



University Hospitals

2019

Community Health
Implementation Strategy

UH Conneaut Medical Center
UH Geneva Medical Center
Ashtabula County



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Adoption by the Board

University Hospitals adopted the UH Conneaut and Geneva Medical Centers' Community Health Implementation Strategy on March 20, 2019.

Community Health Implementation Strategy Availability

The Implementation Strategy can be found on University Hospitals' website at www.UHhospitals.org/CHNA-IS or a hard copy can be mailed upon request at CommunityBenefit@UHhospitals.org.

Written Comments

Individuals are encouraged to submit written comments, questions or other feedback about the UH Conneaut and Geneva Medical Center Implementation Strategy to CommunityBenefit@UHhospitals.org. Please be sure to include the name of the UH facility that you are commenting about and, if possible, a reference to the appropriate section within the Implementation Strategy.

Glossary

State Assessments and Plans

SHA (State Health Assessment)—A health assessment conducted by the state of Ohio to measure the health status of Ohioans. It is conducted every 3 years. The data collected from a SHA informs the state health improvement plan (SHIP).

SHIP (State Health Improvement Plan)—An improvement plan conducted by the state of Ohio that contains priorities, strategies, and measurable indicators to address health needs identified in the SHA. The SHIP is conducted every 3 years and serves as a guide for local improvement plans and hospital implementation strategies.

Hospital Assessment and Strategies

CHNA (Community Health Needs Assessment)—A health assessment conducted by hospitals to measure the health status of the population. It is required by Section 501(r) of the Internal Revenue Code and conducted every 3 years. The data collected from a CHNA informs the implementation strategy (IS).

IS (Implementation Strategy)—A hospital plan that identifies priorities, strategies, and measurable indicators to address health needs identified in the CHNA. It is required by Section 501(r) of the Internal Revenue Code and conducted every 3 years. IS's are required to align with the SHIP beginning in 2020.

Local Health Department (LHD) Assessments and Plans

CHA (Community Health Assessment)—A collaborative, county-level health assessment conducted by the health department and other community members to measure the health status of the population. It is required by the Public Health Accreditation Board (PHAB) and is conducted every 3 years in Ohio. The data collected from a CHA informs the community health improvement plan (CHIP).

CHIP (Community Health Improvement Plan)—A collaborative, county-level improvement plan conducted by the health department and other community members that identifies priorities, strategies, and measurable indicators to address health needs identified in the CHA. It is required by the Public Health Accreditation Board (PHAB) and is conducted every 3 years in Ohio. CHIP's are required to align with the SHIP beginning in 2020.

Miscellaneous

Ohio state law (ORC 3701.981)—A state law that requires all hospitals to collaborate with their local health departments on CHAs and CHIPs.

PHAB (Public Health Accreditation Board)—A national body that issues accreditation to health departments based on a set of standards. All health departments in Ohio are mandated to become accredited by 2020.

Acronyms

National, State, and Local Organizations

CDC—Centers for Disease Control and Prevention

ODH—Ohio Department of Health

HCNO—Hospital Council of Northwest Ohio

UH—University Hospitals

Miscellaneous

BRFSS—Behavioral Risk Surveillance System

YRBSS—Youth Risk Behavior Surveillance System



MAPP—Mobilizing for Planning and Partnerships

CHR—County Health Rankings

Introduction

In 2018, University Hospitals Conneaut Medical Center and Geneva Medical Center (the “Hospitals”) conducted a joint community health needs assessments (a “CHNA”) compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) 3701.981. The 2018 CHNA served as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) the Hospitals determine they are able to meet in whole or in part; (b) are otherwise part of UH’s mission; and (c) are not met (or are not adequately met) by other programs and services in the county. The IS identifies the means through which the Hospitals plan to address a number of the needs that are consistent with the Hospitals’ charitable mission as part of their community benefit programs. Additionally, the Hospitals are addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. The Hospitals anticipate that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2018 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospitals in the IS. More specifically, since this IS was done in conjunction with the existing Ashtabula County Community Health Improvement Plan, other community organizations will be addressing certain needs.

In addition, the Hospitals worked together to align both their CHNA and IS with state plans. Ohio state law (ORC 3701.981) mandates that all hospitals must collaborate with their local health departments on community health assessments (a “CHA”) and community health improvement plans (a “CHIP”). Additionally, local hospitals must align with the Ohio State Health Assessment (a “SHA”) and Ohio State Health Improvement Plan (a “SHIP”); see Appendix A. This requires alignment of the CHNA and IS process timeline, indicators, and strategies. This local alignment must take place by October 2020.

Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. This symbol , the Ashtabula County outline, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2020 CHIP.

This aligned approach has resulted in less duplication, increased collaboration, and sharing of resources. This report serves as the initial IS to move the Hospitals into a more collaborative approach with county partners. As a result of this alignment, the Hospitals will be actively participating in the upcoming 2019 Ashtabula County CHA and CHIP process, which will align partners to be in compliance by 2020.

University Hospitals Health Systems, Inc. (“University Hospitals” or “UH”), contracted with the Hospital Council of Northwest Ohio (“HCNO”) to align the 2019 IS with the existing 2017-2020 Ashtabula County CHIP and the 2017-2019 SHIP.

HCNO guided the process and reviewed sources of primary data including the 2018 CHNA, 2016 hospital utilization and discharge data, the previous Hospitals’ IS, and the 2017 evaluation of impact. The goal was to identify strategies to address the priorities identified in the 2018 UH Conneaut-Geneva CHNA, being mindful of any new data or nuances that may have occurred since the 2016 Ashtabula County CHA was adopted. The following priorities were identified in the 2018 UH Conneaut-Geneva CHNA: suicide prevention; childhood & adult obesity prevention; chronic disease prevention; and opiate overdose prevention. To align with the Ohio SHIP, these priorities have been reorganized and will be referred to more concisely as chronic disease and mental health and addiction.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, the Hospitals are committed to supporting the UH mission, “To Heal. To Teach. To Discover.” (the “Mission”), by providing a wide range of community benefits including clinical services, medical education and research. UH is an integrated delivery system and thus can provide benefits by coordinating within and among various entities (“UH System”).

Community Served by the Hospital











The community has been defined as Ashtabula County. Most (93%) of University Hospitals Conneaut Medical Center’s discharges and 78% of University Hospitals Geneva Medical Center’s discharges were residents of Ashtabula County. In addition, University Hospital collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community served by the hospital.

2018 CHNA Observations

The 2018 UH Geneva and Conneaut Medical Center CHNA is a 163-page report that consists of county-level primary and secondary data for Ashtabula County. The following data are key findings from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: <https://www.uhhospitals.org/about-uh/community-benefit/community-health-needs-assessment>

- In 2016, 15% of Ashtabula County 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.
- Seven percent (7%) of Ashtabula County adults considered attempting suicide in 2016.
- According to the Ohio Department of Health (ODH), the suicide death rate for Ashtabula County was 19.8 per 100,000 population (age-adjusted) from 2012-2017.
- From 2012-2017, there were 28.8 unintentional resident drug overdose deaths per 100,000 population (age-adjusted) in Ashtabula County, according to ODH.
- In 2016, 5% of Ashtabula County adults reported they had angina or coronary heart disease, increasing to 17% of those over the age of 65.
- In 2016, 13% of Ashtabula County adults had been diagnosed with diabetes, increasing to 26% of those over the age of 65 and 27% of those with incomes less than \$25,000.
- More than two-thirds (73%) of Ashtabula County adults were either overweight (30%) or obese (43%) by Body Mass Index (BMI) in 2016.
- One in twelve (8%) Ashtabula County adults did not have any servings of fruits and vegetables on the average day in 2016.
- Nearly one-fourth (24%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise, in 2016.
- In 2016, over half (52%) of current smokers reported that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Eleven percent (11%) of adults had been diagnosed with COPD or emphysema, increasing to 15% of those over the age of 65 and 18% of those with incomes less than \$25,000.
- In 2016, 15% of Ashtabula County adults did not have at least one person they thought of as their personal doctor or healthcare provider.


2018 CHNA Trend Summary Table


Adult Variables	Ashtabula County 2011	Ashtabula County 2016	Ohio 2016	U.S. 2016
Health Status				
Rated health as excellent or very good	48%	43%	51%	52%
Rated general health as fair or poor 	19%	22%	18%	17%
Average days that physical health not good in past month 	N/A	5.8	3.7‡	3.8‡
Average days that mental health not good in past month 	N/A	7.0	4.0‡	3.8‡
Healthcare Coverage, Access, and Utilization				
Uninsured	17%	8%	7%	10%
Had at least one person they thought of as their personal doctor or healthcare provider	N/A	53%	83%	77%
Visited a doctor for a routine checkup in the past year 	48%	64%	75%	71%
Diabetes, Asthma, and Arthritis				
Had been diagnosed with diabetes 	10%	13%	11%	11%
Had been diagnosed with asthma 	10%	19%	14%	14%
Had been diagnosed with arthritis	35%	44%	31%	26%
Cardiovascular Health				
Had angina or coronary heart 	N/A	5%	5%	4%
Had a heart attack	7%	5%	5%	4%
Had a stroke	6%	4%	4%	3%
Had been diagnosed with high blood pressure 	31%	37%	34%*	31%*
Had been diagnosed with high blood cholesterol	34%	37%	37%*	36%*
Had blood cholesterol checked within the past 5 years	N/A	78%	78%*	78%*
Weight Status				
Overweight	36%	30%	35%	35%
Obese 	32%	43%	32%	30%
Alcohol Consumption				
Current Drinker (drank alcohol at least once in the past month)	51%	49%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	21%	24%	18%	17%
Tobacco Use				
Current smoker (currently smoke some or all days)	N/A	21%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	30%	24%	25%

N/A - Not available

‡2015 BRFSS Data as compiled by 2017 County Health Rankings

*2015 BRFSS Data

 Indicates alignment with the Ohio State Health Assessment


Adult Variables	Ashtabula County 2011	Ashtabula County 2016	Ohio 2016	U.S. 2016
Drug Use				
Adults who used recreational marijuana in the past 6 months	7%	8%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	8%	4%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	4%	3%	N/A	N/A
Preventive Medicine				
Had a pneumonia vaccine (age 65 and older)	N/A	69%	75%	73%
Had a flu vaccine in the past year (ages 65 and over)	62%	70%	57%	58%
Had a shingles or Zoster vaccination in lifetime	N/A	15%	21%**	22%**
Had a clinical breast exam in the past two years (age 40 and older)	69%	70%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	N/A	63%	74%	72%
Had a Pap smear in the past three years	N/A	63%	82%¥	80%¥
Had a digital rectal exam within the past year	24%	16%	N/A	N/A
Quality of Life				
Limited in some way because of physical, mental or emotional problem	31%	36%	21%*	21%*
Mental Health				
Considered attempting suicide in the past year	8%	7%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	15%	15%	N/A	N/A
Oral Health				
Adults who have visited the dentist in the past year 	61%	60%	68%	66%
Adults who had one or more permanent teeth removed	N/A	56%	45%	43%
Adults 65 years and older who had all their permanent teeth removed	N/A	17%	17%	14%

N/A - Not available



*2015 BRFSS Data

**2014 BRFSS Data





¥ Ohio and U.S. BRFSS reports women ages 21-65

 Indicates alignment with the Ohio State Health Assessment

Priority Health Needs





Reminder: This symbol , will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. This symbol , the Ashtabula County outline, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2020 CHIP.

Priorities:

1. Chronic Disease (formerly referred to as chronic disease prevention and childhood obesity prevention)  
2. Mental Health and Addiction (formerly referred to as suicide prevention and opiate overdose prevention)  

Cross-Cutting Factors:

The Ohio SHIP contains strategies that are referred to as cross-cutting. This means that cross-cutting strategies have an impact on all selected priority areas. Certain priorities identified in the 2018 CHNA also fit within the following cross-cutting areas:

1. Public health system, prevention and health behaviors (formerly referred to as childhood & adult obesity prevention)  
2. Healthcare system and access (formerly referred to as chronic disease prevention)  

Significant Health Needs Not Being Addressed by the Hospital




The Hospitals are implementing strategies in all the priorities identified in the 2018 CHNA with the exception of suicide prevention, which is included under the broader category of Mental Health and Addiction. This specific issue is better addressed by other partners in Ashtabula County, with the Ashtabula County Mental Health and Recovery Services Board as the lead agency over the taskforce for the Ashtabula County CHA-CHIP planning team. Having said that, providers from UH Conneaut and Geneva continue to be thought leaders with other partners regarding this issue and indirectly address it via school-based programs focused on preventing substance and violence.

These efforts are being done in alignment with the Ashtabula County CHA-CHIP planning team, which has a bevy of additional strategies underway addressing needs in the priority areas.

Strategies to Address Health Needs

An ad hoc IS committee was convened in July 2018 to solicit input from key staff at the Hospitals, affiliated community partners, and members of the Ashtabula County CHA-CHIP planning team. This committee was assembled to identify potential strategies that the Hospitals will execute in view of lessons learned and current opportunities. To do this, the committee reviewed various sources of data including primary data from the 2018 CHNA, hospital utilization and discharge data from 2016, the evaluation of impact, and the previous 2016 IS. The committee agreed to build upon the efforts of the previous IS. Therefore, the following strategies, goals and objectives were developed. The same strategies will be implemented at both UH Conneaut and UH Geneva Medical Centers.

Priority 1: Chronic Disease

Priority #1: Chronic Disease 				
Strategy 1: Diabetes Prevention Program (DPP) 				
Goal: Increase awareness of diabetes prevention and self-management.				
Objective: By December 2020, increase enrollment in diabetes education programs by 5%.				
Action Step	Priority Population	Responsible Party/ Collaborator	Timeline	Indicator(s) to measure impact of strategy:
Year 1: Continue to implement diabetes education programs. Increase enrollment in diabetes education programs by 5%.	Adults	UH Certified Diabetic Educator	December 2020	Decrease diabetes: Percent of adults who have been told by a health professional that they have diabetes  <i>(Source for Data: CHNA and BRFSS)</i>
<p>Type of Strategy:</p> <p> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Strategy is not specific to the SHIP </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Strategy is not specific to the SHIP </p>				
<p>Resources to address strategy:</p> <ul style="list-style-type: none"> Hospital-level resources: UH Conneaut & UH Geneva Community Outreach, UH Physician Services (referrals to the program), and UH Nutritional Services (referrals from Dietician) Community-level resources: N/A 				

Priority #1: Chronic Disease  

Strategy 3: School-based nutrition education programs  

Goal: Decrease youth obesity.

Objective: Introduce the MyPlate and Rethink Your Drink programs to at least one new school by October 2020.

Action Step	Priority Population	Responsible Party/ Collaborator	Timeline	Indicator(s) to measure impact of strategy:
<p>Year 1: Continue to implement the MyPlate and Rethink Your Drink programs in Ashtabula County schools. Introduce the MyPlate and Rethink Your Drink programs to at least one new school.</p> <p>Complete a pre-test health evaluation upon the beginning of the program and a post-test health evaluation upon completion of the program.</p>	Youth ages 12-18	UH Conneaut & UH Geneva Community Outreach and Educational Service Center	October 2020	<ol style="list-style-type: none">Increase fruit and vegetable consumption (youth ages 12-18): Percent of program participants who increased their daily fruit and vegetable consumption <i>(Source for Data: County pre-test and post-test evaluations)</i>Decrease sugar-sweetened beverage consumption (youth ages 12-18): Percent of program participants who decreased their daily sugar-sweetened beverage consumption <i>(Source for Data: County pre-test and post-test evaluations)</i>

Type of Strategy:

<input type="radio"/> Social determinants of health	<input type="radio"/> Healthcare system and access
<input checked="" type="radio"/> Public health system, prevention and health behaviors	<input type="radio"/> Strategy is not specific to the SHIP




Strategy identified as likely to decrease disparities?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Strategy is not specific to the SHIP
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Resources to address strategy:

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Ashtabula Area City Schools, Buckeye Local Schools, Grand Valley Local Schools, Jefferson Area Local Schools, and Conneaut Area City Schools

Priority 2: Mental Health and Addiction


Priority #2: Mental Health and Addiction 				
Strategy 1: School-based alcohol/other drug prevention programs. 				
Goal: Reduce the impact of substance use, misuse, and abuse.				
Objective: Implement the Botvin Life Skills Training in all Ashtabula County school districts by December 2020.				
Action Step	Priority Population	Responsible Party/Collaborator	Timeline	Indicator(s) to measure impact of strategy:
Year 1: Continue to work with the Ashtabula County Mental Health and Recovery Services Board to implement the Botvin Life Skills Training in all Ashtabula County school districts.	Youth	UH Conneaut & UH Geneva Community Outreach, Mental Health and Recovery Services Board, and Ashtabula County Drug Prevention Coalition	December 2020	Decrease youth marijuana use (past 30 days): Percent of youth who report using marijuana one or more time within the past 30 days  <i>(Source for Data: UH pre-test/post-test and Mental Health Recovery Services Board)</i>
<p><i>Type of Strategy:</i></p> <p> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Strategy is not specific to the SHIP </p>				
<p><i>Strategy identified as likely to decrease disparities?</i></p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Strategy is not specific to the SHIP </p>				
<p><i>Resources to address strategy:</i></p> <ul style="list-style-type: none"> Hospital-level resources: UH Conneaut & UH Geneva Community Outreach Community-level resources: Mental Health Recovery Services Board, Ashtabula County Drug Prevention Coalition, Country Neighbor, Community Counseling Agency, and Geneva Rotary 				

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors 

Strategy 3: Community-wide physical activity campaigns  

Goal: Decrease adult obesity.

Objective: By March 2020, work with partner organizations to plan and implement a 2019 summer walking series.

Action Step	Priority Population	Responsible Party/Collaborator	Timeline	Indicator(s) to measure impact of strategy:
<p>Year 1: Continue to promote free and low-cost fitness opportunities for Ashtabula County residents such as walking trails, biking trails, and the summer walking series.</p> <p>Work with partner organizations to plan and implement a 2019 summer walking series.</p>	Adults	UH Conneaut & UH Geneva Community Outreach	March 2020	Decrease physical inactivity (no leisure time physical activity): Percentage of adults aged 18 and over reporting no leisure time physical activity  <i>(Source for Data: CHNA and BRFS)</i>

Priority area(s) the strategy addresses:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Mental health and addiction | <input type="checkbox"/> Strategy is not specific to the SHIP |
| <input checked="" type="checkbox"/> Chronic disease | |

Strategy identified as likely to decrease disparities?

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Strategy is not specific to the SHIP |
|------------------------------|--|---|

Resources to address strategy:

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Ashtabula Metroparks, Conneaut Township Park, Saybrook Township Park, and Ashtabula Towne Square

Cross-cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 1: Community health screenings				
Goal: Increase adult health screenings.				
Objective: By December 2020, offer blood pressure, cholesterol, and glucose screenings to the general public once a month.				
Action Step	Priority Population	Responsible Party/ Collaborator	Timeline	Indicator(s) to measure impact of strategy:
Year 1: Continue to implement community health screenings. Offer blood pressure, cholesterol, and glucose screenings to the general public once a month.	Adults	UH Conneaut & UH Geneva Community Outreach	December 2020	Increase adult health screenings: Number of adults being screened for high blood pressure, cholesterol, and blood glucose <i>(Source for Data: UH)</i>
<i>Priority area(s) the strategy addresses:</i>				
<input type="radio"/> Mental health and addiction <input type="radio"/> Chronic disease		<input checked="" type="radio"/> Strategy is not specific to the SHIP		
<i>Strategy identified as likely to decrease disparities?</i>				
<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Strategy is not specific to the SHIP		
<i>Resources to address strategy:</i>				
<ul style="list-style-type: none"> Hospital-level resources: UH Conneaut & UH Geneva Community Outreach Community-level resources: Ashtabula Family YMCA, Ashtabula Towne Square, Orwell Country Neighbor, Andover Public Library, New Leaf Church, and Conneaut Human Resource Center 				

Cross-Cutting Factor: Healthcare System and Access

Strategy 3: Improve access to comprehensive primary care

Goal: Increase access to primary care.

Objective: By December 2020, connect 25% of adults who attend monthly health screenings with a primary care provider.

Action Step	Priority Population	Responsible Party/ Collaborator	Timeline	Indicator(s) to measure impact of strategy:
Year 1: Continue to implement monthly health screenings. Connect 25% of adults who attend monthly health screenings with a primary care provider (if they do not have one). Arrange follow-up procedures.	Adults	UH Conneaut & UH Geneva Community Outreach	December 2020	Decrease the number of adults without a usual source of care: Percent of adults ages 19 and older who don't have one (or more) persons they think of as their personal healthcare provider <small>(Source for Data: CHNA and BRFSS)</small>

Priority area(s) the strategy addresses:

- Mental health and addiction
- Chronic disease
- Strategy is not specific to the SHIP

Strategy identified as likely to decrease disparities?

- Yes
- No
- Strategy is not specific to the SHIP

Resources to address strategy:

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach, UH Physician Services, and UH Patient Access
- Community-level resources: N/A

Community Collaborators

This IS was commissioned by University Hospitals. The Implementation Planning Team included:

- Chris Kettunen, Ashtabula County Health Department
- Danielle Price, University Hospitals
- Denise DiDonato, University Hospitals
- Diamond Page, University Hospitals
- Elyse Bierut, University Hospitals
- Haley Whitehall, Pharmacy Student
- Jason Glowczewski, University Hospitals
- Judy Summers, Ashtabula County Health Department
- Julia Sabik, University Hospitals
- Kathryn Morrison, Ashtabula County Prevention Coalition
- Katie Park, Ashtabula County Mental Health and Recovery Services Board
- Lori Gilhousen, Ashtabula County Medical Center
- Lori Kingston, University Hospitals
- Miriam Walton, Mental Health and Recovery Services Board
- Peggy Ducro, Ashtabula City Health Department
- Sally Kennedy, Conneaut City Health Department

This IS will be implemented in collaboration with other entities including, but not limited to:

- Ashtabula Area City Schools
- Ashtabula City Health Department
- Ashtabula County Department of Job and Family Services
- Ashtabula County Children's Services
- Ashtabula County Health Department
- Ashtabula County Head Start
- Ashtabula County Mental Health Recovery Services Board
- Ashtabula County Prevention Coalition
- Ashtabula County Substance Abuse Leadership Team
- Ashtabula Metroparks
- Ashtabula County Family YMCA
- Buckeye Local Schools
- Conneaut Area City Schools
- Conneaut City Health Department
- Community Counseling Center
- Conneaut Human Resources Center
- Country Neighbor
- Geneva Area City Schools
- Grand Valley Local Schools
- Jefferson Area Local Schools
- Pymatuning Valley Local Schools

Qualifications of Consulting Company

This IS was facilitated and written by Britney Ward, Director of Community Health Improvement, and Emily Golias, Community Health Improvement Coordinator, of the Hospital Council of Northwest Ohio.

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)(3) non-profit regional hospital association founded in 1972 that represents and advocates on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of Northwest Ohio. HCNO is respected as a neutral forum for community health improvement. HCNO has a track record of addressing health issues and health disparities collaboratively throughout northwest Ohio, and the state. Local and regional initiatives include: county-wide health assessments, community health improvement planning, strategic planning, disaster preparedness planning, Northwest Ohio Regional Trauma Registry, Healthcare Heroes Recognition Program and the Northwest Ohio Pathways HUB.

The Community Health Improvement division of HCNO has been conducting community health assessments (CHAs), community health improvement plans (CHIPs), and facilitating outcome focused multi-sectorial collaborations since 1999. HCNO has completed more than 90 CHAs in 44 counties. The model used by HCNO can be replicated in any type of county and therefore has been successful at the local and regional level, as well as for urban, suburban, and rural communities.

The HCNO Community Health Improvement Division has six full time staff members with Master's Degrees in Public Health (MPH), that are dedicated solely to CHAs, CHIPs, and other community health improvement initiatives. HCNO also works regularly with professors at the University of Toledo, along with multiple graduate assistants to form a very experienced and accomplished team. The HCNO team has presented at multiple national, state, and local conferences including the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) conference, the Association of Community Health Improvement (ACHI) national conference, the Ohio Hospital Association (OHA) state conference, the Ohio Association of Health Commissioners (AOHC), and others.

Contact

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Appendix A

Ohio State Health Improvement Plan (SHIP)

Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

SHIP Overview

The Hospital closely considered the 2017-2019 State Health Improvement Plan (SHIP) when identifying strategies. The SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health, including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators in particular, to measure impact:

- **Self-reported health** status (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. **Maternal and Infant Health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

- **Social determinants of health:** Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors:**
 - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
 - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
 - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access:** Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

Alignment with the 2017-2019 SHIP

Beginning in 2020, IS's will be required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the SHIP (see Figure 1.1 on the next page). While SHIP-alignment is not a requirement for the 2019 IS, the SHIP was used as a guide in the creation of this document. The following 2019 IS priority topics, priority outcomes, cross cutting factors and cross-cutting outcomes very closely align with the 2017-2019 SHIP priorities:

2019 IS Alignment with the 2017-2019 SHIP			
Priority Topic	Priority Outcome	Cross-Cutting Strategy	Cross-Cutting Outcome
Mental health and addiction	• Decrease adult depression	<ul style="list-style-type: none"> • Public health system, prevention and health behaviors • Healthcare system and access 	<ul style="list-style-type: none"> • Increase adult smoking quit attempts • Increase adult vegetable consumption • Decrease adult physical inactivity • Decrease the number of adults without a usual source of care • Increase provider availability-Community Health Workers
	• Decrease adult diabetes		
Chronic Disease			

Figure 1.1. State Health Improvement Plan (SHIP) Overview

State health improvement plan (SHIP) overview

Overview of guidance for local alignment with the SHIP

See [ODH guidance for aligning state and local efforts](#) for details

Overall health outcomes

- ↑ Health status
- ↓ Premature death

3 priority topics

Mental health and addiction | Chronic disease | Maternal and infant health

10 priority outcomes

- ↓ Depression
- ↓ Suicide
- ↓ Drug dependency/abuse
- ↓ Drug overdose deaths
- ↓ Heart disease
- ↓ Diabetes
- ↓ Child asthma
- ↓ Preterm births
- ↓ Low birth weight
- ↓ Infant mortality

Equity: Priority populations for each outcome

4 cross-cutting factors

Social determinants of health
Public health system, prevention and health behaviors
Healthcare system and access

Equity

Select at least 2 priority topics (based on best alignment with findings of CHA/CHNA)

Select at least 1 priority outcome indicator within each selected priority topic (see master list of SHIP indicators)

Identify priority populations for each priority outcome indicator (based on findings from CHA/CHNA) and develop targets to reduce or eliminate disparities

- Select at least 1 cross-cutting strategy relevant to each selected priority outcome (see community strategy and indicator toolkits) **AND**
- Select at least 1 cross-cutting outcome indicator relevant to each selected strategy (see community strategy and indicator toolkits)

For a stronger plan (optional), select 1 strategy and 1 indicator for each of the 4 cross-cutting factors.

- Prioritize selection of strategies likely to decrease disparities (see community strategy and indicator toolkits)
- Ensure that delivery of selected strategies is designed to reach priority populations and high-need geographic areas