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# 2017-2019 Community Health Needs Assessment Implementation Plan

**ADOPTED BY THE COMMUNITY MERCY HEALTH PARTNERS (CMHP)  
BOARD OF TRUSTEES, JULY 2016**

**SPRINGFIELD REGIONAL MEDICAL CENTER**  
100 Medical Center Dr., Springfield, OH 45504



A Catholic healthcare ministry serving Ohio and Kentucky

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# Introduction

Springfield Regional Medical Center (“SRMC” or “Hospital”) is a 254-bed, full-service hospital providing inpatient, outpatient and ancillary healthcare services. SRMC, along with local health, education, social service, nonprofit and governmental agencies, participated in a Community Health Needs Assessment (“CHNA”) conducted for Clark County and surrounding areas. The detailed process, participants and results are available in SRMC’s Community Health Needs Assessment report which is available on [mercy.com](http://mercy.com).

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The plan indicates which needs SRMC will address and how, as well as which needs SRMC won’t address and why.

Beyond the programs and strategies outlined in this plan, SRMC will address the healthcare needs of the community by continuing to operate in accordance with its Mission to extend the healing ministry of Jesus by improving the health of its communities with emphasis on the poor and under-served. This includes providing care for all individuals regardless of their ability to pay.

The strategies and tactics of this implementation plan will provide the foundation for addressing the community’s significant needs between 2017 and 2019. However, SRMC anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. SRMC plans a flexible approach to addressing the significant community needs that will allow for adaption to changes and collaboration with other community agencies.

## COMMUNITY SERVED BY HOSPITAL

For the purposes of the CHNA, SRMC 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, 45334, 45386, 45369, 45323, 43072 and 43044.

## MISSION

We extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Mercy’s Mission and culture are expressed through the organizational core values:

### Compassion

Our commitment to serve with mercy and tenderness

### Excellence

Our commitment to be the best in the quality of our services and the stewardship of our resources

### Human Dignity

Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone

### Justice

Our commitment to act with integrity, honesty and truthfulness

### Sacredness of Life

Our commitment to reverence all life and creation

### Service

Our commitment to respond to those in need

# Executive summary

## BACKGROUND AND PROCESS

SRMC participated in a regional Community Health Needs Assessment process coordinated by the Clark County CHNA Stakeholder Group (“Stakeholder Group” or “Group”), which included 115 community representatives from 46 organizations. These organizations partnered to assess the community’s health via rigorous data analysis and to develop evidence-based solutions in response to findings.

Under the leadership of the Stakeholder Group, primary and secondary data were obtained through the following methods:

- SRMC and Clark County Health District contracted Wright State University’s Center of Urban and Public Affairs to perform a telephone survey among Clark County adults using a modified version of the Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the CDC. A random digit dial telephone survey was performed from May to August 2015.
- A Youth Risk Behavior Survey (YRBS) developed by the CDC was conducted by the Stakeholder Group, Wright State University, McKinley Hall (a nonprofit agency providing drug and alcohol treatment services, and the local school districts in October 2015.
- In October 2015, the Clark County Combined Health District (CCHD) compared data from four Youth Risk Behavior Surveys (Clark 2011, Clark 2015, Ohio 2011, and Ohio 2015). CCHD used local, state and national databases along with research conducted by local agencies for this comparison.
- In October 2015, SRMC and Mercy Memorial Hospital sponsored a healthcare summit, inviting community leaders from Clark and Champaign Counties to discuss what is happening locally and why it is happening, and to construct a vision for the health of our community.

To help identify top priorities, the hospital used the following activities and tools:

- Consultation with topic experts
- Design and feedback meetings with hospital representatives
- Brainstorming with individuals and agencies serving vulnerable populations
- Phone calls with the local and state health departments and the county coroner
- GIS mapping software
- Online databases

The Mobilizing for Action through Planning and Partnerships (MAPP) process was also used to identify top priorities.

The Community Health Assessment and Group Evaluation (CHANGE) tool developed by the CDC was used to help the community leaders develop the community action plan. The purposes of the CHANGE tool are to:

- Identify community strengths and areas for improvement
- Identify and understand the status of community health needs
- Define improvement areas to guide the community toward population-based strategies that create a healthier environment
- Assist with prioritizing the community needs
- Consider appropriate allocation of available resources

### External sources

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

### List of organizations providing input

- Alzheimer's Association of Miami Valley
- CareSource
- Clark County Combined Health District (CCCHD)
- Clark County Department of Job & Family Services
- Clark County EMA
- Clark County Jail
- Clark County Juvenile Court
- Clark State University
- Community Health Foundation
- Family and Children First Council
- Mental Health and Recovery Board of Clark, Greene, and Madison Counties
- National Trails and Park District
- Ohio House of Representatives
- Ohio State University Extension Office
- Parent Advocacy Connection
- Planned Parenthood
- Rocking Horse Center
- Springfield City School District
- Springfield Foundation
- Springfield Regional Medical Center
- Springfield Soup Kitchen
- Springfield YMCA
- United Senior Services
- United Way
- Urban Light Ministries
- Wittenberg University
- Wright State University

## Identifying significant needs

Under the leadership of the Clark County CHA Stakeholder Group, the 115 community leaders met on January 29, 2016, for a full day to review the results of primary and secondary data analyses. The Clark County CHA Stakeholder Group compared secondary data to the information gathered via community meetings, individuals surveyed, organizations surveyed and the Clark County Combined Health District data. The Stakeholder Group identified the most serious issues facing the community to be:

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

Access to care is a critical component for each issue.

Several large community and task force meetings were held between March and June 2016 to identify needs and prioritize issues. More than 20 individual task force meetings were held throughout this time, focusing on chronic disease, mental health, healthy births and sexuality, nutrition, substance abuse, smoking cessation and physical activity. Groups that predominately serve the poor and most at-risk populations were invited. The work plans prepared by each task force include a SMART objective, process objectives, a timeline and who is responsible for each step. A Community Mercy Health Partner representative is on each task force. Each goal will be completed within a 3-year time frame.

After data had been collected and analyzed, statistics which were deemed to be causing the most health disparities and affecting individual areas and populations the most were collected in a ranking system similar to the ranking methods utilized by the County Health Rankings. The rankings deemed "Concerning Statistics" were compiled using census tract-level measures from the data sources already mentioned. Each of these Concerning Statistics was grouped according to the County Health Rankings Ranking System by a Topic, Focus and Measure. The scores for the Topic, Focus and Measure as well as a

Bonus Score were summed and an overall score calculated. The higher the overall score, the worse the health for an area.

At the March 29, 2016, community meeting, each task force reported their findings. The 31 representatives of the 7 task forces considered all of the information provided and prioritized the health needs of the community. At this meeting, the community leaders received and commented on presentations from each of the task force groups and to give final input about strategic health priorities and the plan’s management and sustainability. The survey results, minutes from the individual task force meetings and community health assessment report were posted on the CCCHD website in April 2016.

The process of performing the community health needs assessment, data sources consulted, development of the top priorities and the list of participants is explained in detail in SRMC’s CHNA report, which is available on [mercy.com](http://mercy.com).

## Implementation Plan

SRMC is continuing to work with other county agencies and is committed to developing a county-wide Community Health Improvement Plan. While that plan is still being finalized, SRMC is committed to addressing the health needs of the community through the strategies and tactics described in this Implementation Plan, which will be in alignment with the overall CHIP.

## PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs that were identified through the CHNA and specifies which needs SRMC will address.

Prioritized significant community health need	Addressed by hospital
Chronic disease .....	Yes
Mental health .....	Yes
Healthy births and sexuality .....	Yes
Nutrition .....	Yes
Substance abuse .....	Yes
Smoking cessation.....	No
Physical activity (active living) .....	No

## IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

The strategies defined in the Implementation Plan will supplement the charity care and community benefit practices of SRMC through enhanced education opportunities for patients and community members and increased access to care that will in turn reduce the number of ED visits as well as the number of readmissions to the hospital.

### CHRONIC DISEASE

#### Description

As detailed in the 2016 SRMC’s Community Health Needs Assessment Report:

- During the CHNA, 38.1% of respondents have had an asthma attack in the past year, 19% of respondents have been told by a doctor that they are at risk of a heart attack or stroke and 61.2% of respondents have taken a course on self-management of diabetes.
- In Clark County, heart disease has been the leading cause of death with a rate consistently higher than the state’s rate in recent years. In 2015, there were 1,009 inpatient admissions for congestive heart failure at



SRMC. 17.1% had more than one admission, and 37 patients had four or more admissions for a total of 198 admissions (19.6% of admissions).

In response to the assessment, a Chronic Disease Task Force has developed four subgroups: one each for asthma, congestive heart failure (CHF), diabetes and oral health.

### **Goal**

#### **Asthma:**

By March 2019, the Chronic Disease Task Force will show a decrease in the number of asthma attacks that require emergency room services or treatment.

#### **Congestive heart failure:**

By March 2018, the Chronic Disease Task Force will work to decrease the number of readmissions among unaffiliated CHF patients (those without a primary care physician) within 30-90 days of discharge by establishing primary care providers/medical homes for 50% of patients.

#### **Diabetes:**

By March 2018, the Chronic Disease Task Force will increase the number of patients completing diabetes education courses by adding ADA-certified sites in Clark County.

#### **Oral health:**

The Chronic Disease Task Force will campaign for fluoride to be added to the Clark County water supply in order to decrease the prevalence of tooth decay and tooth extractions.

### **Expected impact**

#### **Asthma:**

Decrease the number of asthma attacks serious enough to require emergency room services by identifying and reducing the number of environmental triggers in patient housing and by providing information on those triggers to the clinical provider

#### **Congestive heart failure:**

Establish unaffiliated patients with primary care providers, giving them the opportunity to maintain a healthy lifestyle

#### **Diabetes:**

Increase self-management, education and awareness surrounding diabetes to create healthy behavior changes in adults

#### **Oral health:**

Decrease the number of Clark County residents with poor oral health

### **Targeted populations**

#### **Asthma:**

Children and adults diagnosed with asthma

#### **Congestive heart failure:**

Unaffiliated patients discharged from SRMC with a diagnosis of CHF

#### **Diabetes:**

Patients who are newly diagnosed or who have uncontrolled diabetes

#### **Oral health:**

People in the cities of New Carlisle and Springfield

### **Strategies**

#### **Asthma:**

- Research current practices to review successful evidence-based practices and existing CCCHD assessment, produce a map overlay showing schools in identified zip codes and review existing physician and hospital procedures
- Engage strategic partners to develop an effective home-based environmental assessment program
- Identify target audience by age and area, develop and provide referral system for care providers, conduct and provide assessment to care providers and facilitate environmental remediation

#### **Congestive heart failure:**

- Collect data on the number of patients discharged with CHF without a primary care physician (PCP)
- Identify the admission and discharge criteria at SRMC
- Establish a case manager for CHF
- In partnership with Rocking Horse Center (RHC), notify RHC on day of admission of qualifying CHF patients for initial post-discharge visit and home health referral

**Diabetes:**

- Identify at-least one site interested in becoming ADA certified, research the certification process, identify instructors and program coordinator, identify dietician to partner with RHC and identify teaching sites, ensuring they are accessible and bilingual

**Oral Health:**

- Collect data, facts and myths, develop infographic and fact sheet and hold discussions with local businesses for support
- Contact local manufacturers regarding the impact of fluoride on business process
- Conduct educational outreach to business, civic groups, social service agencies and the general public with data and facts to support the value of fluoridated public water
- In July 2017, address the city commission regarding a fluoridation ordinance for the November 2017 ballot

**Strategic measures****Asthma:**

Use 2015 data on asthma emergency room visits as the baseline to compare the number of visits over the next three years as the tactics to decrease asthma attacks are put in place

**Congestive Heart Failure:**

Work with RHC to identify and follow unaffiliated patients who were accepted by a PCP/medical home and track the following metrics: weight, medication compliance, symptoms and readmissions at 30, 60, and 90 days

**Diabetes:**

- Establish one additional ADA-certified site in Clark County
- Track the number of referrals by PCP/medical homes to education programs, and track the number of participants completing the programs
- Measure attainment of patient-defined goals and patient outcomes using appropriate measurement techniques to evaluate the effectiveness of the educational intervention

**Oral Health:**

Educate Springfield residents on the value of fluoride in the city's water supply to support improved oral health and a fluoridation ordinance on the November 2017 ballot

**Community collaborations**

- Clark County Chronic Disease Task Forces

**Community resources available**

Existing healthcare facilities and other resources in the community are currently available to meet the prioritized needs.

- SRMC has both inpatient and outpatient services.
- Oral health control disease service providers include Rocking Horse Center, Job & Family Services, Medicaid and Community Health Foundation.
- Diabetes ADA-certified sites and services are offered through the "RidesPlus" program offering transportation through Medicaid or HMO provider. Diabetes services are also offered at Harding Road Pharmacy, Meijer, Madison Avenue Pharmacy, Resolute, CCCHD Diabetes Support Group, OSU Extension, Certified Diabetes Educators, Sanofi Diabetes and SRMC.
- Congestive heart failure services are offered at Health Resource Center, Resolute, Job & Family Services, Rocking Horse Center, SRMC, Springfield Regional Medical Group care navigators, and Dr. Neravetla with the Springfield Heart Surgeons.
- Asthma control services are offered through ODH grants, Dayton Children's, Dayton Asthma Alliance, CCCHD Environmental Health and Community Mercy REACH.

**MENTAL HEALTH****Description**

As detailed in the 2016 SRMC's Community Health Needs Assessment Report:

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



The U.S. Department of Health and Human Services defines mental illness as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.” Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.

Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases (including diabetes, cancer, cardiovascular disease, asthma, and obesity) and their risk factors (such as, physical inactivity, smoking, excessive drinking, and insufficient sleep).

### **Goal**

By March 2019, the Mental Health Task Force will redirect emergency medical service (EMS) frequent users to appropriate care and reduce all EMS overuse as evidenced by the development of pre-hospital treatment protocols and related collaborative multi-provider agreements supporting the implementation of Mobile Integrated Health Care or similar system management concepts.

### **Expected impact**

To improve efficacy of interventions available to EMS first responders for mental health related situations, thereby reducing the frequency of service requests and the use of more expensive and less effective resources in those situations

### **Targeted populations**

Adults with mental disorders

### **Strategies**

- Research and evaluate frequent users of EMS with mental health concerns for trends and conditions, involving EMS, hospital and Mental Health Services for Clark and Madison Counties, Inc., for data and analysis
- Develop protocols essential to meet identified trends, including personal care plans vs. situational need plans

- Establish approved documentation procedures and information sharing platforms and manage medical professional contact information
- Identify approved communication procedures with the various treatment providers
- Establish a medical direction quality control plan to include feedback from referral service providers

### **Strategic measures**

Increase in mental health service availability along with a reduction in the amount of inappropriate emergency department use for mental health related conditions

### **Community collaborations**

- Clark County Mental Health Task Force

### **Community resources available**

The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include:

- CMHP crisis management team, which assists with acute mental health issues inside the hospital
- Mental Health and Recovery Board of Clark, Green, and Madison Counties
- Mental Health Services for Clark and Madison Counties, Inc.

## **HEALTHY BIRTHS AND SEXUALITY**

### **Description**

As detailed in the 2016 SRMC's Community Health Needs Assessment Report:

According to U.S. Department of Health and Human Services, Ohio ranks 45th in infant mortality. Recently, Clark County has had the second highest teen birth rate in the state. About two thirds of infant deaths are within the first month or so of life with the majority of these deaths due to preterm-related causes. The remaining one third of infant deaths, which occur later during the first year of life, are largely due to sleep-related causes.

### **Goal**

- To promote, implement and support the practice of Kangaroo Care for all mothers and their newborn infants at SRMC

- To work collaboratively with community agencies for early recognition of pregnant women using drugs and to promote healthier pregnancies

### Expected impact

- To promote healthy births and positive first steps for mother/baby bonding and increase breastfeeding rates and confidence in caring for newborns
- To recognize drug use in pregnant women as early as possible and promote entry into a withdrawal program prior to delivery

### Targeted populations

Women delivering babies at SRMC Birthing Center  
Pregnant women who abuse drugs

### Strategies

- The adoption of Kangaroo Care once the newborn is stable after delivery to promote the following:
  - Helps baby to adjust to the outside world more easily because they can hear the mother's heartbeat and feel her presence
  - Helps baby maintain a strong heart rate and steady breathing
  - Encourages the baby to take the first feeding at the breast
  - Improves milk production and overall success with breast feeding
  - Improves mother /child bonding
- Provide quiet hours to promote uninterrupted time for mother and baby
- Universal drug screen for all pregnant women on their first encounter to the Birthing Center
- Referral to McKinley Hall

### Strategic measures

- Improve the hospital's breastfeeding initiation rate by 1% annually over a three-year period from January 2016 to December, 2019
- Track the number of referrals to McKinley Hall

### Community collaborations

- Clark County Healthy Births Task Force

### Community resources available

Existing healthcare facilities are available to meet the prioritized need.

- SRMC is a Level 2 birthing center with a special care nursery and two operating rooms. Breastfeeding support is available.

## NUTRITION

### Description

As detailed in the 2016 SRMC's Community Health Needs Assessment Report:

Healthy eating and regular physical activity can help control weight, lower high blood pressure and reduce the risk of chronic diseases such as cancer, diabetes, stroke and heart disease. The CHNA showed that 67.5% of adults in Clark County are overweight or obese. 42.3% of high school students are overweight or obese, and 45.8% of middle school students are overweight or obese. These rates are statistically higher than the state and national rates. 38.6% of Clark County census tracts are within a food desert where access to fresh food is limited.

### Goal

To promote healthy food and education into a regular lifestyle for adults with BMI 25 – 30 (overweight) and BMI 30 and above (obese)

### Expected impact

Lowering high blood pressure, helping control weight and reducing the risk of chronic diseases including cancer, diabetes, stroke and heart disease

### Targeted populations

Adults with BMI 25 and above

### Strategies

- Develop a plan for nutrition education at the SRMG Health Resource Center that will encompass the following:
  - Referral from physician practices
  - Health literacy
  - Bilingual opportunities
  - Insurance billing process
  - Scholarship for un/under insured
  - Transportation barriers

- Collaborate with Clark County's Healthy Living Task Force to promote community gardens, a food coalition and health and nutrition education in the local schools

### **Strategic measures**

- Develop and place in practice a nutrition education plan for patients referred by physician practices within the first 12 months of the opening of the SRMG Health Resource Center
- Track the number of referrals compared to the number of participants

### **Community collaborations**

- Clark County Healthy Living Task Force

### **Community resources available**

The existing healthcare facilities and other resources within the community that are available to meet the prioritized need include:

- SRMC and CMHP provide outreach services
- Second Harvest Food Bank
- Farmers Markets
- Springfield Promise Neighborhoods
- CCCHD
- Pantries
- Churches
- United Senior Services
- Food program at city schools
- OSU extension

## **SUBSTANCE ABUSE**

### **Description**

As detailed in the 2016 SRMC's Community Health Needs Assessment Report:

In 2015, the number of drug overdose deaths in was 73, an increase from the 37 overdose deaths in 2014. The number of overdose related diagnoses for residents in 2015 was 985. SRMC has seen a steady increase in overdose visits and fatal overdoses on an annual basis since 2013.

### **Goal**

By March 2019, the Clark County Substance Abuse Prevention Treatment and Support Coalition will assist in the prevention of alcohol and other drug usage in Clark County as evidenced by the implementation of one evidence-based prevention program.

### **Expected impact**

Decrease the number of Clark County residents abusing alcohol and other drugs

### **Targeted populations**

Adults abusing alcohol and other drugs

### **Strategies**

- In year one of this plan, establish an inpatient detox program at SRMC
- In year one of this plan, Mercy REACH to open an Intensive Outpatient Program (IOP) for patients discharged from the inpatient detox program to establish sobriety skills
- In year two of this plan, work with Springfield Regional Medical Group Health Resources Center to support clients eligible for monthly VIVITROL® injections to help prevent relapse to opioid dependence

### **Strategic measures**

- Successfully operationalize both the inpatient detox program as well as the intensive outpatient program as evidenced by the number of patients completing the programs
- Establishment of a VIVITROL injection program

### **Community collaborations**

- Clark County Substance Abuse Prevention Treatment and Support Coalition

### **Community resources available**

The existing healthcare facilities and other resources within the community that are available to meet the prioritized need include:

- Community Mercy REACH
- SRMC has a 5 bed unit dedicated to acute drug and alcohol addiction needs

## SMOKING CESSATION

### Description

As detailed in the 2016 SRMC's Community Health Needs Assessment Report:

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

### Goal

SRMC will not directly address this community need as other organizations in Clark County are specifically designed and better prepared to respond to this need through resources and experience. SRMC will support them as needed.

### Community collaborations

Increased smoking rates in Clark County over the last five years have lead the Healthy Living Task Force to focus on increased community engagement regarding tobacco use and prevention. In 2015, statistics show that 28% of Clark County adults are smokers, seven percent higher than the state average of 21%. As a partner for a healthier community, SRMC will participate with the community to promote the following objectives:

1. Decrease the number of youth (21 and under) using tobacco products
2. Increase community engagement regarding tobacco use and prevention
3. Increase youth involvement in preventing and reducing the use of tobacco/nicotine in Clark County

### Community resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized need include:

- Community Mercy Health Partners and Community Mercy Reach
- DARE
- Ohio Quit Line
- VA

## PHYSICAL ACTIVITY (ACTIVE LIVING)

### Description

As detailed in the 2016 SRMC's Community Health Needs Assessment Report:

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

### Goal

SRMC will not directly address this community need as other organizations in Clark County are specifically designed and better prepared to respond to this need through resources and experience. SRMC will support them as needed.

### Community collaborations

The Active Living Task Force reviewed the data provided by the CHNA and identified three areas to improve regarding children and physical activity:

1. Physical activity opportunities during the school day
2. Communication to parents and students about what is being offered in the community
3. Better ways to promote the amenities in Clark County

Members of SRMC's CHIP team will participate on this task force as a community partner.

### Community resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized need include:

- SRMC and CMHP provide outreach services
- Springfield YMCA
- Local city and county schools
- Excel Sports
- CCCHD