



2013 Community Health Needs Assessment

Catholic Health Partners' (CHP) long-standing commitment to the community covers more than 150 years. This commitment has expanded and evolved through considerable thought and care in considering our communities' most pressing health needs. One avenue for examining these needs is through a periodic, comprehensive Community Health Needs Assessment (CHNA) for each CHP hospital. The most recent assessments were completed by teams comprised of CHP and community leaders. They include quantitative and qualitative data that guide both our community benefit and strategic planning.

Through our CHNA, CHP has identified the greatest needs among each of our hospital's communities. This enables CHP to ensure our resources are directed appropriately toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

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

CHP has responded to community health needs as part of a five-year strategic plan that concludes in 2013. Planning also has begun on a five-year plan that will guide CHP through 2018. Recently, CHP has built new hospitals in Cincinnati, Springfield and Willard, all in Ohio, and renovated and expanded facilities in Toledo, Youngstown, Lima and other communities served by CHP. CHP is investing more than \$300 million in an electronic health system as we build integrated networks of care designed to improve the health of communities. We operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities.

CHP contributes more than \$1 million per day in community benefit services as we carry out our long-standing mission of extending care to the poor and under-served.

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

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Introduction

Community Served by Hospital

Springfield Regional Medical Center is an acute care hospital located in the city of Springfield with 90% of patients served in Clark and Champaign Counties.

These areas are represented by the following ZIP Codes: 45503, 45505, 45506, 45504, 45502, 43078, 45344, 45368, 45369, 45323, 43072 and 43044.

Information and Data Considered in Identifying Potential Need

Information and Data Sources: Federal, State or Local Health or Other Departments or Agencies; Community Input

| | |
|---|--------------------------------|
| Source #1: Clark County Health Assessment Project | Date of Data/Information: 2012 |
| Source #2: Clark County Youth Risk Behavior Survey Comparison | Date of Data/Information: 2012 |
| Source #3: Center for Disease and Prevention (CDC) | Date of Data/Information: 2012 |
| Source #4: Behavior Risk Factor Surveillance System (BRFSS) | Date of Data/Information: 2012 |
| Source #5: American Community Survey for Clark County | Date of Data/Information: 2010 |
| Source #6: Greater Dayton Area Hospital Association (GDAHA) | Date of Data/Information: 2012 |
| Source #7: Ohio Hospital Association | Date of Data/Information: 2012 |
| Source #8: Health & Human Services | Date of Data/Information: 2012 |
| Source #9: Health Resources & Service Administration | Date of Data/Information: 2012 |
| Source #10: Ohio Department of Aging | Date of Data/Information: 2012 |
| Source #11: Ohio Development Services Agency | Date of Data/Information: 2012 |

Executive Summary

Obesity

Local Public Health System Competencies and Capacities:

There is easy access in the community for bikes and walking; PE classes in schools; The Nemours Health & Prevention Services “5-2-1-Almost None” plan to promote a healthier lifestyle for children and families is showing promise; Springfield Promise Neighborhoods initiative is developing strong relationships with schools and with communities; SRMC offers assistance in purchasing low/no cost prescriptions through Mercy Med Assist and has a diabetes education clinic; Dayton Children’s Hospital (less than 30 minutes away) offers a Lipid Clinic; the Local Health Department (LHD) offers programs such as the “Body Shop” that has good outcomes for weight loss for students and parents. The LHD also has excellent relationships with the schools.

Currently at SRMC, we are treating the symptoms of obesity. Physicians request a consult with our dietitians to develop a POC/treatment program.

Capacity and Adequacy of Service Levels

Strengths and Gaps: The Career Center and the Promise Neighborhoods have good partnerships that can get the word out in neighborhoods and to school communities, because they draw upon community groups and leaders that have credibility in their communities. Such relationships are very important because a trusted community leader helps build community interest for change, and behavior change requires support such as “fitness pals,” mentorship, and peer support. Community gardens--this will be the first year to consume the produce (there has been some vandalism in the past). Lack of fresh food, called food deserts, is a challenge especially in the urban center.

Current Service Providers

The Obesity Task Force determined that a core criterion for their decision was prevention, and therefore their focus is on youth in schools, which also engages parents, via a multidimensional, school-wide, child health evidence-based program.

Lead Organization: The Promise Neighborhood with ancillary support from Springfield Regional Medical Center (SRMC).

Mental Health

Local Public Health System Competencies and Capacities:

Mental Health Recovery Board (MHRB) advocated adoption of treatment overlay; the FQHC provides mental health services; good array of MH providers for adults and youth (Osterlen, Catholic Charities, Well Spring, Rocking Horse-and Medicaid is available through all providers); MHRB is beginning a focus on prevention using the Good Behavior Game (GBG) which is also embedded in the local university’s education program curriculum; Trauma informed care initiative; Crisis intervention training done by the board on a regular basis to first responders where focus is recognition and referral; Community Mercy Health Partners (CMHP) is supporting a pediatric telepsych program in a neighboring county.

Capacity and Adequacy of Service Levels

Strengths and Gaps: No inpatient behavioral health unit at SRMC, which results in some gap in information sharing between hospital and MH services. If someone has a MH history or problem and presents at the Hospital, the patient may be referred to MH services when there actually was a physical health issue; Regular increase in EMS transports over the past 10 years. Youth are presenting at school with more complex issues today, both physical and mental. Schools have good information about where the need is because they have been applying Positive School Climate and Search Institute model programs.

Current Service Providers

The first goal is to promote the mental health and well-being of youth in Clark County for the near- and long-term. The Clark County Combined Health District, in partnership with the City and County School districts, will work together with the established task force to accomplish this goal.

Mental Health (second strategy) – redirecting EMS frequent users to appropriate care and reducing 911/EMS overuse and redirect those resources to where they are more effective.

Data analysis shows that an inordinate number of EMS calls come from a very few number of people. The strategy is to establish a better clinical pathway management model to address the root causes of the frequent calls.

Representatives from SRMC, Springfield Fire & Rescue

Department, and Mental Health Recovery Board of Clark County will focus on appropriate placement and care.

Lead Organizations: School Districts and the Mental Health & Recovery Board of Clark, Greene & Madison Counties

Chronic Disease Management

Local Public Health System Competencies and Capacities:

It is a struggle to stay ahead of disease without a primary care physician (PCP), without which there is no follow up. A large portion of the central city is a Health Professionals Shortage Area (HPSA). The County does have an FQHC, but while it does have new physical capacity, the facility has dropped from four physicians to two with one of those two being the medical director. Efforts are underway to increase the number of physicians again.

The Hospital does have new infusion therapy for cancer treatment. SRMC has funding from the Susan Komen Foundation to provide mobile mammography screens with some funding for education and marketing. This grant targets young and older women with its educational outreach. The Springfield Regional Cancer Center also has a grant from the American Cancer Society to transport patients for breast cancer treatment.

Capacity and Adequacy of Service Levels

Strengths and Gaps: Regarding cancer, a full range of expert physicians meet weekly to review prospective cases and develop recommended treatment following NCCN guidelines. Sometimes the patients are present for this discussion. This is evidence based practice. There is a need for a free standing diabetes center. And the community needs to provide low cost/no cost transportation to diabetes treatment.

Current Service Providers

Chronic disease management-providing community education about what Medicaid expansion will mean for Clark County and especially its vulnerable populations, and clarifying and formalizing roles within the local public health system (LPHS) to get the word out and provide the necessary Medicaid enrollment assistance.

Lead Organization: Hospital, FQHC, and CCCHD with assistance from Mercy Med Assist

Substance Abuse

Local Public Health System Competencies and Capacities:

Community Mercy REACH outpatient level 1-A program

- McKinley Hall intensive outpatient 3-4 days a week (IOP), residential and detox (suboxone)
- Miracle Mile, adolescent outpatient
- Reasonable Choices adult intensive outpatient (IOP minimum 9 hours a week) and detox (suboxone)

The system offers family dependency court for children and transitional housing for women and children. There is local collaboration with Mercy REACH, the FQHC (Rocking Horse) and McKinley Hall, providing a social worker on site. The schools have school resource officers. There is a re-entry coalition for those returning to the County from prison including those with substance abuse problems, with multiple services offered at one location set up in a gym.

Capacity and Adequacy of Service Levels

Strengths and Gaps: The majority of AOD treatment programs are understaffed, underfunded, and under qualified clinical therapists for the volume of clients seeking treatment. Recent ODADAS statistic reports that Clark Co. is ranked 22 out of 88 counties in the State of Ohio having an opiate, (heroin) problem. Agencies report under qualified candidates for clinical positions is a challenge to meet the treatment needs of the population. Waiting lists range from 2-4 weeks depending on the level of care.

There is a shortage of health care professionals in the county to serve this population. Agencies in the County each have their own data but there is no centralized data system, which means that there are barriers to evaluating promising practices in the county, targeting resources, and assessing the scope and scale of trends. Better messaging needs to get to the community and those released from jail about the change in tolerance level if a person is away from heroin even for just a few days. If the person gets out of jail and tries to go back to their previous usage level, it can be deadly.

Current Service Providers

The providers range from level 1-A outpatient services (REACH) which assist the unemployed, underemployed and employed population allowing clients to continue to work and attend treatment and working with employment schedules. REACH is the primary program accepting all insurance, Medicaid, Medicare under the hospital's umbrella of outpatient services, with employed Bachelor's and Master's level prepared therapists.

Other treatment programs will refer to REACH if a client has insurance and their program cannot provide treatment under the insurance plan.

Other programs available in Clark County provide intensive outpatient treatment (IOP) and residential services for the severely addicted population that are not employed, many of whom are homeless and in need of detoxification (suboxone treatment)

The Clark County Substance Abuse Coalition is in the process of recruiting 12 + members from all disciplines of Clark County to develop a coalition. The first task of the coalition will be to survey and gain statistical data to determine the most critical substance abuse problems/needs in Clark County and develop a strategy to address the severity of the problem in the county.

SRMC and CCCHD will build an information system.

Year one will be in-kind contributions of time.

A person will be needed to manage the Coalition after year one when the coalition moves into selecting and implementing interventions. The data will be used to make the case for funding.

Healthy Birth/Sexuality

Local Public Health System Competencies and Capacities:

There are several programs and agencies that serve new mothers – the LHD’s Healthy Mom Healthy Baby (HMHB) program; Help Me Grow (HMG) and Healthy Families programs; the Patient Navigator Program; the Pregnancy Resource Center; the Women, Infants, and Children Program (WIC); and the FQHC’s (called the Rocking Horse Center) new OB clinic.

Other positives include the close partnering between the Hospital and the LHD. Local foundations want to support priority health needs. The LHD and the schools have partnered to create a reproductive health and education curriculum working with more conservative groups and more liberal groups, resulting in two curricula which can be used based on parent choice.

Capacity and Adequacy of Service Levels

Strengths and Gaps: Recently instituted by the hospital is universal maternal drug testing in the birthing center to enable physicians to have the conversation to obtain treatment prior to the birth of their infant, and then test babies to allow early treatment and intervention of neonatal abstinence syndrome and utilization of community resources.

Gaps include: there is no place for pregnant women to obtain inpatient substance abuse treatment in the County. There needs to be better outreach to pregnant women to begin early prenatal care and if necessary get them to the FQHC’s OB program. Some pregnant women put off getting care. Among the growing Spanish speaking-only households, it is not uncommon for them to get a confirmation of pregnancy at 4-6 months pregnant. Funding targeted to this population along with bilingual staff is warranted.

Current Service Providers

Lead Organization: Clark County Combined Health District’s WIC Program

Process and Methods

Process for Gathering and Analyzing Data/Information

(IRS Notice 2011-52 Section 3.03 (2))

The Clark County Health District contracted Wright State University's Center of Urban and Public Affairs to perform an adult random digit dial telephone survey using a modified version of the Behavior Risk Factor Surveillance System (BRFSS) survey conducted by the CDC.

Additionally, a "Youth Risk Survey Comparison Clark 2011 VS. Clark 2009 VS. Ohio 2011 VS. US 2011" were completed by Gabe Jones, MPH, Epidemiologist, Clark County Combined Health District (CCCHD). Local, state, and national databases were used along with research conducted by local agencies.

Process and methods used (including participants involved and also the duration and number of meetings) to identify sources of data/information and the time period over which this occurred:

A meeting was held on October 22, 2012 to review the data which included the following topics:

- General Health Status
- Prevalence of Disease
- Lifestyle Choices
- Early Detection
- Immunization
- Accident Prevention
- Children's Health

Attendees included representatives from Clark County Combined Health District (CCCHD), Community Health Foundation, Community Mercy Health Partners, Hyden Consulting (RHC/MHS), Rocking Horse Center, and the Springfield Foundation. Discussion led to the invitation of the following organizations to join the coalition: United Way of Clark, Champaign and Madison Counties; Ohio Valley Medical Center; local Dental and Medical Societies; Mental Health Board; United Senior Services/Area Agency on Aging; and Dayton Children's/Nationwide Children's Hospitals (for data on Clark County Pediatrics).

The epidemiologist at CCCHD and Springfield Regional Medical Center staff worked together to gather ICD-9 data.

Process and methods used (including participants involved and also the duration and number of meetings) to analyze data/information and the time period over which this occurred:

Springfield Regional Medical Center participated in the Clark County Community Health Assessment that began in October 2012 and ended in June 2013 after twelve meetings. A team of Wright State University researchers reviewed current literature to identify evidence-based practices (EBP) that could be used to remedy the priority issues. Task forces reconvened in April 2013 with nine (9) subsequent meetings to review the data and prioritize the needs. A meeting was held in June 2013 with all partners to review and approve the priority list. Feedback collected from this meeting was used to refine research efforts and develop action steps to implement the chosen strategies. This information was organized into an action plan by the Wright State team and distributed to task force participants for review in October 2012.

Describe any information gaps learned through the process (which impact the Hospital's ability to assess needs):

As with every telephone survey, the primary limitation is that it excludes households that do not have telephones. It is estimated that approximately ten percent of households nationally do not have telephones and that these households are more likely to be low-income. A second limitation of the study is that it is based on self-reported information and may reflect respondents' likelihood of reporting a particular behavior. However, since this same methodology is utilized for the state and national survey, the same limitation applies. For example, just as Clark County respondents may have been less likely to report that they participated in an activity such as drinking and driving, state and national survey respondents would also be less likely to report that they participated in the same activity. Therefore, the differences between these groups can still be measured.

Community Input

(IRS Notice 2011-52 Section 3.06)

Resources used to gather community input *must* include 1) federal, regional, state or local health officials, departments or agencies including individuals with current data or information relevant to the health needs of the community served by the Hospital and 2) individuals with “special knowledge of or expertise in public health including the individuals’ affiliation and description of their expertise):

Individuals contacted:

Rachel Stridsberg, OSU Extension
Kevin Griggs, Springfield Regional Medical Center
Judy Andrews, Clark County Combined Health District
Debra Henderson, SANOFI
Cathy Ferguson, United Senior Services
Christy Detrick, Mental Health Services
Pilar Gonzalez-Mock, Community Mercy Cancer Center
Deloris Palmer, Springfield Regional Medical Center
Christina Conover, Clark County Combined Health
Lin Wagner, United Way of Clark,
Champaign and Madison Counties
Curt Gillespie, Mental Health Services for Clark &
Madison Counties, Inc.
Gabe Jones, CCCHD Epidemiologist
Becky Bonerigo, Clark County Combined Health District
Wendy Doolittle, McKinley Hall
Amanda Hobbs, Mental Health Services for Clark &
Madison Counties, Inc.
Kelley Koehler, Catholic Central School System
Dave Lyle, Clark County Sheriff’s Office
Richard Marsh, Clark County Coroner
Denise Estep, Department of Job & Family Services
Angie Beedy, Department of Job & Family Services
Ken Brown, Clark County Probation office Adult Probation
Becky Dodds, Clark State LPN Program
Faith McDonald, Department of Job & Family Services
Karen Creel-Lakes, Clark County Combined
Health District

Beth Hitt, Mental Health Services of Clark &
Madison Counties
J. Dayhart, Family & Youth Initiatives, New Carlisle, OH
Diane Van Auken, Community Health Foundation
Sheri Jones, Hyden Consulting
Tracy Frame, Cedarville University Pharmacy Program
Sheri Haines, Mercy REACH
Shirley Wise, Springfield Regional Medical Center
Lori Lambert, Clark County Combined Health District
Jill Stroupe, Mercy Med Assist
Pam Murmans, Clark County Family & Children First
Roselin Runnels, Mental Health Recovery Board of Clark,
Green & Madison Counties
Tiffany Latta, Springfield News Sun

Organizations contacted:

Springfield Fire Rescue Department
Nick Heimlich, Chief
Cedarville University
Rachel Parrill, Assistant Professor of Nursing
Community Health Foundation
Joy Rogers, Executive Director
Developmental Disabilities of Clark County
Anita Washburn
Mental Health Recovery Board of Clark, Green & Madison
Counties, Kent Youngman, CEO
Pregnancy Resource Center of Clark County
Ellen Dudney
Rocking Horse Center
Dana Engle, Executive Director
Job & Family Services
Pam Meerman
Springfield Promise Neighborhood
Lacey Davidson
Rinehart Family Health
Candy Rinehart
Diabetes Center
Debi Henderson
Clark County Family & Children First Council
Marilyn Demma, Executive Director

Oesterlen Services for Youth, Inc.
 Kate LeVesconte, Director of Clinical
 & Community Services

Springfield Foundation
 Ted Vanauker, Executive Director

Community Mercy Health Partners
 Marianne Potina, VP of Mission Integration

Springfield Women's Network
 Jessica DeHart

Healthy Mom Healthy Baby/CCCHD
 Carlisa Parker

Springfield City School District
 Dave Eastrop, Superintendent

Clark County/Springfield CTC
 Louis Agresta

Department of Job & Family Services
 Linda Butler

WIC/NC
 Sally Cornish

Clark County Emergency Management
 Lisa D'Allessandris, Director

Springfield Foundation
 Joan Elder, Grants Director

USS, Cathy Ferguson

Miami Valley Child Development Centers
 Maggi Hess

Clark County Child Advocacy Center
 Wendy Holt

Linda Hyden Consulting
 Linda Hyden, President/CEO

WIC
 Rita Jones

United Way
 Doug Lineberger, Executive Director

Wittenberg/Hagen Center
 Stephanie McCuiston

Marriage Resource Center
 Lavern Nissley, Executive Director

Clark County Fatherhood Initiative
 Eli Williams, CCFC Chair

Springfield Masonic Community
 Dawn Suchland

Springfield City School
 David Estrop, Superintendent

Clark County Combined Health District
 Charles Patterson

Springfield Regional Medical Center and community representatives worked together to analyze the current health care needs in our region. This analysis included reviewing results from the Clark County Health Assessment as well as information gathered by our collaborating partners: Clark County Combined Health District, Mental Health Recovery Board of Clark County, Rocking Horse Center, Springfield Foundation, Springfield City School District, United Way of Clark, Champaign and Madison Counties and Osterlen Services for Youth, Inc. The Clark County Health District office hosted a community meeting where the results of the needs assessment were reviewed and discussed. Attendees had an opportunity to "vote" with the following categories named the top priorities:

- Obesity
- Mental Health
- Chronic Disease Management
- Substance Abuse
- Healthy Birth/Sexuality

Prioritization of Health Needs

A task Force was established for each of the categories led by a collaborating partner. The meetings were held May, 13, 14, 15, 17, 23, 29, 30, 31 and June 3, 2013. The detailed results of these meetings were shared and discussed at a gathering of all collaborating partners on June 6, 2013.

Based on all of the above information and processes considered, list and describe all the prioritized health needs of the community served by the Hospital. (N.B.: This does not need to include all of the health needs of the community, only those prioritized through the needs assessment process. The sufficiency of the process and methods used to identify and prioritize the health needs will be support for the decision to include or not include certain needs.)

Obesity

Obesity Strategic Priority

Forces of Change:

Cultural Forces – people have a predisposition to drive no matter what the distance;

Legislative and Funding Forces – more of the focus is on population and preventive health; Food deserts are another problem. It is difficult to purchase fresh produce; and then if such items are purchased, there is a lack of awareness on how to prepare it, and just not seeing it as important;

Generational Forces – many studies show that obese parents are far more likely to have obese children than normal-weight parents, especially if the mother is obese;

Poverty Forces – if the utilities have been shut off then the refrigerator is not working, nor the stove or microwave, making it impossible to cook at home. Or if families are working 2 or 3 jobs, there is a lack of time to shop and cook.

Local Public Health System Competencies and Capacities:

There is easy access in the community for bikes and walking; PE classes in schools; the 5-2-1 plan is showing promise; Springfield Promise Neighborhoods Initiative is developing strong relationships with schools and with communities; having a brand new hospital in downtown; the Hospital is experimenting just north of this county with Well Child clinic interventions; the hospital offers assistance in purchasing low cost prescriptions and has a diabetes education clinic; and Dayton Children's Hospital (less than 30 minutes away) offers a Lipid Clinic; the Local Health Department (LHD) offers programs such as the "Body Shop" that has good outcomes for weight loss for students and parents and the LHD has excellent relationships with the schools.

Strengths and Gaps:

The Career Center and the Promise Neighborhoods have good partnerships that can get the word out in neighborhoods and to school communities, because they draw upon community groups and leaders that have credibility and hold in their communities. Such relationships are very important because a trusted community leader helps build community interest for change, and behavior change requires support such as "fitness pals," mentorship, and peer support. Community gardens — this will be the first year to consume the produce (there has been some vandalism in the past). Lack of fresh food, called food deserts, is a challenge especially in the urban center.

Mental Health

Mental Health Strategic Priority

Forces of Change:

Health Home for adults and children with severe MH disorders; Intensive home based services; The Affordable Care Act will enable those in poverty to obtain mental health services — may be affected by Ohio acceptance (or not) of Medicaid expansion; Medical Home will help people with Medicaid, but not sure if it will benefit those who are uninsured. Local issue-the Mental Health Recovery Board will have a levy on the ballot this year.

Local Public Health System Competencies and Capacities:

MHRB advocated adoption of treatment overlay; the FQHC provides mental health services; Good array of MH providers for adults and youth (Osterlen, Catholic Charities, Well Spring, Rocking Horse-and Medicaid is available through all providers); MHRB is beginning a focus on prevention using the GBG which is also embedded in the local university's education program curriculum; Trauma informed care initiative; Crisis intervention training done by the board on a regular basis to first responders where focus is recognition and referral; The Hospital in Clark County is supporting a telepsych program in a neighboring county.

Strengths and Gaps:

No inpatient behavioral health unit, which results in some gap in information sharing between Hospital and MH services. If someone has a MH history or problem and presents at the Hospital, the patient may be referred to MH services when there actually was a physical health issue; Regular increase in EMS transports over the past 10 years. Youth are presenting at school with more complex issues today, both physical and mental. Schools have good information about where the need is because they have been applying Positive School Climate and Search Institute model programs.

Substance Abuse

Forces of Change:

Over the last 10 years, while more information is available to give evidence of alcoholism and drug addiction as neurological and physiological diseases, in Ohio, half of the funding that had been available to treat those with substance abuse problems has been cut. Also over this time, changes in legislation regarding prescription drugs have influenced an increase in the use of heroin. Many heroin

addicts do not have insurance to help them withdraw with drugs like suboxone. House Bill 86 has had an effect on property crimes in communities (often property crime is the result of substance abuse issues).

Local Public Health System Competencies and Capacities:

The system offers family dependency court for children and transitional housing for women and children. There is local collaboration with the FQHC and McKinley Hall, providing a social worker on site. The schools have school resource officers. There is a re-entry coalition for those returning to the County from prison including those with substance abuse problems, with multiple services offered at one location set up in a gym.

Strengths and Gaps:

There is a shortage of health care professionals in the county to serve this population. Agencies in the County each have their own data but there is no centralized data system, which means, among other things, that there are barriers to evaluating promising practices in the county, targeting resources, and assessing the scope and scale of trends. Better messaging needs to get to the community and those released from jail about the change in tolerance level if a person is away from heroin even for just a few days. If the person gets out of jail and tries to go back to their previous usage level, it can be deadly.

Chronic Disease Management

Chronic Disease Strategic Priority

Forces of Change:

Changes in legislation are resulting in less Medicare reimbursement for all of health care, as exemplified with chemotherapy and radiation therapy; therefore more people are seeking treatment at the Hospital. The Hospital is seeking physicians willing to provide free screenings, but another funding challenge is what to do when a disease is found. All of this is exacerbated by people seeking health care at later stages of cancer; some people will not seek care or will miss treatment appointments because they do not want to miss work. Type I diabetics treatment costs are an issue for young adults once they roll off their parents' health insurance coverage.

Local Public Health System Competencies and Capacities:

It is a struggle to stay on top of disease without a primary care physician (PCP) and without which there is no follow up. And a large portion of the central city is a Health Professionals Shortage Area (HPSA). The County does have

an FQHC, but while it does have new physical capacity, the facility has dropped from four physicians to two with one of those two being the medical director. Efforts are underway to increase the number of physicians again.

The Hospital does have new infusion therapy for cancer treatment. SRMC has funding from the Susan Komen Foundation to provide mobile mammography screens with some funding for education and marketing. This grant targets young and older women with its educational outreach. The Springfield Regional Cancer Center also has a grant from the American Cancer Society to transport patients for breast cancer treatment.

Strengths and Gaps:

Regarding cancer, a full range of expert physicians meet weekly to review prospective cases and develop recommended treatment following NCCN guidelines). Sometimes the patients are present for this discussion. This is evidence based practice. There is a need for a free standing diabetes center. And the community needs to provide free rides to diabetes treatment.

Healthy Birth/Sexuality

Healthy Births and Sexuality Strategic Priority

Forces of Change:

The reduction in funding may affect the ability of the local health department (LHD) to place professional support into the homes of high risk children; funding is already trending down at the state and national levels. There are state initiatives like LBW and Infant mortality. The efficacy of those interventions is not yet known, but aligning with existing state initiatives to serve local needs is a viable approach. Many clients don't know how to apply for health insurance or other supports for which they are eligible.

Local Public Health System Competencies and Capacities:

There are several programs and agencies that serve new mothers – the LHD's Healthy Mom Healthy Baby (HMHB) program; Help Me Grow (HMG) and Healthy Families programs; the Patient Navigator Program; the Pregnancy Resource Center; the Women, Infants, and Children Program (WIC); and the FQHC's (called the Rocking Horse Center) new OB clinic.

Other positives include the close partnering between the Hospital and the LHD. Local foundations want to support priority health needs. The LHD and the schools have partnered to create a reproductive health and education curriculum working with more conservative groups and more liberal groups, resulting in two curricula which can be used based on parent choice.

Strengths and Gaps:

Recently instituted by the Hospital is universal drug testing in the Birthing Center to enable physicians to have the conversation, and then test babies appropriately.

Gaps include: there is no place for pregnant women in inpatient treatment in the County. There needs to be better outreach to pregnant women to get them to the FQHC's OB program. Some pregnant women put off getting care. Among the growing Spanish speaking-only households it is not uncommon for them to get a confirmation of pregnancy at 4-6 months pregnant. Funding targeted to this population along with bilingual staff is warranted.

Existing Health Care Facilities and Resources Available to Meet Identified Needs

Obesity

The Promise Neighborhood, The Springfield City School System, Clark County Combined Health District

Mental Health Wellbeing

School Districts, the Mental Health & Recovery Board, Springfield Fire and Rescue Department, and Springfield Regional Medical Center (SRMC)

Chronic Disease Management

SRMC, Rocking Horse FQHC, Clark County Combined Health District

Substance Abuse

SRMC, Mercy REACH, McKinley Hall, Mental Health Services, and MHRB

Healthy Birth/Sexuality

Clark County Combined Health District's WIC Program, and Rocking Horse FQHC

Collaborating Partners

(IRS Notice 2011-52 Section 3.03 (2))

Clark County Combined Health District
529 Home Rd., Springfield, OH 45503

Mental Health Recovery Board of Clark County
474 N. Yellow Springs St., Springfield, OH 45504

Rocking Horse Center
651 S. Limestone St., Springfield, OH 45505

Springfield Foundation
4 W. Main St., Springfield, OH 45502

Springfield City School district
1500 W. Jefferson St., Springfield, OH 45506

United Way of Clark, Champaign and Madison Counties
120 S. Center St., Springfield, OH 45502

Osterlen Services for Youth, Inc.
1918 Mechanicsburg Rd., Springfield, OH 45506