

2020-2022 Community Health Implementation Strategy

UH Elyria Medical Center, Avon RH, LLC, Specialty Hospital of Lorain Lorain County, Ohio











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Adoption by the Board

University Hospitals adopted the Avon RH, LLC - UH Elyria Medical Center - Specialty Hospital of Lorain 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 this Implementation Strategy to CommunityBenefit@UHhospitals.org. Please make sure to include the name of the facility (Avon RH, LLC, UH Elyria Medical Center or Specialty Hospital of Lorain) that you are commenting about and, if possible, a reference to the appropriate section within the Implementation Strategy.

Introduction

In 2019, Avon RH, LLC ("UH Avon Rehabilitation Hospital"), University Hospitals Elyria Medical Center and Specialty Hospital of Lorain (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 2020-2022 Lorain County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Lorain County CHIP can be found at http://www.hcno.org/community-services/community-health-assessments/ and a list of the Lorain 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 Joint Community Health Implementation Strategy for Avon RH, LLC, UH Elyria Medical Center and Specialty Hospital of Lorain. It aligns with the 2020-2022 Lorain 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 Lorain County.

Lorain County Public Health, on behalf of the Lorain County Health Partners (includes Avon RH, LLC, UH Elyria Medical Center and Specialty Hospital of Lorain), 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 Lorain County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by the Hospitals.

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¹ 501r-3(c)(4)

The Hospitals are working with other partners in Lorain County to address the following priorities which were identified in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA:

- 1. Chronic disease
- 2. Cancer

Hospital Mission Statements

As a wholly owned subsidiary of University Hospitals, UH Elyria 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").

Specialty Hospital of Lorain is a not for profit joint venture of Mercy Regional Health System, UH Elyria Medical Center, and Grace Hospital. It is a long term acute care hospital that provides acute care services for patients who are medically complex, critically ill, and require an extended period of hospitalization. Its mission is to extend the healing ministry of Jesus by improving the health of its community with emphasis on those who need long term acute care.

UH Avon Rehabilitation Hospital is a joint venture between University Hospitals and Kindred Healthcare, bringing together the expertise of both world-class organizations. UH Avon Rehabilitation Hospital's mission is to improve the health, function and quality of life of the people in the communities they serve.

Community Served by the Hospital

The community has been defined as Lorain County. Most of the Hospitals' discharges, (61%) of UH Avon Rehabilitation Hospital, (91%) of UH Elyria Medical Center and (89%) of Specialty Hospital of Lorain's discharges were residents of Lorain 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 Lorain County. From June to July 2019, the Lorain County Health Partners reviewed many data sources concerning the health and social challenges that Lorain 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.

Lorain County CHIP Steering Committee (Lorain County Health Partners)

Cleveland Clinic Avon Hospital
Lorain County Health & Dentistry
Lorain County Metro Parks
Lorain County Public Health
Mental Health, Addiction and Recovery Services Board of Lorain County
Mercy Health Allen Hospital
Mercy Health Lorain Hospital
Specialty Hospital of Lorain
University Hospitals Elyria Medical Center

Lorain County CHIP Acknowledgements

Amherst Exempted Village School District

Avon RH, LLC

Cleveland Clinic

Community Foundation of Lorain County

El Centro de Servicios Sociales, Inc.

Firelands Counseling & Recovery Services

French Creek YMCA

Linking Employment, Abilities, and Potential (LEAP)

Lorain County Board of Developmental Disabilities - Murray Ridge Center

Lorain County Drug Task Force

Lorain County Office on Aging

Silver Maple Recovery

The LCADA Way

The Nord Center

The Nord Family Foundation

United Way of Greater Lorain County

University Hospitals Avon Health Center

2019 CHNA Trends Summary Table

The 2019 Hospitals CHNA is a 172-page report that consists of county-level primary and secondary data for Lorain 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	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
	Health Sta	tus			
Rated general health as good, very good, or excellent	88%	86%	89%	81%	83%
Rated health as excellent or very good	48%	47%	49%	49%	51%
Rated health as fair or poor	12%	14%	11%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	18%	21%	18%	22%*	22%*
Rated mental health as not good on four or more days (in the past 30 days)	20%	27%	29%	24%*	23%*
Average days that physical health not good (in the past 30 days)	N/A	3.1	3.6	4.0 ⁺	3.7 [‡]
Average days that mental health not good in past month	N/A	4.1	4.7	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)	18%	27%	25%	22%*	22%*
Healti	n Care Access a	nd Utilization			
Visited the doctor's office when needed health care services or advice	75%	80%	73%	N/A	N/A
Had one or more persons they thought of as their personal doctor or health care provider	83%	81%	84%	81%	77%
Did not see a doctor in the past year due to cost	20%	18%	14%	11%	13%
Visited a doctor for a routine checkup (in the past 12 months)	55%	64%	71%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	12%	10%	7%	7%	8%
	Health Care Co	overage			
Uninsured	11%	11%	10%	9%	11%
Art	hritis, Asthma	& Diabetes			
Ever diagnosed with some form of arthritis	35%	34%	36%	29%	25%
Had ever been told they have asthma	14%	15%	16%	14%	14%
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	11%	13%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	3%	1%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes N/A - Not Available	N/A	6%	6%	2%	2%

N/A - Not Available

^{*2016} BRFSS

^{** 2016} BRFSS Data as compiled by 2018 County Health Rankings Indicates alignment with the Ohio State Health Assessment

Adult Variables	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017				
Cardiovascular Health									
Ever diagnosed with angina or coronary heart disease	6%	6%	5%	5%	4%				
Ever diagnosed with a heart attack, or myocardial infarction	6%	3%	5%	6%	4%				
Ever diagnosed with a stroke	2%	4%	3%	4%	3%				
Had been told they had high blood pressure 💗	35%	36%	34%	35%	32%				
Had been told their blood cholesterol was high	36%	33%	34%	33%	33%				
Had their blood cholesterol checked within the past five years	N/A	82%	80%	85%	86%				
	Alcohol Consu	mption							
Current drinker (drank alcohol at least once in the past month)	59%	61%	62%	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)	23%	11%	21%	19%	17%				
Drinking and driving in the past month (had driven after drinking too much)	4%	1%	8%	4%*	4%*				
	Tobacco	Use							
Current smoker (smoked on some or all days)	22%	22%	12%	21%	17%				
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	23%	24%	24%	25%				
	Drug Us	se							
Adults who used marijuana in the past 6 months	7%	10%	10%	N/A	N/A				
Adults who used heroin in the past 6 months	1%	<1%	<1%	N/A	N/A				
Adults who misused prescription drugs in the past 6 months	11%	11%	8%	N/A	N/A				
	Sexual Beh	avior							
Had more than one sexual partner in past year	6%	8%	7%	N/A	N/A				
	Weight St	atus							
Normal Weight (BMI of 18.5 – 24.9)	33%	31%	29%	30%	32%				
Overweight (BMI of 25.0 – 29.9)	35%	32%	32%	34%	35%				
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	32%	37%	38%	34%	32%				

N/A - Not Available
*2016 BRFSS
**2015 BRFSS
Indicates alignment with the Ohio State Health Assessment

Adult Variables	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017			
Quality of Life								
Limited in some way because of physical, mental or emotional problem	20%	36%	38%	21%*	21%*			
	Mental He	alth						
Considered attempting suicide (in the past 12 months)	4%	3%	4%	N/A	N/A			
Attempted suicide (in the past 12 months)	<1%	1%	1%	N/A	N/A			
Two or more weeks in a row felt sad, blue or depressed	13%	20%	13%	N/A	N/A			
	Oral Hea	lth						
Visited a dentist or a dental clinic (within the past year)	60%	66%	69%	68%*	66%*			
Visited a dentist or a dental clinic (5 or more years ago)	14%	12%	10%	11%*	10%*			
Had any permanent teeth extracted	N/A	N/A	47%	45%*	43%*			
Had all their natural teeth extracted (ages 65 and older)	N/A	N/A	9%	17%*	14%*			
	Preventive Me	edicine						
Ever had a pneumonia vaccination (age 65 and older)	68%	82%	76%	76%	75%			
Had a flu shot within the past year (age 65 and older)	68%	82%	80%	63%	60%			
Ever had a shingles or zoster vaccine	N/A	13%	22%	29%	29%			
Had a clinical breast exam in the past two years (age 40 & over)	N/A	69%	74%	N/A	N/A			
Had a mammogram within the past two years (age 40 and older)	79%	75%	77%	74%*	72%*			
Had a Pap smear in the past three years (ages 21-65)	N/A	68%**	70%	82%*	80%*			
Had a PSA test within the past year	32%	27%	29%	N/A	N/A			
Had a digital rectal exam within the past year	26%	17%	21%	N/A	N/A			
Soc	ial Determinan	ts of Health						
Firearms kept in or around their home	24%	31%	35%	N/A	N/A			

N/A - Not available
*2016 BRFSS
**2015 BRFSS
Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Lorain County 2018 6 th grade	Lorain County 2018 8 th grade	Lorain County 2018 10 th grade	Lorain County 2018 12 th grade					
Weight Control									
Physically active at least 60 minutes per day on every day in past week	27%	32%	25%	18%					
Physically active at least 60 minutes per day on 5 or more days in past week	48%	56%	53%	38%					
Did not participate in at least 60 minutes of physical activity on at least 1 day	10%	9%	7%	14%					
	Tobacco Use								
Used tobacco in the past year	1%	7%	11%	26%					
Current smokers	1%	4%	3%	8%					
Alcol	nol Consumption								
Youth who had alcohol in the past year	8%	17%	36%	59%					
Current drinker	3%	8%	17%	32%					
Rode with someone who was drinking	11%	12%	11%	11%					
Drank and drove (of youth drivers)	N/A	N/A	1%	5%					
	Drug Use								
Used marijuana in the past month	1%	5%	13%	31%					
Used methamphetamines in the past year	<1%	<1%	<1%	1%					
Used cocaine in the past year	<1%	<1%	1%	3%					
Used heroin in the past year	<1%	0%	0%	1%					
Used steroids in the past year	2%	1%	1%	1%					
Used inhalants in the past year	1%	3%	1%	2%					
Used ecstasy/MDMA in the past year	<1%	1%	1%	3%					
Used prescription drugs not prescribed for them in the past month	1%	2%	2%	6%					
N	1ental Health								
Youth who had seriously considered attempting suicide in the past year	19%	20%	22%	28%					
Youth who had attempted suicide in the past year	12%	13%	10%	12%					
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	25%	32%	38%	48%					
	ty and Violence								
Youth who carried a knife, club or other weapon at school	5%	8%	8%	7%					
Youth who had been threatened with a handgun, knife or club	4%	6%	5%	3%					
Youth who threatened to hurt another student by hitting, slapping or kicking	17%	25%	22%	16%					
Youth who always wore a seatbelt when driving a car	N/A	N/A	43%	71%					

N/A - Not available

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:

The Lorain County Health Partners selected the following priority needs:

- 1. Chronic disease
- 2. Maternal and child health
- 3. Mental health
- 4. Substance abuse
- 5. Cancer

The Hospitals identified the following priorities for their respective hospitals:

- 1. UH Elyria Medical Center: Chronic Disease and Cancer*
- 2. Specialty Hospital of Lorain: Chronic Disease and Cancer*
- 3. UH Avon Rehabilitation Hospital: Chronic Disease

UH Elyria Medical Center* and Specialty Hospital of Lorain* initially selected substance abuse and mental health priorities but changed their focus to Cancer prior to the development of the IS. This was done based on the fact that most of UH Elyria Medical Center's efforts regarding substance use/misuse will be addressed through billable clinical services which do not meet the IRS definition of a "community benefit." Additionally, UH Elyria Medical Center will remain on the opioid taskforce. Lastly, Cancer was the leading cause of death in Lorain County in the 2019 Avon RH, LLC-UH Elyria Medical Center-Specialty Hospital of Lorain CHNA. As such, there is a need to increase services relative to cancer prevention and treatment in the county. UH Elyria Medical Center is uniquely positioned to respond to the need, particularly regarding breast cancer.

Specialty Hospital of Lorain, a much smaller entity, aligned their efforts with UH Elyria Medical Center to leverage resources.

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 Lorain County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from the

Hospitals' board of directors, community outreach leaders and the hospital presidents were used to further determine the tactics.

The strategies listed on the following pages are done in alignment with the Lorain County Community Health Improvement Plan. They reflect the specific strategies that the Hospitals 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.

University Hospitals Elyria Medical Center-Specialty Hospital of Lorain

CHNA Priority: Chronic Disease Management and Prevention

Strategy 1: Community-based education, health screenings and physical activities to prevent and/or manage chronic diseases

Goal: Improve wellbeing of adults in Lorain County via chronic disease prevention and management.

Objectives: By December 2022

- Increase the number of individuals screened for blood glucose, blood pressure, cholesterol, and bone density. (Target at least 150 individuals annually.)
- Increase awareness and education of chronic disease self-management skills among 500 individuals annually.
- Increase physical activity among adults in Lorain County.

Action Steps:

Year 1

- The Hospitals will jointly host Family Health & Safety Days and participate in health fairs throughout the city to conduct health screenings and increase access to information, emphasis on addressing diabetes and heart disease. (Track number of attendees and number of events.)
- The Hospitals will provide free screenings in the community at faith-based organizations, senior centers, community centers, etc. to increase early detection of chronic diseases, emphasis on reaching populations with barriers to access health care. (Track number screened and positive screening results.)
- The Hospitals will partner with Lorain County Health Partners to promote existing exercise classes.
- UH Elyria Medical Center will provide physician talks on topics such as cardiac, diabetes, healthy lifestyles, weight management etc. (Track number of attendees and type of talks.)
- UH Elyria Medical Center will continue to partner with the United We Sweat campaign to offer a
 walking program and a 6-week wellness challenge. (Track number of participants and relevant
 outcomes.)
- UH Elyria Medical Center and Specialty Hospital of Lorain will implement obesity and diabetes prevention and intervention programs focused on nutrition, exercise and promotion of healthy lifestyles. (Track number of participants and relevant outcomes.)
- UH Elyria Medical Center will re-establish partnerships with schools to educate students on the importance of a healthy diet and the MyPlate program. (Track number of participants.)

Years 2-3

- Continue Year 1 activities.
- Explore interest with physicians regarding writing "prescriptions" for physical activity.
 Intervention is designed to increase awareness of existing programs in the county and to increase participation in hospital-based activities.

Launch physical activity prescription program, pending interest and feasibility.

* Anticipated measurable outcomes:

- By 2022, stop the upward trend of Lorain County female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (baseline: 103.3 deaths per 100,000 population, 2013-2017, in the 2019 Avon RH, LLC-UH Elyria Medical Center-Specialty Hospital of Lorain CHNA).
- By 2022, reduce age-adjusted incidence rate of diabetes for Lorain County adults from 9.2 new cases per 1,000 population in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA (compared to 6.3 per 1,000 population in Ohio).

Indicators used to measure progress:

- Female age-specific (55-64 years) heart disease mortality in Lorain County (Ohio Public Health Data Warehouse)
- Age-adjusted heart disease mortality rate by race and ethnicity in Lorain County (Centers for Disease Control and Prevention)
- Percent of adults who have been told by a doctor they have prediabetes (HCNO household survey)
- Percent of Lorain County adults who have been told by a doctor they have diabetes (HCNO household survey)
- Insufficient physical activity for Lorain County adults (HCNO household survey)
- Percent of Lorain County diabetics age19+ years who report body mass index (BMI) greater than or equal to 25 via UH Elyria Medical Center programming (UH data)
- Percent of Lorain County adults reporting no leisure time physical activity (HCNO household survey)

Collaboration and Partnerships: American Diabetes Association, USDA, Avon RH, LCC, UH St. John Medical Center, Lorain County Schools, Cottages of Riverview, Chronicle Telegram

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

Avon RH, LLC (UH Avon Rehabilitation Hospital)

CHNA Priority: Chronic Disease Management and Prevention

Strategy 1: Community-based education and health screenings to prevent and/or manage chronic diseases

Goal: Improve wellbeing of adults in Lorain County via chronic disease prevention and management.

Objective: By December 2022, screen at least 250 individuals annually in partnership with UH Elyria Medical Center and increase awareness and education regarding stroke prevention and overall wellness to 500 individuals annually.

Action Steps:

Years 1-3

- Increase publicity for UH Avon Rehabilitation Hospitals' wellness support group to reach community members, by partnering with UH Elyria Medical Center at community events and identifying appropriate media vehicles such as the UH Age Well, Be Well newsletter. (Track media outlets and reach.)
- Provide physician talks at assisted living centers and other appropriate venues. (Track number of participants and events.)
- Partner with UH Elyria Medical Center to participate in Family Health & Safety Days, employer sites, health fairs, etc. to assist with health screenings such as grip and balance and blood pressure checks. (Track number of attendees and positive screening results.)

* Anticipated measurable outcomes:

- Reduce (or maintain) the percent of Medicare beneficiaries in Lorain County who were treated for stroke (baseline: 4.9% in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA).
- Arrest the upward trend of Lorain County female age-adjusted heart disease mortality (55-64 years) by staying below the last 5-year average for Lorain County (baseline: 103.3 deaths per 100,000 population in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA).
- Increase the percentage of Lorain County adults that participated in any physical activity in the past week (baseline: 22% in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA). ▼
- Decrease (or maintain) the percentage of Lorain County adults who have been told by a doctor they have diabetes (baseline: 13% in the 2019 Avon RH, LLC-UH Elyria Medical Center-Specialty Hospital of Lorain CHNA).

Indicators used to measure progress:

- Percent of Medicare beneficiaries in Lorain County who were treated for stroke (Centers for Medicare & Medicaid Services, Healthy NEO website: http://www.healthyneo.org/)
- Rate of female age-adjusted heart disease mortality (55-64 years) by staying below the last 5year average for Lorain County (Ohio Public Health Data Warehouse)
- Percent of Lorain County adults that participated in any physical activity in the past week (HCNO household survey)
- Percent of Lorain County adults who have been told by a doctor they have diabetes (HCNO household survey)
- Percent of Medicare beneficiaries in Lorain County who were treated for hypertension (61.5% in 2017, Centers for Disease Control and Prevention, Healthy NEO website: http://www.healthyneo.org/)

Collaboration and Partnerships: UH Elyria Medical Center, Lorain County Health Partners

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

University Hospitals Elyria Medical Center-Specialty Hospital of Lorain

CHNA Priority: Cancer

Strategy 1: Increase screening and immunization rates in three cancers with evidence-based recommendations in target high-risk subpopulations in Lorain County

Goal: Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations in Lorain County.

Objective: By December 2022, improve accessibility of screenings in identified subpopulations.

Action Steps:

Year 1

- UH Elyria Medical Center will provide free mammograms to women in high-risk subpopulations in Lorain County. (Track number screened and positive screening results.)
- UH Elyria Medical Center and Specialty Hospital of Lorain will work with the Lorain County Community Health Partners' Cancer sub-team to compile county baseline data regarding cancer stage diagnose.
- Compile county baseline data regarding screening rates.
- Share data within Lorain County Health Partners to identify types of cancer and subpopulations of focus.
- Inventory outreach efforts in Lorain County.
- Compile data on what screening guidelines are currently being utilized.
- Explore feasibility of unified messaging across health systems.

Years 2-3

- Update data as it becomes available.
- Draft unified messaging if determined feasible. Suggest topics: insurance coverage, screening guidelines.
- Identify channels for dissemination of messaging that reach identified subpopulations and professionals (primary care doctors).
- Draft unified outreach plan.
- Implement recommendations from outreach plan.

* Anticipated measurable outcomes:

• Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations in Lorain County.

Indicators used to measure progress:

- Late stage diagnosis data (TBD by committee)
- Screening rate data (UH data)

Collaboration and Partnerships: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health

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

University Hospitals Elyria Medical Center-Specialty Hospital of Lorain

CHNA Priority: Cancer

Strategy 1: Decrease barriers to treatment

Goal: Decrease the number of eligible cases failing to initiate or continue treatment due to unmet needs by 2%.

Objective: By December 2022, improve accessibility to cancer treatment.

Action Steps:

Year 1

- UH Elyria Medical Center and Specialty Hospital of Lorain will work with the Lorain County Community Health Partners' Cancer sub-team to inventory cancer resource sources.
- Work with navigators and social workers to ensure inventory is complete.
- Update cancer resource sources as needed.
- Identify gaps in resources.

Year 2

- Identify additional channels for dissemination of information.
- Provide channels with appropriate materials.
- Select 1-2 gaps to improve services and resources.

Year 3

• Continue efforts of Years 1 and 2 and implement resource improvements.

* Anticipated measurable outcomes:

• Decrease the number of eligible cases in Lorain County failing to initiate or continue treatment due to unmet needs by 2%.

Indicators used to measure progress:

- Number of cancer resources (inventory)
- Number of channels receiving information (inventory)
- Percent of needs that are unmet (Baseline: of the 1% of Lorain County adults surveyed that looked for programs related to Cancer support group/counseling, 29% did not find a specific program, HCNO household survey.)
- Percent of patients initiating or completing treatment after diagnosis (hospital data)

Collaboration and Partnerships: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health

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

Significant Health Needs Not Being Addressed by the Hospital

The Hospitals are implementing strategies in collaboration with other partners in Lorain County for two of the priorities identified in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA.

In addition to the shift in focus to Cancer by UH Elyria Medical Center and Specialty Hospital of Lorain, 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 Lorain County's strategies in Appendix A).

Additionally, some strategies do not meet the IRS definition of "community benefit" and/or are addressed at the UH System level. More specifically, they are required or expected of hospitals based on licensure or accreditation, are a routine standard of care or primarily benefit the organization rather than the community. This includes traditional clinical services such as progesterone treatment, depression screening, maternal and infant health and substance use risk assessments and treatment. Lastly community outreach staff from the Hospitals' remain engaged as thought-leaders on all the strategies as needed.

Chronic disease

Healthy food access (healthy food initiative)

Maternal and child health

- Progesterone treatment
- Home visiting programs that begin prenatally
- Centering Pregnancy
- Interventions in language and literacy skills in children ages 1-5 through early childhood supports
- Interventions in social foundations in children ages 1-5 through early childhood supports
- Interventions in physical well-being and motor development in children ages 1-5 through early childhood supports

Mental health

- Community-based education to promote positive mental health
- Screen for clinical depression for all patients 12 years of age or older using a standardized tool
- School-based prevention programs and policies

Substance abuse

- Policies to decrease availability of tobacco products
- Community awareness and education of risky behaviors and substance abuse issues and trends
- Expand community efforts for education, identification, access to care and overdose prevention
- Screening, brief intervention and referral to treatment (SBIRT)

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2020-2022 Lorain County Community Health Improvement Plan process and the associated county partners; see Community Health Needs Assessment Committee listed on pages 4-5 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Emily Stearns, 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 Joint Avon RH, LLC, University Hospitals Elyria Medical Center and Specialty Hospital of Lorain 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

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Appendix A

2020-2022 Lorain County Community Health Improvement Plan Strategies

Priority #1: Chronic Disease

Strategic Plan of Action

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

Priority #1: Chronic Disease

Facilitating Organization: Lorain County Public Health

Goal 1: By 2022, stop the upward trend of female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (2013-2017, 103.3 deaths per 100,000 population).

Strategy 1: Prescriptions for physical activity

Objective 1: By July 30, 2022, implement exercise prescriptions in 2 communities and implement 3 new ways to promote exercise in underserved areas.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research and recommend best practices or implementing and evaluating exercise rescriptions. Ensure focus on priority population i.e. females aged 55-64, heart disease mortality) and underserved areas. Implement strategy brough the Move Amherst pilot and work to inhance and evaluate systems changes made by ocal healthcare providers. Collect and summarize ata to help expand similar model into another ommunity.	2020	Females age 55-64 years.	Age adjusted heart disease mortality rate Female age-specific (55-64 years) Heart Disease Mortality Insufficient physical activity (adult)
Year 2: Analyze year 1 data from the Amherst area ilot. Make changes based on lessons learned. Insure focus on priority population (i.e. females ged 55-64, heart disease mortality) and Inderserved areas. Establish exercise prescriptions and expanded exercise promotion in a second community.	2021		
Year 3: Analyze evaluation data from years 1 and 2. Make changes to implement in year 3. Continue to insure focus on health disparities and underserved reas. Ensure plans to sustain systems, policy, ind/or environmental changes completed over the last 3 years. Recommend a model to expand exercise prescriptions to specific demographics ountywide.	July 30, 2022		

\circ	Social determinants of health	\otimes	Healthcare system and access
Ο	Public health system, prevention and health	0	Not SHIP Identified
	behaviors		

O	Yes	\otimes	No	Ο	Not SHIP	Identified

Facilitating Organization: Lorain County Public Health

Goal 1: By 2022, stop the upward trend of female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (2013-2017, 103.3 deaths per 100,000 population).

Strategy 1: Prescriptions for physical activity

Objective 1: By July 30, 2022, implement exercise prescriptions in 2 communities and implement 3 new ways to promote exercise in underserved areas.

Action Step	Timeline	Priority	Indicator(s) to measure
Action Step	runeune	Population	impact of strategy:

CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy:

United We Sweat free fitness classes & walking groups, Move Amherst route, Lorain County Metro Parks, local walking and bike maps, United We Sweat committee, collaboratives/coalitions in Lorain County Communities (i.e. Live Healthy Lorain)

Facilitating Organization: Lorain County Public Health

Goal 1: By 2022, stop the upward trend of female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (2013-2017, 103.3 deaths per 100,000 population).

Strategy 2: Healthy food access (Healthy food initiative

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:			
Year 1: Establish inventory of healthy food access initiatives and subject matter experts (SMEs) in Lorain County. Identify best practice models that address food insecurity and healthy eating. Map Lorain County food deserts and healthy food access initiatives to identify barriers. Recommend policy, environmental and systems changes (PSEC) for improving healthy food access barriers based on inventory and data analysis. Prioritize tailored PSECs that impact groups facing health disparities. Produce and disseminate "Lorain County Food Access PSEC Recommendations" for implementation in Years 2-3. Year 2: Partner with existing community health collaboratives/ coalitions to implement at least 1 PSEC that is tailored to priority population. Evaluate the number of policy, systems, or environmental changes adopted as a result of recommendations formed in Year 1.	2020 2021	Females aged 55-64 yrs.	Fruit consumption: Percent of adults who report consuming fruits less than one time daily Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily Percent of households that are food insecure Age adjusted heart disease mortality rate Female age-specific (55-64 years) Heart Disease			
Year 3 : Partner with existing community health collaboratives/ coalitions to implement at least 1 additional PSEC that is tailored to priority population. Evaluate the number of policy, systems, or environmental changes adopted from Year 1, Year 2, and Year 3.	July 30,2022		years) Heart Disease Mortality			
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 O Yes No Not	<i>es?</i> SHIP Identified					
CHIP Priority Team Members: Amherst Exempted V Creek YMCA, LEAP, Lorain City School District, Lorain County Metro Parks, Mercy Health, Mercy Health Pari Hospital of Lorain, University Hospitals Avon Health	County Free Clir sh Nursing, Muri	nic, Lorain County ray Ridge Center,	Health & Dentistry, Lorain Our FAMILY, Specialty			

Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy: GIS software, healthy eating best practices, local community collaboratives, Second Harvest Food Bank, Creating Healthy Communities grant

Facilitating Organization: Lorain County Public Health

Goal 2: By 2022, reduce age-adjusted incidence rate of diabetes from 9.2 new cases per 1,000 population to 6.3, the rate in Ohio (Centers for Disease Control and Prevention).

Strategy 1: Prescriptions for physical activity

Objective 1: By July 30, 2022, implement exercise prescriptions in 2 communities and 3 new ways to promote exercise in underserved areas.

exercise in underserved areas.					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 1: Determine methods for reaching populations affected adversely by diabetes and diabetes related mortality. Tailor exercise prescription programs to African American and Hispanic residents with risk factors for developing diabetes. Ensure healthcare providers make systems changes to prescribe exercise convenient for patients via United We Sweat tool. Partner with United We Sweat Committee to expand free fitness class offerings in census tracts with higher African American/ Hispanic populations (i.e. census tract 231). Summarize evaluation data.	2020	African American and Hispanic males and females	African American Diabetes Mortality Hispanic Diabetes Mortality Newly Diagnosed Diabetes, Adults Aged 18-76 years, age adjusted rate per 1000 (Incidence) Prediabetes: Percent of		
Year 2: Analyze year 1 data and make changes based on lessons learned. Continue implementation of tailored exercise prescription programs to African American and Hispanic residents with risk factors for developing diabetes. Continue partnership with United We Sweat Committee to sustain expanded fitness offerings in priority communities. Summarize Year 1 & Year 2 evaluation data.	2021		adults who have been told by a doctor they have prediabetes Diabetes: Percent of adults who have been told by a doctor they have diabetes		
Year 3: Analyze Year 1 & Year 2 data in order to make changes or sustain the completed policy, system or environmental changed completed in previous years. Summarize evaluation data.	July 30, 2022				
Type of Strategy: O Social determinants of health O Public health system, prevention and health behaviors Whealthcare system and access O Not SHIP Identified					
Strategy identified as likely to decrease disparition					
O Yes ⊗ No O Not SHIP Identified					
CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French					

CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy: Pre-diabetes screenings in healthcare settings, United We Sweat free fitness classes & walking groups, Lorain County Metro Parks, local walking and bike maps, United We Sweat committee, collaboratives/coalitions in Lorain County Communities (i.e. Live Healthy Lorain, Elyria Health Partners)

Facilitating Organization: Lorain County Public Health

Goal 2: By 2022, reduce age-adjusted incidence rate of diabetes from 9.2 new cases per 1,000 population to 6.3, the rate in Ohio (Centers for Disease Control and Prevention).

Strategy 2: Healthy food access

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 1: Establish inventory of healthy food access initiatives and Subject Matter Experts (SMEs) in Lorain County. Identify best practice models that address food insecurity and healthy eating. Map Lorain County Food Deserts and healthy food access initiatives to identify barriers. Recommend policy, environmental and systems changes (PSEC) for improving healthy food access barriers based on inventory and data analysis. Tailor PSECs to priority populations. Produce and disseminate "Lorain County Food Access PSEC Recommendations" for implementation in Years 2-3.	2020	African American and Hispanic males and females	African American Diabetes Mortality Hispanic Diabetes Mortality Newly Diagnosed Diabetes, Adults Aged 18-76 years, age adjusted rate per 1000 (Incidence)		
Year 2: Partner with existing community health collaboratives/ coalitions to implement at least 1 PSEC that is tailored to priority population. Evaluate the number of policy, systems, or environmental changes adopted as a result of recommendations formed in Year 1.	2021				
Year 3 : Partner with existing community health collaboratives/ coalitions to implement at least 1 additional PSEC that is tailored to groups priority population. Evaluate the number of policy, systems, or environmental changes adopted from Year 1, Year 2, and Year 3.	July 30, 2022				
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified					
Strategy identified as likely to decrease disparities No Not S	es? HIP Identified				
CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center					
Resources to address strategy: diabetes screenings practices, local community collaboratives, Lorain Cou		5 ·	are, healthy eating best		

Facilitating Organization: Lorain County Public Health

Goal 2: By 2022, reduce age-adjusted incidence rate of diabetes from 9.2 new cases per 1,000 population to 6.3, the rate in Ohio (Centers for Disease Control and Prevention).

Strategy 3: Prediabetes screening and referral

Objective 1: By July 30, 2022, increase the number of people screened for prediabetes and establish referrals to culturally competent prevention programs.

culturally competent prevention programs.					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 1: Identify existing pre-diabetes screening systems in clinical and community settings. Identify existing clinical- and community-based programs for diabetes prevention. Establish coordinated system for prediabetes screening and referral to culturally competent prevention programs. Implement diabetes prevention program that reaches priority population. Collect baseline data on number of pre-diabetes screenings, referrals, and program completions.	2020	Black and Hispanic males and females	Baseline pre-diabetes screening (number screened) Newly Diagnosed Diabetes, Adults Aged 18-76 years, age adjusted rate per 1000 (Incidence) Baseline Diabetes and Pre-		
Year 2: Continue activities from Year 1 related to implementation of a coordinated system for prediabetes screening, program referral and evaluation of outcomes.	2021		diabetes screening results		
Year 3: Continue activities from Year 2 and evaluate outcomes. Sustain PSECs made in Year 1, Year 2, and Year 3 based on best model.	July 30, 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 dispariti	es?				
	HIP Identifie				
CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center					
Resources to address strategy: Pre-diabetes screenings in healthcare settings, best practices for culturally					

competent diabetes prevention programs, agencies or organizations to conduct prevention programs

Strategic Plan of Action

To work toward improving maternal and child health outcomes, the following strategies are recommended:

Priority #2: Maternal and Child Health						
Facilitating Organization: Lorain County Public Health						
Goal 1: Decrease preterm birth rates by 10% in Lorain County.						
Strategy 1: Progesterone treatment						
Objective: By July 30, 2023, increase the use of prog	esterone for elig	ible pregnant wo	omen by 10% in Lorain County.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:			
Year 1: Gather data from hospital/health systems to identify how progesterone candidates are currently identified, as well as current barriers to progesterone distribution.	July 30, 2021	Pregnant women	Preterm births: Preterm (<37 weeks gestation) births per 1,000 live births.			
Year 2: Based on data collected in year 1, develop and implement a plan to increase the use of progesterone for eligible pregnant women.	July 30, 2022		1,000 tive bit tils.			
Determine strategies to increase education for pregnant women regarding recognizing signs, symptoms, and risk factors of giving birth prematurely.						
Year 3: Continue efforts from years 1 and 2.	July 30, 2023					
 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 dispariti						
	HIP Identified					
CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center						
Resources to address strategy: Lorain County hospitals and healthcare systems						

Facilitating Organization: Lorain County Public Health

Goal 1: Decrease preterm births rates by 10% in Lorain County.

Strategy 2: Home visiting programs that begin prenatally

Objective: By July 30, 2023, identify 3 targeted at-risk areas to expand home visiting programs within Lorain County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Identify all home visitation programs within the county that serve the prenatal population. Identify gaps in program reach within the county. Work with home visitation supervisors to work to develop the best way to coordinate which program is the best fit for different individuals.	July 30, 2021	Adult	Home visiting during pregnancy: percent of women who had a home visit during their most recent
Ensure cultural competence training opportunities are available for home visitation providers.			pregnancy.
Work with home visitation programs to ensure education regarding food insecurity and its impact on health. Ensure there are protocols in place to ensure women are educated regarding their WIC eligibility.			Preterm births: Preterm (<37 weeks gestation) births per 1,000 live births.
Year 2: Continue efforts from year 1.	July 30, 2022		
Determine the feasibility of a joint communication plan or more neutral branding to market specific home visiting programs (ex: Mercy Health Resource Mothers Program). Increase referrals.			
Home visitation programs will enroll all pregnant women in Lorain County in need of services.			
Year 3: Continue efforts from years 1 and 2.	July 30, 2023		

Type of Strategy:

⊗ Yes

- O Public health system, prevention and health O Not SHIP Identified

Strategy identified as likely to decrease disparities?

O No

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County

O Not SHIP Identified

Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Help Me Grow, Mercy Health Resource Mothers Program, Ohio Guidestone, Lorain County Neighborhood Alliance, WIC services

Priority #2: Maternal and Child Health					
Facilitating Organization: Lorain County Public Hea	alth				
Goal 1: Decrease preterm birth rates by 10% in Lorai	n County				
Strategy 3: CenteringPregnancy					
Objective: Establish CenteringPregnancy within at le	ast 2 Lorain Cou	nty health syster	ns by July 30, 2023.		
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 1: Research current or potential pregnancy centering models to improve outcomes for both mothers and babies. Market current centering programs and determine the feasibility of expanding to additional health systems.	July 30, 2021	Adult	Preterm births: Preterm (<37 weeks gestation) births per 1,000 live births.		
Year 2: Continue efforts of year 1. Work with partners to bring awareness of the centering model of prenatal care to county health care organizations. Reach out to surrounding counties to learn/share best practices from existing centering pregnancy programs.	July 30, 2022				
Year 3: Continue efforts of years 1 and 2.	July 30, 2023				
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 O No ⊗ Not SHIP Identified					
CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone					

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Lorain County hospitals and healthcare systems, Lorain County Health and Dentistry, current pregnancy centering models, Mercy Health Resource Mothers Program

Facilitating Organization: Lorain County Public Health

Goal 2: Increase Kindergarten Readiness Assessment rates of students "demonstrating" and/or "approaching" by 10% in Lorain County.

Strategy 1: Interventions in language and literacy skills in children ages 1-5 through early childhood supports

Objective: Increase language and literacy "on track" rates in at least 3 targeted communities by 10%

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Research current and/or potential evidence-based early childhood education programs/activities to improve language and literacy outcomes in at least 3 targeted communities in Lorain County.	July 30, 2021	Adult	Kindergarten readiness: Percent of children "on track" for language and literacy in Kindergarten Readiness Assessment	
Year 2: Implement selected evidence-based programs identified in year 1.	July 30, 2022		(57.9% of Lorain County children were "on track" for language and literacy, KRA	
Year 3: Evaluate the interventions and outcomes from year 2 and make changes as necessary.	July 30, 2023		2018-2019). 🖤	
 Type of Strategy: ⊗ Social determinants of health ○ Public health system, prevention and health behaviors 	O Healthcare system and access O Not SHIP Identified			

Strategy identified as likely to decrease disparities? \bigcirc No

8	Yes	O No	O Not SHIP Identified	
CHI	P Priority	Team Members: Cath	olic Charities, Child Care Resource Center, Cleveland Clinic, C	Cornerstone
rea	ınancv Ser	vices. Horizon Education	on Centers, Lorain County Board of Developmental Disabilitie	es, Lorain Count

Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Kindergarten Readiness Assessment, local preschools and daycares, best practices for improving language and literacy outcomes

Facilitating Organization: Lorain County Public Health

Goal 2: Increase Kindergarten Readiness Assessment rates of students "demonstrating" and/or "approaching" by 10% in Lorain County.

Strategy 2: Interventions in social foundations in children ages 1-5 through early childhood supports

Objective: Increase social foundation overall score in at least 3 targeted communities by 10%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research current and/or potential evidence-based early childhood education programs/activities to improve social foundations and outcomes in at least three targeted at-risk areas in Lorain County.	July 30, 2021	Adult	Kindergarten readiness: Percent of children demonstrating readiness in Kindergarten Readiness Assessment (42.7% of Lorain County children were
Year 2: Implement selected evidence-based programs identified in year 1.	July 30, 2022		demonstrating readiness, KRA
Year 3: Evaluate the interventions and outcomes from year 2 and make changes as necessary.	July 30, 2023		
Type of Strategy:	•		

Type of Strategy:

Social determinants of hea	th O	Healthcare s	system and ac	cess
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O Public health system, prevention and health O Not SHIP Identified

Strategy identified as likely to decrease disparities?

0	165	0 110	O Not Shir Identified
CHIE	P Priority Team	<i>Members:</i> Catholic	Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone
D		Lautana Educadian C	antana I anain Carrata Barand of Barandana antal Birahilitian I anain Ca

Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Kindergarten Readiness Assessment, local preschools and daycares, best practices for improving social foundations outcomes

Facilitating Organization: Lorain County Public Health

Goal 2: Increase Kindergarten Readiness Assessment rates of students "demonstrating" and/or "approaching" by 10% in Lorain County.

Strategy 3: Interventions in physical well-being and motor development in children ages 1-5 through early childhood supports **

Objective: Increase physical well-being and motor development overall score in at least 3 targeted communities by

10%.			g		
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 1: Research current or potential evidence-based early childhood education programs/activities to improve well-being and motor development outcomes in at least three atrisk target areas in Lorain County.	July 30, 2021	Adult	Kindergarten readiness: Percent of children demonstrating readiness in Kindergarten Readiness Assessment (42.7% of		
Year 2: Implement selected evidence-based programs identified in year 1.	July 30, 2022		Lorain County children were demonstrating readiness, KRA 2018-		
Year 3: Evaluate the interventions and outcomes from year 2 and make changes as necessary.	July 30, 2023		2019). 🖤		
Type of Strategy: ⊗ Social determinants of health O Public health system, prevention and health behaviors O Healthcare system and access O Not SHIP Identified					
Strategy identified as likely to decrease disparition					
Yes					
for well-being and motor development outcomes					

Strategic Plan of Action

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

Priority #3: Mental Health Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022. **Strategy 1**: Community-based education to promote positive mental health **Objective:** By December 31, 2022, provide QPR (Question Persuade Refer) basic suicide prevention training in two new identified settings determined by Year 1 data collection and Year 2 data analysis. Priority Indicator(s) to measure **Action Step** Timeline Population impact of strategy: **Year 1:** Informed by Psychological Autopsy December 7, Overall trends techniques, increase # of data collection categories 2020 includina on the Lorain County Suicide Prevention Data adult and Suicide deaths: Number of Table by 25% (12 to 15), for approval by the Mental youth deaths due to suicide per Health CHIP Priority Team and the Lorain County 100,000 population (age Suicide Prevention Coalition (SPC) on or before the adjusted) December 7, 2020, SPC meeting. Note: Data based on December 31, Year 2: By December 31, 2021, identify at least two information from the Lorain 2021 new settings based on Year 1 data where suicide County Suicide Data Table prevention training should be implemented. and the Ohio Department of Health. December 31, Year 3: By December 31, 2022, provide OPR 2022 (Question Persuade Refer) basic suicide prevention training in new identified settings. Type of Strategy: O Social determinants of health O Healthcare system and access Not SHIP Identified O Public health system, prevention and health behaviors Strategy identified as likely to decrease disparities? ⊗ Not SHIP Identified O No CHIP Priority Team Members: Cleveland Clinic, Far West Center, Firelands Counseling and Recovery Services, Horizon Education Center, Lorain County Children Services, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Lorain County Public Health, Mercy Health, The Nord Center Resources to address strategy: Mental Health, Addiction and Recovery Services Board of Lorain County, existing community-based trainings (QPR, Working Minds, etc.), Lorain County Coroner's Office, Lorain County Suicide **Prevention Coalition**

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.

Strategy 2: Screen for clinical depression for all patients 12 or older using a standardized tool

Objective: Informed by an environmental review of existing screening activities, increase the number of individuals who are screened by a minimum of 10% using standardized depression screening tools that are culturally and agerelevant, on or before December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Create a sub-committee to work with county hospital systems and other health care providers (ex: primary care providers, OB-GYN offices, etc.) that currently screen for depression and determine what tool is used.	July 30, 2020	Adult and youth	Suicide deaths: Number of
Evaluate findings to both determine a baseline number of screenings happening among participating partners; and, share among mental health providers to determine what standardized tools are most helpful for identifying people at risk for suicidal thoughts or actions.			deaths due to suicide per 100,000 population (age adjusted)
Use the sub-committee to determine other community-based locations or programs that could integrate an approved screening tool to "catch" more people at risk.			
Year 2: Pilot the implementation of standardized screening tools (such as the Patient Health Questionnaire (PHQ-9 and PHQ-A)) and/or another chosen tool, within at least one new setting to increase the number of county residents being screened for depression (to be determined from assessment from year 1, approval by the Mental Health CHIP Priority Team and the Lorain County Suicide Prevention Coalition (SPC).	July 30, 2021		
Track the number of patients flagged for depression due to depression screening implementation. Work with both public and private providers, and community screeners, to ensure that clinicians have up to date community resources for mental health referrals.			
Year 3: Continue efforts from years 1 and 2. Possible future action: Determine a system of patient tracking to examine whether community referrals were acted upon.	Dec. 31, 2022		
Type of Strategy:Social determinants of healthPublic health system, prevention and health behaviors		chcare system and SHIP Identified	d access
Strategy identified as likely to decrease disparitie ○ Yes ⊗ No ○ Not SHI			

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.

Strategy 2: Screen for clinical depression for all patients 12 or older using a standardized tool

Objective: Informed by an environmental review of existing screening activities, increase the number of individuals who are screened by a minimum of 10% using standardized depression screening tools that are culturally and agerelevant, on or before December 31, 2022.

Action Ston	Timeline	Priority	Indicator(s) to measure
Action Step	runeune	Population	impact of strategy:

CHIP Priority Team Members: Cleveland Clinic, Far West Center, Firelands Counseling and Recovery Services, Horizon Education Center, Lorain County Children Services, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Lorain County Public Health, Mercy Health, The Nord Center

Resources to address strategy: Mental Health, Addiction, and Recovery Services Board of Lorain County, PHQ-9 or PHQ-A or other screening tool

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.

Strategy 3: School-based prevention programs and policies

Objective: By the start of the 2022-2023 school year, offer at least two new or expanded youth prevention programs proven to influence mental health outcomes for 8th to 12th grade students, reaching 10% more students in public school or pre- and after-school settings.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Members of the Children's Subcommittee of the Lorain County Suicide Prevention Coalition, in partnership with the Educational Service Center, create an inventory of prevention programming and intervention services that are available to Lorain County school districts. Include pertinent information (grade levels, time commitment, cost). Create a similar guide that lists which districts, schools, and grade levels are currently participating in the above programming, and develop an estimated baseline of the number of children served, by grade level. Ensure the information is easily accessible to Lorain County Health Partners. Schedule a meeting with key stakeholders and the Educational Service Center to determine best ways to approach school districts/superintendents with program and service offerings. Discuss opportunities to incorporate or supplement information within current curriculums.	July 30, 2020	8 th to 12 th grade students	Number of youth enrolled in or experiencing youth school-based prevention programming offerings Future outcomes measurement: PRIDE survey for 8 th , 10 th and 12 th grades
 Year 2: Continue efforts of year 1. Research and determine the feasibility of launching or expanding the following or other identified programs/services: Teen Mental Health First Aid (tMHFA) across public high schools after pilot program Expanding Coping with Stress high-school program CAST (Coping and Support Training), a small-group 12-week program that can be offered in middle and high schools Mentoring programs and opportunities, for example: Ashland County's Multi-Generational Mentoring (MGM) program Expanding pre-school The PAX Good Behavior Game, The Incredible Years Trauma intervention services for all ages, like the Handle With Care Program Secure funding, instructors, materials for any new programs selected. 	July 30, 2021		
Year 3: Continue efforts of years 1 and 2. Launch or expand programs. Possible future action: use	August 15, 2022		

Priority #3: Mental Health 🛡						
Facilitating Organization: Mental Health, Addiction	and Recover	y Services Boa	ard of Lorain County			
Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.						
Strategy 3: School-based prevention programs and p	policies 🛡					
Objective: By the start of the 2022-2023 school year, offer at least two new or expanded youth prevention programs proven to influence mental health outcomes for 8 th to 12 th grade students, reaching 10% more students in public school or pre- and after-school settings.						
Action Step	Priority Population	Indicator(s) to measure impact of strategy:				
PRIDE Survey data to determine impacts in 8 th , 10 th and 12 th grades.						
Type of Strategy: ○ Social determinants of health ○ Healthcare system and access ○ Public health system, prevention and health behaviors						
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified						
CHIP Priority Team Members: Cleveland Clinic, Far Horizon Education Center, Lorain County Children Se and Family Services, Lorain County Public Health, Me.	rvices, Lorain	County Healt	h & Dentistry, Lorain County Jobs			

Resources to address strategy: Lorain Public Health, Healthy Kids Achieve More Network, Educational Service Center of Lorain County, Communities That Care, local school districts, County MHARS/ADAMHS partners (Ashland, Stark), existing law enforcement partnerships, evidence-based social and emotional programs, ODE social and emotional instruction resources

Strategic Plan of Action

To work toward decreasing substance abuse, the following strategies are recommended:

Priority #4: Substance Abuse 💆						
Facilitating Organization: Mental Health, Addiction	and Recovery S	ervices Board of	Lorain County			
Goal 1: By December 31, 2022, Lorain County will see be current smokers) and youth tobacco use (23% or 1)						
Strategy 1: Policies to decrease availability of tobacc	co products					
Objective: Adopt or improve at least 5 tobacco-free	policies by Dece	mber 31, 2022				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:			
Year 1: Raise awareness of the recently passed Tobacco 21 initiative.	December 31, 2020	Adult and youth				
Begin efforts to adopt or improve tobacco-free policies in schools, worksites and other public locations. Ensure all forms of tobacco are included (i.e. e-cigarettes).			Adult smoking: Percent of adults who currently smoke some or all days			
Reach out to other entities who have implemented these policies to learn best practices, strategies to approach decision makers, and to learn of potential barriers and challenges.			Youth smoking: Percent of youth who smoked cigarettes or vaped in the past 30 days			
Develop strategies to provide support to entities adopting tobacco-free policies Access to tobacco product: Number of tobacco retailer per 1,000 people)						
Year 2: Continue efforts of year 1. Recruit additional entities for adoption or improvement of smoke-free policies.	December 31, 2021		per 1,000 people)			
Develop evaluation strategies to evaluate policies and progress toward goal.						
Year 3: Continue efforts from years 1 and 2.	December 31,					
Adopt or improve at least 5 total tobacco-free policies in county parks, fairgrounds, schools, or other public locations.	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						
CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center						
Resources to address strategy: Current Lorain Public ordinances, county tobacco cessation offerings, colla						
*Note: Strategy is identified as cross-cutting (impacts more than one priority area)						

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 2: Increase perception of risk of marijuana use in youth by 10% by December 31, 2022

Strategy 1: Community awareness and education of risky behaviors and substance abuse issues and trends

Objective: Conduct at least 1 coordinated campaign among Lorain County organizations by December 31, 2022					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 1 . Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends.	December 31, 2020	Youth and adult			
Work with organizations to determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.). Determine unified messaging approaches across organizations.			Youth perceptions: Percent of youth identifying a "great risk" of harm to smoke marijuana		
Create a collaborative resource hub for partners and the community housing accurate and consistent information regarding marijuana, including facts about medical and recreational marijuana, sample policies for schools, employers and other entities, and local data.					
Year 2: Continue efforts of Year 1.	December 31, 2021				
Continue to seek updated and consistent information for toolkits and expand access to the community.	2021				
Year 3: Continue efforts of years 1 and 2.	December 31, 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 O No ⊗ Not SHIP Identified					
CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and					

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Communities That Care of Lorain County

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 3: Decrease unintentional drug overdose deaths by 10% by December 31, 2022

Strategy 1: Expand community efforts for education, identification, access to care and overdose prevention **Objective:** Using a delineated process, implement SBIRT screenings within at least 3 new settings by July 30, 202

Action Step	Timeline	Prior	ity Population	Indicator(s) to measure impact of strategy:
Year 1: Increase coordination of existing treatment engagement efforts (e.g. Warm Handoff, QRT) to increase efficiency of access to care Expand existing efforts around naloxone distribution including proactive distribution to families Introduce or re-introduce a screening, brief intervention and referral to treatment model (SBIRT) to health care professionals. Pilot the screening tool with at least one additional location.	July 30, 20	020	Adult and youth	Unintentional drug overdose deaths: Number of deaths dues to unintentional drug overdoses per 100,000 population (age adjusted)
Year 2: Continue efforts of Year 1 Create and Implement marketing plan for stigma reduction	July 30, 20)21		
Year 3: Continue efforts from year 2. Increase the number of Certified Peer Recovery Supports through training and support with the application processes	July 30, 20)22		
Type of Strategy:O Social determinants of healthO Public health system, prevention and health behaviors	\ ⊗ ○		ncare system and	daccess
Strategy identified as likely to decrease dispari O Yes No CHIP Priority Team Members: Cleveland Clinic, C Recovery Services, Let's Get Real, Lorain County Ch	SHIP Ident Communitie	s That C		

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Mental Health, Addiction and Recovery Services Board of Lorain County, Lorain County Opiate Action Team, Lorain County Public Health, OMHAS-Peer Support Training

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 4: Decrease binge drinking in those under age 30 by 10% by December 31, 2022

Strategy 1: Screening, brief intervention and referral to treatment (SBIRT)

Objective: Increase the number of healthcare providers using the SBIRT model by 25% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collect baseline data on the number of medical entities that currently screen for drug and alcohol abuse, and at what age they start screening. Introduce or re-introduce a screening, brief intervention and referral to treatment model (SBIRT) in medical locations. Pilot the screening tool with one additional location.	December 30, 2020	Adult	Binge drinking: Percent of adults/youth under age 30 who consumed 4 or more drinks on occasion (females) or 5 or more drinks on occasion (males) in the past 30 days
Year 2: Continue efforts from year 1. Determine feasibility of offering SBIRT screenings in additional (non-medical) settings (schools, Boys and Girls Club, etc.). Work with both public and private providers to ensure that clinicians have up to date community resources and processes for referral.	December 30, 2021		
Year 3: Continue efforts from year 1 and year 2. Increase the number of healthcare providers using the SBIRT model by 25% from baseline. Type of Strategy:	December 30, 2022		

- 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 ⊗ No

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Mental Health, Addiction and Recovery Services Board of Lorain County, Lorain County Public Health, OMHAS SBIRT resources

Priority #5: Cancer

Strategic Plan of Action

To work toward improving cancer outcomes, the following strategies are recommended:

Priority #5: Cancer

Facilitating Organization: Lorain County Public Health

Goal 1: Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations.

Strategy 1: Increase screening and immunization rates in three cancers with evidence-based recommendations in target high-risk subpopulations

Objective: Improve accessibility of screenings in identified subpopulations

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Compile county baseline data regarding cancer stage diagnoses.	Jul 31, 2020	Adults (within age groups for	
Compile county baseline data regarding screening rates.	Jul 31, 2020	recommended guidelines)	
Share data within Lorain County Health Partners to identify types of cancer and subpopulations of focus	Jul 31, 2020		
Inventory outreach efforts in the county			
Compile data on what screening guidelines are currently	Dec 31, 2020		
being utilized	Dec 31, 2020		Late stage diagnosis data
Explore feasibility of unified messaging across health systems	Dec 31, 2020		Screening rate data
Year 2: Update data as it becomes available.	March 31, 2021		
Draft unified messaging if determined feasible. Suggest topics: insurance coverage, screening guidelines	March 31, 2021		
Identify channels for dissemination of messaging that reach identified subpopulations and professionals (primary care doctors)	June 30, 2021		
Draft unified outreach plan Implement recommendations from outreach plan	Dec 31, 2021		

Priority #5: Cancer

Facilitating Organization: Lorain County Public Health

Goal 1: Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations.

Strategy 1: Increase screening and immunization rates in three cancers with evidence-based recommendations in target high-risk subpopulations

target high-risk subpopulations					
Objective: Improve accessibility of screenings in identifie	d subpopulat	ions			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:		
Year 3: Continue efforts from Years 1 and 2	July 30, 2022				
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified					
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified					
CHIP Priority Team Members: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health					

Resources to address strategy: Informatics, data from hospital systems, screening and immunization rate data

Priority #5: Cancer

Facilitating Organization: Lorain County Public Health

Goal 2: Decrease number of eligible cases failing to initiate or continue treatment due to unmet needs by 2%.

Strategy 1: Decrease barriers to treatment

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Inventory cancer resource sources	July 31, 2020	Adult	
Work with navigators and social workers to ensure inventory is complete.	Dec 31, 2020		Number of cancer resources
Update cancer resource sources as needed	Dec 31, 2020		Number of channels receiving information
Identify gaps in resources	Dec 31, 2020		Percent of needs that
Year 2: Identify additional channels for dissemination of information.	July 30, 2021		are unmet Percent of patients
Provide channels with appropriate materials	Dec 31, 2021		initiating or completing treatment after diagnosis
Select 1-2 gaps to improve services and resources	Dec 31, 2021		
Year 3: Continue efforts of Years 1 and 2 and implement resource improvements	Dec 31, 2022		
Type of Strategy: O Social determinants of health		e system and acc	ess

\circ	Social dete	erminant	s of health		0	Healthcare system and access
$\overline{}$	D 1 11 1			 1.1	•	NI COURT OF SEC. 1

O Public health system, prevention and health Not SHIP Identified behaviors

Strategy identified as likely to decrease disparities? O Yes ⊗ No O Not SHIP Identified

CHIP Priority Te	am Members: Am	erican Ca	ancer Society,	Cleveland Clinic,	Lorain Count	ty Free Clinic, Lor	ain County
Health & Dentistr	y, Mercy Health						

Resources to address strategy: Oncology social workers, unmet needs data, loss to follow up data