University Hospitals

2023-2025
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 Medical Center and UH Geneva Medical Center Community Health Implementation Strategy on March 21, 2023.

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 University Hospitals Conneaut Medical Center and University Hospitals 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 2022, University Hospitals Portage Medical Center conducted a joint community health needs assessment (a “CHNA”) with the Ashtabula County Health Department and the associated Ashtabula County Community Health Partners. The CHNA was compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) 3701.981. The 2022 CHNA serves as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) UH Conneaut and UH Geneva determined they are able to meet in whole or in part; (b) are otherwise part of UH’s mission; and (c) are not met (or are not adequately met) by other programs and services in the county. This IS identifies the means through which UH Conneaut and UH Geneva plans to address a number of the needs that are consistent with the hospital’s charitable mission as part of its community benefit programs. Likewise, UH Conneaut and UH Geneva are addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Conneaut and UH Geneva anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2022 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by UH Conneaut and UH Geneva in the IS. More specifically, since this IS was done in conjunction with the 2022 Ashtabula County Community Health Improvement Plan (Appendix A), other community organizations will be addressing certain needs.

In addition, UH Conneaut and UH Geneva worked together to align both its CHNA and IS with state plans. Ohio state law (ORC 3701.981) mandates that all hospitals must collaborate with their local health departments on community health assessments (a “CHA”) and community health improvement plans (a “CHIP”). Additionally, local hospitals must align with the Ohio State Health Assessment (an “SHA”) and Ohio State Health Improvement Plan (an “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 2020-2022 SHIP.

This aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2023-2025 UH Portage Medical Center Community Health Implementation Strategy which aligns with the 2022 Portage County Community Health Improvement Plan and meets the state of Ohio’s October 1, 2020 deadline. This IS meets all the requirements set forth in Section 501(r).

The Portage County Health Department, on behalf of the Ashtabula County Community Health Assessment Committee (includes UH Conneaut Medical Center and UH Geneva Medical Center), hired Illuminology to conduct the community health planning process which yielded the strategies outlined in this report as well as the aligned Ashtabula County Community Health Improvement Plan (“CHIP”). This report more clearly delineates the commitments made by UH Conneaut and Geneva Medical Center.

University Hospitals Conneaut Medical Center and University Hospitals Geneva Medical Center is working with other partners in Ashtabula County to address the following priorities which were identified in the 2022 UH Ashtabula CHNA:

1. Obesity (including nutrition and physical activity and Ohio’s priority health outcome of chronic disease) ⭐
2. Access to Care ⭐
3. Depression and Anxiety Prevention and Treatment ⭐
Additionally, UH Conneaut and UH Geneva Medical Centers will work collaboratively with other partners to address Healthcare System and Access, Social Determinants of Health, and Health Equity which were identified as a cross-cutting factors undergirding all three priorities.

**Hospital Mission Statement**

As a wholly owned subsidiary 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. In 2021, majority (90.8%) of University Hospitals Conneaut and (73.9%) University Hospitals 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. In looking at the community population served by the hospital facilities and Ashtabula County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both Community Health Assessments and health improvement planning.

**Alignment with Local and State Standards**

**Community Partners**

The IS was done in collaboration with various agencies and service-providers within Ashtabula County. In 2022, the Ashtabula County Community Health 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 Community Health Partners:

- 4H Extension Office
- A-Tech horticulture
- Master Gardener Program
- Star Beacon
- Gazette
- ACMC
- NP Wellness schools, including Ashtabula
- City’s Dragon Empowerment Center and Right Track after school programs
- Jefferson Village Community Center
- Pymatuning Schools
- YMCA
- Andover Methodist Church
- Grand Valley High School
- Community AIDS Network
- Chambers of Commerce
- Ohio State University
- Cooperative Extension – Ashtabula County
- MHRSB
- Lake Area Recovery Center
- Signature Health
- Ashtabula County Juvenile Court
- Ashtabula County Community Action Agency
- Ashtabula County Educational Service Center
- Community Counseling Center of Ashtabula County
- Lake Erie Correctional Center

The community health improvement process was facilitated by Illuminology.
Priority Health Needs

Reminder: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP.

Priorities:

1. Obesity
2. Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity
3. Prevent and Promote Treatment of Depression and Anxiety Across the Lifespan

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 2022 CHNA also fit within the following cross-cutting areas:

1. Healthcare system and access
2. Social determinants of health
3. Health equity

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 2022 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.

Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity

- By 2026, increase the percent of children ages 3-17 who eat 5 or more servings of fruits and vegetables per day by 2%.
- By 2026, increase child physical activity of 5 or more days per week by 2%.
- By 2026, reduce the overall adult obesity rate of the county by 3%.
Access to Care

• By 2026, conduct one collaborative assessment of access to health care in Ashtabula County.
• By 2026, increase the percent of Ashtabula County residents who have health insurance by 2% (targeting those between the ages of 18-65).
• By 2026, implement at least two multi-sector strategies to expand access and coordination of community services available to support the needs of the whole person.
• By 2026, increase utilization of telehealth services by 15% to promote preventative care.

Prevent and Promote Treatment of Depression and Anxiety across the Lifespan

• By 2026, implement an anti-stigma mental health awareness, informational and educational campaign.
• By 2026, enhance linkage to treatment for engagement and retention from hospitals to treatment providers.
• By 2026, raise awareness among health and social service providers about mental health to focus on meeting the needs of the whole person through four strategies.

Strengthen and Sustain Healthy Ashtabula County

• By 2024, establish a health equity coalition.
• By 2026, implement at least two strategies to increase awareness and use of the Health Ashtabula County Partnership, CHNA, and CHIP.

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2023-2025 Ashtabula County Community Health Improvement Plan process and the associated county partners; see Community Health Needs Assessment Committee listed on page 5 of this report.
<table>
<thead>
<tr>
<th>University Hospitals Conneaut and Geneva Medical Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHNA Priority: Access to Care</strong></td>
</tr>
<tr>
<td><strong>Strategy:</strong> Improve access to comprehensive primary care.</td>
</tr>
<tr>
<td><strong>Goal:</strong> Improve access to primary care.</td>
</tr>
<tr>
<td><strong>Objective:</strong> By December 2025, connect 40% of Ashtabula County adults who attend monthly health screenings with a primary care provider (if they do not have one).</td>
</tr>
<tr>
<td><strong>Action Steps:</strong></td>
</tr>
<tr>
<td><strong>Year 1:</strong></td>
</tr>
<tr>
<td>• 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).</td>
</tr>
<tr>
<td>• Develop a comprehensive plan to improve access to primary care through the addition of two Advanced Practice Providers in Ashtabula and Conneaut.</td>
</tr>
<tr>
<td><strong>Year 2:</strong></td>
</tr>
<tr>
<td>• Continue monthly biometric screenings and refer 30% of adults who attend screenings with a primary care provider (if they do not have one).</td>
</tr>
<tr>
<td><strong>Year 3:</strong></td>
</tr>
<tr>
<td>• Continue monthly biometric screenings and refer 40% of adults who attend screenings with a primary care provider (if they do not have one).</td>
</tr>
<tr>
<td><strong>Anticipated Measurable Outcome(s) based on current trends:</strong></td>
</tr>
<tr>
<td>• 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).</td>
</tr>
<tr>
<td>• Decrease the percentage of persons living in Ashtabula County that had at least one person they thought of as their personal healthcare provider (baseline: 70% in the 2022 UH Conneaut-Geneva Medical Centers CHNA).</td>
</tr>
<tr>
<td><strong>Indicator(s) used to measure progress:</strong></td>
</tr>
<tr>
<td>• 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)</td>
</tr>
<tr>
<td><strong>Collaboration and Partnerships:</strong> Internal UH physician services</td>
</tr>
</tbody>
</table>

*Outcomes are based on a variety of tactics occurring among the Ashtabula County Community Health partners to achieve the anticipated results at the county level.*
<table>
<thead>
<tr>
<th>University Hospitals Conneaut and Geneva Medical Centers</th>
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</thead>
<tbody>
<tr>
<td><strong>CHNA Priority: Prevent Obesity and Chronic Conditions</strong></td>
</tr>
<tr>
<td><strong>by Promoting Nutrition and Physical Activity</strong></td>
</tr>
<tr>
<td><strong>Strategy 1:</strong> Diabetes Prevention and Education Program.</td>
</tr>
<tr>
<td><strong>Goal:</strong> Increase awareness of diabetes prevention and self-management.</td>
</tr>
<tr>
<td><strong>Objective:</strong> By December 2024, increase enrollment in diabetes education program by 5%.</td>
</tr>
<tr>
<td><strong>Action Steps:</strong></td>
</tr>
<tr>
<td><strong>Year 1:</strong></td>
</tr>
<tr>
<td>• Continue to implement diabetes education programs. Increase enrollment in diabetes education programs by 5%.</td>
</tr>
<tr>
<td><strong>Year 2:</strong></td>
</tr>
<tr>
<td>• Decrease participant’s A1C levels by 5%.</td>
</tr>
<tr>
<td><strong>Year 3:</strong></td>
</tr>
<tr>
<td>• Measure effectiveness of strategy to inform next steps.</td>
</tr>
<tr>
<td><strong>Anticipated measurable outcome(s):</strong></td>
</tr>
<tr>
<td>• Increase program participation by 5%. Baseline: 80 participants (2020-2022)</td>
</tr>
<tr>
<td>• Decrease participants A1C levels by 5% Baseline: 40 participants with decreased A1C levels (2020-2022). Note some participants did not complete their A1C level recheck</td>
</tr>
<tr>
<td><strong>Indicator(s) used to measure progress:</strong></td>
</tr>
<tr>
<td>• Number or participants in diabetes education program in comparison to previous year.</td>
</tr>
<tr>
<td>• Number of those participants, out of total program participants, that achieved a decreased A1C levels</td>
</tr>
<tr>
<td><strong>Collaboration and Partnerships:</strong> Ashtabula County Health Department, Ashtabula County Medical Center (ACMC), Signature Health/Family Planning Association of Northeast Ohio, YMCA</td>
</tr>
</tbody>
</table>

*Outcomes are based on a variety of tactics occurring among the Ashtabula County Community Health partners to achieve the anticipated results at the county level.*
University Hospitals Conneaut and Geneva Medical Centers

CHNA Priority: Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity

Strategy 2: Implementation of a Physical Activity and Nutrition Education Program in the Community and School Environments.

Goal: Reduce obesity.

Objective: Implement a nutrition and exercise program in two additional primary care offices by October 1, 2025. Establish new nutrition and exercise programs in two schools by October 1, 2025.

Action Steps:

Year 1:
- Determine the baseline number of healthcare providers and primary care physicians at UH Conneaut and UH Geneva Medical Centers that currently promote exercise and physical activity to their patients.
- Determine the baseline number of healthcare providers and primary care physicians at UH Conneaut and UH Geneva Medical Centers that currently promote nutritional education to their patients.
- 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 nutrition and exercise programs. *(Track the number of committed referral partners.)*

Year 2:
- Continue efforts from Year 1.
- Pilot a nutrition and exercise 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 nutrition, physical activity and exercise programs.

Year 3:
- Continue efforts from Years 1 and 2.
- Implement a nutrition and exercise program into one additional location with accompanying referral options and evaluation measures.

*Anticipated measurable outcome(s):*
- Reduce the Ashtabula County adult overweight rate (baseline: 36% in the 2022 UH Conneaut-Geneva Medical Centers CHNA).
- Reduce the Ashtabula County adult obesity rate (baseline: 42% in the 2022 UH Conneaut-Geneva Medical Centers CHNA).

Continued on next page
## University Hospitals Conneaut and Geneva Medical Centers

**CHNA Priority: Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity**

### Indicator(s) used to measure progress:

- Percent of Ashtabula County adults who have been told by a health professional that they are overweight (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, SODEXO

*Outcomes are based on a variety of tactics occurring among the Ashtabula County Community Health partners to achieve the anticipated results at the county level.*
Strategy 3: Diabetes prevention program (DPP) and Prediabetes screening and referral.

Goal: Prevent diabetes.

Objective: Conduct one DPP class annually as appropriate. 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 as appropriate.
- 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 from 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: 14.2% in the 2022 UH Conneaut-Geneva Medical Centers CHNA).

*Indicators 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

*Outcomes are based on a variety of tactics occurring among the Ashtabula County Community Health partners to achieve the anticipated results at the county level.
University Hospitals Conneaut and Geneva Medical Centers

CHNA Priority: Prevent Obesity and Chronic Conditions
by Promoting Nutrition and Physical Activity

Strategy 4: Hypertension screening and follow-up.

Goal: Prevent heart disease.

Objective: Provide at least two hypertension screening events annually. Provide Hypertension Oversight Monitoring and Education Program (HOME).

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.)
- Provide HOME Program to those participants with positive results as referred by their Primary Care Physician.
- 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 from Years 1 and 2.

*Anticipated measurable outcome(s):
- Reduce (or maintain) the percent of adults ever diagnosed with hypertension (baseline: 40% in the 2022 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 partners to achieve the anticipated results at the county level.
University Hospitals Conneaut and Geneva Medical Centers

**CHNA Priority: Prevent and Promote Treatment of Depression and Anxiety Across the Lifespan**

<table>
<thead>
<tr>
<th>Strategy:</th>
<th>School-based alcohol/other drug prevention programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>Prevent drug dependence/abuse.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>By October 1, 2025 all school districts will have at least one school-based alcohol/other drug prevention program that educates students on causes and stigmas that prevent individuals from seeking holistic care for their mental and physical health needs.</td>
</tr>
</tbody>
</table>

**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 to 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 progress:**
- 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

*Outcomes are based on a variety of tactics occurring among the Ashtabula County Community Health partners to achieve the anticipated results at the county level.*
Community Collaborators

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

Qualifications of Consulting Company

Ashtabula County Health Department and University Hospitals Conneaut and Geneva Medical Center commissioned Illuminology.

Contact Information

For more information about the Implementation Plan, please contact:

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Director, Community Health Engagement
Government & Community Relations
University Hospitals
11100 Euclid Avenue
Cleveland, Ohio 44106
Lena.Grafton@UHhospitals.org
Appendix A

2023-2025 Ashtabula County Community Health Improvement Plan Strategies
2023-2025 CHIP Workplan

Preface
The following pages reflect 2023-2025 CHIP Workplans for each priority area. Healthy Ashtabula County has developed a standardized approach to the implementation of health promotion campaigns. Where appropriate, campaigns for which the standardized approach will be used are indicated with an asterisk (*). The approach includes the following steps:

- Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol) by:
- Gathering research considering evidence-based or promising practice articles on successful campaigns or obesity initiatives.
- Meet with community members to incorporate community voice before launching the campaign- ask the community or those directly impacted by obesity what would be helpful or work to address obesity; have them review and provide input on messages before launching campaign.
- Add messaging about what action members of the public should or should not take and why actions should be taken.
- Consider cultural humility and linguistic competence by applying the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare.
- Use multiple modes to communicate campaign messages (e.g., PSAs, billboards, social media, websites, etc.).

CHIP Workplan Icon Key
Icons within the dashboard reflect alignment to state and national priorities, as well as evidence based practices, as follows:

- **Aligned to the Ohio SHIP**
- **HP2030**
- **Hi-5**
- **CHC**
  - Aligned to national priorities:
    - HP2030
    - CDC's Hi-5
    - Creating Healthy Communities (CHC)
  - Scientifically-based practice likely to reduce disparities, according to the RWJF and University of Wisconsin's "What Works for Health" evidence-based review tool
  - Associated with an accreditation requirement of the Public Health Accreditation Board (PHAB) among local health departments
  - Addresses a policy recommendation, aimed at alleviating causes of health inequities.
Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity

**Consideration of social determinants of health or health inequities:** The 2022 CHNA revealed that the likelihood of a variety of chronic diseases (e.g., coronary heart disease, diabetes, COPD) increased as household income decreased or as age increased. Members acknowledged that all individuals may not have equal access to information regarding how to prevent chronic disease, healthy eating and physical activity, especially among sub-populations such as children, older adults, and those with lower household incomes.

**Indicator(s) to measure impact:**
- % of youth who report consuming 0 servings of fruits or vegetables per day (Baseline: 12.8; 2022 CHNA)
- % of adults who report consuming 0 servings of vegetables per day (Baseline: 5%, 2019 CHNA)
- % of youth who did not participate in at least 60 minutes of physical activity
- Ashtabula County Obesity Rate

**Objective 1:** By 2026, increase the percent of children ages 3-17 who eat 5 or more servings of fruits and vegetables per day by 2%.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Timeline</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form a committee to examine policies, such as Good Food Here (from the Ohio Food and Beverage Guidelines Toolkit) and engage local resources (local farmers, 4H, etc.) to develop a program for healthy food taste testing and recipe cards in local grocery stores.</td>
<td>2/15/23 (committee formed) 3/31/23 (hold 1st meeting)</td>
<td>4H extension office, A-Tech horticulture, Master Gardener Program, Ashtabula County Educational Service Center, HDAC</td>
</tr>
<tr>
<td>Develop a community permaculture for free fruits and vegetables working with schools and community members (possibly, integrating Veggie U and community gardening in school curricula). CHC</td>
<td>12/21/23</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 2:** By 2026, increase child physical activity of 5 or more days per week by 2%.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Timeline</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a community wide physical activity campaign containing health promotion messages on health risks *</td>
<td>6/1/23</td>
<td>Star Beacon, Gazette, ACMC, UH, Radio Stations, Ashtabula County Educational Service Center, HDAC, Ashtabula City's Dragon Empowerment Center and Right Track after school programs</td>
</tr>
<tr>
<td>Address school programs to increase physical activity (e.g., in the classroom, recess, or study hall periods) among middle and high schools. HI-5</td>
<td>8/31/23</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 3:** By 2026, reduce the overall adult obesity rate of the county by 3%.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Timeline</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create or partner with non-profit organizations to create fitness and nutritional support/educational activities for residents that include online and in-person options for exercise and healthy eating lifestyles.</td>
<td>2/28/23</td>
<td>Jefferson Village Community Center, Planet Fitness, Premier Fitness, SNAP Fitness, Ashtabula County Educational Service Center YMCA, and Andover Methodist Church</td>
</tr>
<tr>
<td>Engage local fitness centers and schools to honor a 30- or 60-day free exercise subscription to the entire community.</td>
<td>2/28/23</td>
<td></td>
</tr>
<tr>
<td>Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol). *</td>
<td>3/31/23</td>
<td></td>
</tr>
</tbody>
</table>
## Access to Care

### Consideration of social determinants of health or health inequities:
According to the 2022 CHNA, individuals of lower SES were more likely to experience barriers to care associated with lack of employment (and therefore, employer-based health coverage), those who lacked a personal vehicle to travel to/from medical appoints, those not seeking care due to fears of copays or out-of-pocket costs. Individuals uninsured tended to be under the age of 65 (ineligible for Medicare). In terms of the availability of providers, geographic gaps were identified in the Southern quadrant and among specialty care providers, including labor and delivery.

### Indicator(s) to measure impact:
- % of adults, ages 19-64, who are uninsured (ACS, 1-year estimates)
- % living in a primary care health professional shortage area (HRSA, as compiled by KFF)
- % living in a mental health professional shortage area (HRSA, as compiled by KFF)

### Objective 1: By 2026, conduct one collaborative assessment of access to health care in Ashtabula County.

#### Strategies

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<tr>
<td>Convene partners to assess access to care (including, at a minimum, primary care and behavioral health providers).</td>
<td>1/31/23</td>
<td>Access to Care Committee</td>
</tr>
<tr>
<td>Host meeting(s) to identify data available on populations who lack access or experience barriers (data could be from the CHNA, surveys, ED/ER visits, etc.) and data on the availability and gaps in services (e.g., the number and geographic distribution of providers, or patient/provider ratios).</td>
<td>3/31/23</td>
<td>Access to Care Committee</td>
</tr>
<tr>
<td>Collect data and host meeting(s) to draw conclusions about the causes of barriers to access to care (e.g., transportation or other social or structural determinants of health) and emerging issues (e.g., changes in the availability of services or providers, or reimbursement/insurance, legislative, or other changes) which could include conducting a SWOT/SOAR or Forces of Change Assessment.</td>
<td>4/28/23</td>
<td>Access to Care Committee</td>
</tr>
<tr>
<td>Draft Access to Care Assessment Report specifically addressing access to primary care and behavioral health, which includes: An evaluation of access to care strategies implemented by gathering data directly from those experiencing barriers; populations who lack access or experience barriers; an assessment of the availability and gaps in services; conclusions drawn about the causes of barriers; and emerging issues related to access to care.</td>
<td>6/30/23</td>
<td>Access to Care Committee</td>
</tr>
<tr>
<td>Review Access to Care Assessment Report findings with partners and identify 1-2 strategies that could be implemented related to achieving policy changes or additional resources to facilitate access.</td>
<td>8/31/23</td>
<td>Access to Care Committee</td>
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### Objective 2: By 2026, increase the percent of Ashtabula County residents who have health insurance by 2% (targeting those between the ages of 18-65). HP2030

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<tr>
<td>Identify under/uninsured individuals, including those who are un/under-employed and not receiving employer sponsored benefits, the Chamber of Commerce to identify the County's largest employers who do not offer health insurance, and/or small business associations to identify self-employed and un/under-employed individuals who are uninsured.</td>
<td>10/31/23</td>
<td>Access to Care Committee, Chambers of Commerce, Small business associations, employers, insurance providers</td>
</tr>
<tr>
<td>Identify insurance enrollment/navigators/case managers available in Ashtabula County who are available to provide insurance enrollment assistance and eligibility criteria.</td>
<td>11/30/23</td>
<td>Access to Care Committee, Chambers of Commerce, Small business associations, employers, insurance providers</td>
</tr>
<tr>
<td>Work with insurance companies to create transparency in out of pocket, copay, and other medical expenditures to prevent individuals from not seeking care due to costs.</td>
<td>1/31/24</td>
<td>Access to Care Committee, Chambers of Commerce, Small business associations, employers, insurance providers</td>
</tr>
<tr>
<td>Develop a program to integrate mobile insurance registration within EMS, targeting the Southern portion of the County.</td>
<td>1/31/24</td>
<td>Access to Care Committee, Chambers of Commerce, Small business associations, employers, insurance providers</td>
</tr>
</tbody>
</table>
### Access to Health Care

**Objective 3: By 2026, implement at least two multi-sector strategies to expand access and coordination of community services available to support the needs of the whole person.**

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<tr>
<td>Identify for comparison, nurse advocate programs successfully implemented in other communities which assist with insurance enrollment, navigation, and cost transparency. ✔️</td>
<td>12/31/23</td>
<td>Access to care committee, health and social service providers, 211</td>
</tr>
<tr>
<td>Meet with social service and health care providers and establish signed Memoranda of Understanding (MOUs) to link or coordinate care. The MOUs will list activities, responsibilities, scopes of work, and timelines to integrate social services and health care. ✔️</td>
<td>1/31/24</td>
<td>Access to care committee, health and social service providers, 211</td>
</tr>
<tr>
<td>Advocate for legislation to expand affordability, coverage, or cost transparency to increase access, focusing on preventative care and barriers faced among the working poor. ✔️</td>
<td>12/31/25</td>
<td>Access to care committee, health and social service providers, 211</td>
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**Objective 4: By 2026, increase utilization of telehealth services by 15% to promote preventative care. HP2030**

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<tr>
<td>Assess telehealth options available based on insurance coverage/provider to determine if there are gaps in service eligibility or coverage. ✔️</td>
<td>10/31/23</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
</tr>
<tr>
<td>Meet with insurance providers to explore options to expand telehealth service coverage. ✔️</td>
<td>11/30/23</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
</tr>
<tr>
<td>Promote the Affordable Connectivity Program (ACP) by advertising in churches, senior centers, public housing, lobbies and other public places to increase broadband access among 6,800 households in Ashtabula County (targeting the Southern portion).</td>
<td>12/31/23</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
</tr>
<tr>
<td>Develop and promote a directory/tri-fold of available telehealth services and providers based on insurance provider and instructional materials to assist individuals in using telehealth services. ✔️</td>
<td>12/31/23</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
</tr>
<tr>
<td>Circulate the tri-fold and informational materials on how to access tele-health services through 211, ACP services providers and community health centers (such as, the resource center in Conneaut) by providing information to those gaining access to broadband.</td>
<td>12/31/25</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
</tr>
<tr>
<td>Host educational session(s) for individuals on how to access telehealth and record sessions to post links to Healthy Ashtabula County partner pages for community members to access for future viewing.</td>
<td>12/31/25</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
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<tr>
<td>Embed community health resource centers to conduct preliminary screenings (e.g., blood pressure, blood sugar, O2 (oxygen) levels, etc.) prior to telehealth visits with telehealth technology available to assist those without computers or who are less tech-savvy (locations include: Andover library, SCAD, community centers, etc.). ✔️</td>
<td>12/31/25</td>
<td>Access to care committee, 211, ACP, health and social service providers</td>
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Prevent and promote treatment of depression and anxiety across the lifespan

Consideration of social determinants of health or health inequities and vulnerable populations: The work group discussed social isolation, poverty, and lack of prison re-entry programs as social factors that contribute to substance abuse and addiction. This is especially true for low SES residents, while it was noted that mental health issues, including depression and anxiety are non-discriminatory spanning across SES groups.

Indicator(s) to measure impact:
- % of youth, ages 12-17, who experienced a major depressive episode within the past year (NSDUH)
- % of adults, ages 18 and older, who experienced a major depressive episode within the past year (NSDUH)
- # of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) (ODH Vital Statistics)

**Objective 1: By 2026, implement an anti-stigma mental health awareness, informational and educational campaign.**

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<tr>
<td>Form a workgroup to address causes/stigmas preventing individuals from seeking care based on the results of our Rural County Stigma Survey completed in November 2021.</td>
<td>1/31/23</td>
<td>MHRSB, Lake Area Recovery Center, Signature Health, ACCAA, Ashtabula County Juvenile Court, Community Counseling Center, Lake Erie Correctional, HDAC</td>
</tr>
<tr>
<td>Engage with those with lived experience/impacted/special populations who do not seek care due to stigma to develop several anti-stigma messages/slogans/phrases.</td>
<td>4/28/23</td>
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<tr>
<td>Integrate anti-stigma messages/slogans/phrases into promotional messages (e.g., social media, billboards, videos/PSAs, etc.) into Healthy Ashtabula County’s campaign.</td>
<td>5/31/23</td>
<td></td>
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<tr>
<td>Implement anti-stigma campaign using multiple modes (e.g., social media, web, PSAs, billboards, etc.) to the public and targeting healthcare and criminal justice settings.*</td>
<td>6/30/23-12/31/25</td>
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**Objective 2: By 2026, enhance linkage to treatment for engagement and retention from hospitals to treatment providers.** *(HP2030)*

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<tr>
<td>Develop strategies to embed linkages to behavioral health care treatment and retention from hospitals to treatment providers. ✓</td>
<td>12/31/24</td>
<td>MHRSB, Lake Area Recovery Center, Signature Health, ACCAA, Ashtabula County Educational Service Center, Community Counseling Center, HDAC</td>
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<tr>
<td>Work with hospitals and treatment providers to embed linkages (implement the strategies developed). ✓</td>
<td>12/31/25</td>
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**Objective 3: By 2026, raise awareness among health and social service providers about mental health to focus on meeting the needs of the whole person through four strategies.** *(HP2030)*

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<td>Expand the number of non-behavioral health and social services providers trained in Mental Health First Aid, trauma-informed care or Question, Persuade, and Refer (QPR). ✓</td>
<td>12/31/25</td>
<td>MHRSB, Lake Area Recovery Center, Signature Health, ACCAA, Ashtabula County Educational Service Center, Community Counseling Center, HDAC</td>
</tr>
<tr>
<td>Develop a tip sheet for providers (targeting primary care) to use to help them ask about and screen for mental health among clients (e.g., PHQ-9 or ACEs questionnaires, SBIRT).</td>
<td>3/31/23</td>
<td></td>
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<tr>
<td>Circulate the tip sheet developed among providers (e.g., embedding within EHRs/EMRs, websites, and/or social media).</td>
<td>6/30/23</td>
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<tr>
<td>Utilize county-wide partnerships to enhance the distribution of Mental Health and SUB Treatment Resource Manuals. ✓</td>
<td>8/31/23</td>
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<tr>
<td>Provide monthly newsletters to Healthy Ashtabula County Partners that includes local resources, events and other helpful information.</td>
<td>2/31/25</td>
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**Objective 1: By 2024, establish a health equity coalition.**

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<tr>
<td>Form a cross-sector coalition to advance equity engaging, at a minimum, the health sector, non-health sector, and community members representing historically excluded or marginalized populations.</td>
<td>12/31/23</td>
<td>Equity Coalition</td>
</tr>
<tr>
<td>Establish a shared purpose and priorities for the committee, including, how data or data findings will be shared, a decision-making process which includes community involvement, and a common way of assessing progress towards outcomes either in the CHIP or other equity initiatives.</td>
<td>3/31/23</td>
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<tr>
<td>Identify strategies to advance equity and methods to sustain the coalition.</td>
<td>6/30/23</td>
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<tr>
<td>Examine the Healthy Ashtabula County membership through a “health equity lens” to ensure representation from community members or organizations that represent populations disproportionately affected by conditions contributing to poorer health outcomes, by:</td>
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<tr>
<td>1. Identifying ways to strategically recruit new members based on health equity considerations, priority areas (obesity, depression/anxiety, and access to care), resource needs and policy-setting.</td>
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<tr>
<td>2. Encouraging community engagement by implementing at least one strategy to eliminate barriers to participation among community members, consistent with an adopted community engagement model or framework.</td>
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<tr>
<td>3. Exploring options to retain existing members, such as, hosting meetings in locations or day/hours most convenient for members or eliminating barriers to participation (for example, hosting meetings in a virtual environment or childcare arrangements).</td>
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**Objective 2: By 2026, implement at least two strategies to increase awareness and use of the Health Ashtabula County partnership, CHNA, and CHIP.**

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<td>Develop a concise roadshow presentation or video synopsis of CHNA data and CHIP strategies.</td>
<td>12/31/23</td>
<td>Infrastructure coalition/workgroup</td>
</tr>
<tr>
<td>Identify whether relationships could be built with other sectors (e.g., schools to support data collection or implementation of CHIP strategies or business community or All In Ashtabula County) to support or offset current infrastructure related needs of the group.</td>
<td>6/30/24</td>
<td></td>
</tr>
<tr>
<td>Present the roadshow presentation to civic organizations (e.g., Kiwanis, 4H, etc.), businesses (e.g., Chambers of commerce), schools/universities (e.g., A-Tech and others) and/or circulate the Healthy Ashtabula County video through web and social media outlets to raise awareness about the purpose, goals, and ways to get involved with Healthy Ashtabula County.</td>
<td>6/30/24</td>
<td></td>
</tr>
<tr>
<td>Explore opportunities to submit a joint funding proposals to support the CHIP’s implementation, including whether a 501(c)(3) status foundation or agency could support going after new or diverse funding opportunities.</td>
<td>12/31/24</td>
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</tr>
<tr>
<td>Determine the feasibility and resourcing (time and money) of a Healthy Ashtabula County website and/or expanding use of social media (e.g., cross-posting among partners or creating a #HealthyAshtabula hashtag).</td>
<td>12/31/24</td>
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