University Hospitals

UH Geauga Medical Center
Geauga County, Ohio

2023-2025 Community Health Implementation Strategy

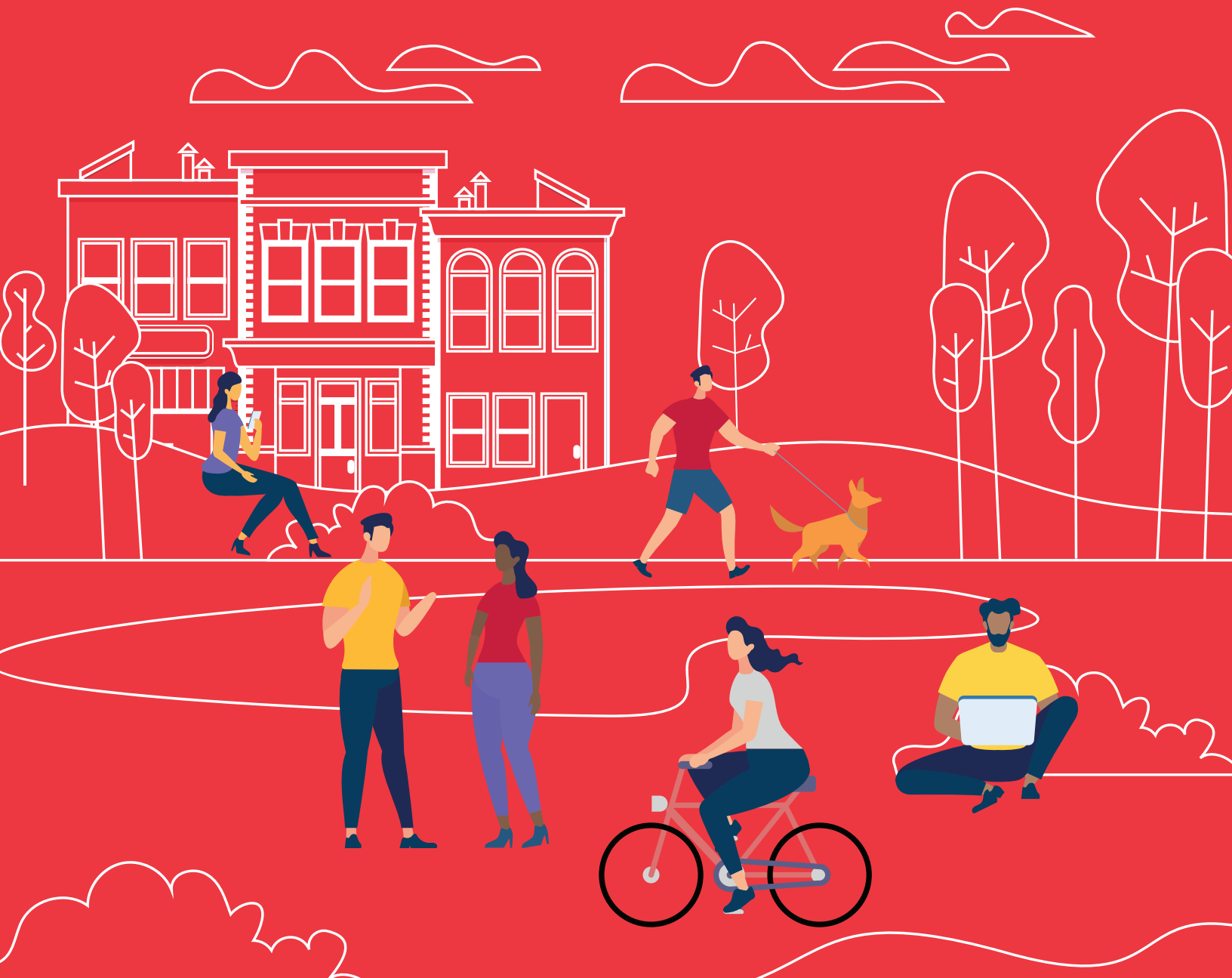

Table of Contents

Adoption by the Board

University Hospitals adopted the UH Geauga 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 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 2022, University Hospitals Geauga Medical Center conducted a joint community health needs assessment (a "CHNA") with the Geauga County Health Department and led by the CHIP steering committee. The CHNA was compliant with the requirements of Treas. Reg. §1.501(r) ("Section 501(r)") and Ohio Revised Code ("ORC") 3701.981. The 2022 CHNA serves as the foundation for developing an Implementation Strategy ("IS") to address those needs that, (a) UH Geauga 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 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 is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Geauga 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 Geauga in the IS. More specifically, since this IS was done in conjunction with the 2022 Geauga County Community Health Improvement Plan (Appendix A), other community organizations will be addressing certain needs.

In addition, UH Geauga 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 the Ohio State Health Assessment (an "SHA") and Ohio 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 Geauga Medical Center Community Health Implementation Strategy which aligns with the 2022 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 Geauga County Community Health Assessment Committee (includes UH Geauga Medical Center), hired Conduent Healthy Communities Institute ("HCI") to conduct the community health planning process which yielded the strategies outlined in this report as well as the aligned Geauga County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by UH Geauga Medical Center.

UH Geauga is working with other partners in Geauga County to address the following priorities which were identified in the 2022 UH Geauga CHNA:

1. Behavioral Health
2. Chronic Conditions
3. Health Care Access and Quality

Additionally, UH Geauga Medical Center will work collaboratively with other partners to address the social determinants of health that have a significant impact on health, well-being, and quality of life. Thus, Community Conditions (including Housing and Transportation) is a focus area that will be addressed in addition to and within the three prioritized health areas.

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. In 2021, the majority (38.6%) of University Hospitals Geauga Medical Center's discharges were residents of Geauga County. In addition, University Hospitals 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 Geauga 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 Geauga County. In 2022, the Geauga County Community Health Assessment Committee 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.

Geauga County Community Health Partners:

- Chagrin Falls Park Community Center
- Doors of Hope
- Family First Council
- Geauga County Department on Aging
- Geauga County Educational Service Center of the Western Reserve
- Geauga County Veteran's Services
- Geauga Metropolitan Housing Authority
- In Step with Horses
- Kent-State Geauga
- Lake- Geauga Recovery Centers
- Middlefield Care Center
- Ravenwood Mental Health
- United Way Services of Geauga County

The community health improvement process was facilitated by Ashley Wendt, Director of Public Health Consulting, from Conduent Healthy Communities Institute.

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 (Mental Health and Alcohol, Tobacco and Drug Use)
2. Chronic Conditions (Heart Disease and Breast Cancer)
3. Healthcare Access and Quality

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 areas:

1. Health equity
2. Social determinants of health
3. Public health system, prevention and health behaviors
4. Healthcare system and access

Significant Health Needs Not Being Addressed by the Hospital

UH Geauga Medical Center is implementing strategies in collaboration with other partners in Geauga County for all three priorities identified in the 2022 CHNA. However, the following strategies will not be directly addressed by UH Geauga Medical Center as part of its 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. Community outreach staff from UH Geauga Medical Center remain engaged as thought-leaders on all the strategies as needed.

Behavioral Health

- Establish baselines and provide outreach and education on prevention, treatment, and follow-up with providers and community members

Maternal, Infant, and Child Health (renamed Family, Pregnancy, Infant, and Child Health)

- Home visiting programs that begin prenatally
- Tracking prenatal care visits and deliveries in Geauga County
- Increase WIC participation
- Address the need for affordable and reliable childcare in Geauga County

Mental Health, Substance Use, and Addiction

- Raise awareness of loss support groups and connect to resources for "traditional" loss and for all loss
- Identify and evaluate data available for suicide deaths and suicide attempts in Geauga County
- Engage faith communities and other local groups to provide programming and support throughout Geauga County
- Remove barriers to mental health and addiction services
- Address the needs of individuals in crisis

Strategies

Strategies to Address Health Needs

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

Strategies

University Hospitals
Geauga Medical Center

A Campus of UH Regional Hospitals

University Hospitals Geauga Medical Center
CHNA Priority: Behavioral Health
Strategy 1: Support countywide collaborative efforts for behavioral health prevention and treatment services.
Goal 1: Increase access to mental health services, enabling improved mental health outcomes for Geauga County residents. **Goal 2:** Reduce disease and death associated with alcohol, tobacco, and drug use through evidence-based prevention and treatment efforts.
Objective: By 2025, increase knowledge about key activities of behavioral health collaboratives among behavioral health providers.
Action Steps: **Years 1-3:** • Create a plan to identify existing collaboratives, focus, and meeting frequency • Create a system for sharing key activities of local collaboratives working on behavioral health • Implement a plan to engage existing collaboratives and meet regularly to share information
***Anticipated measurable outcome(s):** • Increased knowledge about behavioral health collaboratives per survey
Indicator(s) used to measure progress: • Assessment of behavioral health provider knowledge per survey
Collaboration and Partnerships: Family Pride, Ravenwood Health, Educational Service Center of the Western Reserve, Board of Mental Health and Recovery Services

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

University Hospitals Geauga Medical Center
CHNA Priority: Behavioral Health
Strategy 2: Coordination of education related to mental health prevention.
Goal 1: Increase access to mental health services, enabling improved mental health outcomes for Geauga County residents. **Goal 2:** Reduce disease and death associated with alcohol, tobacco, and drug use through evidence-based prevention and treatment efforts.
Objective: By 2025, increase knowledge about evidence-based education activities related to mental health prevention among service organizations.
Action Steps: **Years 1-3:** • Create a list of education activities related to mental health prevention • Identify key prevention education activities to be uplifted or coordinated by CHIP work group • Promote educational activities such as DARE, vaping classes, etc. (Target: 25 events.)
***Anticipated measurable outcome(s):** • Increased knowledge of evidence-based prevention education activities among service providers
Indicator(s) used to measure progress: • Assessment of service provider knowledge per survey
Collaboration and Partnerships: Ravenwood Health, Education Service Center of the Western Reserve

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

University Hospitals Geauga Medical Center
CHNA Priority: Behavioral Health
Strategy 3: Coordination of prevention and education efforts about Alcohol Tobacco Other Drugs (ATOD) to the Amish community.
Goal 1: Increase access to mental health services, enabling improved mental health outcomes for Geauga County residents. **Goal 2:** Reduce disease and death associated with alcohol, tobacco, and drug use through evidence-based prevention and treatment efforts.
Objective: By 2025, increase coordination of ATOD-related messaging, activities, and events serving the Amish community.
Action Steps: **Years 1-3:** • Create a list of providers serving the Amish community • Hold regular meetings with providers serving the Amish community to discuss the coordination of ATOD activities and messaging (target: 4 per year).
***Anticipated measurable outcome(s):** • Increased number of coordinated ATOD events in Amish community (Baseline data developed in Year 1 will be used here)
Indicator(s) used to measure progress: • Number of coordinated events and activities per year (Baseline data developed in Year 1 will be used here)
Collaboration and Partnerships: Geauga Public Health, Lake-Geauga Recovery Center, Ravenwood Health, Geauga County Sheriff's Office (DARE Program), Middlefield Care Center, DDC Clinic Center for Special needs Children, Board of Developmental Disabilities Metzenbaum Center

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Conditions
Strategy 1: Planning and coordination of activities and services to increase awareness about heart health across Geauga County.
Goal 1: Increase access and knowledge of cardiovascular services, enabling improved heart health outcomes for Geauga County. **Goal 2:** Reduce disease and death associated with Breast Cancer and promote health and well-being for women in Geauga County.
Objective: By 2025, increase screenings conducted (such as cholesterol, blood pressure) from 30 to 50.
Action Steps: • Hold educational events (target: 100 events per year) • Hold screening events (target: 75 events per year)
***Anticipated measurable outcome(s):** (Baseline data developed in Year 1 will be used here) • Increased cholesterol screenings • Increased blood pressure screenings
Indicator(s) used to measure progress: • Number of educational materials distributed about increasing awareness about heart health (such as "know your numbers" campaign) • Number of screening events conducted
Collaboration and Partnerships: Geauga Public Health, Next Step and Chagrin Falls Park Community Center, Geauga County Veteran's Services

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Conditions
Strategy 2: Outreach to the Amish community to increase awareness about heart health.
Goal: Increase access and knowledge of cardiovascular services, enabling improved heart health outcomes for Geauga County.
Objective: By 2025, increase screenings (such as cholesterol, blood pressure, glucose, BMI) from 5 to 10 in the Amish community.
Action Steps: **Years 1-3:** • Establish quarterly meetings with Amish leaders (Target: 4 per year) • Conduct events for Amish population (for example, GPH immunization clinics). (Target: 15 events per year.)
***Anticipated measurable outcome(s):** (Baseline data developed in Year 1 will be used here) • Increased number of screenings • Increased number of outreach events
Indicator(s) used to measure progress: • Number of cholesterol screenings • Number of blood pressure screenings • Number of outreach events conducted
Collaboration and Partnerships: Geauga Public Health, Amish Communication Committee

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

University Hospitals Geauga Medical Center
CHNA Priority: Chronic Conditions
Strategy 3: Coordination and outreach to increase awareness about breast health among adults.
Goal: Reduce disease and death associated with Breast Cancer and promote health and well-being for women in Geauga County.
Objective: By 2025, increase education sessions related to breast health for adults from 2 to 5.
Action Steps: **Years 1-3:** • Host events throughout the county using mammogram van (target: 4 events; 2500 mammograms)
***Anticipated measurable outcome(s):** (Baseline data developed in Year 1 will be used here) • Increased number of education sessions for older adults
Indicator(s) used to measure progress: • Number of education sessions conducted
Collaboration and Partnerships: Geauga County Department on Aging, Chagrin Falls Park Community Center

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

University Hospitals Geauga Medical Center
CHNA Priority: Healthcare Access and Quality
Strategy: Coordination and outreach education to expand healthcare access for Amish community.
Goal: Increase access and quality of health care for all residents of Geauga County.
Objective: By 2025, increase in immunizations given in well child clinics in the Amish community.
Action Steps: **Years 1-3:** • Collaborate with public health department to attend well child visits and/or immunization clinics in the Amish community and track number of visits attended. (Target: 12 events per year.)
***Anticipated measurable outcome(s):** (Baseline data developed in Year 1 will be used here) • Increased number of well child clinic events • Increase number of immunizations given at well child clinics
Indicator(s) used to measure progress: • Number of events • Number of immunizations
Collaboration and Partnerships: Geauga Public Health

*Outcomes are based on a variety of tactics occurring among the Geauga County Community Health partners to achieve the anticipated results at the county level.

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2023-2025 Geauga 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

Geauga County Health Department and University Hospitals Geauga Medical Center commissioned Conduent Healthy Communities Institute (HCI) to support report development of Geauga County's 2022 CHA and CHIP. HCI works 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. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/communityhealth/.

Contact Information

For more information about the Implementation Plan, please contact:

Lena L. Grafton, PhD, MPH, CHES
Director, Community Health Engagement
Government & Community Relations
University Hospitals
11100 Euclid Avenue
Cleveland, Ohio 44106
Lena.Grafton@UHhospitals.org

Appendix A

2023-2025 Geauga County Community Health Improvement Plan Strategies

CHIP Work Plans

Prioritized Health Area 1: Behavioral Health

Behavioral Health, including the subtopics of *Mental Health* and *Alcohol, Tobacco, and Drug Use*, was identified as a top concern in the 2022 Geauga County CHNA. Key concerns discussed during the Behavioral Health CHIP workshops included: stigma around behavioral health concerns, the exacerbation of issues due to impacts of COVID-19, and workforce shortages. Current services in Geauga County include outreach, education, and treatment services to increase awareness about mental health and services. There are also a range of services for the prevention and treatment of alcohol, drug, and tobacco use provided by public and private partners. The Behavioral Health Work Plan includes strategies and activities that build off existing programs to increase access to services and improve behavioral health outcomes. The work plan will be reviewed and revised at least annually to reflect evolving community needs, assets, and activities.

Goal 1: Increase access to mental health services, enabling improved mental health outcomes for Geauga County residents.

Goal 2: Reduce disease and death associated with alcohol, tobacco, and drug use through evidence-based prevention and treatment efforts.

Community Level Indicators

- Age-Adjusted Death Rate due to Suicide
- Adults who Binge Drink
- Adults who Drink Excessively
- Consumer Expenditures: Tobacco and Legal Marijuana

Strategy 1: Support countywide collaborative efforts for behavioral health prevention and treatment services.			
Objective 1: By 2025, increase knowledge about key activities of behavioral health collaboratives among behavioral health providers.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Create a plan to identify existing collaboratives, focus, and meeting frequency	X		
Create a system for sharing key activities of local collaboratives working on behavioral health	X	X	X
Implement a plan to engage existing collaboratives and meet regularly to share information	X	X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased knowledge about behavioral health collaboratives per survey			
Indicator(s) used to measure outcomes and data source: Assessment of behavioral health provider knowledge per survey			
Lead organization: Angi Daugherty - Family Pride Vicki Clark - Ravenwood Health Vickie Muir – University Hospitals Geauga Medical Center			
Identified community partners/opportunities for collaboration: Educational Service Center of the Western Reserve Board of Mental Health and Recovery Services			
Specific opportunities to address policy, equity and/or access: Access to behavioral health support services			
Target population(s): Geauga County residents			
Ohio SHIP alignment: Addressing Mental Health & Addiction, Health Behaviors, and Access to Care			

Strategy 2: Coordination of education related to mental health prevention.			
Objective 2: By 2025, increase knowledge about evidence-based education activities related to mental health prevention among service organizations.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Create a list of education activities related to mental health prevention	X		
Identify key prevention education activities to be uplifted or coordinated by CHIP workgroup		X	X
Promote prevention education activities		X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased knowledge of evidence-based prevention education activities among service providers			
Indicator(s) used to measure outcomes and data source: Assessment of service provider knowledge per survey			
Lead organization: Vicki Clark – Ravenwood Health Vickie Muir – University Hospitals Geauga Medical Center			
Identified community partners/opportunities for collaboration: Education Service Center of the Western Reserve			
Specific opportunities to address policy, equity and/or access: Access to behavioral health support services			
Target population(s): Geauga County residents			
Ohio SHIP alignment: Addressing Mental Health & Addiction, Health Behaviors, and Access to Care			

Strategy 3: Coordination of prevention and education efforts about alcohol, tobacco, and other drugs (ATOD).			
Objective 3: By 2025, increase knowledge about key activities related to ATOD to reduce duplicative efforts.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Develop community partner survey for measurement of objective	X		
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased knowledge about alcohol, tobacco, and drug use prevention and treatment services among ATOD service providers			
Indicator(s) used to measure outcomes and data source: Assessed provider knowledge about alcohol, tobacco, and drug use prevention and education services survey.			
Lead organization: Geauga Public Health			
Identified community partners/opportunities for collaboration: Educational Service Centers of the Western Reserve Lake-Geauga Recovery Center Ravenwood Board of Mental Health and Recovery Services Geauga County Sheriff's Office University Hospitals Medical Center			
Specific opportunities to address policy, equity and/or access: Access to Substance Use and Addiction support services			
Target population(s): Adults in Geauga County who engage in substance misuse			
Ohio SHIP alignment: Addressing Mental Health & Addiction and Health Behaviors and Access to care			

Strategy 4: Coordination of prevention and education efforts about ATOD to the Amish community.

Objective 4: By 2025, increase coordination of ATOD-related messaging, activities, and events serving the Amish community.

Activities:	**Year 1**	**Year 2**	**Year 3**
Create a list of providers serving the Amish community	X		
Hold regular meetings with providers serving the Amish community to discuss the coordination of ATOD activities and messaging	X	X	X

Baseline measure: Baseline data developed in Year 1 will be used here

Anticipated measurable outcome(s) based on current trends: Increased number of coordinated ATOD events in Amish community

Indicator(s) used to measure outcomes and data source: Number of coordinated events and activities per year

Lead organization:

Vickie Muir –University Hospitals Geauga Medical Center
Geauga Public Health
Christie Gigliotti - Lake-Geauga Recovery Center
Vicki Clark – Ravenwood Health

Identified community partners/opportunities for collaboration:

Donald Walker – Geauga County Sheriff's Office (DARE Officer)
Jaime Fisher - Middlefield Care Center
Patti Gallagher - DDC Clinic Center for Special needs Children
Tami Setlock - Board of Developmental Disabilities Metzenbaum Center

Specific opportunities to address policy, equity and/or access: Opportunity to address disparities experienced by the Amish community

Target population(s): Amish population

Ohio SHIP alignment: Addressing Mental Health & Addiction and Health Behaviors and Access to care

Prioritized Health Area 2: Chronic Conditions

Chronic Conditions, including the subtopics of *Heart Disease* and *Breast Cancer*, was identified as a top concern in the 2022 Geauga County CHNA. Key concerns discussed during the Chronic Conditions CHIP workshops included: limited preventive screening and disparity in accessing services and appointments. Participants also discussed struggles in navigating the healthcare system for Amish and Hispanic communities, and the need of more preventative education programs in Geauga County, especially for the older adult population. Current services in Geauga County include outreach, education, and treatment services for heart disease and breast cancer. The Chronic Conditions Work Plan includes strategies and activities that build off existing programs to increase access to services and improve heart health outcomes and increase awareness associated with Breast Cancer. The work plan will be reviewed and revised at least annually to reflect evolving community needs, assets, and activities.

Goal 1: Increase access and knowledge of cardiovascular services, enabling improved heart health outcomes for Geauga County

Goal 2: Reduce disease and death associated with Breast Cancer and promote health and well-being for women in Geauga County

Community Level Indicators

- Adults who Experienced Coronary Heart Disease
- High Blood Pressure Prevalence
- High Cholesterol Prevalence: Adults 18+
- Age-Adjusted Death Rate due to Breast Cancer
- Breast Cancer Incidence Rate
- Mammogram in Past 2 Years: 50-74

Strategy 1: Planning and coordination of activities and services to increase awareness about heart health across Geauga County.			
Objective 1: By 2025, increase screenings conducted (e.g., cholesterol, blood pressure) from 30 to 50.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Establish a workgroup to coordinate activities	X		
Establish the main POC interdepartmentally	X	X	
Partner with Community Events for Screenings	X	X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased cholesterol screenings Increased blood pressure screenings			
Indicator(s) used to measure outcomes and data source: Number of educational materials distributed about increasing awareness about heart health (e.g., "know your numbers" campaign) Number of screening events conducted			
Lead organization: Vickie Muir– University Hospitals Geauga Medical Center Geoffrey Patty – University Hospitals Geauga Medical Center Geauga Public Health			
Identified Community Partners/Opportunities for Collaboration: Next Step and Chagrin Falls Park Community Center Geauga County Veteran's Services			
Specific opportunities to address policy, equity and/or access: Increase access to community-level cardiovascular services and wellness-related support programs			
Target population(s): Adults and youth who need access to cardiovascular services and wellness-related support programs			
Ohio SHIP alignment: Addressing Chronic Disease, Health Behaviors, and Access to Care			

Strategy 2: Outreach to the Amish community to increase awareness about heart health.			
Objective 2: By 2025, increase screenings (e.g., cholesterol, blood pressure, glucose, BMI) from 5 to 10 in Amish community.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Establish quarterly meetings with Amish leaders	X		
Collaborate with Geauga Public Health to conduct screenings (e.g., GPH immunization clinics)	X	X	X
Build trust with Amish population using different avenues	X	X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased number of screenings Increased number of outreach events			
Indicator(s) used to measure outcomes and data source: Number of cholesterol screenings Number of blood pressure screenings Number of outreach events conducted			
Lead organization: Vickie Muir, University Hospitals Geauga Medical Center Geauga Public Health			
Identified community partners/opportunities for collaboration: Amish Communication Committee			
Specific opportunities to address policy, equity and/or access: Increase access to community-level cardiovascular services and wellness-related support programs for Amish population			
Target population(s): Amish community			
Ohio SHIP alignment: Addressing Chronic Disease, Health Behaviors, and Access to Care			

Strategy 3: Coordination and outreach to increase awareness about breast health among older adults.			
Objective 3: By 2025, increase education sessions related to breast health for older adults from 2 to 5.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Identify existing older adults service provider network	X		
Coordinate with older adult workgroup regarding breast-health messaging	X	X	X
Advertise mammogram van to older adult population		X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased number of education sessions for older adults			
Indicator(s) used to measure outcomes and data source: # of education sessions conducted			
Lead organization: Vickie Muir, University Hospitals Geauga Medical Center Jessica Boalt – Geauga County Department on Aging Andrea Pollack – Chagrin Falls Park Community Center			
Identified community partners/opportunities for collaboration: Dawn Damante - University Hospitals Geauga Medical Center			
Specific opportunities to address policy, equity and/or access: Mammography screening should be encouraged among women aged 50-74 every 2 years, per the U.S. Preventative Services Task Force.			
Target Population(s): Older adults			
Ohio SHIP alignment: Addressing Chronic Disease, Health Behaviors, and Access to Care			

Strategy 4: Coordination and outreach to increase awareness about breast health among the Hispanic community in Geauga County.			
Objective 4: By 2025, increase Spanish-language materials, including social media related to breast health, used by service providers from 0 to 10.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Establish a service provider network to coordinate outreach.	X		
Discover and share programs that translate documents	X	X	
Create a resource guide Hispanic population		X	X
Baseline measure: Baseline data developed in Activity 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased the number of translated materials			
Indicator(s) used to measure outcomes and data source: Number of Spanish-language materials for breast health			
Lead organization: Geauga Public Health			
Identified community partners/opportunities for collaboration: N/A			
Specific opportunities to address policy, equity and/or access: Addressing equity in access to healthcare of at-risk population.			
Target population(s): Hispanic Population			
Ohio SHIP alignment: Addressing Chronic Disease, Health Behaviors, and Access to Care			

Prioritized Health Area 3: Healthcare Access and Quality

Healthcare Access and Quality was identified as a top concern in the 2022 Geauga County CHNA. Key concerns discussed during the Healthcare Access and Quality CHIP workshops included: delay in preventative care due to lack of transportation, long wait time to see providers, and workforce shortages. Current services in Geauga County include limited transit to healthcare services. There are also a range of services for assisting navigating the healthcare system provided by public and private partners. The Healthcare Access and Quality Work Pan includes strategies and activities that build off existing programs to increase access to services and improve health outcomes. Strategies for this priority will be coordinated with those addressing the Community Conditions focus area, which includes potential activities and policy recommendations to increase collaboration and information sharing between health, transportation, and housing. The work plan will be reviewed and revised at least annually to reflect evolving community needs, assets, and activities.

Goal: Increase access and quality of healthcare for all residents of Geauga County	
Community Level Indicators	
• Adults with Health Insurance • Children with Health Insurance • Non-Primary Care Provider Rate	• Persons without Health Insurance • Primary Care Provider Rate

Strategy 1: Coordination and education to expand healthcare access by addressing language barriers and health literacy.			
Objective 1: By 2025, increase health literacy for communities with lower health literacy.			
Activities:	**Year 1**	**Year 2**	**Year3**
Create health literacy education materials for providers and patients	X	X	X
Conduct health literacy education sessions	X	X	X
Identify current # of translated documents	X		
Translate documents in multiple languages provided by UH Geauga (hospital, providers, etc.) and other providers		X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased health literacy of class participants per pre/post test Increased number of health literacy classes provided to Geauga County residents			
Indicator(s) used to measure outcomes and data source: Pre-post test results of a health literacy class Number of health literacy classes conducted per year			
Lead organization: Geauga Public Health Vickie Muir, University Hospitals Geauga Medical Center			
Identified community partners/opportunities for collaboration: Chagrin Falls Park Community Center			
Specific opportunities to address policy, equity and/or access: Addressing equity in access to healthcare of at-risk population.			
Target Population(s): Amish community, Spanish-speaking populations, and others			
Ohio SHIP Alignment: Addressing Health Behaviors, and Access to Care			

Strategy 2: Coordination and outreach education to improve healthcare access for the Amish community.			
Objective 2: By 2025, increase in immunizations given in well-child clinics in Amish community.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Combine appointments with multiple agencies with the Amish community (e.g., WIC, GPH, UH) to provide a variety of services at once	X	X	
Have providers/materials that can come in and talk about their services during GPH's immunization clinics	X	X	X
Create accessible pilot dashboard for data to measure progress			X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased number of well child clinic events Increased immunizations conducted at well child clinics			
Indicator(s) used to measure outcomes and data source: Number of well child clinic events Number of immunizations conducted at well child clinics			
Lead organization: Geauga Public Health Kathy Milo - Lake Geauga WIC Vickie Muir – UH Geauga			
Identified community partners/opportunities for collaboration:			
Specific opportunities to address policy, equity and/or access: Addressing equity in access to healthcare of at-risk population.			
Target population(s): Amish community			
Ohio SHIP alignment: Addressing Health Behaviors, and Access to Care			

Strategy 3: Coordination and education to improve healthcare access and navigation in Geauga County.			
Objective 3: By 2025, increase knowledge about health insurance enrollment and navigation services in Geauga County.			
Activities:	**Year 1**	**Year 2**	**Year 3**
Partner with Family Services Planning Board/Committee to coordinate information sharing	X	X	
Identify entities collecting data on Medicare and Medicaid enrollment	X		
Education on resources to get Medicare and Medicaid		X	X
Coordinate communication about health insurance enrollment		X	X
Baseline measure: Baseline data developed in Year 1 will be used here			
Anticipated measurable outcome(s) based on current trends: Increased knowledge about health insurance enrollment services in the community			
Indicator(s) used to measure outcomes and data source: Number of resources related to health insurance enrollment, Medicare and Medicaid distributed			
Lead organization: Geauga Public Health			
Identified community partners/opportunities for collaboration: William Haas - Geauga Jobs and Family Services, Medicaid Cyndi Pengov - Benefits Outreach Counselor with Greater Cleveland Foodbank Odiri Omobien – University Hospitals Health System United Way Services Geauga County Department on Aging			
Specific opportunities to address policy, equity and/or access: Addressing equity in access to healthcare of at-risk population.			
Target population(s): Hispanic Communities			
Ohio SHIP alignment: Addressing Health Behaviors, and Access to Care			