

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 Lake County, collectively referred to in this report as the “Hospitals”:

- University Hospitals Lake West Medical Center
- University Hospitals TriPoint 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 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 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 Lake County developed in response to the 2025 Community Health Needs Assessment (CHNA). University Hospitals Lake West Medical Center and University Hospitals TriPoint 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 Un(der)managed Mental Health, Underutilization of Preventive Screenings, Suicide, and Inadequate Nutrition. To support coordinated planning and alignment with UH strategic priorities, the CHNA findings are organized under UH’s Community Health Investment (CHI)

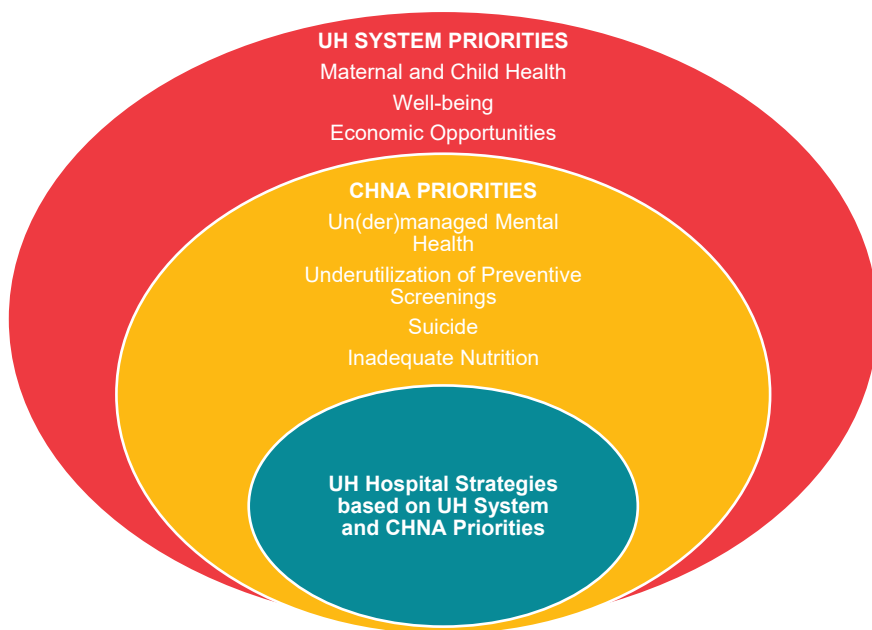


Figure 1. UH Priorities Alignment

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 Lake County, Ohio, outline includes an estimated population of 232,913 residents, whose health needs and outcomes are the focus of this Implementation Strategy (see Figure 2).

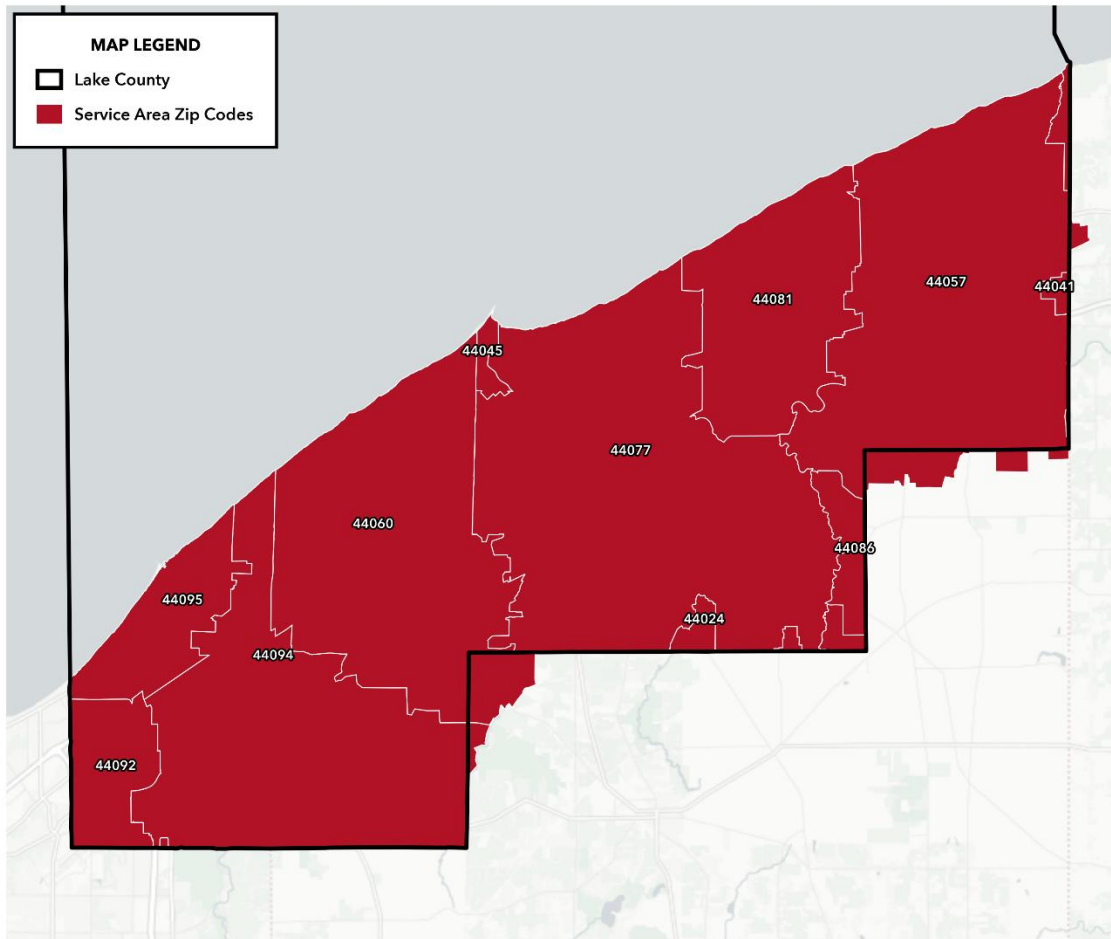


Figure 2. UH Service Area

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 Lake County.

Additional details describing the Lake 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 LAKE COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

University Hospitals (UH) conducted its 2025 Community Health Needs Assessment (CHNA) between October 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 the Lake County Steering Committee, 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 15, 2025, the Lake 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: Un(der)managed Mental Health, Underutilization of Preventive Screenings, Suicide, and Inadequate Nutrition.



**CHNA Priority Area 1:
Un(der)managed
Mental Health**



**CHNA Priority Area 2:
Underutilization of
Preventive
Screenings**



**CHNA Priority Area 3:
Suicide**



**CHNA Priority Area 4:
Inadequate Nutrition**

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 14 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 stakeholders.

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: Underutilization of Preventive Screening

Hospital: University Hospitals Lake West and TriPoint Medical Centers

Goal: Increase utilization of preventative health biometric screenings and decrease deaths.

Community-Level Indicators to track long-term outcomes:

- Rates of high cholesterol (baseline: 42%), high blood pressure (baseline: 45%), diabetes (baseline: 19% in 2025 CHNA).
- Cancer deaths (baseline: 238 per 100,000 in 2025 CHNA).
- Number of age-adjusted premature deaths (baseline: 8,000 per 100,000 in 2025 CHNA).

Strategy 1:

- Provide education and screenings related to chronic disease.

Objective:

- By December 31, 2028, increase the number of screenings provided by 10%.

Activities	Measures	Collaborators ¹	Year 1	Year 2	Year 3
Provide free biometric screenings (e.g., cholesterol, glucose, blood pressure, diabetes) and referrals for screenings at community events.	Number of screenings	Lake County General Health District, Lake County Council on Aging	X	X	X
	Number of screening referrals				

¹ Screenings are provided in partnership with the following organizations: Lake County Council on Aging, Lake County Free Clinic, Lake County YMCA, Lake Erie College PA program, Senior Centers (Concord, Perry, Willowick, Madison), Local Church organizations (St. Mary Magdalene, St. Gabriels), Kirtland Kiwanis, LGBTQ+ Allies Lake County, HOLA Ohio, Lake County Ohio NAACP

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

CHNA Priority Area: Inadequate Nutrition

Hospital: University Hospitals Lake West and TriPoint Medical Centers

Goal: Optimize wellness through improved nutrition and exercise.

Community-Level Indicators to track long-term outcomes:

- Food insecurity (baseline: 13% lack access to healthy food in 2025 CHNA)
- Rates of obesity (baseline: 54% of adults in 2025 CHNA)
- Fruit and vegetable intake (baseline: 52% reported intake at least 6 of the last 7 days in 2025 CHNA)

Strategy 1:

- Improve knowledge of and access to adequate nutrition and exercise.

Objective:

- By December 31, 2028, increase residents educated about nutrition and exercise by 10%.

Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Provide educational opportunities regarding nutrition including cooking demonstrations	Number of educational opportunities	Food pantries	X	X	X
	Number of participants				
Partner with corporations to provide educational grocery store tours	Number of participants in tours	Grocery stores	X	X	X
Provide referrals for dietary consultations	Number of referrals		X	X	X
Explore opportunities for providing referrals to UH community health workers	Number of referrals (this isn't realistic for year 1 or year 2)				X
Host diabetes management, nutrition, and exercise events to empower	Number of events		X	X	X
	Number of participants				

community members to optimize wellness.					
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UH Community Health Investment (CHI) Priority Area: Well-being					
CHNA Priority Area: Un(der)managed Mental Health and Suicide					
Hospital: University Hospitals Lake West and TriPoint Medical Centers					
Goal: Improve mental health status; decrease suicide and drug overdose deaths ² .					
Community-Level Indicators to track long-term outcomes:					
<ul style="list-style-type: none"> - Drug overdose deaths (38 per 100,000 in 2025 CHNA) - Number of age adjusted suicides (16 per 100,000 in 2025 CHNA) - Percent with 1-5 poor mental health days reported in last 30 days (29% in 2025 CHNA) 					
Strategy 1:					
<ul style="list-style-type: none"> - Improve access to supports for mental health (e.g., referrals). - Increase access to addiction resources (e.g., free Naloxone). 					
Objective:					
<ul style="list-style-type: none"> - By December 31, 2028, increase the number of mental health referrals by 10%. - By December 31, 2028, increase the number of free naloxone (Narcan) distributions by 10%. 					
Activities	Measures	Collaborators	Year 1	Year 2	Year 3
Organize one UH Health and Safety Day each year – provide resources related to mental health and substance use. Participate in partnering with organizations for their mental health and suicide awareness events throughout the year	Number of UH Health and Safety Days Number of participants Number of events	Lake County General Health District, NAMI, Crossroads, ADAMHS Board, school district, other community mental health partners	X	X	X
Develop awareness campaign and distribute naloxone	Engagement in awareness campaign	Lake County General Health District	X	X	X

² Substance abuse can directly impact mental health, therefore it is included within this priority area.

	Number of naloxone distributions				
Participate in events for the U.S. Drug Enforcement Administration's National Prescription Drug Take Back Days biannually	Number of events Number of pounds of drugs collected	U.S. Drug Enforcement Administration	X	X	X
Provide referrals to mental health resources at events	Number of referrals		X	X	X
Provide activities to combat isolation and provide community supports (potentially including support groups) ³	Number of events Number of participants		X	X	X
Continue Project DAWN in Lake County	Number of naloxone and drug-checking test strips distributed Number of trainings provided Number of events attended		X	X	X

³ Can be promoted by the Council on Aging, LGBTQ+ Allies, OLA, Age Well Be Well, and the senior group at the recreation center.

Significant Health Needs Not Being Addressed by the Hospital

The hospitals are implementing strategies that address all four 2025 priority areas: Un(Der)Managed Mental Health, Underutilization of Preventive Screenings, Suicide, and Inadequate Nutrition.

Community Collaborators

UH commissioned this document and is aligning its implementation plan with local public health partners, including Lake County General Health District and the Lake 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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