2024

COMMUNITY HEALTH ASSESSMENT

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ACKNOWLEDGEMENTS

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INTRODUCTION

The 2024 Darke County Community Health Assessment (CHA) serves as a vital tool in understanding and addressing the health challenges faced by our community. Conducted collaboratively by the Darke County General Health District and several Darke County community agencies listed in the acknowledgements section, this assessment provides a comprehensive overview of the current health status, needs, and priorities of Darke County residents.

In an ever-evolving healthcare landscape, it is essential to identify the key health issues impacting our population, ranging from chronic diseases and mental health concerns to access to healthcare services and social determinants of health. This assessment draws on data collected from community surveys, focus groups, and health indicators to paint a holistic picture of our community's health.

By engaging with community members and organizations, we aim to foster a collective response that prioritizes health equity and improves overall well-being. The findings from this CHA will guide strategic planning, resource allocation, and the development of targeted interventions to enhance health outcomes for all residents of Darke County which will be laid out in the Community Health Improvement Plan. Together, we can build a healthier future for our community, ensuring that every resident has the opportunity to thrive.

Steps followed to complete this CHA:

1) Planning and Organization

The process began with an initial series of meetings where the committee collaboratively discussed the goals and scope of the assessment. During these meetings, the committee identified key stakeholders within the community, including local healthcare providers, public health experts, and residents. They outlined the specific health data needed to evaluate the county's health status, including metrics on disease prevalence, access to healthcare, and health disparities.

The committee set clear objectives for the assessment, such as identifying the most pressing health issues facing Darke County, understanding the social determinants of health, and prioritizing resources. They also planned the data collection methods, which included surveys, focus groups, and analysis of existing health data, ensuring a comprehensive understanding of both the qualitative and quantitative aspects of the community's health.

To ensure broad community involvement and engagement, the planning committee also discussed strategies for outreach, ensuring that statistically underrepresented populations were included in the assessment process. A timeline was created, outlining specific milestones for data collection, analysis, and reporting. Follow-up meetings were scheduled to track progress, make adjustments as needed, and address any challenges that arose. The planning process emphasized collaboration, flexibility, and community input, with the aim of producing a health needs assessment that would provide actionable insights for improving public health services in Darke County.

2) Data Collection

The data collection process for the CHA involved a comprehensive approach to gathering both quantitative and qualitative data from a variety of sources to ensure a well-rounded understanding of the health needs in the community. Data collection helps understand the factors and root causes that contribute to higher health risks and poorer health outcomes.

Primary Data Collection

Primary data collection is the process of gathering information directly from the original source, rather than relying on pre-existing data. It involves collecting new, firsthand data relevant to a specific purpose. The CHA the primary data collection process was structured around collecting information firsthand by conducting an online community survey, a regional survey, and a series of focus groups.

Community Survey

A community survey distributed physically and electronically was designed to capture a wide range of health-related information from residents throughout Darke County. The survey was made accessible to the general public and distributed through various platforms, including social media, the Darke County General Health District website, and local community organizations. The survey aimed to gather data on key health topics, such as chronic diseases, mental health, access to healthcare services, health behaviors, and social determinants of health. This survey was critical in reaching a large number of community members and ensuring that a diverse group of respondents contributed to the assessment.

Regional Survey

A regional survey conducted by the Greater Dayton Area Hospital Association and its member hospitals. The results of this survey will help local agencies address areas of key health problems and also create more awareness of the needs of your community.

Focus Group 1

To gather more in-depth, qualitative insights, two focus groups were held at the LGBTQ+ Community Center of Darke County. These sessions provided an opportunity for members of the LGBTQ+ community and allies in Darke County to discuss their unique health needs, challenges, and experiences. The focus group format allowed participants to share their perspectives on issues such as mental health, access to culturally competent care, and the social stigma they may face in healthcare settings. This was especially important in understanding how marginalized populations experience health and healthcare differently, ensuring their voices were represented in the overall assessment.

Focus Group 2

A focus group was also held at the Grace Resurrection Community Center's Soup Kitchen in Darke County. This group specifically focused on individuals who may face socio-economic challenges, such as those experiencing food insecurity, homelessness, or low-income living. Participants were invited to discuss their healthcare needs, access to services, and the barriers they face in maintaining their health. The focus group provided valuable insights into the intersection of poverty, health, and access to care in the county. This session helped to highlight the critical needs of vulnerable populations in Darke County and further contributed to understanding health disparities within the community.

Secondary Data Collection

Secondary data collection is the process of reviewing data that has already been collected and available for use by others. The CHA secondary data was collected from sources such as the U.S. Census Bureau, Darke County Sheriff's Office, Feed America, Community Health Rankings, etc.

3) Analyze and Interpret Data

In this step of the CHA, analyzing and interpreting a variety of data sources to identify the health needs and priorities of the community was completed. The data collected includes both primary data from local and regional surveys, insights from focus groups, and secondary data from official reports such as the U.S. Census Bureau and County Health Rankings. Some data was compared over a period of years in an effort to show a trend. Data was also correlated with Healthy People 2030, which sets data-driven national objectives to improve health and well-being over the next decade.

4) Community Stakeholder Involvement

In this step, key health issues were identified through in-depth discussions with key stakeholders. These stakeholders included local healthcare providers, public health officials, community leaders, and representatives from social service organizations. These individuals brought a range of expertise and lived experience, allowing for a comprehensive understanding of health issues from multiple angles—medical, social, and cultural. The goal of these discussions was to gather diverse perspectives on the most pressing health challenges facing the community.

5) SWOT Analysis

After identifying the key health issues, a strength, weaknesses, opportunities, and threats (SWOT) analysis was completed. This analysis enables stakeholders to assess internal and external factors that can impact health outcomes, identify areas for improvement, and highlight opportunities for growth. A survey was distributed to key stakeholders to collect their expertise. By identifying strengths, weaknesses, opportunities, and threats, the community can develop targeted strategies to leverage its assets, address gaps in services, and mitigate challenges. This process not only informs the identification of key health priorities but also lays the foundation for developing actionable health strategies that are well-informed by the local context, which is necessary for creating the Community Health Improvement Plan.

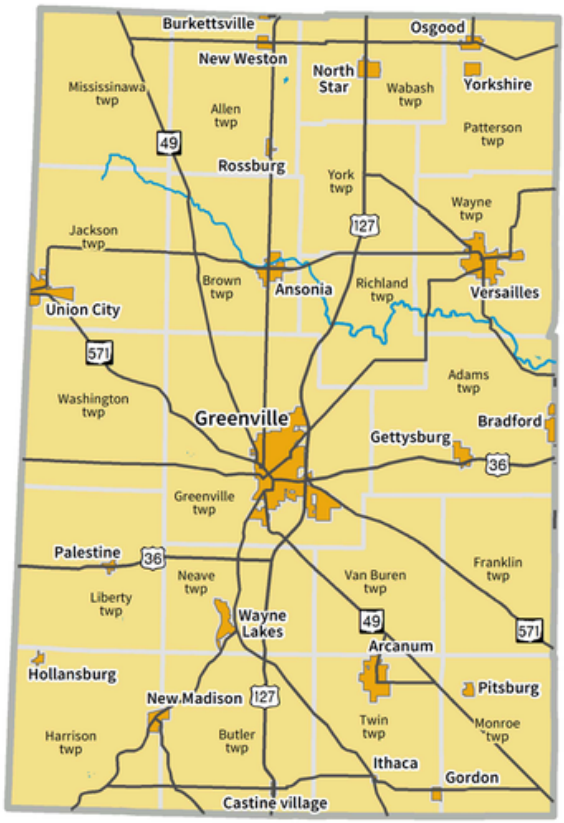
6) Distribute Community Health Assessment

After completing the SWOT analysis, the CHA was completed. The final report was shared with key stakeholders, including local healthcare providers, government agencies, community organizations, schools, and policymakers, to inform their decision-making and guide health initiatives. In addition, the CHA is available to the general public through digital platforms, such as the Darke County General Health District website and social media pages. Printed copies may also be distributed at public meetings, health clinics, libraries, and other community centers to ensure that residents without internet access can still engage with the findings.

COMMUNITY PROFILE

Darke County was founded in 1809 and named after General William Darke, an officer in the American Revolutionary War. Darke County is located in the western region of Ohio and is home to 51,571 residents.[1] Darke County's northern edge borders mostly Mercer County with a small portion bordering Auglaize County, its eastern edge borders both Shelby County and Miami County, while its southern edge borders mostly Preble County with a small portion bordering Montgomery, all in Ohio. Darke County's western edge borders several Indiana counties, mostly Randolph County with small portions bordering Jay County and Wayne County.

Darke County is a primarily agricultural county consisting of 599.9 square miles, making it the 7th largest county in Ohio. More specifically, a breakdown of the county's land use includes: 82.8% of cultivated crops, 8.4% of developed land, 6.1% of forest, 1.8% of pasture/hay land, 0.4% of shrub/scrub and grasslands, 0.3% of wetlands, 0.2% of open water, and 0.1% of barren land.[2] Darke County is the top county in Ohio in crops and livestock, poultry, and products produced.[3]



Darke County's population is distributed among 1 city, 20 villages, and 19 townships. The City of Greenville is the most populated with 12,696 residents and is the county seat.[2] The top 3 most populous villages includes: Versailles (pop. 2,714), Arcanum (pop. 2,328), and Union City (pop. 1,574).[2] The top 3 most populous townships includes: Greenville Township (pop. 4,336), Adams Township (pop. 2,111), and Wayne Township (pop. 1,735).[2]

A notable native includes Annie Oakley, a famed 19th century markswoman who performed with Buffalo Bill's Wild West Show, who was born in Darke County. One notable attraction includes Eldora Speedway, a high-banked clay oval track hosting short-track racing including the Dirt Late Model Dream, Kings Royal, and World 100. Another notable attraction includes the Great Darke County Fair, beginning each year on the third Friday of August and hosting an average of 250,000 fair goers each year.

Darke County Population Trends

Table 1: Total Population and Projected Population Trends

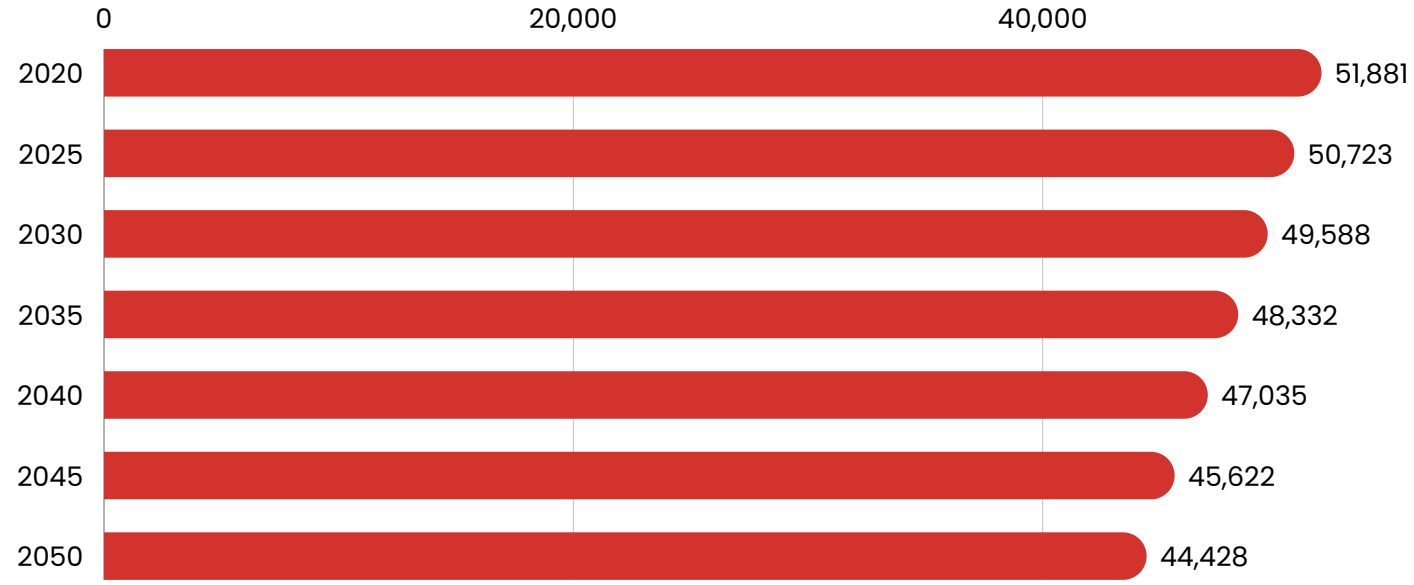
		Darke County	Ohio
Total Population		51,571	11,774,683
Population Trends	2020	51,881	11,799,448
	2025	50,723	11,765,739
	2030	49,588	11,694,767
	2035	48,332	11,574,119
	2040	47,035	11,425,531
	2045	45,622	11,267,043
	2050	44,428	11,123,896

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022 and Ohio Department of Development, Population Characteristics and Projections, 2020-2050

In 2020, Darke County's population was said to be 51,881 individuals. It is projected that Darke County's population will steadily decline over the following 30 years, with the population of Darke County being 44,428 individuals by 2050.[4] This would be a **decline of 7,453 or 14.4%** in population. Similarly, the State of Ohio is also expected to have a steady decline over the following 30 years. In 2020, the State of Ohio's population was 11,799,448, and by 2050 the population is projected to be 11,123,896.[4] This would be a **decline of 675,552 or 5.7%** in population.

Only 14 of the 88 counties in Ohio are projected to have an overall population growth by 2050. The Ohio Department of Development projects the population decline to be due to current rates of fertility, mortality, and migration. Specifically, low fertility rates and the increase in resident deaths related to the aging of Ohio's 2.6 million baby boomers.[4]

Figure 1: Projected Population Trends for Darke County, 2020-2050



Source: Ohio Department of Development, Population Characteristics and Projections, 2020-2050

Table 2: Projected Youth Population Trends, 2020-2050

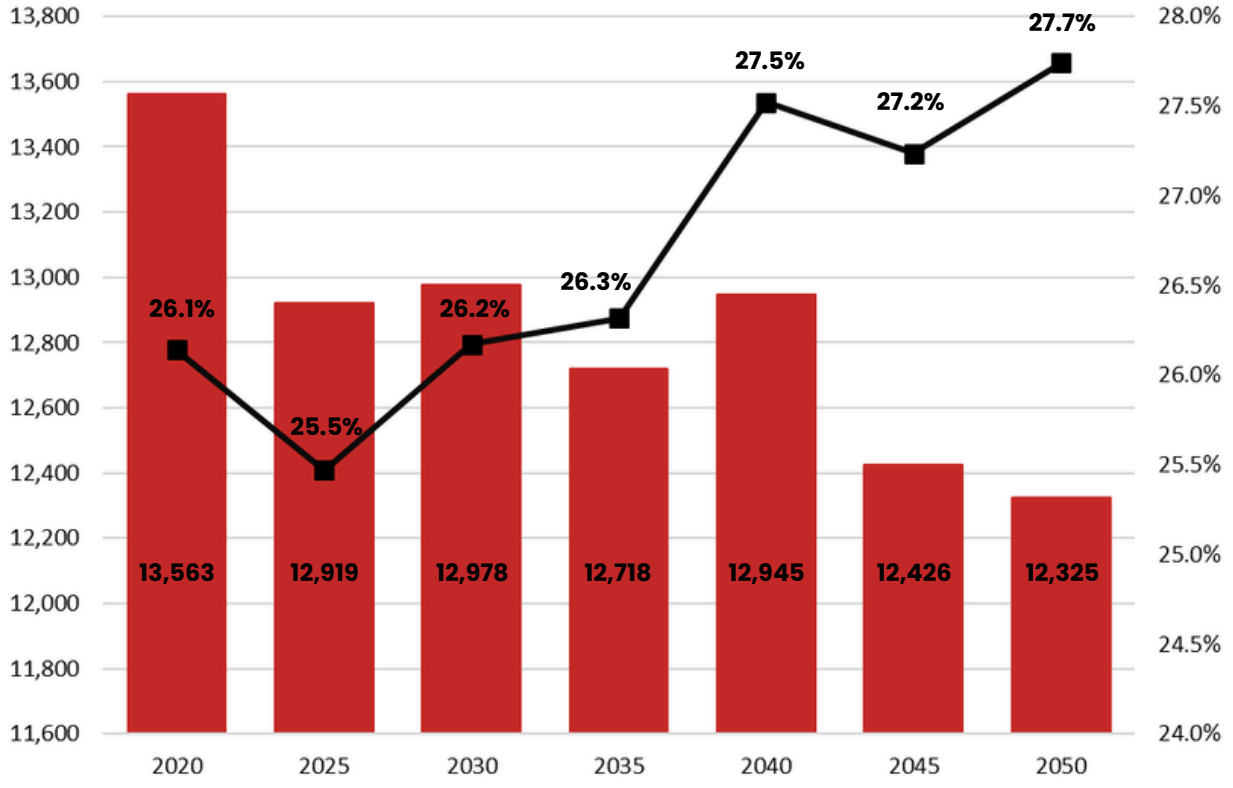
		Darke County		Ohio	
		0 to 19	% Population	0 to 19	% Population
Youth Population Trends	2020	13,563	26.1%	2,940,088	24.9%
	2025	12,919	25.5%	2,864,909	24.3%
	2030	12,978	26.2%	2,846,174	24.3%
	2035	12,718	26.3%	2,799,358	24.2%
	2040	12,945	27.5%	2,780,321	24.3%
	2045	12,426	27.2%	2,725,739	24.2%
	2050	12,325	27.7%	2,692,738	24.2%

Source: Ohio Department of Development, Population Characteristics and Projections, 2020-2050

The total youth population in Darke County age 0 to 19 years is projected to **decline** by a rate of **9.1%** from 2020 through 2050.[4] However, when the total youth population is compared to the total population in Darke County, the youth rate is projected to slightly increase over the next 30 years.

In comparison, the total youth population in Ohio age 0 to 19 years is projected to **decline** by a rate of **8.4%** from 2020 through 2050.[4] When the total youth population is compared to the total population in Ohio, the youth rate is projected to remain static over the next 30 years.

Figure 2: Projected Youth Population Trends for Darke County, 2020-2050



Source: Ohio Department of Development, Population Characteristics and Projections, 2020-2050

Table 3: Projected Senior Population Trends, 2020-2050

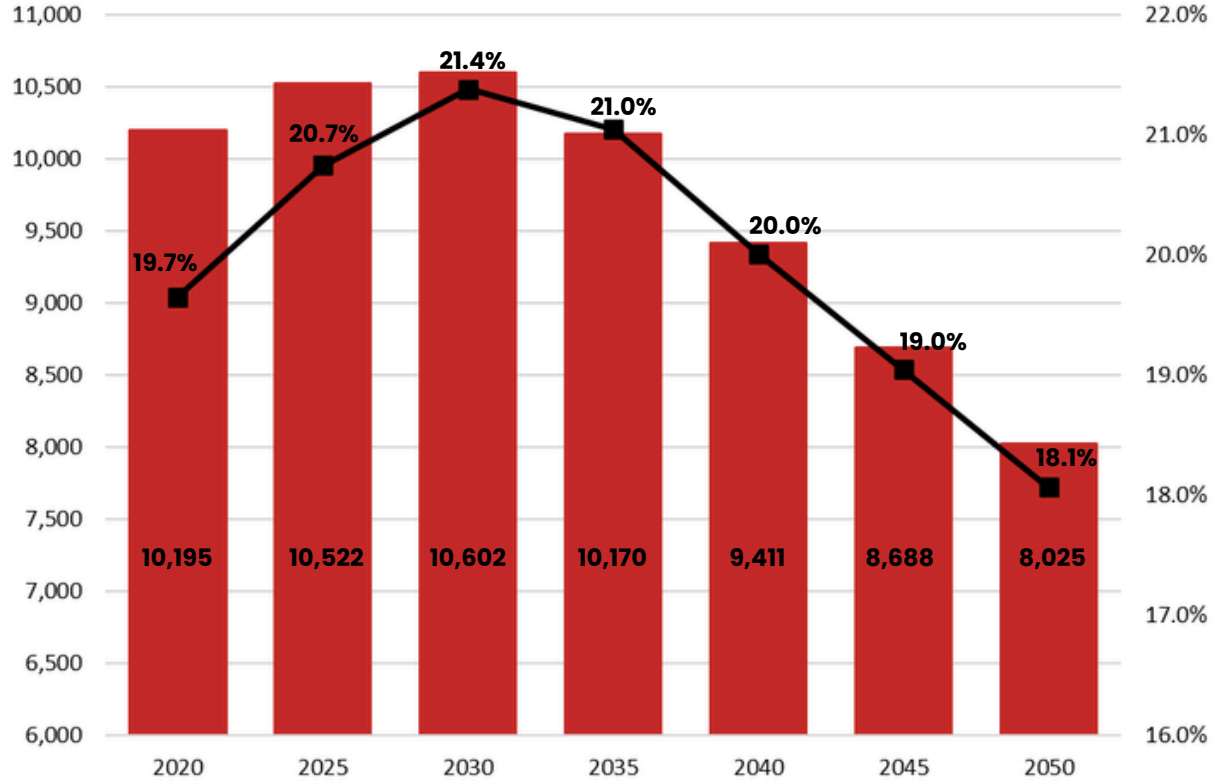
		Darke County		Ohio	
		65+	% Population	65+	% Population
Senior Population Trends	2020	10,195	19.7%	2,047,720	17.4%
	2025	10,522	20.7%	2,205,277	18.7%
	2030	10,602	21.4%	2,275,493	19.5%
	2035	10,170	21.0%	2,223,923	19.2%
	2040	9,411	20.0%	2,120,160	18.6%
	2045	8,688	19.0%	2,009,596	17.8%
	2050	8,025	18.1%	1,959,822	17.6%

Source: Ohio Department of Development, Population Characteristics and Projections, 2020-2050

The total senior population in Darke County, age 65 years and older, is projected to **decline** by a rate of **21.3%** from 2020 through 2050. When the total senior population is compared to the total population in Darke County, the senior rate is projected to slightly increase before decreasing over the next 30 years. This increase can be correlated with the baby boomer population reaching the age of 65 years and older.[4]

In comparison, the total senior population in Ohio, age 65 years and older, is projected to **decline** by a rate of **4.3%** from 2020 through 2050. When the total senior population is compared to the total population in Ohio, the senior rate is projected to slightly increase and then remain static over the next 30 years.[4]

Figure 3: Projected Senior Population Trends for Darke County, 2020-2050



Source: Ohio Department of Development, Population Characteristics and Projections, 2020-2050

Darke County Resident Characteristics

Table 4: Resident Demographics

		Darke County	Ohio
Gender	Male	50.1%	49.4%
	Female	49.9%	50.6%
Age	Under 18 Years	23.6%	22.0%
	18-24 Years	8.1%	9.2%
	25-44 Years	22.1%	25.3%
	45-64 Years	26.2%	25.9%
	65 Years and Over	20.0%	17.6%
Race	White	96.2%	78.8%
	Black/African American	0.7%	12.3%
	American Indian/Alaskan Native	0.0%	0.1%
	Asian	0.4%	2.4%
	Native Hawaiian/Other Pacific Islander	0.0%	0.0%
	Some Other Race	0.4%	1.3%
	Two or More Races	2.3%	4.9%
Ethnicity	Hispanic/Latino (Any Race)	1.7%	4.2%
	Not Hispanic/Latino	98.3%	95.8%
Marital Status	Never Married	25.0%	33.3%
	Now Married (Not Currently Separated)	57.7%	50.3%
	Divorced/Separated	12.4%	13.5%
	Widowed	7.5%	6.2%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Darke County has a **larger** population that is **under 18** years old and **65 years and over** than the State of Ohio. Most individuals within Darke County identify as white, not hispanic/latino, which is comparable to the majority of indivdiuals in Ohio. Over 50% of Darke County is currently married, while 25% has never been married.

Table 5: Resident Households

		Darke County	Ohio
Total Households	Total Number of Households	22,619	5,251209
	Occupied Households	93.0%	91.2%
	Vacant Households	7.0%	8.8%
Household Relationships*	Married-Couple Family Household	53.1%	45.0%
	With Own Children Under 18	19.2%	16.5%
	Cohabitating Couple Household	6.3%	7.5%
	With Own Children Under 18	2.4%	2.5%
	Male Householder, No Spouse Present	3.8%	4.8%
	With Own Children Under 18	2.5%	2.4%
	Female Householder, No Spouse Present	8.8%	12.1%
	With Own Children Under 18	4.7%	6.7%
Grandparents As Caregivers	Household with Grandparents Living with Grandchildren*	2.8%	3.8%
	*Household with Grandparent Responsible for Own Grandchildren Under 18 Years***	68.2%	52.9%
	*Household with Grandparent Not Responsible for Own Grandchildren Under 18 Years***	31.8%	47.1%
Household Size	Average Household Size	2.39	2.38
	Average Family Size	2.95	3.01
Ages of People Within Household*	Households with 1 or More People Under 18 Years	28.8%	28.5%
	Households with 1 or More People 60 Years and Over	45.1%	41.3%
Household Income*	Less than $20,000	14.0%	13.4%
	$20,000-$39,999	18.4%	16.3%
	$40,000-$59,999	17.5%	15.5%
	$60,000-$99,999	25.1%	23.2%
	$100,000-$149,999	14.7%	16.5%
	$150,000-$199,999	5.7%	7.4%
	$200,000 or More	4.6%	7.6%
Transportation	Households Without a Vehicle	5.0%	7.4%

**Denominator is total households **Denominator is households with grandparents living with grandchildren*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

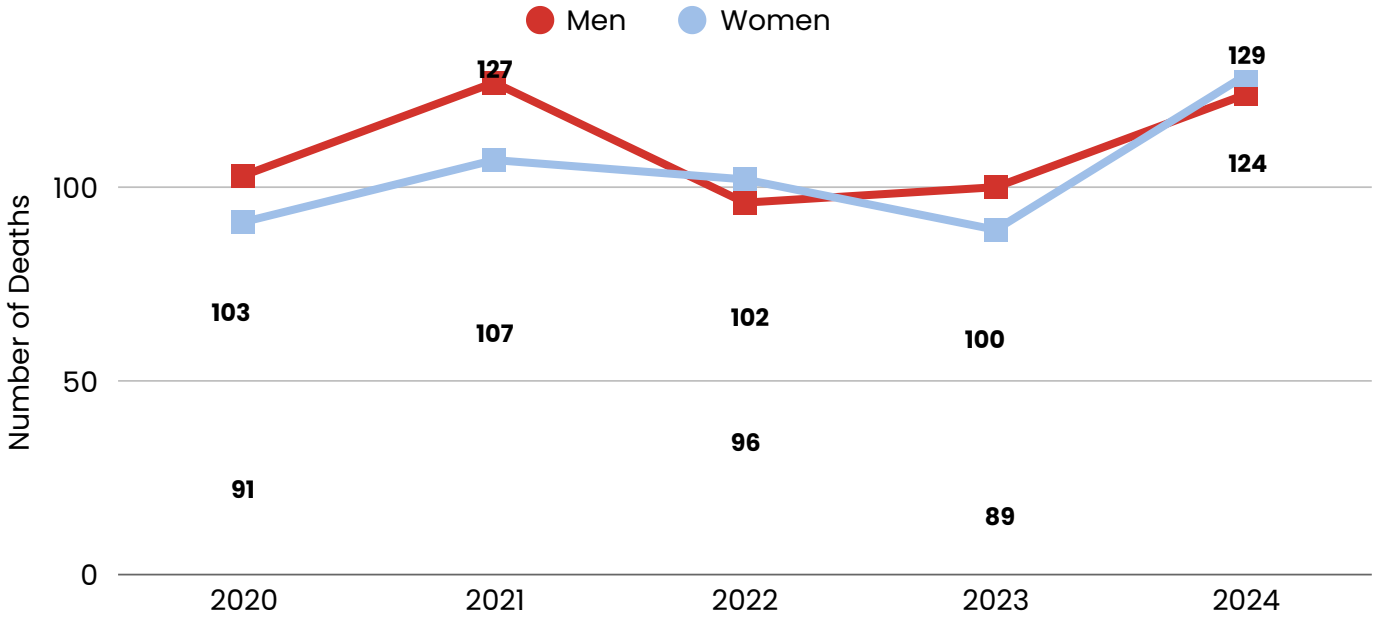
Over 50% of family **household** residences in Darke County are **married-couple**. Darke County has **15.3% more** households where a **grandparent** is **responsible** for their own **grandchildren** in comparison to the State of Ohio (68.2%, 52.9%). Many individuals in Darke County have an income between $60,000 and $99,999, which is comparable with individuals living throughout Ohio.

Darke County Chronic Disease

Cardiovascular Disease

Cardiovascular disease continues to be the **leading cause of death** in Darke County, and the United States, for **both men and women**.[5] Key risk factors of cardiovascular disease are high blood pressure, high cholesterol, and smoking.[6] Healthy People 2030 focuses on preventing and treating heart disease and stroke and improving overall cardiovascular health.[7]

Figure 4: Darke County Cardiovascular Disease Deaths, 2020-2024

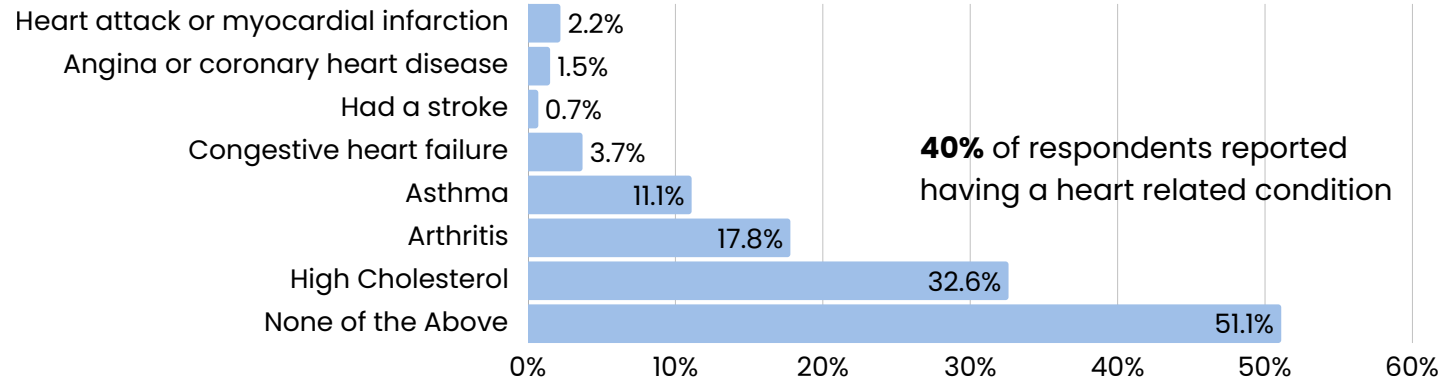


Source: Darke County General Health District Annual Reports, 2020-2024

In 2024, **35.6%** of surveyed Darke County residents reported they have been diagnosed with **high blood pressure**.[8] Heart disease and stroke can result in poor quality of life, disability, and death. Both can often be prevented by controlling risk factors such as high blood pressure and high cholesterol through treatment.[7] A strong majority, **91.6%**, of respondents from Darke County indicated they had their blood pressure taken by a medical professional in the previous 12 months while **82.2%** reported they have had their cholesterol checked in the past 2 years.[8]

Figure 5: Darke County Health Screenings

Has a doctor, nurse, or other health professional ever told you that you have any of the following?



Source: 2024 Greater Dayton Area Health Survey, Greater Dayton Area Hospital Association

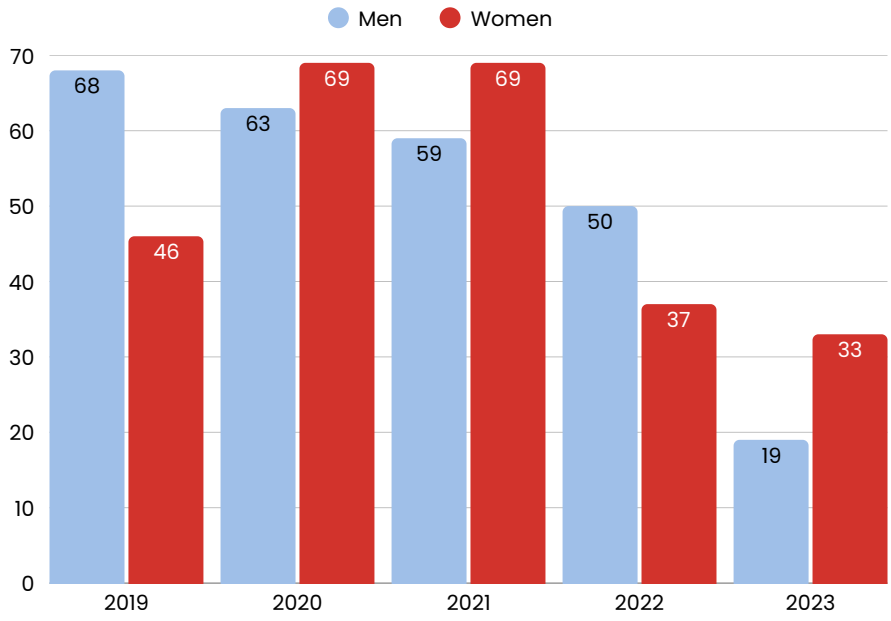
Respiratory Disease

During 2022, 6,807 Ohioans succumbed to chronic lower respiratory diseases, including chronic obstructive pulmonary disease (COPD), emphysema, and chronic bronchitis.[9] The American Lung Association's 2023 COPD State Briefs highlighted **Ohio's elevated burden of COPD**, noting that the state ranks among the **top 11 with the highest COPD prevalence rates** in the United States. In Ohio, approximately 793,185 adults have been diagnosed with COPD, and the disease contributes to over 6,300 deaths annually.[10]

Darke County recorded an average of 102.6 deaths per year due to chronic lower respiratory disease, from 2019-2023.[5]

These chronic lower respiratory disease conditions are often linked to risk factors such as smoking, environmental exposures, and limited access to preventive care. Healthy People 2030 emphasizes reducing illness and death from respiratory conditions by supporting tobacco cessation, improving air quality, and enhancing access to early diagnosis and effective treatment.[7]

Figure 6: Respiratory Disease Deaths Over the Past 5 Years



Source: Darke County General Health District Annual Reports, 2020-2024

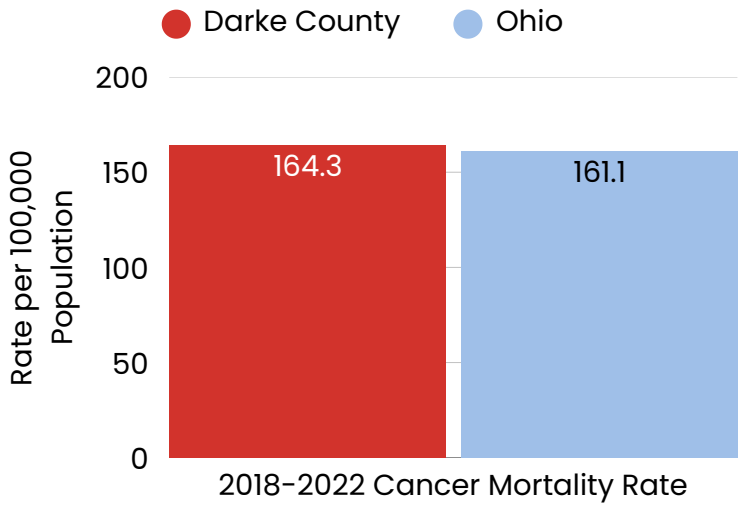
Over the past 5 years, the **trend** for deaths from respiratory disease deaths in Darke County is **falling**. This is comparable to individuals living throughout the State of Ohio.

In 2004, the Institute of Medicine found there was sufficient evidence to link indoor exposure to mold with upper respiratory tract symptoms, cough, and wheeze in otherwise healthy people; with asthma symptoms in people with asthma; and with hypersensitivity pneumonitis in individuals susceptible to that immune-mediated condition.[11] In the regional Greater Dayton Area Hospital Association survey, when asked "**In or around your household, which of the following do you think threatened you or your family's health in the past year**?" **5.2%** of respondents answered **mold** while **4.4%** chose **air quality**.[8]

Cancer

Cancer is the second leading cause of death in Ohio, accounting for nearly 1 in 5 deaths. From **2018-2022**, an average of **295** Darke County residents received an **invasive cancer** diagnosis. During that same time period, there was an average of **125 cancer deaths** each year.[12] Healthy People 2030 focuses on promoting evidence-based cancer screening and prevention strategies - and on improving care and survivorship for individuals with cancer.[7]

Figure 7: Darke County Cancer Mortality Rate, 2018-2022

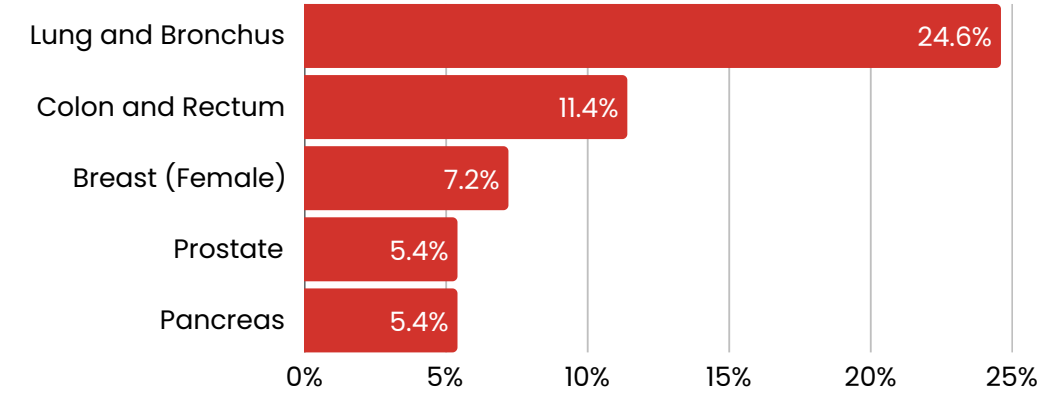


From 2018-2022, the cancer mortality rates were higher in males compared to females in Darke County. The overall cancer mortality rate for **Darke County** was **164.3** per 100,000 which was slightly higher than the State of **Ohio**'s overall cancer mortality rate at **161.1** per 100,000.[12]

*Source: Source: SEER*Stat Database: Mortality - All Cause of Death, Aggregated With County, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.*

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates can be higher for some cancer types and for some racial/ethnic minority groups. These disparities can often be linked to those affected by social determinants of health such as economic status and access to health care.[7]

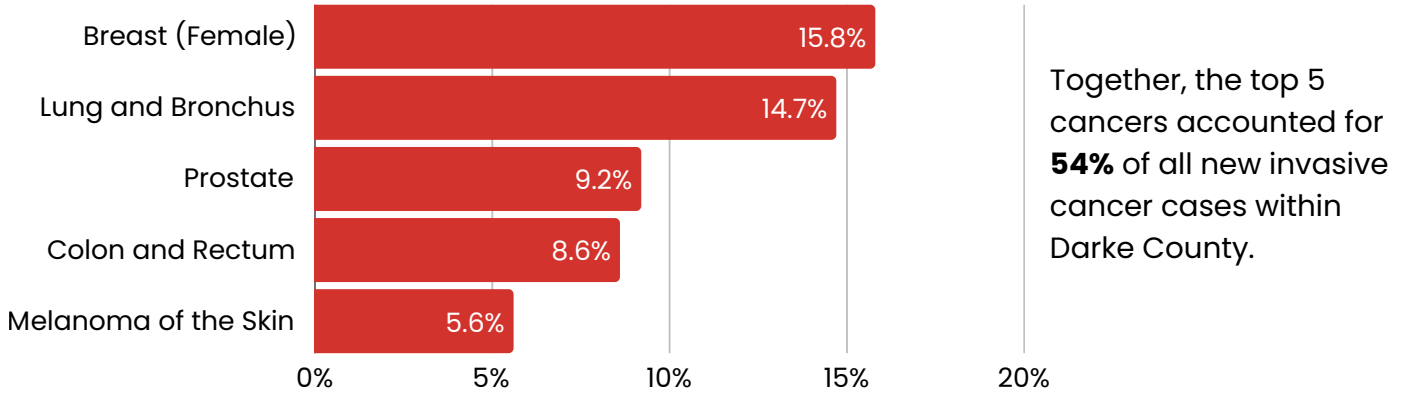
Figure 8: Percentage of Cancer Deaths by Site/Type for the Top 5 Cancers in Darke County, 2018-2022



Together, the top 5 cancers accounted for **54%** of all cancer deaths within Darke County.

*Source: Source: SEER*Stat Database: Mortality - All Cause of Death, Aggregated With County, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.*

Figure 9: Percentage of New Invasive Cancer Cases by Site/Type for the Top 5 Cancers in Darke County, 2018-2022



Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System, 2025

Interventions such as cancer screening tests can help reduce the number of cancer deaths. Other effective prevention strategies include programs that address risk factors associated with cancer. These include: increasing HPV vaccine use, preventing tobacco use and promoting quitting, and promoting healthy eating and physical activity.[7]

Survey results indicate that **64.4%** of women in Darke County reported receiving a clinical breast exam within the **past year or 2 years**. When asked about cervical cancer screening, **61.5%** of women said they had received a Pap smear, a test used to detect cervical cancer, within the past **1 to 3 years**.[8]

Table 6: Invasive Cancer Cases by Site/Type for Darke County, 2018-2022

	2018	2019	2020	2021	2022	Average
Bladder	21	24	11	16	9	16.2
Breast (Female)	46	37	51	48	51	46.6
Colon and Rectum	24	28	22	28	25	25.4
Kidney and Renal Pevis	12	17	10	15	15	13.8
Lung and Bronchus	40	53	39	46	39	43.4
Melanoma of Skin	22	11	11	17	22	16.6
Non-Hodgkins Lymphonma	17	19	11	9	13	13.8
Other Sites/Types	22	27	22	31	17	23.8
Prostate	30	29	24	38	15	27.2
Uterus	6	14	10	17	13	12.0

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System, 2018-2022

Table 7: Residents-Disability Information

		Darke County	Ohio
Disability Status*	Total With a Disability	13.5%	14.1%
	Under 18 Years	1.3%	1.2%
	18 to 64 Years	6.4%	7.2%
	65 Years and Over	5.9%	5.7%
Disability By Type**	Hearing Difficulty	27.1%	26.4%
	Vision Difficulty	15.5%	16.8%
	Cognitive Difficulty	37.7%	39.7%
	Ambulatory Difficulty	44.1%	48.7%
	Self-Care Difficulty	18.2%	17.3%
	Independent Living Difficulty	30.8%	33.9%
Languages Spoken***	Speak Only English	98.0%	92.3%
	Speak Language Other Than English	2.0%	7.7%
	Speak Spanish	0.8%	2.5%
	Speak Other Languages	0.1%	1.1%

**Denominator is civilian noninstitutionalized population **Denominator is civilian noninstitutionalized population with a disability ***Denominator is population 5 years and over*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Darke County has a slightly lower percentage of individuals with a disability in comparison to individuals living throughout Ohio. **98%** of individuals living within Darke County **speak only English**. Residents living throughout Ohio **speak languages** other than English over **5% more** than residents living in Darke County. Besides English, the next language spoken most throughout both Darke County and Ohio is Spanish.[1]

Healthy Community as defined by Community Members:

"Focus on the whole-person approach that considers both clinical presentation and social factors. Overall community health is influenced by a broad range of factors of social and economic conditions, public policies, health care, living and working conditions. Having a collaborative approach leverages the talents, resources and perspective of diverse organizations and businesses."

"A healthy community is viewed as one where residents support each other, maintain good physical and mental health, and have access to essential healthcare services, such as prenatal care and mental health support. "

"A healthy community is one where individuals can meet their basic needs, live authentically without fear of discrimination, and have access to both physical and financial healthcare."

When surveyed, **84.4%** of Darke County residents reported their general health as **excellent, very good, or good.**[8]

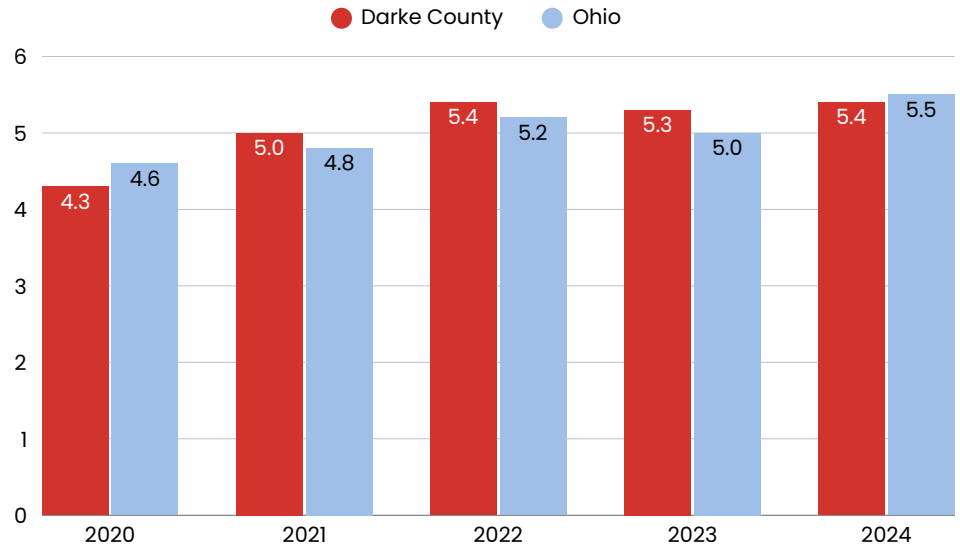
MENTAL HEALTH IN DARKE COUNTY

Mental health refers to an individual's emotional, psychological, and social well-being, influencing how they think, feel, and act. It also affects how people handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health disorders are common and include conditions such as anxiety, depression, bipolar disorder, and schizophrenia. Mental health is influenced by many factors at multiple levels. Risk factors increase the possibility of experiencing poor mental health while protective factors increase the possibility of experiencing positive mental health. Factors that can affect mental health include: genetic predisposition, life experiences (such as trauma or abuse), family history, and biological factors.[13]

In Darke County, mental health is a growing concern, with many individuals facing challenges such as limited access to mental health care, and a shortage of mental health professionals. In the United States nearly **1 in 4 adults live with a mental health condition**, while nearly 1 in 20 adults live with a serious mental health condition such as schizophrenia, bipolar disorder, or major depression that significantly interferes with the ability to carry out life's activities. Mental health also affects children with **nearly 1 in 7 children ages 3 to 17** in the United States having a current, **diagnosed mental or behavioral health condition**.[13] Mental health professionals include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses specializing in mental health care, as well as providers that treat alcohol and drug abuse.[14]

The impact of mental health problems in the community can affect overall well-being, productivity, and quality of life. Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. These objectives also aim to improve health and quality of life for people affected by these conditions.[7] In the Darke County 2023 Community Health Survey, **63.5%** of those surveyed indicated that **mental health problems** were 1 of the 3 **most important "health problems"** in Darke County.[15]

Figure 10: Poor Mental Health Days Over the Past 5 Years



Over the past 5 years, there has been a **slight increase** in individuals living within Darke County experiencing more **poor mental health** days. This is comparable to individuals living throughout the State of Ohio.

Source: University of Wisconsin, Population Health Institute, County Health Rankings and Roadmaps, 2020-2024

FOCUS ON: Prevention

The following data was collected to provide more insight into how contextual factors like access to health care may affect the ability for residents to receive mental health care. Affordability of health care is strongly tied to health insurance coverage in the United States. According to Healthy People 2030, **30 million people** in the United States **do not have health insurance**. Healthy People 2030 focuses on improving health by increasing medical, dental, and prescription drug insurance coverage.[7] In Darke County, approximately **6.9%** of residents **do not** have health **insurance**; this percentage is comparable to the State of Ohio at **6.4%**.[1]

Unequal distribution of health care coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care and medical debt is common among both insured and uninsured individuals. Lack of health insurance coverage may negatively affect health. Uninsured adults are less likely to receive preventive services. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions or critical preventative services.[7] When asked ***What might prevent you from seeing a doctor or health care providers if you were sick, injured, or needed some type of health care?*** **23.7%** of Darke County residents noted **cost/no insurance** and hours not convenient.[8]

Table 8: Health Insurance Coverage

		Darke County	Ohio
Health Insurance Coverage	Total With Health Insurance	93.1%	93.6%
	*Age 18 and Under**	94.4%	95.4%
	*Adults Age 19-64**	90.2%	91.2%
	*Adults Age 65 and Over**	99.4%	99.5%
No Health Insurance	Total Without Health Insurance	6.9%	6.4%
	*Age 18 and Under**	5.6%	4.6%
	*Adults Age 19-64**	9.8%	8.8%
	*Adults Age 65 and Over**	0.6%	0.5%
Private Health Insurance	Total With Private Health Insurance Coverage	69.7%	68.6%
	Employer-Based	56.6%	58.6%
	*Age 18 and Under**	60.8%	58.6%
	*Adults Age 19-64**	66.2%	66.3%
	*Adults Age 65 and Over**	23.6%	32.3%
Public Health Insurance	Total With Public Health Insurance Coverage	39.9%	37.7%
	Medicaid/Means-Tested	19.8%	20.7%
	*Age 18 and Under**	35.9%	36.5%
	*Adults Age 19-64**	16.5%	17.5%
	*Adults Age 65 and Over**	8.2%	9.8%

**Denominator is total population for age category*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Table 9: Does Your Health Coverage Include(1):

		Don't Know
Respondents Unsure of Health Coverage Benefits	Alcohol and drug treatment	65.2%
	Breastfeeding support	63.7%
	Durable Medical Equipment (e.g., canes, walkers, oxygen)	54.1%
	Home care	67.4%
	Hospice	72.6%
	Skilled nursing/assisted living(inpatient rehab/therapy)	70.4%
	Tobacco Cessation	63%
	Transportation (for primary care, dialysis, etc.)	69.6%

Source: 2024 Greater Dayton Area Health Survey, Greater Dayton Area Hospital Association

Understanding health insurance coverage details can significantly enhance the use of preventative care by helping residents make informed decisions about their health. When people are aware of which services, such as annual check-ups, vaccinations, and screenings, are fully or partially covered by their insurance, they are more likely to take advantage of them without fear of unexpected costs.

This approach not only helps in early detection and management of health issues, but also reduces long-term medical expenses by preventing more serious conditions. Clear knowledge of benefits can also encourage more consistent communication with healthcare providers, ultimately leading to better health outcomes and a more efficient healthcare system. **Effective health communication is critical to health and well-being.** Healthy People 2030 focuses on improving health communication so that people can easily understand and act on health information.[7]

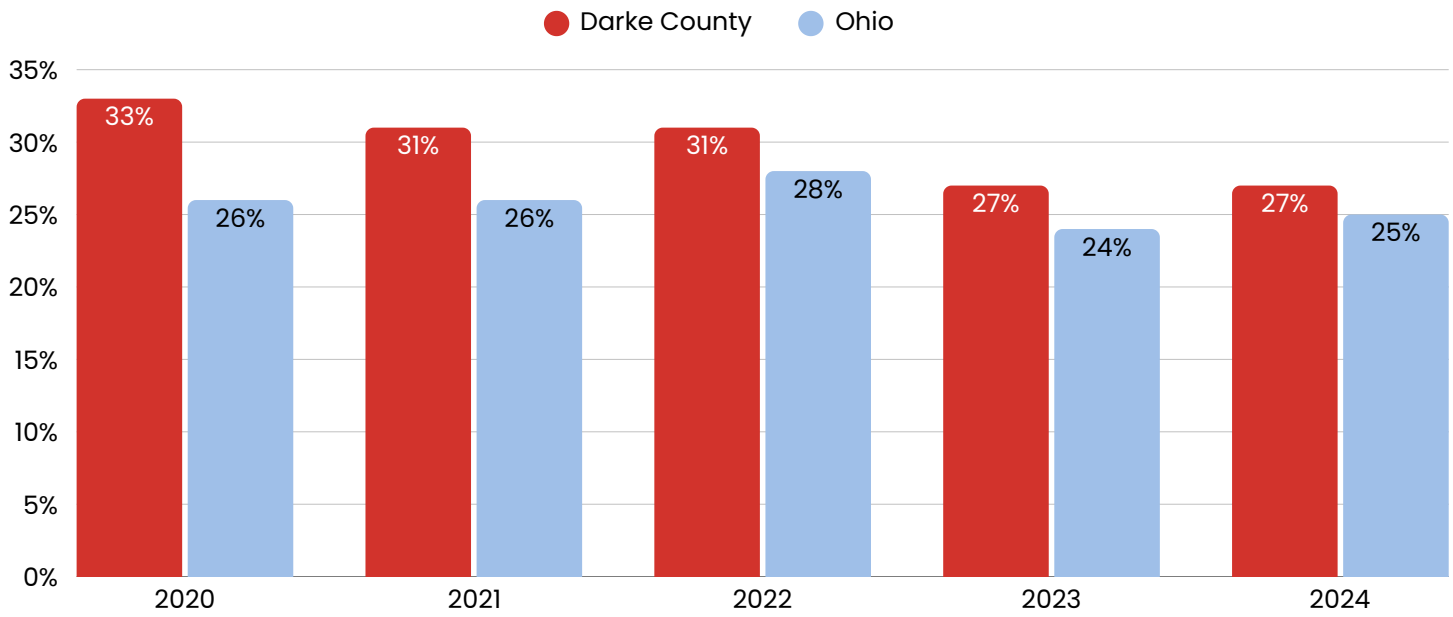
Table 10: Does Your Health Coverage Include(2):

		Yes
Respondents Aware of Health Coverage Benefits	Dental	70.4%
	Immunizations	76.3%
	Medical	88.1%
	Prescription Coverage	84.4%
	Preventative health (e.g., well visits, cancer screenings, blood pressure tests)	83.7%
	Vision/eyeglasses	67.4%

Source: 2024 Greater Dayton Area Health Survey, Greater Dayton Area Hospital Association

There is an increasing amount of evidence documenting the **beneficial** impacts of **physical activity** on **mental health**. Evidence shows that exercise enhances mood and self-esteem while decreasing stress tendencies, a factor known to aggravate mental and physical diseases.[16]

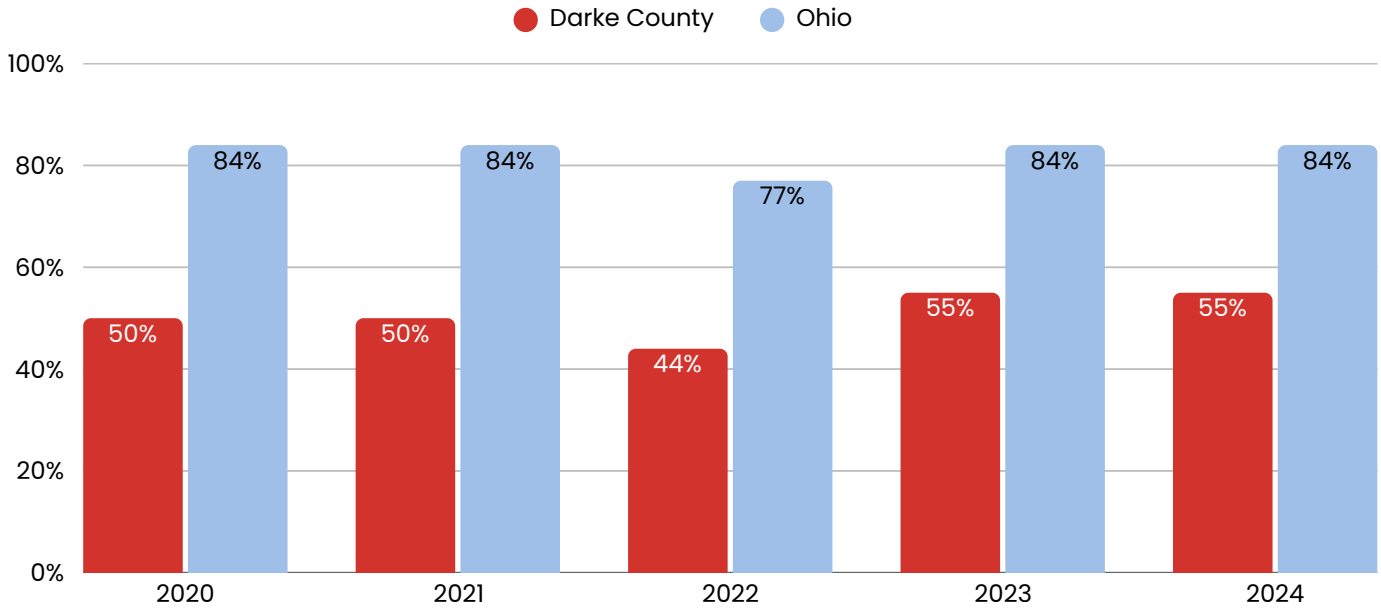
Figure 11: Physical Inactivity Over the Past 5 Years



Source: University of Wisconsin, Population Health Institute, County Health Rankings and Roadmaps, 2020-2024

Over the past 5 years residents living in Darke County have reported being **less physically active** outside of work by to 2% to 9% in comparison to residents living throughout Ohio. Residents in Darke County also report having **less opportunity for exercise** due to access by 29% to 34% in comparison to residents living throughout Ohio.

Figure 12: Access to Exercise Opportunities Over the Past 5 Years



Source: University of Wisconsin, Population Health Institute, County Health Rankings and Roadmaps, 2020-2024

In the Darke County 2023 Community Health Survey, **47.3%** of those surveyed indicated that **access to healthcare** is one of the most **important factors** for a "Healthy Community".[15] Utilizing telehealth appointments could help address access to mental health care. However, approximately **11%** of Darke County residents **do not** have a **computer**, and approximately **14% do not** have access to the **internet**. *"Those without transportation or who are uncomfortable leaving their house to get help may benefit from telemedicine". Community Member*

Table 11: Households' Internet Access Availability

		Darke County	Ohio
Access to a Computer	Households with a Computer	88.7%	92.8%
	*With Dial-Up Internet Subscription Alone**	1.0%	0.2%
	*With a Broadband Internet Subscription**	92.6%	93.5%
	*With no Internet Subscription**	6.4%	6.3%
	Households Without a Computer	11.3%	7.2%
Access to Internet Subscription	With an Internet Subscription	84.2%	878%
	*Dial-Up Only***	1.0%	0.2%
	*Cellular Data With no Other Type of Internet***	16.9%	11.9%
	*Broadband (i.e., Cable, Fiber Optic, or DSL)***	73.2%	83.6%
	*Satellite Internet Service***	9.6%	6.9%
	Internet Access Without a Subscription	1.5%	2.4%
	No Internet Access	14.3%	9.8%

**Denominator is Total Number of Households With a Computer **Denominator is Total Number of Households With an Internet Subscription*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Ample service providers in a particular area can impact access and health equity. Limited availability of health care resources may reduce access to health services and increase the risk of poor health outcomes. As shown in the below table there are **far fewer** physicians, dentists, mental health providers, and other primary care providers per resident in Darke County compared to the State of Ohio. One Community Member stated that *"Mental health professionals are in high demand more than ever. Unfortunately, there does not seem to be enough mental health professionals in the area to cover the community's need."*

Table 12: Ratio of Providers to Population

	Darke County Ratio	Ohio Ratio
Licensed Primary Care Physicians	1 : 2,150	1 : 1,330
Licensed Dentist	1 : 2,340	1 : 1,530
Mental Health Providers	1 : 1,320	1 : 310
Other Primary Care Providers	1 : 1,840	1 : 710

Source: University of Wisconsin, Population Health Institute, County Health Rankings and Roadmaps, 2021-2023

FOCUS ON: Crisis Response

Crisis response includes a range of services to stabilize individuals in crisis, prevent further escalation, and connect the community members with ongoing care. This includes a combined effort from law enforcement, mental health professionals, emergency medical personnel, and social services agencies. The **goal** in crisis response is to provide timely **intervention**, provide **harm reduction**, and link individuals to appropriate **community resources**. This is crucial for recovery and wellness. Several community members indicated that the "*knowledge of the local services and systems*" along with "*systems are locally managed and staffed*" are strengths of the local crisis response system.

In the Darke County 2023 Community Health Survey, **14.9%** of those surveyed indicated that **domestic violence** was 1 of the 3 most important **"health problems"** in Darke County. **8.1%** of those surveyed indicated that **suicide** was 1 of the 3 most important **"health problems"** in Darke County.[15]

Table 13: Responses to Crisis Situations by the Sheriff's Office

		Darke County Total
Crisis Response Situations	Suicidal Thoughts '23	29
	Suicidal Thoughts '24	36
	Overdoses '23	45
	Overdoses '24	35
	Domestic Violence '23	101
	Domestic Violence '24	67
	Mental/Behavior Health '23	53
	Mental/Behavior Health '24	52

**Statistics represent responses by the Darke County Sheriff's Office*
Source: Darke County Sheriff's Office, Annual Reports, 2023-2024

"*Individuals need faster and better access to inpatient facilities when dealing with a mental health issue*" said a Community Member when asked what additional resources or support do you feel are needed to effectively address the top priorities (mental health, substance use, and social determinants of health) in Darke County.

Table 14: Frequent Mental Distress

	Darke County Ratio	Ohio Ratio
Frequent Mental Distress*	18%	17%

**Numerator is the number of adults who reported 14 or more days in response to the question "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Denominator is the total number of adult respondents in the county.*
Source: University of Wisconsin, Population Health Institute, County Health Rankings and Roadmaps, 2022

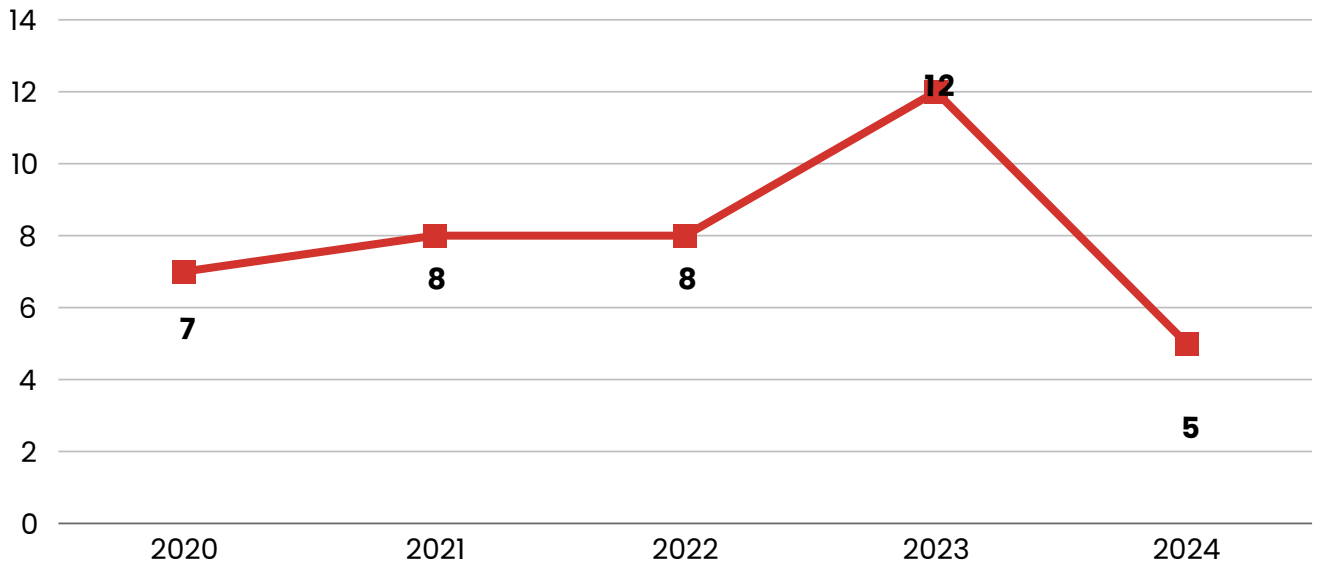
Table 15: Mental Health and Addiction Services Claims

		Darke County		Ohio	
		Count	%	Count	%
Age Group	0-17	332	27.3%	148,958	29.4%
	18-24	150	12.4%	52,230	10.3%
	25-34	251	20.7%	97,047	19.2%
	35-44	218	18.0%	91,531	18.1%
	45-54	153	12.6%	61,790	12.2%
	55-64	126	10.4%	50,321	9.9%
	65+	xx	xx	23,971	4.7%
	Unknown	N/A	N/A	1,986	0.4%
Gender	Female	583	48.0%	255,921	50.6%
	Male	613	50.5%	224,547	44.4%
	Unknown	xx	xx	25,591	5.1%
Primary Diagnosis	Mental Health	968	79.7%	410,472	81.1%
	Substance Use Disorder	270	22.2%	131,279	25.9%
	Other	54	4.4%	24,468	4.8%
	Unknown	xx	xx	5,315	1.1%

**This data does not include any client information for services funding by private insurance, Medicare, or the client themselves. xx Data masked to protect client confidentiality*
Source- Ohio Department of Mental Health and Addiction Services, Mental Health and Addiction Services Claims Dashboard, 2022

Darke County's mental health and addiction services claims are fairly consistent with the claims throughout the State of Ohio. **Suicide rates** had been increasing since 2020 before **dropping in 2024.**

Figure 13: Suicide Deaths Over the Past 5 Years in Darke County



Source: Darke County General Health District, Annual Reports, 2020-2024

FOCUS ON: Substance Use

Substance use is defined as the use of selected substances, including alcohol, tobacco products, illicit drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects according to the Centers for Disease Control and Prevention.[19] Healthy People 2030 indicates more than **20 million** adults and adolescents in the United States have had a **substance use disorder** in the past year.[7]

Substance use can range from occasional use to dependency or addiction, where individuals may find it difficult to control their consumption despite its harmful effects. Substance use disorders often coexist with mental health issues, creating a complex challenge for individuals who may struggle with both mental health conditions and substance abuse. Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need.[7]

In the Darke County 2023 Community Health Survey, **82.4%** of those surveyed indicated that **drug abuse** was 1 of the 3 most important **"risky behaviors"** in Darke County, while **51.4%** identified that **alcohol abuse** was 1 of the 3 most important **"risky behaviors"**, and **18.9%** identified that **tobacco use** was 1 of the 3 most important **"risky behaviors"** in Darke County. Additionally, **75.7%** identified that **substance abuse** (e.g., alcohol, and/or drugs) were 1 of the 3 most important **"health problems"** in Darke County.[15]

Table 16: Deaths From Drug Overdoses

		Darke County		Ohio	
		Count	Rate*	Count	Rate*
Deaths From Drug Overdoses	Drug Overdose Deaths	15	29.1	4,939	41.9
	Any Benzodiazepines	0	0	378	3.2
	Any Form of Cocaine	0	0	1,592	13.5
	Any Non-Cocaine Psychostimulants	9	17.5	1,317	11.2
	Any Psychostimulants	9	17.5	2,660	22.6
Deaths From Opioid Drug Overdoses	Opioid Overdose Deaths	11	21.3	4,063	34.5
	Any Benzodiazepines	0	0	316	2.7
	Any Form of Cocaine	0	0	1,319	11.2
	Any Non-Cocaine Psychostimulants	7	13.6	1,084	9.2
	Any Psychostimulants	7	13.6	2,182	18.5
	Heroin	0	0	83	0.7
	Non-Methadone Synthetic Opiates	10	19.4	3,828	32.5
EMS Events	Involving Naloxone Administration	59	114.4	22,998	195.3
	Suspected Opioid Poisoning	39	75.6	17,777	151.0

**Rate per 100,000 population utilizing total population from 2022: American Community Survey, 5-Year Estimates*
Non-Methadone Synthetic Opioids include drugs such as Fentanyl and Tramadol. Any Psychostimulants include Cocaine, Methamphetamine, and other Psychostimulants. Non-Cocaine Psychostimulants include Methamphetamine and other Psychostimulants.
Source: Recovery Ohio, State of Ohio Integrated Behavioral Health Dashboard, 2022

When asked "How might the opioid crisis or other substance use issues impact the effectiveness of mental health and substance use programs?" one Community Member stated "*The drug culture at this time is a very difficult one to battle. What we see in the jails, outpatient treatment, on probation, etc., is much different than even just 10 years ago. More violence, drugs that cause psychotic symptoms, family value degradation, and lower work ethics*"

Table 17: Drug and/or Alcohol Offenses in Darke County*

	Darke County	
	2023	2024
Trafficking in Drugs	7	20
Operating a Vehicle Impaired (OVI)	58	61
Drug Paraphernalia	42	24
Illegal Manufacturing of Drugs/Cultivating	1	2
Possess/Abuse of Drugs	59	43

**Statistics represent responses by the Darke County Sheriff's Office*
Source: Darke County Sheriff's Office, Annual Reports, 2023-2024

Effective treatments for substance use disorders are available, but **very few people get the treatment they need**. Strategies to prevent drug and alcohol use at the school, family, and community level are key to reducing substance use disorders and ultimately reduce drug and alcohol misuse related health problems and deaths.

Table 18: Motor Vehicle Crashes, Deaths, and Calls for Service

	Darke County		Ohio	
	Count	Rate*	Count	Rate*
Alcohol Related Crashes	31	60.1	10,054	85.4
Alcohol Related Injuries	17	33.0	4,089	34.7
Alcohol Related Deaths	2	3.9	385	3.3
Property Damage	12	23.3	5,580	47.4
Drug Related Crashes	11	21.3	2,996	25.4
Drug Related Injuries	5	9.7	1,296	11.0
Drug Related Deaths	2	3.9	485	4.1
Property Damage	4	7.8	1,215	10.3
OVI Related Crashes	41	79.5	11,789	100.1
OVI Related Injuries	21	40.7	4,795	40.7
OVI Related Deaths	4	7.8	665	5.6
Property Damage	16	31.0	6,329	53.8

**Rate per 100,000 population utilizing total population from 2022: American Community Survey, 5-Year Estimates*
Source: Ohio State Highway Patrol, Ohio Statistics and Analytics for Traffic Safety, Crash Dashboard, 2022

SOCIAL DETERMINANTS OF HEALTH IN DARKE COUNTY

The Centers for Disease Control and Prevention defines social determinants of health as the non-medical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, worship, and age. These conditions include a wide set of forces and systems that shape daily life such as economic policies and systems, development agendas, social norms, social policies, and political systems.[22]

Healthy People 2030 sets data-driven national objectives in 5 key areas of social determinants of health- **Healthcare Access and Quality, Education Access and Quality, Social and Community Context, Economic Stability, and Neighborhood and Built Environment.** Social determinants of health also contribute to wide health disparities and inequities. One of Healthy People 2030's 5 overarching goals is specifically related to the social determinants of health: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.[7]

Some examples of Social Determinants of Health included in Healthy People 2030 are safe housing, transportation, and neighborhoods; education, job opportunities, and income; access to nutritious foods and physical health opportunities; discrimination and violence; polluted air and water; and language and literacy skills.[7]

FOCUS ON: Transportation

Access to transportation is critical for accessing medical appointments, employment, and other vital services. Public transportation options are limited in Darke County. Efforts are being made to improve transportation accessibility; however, gaps remain, particularly in providing consistent, affordable, and timely transportation for all residents, especially those in remote areas or with mobility challenges. Greenville Transit System is a shared-ride public transportation system running throughout the City of Greenville.

Table 19: Greenville Transit System

	2018	2019	2020
Annual Passenger Trips	51,069	50,879	35,045
Annual Elderly and Disabled Trips	33,872	34,553	26,173
Trips per Hour	4.07	3.9	3.1
Cost per Mile	$5.15	$5.03	$6.54
Cost per Trip	$13.22	$14.29	$21.88
Annual Vehicle Miles	131,181	144,646	117,198
System Square Miles	7	7	7
System Population Served	13,187	13,187	12,786

**Data reported in 2023 is from 2020, data reported in 2021 is from 2019, and data reported in 2020 is from 2018*
Source: Ohio Department of Transportation, Office of Transit, Status of Public Transit in Ohio, 2018-2020

Transportation was highlighted by numerous community members as a barrier for individuals to being able to access services. Addressing transportation needs is essential to improving overall access to healthcare, mental health services, and promoting equitable community well-being in Darke County. In **Darke County** most residents have **access to a vehicle** with only 2.0% of residents not having access. When traveling to work most Darke County residents utilize a car, truck, or van.

Table 20: Available Transportation

		Darke County	Ohio
Access to a Vehicle*	No Vehicle Available	2.0%	3.1%
	1 Vehicle Available	12.9%	19.5%
	2 Vehicles Available	38.9%	42.6%
	3 Vehicles Available	25.4%	21.4%
	4 Vehicles Available	13.5%	8.9%
	5 or More Vehicles Available	7.3%	4.5%
Means of Transportation to Work	Car, Truck, or Van*	91.0%	85.7%
	*Drove Alone***	88.7%	91.1%
	Carpooled**	11.3%	8.9%
	*In 2-Person Carpool****	80.8%	76.9%
	*In 3-Person Carpool****	13.9%	13.3%
	*In 4-Person Carpool****	3.5%	5.1%
	*In 5- or 6-Person Carpool****	1.8%	3.0%
	*In 7-or-More-Person Carpool****	0.0%	1.7%
	Public Transportation*	0.2%	1.2%
	*Bus*****	100.0%	94.7%
	*Subway or Elevated Rail*****	0.0%	2.6%
	*Long-Distance Train or Commuter Rail*****	0.0%	0.5%
	*Light Rail, Streetcar, or Trolley*****	0.0%	1.4%
	*Ferryboat*****	0.0%	0.8%
	Taxicab*	0.0%	0.2%
	Motorcycle*	0.2%	0.1%
	Bicycle*	0.1%	0.3%
	Walked*	1.9%	2.0%
	Other Means*	1.3%	0.8%
	Worked From Home*	5.3%	9.8%

**Denominator is Workers 16 Years and Over **Denominator is Workers 16 Years and Over Using a Car, Truck, or Van ***Denominator is Workers 16 Years and Over Carpooling ****Denominator is Workers 16 Years and Over Using Public Transportation*

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

FOCUS ON: Education

Starting in early childhood, education opens doors to higher-income employment opportunities and increases our access to better quality healthcare, nutritious food options, and safer living environments. Healthy People 2030 states to promote physical health and well-being for children and adolescents, schools can provide safe and supportive environments, healthy foods, health education, and physical education. They can also offer access to health care and mental health services and help students manage chronic conditions.[7]

In the Darke County 2023 Community Health Survey, **35.1%** of those surveyed indicated that **good schools** was 1 of the 3 **most important factors** for a "Healthy Community".[15]

Table 21: School Enrollment by Level of School

	Darke County	Ohio
Enrolled In School*	22.9%	24.2%
*Enrolled in Nursery School, Preschool**	7.2%	6.0%
*Enrolled in Kindergarten**	5.1%	5.1%
*Enrolled in Grade 1 to Grade 4**	23.7%	20.2%
*Enrolled in Grade 5 to Grade 8**	23.5%	21.5%
*Enrolled in Grade 9 to Grade 12**	25.9%	22.0%
*Enrolled in College, Undergraduate Years**	12.9%	20.2%
*Graduate or Professional School**	1.7%	5.1%
Not Enrolled in School*	77.1%	75.8%

**Denominator is population 3 years and over **Denominator is population 3 years and over enrolled in school*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Darke County has **13%** more individuals that have **graduated high-school** in comparison to Ohio. However, approximately **7.2%** more individuals within Ohio have a **Bachelor's Degree** in comparison to Darke County. Higher education levels are associated with healthier behaviors, leading to lower rates of chronic disease, longer life expectancies, and higher levels of subjective well-being.

Table 22: Educational Attainment

	Darke County	Ohio
Less Than 9th Grade	1.9%	2.6%
9th to 12th Grade, No Diploma	7.6%	6.5%
High School Graduate (Includes Equivalency)	45.9%	32.9%
Some College, No Degree	21.2%	21.6%
Associate's Degree	7.9%	8.3%
Bachelor's Degree	10.6%	17.8%
Graduate or Professional Degree	4.9%	10.4%

**Denominator is Population 18 Years and Over*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

On average Darke County schools have a **higher overall school ranking** in comparison to other schools within Ohio. Darke County schools also have on average a significantly **lower rate of absenteeism** in comparison to students in other school districts around the State of Ohio. All Darke County schools have a **higher rate of attendance** than Ohio's average. Studies show the strong connection between regular attendance and reading proficiency, achievement, and graduation. **All schools** in Darke County have a **4-year graduation rate of 85% and higher**. With most schools in Darke County having a graduation rate 95% and higher.

Table 23: School District Report Cards

	Overall State Ranking	Chronic Absenteeism Rate	Attendance Rate	4-Year Graduation Rate	School Enrollment
Ohio Overall District Level Rating	3.5	25.6%	91.3%	87.9%	N/A
Ansonia School District	4.5	10.3%	94.9%	96.6%	795
Arcanum-Butler School District	4.0	12.7%	94.3%	98.9%	1,098
Bradford School District	3.0	22.2%	93.0%	97.2%	492
Franklin-Monroe School District	4.0	2.4%	96.1%	100.0%	492
Greenville School District	3.0	23.7%	92.0%	86.6%	2,332
Mississinawa Valley School District	4.0	14.6%	94.0%	93.5%	596
Tri-Village School District	5.0	18.5%	93.0%	97.6%	787
Versailles School District	5.0	3.0%	96.3%	98.9%	1,243

Source: Ohio Department of Education and Workforce, School Report Cards, 2023-2024

FOCUS ON: Funding

Financial stability plays a critical role in shaping health outcomes in the Darke County community. Those experiencing financial hardship often face barriers to accessing essential healthcare services, such as preventive care, medications, and regular doctor visits. Limited financial resources can result in individuals forgoing medical treatment or not seeking help until conditions become more severe. Furthermore, financial stress can contribute to mental health challenges, such as anxiety and depression, which further affects overall well-being. Improving financial access, such as increasing income stability and providing affordable health insurance options, can help reduce these barriers, promoting better health outcomes for the community. Addressing financial insecurity is essential to improving both physical and mental health, particularly for vulnerable populations in Darke County.

In the Darke County 2023 Community Health Survey, **39.2%** of those surveyed indicated that **good jobs** and a **healthy economy** was 1 of the 3 **most important factors** for a "Healthy Community". Additionally, **24.3%** of those surveyed indicated that **affordable housing** was 1 of the 3 **most important factors** for a "Health Community".[15]

Table 24: Cost-Burdened Households

	Darke County	Ohio
Owner-Occupied Housing Units with a Mortgage	8,190	1,973,077
*Housing Units with a Mortgage**	54.3%	61.7%
*Housing Units with no Second Mortgage or Home Equity Loan**	85.1%	83.7%
*Housing Units with Multiple Mortgages**	12.8%	13.3%
*30% or More of Income Spent on Housing Costs (SMOCAPI)**	18.5%	20.6%
Monthly Costs for Housing Units with a Mortgage	$1,195.00	$1,429.00
Owner-Occupied Housing Units without a Mortgage	6,901	1,227,237
*Housing Units without a Mortgage***	45.7%	38.3%
*30% or More of Income Spent on Housing Costs (SMOCAPI)***	9.7%	11.9%
Monthly Costs for Housing Units without a Mortgage	$455.00	$548.00
Renter-Occupied Housing Units	5,935	1,589,094
*Median Gross Rent****	$731.00	$945.00
*30% or More of Income Spent on Rent (GRAPI)****	35.9%	44.5%

**Denominator is Owner-Occupied Housing Units with a Mortgage **Denominator is Owner-Occupied Housing Units without a Mortgage ***Denominator is Renter-Occupied Housing Units*
Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2022

"Housing is another major issue, with a lack of affordable options, unresponsive landlords, and long waiting lists. Many individuals are forced to pay high application fees, with little success." stated a Community Member when asked about the top health concerns the community is facing. When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.

Table 25: Monthly Electricity Costs

	Darke County	Ohio
Charged for electricity*	96.4%	95.2%
*Less than $50***	7.9%	8.6%
*$50 to $99***	21.8%	27.6%
*$100 to $149***	23.9%	25.1%
*$150 to $199***	16.6%	15.7%
*$200 to $249***	12.3%	10.4%
*$250 or more***	17.6%	12.7%

**Denominator is total occupied households. **Denominator is households charged for electricity*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

37.2% of **Darke County households** use **utility gas** to heat their homes in comparison to the **64.7%** of **Ohio households using utility gas.** This is significant as the United States Energy Information Administration's Annual Household Fuel Expenditures in the Midwest reports that on average natural gas heating **costs significantly less** than other heating fuels. (Electricity at $1,293.00; Natural Gas at $653.00; Propane at $991.00; and Fuel Oil/Kerosene at $1,107.00).[25]

Table 26: House Heating Fuel*

	Darke County	Ohio
Utility Gas	37.2%	64.7%
Bottled, Tank, or Liquefied Petroleum Gas	19.1%	5.5%
Electricity	33.3%	25.1%
Fuel Oil, Kerosene, Etc.	3.9%	1.9%
Coal or Coke	0.1%	0.1%
Wood	4.3%	1.5%
Solar Energy	0.0%	0.0%
Other Fuel	1.2%	0.8%
No Fuel Used	0.8%	0.5%

**Denominator is total occupied households.*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Table 27: Annual Water and Sewer Costs

	Darke County	Ohio
Charged for water and sewer*	47.2%	69.4%
*Less than $125***	14.9%	19.2%
*$125 to $249***	6.8%	6.9%
*$250 to $499***	32.2%	15.5%
*$500 to $749***	16.7%	19.3%
*$750 to $999***	12.6%	14.3%
*$1,000 or more***	16.8%	24.7%

**Denominator is total occupied households. **Denominator is households charged for water and sewer costs*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

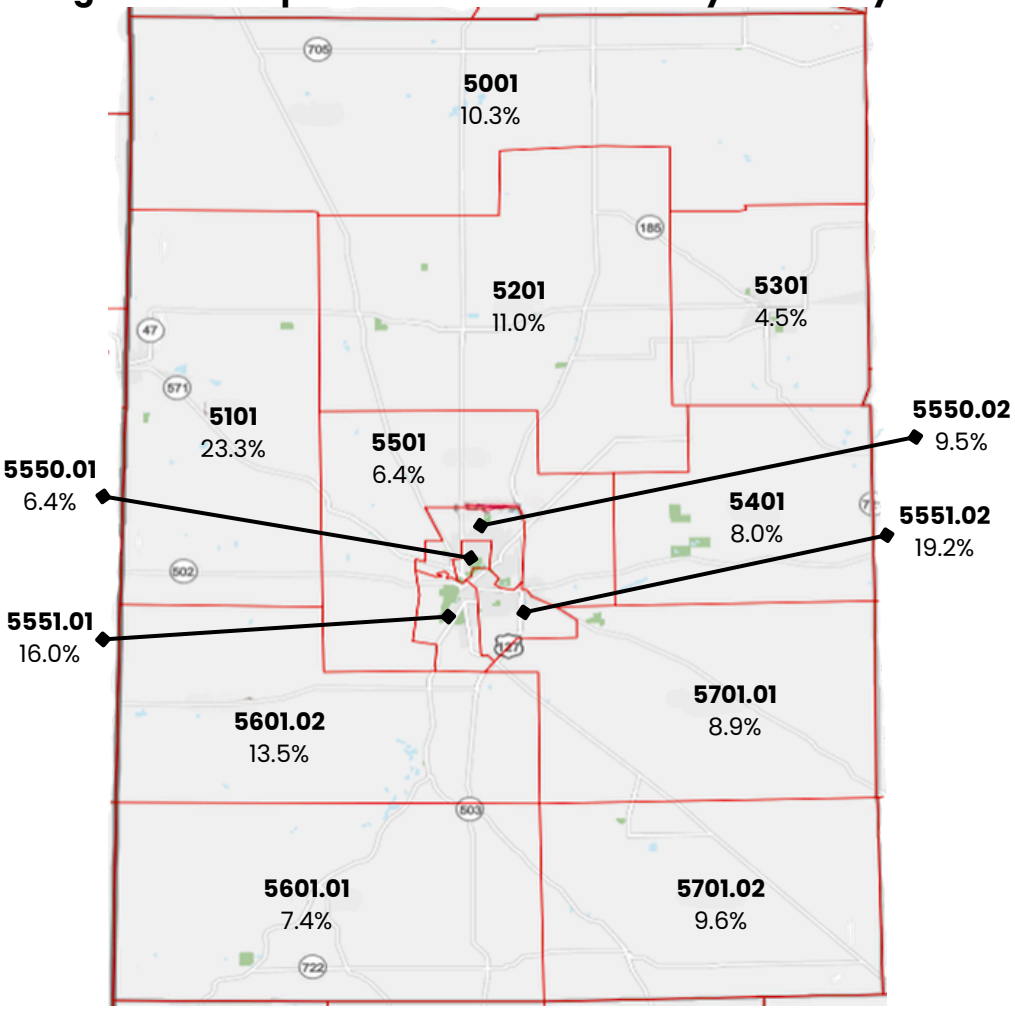
In the United States, 1 in 10 people live in poverty, and many people can't afford things like healthy foods, health care, and housing.[7] Whether a family or non-family household, residents in **Darke County** tend to have a **lower income** when compared to those living throughout Ohio.

Table 28: Income and Poverty

	Darke County	Ohio
Median Household Income	$60,237	$66,990
Median Family Household Income	$78,204	$86,508
Median Non-Family Household Income	$33,000	$40,001
Per Capita Income	$32,732	$37,729
Income in the Past 12 Months Under the Poverty Level	11.0%	13.3%
*For those Under the age of 18**	29.2%	30.5%
*For those 18 to 59 Years**	46.8%	51.7%
*For those 60 Years and Older**	23.9%	17.8%

**Denominator is population whose income in the past 12 months below the poverty level*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

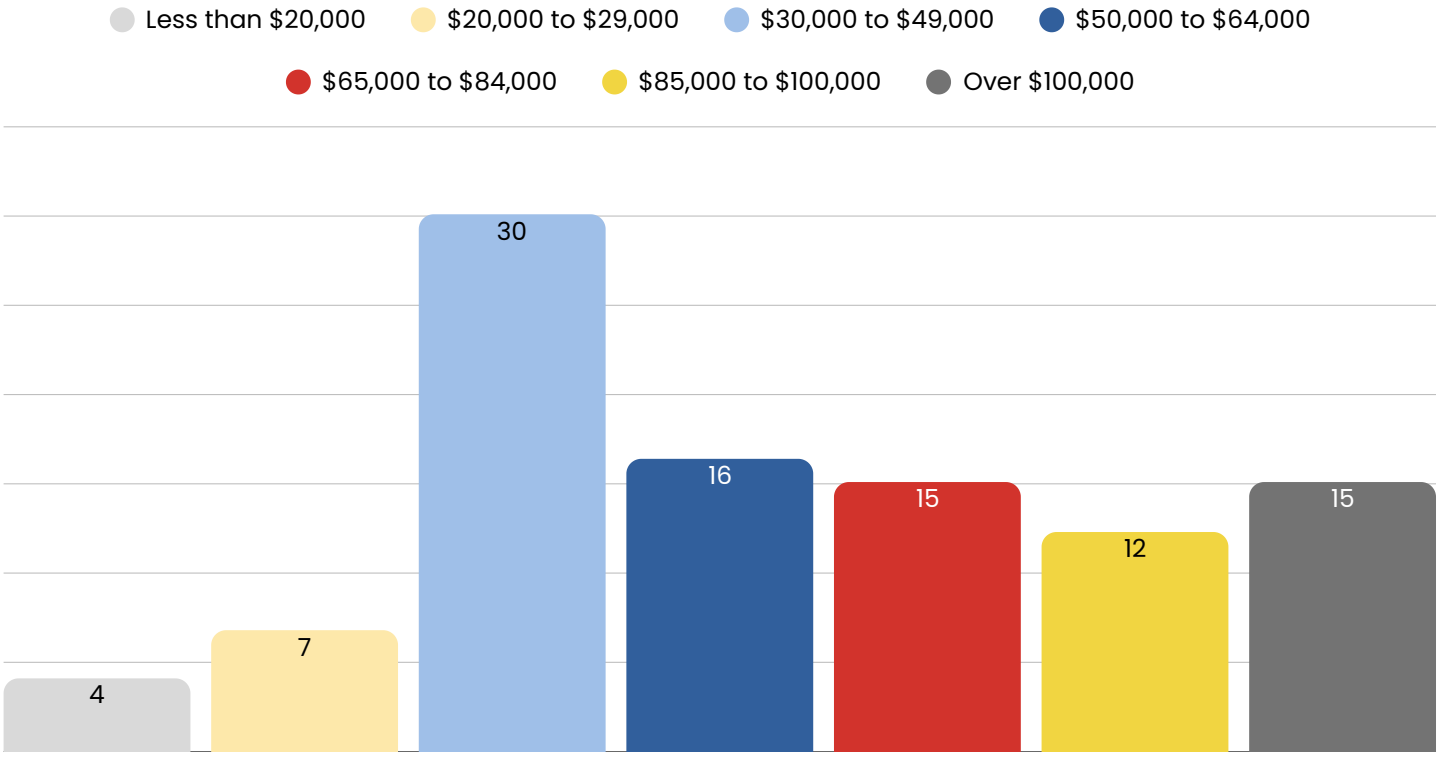
Figure 14: Population Below Poverty Level By Census Tract



Census tract 5101 consisting of the area surrounding Union City has the **highest** percentage of individuals living **below the poverty line** at **23.3%**. **Census tract 5301** consisting of the area surrounding Versailles has the **lowest** percentage of individuals living **below the poverty line** at **4.5%**. The average percentage of individuals living below the poverty line for all census tracts in Darke County is 11.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

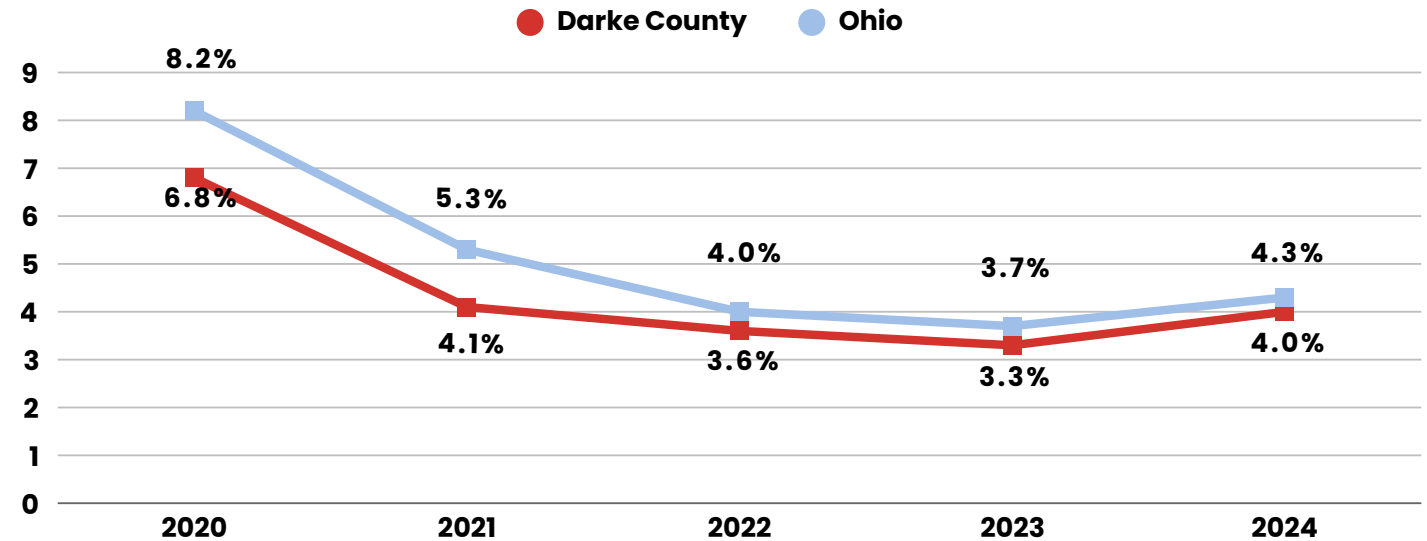
Figure 15: Darke County 2023 Community Health Survey Household Income Results*



*73 Responses
Source: Darke County General Health District, Community Health Survey, 2023

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job.[7] In the past 12 months, **8.1%** of Darke County residents reported someone in their household **lost their job** or had their **hours at work reduced**.[8] The **unemployment rate** for Darke County has been consistently **lower** than Ohio's rate over the past 5 years, with the lowest rate being 3.3% in 2023.

Figure 16: Annual Unemployment Rate Over the Past 5 Years



Source: Ohio Department of Job and Family Services, Ohio Labor Market Information, Unemployment Rate, 2020-2024

Table 29: Employment Status

		Darke County	Ohio
Employment Rate of Labor Force	In Labor Force**	61.7%	63.1%
	Civilian Labor Force***	61.6%	63.0%
	*Employed**	60.0%	60.6%
	*Unemployed**	1.6%	2.3%
	Armed Forces***	0.1%	0.2%
	Not in Labor Force**	38.3%	36.9%

**Denominator is civilian labor force **Denominator is total population 16 years and over ***Denominator is total labor force*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

The employment rate within Darke County is fairly consistent with the employment rate of individuals living in Ohio. Approximately **46%** of individuals living within **Darke County** work in either **manufacturing** (26.9%) or **education services, health care and social assistance** fields (19.3%). In comparison, approximately 39% of individuals living within Ohio work within the manufacturing (15.0%) or education services, health care and social assistance fields (24.1%). Darke County has **1.8 times more** individuals working in the **manufacturing** field than Ohio.

According to the Massachusetts Institute of Technology Living Wage Calculator, a sustainable wage for a household of 2 working adults is $13.94 per hour and the poverty wage is $5.08 per hour. A sustainable wage for a 1 adult and 1 child household is $32.91 per hour and the poverty wage is $7.52 per hour.[27]

Table 30: Occupation for Civilian Employed Population

	Darke County	Ohio
Agriculture, forestry, fishing and hunting, and mining	3.6%	0.9%
Construction	7.1%	5.8%
Manufacturing	26.9%	15.0%
Wholesale trade	3.1%	2.4%
Retail trade	11.5%	11.2%
Transportation and warehousing, and utilities	6.0%	5.7%
Information	0.9%	1.4%
Finance and insurance, real estate, and rental and leasing	3.2%	6.5%
Professional, scientific, management, administrative, and waste management services	5.6%	9.9%
Education services, health care and social assistance	19.3%	24.1%
Arts, entertainment, recreation, and accommodation and food services	5.6%	8.7%
Other services, except public administration	4.1%	4.3%
Public administration	3.1%	3.9%

**Denominator is civilian employed population 16 years and over*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022

Food Insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[28] Several Community Members stated "*The community faces several pressing challenges related to basic needs, including food insecurity, housing, and access to healthcare. Food is a significant concern, with many people relying on food banks, though these services do not always feel secure or sufficient*" when asked about the top health concerns in Darke County.

Table 31: Food Access and Insecurity

	Darke County	Ohio
Households Receiving Food Stamps/SNAP in the Past 12 months*	8.6%	12.2%
*With Children Under 18 Years***	41.4%	45.1%
*With an Income Below the Poverty Level***	56.9%	51.2%
*With an Income Above the Poverty Level***	43.1%	48.8%
Households Not Receiving Food Stamps/SNAP in the past 12 Months*	91.4%	87.8%
*With Children Under 18 Years****	27.6%	26.2%
*With an Income Below the Poverty Level****	8.5%	7.9%
*With an Income Above the Poverty Level****	91.5%	92.1%
Food Insecure Population	7,270	1,653,610
Food Insecurity Rate	14.0%	14.1%
Estimated Program Eligibility- Above SNAP Threshold	54%	64%
Estimated Program Eligibility- Below SNAP Threshold of 130%	46%	36%

**Denominator is Total Households **Denominator is Total Households Receiving Food Stamps/SNAP*
****Denominator is Total Households not Receiving Food Stamps/SNAP*
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022 and Feeding America, Map the Meal Gap, 2022

Figure 17: Lack of Access to Vehicles and Supermarkets

The **yellow area** highlighted in Figure 10 illustrates census tract **5551.01**. This census tract has a relatively high number of households (129 of 1,578 total **households (8.2%)) without vehicles** that are more than **½ mile from a supermarket**.

The **green area** highlighted in Figure 10 illustrates census tract **5551.02**. This census tract also has a relatively high number of households (153 of 1,682 total **households (9.1%)) without vehicles** that are more than **½ mile from a supermarket**.

Source: U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019

RESOURCES IN DARKE COUNTY

This list provides an overview of services and organizations available to residents of Darke County, intended to connect individuals and families with essential health, social, and community resources to support overall well-being and improve quality of life.

Emergency/Contacts

Darke County Sheriff.....548-2020
Greenville Police Dept.....548-1103
Adult/Child Protective Services.....548-4132
Shelter from Violence.....548-2020/4679
Greenville Township Emergency Services.....548-9339
Hospital - Wayne Healthcare.....548-1141

Nutrition & Food Service

Ansonia United Methodist Church.....337-5781
Castine Area Food Bank.....996-8763
Community Unity.....547-1156
Faith United (Arcanum).....692-8934
FISH.....548-2000
Grace RCC.....548-2595
Union City Help Center.....765-964-4475
Versailles United Church of Christ.....526-4194
Senior Meals.....937-228-3663

Community Resources

Darke County Board of DD.....548-9057
Darke County Veterans Services.....548-5305
Darke County WIC.....547-1776
Pregnancy Help Center.....547-1112
Community Action Partnership.....548-8143
Area Agency on Aging.....800-258-7277
Help Me Grow and Early Intervention.....548-4196

Transportation

Community Transportation/CAP.....547-1811
Greenville Transit.....548-1811
Job & Family Services.....548-4132 opt 7

Housing

Good Samaritan Home (shelters).....547-6337
The Journey Home (Shelter for Veterans).....765-595-8297
Community Unity (utilities).....547-1156
Metropolitan Housing.....548-5380

Medical/Behavioral Health

Community Crisis Hotline - Hope House.....800-351-7347
Darke County Cancer Association.....548-9960
Darke County Recovery & Wellness.....548-1635
FAME (FHS Patient call 548-9680 x210).....548-4196
GIVE.....473-5195
Health Department.....548-4196
Hospice.....548-2999
Stillwater Family Health.....526-9834
Family Health Arcanum.....692-6601
Family Health Greenville.....548-9680
Family Health New Madison.....996-0023
Family Health Versailles.....542-3016

Support Groups

Alzheimer's of Darke County.....800-272-3900
Cancer Association of Darke County.....548-9960
Community Services for the Deaf.....222-9481
Hospice.....548-2999
24 Hour Pregnancy Help Center.....547-1112

Employment

OOD.....548-4132 opt. 6
Capabilities.....419-394-0003
Goodwill Industries.....548-4496
Ohio Means Jobs Darke County.....548-4132 x328
Unemployment (Ohio).....877-644-6562

RESOURCES IN DARKE COUNTY

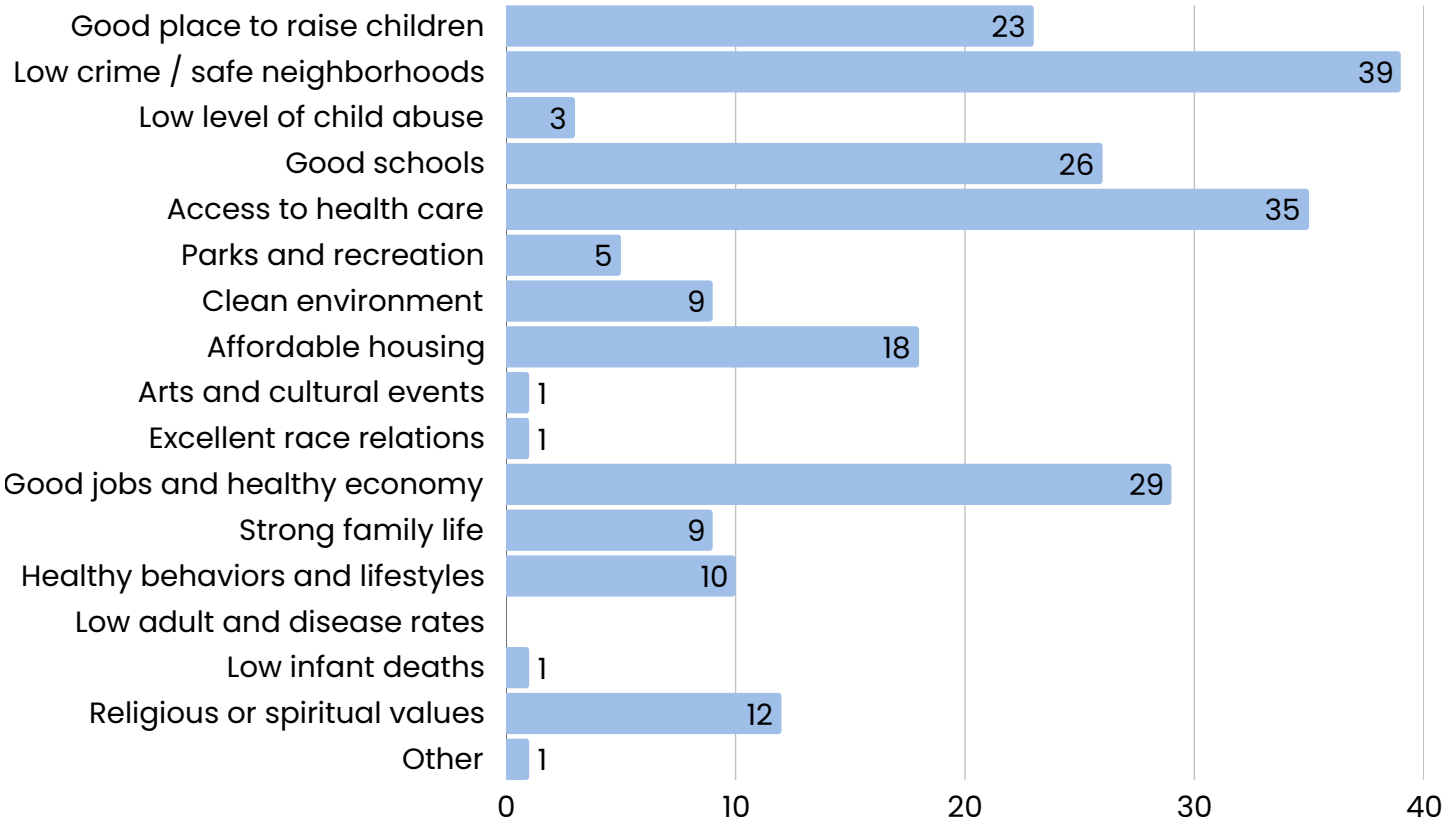
The Darke County Park District offers 14 individual parks scattered throughout Darke County and 1 multi-use trail. These parks offer acres of prairie, forest, and wetland habitats. Individuals can enjoy hiking, biking, kayaking, canoeing, and more throughout the various parks.[31]

Source: Darke County Parks, Park Locations and Directions, 2025

APPENDIX 1: DARKE COUNTY 2023 COMMUNITY HEALTH SURVEY QUESTIONNAIRE

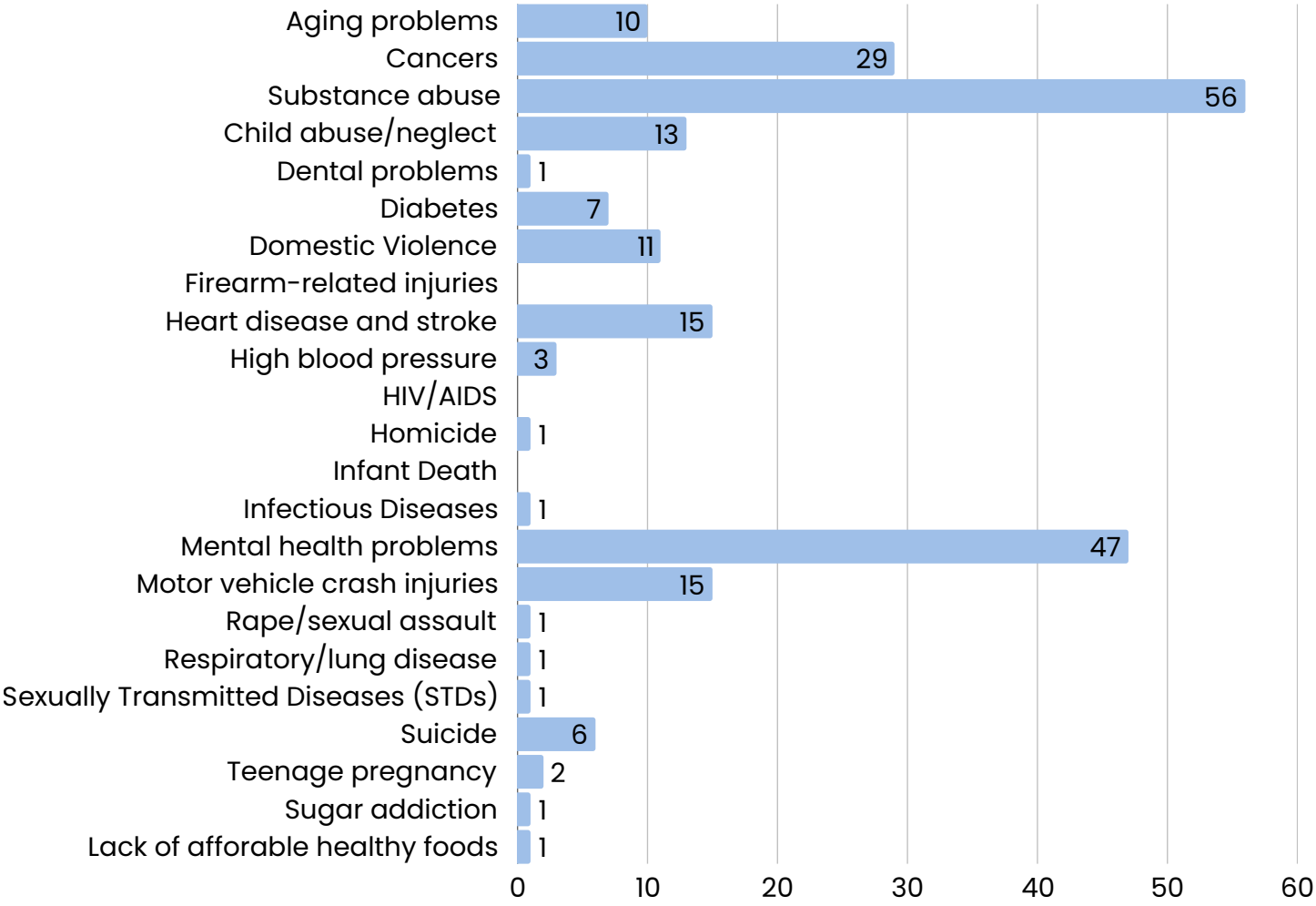
If you are not a Darke County resident, please take a minute to complete the survey below. If you are NOT a Darke County resident please stop and disregard this survey. The purpose of this survey is to get your opinions about community health problems in Darke County, Ohio. The Darke County General Health District Community Health Committee will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed this survey, please ignore this. Remember… your opinion is important! Thank you and if you have any questions, please call us at 937-548-4196 Ext: 261.

In the following list, what do you think are the three most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community.)
SELECT ONLY THREE

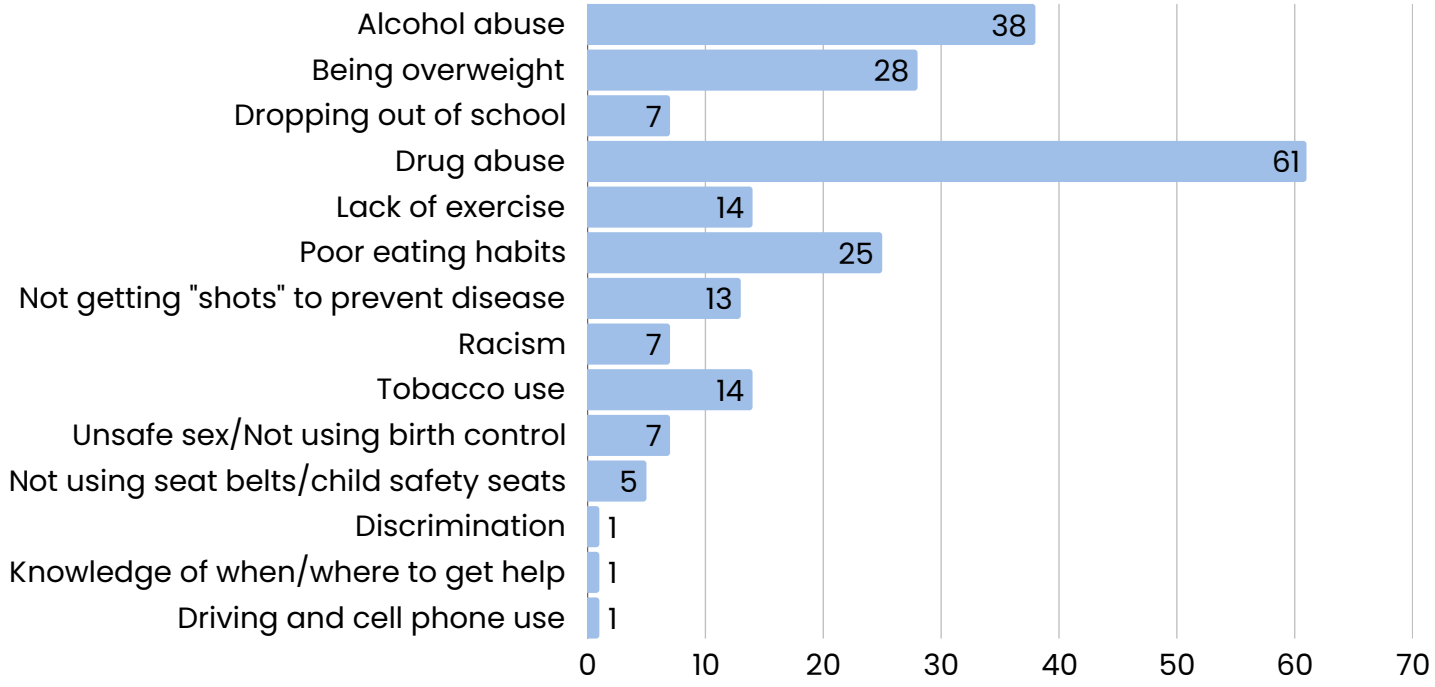


Other: Access to healthy behaviors and wellness education and resources

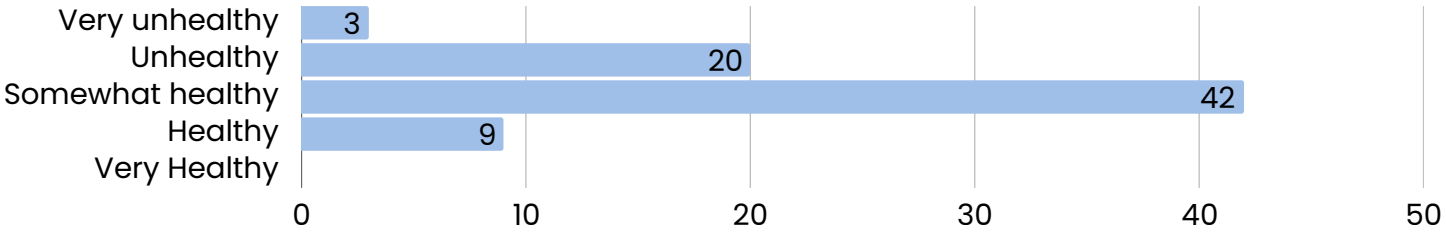
In the following list, what do you think are the three most important "health problems" in our community? (Those problems which have the greatest impact on overall community health.) SELECT ONLY THREE



In the following list, what do you think are the three most important "risky behaviors" in our community? (Those behaviors which have the greatest impact on overall community health.)
SELECT ONLY THREE

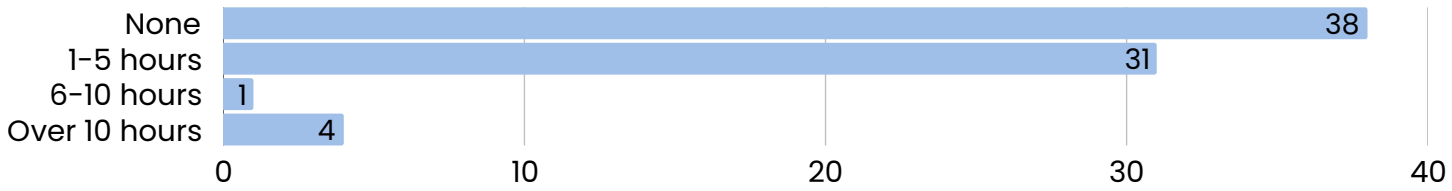


How would you rate our community as a "Healthy Community?"

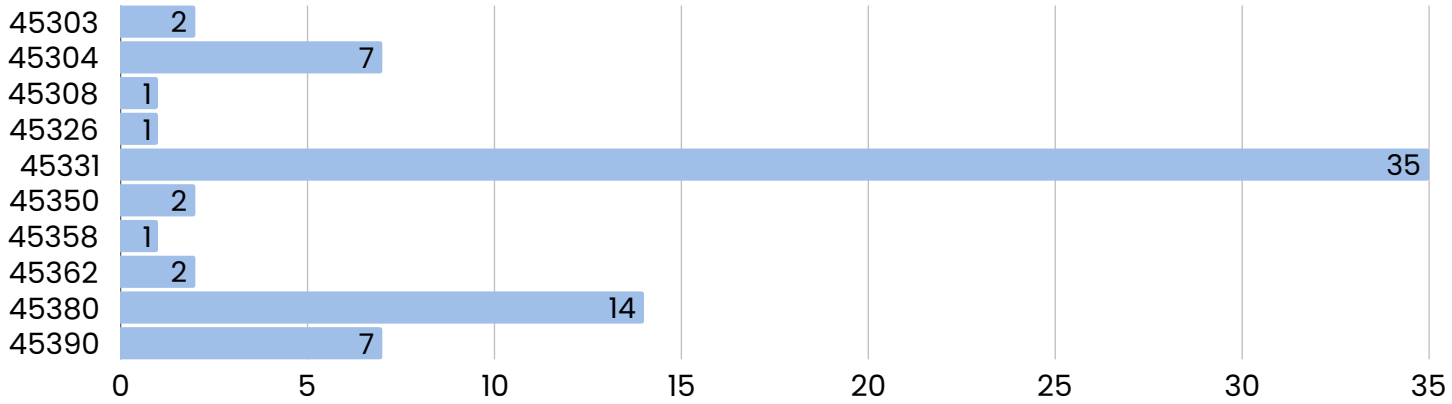


How would you rate your own personal health?

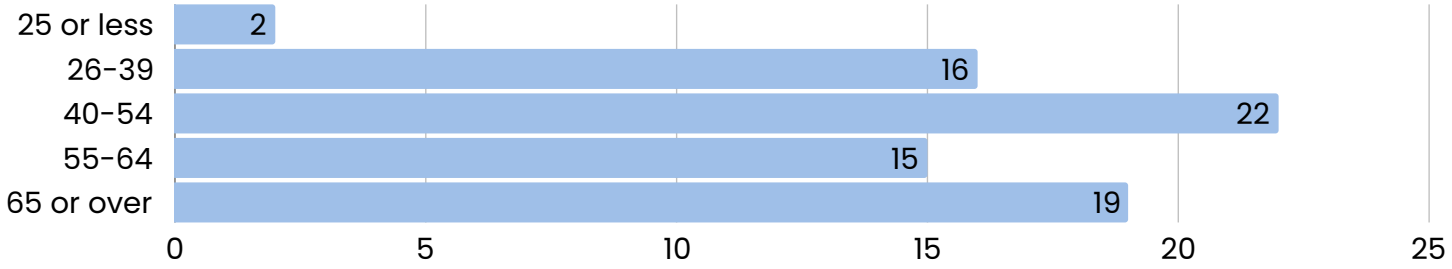
Approximately how many hours per month do you volunteer your time to community service? (e.g., schools, voluntary organizations, churches, hospitals, etc.)



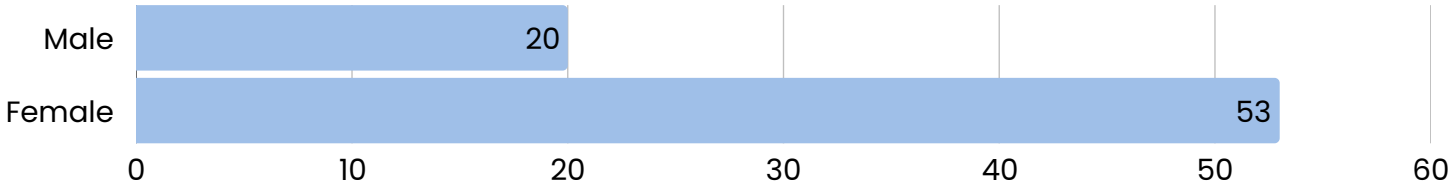
Zip code where you live:



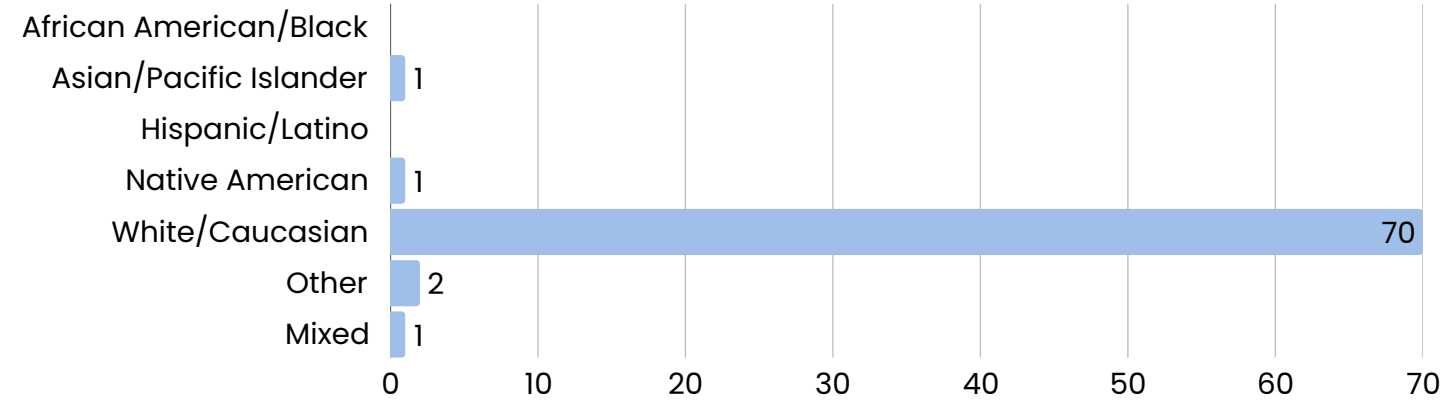
Age:



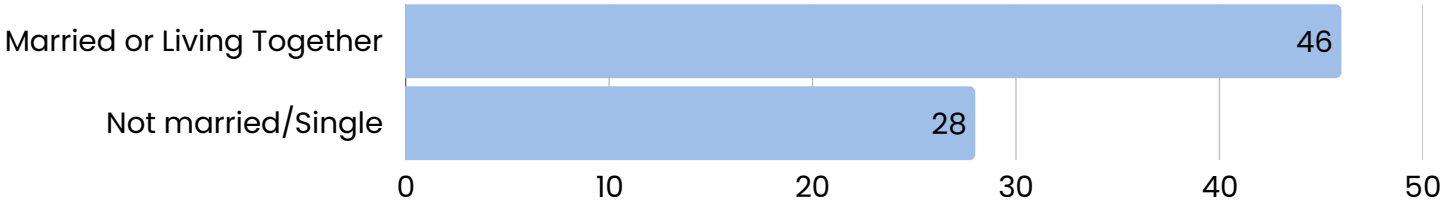
Sex:



Ethnic group(s) you most identify with:



Marital Status:



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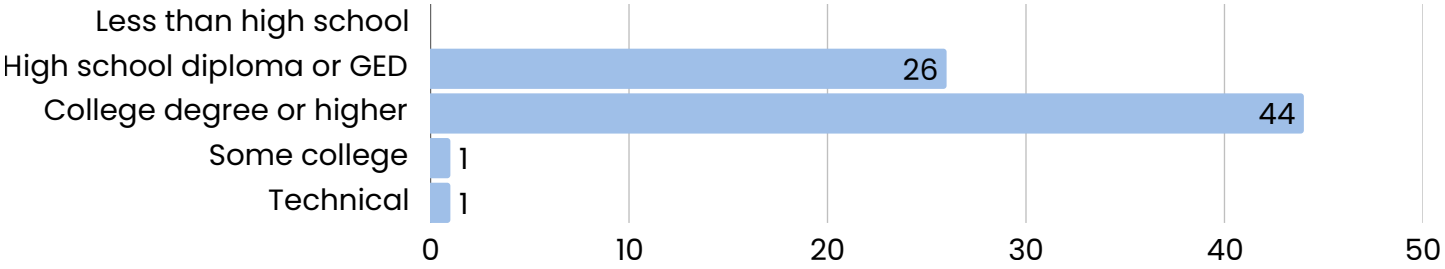

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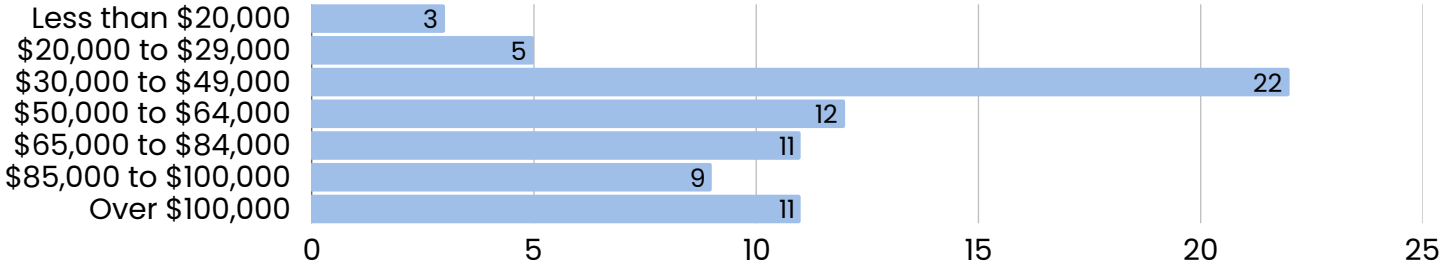
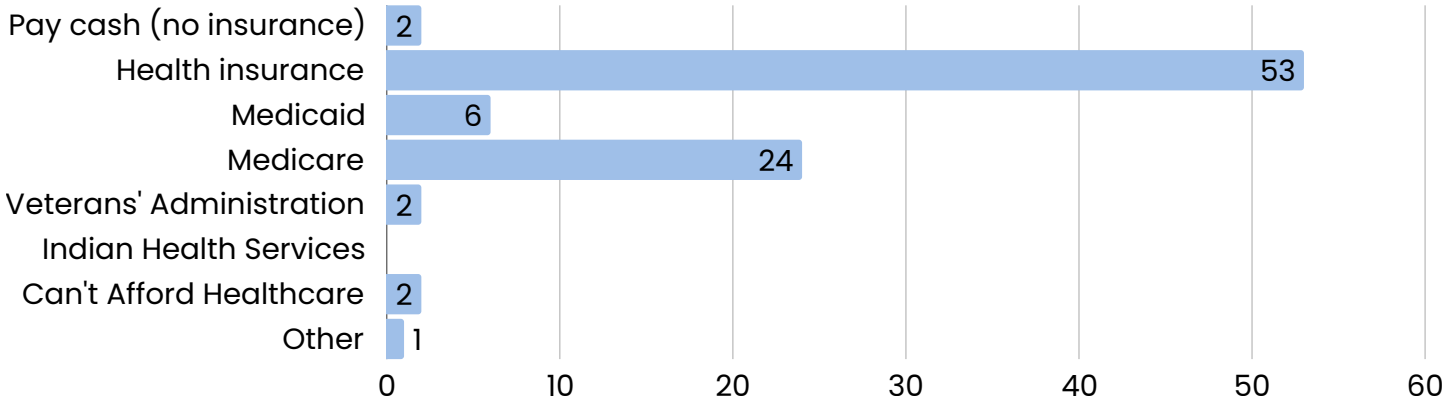


How do you pay for your health care? (Check all that apply)



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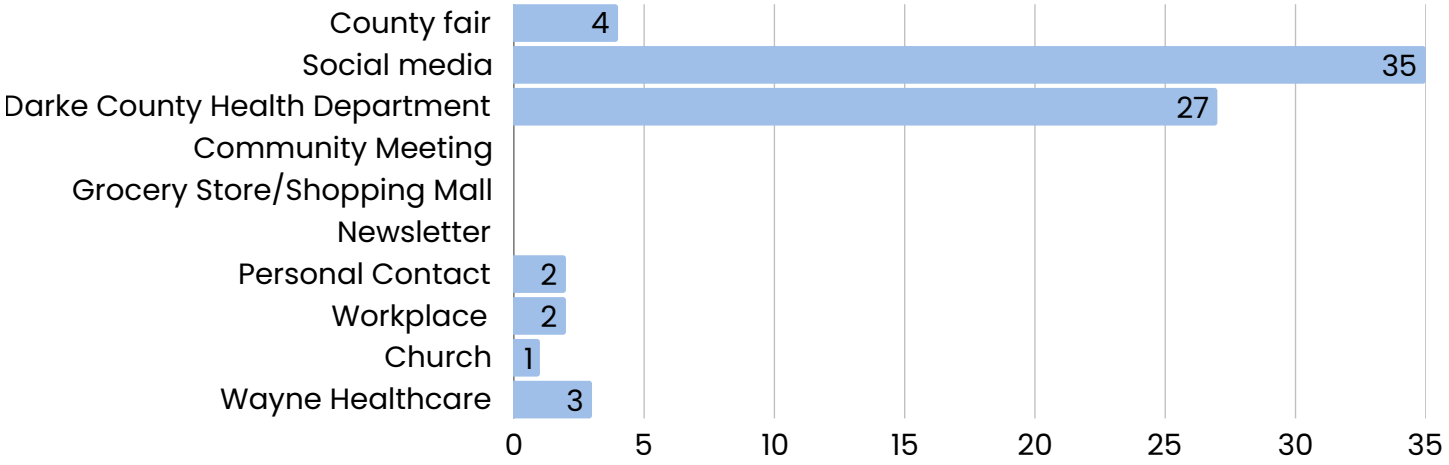
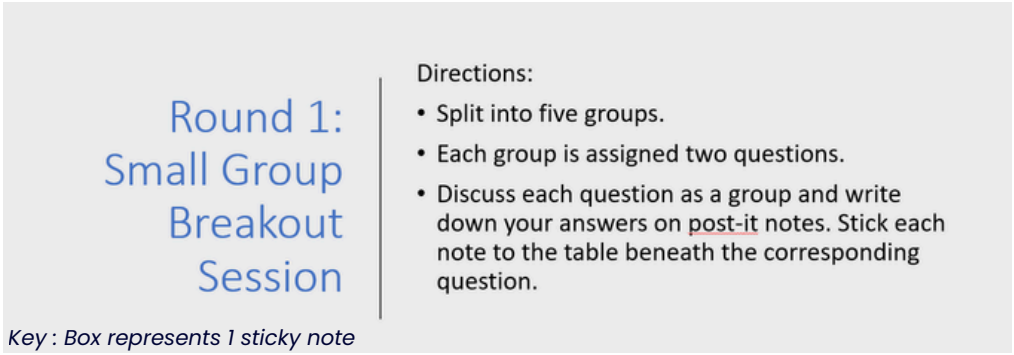
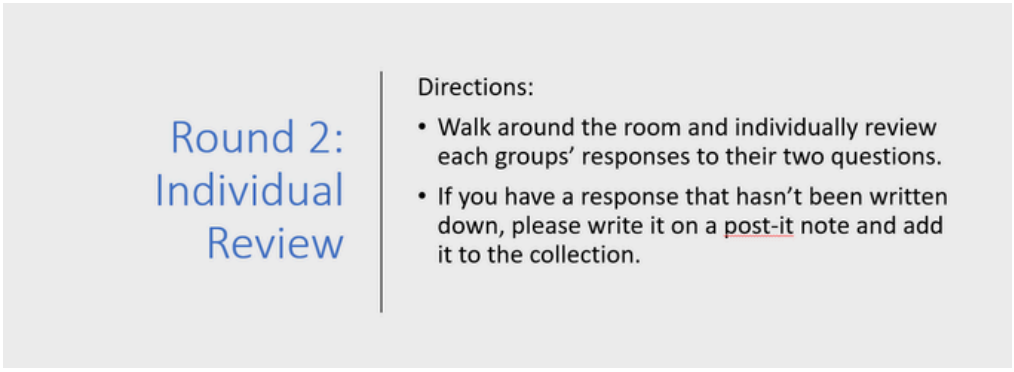
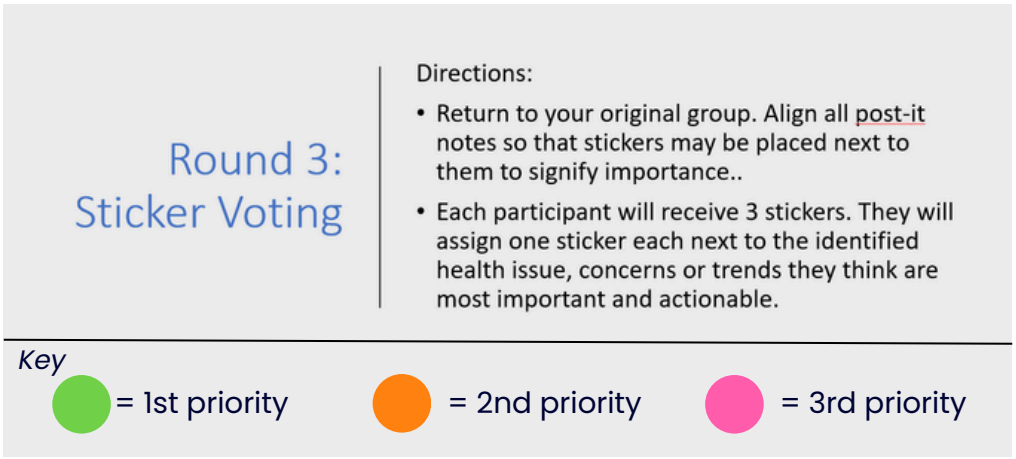


APPENDIX 2: KEY STAKEHOLDER MEETING RESULTS

Assessment Process







QUESTION 1

What are top concerns facing our community?

- Education: both parents and children and parenting aspects of administering educational services
- Geriatric Services: mental health, dementia, and financial services
- Employment - importance to quality of life
- Criminal drug traffic
- Affordable Housing
- Lack of affordable community transportation
- Youth health: Vaccines, Obesity, and AuDHD
- Cost of Childcare
- Traffic safety
- Cost of living
- Immigration trends: overburdened services, barriers for receiving services, and finding where the barriers are for immigrant population
- Inpatient services for mental health issues for youth
- Lack of resources: food, housing, and utilities
- Loneliness

QUESTION 2

What are the most pressing health issues?

- Mental Health
- Childhood obesity and vaccines
- Recreational marijuana (drug prevention with children)
- Co-morbid diagnosis of ADHD and Autism
- Diabetes, CHF, COPD
- General fitness
- Child behavioral health

QUESTION 3

What do you think are the most important traits of a healthy community?

- Strong parenting
- Community resources and collaboration
- Educational opportunities
- Early intervention of SDOH among adolescent population
- Strong workforce and stable economy (business/factory)
- Safe environment
- Quality services for mind, body, and spirit
- Communication

QUESTION 4

Which important health issues are being handled well in our community? Please give an example.

- Increase mental health services and providers
- Fund schools and provide opportunities for families
- Reduce stigma with mental health and substance abuse
- Nutrition and chronic disease education through Wayne Healthcare and OSU Extension
- Resources available for individuals who need support
- Access to primary care and hospital services
- Collaboration among health and human service agencies
- Education- our libraries and schools have great resources

QUESTION 5

Which important health issues are not being addressed enough in our community? What more could be done?

- Child behavioral health
- Adult behavioral health
- Transportation of needed services
- Unhealthy living conditions
- Substance use
- Chronic Disease
- Follow through of plans

QUESTION 6

What would you say is the most important child health issue in our community? How can this issue be addressed to improve child health?

- Vaccines and Obesity
- Adequate and affordable transportation
- Family instability
- Child mental/behavioral health
- State report cards? Community help schools
- Dental care not covered by insurance

QUESTION 7

What are some of the barriers to receiving health care in your community?

- Transportation to appointments
- Staffing and availability of counselors and healthcare professionals
- Financial burdens
- Awareness
- Lack of insurance/coverage
- Resources
- Apathy/Depression

QUESTION 8

What emerging health trends or issues should we be aware of as we plan for the future?

- Overall unhealthy living
- Food insecurity
- Housing
- Polarized opinions leading to anger and division
- Aging population
- Increase of recreational drug use
- Relying on tech and media for news resources
- Population changes
- Wide range of substances to abuse
- Transportation concerns
- Level of anxiety and ability to function

QUESTION 9

What is the most important thing our community could change to improve people's health?

- Active Senior Center which could provide education and events for aging population and community events
- Create programs and resources to help build healthy habits in the younger population
- Financial resources for those who don't qualify for Medicaid to manage chronic disease
- More volunteer drivers to support transportation needs of those in Darke County
- Get people to the resources that already exist

QUESTION 10

What do you anticipate will be the most significant health concern locally in the next 2-3 years?

- Mental health management/treatment
- Loss of herd immunity through declining vaccination
- Adult behavioral health
- Unhealthy living conditions
- Chronic disease
- Child behavioral health

TOP PRIORITIES IDENTIFIED

Mental Health	Social Determinants of Health
• **Prevention** • **Crisis Response** • **Substance Use**	• **Transportation** • **Education** • **Funding**

APPENDIX 3: KEY STAKEHOLDER SWOT ANALYSIS QUESTIONNAIRE

STRENGTHS (Internal, Positive Aspects)

What are the key strengths or assets of the community or your organization in addressing the identified priorities?

MENTAL HEALTH

What mental health services or programs are currently available in Darke County?

The responses outlined a range of mental health and wellness services available to individuals in the Greenville and Darke County area, spanning schools, law enforcement, and local agencies:

- Greenville Schools offers comprehensive support including:
  - Recovery & Wellness Counseling (3 days a week, K-12)
  - High School Group Counseling (2 hours a week)
  - Family Liaison services (4.5 days a week, grades 5-12)
  - Inside Out Coaching (1.5 days a week at the high school and available hourly at the middle school)
  - Threat Assessment Teams at both the High School and Middle School
  - Five Guidance Counselors (K-12)
  - Three School Resource Officers (SROs), with one on-site at all times during school hours.
- Darke County Sheriff's Office & Jail utilizes mental health services frequently, including assessments for inmates in crisis, referrals for victims and witnesses, and support for staff and first responders during critical incidents.
- Local Mental Health Providers and Services:
  - Multiple clinics and services are available throughout the county, including:
    - Darke County Recovery & Wellness
    - Family Health Behavioral & Wellness
    - Safehaven
    - Tri-County Board of Recovery & Mental Health Services
  - Providers offer a wide range of services, including individual counseling, art/play therapy, marriage/family counseling, psychotherapy, dual diagnosis treatments, crisis intervention, psychiatric services, and evaluations (psychological, psychosexual, and risk assessments).
- Specialized Services:
  - Recovery and Wellness Centers of Midwest Ohio offers outpatient services for substance use and mental health, including case management, school-based therapy, prevention programs, and 24/7 crisis support.
  - Family Health provides outpatient mental health and suboxone treatment.
  - Safehaven and other community housing options offer recovery support.
  - Path provides additional mental health services.
- Crisis Support:
  - The 988 Statewide Crisis Hotline is available, offering emergency mental health support.

What are the strengths of local crisis response systems?

The local crisis response system has several strengths. It is timely and well-coordinated, with services such as recovery and wellness assessments available at key locations like Greenville schools and through the Tri-County Board's 24-hour crisis assessments. Local schools, including high schools and middle schools, have monthly threat assessment meetings to address severe mental health concerns and can refer students to community networks. Additionally, crisis responders are well-trained, equipped for initial responses, and have in-depth knowledge of local services and systems, ensuring appropriate and efficient support.

How effective are the current prevention programs (e.g., school-based, community-based) for mental health?

The current prevention programs for mental health, such as those in schools and the community, are generally effective but face challenges related to capacity. Programs like Recovery and Wellness (RWC), Council on Rural Services, and Inside Out Coaching have been successful, particularly when parents give permission for participation, with positive outcomes like all seniors involved in Inside Out Coaching last year received a diploma. School-based programs help reach students who might not otherwise receive mental health services, and local social workers provide valuable support. Programs like ACES/Gateway offer at-risk youth individualized service plans. RWC uses evidence-based models and evaluates their effectiveness through pre- and post-tests and satisfaction surveys, adjusting services based on feedback. However, the demand for these services exceeds the available capacity, indicating a need for more resources to fully meet the demand.

Are there any local initiatives addressing substance use prevention and recovery?

- Darke County Jail: Collaborates with local mental health resources to offer treatment options for inmates with substance use disorders (SUD), though participation is voluntary.
- Greenville Schools: Implements a Positive Behavior Intervention Support System and Conscious Discipline Social Emotional Curriculum to improve student behavior and school climate.
- Darke County Recovery and Wellness: Offers a prevention program for students and outpatient recovery services. They also partner with Family Health for Medication Assisted Treatment (MAT) services. Treatment for both youth and adults.
- L.E.A.D. (formerly We Are the Majority)
- WISE
- Recovery Housing
- Outpatient Treatment
- Medication Assisted Treatment (MAT)
- Safe Haven
- The Coalition for a Healthy Darke County works with the OSU HEALing study and hosts events to raise awareness about substance use.

SOCIAL DETERMINANTS OF HEALTH

What transportation options are available for individuals needing access to health services?

- Greenville transit. However, many working families find the fee to be more than they can pay for transportation to regularly scheduled appointments such as therapy.
- Medicaid provides ride services but unfortunately the services such as Lyft and Uber that are used to schedule rides are much less available in Darke County,
- Darke County Job and Family Services NET program contracts with Greenville Transit and Spirit Medical Transport to provide transportation to Medicaid-covered services to those in need.
- Cancer Association of Darke County

What educational programs or initiatives are currently addressing health literacy or mental health education in the community?

- Some schools do their own
- Family Health Services is developing a school nurse program
- Public Health programs
- WISE (Prevention/Education for elderly)
- L.E.A.D. (formerly We Are the Majority)
- RWC provided Mental Health education and programming in schools. Staff also do speaking engagements for local entities who request more information on those topics.
- Many insurance companies provide some educational surveys to address health literacy and mental health education. Darke County Health Department offers some general education as well. Family Health and Wayne Healthcare target current specific topics in the community.

How do local funding sources support public health initiatives?

- Naloxone is provided by the Health Department
- Mental health medications are provided through a state reimbursement program and the Tri-County Board.
- Local support and levy for the Tri-County Board of Mental Health and Recovery
- Public agencies can receive Local, State, and Federal grants.
- Always a need for funds to provide health initiatives
- Coalition for a Healthy Darke County receives local funding from businesses
- United Way
- Funded through school general funds, wellness funds, and other grant programs

WEAKNESSESS (Internal, Areas for Improvement)

What challenges or gaps exist in addressing the key priorities identified by the community?

MENTAL HEALTH

Are there enough mental health professionals or crisis responders in the county?

Mental health professionals are in high demand more than ever. Unfortunately, there does not seem to be enough mental health professionals in the area to cover the community's needs. At times availability of licensed professionals has been difficult. Previously, local providers have been full and unable to take on additional patients. Some were referring patients to other counties. Difficulties found are limited outpatient services, no local inpatient services, providers only accepting private pay, and no home based services available. It is difficult to attract licensed professionals to rural counties and the wage able to be paid cause an additional challenge when trying to hire.

Are there gaps in access to services for individuals with substance use disorders?

- Affordable and accessible transportation assistance to local treatment. No reimbursement is received for transport to local providers, limiting how much local transport can be done
- Parental permission for students to participate in programs
- Ability to be treated for substance use disorders and mental health disorders by the same provider
- Inpatient services are strongly needed within the local community
- Increased ability to conduct individual counseling versus group sessions
- Ability to follow-up on scheduled appointments

What barriers exist in providing effective mental health care, particularly in rural or underserved areas?

- Distance to appointments
- Transportation to appointments
- Adequate number of providers available.
- Adequate broadband
- Inpatient services
- Insufficient funds
- Stigma
- Unsure of where/how to seek help
- Parental support
- Insurance coverage/private pay
- Childcare availability

SOCIAL DETERMINANTS OF HEALTH

What transportation barriers prevent people from accessing healthcare or social services?

- Access to out-of-county/specialty providers
- Hours of availability
- Greenville Transit has cost for most individuals utilizing the services
- Ineffective public transportation
- No personal transport available
- One vehicle per household/unable to attend appointments due to vehicle being for work
- Unsure of where/how to seek help for transportation services
- Transportation unavailable for those who do not meet the requirements to receive Medicaid
- Transportation services through insurance companies can be unreliable and limited

Are there gaps in education related to health, mental health, or substance use prevention in schools or community programs?

- Good foundation in schools regarding prevention programs
- Room for improvement for prevention programs within schools
- Programs can vary from school to school leading to consistency issues
- Some school districts work with local providers to offer services
- Services are disrupted during holidays/school breaks and inconsistent due to barriers such as professional availability and the ability for students to continue to receive services outside of school
- Funding for prevention programs
- Individuals who don't attend school or are not involved in an organization may not get the education they need

Are there adequate funding streams to address mental health, substance use, or social determinants of health?

- Additional funding is needed to impact identified gaps
- Re-evaluation of funding due to rising costs of licensed staff needed to deliver the services
- Funding for a local psychiatrist and adolescent mental health hospital unit would be beneficial
- Grant funds are available at the federal level but are competitive
- Consistent funding is needed. One-time funding makes it difficult to set up a strong program.

How effective are current community outreach efforts?

- There are limited community outreach programs, however the ones we have are making an impact
- Awareness is critical to share the resources available
- MAT, Naloxone, Social Services, and referrals for SUD treatment are offered to inmates. Within 4 years calls related to overdoses and overdose deaths have decreased
- Outreach efforts could be improved upon and more effective if we had more volunteers, trained individuals, educational outreach programs, and funding
- Outreach efforts are effective just need individuals to utilize them consistently
- Outreach needs are constantly changing and community partners need to be able to recognize, respond, and address these changes

OPPORTUNITIES (External, Areas for Growth or Development)

What opportunities exist to strengthen or expand services or programs to address the identified priorities?

MENTAL HEALTH

Are there any emerging funding opportunities or grants for mental health, crisis response, or substance use programs?

- New biennial budget for Ohio is being prepared, unknown opportunities at this time
- OneOhio Settlement fund
- Unsure of current opportunities
- Exclusive grant writer would be beneficial
- Currently utilizing wellness and general funds
- Harry Stephens grant
- Critical Access Care Federal grants
- Ohio Attorney General Yost grant for county jails for hiring of mental health professionals

What partnerships can be developed to enhance mental health services (e.g., partnerships with hospitals, schools, or non-profits)?

- There are partnerships already formed within the community
- Peer support mentors are trained and able to share their experiences to assist with recovery
- Partners need to discuss barriers and areas of need
- Partnerships need to be formed to meet the needs of juvenile mental health
- Coalition for a Healthy Darke County to be a center point for developing additional partnerships with local health care, county, and community groups
- Training additional individuals to recognize those struggling with mental health issues and how they can assist them in getting help
- Continue partnerships with Recovery and Wellness, Wayne Healthcare, and Council on Rural Services

Are there any opportunities to enhance telemedicine or virtual services for mental health and substance use treatment?

- Enhanced broadband access throughout the county
- Revaluate funding streams due to the rising costs of licensed staff
- Beneficial for those who do not have transportation or uncomfortable leaving their homes
- Need to balance the flexibility and availability of offering these services
- Local providers need to offer both virtual and in-person services
- Many opportunities are not local and difficult to access for in-person services

SOCIAL DETERMINANTS OF HEALTH

What opportunities exists to improve transportation infrastructure to ensure better access to healthcare?

- Affordable transportation options for those who live outside the city limits
- Transportation passes for those on a fixed income
- Expected routes to local providers
- Additional drivers to reduce wait times and delays
- Continued funding for Greenville Transit to travel outside the city limits
- Wayne Healthcare provides funds to cover certain hospital visits
- Recruit volunteers to assist with transportation needs
- Additional funding is needed

Are there new educational initiatives or collaborations that could increase health literacy and awareness in the community?

- Continued collaboration between mental health and recovery services
- Ability to serve both inpatient and outpatient locally
- Collaborate for grant applications
- Outreach at churches and organizations for on-going awareness
- Social media campaign
- School required screenings

How can local businesses or organizations contribute to solving social determinant issues through funding or partnerships?

- Support from the large corporations within the community
- Countywide school psychiatrist able to prescribe mental health medication
- Countywide mental health unit at a hospital with appropriate child care providers
- Creation of a Community Cares Initiative to help with fundraising and writing grants
- Continued support of local programs
- Participation in collaborations amongst local groups and agencies

Are there opportunities to develop new or expanded funding sources for health services (e.g., federal or state grants, private partnerships)?

- Grant opportunities through healthcare partners such as Family Health and Wayne Healthcare
- Harry Stephens grant
- Grant writers able to research and write for grant opportunities

THREATS (External, Risks or Challenges)

What external factors or challenges might hinder progress in addressing the key priorities or achieving desired outcomes?

MENTAL HEALTH

Are there any changes in state or federal policy that might impact funding or availability of mental health services?

- Non-profit entities are unable to attract talent due to lower rates of pay for services provided
- Unaware
- Funding is always fluctuating

Is there stigma around mental health or substance use that prevents individuals from seeking help?

- Yes, many clients feel a stigma around mental health or substance use services
- The community struggles to see that many individuals are affected by both substance use and mental health needs.
- The difficulty to decipher between substance use and mental health needs
- The helpless feeling patients experience when local providers cannot meet their needs
- Inpatient services are far away
- Younger generations are more open to seek help
- Individuals are embarrassed or uncomfortable and worry how they will be perceived by their peers
- Individuals see it as a negative or weakness in themselves, therefore they ignore the symptoms
- Stigma seems to be improving
- Mental Health effects people of all types of social status

How might the opioid crisis or other substance use issues impact the effectiveness of mental health and substance use programs?

- Drug culture is a very difficult one to battle. It has vastly changed over the past 10 years.
- More violence, drugs causing psychotic symptoms, family value degradation, and lower work ethics
- Many individuals have a negative work ethic, fail to show up for interviews and for work
- Often drug use and mental health issues go hand in hand
- Old habits are hard to change and not revert back to if challenged
- Are interwined and addiction can be a barrier to mental health treatment
- The opioid crisis and other substances negatively impact the effectiveness of mental health and substance use programs
- Must stay ahead of trends and how they may impact the community and its members

SOCIAL DETERMINANTS OF HEALTH

Are there economic challenges in the community that may reduce available funding for healthcare or social services?

- Inflation and limited financial resources
- County population continues to decline
- Availability of funds amongst the programs already established
- Median income is low in the county and city

How might a lack of infrastructure or resources (e.g., public transportation, broadband access) negatively impact health equity in Darke County?

- Individuals with fewer resources are more likely to be negatively impacted by a lack of infrastructure
- Individuals who do not have broadband service or transportation are unable to access services
- Public transportation availability outside of city limits
- Rural areas of the county with no access to the internet
- Lack of resources will have a negative impact of the number of individuals who can be assisted or treated
- Funding sources will continue to be limited
- Ability to attract professionals to our rural area
- Individuals who lack support and resources may be unable to access sufficient health services compared to those who have support and resources such as transportation.

Are there any political or policy changes that could impact the allocation of resources for health services, especially for rural areas?

- Funding of programs at the Federal level are uncertain at this time
- State funding for social type services are not a high priority
- Government assistance programs may be eliminated
- Resources and the county population continues to decline, however the number of individuals requiring help is increasing
- Resources for transportation in rural areas would be beneficial

CLOSING QUESTIONS

What additional resources or support do you feel are needed to effectively address the top priorities (mental health, substance use, and social determinants of health) in Darke County?

- Individuals need faster and better access to inpatient facilities when dealing with a mental health issue rather than spending time in jail or juvenile detention
- Assistance with grant writing
- Increased rates
- Transportation
- Education
- Need to find a way to gain more funding
- Additional qualified mental health professionals/trained individuals
- Work with other counties that have good mental health programs to get them implemented here
- Family or parenting skills
- Variety of services (in-home based, inpatient)
- Accessibility of providers (private pay vs insurance)
- Community support
- Wraparound services with a holistic approach
- Breaking the cycle/understanding generational poverty and trauma

How can collaboration between local government, health care providers, businesses, and community organizations be improved to better address these issues?

- Focus on the whole-person approach/consider both clinical and social factors
- Focus on community health by looking into its influences like social and economic conditions, public policies, health care, living and working environments
- Collaborative approach to leverage talents, resources and perspective of diverse organizations and businesses
- Work together for grant funding opportunities
- Continual education and programs in schools, organizations, and businesses
- Lobby congress for better health programs
- Health insurance coverage for mental health issues
- Local children's psychiatrist who can prescribe mental health medication
- Local inpatient care unit for children
- Understanding the needs of entities and the needs of our citizens

APPENDIX 4: GRACE RESURRECTION'S SOUP KITCHEN FOCUS GROUP RESULTS

Top Health Concerns

- Access to basic needs such as food, shelter, education, and safety are central concerns, with many respondents linking these issues to overall health. Mental health challenges, including depression and anxiety, are prevalent, particularly among children and families facing stressors like drug addiction. Drug abuse remains a significant issue, along with chronic conditions like arthritis, heart disease, and obesity. There is also a lack of access to necessary healthcare services, particularly due to the high cost of insurance and the shortage of healthcare providers. People also expressed concern about the accessibility of mental health services and the strain on resources to meet the demand.

Factors Influencing Health

- Several factors both promote and hinder health within the community. Positive factors include staying warm during the colder months, which is particularly important for infants and children, and a focus on staying active through activities like walking. However, unhealthy habits like smoking, drinking, and poor diet—especially the consumption of junk food—are significant barriers to good health. Many individuals also pointed to the lack of exercise and the limited availability of gyms or sports programs for physical activity as obstacles. A major hindrance is the lack of adequate health insurance, with some people at risk of losing coverage and unable to afford necessary healthcare services. Additionally, individuals' choices regarding their health, including not attending medical appointments or avoiding vaccines, also impact their well-being.

Defining a Healthy Community

- A healthy community is viewed as one where residents support each other, maintain good physical and mental health, and have access to essential healthcare services, such as prenatal care and mental health support. Respondents emphasized the importance of faith, particularly in Christ, as a source of strength in overcoming challenges. A sense of community, care for one another, and the willingness to put others first are critical traits for maintaining a healthy environment. However, some individuals felt that the community has become disconnected, with people no longer caring as much for each other as they once did, which has contributed to a decline in community health.

Accessing Healthcare

- When healthcare is needed, individuals typically turn to family members, friends, or local resources. Some veterans rely on Veterans Affairs, while others utilize family health centers or primary care providers. However, many respondents expressed frustration with accessing healthcare, especially when faced with insurance issues or a lack of available providers. The shortage of healthcare providers, particularly for specialized care, was mentioned as a barrier, as well as the high cost of insurance, which makes healthcare unaffordable for many in the community. For some, even routine services like vaccines are avoided due to misinformation or reluctance to visit healthcare providers.

Barriers to Healthcare Access

- Respondents highlighted the need for more accessible dental and vision care, as well as services like drug rehabilitation. Access to general healthcare services is hindered by the lack of providers, long wait times for appointments, and the high cost of medical care. Additionally, respondents emphasized the need for more programs to help individuals manage chronic conditions like arthritis and diabetes, and better access to mental health services, especially for children and those dealing with addiction.

Unmet Health Service Needs

- Several significant barriers prevent community members from accessing the healthcare they need. Transportation is a major issue, particularly for those who need to travel long distances for specialized care. The lack of affordable insurance is another barrier, with many unable to afford the out-of-pocket costs associated with medical care. Waiting lists for healthcare services, especially for primary care, were also identified as a challenge. In addition, some respondents expressed frustration with the bureaucratic difficulties in navigating healthcare systems and insurance plans.

Opportunities for Improvement

- Several changes could help improve health outcomes in the community. Reducing the waiting times for healthcare appointments and increasing access to specialized care were frequently mentioned as key improvements. Making healthcare more affordable by addressing insurance costs and increasing access to Medicaid were also highlighted as essential. Improving transportation to healthcare facilities, especially for individuals who live in rural areas or far from specialized providers, could help ensure more consistent care. Health education, particularly around the importance of vaccines and regular checkups, would help address some of the preventive health care gaps. Additionally, addressing lifestyle factors, such as promoting exercise, healthier eating, and reducing smoking and drinking, would contribute to better health for the community overall.

APPENDIX 5: LGBTQ+ COMMUNITY CENTER OF DARKE COUNTY FOCUS GROUP RESULTS

Top Health Concerns

- The community faces several pressing challenges related to basic needs, including food insecurity, housing, and access to healthcare. Food is a significant concern, with many people relying on food banks, though these services do not always feel secure or sufficient. Housing is another major issue, with a lack of affordable options, unresponsive landlords, and long waiting lists. Many individuals are forced to pay high application fees, with little success. There is limited awareness of available housing programs and social services, especially for people with mental health needs. Housing and food remain top priorities for the community, alongside the need for more educational opportunities beyond high school. Additionally, there is concern about political influences that foster discrimination, particularly toward the LGBTQ+ community. Mental health issues, such as anxiety and depression, also affect the community, compounded by the shortage of mental health providers.

Health Barriers and Support

- Access to healthcare remains a significant barrier, with long waiting lists for mental health services, high healthcare costs, and insurance limitations. Low-income individuals often struggle to afford care, even if they have insurance. However, community support is vital, especially within the LGBTQ+ community, where the local LGBTQ+ center provides a safe space for connection and fellowship. The built environment in Greenville encourages physical activity, with parks and bike paths available for walking and exercise, although access to healthier food can be limited due to high grocery prices. Political influences, particularly anti-LGBTQ+ activities, create additional stress, which negatively impacts mental and physical health. The community works together to push for preventive health services, and local organizations emphasize personal health and wellness.

Traits of a Healthy Community

- A healthy community is one where individuals can meet their basic needs, live authentically without fear of discrimination, and have access to both physical and financial healthcare. The community values support from local agencies, such as the sheriff and health department, which are crucial in fostering health and safety. Information overload, particularly regarding diet and nutrition, is a concern for many. In this community, access to affordable healthcare is considered essential for everyone, not just for those who can afford it. Mental health is a particular focus, and while there have been efforts to improve access, much work remains to be done in ensuring comprehensive care.

Accessing Healthcare and Services

- When healthcare is needed, many individuals rely on their primary care physician (PCP) or urgent care centers, with some turning to functional medicine doctors for a more preventive approach. Access to LGBTQ+-affirming care is vital for the community, and experiences of discrimination in healthcare settings highlight the ongoing need for sensitivity training among providers. For some, navigating the healthcare system can be challenging due to the high costs and lack of affordable options. Many individuals are forced to engage in preventive health behaviors or forgo care altogether because they cannot afford it. The opening of a local community center has been a major positive change, offering resources and support to address gaps in health needs.

Unmet Health Service Needs

- The community faces a significant gap in mental health services with long waiting lists for care. There is also a need for weight management programs and medications like Ozempic to be covered by insurance. Access to dental services is limited, and many individuals struggle to find providers who accept Medicaid. In addition, there is a shortage of specialized care, particularly gender-affirming services, and a lack of resources for the LGBTQ+ community in terms of health services.

Experience with Health Services

- Barriers to accessing health services include transportation issues, the availability of providers, and insurance limitations. Waiting times for care, especially mental health services, are lengthy, and navigating the system can be complicated, particularly for individuals without adequate insurance. Many community members report that affordability is the biggest barrier to accessing the care they need.

APPENDIX 6: 2024 GREATER DAYTON AREA HEALTH SURVEY

Answers Will Remain Confidential

We need your help! An increasing number of people all across the United States and Ohio are struggling to provide basic needs for themselves and their families. The Greater Dayton Area residents are no different. The Greater Dayton Area Hospital Association and its member hospitals is conducting an adult health survey to identify what the key needs and concerns are for your community. Your opinions are very important to us!

Along with you, hundreds of other residents in the Greater Dayton Area will complete this anonymous survey. There is no way for your personal answers to be linked to you. The results of this survey will help local agencies address areas of key health problems and also create more awareness of the needs of your community. Watch for the release of the final health assessment report in the fall of 2024.

Completing the survey requires approximately 30 minutes of your time. As a token of our appreciation for your time, everyone who completes the survey will be offered the opportunity to enter a raffle for one of three $100 gift cards. To receive your gift card, you will be directed to a completely separate and confidential survey link at the end of this survey to provide your contact information.
This health survey is being sponsored by The Greater Dayton Area Hospital Association and its member hospitals. If you have any questions or concerns, please contact Lisa Henderson, at lhenderson@gdaha.org or 937-424-2362.

Instructions:

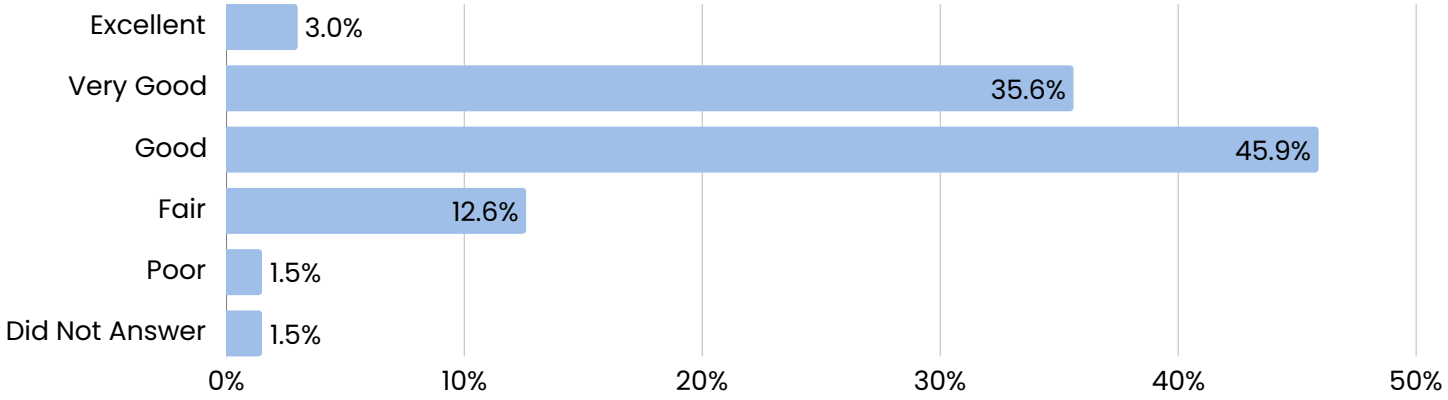
- ❖ Please complete the survey now rather than later.
- ❖ Please do **NOT** put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- ❖ Please be completely honest as you answer each question.
- ❖ Answer each question by selecting the answer that best describes you and your views.

Thank you for your assistance. Your responses will help to make the Greater Dayton Area a healthier place for all of our residents.

**Please note: This appendix only shows 10 questions out of 81 total questions asked. Data shown is only Darke County residents and not the entire GDAHA region. 135 individuals from Darke County completed the survey. For a copy of the entire survey contact Brittany Weitzel, brittany.weitzel@darkecountyhealth.org, or Abigail Griesdorn, abigail.griesdorn@darkecountyhealth.org.*

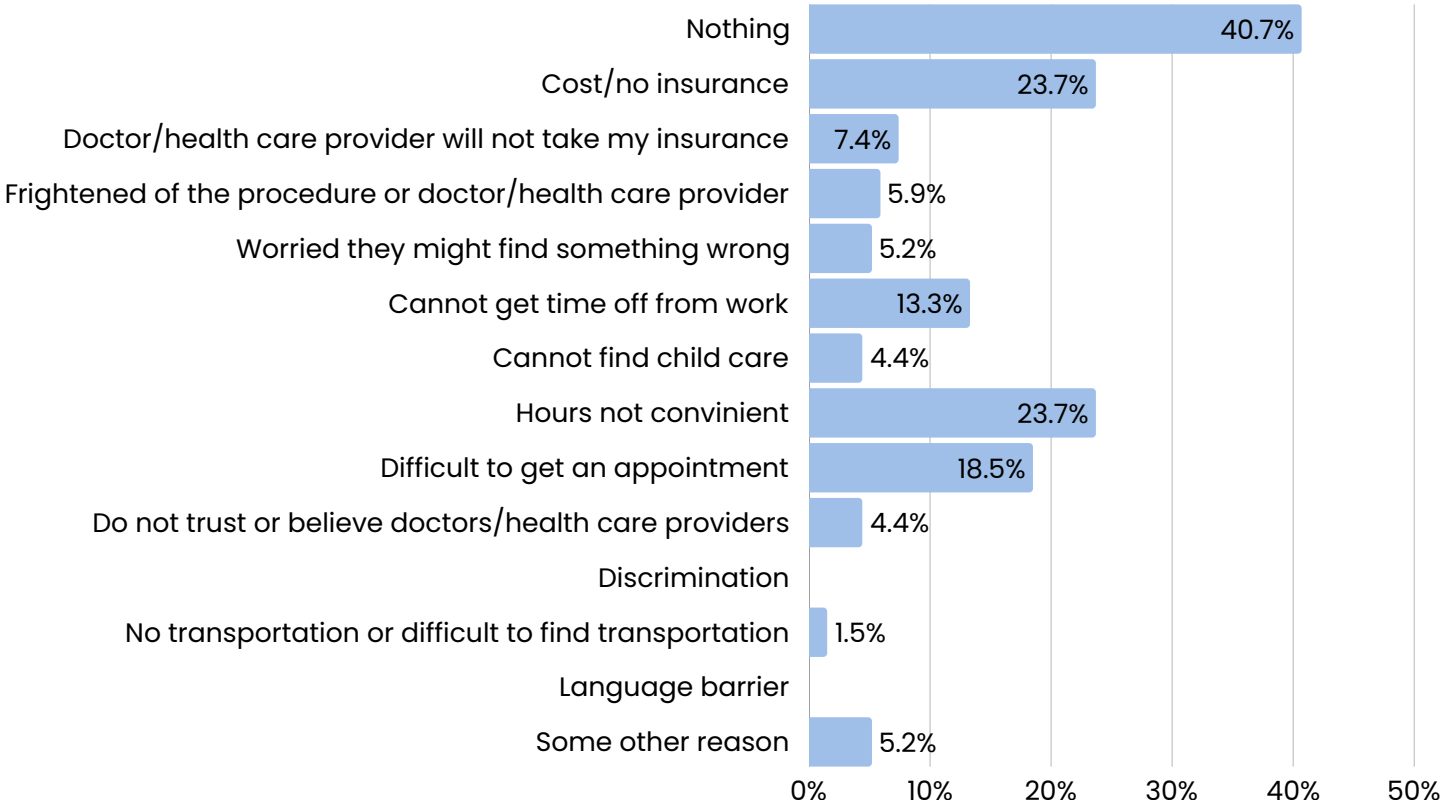
Health Status

Would you say that in general your health is:



Health Care Access and Utilization

What might prevent you from seeing a doctor or health care providers if you were sick, injured, or needed some type of health care? (circle all that apply)



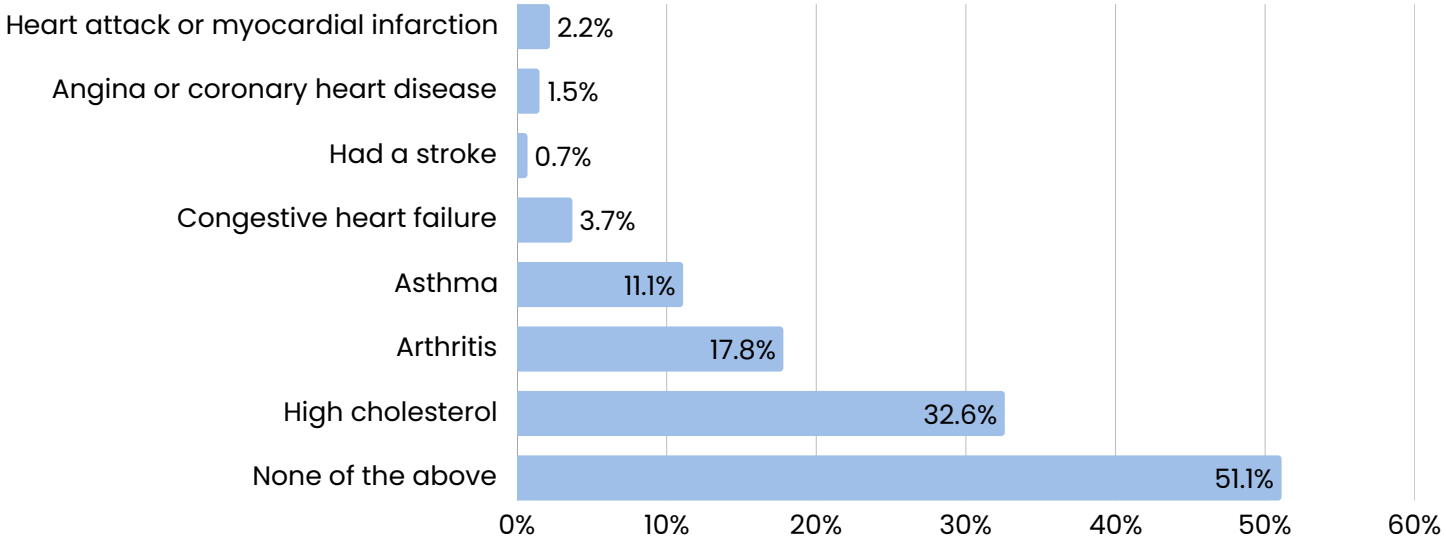
Health Care Coverage

Does your health coverage include:

	Yes	No	Don't Know	Did Not Answer
Alcohol and drug treatment	21.6%	4.0%	70.4%	4.0%
Breastfeeding support	20.8%	6.4%	68.8%	4.0%
Dental	76.0%	12.8%	7.2%	4.0%
Durable medical equipment (e.g., canes, walkers, oxygen)	35.2%	2.4%	58.4%	4.0%
Home care	20.8%	2.4%	72.8%	4.0%
Hospice	15.2%	2.4%	78.4%	4.0%
Immunizations	82.4%	0.8%	12.8%	4.0%
Medical	95.2%	0.8%	0.8%	3.2%
Mental Health	58.4%	3.2%	32.0%	6.4%
Outpatient therapy (e.g., occupational therapy, physical therapy)	68.8%	0.8%	25.6%	4.8%
Prescription coverage	91.2%	1.6%	3.2%	4.0%
Preventive health (e.g., well visits, cancer screenings, blood pressure tests)	90.4%	0.8%	4.8%	4.0%
Skilled nursing/assisted living (inpatient rehab/therapy)	18.4%	0.8%	76.0%	4.8%
Tobacco cessation	25.6%	1.6%	68.0%	4.8%
Transportation (for primary care, dialysis, etc.)	14.4%	5.6%	75.2%	4.8%
Vision/eyeglasses	72.8%	18.4%	4.8%	4.0%

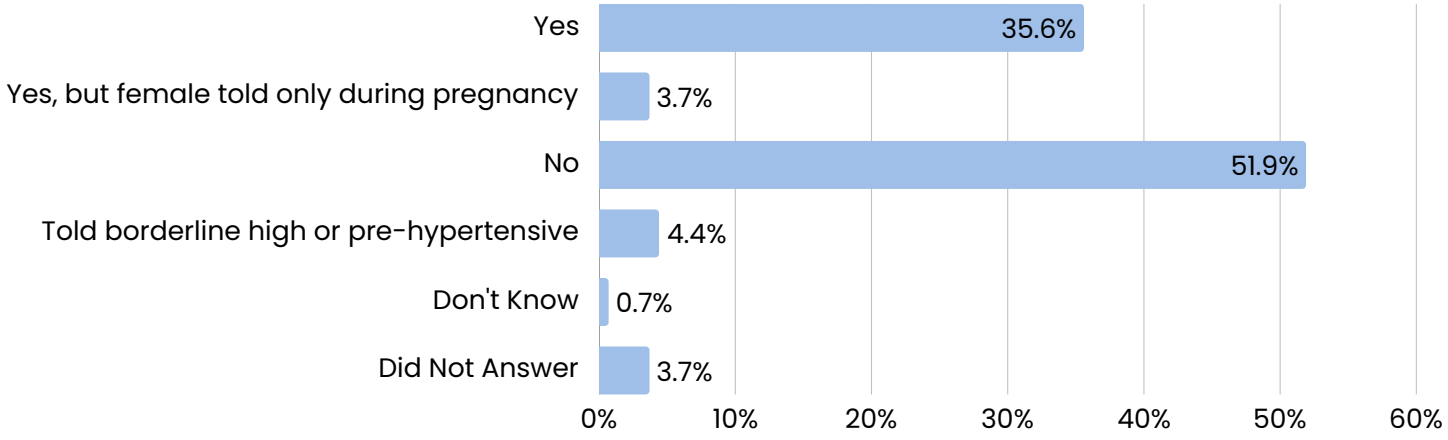
Preventative Medicine and Health Screenings

Has a doctor, nurse, or other health professional ever told you that you have any of the following? (circle all that apply)

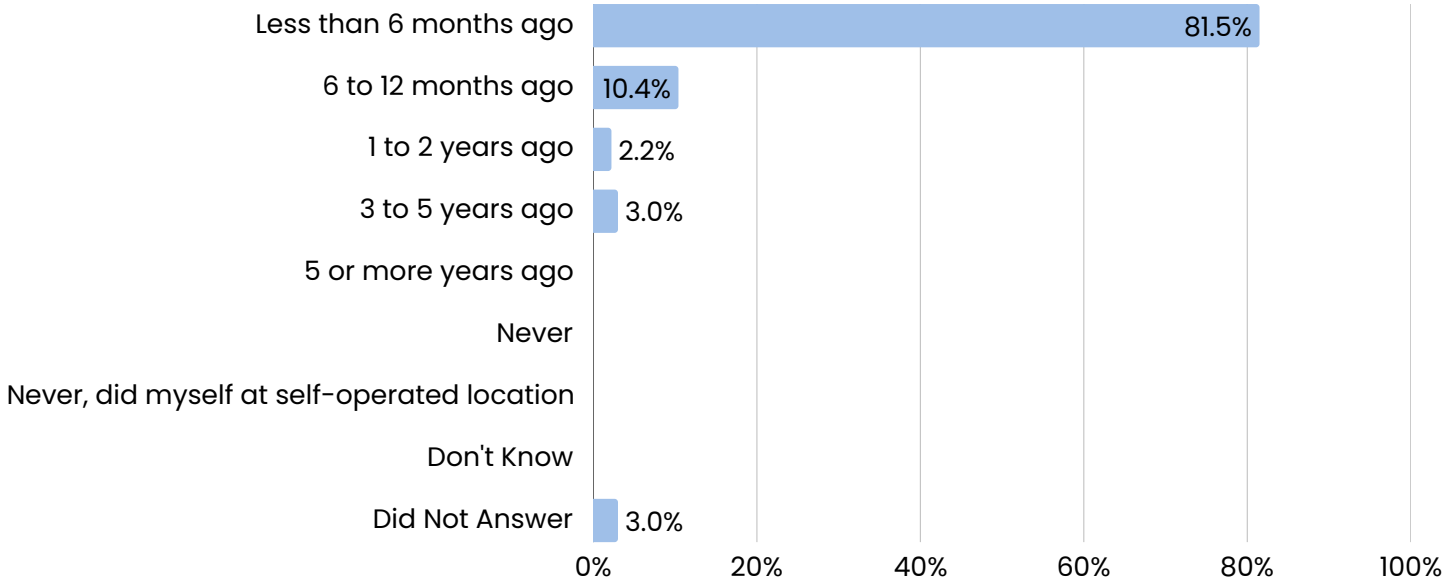


Preventative Medicine and Health Screenings Continued

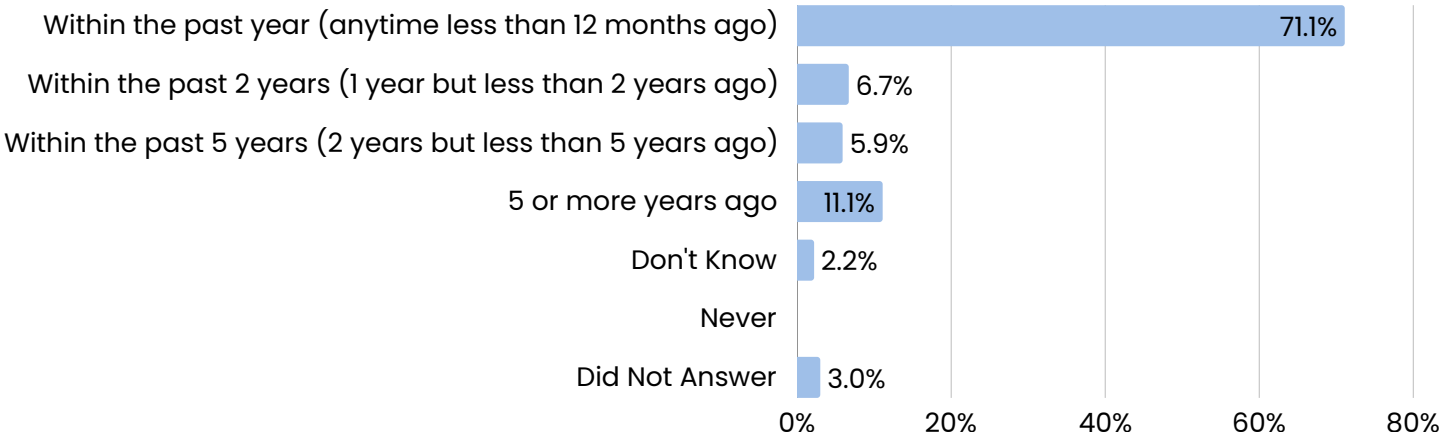
Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?



When did you last have your blood pressure taken by a doctor, nurse, or other health professional?

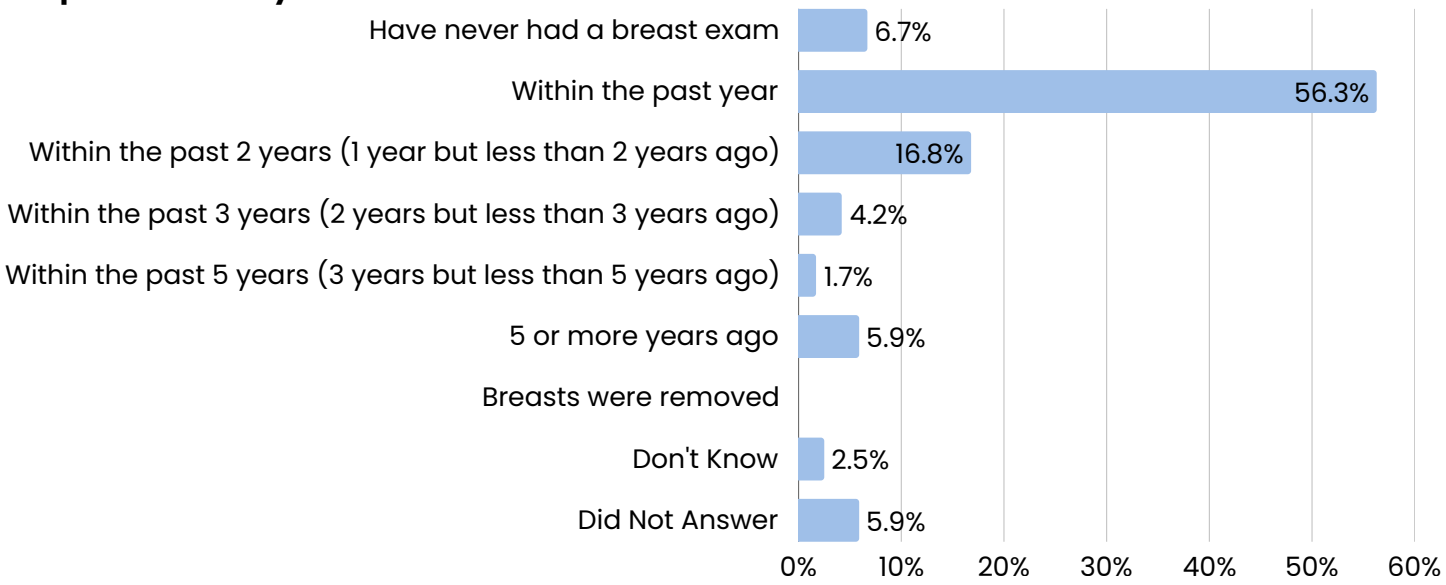


About how long has it been since you last had your cholesterol checked?

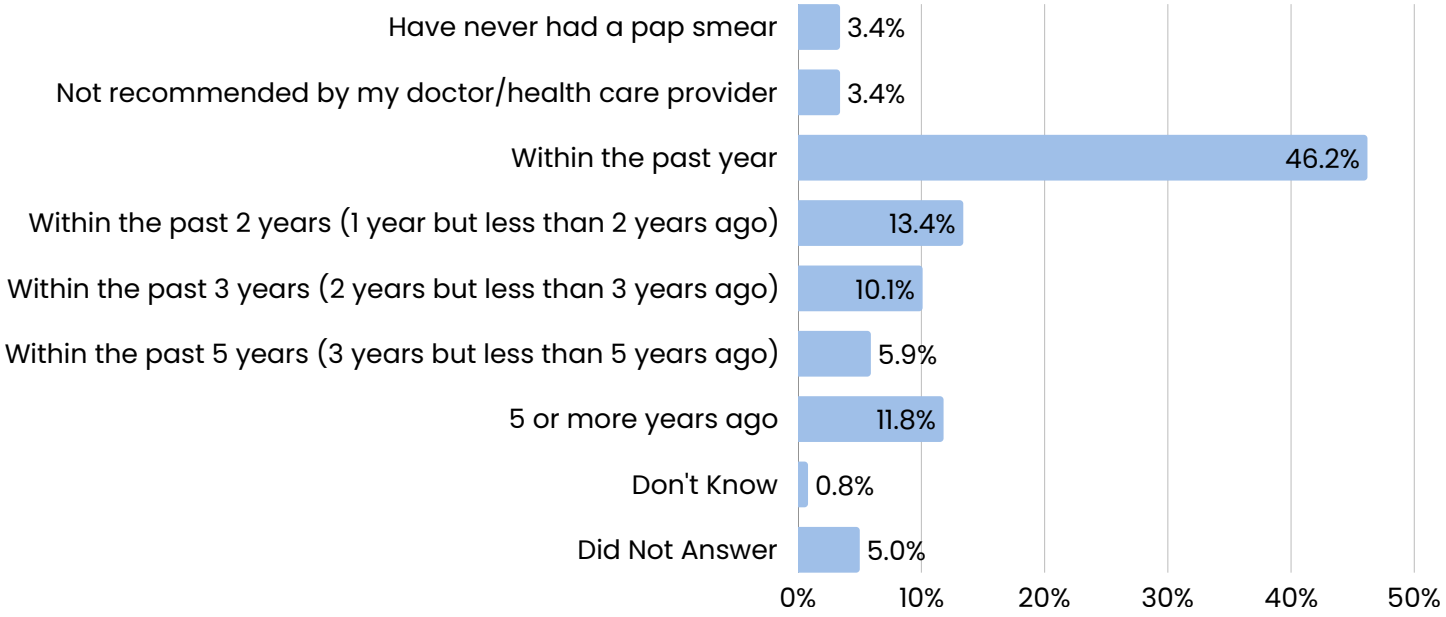


Women's Health

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. When was your last breast exam?

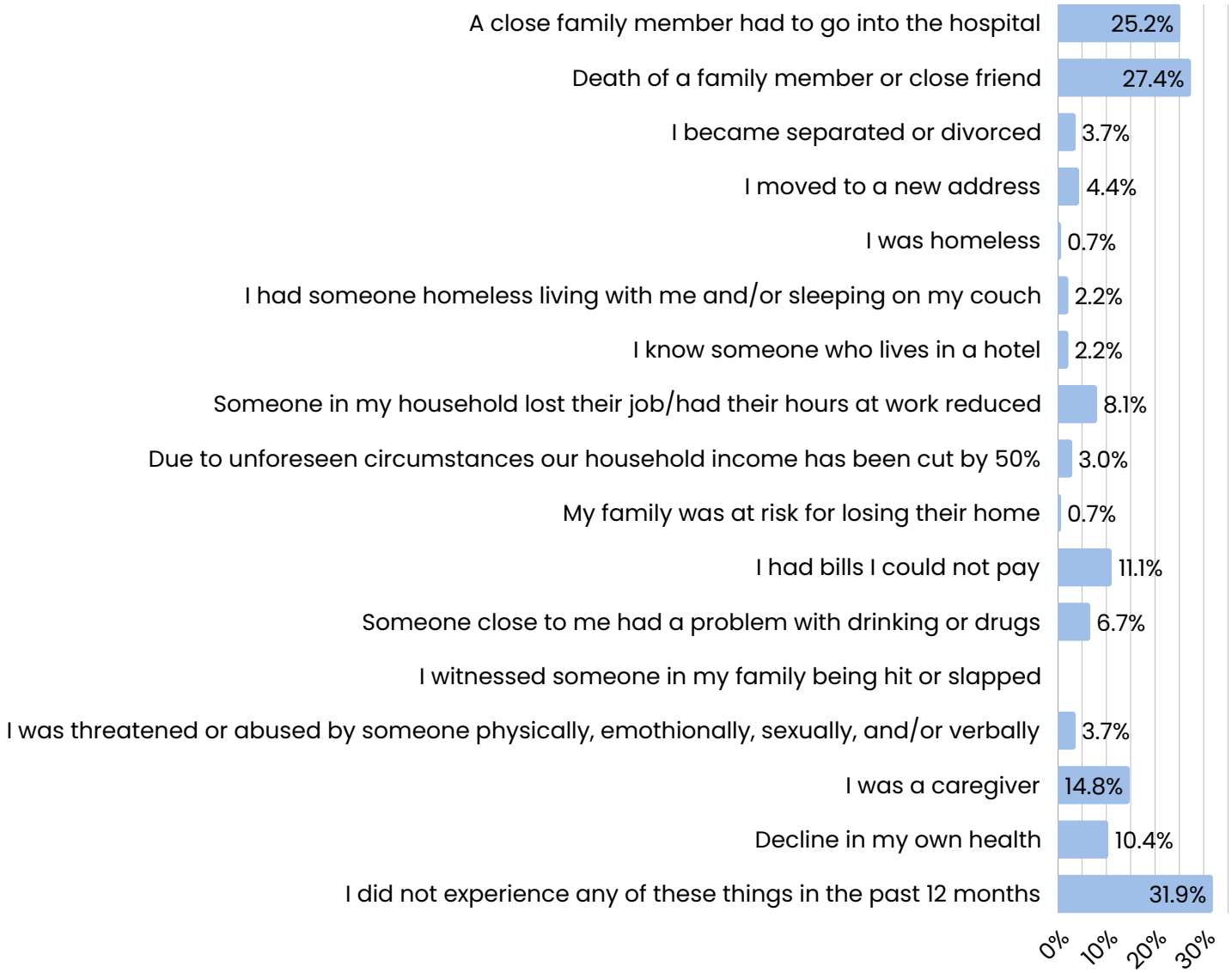


A pap smear is a test for cancer of the cervix. How long has it been since your last pap smear?



Social Determinants of Health

Have you experienced the following in the past 12 months? (circle all that apply)



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