



2026-2028 UNIVERSITY HOSPITALS

**COMMUNITY
HEALTH
IMPLEMENTATION
STRATEGY**

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BOARD ADOPTION

University Hospitals adopted the 2026-2028 Community Health Implementation Strategy on March 19, 2026.

It includes the following UH facility located in Ashland County, referred to in this report as the “Hospital”:

- University Hospitals Samaritan Medical Center

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

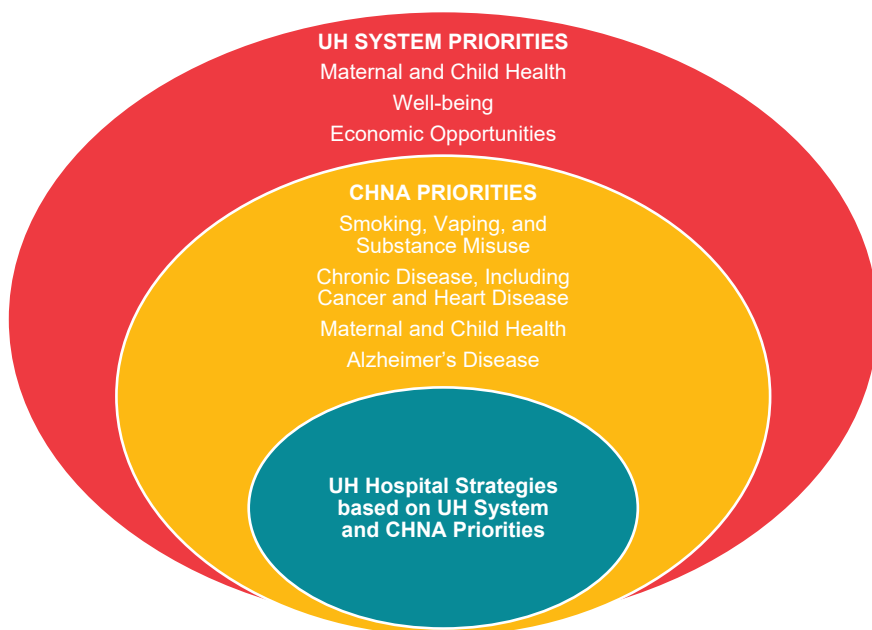
Individuals are encouraged to submit written comments, questions or other feedback about this Implementation Strategy to CommunityBenefit@UHhospitals.org. Please make sure to include the name of the UH facility that you are commenting about and, if possible, a reference to the appropriate section within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

HOSPITAL MISSION STATEMENT

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

INTRODUCTION

University Hospitals (UH) presents the 2026–2028 Implementation Strategy (IS) for Ashland County developed in response to the 2025 Community Health Needs Assessment (CHNA). University Hospitals Samaritan Medical Center (the “Hospital”) conducted a 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 2025 CHNA served as the foundation for developing University Hospital’s Implementation Strategy (“IS”) to address those needs that, (a) the Hospital determines 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 Hospital plans to address a number of the needs that are consistent with UH’s charitable mission as part of its community benefit programs. Together the CHNA and IS serve to align hospital resources and activities to address health needs identified in the CHNA.



Likewise, the Hospital is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. They anticipate that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2025 CHNA.

The purpose of this Implementation Strategy is to describe how UH will address the priority health needs identified through the 2025 CHNA. These priorities include Smoking, Vaping, and Substance Misuse; Chronic Disease, Including Cancer and Heart Disease; Maternal and Child Health; and Alzheimer’s Disease. To support coordinated planning and alignment with UH

Figure 1. UH Priorities Alignment

strategic priorities, the CHNA findings are organized under UH's Community Health Investment (CHI) Strategy priority areas: Maternal and Child Health, Well-being, and Economic Opportunity as seen in Figure 1.

This IS outlines the goals, objectives, and strategies that UH hospitals will implement, both independently and in collaboration with community partners, to address these priority health needs. The strategies were developed through a series of virtual planning workshops involving UH staff.

The strategies outlined in this IS are designed to leverage existing community resources, strengthen cross-sector partnerships, and guide UH's community health improvement efforts from 2026 through 2028.

ALIGNMENT WITH LOCAL AND STATE STANDARDS

Ohio law requires local health departments (LHDs) and tax-exempt hospitals to submit their Community Health Improvement Plans and Implementation Strategy reports to the Ohio Department of Health (the department). As of January 1, 2020, Ohio law also requires LHDs and tax-exempt hospitals to complete assessments and plans "in alignment on a three-year interval established by the department."

While the Ohio Revised Code does not mandate alignment with specific state-level assessments or plans, the department encourages consistency with the Ohio State Health Assessment (SHA) and the Ohio State Health Improvement Plan (SHIP) to promote coordinated public health priorities across the state. As a result, many communities choose to align their CHNA and Implementation Strategy timelines, indicators, and strategies with those of their local health departments and with broader statewide goals.

University Hospitals meets these expectations by coordinating its CHNA process with local health departments within its service area and by submitting its CHNAs and Implementation Strategies to the Ohio Department of Health in accordance with state requirements. UH's CHNAs and Implementation Strategies also maintain broad alignment with the priorities and focus areas outlined in the SHA and SHIP, supporting consistency between local needs and statewide health improvement efforts.

COMMUNITY DEFINITION

The service area for University Hospitals (UH) IS in Ashland County, Ohio, includes an estimated population of 52,296 residents, whose health needs and outcomes are the focus of this Implementation Strategy (see Figure 2).

Clearly defining the service area establishes the geographic scope of the IS and supports a coordinated, comprehensive approach to addressing identified community health priorities across Ashland County.

Additional details describing the Ashland County community, including demographics and social and economic determinants of health, can be found in the CHNA report on the UH website at: uhhospitals.org/CHNA-IS.

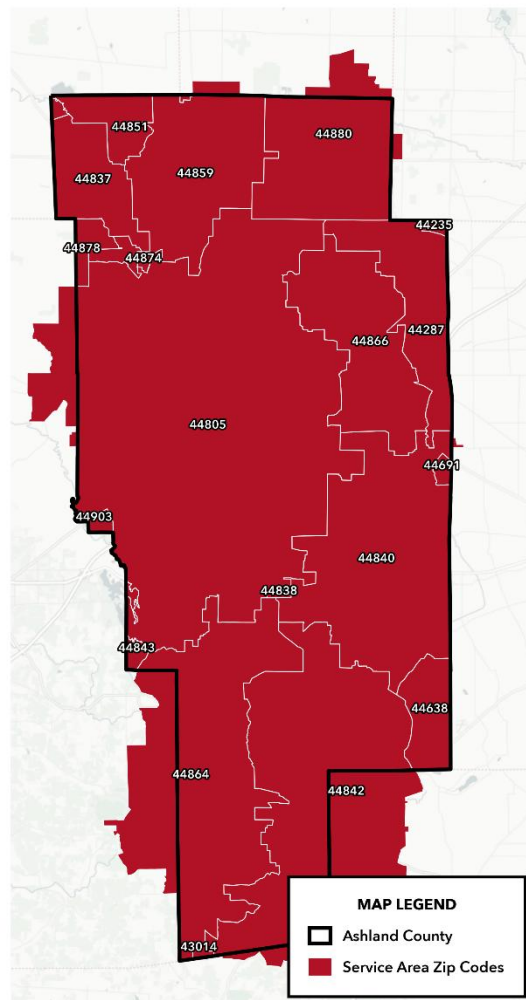


Figure 2. UH Service Area

2025 ASHLAND COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

University Hospitals (UH) conducted its 2025 Community Health Needs Assessment (CHNA) between December 2025 and July 2025 to identify and prioritize the most significant health needs in the community. The CHNA was designed to guide planning and inform community health improvement efforts.

The assessment was conducted by Illuminology using both primary and secondary data. Secondary data included community health indicators from state and national sources, while primary data were collected through community stakeholder interviews and resident and stakeholder focus groups. All data were analyzed using standardized methods, and findings were organized by health topic. Results from both data sources were combined to identify the community's most significant health needs.

On July 22nd, 2025, 34 community partners met in person to review the 2025 CHNA and to identify priority health issues. The meeting participants were divided into small groups. Each group was asked to review a specific section of the 2025 CHNA, and, within that section, to identify potential priority health issues for consideration by the larger group.

Overall, a total of 11 potential priority health issues were identified by community partners. A multi-voting technique, featuring two rounds of voting, was used to narrow down that list to three priority health issues. After discussion by the Ashland County Health Department, four priority health issues were identified that affect Ashland County residents: Smoking, Vaping, and Substance Misuse; Chronic Disease, Including Cancer and Heart Disease; Maternal and Child Health; and Alzheimer's Disease.



**CHNA Priority Area 1:
Smoking, Vaping, and
Substance Misuse**



**CHNA Priority Area 2:
Chronic Disease,
Including Cancer and
Heart Disease**



**CHNA Priority Area 3:
Maternal and Child
Health**



**CHNA Priority Area 4:
Alzheimer's Disease**

For more information on the CHNA findings and the identification of significant health needs, please refer to the 2025 CHNA report at: [uhhospitals.org/CHNA-IS](https://www.uhhospitals.org/CHNA-IS).

2026-2028 IMPLEMENTATION STRATEGY OVERVIEW

This section presents the strategies, objectives, and activities that University Hospitals (UH) hospitals intend to deliver, support, or collaborate on to address significant, prioritized community health needs over the next three years. Planned actions are aligned with current community needs as well as UH's mission, vision, and strategic initiatives. The plan may be amended as circumstances change, including shifts in community needs or available resources.

Implementation Strategy Planning Process

The University Hospitals (UH) Implementation Strategy (IS) planning process involved a series of virtual workshops and electronic communication from November 2025 through February 2026. Participants included hospital staff with expertise in community needs and services for each priority area.

Illuminology facilitated the workshops. During the first virtual session, Illuminology guided participants in reviewing CHNA priorities and identifying:

- Desired changes based on CHNA results to inform goals and community-level indicators
- Potential actions to shape strategies

Following the initial workshop, virtual follow-up sessions were held to refine draft overarching goals, community-level indicators, and implementation plans for each priority area.

The resulting work plans outline strategies for each hospital focusing on the selected priority areas, including:

1. Broad overarching goals and community-level indicators to track long-term progress
2. Strategies with measurable short-term objectives
3. Specific activities, timelines, and responsible teams or individuals

Work plans will be reviewed and updated to reflect evolving community needs, available resources, and ongoing activities.

The number one priority for UH Community Health Investment for 2026–2029 and beyond is the UH Medicaid Enrollment Optimization Program (MEOP). This focus is driven by anticipated federal changes under the One Big Beautiful Bill Act (HR1), which will significantly tighten Medicaid eligibility requirements for adults in the Medicaid expansion group (ages 19–64) beginning January 1, 2027. Key provisions include requiring 80 hours per month of work, volunteering, or schooling; more frequent eligibility redeterminations every six months instead of annually; and shortening retroactive eligibility from three months to two months. With more than 774,000 Ohioans currently enrolled in Medicaid expansion, these shifts are expected to increase the risk of coverage loss. While UH is still working through final systemwide MEOP strategies, we expect to adjust and refine approaches to meet these changing conditions. Many of our existing strategies will also be leveraged to educate the community, strengthen connections to coverage, and proactively identify individuals at risk of becoming uninsured or disenrolled through socio-medical touchpoints. This implementation plan includes a Medicaid enrollment strategy that operates at the system level but will be operationalized and supported across our hospitals. (see page 16 for the MEOP strategy).

IMPLEMENTATION STRATEGIES



SYSTEMWIDE INITIATIVE



Medicaid Enrollment Optimization Program: System-wide initiative

University Hospitals is implementing the Medicaid Enrollment Optimization Program (MEOP) as a system-wide initiative to help eligible individuals maintain and attain coverage and to ensure our hospitals and community partners are ready for forthcoming policy changes. While MEOP will touch every part of UH, early operational focus are concentrated at UH locations within Cuyahoga, Lorain, Lake, and Portage counties where high utilization and risk are especially high. Piloting at sites within these communities will allow rapid learning and scaling across the system. As part of this effort, UH will work closely with community-based organizations, government partners, managed care entities, and other health systems to develop shared strategies, aligned workflows, and coordinated communication plans that support consistent messaging and maximize impact across the region.

Why coverage matters across CHNA priorities

Consistent health insurance coverage is a foundational component supporting all priority areas identified across UH Community Health Needs Assessments. Reliable access to coverage plays a critical role in ensuring that individuals and families can obtain the care and resources they need. Strengthening these connections aligns with UH's Community Health Investment framework particularly the Economic Opportunity priority, as insurance coverage is a critical gateway to financial stability, reduced medical debt, and improved access to preventive and ongoing care.

Medicaid Enrollment Optimization will serve as a shared systemwide goal and will be reflected across implementation plans throughout the UH footprint. This marks the first time a systemwide strategy has been integrated into implementation plan development. While the full program design is still in progress, planning efforts are underway, and updates will be incorporated as the implementation plan evolves.

What's at stake if people lose Medicaid

Forthcoming federal and state changes-work requirements, shorter redetermination intervals, and other eligibility and cost-sharing shifts-could increase churn among expansion adults and other populations. Loss of coverage threatens continuity of care, produces avoidable coverage gaps, and increases the likelihood that patients re-enter the system through higher-acuity, higher-cost settings.

For hospitals, these shifts can lead to rising uncompensated care, operational strain, and worsened outcomes, which in extreme cases could affect the viability of

departments or facilities due to unsustainable reimbursement levels. For communities, coverage loss widens inequities and destabilizes families.

Our approach

MEOP mobilizes cross-functional workstreams—education, communications, operational workflow, government & community outreach, and data—to build a repeatable, scalable model for enrollment and re-enrollment. The program roadmap moves from discovery and solution design to pilot and scale, so that by **January 2027** UH and partners have a tested workflow embedded in operations across priority hospitals and community settings. This approach reflects the program’s OKRs and phased timeline already socialized with stakeholder.

UH Community Health Investment (CHI) Priority Area: Economic Opportunities					
CHNA Priority Area: Overarching Strategy					
Hospital: Systemwide Strategy					
Goal: Improve access to and continuity of Medicaid coverage by optimizing enrollment, re-enrollment, and redetermination workflows across UH and community settings.					
Community-Level Indicators to track long-term outcomes: Medicaid enrollment and retention rates; Reduction in uninsured ED utilization; Reduction in coverage gaps (churn); Increased patient awareness of Medicaid requirements					
Strategy 1: Implement a system-wide Medicaid Enrollment Optimization Program that integrates education, workflow standardization, data analytics, and community partnerships.					
Objective 1: By January 2027, deploy a scalable MEOP workflow across priority UH sites and community settings to support eligible individuals in maintaining or attaining Medicaid coverage.					
Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Develop standardized Medicaid education materials and scripts	Materials developed and deployed		X		
Map and standardize Medicaid enrollment workflows	Workflow documented and implemented		X	X	

Launch MEOP pilot at priority UH hospitals and community sites	# of pilot sites		X	X	
Train caregivers and community partners	# trained		X	X	X
Scale MEOP system-wide	Sites expanded			X	X
Host/participate in community outreach events in priority locations	# of events		X	X	X
Patients connected to UH or partner organizations for work requirements	# of patients			X	X

UH Community Health Investment (CHI) Priority Area: Well-being

CHNA Priority Area: Smoking, vaping, and substance misuse

Hospital: UH Samaritan Medical Center

Goal: Reduce smoking and vaping among adults and youth.

Community-Level Indicators to track long-term outcomes:

Adults who smoke cigarettes (baseline: 20.4% in 2025 CHNA)

Strategy 1:

-Bring smoking cessation and prevention to adults and youth

Objective 1:

-By December 31, 2028, increase the number of residents educated about smoking and vaping by 10%.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Train UH staff for community-based (outpatient) smoking cessation program.	Number of staff trained		X	X	
Offer referrals to UH system smoking cessation programs at UHSMC and other facilities.	Number of referrals Number of participants Number of people who report quitting after completion of the program Knowledge gained from program			X	X

	Program ratings				
Develop relationships with schools and introduce educational programs focusing on risks of vaping/smoking.	Number of schools involved Knowledge gained from program		X	X	

UH Community Health Investment (CHI) Priority Area: Well-being					
CHNA Priority Area: Chronic Disease, Including Cancer and Heart Disease					
Hospital: UH Samaritan Medical Center					
Goal: Improve residents' access to screenings and knowledge about chronic diseases.					
Community-Level Indicators to track long-term outcomes: - High blood pressure prevalence (baseline: 37.6% in 2025 CHNA) - High cholesterol prevalence (baseline: 36.1% in 2025 CHNA) - Diabetes prevalence (adults age 20+) (baseline: 7.7% in 2025 CHNA)					
Strategy 1: - Provide community screenings throughout the county - Offer multi-disciplinary education about chronic disease, including early detection and prevention of chronic diseases					
Objectives: - By December 31, 2028, increase chronic disease health education events by 10%. - By December 31, 2028, increase chronic disease screenings by 10%.					
Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Host and/or participate in health fairs or events	Number of events	Target Action Group (TAG) ¹	X	X	X

¹ Target Action Group includes: University Hospitals, Ashland County Health Department, Catholic Charities. Ashland County Council on Aging, Ohio Health, ACCADA, Ashland Christian Health Center, Kroc Center - Salvation Army, Third Street Clinic, Appleseed, and Exact Sciences

Provide education on topics like blood pressure, glucose and cholesterol (e.g., local newspaper column, Facebook posts, DocTalks)	Number of events/posts	TAG		X	X
Host multidisciplinary community screenings throughout the county (A1C, blood pressure, cholesterol)	Number of screening events Number of participants	TAG	X	X	X

UH Community Health Investment (CHI) Priority Area: Well-being

CHNA Priority Area: Chronic Disease, Including Cancer and Heart Disease

Hospital: UH Samaritan Medical Center

Goal: Improve residents' access to screenings and knowledge about cancer.

Community-Level Indicators to track long-term outcomes:

- Overall cancer death rate (baseline: 172.8/100,000 in 2025 CHNA)
- Lung cancer death rate (baseline: 38.1/100,000 in 2025 CHNA)
- Overall cancer incidence rate (baseline: 498.3/100,000 in 2025 CHNA)
- Prostate cancer incidence rate (baseline: 112.9/100,000 in 2025 CHNA)

Strategy 1:

- Provide community screenings throughout the county
- Provide multi-disciplinary programs to educate about cancer, including early detection and prevention of cancer and information about less-known types of cancer.

Objective 1:

- By December 31, 2028, increase health education events by 10%.
- By December 31, 2028, increase health screenings by 10%.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Host and/or participate health fairs or events	Number of events	Target Action Group (TAG)	X	X	X

Provide education on cancer (e.g., local newspaper column, Facebook posts, DocTalks)	Number of events/posts	TAG		X	X
Host multidisciplinary community screenings throughout the county	Number of screening events	TAG	X	X	X
	Number of participants				

UH Community Health Investment (CHI) Priority Area: Well-being

CHNA Priority Area: Chronic Disease, Including Cancer and Heart Disease

Hospital: UH Samaritan Medical Center

Goal: Improve youth residents' knowledge about chronic disease prevention and prevention through healthy lifestyles.

Community-Level Indicators to track long-term outcomes:

- Number of youth educated about HEAL (healthy eating active living)

Strategy 1:

- Bring those prevention programs and awareness education to youth through collaboration in the schools throughout Ashland County.

Objective:

- By December 31, 2028 each year, increase youth educated about HEAL (healthy eating active living) by 10%.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Develop relationships within schools and identify programs to introduce	Number of schools involved	Ashland County Health Department (ACHD)	X	X	
Develop 1-2 programs in the schools focusing on youth lifestyle education and awareness campaigns to reduce chronic disease risk factors and to promote youth knowledge about exercise	Number of programs held	ACHD		X	X
	Number of individuals attending programs				

and nutrition at a young age	Knowledge gained				
Create materials to hand out at school events		ACHD		X	X

UH Community Health Investment (CHI) Priority Area: Maternal and Child Health

CHNA Priority Area: Maternal and Child Health

Hospital: UH Samaritan Medical Center

Goal: Increase knowledge about women’s health, prenatal care, pregnancy, and infant and child health.

Community-Level Indicators to track long-term outcomes:
 - Mothers who received early prenatal care (baseline: 51.7% in 2025 CHNA)
 - Infant mortality rate (baseline: 7.0 in 2025 CHNA)
 - Preterm live births (baseline: 10.3% in 2025 CHNA)

Strategy 1:
 - Continue working with Target Action Group (TAG) specialty health subgroup – Amish Health and Safety to develop educational strategies and screening opportunities and host programs.

Objective:
 - By Dec. 31, 2028, host at least two annual events, at least one specific to Amish residents.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Offer 1-2 multi-disciplinary community events/screenings throughout the county (cancer screenings; vaccines, including early infant supplements and vaccines such as Vitamin K	Number of events held Number of participants Number of screenings provided	TAG Specialty Health Subgroup ² ; Ashland County Health Department (ACHD)	X	X	X

² TAG Specialty Health Subgroup includes Medina County Health Department, EMA Medina, OSU Extension, University Hospitals, Amish Bishops, Community Volunteers, Wayne County Health Department, Safe Haven, Ohio Health, Lodi Community Safety Committee, Ohio State Patrol, Ashland County Sheriff’s Office, and Ashland County Health Department

and Hepatitis B; educational information on women's health; combat misinformation; provide postpartum depression screenings)	Knowledge gained				
Roll out social media campaigns	Social media engagement	TAG Specialty Health Subgroup; Ashland County Health Department (ACHD)	X	X	X

UH Community Health Investment (CHI) Priority Area: Maternal and Child Health					
CHNA Priority Area: Maternal and Child Health					
Hospital: UH Samaritan Medical Center					
Goal: Increase knowledge about women's health, prenatal care, pregnancy, and infant and child health.					
Community-Level Indicators to track long-term outcomes:					
<ul style="list-style-type: none"> - Mothers who received early prenatal care (baseline: 51.7% in 2025 CHNA) - Infant mortality rate (baseline: 7.0 in 2025 CHNA) - Preterm live births (baseline: 10.3% in 2025 CHNA) 					
Strategy 1:					
<ul style="list-style-type: none"> -Have University Hospitals Samaritan Medical Center (UHSMC) form connections with other midwives in the UH system. - Have University Hospitals Samaritan Medical Center (UHSMC) provide midwife-led educational opportunities for a general audience, other midwives, and Amish-serving midwives. 					
Objectives:					
<ul style="list-style-type: none"> - By December 31, 2028, establish connections with midwives. - By December 31, 2028, provide at least one midwife-led educational opportunity each year. 					
Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Explore opportunities for midwives providing education	Number of connections with midwives	OhioHealth, Target Action Group (TAG)	X	X	X



Implement midwives providing education	Number of educational opportunities			X	X
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Significant Health Needs Not Being Addressed by the Hospital

The hospital is implementing strategies that address three 2025 priority areas: Smoking, Vaping, and Substance Misuse; Chronic Disease, Including Cancer and Heart Disease; and Maternal and Child Health. UH Samaritan is not addressing Alzheimer's Disease directly due to limited specialized resources and the availability of more suitable regional providers better equipped to lead Alzheimer's-specific care and programming.

Community Collaborators

UH commissioned this document and is aligning its implementation plan with local public health partners, including the Ashland County Health Department and the Ashland County Board of Health. Once the health department's improvement plan becomes available, it will be incorporated into UH's Implementation Strategy.

Consultants

University Hospitals commissioned Illuminology to support the facilitation and development of the Implementation Strategy for University Hospitals 2026-2028. Illuminology is a central Ohio based research firm with 27 years of experience related to research design, analysis, reporting, and strategic planning, and has conducted numerous community health needs assessments and strategic planning projects. The lead consultant for this project was Karen Hines, Ph.D., Senior Researcher.

To learn more about Illuminology, visit Illuminology.net.

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