



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 facilities located in Ashtabula County, collectively referred to in this report as the “Hospitals”:

- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center



**University  
Hospitals**

## COMMUNITY HEALTH IMPLEMENTATION STRATEGY AVAILABILITY

The Implementation Strategy can be found on University Hospitals’ website at [www.UHhospitals.org/CHNA-IS](http://www.UHhospitals.org/CHNA-IS) or a hard copy can be mailed upon request at [CommunityBenefit@UHhospitals.org](mailto:CommunityBenefit@UHhospitals.org).

## WRITTEN COMMENTS

Individuals are encouraged to submit written comments, questions or other feedback about this Implementation Strategy to [CommunityBenefit@UHhospitals.org](mailto: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 Hospitals are 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 Ashtabula County developed in response to the 2025 Community Health Needs Assessment (CHNA). University Hospitals Conneaut Medical Center and University Hospitals Geneva Medical Center (the “Hospitals”) 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 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 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 Hospitals are 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 Metabolic Disorders, Life Skills and Health Resource Education, and Suicide Prevention / Addressing Isolation. To support coordinated planning and alignment with UH strategic priorities, the CHNA findings are organized under UH’s Community Health



Figure 1. UH Priorities Alignment

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 Ashtabula County, Ohio, includes an estimated population of 97,343 residents, whose health needs and outcomes are the focus of this Implementation Strategy (see Figure 2).

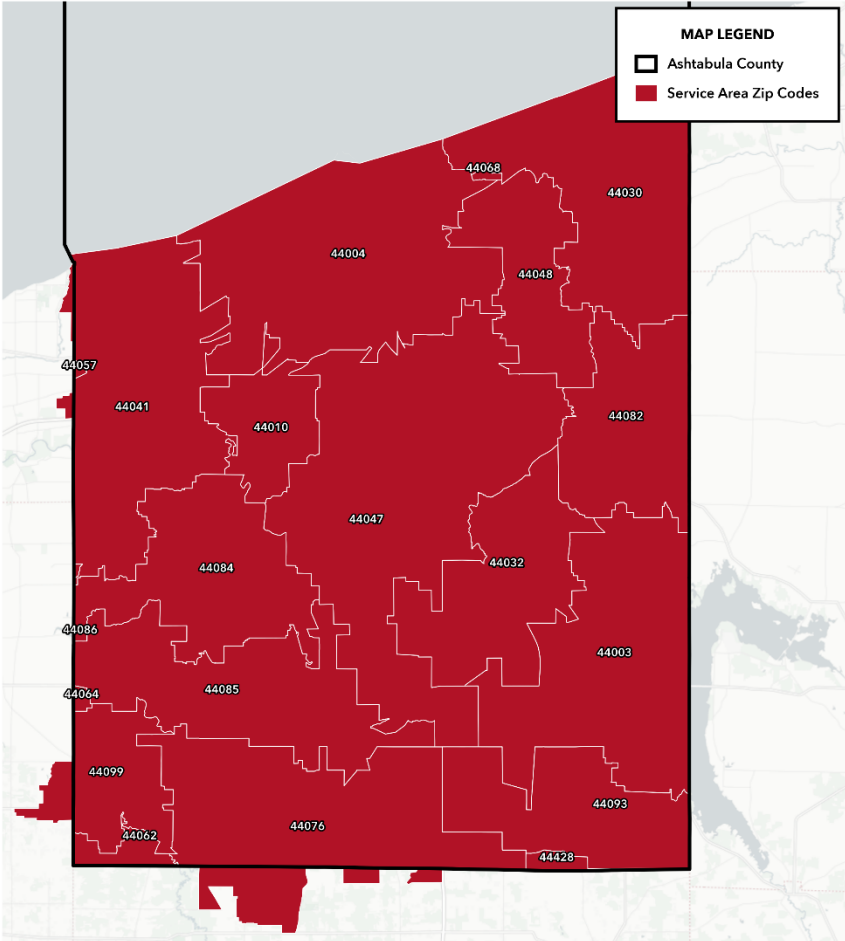


Figure 2. UH Service Area

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 Ashtabula County.

Additional details describing the Ashtabula 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](http://uhhospitals.org/CHNA-IS).

# 2025 ASHTABULA COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

University Hospitals (UH) conducted its 2025 Community Health Needs Assessment (CHNA) between December 2024 and August 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 adult resident surveys, a youth resident survey, and community stakeholder interviews. 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 August 7, 2025, 29 representatives from member groups of *Healthy Ashtabula County*, a group including public health organizations, hospital systems, government agencies, social service organizations, and other health stakeholders, met in person to identify potential priority health needs from the data and insights presented in the 2025 CHNA. The meeting participants were divided into small groups, and each group was asked to review a specific section of the 2025 CHNA and to identify up to six potential priority health needs for consideration by the larger group.

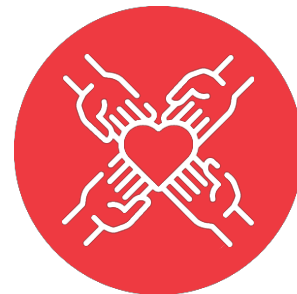
After a total of 9 health needs were identified by the small groups, participants were asked to engage in a voting process to select three of the highest priority needs. In the first round of voting, each participant was given 5 votes to cast for the needs they perceived to be the highest priority. Three needs had over 20 votes, and the group agreed that those should be the three priority needs: Metabolic Disorders, Life Skills and Health Resource Education, and Suicide Prevention / Addressing Isolation.



**CHNA Priority Area 1:  
Metabolic Disorders**



**CHNA Priority Area 2:  
Life Skills and Health  
Resource Education**



**CHNA Priority Area 3:  
Suicide Prevention /  
Addressing Isolation**

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://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.

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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 19 for the MEOP strategy).

# IMPLEMENTATION STRATEGIES

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# SYSTEMWIDE INITIATIVE

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## **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					
<b>Goal:</b> Improve access to and continuity of Medicaid coverage by optimizing enrollment, re-enrollment, and redetermination workflows across UH and community settings.					
<b>Community-Level Indicators to track long-term outcomes:</b> Medicaid enrollment and retention rates; Reduction in uninsured ED utilization; Reduction in coverage gaps (churn); Increased patient awareness of Medicaid requirements					
<b>Strategy 1:</b> Implement a system-wide Medicaid Enrollment Optimization Program that integrates education, workflow standardization, data analytics, and community partnerships.					
<b>Objective 1:</b> 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: Maternal and Child Health**

**CHNA Priority Area:** Suicide Prevention / Addressing Isolation<sup>1</sup>

**Hospital:** University Hospitals Conneaut and Geneva Medical Centers

**Goal:** Prevent youth substance misuse<sup>2</sup>

**Community-Level Indicators to track long-term outcomes:**

- Percent of Ashtabula County youth who reported having taken prescription drugs at least once (baseline: 7.5% in the 2025 CHNA)
- Percent of Ashtabula County youth who reported having used substances in the past year (baseline: 46.0% in the 2025 CHNA)
- Percent of Ashtabula County youth who reported ever using marijuana (baseline: 14.1% in the 2025 CHNA)
- Percent of Ashtabula County youth who reported ever drinking alcohol (baseline: 29.3% in the 2025 CHNA)
- Percent of Ashtabula County youth who reported ever vaping (baseline: 19.7% in the 2025 CHNA)

**Strategy 1:**

- Provide alcohol/other drug prevention programs in schools.

**Objective:**

- By December 31, 2028, demonstrate increased knowledge about substance misuse among youth (according to the pre and post tests from Botvin Life Skills).

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
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.	Number of schools providing program  Number of participants in program	Ashtabula County Mental Health and Recovery Services (MHRS), Ashtabula County Prevention Coalition, Ashtabula County Suicide Prevention	X	X	X

<sup>1</sup> Activities within this priority area are focused on children and are therefore housed within the Maternal and Child Health CHI priority area.

<sup>2</sup> Preventing youth substance misuse is highly interrelated with reducing suicide and isolation prevention and is therefore listed under this CHNA priority area.

		Coalition, Ravenwood Health			
Determine the feasibility of expanding the program to additional classrooms.	Number of additional schools providing program	MHRS	X	X	X
Secure funding for program (if applicable).	Number of participants in additional schools providing program	Ravenwood Health			
Recruit instructors and/or volunteers to assist in implementing/teaching the program					

<b>UH Community Health Investment (CHI) Priority Area: Well-being</b>					
<b>CHNA Priority Area:</b> Metabolic Disorders					
<b>Hospital:</b> University Hospitals Conneaut and Geneva Medical Centers					
<b>Goal:</b> Improve access to primary care					
<b>Community-Level Indicators to track long-term outcomes:</b> - Percent of Ashtabula County adults who visited a doctor for a routine checkup in the last year (baseline: 67% in the 2025 CHNA)					
<b>Strategy 1:</b> - Increase access to comprehensive primary care via referrals during biometric screenings.					
<b>Objective:</b> -By December 31, 2028, each year, continue to connect Ashtabula County adults who attend monthly health screenings with a primary care provider (if they do not have one).					
<b>Activities</b>	<b>Measures</b>	<b>Collaborators</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
UH Conneaut and Geneva Medical Centers will continue monthly biometric screenings.	Number of screenings		X	X	X
Provide PCP referrals as	Number of referrals				

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

**CHNA Priority Area:** Metabolic Disorders

**Hospital:** University Hospitals Conneaut and Geneva Medical Centers

**Goal:** Increase awareness of diabetes prevention and self-management.

**Community-Level Indicators to track long-term outcomes:**  
 - Percentage of Ashtabula County adults who have been told by a health professional that they have diabetes (baseline: 16% in the 2025 CHNA).

**Strategy 1:**  
 - Provide diabetes screenings, referrals, prevention and education events, and self-management 1-on-1 meetings.

**Objective:**  
 - By December 31, 2028, increase enrollment in diabetes self-management 1-on-1 meetings by 5%, and decrease A1C levels in at least 5% of participants.  
 - By December 31, 2028, provide diabetes screening to 300 people annually.

Activities	Process Measures	Collaborators	Year 1	Year 2	Year 3
Continue (years 1, 2, & 3) and expand (years 2 & 3) diabetes education and screening events within the county (e.g., health fairs, hospital screening events; increase number of locations providing events).	Number of events  Number of event participants  Number of screenings  Number of new locations providing free screening events	Ashtabula County Health Department, Ashtabula Regional Medical Center (ARMC), YMCA – Silver Sneakers, Senior centers	X	X	X
Attempt to identify economically disadvantaged populations and target screenings/	Number of screenings among economically		X	X	X

screening events towards those populations.	disadvantaged populations  Number of events targeted to economically disadvantaged populations				
(Years 1, 2 & 3) Increase enrollment in diabetes self-management 1-on-1 meetings by 5%.	Number of newly enrolled participants in diabetes self-management 1-on-1 meetings		X	X	X
Decrease A1C levels in at least 5% of participants of the diabetes self-management 1-on-1 meetings.	Number of those participants, out of total program participants, that achieved decreased A1C levels	Ashtabula County Health Department, Ashtabula Regional Medical Center (ARMC), YMCA		X	X

<b>UH Community Health Investment (CHI) Priority Area: Well-being</b>
<b>CHNA Priority Area:</b> Metabolic Disorders
<b>Hospital:</b> University Hospitals Conneaut and Geneva Medical Centers
<b>Goal:</b> Prevent heart disease.
<b>Community-Level Indicators to track long-term outcomes:</b> - Percent of adults ever diagnosed with high blood pressure (baseline: 40% in the 2025 CHNA). - Percent of adults ever diagnosed with heart disease (baseline: 8% in the 2025 CHNA).
<b>Strategy 1:</b> - Increase access to hypertension screenings and follow-ups.
<b>Objective 1:</b> - By December 31, 2028, provide at least two hypertension screening events annually. - By December 31, 2028, increase Hypertension Oversight Monitoring and Education Program

(HOME) referrals by 10%.					
Activities	Measures	Collaborators	Year 1	Year 2	Year 3
<p>UH Conneaut and Geneva Medical Centers will continue to offer and expand free screening events (e.g., blood pressure, heart disease) within the county (e.g., health fairs, hospital screening events).</p> <p>Provide follow-up education and referrals as needed (e.g., PCP lists, UH hypertension program)</p>	<p>Number of participants</p> <p>Number of events</p> <p>Number of each type of screening</p> <p>Number of new locations providing free screening events</p>	<p>Ashtabula County Health Department, Ashtabula Regional Medical Center (ARMC), Healthy Ashtabula County</p>	X	X	X
<p>Attempt to identify economically disadvantaged populations and target screenings/ screening events towards those populations.</p>	<p>Number of screenings among economically disadvantaged populations</p> <p>Number of events targeted to economically disadvantaged populations</p>		X	X	X
<p>Promote and provide referrals to HOME Program at screening and marketing events.</p>	<p>Number of HOME Program referrals</p>		x	x	X

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

**CHNA Priority Area:** Metabolic Disorders

**Hospital:** University Hospitals Conneaut and Geneva Medical Centers

**Goal:** Reduce obesity.

**Community-Level Indicators to track long-term outcomes:**

- Ashtabula County adult overweight rate (baseline: 33% in the 2025 CHNA).
- Ashtabula County adult obesity rate (baseline: 45% in the 2025 CHNA).
- Average number of days per week that Ashtabula County adults are physically active (baseline: 3.8 days in the 2025 CHNA).

**Strategy 1:**

- Continue and expand physical activity and nutrition education programs in community and school environments.

**Objective:**

- By December 31, 2028 expand nutrition and exercise program offerings by adding 2 additional programs/locations.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
<p>Continue collaborating with Ashtabula County Health Department to expand nutrition and physical activity offerings in schools and community</p> <p>2 new walking plus education programs being planned for Andover and Orwell</p> <p>Continue offering the Wellness Wednesdays program</p> <p>Continue Dragon Plus program</p>	<p>Number of offerings</p> <p>Number of participants</p>	<p>Ashtabula County Health Department, Ashtabula Area City Schools, Geneva Area City Schools</p>	X	X	X

Expand distribution of Parks Rx pamphlets	Number of pamphlets distributed		X	X	X
Provide nutrition and physical activity education and events within senior centers	Number of participants		X	X	X
Continue Food for Life program including education about cooking healthy meals	Number of participants Pounds of food distributed		X	X	X
Continue to partner with local organizations such as the YMCA (e.g., Silver Sneakers), the parks and recreation district or the Metro Parks to promote and provide support for the nutrition and exercise programs.	Number of committed referral partners Number of programs supported	YMCA, Parks	X	X	X

<b>UH Community Health Investment (CHI) Priority Area: Well-being</b>					
<b>CHNA Priority Area: Life Skills and Health Resource Education</b>					
<b>Hospital: University Hospitals Conneaut Medical Center and University Hospitals Geneva Medical Center</b>					
<b>Goal:</b> Increase awareness of health resources in Ashtabula County.					
<b>Community-Level Indicators to track long-term outcomes:</b> - Engagement of community with resources provided.					
<b>Strategy 1:</b> - Increase health resource awareness and education in Ashtabula County.					
<b>Objective:</b> - By December 31, 2028, develop at least one directory/map of health resources.					
<b>Activities</b>	<b>Measures</b>	<b>Collaborators</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>

Disseminate information about health resources on websites and social media that link back to trusted sources	Engagement with information	Healthy Ashtabula County	X	X	X
Connect with organizations to provide information about directory/map of health resources throughout the community (e.g., churches, libraries, schools, hospitals, community/social clubs)	Number of organizations connected with	Healthy Ashtabula County	X	X	X
Identify trusted figures to distribute information about health resources in more rural areas (e.g., Orwell, Andover)	Number of trusted figures identified and connected with	Healthy Ashtabula County	X	X	X

<b>UH Community Health Investment (CHI) Priority Area: Well-being</b>					
<b>CHNA Priority Area:</b> Suicide Prevention / Addressing Isolation					
<b>Hospital:</b> University Hospitals Conneaut and Geneva Medical Centers					
<b>Goal:</b> Reduce suicide and isolation					
<b>Community-Level Indicators to track long-term outcomes:</b> - Suicide ideation among adults (baseline: 4.4% in 2025 CHNA) - Percentage of adults who rarely or never get the social or emotional support they need (baseline: 14.3% in 2025 CHNA) - Suicide deaths (baseline: 24 in 2025 CHNA)					
<b>Strategy 1:</b> - Provide events to combat suicide and social isolation.					
<b>Objective:</b> - By December 31, 2028, increase involvement with suicide awareness & prevention groups and events.					
<b>Activities</b>	<b>Measures</b>	<b>Collaborators</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>

Continue involvement with Suicide Prevention Coalition	Number of meetings attended Staff hours dedicated to coalition work	Suicide Prevention Coalition	X	X	X
Continue involvement with One Life Race to benefit the Suicide Prevention Coalition.	Number of participants	Mental Health and Recovery Services Board (MHRS), Prevention Coalition, Suicide Prevention Coalition	X	X	X
Enhance involvement in Hope in Artistry art show to support survivors of suicide	Number of attendees	Ashtabula Arts Center, Mental Health and Recovery Services Board (MHRS), Prevention Coalition, Suicide Prevention Coalition, Ashtabula County LOSS Team	X	X	X

## Significant Health Needs Not Being Addressed by the Hospital

The hospitals are implementing strategies that address all three 2025 priority areas: metabolic disorders, life skills and health resource education, and suicide prevention / addressing isolation.

### Community Collaborators

UH commissioned this document and is aligning its implementation plan with local public health partners, including the Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department, and the county and city Boards of Health. Once the health departments' 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](http://Illuminology.net).

### Contact Information

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