



University Hospitals

UH Samaritan Medical Center
Ashland County, Ohio

2023-2025
Community Health
Implementation
Strategy



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Adoption by the Board

University Hospitals adopted the UH Samaritan Medical Center Community Health Implementation Strategy on March 21, 2023.

Community Health Implementation Strategy Availability

The Implementation Strategy can be found on University Hospitals' website at www.UHhospitals.org/CHNA-IS or a hard copy can be mailed upon request at CommunityBenefit@UHhospitals.org.

Written Comments


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



Introduction

In 2022, University Hospitals Samaritan Medical Center conducted a joint community health needs assessment (a “CHNA”) with the Ashland County Health Department and the associated Ashland County Community Health Assessment Committee. The 2022 Ashland County CHNA was compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) 3701.981. The 2019 CHNA serves as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) UH Samaritan determined they are able to meet in whole or in part; (b) are otherwise part of UH’s mission; and (c) are not met (or are not adequately met) by other programs and services in the county. This IS identifies the means through which UH Samaritan plans to address a number of the needs that are consistent with the hospital’s charitable mission as part of its community benefit programs. Likewise, UH Samaritan is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Samaritan anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2022 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by UH Samaritan in the IS. More specifically, since this IS was done in conjunction with the 2023-2025 Ashland County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Ashland County CHIP can be found at <http://www.hcno.org/community-services/community-health-assessments/> and the CHIP strategies can be found in Appendix A of this report.




In addition, UH Samaritan worked together to align both its CHNA and IS with state plans. Ohio state law (ORC 3701.981) mandates that all hospitals must collaborate with their local health departments on community health assessments (a “CHA”) and community health improvement plans (a “CHIP”). Additionally, local hospitals must align with Ohio’s State Health Assessment (an “SHA”) and State Health Improvement Plan (an “SHIP”). This requires alignment of the CHNA and IS process timeline, indicators, and strategies. This local alignment must take place by October 2020.


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

This aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2023-2025 UH Samaritan Medical Center Community Health Implementation Strategy which aligns with the 2023-2025 Ashland County Community Health Improvement Plan. This IS meets all the requirements set forth in Section 501(r).

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

UH Samaritan is working with other partners in Ashland County to address all three priorities which were identified in the 2022 CHNA:

1. Behavioral Health 
2. Access to Health Care 
3. Cancer 



Additionally, UH Samaritan Medical Center is working collaboratively with other Ashland County partners to address Public Health System, Prevention and Health Behaviors, and Social Determinants of Health, which were identified as cross-cutting factors undergirding both priorities.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, UH Samaritan Medical Center is committed to supporting the UH mission, “To Heal. To Teach. To Discover.” (the “Mission”), by providing a wide range of community benefits including clinical services, medical education and research. UH is an integrated delivery system and thus can provide benefits by coordinating within and among various entities (“UH System”).

Community Served by the Hospital

The community for this Implementation Strategy has been defined as Ashland County. In 2021, the majority of University Hospitals Samaritan Medical Center’s discharges (72.0%) were residents of Ashland County. In addition, University Hospitals Samaritan Medical Center collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and Ashland County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning.

Alignment with Local and State Standards

Community Partners

The IS was done in collaboration with various agencies and service providers within Ashland County. In 2022, the Ashland County Community Health Assessment Committee reviewed many data sources concerning the health and social challenges that Ashland County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.



Ashland County Community Health Partners:

Ashland County Health Department and University Hospitals Samaritan Medical Center gratefully acknowledge the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this Implementation Strategy. Over the course of several months, the committee convened regularly to examine secondary data and community input, propose new partners for the prioritization process, and endorse the finalized health needs, progressing into the improvement planning and strategy process.




- Appleseed Community Mental Health Center
- Ashland City Government
- Ashland City Schools
- Ashland County Board of Health
- Ashland County Chamber of Commerce
- Ashland County Council on Aging
- Ashland County Council on Alcoholism and Drug Abuse
- Ashland County EMA
- Ashland County Family and Children First Council
- Ashland County Job and Family Services
- Ashland Fire
- Ashland Parenting Plus
- Ashland University
- Catholic Charities Ashland
- Kroc Center/Salvation Army
- Loudonville-Perrysville Schools
- Mental Health Recovery Board
- Ohio Highway Patrol



Priority Health Needs



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

Priorities:

1. Behavioral Health 
2. Access to Health Care 
3. Cancer 

Cross-Cutting Factors:


The Ohio SHIP contains strategies that are referred to as cross-cutting. This means that cross-cutting strategies have an impact on all selected priority areas. Certain priorities identified in the 2022 CHNA also fit within the following cross-cutting area for which UH Samaritan will be implementing strategies in this plan:


1. Public health system, prevention and health behaviors 
2. Social determinants of health 


Strategies to Address Health Needs

The strategies listed on the following pages are done in alignment with the Ashland County Community Health Improvement Plan (see strategies in Appendix A). They reflect the specific strategies that UH Samaritan Medical Center will implement to address the identified priorities and achieve the anticipated outcomes. The resources being provided include staff time and expertise, health screening supplies and equipment, publicity for various events and other contributions as outlined in the following section.





University Hospitals Samaritan Medical Center
CHNA Priority: Access to Care 
Strategy 1: Focusing on telehealth and usage by our older population, develop a framework to provide live group education events and 1-on-1 training to promote telehealth as an option for routine check-ups.
Goal: Educate the community on a non-traditional method of access to health care
Objective: By December 2025, host or participate in community outreach events that focus on the benefits of using telehealth as an option to complete a routine check-up
Action Steps:
Year 1:
<ul style="list-style-type: none"> • Identify community partners to coordinate resources to offer technology education/demonstration of telehealth at least two Samaritan Medical Center (SMC) locations. <i>(Track number of telehealth demonstrations)</i> • Hold at least two live events. <i>(Track number of participants and survey participants for an increase in knowledge)</i> • Establish knowledge baseline percentage. <i>(Track baseline percentage)</i>
Year 2:
<ul style="list-style-type: none"> • Establish a resource pool to offer additional 1:1 telehealth technology training and train 25 community members • Host 2 live group community outreach events. <i>(Track number of participants and survey participants for an increase in knowledge. Track number of telehealth appointments primary care practices)</i> • <i>Increase knowledge percentage from year 1</i>
Year 3:
<ul style="list-style-type: none"> • Increase number of telehealth appointments by 10% over previous year • Demonstrate an increase in percent of adults having a routine check-up using telehealth • Continue to assess increase in knowledge from education from Year 2
Anticipated measurable outcome(s) based on current trends:
<ul style="list-style-type: none"> • Increase percent of adults who have a routine checkup (Baseline: 77.4%, 2022 CHNA)
Indicator(s) used to measure outcomes and Data Source:
<ul style="list-style-type: none"> • Percentage of adults who have had a routine check-up (Healthy NEO Website)
Identified Community Partners/Opportunities for Collaboration: Ashland County Health Department (Medical Reserve Corps), Council on Aging, Area Agency on Aging, Senior Citizen Center, UH SMC volunteers

University Hospitals Samaritan Medical Center
CHNA Priority: Behavioral Health 
Strategy 1: Offer Music Therapy to inpatients and outpatients to improve mental health (including but not limited to Seidman Cancer & Infusion Center, ED, 1:1 consultations).
Goal: Enhance coping skills to improve mental health
Objective: Increase the number of encounters for music therapy within the hospital. Decrease patients' self-reported stress level and anxiety level after music therapy session. Increase self-reported coping level after music therapy session
Action Steps:
Year 1:
<ul style="list-style-type: none"> • Music therapist to round on inpatients; determine self-reported stress, anxiety and coping levels; track results post session (<i>track number of patients and post session results</i>) • Develop action plan to introduce music therapy to outpatients; determine self-reported stress, anxiety and coping levels; track results post session. (<i>Track whether plan is developed or not</i>)
Year 2:
<ul style="list-style-type: none"> • Continue efforts of Year 1 • Demonstrate a decrease in the average stress and anxiety scores and an increase in the coping score post therapy for inpatients and outpatients. (<i>Track average percent increase in coping scores</i>) • Increase the number of encounters of outpatients over Year 1 (<i>track number of encounters</i>)
Year 3:
<ul style="list-style-type: none"> • Continue to demonstrate a decrease in the average stress and anxiety scores and an increase in average coping score post therapy for 1) inpatients and 2) outpatients
Anticipated measurable outcome(s) based on current trends:
<ul style="list-style-type: none"> • Decrease number of poor mental health days: 14 days or more in the past month (Baseline: 17%, 2022 CHNA)
Indicator(s) used to measure outcomes and Data Source:
<ul style="list-style-type: none"> • Number of poor mental health days: 14 days or more in the past month (Healthy NEO Website)
Identified Community Partners/Opportunities for Collaboration: None

University Hospitals Samaritan Medical Center
CHNA Priority: Behavioral Health 
Strategy 2: Decrease prescription medication abuse.
Goal: Reduce deaths caused by drug overdose
Objective: Increase access to methods of safe disposal of prescription drugs for community
<p>Action Steps:</p> <p>Year 1:</p> <ul style="list-style-type: none"> • Distribute DisposeRX at in-house retail pharmacy (<i>track number distributed</i>) • Host two Take Back Drugs events (<i>track number of participants at events</i>) • Distribute DisposeRX at two community outreach events (<i>track number distributed at events</i>) <p>Year 2:</p> <ul style="list-style-type: none"> • Increase number of retail pharmacy encounters by 5% • Increase poundage of drugs taken back by 5% • Increase number of encounters at community outreach events by 10% over Year 1 <p>Year 3:</p> <ul style="list-style-type: none"> • Continue efforts of Years 1 and 2 • Measure effectiveness of strategy to inform next steps
<p>Anticipated measurable outcome(s):</p> <ul style="list-style-type: none"> • Reduce drug overdose deaths. (Baseline: 24.6 deaths per 100,000 population, 2022 CHNA)
<p>Indicator(s) used to measure progress:</p> <ul style="list-style-type: none"> • Number of age adjusted deaths due to unintentional drug overdoses per 100,000 population (Healthy NEO Website)
<p>Identified Community Partners/Opportunities for Collaboration: Public Health department, local police/sheriff departments</p>



University Hospitals Samaritan Medical Center
CHNA Priority: Behavioral Health 
Strategy 3: Offer music therapy services to community.
Goal: Enhance coping skills to improve mental health
Objective: Increase access to music therapy for community members as a way to manage mental health
<p>Action Steps:</p> <p>Year 1:</p> <ul style="list-style-type: none"> • Develop action plan with music therapist to introduce music therapy as alternative coping mechanism for mental health (<i>track whether or not a plan is developed</i>) • Participate in at least 6 events (<i>track number of events</i>) • Evaluate outcomes by surveying participants at each event (<i>track percent of participants who say they benefit from music therapy</i>) <p>Year 2:</p> <ul style="list-style-type: none"> • Continue efforts of Year 1 • Collaborate with two “new” community partners to explore possibility of introducing music therapy to their clients (<i>track number of new community partners</i>) <p>Year 3:</p> <ul style="list-style-type: none"> • Continue efforts of Years 1 and 2 • Increase community participation at community events by 10% over Year 2 (<i>track number of participants</i>)
<p>Anticipated measurable outcome(s):</p> <ul style="list-style-type: none"> • Decrease number of poor mental health days: 14 days or more in the past month (Baseline: 17%, 2022 CHNA)
<p>Indicator(s) used to measure outcomes and Data Source:</p> <ul style="list-style-type: none"> • Number of poor mental health days: 14 days or more in the past month (Healthy NEO Website)
<p>Identified Community Partners/Opportunities for Collaboration: Ashland County Health Department, Mental Health and Recovery Board, Brethren Care Village, Ashland County/City schools, Ashland County Council on Aging</p>

University Hospitals Samaritan Medical Center
CHNA Priority: Cancer 
Strategy 1: Collaborate with providers and community partners on variety of community outreach events targeted to cancer education and the value of cancer screenings.
Goal: Reduce the incidence of cancer
Objective: Detect early signs of cancer by offering screenings in an effort to prevent or mitigate disease progression. Increase awareness and education of cancer prevention to improve health literacy and health outcomes
Action Steps:
Year 1:
<ul style="list-style-type: none"> • Participate in at least two live cancer education events including screenings (<i>track number screened and number of referrals; evaluate outcomes by surveying participants for increase in knowledge</i>)
Year 2:
<ul style="list-style-type: none"> • Continue efforts of Year 1. • Increase participation in screening events by 10% (<i>track percent change from Year 1</i>) • Increase type of cancer screening available by 1 (<i>track number of types of screening</i>) • Demonstrate increase in knowledge through surveys (<i>track percent increase in knowledge</i>)
Year 3:
<ul style="list-style-type: none"> • Continue efforts of Years 1 and 2 • Collaborate with community partners to develop strategy for mobile screening event (<i>track number of screening events and locations</i>)
Anticipated measurable outcome(s):
<ul style="list-style-type: none"> • Reduce all cancer incidence rate (Baseline: 459.2 cases per 100,000 population, 2022 CHNA) • Reduce percent of adults with cancer (Baseline: 8.3%, 2022 CHNA)
Indicator(s) used to measure outcomes and Data Source:
<ul style="list-style-type: none"> • All cancer incidence rate (Healthy NEO Website) • Percent of adults with cancer (Healthy NEO Website)
Identified Community Partners/Opportunities for Collaboration: Ashland County Public Health Department, Ashland County Cancer Association, UH Seidman Cancer Center



Significant Health Needs Not Being Addressed by the Hospital

The Hospital is implementing strategies in collaboration with other partners in Ashland County for all three of the priorities identified in the 2022 CHNA: chronic disease, mental health, substance use, and cancer.

The following strategies will not be directly addressed by the Hospital as part of its Community Health Implementation Strategy because other county partners have agreed to take the lead based on their core expertise, prior experience and/or availability of existing resources (see full list of Ashland County's strategies in Appendix A). The Hospital may play an indirect role as a partner organization, but is not necessarily directly participating in the strategies below.

Additionally, some strategies do not meet the IRS definition of a "community benefit" and/or are addressed at the UH system level as a routine standard of care, rather than as a community benefit strategy. Lastly, representatives from the Hospital's community outreach team remain engaged as thought leaders on all the strategies as needed.

Behavioral Health

- Community awareness campaign
- Grief recovery training
- Suicide prevention training
- Fatality reviews for root causes and types of drugs or if alcohol was used
- Narcan and NaloxBox distribution
- Access to Local Medication Assisted Treatment (MAT) Programming

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2023-2025 Ashland County Community Health Improvement Plan process and the associated county partners; see Community Health Assessment Committee listed on page 5 of this report.

Qualifications of Consulting Company

Ashland County Health Department and University Hospitals Samaritan Medical Center commissioned Conduent Healthy Communities Institute (HCI) to support report development of Ashland County's 2022 Community Health Needs Assessment and Implementation Strategy. HCI collaborates with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Ashley Wendt, MPH, Public Health Consultant and Maudra Brown, MPH, CHES, APM, PAHM, Public Health Consultant. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

2022-2025 Ashland County Community Health Improvement Plan Strategies

The following pages include the work plan for the county to work toward achieving better health outcomes for members of the Ashland community. This plan includes data points, goals, objectives, and actions that will be implemented in the next three years. The community engagement on this plan is invaluable. Ashland County Health Department will serve as the lead in ensuring all agencies are working toward the completion of the action steps. ACHD will also track the progress and data trends as we engage in the work of the Community Health Improvement Plan. Any questions or comments concerning this plan are welcomed. To submit comments, please visit the Ashland County Health Department website at www.ashlandhealth.com and use the "Contact Us" form.

CHNA Priority 1: Cancer

<p>Goal 1: Reduce colorectal cancer death rates.</p> <p>Goal 2: Reduce colorectal cancer incidence rates.</p> <p>Goal 3: Reduce lung and bronchus cancer rates through the decreased use of tobacco, tobacco products, and vaping.</p>			
<p>Community Level Indicators</p>			
Adults with Cancer Colorectal Cancer Incidence Rate	Age-Adjusted Death Rate due to Colorectal Cancer Cancer: Medicare Population		
<p>Strategy 1: Collaborate with providers and community partners on a variety of community outreach events targeted to cancer education and the value of cancer screenings.</p>			
<p>Objective 1: Reduce the age-adjusted death rate due to cancer from 168.4 deaths per 100,000 by 5%.</p>			
Activities:	Year 1	Year 2	Year 3
Research County/Polk/Nova demographics and access to testing	X		
Target education to Polk and Nova areas regarding screening and access to testing		X	
Partner with UH for testing educational campaign			X
<p>Baseline measure: CHNA 2022 & Health Northeast Ohio: Colon Cancer Screening: Countywide 63.6%; Nova 59.8%; Polk 59.9% Colorectal Cancer Incidence Rate: 50.6 per 100,000 CHR 23.6% 2019 Lung and Bronchus Cancer Incidence Rate: 62.4 per 100,000</p>			
<p>Anticipated measurable outcome(s) based on current trends: # of educational sessions/events Increase the percentage of screenings by 10% Reduce deaths from colorectal cancer by early detection Impact current upward trend of cancer rates</p>			
<p>Indicator(s) used to measure outcomes and data source: CHNA 2022 & Health Northeast Ohio: Colorectal death rates indicators; colon cancer screenings colorectal cancer incident rates</p>			
<p>Responsible Partners: ACHD UH Samaritan Medical Center</p>			
<p>Community Partners: UH Samaritan and PCP providers UH, ACCADA, School districts Ashland County Public Health Department, UH Seidman Cancer Center Ashland County Cancer Association</p>			
<p>Specific opportunities to address policy, equity and/or access: The northern part of the county ranks lower in the county overall (Polk and Nova). Target those areas along with the whole county.</p>			
<p>Target population(s): Polk and Nova residents (according to the vulnerability index), Senior citizens, Amish community.</p>			

Goal 1: Reduce colorectal cancer death rates.

Goal 2: Reduce colorectal cancer incidence rates.

Goal 3: Reduce lung and bronchus cancer rates through the decreased use of tobacco, tobacco products, and vaping.

Community Level Indicators

Adults with Cancer

Age-Adjusted Death Rate due to Colorectal Cancer

Colorectal Cancer Incidence Rate

Cancer: Medicare Population

Strategy 1: Collaborate with providers and community partners on a variety of community outreach events targeted to cancer education and the value of cancer screenings.

Objective 2: Reduce the percentage rate of adults who smoke from 23.6%.

Activities:	Year 1	Year 2	Year 3
Coordinate with UH on smoking cessation program	X		
Increase social media education on effects of smoking and vaping	X	X	
Target secondhand smoke campaign to pregnant mothers and new mothers		X	X
Work with ACCADA to target educational programming in the local schools especially related to vaping.	X	X	X

Baseline measure:

Adults who smoke: 23.6%

Adults who use e-cigarettes: 2.7%

Adults who used smokeless tobacco: 2.9%

Adults who used e-cig in past 30 days 3.3%

Mothers who smoked during pregnancy 12.7% (2020)

Anticipated measurable outcome(s) based on current trends:

of educational sessions/events

Impact current upward trend of cancer rates

Indicator(s) used to measure outcomes and data source:

CHR on Adults who Smoke; adults who used e-cig in past 30 days; mothers who smoked during pregnancy

Responsible Partners:

ACHD

UH Samaritan Medical Center

Community Partners:

UH Samaritan and PCP providers

UH, ACCADA, School districts

Ashland County Public Health Department, UH Seidman Cancer Center

Ashland County Cancer Association

Specific opportunities to address policy, equity and/or access:

The northern part of the county ranks lower in the county overall (Polk and Nova). Target those areas along with the whole county for colorectal cancer rates

Target population(s): Adults, high school students, Polk and Nova residents, senior citizens, Amish Community.

Goal 1: Reduce colorectal cancer death rates.

Goal 2: Reduce colorectal cancer incidence rates.

Goal 3: Reduce lung and bronchus cancer rates through the decreased use of tobacco, tobacco products, and vaping.

Community Level Indicators

Adults with Cancer

Colorectal Cancer Incidence Rate

Age-Adjusted Death Rate due to Colorectal Cancer
Cancer: Medicare Population

Strategy 1: Collaborate with providers and community partners on a variety of community outreach events targeted to cancer education and the value of cancer screenings.

Objective 3: Host at least 2 training/educational opportunities

Activities:	Year 1	Year 2	Year 3
Host two live cancer education events including screenings; monitor number screened and number of referrals; evaluate outcomes by surveying participants for increase in knowledge	X		
Increase participation by 10%; demonstrate increase in knowledge through surveys		X	
Collaborate with community partners to develop strategy for mobile screening event			X

Baseline measure:

Demonstration of increase in knowledge

Anticipated measurable outcome(s) based on current trends:

Year-to-Year Measure: # of educational sessions/events

Indicator(s) used to measure outcomes and data source:

Cervical cancer screening, colon cancer screening, mammogram past 2 years, adults with routine checkups. HNEO rates

Responsible Partners:

ACHD

UH Samaritan Medical Center

Community Partners:

UH Samaritan and PCP providers

UH, ACCADA, School districts

Ashland County Public Health Department, UH Seidman Cancer Center

Ashland County Cancer Association

Specific opportunities to address policy, equity and/or access:

The northern part of the county ranks lower in the county overall (Polk and Nova). Target those areas along with the whole county.

Target population(s): Polk and Nova residents, Amish, Senior citizens.

CHNA Priority 2: Access to Healthcare

Goal 1: Increase access to care			
Community Level Indicators			
Primary Care Provider Rate	Adults who Visited a Dentist		
Adults who have had a Routine Checkup	Consumer Expenditures: Prescription and Non-Prescription Drugs		
Clinical Care Ranking			
Strategy 1: Focusing on telehealth and usage by our older population, develop a framework to provide live group education events and 1-on-1 training to promote telehealth as an option for routine check-ups.			
Objective 1: By December 2023 host at least two community outreach events that focus on the benefits of using telehealth as an option to complete a routine check-up.			
Activities:	Year 1	Year 2	Year 3
Identify community partners to coordinate resources to offer technology education/demonstration of telehealth at least two locations. Hold at least two live events.	X		
Establish a resource pool to offer additional 1:1 telehealth technology training and train twenty-five community members. Host two live group community outreach events.		X	
Host two live educational events at two new/different locations.			X
Opportunity: Managed Care/Medicaid-emphasis on Medical Home/PCP for increase access to health and healthcare. CareSource, Molina, AmeriHealth, etc.			
Baseline measure: CHNA 2022 & Health Northeast Ohio: Adults who have had a routine checkup 76.3% Adults without health insurance 12.3% Adults who access medical services and information through the internet 32.4%			
Anticipated measurable outcome(s) based on current trends: Increase number of telehealth appointments Increase percentage of adults who have had a routine check-up			
Indicator(s) used to measure outcomes and data source: CHNA 2022 & Health Northeast Ohio: Percentage of adults who have had a routine check-up (State Rate XX.X% 2019); number of telehealth appointments in primary care practices (Hospital System data). Health Northeast Ohio			
Responsible Partners: UH Samaritan Medical Center			
Community Partners: Ashland Christian Health Third Street Clinic (reviving medical and dental in Ashland)			
Specific opportunities to address policy, equity and/or access:			
Target population(s): Senior citizens, those without insurance, Amish community.			

Goal 1: Increase access to care

Community Level Indicators

Primary Care Provider Rate	Adults who Visited a Dentist
Adults who have had a Routine Checkup	Consumer Expenditures: Prescription and Non- Prescription Drugs
Clinical Care Ranking	

Strategy 1: Focusing on telehealth and usage by our older population, develop a framework to provide live group education events and 1-on-1 training to promote telehealth as an option for routine check-ups.

Objective 2: Provide a series of health education promotions on routine checkups and of free or low-cost options in the community.

Activities:	Year 1	Year 2	Year 3
Design an educational plan for social media on routine checkups.	X		
Establish a resource guide of free or low-cost medical and dental services in Ashland County and disseminate to local partners and community members. Reevaluate and update the list every year.	X	X	X
Run the social media plan and measure results.		X	X
Build upon Amish Health and Safety by offering routine screenings for blood pressure, diabetes detection, and cholesterol.	X	X	X

Baseline measure: CHNA 2022 & Health Northeast Ohio: Cervical Cancer Screening 80.5%, Colon Cancer screening, 69.7% mammograms is past 2 years 70.6%, mammogram screening: Medicare Population 51%, adults who have routine checkup 76.3%; Adults 65+ who received recommended preventative services: Females 35.9%; Males 38%;

Anticipated measurable outcome(s) based on current trends: Increase the number of screenings and routine checkups

Indicator(s) used to measure outcomes and data source: **Healthy NEO:** Cervical Cancer Screening 80.5%, Colon Cancer screening, 69.7% mammograms is past 2 years 70.6%, mammogram screening: Medicare Population 51%, adults who have routine checkup 76.3%; Adults 65+ who received recommended preventative services: Females 35.9%; Males 38%;

Responsible Partners:
ACHD

Community Partners:
Ashland Christian Health
Third Street Clinic (reviving medical and dental in Ashland)

Specific opportunities to address policy, equity and/or access: promote free or low cost services available in the community for those with no insurance or the underinsured.

Target population(s): 65+, underinsured, uninsured, Amish, children eligible for Medicaid services

CHNA Priority 3: Behavioral Health—Mental Health

Goal 1: Reduce the number of suicides and those suffering from Depression in Ashland County.			
Community Level Indicators			
Poor Mental Health: +14 Days	Self-Reported General Health Assessment: Good or Better		
Poor Mental Health: Average Number of Days	Adults Ever Diagnosed with Depression		
Age-Adjusted Death Rate due to Suicide			
Strategy 1: To build a community awareness campaign; providing community awareness and education associated with stigma and its impacts on individuals, families, etc. accessing behavioral health services.			
Objective 1: Reduce the number of adults ever diagnosed with depression			
Activities:	Year 1	Year 2	Year 3
To engage in a community awareness campaign. Content = Reducing Stigma associated to mental health	X		
Evaluate the educational landscape for (preventing duplication of services) -Mental Health, BH Programs, Suicide Prevention, Depression, Grief	X		
Analysis gaps and develop action plan to address (better coordination and support) Develop sustained partnership between mental health recovery board with Ashland co. public health		X	
Evaluate ongoing need/community use/report out (close the loop)-convening partners			X
Baseline measure: 22.1% adults were ever diagnosed with depression			
Anticipated measurable outcome(s) based on current trends:			
Indicator(s) used to measure outcomes and data source: CHNA 2022 & Health Northeast Ohio: # of suicides in Ashland County Suicide deaths: Regular Matrix reporting by the Board’s contract partners and communication with other agency partners (e.g., AU, Coroner, Health Dept.) Healthy Northeast Ohio MHRB			
Responsible Partners: MHRB of Ashland County Health Department, ADAMHS Board, ACCADA, and Appleseed ACHD			
Community Partners: ACCADA, Appleseed Mental Health, Catholic Charities, Ashland Police and Sheriff’s Office (QRT) CCS, FCFC, Substance Use Advisory Committee Council on Aging, MHRB, and other partners to advertise the events and promote the grief training Possible collaboration with any local social service agency with mission surrounding mental health, substance abuse, or desire to assist older population Ashland University, Appleseed Community Mental Health Center, Coroner’s Office, Health Department, Ashland County Suicide Prevention Coalition.			
Specific opportunities to address policy, equity and/or access: promote the services that are available in the county including self-pay, insured, and uninsured programs.			
Target population(s): incarcerated ready to be released; youth, adults, college students, those 65+			

Goal 1: Reduce the number of suicides and those suffering from Depression in Ashland County.

Community Level Indicators

Poor Mental Health: +14 Days
 Poor Mental Health: Average Number of Days
 Age-Adjusted Death Rate due to Suicide

Self-Reported General Health Assessment: Good or Better
 Adults Ever Diagnosed with Depression

Strategy 2: Reduce the impact of mental health stress or depression due to grief.

Objective 1: Host one cohort training for grief recovery training (informational session + train the trainer) by 2025

Activities:	Year 1	Year 2	Year 3
Spring 2023 hold a grief awareness seminar to find those interested in participating in the Grief Recovery Method Seminar (ACHD)	X		
Spring 2023/2034 hold Grief Recovery Method workshops with clients (ACHD)	X	X	X

Baseline measure: currently zero grief recovery on the Grief Recovery Method.

Anticipated measurable outcome(s) based on current trends: number of people attending grief recovery training – pre and post testing related to understanding grief.

Indicator(s) used to measure outcomes and data source:

Pre and post survey on grief and depression

Responsible Partners:

ACHD

Community Partners:

UH Samaritan Medical Center
 ACCADA, Appleseed Mental Health, Catholic Charities, Ashland Police and Sheriff’s Office (QRT)
 CCS, FCFC, Substance Use Advisory Committee
 Council on Aging, MHRB, and other partners to advertise the events and promote the grief training
 Possible collaboration with any local social service agency with a mission surrounding mental health, substance abuse, or desire to assist the older population
 Ashland University, Appleseed Community Mental Health Center, Coroner’s Office, Health Department, Ashland County Suicide Prevention Coalition.

Specific opportunities to address policy, equity and/or access: Make available to all regardless of ability to pay.

Target population(s): anyone who wants to address grief and unresolved grief.

Goal 1: Reduce the number of suicides and those suffering from Depression in Ashland County.

Community Level Indicators

Poor Mental Health: +14 Days
 Poor Mental Health: Average Number of Days
 Age-Adjusted Death Rate due to Suicide

Self-Reported General Health Assessment: Good or Better
 Adults Ever Diagnosed with Depression

Strategy 3: Increase Suicide Prevention Trainings in the County.

Objective 1: By the end of SFY 2026, Increase QPR Suicide Prevention Trainings by 50% over baseline.

Activities:	Year 1	Year 2	Year 3
Utilize the Ashland County Suicide Prevention Coalition to increase the number of organizations and individuals trained in QPR	X	X	X
Collaborate with Ashland University to increase on-campus QPR training to faculty, staff, and students	X	X	X
Collaborate with local school systems via the School-Community Liaison Program to increase QPR to middle and high school-age students, teachers, and administrators	X	X	X

Baseline measure:

SFY 2022 saw @500 persons trained in QPR

Anticipated measurable outcome(s) based on current trends: Reduction in the number of suicides in the county.

Indicator(s) used to measure outcomes and data source: Suicide rates; Annual Suicide reviews.

Responsible Partners:

MHRB of Ashland County
 Health Department, ADAMHS Board, ACCADA, and Appleseed
 ACHD

Community Partners:

UH Samaritan Medical Center
 ACCADA, Appleseed Mental Health, Catholic Charities, Ashland Police and Sheriff’s Office (QRT)
 CCS, FCFC, Substance Use Advisory Committee
 Council on Aging, MHRB, and other partners to advertise the events and promote the grief training
 Possible collaboration with any local social service agency with mission surrounding mental health, substance abuse, or desire to assist older population
 Ashland University, Appleseed Community Mental Health Center, Coroner’s Office, Health Department, Ashland County Suicide Prevention Coalition.

Specific opportunities to address policy, equity and/or access: increase trained people to provide services to anyone who needs them.

Target population(s): schools, university, teachers

CHNA Priority 3: Behavioral Health—Substance Use/Misuse

Goal 1: Reduce deaths caused by drug overdose (both intentional and non-intentional) Goal 2: Evaluate landscape of substance use/misuse in the county Goal 3: Reduce prescription drug use Goal 4: Reduce the number of alcohol-impaired driving deaths			
Community Level Indicators			
Adults who Binge Drink Alcohol-Impaired Driving Deaths	Adults who Drink Excessively Consumer Expenditures: Tobacco and Legal Marijuana		
Strategy 1: Decrease prescription medication abuse (Increase access to methods of safe disposal of prescription drugs for the community)			
Objective 1: Reduce substance use and misuse in the community			
Activities:	Year 1	Year 2	Year 3
2 Take Back Drugs events; distribute DisposeRX at 2 community outreach events.	X	X	X
Develop more community awareness of the Dispose RX, & Community Events (hospitals).	X	X	X
Baseline measure: Emergency Department Visits for Suspected drug overdose 2022 Q1 – 19 2022 Q2 – 34 2022 Q3 – 29 2022 Q4 – 28 Total 2022 – 110			
Anticipated measurable outcome(s) based on current trends: # of New Community Events Increase poundage of drugs taken back by 5%; (drug take back) # of ED visits for a drug overdose.			
Indicator(s) used to measure outcomes and data source: OHO Emergency Department Visits for Suspected Drug Overdose Law enforcement divisions			
Responsible Partners: UH Samaritan Medical Center MHRB of Ashland County Health Department, ADAMHS Board, ACCADA, and Appleseed ACHD, University Hospital			
Community Partners: ACCADA, Appleseed Mental Health, Catholic Charities, Ashland Police and Sheriff’s Office (QRT) CCS, FCFC, Substance Use Advisory Committee Council on Aging, MHRB Possible collaboration with any local social service agency with mission surrounding mental health, substance abuse, cancer or desire to assist older population Ashland University, Appleseed Community Mental Health Center, Coroner’s Office, Health Department			
Specific opportunities to address policy, equity and/or access: None			
Target population(s): Elderly, all citizens			

Goal 1: Reduce deaths caused by drug overdose (both intentional and non-intentional)

Goal 2: Evaluate landscape of substance use/misuse in the county

Goal 3: Reduce prescription drug use

Goal 4: Reduce the number of alcohol-impaired driving deaths

Community Level Indicators

Adults who Binge Drink
Alcohol-Impaired Driving Deaths

Adults who Drink Excessively
Consumer Expenditures: Tobacco and Legal Marijuana

Strategy 2: Increase NARCAN and NaloxBox Distribution.

Objective 1: Reduce substance use and misuse in the community

Activities:	Year 1	Year 2	Year 3
Evaluate (environmental scan) of landscape of services/programs with NARCAN distribution	X		
Ensure ACCADA, Appleseed, and the Health Department have a sufficient ongoing supply of NARCAN	X	X	X
Ensure the agencies and other partners promote the availability of NARCAN and NaloxBoxes	X	X	X
Regularly report the changes in NARCAN and NaloxBox distribution	X	X	X
Monitor the number of Overdose Deaths	X	X	X
Provide education through social media and other sources regarding drug use and abuse, physical and mental consequences, and legal consequences.	X	X	X

Baseline measure:

Death Rate due to Drug Poisoning 19.9 deaths per 100,000 (2018-2020)

Age-adjusted drug and opioid-involved overdose rate 24.6 deaths per 100,000 population (2018-2020)

Anticipated measurable outcome(s) based on current trends:

Reduce drug overdose deaths

of Delivered Ads/Articles in local Gazette

Digital and/or stationary billboard campaigns (Existing)

Keeping Ashland Healthy Podcast Series (Existing)

Indicator(s) used to measure outcomes and data source:

Overdose deaths: Regular Matrix reporting by the Board's contract partners and communication with other agency partners (e.g., AU, Coroner, Health Dept.)
(Healthy NEO)

Responsible Partners:

MHRB of Ashland County

Health Department, ADAMHS Board, ACCADA, and Appleseed

ACHD

Community Partners:

ACCADA, Appleseed Mental Health, Catholic Charities, Ashland Police and Sheriff's Office (QRT)

CCS, FCFC, Substance Use Advisory Committee

Council on Aging, MHRB

Possible collaboration with any local social service agency with mission surrounding mental health, substance abuse, cancer or desire to assist older population

Ashland University, Appleseed Community Mental Health Center, Coroner's Office, Health Department

Specific opportunities to address policy, equity and/or access: Providing Narcan across the county.

Target population(s): Individuals, business, schools, university

Goal 1: Reduce deaths caused by drug overdose (both intentional and non-intentional)

Goal 2: Evaluate landscape of substance use/misuse in the county

Goal 3: Reduce prescription drug use

Goal 4: Reduce the number of alcohol-impaired driving deaths

Community Level Indicators

Adults who Binge Drink
Alcohol-Impaired Driving Deaths

Adults who Drink Excessively
Consumer Expenditures: Tobacco and Legal Marijuana

Strategy 3: Assure Ongoing Access to Local Medication Assisted Treatment (MAT) Programming.

Objective 1: Reduce substance use and misuse in the community

Activities:	Year 1	Year 2	Year 3
Evaluate and Ensure sufficient High-Fidelity MAT programming exists in the county. Communicate resources to the public	X	X	X
Ensure access is timely and the process is well communicated to the public.	X	X	X
Monitor the number of Overdose Deaths.	X	X	X

Baseline measure:

Approximately 50 persons received county MAT services in SFY 2022
MAT Reports to the MHRB
7 Overdose Deaths in CY 21
ACCADA semi-annual report.
ACHD SDO annual review

Anticipated measurable outcome(s) based on current trends:

Number of persons involved with County MAT programming increased; number of reported deaths due to overdose; number of ED visiting for drug overdose.

Indicator(s) used to measure outcomes and data source:

Overdose deaths: Regular Matrix reporting by the Board's contract partners and communication with other agency partners (e.g., AU, Coroner, Health Dept.)
Deaths due to accidents involving drugs or alcohol.
ED visits for suspected drug overdose by county.

Responsible Partners:

MHRB of Ashland County
Health Department, ADAMHS Board, ACCADA, and Appleseed
ACHD

Community Partners:

ACCADA, Appleseed Mental Health, Catholic Charities, Ashland Police and Sheriff's Office (QRT)
CCS, FCFC, Substance Use Advisory Committee
Council on Aging, MHRB
Possible collaboration with any local social service agency with mission surrounding mental health, substance abuse, cancer or desire to assist older population
Ashland University, Appleseed Community Mental Health Center, Coroner's Office, Health Department

Specific opportunities to address policy, equity and/or access: More access to Narcan

Target population(s): drug users, teens, families