



ANNUAL REPORT 2019

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.

Values: Collaboration, Inclusivity, Environment and Resiliency

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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 2019 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. Various 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 began implementation of the CHIP by establishing specific roles, setting regular meetings and a consistent reporting schedule. Each area established is outlined below.

Roles and Responsibilities

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.

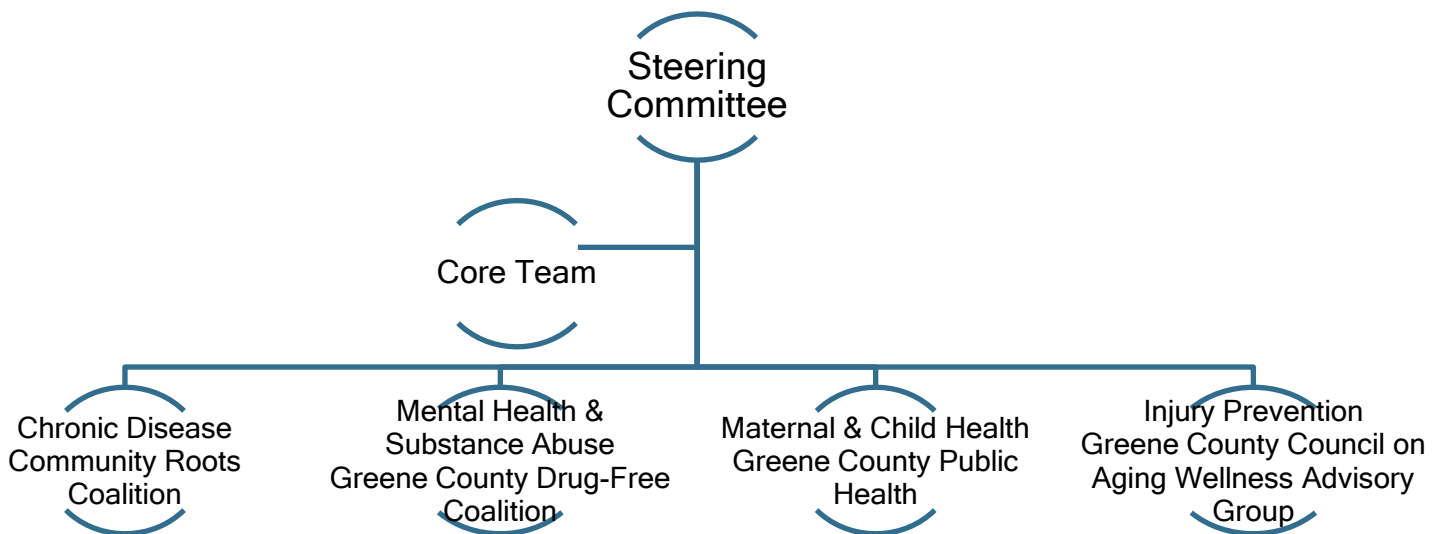


Figure 1 Sustainability Chart

Meetings

Meetings for organizations in these roles include:

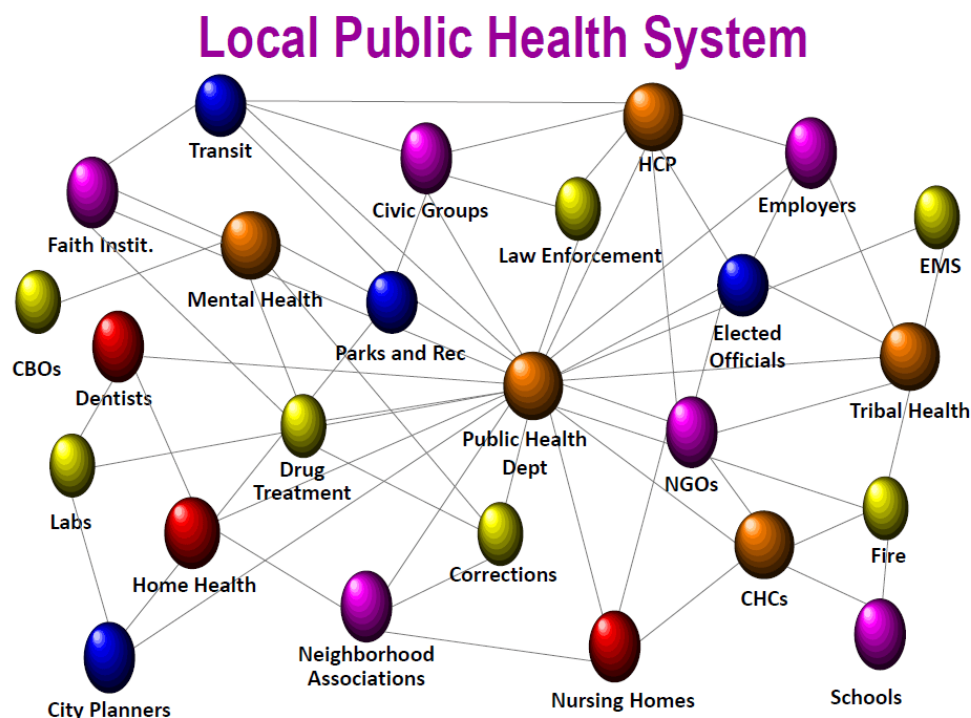
- Steering Committee, Bi-annual
- Core Team, Monthly
- Coordinating Entity, Quarterly
- Workgroup, Monthly or Quarterly based on group

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 needed.

PROGRESS ON CHIP PRIORITY AREAS

In 2018, the progress was focused on building the infrastructure of Growing Healthy Together Greene County. This infrastructure included the sustainability chart (see page 3), establishing regular meetings, developing a name and logo and establishing regular reporting. In 2019, we have focused on the development of performance measures to improve reporting and new data to support implementation of strategies. Major successes in implementation across the priority areas include:

- Priority 1 Chronic Disease: Partnership with Neighborhood Night Out led to promotion of the Community Roots coalition's community garden in Xenia's Lexington Park.
- Priority 2 Mental Health & Substance Abuse: Hiring a Director of Community Impact who established the collective impact framework with a steering committee and multiple Drug Free Coalition workgroups.
- Priority 3 Maternal & Child Health: Implemented social media and community campaign to promote seeking prenatal care early.
- Priority 4 Injury Prevention: Established a new partnership with Greene Memorial Hospital to promote fall prevention including two community events.



The following sections summarize the results of the evaluation process from page five and includes information about each priority, including the goal, progress and next steps.

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 The Healthy People 2020 national goal is to reduce 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 this objective. From 2014 to 2015 there was a decrease in obesity among adults (the target population) from 32% to 30%.³ For obesity, the data is older so we used a baseline of 31% which was a 2013 data point

reported in 2017 by County Health Rankings, when we completed the initial Community Health Assessment. The reduction to 30% in 2015 shows us that there is a potential that obesity is moving in the right direction, but it may be several years before we know for sure.



The following table outlines the progress for each specific strategy.

The responsible party for this work is the Community Roots coalition led by Greene County Public Health (GCPH).

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, <https://www.countyhealthrankings.org/app/ohio/2019/rankings/greene/county/outcomes/overall/snapshot>

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

Strategy	Activities	Measures	Update	Status
Point of Decision Prompts	Get commitment from 6 organizations to implement	% that were able to implement	4 posted out of 8 asked (50%): Posted: GCPH, Central State University, Ohio State University and Greene CATS. Declined: Fairborn Library, Clark State. No Further Progress: Wright State University and City of Xenia	Complete
	Survey participants	% indicating positive impact	75% (3/4)	Complete
Fitness Opportunities (Physical Activity)	Sponsor local fitness opportunity	# sponsored	1 (Xenia Full/Half Marathon)	Complete
	Participate and provide health information to runner's and their families at fitness opportunity	# reached # interested in Spring Has Sprung 5K	1200 runners 7 signatures/emails	Complete
	Host family fitness challenge	# reached	52 children	Complete

Strategy	Activities	Measures	Update	Status
Neighborhood Night Out (NNO)	Promote NNO events	% who heard about the event from a GCPH communication	Not Assessed	Not Assessed
	Conducting 3 events	# attendees	5/21/19 (400 attendees) 8/27/19 (250 attendees) 9/10/19 (100 attendees)	Complete
Community Garden	Promote Garden Sessions	# flyers distributed	50	Complete
		% who heard about the event from a GCPH communication	2 (event 5/14/19) 7 (Facebook event for 8/15/19); Discussed at fair	Complete
	Conduct three education sessions	# attendees	5/14/19: 12 attendees, 5/29/19 cancelled due to rain 7/16/19: 4 attendees 8/15/19: 16 attendees	Complete
		% satisfied with education	Not assessed	Not assessed
	Harvest garden	Pounds of food harvested	7/16/19 (20 lbs.) 8/15/19 (40 lbs.)	Complete

Next Steps

The Community Roots coalition has made progress in all four strategies outlined. For future sustainability, the coalition will continue to be led by Health Educator, Jillian Drew from Greene County Public Health. The work on the garden will transition to a sustainable model where community members rent plots. This model will be facilitated by coalition partners. The Point of Decision Prompts have been posted and are the responsibility of each agency to update and maintain. Community Roots will continue to participate in the annual Neighborhood Night Out activities. In 2020, there will be a 5K hosted by Greene County Public Health and will be supported by the coalition.



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).⁴ In the 2017 CHIP, 2015 data was used, and Greene County had 43 deaths due to overdose. The objective was to reduce the count from 43 to 39 (10% reduction) by 2019.



Progress

The Ohio Department of Health Vital Statistics data is used to monitor progress on this objective. The counts are displayed in the chart below. Although the 2018 data is not final, we are seeing the potential that the data will trend down from the peak in 2017.

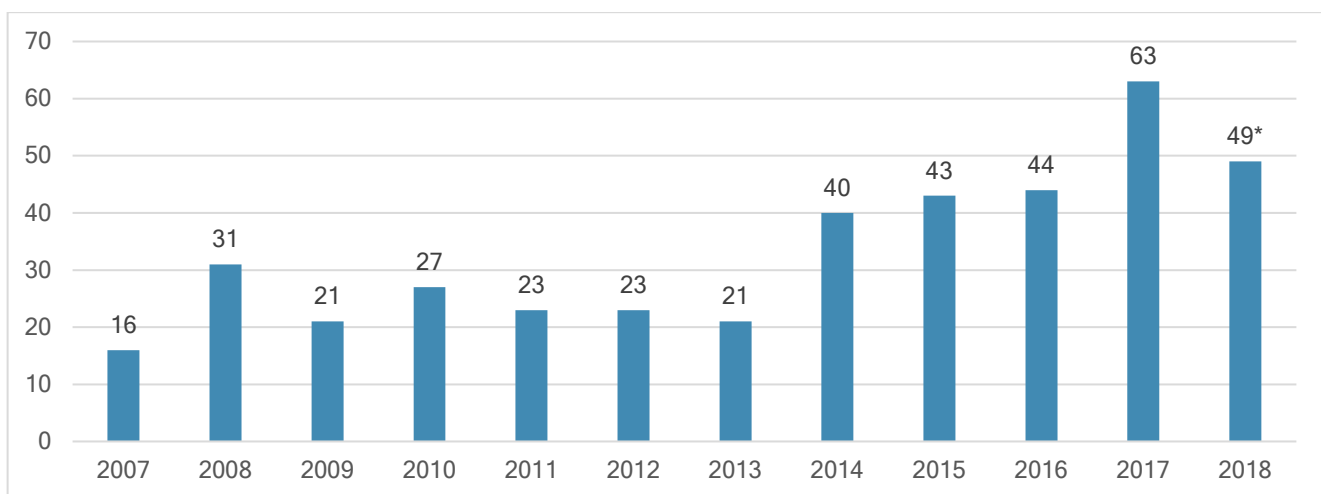


Figure 2 Unintentional Drug Overdose Death Greene County, Ohio ^{*Preliminary}

⁴ 2017 Greene County Community Health Assessment, pg. 65. <http://www.gcph.info/about-us/accreditation>

Strategy	Activities	Measures	Update	Status
Naloxone Distribution	Distribute naloxone kits to law enforcement officers	# of kits distributed	Q1: 27 Q2: 17 Q3: 42	Complete
		# of known reversals (estimates)	Q1: 22 Q2: 18 Q3: 17	Complete
	Distribute naloxone kits in community-based settings	# of people trained	Q1: 147 Q2: 152 Q3: 113	Complete
		# of kits distributed	Q1: 182 Q2: 199 Q3: 140	Complete
		# of reversals	Q1: 12 Q2: 10 Q3: 37	Complete
		% of kits going to someone at risk of overdose or their immediate friend or family member	Q1: 55% Q2: 66%	Complete
Start distributing naloxone to inmates discharged from Greene County Jail	# of kits distributed	No Progress	No Progress	
Syringe Exchange	Syringe exchange programs	# of programs	Q1: 1 Fairborn Q2: Xenia (opened 6/5/19) and Fairborn	Complete
	Distribute syringes	# distributed	Q1: 2251 Q2: 3266 Q3: 3092	Complete

Strategy	Activities	Measures	Update	Status
Collective Impact Workgroups	Drug coalition workgroup development	# of workgroups	All four workgroups have been meeting monthly developing goals and objectives for the Greene County DFC. Workgroup descriptions have been completed by workgroup Chairs. Number of workgroup meetings: (4) workgroups x 3 months =12 meetings	Complete
	Establish regular meetings of workgroups	# of regular meetings established	Workgroup meetings are currently being scheduled on a month-to-month basis by the workgroup chairpersons.	In Progress
	Establish objectives for workgroups	# of workgroup objectives	Workgroup objectives are still being developed as of August 2019.	In Progress
	Provide public health data (such as overdose death data) to support coalition	# of presentations provided	1 Presentation provided on 3/14/19	Complete

Next Steps

The Greene County Drug Free Coalition is continuing to build the collective impact framework. A steering committee has been established and they are working on a vision and mission. By April of 2020 a community action plan will be developed by the committee to lead the work of the coalition in implementing collective impact initiatives. Data collected in the 2020 Community Health Assessment will support decision making for the community action plan. The Mental Health and Recovery Board will be working with Ohio State University researchers on the HEALing Communities grant sharing evidence-based community strategies to address the opioid epidemic. Greene County Public Health has increased sustainability of the syringe exchange and Narcan distribution programs by hiring a full-time Health Educator for this work.

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



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.⁵ In 2015, 73.8% of live births received first trimester care.⁶ 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.



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), 71.1% (2016) and 72.2% (2017), during the 2017-2019 CHIP implementation period.

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

⁵ Health People 2020 Leading Health Indicators, <https://www.healthypeople.gov/2020/data-search/midcourse-review/lhi>

⁶ Ohio Public Health Data Warehouse, <http://publicapps.odh.ohio.gov/EDW/DataCatalog>

Strategy	Activities	Measures	Update	Status
Public Message Campaign	Distribute flyers to internal and external stakeholders	# of flyers distributed	175 distributed, to 5 agencies: 50 to Children's Services/JFS;25 to Greene ESC ;25 to FYI Parenting network; 50 to Five Rivers; 25 to GRADS	Complete
		# of programs or agencies distributing flyers	5 agencies Children's Services/JFS, ESC, FYI Parenting Network, Five Rivers and GRADS	Complete
	Social media boosted ad campaign	# of posts	Facebook posted the advertisement for the month of August	Complete
		# of shares (post engagement)	245	Complete
		# reach	7230	Complete
		Demographics reached	129 (women), 115 (Men), 18-44 (Age) Analytics show a majority 18-24 Women	Complete
	Sharing provider resources	# calls received	No calls have been received.	Complete
		Call demographics	N/A	No Progress
		# of referrals	N/A	No Progress

Strategy	Activities	Measures	Update	Status
Access to Care	Obtain provider appointment scheduling data	# with openings— Insurance Accepted	Response (number of providers) Most major insurances (5), All major except: Buckeye & Aetna (2), All major insurances except: Molina, UNHC, any aftermarket (1), All major except: Caresource, TriCare/VA, Humana and Molina (1), All major, anything Kettering accepts (1)	Complete
		# with 1 st trimester appointment availability— Time to Get Appointment	# Weeks (# locations): 8-10 (6), 4 (2), 7-8 (1), 2 (1)	Complete

Next Steps

The focus of this priority was the public message campaign. In the development of the campaign, there was a need to develop a new strategy to understand access to care. This included updating measures to reflect information needed. Through the health assessment process and discussions of the workgroup members with the target population, women provided feedback on the initial design of the campaign noting barriers to care that included the differences among providers in availability of appointments and they type of insurance accepted. This information was collected and recorded so that public health staff could connect women who called due to the campaign with providers. It was also utilized to determine the specific populations to boost the social media campaign. Unfortunately, through the flyer distribution with community organizations and the social media campaign, there were no calls received. However, there was a lesson learned that there is a need to develop personal relationships to help move people into early care. Utilizing relationships built through early childhood community programs like Help Me Grow, Moms Quit for Two, GRADS, and early head start. We will continue to develop our capabilities with social media as an emerging and innovative tool to link pregnant women to early prenatal care.



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.⁷ The Healthy People 2020 national target is 7.2 per 100,000.⁸ The objective is to decrease fall related deaths by 10% to 7.8 per 100,000 by 2019. This goal as a death count is to reduce from 19 deaths (2015) to 17 by 2019.

Progress

Fall related deaths are recorded by the Ohio Department of Health Vital Statistics and are used to monitor this objective. The death count due to falls is 19 (2015), 14 (2016) and 22 (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, Greene County Department of Developmental Disabilities and Greene Memorial Hospital



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

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

Strategy	Activities	Measures	Update	Status
Educational Outreach	Develop an info card	% of calls received based on seeing the info card # developed	2 cards were developed by Greene County Public Health worked with Ohio Dept. of Aging and Greene County Council on Aging and printed on May 21st	Complete
	Meet with responders	# of distributors	3 (Greene County Public Health, Greene County Council on Aging, Greene Memorial Hospital)	Complete
	Provide info cards	# distributed	200 (Circle of Victory);100 (fair/festivals)	Complete
	Distribution	% distributed (distributed/provided) # of events card were provided at	3 (Circle of Victory, Senior Palooza, Greene County Fair)	Complete
Slips, Trips and Fall Presentation Promotion	Promote presentation on social media	# reached or # of shares	Greene County Council on Aging tracks and promotes this program.	Removed
	Schedule presentations at local senior centers	% of members reached (could look at registration or ask on survey)		
	Modify falls survey or presentation to assess impact	% willing to make a change due to program		
	Review associated data on grab bar installation	% of grab bars installed based on presentation		

Strategy	Activities	Measures	Update	Status
Phone Call Check Program	Collect current call process information	# of calls # and type of questions asked	The Xenia center is the only senior center that conducts this program.	Removed
	Review call info and propose changes or additions regarding falls resources	# and type of questions asked		
	Collect call data	% of referrals to resources # and type of unmet needs		
FALL Program	10 Million Steps Walk	# of attendees	22 attendees (56,012 steps)	Complete
	Lunch & Learn	# of attendees	8 attendees	Complete

Next Steps

Cards were created and distributed with information that was based on vital statistics data and a survey that the Greene County Council has been conducting at their events. This was distributed at community events across the county (pictured on the right, top (front of card) and bottom (back of card)). Also, a fall prevention walk and lunch and learn were conducted during fall prevention awareness month in partnership with Greene Memorial Hospital. It is important to note that items listed as removed were due to further development of other initiatives in the group. Sustainability of this work will come from partners leadership to continue to collaborate on initiatives annually during the month of September (fall prevention awareness month).



Did you know?

OVER 60% OF FALL RELATED DEATHS IN GREENE COUNTY OCCUR IN THE HOME.



Find local resources by contacting the

Greene County Council on Aging

937-376-5486

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

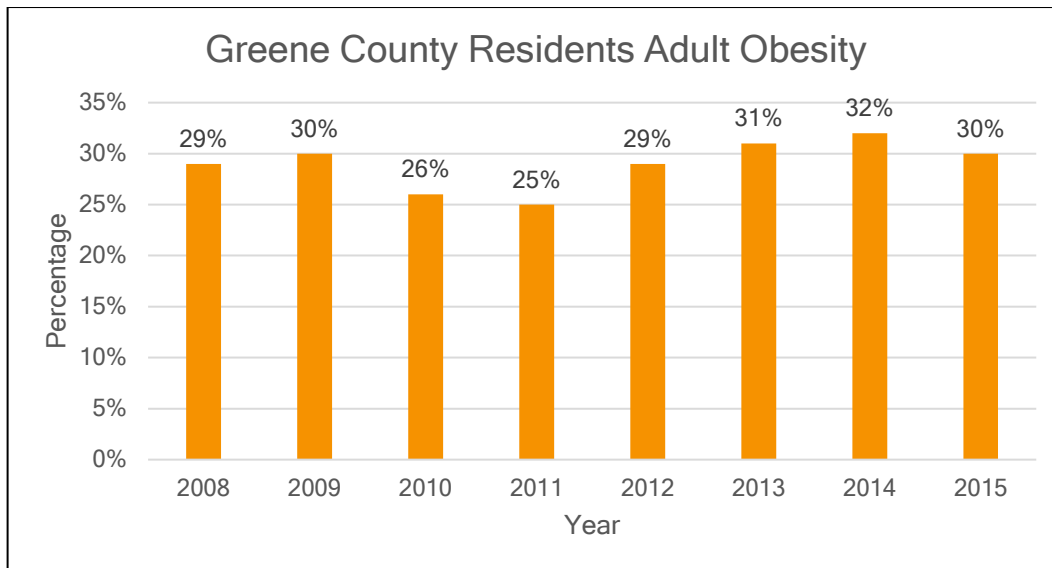


REPORT SUMMARY

A CHIP is a community-wide strategic plan for health. No individual organization can do this work alone — it is collaborative. In 2019 after a year of building the committee's infrastructure and initial implementation of strategies, the Growing Healthy Together Steering Committee continued the collaborative work on strategies to address the four priority areas. As the 2020 CHIP is developed, this information and progress will be crucial to future success in improving health outcomes for residents. Below is a table summarizing the status of each priority and associated objective. On pages 23 and 24 there are charts detailing the trends for each area.

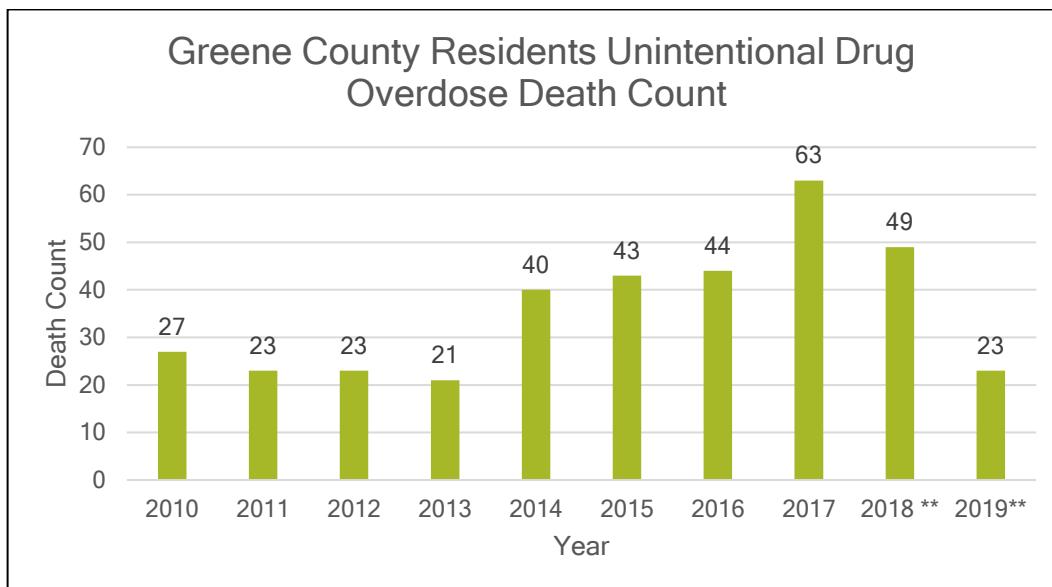
Priority	Objective	Indicator
Chronic Disease: Obesity	<u>Reduce</u> the % of obese adults from 31% (2013) to 29% by December 2019.	<ul style="list-style-type: none"> • 31% (2013) • 32% (2014) • 30% (2015)
Mental Health & Substance Abuse: Unintentional Drug Overdose	<u>Reduce</u> the rate of unintentional drug overdose deaths/100,000 from 26.2 (2015) to 23.6 by December 2019. (By death count the goal is 43 (2015) down to 39)	<ul style="list-style-type: none"> • 43 (2015) • 44 (2016) • 63 (2017) • 49 (2018) *
Maternal & Child Health: Prenatal Care	<u>Increase</u> the % of women seeking 1 st trimester prenatal care from 73.8% (2015) to 82.3% by December 2019.	<ul style="list-style-type: none"> • 73.8% (2015) • 71.1% (2016) • 72.2% (2017)
Injury Prevention: Falls	<u>Reduce</u> the rate of fall deaths/100,000 from 8.7 (2015) to 7.8 by December 2019. (By death count the goal is 19 (2015) down to 17)	<ul style="list-style-type: none"> • 19 (2015) • 14 (2016) • 22 (2017)

Priority 1 Chronic Disease: Obesity



Source: County Health Rankings, Robert Wood Johnson Foundation, 2019

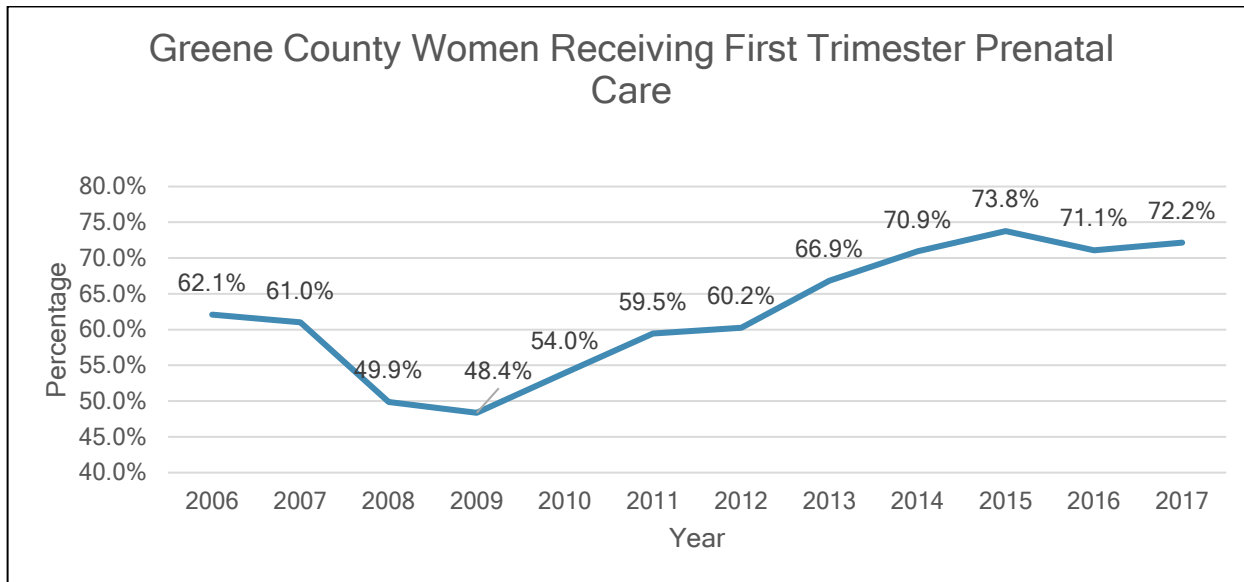
Priority 2 Mental Health & Substance Abuse: Unintentional Drug Overdose



** incomplete data

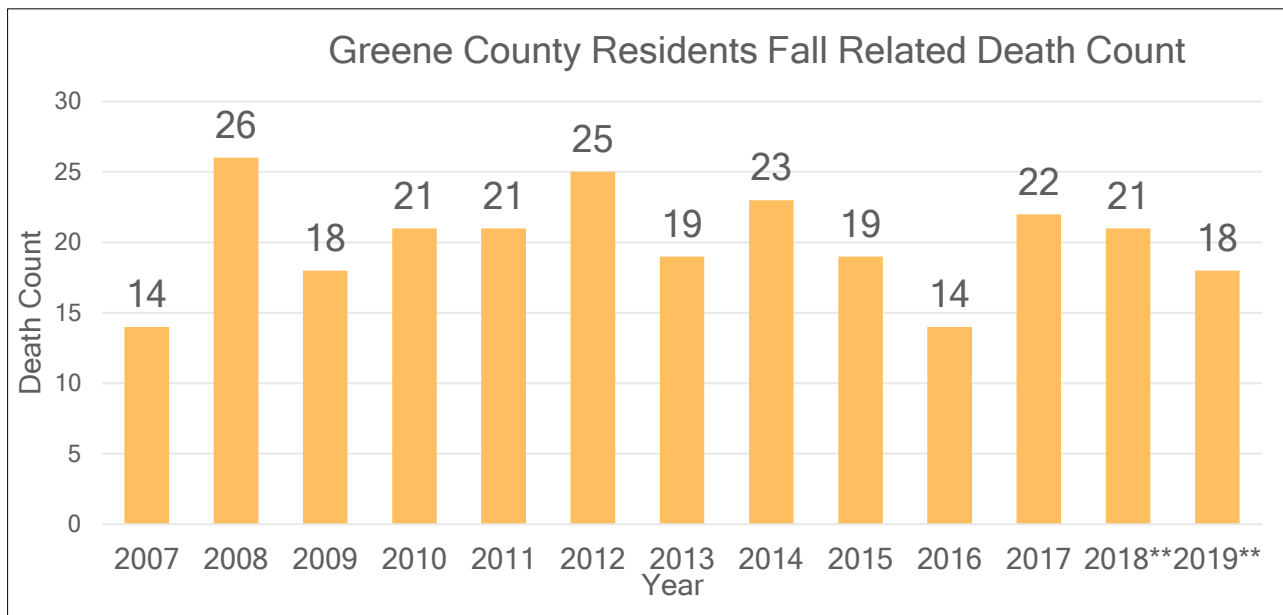
Source: Ohio Department of Health Public Health Data Warehouse, Vital Statistics, 2019

Priority 3 Maternal & Child Health: 1st Trimester Prenatal Care



Source: Ohio Department of Health Public Health Data Warehouse, Vital Statistics, 2019

Priority 4 Injury Prevention: Falls



** incomplete data

Source: Ohio Department of Health Public Health Data Warehouse, Vital Statistics, 2019

EVALUATION

The October 23rd, 2019 Steering Committee meeting served as an opportunity for the evaluation of CHIP strategies. During the meeting, attendees answered the questions listed below for each of the four priorities.

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 is sustainable** (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?)
4. What value added, or **community benefit** comes from this work?

Priority 1: Chronic Disease	
<p style="text-align: center;"><u>Major Successes</u></p> <p>Community Garden – introduced community to vegetables and had a large harvest, Neighborhood Night Out Events received funding from Kroger, Trust was gained with the community and among agencies and Partner offered ideas to adapt the Point of Decision Prompts (Greene CATS)</p>	<p style="text-align: center;"><u>Barriers/Challenges</u></p> <p>Getting residents interested in community garden, Point of Decision Prompts – getting agencies to commit or asking more agencies, Mindset that obesity is not a disease, Large number of activities, Flexibility in Point of Decision Prompt implementation (places without stairs), Old obesity data, Would like to see policies, systems and/or environmental change for chronic disease and Hard to know how to reach the non-active or non-healthy eating people</p>
<p style="text-align: center;"><u>Sustainability</u></p> <p>Community garden will have individual plot ownership through rentals, Neighborhood Night Out will be implemented by City of Xenia with continued partnership from Greene County Public Health and OSU Extension and Xenia Marathon and Spring Has Sprung 5K are dependent on partnerships</p>	<p style="text-align: center;"><u>Community Benefit</u></p> <p>Community partnerships (cross systems collaboration), Community Trust, Prevention Focus, Education and Community target/focus based on need ex. food desert</p>

Priority 2: Mental Health & Substance Abuse	
<p style="text-align: center;"><u>Major Successes</u></p> <p>Hiring Director of Community Impact, Braided funding (diversified) from United Way, Kettering Health Network and Mental Health and Recovery Board of Clark, Greene and Madison Counties, Number of people trained in collective impact, Number of opioid overdose reversals, Shift in attitudes toward naloxone and decrease in stigma, Ability to capitalize on public awareness and Syringe distribution (creation of two locations)</p>	<p style="text-align: center;"><u>Barriers/Challenges</u></p> <p>Missing youth survey data has impacted potential funding, Increase in homeless population in the City of Xenia with mental health and substance use disorders, Youth involvement in prevention is a work in progress (TCN goes out into the schools), Business investment, current workforce and Collective Impact process is slow and difficult to keep people engaged</p>
<p style="text-align: center;"><u>Sustainability</u></p> <p>Naloxone work is growing, joint settlement funds coming but not sure how they will be dispersed, HEALing communities grant includes naloxone funding, technical assistance for the drug free coalition, data assistance and other potential funding, TCN and DeCoach are agencies focused on this issue and Collective Impact will have a 2020 Sustainability Plan</p>	<p style="text-align: center;"><u>Community Benefit</u></p> <p>Saving Lives, Decrease in overdose, increased reversals, Raised awareness of substance misuse, Stigma reduction and Family stabilization and Economic impact</p>

Priority 3: Maternal & Child Health	
<p style="text-align: center;"><u>Major Successes</u></p> <p>Secured money from health district for social media campaign, Collected data and developed resource (intern worked on this), Cross system collaboration and Creation of a marketing campaign (trauma informed and linking to priority 2 including integration of risk)</p>	<p style="text-align: center;"><u>Barriers/Challenges</u></p> <p>Two-member group, had a lot that they did (need more membership), No calls received, Additional goals difficult to reach, limited time available to work on this, Structure of healthcare system is inconsistent among providers, Figuring out how to reach women who are not currently pregnant and Large goal (need more accurate data)</p>
<p style="text-align: center;"><u>Sustainability</u></p> <p>Commitment of those involved and Finding how to braid funding</p>	<p style="text-align: center;"><u>Community Benefit</u></p> <p>Raised awareness, Social media utilization (learning new forms of communication), Collaboration and Identify gaps</p>

Priority 4: Injury Prevention	
<u>Major Successes</u>	<u>Barriers/Challenges</u>
Info card provided to the community, Collaboration among community partners, Outreach to larger network than planned and Lunch and learn added strategy	Accurate data (hospital data), Priority around injury prevention while goal discussed death, Knowledge and workplace injury, Narrow focus of objective, Public Awareness, Involvement and Assignment of individual responsibility
<u>Sustainability</u>	<u>Community Benefit</u>
Move the fall prevention walk around the county each year, Policy Development – Slips, Trips and Falls (ESC workers safety, continuing education), Collaboration with Greene County Council on Aging due to their mission and Broader shared ownership of injury prevention (different populations)	Cost savings (community and workplace), New partnership/relationship, Services for seniors and Focus in on objectives

Evaluation Summary

Overall a common theme regarding success in the priority areas was the cross-sector collaboration. This collaboration is the foundation of all the CHIP work. A theme of the barriers included the limited public awareness or ownership in some cases. For mental health and substance abuse, the opposite was true. The public awareness has aided this work. Sustainability across the priorities is dependent on continued collaboration. The community benefit was noted as saving lives, saving money, building collaboration and awareness. This evaluation allows us to look at the future CHIP work as an opportunity to continue to build collaborations around increasing public awareness for change that maximizes community benefit. It will be important to clearly define success for future work and facilitate shared ownership by collaborators to change goals, objectives and strategies to ensure community benefit.

WHAT'S NEXT: 2020?

In August of 2019 we began initial meetings to reassess the health of the community. The CHA process has begun, and results will be shared at a community meeting in the Spring of 2020. It is important that the progress on the 2017-2019 CHIP priorities outlined in this report is considered in planning the 2020 CHIP work. The coordinating entities have developed plans for sustainability that could lead to continued work of the steering committee in some of the same priority areas moving forward. However, we will cautiously approach priority setting along with all stakeholders based on the updated CHA data in 2020.

ACKNOWLEDGEMENTS

THANK YOU! To the following people who made contributions to CHIP implementation:

Adriane Miller, Mental Health & Recovery Board of Clark, Greene & Madison Counties

Alicia Cormier, TCN Behavioral Health Services, Inc.

Amanda Castro, Greene County Educational Service Center

Ann Poortinga, Layh & Associates

Ashley Steveley, Greene County Public Health

Beth Rubin, Greene County Department of Job and Family Services

Brent Lewis, Greene County Family & Children First Council

Brian Forschner, City of Xenia

Cheyenne Silvers, Greene Memorial Hospital & Soin Medical Center

Deirdre Owsley, Greene County Public Health

Don Brannen, Greene County Public Health

Grace Schoessow, Greene County Educational Service Center

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Jeff Brock, Greene Memorial Hospital & Soin Medical Center

Jeff Schairbaum, Greene County Council on Aging

Jeff Webb, Greene County Public Health

Jessica Saunders, Dayton Children's Hospital

Jillian Drew, Greene County Public Health

Karen Puterbaugh, Greene County Council on Aging

Ken Collier, Greene CATS Public Transit

Kirsten Bean, Greene County Public Health

Laurie Fox, Greene County Public Health

Trevor Corboy, Ohio State University Extension

Melissa Green, Greene County Board of Developmental Disabilities

Melissa Howell, Greene County Public Health

Natalie Sherry, Greene Memorial Hospital

Nicole Switzer, United Way of Greater Dayton

Pam Hamer, Greene County Public Health

Robyn Fosnaugh, Greene County Public Health

Sheryl Wynn, Greene County Public Health

Susan Finster, Greene County Council on Aging

