

2020-2022
Community Health
Implementation Strategy

UH Conneaut Medical Center UH Geneva Medical Center Ashtabula County, Ohio

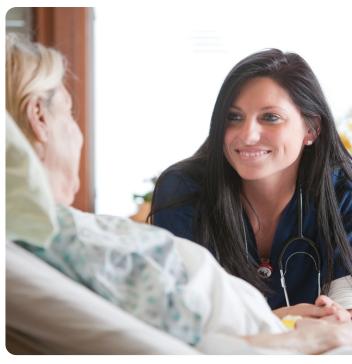










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Adoption by the Board

University Hospitals adopted the UH Conneaut and Geneva Medical Centers 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 Conneaut-Geneva 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 Conneaut Medical Center and Geneva Medical Center (the "Hospitals") conducted a joint community health needs assessment (a "CHNA") compliant with the requirements of Treas. Reg. §1.501(r) ("Section 501(r)") and Ohio Revised Code ("ORC") 3701.981. The 2019 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. Likewise, 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 2019 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 2019-2021 Ashtabula County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Ashtabula County CHIP can be found at http://www.hcno.org/community-services/community-health-assessments/ and a list of the Ashtabula County CHIP strategies can be found in Appendix A of this report.

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 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 Conneaut and Geneva Medical Centers Community Health Implementation Strategy which aligns with the 2019-2021 Ashtabula County Community Health Improvement Plan and meets the state of Ohio's October 1, 2020 deadline.

Per requirements set forth in Section 501(r), a collaborating hospital facility meets the requirements for a joint implementation strategy, if the strategy (i) is clearly identified as applying to the hospital facility; (ii) clearly identifies the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and (iii) Includes a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility. This IS meets all these requirements and was developed to more clearly delineate the commitments made by University Hospitals to the overall community health improvement effort underway in Ashtabula County.

The Ashtabula County Health Department, on behalf of the Ashtabula County Health Needs Assessment Committee (includes UH Conneaut-Geneva Medical Centers), hired the Hospital Council of Northwest Ohio (HCNO) to conduct the community health planning process which influenced the strategies outlined in this report and the development of the aligned Ashtabula County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by UH Conneaut-Geneva Medical Centers.

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¹ 501r-3(c)(4)

The Hospitals are working with other partners in Ashtabula county to address the following priorities which were identified in the 2019 UH Conneaut-Geneva Medical Centers CHNA:

- Chronic disease
- 2. Mental health and addiction

Additionally, UH Conneaut and Geneva Medical Centers are working collaboratively with other partners to address healthcare system and access, which was identified as a cross-cutting factor undergirding both priorities.

Hospital Mission Statement

As wholly owned subsidiaries of University Hospitals, UH Conneaut and Geneva Medical Centers 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 (92%) of UH Conneaut Medical Center's discharges and (74%) of UH Geneva Medical Center's discharges were residents of Ashtabula 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 Ashtabula County. From June to September 2019, the Ashtabula County Health Needs Assessment Committee reviewed many data sources concerning the health and social challenges that Ashtabula 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.

Ashtabula County Health Needs Assessment Committee Members:

Ashtabula County Health Department

Ashtabula City Health Department

Conneaut City Health Department

Ashtabula County Children Services

Ashtabula County Commissioners

Ashtabula County Community Action Agency

Ashtabula County Family & Children's First

Council

Ashtabula County Job & Family Services

Ashtabula County Medical Center

Ashtabula County Mental Health Recovery Board

Ashtabula County Regional Home Health

Services

Ashtabula County YMCA

Catholic Charities of Ashtabula County

Community Counseling Center of Ashtabula

County

Country Neighbor Program

Edgewood Nazarene Church

Kent State Ashtabula

Lake Area Recovery Center

Ohio State University Extension-Ashtabula

County

Signature Health/Family Planning Association

of Northeast Ohio

The Center for Health Affairs

University Hospitals Conneaut Medical Center

University Hospitals Geneva Medical Center

2019 CHNA Trends Summary Table

The 2019 UH Geneva and Conneaut Medical Center CHNA is a 143-page report that consists of county-level primary and secondary data for Ashtabula 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.

Trend Summary

Variables	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017			
Health Car	e Coverage							
Uninsured	17%	8%	10%	8%	11%			
Access and Utilization								
Had at least one person they thought of as their personal doctor or health care provider	74%	83%	83%	81%	77%			
Visited a doctor for a routine checkup in the past year	48%	64%	69%	72%	70%			
	e Medicine							
Had a pneumonia vaccination (age 65 and over)	62%	69%	69%	76%	75%			
Had a flu vaccine in the past year (age 65 and over)	N/A	70%	67%	63%	61%			
Had a shingles or Zoster vaccination in lifetime	N/A	15%	25%	29%	29%			
Women	's Health							
Had a mammogram within the past two years (age 40 and older)	69%	70%	73%	74%*	73%*			
Had a Pap smear within the past three years (age 21-65)	N/A	63% [±]	66%	82%*	80%*			
Men's Health								
Had a digital rectal exam within the past year	24%	16%	14%	N/A	N/A			
Oral l	Health							
Adults who had visited the dentist in the past year	61%	60%	58%	68%*	66%*			
Adults who had one or more permanent teeth removed	N/A	56%	58%	45%*	43%*			
Adults 65 years and older who had all their permanent teeth removed	N/A	17%	12%	17%*	14%*			
Health Status	s Perception	s						
Rated health as excellent or very good	48%	43%	42%	49%	51%			
Rated health as fair or poor	19%	22%	14%	19%	18%			
Rated physical health as not good on four or more days (in the past 30 days)	25%	31%	24%	23%	22%			
Average days that physical health not good in past month	N/A	5.8	3.8	4.0¥	3.7¥			
Rated mental health as not good on four or more days (in the past 30 days)	29%	40%	36%	26%	24%			
Average days that mental health not good in past month	N/A	7.0	6.1	4.3 [¥]	3.8¥			
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%	30%	39%	24%	23%			

N/A - Not Available

^{*2016} BRFSS

^{*2016} BRFSS data as compiled by 2019 County Health Rankings

[‡]Pap smear was reported for women ages 19 and over

Indicates alignment with the Ohio State Health Assessment

Variables	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017	
Weight Status						
Obese	32%	43%	42%	34%	31%	
Overweight	36%	30%	33%	34%	35%	
Tobac	co Use					
Current smoker (currently smoke some or all days)	22%	21%	21%	21%	17%	
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	30%	30%	28%	24%	25%	
Alcohol Co	nsumption					
Current Drinker (drank alcohol at least once in the past month)	51%	49%	74%	54%	55%	
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%	23%	19%	17%	
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	6%	4%*	4%*	
Drug	J Use					
Adults who used recreational marijuana or hashish in the past 6 months	7%	8%	7%	N/A	N/A	
Adults who misused prescription drugs in the past 6 months	8%	4%	3%	N/A	N/A	
Adults who used recreational drugs in the past 6 months	1%	1%	3%	N/A	N/A	
Sexual	Behavior					
Had more than one sexual partner in the past year	5%	9%	6%	N/A	N/A	
	Health					
Considered attempting suicide in the past year	8%	7%	6%	N/A	N/A	
Felt so sad or hopeless almost every day for two weeks or more in a row	15%	15%	15%	N/A	N/A	
Cardiovascular Disease						
Had angina or coronary heart disease	N/A	5%	3%	5%	4%	
Had a heart attack	7%	5%	5%	6%	4%	
Had a stroke	6%	4%	3%	4%	3%	
Had high blood pressure ♥	31%	37%	42%	35%	32%	
Had high blood cholesterol	34%	37%	40%	33%	33%	
Had blood cholesterol checked within past 5 years	N/A	78%	80%	85%	86%	

N/A - Not available
*2016 BRFSS Data
Indicates alignment with the Ohio State Health Assessment (SHA)

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 UH Conneaut-Geneva Medical Centers CHNA also fit within the following cross-cutting area for which the Hospitals will be implementing strategies in this plan:

1. Healthcare system and access ♥

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 Ashtabula County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from the UH Conneaut and Geneva Medical Centers board of directors (August 7, 2019 meeting) was used to further determine the Hospitals' specific tactics. Lastly, the Hospitals' president approved the strategies outlined in this report.

The strategies listed on the following pages are done in alignment with the Ashtabula County Community Health Improvement Plan. They reflect the specific strategies that UH Conneaut and Geneva Medical Centers will implement to address the identified priorities and achieve the anticipated county level 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.

CHNA Priority: Mental Health and Addiction

Strategy 1: School-based alcohol/other drug prevention programs

Goal: Prevent drug dependence/abuse.

Objective: By October 1, 2022 all school districts will have at least one school-based alcohol/other drug prevention program.

Action Steps:

Year 1:

- UH Conneaut and Geneva Medical Centers will continue to dedicate staff to implement the Botvin Life Skills Training program in grades 3-10 in all Ashtabula County school districts. (Track number of participants.)
- Work with county partners to develop a marketing plan to recruit instructors and/or volunteers to assist in implementing/teaching the program. (Track number of volunteers.)

Year 2:

- Continue efforts from Year 1.
- Determine the feasibility of expanding the program to additional classrooms.
- Secure funding for program (if applicable).

Year 3:

- Continue efforts from Years 1 and 2.
- Expand program service area where necessary.

Anticipated measurable outcome(s):

• Decrease in the number of drug-related incidents at schools participating in the program (benchmark TBD).

Indicator(s) used to measure outcomes:

• Percent of persons age 12+ years who report part-year illicit drug dependence or abuse (Mental Health and Recovery Services Board survey) ■

Collaboration and Partnerships: Ashtabula County Mental Health and Recovery Services Board (MHRSB), Ashtabula County Prevention Coalition, Ashtabula County Suicide Prevention Coalition, Community Counseling Center, Local Civic Organizations

CHNA Priority: Mental Health and Addiction

Strategy 1: Safe disposal of prescription drugs

Goal: Decrease drug dependence or abuse.

Objective: Host at least one drug take-back day.

Action Steps:

Year 1:

- Increase awareness of prescription drug abuse and the locations of existing prescription drug collection boxes at UH Conneaut and Geneva Medical Centers by placing brochures throughout the hospitals. (Track number of locations.)
- Contact UH Conneaut & Geneva Medical Center physicians, local practitioners and pharmacies to provide information on prescription drug abuse and collection locations. (Track number of locations.)
- Work with local law enforcement to sponsor and host prescription drug take-back days.
 (Track number of events.)
- Promote the use of dissolvable prescription bags i.e. Deterra and Dispose Rx at every UH
 Conneaut & Geneva Medical Center community health event. (Track number of materials
 distributed and number of events.)
- Provide education regarding safe disposal at every UH Conneaut and Geneva Medical Center community health event. (Track number of events and participants.)

Year 2:

- Work with Ashtabula County partners to host at least one prescription drug take-back-day annually.
- Expand the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations in Ashtabula County.

Year 3: Continue efforts from Years 1 and 2.

* Anticipated measurable outcome(s):

- Reduce rate of Ashtabula County adults who misused prescription medication in the past six months (baseline: 3% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).
- Reduce the age-adjusted unintentional drug overdose death rate in Ashtabula County (baseline: 28.8 per 100,000, 2012-2017, in the 2019 UH Conneaut-Geneva Medical Centers CHNA).

Indicator(s) used to measure progress:

- Percent of adults who misused prescription medication in the past 6 months (HCNO household survey)
- Drug overdose age-adjusted death rate in Ashtabula County (Ohio Public Health Data Warehouse)

Collaboration and Partnerships: Ashtabula County Mental Health Recovery Board, Substance Abuse Leadership Team (SALT), Ashtabula County Prevention Coalition, Sheriff's Department, Wal-Mart

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

CHNA Priority: Chronic Disease

Strategy 1: Prescriptions for Physical Activity

Goal: Reduce obesity.

Objective: Implement an exercise prescription program in two additional primary care offices by October 1, 2022.

Action Steps:

Year 1:

- Determine the baseline number of health care providers and primary care physicians at UH
 Conneaut and UH Geneva Medical Centers that currently provide exercise prescriptions for
 physical activity to their patients. Other participating organizations will also do an inventory.
 (Establish baseline number.)
- Continue to partner with local organizations such as the YMCA, the parks and recreation district or the Metro Parks to determine referral options and provide support for the exercise prescriptions. (Track the number of committed referral partners.)

Year 2:

- Continue efforts from Year 1.
- Pilot an exercise prescription program at one additional primary care office at UH Conneaut or UH Geneva Medical Center with accompanying referral options and evaluation measures.
- With other partners, identify additional settings, such as a medical specialty office (psychiatry), schools, or local businesses to provide physical activity and exercise prescriptions.

Year 3:

- Continue efforts from Years 1 and 2.
- Implement an exercise prescription program into one additional location with accompanying referral options and evaluation measures.

* Anticipated measurable outcome(s):

- Reduce the Ashtabula County adult diabetes rate (baseline: 13% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).
- Reduce the Ashtabula County adult obesity rate (baseline: 42% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).

Indicator(s) used to measure outcomes:

- Percent of Ashtabula County adults who have been told by a health professional that they
 have diabetes (HCNO household survey)
- Percent of Ashtabula County adults that report Body Mass Index scores greater than or equal to 30 (HCNO household survey)
- Percent of Ashtabula County adults aged 20+ years reporting no leisure time physical activity (County Health Rankings)

Collaboration and Partnerships: YMCA, Metro Parks, Department of Parks and Recreation, Ashtabula County Health Department, Signature Health/Family Planning Association of Northeast Ohio, Intervention and Prevention of Ongoing Diseases (IPOD) committee

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

CHNA Priority: Chronic Disease

Strategy 2: Hypertension screening and follow up

Goal: Prevent heart disease.

Objective: Provide at least two hypertension screening events annually.

Action Steps:

Year 1:

- Along with other Ashtabula County partners, UH Conneaut and Geneva Medical Centers
 will promote and offer free screening events within the county, such as health fairs, hospital
 screening events, etc. (Track number of participants, number of events, positive results and
 type of screenings.)
- Target screenings towards those who live in or serve economically disadvantaged populations. (Track zip codes.)

Year 2:

- Continue efforts from Year 1.
- Increase awareness of hypertension screening, treatment and follow up. (Track new locations and/or publicity.)
- Increase the number of locations providing free cost screening events.(Track number of locations.)

Year 3: Continue efforts of Years 1 and 2

* Anticipated measurable outcome(s):

• Reduce (or maintain) the percent of adults ever diagnosed with hypertension (baseline: 42% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).

Indicator(s) used to measure progress:

- Percent of Ashtabula County adults ever diagnosed with hypertension (HCNO household survey)
- Incidence of high blood pressure in Ashtabula county (Ohio Hospital Association hospital discharge data)

Collaboration and Partnerships: Ashtabula County Health Department, Ashtabula County Medical Center (ACMC), fire department(s), Intervention and Prevention of Ongoing Diseases (IPOD) committee

^{*} Outcomes are based on a variety of tactics occurring among the Ashtabula County community health improvement partners to achieve the anticipated results at the county level

CHNA Priority: Chronic Disease

Strategy 3: Diabetes prevention program (DPP) and Prediabetes screening and referral



Goal: Prevent diabetes.

Objective: Conduct one DPP class annually. Provide diabetes screening to 300 people annually.

Action Steps:

Year 1:

- Along with other Ashtabula County partners, UH Conneaut and Geneva Medical Centers will promote and provide free health screening events within the county, such as health fairs, hospital screening events, etc. (Track number of events, number of participants, positive results and type of screenings.)
- UH Conneaut and Geneva Medical Centers will continue to offer the DPP.
- Target screenings towards those who live in or serve economically disadvantaged populations. (Track participant zip codes.)

Year 2:

- Continue efforts from Year 1.
- Increase awareness of diabetes screening, treatment and follow up. (Track the number of high A1C results and retention for participants in the DPP and Diabetes Education program).
- Increase the number of locations providing free screening events. (Track new locations.)

Year 3: Continue efforts of Years 1 and 2.

* Anticipated measurable outcome(s):

- Reduce (or maintain) the percentage of Ashtabula County adults who have been told by a health professional that they have diabetes (baseline: 13% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).
- Reduce (or maintain) the percentage of Ashtabula County adults who have been told by a health professional that they have prediabetes (baseline: 6% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).

Indicator(s) used to measure progress:

- Percent of Ashtabula County adults who have been told by a health professional that they have diabetes (HCNO household survey)
- Percent of Ashtabula County adults who have been told by a health professional that they have prediabetes (HCNO household survey)

Collaboration and Partnerships: Ashtabula County Health Department, Ashtabula County Medical Center (ACMC), Signature Health/Family Planning Association of Northeast Ohio, YMCA, Ashtabula County Health Department

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

CHNA Priority: Healthcare System and Access

Strategy 1: Improve access to comprehensive primary care

Goal: Improve access to primary care.

Objective: By December 2022, connect 40% of Ashtabula County adults who attend monthly health screenings with a primary care provider.

Action Steps:

Year 1:

- UH Conneaut and Geneva Medical Centers will continue monthly biometric screenings and refer 25% of adults who attend screenings to a primary care provider (if they do not have one).
- Develop a comprehensive plan to improve access to primary care through the addition of two Advanced Practice Providers in Ashtabula and Conneaut.

Year 2:

• Continue monthly biometric screenings and refer 30% of adults who attend screenings with a primary care provider (if they do not have one).

Year 3:

• Continue monthly biometric screenings and refer 40% of adults who attend screenings with a primary care provider (if they do not have one).

Anticipated Measurable Outcome(s):

- Decrease the percentage of Ashtabula County adults ages 19 years and older who don't have one or more persons they think of as their personal healthcare provider (benchmark: TBD).
- Decrease the percentage of persons living in Ashtabula County that had at least one person they thought of as their personal healthcare provider (baseline: 83% in the 2019 UH Conneaut-Geneva Medical Centers CHNA).

Indicator(s) used to measure progress:

Percent of persons living in Ashtabula County that had at least one person they
thought of as their personal healthcare provider (HCNO household survey and
BRFSS)

Collaboration and Partnerships: Internal UH physician services

CHNA Priority: Healthcare System and Access

Strategy 2: Screening for social determinants of health (SDOH) using a standardized tool

Goal: Improve health equity.

Objective: Implement a SDOH screening process in two different locations by October 1, 2022.

Action Steps:

Year 1:

- UH Conneaut and Geneva Medical Centers will collaborate with other Ashtabula County partners to research social determinants of health (SDOH) screenings.
- Committee will collect baseline data on the number of schools, primary care offices, federally qualified health centers, rural health clinics, home visiting programs or other entities that are screening for SDOH.
- Determine what type(s) of SDOH screening tools currently exist in the county.

Year 2:

- Committee will determine the feasibility of implementing the SDOH screening tool.
- Determine what tool should be used consistently across all organizations for measurement, evaluation and comparison purposes.

Year 3:

- Continue efforts of Year 1.
- Committee will pilot a community-wide screening tool for SDOH in at least one location with appropriate evaluation measures.

* Anticipated measurable outcome(s):

• Use of a standardized tool to screen for SDOH that is used by multiple partners in Ashtabula County.

Indicator(s) used to measure progress:

- Identification of the assessment tool
- Number of partners doing screenings
- Number of screenings conducted

Collaboration and Partnerships: Ashtabula County Mental Health Recovery Board, Community Counseling Center of Ashtabula County, Signature Health/Family Planning Association of Northeast Ohio, Ashtabula County Medical Center (ACMC)

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

CHNA Priority: Healthcare System and Access

Strategy 3: Community health workers (including workers in community-based settings) to address social determinants of health

Goal: Increase access to health care in Ashtabula County.

Objective: By December 2022, expand the Hospital to Home (H2H) outreach service to include patients in the primary care setting.

Action Steps:

Year 1:

- UH Conneaut and Geneva Medical Centers will explore the feasibility of expanding the
 Hospital to Home (H2H) nurse outreach service for patients suffering from diabetes,
 chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF) to
 include the UH Geauga pilot referral program for Ashtabula county residents. Patients
 are identified through inpatient admissions.
- Increase patient acceptance rate into the program by 10% for inpatients.

Year 2:

- Expand the service to include two primary care practices to aid in patient education regarding wellness screenings and management of co-morbidities to include COPD, CHF, diabetes and uncontrolled high blood pressure.
- Increase patient acceptance rate by 7% for inpatients.

Year 3:

- Expand H2H service to include two primary care practices.
- Increase patient acceptance rate by 5% for inpatients.

Anticipated measurable outcome(s):

- Reduction in readmission for participants.
- Increase in the percentage of patients participating in program (baseline: 50% in 2019).
- Improved patient experience.

Indicator(s) used to measure progress:

- Increase provider availability of community health workers: ratio of population to community health workers (UH internal records)
- Performance improvement data (UH internal records)
- Patient experience survey (UH internal records)

Collaboration and Partnerships: Internal UH physician services

Significant Health Needs Not Being Addressed by the Hospital

UH Conneaut and Geneva Medical Centers are implementing strategies in collaboration with other partners in Ashtabula County for both priorities identified in the 2019 UH Conneaut-Geneva Medical Centers CHNA, as well as healthcare system and access, a cross-cutting factor undergirding both priorities.

However the following strategies will not be directly addressed by the Hospitals as part of their 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 Ashtabula 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 offering vaccines, linking patients to tobacco cessation services and having a smoke-free workplace policy. Lastly community outreach staff from UH Conneaut and UH Geneva Medical Center remain engaged as thought-leaders on all the strategies as needed.

Chronic disease

- Implementation of a healthy choices campaign
- School-based nutrition education programs and nutrition and physical activity interventions in preschool /child care
- Physically active classrooms

Mental health and addiction

- Naloxone access
- Local suicide prevention coalitions to support implementation of evidence-based strategies (Ohio Suicide Prevention Foundation)
- Trauma-informed care
- School-based social and emotional instruction

Cross-cutting factors

- Links to cessation support
- Community-wide physical activity campaign (including green space and parks)
- Intervention and Prevention of Ongoing Diseases (IPOD) resource guide
- County-wide vaccination campaign

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2019-2021 Ashtabula County Community Health Improvement Plan process and the associated county partners; see Community Health Needs Assessment Committee listed on page 4 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Tessa Elliott, Community Health Improvement Coordinator at the 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), who 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.

The aligned 2020-2022 UH Conneaut and Geneva 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.

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Appendix A

2019-2021 Ashtabula 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 and Addiction

Thomas I. Wentar Health and Addie					
Priority #1: Mental Health and Addiction	₩				
Strategy 1: Naloxone access					
Goal: Decrease drug overdose deaths.					
Objective: Increase awareness of free nalox	one (NarCan)	distribution sit	es by October 1, 20	22.	
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Continue to provide/distribute naloxone (NarCan) to law enforcement, social service agencies, businesses, community members, and family and friends of those who are struggling with an opioid addiction.	October 1, 2020	Adult	Unintentional drug overdose deaths: Number of age adjusted deaths dues to unintentional drug overdoses	Ashtabula County Mental Health Recovery Board Community Counseling Center of Ashtabula County	
Increase awareness of free naloxone distribution and QRT (quick response team) training for responders. Market QRT trainings to local churches, law enforcement, businesses/chambers of commerce, and other community organizations.			per 100,000 population (Baseline: 32.1 for Ashtabula County, 2015- 2017, ODH Data Warehouse)	Ashtabula County Health Department	
Continue efforts of the Substance Abuse Leadership Team (SALT).			,		
Year 2: Continue efforts from year 1.	October 1, 2021				
Year 3: Continue efforts from years 1 and 2.	October 1, 2022				
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified					
Strategy identified as likely to decrease of the second se		entified			
Resources to address strategy: Signature Abuse Leadership Team (SALT), pharmacies	Health/Family	Planning Asso		Ohio, Substance	

Priority #1: Mental Health and Addiction Strategy 2: Safe disposal of prescription drugs Goal: Decrease drug dependence or abuse. **Objective:** Host at least one prescription drug take-back day annually. Indicator(s) to Lead Contact/ Priority **Action Step** Timeline measure impact Population Agency of strategy: October 1, Adult, Prescription Ashtabula County **Year 1:** Increase awareness of prescription 2020 youth medication Mental Health drug abuse and the locations of existing abuse: Percent Recovery Board prescription drug collection boxes. of adults who Encourage local practitioners and misused Substance Abuse pharmacies to provide information on prescription Leadership Team prescription drug abuse and collection medication in (SALT) locations. the past 6 Work with local law enforcement to months Ashtabula County sponsor and host prescription drug take-(baseline: 3%, Prevention Coalition back days. 2019 CHA) Promote the use of dissolvable prescription bags (i.e. Deterra) and Dispose Rx. Provide education regarding safe disposal. October 1. **Year 2:** Host at least one prescription 2021 drug take-back-day annually. Expand the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations. October 1, Year 3: Continue efforts from years 1 and 2022

-			c.		
I VI	рe	OT	Str	ate	av:

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

Strategy identified as likely to decrease disparities?

O Yes O No ⊗ Not SHIP Identi	fied

Resources to address strategy: University Hospitals (UH), Sheriff Department, Wal-Mart

Priority #1: Mental Health and Addiction ▼

Strategy 3: Local suicide prevention coalitions to support implementation of evidence-based strategies (Ohio Suicide Prevention Foundation)

Goal: Increase awareness of suicide.

Objective: Provide at least three Gatekeeper trainings annually.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Obtain baseline data on the number of Mental Health First Aid and Question Persuade Refer (QPR) Gatekeeper trainings (for the community) that have taken place in Ashtabula County. Market the trainings to teachers, local churches, schools, rotary clubs, college students, etc. Provide at least three Gatekeeper trainings. Develop an anti-stigma campaign. Continue to utilize LOSS Teams (Local Outreach of Suicide Survivor) to provide postvention for individuals affected by the loss of a loved one through suicide. Sustain local protocol to track suicide completion statistics to use data to inform local prevention efforts. Continue to promote local community events that aim to reduce stigma. Increase efforts of Suicide Prevention Coalition. Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741) throughout the county. Work with school administrators, guidance counselors, churches, and other community organizations to promote the Crisis Text Line.	October 1, 2020	Adult, youth	Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 22.7 for Ashtabula County, 2015- 2017, ODH Data Warehouse) Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 6%, 2019 CHA)	Ashtabula County Mental Health Recovery Board Ashtabula County Suicide Prevention Coalition
Continue to screen for depression using the Patient Health Questionnaire (PHQ-9), or another screening tool.				
Year 2: Continue efforts from year 1.	October 1, 2021			
Implement an anti-stigma campaign.	2021			
Provide at least three additional trainings.				
Continue to market the Gatekeeper trainings.				
Continue to promote and monitor the use of the Crisis Text Line.				

Identify another setting, such as a medical specialty office (pediatrician), schools, or local businesses to implement the depression screening tool.						
Year 3: Continue efforts from years 1 and 2.	October 1, 2022					
Type of Strategy: O Social determinants of health Public health system, prevention and health behaviors O Healthcare system and access Not SHIP Identified						
Strategy identified as likely to decrease disparities?						
O Yes ⊗ No C	Not SHIP Ide	entified				
Resources to address strategy: Ashtabula County Suicide Prevention Coalition, Ashtabula County Mental Health and Recovery Services Board, Ashtabula County Coroners Office, Ashtabula County Incident Response Team, LOSS Team, funeral directors, Ohio Suicide Prevention Coalition						

Priority #1: Mental Health and Addiction ♥

Strategy 4: Trauma Informed Care

Goal: Improve mental health outcomes.

Objective: Facilitate an assessment on awareness and understanding of trauma-informed health care at least once a year.

r tear i Commue io administer trainings - i	Adult, youth	Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 22.7 for Ashtabula County, 2015-2017, ODH	Ashtabula County Mental Health Recovery Board Community Counseling Center of
Determine interest and potential organizations to implement the trauma screening tool. Provide technical assistance where necessary. Year 3: Continue efforts from years 1 and 2. Implement the trauma screening tool.		Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 6%, 2019 CHA) Community connectedness indicators via 2019 CHA (Baseline: TBD)	Ashtabula County/Family and Children First Council (FCFC) Catholic Charities of Ashtabula County

Type of Strategy:

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

Strategy identified as likely to decrease disparities?

O Yes

No

Not SHIP Identified

Resources to address strategy: Juvenile Court, Ashtabula County Mental Health and Recovery Board, Community Counseling Center of Ashtabula County, Catholic Charities of Ashtabula County

Priority #1: Mental Health and Addiction 💆					
Strategy 5: School-based alcohol/other drug p	orevention p	rograms 🛡			
Goal: Prevent drug dependence/abuse.					
Objective: By October 1, 2022 all school districts will have at least one school-based alcohol/other drug prevention program.					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Continue to implement the BOTVIN Life Skills Training program in grades 3-10 in all Ashtabula County school districts.	October 1, 2020	Youth	Drug dependence or abuse: Percent of persons age 12+	Ashtabula County Mental Health Recovery Board	
Develop a marketing plan to recruit instructors and/or volunteers to assist in implementing/teaching the program.			who report part- year illicit drug dependence or	University Hospitals	
Year 2: Continue efforts from years 1.	October 1, 2021		abuse 🛡	Conneaut and Geneva Medical	
Determine the feasibility of expanding the program to additional classrooms.	2021			Centers	
Secure funding for program (if applicable).					
Year 3: Continue efforts from years 1 and 2. Expand program service area where necessary.	October 1, 2022				
Type of Strategy: O Social determinants of health Public health system, prevention and health behaviors O Healthcare system and access Not SHIP Identified					
Strategy identified as likely to decrease dispa	rities?				

o decrease disparities:

Not SHIP Identified

Resources to address strategy: Ashtabula County Mental Health and Recovery Services Board, Ashtabula County Prevention Coalition, Ashtabula County Suicide Prevention Coalition, Community Counseling Center, Local Civic Organizations, UH Conneaut and Geneva medical centers

Priority #1: Mental Health and Addiction Strategy 6: School-based social and emotional instruction Goal: Improve social competence, behavior, and resiliency in youth. Objective: Train at least two individuals in PAX tools by October 1, 2022. Indicator(s) to Priority Lead measure impact **Action Step** Timeline **Population** Contact/Agency of strategy: Youth Drug October 1, Ashtabula Year 1: Continue to implement The PAX Good dependence or 2020 County Mental Behavior Game in Ashtabula County school abuse: Percent of Health Recovery districts. persons age 12+ Board Expand the program to additional grade levels/ who report partclassrooms. Expand program service area vear illicit drug Ashtabula where necessary. dependence or County abuse Prevention Collect baseline data on who is already trained Coalition in PAX Tools. Determine the need for Suicide deaths: additional trainers. Number of age Identify groups that want to be trained in PAX adjusted deaths tools, such as support staff, coaches, and due to suicide parents. Target the trainings in ALICE per 100,000 communities. populations Research the PAX Good Behavior Game for (baseline: 22.7 for junior high/high school students. Determine Ashtabula the feasibility of implementing in Ashtabula County, 2015-County schools. 2017, ODH Data Warehouse) October 1, Year 2: Continue efforts from year 1. 2021 Identify two additional individuals to be trained in PAX Tools. October 1, **Year 3:** Continue efforts from years 1 and 2. 2022 Type of Strategy: O Social determinants of health O Healthcare system and access O Not SHIP Identified ⊗ Public health system, prevention and health behaviors Strategy identified as likely to decrease disparities? O Not SHIP Identified ⊗ No Resources to address strategy: Ashtabula County schools, Community Counseling Center

Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

Priority #2: Chronic Disease ♥							
Strategy 1: Prescriptions for physical activity 💆							
Goal: Reduce obesity.							
Objective: Implement an exercise prescription program into two additional primary care offices by October 1, 2022.							
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency			
Year 1: Determine the baseline number of health care providers and primary care physicians that currently provide prescriptions for physical activity and exercise (exercise prescriptions) to their patients. Continue to partner with local organizations such as the YMCA, the parks and recreation district or the Metroparks to determine referral options and provide support for the exercise prescriptions. Year 2: Continue efforts from year 1. Pilot an exercise prescription program into one additional primary care office with accompanying referral options and evaluation measures. Identify another setting, such as a medical specialty office (psychiatry), schools, or local businesses to provide physical activity and exercise prescriptions.	October 1, 2020 October 1, 2021	Adult	Diabetes: Percent of adults who have been told by a health professional that they have diabetes (Baseline: 13%, 2019 CHA) Obesity: Percent of adults that report BMI greater than or equal to 30 (Baseline: 42%. 2019 CHA)	University Hospitals Conneaut and Geneva Medical Centers Ashtabula County Medical Center (ACMC)			
Year 3: Continue efforts from years 1 and 2. Implement an exercise prescription program into one additional location with accompanying referral options and evaluation measures.	October 1, 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? O Yes No Not SHIP Identified							
O Yes ⊗ No O Not SHIP Identified Resources to address strategy: YMCA, Metroparks, Department of Parks and Recreation, Ashtabula County Health Department, Signature Health/Family Planning Association of Northeast Ohio, IPOD resource guide, maternal health resource guide							

Priority #2: Chronic Disease						
Strategy 2: Hypertension screening and follow up						
Goal: Prevent heart disease.						
Objective: Provide at least two free/redu	ced cost hype	rtension screen	ing events annually.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency		
Year 1: Determine the baseline number of healthcare providers that currently screen for hypertension and regularly follow up with patients diagnosed with hypertension.	October 1, 2020	Adult	Hypertension: Percent of adults ever diagnosed with hypertension (Baseline: 42%, 2019 CHA)	Intervention and Prevention of Ongoing Diseases (IPOD) Committee		
Increase provider education on hypertension screening, treatment, and the importance of routine follow up with patients diagnosed with hypertension.			2013 CHM	University Hospitals Conneaut and Geneva Medical Centers		
Promote free/reduced cost screening events within the county, such as health fairs, hospital screening events, etc. Target screenings towards those who live in or serve economically disadvantaged populations.				Ashtabula County Health Department		
Ensure screening events are listed in the IPOD resource guide.						
Year 2: Continue efforts from year 1. Increase awareness of hypertension screening, treatment, and follow up.	October 1, 2021					
Increase the number of locations providing free/reduced cost screening events.						
Year 3: Continue efforts of years 1 and 2.	October 1, 2022					
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified ○ Not SHIP Identified						
Strategy identified as likely to decreas O Yes No O	•					
O Yes ⊗ No O Not SHIP Identified Resources to address strategy: UH Conneaut and Geneva medical centers, Ashtabula County Health Department, Ashtabula County Medical Center (ACMC), fire department(s)						

Strategy 3: Diabetes Prevention Program (DPP) and Prediabetes screening and referral



Goal: Prevent diabetes.

Objective: By October 1, 2022, increase prediabetes referrals 5% from baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes and refer patients to intensive behavioral counseling interventions, such as the Diabetes Prevention Program (DPP), to promote a healthful diet and physical activity. Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment (or a similar assessment) and/or the Prevent Diabetes STAT Toolkit. Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.). Ensure screening events are listed in the IPOD resource guide.	October 1, 2020	Adult, youth	•	University Hospitals Conneaut and Geneva Medical Centers Ashtabula County Medical Center (ACMC)
Year 2: Increase awareness of prediabetes screening, identification and referral. Increase the number of individuals within Ashtabula County that are screened for diabetes. Provide diabetes prevention education to teens. Expand programming to additional schools. If needed, increase the number of organizations that screen for prediabetes.	October 1, 2021			
Year 3: Continue efforts of years 1 and 2. Increase the number of healthcare providers that currently screen and refer patients for prediabetes by 5% from baseline.	October 1, 2022			

Type of Strategy:

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

Strategy identified as likely to decrease disparities?

O Not SHIP Identified

Resources to address strategy: Signature Health/Family Planning Association of Northeast Ohio, YMCA, Ashtabula County Health Department

Strategy 4: Implement a healthy choices campaign

Goal: Increase fruit and vegetable consumption.

Objective: By October 1, 2022, Ashtabula County will implement at least 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
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 the IPOD resource guide annually. Promote local businesses, restaurants, etc. who	October 1, 2020	Adult, youth	Fruit consumption: Percent of adults who report consuming 0 servings of fruit per day (Baseline: 16%,	Intervention and Prevention of Ongoing Diseases (IPOD) Committee
use locally grown food. Consider adding an icon or symbol to promote those locations			2019 CHA)	
Develop a unified healthy choices campaign. Work to promote healthy living by creating shared messages among organizations to distribute to the county. Include print and social media. Include items such as reading food labels, etc.			Vegetable consumption: Percent of adults who report consuming 0 servings of vegetables per	
Year 2: Continue efforts of year 1.	October 1, 2021		day (Baseline: 5%,	
Increase awareness and dissemination of the healthy choices campaign.	1, 2021		2019 CHA) 🛡	
Determine feasibility of implementing any of the following in local food pantries or farmers markets:				
 Cooking demonstrations/classes Recipe tastings Produce display stands Nutrition, diabetes and other health education classes Health care support services 				
Year 3 : Continue efforts of year 2.	October			
Implement at least 2 items above within local food pantries or farmers markets.	1, 2022			
 Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention and health behaviors 	○ ⊗	Healthcare sy Not SHIP Ide	stem and access ntified	
Strategy identified as likely to decrease dispa		ı		
O Yes O No SH Not SH Resources to address strategy: Ohio State University	IP Identified		'a an arativa Evtansia	n Camilaa

Strategy 5: School-based nutrition education programs and nutrition and physical activity interventions in preschool/child care ♥

Goal: Increase fruit and vegetable consumption.

Objective: By October 1, 2022, all Ashtabula County schools and pre-schools will have at least one nutrition education and/or nutrition/physical activity intervention.

education and/or nutrition/physical activity inte	ervention.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Assess what nutrition education programs and/or nutrition and physical activity interventions are available in Ashtabula County for youth. Determine which schools and pre-schools are currently utilizing the Serving Up MyPlate frame work and the VeggieU program. Expand current programming to additional districts and grade levels. Evaluate effectiveness of the program(s) annually. Continue to promote and market the 5-4-3-2-1-GO message throughout the county. Continue to collect body mass index (BMI) of youth in the county. Determine additional locations to collect or obtain youth BMI data. Consider immunization/vaccination appointments, well child visits, EHR/EMR, etc.	October 1, 2020	Youth	Fruit consumption: Percent of youth who report consuming 0 servings of fruit per day Vegetable consumption: Percent of youth who report consuming 0 servings of vegetables per day	Ohio State University Cooperative Extension – Ashtabula County Ashtabula County Health Department
Year 2 : Continue efforts from year 1.	October 1, 2021			
Year 3 : Expand program service area where necessary.	October 1, 2022			
Continue efforts from years 1 and 2.				
Type of Strategy: O 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?				
O Yes ⊗ No O Not SHIP Identified Resources to address strategy: UH Conneaut and Geneva medical centers, Ashtabula County Medical Center (ACMC)				

Priority #2: Chronic Disease 29

Priority #2: Chronic Disease					
Strategy 6: Physically active classrooms					
Goal: Increase physical activity.					
Objective: By October 1, 2022 at least two school curriculum.	ol districts v	will integrate p	hysically active classr	ooms into their	
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Research physically active classrooms. Determine if any schools currently implement physically active classrooms within their curriculum. Evaluate the frequency and effectiveness of the implementation of physically active classrooms.	October 1, 2020	Youth	Physical inactivity: Percent of youth who did not participate in at least 60 minutes of physical activity	Ohio State University Cooperative Extension – Ashtabula County	
Meet with district superintendents to encourage the implementation of physically active classrooms in their schools. Recruit at least one school district to integrate physically active classrooms into their curriculum.			activity		
Consider the following programs/strategies to implement as part of a physically active classroom:					
Take 10!Instant RecessPower Up for 30Go Noodle					
Year 2: Recruit at least one additional school district to adopt physically active classrooms into their curriculum.	October 1, 2021				
Year 3: Continue efforts from years 1 and 2.	October 1, 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 disp					
O Yes No O Not SHIP Identified Resources to address strategy: Ashtabula County schools, Ashtabula County Health Department Maternal and					
Child Health grant					

Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

To work toward improving chronic disease and mental health and addiction outcomes, the following cross-cutting strategies are recommended:

Strategy 1: Links to cessation support					
Goal: Reduce tobacco use.					
Objective: By October 1, 2022, increase partic	ipation in tob	acco cessation	program(s) by 5%.		
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Collect baseline data on the availability of evidence-based tobacco cessation programs in Ashtabula County.	October 1, 2020	Adult	Adult smoking: Percent of adults that are current smokers	Ashtabula County Health Department	
Begin implementing a tobacco cessation program and increase awareness of the program. Secure funding.			(Baseline: 21%, 2019 CHA)	Ashtabula City Health Department	
Promote and raise awareness of the Ohio Tobacco Quit Line.				Conneaut City	
Year 2: Look for opportunities to reduce out of pocket costs for cessation therapies.	October 1, 2021			Health Department	
Ensure any new tobacco cessation programs are listed in the IPOD resource guide.					
Evaluate the effectiveness of the tobacco cessation program.					
Year 3: Increase participation in the tobacco cessation program 5% from baseline.	October 1, 2022				
Continue efforts of years 1 and 2.					
Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention and health behaviors ○ Healthcare system and access ○ Not SHIP Identified					
Priority area(s) the strategy addresses:					
⊗ Mental Health and Addiction ⊗ Chronic Disease O Not SHIP Identified					
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified					
Resources to address strategy: UH Conneaut and Geneva medical centers, Ashtabula County Medical Center (ACMC)					

Strategy 2: Smoke-free polices (including maintenance of smoke-free workplace law and increased policy adoption for multi-unit housing, schools and other settings)

Goal: Reduce tobacco use.

Objective: By October 1, 2022, at least three multi-unit housing complexes will adopt a tobacco-free policy.

Objective: By October 1, 2022, at least three n	nultı-unıt hou	sing complexe	s will adopt a tobac	co-free policy.	
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Collect baseline data on which organizations, multi-unit housing facilities, schools and other businesses currently have tobacco-free policies.	October 1, 2020		Adult, youth	Adult smoking: Percent of adults that are current smokers (Passline: 219)	Ashtabula County Health Department
Appoint or hire one Tobacco Prevention Health Educator to build partnerships with the local public housing authority and multi- unit housing complexes.			(Baseline: 21%, 2019 CHA)	Ashtabula City Health Department Conneaut City	
Provide education to residents to assist with the transition of the multi-unit housing complexes to a smoke-free policy and create a resident advisory council.				Health Department	
Review the results of the housing survey to determine the best way to proceed with implementing a tobacco-free policy.					
Raise awareness of the recently passed Tobacco 21 initiative.					
Year 2: Implement the smoke-free policy in at least 1-2 multi-unit housing complexes.	October 1, 2021				
Begin efforts to adopt smoke-free policies in businesses, parks, fairgrounds, schools and other public locations.					
Provide education to store owners regarding the accessibility of tobacco products to underage consumers.					
Year 3: Continue efforts of years 1 and 2.	October 1, 2022				
Target 2 additional multi-unit housing complexes to adopt a smoke-free housing policy.	2022				
Type of Strategy: Social determinants of health Public health system, prevention and health behaviors Healthcare system and access Not SHIP Identified					
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease ○ Not SHIP Identified					
Strategy identified as likely to decrease disparities?					
Resources to address strategy: Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department					
Conneaut City Health Department					

Strategy 3: Community-wide physical activity campaign (including green space and parks) Goal: Increase physical activity. Objective: Implement a community-wide physical activity campaign in collaboration with at least five Ashtabula County agencies by October 1, 2022. Indicator(s) to Priority Lead Contact/ **Action Step Timeline** measure impact Population Agency of strategy: Adult, **YMCA** Diabetes: October 1. **Year 1:** Determine what community-wide physical youth 2020 Percent of activity campaigns or programs currently exist in adults who have Ashtabula County. been told by a Promote any existing campaigns/programs. health professional Determine the feasibility of either creating a new that they have community-wide physical activity campaign or diabetes collaborating with existing campaigns in the (Baseline: 13%, county. 2019 CHA) Recruit at least five agencies who are working to improve and promote Ashtabula County's physical Obesity: Percent activity opportunities. of adults that Engage community agencies to coordinate a report BMI unified message to increase awareness of Ashtabula greater than or County physical activity opportunities and create a equal to 30 culture of health. (Baseline: 42%. 2019 CHA) Brand the campaign. Continue to build upon the bike trail system in Hypertension: Ashtabula County. Collaborate with local partners Percent of to advertise local parks, playgrounds, trails, and adults ever other green space. diagnosed with hypertension October 1, Year 2: Continue efforts of year 1. (Baseline: 42%, 2021 Using the coordinated message, all participating 2019 CHA) agencies will increase awareness of physical activity opportunities and promote the use of them at least once a week. Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics, maps, flyers, etc. October 1, **Year 3:** Continue efforts of years 1 and 2. 2022 Type of Strategy: O Social determinants of health O Healthcare system and access O Not SHIP Identified Public health system, prevention and health behaviors

Year 3: Continue efforts of years 1 and 2. Type of Strategy: ○ Social determinants of health ○ Healthcare system and access ○ Public health system, prevention and health behaviors 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: IPOD committee, Metroparks

Strategy 4: Community health workers (including workers in community-based settings to address Social determinants of health)

Goal: Increase access to health care.

Objective: By December 2020, explore the feasibility of expanding the Hospital to Home (H2H) outreach service to

Year 1: Expand the Hospital to Home (H2H) nurse outreach service for patients suffering from diabetes, COPD, and congestive heart failure to include the UH Geauga pilot referral program for Ashtabula county residents. Patients are identified through inpatient admissions. Increase patient acceptance rate into the program by 10% for inpatients. Adults Increase provider availability- Community Hospitals Conneaut and Geneva Medical Content of population to community health Workers: Ratio of population to community health workers (Source for Data: UH) University Hospitals Conneaut and Geneva Medical Centers Year 2: Expand the service to include 2 primary care practices to aid in patient education regarding wellness screenings and managing of co-morbidities to include COPD, CHF, diabetes, and uncontrolled HBP. October 1, 2021 Increase patient acceptance rate by 7% for inpatients. October 1, 2022 Year 3: Expand H2H service to include 2 primary care practices. October 1, 2022 Increase patient acceptance rate by 5% for inpatients. Social determinants of health Outline health system, prevention and health behaviors ⊗ Healthcare system and access Onto SHIP Identified Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease O Not SHIP Identified Strategy identified as likely to decrease disparities? O Not SHIP Identified	include patients in the primary care setting.					
Concease patient acceptance rate by 7% for inpatients. Concease patient acceptance rate by 7% for inpatients. Concease patient acceptance rate by 5% for inpatients. Concease patient acceptance rate by 7% for inpati	Action Step	Timeline		, ,	Lead Contact/Agency	
primary care practices to aid in patient education regarding wellness screenings and managing of co-morbidities to include COPD, CHF, diabetes, and uncontrolled HBP. Increase patient acceptance rate by 7% for inpatients. Year 3: Expand H2H service to include 2 primary care practices. Increase patient acceptance rate by 5% for inpatients. Type of Strategy: Social determinants of health Public health system, prevention and health behaviors Priority area(s) the strategy addresses: Mental Health and Addiction Strategy identified as likely to decrease disparities? Yes Yes Not SHIP Identified Not SHIP Identified	(H2H) nurse outreach service for patients suffering from diabetes, COPD, and congestive heart failure to include the UH Geauga pilot referral program for Ashtabula county residents. Patients are identified through inpatient admissions. Increase patient acceptance rate into the		•	availability- Community Health Workers: Ratio of population to community health workers (Source for Data:	Hospitals Conneaut and Geneva Medical Centers University Hospitals Community	
for inpatients. Vear 3: Expand H2H service to include 2 primary care practices. Increase patient acceptance rate by 5% for inpatients. Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors Priority area(s) the strategy addresses: ③ Mental Health and Addiction ③ Chronic Disease ⑤ Not SHIP Identified Strategy identified as likely to decrease disparities? ⑥ Yes ⑥ No	primary care practices to aid in patient education regarding wellness screenings and managing of co-morbidities to include COPD, CHF, diabetes, and					
primary care practices. Increase patient acceptance rate by 5% for inpatients. Type of Strategy: O Social determinants of health O Public health system, prevention and health behaviors Priority area(s) the strategy addresses: Mental Health and Addiction Strategy identified as likely to decrease disparities? Yes Not SHIP Identified Not SHIP Identified						
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Strategy identified as likely to decrease disparities? ⊗ Yes O No O Not SHIP Identified						
⊗ Yes O No O Not SHIP Identified				O NOT SHIP Ider	шпеа	
resources to address strategy. Or community outleach	Resources to address strategy: UH Community Outreach					

Strategy 5: Improve access to comprehensive primary care **Goal:** Improve access to primary care. **Objective:** By December 2020, connect 25% of adults who attend monthly health screenings with a primary care provider. Priority Indicator(s) to measure Lead **Action Step** Timeline Population impact of strategy: Contact/Agency Adults Decrease the number of October 1, University **Year 1:** Continue monthly biometric adults without a usual 2020 Hospitals screenings and refer 25% of adults who source of care: Percent Conneaut and attend screenings with a primary care of adults ages 19 and Geneva Medical provider (if they do not have one). older who don't have Centers Develop a comprehensive plan to one (or more) persons improve access to primary care through they think of as their University the addition of 2 APP's in Ashtabula and personal healthcare Hospitals Conneaut. provider | Community (Source for Data: CHNA and Outreach October 1, **Year 2**: Continue monthly biometric BRFSS) 2021 screenings and refer 30% of adults who attend screenings with a primary care provider (if they do not have one). October 1, **Year 3**: Continue monthly biometric 2022 screenings and refer 40% of adults who attend screenings with a primary care provider (if they do not have one). **Type of Strategy:** O Social determinants of health ⊗ Healthcare system and access O Public health system, prevention and health O Not SHIP Identified behaviors **Priority area(s) the strategy addresses:** O Not SHIP Identified Mental Health and Addiction ⊗ Chronic Disease Strategy identified as likely to decrease disparities? ⊗ Yes O No O Not SHIP Identified Resources to address strategy: UH Community Outreach, UH Physician Services, and UH Patient Access

Strategy 6: Intervention and Prevention of Ongoing Diseases (IPOD) resource guide **Goal:** Increase awareness of programs and resources available in Ashtabula County. **Objective:** The IPOD resource guide will be updated annually. Priority Indicator(s) to measure Lead **Action Step** Timeline Population impact of strategy: Contact/Agency Adult October 1, Indicator to measure Intervention and Year 1: Update the Intervention and impact of strategy not Prevention of 2020 Prevention of Ongoing Disease (IPOD) identified Ongoing Diseases resource guide on programs and (IPOD) Committee resources available in Ashtabula County. Keep the IPOD resource guide updated on an annual basis. Market the resource guide with community members, health care providers, primary care physicians, etc. Encourage agencies to post the resource guide on their websites. Provide at least one county wide symposium/health fair on a chronic disease topic for the general public. Attain media coverage. October 1. **Year 2:** Continue efforts from year 1. 2021 October 1, Year 3: Continue efforts from years 1 2022 and 2. Type of Strategy: O Social determinants of health O Healthcare system and access ⊗ Not SHIP Identified O Public health system, prevention and health behaviors Priority area(s) the strategy addresses: O Chronic Disease ⊗ Not SHIP Identified O Mental Health and Addiction Strategy identified as likely to decrease disparities? O No Not SHIP Identified Resources to address strategy: Intervention and Prevention of Ongoing Diseases (IPOD) Committee

Strategy 7: County-wide vaccination campaign

Goal: Increase vaccination rates.

Objective: Vaccine specific information to be administered at all health promotion and awareness events.					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Collaborate with local schools, health care providers, health departments, hospitals, churches, and other organizations to create a county-wide vaccination campaign. Plan a community awareness campaign to address misinformation and increase awareness and education of vaccines. Focus outreach efforts on the members of the Amish and plain community. Include information on where to get vaccines and options for free and/or reduced cost (sliding-fee scale) vaccinations. Provide vaccination information/educational materials to all local schools and day care locations. Consider sending home vaccination schedules in all school-age children bookbags. Provide vaccination information and educational materials at all community health promotion and awareness events.	October 1, 2020	Adult, youth	Flu Vaccine: Adults who had a flu vaccine in the past 12 months (Baseline: 45%, 2019 CHA) Pneumonia Vaccine: Adults who had a pneumonia vaccine in their lifetime (Baseline: 32%, 2019 CHA)	Ashtabula County Health Department Ashtabula City Health Department Conneaut City Health Department	
Year 2: Continue raising awareness of the importance of vaccinations.	October 1, 2021				
Year 3: Continue efforts from years 1 and 2.	October 1, 2022				
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified					
Priority area(s) the strategy addresses: ○ Mental Health and Addiction ○ Chronic Disease ⊗ Not SHIP Identified					
Strategy identified as likely to decrease disparities? O Yes O No Not SHIP Identified					
Resources to address strategy: Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department					

Strategy 8: Screening for social determinants of health (SDOH) using a standardized tool **Goal:** Improve health equity. Objective: Implement a SDOH screening in two different locations by October 1, 2022. Indicator(s) to Priority Lead **Timeline** measure impact of **Action Step Population** Contact/Agency strategy: October Adult Indicator to Ashtabula County **Year 1:** Collaborate with organizations to 1, 2020 measure impact of Mental Health research social determinants of health Recovery Board strategy not (SDOH) screenings. identified Collect baseline data on the number of Community schools, primary care offices, FQHC's, Counseling programs such as home visiting programs, or Center of other entities that are screening for SDOH. Ashtabula County Determine what type(s) of SDOH screening Signature tools currently exist in the county. Health/Family October Planning Year 2: Determine the feasibility of 1. 2021 Association of implementing the SDOH screening tool. Northeast Ohio Determine what tool should be used consistently across all organizations for University measurement, evaluation and comparison Hospitals purposes. Conneaut and Geneva Medical October Year 3: Continue efforts of year 1. Pilot a Centers 1, 2022 community-wide screening tool for SDOH in at least one location with appropriate Ashtabula County evaluation measures. Medical Center (ACMC) Type of Strategy: O Social determinants of health O Healthcare system and access O Public health system, prevention and health ⊗ Not SHIP Identified behaviors Priority area(s) the strategy addresses: O Chronic Disease Not SHIP Identified O Mental Health and Addiction Strategy identified as likely to decrease disparities?

Resources to address strategy: Ashtabula County Mental Health Recovery Board, Community Counseling Center of Ashtabula County, Signature Health/Family Planning Association of Northeast Ohio, UH Conneaut and Geneva medical centers, Ashtabula County Medical Center (ACMC)

Not SHIP Identified

O No