



University Hospitals

2020-2022 Community Health Implementation Strategy

UH Samaritan Medical Center
Ashland County, Ohio



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Adoption by the Board

University Hospitals adopted the UH Samaritan Medical Center Community Health Implementation Strategy on March 31, 2020.

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 Samaritan Medical Center Implementation Strategy to CommunityBenefit@UHhospitals.org. Please make 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.

Introduction

In 2019, University Hospitals Samaritan Medical Center conducted a joint community health needs assessment (a “CHNA”) with the Ashland County Health Department and the associated Ashland County Community Health Assessment Committee. The 2019 Ashland County CHNA was compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) 3701.981. The 2019 CHNA serves as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) UH Samaritan Medical Center determined 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. This IS identifies the means through which UH Samaritan Medical Center plans to address a number of the needs that are consistent with the hospital’s charitable mission as part of its community benefit programs. Likewise, UH Samaritan Medical Center is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Samaritan Medical Center anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2019 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by UH Samaritan Medical Center in the IS. More specifically, since this IS was done in conjunction with the 2020-2022 Ashland County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Ashland County CHIP can be found at <http://www.hcno.org/community-services/community-health-assessments/> and the CHIP strategies can be found in Appendix A of this report.



In addition, UH Samaritan Medical Center worked together to align both its 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 Ohio’s State Health Assessment (a “SHA”) and State Health Improvement Plan (a “SHIP”). 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 aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2020-2022 UH Samaritan Medical Center Community Health Implementation Strategy which aligns with the 2020-2022 Ashland County Community Health Improvement Plan and meets the state of Ohio’s October 1, 2020 deadline. This IS meets all the requirements set forth in Section 501(r).

The Ashland County Health Department, on behalf of the Ashland County Community Health Assessment Committee (includes UH Samaritan Medical Center), hired the Hospital Council of Northwest Ohio (HCNO) to conduct the community health planning process which yielded the strategies outlined in this report as well as the aligned Ashland County Community Health Improvement Plan (“CHIP”). This report more clearly delineates the commitments made by UH Samaritan Medical Center.

UH Samaritan Medical Center is working with other partners in Ashland County to address both priorities which were identified in the 2019 CHNA:

1. Chronic disease 
2. Mental health and addiction 

Additionally, UH Samaritan Medical Center is working collaboratively with other Ashland County partners to address Public Health System, Prevention and Health Behaviors, which was identified as a cross-cutting factor undergirding both priorities.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, UH Samaritan Medical Center is 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 Ashland County. Most (78%) of UH Samaritan Medical Center’s discharges are residents of Ashland County. In addition, University Hospitals 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.

Alignment with Local and State Standards

Community Partners

The IS was done in collaboration with various agencies and service-providers within Ashland County. From April to May 2019, the Ashland County Community Health Assessment Committee reviewed many data sources concerning the health and social challenges that Ashland County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.

Ashland County Health Assessment Committee Members:

Mark Burgess, City of Ashland
Sarah Goodwill Humphrey, Ashland County Health Department
Steve Stone, Ashland County Mental Health & Recovery Board
Kathy Witmer, University Hospitals Samaritan Medical Center
Danielle Price, University Hospitals

Ashland YMCA
Ashland County Chamber of Commerce
Ashland Parenting Plus
Ashland County EMA
Ashland County Job & Family Services
Safe Haven of Ashland, Ohio

With special thanks to our Community Health Partners, including:


Ashland City Schools
Mapleton Local Schools
Ashland County Community Academy
Ashland County Family & Children First Council
Ashland County Catholic Charities
Ashland County Council on Aging
Ashland County Board of Developmental Disabilities
Appleaseed Community Mental Health Center
Ashland County Board of Health


2019 CHNA Trends Summary Table

The 2019 CHNA is a 163-page report that consists of county-level primary and secondary data for Ashland County. The following data are trends from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: www.UHhospitals.org/CHNA-IS.

Adult Trend Summary

Adult Variables	Ashland County 2018	Ohio 2017	U.S. 2017
Health Status			
Rated general health as good, very good, or excellent	88%	81%	83%
Rated general health as excellent or very good	52%	49%	51%
Rated general health as fair or poor	12%	19%	18%
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	3.2	4.0**	3.7**
Rated physical health as not good on four or more days (in the past 30 days)	18%	22%*	22%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	3.4	4.3**	3.8**
Rated mental health as not good on four or more days (in the past 30 days)	24%	24%*	23%*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	25%	22%*	22%*
Healthcare Coverage, Access, and Utilization			
Uninsured	7%	9%	11%
Had one or more persons they thought of as their personal healthcare provider	82%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	71%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	10%	7%	8%
Arthritis, Asthma, & Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	3%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	6%	2%	2%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	30%	29%	25%
Had ever been told they have asthma	13%	14%	14%
Cardiovascular Health			
Ever diagnosed with angina or coronary heart disease	4%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	7%	6%	4%
Ever diagnosed with a stroke	3%	4%	3%
Had been told they had high blood pressure	29%	35%	32%
Had been told their blood cholesterol was high	30%	33%	33%
Had their blood cholesterol checked within the last five years	78%	85%	86%
Weight Status			
Normal weight (BMI of 18.5 – 24.9)	30%	30%	32%
Overweight (BMI of 25.0 – 29.9)	30%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	38%	34%	32%
Alcohol Consumption			
Current drinker (had at least one drink of alcohol within the past 30 days)	54%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	23%	19%	17%

Tobacco Use			
Current smoker (smoked on some or all days) 	15%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	28%	24%	25%

 Indicates alignment with the Ohio State Health Assessment

*2016 BRFSS


**2016 BRFSS as compiled by 2018 County Health Rankings


Adult Variables	Ashland County 2018	Ohio 2017	U.S. 2017
Preventive Medicine			
Had a mammogram within the past two years (ages 40 and older)	75%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	72%	82%*	80%*
Had a PSA test within the past two years (ages 40 and older)	58%	39%*	40%*
Quality of Life			
Limited in some way because of physical, mental or emotional problem	20%	21%**	21%**
Oral Health			
Visited a dentist or a dental clinic (within the past year)	64%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	12%	11%*	10%*

*2016 BRFSS

**2015 BRFSS

Youth Trend Summary

Youth Variables	Ashland County 2019 (6 th -12 th)	Ashland County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Status			
Obese 	22%	20%	15%
Overweight	15%	14%	16%
Described themselves as slightly or very overweight	33%	34%	32%
Tried to lose weight	47%	47%	47%
Physically active at least 60 minutes per day on every day in past week	26%	24%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	49%	46%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	17%	15%	15%
Watched 3 or more hours per day of television (on an average school day)	12%	11%	21%
Tobacco Use			
Ever tried cigarette smoking (even one or two puffs)	24%	34%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	10%	13%	9%
First tried cigarette smoking before age 13 years (even one or two puffs)	11%	13%	10%
Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)	1%	2%	3%
Currently used an electronic vapor product (in the past 30 days)	24%	32%	13%
Currently used electronic vapor products daily	5%	9%	2%
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha hookah tobacco and electronic vapor products, during the past 12 months)	41%	37%	59%
Alcohol Consumption			
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	47%	58%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	20%	27%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	11%	17%	14%
Drank for the first time before age 13 (of all youth)	16%	13%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	33%	36%	44%
Drug Use			
Used marijuana in the past month	9%	13%	20%
Ever used marijuana (in their lifetime)	19%	28%	36%
Ever used methamphetamines (in their lifetime)	N/A	2%	3%
Ever used cocaine (in their lifetime)	N/A	3%	5%
Ever used heroin (in their lifetime)	N/A	1%	2%
Ever used ecstasy (in their lifetime)	N/A	1%	4%
Ever used inhalants (in their lifetime)	7%	6%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	5%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	11%	13%	20%

 Indicates alignment with the Ohio State Health Assessment
 N/A- Not Available

Adult Variables	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Sexual Behavior			
Did not use any method to prevent pregnancy during last sexual intercourse	N/A	6%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	19%	19%
Ever had sexual intercourse	N/A	40%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	3%	3%
Used a condom (during last sexual intercourse)	N/A	40%	54%
Used birth control pills (during last sexual intercourse)	N/A	22%	21%
Used an IUD (during last sexual intercourse)	N/A	10%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	5%	5%
Mental Health			
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	36%	40%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	19%	17%
Social Determinants of Health			
Did not get eight or more hours of sleep (on an average school night)	57%	68%	75%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	73%	74%*
Drank and drove (of all youth)	N/A	5%	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	12%	17%
Violence			
Carried a weapon (in the past 30 days)	19%	15%	16%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	8%	8%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	7%	9%	8%
Electronically bullied (in the past year)	13%	13%	15%
Were bullied on school property (during the past 12 months)	33%	27%	19%



N/A- Not Available

*Comparative YRBS data for U.S. is 2015

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.

Priorities:

1. Chronic disease 
2. Mental health and addiction 

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 2019 CHNA also fit within the following cross-cutting area for which UH Samaritan Medical Center will be implementing strategies in this plan:

1. Public health system, prevention and health behaviors 

Strategies to Address Health Needs

Mobilizing for Action through Planning and Partnerships (MAPP)


The planning and strategic development process was completed using the National Association of County and City Health Officials' (NACCHO) MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Ashland County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from UH Samaritan Medical Center's community outreach team and leadership was used to further determine the hospital's specific tactics.

The strategies listed on the following pages are done in alignment with the Ashland County Community Health Improvement Plan (see strategies in Appendix A). They reflect the specific strategies that UH Samaritan Medical Center will implement to address the identified priorities and achieve the anticipated outcomes. The resources being provided include staff time and expertise, health screening supplies and equipment, publicity for various events and other contributions as outlined in the following section.

University Hospitals Samaritan Medical Center

CHNA Priority: Mental Health and Addiction 

Strategy 1: Music therapy

Goal: Enhance coping skills to improve mental health.

Objective: By May 28, 2022, provide UH Samaritan Medical Center in-patients with alternative methods to cope with mental health stressors via music therapy.

Action Steps:

Year 1:

- Music therapist will round on patients with documented mental health history. (Track number of patient encounters, not including declinations, to establish baseline.)
- Educate nursing staff on benefits of music therapy. (Track number of encounters.)

Year 2:

- Establish baseline for self-reported feelings of stress. (Track pre/post responses by patients.)
- Increase number of patient encounters, excluding declinations, by 10% over Year 1. (Track number of patient encounters.)


Year 3:

- Demonstrate a decrease in the self-reported stress scale scores from baseline established in Year 2. (Track scores.)

Anticipated measurable outcome(s):

- Decrease in self-reported stress scores by UH Samaritan Medical Center inpatients.
- Decrease (or maintain) the percentage of Ashland County adults reporting feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year (baseline: 8% in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Self-report stress assessment on a Likert scale
- Percentage of Ashland County adults who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year (HCNO household survey) 

Collaboration and Partnerships: Internal UH Samaritan Medical Center music therapist, staff nurses and clinical leadership

University Hospitals Samaritan Medical Center

CHNA Priority: Mental Health and Addiction

Strategy 2: Community awareness and education of risky behaviors and substance abuse issues and trends

Goal: Educate community members on the dangers of substance use/misuse and mental health issues and trends in Ashland County.

Objective: By May 28, 2022, UH Samaritan Medical Center will host at least two community outreach events that focus on risky behaviors such as e-cigarettes, substance use/misuse or mental health issues and trends. Incorporate screenings as appropriate.

Action Steps:

- Years 1-3**
- UH Samaritan Medical Center will continue community outreach efforts to educate the public regarding types and signs of substance use/misuse and mental illness and their effects on overall health. (Track number of events and participants.)
 - UH Samaritan Medical Center will work with community partners to coordinate mental health screenings. (Track number of screenings.)
 - UH Samaritan Medical Center will work with the committee to evaluate outcomes by surveying participants at each community outreach event. (Track outcomes.)


- * Anticipated measurable outcome(s):**
- Increased knowledge of participants about risky behaviors and substance use/misuse.
 - Decrease in the number of Ashland adults that misused prescription medication in the past 6 months (baseline: 6% in the 2019 Ashland County CHNA).
 - Decrease in the number of drinks Ashland adults consume per drinking occasion (baseline: 3.4 alcoholic drinks on average; 23% of Ashland adults reported they had 5 or more alcoholic drinks (for males) and 4 or more (for females) on an occasion in the last month in the 2019 Ashland County CHNA).

- Indicator(s) used to measure progress:**
- Number of Ashland County adults reporting increased knowledge about substance use/abuse from evaluation forms
 - Percent of Ashland County adults who misused prescription medication in the past 6 months (HCNO household survey)
 - Number of drinks Ashland County adults consumed per drinking occasion (HCNO household survey)

Collaboration and Partnerships: Ashland County Health Department, Opioid Target Action Group (TAG), Arcadia Local Schools, Appleseed Community Mental Health Center, Mental Health & Recovery Board, faith community

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center

CHNA Priority: Mental Health and Addiction 

Strategy 3: Increase safe disposal of prescription drugs

Goal: Decrease prescription medication abuse.

Objective: By May 28, 2022, increase access to methods of safe disposal of prescription drugs for the community.

Action Steps:

Years 1-3

- UH Samaritan Medical Center will distribute DisposeRx at its in-house retail pharmacy to customers who have one-time controlled substance prescriptions as safe way to dispose of unused portion of prescriptions from home. (Track number distributed.)
- UH Samaritan Medical Center will distribute DisposeRX to community members at two community outreach events per year. (Track number distributed.)
- UH Samaritan Medical Center will continue to educate and utilize RxDestroyer within the hospital environment where controlled substances are given. (Track number of encounters.)

*** Anticipated measurable outcome(s):**

- Decrease the number of Ashland County adults that misused prescription medication in the past 6 months (baseline: 6% in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Percent of Ashland County adults who misused prescription medication in the past 6 months (HCNO household survey)

Collaboration and Partnerships: UH Samaritan Medical Center staff and leadership, pharmacy department, community service agencies

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center
CHNA Priority: Chronic Disease
Strategy 1: Online community wellness calendar
Goals: Increase community’s awareness of health resources, programs and events.
Objective: By May 28, 2022, educate the community on resources available through an online community wellness calendar and 211 service.
<p>Action Steps:</p> <p>Years 1</p> <ul style="list-style-type: none"> • UH Samaritan Medical Center staff will collaborate with Ashland county organizations on the selection and implementation of an online community wellness calendar product. • UH Samaritan Medical Center staff person will maintain schedule of hospital’s outreach events on the calendar. • UH Samaritan Medical Center staff will participate in implementation and maintenance of 211 service for Ashland County. (Establish baseline for number of 211 calls.) <p>Years 1-3</p> <ul style="list-style-type: none"> • Update the hospital’s community education and outreach information quarterly. • Support the 211 initiative for Ashland County by providing and maintaining hospital resource information. (Track number of 211 calls.)
<p>* Anticipated Measurable Outcome(s) based on current trends:</p> <ul style="list-style-type: none"> • Decrease in the percentage of Ashland County adults reporting no leisure time physical activity (baseline 30% in the 2019 Ashland County CHNA).
<p>Indicator(s) used to measure outcomes:</p> <ul style="list-style-type: none"> • Percentage of Ashland County adults reporting no leisure time physical activity (HCNO household survey)
<p>Collaboration and Partnerships: Health and Wellness Target Action Group (TAG), Ashland County Health Department, social service agencies, Richland County 211, Samaritan Hospital Foundation</p>

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center

CHNA Priority: Chronic Disease

Strategy 2: Educate the community on chronic pain management based on best practices

Goal: Reduce adults reporting they are limited in some way due to arthritis and other physical pain in Ashland County.

Objective: By May 28, 2022, host at least two community outreach events per year that focus on pain management.

Action Steps:

Years 1

- With other Ashland County chronic disease committee members, UH Samaritan Medical Center staff will research chronic pain management best practices. (Document best practices.)
- Committee will determine availability of local resources for chronic pain management. (Document resource list.)
- UH Samaritan Medical Center will work with Ashland County partners to complete a needs assessment focused on individual experiences with chronic pain and the process of navigating resources.

Years 2-3

- The committee will promote local pain management resources.
- UH Samaritan Medical Center will work with primary care physician offices to assess what information and/or materials they may be lacking to provide better resources for patients.
- UH Samaritan Medical Center will offer community outreach seminars to educate the public regarding treatment options for effective pain management. (Track number of events and participants.)
- UH Samaritan Medical Center will survey participants at each community outreach event to evaluate if participants have an increased knowledge about effective pain management treatments and procedures. (Track outcomes.)

*** Anticipated measurable outcome(s):**

- Increase in knowledge of effective pain management treatments and procedures based on self-reported evaluations.
- Decrease in the proportion of Ashland County adults with doctor-diagnosed arthritis or joint symptoms (baseline: 44% in the 2019 Ashland County CHNA).
- Decrease in the number of Ashland County adults with limitations due to arthritis (baseline: 44% with arthritis or joint symptoms, 42% with walking problems and 39% with back or neck problems in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Pre/post knowledge about pain management options
- Proportion of adults with doctor-diagnosed arthritis or joint symptoms (HCNO household survey)
- Percent of adults limited in some way due to arthritis (HCNO household survey)

Collaboration and Partnerships: UH Samaritan Health Center, Samaritan Pain Clinic, Pain Management Group

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center
CHNA Priority: Chronic Disease
Strategy 3: Prediabetes screening and referral
Goal: Reduce diabetes in Ashland County adults.
Objective: By May 28, 2022, increase early detection and knowledge about diabetes management in the general community.
<p>Action Steps:</p> <p>Years 1-3:</p> <ul style="list-style-type: none"> UH Samaritan Medical Center will offer two diabetes information sessions annually in the community with biometric screenings. UH Samaritan Medical Center will survey participants for increased knowledge as a result of the session. (Track number of events, participants and positive results.) UH Samaritan Medical Center will monitor the number of referrals to primary care physicians or Diabetes Care and Education Specialist as result of screenings. (Track number and type of referrals.)
<p>* Anticipated measurable outcome(s):</p> <ul style="list-style-type: none"> Decrease the percent of Ashland County adults who have been told by a doctor they have prediabetes or borderline diabetes (baseline: 6% in the 2019 Ashland County CHNA). Decrease the percent of Ashland County adults who have been told by a doctor that they have diabetes (baseline: 13% in the 2019 Ashland County CHNA).
<p>Indicator(s) used to measure progress:</p> <ul style="list-style-type: none"> Percent of Ashland County adults who had been told by a doctor they have prediabetes (HCNO household survey) Percent of Ashland County adults who had been told by a doctor that they have diabetes (HCNO household survey)
<p>Collaboration and Partnerships: UH Samaritan: primary care offices, specialist offices, Diabetes Care and Education Specialist, Information Technology department</p>

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center
CHNA Priority: Chronic Disease
Strategy 4: Community wide physical activity campaigns
Goal: Increase physical activity.
Objective: By May 28, 2022, Ashland County will implement a community wide physical activity campaign in collaboration with at least four Ashland County organizations.
<p>Action Steps:</p> <p>Year 1:</p> <ul style="list-style-type: none"> • UH Samaritan Medical Center community outreach staff will work with Ashland county partners to develop a “Get Fit” toolkit for businesses and community organizations. • UH Samaritan Medical Center will work with partners to establish a community based, multidisciplinary, steering committee which will serve to develop and sustain a community wide fitness campaign using Get Fit. (Track partner organizations.) <p>Year 2:</p> <ul style="list-style-type: none"> • UH Samaritan Medical Center staff will coordinate with at least two additional community organizations to adopt Get Fit. (Track number participants.) • UH Samaritan Medical Center will host at least one community event promoting Get Fit, stressing the health benefits of physical activity on chronic disease conditions. (Track number of participants.) <p>Year 3:</p> <ul style="list-style-type: none"> • Continue efforts from years 1 and 2. • Work with at least two additional community businesses or service organizations to adopt Get Fit. (Track number participants.) • Host at least one community event promoting the Get Fit, stressing the health benefits of physical activity. (Track number of participants.)
<p>* Anticipated measurable outcome(s):</p> <ul style="list-style-type: none"> • Decrease in the percentage of Ashland County adults reporting no leisure time physical activity (baseline 30% in the 2019 Ashland County CHNA). • Sustain or decrease the percentage of Ashland County adults ever diagnosed with angina or coronary heart disease (baseline 4% in the 2019 Ashland County CHNA).
<p>Indicator(s) used to measure progress:</p> <ul style="list-style-type: none"> • Percent of Ashland County adults reporting no leisure time physical activity (HCNO household survey) • Percent of adults ever diagnosed with angina or coronary heart disease (HCNO household survey)
Collaboration and Partnerships: Community service organizations/businesses, hospital volunteers

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center

CHNA Priority: Cross Cutting Factor: Public Health Systems, Prevention and Health Behaviors

Strategy 1: Programs and/or policies to decrease availability/increase knowledge of tobacco products and risks associated with tobacco use

Goal: Reduce tobacco use in Ashland County.

Objective: By May 28, 2022, Ashland County will adopt smoke-free policies in at least two new locations. UH Samaritan Medical Center will support this initiative by continuing to offer adult smoking cessation and education programs as well as introduce youth education opportunities to local schools and the community.

Action Steps:

Year 1:

- UH Samaritan Medical Center will continue offering 7-week adult smoking cessation classes and one-on-one consultations to community residents. (Monitor number of self-reported adults who quit smoking.)
- Expand program to incorporate 7-week sessions for local businesses to assist employees with tobacco cessation. (Monitor number of self-reported adults who quit smoking.)
- UH Samaritan Medical Center will introduce INDEPTH youth program to local Ashland County schools' administration and provide education sessions at middle and high schools. (Track number of schools and participants.)
- Offer at least two community events. (Track number of participants.)
- Advocate for school(s) to offer INDEPTH as alternative to suspension/expulsion for students who are caught with tobacco products.
- With Ashland County partners, survey students in participating schools to establish level of experimentation with and use of tobacco products. (Track results.)

Year 2:

- Continue efforts of Year 1.
- Increase number of adults who quit smoking. (Track results.)
- Implement a youth tobacco cessation program. (Track the number that complete and quit smoking.)
- Re-survey students.
- Offer at least two community outreach events. (Track number of participants.)


Year 3:

- Continue efforts of Year 1 and 2.
- Increase number of adults who quit smoking, self-report. (Track number of participants and results.)
- Increase number of Ashland County youth who self-report quit. Re-survey students. (Track number of participants and results.)
- Offer at least two community outreach events. (Track number of participants.)

*** Anticipated measurable outcome(s):**

- 10% annual increase in the number of adults participating in UH Samaritan Medical Center classes who self-report they have quit smoking for 6 months or longer.
- Offer UH Samaritan Medical Center sponsored tobacco cessation classes to at least one new local business in Years 2 and 3.
- Have implemented the INDEPTH education program in at least two local schools.
- Increase in the number of students participating in the youth INDEPTH tobacco cessation program.
- Decrease in the percentage of Ashland County youth who ever tried cigarette smoking (baseline: 24% for grades 6th-12th and 34% for grades 9th-12th in the 2019 Ashland County CHNA).
- Decrease in the percentage of Ashland County youth who used an electronic vapor product in the past 30 days (baseline: 24% for grades 6th-12th and 32% for grades 9th-12th in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Percent of Ashland County adults that are current smokers (HCNO household survey) 
- Percent of Ashland County youth who have ever tried cigarette smoking (HCNO household survey)
- Percent of Ashland County youth who have currently used an electronic vapor product in the past 30 days (HCNO household survey)
- Number of students in participating Ashland County schools experimenting with tobacco products (Independent survey by Respiratory therapist/School liaison specific to tobacco use)

Collaboration and Partnerships: Ashland County Health Department, Ashland County Council on Alcohol and Drug Addiction

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

Significant Health Needs Not Being Addressed by the Hospital

UH Samaritan Medical Center is implementing strategies in collaboration with other partners in Ashland County for both priorities identified in the 2019 Ashland County CHNA.

However the following strategies will not be directly addressed by the hospital as part of its Community Health Implementation Strategy because other county partners have agreed to take the lead based on their core expertise, prior experience and/or availability of existing resources (see full list of Ashland County's strategies in Appendix A). Additionally, some strategies are not included in this IS because they do not meet the IRS definition of a non-profit hospital "community benefit" but are still addressed by the UH System. More specifically, they are required or expected of all hospitals based on licensure or accreditation, are a routine standard of clinical care or primarily benefit the organization rather than the community. This includes things such as coordination of mental health and substance services and use of the OARRS (Ohio Automated Rx Reporting System). Lastly community outreach staff from the UH Samaritan Medical Center remain engaged as thought-leaders on all the strategies as needed.

Chronic disease

- Activity programs for older adults
- Healthy food in convenience stores
- Healthy food initiatives
- Community gardens

Mental health and addiction

- Mental health first aid
- School-based social and emotional instruction
- Community-wide campaign to promote positive mental health and cell-phone based support programs
- Community collaboration to increase awareness and coordination of mental health and substance services
- Community-based comprehensive programs to reduce alcohol abuse

Cross-cutting factors

Healthcare system and access

- Trauma-informed health care
- Access to transportation

Social determinants of health

- Early childhood education opportunities
- Parenting programs and resources
- Early childhood home visiting programs
- Affordable, quality housing

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2020-2022 Ashland County Community Health Improvement Plan process and the associated county partners; see Community Health Assessment Committee listed on page 4 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Emily Stearns, Community Health Improvement Coordinator, at Hospital Council of Northwest Ohio (HCNO). 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), 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.

The aligned 2020-2022 UH Samaritan Medical Center IS was compiled and written by Danielle Price, Director, Community Health Engagement in the department of Government and Community Relations at University Hospitals. She oversees state and federal community benefit compliance for all UH medical centers. Ms. Price has a Bachelor's degree from the Wharton School of Business, University of Pennsylvania and a Master of Science in Social Administration (MSSA) degree from the Mandel School of Applied Social Science at Case Western Reserve University.

Contact

For more information about the Implementation Plan, please contact:

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Appendix A




2020-2022 Ashland County Community Health Improvement Plan Strategies

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority 1: Mental Health Strategies:

Priority #1: Mental Health and Addiction				
Strategy 1: Mental health first aid				
Goal: Reduce mental health stigma				
Objective: By May 28, 2022, Ashland County will increase mental health trainings by 20% from baseline				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Obtain baseline data on the number of mental health first aid trainings (or other community-based mental health trainings), that have taken place in the county.</p> <p>Identify gaps in existing programs and determine additional program needs.</p> <p>Determine effective marketing techniques among community organizations that will promote the identified trainings.</p> <p>Determine how to target priority populations (first responders, law enforcement, veterans, the workforce, etc.).</p> <p>Explore incentive options for participation.</p>	May 28, 2020	Adult	Depression: Percentage of adults who reported feeling sad or hopeless almost everyday for 2 or more weeks in a row in the past year	Trauma/Resiliency Target Action Group
<p>Year 2: Market the training to local churches, schools, law enforcement, chambers of commerce, college students, etc.</p> <p>Provide at least 3 trainings within the county.</p>	May 28, 2021			
<p>Year 3: Continue efforts of year 2.</p> <p>Increase trainings by 20% from baseline.</p>	May 28, 2022			
<p>Type of Strategy:</p> <ul style="list-style-type: none"> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified 				
<p>Strategy identified as likely to decrease disparities?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified 				
<p>Resources to address strategy:</p> <p>Trauma/Resiliency Target Action Group (TAG), Mental Health and Recovery Board of Ashland County, University Hospitals Samaritan Medical Center</p>				

Priority #1: Mental Health and Addiction 								
Strategy 2: Implement school-based social and emotional instruction 								
Goal: Increase social-emotional skills among youth								
Objective: Implement programming to fidelity in participating school districts								
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency				
<p>Year 1: Research the following programs and determine the feasibility of implementing at least one of the following social and emotional instruction programs to Ashland County school districts:</p> <ul style="list-style-type: none"> • The PAX Good Behavior Game • The Incredible Years • ROX (Ruling Our Experience) • Strengthening Families <p>Pilot the program(s) in at least one county school district.</p> <p>Promote early childhood mental health programs (ex: MHRB’s Resiliency Project) in additional setting outside of the schools (ex: home-visits, Head Start, etc.).</p>	May 28, 2020	Youth and child	Social-emotional skills: (not currently available via Ohio SHIP) 	Trauma/Resiliency Target Action Group				
<p>Year 2: Continue efforts from year 1. Implement the program(s) in two additional county school districts.</p> <p>Continue to promote use of early childhood mental health programs throughout the county.</p>	May 28, 2021							
<p>Year 3: Continue efforts from years 1 and 2. Implement the program(s) in all county school districts.</p>	May 28, 2022							
<p>Type of Strategy:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Social determinants of health</td> <td><input type="radio"/> Healthcare system and access</td> </tr> <tr> <td><input type="radio"/> Public health system, prevention and health behaviors</td> <td><input type="radio"/> Not SHIP Identified</td> </tr> </table>					<input type="radio"/> Social determinants of health	<input type="radio"/> Healthcare system and access	<input type="radio"/> Public health system, prevention and health behaviors	<input type="radio"/> Not SHIP Identified
<input type="radio"/> Social determinants of health	<input type="radio"/> Healthcare system and access							
<input type="radio"/> Public health system, prevention and health behaviors	<input type="radio"/> Not SHIP Identified							
<p>Strategy identified as likely to decrease disparities?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified</p>								
<p>Resources to address strategy:</p> <p>Appleseed Community Mental Health Center, Catholic Charities, school relationships, Help Me Grow learning centers, Parenting Plus programming, Family and Children First Council, School-Community Liaison Program, Trauma/Resiliency Target Action Group (TAG)</p>								

Priority #1: Mental Health and Addiction

Strategy 3: Community-wide campaign to promote positive mental health and cell-phone based support programs

Goal: Increase awareness of suicide among adults and youth

Objective: Promote the Crisis Text Line in at least two new additional ways by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Research mental health social marketing programs that specifically address stigma (ex: NAMI’s CureStigma, OHMAS’s Be Present Campaign). Secure funding for campaign.</p>	May 28, 2020	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 populations (age adjusted)	Suicide Prevention Coalition
<p>Year 2: Target campaign to specifically address demographics most at risk (ex: middle aged men, specific youth populations). Launch campaign. Promote and raise awareness of the Crisis Text Line (Text 4hope) throughout the county. Utilize youth-led prevention groups and the Ashland County Suicide Prevention Coalition to promote the use of the Crisis Text Line. Monitor the usage of the Crisis Text Line.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2. Evaluate campaign effectiveness.</p>	May 28, 2022			

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"/> Not SHIP Identified

Strategy identified as likely to decrease disparities?

Yes No Not SHIP Identified

Resources to address strategy:
QPR tools, youth-led initiatives, Mental Health and Recovery Board of Ashland County, Suicide Prevention Coalition

Priority #1: Mental Health and Addiction

Strategy 4: Community collaboration to increase awareness and coordination of mental health and substance services

Goal: Increase awareness of mental health and substance abuse services within Ashland County

Objective: Present on the availability of mental health/substance abuse services within Ashland County to at least 4 community organizations by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Create a mental health/substance abuse combined coalition.</p> <p>Invite faith-based leaders, local businesses, community organizations, justice system liaisons, mental health/substance abuse service providers, health care providers, and other organizations to have a round-table discussion surrounding mental health and substance abuse in the county.</p> <p>Compile comprehensive baseline data on what programs and services (marital counseling services, Mental Health First Aid, prevention, detox, etc.) are offered within or near the county, and address gaps in care coordination.</p>	May 28, 2020	Adult	<p>Adults unable to find a mental health program: Adults who looked for a program for depression, anxiety, or mental health but have not found a specific program</p> <p>Suicide ideation: Percent of adults who seriously considered attempting suicide in the past 12 months</p>	<p>Mental Health and Recovery Board of Ashland County</p> <p>Family and Children First Council</p>
<p>Year 2: Continue efforts from year 1.</p> <p>Create an informational guide of all the county organizations that provide mental health/substance abuse programs and services. Include information on transportation options and which organizations offer free services, a sliding fee scale, and which insurance plans are accepted. Update on a quarterly basis.</p> <p>Create a presentation on available mental health/substance abuse services and present it to county area churches, law enforcement, city council, businesses, and other organizations. Include information on mental health stigma, and work to increase community awareness and education of stigma and how it is a barrier to treatment.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p>	May 28, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
- No
- Not SHIP Identified

Resources to address strategy:

Family and Children First Council list serv, Mental Health and Recovery Board of Ashland County, Parenting Plus

Addiction Strategies:

Priority #1: Mental Health and Addiction				
Strategy 5: Community awareness and education of risky behaviors and substance abuse issues and trends				
Goal: Educate community members on substance abuse issues and trends				
Objective: By May 28, 2022, develop at least 3 awareness programs and/or workshops focusing on "hot topics", risky behaviors, and substance abuse issues and trends				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends. Include information on topics such as e-cigarettes, alcohol use, and prescription drug abuse. Work with youth-led prevention groups to determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).	May 28, 2020	Adults	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months Alcohol use: Number of drinks adults consumed per drinking occasion	Opioid Target Action Team
Year 2: Focus awareness programs and/or workshops on different "hot topics", risky behaviors, and substance abuse issues and trends. Consider implementing the Hidden In Plain Sight program. Attain media coverage for all programs and/or workshops.	May 28, 2021			
Year 3: Continue efforts of years 1 and 2.	May 28, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Ashland County Health Department, Opioid Target Action Group (TAG), Arcadia Local Schools, Applesseed Community Mental Health Center, UH Samaritan Medical Center, faith community				

Priority #1: Mental Health and Addiction

Strategy 6: Community-based comprehensive program(s) to reduce alcohol abuse

Goal: Decrease alcohol abuse

Objective: By May 28, 2022, implement 2 strategies from the Community Trails Intervention to Reduce High-Risk Drinking Program

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Research alcohol prevention programs or other like programs outside of law enforcement to address binge drinking. Focus on strategies that specifically target high use populations (ex: under 30, low income).</p> <p>Research the Community Trials Intervention to Reduce High-Risk Drinking program. Collect baseline data on current environmental interventions being administered by law enforcement including: Compliance checks, Responsible Beverage Service, and Parents Who Host Lose the Most campaign.</p>	May 28, 2020	Adult	Binge drinking: Percent of adults who consumed 4 or more drinks on occasion (females) or 5 or more drinks on occasion (males) in the past 30 days	Opioid Target Action Team
<p>Year 2: Work with area law enforcement agencies to determine feasibility of implementing/expanding at least 2 of the following strategies:</p> <ul style="list-style-type: none"> • Sobriety checkpoints (working with law enforcement) • Compliance checks (working with the Ohio Investigative Unit) • Responsible Beverage Service (working with the Ohio Investigative Unit) • Parents Who Host Lose the Most campaign (educating parents on the laws for distributing alcohol to minors) • Use zoning and municipal regulations to control alcohol outlet density 	May 28, 2021			
<p>Year 3: Expand strategies to all areas of the county and implement remaining strategies. Publicize the results.</p>	May 28, 2022			

Type of Strategy:

- | | |
|---|--|
| <input type="radio"/> Social determinants of health | <input type="radio"/> Healthcare system and access |
| <input type="radio"/> Public health system, prevention and health behaviors | <input checked="" type="radio"/> Not SHIP Identified |

Strategy identified as likely to decrease disparities?

- Yes No Not SHIP Identified

Resources to address strategy:

Law enforcement, Opioid Target Action Group (TAG)

Priority #1: Mental Health and Addiction

Strategy 7: Increase safe disposal of prescription drugs

Goal: Decrease prescription medication abuse

Objective: By May 28, 2022, increase the number of prescription drug collection sites in Ashland County by 25% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Increase awareness of prescription drug abuse and the location of existing prescription drug collection boxes.</p> <p>Work with local law enforcement to sponsor and host prescription drug take-back days.</p> <p>Promote the use of dissolvable prescription bags (i.e. Deterra) and provide education regarding safe disposal.</p>	May 28, 2020	Adult	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months	Opioid Target Action Team
<p>Year 2: Host at least two additional prescription drug take-back days and increase participation.</p> <p>Expand the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations.</p>	May 28, 2021			
<p>Year 3: Continue to host drug take-back-days.</p> <p>Increase the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations by 25%.</p>	May 28, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
- No
- Not SHIP Identified

Resources to address strategy:

Opioid Target Action Group (TAG), drop box promotional videos, inventory of current disposal packets

Priority #1: Mental Health and Addiction

Strategy 8: Provider training on opioid prescribing guidelines and use of OARRS (Prescription Drug Monitoring Programs)

Goal: Decrease the number of opioid doses prescribed per capita

Objective: Train all new employees and provide one annual training regarding the use of OARRS by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Collect baseline data on the number of primary care, urgent care, ambulatory care, and emergency department providers that utilize the Ohio Automated Rx Reporting System (OARRS) and at what frequency.</p> <p>Develop a training for all new employees on opioid prescribing guidelines and the use of OARRS, as well as an annual training for current health care providers.</p>	May 28, 2020	Adults	<p>Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months</p> <p>Sales of opioid pain relievers: Kilograms of opioid pain relievers sold per 100,000 population (OARRS)</p>	Opioid Target Action Team
<p>Year 2: Continue efforts from year 1.</p> <p>Train all new employees on the use of OARRS and provide an annual training for current health care providers.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Train all new employees on the use of OARRS and provide an annual training for current health care providers.</p>	May 28, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
- No
- Not SHIP Identified

Resources to address strategy:

University Hospitals Samaritan Medical Center, Opioid Target Action Group (TAG)

Priority #2: Chronic Disease

Strategy 2: Research chronic pain management best-practices

Goal: Reduce adults reporting they are limited in some way due to arthritis

Objective: Offer trainings and or materials regarding chronic disease best practices and resources by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research and/or monitor chronic pain management best practices (ex: Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force). Determine availability of local resources for chronic pain management. Complete a needs assessment focused on individual experiences with chronic pain and the process of navigating resources.	May 28, 2020	Adult	Limited due to arthritis: Percent of adults limited in some way due to arthritis/rheumatism	Health and Wellness Target Action Group
Year 2: Determine action steps based on needs assessment (completed in year 1). Promote local pain management resources. Work with primary care physician (PCP) offices to assess what information and/or materials they may be lacking to provide better resources for patients. Offer trainings and or materials regarding best practices and local referral sources and resources.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
- No
- Not SHIP Identified

Resources to address strategy:

University Hospitals Samaritan Medical Center (pain management group), Health and Wellness Target Action Group (TAG)

Priority #2: Chronic Disease

Strategy 3: Activity programs for older adults

Goal: Implement activity programs for older adults

Objective: By May 28, 2022, Ashland County will increase referrals to activity programs for older adults

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Continue to offer and promote activity programs for older adults within the county (ex: Tai Chi, Maintaining Better Balance, etc.).</p> <p>Work with physicians for referrals to programs. Partner with additional organizations to build referral avenues.</p> <p>Determine need to expand programs to additional areas of the county (ex: Loudonville, Sullivan, etc.).</p>	May 28, 2020	Adult	Physical inactivity: Percentage of adults reporting no leisure time physical activity	<p>Health and Wellness Target Action Group</p>
<p>Year 2: Continue efforts from year 1.</p> <p>Expand the activity programs to additional locations (determined in year 1) and times.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p>	May 28, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
- No
- Not SHIP Identified

Resources to address strategy:
 Health and Wellness Target Action Group (TAG), Older Adults Behavioral Health Coalition, Mental Health and Recovery Board of Ashland County, Ashland YMCA

Priority #2: Chronic Disease				
Strategy 4: Prediabetes screening and referral				
Goal: Reduce diabetes in adults				
Objective: By May 28, 2022, increase prediabetes referrals by 15%				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes (ex: Diabetes Prevention Program (DPP)).</p> <p>Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment (or similar assessment) and/or the Prevent Diabetes STAT Toolkit.</p> <p>Partner with local organizations to administer the screening or raise awareness of prediabetes. Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.).</p>	May 28, 2020	Adult	<p>Diabetes: Percent of adults who had been told by a doctor that they have diabetes</p> <p>Prediabetes: Percent of adults who had been told by a doctor that they have prediabetes</p>	<p>Health and Wellness Target Action Group</p>
<p>Year 2: Increase awareness of prediabetes screening, identification and referral.</p> <p>Increase the number of individuals within Ashland County that are screened for diabetes.</p> <p>If needed, increase the number of organizations that screen for prediabetes.</p>	May 28, 2021			
<p>Year 3: Continue efforts of years 1 and 2.</p>	May 28, 2022			
<p>Type of Strategy:</p> <p> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy:</p> <p>UH Samaritan Medical Center, Ashland Christian Health Center, Ashland County Health Department, Health and Wellness Target Action Group (TAG)</p>				

Priority #2: Chronic Disease**Strategy 5: Healthy food in convenience stores****Goal:** Increase fruit and vegetable consumption**Objective:** By May 28, 2022, increase participation in the Healthy Retail Initiative by 25% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Research the Healthy Food Retail Initiative. Collaborate with local organizations to implement the initiative in local convenience stores by working with stores to offer an assortment of affordable fresh fruits and vegetables as a means to eliminate food desert areas.</p> <p>Appoint a health educator to lead the Healthy Food Retail Initiative.</p> <p>Survey customers and community members to assess community need for healthy food items.</p>	May 28, 2020	Adult	<p>Fruit consumption: Percent of adults who report consuming fruits less than one time daily</p> <p>Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily</p>	Health and Wellness Target Action Group
<p>Year 2: Initiate contact with local convenience stores. Recruit at least 1-2 corner stores to participate in the Healthy Food Retail Initiative.</p> <p>Design healthy recipe cards and nutrition education materials to accompany fresh produce being offered in convenience stores.</p>	May 28, 2021			
<p>Year 3: Continue efforts of years 1 and 2. Recruit an additional 3-5 corner stores to participate in the initiative.</p>	May 28, 2022			

Type of Strategy:

- Social determinants of health
 Healthcare system and access
 Public health system, prevention and health behaviors
 Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
 No
 Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), local convenience stores

Priority #2: Chronic Disease

Strategy 6: Healthy food initiatives

Goal: Increase fruit and vegetable consumption

Objective: By May 28, 2022, Ashland County will implement 2 healthy food initiatives in local food pantries or farmers markets

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Raise awareness of the available food pantries and farmers markets within the county (locations, offerings, etc.). Continue to distribute information on where to obtain fresh fruit and vegetables. Update information on a quarterly basis.</p> <p>Obtain baseline information of who currently accepts SNAP/EBT at local farmers markets.</p> <p>Determine feasibility of SNAP/EBT at farmers markets (meet with market managers to determine readiness).</p> <p>Educate vendors regarding food deserts and the benefits of accepting SNAP/EBT at farmers markets.</p>	May 28, 2020	Adult	<p>Fruit consumption: Percent of adults who report consuming fruits less than one time daily</p> <p>Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily</p>	<p>Health and Wellness Target Action Group</p>
<p>Year 2: Continue efforts of year 1.</p> <p>Determine feasibility of implementing any of the following in local food pantries or farmers markets:</p> <ul style="list-style-type: none"> • Cooking demonstrations and recipe tastings • Produce display stands • Nutrition and health education • Health care support services 	May 28, 2021			
<p>Year 3: Continue efforts of year 2.</p> <p>Implement at least 2 items above within local food pantries or farmers markets.</p>	May 28, 2022			

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"/> Not SHIP Identified |

Strategy identified as likely to decrease disparities?

- Yes No Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), Ashland County Job and Family Services, OSU Extension educators, A Whole Community, local farmers markets, local food pantries

Priority #2: Chronic Disease				
Strategy 7: Community-wide physical activity campaigns				
Goal: Increase physical activity				
Objective: By May 28, 2022, Ashland County will implement a community-wide physical activity campaign in collaboration with at least four Ashland County organizations				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Collaborate with local schools, businesses, healthcare providers, religious organizations, and other organizations in the county to create a community-wide physical activity campaign.</p> <p>Appoint at least one representative from each organization to serve on a steering committee for the community campaign.</p> <p>Establish a campaign and identify strategies to implement unified physical activity initiatives and policies within the county (ex: "Get Fit Ashland" program).</p> <p>Meet with decision-makers from various businesses, schools, and other organizations to provide education on physical activity initiatives and types of wellness policies.</p> <p>Work with at least one county organization to implement a physical activity initiative or policy.</p>	May 28, 2020	Adults	<p>Physical inactivity: Percentage of adults reporting no leisure time physical activity</p> <p>Heart disease: Percent of adults ever diagnosed with coronary heart disease</p>	<p>Health and Wellness Target Action Group</p>
<p>Year 2: Continue efforts from year 1. Review campaign goals, objectives, and strategies.</p> <p>Work with at least 2 additional county organizations to implement a physical activity initiative or policy.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2. Review campaign goals, objectives, and strategies.</p> <p>Work with at least 3 additional county organizations to implement a physical activity initiative or policy.</p>	May 28, 2022			
<p>Type of Strategy:</p> <p> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy:</p> <p>Health and Wellness Target Action Group (TAG), Get Fit Ashland, Ashland YMCA, connection with parks, Kroc Center, City parks and recreation</p>				

Priority #2: Chronic Disease				
Strategy 8: Community gardens				
Goal: Decrease obesity				
Objective: By May 28, 2022, one additional community garden will be developed in Ashland County				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Obtain baseline data regarding how many school districts, churches, and other community organizations currently have community gardens and where they are located. Identify specific demographic need for community gardens.</p> <p>Determine need for additional community gardens and to secure volunteers and Master Gardeners (ex: potential partnership with OSU Extension).</p>	May 28, 2020	Adults	Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily	<p align="center">Health and Wellness Target Action Group</p>
<p>Year 2: Research grants and funding opportunities to increase the number of community gardens. Develop a sustainability plan to maintain existing and future community gardens year-round.</p> <p>Obtain baseline data regarding which local food pantries have fresh produce available. Work with food pantries to offer fresh produce and assist pantries in seeking donations from local grocers.</p> <p>Market current and future community gardens within the county (i.e. location, offerings, etc.). Update the marketing information on an annual basis.</p>	May 28, 2021			
<p>Year 3: Continue efforts from year 2.</p> <p>Explore partnership opportunities to educate community members and families on gardening and healthy eating practices.</p>	May 28, 2022			
<p>Type of Strategy:</p> <p> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy:</p> <p>Health and Wellness Target Action Group (TAG), Ashland County school districts</p>				

Cross-Cutting Strategies

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 1: Trauma-informed health care*				
Goal: Reduce suicide deaths				
Objective: By May 28, 2022, Ashland County will increase the use of trauma screening tools by 15%				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Obtain baseline of the number of trauma informed care trainings which have been administered within the county.</p> <p>Facilitate an assessment among health care providers, teachers, social service providers, and other community members/agencies on their awareness and understanding of trauma informed care, including toxic stress and adverse childhood experiences (ACEs).</p> <p>Facilitate Trauma Informed Care trainings in the community to increase education and understanding of trauma within Ashland County.</p>	May 28, 2020	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 populations (age adjusted)	Trauma/Resiliency Target Action Group
<p>Year 2: Continue efforts of year 1.</p> <p>Develop and implement a trauma screening tool for social service organizations who work with at risk populations.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Increase the use of trauma screening tools by 15%.</p>	May 28, 2022			
<p>Priority area(s) the strategy addresses:</p> <p><input type="radio"/> Mental Health and Addiction <input type="radio"/> Chronic Disease <input type="radio"/> Not SHIP Identified</p>				
<p>Strategy identified as likely to decrease disparities?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Mental Health and Recovery Board of Ashland County, Trauma/Resiliency Target Action Group (TAG)</p>				

Note: Although "Trauma-informed care" falls within the mental health category of the SHIP aligned strategies, the Ashland County Community Health Assessment deemed this strategy as "cross-cutting."

Cross-Cutting Factor: Healthcare System and Access 

Strategy 2: Access to transportation

Goal: Increase access to transportation opportunities

Objective: By May 28, 2022, Ashland County will research and market available transportation opportunities

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Conduct an environmental scan of all transportation opportunities, including public, regional, and private. Collect information regarding eligibility of services, cost, and other relevant information.</p> <p>Create an informational brochure or online guide detailing transportation options that are available to county residents. Once available, ensure the information is updated on 2-1-1.</p>	May 28, 2020	Adult	Increase access to transportation opportunities: Number of trips provided through public and private transportation	Homeless Target Action Group
<p>Year 2: Disseminate information regarding transportation opportunities in the county. Target businesses and agencies that serve at-risk populations, as well as seniors.</p> <p>Collaborate with neighboring counties to discuss the plausibility of shared transportation services.</p> <p>Continue to explore alternate transportation and opportunities to enhance coordination.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Update the transportation guide on an annual basis.</p>	May 28, 2022			

Priority area(s) the strategy addresses:

- Mental Health and Addiction
 Chronic Disease
 Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
 No
 Not SHIP Identified

Resources to address strategy:

Homeless Target Action Group (TAG), Appleseed Community Mental Health Center, City of Ashland

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

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors				
Strategy 3: Policies to decrease availability of tobacco products				
Goal: Reduce tobacco use				
Objective: By May 28, 2022, Ashland County will adopt smoke free policies in at least 2 new locations				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 and research the feasibility of local jurisdictions adopting this policy.</p> <p>Begin efforts to adopt smoke-free policies in county parks, fairgrounds, schools and other public locations. Ensure all forms of tobacco are included (i.e. e-cigarettes).</p> <p>Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges.</p>	May 28, 2020	Adult	Adult smoking: Percent of adults that are current smokers	Ashland County Health Department
<p>Year 2: Present information to City Councils on both the Tobacco 21 initiative and smoke-free outdoor public locations.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Adopt at least 2 smoke-free policies in county parks, fairgrounds, schools, or other public locations.</p>	May 28, 2022			
<p>Priority area(s) the strategy addresses:</p> <p><input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease</p>				
<p>Strategy identified as likely to decrease disparities?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Ashland County Health Department, local hospital tobacco cessation programs</p>				

Cross-Cutting Factor: Social Determinants of Health


Cross-Cutting Factor: Social Determinants of Health				
Strategy 4: Early childhood education (ECE) opportunities				
Goal: Expand awareness and education of early childhood education opportunities within Ashland County				
Objective: By May 28, 2022, Ashland County will increase the number of children enrolled in an early intervention program by 10% from baseline				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Conduct an environmental scan of all ECE opportunities that are available in the county, including school-based ECE, program-based ECE, universal preschool, Head Start, and others. Collect information regarding eligibility and cost.</p> <p>Gather baseline data on the number of children enrolled in a Head Start, Early Head Start or pre-kindergarten education program.</p> <p>Increase public awareness regarding access to early intervention programs.</p>	May 28, 2020	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction)	Early Childhood Collaborative (FCFC)
<p>Year 2: Continue efforts from year 1. If there is a need for additional ECE opportunities in the county, apply for an early childhood education grant through the Ohio Department of Education (ODE).</p> <p>Increase the number of children enrolled in an early intervention program by 5% from baseline.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Increase the number of children enrolled in an early intervention program by 10% from baseline.</p>	May 28, 2022			
<p>Priority area(s) the strategy addresses:</p> <p><input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease</p>				
<p>Strategy identified as likely to decrease disparities?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Early Childhood Collaborative, Family and Children First Council</p>				

Cross-Cutting Factor: Social Determinants of Health 

Strategy 5: Parenting programs and resources

Goal: Expand awareness and education of parenting programs and resources within Ashland County

Objective: By May 28, 2022, Ashland County will increase the number of parents enrolled in a parenting program by 10% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Conduct an environmental scan and gather baseline data on the availability of parenting programs and resources in the county (ex: Parenting Plus parent education, Triple P, Healthy Kids Strong Families, etc.).</p> <p>Determine parenting resources specifically available for parents with children with behavioral health needs. Collect information regarding eligibility and cost.</p> <p>Increase public awareness regarding access to parenting programs within the county. Determine additional avenues for referrals.</p>	May 28, 2020	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction) 	Family and Children First Council
<p>Year 2: Continue efforts from year 1. If there is a need for additional parenting resources, increase the number of parenting programs available in Ashland County.</p>	May 28, 2021			
<p>Year 3: Continue efforts from years 1 and 2. Increase the number of parents enrolled in a parenting program by 10% from baseline.</p>	May 28, 2022			

Priority area(s) the strategy addresses:

- Mental Health and Addiction Chronic Disease

Strategy identified as likely to decrease disparities?

- Yes No Not SHIP Identified

Resources to address strategy:

Mental Health and Recovery Board of Ashland County, Family and Children First Council, Catholic Charities, Parenting Plus

Cross-Cutting Factor: Social Determinants of Health**Strategy 6: Early childhood home visiting program****Goal:** Increase kindergarten readiness**Objective:** Continue to promote and monitor the Help Me Grow program in Ashland County

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Continue to offer the Help Me Grow Home Visiting program in Ashland County.</p> <p>Evaluate effectiveness of the program by using the following measures:</p> <ul style="list-style-type: none"> • Improvement in maternal and newborn health; • Reduction in child injuries, abuse, and neglect; • Improved school readiness and achievement; • Reduction in crime or domestic violence; • Improved family economic self-sufficiency • Improved coordination and referral for other community resources and supports 	May 28, 2020	Child	<p>Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction)</p> <p>Child abuse and neglect: Rate of child maltreatment victims per 1,000 children in population (DJFS)</p>	Family and Children First Council
Year 2: Continue to promote and monitor the Help Me Grow Home Visiting program.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			
Priority area(s) the strategy addresses:				
<input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
Strategy identified as likely to decrease disparities?				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified				
Resources to address strategy:				

Cross-Cutting Factor: Social Determinants of Health

Strategy 7: Affordable, quality housing

Goal: Decrease severe housing problems

Objective: By May 28, 2022, Ashland County will research and identify at least one policy change in relation to housing issues in Ashland County

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Appoint a representative(s) from the committee to serve on the Ashland County Homeless Coalition or other local housing coalitions. Identify housing issues within the county that are impacting personal health.</p> <p>Identify what policy or legislative changes that the Ashland County Community Health Assessment Committee can assist in (ex: advocate to landlords/management companies regarding accepting those on housing assistance programs/complying with HUD safe housing regulations).</p> <p>Research low income housing tax credits, home improvement grant opportunities, and service-enriched housing to support efforts.</p>	May 28, 2020	Adult, youth, child	<p>High housing costs: Percent of households with monthly housing costs, including utilities, exceed 50% of monthly income (via U.S. HUD)</p> <p>Severe housing problems: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (via Community Health Rankings)</p>	Ashland County Housing Coalition
<p>Year 2: Continue efforts from year 1. Create a coordinated campaign of planned strategies and define interventions and resources.</p>	May 28, 2021			
<p>Year 3: Begin addressing strategies identified and implementing policy changes.</p>	May 28, 2022			
<p>Priority area(s) the strategy addresses:</p> <p><input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease</p>				
<p>Strategy identified as likely to decrease disparities?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Appleseed Community Mental Health Center, Homeless Target Action Group (TAG), Kroc Center, Ashland County Housing Coalition, ACCESS, City of Ashland</p>				