Upstream From Overdose: A Data to Action Partnership Promoting Health Equity for All in Rural Greene County, NY



NYSACHO's 2026 Statewide Harm Reduction Symposium

November 17, 2026

According to the National Institutes of Health (NIH), rural Americans experience disproportionately high rates of chronic disease, premature mortality, and injury, including greater risks of fatal drug overdoses and suicide compared to urban populations.

Source: NIH, Health in Rural America: Connecting to Care (March 2022).



Rip Van Winkle Bridge & Catskill Mountains



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Executive Director

Columbia - Greene Addiction Coalition



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Greene County Public Health

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Understanding Barriers & Challenges in Greene

- **Limited Healthcare Infrastructure:** No hospital, methadone program, or inpatient detox/treatment facility.
- **Geographic Isolation:** Mountainous terrain, dispersed populations, and long travel distances.
- **Transportation Barriers:** Limited public transit and reliance on personal vehicles.
- **Shared Resources:** Nonprofit providers serve both Columbia and Greene counties, stretching limited capacity across a large rural region.
- **Limited Access & Community Trust:** Remote communities, particularly the Mountain Top, face greater service gaps, isolation, and barriers to building trust with providers.



Surveillance & Toxicology Data

ODMAP & API Integration

First responder ODMAP entry began in 2019. Aggregate analysis launched during Healing Communities Study (2020). NYSDOH OD2A support enabled direct API setup with paramedics in 2021.

Public Health & Paramedic EHR

DOJ COSSUP grant funding established data-sharing agreements with 2 of 3 county paramedic agencies in 2023. Enables Public Health to verify or rule out overdose events in real-time via direct EHR access. Used for Overdose Spike Response Plan and for coordination with post-overdose outreach.

NYSDOH Reports

Used to benchmark local trends compared to other upstate NY counties. Quarterly opioid reports detail provisional counts of opioid involved overdose death with a 7 month lag. Annual dashboards cover broader drug/stimulant overdose death rates with 2+ year lag.

Coroner & Toxicology

Death certificate records shared by county coroners provide immediate demographic information for suspect overdose deaths. Full toxicology reports follow for official case confirmation within 30 days. An online coroner reporting system was developed in 2025.

Greene County Opioid Overdose Rates

Rankings & Rates Compared to 57 Upstate NY Counties (2016–2025) • Crude Rates / 100,000

*2025 data is provisional. All other figures are from July quarterly reports 2 years following year of reported data.

Source: NYSDOH Opioid Data Dashboard (https://www.health.ny.gov/statistics/opioid/)

Year	Greene County Rank (Among 57 Upstate Counties)	Greene County Rate	NYS exc. NYC Rate	% Difference vs. NYS
2016	5th	**25.2**	18.1	+39% Higher
2017	8th	**27.4**	19.4	+41% Higher
2018	7th	**25.3**	17.2	+47% Higher
2019	25th	**14.7**	16.0	-8% Lower
2020	10th	**29.5**	22.5	+31% Higher
2021	**1st (Peak Rank)**	**48.0**	**25.2**	**+91% Higher**
2022	34th	**21.1**	25.8	-20% Lower
2023	38th	**19.1**	25.7	-26% Lower
2024	8th	**23.5**	15.8	+49% Higher
2025*	**44th**	**4.3**	**9.6**	**-55% Lower**

Unfortunately, Opioid Involved Overdose doesn't tell the whole story...

Year	Opioid-Involved (NYSDOH*)	Total Overdoses (Coroner**)
2020	14	9
2021	23	21
2022	10	11
2023	9	15
2024	11	12
2025*	2	2

Differences in Reporting Jurisdiction

NYSDOH Opioid Deaths: Based on vital statistics records; deaths are assigned by **county of residence**, regardless of where the death occurs.

Coroner Overdose Reports: Assigned based strictly on **where the death takes place**, regardless of legal address.

Scope Limitation & Polysubstance Shift

Opioid-Only Focus: NYSDOH County Opioid Quarterly reports exclusively track ***opioid-involved*** overdoses, missing broader substance trends.

Emerging Non-Opioid Trends: Since Greene County began recording toxicology in 2021, **the proportion of deaths attributable to other non-opioid substances has been steadily increasing.**

Greene County -- Proportion of Deaths Involving Different Substance Types. These are not mutually exclusive.
Overall, of 61 deaths with available toxicology in Greene County, 72% involve polysubstance use. In total, 89% involve an opioid. 74% involve fentanyl.

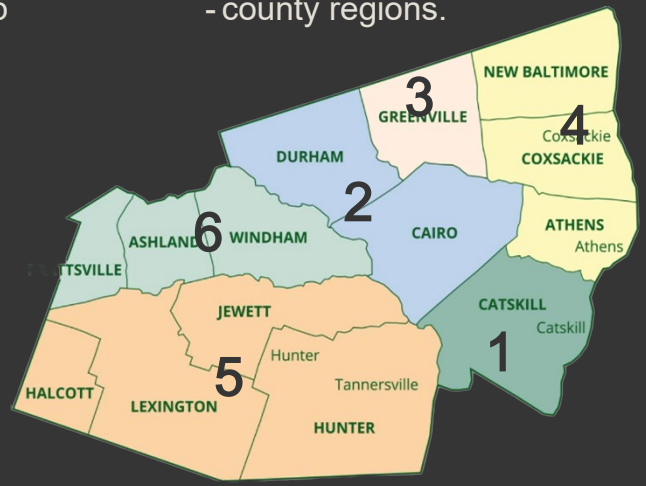
	2021	2022	2023	2024	2025*	Slope	Interpretation
Fentanyl	90%	91%	67%	50%	0%	−22.1	Very strong decreasing trend
Heroin	48%	0%	0%	0%	0%	−9.6	Steep decline to zero
Rx Opiates	10%	18%	33%	42%	50%	10.4	Strong increasing trend
Cocaine	33%	18%	33%	33%	50%	4.9	Moderate upward trend
Benzodiazepines	0%	18%	20%	33%	0%	1.5	Mild upward trend
Amphetamine	10%	9%	13%	0%	0%	−2.9	Moderate decline
Methamphetamine	10%	0%	7%	1%	0%	−1.9	Slight decline
Xylazine	5%	0%	13%	1%	0%	−0.9	Near-flat / slight decline
Barbiturates	5%	0%	13%	1%	0%	−0.9	Near-flat / slight decline
Other (non-psychoactive)	5%	0%	13%	25%	0%	1.5	Mild upward trend
Any Stimulant	38%	18%	33%	33%	50%	3.9	Clear increasing trend
Any Opioid	95%	100%	80%	83%	50%	−10.7	Strong decreasing trend
Total Deaths	21	11	15	12	2		

*The number of deaths in 2025 is very small and proportional changes should be interpreted with caution

Sub-county Geographic Disparities

In addition to standard demographic information like age, gender and race, Greene County uses death certificate data in combination with ODMAP data to look at disparities between sub - county regions.

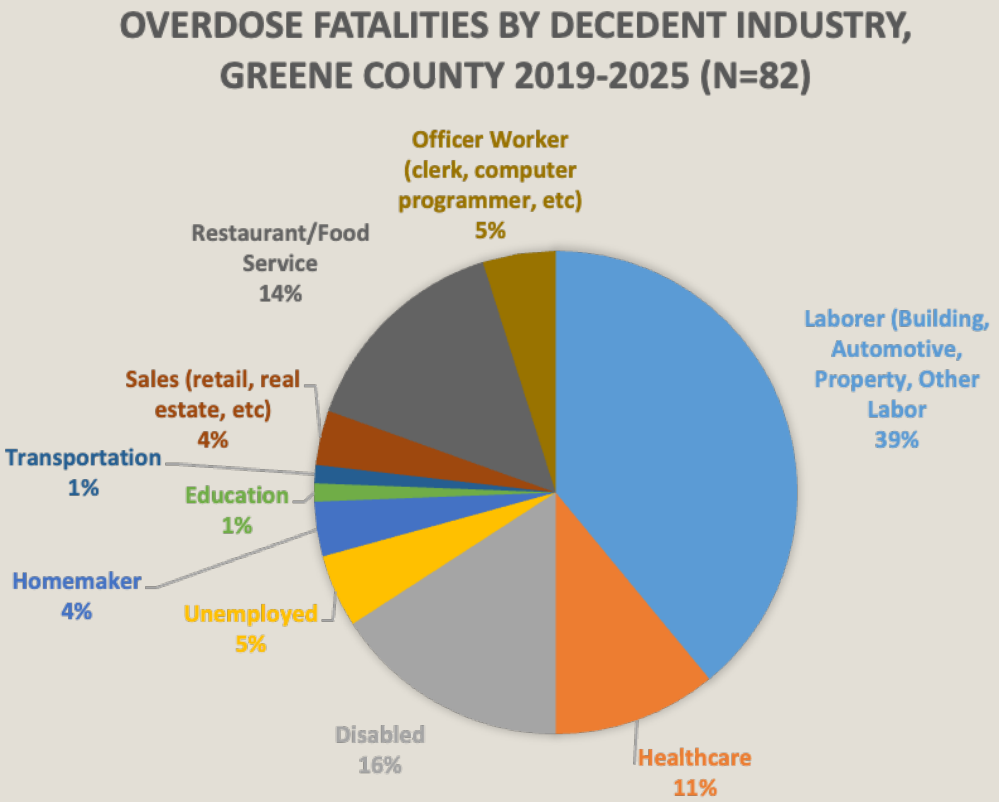
Regional Overdose Data, Greene County 2020-2025	Region Pop.	Total Overdoses	Total Deaths	Avg Annual Deaths	Avg Death Rate / 100k	Fatality Rate
1. Catskill Region	13,668	318	29	5.8	42.43	9%
2. Cairo Region	8,055	115	17	3.4	42.21	15%
3. Greenville, Freehold	5,176	22	0	0	-	0%
4. New Baltimore, Coxsackie	15,395	79	12	2.4	15.59	15%
5. Mountain Top South	4,225	41	7	1.4	33.14	17%
6. Mountain Top North	3,445	9	5	1	29.03	56%
County Wide	**49,964**	**584**	**70**	**14**	**28.02**	**12%**



The highest volume of fatal and total overdoses, as well as highest death rate is in Catskill, however the highest fatality rates are in the Mountain Top regions (5 &6).

Total overdoses in the Mountain Top (ODMAP) may be underreported, which would affect fatality rates. No fatal overdoses have occurred in region 3.

Death Certificate Data

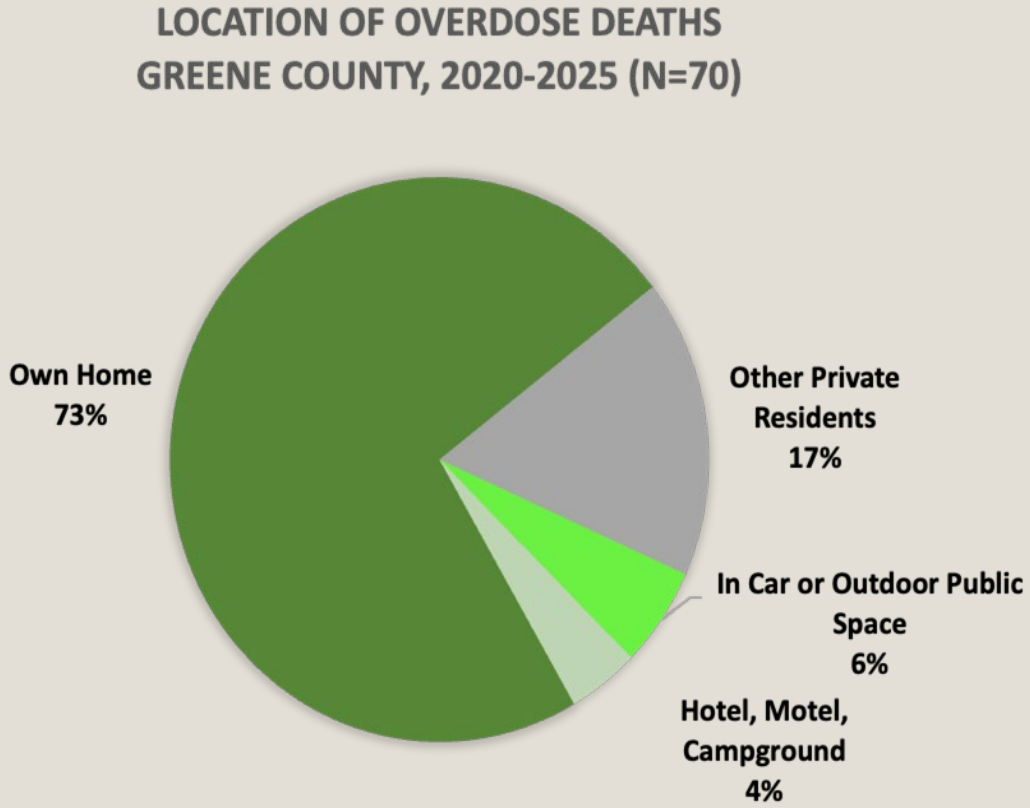


Analysis of overdose trends by occupation in Greene County identified **laborers, food service workers, and healthcare workers as the most affected.** These findings mirror national trends and highlight opportunities for targeted prevention efforts.

https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm?utm_source=chatgpt.com

https://pubmed.ncbi.nlm.nih.gov/37639452/

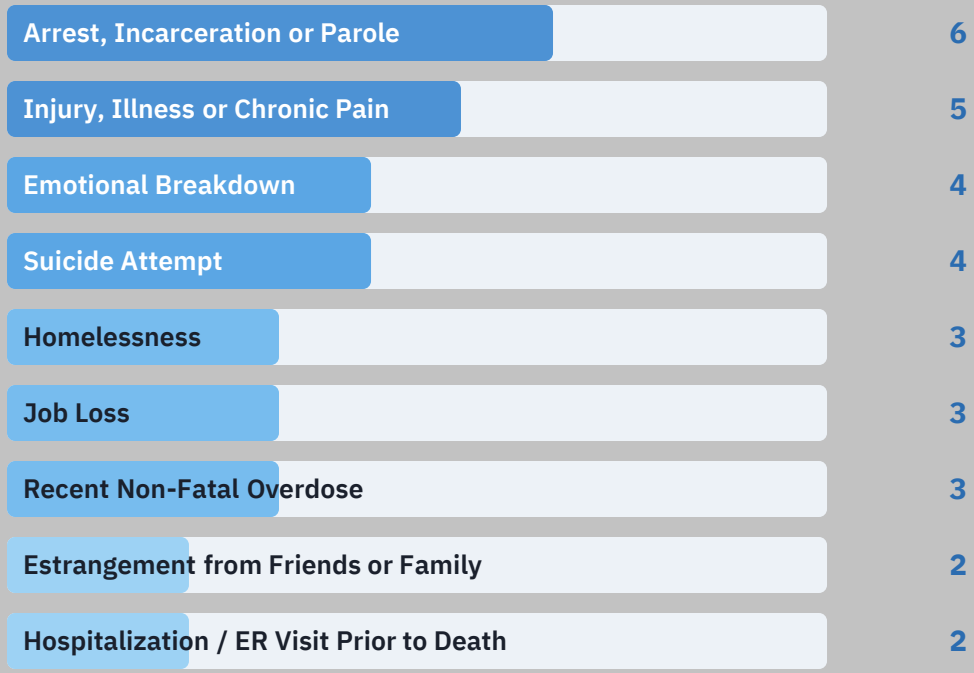
Death Certificate Data



The majority of overdose deaths take place in a private home – 90% of deaths in Greene County.

Overdose Fatality Review: Common Themes Across 9 Cases

Events Preceding Death (3 months prior)



Circumstances of Fatal Overdose

5 Overdosed at Night

5 Other Person Present in House at Time of Death

4 Naloxone in House at Time of Death

Overdose Fatality Review: Recommendations & Actions

1. Increase Awareness of MOUD Treatment Options at GCPH
"Greene County Family Planning Clinic" was rebranded "Greene County Community Health: Reproductive & Sexual Health • Clinical Support for Opioid Recovery"

2. Increase supports for people impacted by the criminal justice system
Expanded Reentry service
Facilitated Crisis Intervention Training & Trauma Informed Policing training

3. Provide skill - building workshops for peers supporting individuals and families impacted by substance use
CGAC Community Health Council Peer Trainings

4. Increase opportunities for social connectedness and wellness for people impacted by substance use
CGAC Community Health Council Recovery Wellness Retreat

5. Increase outreach to medical provider community to build awareness of local substance use and overdose trends
CGAC coordinating with pharmacies
Public Health provides local data

6. Increase support for people using alcohol as a primary substance
CGAC developed harm reduction for alcohol messaging campaign

Community Survey Data Reveals Awareness Gaps

76%

TOUCHED BY OPIOIDS

Respondents reporting at least one experience of the following: (personal, family, friend or work-related opioid misuse) OR knowing someone who died of an opioid overdose.

COMMUNITY VIEWS & EVIDENCE-BASED PERSPECTIVES	SUPPORT	OPPOSE
Improve access to methadone and buprenorphine Strong evidence: MOUD reduces overdose and mortality and supports treatment retention.	55%	35%
Increase support for syringe exchange programs Evidence-based harm reduction; prevents infections and links people to care; does not increase drug use.	47%	42%
Expand drug rehabilitation in correctional facilities Evidence-based when it includes MOUD and continuity after release; “rehabilitation” alone is not enough.	83%	9%
Increase funding for supervised consumption sites Supports immediate overdose response and connection to care; broader population-level effects vary.	27%	69%
Mandatory treatment/civil commitment for people with SUD/homelessness Not established as effective; forced abstinence may raise overdose risk after release. Homelessness alone is not a clinical indication.	71%	20%

Siena Research Institute survey | July 15–21, 2026 | n = 222 Greene County residents | Margin of error: ±8.5 percentage points

EXPANDING HEPATITIS C TESTING & TREATMENT IN GREENE COUNTY

Greene County Public Health's established MOUD program + newly funded low-threshold Hepatitis C testing and treatment program

GCPH'S MOUD PROGRAM

Since 2019 more than 320 people received MOUD . More than half have a history of injection drug use. Among patients with a history of injection, HCV prevalence is 56%.

230+ people screened for HCV.

GCCH initially referred patients elsewhere for treatment and launched onsite HCV treatment in August 2026.

GCCH HEPATITIS C PROGRAM

Hep C diagnoses are rising in Greene. Between 2020–2023 Greene County's diagnosis rate increased 7% while the State's rate declined 22%.

New NYSDOH grant | 2026–2031
Five-year funding supports low-threshold, stigma-free HCV testing, linkage, treatment and confirmation of cure—especially for people who inject drugs and people less likely to access traditional healthcare.

CGAC'S COMMUNITY OUTREACH ROLE

CGAC's harm-reduction experience helps reach people with current or former substance use who may not respond to traditional clinical messaging. Through CGAC, People with lived and living experience will create messaging materials promoting HCV screening and treatment, including materials specific to Greene County's low-threshold program.

The Partnership Effect: People - Centered Public Health

- Epidemiology for surveillance & highlighting emerging trends
- Evidence-based frameworks
- Funding, systems & infrastructure



- Inclusive & community-driven
- Elevating voices of people with experience related to drugs & alcohol
- Advocacy & community change
- Creative, agile, responsive

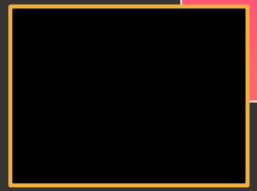
Authentic Data-Driven Messaging

One Consistent Message, Multiple Platforms

GREENE COUNTY PUBLIC HEALTH DATA FINDING

"Most fatal overdoses happen in private homes."

TV & News Coverage



Radio

Naloxone belongs in every home.


@AK10ABC

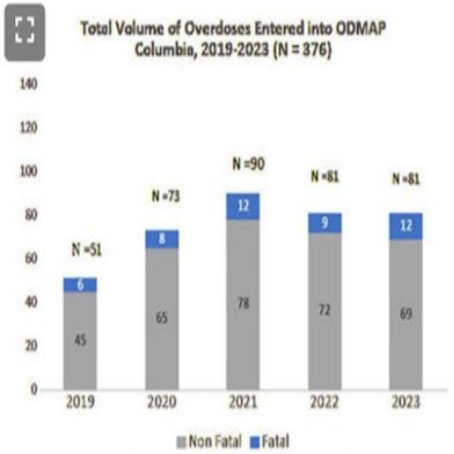
Earned Media

Hudson Valley 360
Featured Article
May 31, 2024

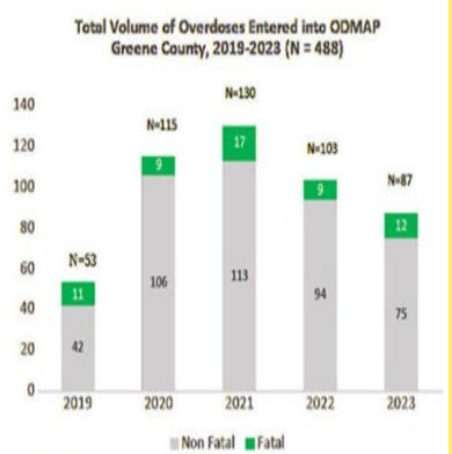
FEATURED

Report: Columbia, Greene county overdoses down since 2021

Tiffany Greenwaldt-Simon May 31, 2024



- Between 2019 and 2023 376 overdoses entered into ODMAP and 47 of those have been fatal (12.5%)

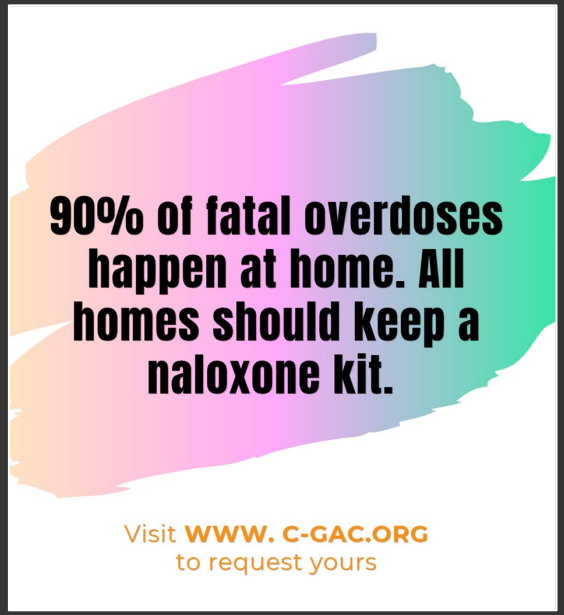


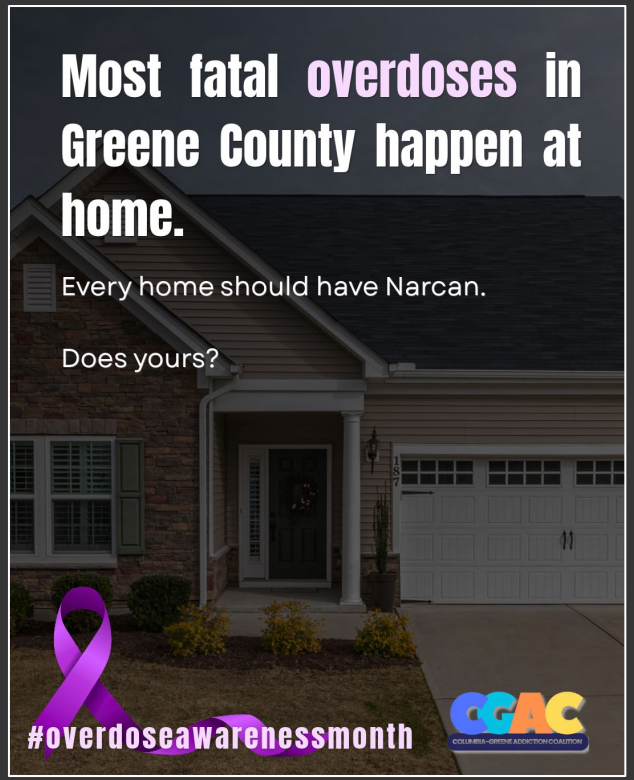
- Between 2019 and 2023 488 overdoses entered into ODMAP and 58 of those have been fatal (11.9%)

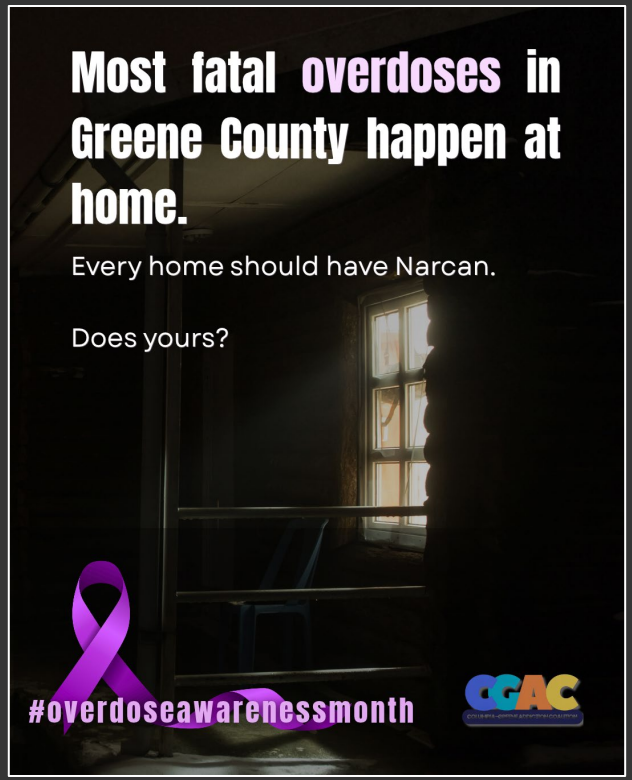
"Those areas, while not as high in deaths, are more rural," Calhoun said. "The access to harm reduction supplies has to be more prevalent."

The biggest takeaway from the data is how many overdose deaths occur in private residences, Salvas said.

Social Media



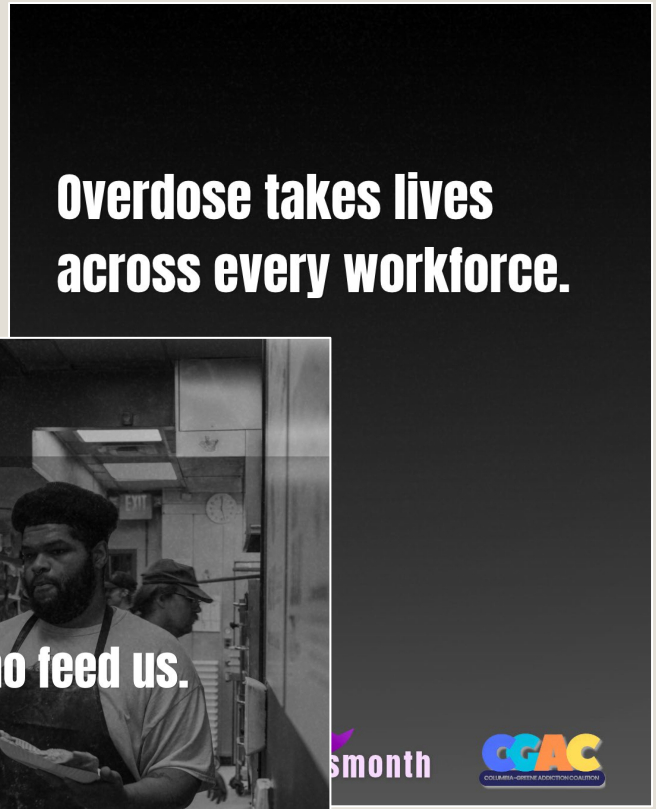




Addressing Stigma Throughout



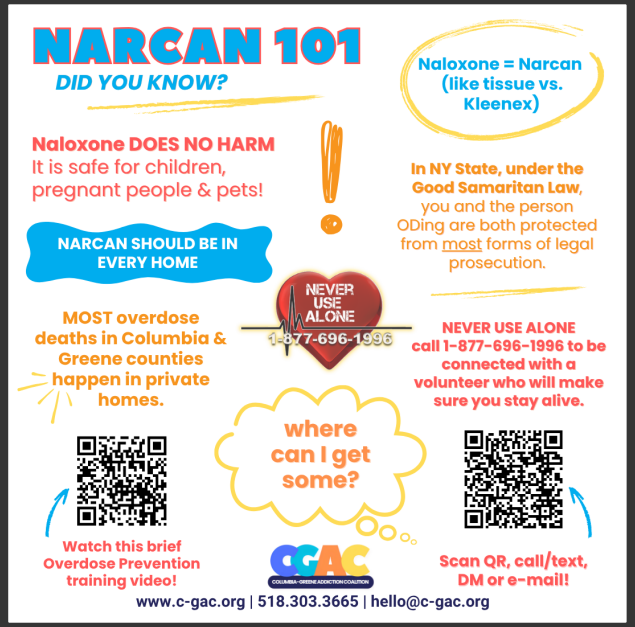






Print Materials & Community Education



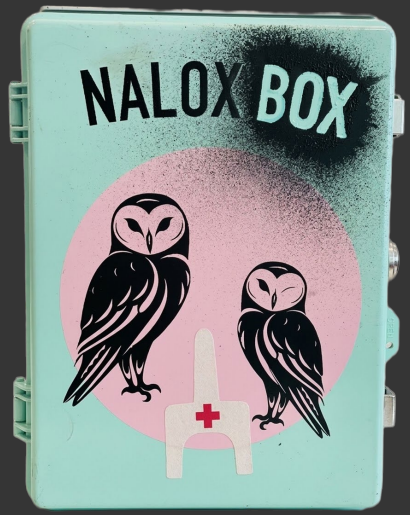


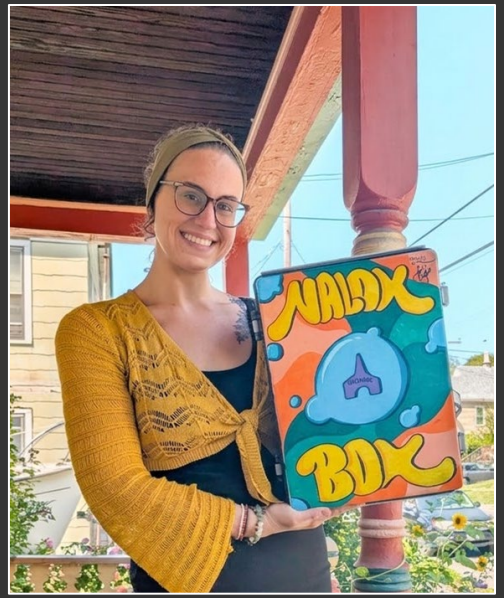


Overdose responder trainings, educational sessions, harm reduction supplies, and print materials provided across community sectors, including local government, libraries, schools, pharmacies, food pantries, youth centers, bars and restaurants, civic organizations, and senior centers.

Expanding Narcan Access
NaloxBox Design Initiative

- **Strategic Placement:** Free food fridges, rural locations with high overdose rates, 24/7 access.
- **Public Health Partnership & Sustainability:** MOU with GCPH to stock and maintain NaloxBoxes.
- **Collaborative, Creative, One-of-a-Kind Designs:** Custom NaloxBoxes designed by youth and young adults with Mental Health Association's Youth Clubhouses.



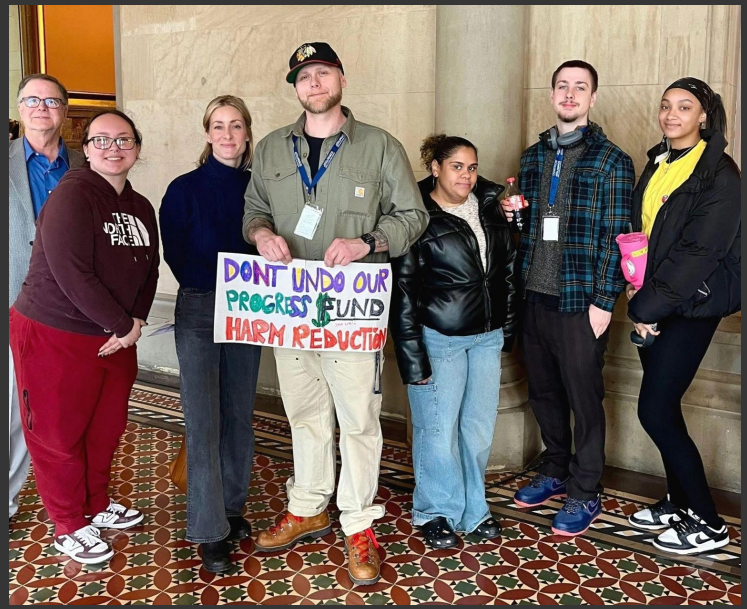






Community Health Council
Advocacy in Greene





- → Centering Lived & Living Experience
- → Removing Barriers to Participation
- → Building Trust & Meaningful Connections
- → Turning Community Priorities into Action

Wellness & Community for People
Who Use/Have Used Drugs



- **Renewal & Recovery Wellness Retreat** at Saranam Center For Healing & Transformation

- **Monthly Hike & Hang**
  "Snacks, Rides, Great Views & Vibes"







Skill-Building & Connection
Peers, Justice-Impacted Individuals





Trainings & Workshops

- **Community Organizing** , Katal Center for Equity, Health & Justice
- **Our Stories Have Power,** Theresa M. Knorr, CARC RCP - F
- **Design Your Life Workshop for Justice Impacted Individuals** , Trent Griffin - Braaf, From Felon to Forbes Founder of Success Map Initiative

Making Changes as We Go
Rx Drug Overdoses Rising Again

What the Data Revealed - Prescription drugs are an increasing factor in local fatal overdoses.

How We Are Responding

- **Medication Safety:** Partnering with local pharmacies to distribute RX Safety Kits containing naloxone (Narcan), Deterra disposal pouches, and medication lockboxes.
- **Community Education:** Raising awareness of polysubstance use and overdose risks, particularly the dangers of combining alcohol, benzodiazepines, stimulants, and opioids.
- **Prescriber Education** : Advocating for increased education and awareness of polysubstance risks among local hospital system prescribers.



Making Changes as We Go
Polysubstance Use & Stimulants

USE looks like

- Euphoria and a sense of confidence
- High levels of energy, little need for sleep
- Little to no appetite
- Increased physical & mental sharpness

OVERDOSE looks like

- Chest, stomach pain, rapid breathing
- Increase body temperature
- Nausea, vomiting, convulsions
- Paranoia, agression, panic, confusion, agitation,and mood changes
- Overdose can lead to cocaine toxicity, which can be fatal

COCAINE

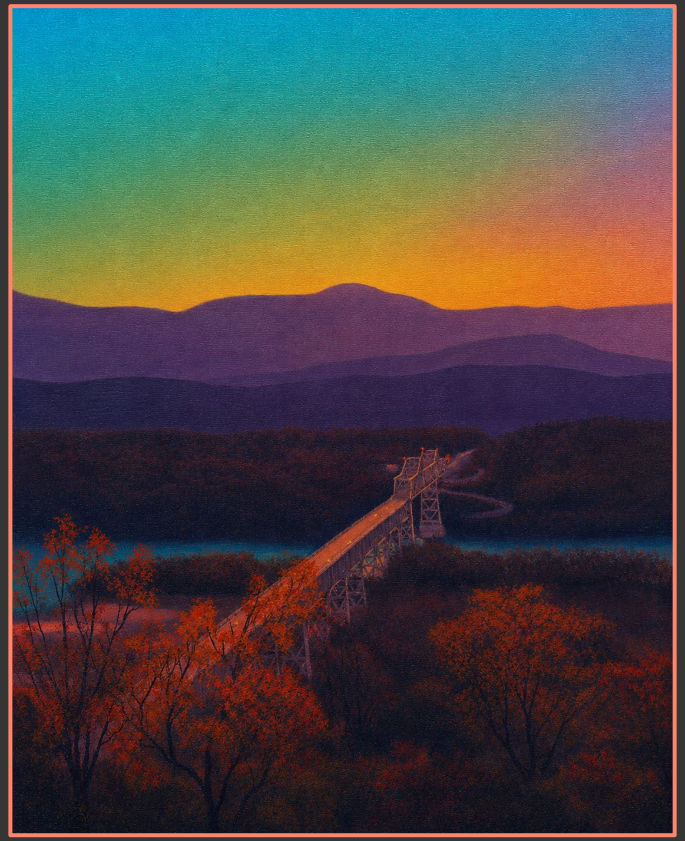
AKA: Coke, Blow, Powder, Snow



A powerful stimulant that speeds up the body's systems — increasing heart rate, blood pressure, and body temperature.

On the Horizon

- **Community Health Counci** l will review of opioid settlement funding and priorities in Greene County.
- Media messaging informed by **Siena College Research Institute's** countywide survey on residents' attitudes toward and experiences with the opioid epidemic.
- Partnering with Greene County Public Health to promote **hepatitis C testing** and treatment through outreach materials designed by people with lived experience.




Thank you