University Hospitals

2020-2022
Community Health Implementation Strategy

UH Geauga Medical Center
Geauga County, Ohio

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Adoption by the Board

University Hospitals adopted the UH Geauga Medical Center Community Health Implementation Strategy on March 31, 2020.

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 Geauga 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 2019, University Hospitals Geauga Medical Center conducted a joint community health needs assessment (a "CHNA") with the Geauga County Health Department and the associated Geauga County Community Health Assessment Committee known as the Partnership for a Healthy Geauga. The 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 Geauga Medical Center 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 Geauga Medical Center 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 Geauga Medical Center is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Geauga Medical Center anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2019 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by UH Geauga Medical Center in the IS. More specifically, since this IS was done in conjunction with the 2020-2022 Geauga County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Geauga County CHIP can be found at http://www.hcno.org/community-services/community-health-assessments/ and a list of the Geauga County CHIP strategies can be found in Appendix A of this report.

In addition, UH Geauga Medical Center 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 (a "SHA") and State Health Improvement Plan (a "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 2017-2019 SHIP.*

This aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2020-2022 UH Geauga Medical Center Community Health Implementation Strategy which aligns with the 2019 Geauga County Community Health Improvement Plan and meets the state of Ohio's October 1, 2020 deadline. This IS meets all the requirements set forth in Section 501(r).

The Geauga County Health Department, on behalf of the Partnership for a Healthy Geauga (includes UH Geauga Medical Center), hired the Hospital Council of Northwest Ohio (HCNO) to conduct the community health planning process which influenced the strategies outlined in this report and the development of the aligned Geauga County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by UH Geauga Medical Center.

UH Geauga Medical Center is working with other partners in Geauga County to address the following priorities which were identified in the 2019 CHNA:

1. Mental health
2. Addiction
3. Chronic disease

Additionally, UH Geauga Medical Center will work collaboratively with other partners to address healthcare system and access and public health system, prevention and health behaviors which were identified as cross-cutting factors undergirding the priorities.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, UH Geauga 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 has been defined as Geauga County. About two-fifths (41%) of UH Geauga Medical Center’s discharges are residents of Geauga County. In addition, University Hospital collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community served by the hospital.

Alignment with Local and State Standards

Community Partners

The IS was done in collaboration with various agencies and service-providers within Geauga County. From September to December 2019, the Partnership for a Healthy Geauga reviewed many data sources concerning the health and social challenges that Geauga 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.

Partnership for a Healthy Geauga:

Mark Burgess, City of Geauga
Sarah Goodwill Humphrey, Geauga County Health Department
Steve Stone, Geauga County Mental Health & Recovery Board
Kathy Witmer, University Hospitals Geauga Medical Center
Danielle Price, University Hospitals

With special thanks to our Community Health Partners, including:

Geauga City Schools
Mapleton Local Schools
Geauga County Community Academy
Geauga County Family & Children First Council
Geauga County Catholic Charities
Geauga County Council on Aging
Geauga County Board of Developmental Disabilities
Appleseed Community Mental Health Center
Geauga County Board of Health
Geauga YMCA
Geauga County Chamber of Commerce
Geauga Parenting Plus
Geauga County EMA
Geauga County Job & Family Services
Safe Haven of Geauga, Ohio

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, from Hospital Council of Northwest Ohio.

2019 CHNA Trends Summary Table

The 2019 CHNA is a 141-page report that consists of county-level primary and secondary data for Geauga County. The following data are trends from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: www.UHhospitals.org/CHNA-IS.

Adult Trend Summary

Adult Variables	Geauga County 2011	Geauga County 2016	Geauga County 2019	Ohio 2017	U.S. 2017
Healthcare Coverage, Access, and Utilization					
Uninsured	12%	6%	6%	8%	11%
Visited a doctor for a routine checkup (in the past 12 months)	57%	59%	68%	72%	70%
Had one or more persons they thought of as their personal health care provider	86%	89%	89%	81%	77%
Preventive Medicine					
Ever had a pneumonia vaccination (age 65 and older)	N/A	81%	78%	76%	75%
Had a flu shot within the past year (age 65 and older)	41%	83%	76%	63%	60%
Ever had a shingles or zoster vaccine	N/A	18%	27%	29%	29%
Had a colonoscopy or sigmoidoscopy within the past 5 years (age 50 and older)	67%	54%	58%	72%*	74%*
Women's Health					
Had a clinical breast exam in the past two years (age 40 and older)	N/A	75%	71%	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	77%	78%	79%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	N/A	69%	80%	82%*	80%*
Men's Health					
Had a PSA test within the past two years (age 40 and older)	N/A	56%	54%	39%*	40%*
Oral Health					
Visited a dentist or dental clinic (within the past year)	68%	79%	78%	68%*	66%*
Visited a dentist or dental clinic (5 or more years ago)	10%	6%	7%	11%*	10%*
Health Status Perceptions					
Rated general health as good, very good, or excellent	94%	91%	91%	81%	83%
Rated general health as excellent or very good	67%	63%	60%	49%	51%
Rated general health as fair or poor	6%	9%	9%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	16%	19%	23%	22%*	22%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	N/A	3.8	3.3	4.0¥	3.7¥
Rated mental health as not good on four or more days (in the past 30 days)	18%	28%	25%	24%*	23%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	N/A	4.8	3.6	4.3¥	3.8¥
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	18%	21%	22%	22%*	22%*

Indicates alignment with the Ohio State Health Assessment
**2016 BRFSS*
***2016 BRFSS as compiled by 2018 County Health Rankings*

Adult Variables	Geauga County 2011	Geauga County 2016	Geauga County 2019	Ohio 2017	U.S. 2017
Weight Status					
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	22%	27%	24%	34%	32%
Overweight (BMI of 25.0 – 29.9)	38%	37%	41%	34%	35%
Normal weight (BMI of 18.5 – 24.9)	39%	35%	33%	30%	32%
Tobacco Use					
Current smoker (currently smoke some or all days)	14%	10%	10%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	30%	27%	34%	24%	25%
Tried to quit smoking (on at least one day in the past year)	42%	51%	41%	N/A	N/A
Current e-cigarette user (vaped on some or all days)	N/A	N/A	6%	5%	5%
Former e-cigarette user	N/A	N/A	12%	19%	16%
Alcohol Consumption					
Current drinker (drank alcohol at least once in the past month)	65%	69%	71%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	18%	26%	24%	19%	17%
Drove after having perhaps too much alcohol to drink	6%	5%	5%	4%**	4%**
Drug Use					
Adults who used recreational marijuana or hashish in the past 6 months	5%	5%	4%	N/A	N/A
Adults who misused prescription medication in the past 6 months	5%	5%	5%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	5%	2%	5%	N/A	N/A
Mental Health					
Considered attempting suicide in the past year	2%	3%	3%	N/A	N/A
Attempted suicide in the past year	1%	0%	1%	N/A	N/A
Cardiovascular Health					
Ever diagnosed with angina or coronary heart disease	2%	3%	3%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	2%	4%	4%	6%	4%
Ever diagnosed with a stroke	2%	2%	2%	4%	3%
Had been told they had high blood pressure	30%	27%	30%	35%	32%
Had been told their blood cholesterol was high	36%	36%	39%	33%	33%
Had their blood cholesterol checked within last five years	82%	86%	84%	85%	86%
Arthritis, Asthma and Diabetes					
Had ever been told they have asthma	12%	14%	14%	14%	14%
Ever been told by a doctor they have diabetes (not pregnancy-related)	6%	9%	7%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	1%	N/A	<1%	1%	1%
Even been diagnosed with pre-diabetes or borderline diabetes	N/A	5%	5%	2%	2%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

***2015 BRFSS*

Priority Health Needs

Reminder: This symbol will be used throughout the report when a priority, indicator or strategy directly aligns with the 2017-2019 SHIP.

Priorities:

1. Mental health
2. Addiction
3. Chronic disease

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 2019 Geauga County CHNA also fit within the following cross-cutting areas for which UH Geauga Medical Center will be addressing in this plan:

1. Public health system, prevention and health behaviors
2. Healthcare system and access

Strategies to Address Health Needs

Mobilizing for Action through Planning and Partnerships (MAPP)

The planning and strategic development process was completed using the National Association of County and City Health Officials' (NACCHO) MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment and the community health status assessment. These four assessments were used by the Geauga County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from UH Geauga Medical Center's community outreach leaders, board of directors and hospital president was used to further determine the hospital's specific tactics.

The strategies listed on the following pages are done in alignment with the Geauga County Community Health Improvement Plan. They reflect the specific strategies that UH Geauga Medical Center will implement to address the identified priorities and achieve the anticipated county level 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 Geauga Medical Center

CHNA Priority: Mental Health

Strategy 1: Campaign to increase awareness of behavioral health warning signs

Goal: Improve mental health outcomes.

Objective: By December 31, 2022, work with the Partnership for a Healthy Geauga's mental health committee to create and implement a written implementation plan to increase awareness of mental health warning signs in Geauga County.

Action Steps:

Year 1:

- Work with other partners in Geauga County to approach school administrators, guidance counselors, hospitals, churches and other community agencies to research mental health social marketing programs that specifically address stigma such as the National Alliance on Mental Illness' (NAMI) Cure Stigma or Ohio Department of Mental Health and Addiction Services' (OHMAS) Be Present Campaign. (Track number and type of programs.)
- Work with Partnership for a Healthy Geauga to secure funding for the campaign and to create a written implementation plan focusing on awareness and outreach. Target outreach to specific audiences, such as low-income, Amish, and school-age populations. (Track publicity vehicles.)

Year 2:

- Target campaign to specifically address populations most at risk. Include information on warning signs and symptoms of mental health issues and where to seek help.
- Launch campaign and continue to promote local community events that aim to reduce stigma.
- Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741) throughout the county, as well as other mental health trainings, such as QPR (Question, Persuade, Refer).

Year 3:

- Continue efforts from Years 1 and 2.
- Evaluate campaign effectiveness.

*** Anticipated measurable outcome(s):**

- Decrease the percentage of adults who did not use a program or service for themselves or a loved one to help with depression, anxiety or emotional problems due to stigma (baseline: 3% in the 2019 Geauga County CHNA).
- Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 1% (baseline: 3% in the 2019 Geauga County CHNA).
- Decrease the number of age-adjusted deaths due to suicide per 100,000 population by 2 (baseline: 11.5, 2013-2017 ODH Data Warehouse).

Indicator(s) used to measure progress:

- Percentage of Geauga County adults who did not use a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems due to stigma (HCNO household survey)

• Percent of Geauga County adults who report that they ever seriously considered attempting suicide within the past 12 months (HCNO household survey) • Number of Geauga County age-adjusted deaths due to suicide per 100,000 population (HCNO household survey)
Collaboration and Partnerships: Geauga County Board of Mental Health and Recovery Services-MHRB, Ravenwood Health, Geauga schools, Lake Geauga Recovery Center, NAMI Geauga County, Partnership for a Healthy Geauga, Geauga Public Health

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Addiction
Strategy 1: Medication Assisted Treatment (MAT)
Goal: Decrease drug overdose deaths.
Objective: By December 31, 2022, work with the Partnership for a Healthy Geauga's Mental Health committee to create a plan to continue and expand MAT programming in Geauga County.
Action Steps: **Years 1-3:** • Work with Partnership for a Healthy Geauga to collect baseline data on the number of agencies offering MAT (including UH Geauga Medical Center) and the number of clients served. (Document number of agencies.) • Participate on Geauga County's addiction committee to create a plan to continue and expand MAT services in the county. • Continue to refer UH Geauga Medical Center patients for the appropriate treatment. (Track number referred.)
*** Anticipated measurable outcome(s):** • Decrease the number of Geauga County age-adjusted deaths dues to unintentional drug overdoses per 100,000 population by 2 (baseline: 21.1, 2012-2017 ODH Data Warehouse).
Indicator(s) used to measure progress: • Number of Geauga County age-adjusted deaths dues to unintentional drug overdoses per 100,000 population (HCNO household survey)
Collaboration and Partnerships: Ravenwood Health, Mental Health Recovery Board, Ravenwood Health, Lake Geauga Recovery Center, Geauga Public Health, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Addiction
Strategy 2: School-based alcohol/other drug prevention programs
Goal: Decrease substance use.
Objective: By December 31, 2022, all Geauga school districts will have at least one school-based alcohol/other drug prevention program.
Action Steps: **Years 1-3:** • Work with Partnership for a Healthy Geauga to provide school-based drug prevention programs. More specifically, UH Geauga Medical Center will provide DARE workshops. (Track number of schools and participants.)
*** Anticipated measurable outcome(s):** • TBD
Indicator(s) used to measure progress: • TBD by the Partnership for a Healthy Geauga's addiction committee
Collaboration and Partnerships: Mental Health Recovery Board, Ravenwood Health, Geauga schools, Lake Geauga Recovery Center, Torchlight Youth Mentoring Alliance, Geauga Public Health, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Addiction
Strategy 3: Naloxone access
Goal: Decrease drug overdose deaths.
Objective: Provide naloxone to Geauga County police and EMS departments.
Action Steps: **Years 1-3:** • UH Geauga Medical Center will continue to provide naloxone to first responders. This aligns with other efforts in the Geauga County Community Health Improvement Plan to implement Project DAWN and to distribute naloxone and increase awareness of free naloxone distribution for lay responders. (Track the amount distributed and the number of venues.)
*** Anticipated measurable outcome(s):** Decrease the number of age-adjusted deaths dues to unintentional drug overdoses per 100,000 population by 2 (baseline: 21.1, 2012-2017, in the 2019 Geauga County CHNA).
Indicator(s) used to measure progress: • Number of age-adjusted deaths dues to unintentional drug overdoses per 100,000 population (ODH Data Warehouse)
Collaboration and Partnerships: Mental Health Recovery Board, Ravenwood Health, Lake Geauga Recovery Center, Geauga Public Health, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Disease
Strategy 1: Prediabetes screening and referral
Goals: Prevent diabetes in adults.
Objective: By December 31, 2022, increase prediabetes screening and referral by 15%.
Action Steps: **Years 1-3:** • UH Geauga Medical Center will work with Geauga County partners to screen for prediabetes and refer patients to resources. (Track number screened and positive screening results.) • Promote free/reduced cost screening events within the county, such as health fairs, hospital screening events, etc. Target screenings towards those who live in or serve, economically disadvantaged, aging and/or minority populations in particular. • Increase screening and referral by 5% each year.
*** Anticipated measurable outcome(s):** • Decrease the percent of Geauga County adults who have been told by a health professional that they have diabetes by 2% (Baseline: 7% in the 2019 Geauga County CHNA).
Indicator(s) used to measure progress: • Percent of Geauga County adults who have been told by a health professional that they have diabetes (HCNO household survey)
Collaboration and Partnerships: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Disease
Strategy 2: Hypertension screening and follow up
Goal: Prevent coronary heart disease in adults.
Objective: By December 31, 2022, increase hypertension screening by 15%.
Action Steps: **Years 1-3:** • UH Geauga Medical Center will work with Geauga County partners to screen for hypertension and refer patients to resources. (Track number screened and positive results.) • Promote free/reduced cost screening events within the county, such as health fairs, hospital screening events, etc. Target screenings towards those who live in or serve economically disadvantaged, aging and/or minority populations. (Track by zip code or other proxy to measure reach in marginalized populations.) • Increase screening and referral by 5% each year.
*** Anticipated measurable outcome(s):** • Decrease the percent of Geauga County adults ever diagnosed with coronary heart disease by 1% (Baseline: 3% in the 2019 Geauga County CHNA).
Indicator(s) used to measure progress: • Percent of Geauga County adults ever diagnosed with coronary heart disease by 1% (HCNO household survey)
Collaboration and Partnerships: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Disease
Strategy 3: Wellness navigation
Goal: Increase wellness screenings.
Objective: By December 31, 2019, screen 1,200 patients a year for necessary wellness screenings and services.
Action Steps: **Years 1-3:** • UH Geauga Medical Center will dedicate a Wellness Navigator to continue to provide navigation services to patients. (Track number served and applicable health outcomes.) • Wellness Navigator will screen inpatients and outpatients and facilitate scheduling services that are identified (i.e. mammogram, colonoscopy, calcium scoring, etc.). • Screen patients for necessary wellness services. (Track number screened and positive results.)
*** Anticipated measurable outcome(s): :** • Increase the percentage of Geauga County women ages 40+ years who received a mammogram in the past year by 2% (baseline: 62% in the 2019 Geauga County CHNA). • Increase the percentage of Geauga County adults ages 50+ years who received a colonoscopy/sigmoidoscopy in the past 5 years by 2% (baseline: 58% in the 2019 Geauga County CHNA).
Indicator(s) used to measure progress: • Percentage of Geauga County women ages 40+ years who received a mammogram in the past year (HCNO household survey) • Percentage of Geauga County adults ages 50+ years who received a colonoscopy/sigmoidoscopy in the past 5 years (HCNO household survey)
Collaboration and Partnerships: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Disease
Strategy 4: Screening events
Goal: Increase prevention and early detection.
Objective: By December 31, 2019, host 175 screening events per year in Geauga County.
Action Steps: **Years 1-3:** • Continue to provide screening events though UH Geauga Medical Center. (Track number screened and positive results.) • UH Geauga Medical Center's community outreach staff will provide at least 175 chronic disease screening events each year to facilitate early detection and mitigate chronic disease progression. (Track number hosted and number of attendees.)
*** Anticipated measurable outcome(s): :** • Decrease the percent of Geauga County adults who have been told by a health professional that they have diabetes by 2% (baseline: 7% in the 2019 Geauga County CHNA). • Decrease the percent of Geauga County adults ever diagnosed with coronary heart disease by 1% (baseline: 3% in the 2019 Geauga County CHNA).
Indicator(s) used to measure progress: • Percent of Geauga County adults who have been told by a health professional that they have diabetes (HCNO household survey) • Percent of Geauga County adults ever diagnosed with coronary heart disease (HCNO household survey)
Collaboration and Partnerships: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Cross Cutting Factor: Public Health Systems, Prevention and Health Behaviors
Strategy 1: Employ strategies of intentional inclusion in the collection of population health data to assure representation of populations who experience health disparities and health inequities.
Goal: Increase data collection regarding under-represented populations in Geauga County.
Objective: By December 31, 2022, create a comprehensive health assessment that is inclusive of the Amish community and people living with developmental and intellectual disabilities in Geauga County.
Action Steps: **Year 1:** • As a member of the Partnership for a Healthy Geauga, UH Geauga Medical Center will help recruit additional members to represent the Amish community and the population who live with intellectual or developmental and disabilities (IDD). **Year 2:** • Committee will continue to engage new members, work with local agencies, including Amish leaders and the Metzenbaum Center to discuss appropriate strategies of data collection and topics of particular need or interest. **Year 3:** • Continue efforts from Years 1 and 2. • Create a comprehensive health assessment that consists of county-level data regarding the health risk behaviors, health status and access to health needs for the general population as well as specifically as well as the Amish population and the population living with IDD.
*** Anticipated measurable outcome(s): :** • The Partnership for a Healthy Geauga will include at least two members representing the Amish population and two members representing people living with developmental and intellectual disabilities. • The next iteration of the Geauga County Community Health Needs Assessment will include actionable data specific to these two populations.
Indicator(s) used to measure progress: • Healthy Geauga membership roster • 2022 Geauga County Community Health Needs Assessment data regarding the Amish and developmental & intellectual disability populations
Collaboration and Partnerships: Amish community leadership, Geauga Board of Developmental Disabilities, Geauga Public Health

** Outcomes are based on a variety of tactics occurring among the Partnership for a Healthy Geauga organizations to achieve the anticipated results at the county level.*

University Hospitals Geauga Medical Center
CHNA Priority: Cross Cutting Factor: Health Systems and Access
Strategy 1: Amish outreach programs
Goal: Increase positive health outcomes among Amish living in Geauga County.
Objective: By December 31, 2022, host 30 Amish outreach programs per year in Geauga County.
Action Steps: **Years 1-3:** • UH Geauga Medical Center will continue to provide Amish outreach programs in Geauga County. • UH Geauga Medical Center's community outreach staff will provide at least 30 Amish-specific outreach programs per year such as well-baby clinic, immunizations clinic, health screens. (Track number served and health outcomes wherever feasible.)
Anticipated measurable outcome(s): • Maintain consistent outreach programs targeting the Amish population in Geauga County (target: 30 events per year). • Other outcomes TBD based on the previous strategy for public health systems, prevention and health behaviors, focused on getting better data on the Amish population in Geauga County.
Indicator(s) used to measure progress: • Other indicators TBD • UH Geauga Medical Center self-report data regarding outreach events
Collaboration and Partnerships: Geauga Public Health, Partnership for a Healthy Geauga

Significant Health Needs Not Being Addressed by the Hospital

UH Geauga Medical Center is implementing a variety of strategies in collaboration with other partners in Geauga County for all three priorities identified in the 2019 Geauga County CHNA.

However the following strategies will not be directly addressed by UH Geauga Medical Center 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 Geauga County's strategies in Appendix A). Additionally, some strategies are not included in this IS because they do not meet the IRS definition of a non-profit hospital "community benefit" but are still addressed by the UH System. More specifically, they are required or expected of all hospitals based on licensure or accreditation, are a routine standard of clinical care or primarily benefit the organization rather than the community. This includes things such as mental health and addiction treatment, clinical services to treat diabetes and connecting eligible patients to health insurance. Lastly community outreach staff from UH Geauga Medical Center remain engaged as thought-leaders on all the strategies as needed.

Mental health

- Trauma-informed care
- School-based social and emotional instruction

Chronic disease

- Diabetes Prevention Program (DPP)

Cross-cutting factors

Public health system, prevention and health behaviors

- Mass-reach communications

Healthcare system and access

- Expand access to evidence-based tobacco cessation treatments

Social determinants of health

- Outreach to increase uptake for earned income tax credits

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2020-2022 Geauga County Community Health Improvement Plan and the associated county partners; see the Partnership for a Healthy Geauga committee listed on page 4 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, at Hospital Council of Northwest Ohio (HCNO). HCNO is a 501(c)(3) non-profit regional hospital association founded in 1972 that represents and advocates on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of Northwest Ohio. HCNO is respected as a neutral forum for community health improvement. HCNO has a track record of addressing health issues and health disparities collaboratively throughout northwest Ohio, and the state. Local and regional initiatives include: county-wide health assessments, community health improvement planning, strategic planning, disaster preparedness planning, Northwest Ohio Regional Trauma Registry, Healthcare Heroes Recognition Program and the Northwest Ohio Pathways HUB.

The Community Health Improvement division of HCNO has been conducting community health assessments (CHAs), community health improvement plans (CHIPs) and facilitating outcome focused multi-sectorial collaborations since 1999. HCNO has completed more than 90 CHAs in 44 counties. The model used by HCNO can be replicated in any type of county and therefore has been successful at the local and regional level, as well as for urban, suburban and rural communities.

The HCNO Community Health Improvement Division has six full time staff members with Master's Degrees in Public Health (MPH), who are dedicated solely to CHAs, CHIPs and other community health improvement initiatives. HCNO also works regularly with professors at the University of Toledo, along with multiple graduate assistants to form a very experienced and accomplished team. The HCNO team has presented at multiple national, state, and local conferences including the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) conference, the Association of Community Health Improvement (ACHI) national conference, the Ohio Hospital Association (OHA) state conference, the Ohio Association of Health Commissioners (AOHC) and others.

The aligned 2020-2022 UH Geauga Medical Center IS was compiled and written by Danielle Price, Director, Community Health Engagement in the department of Government and Community Relations at University Hospitals. She oversees state and federal community benefit compliance for all UH medical centers. Ms. Price has a Bachelor's degree from the Wharton School of Business, University of Pennsylvania and a Master of Science in Social Administration (MSSA) degree from the Mandel School of Applied Social Science at Case Western Reserve University.

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Appendix A

2020-2022 Geauga County Community Health Improvement Plan Strategies

Priority #1: Mental Health

Strategic Plan of Action

To work toward improving mental health outcomes, the following strategies are recommended:

Priority #1: Mental Health				
Strategy 1: Trauma-informed care				
Goal: Improve mental health outcomes.				
Objective: Conduct at least two trauma-informed care trainings (per year) by December 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Responsible Person/ Agency
Year 1: Facilitate an assessment among healthcare providers, teachers, coaches, social service providers, and other community members on their awareness and understanding of trauma, including toxic stress and adverse childhood experiences. Administer at least four trauma-informed care trainings to increase education and understanding of trauma and the lifelong impact of untreated adverse childhood experiences. Target trainings towards those who live in or serve economically disadvantaged and/or minority populations.	December 31, 2020	Adult	1. Adult suicide ideation: Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 1% (Baseline: 3%, 2019 Geauga County CHNA) 2. Suicide deaths: Decrease the number of age-adjusted deaths due to suicide per 100,000 population by 2 (Baseline: 11.5, 2013-2017 ODH Data Warehouse)	Geauga County Board of Mental Health and Recovery Services Ravenwood Health
Year 2: Continue efforts from year 1. Administer at least two trauma-informed care trainings to increase education and understanding of trauma and the lifelong impact of untreated adverse childhood experiences. Target trainings towards those who live in or serve economically disadvantaged and/or minority populations.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Administer at least two trauma-informed care trainings to increase education and understanding of trauma and the lifelong impact of untreated adverse childhood experiences. Target trainings towards those who live in or serve economically disadvantaged and/or minority populations.	December 31, 2022			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: MHRB, Ravenwood Health, schools, Lake Geauga Recovery Center, NAMI Geauga County, Geauga Public Health, Partnership for a Healthy Geauga.				

Priority #1: Mental Health

Strategy 2: Mental health first aid

Goal: Improve mental health outcomes.

Objective: Conduct one mental health first aid training (per quarter) by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Responsible Person/ Agency
Year 1: Facilitate an assessment among healthcare providers, teachers, coaches, law enforcement, social service providers, and other community members on their ability to identify, understand and respond to signs of mental illnesses and substance use disorders. Continue to offer mental health first aid. Administer at least four mental health first aid trainings (one per quarter) to increase education and understanding of mental illnesses and substance use disorders. Target trainings towards those who live in or serve economically disadvantaged, aging, and/or minority populations.	December 31, 2020	Adult	1. Adult suicide ideation: Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 1% (Baseline: 3%, 2019 Geauga County CHNA) 2. Suicide deaths: Decrease the number of age-adjusted deaths due to suicide per 100,000 population by 2 (Baseline: 11.5, 2013-2017 ODH Data Warehouse)	NAMI Geauga County
Year 2: Continue efforts from year 1. Administer at least four mental health first aid trainings (one per quarter) to increase education and understanding of mental illnesses and substance use disorders. Target trainings towards those who live in or serve economically disadvantaged, aging, and/or minority populations.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Administer at least four mental health first aid trainings (one per quarter) to increase education and understanding of mental illnesses and substance use disorders. Target trainings towards those who live in or serve economically disadvantaged, aging, and/or minority populations.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: MHRB, Ravenwood Health, schools, Lake Geauga Recovery Center, NAMI Geauga County, Partnership for a Healthy Geauga, Geauga Public Health, UH Geauga Medical Center (will provide Stop the Bleed training).

Priority #1: Mental Health

Strategy 3: Campaign to increase awareness of behavioral health warning signs

Goal: Improve mental health outcomes.

Objective: By December 31, 2022, create and implement a written implementation plan to increase awareness of mental health warning signs in Geauga County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Work with school administrators, guidance counselors, hospitals, churches, and other community agencies to research mental health social marketing programs that specifically address stigma such as NAMI's Cure Stigma or OHMAS's Be Present Campaign). Secure funding for campaign and create a written implementation plan focusing on awareness and outreach. Target outreach to specific audiences, such as low-income, Amish, and school-age populations.	December 31, 2020	Adult	1. Adult stigma: Decrease the percentage of adult who did not use a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems due to stigma (Baseline: 3%, 2019 Geauga County CHNA) 2. Adult suicide ideation: Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 1% (Baseline: 3%, 2019 Geauga County CHNA) 3. Suicide deaths: Decrease the number of age-adjusted deaths due to suicide per 100,000 population by 2 (Baseline: 11.5, 2013-2017 ODH Data Warehouse)	Geauga County Board of Mental Health and Recovery Services
Year 2: Target campaign to specifically address demographics most at risk. Include information on warning signs and symptoms of mental health issues and where to seek help. Launch campaign. Continue to promote local community events that aim to reduce stigma. Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741) throughout the county, as well as other mental health trainings, such as QPR (Question, Persuade, Refer).	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Evaluate campaign effectiveness.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: MHRB, Ravenwood Health, schools, Lake Geauga Recovery Center, NAMI Geauga County, Partnership for a Healthy Geauga, Geauga Public Health, UH Geauga Medical Center will work with other partners to raise awareness.

Priority #1: Mental Health

Strategy 4: School-based social and emotional instruction

Goal: Improve social competence, behavior, and resiliency in youth.

Objective: Implement a school-based social-emotional learning program in at least three additional Geauga County school districts by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Collect baseline data on the number of school districts that implement The PAX Good Behavior Game. Introduce PAX to Geauga County school districts that primarily serve economically disadvantaged and/or minority populations. Obtain a memorandum of understanding (MOU) with at least one school district to support the implementation of the program. Work with the school district(s) to develop policies for implementation. Pilot PAX, or another evidence-based program, with the school(s).	December 31, 2020	Youth	TBD by Geauga County	Geauga County Board of Mental Health and Recovery Services
Year 2: Evaluate outcomes from year one. Obtain a MOU with at least one additional school district that primarily serves economically disadvantaged and/or minority populations. Work with the school district(s) to develop policies for implementation. Implement the social-emotional learning program with the school(s).	December 31, 2021			
Year 3: Continue efforts from year 2. Obtain a MOU with at least one additional school district that primarily serves economically disadvantaged and/or minority populations. Work with the school district(s) to develop policies for implementation. Implement the social-emotional learning program with the school(s).	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: MHRB, Ravenwood Health, schools, Lake Geauga Recovery Center, NAMI Geauga County, Partnership for a Healthy Geauga, Geauga Public Health, Torchlight Youth Mentoring Alliance (after school programs based on 40 developmental assets that improve social, emotional and resiliency in youth).

Priority #2: Addiction

Priority #2: Addiction

Strategy 1: School-based alcohol/other drug prevention programs

Goal: Decrease substance use.

Objective: By December 31, 2022, all school districts will have at least one school-based alcohol/other drug prevention program.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to implement the BOTVIN Life Skills Training. Develop a marketing plan to recruit instructors and/or volunteers to assist in implementing/teaching the program. Implement Life Skills Training in all Geauga County school districts.	December 31, 2020	Youth	TBD by Geauga County	Ravenwood Health Lake Geauga Recovery
Year 2: Continue efforts from years 1. Determine the feasibility of expanding the program to additional classrooms. Secure funding for program (if applicable).	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Expand program service area where necessary.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: MHRB, Ravenwood Health, schools, Lake Geauga Recovery Center, Torchlight Youth Mentoring Alliance, Geauga Public Health, Partnership for a Healthy Geauga.

Priority #2: Addiction

Strategy 2: Medication Assisted Treatment (MAT)

Goal: Decrease drug overdose deaths.

Objective: By December 31, 2022, create a plan to continue and expand MAT programming.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Responsible Person/ Agency
Year 1: Collect baseline data on the number of agencies offering MAT and how many clients have been served. Create a plan to continue and expand MAT services.	December 31, 2020	Adult	Unintentional drug overdose deaths: Decrease the number of age-adjusted deaths dues to unintentional drug overdoses per 100,000 population by 2 (Baseline: 21.1, 2012-2017 ODH Data Warehouse)	Ravenwood Health
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: MHRB, Ravenwood Health, Lake Geauga Recovery Center, Geauga Public Health, Partnership for a Healthy Geauga, UH Geauga Medical Center (will work with partners to refer patients for the appropriate treatment).

Priority #2: Addiction

Strategy 3: Naloxone access

Goal: Decrease drug overdose deaths.

Objective: Expand naloxone distribution to include three additional distribution sites by December 31, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement Project DAWN and provide/distribute naloxone and increase awareness of free naloxone distribution for lay responders. Expand naloxone distribution to distribute 250 naloxone kits by end of year.	December 31, 2020	Adult	Unintentional drug overdose deaths: Decrease the number of age-adjusted deaths dues to unintentional drug overdoses per 100,000 population by 2 (Baseline: 21.1, 2012-2017 ODH Data Warehouse)	Geauga Public Health Ravenwood Health Lake Geauga Recovery
Year 2: Continue efforts from year 1. Expand naloxone distribution to include one additional distribution strategy.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Expand naloxone distribution to include one additional distribution strategy.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: MHRB, Ravenwood Health, Lake Geauga Recovery Center, Geauga Public Health, Partnership for a Healthy Geauga.

Priority #3: Chronic Disease

Priority #3: Chronic Disease				
Strategy 1: Prediabetes screening and referral				
Goal: Prevent diabetes in adults.				
Objective: By December 31, 2022, increase prediabetes screening and referral by 15%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to screen for prediabetes and refer patients to resources. Promote free/reduced cost screening events within the county, such as health fairs, hospital screening events, etc. Target screenings towards those who live in or serve economically disadvantaged, aging and/or minority populations. Increase screening and referral by 5%.	December 31, 2020	Adult	Diabetes: Decrease the percent of adults who have been told by a health professional that they have diabetes by 2% (Baseline: 7%, 2019 CHA)	University Hospitals Geauga Medical Center
Year 2: Continue efforts from year 1. Increase screening and referral by 5%.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Increase screening and referral by 5%.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga, UH Geauga Medical Center Community Outreach Staff and supplies.

Priority #3: Chronic Disease				
Strategy 2: Diabetes prevention program (DPP)				
Goal: Prevent diabetes in adults.				
Objective: By December 31, 2022, increase enrollment in diabetes education programs by 25%				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the National Diabetes Prevention Program (DPP) at the YMCA. Increase awareness of the program among community agencies and health care providers. Create a referral process for admission to the program. Increase enrollment by 5% from baseline.	December 31, 2020	Adult	Diabetes: Decrease the percent of adults who have been told by a health professional that they have diabetes by 2% (Baseline: 7%, 2019 CHA)	Linda McVey, YMCA
Year 2: Continue efforts from year 1. Increase enrollment by 15% from baseline.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Increase program participation by 25%.	December 31, 2022			
Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention and health behaviors ○ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: Geauga Public Health, YMCA, Area Office on Aging, Partnership for a Healthy Geauga, OSU Extension.				

Priority #3: Chronic Disease

Strategy 3: Hypertension screening and follow up

Goal: Prevent coronary heart disease in adults.

Objective: By December 31, 2022, increase hypertension screening by 15%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to screen for hypertension and refer patients to resources. Promote free/reduced cost screening events within the county, such as health fairs, hospital screening events, etc. Target screenings towards those who live in or serve economically disadvantaged, aging and/or minority populations. Increase screening and referral by 5%.	December 31, 2020	Adult	Coronary heart disease: Decrease the percent of adults ever diagnosed with coronary heart disease by 1% (Baseline: 3%, 2019 CHA)	University Hospitals Geauga Medical Center
Year 2: Continue efforts from year 1. Increase screening and referral by 5%.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Increase screening and referral by 5%.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga, UH Geauga Medical Center Community Outreach staff and supplies.

Priority #3: Chronic Disease

Strategy 4: Wellness navigation

Goal: Increase wellness screenings.

Objective: By December 31, 2019, screen 1,200 patients a year for necessary wellness screenings and services.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement wellness navigation at UH Geauga Medical Center. The Wellness Navigator will continue to screen inpatients and outpatients and facilitate scheduling services that are identified (i.e. mammogram, colonoscopy, calcium scoring, etc.) Screen 1,200 patients a year for necessary wellness screenings and services.	December 31, 2020	Adult	1. Mammography: Increase the percentage of women ages 40 and older who received a mammogram in the past year by 2% (Baseline: 62%, 2019 CHA) 2.Colonoscopy/ Sigmoidoscopy: Increase the percentage of adults ages 50 and older who received a colonoscopy/sigmoidoscopy in the past 5 years by 2% (Baseline: 58%, 2019 CHA)	University Hospitals Geauga Medical Center
Year 2: Continue efforts from year 1. Screen 1,200 patients a year for necessary wellness screenings and services.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Screen 1,200 patients a year for necessary wellness screenings and services.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga, UH Geauga Medical Center Wellness Navigator.

Priority #3: Chronic Disease

Strategy 5: Screening events

Goal: Increase prevention and early detection.

Objective: By December 31, 2019, host 175 screening events per year in Geauga County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to provide screening events though University Hospitals Geauga Medical Center. Community Outreach will provide 175 chronic disease screening events during the year to facilitate early detection and mitigate chronic disease progression.	December 31, 2020	Adult	1. Diabetes: Decrease the percent of adults who have been told by a health professional that they have diabetes by 2% (Baseline: 7%, 2019 CHA) 2. Coronary heart disease: Decrease the percent of adults ever diagnosed with coronary heart disease by 1% (Baseline: 3%, 2019 CHA)	University Hospitals Geauga Medical Center
Year 2: Continue efforts from year 1. Provide 175 chronic disease screening events per year.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Provide 175 chronic disease screening events per year.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga, UH Geauga Medical Center Community Outreach Staff and supplies.

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Strategy 1: Mass-reach communications

Goal: Improve health behaviors.

Objective: By December 31, 2022, Geauga County will implement at least two mass-reach communication initiatives.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Establish the framework for Mass-reach communication initiatives: • Share messages and engage audiences on social networking sites like Facebook and Twitter. • Deliver messages through different websites and stakeholders communications. • Generate free press through public service announcements. • Pay to place adds on TV, radio, billboards, online platforms and/or print media. • Community wellness calendar	December 31, 2020	Adult	1. Diabetes: Decrease the percent of adults who have been told by a health professional that they have diabetes by 2% (Baseline: 7%, 2019 CHA) 2. Coronary heart disease: Decrease the percent of adults ever diagnosed with coronary heart disease by 1% (Baseline: 3%, 2019 CHA) 3. Current smoker: Percentage of adults who are current smokers (Baseline: 10% 2019 CHA) 4. Current vaper: Percentage of adults who are current vapers (Baseline: 6% 2019 CHA) 5. Adult suicide ideation: Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 1% (Baseline: 3%, 2019 Geauga County CHNA) 6. Suicide deaths: Decrease the number of age-adjusted deaths due to suicide per 100,000 population by 2 (Baseline: 11.5, 2013-2017 ODH Data Warehouse) 7. Unintentional drug overdose deaths: Decrease the number of age-adjusted deaths dues to unintentional drug overdoses per 100,000 population by 2 (Baseline: 21.1, 2012-2017 ODH Data Warehouse)	Geauga Public Health Lake Geauga Recovery
Year 2: Continue efforts from year 1. Implement one mass-reach communication strategy.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement one mass-reach communication strategy.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health and Addiction ⊗ Chronic Disease Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Geauga Public Health, YMCA, Area Office on Aging, OSU Extension, Partnership for a Healthy Geauga, MHRB, Ravenwood Health, Lake Geauga Recovery Center, NAMI Geauga County.

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Strategy 2: Employ strategies of intentional inclusion in the collection of population health data to assure representation of populations who experience health disparities and health inequities

Goal: Increase data collection regarding under-represented populations in Geauga County.

Objective: By December 31, 2022, create a comprehensive health assessment that is inclusive of our Amish community and people living with developmental and intellectual disabilities.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Responsible Person/ Agency
Year 1: Recruit additional partnership members who are able to represent the Amish community and the population who live with developmental and intellectual disabilities.	December 31, 2020	Adult, youth, child, Amish community, and People living with IDD.	1. The Partnership for a Healthy Geauga will include at least two members who are willing and able to represent the Amish population and two members who are willing and able to represent people who live with developmental and intellectual disabilities. 2. The next iteration of the Community Health Needs Assessment will include actionable data specific to these two populations.	Geauga Public Health
Year 2: Continue to engage new members, Work with local agencies, including Amish leaders and the Metzenbaum Center, to discuss appropriate strategies of data collection and topics of particular need/interest.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Create a create a comprehensive health assessment that consists of county-level data regarding the health risk behaviors, health status, and access to health needs for the general population as well as specifically as well as the Amish population and the population living with IDD.	December 31, 2022			

Type of Strategy:

○ Mental Health, Substance Use and Addiction ○ Chronic Disease ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Access to Amish community leadership, Access to the Geauga Board of Developmental Disabilities, UH Geauga Medical Center.

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 1: Health insurance enrollment, literacy and outreach				
Goal: Increase health insurance enrollment.				
Objective: Enroll 20% of identified uninsured UH Geauga Medical Center patients to a health insurance option by December 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Refer the uninsured resident and enroll them in the Health Insurance Marketplace, Medicaid, or another health insurance option. Refer resident to health insurance literacy classes and promote the classes throughout the county. Enroll 10% of identified uninsured residents into a health insurance option.	December 31, 2020	Adult	Uninsured adults: Decrease the percent of adults who are uninsured by 2% (Baseline: 6%, 2019 CHA)	University Hospitals Geauga Medical Center
Year 2: Continue efforts from year 1. Enroll 15% of identified uninsured residents into a health insurance option.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Enroll 20% of identified uninsured residents into a health insurance option.	December 31, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: Geauga Public Health, Partnership for a Healthy Geauga, UH Geauga Medical Center Patient Access Staff.				

Cross-Cutting Factor: Healthcare System and Access

Strategy 2: Expand access to evidence-based tobacco cessation treatments including individual, group and phone counseling (including Quitline) and cessation medications

Goal: Reduce cigarette smoking.

Objective: Develop a county-wide resource guide for evidence-based tobacco cessation treatments by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Collect baseline data on the number of evidence-based tobacco cessation treatments available in Geauga County, including individual, group and phone counseling (including Quitline) and cessation medications. Include information regarding cost, population (such as expectant mothers), insurance, transportation options and geography. Conduct activities to help increase the number of providers and/or provider referrals. Obtain at least 1 Letter of Commitment from providers and provider referrals	December 31, 2020	Adults	1. Current smoker: Decrease the percentage of adults who are current smokers by 2% (Baseline: 10% 2019 CHA) 2. Quit attempts: Increase the percent of adult smokers who have made a quit attempt in the past year by 2% (Baseline: 41% 2019 CHA)	Lake Geauga Recovery
Year 2: Create a county-wide resource guide for evidence-based tobacco cessation treatments, highlighting cost, population, insurance, transportation options and geography. Disseminate the resource to healthcare providers. Encourage providers to share resources with patients who are current smokers, encourage them to quit, and refer them to treatment. Continue to conduct trainings and obtain at least 1 Letter of Commitment from providers and/or provider referrals.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Explore the feasibility of offering additional evidence-based tobacco cessation treatments to underserved areas.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health and Addiction ⊗ Chronic Disease ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Geauga Public Health, Partnership for a Healthy Geauga, MHRB, Ravenwood Lake Geauga Recovery Center.

Cross-Cutting Factor: Healthcare System and Access				
Strategy 3: Amish outreach programs				
Goal: Increase positive health outcomes among Amish.				
Objective: By December 31, 2019, host 30 Amish outreach programs per year.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to do Amish outreach programs. Community Outreach will provide at least 30 Amish-specific outreach programs per year (well-baby clinic, immunizations clinic, health screens, etc.) during the year.	December 31, 2020	Adult	TBD by Geauga county	University Hospitals Geauga Medical Center
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			
Priority area(s) the strategy addresses: ○ Mental Health, Substance Use and Addiction ○ Chronic Disease ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified				
Resources to address strategy: Geauga Public Health, Partnership for a Healthy Geauga, UH Geauga Medical Center Community Outreach staff and supplies**.**				

Cross-Cutting Factor: Social Determinants of Health

Cross-Cutting Factor: Social Determinants of Health

Strategy 1: Outreach to increase uptake for earned income tax credits

Goal: Decrease poverty.

Objective: By December 31, 2022, implement two CDC-recommended awareness strategies to increase uptake in earned income tax credits.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with county agencies, such as Job and Family Services, to increase awareness about earned income tax credits (EITC), how it can reduce the tax burden for low-to-moderate income working people, and who is eligible.	December 31, 2020	Adult	Poverty: Percent individuals who live in households at or below the poverty threshold (Baseline: 6%, 2018 Census Quick Facts)	Geauga County Public Library
Year 2: Continue efforts from year 1. Continue to collaborate with county partners to implement at least one of the following CDC-recommended awareness strategies: • Offer free tax assistance to EITC-eligible families in primary care settings to take advantage of clinic wait times. • Provide tax services at no charge to economically disadvantaged residents, which are funded by non-profit organizations, such as United Way.	December 31, 2021			
Year 3: Continue efforts from year 1 and year 2. Implement both awareness strategies identified in Year 2. Advocate for state polices to increase awareness of EITC, such as laws requiring states to notify potentially qualified families and individuals of the credit, and Laws requiring employers to give notice of the federal and any state EITC to potentially qualified employees.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health and Addiction ⊗ Chronic Disease ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Geauga County Public Library, Geauga Public Health, Partnership for a healthy Geauga.