



2025 Community Health Needs Assessment

Mercy Health — Springfield Market
SPRINGFIELD, OH

2025 Community Health Needs Assessment

Mercy Health — Springfield Market, including Springfield Regional Medical Center and Urbana Hospital

Adopted by the Mercy Health — Springfield Board of Directors, October 1, 2025

As part of Bon Secours Mercy Health, Mercy Health — Springfield, including Mercy Health — Springfield Regional Medical Center and Mercy Health — Urbana Hospital, is honored to uphold nearly two centuries of dedication to the communities we serve. This commitment has continually evolved to address the most pressing needs in each community. Needs are identified from input by residents, businesses and other community members.

Every three years, we reaffirm this dedication, in part by conducting a comprehensive Community Health Needs Assessment (CHNA). The most recent assessment, completed by Mercy Health — Springfield, including Springfield Regional Medical Center and Urbana Hospital, includes robust quantitative and qualitative data. This process guides our strategic planning, community investment and community benefit initiatives. This document provides a detailed CHNA specific to Mercy Health — Springfield, including Springfield Regional Medical Center and Urbana Hospital.

Mercy Health is guided by our mission to extend the compassionate ministry of Jesus. We remain steadfast in improving the health and well-being of our communities and bringing good help to those in need — especially people who are poor, underserved and dying.

Mercy Health — Springfield, including Springfield Regional Medical Center and Urbana Hospital, has identified the greatest needs within our community by listening to its local voices. Through open forums, surveys and other engagement strategies, we diligently seek input from our partners and neighbors. This ensures that our resources for outreach, prevention, education and wellness are strategically aligned to deliver the greatest impact.

We welcome written comments regarding the health needs identified in this CHNA. Please direct your feedback to Carolyn Young at cmyoung@mercy.com.

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Executive Summary

Market Summary

Mercy Health — Springfield is served by two hospitals: Springfield Regional Medical Center and Urbana Hospital. Springfield Regional Medical Center is a 254-bed, full-service hospital that strives to ensure all residents of Clark County and surrounding communities have access to advanced medical technology and quality care.

Urbana Hospital, a 25-bed, critical access hospital, is in the city of Urbana, located in Champaign County just north of Clark County. Champaign County is home to the City of Urbana and several smaller villages, including Christiansburg, Mechanicsburg, Mutual, North Lewisburg, St. Paris and Woodstock.

Mercy Health — Springfield also participated in a regional Community Health Needs Assessment conducted by Greater Dayton Area Hospital Association (GDAHA) and is included as a consulting organization within their CHNA Advisory Committee. Close, localized partnership with our county health departments, including Champaign County Health Department and Clark County Combined Health District, allows us to collect and prioritize local data and ensure our prioritization and work plans come alongside one another. This offers a greater collective impact on the citizens of Clark and Champaign counties.

Mercy Health — Springfield market includes the following areas as part of their prioritized service area, represented by the following ZIP codes: 43010, 45319, 45323, 45341, 45344, 45349, 45368, 45369, 45372, 45501, 45502, 45503, 45504, 45505, 45506, 43078, 43009, 45389, 43044, 43047, 43060, 43070, 43072, 43078, 43083 and 43084.

Collaborating Partners

Mercy Health — Springfield thanks the following organizations for their collaboration as part of the process of conducting the needs assessment.

- Awakenings of Clark County/CitiLookout
- Clark County Combined Health District
- Clark County ESC
- Clark County, Ohio
- Clark State College
- City of Urbana
- City of Springfield
- Champaign County Chamber
- Champaign County Health Department

- Champaign Family & Children's First Council
- Champaign Common Pleas Court
- Graham Local Schools
- Kettering Health
- Mercy Health
- Memorial Health
- Mental Health & Recovery Board of Clark, Greene & Madison Counties
- Mental Health Services for Clark & Madison Counties
- Mental Health Drug & Alcohol Services Board of Logan & Champaign Counties
- Family & Children's First Council (Clark & Champaign)
- Family & Youth Initiatives (FYI)
- Community Health Foundation
- Developmental Disabilities of Clark County
- Mary Routan Health
- McKinley Hall
- Mental Health Services, Clark County
- Nehemiah Foundation
- Ohio Valley Surgical Hospital
- Rocking Horse Center
- Second Harvest Food Bank
- Sheltered Inc. (Interfaith Hospitality Network)
- Springfield Foundation
- Springfield Promise Neighborhood
- Suicide Prevention Coalition
- United Way of Clark, Champaign & Madison Counties
- United Senior Services
- Village of Mechanicsburg
- Welcome Springfield (Hispanic/Latino)
- Wellspring
- Wittenberg University

Overview

Mercy Health — Springfield participated in a Regional CHNA process through GDAHA with localized review in partnership with Champaign County Health Department and Clark County Combined Health District.

“This CHNA process was commissioned by GDAHA and its member hospitals. GDAHA’s community health committee ... has representation from all our member hospitals and health systems, in addition to representatives from public health departments. Multiple sectors, including the general public, were asked to participate in the process, which included defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs. Data for the 2024 CHNA were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, online sampling (convenience + purposeful sampling) of Greater Dayton Area residents as follows: adults aged 18 years and older. The survey instrument contained both customized questions and a set of core questions taken from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System [CDC’s BRFSS]. Wherever possible, local findings have been compared to other local, regional, state and national data.

As the CHNA is completed and shared with the community and partner agencies, the Community Health Committee will begin the process to prioritize needs and identify strategies for our region’s Community Health Improvement Plans.

The region has come together around a common goal to use a regional approach to improving the health of the community. Data from this Regional CHNA clearly supports comprehensive strategies including addressing SDOH [social determinants of health] that are driving health needs, a health equity lens that considers how strategies will remove disparities, and mutually reinforcing action across our region.”

The entire Regional Community Health Needs Assessment completed by GDAHA is included as **Appendix A**.¹

Prioritized Health Needs

- **Health Care Access**, including Health Care Coverage, Access and Utilization, Preventive Medicine, Women’s Health, Men’s Health and Oral Health
- **Health Behaviors**, including Health Status Perceptions, Weight Status, Tobacco Use, Alcohol Consumption, Drug Use, Sexual Behavior and Mental Health
- **Chronic Disease**, including Cardiovascular Health, Cancer, Asthma and Other Respiratory Diseases, Arthritis, Diabetes and Quality of Life
- **Social Conditions**, including Social Determinants of Health, Environmental Conditions and Maternal & Infant Health

¹ GDAHA Greater Dayton Area Hospital Association. 2024. Greater Dayton Area Community Health Needs Assessment

Our Mission

Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.

Facilities Description

For over 100 years, Mercy Health — Springfield has provided comprehensive medical services for residents of Clark and Champaign counties and the surrounding communities. As a Catholic health ministry, we strive to meet the health needs of the communities we serve.

Springfield Regional Medical Center is a 254-bed hospital, a part of Mercy Health — Springfield Market. As Springfield's only full-service hospital, we offer complete care, including 24/7 emergency services, maternity services, critical and intensive care, orthopedic, cardiovascular, neurological care and more — all provided by skilled doctors and highly trained health professionals.

Mercy Health — Urbana Hospital is the only local hospital dedicated to serving the health care needs of residents of Urbana and Champaign County in Ohio. As a part of Mercy Health — Springfield Market, it serves as part of our family of facilities, providers, locations and services in Clark and Champaign counties. Since 1951, Mercy Health - Urbana Hospital (formerly known as Mercy Memorial Hospital) has delivered quality, comprehensive and compassionate care. With a broad range of inpatient and outpatient services, skilled staff and state-of-the-art equipment, the hospital meets the medical and surgical needs of many residents.

As Urbana's only hospital, we offer complete rural access care, including 24/7 emergency services, 25-bed inpatient care, cardiovascular care, surgical services, radiology and orthopedic care — all provided by highly skilled doctors and other trained health professionals.

Community Served by Hospital

Springfield Regional Medical Center and Urbana Hospital strive to ensure all residents of Clark, Champaign 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, 45506, 43009, 45389, 43044, 43047, 43060, 43070, 43072, 43078, 43083 and 43084.

Springfield City proper is predominantly a manufacturing community with jobs still rooted in that industry. With about 136,000 residents in Clark County, Springfield, as Clark County's largest city boasts between 55,000 and 70,000* residents. (*Estimate since no recent census numbers have been completed, and we are aware of a local population increase.) Surrounding rural communities that maintain a focus on farming include Donnelsville, New Carlisle, Enon, South Charleston, Catawba, Crystal Lakes, North Hampton, Park Layne, Lawrenceville, Holiday Valley, Tremont City, Northridge, Green Meadows and South Vienna.

As a county, our primary demographics are comprised of residents who are: White, Non-Hispanic (85%), African American (8.1%) and Hispanic (3.8%). Median household income is \$57,300, and about 10% of adults and 4% of children are uninsured. Approximately 20% of the children in Clark County are living in poverty. About one-fourth (26.2%) of our population is between the ages of 45-64 years, with the next highest age range being those who are 65+

at nearly 20%. Most Clark County residents have a high school diploma or general education development (GED) certificate at 37%, while 33% also have a college or associate's degree. Nearly half (45%) of Clark County residents are married.²

Clark County has higher-than-average health risk factors and higher averages of individuals with disabilities, sexually transmitted diseases and chronic diseases. In addition, babies in Clark County are more likely to be born below average birth weight and pre-term in comparison with the state averages. Between 2020 and 2023, our low birthweight average was 9.4% of babies born. The birthrate in Clark County is higher than the state average and has been on the rise since 2021.³

Champaign County is home to the city of Urbana, as well as small villages and “burgs” including Mechanicsburg, North Lewisburg, Christiansburg, Saint Paris, Woodstock and Mutual. Access to care is an issue here as in many rural counties, with low numbers of primary care and mental health practitioners, as well as a high number of preventable hospital stays, which are higher than the Ohio average. The percentage of adults who smoke and the number of poor physical and mental health days are also higher than the U.S. and Ohio averages. Champaign County also has community strengths, including their socioeconomic standing with positive high school graduation rates aligned with the state average, lower unemployment than the state average, and higher median household income than the state average. Their median household income is \$72,800, and 9% of adults and 6% of children are uninsured. This also translates to generally lower behavioral risk factors across the board.

Champaign County's largest age demographic is also between 45-64 years at 27.9% followed by 65+ at 20.3%. The demographics for Champaign County are primarily White, Non-Hispanic (93%), followed by Black/African American (2%) and Hispanic (1.7%). More than one-third (41.9%) of the Champaign County adult population has a high school diploma or GED, followed by 31.3% with a college or associate's degree.⁴

In addition, Mercy Health — Springfield, including Springfield Regional Medical Center and Urbana Hospital, participated in a joint CHNA process supported by GDAHA. Below is the definition of Community & Service Area identified from our regional joint CHNA:

“The community has been defined as the 10-county Greater Dayton Area. In addition, GDAHA collaborates with multiple stakeholders, most of whom provide services at the county level. In looking at the community population served by the hospital facilities and our 10 counties as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment define their community as the same. Defining the community as such allows the hospital to readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. This assessment meets 501(r) federal compliance for participating hospitals.”

² Greater Dayton Area Hospital Association (GDAHA), Local Health Indicators – Clark County, 2024

³ Clark County Combined Health District (CCCHD), Community Status Assessment – 2.18.25

⁴ Greater Dayton Area Hospital Association (GDAHA), Local Health Indicators – Champaign County, 2024

Joint CHNA

§1.501(r)-3(b)(6)(i)

This is a “joint CHNA report,” within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for Mercy Health — Springfield Market, including Springfield Regional Medical Center and Urbana Hospital. This report reflects the hospitals’ collaborative efforts to conduct an assessment of the health needs of the community they serve. Each hospital included in this joint CHNA report defines its community to be the same as the other included hospitals. The assessment included is seeking and receiving input from that community.



Process and Methods

Process and Methods to Conduct the Community Health Needs Assessment

Springfield Regional Medical Center and Urbana Hospital participated in a Regional CHNA process through participation with the Greater Dayton Area Hospital Association, as well as a local CHNA process coordinated by the Clark County CHA/CHIP Stakeholder Group (“Stakeholder Group” or “Group”), and the Champaign County CHA/CHIP Stakeholder Group (“Stakeholder Group” or “Group”). Because the regional assessment included regional information, we wanted to make sure the data collected and priorities selected had the appropriate mix of localized data and health prioritization.

The Clark and Champaign county Stakeholder Groups included a team of community leaders, organizations, nonprofits, education and faith-based entities, including Clark County Combined Health District, Mental Health and Recovery Board of Clark, Greene and Madison Counties, Rocking Horse Center, Springfield Regional Medical Center, The Springfield Foundation, The Community Health Foundation, United Senior Services, Clark County ESC and more. The health district steering committee provided executive oversight.

Here for reference is an overview of the Regional CHNA process and methods for collecting data. This process was regional and collaborative and included both County Health Department stakeholders (Clark and Champaign) and Mercy Health — Springfield, director of Community Health. Clark County conducted additional studies and data surveys, which are included as **Appendix E**.

Design

“This community health needs assessment was cross-sectional and included an online survey of adults within the Greater Dayton Area. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope and sequence of the study. Active engagement of community members throughout the planning process is an important step in completing a valid needs assessment. Comparisons to local, state and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.”⁵

⁵ Greater Dayton Area Hospital Association (GDAHA) Community Health Needs Assessment, Executive Summary p. 7

Instrument development

“One adult survey instrument was designed for this study (**Appendix C**). As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adults. The investigators decided to derive the majority of the survey items from the Behavioral Risk Factor Surveillance System (BRFSS). This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the Advisory Committee. During these meetings, HCNO and the Advisory Committee reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Advisory Committee, the project coordinator composed a draft of the survey containing 81 items, which was ultimately reviewed and approved by the Advisory Committee.”⁶

Sampling

“The sampling frame for the adult survey consisted of adults ages 18 and over living in the 10-county Greater Dayton Area. There were 1,090,792 persons ages 18 and over living in the 10-county Greater Dayton Area. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error of the survey findings). A sample size of at least 267 adults was needed to ensure this level of confidence for the general population.”⁷

Procedure

“The primary data collection tool used was an online survey via Survey Monkey. The Advisory Committee also provided paper surveys to select populations. The Advisory Committee established a raffle with a variety of gift cards to encourage participation in the survey. Data collection occurred from April to July 2024, segmented into two major sampling methodologies: convenience sampling and purposeful sampling. The combination of sampling methodologies was utilized to yield valuable insights reflective of the county’s unique characteristics.”⁸

“Convenience sampling took place during the first three weeks of data collection. This approach enabled the inclusion of community members who were easily accessible, such as residents attending local events, using public services or interacting with online platforms. The purpose of this first phase was to enable swift data collection and broad representation across various segments of the population.”⁹

⁶⁻⁹ Greater Dayton Area
Hospital Association
(GDAHA) Community
Health Needs Assessment,
Executive Summary p. 7

“Following convenience sampling, researchers conducted a demographic analysis to identify underrepresented populations among the pool of respondents. By comparing the demographics of the survey respondents to U.S. Census 2022 American Community Survey estimates, researchers identified the following underrepresented populations among the survey respondents: male respondents, Black/African American and Hispanic respondents, and those 60 and older living in Darke, Greene, Miami, Montgomery and Shelby counties. Utilizing the results of the demographic analysis, purposeful sampling took place over the course of six weeks. This approach targeted the collection of data from underrepresented demographic groups by promoting the survey in areas these populations frequented. Efforts included in-person outreach at specific locations and collaboration with key community stakeholders to raise awareness of the survey.”¹⁰

“By combining the approaches outlined above, researchers aimed to capture a comprehensive picture of the 10-county Greater Dayton Area population, its dynamics and its varied perspectives, contributing to informed decision-making and community-focused initiatives within the region. After thoroughly cleaning the adult data that was collected during the 13 weeks, a total of 2,175 responses were considered valid for analysis.”¹¹

This sample size (n=2,175: CI=± 2.10%) means that the responses in the adult health assessment should be representative of the entire county. (Note: “n” refers to the total sample size, “CI” refers to the confidence interval.)

Data analysis

“Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 29.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of the Greater Dayton Area, the data collected was weighted by age, gender, race and income using census data. (Note: income data throughout the report represents annual household income.) Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III in the attached *GDAHA Regional Community Health Needs Assessment*, listed as **Appendix A** in this document.”¹²

Specific populations that experience disparities

“Health disparities (including age, gender, race and income-based disparities) can be identified throughout each section of the 2024 Greater Dayton Area Community Health Needs Assessment. Income-based disparities are particularly prevalent in the Greater Dayton Area. For example, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, asthma, arthritis, etc.), were higher among those with annual household incomes under \$25,000 and those 65 and older, when compared to the general population. As part of the implementation plan (IP)/community health improvement plan (CHIP) process, the Advisory Committee will identify specific populations that face disparities as part of the prioritization phase of the process.”¹³

¹⁰⁻¹³ *Greater Dayton Area Hospital Association (GDAHA) Community Health Needs Assessment, Executive Summary p. 7*

Inclusion of vulnerable populations

“The Advisory Committee, which includes representatives from member hospitals and public health departments, intentionally elected to use a random household survey to incorporate a broad range of perspectives across the county. The data is de-identified and aggregated in such a way to show several demographic categories, such as income, gender, age, geography, etc., to further identify populations experiencing adverse conditions. It is described more fully in the Primary Data Collection Methods section of this report. Additionally, the Advisory Committee itself includes a variety of organizations working collaboratively to complete the assessment.”¹⁴

Limitations

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Greater Dayton Area adult assessment had an adequate response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked this would represent a threat to the external validity of the results (the generalizability of the results to the population of the Greater Dayton Area). If there were little to no differences between respondents and nonrespondents, then this would not be a limitation.

Sampling in an online context may inadvertently exclude individuals who do not have internet access or who are not active online, resulting in a biased sample that may not accurately represent the broader population. In addition, relying on online surveying can lead to self-selection bias, where individuals who are more motivated or have stronger opinions are more likely to participate, skewing the results and undermining the generalizability of findings.

Furthermore, adults responding to the survey were more likely to be living in Montgomery County and over the age of 30. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than the majority of Greater Dayton Area adult residents younger than 30). Therefore, any subgroup results reported for adults under age 30 should be used with extra caution, as the margin of error is higher than in the overall survey population.

Also, it is important to note that although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via an electronic survey, with paper copies available.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

¹⁴ Greater Dayton Area Hospital Association (GDAHA) Community Health Needs Assessment, Executive Summary p. 7

Secondary data collection methods

HCNO collected secondary data from multiple websites whenever possible. HCNO utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC webpages, U.S. Census data, Healthy People 2030 and other national and local sources. All primary data in this report is from the 2024 Greater Dayton Area CHNA. All other data is cited accordingly.

Key report sections

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., binge drinker) can be found in Appendix II (Acronyms and Terms) in the attached GDAHA Regional Community Health Needs Assessment, listed as **Appendix A** in this document.

Data summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data found within the corresponding section of the report. A more comprehensive list of indicators can be found in the report. Please refer to the table of contents regarding the placement of the full section.

Trend summary: The summary tables consist of data from the 2024 Greater Dayton Area CHNA. Additional state and national adult data are included for comparison purposes. The trend summary tables highlight all sections found in the report.

Individual sections: Each individual adult section consists of data from adults ages 18 and older in the Greater Dayton Area. The individual sections fall under four main categories: health care access, health behaviors, chronic disease, and social conditions. The social conditions section includes topics such as food insecurity, adverse childhood experiences, environmental conditions, etc. Please reference the table of contents to review the placement of individual sections.

SparkMap section: SparkMap is a comprehensive platform for mapping, assessment and data analysis designed to meet data and case-building needs across multiple sectors. This section includes a variety of maps for the Greater Dayton Area, organized by county, census tract and ZIP code. The data for these maps is sourced from organizations such as the CDC, U.S. Department of Agriculture (USDA), Centers for Medicare & Medicaid Services (CMS), American Community Survey (ACS) and the U.S. Census. Appendix: The appendices are included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, etc.

Mobilizing for Action through Planning & Partnerships (MAPP) process overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2024 CHNA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies, which make up the Advisory Committee. The Community Health Improvement Process (CHIP) follows the CHNA process, which will involve the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners and uses participants' time efficiently, and results in a plan that can be realistically implemented.

2. Visioning

During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. The four assessments

Each of the four assessments generates valuable information. The results of the assessments are particularly valuable when looking at the results as a whole. The four assessments include:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Forces of Change (FOC) Assessment
- Community Themes and Strengths Assessment (CTSA)

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHNA/CHIP. The Advisory Committee will consider the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data), to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which the Advisory Committee will identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives and strategies are presented to the Advisory Committee to meet the prioritized health needs.

6. Action cycle

The Advisory Committee will begin implementing strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. At the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.¹⁵

External Source

The Clark County CHA/CHIP Stakeholder Group leveraged the Mobilizing for Action through Planning and Partnerships (MAPP) process 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.

In addition, we leveraged the Community Status Assessment (CSA) and the Youth Risk Behavior Survey (YRBS) through the Clark County Combined Health District.

"The Community Status Assessment (CSA) is part of Clark County's Community Health Assessment and consists of primary and secondary quantitative data on the status of the Clark County community. Data collection for the CSA began in June 2024 and continued through February 2025."¹⁶

In partnership, Clark County completed a Search Institute Survey - Collecting Youth Data from the schools to identify youth risk. The survey was distributed collaboratively by the Clark County Combined Health District in collaboration with local school districts. The YRBS data was collected in 2023.

¹⁵ Greater Dayton Area Hospital Association (GDAHA) Community Health Needs Assessment, 2024, Executive Summary p. 9-12

¹⁶ Clark County Combined Health District (CCCHD) Community Status Assessment, 2025, p.1

Community Input

- **Primary data collection methods include:**
 - An online survey of adults within the Greater Dayton Area.
 - Community leadership engagement within the planning process to support the definition of content, scope and sequence of the study.
 - Comparisons to local, state and national data, along with alignment to the Healthy People 2030 target objectives, when applicable.
- **Secondary data:**
 - Secondary sources such as the BRFSS, CDC, U.S. Census, Healthy People 2030, CCCHD Community Status Assessment (CSA), Windshield Survey, four focus groups, and other national and local data sources have been consulted and included.
- **Sampling:**
 - The sampling frame for the adult survey consisted of those 18 years of age and older.
 - Participants were required to live in the 10-county Greater Dayton Area.
 - A sample size of at least 267 adults was needed.
 - Clark County Combined Health District (CCCHD) conducted a windshield survey in partnership with Wright State University. It was a survey of systematic observation of the community and environment. The students drove through 10 census tracts in Clark County (selected based on social vulnerability index and Ohio opportunity index) to evaluate assets and opportunities. They took photos, walked the areas, spoke with residents and patronized local businesses.
 - Clark County Combined Health District conducted four (4) focus groups with approximately 60 attendees from diverse backgrounds, including Hispanic/Latino individuals via the Latino Coalition, low-income families, high school student leaders and seniors.
- **Procedure**
 - The primary data collection tool used was an online survey via Survey Monkey.
 - Data was collected from April to July 2024.
 - Convenience sampling, demographic analysis and purposeful sampling took place over the four-month course. These tactics allowed researchers to target community members who were easily accessible, identify underrepresented populations and target the collection of data from underrepresented demographic groups by promoting the survey in areas these populations frequented.
 - After thoroughly cleaning the adult data collected during the 13 weeks, a total of 2,175 responses were considered valid for analysis.

- Clark County Combined Health District conducted a windshield survey in partnership with Wright State University. It was a survey of systematic observation of the community and environment. The students drove through 10 census tracts in Clark County (selected based on social vulnerability index and Ohio opportunity index) to assess assets and opportunities. They took photos, walked the areas, spoke with residents, and patronized local businesses.
- No comments were received regarding the prior CHNAs, and therefore, no additional response was given to any other community commentary.
- Clark County Combined Health District conducted four (4) focus groups, with approximately 60 attendees.

Dates, locations and populations of the focus groups are included below:

- January 16, 2025 — Clark County Latino Coalition
- February 5, 2025 — Springfield High School BATS (Youth Lead Prevention Group for mental health)
- February 19, 2025 — FYI: Family & Youth Initiatives (a nonprofit supporting low-income families throughout Clark County)
- February 26, 2025 — United Senior Services (USS) (a nonprofit supporting Clark County seniors over age 55)

Collaborating Partners

Mercy Health — Springfield thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

- Awakenings of Clark County/CitiLookout
- Clark County Combined Health District
- Clark County ESC
- Clark County, Ohio
- Clark State College
- City of Urbana
- City of Springfield
- Champaign Co. Chamber
- Champaign Co. Health Department
- Champaign Family & Children's First Council
- Champaign Common Pleas Ct.
- Graham Local Schools
- Kettering Health
- Mercy Health

- Memorial Health
- Mental Health & Recovery Board of Clark, Greene, & Madison Counties
- Mental Health Services of Clark & Madison Counties
- Mental Health Drug & Alcohol Services Board of Logan & Champaign Counties
- Family & Children's First Council (Clark & Champaign)
- Family & Youth Initiatives (FYI)
- Community Health Foundation
- Developmental Disabilities of Clark Co.
- Mary Routan Health
- McKinley Hall
- Mental Health Services, Clark Co.
- Nehemiah Foundation
- Ohio Valley Surgical Hospital
- Rocking Horse Center
- Second Harvest Food Bank
- Sheltered Inc. (Interfaith Hospitality Network)
- Springfield Foundation
- Springfield Promise Neighborhood
- Suicide Prevention Coalition
- United Way of Clark, Champaign & Madison Counties
- United Senior Services
- Village of Mechanicsburg
- Welcome Springfield (Hispanic/Latino)
- Wellspring
- Wittenberg University



Information and Data Considered in Identifying Potential Need

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

Public Health Departments	Date of Data/Information
Clark County Combined Health District (CCCHD)	<ul style="list-style-type: none"> Community Context Assessment (3.7.25) Community Status Assessment (2.18.25) Healthcare Access Assessment (12.6.2024) Windshield Assessment (June 2024) CHA/CHIP Steering Committee: 3.14.25, 2.14.25, 1.17.25, 12.13.24, 11.8.24, 10.11.24, 9.13.24, 8.9.24, 7.12.24, 6.14.24, 5.10.24, 4.12.24
Champaign County Health Department	<ul style="list-style-type: none"> CHA/CHIP Leadership Meeting: Forces of Change (1.28.25) CHA/CHIP Leadership Meeting: (10.22.24) CHA/CHIP Leadership Meeting: (4.23.24) CHA/CHIP Leadership Meeting: (1.23.24)

Community, Organization and Stakeholder Input*	Date of Data/Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Greater Dayton Area Hospital Association – Regional Survey	April 2024 – July 2024	Adult, self-administered, regional community-based survey.	All adults, including the medically underserved, low income and minority populations, were included.
Clark County Combined Health District (CCCHD) – Community Context Assessment	August 2024 – March 2025	CCCHD conducted four community focus groups and collected data from a community wide online survey, including the Community Context Assessment	Included Low income, Minority, At-Risk populations

Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Clark County Combined Health District (CCCHD) – Community Status Assessment	Clark County CHA/CHIP stakeholder group: assembled June of 2024 through 2025.	The CHA/CHIP Steering Committee included a variety of community stakeholders to provide input on the process, goals and objectives	<p>Included at-risk, medically underserved, low-income, and minority populations represented by organizations at the table:</p> <p>Awakenings of Clark County/ CitiLookout (At Risk, Low Income)</p> <p>Clark County ESC (At Risk, Low Income, Minority Populations)</p> <p>Clark County, Ohio (General Public)</p> <p>Clark State College (General Public)</p> <p>City of Springfield (General Public)</p> <p>Community Health Foundation (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Developmental Disabilities of Clark County (Developmentally Disabled adults and children, At Risk, Medically Underserved, Minority Populations)</p> <p>Family & Children's First Council (Clark) (Families & Youth, At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Family & Youth Initiatives (FYI) (Families & Youth, At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Kettering Health (General Public)</p> <p>McKinley Hall (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Mental Health Services, Clark County (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Mental Health & Recovery Board of Clark, Greene and Madison Counties (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Mental Health Services of Clark and Madison Counties (At Risk, Medically Underserved, Low Income, Minority Populations)</p>

Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
			<p>Nehemiah Foundation (Faith-Based Church Populations)</p> <p>Ohio Valley Surgical Hospital (General Public)</p> <p>Rocking Horse Center Federally Qualified Health Center (FQHC) (Youth & Families, At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Second Harvest Food Bank (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Sheltered Inc. (Formerly Interfaith Hospitality Network) (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Springfield Foundation (General Public)</p> <p>Springfield Promise Neighborhood (Families & Youth, At Risk, Low Income, Minority Populations, Youth Populations)</p> <p>Suicide Prevention Coalition (At Risk Populations)</p> <p>United Way of Clark, Champaign and Madison Counties (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>United Senior Services (At Risk, Medically Underserved, Low Income, Senior Populations)</p> <p>Welcome Springfield (Hispanic/ Latino, Minority Populations)</p> <p>Wellspring (Youth, At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Wittenberg University (General Public)</p>

Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Champaign County Health Department	CHA/CHIP Steering Committee began meeting in October of 2024 through 2025.	The CHA/CHIP Steering Committee included a variety of community stakeholders to provide input on the process, goals and objectives	<p>Champaign County Chamber (General Public)</p> <p>Champaign County Health Department (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Champaign Family & Children's First Council (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Champaign Common Pleas Court (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Graham Local Schools (At Risk, Low Income, Youth Populations)</p> <p>Memorial Health (General Public)</p> <p>Mental Health Drug & Alcohol Services Board of Logan & Champaign Counties (At Risk, Medically Underserved, Low Income, Minority Populations)</p> <p>Family & Children's First Council (Champaign) (At Risk, Low Income, Youth, Minority Populations)</p> <p>Mary Rutan (General Public)</p> <p>Mechanicsburg (General Public)</p> <p>City of Urbana (General Public)</p>
Clark County Combined Health District (CCCHD) – Windshield Assessment	<p>Census Tract 2: Visit 1: Thursday, May 16, 2024, Morning Visit 2: Thursday, May 23, 2024, Evening</p> <p>Census Tract 3: Visit 1: Saturday, May 18, 2024, Afternoon Visit 2: Wednesday, May 29, 2024, Afternoon</p>	<p>Windshield Assessment.</p> <p>Windshield surveys were conducted in 10 different census tracts of Clark County, Ohio. A windshield survey is a systematic observation of the community to assess its assets and opportunities.</p>	<p>Windshield Assessment (June 2024):</p> <p>Inequities were assessed using the Social Vulnerability Index (SVI) and the Ohio Opportunity Index (OOI).</p> <p>These surveys assess general community needs and examine physical, social and economic characteristics within the community.</p> <p>In partnership with Wright State University.</p>

Community, Organization and Stakeholder Input*	Date of Data/Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
	<p>Census Tract 9.01:</p> <p>Visit 1: Thursday, May 23, 2024, Evening</p> <p>Visit 2: Saturday, May 25, 2024, Morning</p> <p>Visit 3: Wednesday, May 28, 2024, Evening</p> <p>Census Tract 11.01:</p> <p>Visit 1: Saturday, May 25, 2024, Morning</p> <p>Visit 2: Tuesday, May 28, 2024, Evening</p> <p>Census Tract 12:</p> <p>Visit 1: Saturday, May 18, 2024, Morning</p> <p>Visit 2: Thursday, May 23, 2024, Afternoon</p> <p>Census Tract 13:</p> <p>Visit 1: Wednesday, May 22, 2024, Evening</p> <p>Visit 2: Friday, May 24, 2024, Afternoon</p> <p>Visit 3: Thursday, May 30, 2024, Evening</p> <p>Census Tract 14:</p> <p>Visit 1: Tuesday, May 14, 2024, Afternoon</p> <p>Visit 2: Saturday, May 18, 2024, Evening</p> <p>Census Tract 17:</p> <p>Visit 1: Wednesday, May 15, 2024, Afternoon</p> <p>Visit 2: Wednesday, May 22, 2024, Afternoon</p> <p>Census Tract 34:</p> <p>Visit 1: Thursday, May 16, 2024, Evening</p> <p>Visit 2: Monday, June 3, 2024, Afternoon</p>		

*Individuals, or organizations staffed by fewer than 5 people, may not be named to protect anonymity.

Significant Community Identified Health Needs

Social Determinants of Health Needs — Community Level Needs that Impact Health and Well-Being

Social conditions, including:

- Social determinants of health
- Environmental conditions

Healthy People 2030:

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. One of Healthy People 2030's five overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

(Source: *Social Determinants of Health, Healthy People 2030*)

Capacity and adequacy of service levels

Economic stability

- In the past 30 days, 13% of Greater Dayton Area adults reported needing help meeting general daily needs such as food, clothing, shelter or paying utility bills.
- Greater Dayton Area adults experienced the following food insecurity issues in the past 12 months:
 - Had to choose between paying bills and buying food (9%)
 - Worried food might run out (7%)
 - Went hungry/ate less to provide more food for their family (6%)
 - Loss of income led to food insecurity issues (5%)
 - Did not eat because they did not have enough money for food (5%)
 - Their food assistance was cut (2%)
- Sixteen percent (16%) of adults experienced one or more food insecurity issues in the past year.

The table below indicates economic conditions among counties in the Dayton Area.

Economic Conditions of Dayton Area Counties

County	Median Household Income 2022	Percent of Residents Living in Poverty 2022	Unemployment Rate (May 2024)	Owner-Occupied Housing Unit Rate 2022	Average Monthly Rent Costs 2022
Auglaize County	\$71,669	8.4%	3.7%	77%	\$815
Champaign County	\$72,784	9.8%	4.1%	76%	\$856
Clark County	\$57,264	15.1%	4.8%	69%	\$820
Darke County	\$65,643	10.9%	4.1%	72%	\$731
Greene County	\$82,769	9.4%	4.5%	67%	\$1,027
Miami County	\$72,887	9.8%	4.2%	73%	\$906
Montgomery County	\$62,794	14.3%	5.0%	62%	\$925
Preble County	\$67,605	10.5%	4.1%	80%	\$803
Shelby County	\$72,498	9.3%	4.3%	74%	\$865
Warren County	\$104,523	5.5%	4.2%	79%	\$1,254

(Sources: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2022; Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, May 2024; U.S. Census Bureau, 2018-2022, 2022 American Community Survey 5-year Estimates)

Education

The table below indicates educational attainment within each Greater Dayton Area county.

Educational Attainment of Greater Dayton Area Counties, Among Adults Age 25 Years and Over

County	Less Than a High School Diploma 2022	High School Graduate 2022	Associate's Degree 2022	Bachelor's Degree or Higher 2022
Auglaize County	6.6%	42.2%	12.1%	20.7%
Champaign County	8.6%	41.9%	9.1%	18.1%
Clark County	11.0%	37.3%	10.4%	18.6%
Darke County	9.0%	45.5%	8.4%	16.3%
Greene County	5.8%	22.6%	9.5%	41.2%
Miami County	7.2%	37.1%	10.0%	24.7%
Montgomery County	8.3%	27.8%	10.2%	30.0%
Preble County	8.1%	44.6%	8.6%	18.8%
Shelby County	8.8%	41.1%	11.6%	20.7%
Warren County	5.2%	24.6%	8.3%	44.7%

(Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates)

Health and health care

- In the past year, 7% of adults were uninsured.
- More than half (54%) of Greater Dayton Area adults reported the following top reasons for not getting medical care in the past year:
 - Cost/no insurance (42%)
 - Difficult to get an appointment (40%)
 - Inconvenient appointment times (31%)
 - Could not get time off work (24%)
 - Provider would not take their insurance (18%)
 - Frightened of the procedure or doctor (14%)
 - Worried they might find something wrong (14%)
 - No child care (7%)
 - Do not trust or believe doctors (7%)
 - Discrimination (4%)
 - Difficult to find/no transportation (4%)
 - Language barrier (1%)
 - Some other reason (9%)
- See the Health Care Coverage and Health Care Access sections for further health and health care information for Greater Dayton Area adults in **Appendix A**.

Social and community context

- In the past year, Greater Dayton Area adults reported they were abused by:
 - A spouse or partner (4%)
 - Someone outside the home (2%)
 - A parent (2%)
 - A paid caregiver (2%)
 - Another family member living in the home (1%)
 - A child (1%)
 - Someone else (1%)
- Of those adults who were abused, they experienced the following types of abuse in the past year:
 - Verbal (40%)
 - Emotional (35%)
 - Financial (19%)
 - Sexual (15%)

- Physical (12%)
- Thirteen percent (13%) of adults were abused in any of the previously stated ways through electronic methods (such as texts, Facebook, etc.).
- Greater Dayton Area adults experienced the following in the past 12 months:
 - Death of a family member or close friend (29%)
 - A close family member went to the hospital (28%)
 - They were a caregiver (14%)
 - Had bills they could not pay (14%)
 - Experienced a decline in their own health (14%)
 - Moved to a new address (12%)
 - Someone close to them had a problem with drinking or drugs (11%)
 - Someone in their household lost their job/had their hours at work reduced (8%)
 - Were threatened or abused by someone physically, emotionally, sexually and/or verbally (6%)
 - Household income was cut by 50% (5%)
 - Knew someone who lived in a hotel (4%)
 - Their family was at risk of losing their home (4%)
 - Had someone homeless living with them/sleeping on their couch (3%)
 - They were homeless (2%)
 - Became separated or divorced (2%)
 - Witnessed someone in their family being hit or slapped (2%)
- Greater Dayton Area adults experienced the following adverse childhood experiences (ACEs):
 - Lived with someone who was depressed, mentally ill or suicidal (22%)
 - Their parents became separated or were divorced (21%)
 - A parent or adult in their home swore at, insulted or put them down (21%)
 - Lived with someone who was a problem drinker or alcoholic (19%)
 - A parent or adult in their home hit, beat, kicked or physically hurt them (12%)
 - Someone at least 5 years older than them or an adult touched them sexually (11%)
 - Their parents or adults in their home slapped, hit, kicked, punched or beat each other up (10%)
 - Lived with someone who used illegal street drugs or who abused prescription medications (10%)
 - Their family did not look out for each other, feel close to each other or support each other (9%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)

- Their parents were not married (6%)
- Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (6%)
- Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (4%)
- Someone at least 5 years older than them or an adult forced them to have sex (3%)
- Seventeen percent (17%) of adults experienced four or more adverse childhood experiences (ACEs).
- The following graph shows the percentage of Greater Dayton Area adults who had experienced four or more adverse child experiences (ACEs). An example of how to interpret the information on the graph includes: 17% of all Greater Dayton Area adults had experienced four or more ACEs, including 11% of males and 22% of females.

The table below indicates correlations between those who experienced four or more ACEs and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 16% of adults who experienced four or more ACEs were current smokers, compared to 7% of adults who did not experience any ACEs.

Health behaviors of Greater Dayton Area adults experiencing trauma

Experienced four or more ACEs vs. Did not experience any ACEs

Behaviors	Experienced Four or More ACEs	Did Not Experience Any ACEs
Overweight or obese (according to BMI)	79%	80%
Current drinker (had at least one alcoholic beverage in the past month)	62%	64%
Felt sad or hopeless for two or more weeks in a row in the past year	49%	12%
Binge drinker (drank 5 or more drinks for males or 4 or more for females on an occasion in the past month)	25%	24%
Misused prescription medication (used medications either not prescribed or took more than what was prescribed to feel good or high, more active or alert)	19%	7%
Had more than one sexual partner in the past year	17%	5%
Current smoker (currently smoke on some or all days)	16%	7%
Current vaper (currently vape on some or all days)	15%	4%
Contemplated suicide in the past year	14%	5%
Used recreational marijuana in the past six months	3%	3%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

What are ACEs?

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood. ACEs can generally be grouped into three categories: abuse, household challenges, and neglect. There is clear evidence that ACEs exposure is linked to poorer health and well-being through adulthood. Generally, the more ACEs a person is exposed to, the greater the risk of these poor outcomes.

ACEs exposure also results in direct and indirect costs to individuals, families, and society at large. This includes costs to the health care, children services, and criminal justice systems, as well as reduced quality of life and lost productivity. For example, more than \$10 billion in annual statewide public and private healthcare spending on depression, asthma, COPD, smoking, and excessive drinking can be attributed to ACEs exposure.

(Source: Health Policy Institute of Ohio Brief: Taking Action to Prevent ACEs in Ohio, June 2024)

Neighborhood and built environment

- Over one-fifth (21%) of Greater Dayton Area adults experienced the following transportation issues:
 - No car (4%)
 - Could not afford gas (4%)
 - No car insurance (3%)
 - Disabled (2%)
 - Did not feel safe to drive (2%)
 - Suspended/no driver's license (2%)
 - Limited public transportation available or accessible (2%)
 - No public transportation available or accessible (1%)
 - Other car issues/expenses (5%)
- Thirteen percent (13%) of adults reported they had one or more transportation issues.
- Thirty-seven percent (37%) of Greater Dayton Area adults kept a firearm in or around their home. Two percent (2%) of adults reported that their firearms were unlocked and loaded.



Social Health Needs — Individual Level Non-Clinical Needs

Social health needs:

- Environmental Health
- Maternal & Infant Health and Infant Mortality

Capacity and adequacy of service levels

Environmental health

- In or around their household, Greater Dayton Area adults thought the following threatened their health or their family's health in the past year:
 - Air quality (8%)
 - Insects (7%)
 - Mold (6%)
 - Plumbing problems (5%)
 - Temperature regulation (5%)
 - Moisture issues (4%)
 - Rodents (3%)
 - Unsafe water supply/wells (3%)
 - Radon (2%)
 - Bed bugs (2%)
 - Cockroaches (2%)
 - Safety hazards (2%)
 - Agricultural chemicals (2%)
 - Sewage/wastewater problems (2%)
 - Chemicals found in household products (2%)
 - Lice (1%)
 - Asbestos (1%)
 - Radiation (1%)
 - Lead paint (1%)
 - Sanitation issues (1%)
- Fourteen percent (14%) of adults reported they had more than one environmental issue in or around their household.

Maternal & infant health and infant mortality

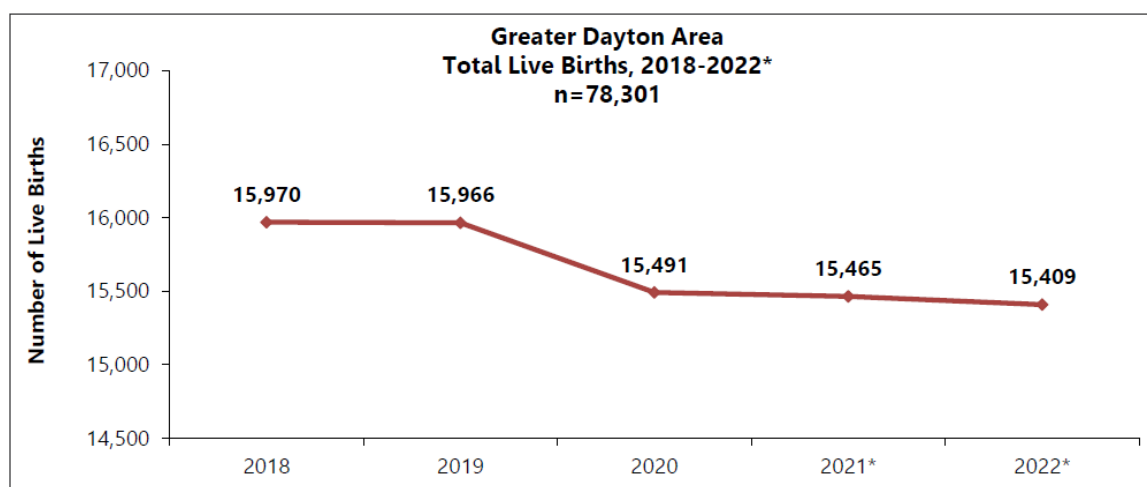
In previous CHNAs, Maternal & Infant Health and Infant Mortality have been included in clinical sections. However, this year, as part of our regional discussion, the focus was on non-clinical, more social outreach needs around this topic, particularly around personal health outcomes. The discussion emphasis honed in on personal education, women's health, sexual health and other related topics. Other topics include general understanding of pregnancy, when to see a doctor, how often to see a doctor, and the personal health commitments needed to support healthy pregnancies, births and infant vitality. In many communities, great strides have been made to expand Maternal & Infant Health support programs, yet the need continues to grow in our communities. Below are specific data points that speak to our local need and the expanded conversation.

Birth data

- The following graphs show the number of live births in the Greater Dayton Area from 2018 to 2022 and the number of live births by the age of the mother from 2018 to 2022.

Note: Pregnancy outcomes data include all births to adults and adolescents

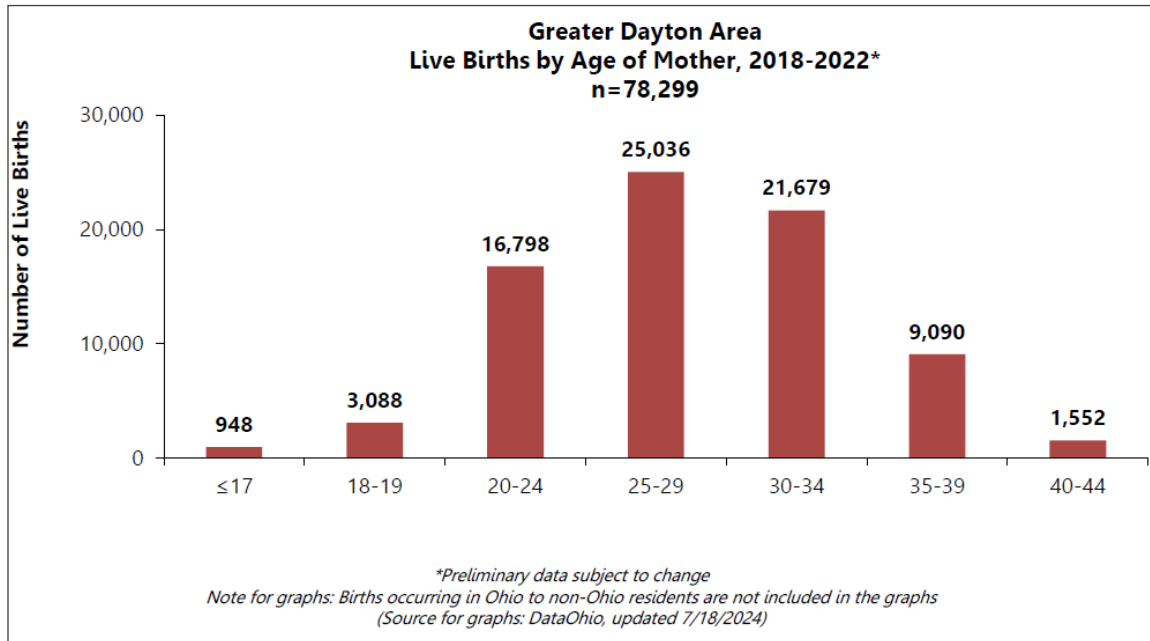
- From 2015 to 2020, there was an average of 16,054 live births per year in the Greater Dayton Area.



Pre-term births

The following graph shows Greater Dayton Area pre-term deliveries (<37 weeks) among live births by year.

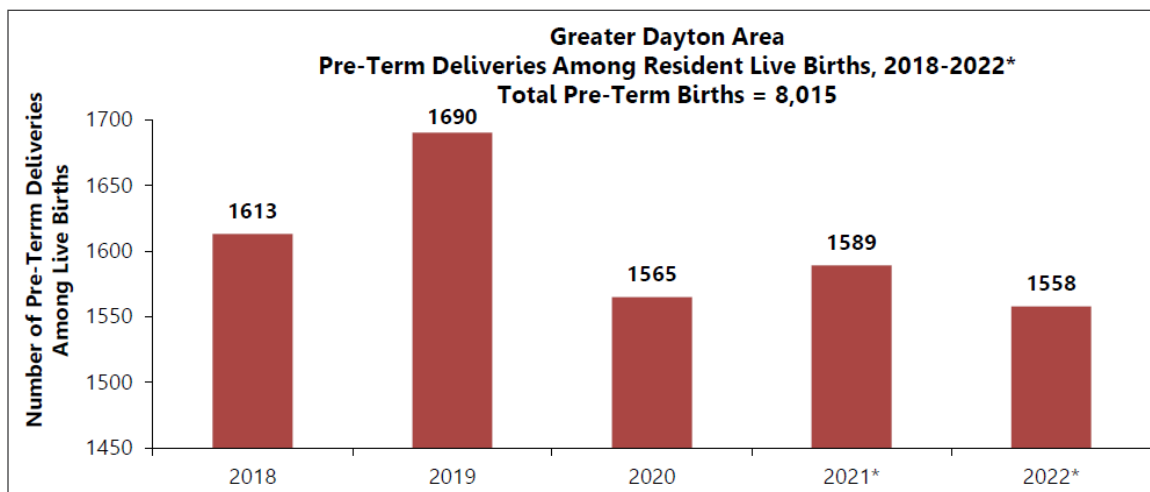
Note: Pregnancy outcomes data include all births to adults and adolescents



Pre-term births

The following graph shows Greater Dayton Area pre-term deliveries (<37 weeks) among live births by year.

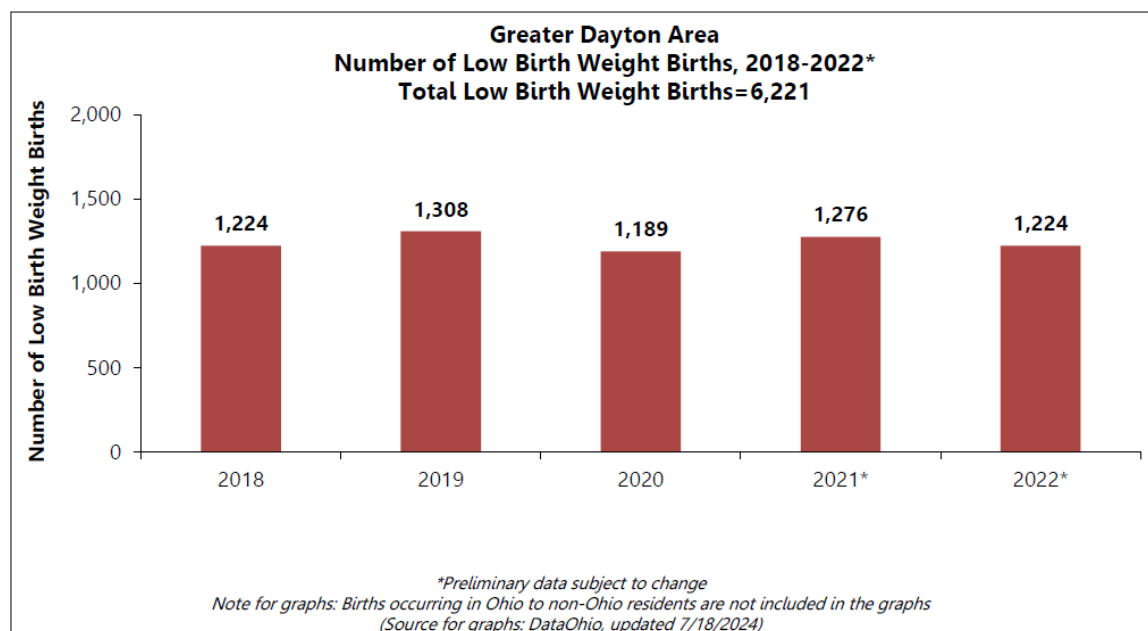
Note: Pregnancy outcomes data include all births to adults and adolescents



Low birth weight

The following graph shows the number of live births in the Greater Dayton Area that were low birth weight (including very low birth weight) by year. Low birth weight is defined as 1,500–2,499 grams, and very low birth weight is defined as less than 1,500 grams.

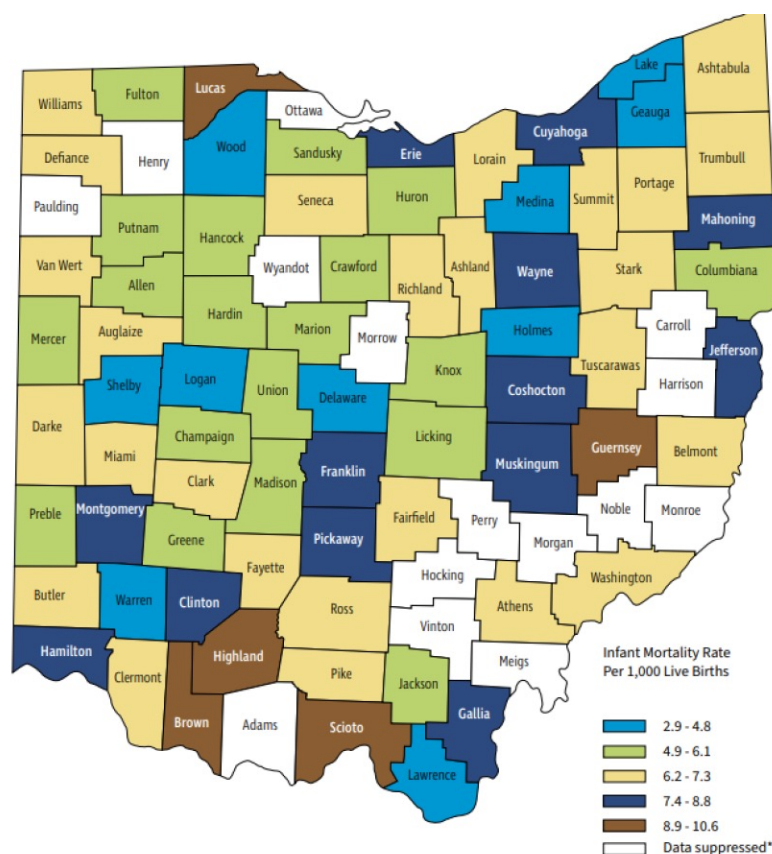
Note: Pregnancy outcomes data include all births to adults and adolescents



Infant mortality

The following map shows the Ohio five-year total fetal mortality rate (per 1,000 fetal deaths and live births by county from 2017 to 2021.

(Source: Ohio Department of Health, 2021 Infant Mortality Annual Report)



Neonatal, Post-Neonatal, and Infant Mortality in 2017-2021

Area	Number of Neonatal Deaths*	Number of Post-Neonatal Deaths**	Total Number of Infant Deaths	Number of Births	Rate of Infant Deaths per 1,000 Live Births
Auglaize County	12	6	18	2,759	6.5***
Champaign County	8	3	11	2,032	5.4***
Clark County	32	20	52	7,765	6.7
Darke County	11	8	19	3,058	6.2***
Greene County	30	13	43	8,498	5.1
Miami County	30	10	40	5,890	6.8
Montgomery County	173	83	256	31,963	8.0
Preble County	8	5	13	2,115	6.1***
Shelby County	8	4	12	3,111	3.9***
Warren County	43	14	57	12,011	4.7
Ohio	3,120	1,504	4,624	665,894	6.9

*Neonatal death is defined as a death of live born infant during the first 27 days of life.

** Post-neonatal death is defined as a death of an infant between 28 days and 364 days of life.

*** Rates based on fewer than 20 infant deaths should be interpreted with caution.

(Source: Ohio Department of Health, 2021 Infant Mortality Annual Report)

Significant Clinical Health Needs

Health care access, including:

- Health care coverage access and utilization
- Preventive medicine
- Women's health
- Men's health
- Oral health

Health behaviors, including:

- Health status perceptions
- Weight status
- Tobacco use
- Alcohol consumption
- Drug use
- Sexual behavior
- Mental health

Chronic disease, including:

- Cardiovascular health
- Cancer
- Asthma and other respiratory diseases
- Arthritis
- Diabetes
- Quality of life

Capacity and adequacy of service levels

Health Care Access, including:

- Health care coverage
- Access and utilization
- Preventive medicine
- Women's health
- Men's health
- Oral health

Health care coverage

In 2024, 91% of Greater Dayton Area adults had health care coverage, leaving 7% who were uninsured and 2% who were unsure if they had health care coverage.

- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (46%)
 2. Cost (24%)
 3. Other reasons (17%)
 4. They became ineligible (13%)
 5. They became a part-time or temporary employee (13%)
 (Percentages do not equal 100% because respondents could select more than one reason.)
- The following types of health care coverage were used: employer (52%); Medicare (20%); someone else's employer (13%); Medicaid or medical assistance (8%); self-purchased plan (3%); military, CHAMPUS, TriCare, CHAMPVA, or the VA (2%); and health insurance marketplace (2%).
- Greater Dayton Area adult health care coverage included:
 - Medical (95%)
 - Prescription coverage (94%)
 - Preventive health (89%)
 - Immunizations (85%)
 - Dental (79%)
 - Vision/eyeglasses (76%)
 - Mental health (68%)
 - Outpatient therapy (67%)
 - Durable medical equipment (43%)
 - Alcohol and drug treatment (34%)
 - Home care (31%)
 - Skilled nursing/assisted living (30%)
 - Tobacco cessation (29%)
 - Hospice (27%)
 - Breast feeding support (21%)
 - Transportation (17%)

Access and utilization

Over three-quarters (78%) of Greater Dayton Area adults had visited a doctor for a routine checkup in the past year. Over half (58%) of adults had one person they thought of as their personal doctor or health care provider. Fifty-five percent (55%) of adults preferred to access information about their health care services from their employer.

Over three-quarters (78%) of Greater Dayton Area adults visited a doctor for a routine checkup in the past year, increasing to 89% of adults over the age of 65.

Four percent (4%) of adults visited a doctor for a routine checkup five or more years ago.

Over half (58%) of Greater Dayton Area adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-nine percent (29%) of adults had more than one person they thought of as their personal health care provider, and 13% did not have one at all.

- More than half (54%) of Greater Dayton Area adults reported the following top reasons that prevented them from getting medical care in the past year:
 - Cost/no insurance (42%)
 - Difficult to get an appointment (40%)
 - Inconvenient appointment times (31%)
 - Could not get time off work (24%)
 - Provider would not take their insurance (18%)
 - Frightened of the procedure or doctor (14%)
 - Worried they might find something wrong (14%)
 - No child care (7%)
 - Do not trust or believe doctors (7%)
 - Discrimination (4%)
 - Difficult to find/no transportation (4%)
 - Language barrier (1%)
 - Some other reason (9%)
- Adults preferred to access information about their health or health care services from the following:
 - Employer (55%)
 - Medical portal (43%)
 - Doctor/health care provider (36%)
 - Internet searches (18%)
 - Family member or friend (17%)
 - Text messages (11%)
 - Advertisings or mailings from hospitals, clinics or doctor's offices (7%)

- Social media/networks (5%)
- Newspaper articles or radio/television news stories (4%)
- Billboards (2%)
- Faith-based community/church (2%)
- Greater Dayton Area adults reported feeling confident in the following:
 - Filling out medical forms accurately (87%)
 - Following instructions correctly on a medicine or prescription container (86%)
 - Following the advice of their health care provider (81%)
 - Knowing how to obtain health insurance that best fits their needs (59%)
 - Knowing what their insurance plan covers and what it does not (48%)
 - Three percent (3%) of adults reported they were not confident in any of the above.

Preventive medicine

Three-fourths (75%) of adults received a flu vaccine in the past year. Almost half (46%) of adults had a pneumonia vaccine in their lifetime, increasing to 74% of those ages 65 and over. Seventy-six percent (76%) of adults had received a COVID-19 vaccine in the past year.

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Ever had a pneumonia vaccination (age 65 and over)	74%	71%	71%
Had a flu vaccine in the past year (age 65 and over)	83%	65%	68%

Healthy People 2030 Immunization and Infectious Diseases (IID)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
IID-09: Increase the proportion of people who get the flu vaccine every year	75%	70%

Note: Healthy People objective is for persons aged 6 months and over

(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)

Women's health

Sixty-six percent (66%) of Greater Dayton Area women over the age of 40 reported having a mammogram in the past year. Over half (53%) of all women in the Greater Dayton Area had a clinical breast exam in the past year, and 71% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years.

Ohio Female Leading Causes of Death, 2018 – 2020

Total Female Deaths: 192,850

1. Heart Diseases (22% of all deaths)
2. Cancers (18%)
3. Stroke (6%)
4. Alzheimer's Disease (6%)
5. Chronic Lower Respiratory Diseases (6%)

(Source: CDC Wonder, 2018-2020)

Greater Dayton Area Female Leading Causes of Death, 2018 – 2020

Total Female Deaths: 24,191

1. Heart Diseases (20% of all deaths)
2. Cancers (18%)
3. Stroke (8%)
4. Alzheimer's Disease (6%)
5. Accidents, Unintentional Injuries (6%)

(Source: CDC Wonder, 2018-2020)

Pregnancy

- Nearly one-quarter (23%) of Greater Dayton Area women had been pregnant in the past five years.
- During their last pregnancy within the past five years, Greater Dayton Area women:
 - Received prenatal care within the first 3 months (61%)
 - Took a multi-vitamin with folic acid during pregnancy (56%)
 - Had a dental exam (32%)
 - Experienced depression (during or after pregnancy) (23%)
 - Received Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services (15%)
 - Experienced domestic violence (2%)
 - Consumed alcoholic beverages (2%)
 - Looked for options for an unwanted pregnancy (2%)
 - Used opioids (1%)
 - Used marijuana (1%)
 - Smoked cigarettes or other tobacco products (1%)
 - Received opiate replacement therapy (suboxone) (1%)
 - Used e-cigarettes or other electronic vaping products (1%)
 - Used over-the-counter medications or supplements not prescribed (1%)

Women's health concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity and diabetes. In the Greater Dayton Area, the 2024 health assessment has identified that:
 - 76% of women were overweight or obese (2022 BRFSS reports 68% for Ohio and 63%* for the U.S.)
 - 33% had been diagnosed with high blood cholesterol (2022 BRFSS reports 34%* for Ohio and 35%* for the U.S.)
 - 33% had been diagnosed with high blood pressure (2022 BRFSS reports 34%* for Ohio and 31%* for the U.S.)
 - 9% had been diagnosed with diabetes (2022 BRFSS reports 13% for Ohio and 11% for the U.S.)
 - 5% were current smokers (2022 BRFSS reports 17% for Ohio and 12%* for the U.S.)
- *2021 BRFSS data

Men's health

Men's health screenings

- Sixteen percent (16%) of men had a digital rectal exam in the past year.
- Half (50%) of Greater Dayton Area males had a prostate-specific antigen (PSA) test at some time in their life, and 32% had one in the past year.
- Over three-fifths (61%) of males age 40 and over had a PSA test at some time in their life, and 51% had one in the past two years.
- Almost three-fourths (72%) of males age 50 and over had a PSA test at some time in their life, and 46% had one in the past year.

Men's health concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity and diabetes. In the Greater Dayton Area, the 2024 health assessment has identified that:
 - 83% were overweight or obese (2022 BRFSS reports 74% for Ohio and 71%* for the U.S.)
 - 40% had been diagnosed with high blood cholesterol (2022 BRFSS reports 37%* for Ohio and 37%* for the U.S.)
 - 37% had been diagnosed with high blood pressure (2022 BRFSS reports 38%* for Ohio and 35%* for the U.S.)
 - 18% had been diagnosed with diabetes (2022 BRFSS reports 13% for Ohio and 12%* for the U.S.)
 - 17% were current smokers (2022 BRFSS reports 18% for Ohio and 15%* for the U.S.)
- *2021 BRFSS data

Oral health

Seventy percent (70%) of Greater Dayton Area adults had visited a dentist or dental clinic in the past year. Adults who had not received dental care in the past year reported the following reasons for not visiting a dentist in the past year:

- Cost (32%)
- Fear, apprehension, nervousness, pain, dislike going (31%)
- Did not have or know a dentist (23%)

Health behaviors, including:

- Health status perceptions
- Weight status
- Tobacco use
- Alcohol consumption
- Drug use
- Sexual behavior
- Mental health

Health status perceptions

Almost half (45%) of Greater Dayton Area adults rated their health status as excellent or very good. Conversely, 16% of adults described their health as fair or poor, increasing to 27% of those with annual incomes less than \$25,000.

General health status

- Almost half (45%) of Greater Dayton Area adults rated their health as excellent or very good.
- Greater Dayton Area adults with higher incomes (46%) were most likely to rate their health as excellent or very good, compared to 39% of those with annual incomes less than \$25,000.
- Sixteen percent (16%) of adults rated their health as fair or poor.
- Greater Dayton Area adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with high blood cholesterol (50%)
 - Had been diagnosed with high blood pressure (28%)
 - Had been diagnosed with diabetes (22%)
- Forty-five percent (45%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work or recreation in the past month.
- Adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work or recreation on an average of 5.3 days in the past month.

Physical health status

- Over one-quarter (28%) of Greater Dayton Area adults rated their physical health as not good on four or more days in the previous month.
- Greater Dayton Area adults reported their physical health as not good on an average of 4.0 days in the previous month.

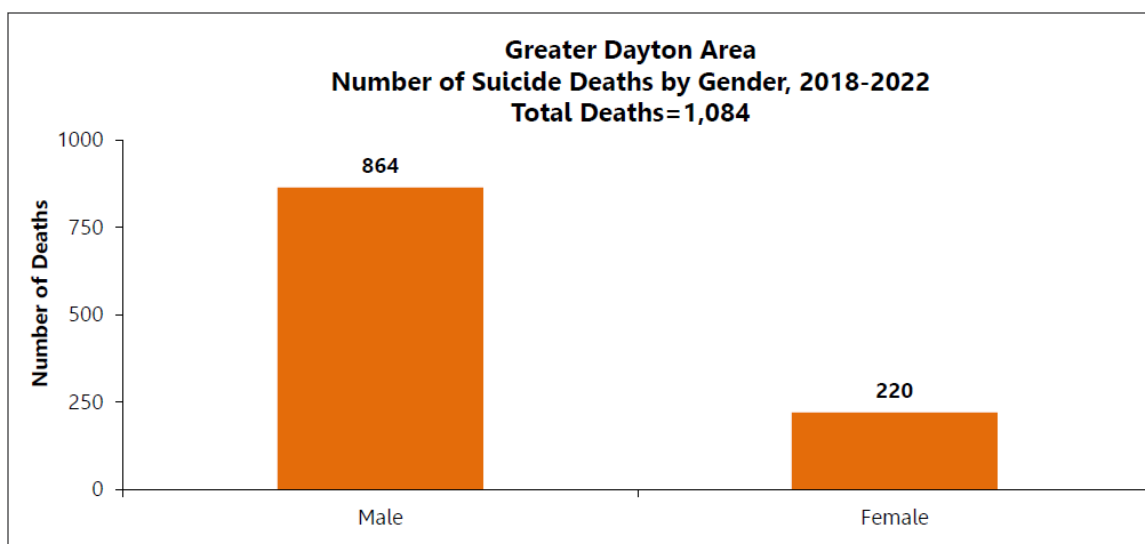
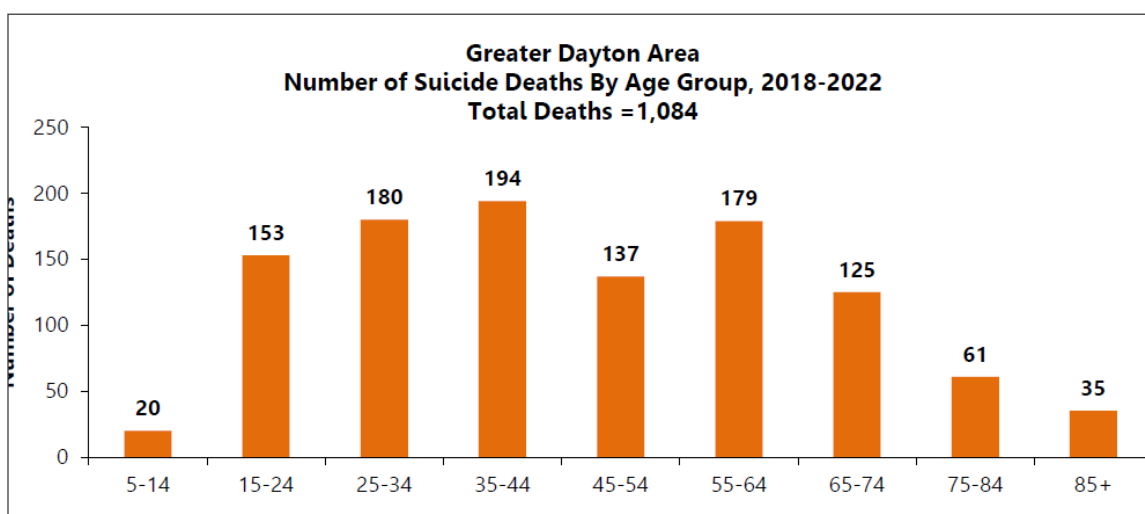
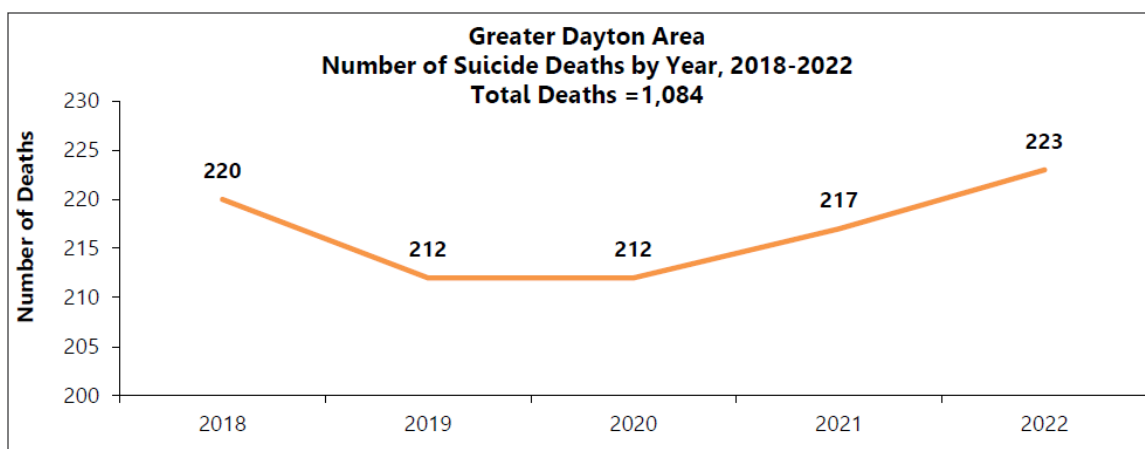
Mental health status

- Thirty-eight percent (38%) of Greater Dayton Area adults rated their mental health as not good on four or more days in the previous month.
- Greater Dayton Area adults reported their mental health as not good on an average of 8.2 days in the previous month.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Rated health as excellent or very good	45%	49%	50%
Rated health as fair or poor	16%	19%	17%
Rated physical health as not good on four or more days (in the past 30 days)	28%	21%*	20%*
Average days that physical health not good in past month	4.0	3.2**	3.0**
Rated mental health as not good on four or more days (in the past 30 days)	38%	31%*	29%*
Average days that mental health not good in past month	8.2	5.0**	4.4**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	45%	26%*	25%*

* 2021 BRFSS
 ** 2020 BRFSS Data compiled by 2023 County Health Rankings

- In the past year, 21% of Greater Dayton Area adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. In the past year, 7% of adults considered attempting suicide, and 1% of adults reported attempting suicide in the past year.



Weight status

Over three-quarters (79%) of Greater Dayton Area adults were either overweight (35%) or obese (including severely and morbidly obese) (44%) by body mass index (BMI), putting them at elevated risk for developing a variety of diseases.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Obese, including severely and morbidly obese (BMI of 30.0 and above)	44%	38%	34%
Overweight (BMI of 25.0 – 29.9)	35%	33%	34%

Healthy People 2030 Nutrition and Weight Status (NWS)		
Objective	Greater Dayton Area 2024	Healthy People 2030 Target
NWS-03: Reduce the proportion of adults with obesity	44%	36%

(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)

Physical activity

- Sixty-one percent (61%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on three or more days per week. Thirty-two percent (32%) of adults exercised five or more days per week. Fifteen percent (15%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.
- Greater Dayton Area adults spent an average of 2.1 hours on their cell phone, 2.0 hours watching/streaming TV, 1.5 hours on the computer/tablet (outside of work), and 0.5 hours playing video games on an average day.
- Adults reported the following prevented them from exercising:
 - Time (28%)
 - Too tired (21%)
 - Self-motivation/will power (21%)
 - Lazy (14%)
 - Pain or discomfort (14%)
 - Weather (10%)
 - Do not like exercise (9%)
 - Choose not to exercise (5%)
 - Did not know what activity to do (5%)
 - Could not afford a gym membership (5%)

- No exercise partner (4%)
- Ill or physically unable (4%)
- No child care (3%)
- Poorly maintained/no sidewalks (2%)
- Lack of opportunities for those with physical impairments or challenges (2%)
- Afraid of injury (2%)
- Neighborhood safety (2%)
- Too expensive (1%)
- Doctor advised them not to exercise (1%)
- No gym available (1%)
- No walking trails, biking trails or parks (1%)
- No transportation to a gym or other exercise activity (1%)
- Don't know (1%)
- Other (3%)

Nutrition

The table below indicates the number of servings of fruit, vegetables, whole grains and sugar-sweetened beverages Greater Dayton Area adults consumed daily.

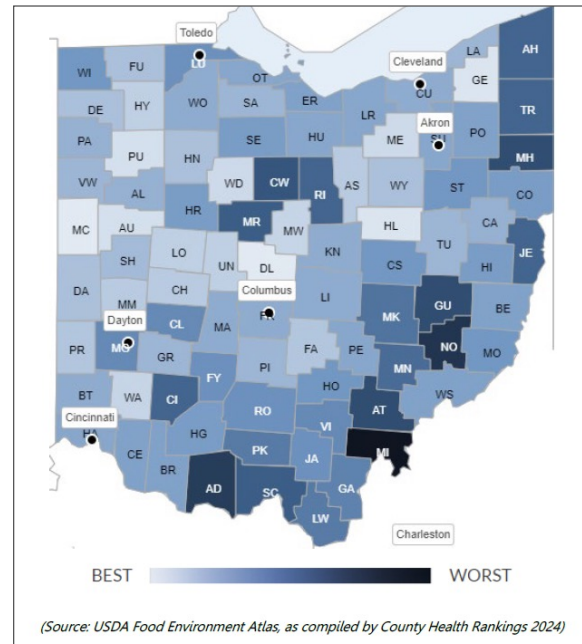
	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	3%	13%	70%	14%
Vegetables	3%	19%	73%	5%
Sugar-sweetened beverages	2%	6%	35%	57%
Caffeinated beverages	5%	18%	56%	21%

- In 2024, 33% of adults ate 1 to 2 servings of fruits and/or vegetables per day, 41% ate 3 to 4 servings per day, and 23% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.
- Adults reported the following barriers to consuming fruits and vegetables:
 - Too expensive (18%)
 - Did not like the taste (9%)
 - Did not know how to prepare (3%)

- No variety (2%)
- Did not have access to fruits and vegetables (2%)
- Distance to access (2%)
- Transportation (2%)
- Stores did not take electronic benefit transfer (EBT) (1%)
- Other (6%)
- Sixty-one percent (61%) of adults reported they did not have any barriers in consuming healthy foods.
- Adults reported the following determines the types of food they eat:
 - Taste/enjoyment (58%)
 - Cost (51%)
 - Healthiness of food (49%)
 - Ease of preparation/time (46%)
 - Availability (32%)
 - Nutritional content (32%)
 - Food they are used to (32%)
 - Family prefers (29%)
 - Calorie content (26%)
 - Organic (13%)
 - Genetically modified organism (GMO) (9%)
 - Artificial sweetener content (8%)
 - Other food sensitivities (7%)
 - Gluten-free (6%)
 - Lactose-free (6%)
 - Health care provider's advice (5%)
 - Availability of food at food pantry (3%)
 - Limitations due to dental issues (2%)
 - Limitations set by WIC (1%)
 - Other (3%)

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) and food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Ohio is 7.0.
- The food environment index in Auglaize is 8.8.
- The food environment index in Champaign is 8.4.
- The food environment index in Clark is 7.2.
- The food environment index in Darke is 8.2.
- The food environment index in Greene is 8.0.
- The food environment index in Miami is 8.4.
- The food environment index in Montgomery is 7.2.
- The food environment index in Preble is 8.3.
- The food environment index in Shelby is 8.1.
- The food environment index in Warren is 8.6.



Tobacco use

Eleven percent (11%) of Greater Dayton Area adults were current smokers, and 20% were considered former smokers. Eight percent (8%) of adults were current electronic vapor product users (those who indicated using an electronic vapor product in their lifetime and currently used it some or all days).

- Greater Dayton Area adults used the following tobacco products in the past year:
 - Cigarettes (17%)
 - E-cigarettes or other electronic vaping products (9%)
 - Cigars (6%)
 - Little cigars (4%)
 - Chewing tobacco
 - Snuff or snus (4%)
 - Cigarillos (2%)
 - Hookah (2%)
 - Pipes (1%)
 - Bidis (1%)
 - Dissolvable tobacco (1%)

- Eighteen percent (18%) of adults had used at least one tobacco product in the past year, including 10% of adults who used two or more tobacco products.
- Almost one-fourth (23%) of adults had ever used an e-cigarette or other electronic vaping product, even just one time in their lifetime.
- Eight percent (8%) of adults were current electronic vapor product users (those who indicated using an electronic vapor product in their lifetime and currently used it some or all days).

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Current smoker (currently smoke some or all days)	11%	17%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	26%	25%
Current e-cigarette user (vaped on some or all days)	8%	9%	8%

Healthy People 2030 Tobacco Use (TU)

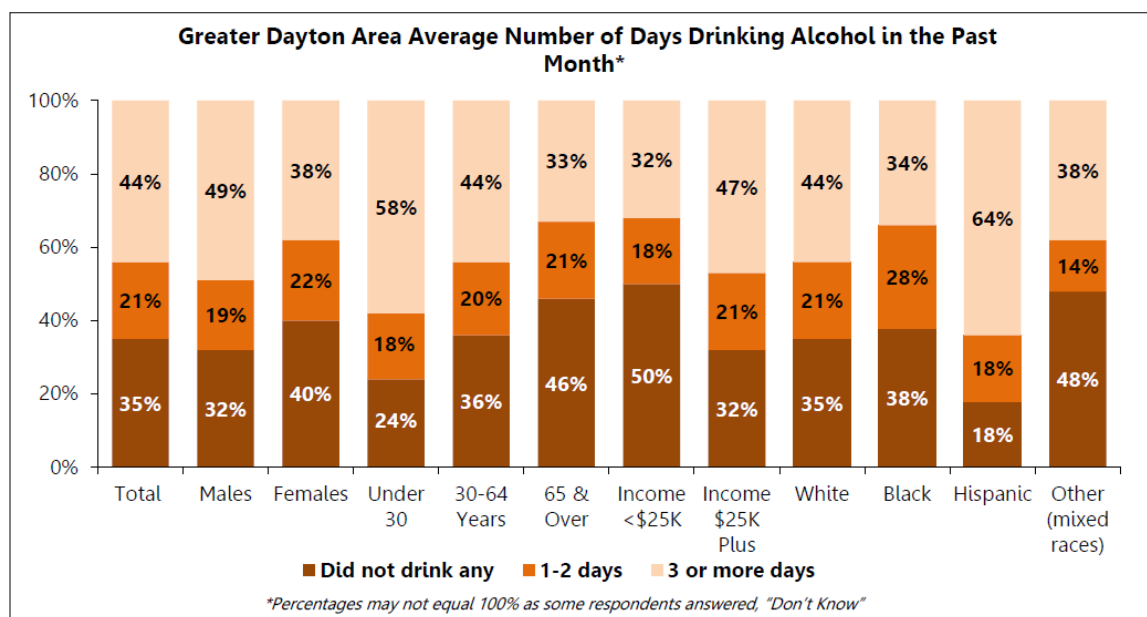
Objective	Greater Dayton Area 2024	Healthy People 2030 Target
TU-02: Reduce current cigarette smoking in adults	11%	6%*

*Healthy People 2030 target objective is among adults ages 18 years and over
(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)

Alcohol consumption

Sixty-four percent (64%) of Greater Dayton Area adults had at least one alcoholic drink in the past month and would be considered current drinkers. On average, Greater Dayton Area current drinkers had 2.7 drinks per drinking occasion. Over one-quarter (26%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

The following graphs show the percentage of Greater Dayton Area adults who consumed alcohol and the amount consumed on average in the past month.



Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Current Drinker (drank alcohol at least once in the past month)	64%	53%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	26%	18%	17%

Healthy People 2030 Substance Use (SU)

Objective	Greater Dayton Area 2024	Healthy People 2030 Target
SU-10: Reduce the proportion of people who engaged in binge drinking in the past month	26%	25%*

**Healthy People 2030 target objective is among adults ages 21 years and over
(Sources: Healthy People 2030 Objectives, 2024 Greater Dayton Area Community Health Assessment)*

Drug use

Ten percent (10%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months. Four percent (4%) of Greater Dayton Area adults reported they had used recreational marijuana or hashish in the past six months.

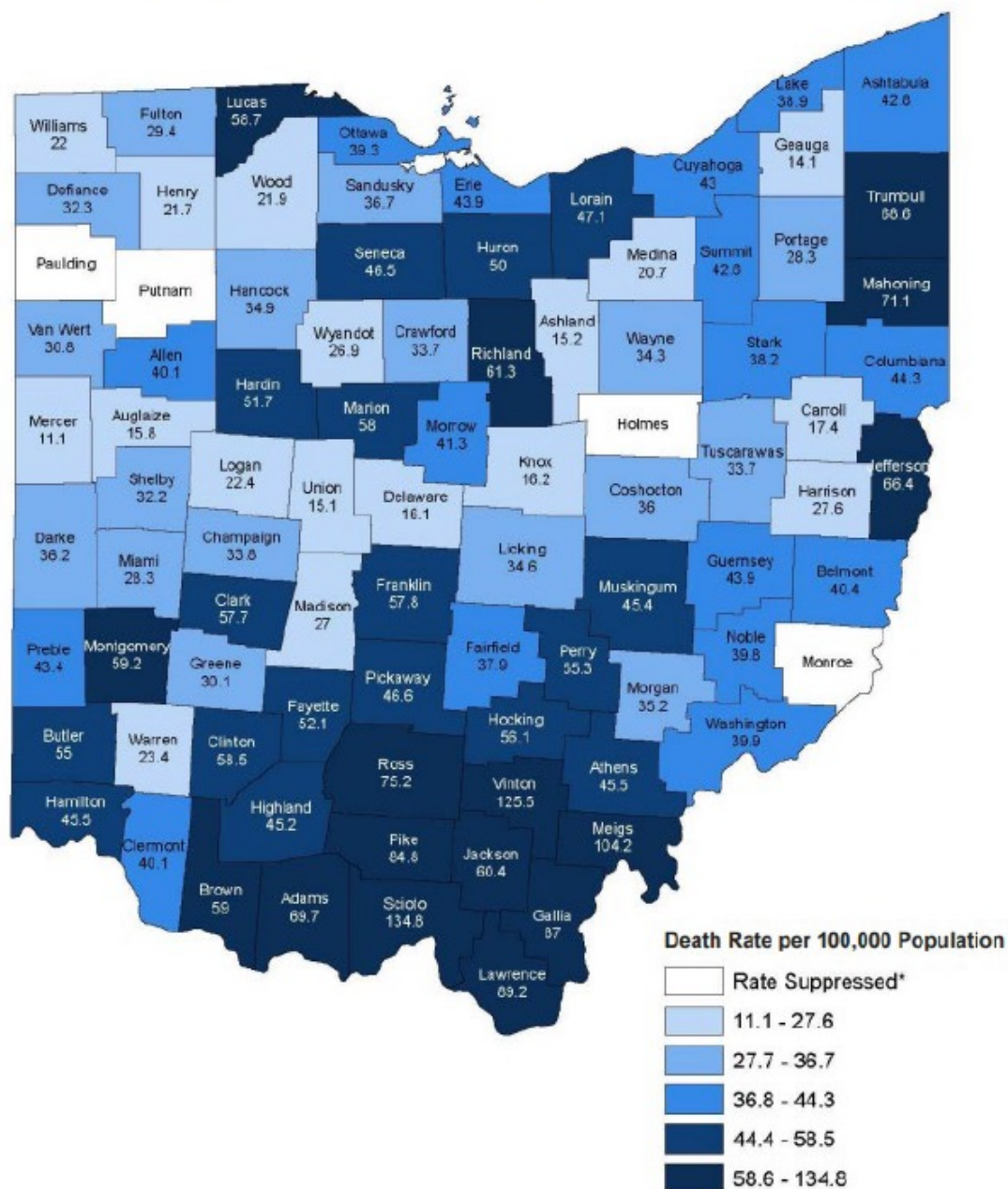
- Adults reported that they, an immediate family member or someone in their household took the following medications not prescribed to them to feel good, high, and/or more active or alert during the past six months:
 - Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, etc. (9%)
 - Steroids (8%)
 - Ritalin, Adderall, Concerta or other attention-deficit/hyperactivity disorder (ADHD) medication (6%)
 - Tramadol/Ultram (5%)
 - Vicodin (4%)
 - Neurontin (4%)
 - OxyContin (4%)
 - Suboxone or Methadone (3%)
- Four percent (4%) of Greater Dayton Area adults reported they had used recreational marijuana or hashish in the past six months, increasing to 13% of adults under the age of 30.
- Three percent (3%) of adults indicated they had used medical marijuana in the past six months.
- Adults reported that they, an immediate family member or someone in their household used the following in the past six months:
 - Wax, oil or edibles with tetrahydrocannabinol (THC) (12%)
 - Recreational marijuana or hashish (12%)
 - Medical marijuana (11%)
 - Cannabidiol (CBD) oil (11%)
 - Amphetamines, methamphetamines or speed (4%)
 - Inappropriate use of over-the-counter medications (4%)
 - Cocaine, crack or coca leaves (3%)
 - Lysergic acid diethylamide (LSD), mescaline, peyote, psilocybin, N-dimethyltryptamine (DMT) or mushrooms (3%)
 - Bath salts (2%)
 - Heroin/Fentanyl (2%)
 - Ecstasy or E, or gamma hydroxybutyrate (GHB) (2%)
 - Synthetic marijuana/K2 (2%)
 - Inhalants such as glue, toluene, gasoline, duster or paint (2%)

- As a result of using drugs, Greater Dayton Area adults indicated they, an immediate family member or someone in their household had:
 - Experienced legal problems (6%)
 - Been placed in dangerous situations (3%)
 - Regularly failed to fulfill obligations at work or home (3%)
 - Overdosed and required EMS/hospitalization (3%)
 - Failed a drug screen (3%)
 - Received Narcan or nasal Naloxone (2%)
 - Administered Narcan or nasal Naloxone (1%)
- Two percent (2%) of adults used a program or service to help with an alcohol or drug problem for them or a loved one. Reasons for not using such a program included:
 - Fear (3%)
 - Could not afford to go (2%)
 - Did not want to miss work (2%)
 - Stigma of seeking alcohol services (2%)
 - Wait time (2%)
 - Stigma of seeking drug services (1%)
 - Transportation (1%)
 - No/unreliable internet access (1%)
 - Could not get into the office or clinic (1%)
 - Did not have any openings (wait-listed) (1%)
 - Did not want to get in trouble (1%)
 - Insurance did not cover it (1%)
 - Had not thought of it (1%)
 - Did not know how to find a program (1%), dissatisfied with previous experience (1%)
 - A program was not available (<1%)
 - Other reasons (3%)
- Eighty-four percent (84%) of adults indicated such a program was not needed.

(Source for graphs: State of Ohio Integrated Behavioral Dashboard, 2018-2022, Updated 7/17/24)

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county, from 2020 to 2022.

Figure 22. Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2020-2022

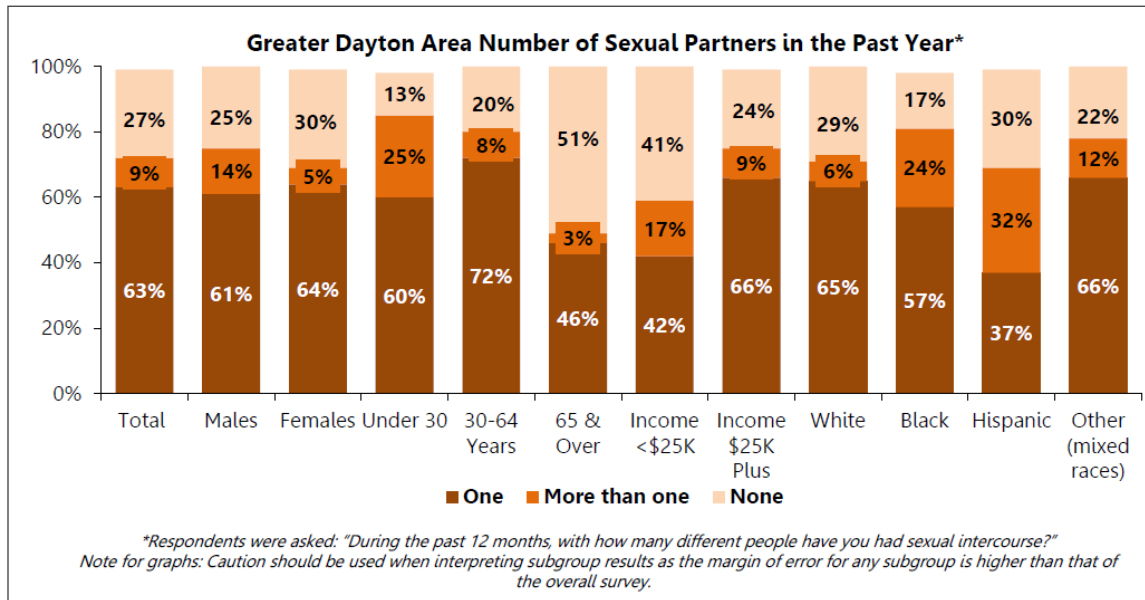


(Source: Ohio Department of Health, 2022 Ohio Drug Overdose Data: General Findings)

Sexual behavior

Seventy-two percent (72%) of Greater Dayton Area adults had sexual intercourse in the past year. Nine percent (9%) of adults reported they had intercourse with more than one partner in the past year. Nine percent (9%) of Greater Dayton Area adults indicated they were not using any method of birth control.

The following graph shows the number of sexual partners

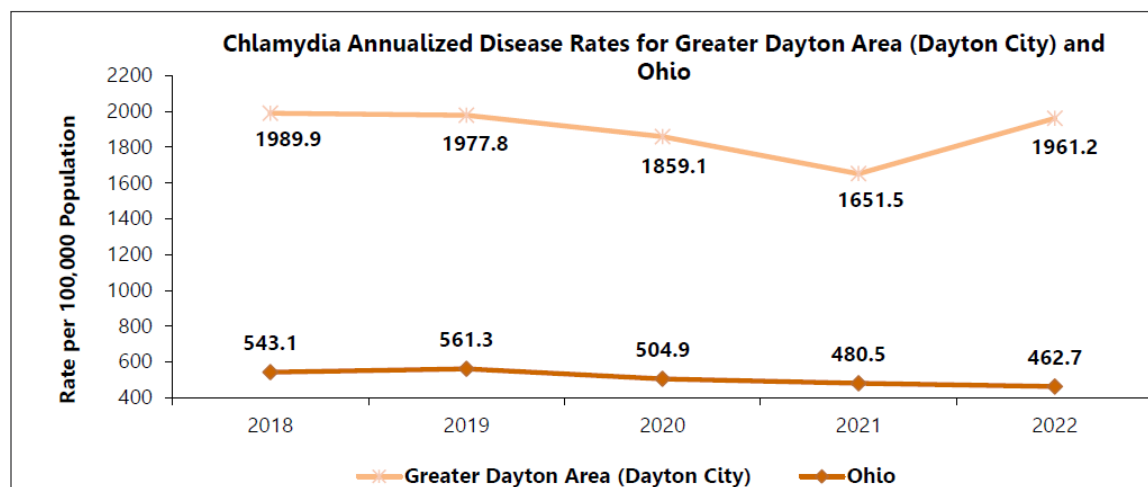


Greater Dayton Area adults had in the past year.

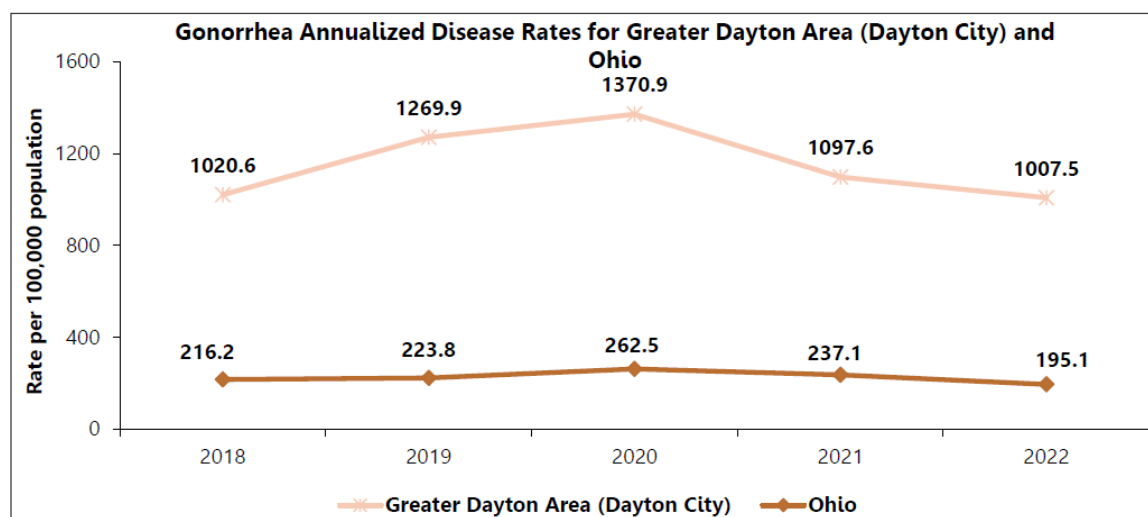
- Greater Dayton Area adults used the following methods of birth control the last time they had sex:
 - They or their partner were too old to get pregnant (13%)
 - Condoms (12%)
 - Male sterilization (10%)
 - Female sterilization (9%)
 - Birth control pills, any kind (8%)
 - Hysterectomy (7%)
 - Withdrawal (6%)
 - IUD (5%)
 - Rhythm method (3%)
 - Infertility (3%)
 - Contraceptive implant (2%)
 - Ovaries or testicles removed (2%)

- Abstinence (2%)
- Copper-bearing IUD (2%)
- Contraceptive ring (1%)
- Diaphragm, cervical cap or sponge (1%)
- Foam, jelly or cream (1%)
- Emergency contraception (1%)
- Birth control shots (1%)
- Contraceptive patch (<1%)
- Almost one-fifth (19%) of adults indicated they did not have a partner or were not sexually active.
- Three percent (3%) of adults reported they and their partner were trying to get pregnant, and 1% were currently pregnant.
- Five percent (5%) of adults indicated they were gay or lesbian.
- The following situations applied to Greater Dayton Area adults:
 - Had sex without a condom in the past year (20%)
 - Had anal sex without a condom in the past year (5%)
 - Had sexual activity with someone of the same gender (4%)
 - Had sex with someone they did not know (3%)
 - Had sex with someone they met on social media (3%)
 - Had four or more sexual partners in the past year (3%)
 - Engaged in sexual activity following alcohol or other drug use that they would not have done if sober (3%)
 - Treated for a sexually transmitted disease (STD) in the past year (2%)
 - Had given or received money or drugs in exchange for sex in the past year (2%)
 - Tested positive for human papillomavirus (HPV) (1%)
 - Tested positive for Hepatitis C (1%)
 - Knew someone involved in sex trafficking (1%)
 - Been forced to have any sexual activity in the past year (1%)
 - Injected any drug other than those prescribed in the past year (1%)
 - Had unprotected sex because they could not afford birth control methods (1%)
 - Tested positive for human immunodeficiency virus (HIV) (<1%)
- From 2018 to 2022, the number of Greater Dayton Area (Dayton City) HIV/AIDS cases steadily increased.

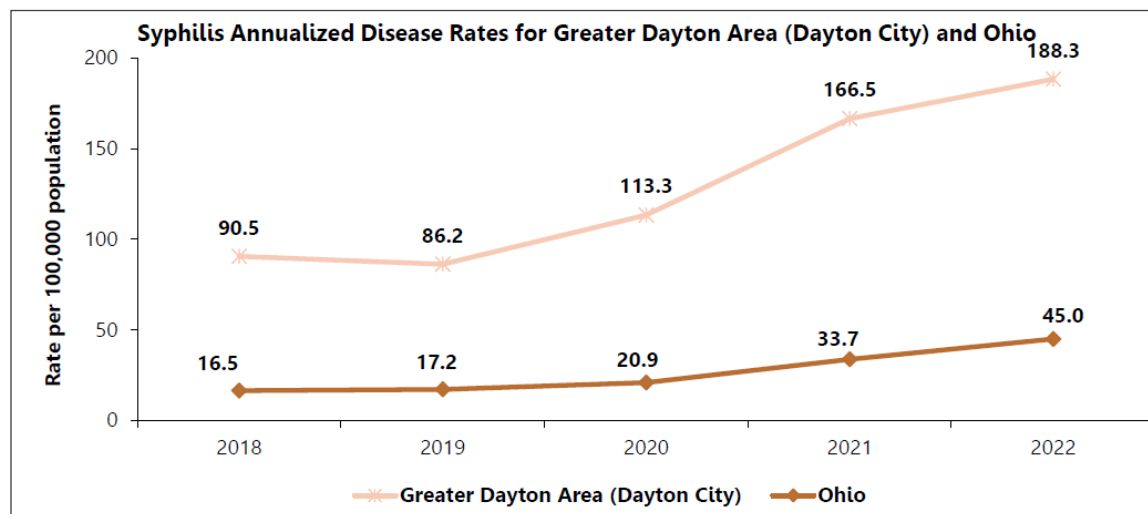
The following graphs show Greater Dayton Area (Dayton City) and Ohio chlamydia disease rates per 100,000 population and the number of chlamydia disease cases.



The following graphs show Greater Dayton Area (Dayton City) and Ohio gonorrhea disease rates per 100,000 population and the number of gonorrhea disease cases.



The following graphs show Greater Dayton Area (Dayton City) and Ohio syphilis disease rates per 100,000 population and the number of syphilis disease cases.



Chronic Disease, including:

- Cardiovascular health
- Cancer
- Asthma and other respiratory diseases
- Arthritis
- Diabetes
- Quality of life

Greater Dayton Area Leading Causes of Death, 2018-2020

Total Deaths: 48,842

1. Heart Disease (22% of all deaths)
2. Cancer (19%)
3. Accidents, Unintentional Injury (7%)
4. Stroke (7%)
5. Chronic Lower Respiratory Diseases (5%)

(Source: CDC Wonder, 2018-2020)

Ohio Leading Causes of Death, 2018-2020

Total Deaths: 391,681

1. Heart Diseases (23% of all deaths)
2. Cancer (19%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

(Source: CDC Wonder, 2018-2020)

High blood pressure (hypertension)

- Over one-third (35%) of adults had ever been diagnosed with high blood pressure.
- Eight percent (8%) of adults were told they were prehypertensive/ borderline high.
- Ninety percent (90%) of adults had their blood pressure checked within the past year.
- Greater area adults diagnosed with high blood pressure also fall into one of these categories:
 - Age 65 or older (53%)
 - Black (39%)
 - Male (37%)

High blood cholesterol

- Thirty-seven percent (37%) of adults had ever been diagnosed with high blood cholesterol.
- Ninety percent (90%) of adults had their blood cholesterol checked within the past five years.
- Greater Dayton Area adults diagnosed with high blood cholesterol also fall into one of these categories:
 - Age 65 or older (55%)
 - Male (40%)
 - White (40%)

Heart disease and stroke

- Five percent (5%) of Greater Dayton Area adults reported they had survived a heart attack or myocardial infarction in their lifetime, increasing to 10% of adults over the age of 65.
- Three percent (3%) of Greater Dayton Area adults reported they had survived a stroke in their lifetime, increasing to 14% of adults with incomes less than \$25,000.
- Five percent (5%) of adults reported they had ever been told they have angina or coronary heart disease by a health care provider, increasing to 10% of adults over the age of 65.
- Three percent (3%) of adults reported they had ever been told they have congestive heart failure by a health care provider, increasing to 7% of adults over the age of 65.

Asthma and other respiratory diseases

- Thirteen percent (13%) of Greater Dayton Area adults had ever been diagnosed with asthma, increasing to 18% of adults with incomes less than \$25,000.

Arthritis

- One-fifth (20%) of Greater Dayton Area adults were told by a health professional that they had some form of arthritis.

Diabetes

- Fourteen percent (14%) of Greater Dayton Area adults had ever been diagnosed with diabetes, increasing to 21% of adults with incomes below \$25,000. Thirteen percent (13%) of adults had been diagnosed with pre-diabetes.

Comparisons	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Ever been told by a doctor they have diabetes (not pregnancy-related)	14%	13%	12%
Had been diagnosed with pre-diabetes or borderline diabetes	13%	2%	2%

Quality of life

- Over one-fifth (22%) of Greater Dayton Area adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (36%); stress, depression, anxiety and emotional problems (26%); chronic pain (28%); arthritis/rheumatism (23%); and fitness level (20%).

Greater Dayton Area adults were responsible for providing care or assistance to the following:

- Multiple children (18%)
- Elderly parent or loved one (12%)
- An adult child (6%)
- Someone with special needs (6%)
- Grandchildren (5%)
- A friend, family member or spouse with memory issues (5%)
- A friend, family member or spouse with a mental health issue (5%)
- Children with discipline issues (4%)
- Children whose parent(s) use drugs or are unable to care for their children (2%)
- Foster children (1%)
- Children whose parent(s) lost custody due to other reasons (1%)

Among those who were limited in some way, the following most limiting problems or impairments were reported:






- Back or neck problems (36%)
- Chronic pain (28%)
- Stress, depression, anxiety or emotional problems (26%)
- Arthritis/rheumatism (23%)
- Fitness level (20%)
- Walking problems (19%)
- Sleep problems (18%)
- Chronic illness (e.g., diabetes, cancer, heart and stroke-related problems, high blood pressure) (16%)
- Lung/breathing problems (13%)
- Mental health illness/disorder (13%)
- Memory loss (9%)
- Hearing problems (9%)
- Eye/vision problems (9%)
- Fractures, bone/joint injuries (9%)
- 8 Dental problems (7%)
- Other physical disability (7%)
- Other impairment/problem (7%)
- Learning disability (6%)
- Confusion (3%)
- Drug addiction (1%)
- Substance dependency (1%)


Social determinants of health

- Seventeen percent (17%) of Greater Dayton Area adults had four or more adverse childhood experiences (ACEs). Sixteen percent (16%) of adults experienced one or more food insecurity issues in the past year. Thirteen percent (13%) of adults need help meeting general daily needs in the past month.

Environmental health

- Greater Dayton Area adults reported the following as the top four issues that threatened their health in the past year: air quality (8%), insects (7%), mold (6%), and plumbing problems (5%). Fourteen percent (14%) of adults reported they had more than one environmental issue in or around their household.

Adult Indicators	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Health Care Coverage			
Uninsured 	7%	6%	7%
Access and Utilization			
Had at least one person they thought of as their personal doctor or health care provider	87%	86%	84%
Visited a doctor for a routine checkup in the past year 	78%	79%	77%
Visited a doctor for a routine checkup five or more years ago	4%	6%	6%
Preventative Medicine			
Had a pneumonia vaccination (age 65 and over)	74%	71%	71%
Had a flu vaccine in the past year (age 65 and over)	83%	65%	68%
Women's Health			
Had a mammogram within the past two years (age 40 and older)	81%	68%	70%
Had a Pap smear within the past three years (age 21-65)	71%	77%*	78%*
Men's Health			
Had a PSA test within the past two years (age 40 and over)	51%	32%*	33%*
Oral Health			
Visited a dentist or dental clinic in the past year	70%	64%	65%
Health Status Perceptions			
Rated health as excellent or very good	45%	49%	50%
Rated health as fair or poor 	16%	19%	17%
Rated physical health as not good on four or more days (in the past 30 days)	28%	21%#	20%#
Average days that physical health not good in past month 	4.0	3.2**	3.0**
Rated mental health as not good on four or more days (in the past 30 days)	38%	31%#	29%#
Average days that mental health not good in past month 	8.2	5.0**	4.4**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	45%	26%#	25%#

 Indicates alignment with the Ohio State Health Assessment (SHA)

2021 BRFSS

*2020 BRFSS

**2020 BRFSS data as compiled by 2023 County Health Rankings

Adult Indicators	Greater Dayton Area 2024	Ohio 2022	U.S. 2022
Weight Status			
Obese, including severely and morbidly obese (BMI of 30.0 and above) 🗳️	44%	38%	34%
Overweight (BMI of 25.0 – 29.9)	35%	33%	34%
Tobacco Use			
Current smoker (currently smoke some or all days) 🗳️	11%	17%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	26%	25%
Current e-cigarette user (vaped on some or all days)	8%	9%	8%
Alcohol Consumption			
Current drinker (drank alcohol at least once in the past month)	64%	53%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 🗳️	26%	18%	17%
Cardiovascular Disease			
Had angina or coronary heart disease 🗳️	5%	6%	4%
Had a heart attack or myocardial infarction 🗳️	5%	5%	5%
Had a stroke	3%	4%	3%
Had high blood pressure 🗳️	35%	36%#	32%#
Had high blood cholesterol	37%	36%#	36%#
Had blood cholesterol checked within past 5 years	91%	85%#	85%#
Asthma and Arthritis			
Ever been told they have asthma	13%	16%	16%
Ever diagnosed with some form of arthritis	20%	31%	27%
Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related) 🗳️	14%	13%	12%
Had been diagnosed with pre-diabetes or borderline diabetes 🗳️	13%	2%	2%

🗳️ Indicates alignment with the Ohio State Health Assessment (SHA)

2021 BRFSS

*2020 BRFSS

Resources Available

Due to the considerable and complex nature of the community identified significant health needs, and there are more than several, these organizations may be available to address one or more of the needs identified in this report:

Health care facilities and services

- Springfield Regional Medical Center
 - Full-service hospital with emergency medicine, cardiovascular support services, neurology, imaging, lab, intensive care, acute rehab, birthing center, orthopedic support services and more
 - Provides support for health care access, health behaviors, chronic disease and social conditions
- Mercy Health Physicians Primary & Specialty Care
 - Primary and specialty care providers
 - Provides support for health care access, health behaviors, chronic disease and social conditions
- Mercy Health Enon Emergency Department
 - Freestanding emergency services
 - Provides support for health care access, health behaviors, chronic disease and social conditions
- Ohio Valley Surgical Hospital
 - Primary and specialty care
 - Provides support for health care access, health behaviors and chronic disease
- Kettering Health Emergency Walk-in Care
 - Freestanding emergency services
 - Provides support for health care access, health behaviors and chronic disease
- Urgent Care Providers
 - Provides support for health care access and chronic disease
- Springfield Fire & EMS
 - 911 emergency support
 - Provides support for health care access and social conditions
- Springfield Township Fire & EMS
 - 911 emergency support
 - Provides support for health care access and social conditions
- Moorfield Township Fire & EMS
 - 911 emergency support
 - Provides support for health care access and social conditions

- Springfield Regional Birthing Center
 - Located at Springfield Regional Medical Center
 - Provides support for health care access, health behaviors, chronic disease and social conditions
- Rocking Horse, FQHC
 - Provides support for health care access, health behaviors, chronic disease and social conditions

Health departments

- Clark County Combined Health District
 - Provides support for health care access, health behaviors, chronic disease and social conditions
- Champaign County Health District
 - Provides support for health care access, health behaviors, chronic disease and social conditions

Other local and national resources:

Health behaviors and health care access

- Mercy Health Behavioral Health and REACH (Response, Early Intervention, Assessment and Crisis Habilitation) Services
- Mental Health & Recovery Board
- Mental Health Services, Clark Co.
- Family & Children's First Council
- Rocking Horse, FQHC
- The Nehemiah Foundation
- Faith Community Nursing & Health Ministry Program
- Local Addiction Support Providers
- McKinley Hall
- United Senior Services
- CitiLookout
- Wellspring
- Clark County Combined Health District
- Local police, fire and EMS

Health care access and chronic disease

- Oakview Dermatology
- DOCS Dermatology
- Mercy Health — Springfield Regional Cancer Center
- Mercy Health — Urbana Cancer Center
- Springfield Regional Medical Center
- Mercy Health Physicians specialty and primary care
- Ohio Valley
- Kettering Health

Health care access, health behaviors, chronic disease and social conditions (Maternal Infant Health and Women's Health)

- Mercy Health physicians
- Mercy Health — Springfield OB-GYN
- Mercy Health — Springfield Regional Medical Center Birthing Center
- Physicians and surgeons for women
- Pregnancy Resource Clinic
- Clark County Sexual Wellness Clinic
- Rocking Horse, FQHC
- Start Strong Clark County Coalition
- Family & Children's First Council
- Clark County Combined Health District
- Family & Youth Initiative



Prioritization of Health Needs

As noted in the process explained earlier in this report, each need was grouped into a category and area of focus. There is a close connection and overlap among these health needs and the strategies that impact them. In our strategy and execution, we hope to see a greater shift by recognizing the cause and effect of certain needs, outcomes, as well as social determinants of health and social health needs that may be impacted.

Springfield Regional Medical Center and Urbana Hospital will continue to participate in the Community Health Needs Assessment strategy groups — through Clark and Champaign counties, and through Greater Dayton Area Hospital Association — to support collaboration and ongoing community strategic development. In addition, internal leadership will continue to be involved and invested in the alignment of strategies that can help to impact these most pressing health needs. Prioritized health needs have been selected because of their focus on the prevention of more critical, long-term health issues and their causal factors.

For the significant needs presently identified, Mercy Health participated in the Clark and Champaign County health districts' CHA/CHIP steering committees, consisting of community leaders and led by the health district's epidemiology team. We reviewed local survey data, Regional CHNA data, county, statewide and national data to compare and evaluate where we are in Clark and Champaign counties compared to the remainder of the state and the region.

We served in a similar capacity with the Greater Dayton Area Hospital Association Regional CHNA/CHIP steering committee, consisting of community health leaders across health care organizations in the Greater Dayton Area. We also looked at and prioritized root causes that are proven contributors to critical community health needs.

From there, this information was presented to several teams within the Mercy Health — Springfield market leadership for alignment and planning from hospital, operations and medical intervention perspectives. Based on all the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

- **Health care access**, including access, preventive medicine, women's health, and men's health
- **Health behaviors**, including health status perceptions, weight status, tobacco use, alcohol consumption, drug use and mental health
- **Chronic disease**, including cardiovascular health, cancer, other respiratory diseases, diabetes and quality of life
- **Social conditions**, including social determinants of health, and maternal and infant health

Prioritized Health Needs

Health care access, including:

- Access
- Preventive medicine
- Women's health
- Men's health

Mercy Health — Springfield is aware of the need for continued access improvement in Clark, Champaign and surrounding counties. Preventive medicine is a key to improving outcomes for our community. A focus on men's and women's health continues to be a topic of key importance to supporting community well-being and catching critical health needs earlier, with screenings and annual wellness visits.

Health behaviors, including:

- Health status perceptions
- Weight status
- Tobacco use
- Alcohol consumption
- Drug use
- Mental health

Healthy behaviors, mental health and health literacy are all connecting points for us in this category. As we serve Clark, Champaign and surrounding counties, we recognize the importance of our wraparound care and support for these areas that are often the cause for escalating health needs.

Chronic disease, including:

- Cardiovascular health
- Cancer
- Other respiratory diseases
- Diabetes
- Quality of life

Chronic disease, cardiovascular health, cancer, respiratory disease and diabetes are intimately connected to the other categories referenced above. Good education, screening and critical care support are so important to the treatment and addressing of these needs for our

community. Each of these disease states has a continuum that will escalate and impact a patient's quality of life. Therefore, we must be active participants in conversations, education and support to help our patients live their best lives. Historically, these health conditions have been among the top 10 causes of death in our community. It is our goal to improve our patients' outcomes.

Social conditions, including:

- Social determinants of health
- Maternal and infant health

Social determinants of health, social health needs, and maternal and infant health needs are all important areas of focus, education and support for our communities served by Urbana Hospital and Springfield Regional Medical Center. We are an important safety net for these needs and must ensure our patients have the resources they need to live healthy, full lives.

Significant Health Needs Not Prioritized

The needs listed below will not be prioritized and addressed by Mercy Health — Springfield.

Health care access, including health care coverage, utilization and oral health:

Under the health care access umbrella, many items have been prioritized. Health care coverage and utilization are items we are committed to offering to our communities through our quality of care and services provided; however, it is not the primary focus of our localized care. Rather, we would find health care coverage and utilization more of a direct objective for our partners in the insurance industry (including local payors, as well as Medicare and Medicaid) and not a direct provision of our health care ministry.

Since Mercy Health — Springfield has no care mechanism to deliver care in the oral health sphere, we will leave this particular focus to the Community Health Foundation and local dental providers.

Health behaviors, including sexual behavior:

While health behaviors are areas Mercy Health — Springfield focuses on in our patient base, there are some specific community partners already focused on sexual health as a community topic, including the Clark County Combined Health District with their Sexual Health & Wellness Clinic. Our physician practices will continue to address the sexual health needs of patients directly.

Chronic disease, including asthma and arthritis:

While we have care that focuses on the needs of patients with asthma and arthritis, some local partners have programming and support for the community. Clark County Combined Health District has a program to help those with asthma with their home-based needs. United Senior Services supports older adults with mobility and home-based support needs. In addition, Mercy Health recently launched (in 2024) a new radiation treatment program to support those with acute arthritis.

Social Conditions, including environmental conditions:

While Mercy Health — Springfield looks at our environmental impact and the footprint of the services we provide, environmental conditions unique to our community are not our area of focus, nor our area of expertise. While our supply chain team is consistently exploring additional ways to decrease our environmental footprint, this is outside the scope of our care, so would leave environmental concerns to the Environmental Protection Agency (EPA), Ohio Department of Health and our local health department partners.



Progress and Impact

2022-2025 CHIP for Springfield Regional Medical Center

Health Risk Prevention – social determinants of health needs with specific focus on education, environment, food access and transportation

Strategies	Progress
<p>Creating health education encounters through CoHatch and Senior Center Speaker Series. Topics of the speaker tie to top health needs, wellness and prevention. Speaker series will also create awareness of community resources and programs.</p>	<p>Mercy has developed ongoing opportunities to engage with the community, including but not limited to: Speaker Series in Springfield (CoHatch), Speaker Series in partnership with United Senior Services (Springfield) and Urbana Senior Center (Champaign). In addition, we've supported healthy aging programs in Champaign County through health education and more.</p> <p>37 total events: 2023: 18 events 2024: 19 events 2025 year to date (YTD): 4 events [USS Speaker Series: Rotary education, Town Hall (CoHatch)]</p>
<p>Grow learning pathways for students: On-site paid student internships for local technical high school students at alternative schools</p>	<p>Mercy Springfield has developed some pathways for students to shadow, tour or have internship experience. So far, we have hosted:</p> <p>2023: 10 interns 2024: 8 interns 2025 YTD: 7 completed job shadowing, 3 currently in rotation and 1 signed up for July (11 YTD)</p>
<p>Grow learning pathways for students: Guild program provides learning pathways for low/no cost continuing medical education in medical career pathways for associates at all levels</p>	<p>Measure and increase local utilization of the GUILD program for individuals who are associates of Mercy Health and can leverage education to further their career. Program launched in 2023. From program launch and initial interest, we've added +4% from 2023 - 2024. Below is YTD 2025.</p> <ul style="list-style-type: none"> 846 associates (47.7% of the associates eligible for the benefit) in Springfield have created an account on the Guild website and completed their user profile <ul style="list-style-type: none"> 27.8% of associates who have created an account on the Guild website and completed their user profile are within two years of the start of their employment with Bon Secours Mercy Health The top five highest utilization amongst job families: <ul style="list-style-type: none"> 233 associates - Registered nurse (RN) clinical 106 associates - Nursing support 87 associates - Physician office/medical group 63 associates - Laboratory 59 associates - Licensed practical nurse (LPN) We have 286 active associates in Springfield, currently eligible for education benefits who are in education programs with tuition assistance or tuition reimbursement

Strategies	Progress
<p>Springfield Regional Medical Center is starting a sustainability council to reduce the environmental footprint of the hospital through recycling and composting</p>	<p>Sustainability council was started in 2023 and has launched several programs in conjunction: reuse of materials/supplies where applicable, recycling materials where applicable, as well as a composting program.</p> <p>Four departments participate in the recycling/reuse of supplies program.</p> <p>Compost: 66,000 lbs in 2022 97,379 lbs in 2023 79,625 lbs in 2024 = 243,004 total pounds</p>
<p>Mercy Health — Springfield Regional Medical Center is building an on-site garden for visitors, patients, associates and the community</p>	<p>Mercy Health established a Garden Committee that serves both Clark and Champaign County facilities (Mercy Health — Springfield and Mercy Health — Urbana hospitals). In 2024, the Garden Committee donated 120 lbs. of produce to Second Harvest Food Bank and made the produce accessible to employees of our facilities. (The 2025 growing season beginning now.)</p>
<p>Ongoing community collaboration, feedback and partnership through these community health assessment taskforce groups</p>	<p>Mercy Health — Springfield has an ongoing relationship with both health departments, including Clark County Combined Health District and Champaign County Health District. Members of the Mercy Health team attend CHNA-designated taskforces associated with their areas of strategy and care. The Director of Community Health serves on both county steering committees.</p> <p>Members of the Mercy Health Springfield team support the following community health committees and taskforces as partners within the community setting.</p> <p>Clark Champaign Diabetes Association Champaign County Healthy Living Committee Champaign County COC (Continuum of Care) Champaign County Stepping Up Logan/Champaign Co. Crisis Stakeholders GMVEMS Research Committee Champaign County Chief’s Meeting (Fire and EMS) Champaign County CORE Champaign County Suicide & Overdose Review Champaign County Health Equity & SDOH Ohio Rural Community Paramedicine Committee Start Strong Maternal Infant Vitality Coalition and Steering Committee Clark County Health Equity Committee Clark County Mental Health Coalition Clark and Champaign County transportation steering committees Clark and Champaign County CHA/CHIP steering committees Clark County Youth Treatment Court</p>

Strategies	Progress
Continued from previous page...	<p>Clark County Overdose Awareness Committee Clark County Partners in Prevention Career Technology Center Mental Health & Wellness Committee Clark County Drug Overdose Death Review Clark County Substance Abuse Coalition Clark County Community Corrections Reentry Champaign County Substance Abuse Coalition Champaign County Drug Overdose Death Review Champaign County Community Corrections Reentry Lori Baugh (CV), Becky Harris (NP, Medical Group): Clark Co. Chronic Disease Taskforce</p> <p>Working with these community groups to align on a few community event collaborations that touch on shared priorities such as breast cancer, lung cancer and women's health</p> <p>Addition: Built an internal Health Equity Stakeholder group with measurable clinical outcomes pertaining to our top health needs and SDOH.</p>
Launch of malnourishment patient screening pathway in partnership with nutrition, case management and the Community Medication Assistance Program (Med Assist)	<p>In 2022, we launched a food bag referral program for patients who responded with having food insecurity. From 2022–2024 we served 90 patients. YTD in 2025: 78 patients served. We also added multiple sites to the scope of this project to include Mercy Health — Springfield Regional Medical Center, Mercy Health — Urbana Hospital, Mercy Health - Springfield Regional Cancer Center, Mercy Health — S. Springfield Family Medicine, Mercy Health — REACH services. A cumulative total of 527 patients screened positive, 17 patients specifically served from the Mercy Health — Springfield Cancer Center.</p> <p>In 2023, we launched a malnutrition continuum to evaluate 35% of patients during their stay at Mercy Health — Springfield for malnourishment. From here, we developed a supplement support program for patients who qualify and need Ensure supplements at discharge to receive them through Med Assist as applicable. Number of patients screened positive for malnutrition since launch of the program in Q2 of 2024 through Q2 of 2025: 1764 patients. Number of patients referred to the nutrition pathway: 607 patients.</p>

Strategies	Progress
<p>Market-wide implementation of SDOH screening at primary care and OB-GYN practices</p>	<p>Total medical group SDOH screenings: 23,890 Request financial help: 366 (1.53%) Request food help: 369 (1.54%) Request transportation help: 179 (.75%) Request housing help: 186 (0.78%)</p> <p>OB-GYN SDOH screenings in 2023 Total questionnaires: 1921 Negative: 1546 Positive: 375 Food: 207 Housing: 50 Financial/utilities: 295 Transportation: 74 Safety: 14</p>
<p>Ongoing community strategy, planning and collaboration through the following community health assessment task for group: Clark County Human Services Transportation Council</p>	<p>Participate in the regular transportation councils in Clark and Champaign counties, three in 2023 and three in 2024. Launched: Clark and Champaign collaborative meeting to review barriers and needs in the transportation space.</p> <p>2024: 2 meetings held Total: 8 meetings</p> <p>Share community transportation information updates to care and case management teams. Provide status of the planning meetings with Cancer Center, the leadership team and others, as needed. (Complete - City of Springfield launched the new transportation model in the summer of 2025)</p> <p>Create a communication plan to address Haitian Creole transportation barriers (Achieved via participation at the Haitian Coalition)</p>

Access to care: Focus on primary care, women's health, appropriate point of care: (Non-emergency options: urgent, virtual)

Strategies	Progress
Launch of new specialty providers in OB-GYN, women's health specialty area for greater regional access to care	<p>Introduction of new provider in the OB-GYN space for the Springfield Region and development of Women's Health Specialty Services:</p> <ul style="list-style-type: none"> • One OB-GYN joined in 2023 to support expansion into Champaign County • Expansion with one physician and one Advanced Practice Clinician to support GYN Oncology)
Establish same-day appointments in various care settings	Launch of same-day appointments in Bon Secours Mercy Health Medical Group care settings: Completed in 2023
Expansion of remote patient monitoring to the Springfield market (expansion of virtual care)	Regional launch of technology and patient referrals through primary care and care management. 188 patients served with 22 patients currently enrolled and active.
Case management and language services	<p>Expand document translation for Haitian and Creole and Spanish language needs. Launch expanded in-person translation services.</p> <p>Over-the-phone Translation: 203,770 minutes, 17,490 calls</p> <p>Video-remote-interpreting Translation: 481,719 minutes, 26,798 video sessions</p> <p>Language Line minutes: 1,076</p> <p>11 additional documents translated</p> <p>Cumulative:</p> <p>38 documents translated</p> <p>27,070 OTP Translation calls</p> <p>48,482 VRI Translation</p> <p>Catholic Charities in-person partnership launched in 2023.</p> <p>One Haitian Creole Navigator/Translator hired in 2023, a second Haitian Creole Navigator/Translator hired in Q2 of 2024. Third HC Navigator/Translator hired in Q4 of 2024 at Springfield Regional Medical Center.</p> <p>New FT Birthing Center Case Manager hired for additional CM bandwidth.</p> <p>One OB-GYN outpatient HC Navigator/Translator hired in Q1 of 2025. Two more in progress of being hired.</p>

Strategies	Progress
NEW! Emergency procedures for stroke	Establish baseline, then improve door to CT time to identify location of blockage for stroke patients coming in through the Emergency Department. Developed a new ED procedure with the stroke/neuro team for stroke patients: to develop designated stroke teams so when a stroke alert comes in, each team member has already identified roles and responsibilities. Goal is improved door to CT time to identify location of blockage. YTD: Average door to CT for 2024 was 15 minutes. Total number of patients served: 758
Focus on primary care, women's health, appropriate point of care: (non-emergency options: urgent, virtual) New! Emergency utilization of Haitian Interpreter	Expand Haitian Creole translation support for Emergency Services. Current status: Four translators hired. One is currently working with the Emergency Department staff daily according to need.
Focus on primary care, women's health, appropriate point of care: (non-emergency options: urgent, virtual) Emergency utilization of sepsis alert process	Improve quality of care for patients being seen in the Emergency Department and identify any potential infections quickly. Started a sepsis alert process (at all facilities), helping the nursing staff identify sepsis faster, which prompts testing and response by the physician staff. Committee formed and monthly data collected on a regular basis to review improvement of statistics. Currently at 56% treating patients appropriately for this Step 1 sepsis bundle.

Behavioral health, including mental health, addiction (including overdose deaths) and trauma

Strategies	Progress
<p>Increase the capacity of mental health supports.</p> <p>Participation in community mental health workgroups as a critical community partner</p>	<p>Community Emergency Mental Health Medical Collaborative:</p> <p>Collaboration and planning within the clinical setting with community agencies who interact with the Springfield Regional Medical Center, Enon or Urbana emergency departments</p> <p>YTD: 3 meetings held and attended. 25 meetings attended cumulatively.</p> <p>Mental Health and Suicide Prevention taskforces merged in Clark County. 2024 attendance: 9 meetings (only 9 meetings held by the county). 2025 YTD: 6 meetings.</p> <p>Community Youth Prevention Coalition: Representation from Mercy Health REACH attends monthly meetings and collaborates with community partners.</p> <p>Participate in at least two prevention initiatives annually. 2022: 4 meetings and 66 cases reviewed. 2023: 5 meetings and 65 cases reviewed. CHIP Cycle: 131 cases reviewed. 2024: 4 meetings (moved to a quarterly cadence) and 40 cases reviewed.</p> <p>Cumulative: 13 meetings and 171 cases reviewed</p>
<p>Increase the capacity of mental health supports.</p> <p>Creation of Behavioral Health/ Wright State Clinical Internship Program with Mercy Health physicians to expand the number of mental health providers entering and providing care in Clark and Champaign counties</p>	<p>Number of Clinical interns & patients served. YTD 2025: 1 intern (2 additional coming later this year) YTD 2025: 109 patients served Cumulative: 8 interns (not counting the 2 to come) Cumulative: 640 patients served</p>
<p>Increase the capacity of mental health supports.</p> <p>Launch of Behavioral Health telemedicine for psychiatry by Mercy Health physicians for further expansion of mental health services in Clark and Champaign counties</p>	<p>Rollout and utilization of technology is our first goal for expanded regional access. YTD: 100% consultation completion at both Urbana and Springfield with 448 patients served.</p>

Strategies	Progress
<p>Increase the capacity of mental health supports.</p> <p>Increase access to pediatric mental health services through tele-health pediatric psychiatry services available in the Emergency Department</p>	<p>Final provider response within six hours is 97% for Mercy Health — Springfield and Mercy Health — Urbana with 447 consults completed. Cumulative average from 2023 and 2024: 99%</p>
<p>Increase screenings and referrals to treatment to detect mental health, addiction, and trauma more proactively</p> <p>Mercy Health physicians will be conducting depression screenings as part of their regular primary care visits</p>	<p>Complete 90% of patient's screenings from primary care annual wellness visits. 2023: 95.75% of annual wellness visit patients screened 2024: 89% Cumulative average: 92%</p>
<p>Increase screenings and referrals to treatment to detect mental health, addiction and trauma more proactively</p> <p>Suboxone and Narcan distribution at Springfield Medical Regional Medical Center Emergency Department provided to EMS and patients</p>	<p>Mercy Health REACH Narcan and Suboxone distribution reporting, monitored by Mercy Health REACH and pharmacy, includes doses of Narcan and Suboxone distributed via the Springfield Regional Medical Center ER.</p> <p>Cumulative total Narcan: 281</p> <p>Number of patients who receive a first dose of Suboxone via the ER and then are referred to treatment. Cumulative total for Suboxone: 167</p>
<p>Increase screenings and referrals to treatment to detect mental health, addiction and trauma more proactively</p> <p>Relaunch "Mended Hearts" cardiovascular support group</p>	<p>Mended Hearts held nine support groups in 2023 and served 85 people, on the following dates: 2.28.23, 3.21.23, 4.18.23, 5.16.23, 6.20.23, 8.15.23, 9.19.23, 10.17.23, 12.19.23</p> <p>Complete in 2023. Mercy helped to get the support group back up and running at the community level. The support group transitioned to a community-owned group in 2024.</p>
<p>Increase screenings and referrals to treatment to detect mental health, addiction and trauma more proactively</p> <p>Mercy Health would assist with the launch of a stroke support group for the community</p>	<p>Stroke support group was relaunched in 2023 with quarterly meetings. Cumulatively, 130 people have been served. Some attendees are patients, while some are support persons of those patients. All stroke patients who are served by Springfield Regional Medical Center receive information about the support group prior to discharge.</p>
<p>Increase screenings and referrals to treatment to detect mental health, addiction and trauma more proactively</p> <p>Critical incident stress management training</p>	<p>Program was developed and launched in 2023. Five trainings and two debriefings were held.</p>

Chronic disease: Heart disease, stroke and cancer (with specific focus on breast, lung and bronchus, colon and rectum, and melanoma/skin cancer)

Strategies	Progress
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions</p> <p>Recruitment of an interventional neurologist</p>	<p>Successfully recruited an interventional neurologist and launched a new practice location for access to the community.</p> <p>More than 200 interventions completed by neurology and neurosurgery. Added a neurosurgeon in Q4 of 2023.</p> <p>New practice launched.</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Education and awareness around the signs and symptoms of stroke and connection to high blood pressure and blood pressure management</p>	<p>Tracking of education and awareness opportunities and the types of opportunities.</p> <p>In 2024, nine events were reported to educate the community regarding Stroke education and blood pressure (BP) screening.</p> <p>Education and outreach supported at local community events, including:</p> <p>Clark and Champaign County fairs Jazz & Rib Festival Sweet Corn Festival</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Create a stroke fast track “MSK4U” Hotline launch for fast referral through the Emergency Department</p>	<p>Hotline was launched and made available in 2023 but was not well utilized. It was determined to discontinue due to low utilization.</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Thrombectomy Stroke Center certification</p>	<p>Monitor the needs of the certification for achievement.</p> <p>2023: Started thrombectomy with limited hours; not 24/7 coverage yet. (7 a.m.–4 p.m.)</p> <p>2024: One physician doing thrombectomies 24/7 coverage (pursuing next level of care).</p>

Strategies	Progress
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Reestablish skin cancer screenings regionally</p>	<p>Host at least one regional Skin Cancer screening, and report number of persons served.</p> <p>Hosted one screening in 2024, with 38 patients served. Working currently to plan additional events in 2025.</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Establish Primary Care Screening Goals</p>	<p>Breast cancer: Screen 75% of annual wellness visit patients within the primary care practices.</p> <p>2023: 74% 2024: 74% 2025: in progress (annual goal)</p> <p>Colorectal cancer: Screen 65% annual wellness visit patients within the primary care practices.</p> <p>2023: 68% 2024: 68% 2025: in progress (annual goal)</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Increase cancer awareness by completing screenings, outreach and education events at the Springfield Regional Cancer Center and in the community</p>	<p>2-3 screening/outreach/education events per year regionally</p> <p>(Education outreach may include lung/bronchus, skin/melanoma or colon/rectum)</p> <p>9 events in 2023 11 events in 2024 Currently planning for 2025: 4 events being planned for 2025 (so far) YTD Events served: 1 Minority Health Fair (April 2025)</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Creation of a formal pathway for next steps for cardio-oncology</p>	<p>Formalize a pathway for next steps.</p> <p>Team has begun working to formalize a pathway for cardio oncology and to recruit for an appropriate provider. Strategy work underway, but no program launched as of yet.</p>
<p>Expand services, screenings and community education to Clark County residents experiencing chronic disease to help them live healthier lives through the management of, treatment of, or prevention of chronic health conditions.</p> <p>Rollout of new clinical guidelines for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF) for better patient outcomes</p>	<p>New guidelines launched in 2023 that facilitate better patient outcomes.</p>

Maternal infant health and vitality

Strategies	Progress
<p>Support the health and well-being of women of reproductive age as they become pregnant. Assist in supporting healthy pregnancies to full term. Deliver healthy babies to healthy moms.</p> <p>Increase local maternal-fetal medicine (MFM) program volume</p>	<p>With program volume increase, also increase Ohio State University on-site partnership to two days per month and two virtual days per month, if applicable. One day/eight patients/month — no change presently. Delay in expanded support hinged upon the program partner.</p>
<p>Support the health and well-being of women of reproductive age as they become pregnant. Assist in supporting healthy pregnancies to full term.</p> <p>Create a full-time Birthing Center Case Manager for specific needs of moms and babies</p>	<p>Case Manager created to serve the Birthing Center patient needs.</p> <p>New Case Manager hired for the Birthing Center.</p> <p>Expansion of translation services for Spanish-speaking and Haitian-speaking families.</p> <p>Three full-time, in-person Translators hired Springfield Regional Medical Center, and one person hired in the OB-GYN office. (Two additional pending for hire in the OB-GYN office)</p> <p>Number of documents translated: 38</p> <p>Working on translation of discharge instructions.</p> <p>Launch of in-person translation options available: complete.</p>
<p>Support the health and well-being of women of reproductive age as they become pregnant. Assist in supporting healthy pregnancies to full term.</p> <p>Mercy Health REACH smoking/vaping marijuana inpatient/outpatient, rounding and education for pregnant and post-natal women</p>	<p>Create a referral process for the OB-GYN practice for patients to Mercy Health REACH.</p> <p>EPIC referral working and in progress! (Complete)</p> <p>Create a referral process for the Birthing Center for patients to Mercy Health REACH.</p> <p>REACH able to receive referrals from EPIC</p>
<p>Support the health and well-being of women of reproductive age as they become pregnant. Assist in supporting healthy pregnancies to full term.</p> <p>Growth and development of Birthing Center education and classes</p>	<p>Number of classes offered, and number of patients served.</p> <p>Total number of classes offered: 153</p> <p>Total number of patients served: 745</p> <p>YTD 2025: 11 classes offered</p> <p>YTD 2025: 72 patients and support persons served</p>

Strategies	Progress
<p>Support the health and well-being of women of reproductive age as they become pregnant. Assist in supporting healthy pregnancies to full term.</p> <p>In the next three years, develop additional breastfeeding supports</p>	<p>Working in conjunction with community partners to develop a model for collaboration and support of local moms and babies:</p> <ol style="list-style-type: none"> 1. New outpatient lactation consult space being added at the Birthing Center. 2. Additional certified lactation consultants (CLCs) and breastfeeding advocates added in the community. (Rocking Horse, WIC, FYI. Working on a plan for our Birthing Center nurses to receive additional training.) 3. OB-GYN developing a plan to begin breastfeeding supports at 28 weeks gestation in the outpatient setting. 4. Working on having every mom who delivers receive a breastfeeding consult while she is inpatient. 50% of moms breastfeeding when discharged. 5. Welcoming community partners to educate Birthing Center and Labor & Delivery staff. Three community partners (Choosing Hope Adoptions, CCCHD Mom/Baby support programs, Start Strong) and three Start Strong community meetings have been hosted, for a total of six.
<p>Support the health and well-being of women of reproductive age as they become pregnant. Assist in supporting healthy pregnancies to full term.</p> <p>Continue Community Health Taskforce participation with Start Strong Clark County strategic planning, collaboration and integration</p>	<p>Developed a strategic plan in 2023. Have been working collaboratively to achieve the measures within the plan since then. See: Strategic Plan Updated and located here for reference: https://docs.google.com/spreadsheets/d/1QObeOSX0v3FyMtlgzkQwOF0VFYBagZyaLOAvRTiP3HQ/edit#gid=1599474180</p>

2022-2025 CHIP for Mercy Health — Urbana Hospital Health Risk Prevention and Social Determinants of Health

Strategies	Progress
<p>Launch of malnourishment patient screening pathway in Urbana for full regional coverage and for those patients to receive referral to local pantry and other supports they might need.</p> <p>Begin social determinants of health screenings. Within these screening opportunities, we will have the opportunity to assist patients with referrals in their main areas of need</p>	<p>Screening launched in different care settings (inpatient/primary care). Noted by measure achieved. Screening was launched in 2023.</p> <p>2023: 23,890 outpatient screens 2024: 24,801 patients screened Total: 48,691</p> <p>Measure impact by the number of patients who have been screened with the goal of 200 patients in the first three years.</p> <p>2023: 70% of all Annual Wellness Visit patients, 103,733 patients screened (two categories) 2024: 89% of all AWW patients, 24,801 patients screened (all categories) Total: 128,534 patients</p>
<p>Impact socioeconomic stability of the community through the introduction of new learning opportunities through all levels of employment of associates. Seek to provide more opportunities for the community to expand their knowledge that will benefit their health, well-being and economic stability. Support at least one new hands-on educational opportunity for local students.</p> <p>Explore opportunities to offer continuing education for patients around health improvement strategies while also working with local partners, so there is a supportive community environment. Schedule regional education and learning opportunities for the public around health, health equity and health condition-specific learning</p>	<p>Number of events tracked that support this type of outreach initiative in the community. The goal was 14 events.</p> <p>To date, we have completed 109 outreach events.</p>
<p>Impact socioeconomic stability of the community through the introduction of new learning opportunities through all levels of employment of associates. Seek to provide more opportunities for the community to expand their knowledge that will benefit their health, well-being and economic stability. Support at least 1 new hands-on educational opportunity for local students.</p> <p>Grow a student internship program with students from Ohio Hi-Point CTC at Urbana Hospital</p>	<p>2023: Coordinated two flights of five interns for a total of 10. 2024: 1 flight of 5 interns in 2024 2025: Planning underway for internships</p> <p>In 2024, one intern was offered a position.</p>

Strategies	Progress
<p>Identify and screen for transportation is an important factor impacting the well-being of patients who live in Champaign County. Strategy impact transportation throughout participation in community collaboratives, taskforces and work groups for community and patient ease of access.</p> <p>Participate in local transportation efforts for improved public, local and regional transportation for residents and patients.</p>	<p>Participation and collaboration in local and regional transportation meetings. Number of meetings attended: 5 meetings in 2024. Achieved in 2023. In progress in 2025. No meetings attended yet in 2025, but strategy and connection around transportation needs is underway for Champaign County.</p> <p>Number of SDOH screenings within Mercy Health physicians where transportation was returned as a barrier. Use reporting (numbers) information to take back to local and regional transportation meetings for solution-oriented discussion, capacity building and troubleshooting.</p> <p>SDOH screenings taking place. Cross-county workgroup created serving both Clark and Champaign counties. Quarterly coordination meetings completed, now evolving into SDOH screening and evaluation support.</p> <p>SDOH screenings at 89% of all annual wellness visits.</p> <p>2023: 70% of all AWV patients, 103,733 patients screened (two categories)</p> <p>2024: 89% of all AWV patients, 24,801 patients screened (all categories)</p> <p>Total: 128,534 patients</p> <p>Additionally, working through a transportation partnership and rollout plan for Mercy Health — Urbana and TAC industries to support patient need in Champaign County. Have an executed contract and are awaiting a driver to be hired.</p>

Behavioral Health: Mental Health, Addiction, Trauma

Strategies	Progress
<p>Improve mental health, addiction and trauma access through the development of coordinated care, pathways, partnerships and support programming in Champaign County.</p> <p>Grow and develop community partnerships and collaborations to build community capacity in the mental and behavioral health space in Champaign County</p>	<p>Number of community collaborations in the behavioral health space to help meet inpatient or outpatient depression screening referrals. Urbana paramedicine, Mercy Health REACH, dietary, community health, and community outreach connects with local entities as needed. Champaign County CORE Substance Abuse and Mental Health Coalition collaborates on these issues. Regular partnership offered to Champaign County Senior Center and Champaign County Youth Center.</p>

Strategies	Progress
<p>Improve mental health, addiction and trauma access through the development of coordinated care, pathways, partnerships and support programming in Champaign County.</p> <p>Re-Launch Mended Hearts, regional support group to support former patients who have had a physical cardiovascular issue resulting in the need for physical and emotional trauma and recovery</p>	<p>Mended Hearts held nine support groups in 2023 and served 85 people on the following dates:</p> <p>2.28.23, 3.21.23, 4.18.23, 5.16.23, 6.20.23, 8.15.23, 9.19.23, 10.17.23, 12.19.23</p> <p>Complete in 2023. Mercy Health helped get the support group back up and running at the community level. The support group transitioned to a community-owned group in 2024.</p>
<p>Improve mental health, addiction and trauma access through the development of coordinated care, pathways, partnerships and support programming in Champaign County.</p> <p>Develop a regional behavioral health clinical internship program with Mercy Health physicians to help expand clinicians entering the mental and behavioral health space locally</p>	<p>Number of clinical interns and patients served.</p> <p>2025 YTD: 1 intern (2 additional coming later this year)</p> <p>2025 YTD: 109 Patients served</p> <p>Cumulative: 8 interns (not counting the 2 to come)</p> <p>Cumulative: 640 patients served</p>
<p>Improve mental health, addiction and trauma access through the development of coordinated care, pathways, partnerships and support programming in Champaign County.</p> <p>Launch of behavioral health telemedicine for psychiatry by Mercy Health physicians for further expansion of mental health services in Clark and Champaign counties</p>	<p>Rollout and local utilization of technology for expanded regional access. Telemedicine was launched in 2023.</p>

Chronic Disease: COPD, Heart Disease/CHF, Cancer (with specific focus on Breast, Lung/Bronchus, and Skin/Melanoma)

Strategies	Progress
<p>Increase community engagement and participation with prevention and education programming.</p> <p>Schedule local and regional education and topic-based learning outreach for the public around health equity barriers and health specific concerns</p>	<p>2023: 91 events 2024: 80 events Total: 171 events</p> <ol style="list-style-type: none"> 1. Messiah Community (monthly education) 2. YMCA kids programming (monthly nutrition) 3. Senior Center Monthly Meal 4. Youth Center Monthly Meal 5. Legacy Apartments (monthly nutrition and BP checks) 6. Rotary Manor (monthly nutrition and BP checks) 7. Cherry Arbors (monthly BP checks) 8. 2024 Leadership Champaign County Day in April 9. Monthly Diabetes Support Group 10. Healthy Lifestyle Speaking Event at Urbana High School in February <p>In 2025, we've continued our support of the following:</p> <ol style="list-style-type: none"> 1. Messiah Community (monthly education) (6) 2. YMCA kids programming (monthly nutrition) (6) — 50 kids/month 3. Senior Center Monthly Meal (6) — 125 seniors/month 4. Youth Center Monthly Meal (6) — 75 kids/month 5. Rotary Manor (monthly nutrition and BP checks) (3) 6. 2024 Leadership Champaign County Day in March 7. Monthly Diabetes Support Group (6) <p>For a total of 33 events, serving more than 1,500 people.</p>
<p>Enhance screenings as well as services accessible to Champaign County community in the areas of COPD, heart disease/congestive heart failure and cancer (with specific focus on breast, lung/bronchus and skin/melanoma).</p> <p>Re-establish regional skin cancer screening</p>	<p>Development of skin cancer screening in Champaign County. Number of attendees.</p> <p>First skin cancer screening with 38 attendees held in May. Open to Clark and Champaign County residents. Screening was held in Clark County and served 38 attendees.</p>

Strategies	Progress
<p>Enhance screenings as well as services accessible to Champaign County community in the areas of COPD, heart disease/congestive heart failure and cancer (with specific focus on breast, lung/bronchus and skin/melanoma).</p> <p>Regional expansion of lung cancer screenings, breast cancer and Mobile Mammography screenings</p>	<p>Number of education and awareness events hosted for the community. 2023: 9 events 2024: 12 events Total: 21 events 2025: Planning underway 2025 Mobile Mammo Events YTD: 32 events</p> <p>Number of patients served: 2023: 2,362 patients served 2024: 2,580 patients served 2025 Mobile Mammo Outreach YTD: 198 patients served Total: 5,140 patients served</p>
<p>Enhance screenings as well as services accessible to Champaign County community in the areas of COPD, heart disease/congestive heart failure and cancer (with specific focus on breast, lung/bronchus and skin/melanoma).</p> <p>Cardiovascular service line expansion</p>	<p>Cardiac and vascular service line expansion to include electrophysiology, cardiac and vascular.</p> <ul style="list-style-type: none"> • Added two new physicians. No updates include electrophysiology yet, but recruitment is still underway. Added two new physicians in 2023 to cardio/pulmonary service line. • Adding a provider and service area expansion in surrounding Clark and Champaign area for greater access to care. • Starting to build the regional pathway for cardio-oncology as a specialty service support. • Development of cardiovascular/wound care treatment crossover: • Care of patients with overlapping vascular, amputation, chronic wounds, diabetes and connected cardiac cath lab (screening cardiology and wound care center). • 5 new updates in progress for the wound/cardiovascular crossover: Champaign County diabetes support group connect, and Clark County connect — planned for 2024. • Best practice development and study underway: (Complete in April of 2024) Wound Center Manager working on most effective strategies to prevent lower limb amputation in diabetes and vascular patients. • Platelet-rich plasma for diabetic patients. Developing a center of excellence. • New partnership with Grandview Hospital. Hyperbaric patients coming locally for care (from Dayton to Springfield). <p>Launch of revised clinical guidelines for better patient outcomes for both COPD and CHF. Launched in 2023.</p>

Access to care (primary care, women's health, appropriate point of care: non-emergent options: urgent, virtual)

Strategies	Progress
<p>Grow capacity and access points for primary care and women's health. Have more options for an appropriate point of care for non-emergency situations, such as urgent and virtual care</p> <p>Launch women's health (OB-GYN) for Champaign County and recruitment of providers for the surrounding area</p>	<p>Start of new OB-GYN physician to serve the Champaign County area (currently there are no providers in Urbana proper).</p> <p>New OB-GYN joined in July of 2023. Serving three days a week in Champaign County.</p> <p>New physician focused on GYN-oncology and additional APC started in 2024.</p> <p>Total: 3 new providers</p> <p>Launch of OB-GYN and women's health support services, education and screenings for Champaign County women.</p> <p>OB-GYN joined in July of 2023. Champaign County office launched in September of 2023, serving three days a week in Champaign County. Expanding services in Champaign County and Urbana to include both surgical and OB-GYN services.</p> <p>Recruitment and start of new physicians and non-emergent care models for greater local access.</p> <p>2023: 6 new providers 2024: 6 new providers Total: 12 new providers</p>
<p>Grow capacity and access points for primary care and women's health. Have more options for an appropriate point of care for non-emergency situations, such as urgent and virtual care</p> <p>Development of same-day appointment scheduling in multiple care settings for different patient care needs</p>	<p>Launch of same-day appointments in various care settings for ease of patient access (Mercy Health physician specialty and primary care practices, where applicable).</p> <p>Launched in primary and specialty care locations.</p>
<p>Grow capacity and access points for primary care and women's Health. Have more options for an appropriate point of care for non-emergency situations, such as urgent and virtual care.</p> <p>Partners with Bon Secours Mercy Health Urgent Care team to develop an urgent care model for the Springfield region, including Clark and Champaign counties, for expanded care delivery</p>	<p>In 2025, launched the pilot of some changes to the Springfield Walk-in Clinic to determine expanded access for the region. Determining through that pilot if changes would also be made to the Urbana Walk-in Clinic.</p>

Maternal Infant Health & Vitality

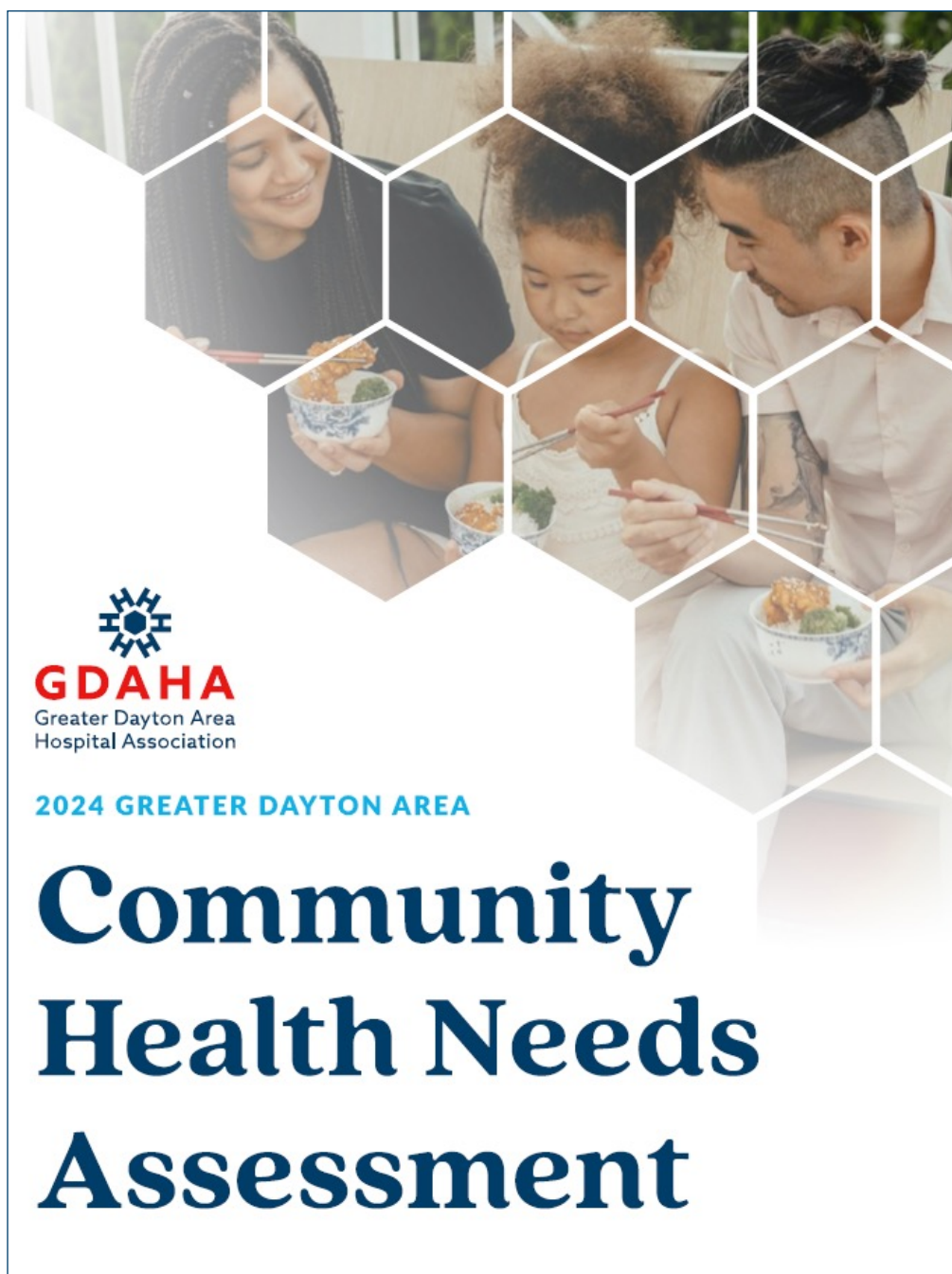
Strategies	Progress
<p>Enhance access to women's health and OB-GYN services in Champaign County.</p> <p>Recruitment of a provider and launch a women's health (OB-GYN) for Champaign County</p>	<p>Recruitment of an OB-GYN provider to serve Champaign County.</p> <p>Launch of practice for Champaign County access.</p> <p>New OB-GYN joined in July of 2023. Champaign County office launched in September of 2023, serving three days a week in Champaign County. Expanding services in Champaign County and Urbana to include both surgical and OB-GYN services.</p>
<p>Increased engagement and awareness of pregnancy, prenatal, postnatal and baby's first year of life needs through classes.</p> <p>Growth of Birthing Center and OB-GYN education and classes, including breastfeeding supports.</p>	<p>Number of classes offered and attendees.</p> <p>Launch of addition Breastfeeding supports.</p> <p>Working in conjunction with community partners to develop a model for collaboration and support of local moms and babies.</p> <p>Develop a list of staff who are interested in training as breastfeeding/lactation experts (Certification: IBCLC and CLC)</p> <p>Begin a training program for staff development.</p> <p>Number of classes offered and number of patients served.</p> <p>Total number of classes offered: 153 Total number of patients served: 745</p> <p>YTD 2025: 11 classes offered YTD 2025: 72 patients and support persons served.</p> <p>Working in conjunction with community partners to develop a model for collaboration and support of local moms and babies</p> <ol style="list-style-type: none"> 1. New outpatient lactation consult space being added at the Birthing Center. 2. Additional CLCs and breastfeeding advocates added in the community. (Rocking Horse, WIC, FYI. Working on a plan for our Birthing Center nurses to receive additional training.) 3. OB-GYN developing a plan to begin breastfeeding supports at 28 weeks gestation in the outpatient setting. 4. Working on having every mom who delivers receive a breastfeeding consult while she is inpatient. 50% of moms breastfeeding when discharged. 5. Welcoming community partners to educate Birthing Center and Labor & Delivery staff. Three community partners (Choosing Hope Adoptions, CCCHD Mom/Baby support programs, Start Strong) and three Start Strong community meetings have been hosted, for a total of six. <p>Working on a development plan and strategy to equip more Birthing Center nurses with breastfeeding support expertise.</p>



Appendix

- Appendix A: GDAHA 2024 Regional Community Health Needs Assessment
- Appendix B: GDAHA 2024 Regional Community Health Needs Assessment Snap Shot
- Appendix C: Sample Community Health Needs Assessment Survey
- Appendix D: Local Health Indicators - Clark & Champaign County
- Appendix E: Clark County Combined Health District Local Assessments

Appendix A



[GDAHA 2024 Regional Community Health Needs Assessment](https://gdaha.org/wp-content/uploads/2025/02/GDAHA-CHNA_Final-Report_2024.pdf)

https://gdaha.org/wp-content/uploads/2025/02/GDAHA-CHNA_Final-Report_2024.pdf

Appendix B



[FINAL_2024_CHNA-Report_Infographic.pdf](#)

<https://gdaha.org/wp-content/uploads/2025/01/2024-CHNA-Report-Infographic.pdf>

Appendix C

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 **<insert committee name>** 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, the first **<insert gift card number>** respondents to complete the survey will be eligible to receive a **<insert gift card amount>** gift card. 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 **<insert committee name>**. If you have any questions or concerns, please contact **<insert name title, phone number, and email address>**.

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.

Demographics

1. Which county do you live in?

Auglaize.....A
Butler.....B
Champaign.....C
Clark.....D
Darke.....E
Greene.....F
Miami.....G
Montgomery.....H
Preble.....I
Shelby.....J
Warren.....K

2. What is your zip code? _____

3. What is your age? _____

4. What is your gender?

Male.....A
Female.....B
Other.....C

5. How would you describe yourself?

Straight or Heterosexual.....A
Lesbian or Gay.....B
Bi-sexual.....C
Pansexual.....D
Asexual.....E
Queer.....F
Questioning.....G
Transgender.....H
Other.....I

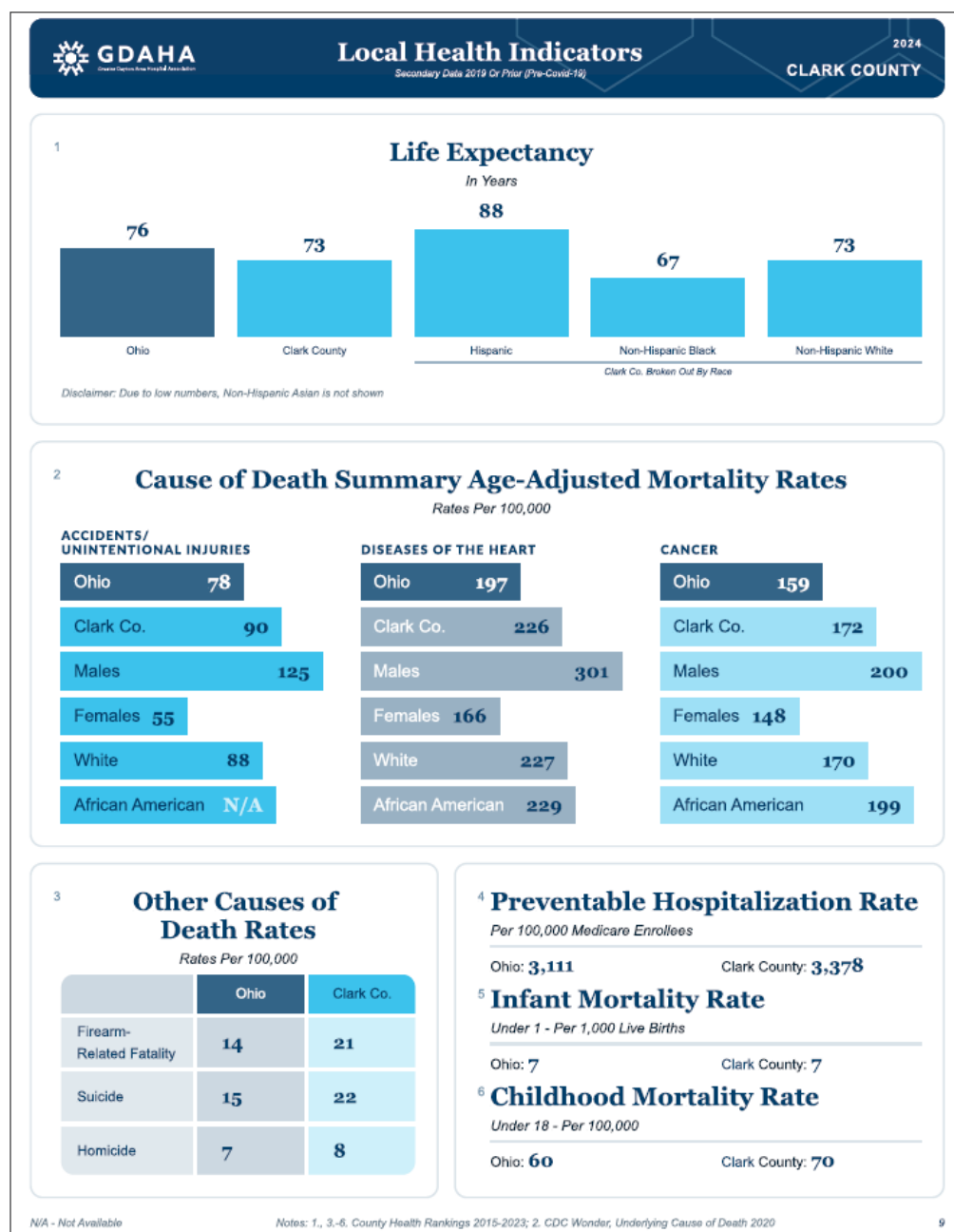
6. Which one or more of the following would you say is your race? (**CIRCLE ALL THAT APPLY**)

American Indian/Alaska Native.....A
Asian.....B
Black or African-American.....C
Native Hawaiian/other Pacific Islander.....D
White.....E
Other.....F
Don't know.....G

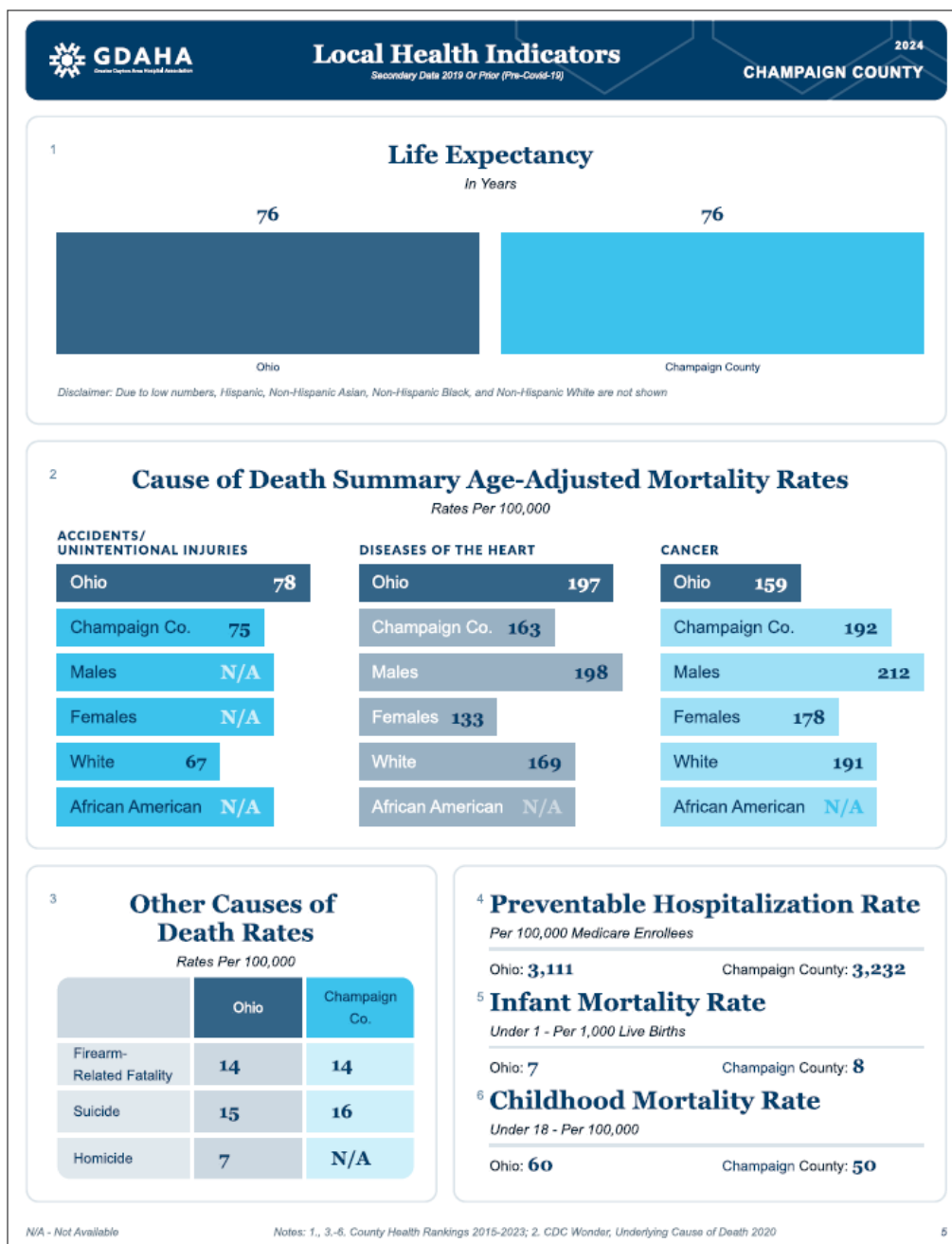
7. Are you Hispanic, Latino, or of Spanish origin?

Yes.....A
No.....B
Don't know.....C

Appendix D



Local Health Indicators – Clark County



Local Health Indicators – Champaign County

Appendix E

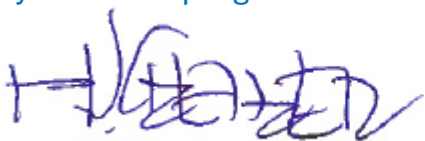
Clark County Combined Health District Local Assessments:

- I. [Community Context Assessment](#)
- II. [Community Status Assessment](#)
- III. [Healthcare Access Assessment](#)
- IV. [Windshield Survey](#)

Board Approval

The Mercy Health — Springfield 2025 Community Health Needs Assessment was approved by the Mercy Health — Springfield Board of Directors on October 1, 2025.

Board Signature: _____



Date: October 1, 2025

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact Carolyn Young, Director of Community Health at CMyoung@mercy.com.

Mercy Health CHNA Website: <https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment>

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Mercy Health CHNA Short Link: [Mercy Health CHNAs](#)

