

2016 Community Health Needs Assessment

SPRINGFIELD REGIONAL MEDICAL CENTER, SPRINGFIELD, OHIO



Mercy Health, formerly Catholic Health Partners, has been committed to the communities it serves for more than 150 years. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) for each of our hospitals. The most recent assessments, completed by Mercy Health and community leaders, include quantitative and qualitative data that guide both our community benefit and strategic planning.

The following document is a detailed CHNA for Springfield Regional Medical Center.

Springfield Regional Medical Center (SRMC), a state-of-the-art 254-bed hospital that opened in 2011, provides inpatient services for residents of Clark County and surrounding communities. This full-service hospital offers 24/7 emergency care, maternity services, critical and intensive care, surgery and pediatric care — all provided by skilled doctors and highly trained health professionals. The Cardiac Center houses state-of-the-art heart catheterization labs, which further enhance its nationally recognized cardiac surgery program.

Mercy Health has responded to community health needs as part of a five-year strategic plan that concludes in 2018. In recent years, Mercy Health has invested in building and renovating hospitals and ambulatory facilities to serve patients and communities in Ohio and Kentucky. Our ministry continues to invest in our CarePATH electronic health record to ensure seamless and integrated care, no matter the provider or the setting. We also operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities ... all to improve the health of our communities.

Mercy Health contributes about \$1 million per day in community benefit services as we carry out our Mission of extending care to the poor and under-served.

Springfield Regional Medical Center strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to <https://www.mercy.com/global/about-us/contact-us>.

Mercy Health has identified the greatest needs among each of our hospital's communities. This ensures our resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized.

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Introduction

COMMUNITY SERVED BY HOSPITAL

T.R. §1.501(r)-3(b)(1)(i) and (3)

Springfield Regional Medical Center is dedicated to continuing the healing ministry of Jesus Christ. Since its opening in 2011, SRMC has been steadfast in its mission of caring for the poor, the elderly and the vulnerable members of the community, and to improving the health of the many communities it serves.

SRMC strives to ensure all residents of Clark County and surrounding communities have access to advanced medical technology and quality care. These areas are represented by the following ZIP Codes: 43010, 45319, 45323, 45341, 45344, 45349, 45368, 45369, 45372, 45501, 45502, 45503, 45504, 45505 and 45506.

INFORMATION AND DATA CONSIDERED IN IDENTIFYING POTENTIAL NEED

T.R. §1.501(r)-3(b)(1)(ii) and (5)

Information and data sources: federal, state or local health or other departments or agencies; community input

Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))		Date of data/information
Clark County Combined Health District		March 2016
At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))		Date of data/information
Clark County Department of Job & Family Services		March 2016
Mental Health and Recovery Board of Clark, Greene & Madison Counties		March 2016
Mental Health Services for Clark and Madiscon Counties, Inc.		March 2016
Springfield City School District		March 2016
Springfield Fire/Rescue		March 2016
Rocking Horse Center		March 2016
Additional sources of input (T.R. §1.501(r)-3(b)(5)(ii))		Date of data/information
Welcome Springfield Latino Coalition		Unknown

Process and methods

PROCESS FOR GATHERING AND ANALYZING DATA/INFORMATION

T.R. §1.501(r)-3(b)(6)(ii)

Process and methods to conduct the community health needs assessment:

T.R. §1.501(r)-3(b)(6)(ii)

Springfield Regional Medical Center participated in a regional Community Health Needs Assessment process coordinated by the Clark County CHNA Stakeholder Group (“Stakeholder Group” or “Group”). The Stakeholder Group assembled a team which included the Clark County Health District, Mental Health and Recovery Board of Clark, Greene, and Madison Counties, Rocking Horse Center, and Springfield Regional Medical Center. The health district steering committee provided executive oversight.

Under the leadership of the Stakeholder Group, Springfield Regional Medical Center and Clark County Health District contracted Wright State University’s Center of Urban and Public Affairs to perform a telephone survey among Clark County adults using a modified version of the Behavior Risk Factor Surveillance System (BRFSS) survey conducted by the CDC. The Stakeholder Group met on March 27, 2015 and April 10, 2015 to modify the BRFSS survey. A random digit dial telephone survey was performed from May 2015 to August 2015.

A Youth Risk Behavior Survey (YRBS) developed by the CDC was conducted by the Stakeholder Group, Wright State University, and McKinley Hall, and the local school districts in October 2015. The YRBS is part of the CDC’s Youth Risk Behavior Surveillance System (YRBSS) which monitors certain types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults. It also measures the prevalence of priority health-related behaviors. The YRBS was distributed in all Clark County schools among 7th through 12th grade students in October 2015.

The Community Health Assessment and Group Evaluation (CHANGE) tool developed by CDC was conducted in winter of 2015 into early 2016. The CHANGE tool evaluates the Community-At-Large Sector, which includes communitywide efforts that impact the social and built environments, such as improving food access, walkability or bikeability, tobacco use and exposure, or personal safety. The CHANGE tool was conducted among several at-risk neighborhoods with the most health disparities. Questions asked from a policy and environmental perspective. Six at-risk neighborhoods, 5 in Springfield and 1 in New Carlisle, were surveyed.

Additionally, a “Youth Risk Survey Comparison Clark 2015 VS. Clark 2011 VS. Ohio 2011 VS. US 2011” was completed by the Clark County Combined Health District (CCCHD) in October 2015. CCCHD used local, state, and national databases along with research conducted by local agencies for this comparison

External sources

- Census American Community Survey (ACS)
- Ohio Department of Education (ODE)
- Ohio Department of Health (ODH)
- United States Department of Agriculture (USDA)

Collaborating partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment.

- Clark County Combined Health District
 - 2014 hospital discharge data (ICD9 data grouped into different health topics)
 - 2015 demographic data (pulled from Census API)
 - 2015 market potential data
 - 2015 food access data
 - 2015 school data
 - birth data (2006-2015)
 - death data (2000-2013)
 - cancer data (1996-2015)
 - infectious disease data (2000-2015)
- Clark County CHNA Stakeholder Group

Community input

T.R. §1.501(r)-3(b)(6)(iii)

No written comments were received on the hospital's most recently completed CHNA.

In October of 2015, Springfield Regional Medical Center and Mercy Memorial Hospital sponsored a Health Care Summit, inviting community leaders from Clark and Champaign Counties to gather for a conversation. The purpose of the Summit was to provide a venue for diverse community stakeholders to convene and discuss what is happening locally, why it is happening, and to construct a vision for the health of our community. The group identified the top 5 healthcare issues as access to health care, lack of prevention services, drug addiction, rising healthcare costs, and access to behavior health care.

Under the leadership of the Clark County CHA Stakeholder Group, input was obtained via community meetings, individual surveys, and organization surveys. Several large community and task force meetings were held between March 2016 to June 2016 to identify needs and prioritize issues. There were more than 20 individual task force meetings throughout this time to focus on substance abuse, healthy births, nutrition, physical activity, smoking cessation, mental health, and chronic diseases. Groups were invited that predominately serve the poor and most at-risk populations. The task forces provided input at the full group meeting on March 29, 2016. The survey results, minutes from the individual task force meetings, and community health assessment report was posted on the CCCHD website in April 2016.

The hospital utilized specific tools and performed the following activities between October 2015 and June 2016: consultation with topic experts, design and feedback meetings with hospital representatives, brainstorming with individuals and agencies serving vulnerable populations, GIS mapping software, online databases, and phone calls with the local and state health departments and the county coroner. The Mobilizing for Action through Planning and Partnerships (MAPP) process was also used to identify top priorities. The MAPP process is a community-driven strategic planning tool for improving community health. Facilitated by

public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

The Stakeholder Group compared secondary data to the information gathered via community meetings, individuals surveyed, organizations surveyed, and the Clark County Combined Health District data. The Stakeholder Group identified the most serious issues facing the community to be:

1. Substance abuse
2. Mental health
3. Chronic disease
4. Healthy births and sexuality
5. Physical activity
6. Nutrition
7. Smoking cessation

Access to care is a critical component for each issue.

Organizations providing input

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Alzheimer's Association of Miami Valley	CHNA community meeting	Mentally ill
Caresource	CHNA community meeting	Low-income
Clark County Combined Health District	CHNA analysis and facilitator	Community at large
Clark County Department of Job & Family Services	CHNA community meeting	Community at large
Clark County EMA	CHNA community meeting	Community at large
Clark County Jail	CHNA community meeting	Low-income, racial and ethnic minorities, people with disabilities
Clark County Juvenile Court	CHNA community meeting	Young adults and children
Clark State University	CHNA community meeting	Young adults
Community Health Foundation	CHNA community meeting	Community at large
Family and Children First Council	CHNA community meeting	Children and families
Mental Health and Recovery Board of Clark, Greene, and Madison Counties	CHNA community meeting	Mentally ill
National Trails and Park District	CHNA community meeting	Community at large
Ohio House of Representatives	CHNA community meeting	Community at large
Ohio State Univ. Extension Office	CHNA community meeting	Adult population
Parent Advocacy Connection	CHNA community meeting	Children and families
Planned Parenthood and families	CHNA community meeting	Low-income, women, children
Rocking Horse Center	CHNA community meeting BRFSS	Low-income
Springfield City School District	CHNA community meeting, YRBS participation	Children and families
Springfield Foundation	CHNA community meeting	Community at large
Springfield Soup Kitchen	CHNA community meeting, Suicide Prevention focus group participation	Low-income
Springfield YMCA	CHNA community meeting	Children and families
United Senior Services	CHNA community meeting	Elderly
United Way	CHNA community meeting	Community at large
Urban Light Ministries	CHNA community meeting	Faith organizations and minority populations
Wittenberg University	CHNA community meeting	Young adults
Wright State University	BRFSS analysis	Adult population

Executive summary

Significant health needs

T.R. §1.501(r)-3(b)(4)

SUBSTANCE ABUSE

Substance Abuse needs are served through treatment and prevention programs.

Capacity and adequacy of service levels

- In 2015, SRMC saw 985 overdose-related visits, an increase from 564 in 2014 and 507 in 2013.
- There were 73 fatal overdoses in 2015, an increase from 37 in 2014.
- With the exponential increase in substance abuse, SRMC is challenged in its effort to support the increased demand. The hospital is looking to assist in the prevention of alcohol and other drug use in Clark County and increase community outreach and education regarding substance abuse.

Current service providers

Community REACH has licensed chemical dependency counselors specializing in outpatient treatment and intervention. SRMC has a 5-bed unit dedicated to acute drug and alcohol addiction needs.

MENTAL HEALTH

Mental health needs are served by providing coordinated care, education, support, and programs that enable healthy behaviors.

Capacity and adequacy of service levels

- In 2015, 40.3% of Clark County adults indicated they had at least 1 day in the past month where their mental health was not good. 16.5% of Clark County households contain a family member who is depressed or mentally ill or had a household member attempt suicide.
- In the past 5 years, there have been 88 suicides in Clark County. Of those, 80% were men between the ages of 45 and 64.

- There is a need to redirect EMS frequent users to appropriate care and reduce all EMS overuse. There will be development of pre-hospital treatment protocols and related collaborative multi-provider agreements supporting the implementation of Mobile Integrated Healthcare. The hospital is also looking in assisting with promoting the mental health and well-being of youth in Clark County.

Current service providers

Community Mercy Health Partners has a crisis management team to assist with acute mental health issues inside the hospital. If further care is needed, patients are referred to community partners for treatment. Other service providers include the Mental Health and Recovery Board of Clark, Green, and Madison Counties, and Mental Health Services for Clark and Madison Counties, Inc.

CHRONIC DISEASE

Chronic disease needs are served by increasing access to primary care physicians and providing coordinated care, education, support, and chronic disease management programs.

Capacity and adequacy of service levels

- In Clark County, heart disease has been the leading cause of death with a rate consistently higher than the state in recent years.
- In 2015, there were 1,009 inpatient admissions for congestive heart failure at SRMC. 17.1% had more than 1 admission. 37 patients had 4 or more admissions for a total of 198 admissions (19.6% of admissions).
- Access to a primary care provider where support is critical post discharge is one reason for readmission. SRMC is looking to decrease the number of readmissions among unaffiliated congestive heart failure patients within 30-90 days of discharge.

Current service providers

SRMC has both in-patient and out-patient services. The hospital is also looking to build a chronic care clinic in the near future to support patients without a primary care provider. Oral health control disease service providers include Rocking Horse Center, JFS Medicaid, and Community Health Foundation. , Diabetes ADA Certified sites and services are offered through “RidesPlus” program offering transportation through Medicaid or

HMO provider, Harding Road Pharmacy, Meijer, Madison Ave. pharmacy, Resolute, CCCHD Diabetes Support Group, OSU Extension, CDE and Pharmacy, Sanofi Diabetes, and Springfield Regional Medical Center. Congestive heart failure services are offered at Health Connections Clinic, Resolute, JFS, Rocking Horse Center, SRMC, Springfield Regional Medical Group, and Care navigators, Dr. Neravetla. Asthma control services are offered through ODH grants, Dayton Children's, Dayton Asthma Alliance, CCCHD Environmental Health, and Community Mercy REACH.

HEALTHY BIRTHS AND SEXUALITY

The Healthy Births task force is focused on education and providing local school districts the information necessary to make informed choices regarding sexual health education as well as equipping parents with information and education regarding sexual health and risks of initiating early sexual activity.

Capacity and adequacy of service levels

- Recently, Clark County has had the second highest teen birth rate in the state.
- In 2015, the percentage of mothers who sought prenatal care in the first trimester was 57.2%. The percent of Hispanic mothers was 45%.
- The prenatal clinics have the capacity to provide adequate care in the community. A task force priority is to encourage and promote the value of prenatal care.

Current service providers

SRMC is a level 2 birthing center with a special care nursery and 2 OR's. Breastfeeding support is available.

PHYSICAL ACTIVITY

Physical activity can have a direct impact on other significant health needs, such as obesity, chronic disease management, heart disease, etc. Physical activity needs are met by providing easy access to programs in the community and in schools.

Capacity and adequacy of service levels

- 65.6% of Springfield students were physically active at least 60 minutes per day on less than 5 days. This was significantly lower than the state (52%) and nation (52.7%) rates.

- There is currently no physical education requirement in Clark County schools.
- The hospital will defer to community resources (i.e., city and county schools, the YMCA and Excel Sports) to heighten awareness and educate on the value of physical activity to support a healthy lifestyle.

Current service providers

Community Mercy Health Partners and Excel Sports Medicine have partnered with the health district and Springfield YMCA to increase physical activity via outreach services and sports medicine programs.

NUTRITION

Nutrition needs are met by offering access to healthy food options, healthcare services and programs that promote education and community outreach. Lack of fresh food, called food deserts, is a challenge especially in the urban center.

Capacity and adequacy of service levels

- In Clark County, 67.5% of Clark County adults were overweight or obese. This was statistically significantly higher than the state and national rates. 42.3% of Clark County youth were overweight or obese.
- 38.6% of Clark County census tracts are food deserts. 94.1% of Clark County's food deserts are located within the city of Springfield.
- Through the diabetic education classes at SRMC, the hospital will work to assist with increasing access to healthy food options and increasing community engagement regarding healthy eating.

Current service providers

SRMC and CMHP have outreach services which look to improve access to healthcare services and enhance the health of the community. Our physicians and dieticians help provide this education. Other service providers include Second Harvest Food Bank, Farmers Markets, Springfield Promise Neighborhoods, CCCHD, Pantries, Churches, United Senior Services, Food program at city schools, OSU extension, FAST program, CATCH program, WIC, and Springfield Promise/Community Gardens.

SMOKING CESSATION

Clark County does not ban tobacco advertisement. It does not regulate the number, location, and density of tobacco retail outlets. Some areas of Clark County have high demand for tobacco products based on market potential data.

Capacity and adequacy of service levels

- In 2015, 45.3% of Clark County adults had ever smoked cigarettes. This finding is significant by age – respondents ages 18 to 34 are significantly more likely to report that they smoke.
- The hospital will assist in increasing community engagement regarding tobacco use and prevention with education and promotion of tobacco cessation to our inpatient population.

Current service providers

Community Mercy REACH offers smoking cessation through a dedicated team of healthcare and addiction specialists. Other service providers include Community Mercy Health Partners, DARE, Ohio Quitline, and VA.

Prioritization of health needs

After reviewing the data from the CHA, which included the Youth Risk Behavior Survey (YRBS), Behavior Risk Factor Surveillance System (BRFSS), the CHANGE Tool and other secondary data, the health priorities for Clark County were identified based on concerning data points. Seven priorities were selected: Chronic Disease Reduction, Nutrition, Active Living, Tobacco-Free Living, Mental Health, Substance Abuse and Healthy Births & Sexuality. Once priorities were identified, each task force was asked to identify community assets and needs that supported each of the chosen priorities and specific initiatives.

The Stakeholder Group was comprised of representatives from Community Mercy Health Partners, Mental Health & Recovery Board, Rocking Horse Center and McKinley Hall. Every effort was made to ensure that representatives from the stakeholder group were present on each task force.

The steering committee is comprised of representatives from all divisions of the Clark County Combined Health District. The purpose of the steering committee has been to oversee the process of developing the CHIP, to facilitate task force meetings and discussions, and to act as a decision-making body. The steering committee is also responsible for periodic evaluations of the task forces to check progress. The task forces are comprised of community partners from across all sectors, including representatives from the health system, public health department, city and county schools, universities, city and county municipal offices, homeless shelters and foundations

Once the data was presented at a large community meeting in January 2016, community partners were asked to choose which task force they felt best fit their knowledge and skill set. The task forces reviewed all of the data and discussed what initiatives may fit the need. They were asked to develop at least 3 goals with objectives, and created work plans for each initiative.

Utilizing data from the CHNA and the needs and assets list, the task forces created work plans for each of the 7 focus areas. The work plans will be used to direct the actions of the task forces. Each plan includes a SMART objective, process objectives, a timeline and who is responsible for each step. There is a Community Mercy Health Partner representative on each task force. Each goal will be completed within a 3 year time frame.

After data had been collected and analyzed by the community, statistics which were deemed to be causing the most health disparities and affecting individual areas and populations the most were analyzed separately. These statistics were collected in a ranking system similar to the ranking methods utilized by the County Health Rankings. The rankings deemed “Concerning Statistics” were compiled using census tract-level measures from the data sources already mentioned. These measures were standardized and combined using the scientifically-informed scores (borrowed from the weighting system utilized in County Health Rankings).

Each data point in the assessment was compared to each other comparable data point in the state. First, the averaged rate (averaged for each year it is available) was ranked according to each other county’s rate for that particular Measure. If the county ranked in the worst quartile, this measure was analyzed further for consideration for a Concerning Statistic.

Each of these Concerning Statistics were grouped according to the County Health Rankings Ranking System by a Topic, Focus and Measure. Overall topics included Health Outcomes and Health Factors. Topics included health outcomes, health behaviors, clinical care, social and economic environment, and physical environment. After the Topic Area, Focus, and Measure had been determined, Area, Age, and Population were determined for each data point. Based on the Topic, Focus, and Measure variables, a score based on the weight as deemed by the Ranking System from County Health Rankings was calculated. If the county has a Concerning Statistic in which they rank in the worst quartile from the County Health Rankings, that data point would receive a Bonus Score of 10. The scores for the Topic, Focus, Measure, as well as a Bonus Score was summed and an overall score calculated. The higher the overall score, the worse the health for an area.

At the March 29, 2016 community meeting, each task force reported their findings. The 31 representatives of the 7 task forces considered all the information provided and prioritized the health needs of the community.

Prioritized health needs

Based on all of the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

SUBSTANCE ABUSE

Springfield Regional Medical Center has seen a steady increase in overdose visits on an annual basis since 2013, including fatal overdoses. The exponential increase in substance abuse cases in the community has indicated a need to increase efforts to meet the demands and increase community outreach and education regarding substance abuse. The hospital will focus on ways to decrease the number of Clark County residents abusing alcohol and other drugs.

MENTAL HEALTH

In the past 5 years, there have been 88 suicides in Clark County. Of those, 80% were men between the ages of 45 and 64. The community must improve the efficacy of interventions available to EMS first responders for mental health related situations thereby reducing the frequency of service requests and the use of more expensive and less effective resources in those situations. There is also a need to improve the awareness and use of a locally available on-line self-assessment tool for adolescents through adults to identify depression and risk of suicide, and to connect the participant directly to information about local mental health services availability, location and service hours. The hospital will work to improve coordination of efforts between individual treating physicians and the community of mental health service providers, and reduce the incidence of reported suicidal ideation among school-age children in Clark County.

CHRONIC DISEASE

In Clark County, heart disease has been the leading cause of death with a rate consistently higher than the state in recent years. Limited access to a primary care provider post discharge is critical in reducing readmission rates. The hospital has identified a need to increase self-management, education, and awareness surrounding diabetes to create healthy behavior changes in adults. The hospital will also focus on making a positive impact on the health and wellness of children with asthma by decreasing the number of asthma attacks serious enough to require emergency room services by identifying, reducing the number of environmental triggers in patient housing, and by enhancing clinical care by providing information on those triggers to clinical care providers. There is also a need to Fluoridate the community water supply and decrease the number of Clark County residents with poor oral health, and increase care coordination for Congestive Heart Failure patients.

HEALTHY BIRTHS AND SEXUALITY

Recently, Clark County has had the second highest teen birth rate in the state. The Healthy Births task force is focused on education and providing Local school districts the information necessary to make informed choices regarding sexual health education as well as equipping parents with information and education regarding sexual health and risks of initiating early sexual

activity. The hospital has identified a need to decrease the birth rate among teens ages 15-17 in Clark County, increase percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester, and increase access to sexual health information and services for minority populations and other vulnerable populations.

PHYSICAL ACTIVITY

There is currently no physical education requirement in Clark County schools. The percentage of Springfield students that were physically active is significantly lower than the state and national percentages. The hospital's CHNA has identified a need to improve communication of community activities to children and families of Promise Neighborhoods, increase daily physical activity in 2nd grade classrooms at Perrin Woods, Lincoln and Fulton Elementary, and increase parent participation with physical activity opportunities within Promise Neighborhood schools.

NUTRITION

38.6% of Clark County census tracts are within a food desert, where there is a lack of fresh food. The hospital will focus on increasing knowledge surrounding nutrition and physical activity in low-income areas within Clark County, increasing community engagement in low-income areas within Clark County, and decreasing obesity rates in low-income areas within Clark County.

SMOKING CESSATION

Clark County does not ban tobacco advertisement. It does not regulate the number, location, and density of tobacco retail outlets. Some areas of Clark County have high demand for tobacco products based on market potential data. The CHNA identified a need to decrease the number of youth (21 and under) using tobacco products, increase community engagement regarding tobacco use and prevention, and increase youth involvement in preventing and reducing the use of tobacco-nicotine in Clark County.

Resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need:

SUBSTANCE ABUSE

Community REACH has licensed chemical dependency counselors specializing in outpatient treatment and intervention. Springfield Regional Medical Center has a 5 bed unit dedicated to acute drug and alcohol addiction needs.

MENTAL HEALTH

Community Mercy Health Partners has a crisis management team to assist with acute mental health issues inside the hospital. If further care is needed, patients are referred to community partners for treatment. Other resources available to address mental health needs include Mental Health and Recovery Board of Clark, Green, and Madison Counties, and Mental Health Services for Clark and Madison Counties, Inc.

CHRONIC DISEASE (ORAL HEALTH, DIABETES, CONGESTIVE HEART FAILURE, AND ASTHMA CONTROL)

Resources available to address the chronic disease management needs of the community include Rocking Horse Center, JFS Medicaid, Community Health Foundation, Medicaid transportation through the RidesPlus program or HMO provider, Harding Road Pharmacy, Meijer Pharmacy, Madison Ave. Pharmacy, Kroger Pharmacy, Resolute, CCCHD Diabetes Support Group, OSU Extension, CDE and Pharmacy, Sanofi Diabetes, Springfield Regional Medical Center, Health Connections Clinic, Resolute, Clark County Department of Job and Family Services, Rocking Horse Center, SRMC and Springfield Regional Medical Group, Care navigators, ODH grants, Dayton Children's, Dayton Asthma Alliance, CCCHD Environmental Health, and Community Mercy REACH.

HEALTHY BIRTHS AND SEXUALITY

Resources available to address the healthy births and sexuality needs of the community include Springfield Regional Medical Center. SRMC is a level 2 birthing center with a special care nursery and 2 OR's, and offers breastfeeding support.

PHYSICAL ACTIVITY

Resources available to address the physical activity needs of the community include Springfield Regional Medical Center, Springfield YMCA, city and county schools, Excel Sports, and CCCHD.

NUTRITION

Resources available to address the nutrition needs of the community include Second Harvest Food Bank, Farmers Markets, Springfield Promise Neighborhoods, CCCHD, Pantries, Churches, United Senior Services, food programs offered at city schools, OSU extension, FAST program, CATCH program, WIC, and Springfield Promise/Community Gardens.

SMOKING CESSATION

Resources available to address the nutrition needs of the community include Community Mercy Health Partners, DARE, Ohio Quitline, and VA.

Progress on Health Priorities Identified in the 2013 Health Needs Assessment

CHRONIC DISEASE MANAGEMENT

Initiatives	Evaluation of Impact
Federally Qualified Health Center (FQHC)	<p>A large portion of the city of Springfield is a Health Professionals Shortage Area (HPSA). The County does have a Federally Qualified Health Center (FQHC), but while it does have new physical capacity, the facility has dropped from four physicians to two with one of those two being the medical director. SRMC support includes:</p> <ul style="list-style-type: none"> • Provided \$150,000 to recruit and hire additional providers. • Established a process for diabetic patients without a PCP being discharged from the hospital to schedule the first follow-up appointment and become an established patient at the FQHC. • Resulted in zero readmission rate of these patients, reduction in their A1C levels, and overall improved health.
The Health Connections Center	<p>In 2015, care for diabetic patients has expanded the focus to include podiatry and vision care. Discharged patients from SRMC to the FQHC are being scheduled for this specific care. Additionally, in 2015 SRMC has developed a plan for an additional access to care for chronic disease management. The Health Connections Center business plan was approved with the expected opening in 2016. This clinic-style facility will provide post-discharge follow-up appointments for unattached patients as well as patients with a primary care physician who are unable to be seen by their physician in a timely fashion. Education and group support for patients with chronic disease will be available to all in the community.</p>
Springfield Weight Management Solutions	<p>A bariatric program, Springfield Weight Management Solutions, was established to help with the problem of obesity which can severely affect quality of life. In addition to social and psychological problems, obesity is strongly associated with high blood pressure, arthritis, diabetes, heart and lung disease and a shortened life span.</p>
Community outreach and support services	<p>In 2015 a process was begun to focus on patients discharged with a diagnosis of CHF, scheduling follow-up appointments and education to maintain a healthy lifestyle.</p>

SUBSTANCE ABUSE

Initiatives	Evaluation of Impact
Drug Death Review Team	<p>SRMC is part of the Drug Death Review Team, developed in 2015, whose purpose is to perform a multidisciplinary review of all unintentional drug deaths occurring in Clark County, identifying interventions to reduce the rate of drug deaths.</p>
Vivitrol Program	<p>In May of 2015, SRMC established a Vivitrol program, which offers medication assistance treatment (MAT) to our Springfield clients. The Vivitrol Company offers the first injection free to our clients. In partnership with the Substance Abuse task force, through a McKinley Hall grant, clients are offered free NARCAN medication.</p>

Progress on Health Priorities Identified in the 2013 Health Needs Assessment

SUBSTANCE ABUSE

Initiatives	Evaluation of Impact
Community Health REACH	Through the REACH program, public education increased in 2015. REACH staff have conducted 50+ Drug Free Safety trainings to county employers. REACH's numbers have increased the average of clients in treatment from 85 to 125 between both locations.
Community outreach and education	SRMC continues to work on development of an informational pamphlet with alcohol and other drug myths and facts. SRMC will continue to support efforts by the community to build data collection and analysis capacity that will enable the community to make a firm case for the need for more resources, obtain additional professionals, and to be able to prioritize and disseminate effective prevention interventions. In terms of community strengths, there is wide community support to follow the Strategic Prevention Framework and to pursue participation by the 12 partnering sectors recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA).

MENTAL HEALTH

Initiatives	Evaluation of Impact
Mental health partnership programs	SRMC is partnering in Clark County to work with the State in the area of medical Mental Health Homes and managed care so our focus in on prevention. The Mental Health and Recovery Board (MHRB) advocates adoption of treatment overlay. The FQHC provides mental health services; so too do an array of mental health providers for adults and youth, including Osterlin, Catholic Charities, Well Spring and Rocking Horse Center. Medicaid is available through all providers. MHRB is beginning a focus on prevention using the Good Behavior Game (GBG) in local schools, which is also embedded in the local university's education program curriculum.
Community outreach and education	Other hospital efforts include a trauma-informed care initiative at SRMC and crisis intervention training done by the board on a regular basis to first responders with a focus on recognition and referral.

OBESITY

Other community agencies are specifically designed and better prepared to address this health need. SRMC continues to support groups such as the Obesity Task Force.

HEALTHY BIRTHS

Other community agencies are specifically designed and better prepared to address this health need. SRMC continues to support groups such as the Clark County Combined Health District including its WIC program, the Community Foundation, the Pregnancy Resource Center, Clark County Department of Job and Family Services, and Springfield's Women's Network.