies outlined in the CHIP.

The CHIP provides a strategy to address priority health issues through collaborative community engagement toward improving the health status of every member of the community. Over 20 community organizations have worked together as a steering committee to develop a shared understanding and vision for a healthier Greene County. At the completion of the Community Health Assessment in August 2017, four health priorities and associated focus areas were identified by the steering committee:

Priority	Focus Area
Chronic Disease	Obesity
Mental Health & Substance Abuse	Unintentional Drug Overdose Death
Maternal & Child Health	First Trimester Prenatal Care
Injury Prevention	Falls

Process for Monitoring and Revision

We begin to implement the CHIP by establishing specific roles, setting regular meetings and a consistent reporting schedule. Each priority area is discussed below to reflect the progress to date.

Roles and Responsibilities

In order to sustain and support the ongoing work toward CHIP initiatives, the Steering Committee recognized a need to clarify and define roles and responsibilities for the collaboration. The sustainability chart in figure 1 outlines the structure for this work and includes the following roles:

- **Steering Committee:** Deliberate, make decisions, advise, provide strategic oversight and serves as the primary “advocate” for all the CHIP initiatives.

Roles and Responsibilities (Continued)

- **Core Team:** Provides guidance, support, data and research updates. Key roles include assessment, planning, evaluation, quality improvement and communication.

- **Coordinating Entity:** Implement selected strategies and provide quarterly progress reports.

- **Workgroups:** Collaborative implementation of strategies. Review and consideration of new data and information.

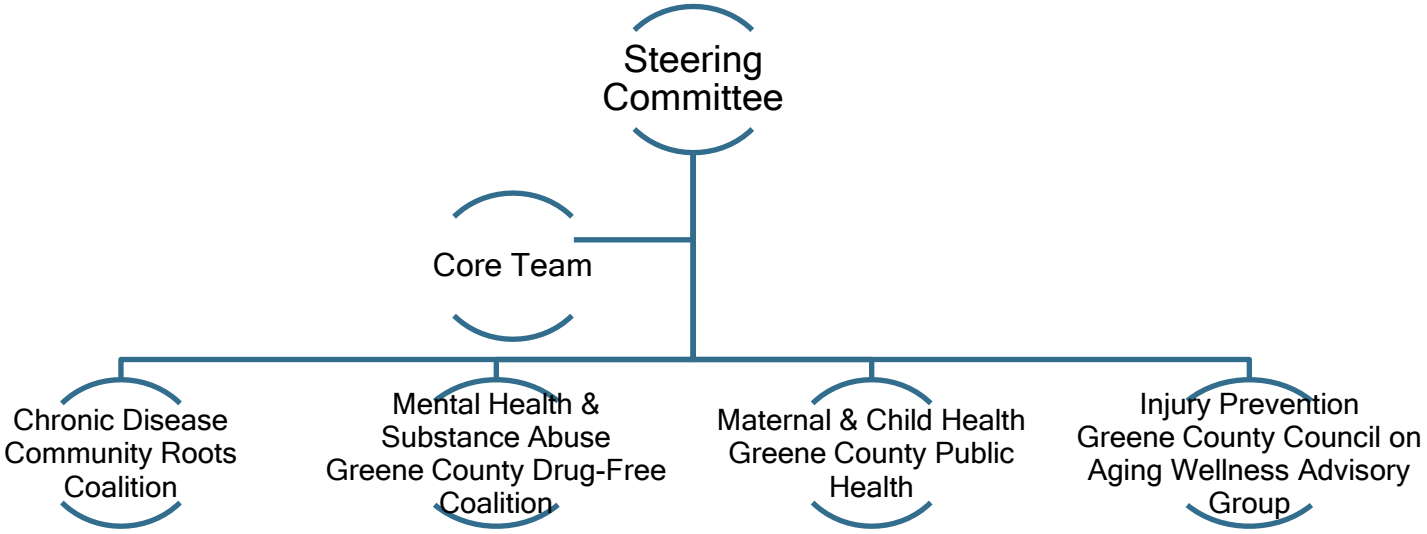


Figure 1 Sustainability Chart

Meetings

Meetings for organizations in these roles include:

- Steering Committee, Bi-annual
- Core Team, Monthly
- Coordinating Entity, Quarterly
- Workgroup, Monthly or Quarterly based on group

The Biannual Growing Healthy Together Steering Committee Meeting agenda consist of updates on the headline indicator for each priority and a summary of the Coordinating Entities quarterly reports. It also serves as an opportunity to evaluate the goals and objectives and make recommendations if changes are indicated. The October 3rd, 2018 Steering Committee meeting served as an opportunity for the review of CHIP strategies. During the meeting, attendees broke into the priority area work groups and answered the questions that informed the “Progress on CHIP Priority Area” section of this report.

The evaluation process included the following questions:

1. Please describe any **major successes** that have been recorded while implementing strategies associated with the priority during this reporting period. Successes could be- acquisition of funding or other resources, recognition for efforts, documented successes, or other important achievements associated with the work being done toward this CHIP priority.

2. Please describe any **barriers or challenges** that have affected the successful implementation of strategies associated with the priority. If there are barriers or challenges reported, please also describe efforts taken to address them.

3. Read through **each CHIP strategy on the workplan**, consider if the strategy should stay the same, be changed or be removed. (questions for consideration as you read through: Is it feasible? Has it been effective? What are the changing priorities (local/State/National), new health issues and level of resources in the community?) Recommended changes should be based on at least one of the following criteria: availability of data to monitor progress, availability of resources, community readiness, significant progress, and/or alignment of goals with county state or local plans.

4. What additional **community assets** are needed to implement strategies in 2019? Community assets include: organizations, people, partnerships, facilities, funding, policies, regulations, and a community's collective experience.

Reporting

Coordinating Entities submitted quarterly reports using the template provided in the 2017 CHIP. Updates and revisions were made to this template and the revised version will be provided to the Coordinating Entities via SurveyMonkey for use in 2019.

PROGRESS ON CHIP PRIORITY AREAS

In this initial implementation year of the CHIP the primary focus has been on building the infrastructure for both sustainability and success in work towards CHIP objectives. The key infrastructure components developed include:

- Sustainability Chart
- Establishing regular meetings
- Branding logo development:

Ohio Growing Healthy Together GREENE COUNTY

- Regular Reporting: quarterly progress reports and annual update

Regarding implementation of strategies for each priority some of the major successes include:

- Priority 1 Chronic Disease: Community Roots coalition building and partnerships
- Priority 2 Mental Health & Substance Abuse: Community wide training in Collective Impact and initiation of a Greene County Collective Impact group
- Priority 3 Maternal & Child Health: Research and development of marketing materials to promote prenatal care
- Priority 4 Injury Prevention: Creation of a survey to obtain data regarding falls in Greene County

The following sections summarize the results of the evaluation process from page five and include major successes, barriers, workplan updates and consideration of community assets.

Priority 1: Chronic Disease

Goal: People of Greene County are preventing and managing chronic disease.

About this priority

In the 2017 Community Health Assessment telephone survey, 70.7% of adults 20 years or older in Greene County had a body mass index (BMI) indicating that they were overweight (39.4%) or obese (31.3%).[1] HP2020 has set a national goal of reducing the proportion of adults who are obese to below 30.5%.[2] We are close to that target, the objective for this measure is to reduce the percentage of obese adults from 31% to 29% by 2019.

Progress

County Health Rankings data is used to track progress on the objective. From 2013 to 2014 there was an increase in reported adult obesity from 31% to 32%.[3] The following table outlines the progress for each specific strategy. The responsible parties for this work have been updated to be the Community Roots coalition led by Greene County Public Health (GCPH).

Community Roots coalition members: GCPH, City of Xenia, Central State University Extension, Ohio State University Extension Office, Greene CATS, Beavercreek Parks and Recreation, and Fairborn Parks and Recreation.

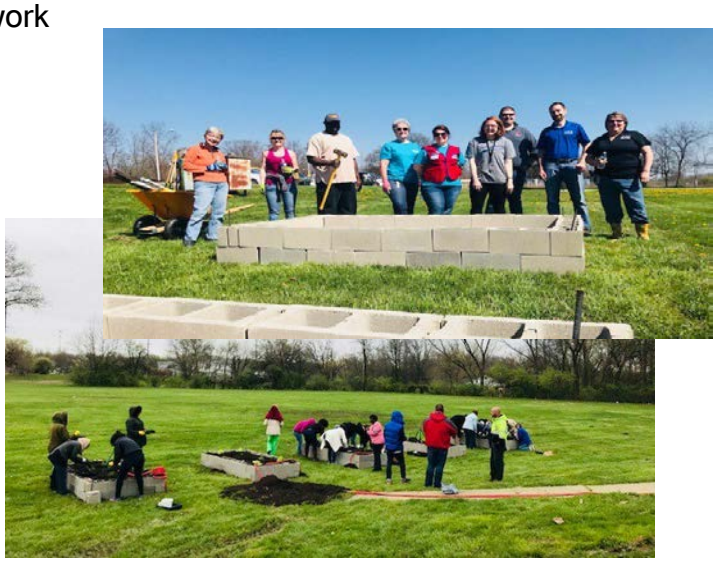
Strategy	Time Frame	Progress Summary
Establish a Coalition or Collaborative around eating well and moving more	January 2018-September 2018	Completed: Community Roots coalition was convened in November 2017.
Point-of-decision (POD) prompts for physical activity: including resources and incentives to make healthy food choices	January 2018 – June 2019	In-progress: POD signs posted in GCPH 9/2018 (see images on this page). No data collected to date.

[1] 2017 Greene County Community Health Assessment, pg. 72. http://www.gcph.info/about-us/accreditation
[2] Health People 2020 Leading Health Indicators, https://www.healthypeople.gov/2020/data-search/midcourse-review/lhi
[3] County Health Rankings, Greene County, Ohio, http://www.countyhealthrankings.org/app/ohio/2018/rankings/greene/county/outcomes/overall/snapshot

Strategy	Time Frame	Progress Summary
Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution	March 2018 – November 2018	Not Started
Partner with current initiatives to enhance the promotion of physical activity and healthy eating	April 2018 - January 2019	In-progress: An assessment of all current initiatives addressing nutrition and physical activity will be conducted.

Next Steps

The Community Roots coalition would like to add the following the strategy listed in the table below. This is a new strategy that came out of the workgroup discussion on October 3rd. The coalition has been working on a community garden in Lexington Park in Xenia, OH (see park photos below) and would like to expand this work through CHIP implementation. Community gardens were reviewed in the initial CHIP work as an evidence-based practice.[4] Produce provided to the community as well as the number of participants in educational opportunities provided regarding the garden will be tracked. Community Roots will be working to further develop this strategy. Additional community assets and resources will be needed for this work. Potential new partners include Greene County Parks and Trails and the YMCA.



Strategy	Time Frame	Progress Summary
Community Gardens	January 2019- September 2019	New Strategy

[4] 2017 Greene County Community Health Improvement Plan, pg. 27. http://www.gcph.info/about-us/accreditation and County Health Rankings http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-gardens.

Priority 2: Mental Health & Substance Abuse

Goal: Greene County residents can access prevention, treatment and support services they need to reduce and manage substance abuse and mental health issues.

About this priority

From 2010 to 2015, there was a 63% increase in unintentional drug overdose death in Greene County. Individuals served in the public behavioral health system being treated for opioid dependence and/or addiction increased by 424% during this same time (2010-2015).[5] In the 2017 Community Health Improvement Plan (CHIP) an age-adjusted death rate per 100,000 was used as the indicator. At the time of the CHIP report, 2015 data was used and Greene County had a rate of 29.6 and Ohio had a rate of 27.2. The objective was to reduce the rate from 29.6 to 26.9 by 2019. This matched up with the Ohio Department of Health (ODH) 2019 target.[6] Going forward a crude rate will be used when measuring unintentional drug overdose deaths, this will allow us to have more comparative data reporting when working with regional partners. As an update, the crude rate per 100,000 for Greene County in 2016 was 26.7 and 34.9 for Ohio. The objective going forward will be to reduce the rate from 26.7 to 24.7 by 2019. This will align with the decrease proposed by ODH as well as our local Collective Impact partners working on this issue with the goal of reducing drug overdose deaths by 50% by 2025.

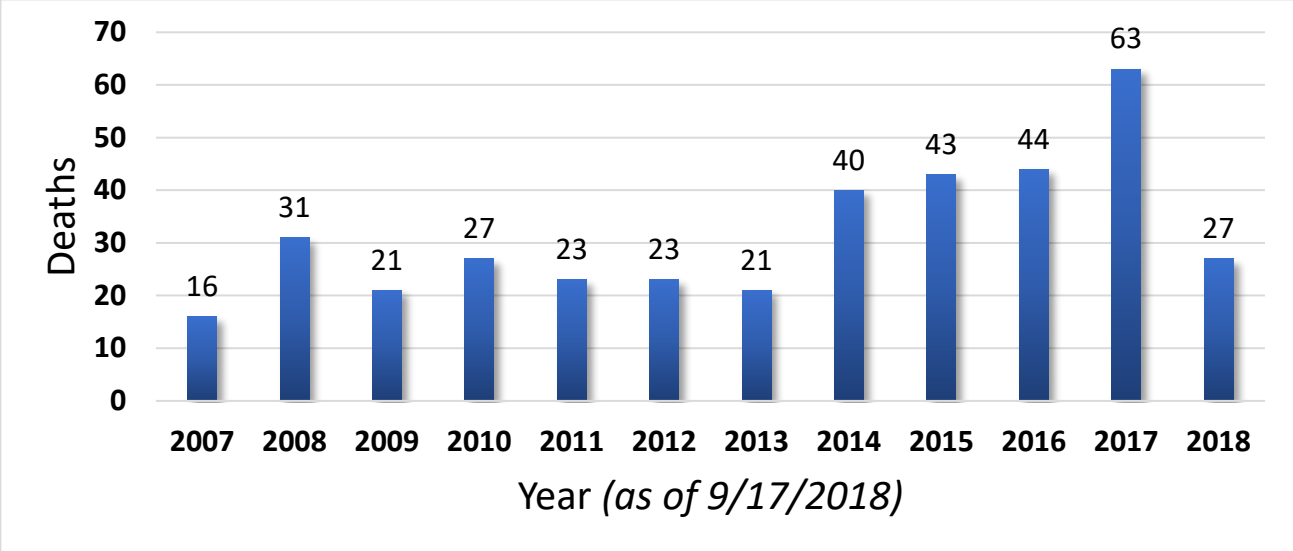


Figure 2 Unintentional Drug Overdose Death Greene County, Ohio

[5] 2017 Greene County Community Health Assessment, pg. 65.http://www.gcph.info/about-us/accreditation
[6] 2017-2019 State Health Improvement Plan, pg. 11
https://www.odh.ohio.gov/en/odhprograms/chss/HealthPolicy/ship/State-Health-Improvement-Plan

Progress

The Ohio Department of Health Vital Statistics data is used to monitor progress on this objective. The rate of unintentional drug overdose deaths has fluctuated from 26.2 per 100,000 (2015) to 26.6 (2016) to 37.8 in 2017.[7] Although there was a steep increase from 2016 to 2017, preliminary data for 2018 shows a noticeable decrease. To further explain this data, counts of unintentional drug overdose deaths are provided at the bi-annual steering committee meetings and at Greene County Drug-Free Coalition meetings (see figure 2 on page 9). The data updates help mobilize interventions focused on the communities most at risk for drug overdose death.

Greene County Collective Impact members: Mental Health & Recovery Board of Clark, Greene and Madison Counties, Greene County Public Health, United Way, TCN Behavioral Health, Greene County Educational Service Center, Family and Children First Council, Greene Memorial Hospital/Soin Medical Center, Greene County Department of Job and Family Services and Greene County Sheriff's Department

Strategy	Time Frame	Progress Summary
Collective Impact: collaborative commitment of agencies from various sectors to address a targeted social issue.	December 2017 – January 2019	In-progress: Two Collective Impact trainings in January and May 2018, Bi-weekly Steering Committee Meetings since July 2018.
Integrate public health data and healthcare system clinical data (e.g. link Vital Statistics data with other data systems)	January 2018 - December 2019	Ongoing: Data presentation bi-annually at Greene Co. Drug Free Coalition by Greene County Public Health

[7] Ohio Public Health Data Warehouse, http://publicapps.odh.ohio.gov/EDW/DataCatalog

Next Steps

Public Health will continue to provide data presentations bi-annually at Greene Co. Drug Free Coalition meetings. In January of 2019, the Greene County Collective Impact group will present a model for workgroups to the Greene County Drug Free Coalition. These workgroups would implement the work to establish the five components of Collective Impact (see Figure 3). Several initiatives of the Collective Impact participating organizations are already making an impact. Initiatives include Project Dawn trainings, Prescription Drug Disposal Bag distribution, Safe Trade Syringe Exchange Program and an annual forum. New CHIP strategies will be developed based on the Collective Impact work. Initial discussions of root causes in the 2017 CHIP identified a need for common messages for community development of harm reduction literacy and how to navigate the healthcare system. In addition, stimulant use in the community is increasing and there is a lack of proven medically assisted treatment options. Future development of strategies for stimulant users is needed. Potential strategies discussed at the October 3rd, 2018 steering committee meeting included:

Figure 3 Collective Impact Framework

- Expanding the number of Project DAWN trainings through promotion and incentives for individuals with substance use disorders, their friends and family.

- Campaign to promote slower injection to avoid overdose risk, Baltimore example: http://www.20secondssaves.org/

Priority 3: Maternal & Child Health

Goal: Women of childbearing age, teens and families in Greene County have equal access to high quality preventative and mental health education and care.

About this priority

Healthy People 2020 sets a national target of 77.9% of live births receiving first trimester prenatal care.[8] In 2015, only 73.8% of live births received first trimester care.[9] Historically Greene County has had higher numbers but in recent years there has been a decline. The objective for this priority is to increase first trimester prenatal care to 82.3% which was the percentage in Greene County in 2010. Further review of the data posed questions regarding the calculation, because exclusion of live births for which prenatal care status was not known (unknown) has affected reporting numbers. As reporting has improved, the number of unknowns has decreased which results in a better picture of the prenatal care status. The objective will remain the same, but the data will continue to be monitored for changes due to improved reporting.

Progress

Data regarding maternal and child health is provided by the Ohio Department of Health Vital Statistics Ohio Public Health Data Warehouse and is used for monitoring this objective.[9] The percentage of live births receiving first trimester prenatal care were reported as 73.8% (2015), 74.5% (2016) and 72.5% (2017).

[8] Health People 2020 Leading Health Indicators, https://www.healthypeople.gov/2020/data-search/midcourse-review/lhi

[9] Ohio Public Health Data Warehouse, http://publicapps.odh.ohio.gov/EDW/DataCatalog

Maternal & Child Health workgroup members: Greene County Public Health, Greene Educational Service Center and Greene County Department of Job & Family Services

Strategy	Time Frame	Progress Summary
Public Message Campaign	January 2018 - January 2019	In-Progress: Drafted flyers (see images on page 12) for distribution with feedback sought from partners in the Early Childhood Coordinating Committee and a focus group of young women.
Partner Prenatal Care Promotion Toolkit	January 2019 - December 2019	In-Progress: Attended state meeting to gain additional information about potential resources available. Workgroup members will be attending the March of Dimes training on the IMPLICIT Interconception Care Toolkit on November 15, 2018.

Next Steps

Data is needed for the public message campaign to help target the distribution to the mothers most likely to not get first trimester prenatal care. In pursuing information regarding a partner prenatal care toolkit, members of this group discovered information that may cause a strategy change. The interconception toolkit listed in the table below would be used with prenatal care providers. More information is needed to develop this strategy.

Strategy	Time Frame	Progress Summary
IMPLICIT (Interventions to Minimize Preterm and Low Birthweight Infants using Continuous Improvement Techniques) Interconception Care Toolkit[10]	January 2019-December 2019	New Strategy

[10] March of Dimes, https://www.marchofdimes.org/professionals/implicit-interconception-care-toolkit.aspx

Priority 4: Injury Prevention

Goal: A community of active people, free of chronic injuries from falls, out and about on bike paths, smooth sidewalks, and pot hole-free streets in well-lit areas.

About this priority

In 2015, there was a rate of 8.7 deaths per 100,000 due to falls.[11] The Healthy People 2020 national target is 7.2 per 100,000.[12] The objective is to decrease fall related deaths by 10% to 7.8 per 100,000 by 2019.

Progress

Fall related deaths are recorded by the Ohio Department of Health Vital Statistics and are used to monitor this objective. The rate of fall deaths per 100,000 have been 8.7 (2015), 6.7 (2016) and 10 (2017).[10] This data demonstrates an increase in the number of deaths. A challenge with this priority is that there are many known causes of falls but no data to support a primary cause of falls in Greene County.

Workgroup members: Greene County Council on Aging (GCCOA), Greene County Public Health and Greene County Department of Developmental Disabilities

Strategy	Time Frame	Progress Summary
Research Agenda/Data Development: seek out additional or develop collection of data.	March 2018 – September 2019	In progress: A survey was developed and distributed at two GCCOA *Slips, Trips and Falls* presentations (pictured above).

Next Steps

Updates to Ohio Department of Health databases have resulted in changes that could allow for easier review of data. This will allow for the local Epidemiologist to identify fall related risks specific to the county. In addition, the Greene County Board of Developmental Disabilities has provided data regarding falls among their client population that could inform future fall prevention interventions. Strategies proposed include: education to targeted populations and further surveying at Greene County Council on Aging programs.

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[11] Ohio Public Health Data Warehouse, http://publicapps.odh.ohio.gov/EDW/DataCatalog

[12] Health People 2020 Leading Health Indicators, https://www.healthypeople.gov/2020/data-search/midcourse-review/lhi

REPORT SUMMARY

A Community Health Improvement Plan (CHIP) is a community-wide strategic plan for health. No individual organization can do this work alone – it is collaborative. In 2018 the Growing Healthy Together Steering Committee began working collaboratively on these strategies along with beginning to build infrastructure to sustain this work. Great strides have already been made toward turning the curve on these health priorities. Below is a table summarizing the status of each priority and associated objective.

Priority	Objective	Indicator	Status
Chronic Disease: Obesity	**Decrease** the % of obese adults from 31% (2013) to 29% by 12/19	• 31% (2013) • 32% (2014)	Increase 
Injury Prevention: Falls	**Decrease** the rate of fall deaths/100,000 from 8.7 (2015) to 7.8 by 12/19.	• 8.7/100,000 (2015) • 6.7/100,000 (2016) • 10/100,000 (2017)	Increase 
Mental Health & Substance Abuse: Unintentional Drug Overdose	**Decrease** the rate of unintentional drug overdose deaths/100,000 from 26.2 (2015) to 23.6 by 12/19.	• 26.2/100,000 (2015) • 26.6/100,000 (2016) • 37.8/100,000 (2017)	Increase 
Maternal & Child Health: Prenatal Care	**Increase** the % of women seeking 1st trimester prenatal care from 73.8% (2015) to 82.3% by 12/19.	• 73.8% (2015) • 74.5% (2016) • 72.5% (2017)	Decrease 

What's Next: 2019?

In 2019, it will be important to continue to build a culture of collaboration that emphasizes a planned and inclusive approach that supports both individual organizations' visions and the vision outlined in the CHIP. There is still a lot of work to do, some of the work that will be occurring in 2019 includes:

- Online assessment data access through the Network of Care website
- Assign performance measures to strategies
- Selection of additional evidence-based strategies

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