

2026-2028 UNIVERSITY HOSPITALS

**COMMUNITY
HEALTH
IMPLEMENTATION
STRATEGY**

Table of Contents

Board Adoption	3
Community Health Implementation Strategy Availability	3
Written Comments	3
Hospital Mission Statement	3
Introduction	4
Alignment with Local and State Standards	5
Community Definition	6
2025 Geauga Community Health Needs Assessment (CHNA) Findings	7
2026-2028 Implementation Strategy Overview	8
Implementation Strategies	10
UH Geauga Medical Center	
Significant Health Needs Not Being Addressed by the Hospital	21
Community Collaborators	21
Qualifications of Consulting Company	21
Contact Information	21

BOARD ADOPTION

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

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

- University Hospitals Geauga 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 Geauga County developed in response to the 2025 Community Health Needs Assessment (CHNA). University Hospitals Geauga 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 Depression Screening, Housing Affordability, Workforce Productivity, and Community Resilience. To support coordinated planning and alignment with UH 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



Figure 1. UH Priorities Alignment

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 Geauga County, Ohio, includes an estimated population of 95,792 residents, whose health needs and outcomes are the focus of this Implementation Strategy (see Figure 2)

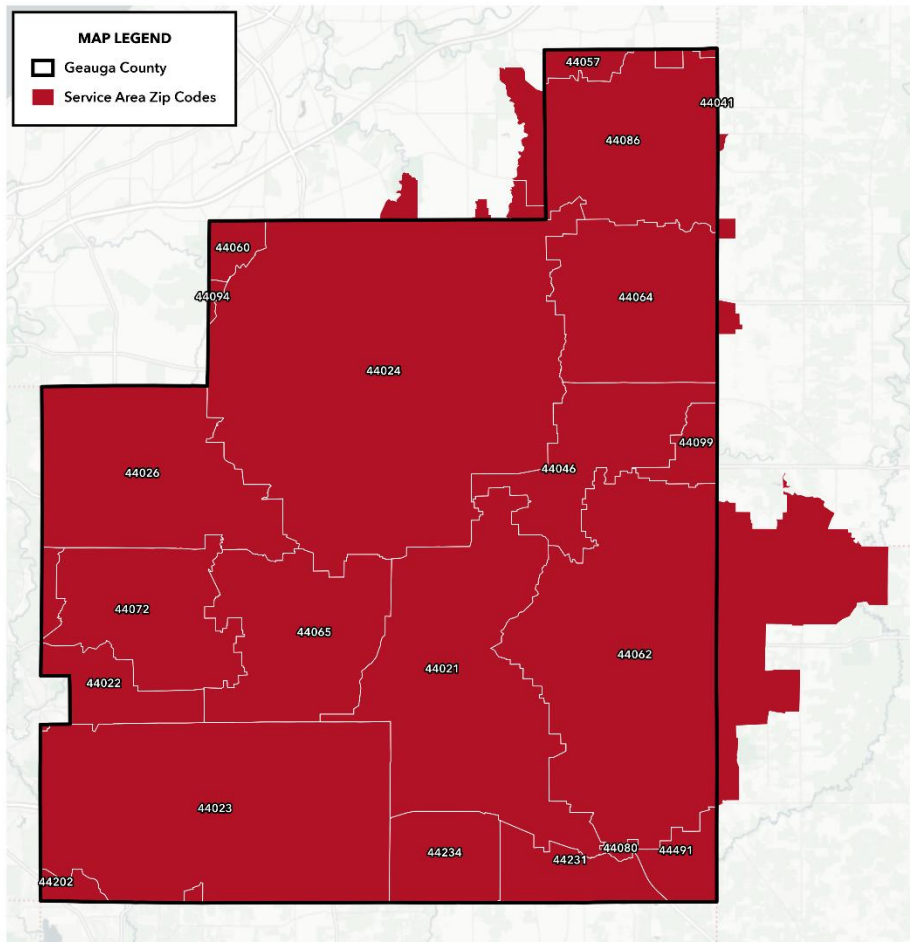


Figure 2. UH Service Area

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 Geauga County.

Additional details describing the Geauga 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.

2025 GEAUGA COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

University Hospitals (UH) conducted its 2025 Community Health Needs Assessment (CHNA) between late 2024 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 Geauga Public Health, University Hospitals Geauga Medical Center, and a group of stakeholders, using both primary and secondary data. Secondary data included community health indicators from state and national sources, while primary data were collected through surveys and 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 24, 2025, the Geauga County CHNA Steering Committee met in person to identify potential priority health needs from the data and insights presented in the 2025 CHNA. After discussing the scores they assigned to each health issue on a 4-point scale (1=low, 2=moderate, 3=adequate, 4=high), committee members identified the following four priority needs: Depression Screening, Housing Affordability, Workforce Productivity, and Community Resilience.



**CHNA Priority Area 1:
Depression
Screening**

**CHNA Priority Area 2:
Housing
Affordability**

**CHNA Priority Area 3:
Workforce
Productivity**

**CHNA Priority Area 4:
Community
Resilience**

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.

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: Depression Screenings

Hospital: University Hospitals Geauga Medical Center

Goal: Increase mental health education and access to depression screenings.

Community-Level Indicators to track long-term outcomes:

- One to five days of poor mental health in the past month (baseline: 55% in 2025 CHNA)
- Age-adjusted depression screening prevalence among the dual and non-dual eligible Medicare fee-for-service population (baseline: 13% in 2025 CHNA)

Strategy 1:

- Increase number of depression screenings
- Continue education of Geauga Behavioral Health social worker(s) (i.e., attend Suicide Coalition meetings)
- Increase mental health education in community

Objectives:

- By Dec 31, 2028, increase number of depression screenings administered in Geauga County by 10%.
- By Dec 31, 2028, increase number of mental health education events in Geauga County.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Host mental health and suicide prevention events - offer depression screenings and mental health education (e.g., pdf with education and referral links)	Number of events held		X	X	X
	Number of referrals provided				
	Number of screenings				
	Number of participants				
Offer/ implement depression screenings in the community/ at community events (e.g., in senior communities & senior talks, Family Health and Safety Day, Geauga County Fair)	Number of screenings	Gauga County Department on Aging	X	X	X

Have Geauga Behavioral Health social worker participate in Mental Health and Suicide Prevention program (i.e., attend monthly suicide coalition meetings)	Number of meetings attended		X	X	X
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UH Community Health Investment (CHI) Priority Area: Well-being

CHNA Priority Area: Workforce Productivity

Hospital: University Hospitals Geauga Medical Center

Goal: Increase knowledge and access to preventative care for chronic conditions to improve workforce productivity.

Community-Level Indicators to track long-term outcomes:
 - Rates of high blood pressure in workforce (baseline: 48% in 2025 CHNA)
 - Rates of high cholesterol in workforce (baseline: 34% in 2025 CHNA)
 - Rates of arthritis in workforce (baseline: 20% in 2025 CHNA)
 - Rates of chronic pain in workforce (baseline: 13% in 2025 CHNA)

Strategy 1:
 - Increase education about chronic conditions and access to preventative health screenings for Geauga’s workforce.

Objectives:
 -By December 31, 2028, increase number of preventative health screenings administered by 10%.
 -By December 31, 2028, increase community events related to chronic disease or workforce development.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Offer preventative care screenings to community (i.e., cholesterol, glucose, blood pressure, balance, memory, mammogram, cardiovascular).	Number of screenings provided		X	X	X
Offer preventative care education to community (i.e., breast health education,	Number of events (i.e., education efforts)		X	X	X

heart disease, stroke and diabetes prevention, breast and colon cancer, nutrition and physical activity)					
Host and collaborate with community partners and schools on student growth/development opportunities.	Number of participants	Geauga Growth Partnerships, OhioMeansJobs, Auburn Career Center	X	X	X
Provide education and health screenings to local businesses (e.g., cholesterol, glucose, blood pressure screenings)	Number of businesses served Number of screenings offered	Geauga Safety Council	X	X	X
Collaborate with businesses in their workplace wellness programs/ prevention initiatives.	Number of businesses served		X	X	X

UH Community Health Investment (CHI) Priority Area: Well-being
CHNA Priority Area: Community Resilience
Hospital: University Hospitals Geauga Medical Center
Goal: Increase groups, events, and education to improve mental and physical health.
<p>Community-Level Indicators to track long-term outcomes:</p> <ul style="list-style-type: none"> - Poor mental health days (baseline: 55% reported one to five days in the past month in 2025 CHNA) - Seriously considered suicide in the prior year (baseline: 16% in 2025 CHNA). - Drug overdose deaths (baseline: 13 in 2025 CHNA). - Rates of high blood pressure (baseline: 43% in 2025 CHNA) - Rates of high cholesterol (baseline: 34% in 2025 CHNA) - Rates of arthritis (baseline: 22% in 2025 CHNA) - Rates of chronic pain (baseline: 18% in 2025 CHNA)
<p>Strategy 1:</p> <ul style="list-style-type: none"> - Offer support groups focused on improving community resilience. - Provide community resilience events and education.

Objective 1:					
<ul style="list-style-type: none"> - By December 31, 2028, increase education and screening events/programs to community. - By December 31, 2028, maintain amount of screenings provided. - By December 31, 2028, increase participation in support groups by 5%. 					
Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Provide education and screenings (e.g., blood pressure) at community events (e.g., county fair).	Number of events held Number of screenings provided		X	X	X
Offer physical activity events/ classes/ programs/ groups (e.g., Matter of Balance classes, Walking for Wellness for seniors, Boxing with Parkinsons Program, Geauga Cycling Program, Age Well Be Well Program).	Number of events held Number of participants		X	X	X
Collaborate with local organizations to offer programs and identify community events to participate in (e.g., Geauga Parks Homeschool Education).	Number of programs/ events	Geauga Parks, Geauga Department on Aging, Geauga County Health Department, County Fair	X	X	X
Offer public education and support groups (i.e., Diabetes Support Group, Ostomy Support Group, Stroke Support Group, Better Breathers (smoking cessation), Cardiac Support Group, Parkinson's Group Collaborative with Geauga Senior Center, Breastfeeding Clinic).	Number of groups Number of events/ meetings Number of participants	Geauga Senior Center, Geauga Department on Aging	X	X	X
Provide vaccine clinics to Amish community.	Number of clinics offered Number of vaccines		X	X	X

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

CHNA Priority Area: Community Resilience

Hospital: University Hospitals Geauga Medical Center

Goal: Decrease youth substance misuse.

Community-Level Indicators to track long-term outcomes:
 - Number of students participating in substance misuse education in schools

Strategy 1:
 - Provide substance misuse education in schools
 - Offer prevention classes in schools
 - Offer diversion classes

Objective 1:
 - By December 31, 2028 broaden participation to include all public schools and private schools in Geauga County in substance misuse education events and classes.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Provide substance misuse education in schools (e.g., offer 6 DARE events per year, Effects of Alcohol and Nicotine on the Body). Provide prevention classes in middle and high school health classes (e.g., nicotine prevention).	Number of events Number of schools served Number of participants Knowledge gained Number of classes	Sheriff's Department (DARE), Lake Geauga Recovery Center	X	X	X
Provide diversion classes (i.e., when students are caught using substances).	Number of classes Number of participants	Lake Geauga Recovery Center	X	X	X



	Knowledge gained				
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Significant Health Needs Not Being Addressed by the Hospital

The hospitals are implementing strategies that address three 2025 priority areas: Depression Screening, Workforce Productivity, and Community Resilience. UH Geauga Medical Center will not be directly addressing housing affordability because this broad, system-level issue falls outside the hospital's core expertise in health care and its current capacity to meaningfully influence housing systems. However, UH Geauga remains open to collaborating with organizations that lead housing affordability efforts when it is feasible and aligns with its mission to support community health.

Community Collaborators

UH commissioned this document and is aligning its implementation plan with local public health partners, including Geauga Public Health and the Geauga 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.

Contact Information

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