

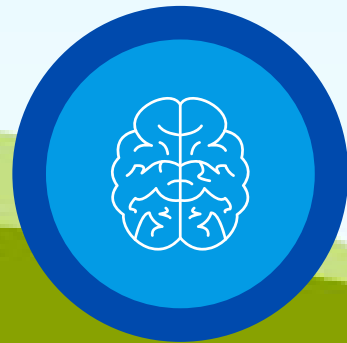
HEALTHY ASHTABULA COUNTY



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# HEALTHY ASHTABULA COUNTY

COMMUNITY HEALTH  
IMPROVEMENT PLAN



*Released January 2023*



# Letter to the Community

On behalf of Healthy Ashtabula County, the Health Departments of Ashtabula County are pleased to present the 2023-2025 Community Health Improvement Plan (CHIP). This community-wide strategic plan articulates our collective vision to “improve the health status of Ashtabula County residents through implementation of the Ashtabula County Health Improvement Plan” and serves as a roadmap toward improving the health and well-being of Ashtabula County residents in three priority areas: Obesity, Access to Care, and Depression and Anxiety Prevention and Treatment.

This 2023-2025 Ashtabula County CHIP describes our plan of action to improve the community's health, which will lead to Ashtabula County becoming a safer and healthier place to live, work, play, and call home. It is the result of the collaborative work of many community members, partners, stakeholders, health department staff and external consultants. The priority areas, objectives, and strategies were informed by robust data summarized within Healthy Ashtabula County's 2022 Community Health Needs Assessment (CHNA), aligned with state and national priorities, and are grounded by scientifically-credible/evidence-based interventions.

Ashtabula County is fortunate to have many agencies committed to improving the health of its residents. Thank you to all who participated in the development of the plan and contributed their time, energy, and resources towards its implementation.

The work goes on.

**Jay Becker**

*Health Commissioner*

Ashtabula County Health Department

**Nichele Blood**

*Health Commissioner*

Conneaut City Health Department

**Christine Hill**

*Health Commissioner*

Ashtabula City Health Department



**Public Health**  
Prevent. Promote. Protect.  
Ashtabula City Health Department

Conneaut City  
Health Department



**Public Health**  
Prevent. Promote. Protect.

# Executive Summary

## Priority Areas

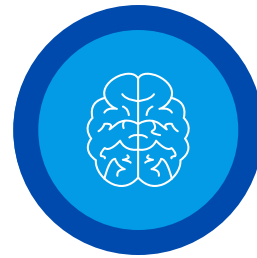
The Community Health Improvement Plan (CHIP) is a three-year plan that identifies priorities, objectives, and strategies selected to improve the health of Ashtabula County residents. After reviewing current data from the 2022 Healthy Ashtabula County Community Health Needs Assessment (CHNA), numerous community members and stakeholders came together to identify the priorities for the CHIP. Based on the findings of the CHNA, the community chose three priorities of the 2023-2025 CHIP: Obesity, Access to Care, and Depression and Anxiety Prevention and Treatment:



**Obesity**



**Access to Care**



**Depression and Anxiety  
Prevention and Treatment**

## CHIP Development Process, Implementation, and Monitoring

Following the selection of the priorities of the 2023-2025 CHIP, workgroups met over several months to create workplans to address each priority focusing on opportunities to advance health equity. In addition, workgroups considered four guiding principles:

- ✓ Collective Impact
- ✓ Policy, Systems, and Environmental Change (PSE)
- ✓ Alignment of CHIP priorities with state and national goals
- ✓ Impact of Social Determinants of Health

As this CHIP is implemented over the next two years, it will be evaluated on a quarterly basis. Revisions will be based on the recommendations of the workgroups, overall progress, and changing health needs of the community. A new CHNA is scheduled for development in 2027, including selection of new priorities for the next Community Health Improvement Plan.



## **Availability, Comments, and Adoption**

### **Availability**

The 2022 Ashtabula County CHNA & CHIP/Implementation Strategy can be found at the following websites:

[University Hospitals, www.UHhospitals.org/CHNA-IS](http://www.UHhospitals.org/CHNA-IS)

[Ashtabula County Health Department, www.ashtabulacountyhealth.com](http://www.ashtabulacountyhealth.com)

[Ashtabula City Health Department, www.cityofashtabula.com/health-department](http://www.cityofashtabula.com/health-department)

[Conneaut City Health Department, www.conneautohio.gov/departments/health\\_department.php](http://www.conneautohio.gov/departments/health_department.php)

### **Written Comments**

University Hospitals solicited feedback on its 2019 UH Conneaut and Geneva Medical Centers CHNA, which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments on the current joint Community Health Needs Assessment (CHNA) to [CommunityBenefit@UHhospitals.org](mailto:CommunityBenefit@UHhospitals.org).

These comments provide additional information to hospital facilities regarding the broad interests of the community and help to inform future CHNAs and implementation strategies.

### **Adoption by Board**

The Board of Directors of University Hospitals adopted the 2022 Ashtabula County CHNA on September 21, 2022.

The Board of Directors of Ashtabula County Medical Center adopted the 2022 Ashtabula County CHNA on October 26, 2022.



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## About the plan

# What is a Community Health Improvement Plan?

The Community Health Improvement Plan (CHIP) is a community-driven plan that outlines actionable objectives and strategies that will be used by Healthy Ashtabula County to address the identified health priorities in the community.

The CHIP is the second part of a two-part health improvement planning process. The first step was the completion of the 2022 Healthy Ashtabula County Community Health Needs Assessment (CHNA), released in August 2022. The CHNA details a comprehensive evaluation of health status and issues impacting Ashtabula County's residents.

A specific focus of the CHNA was to examine factors contributing towards higher health risks and poorer health outcomes among specific populations. Representatives from a variety of organizations throughout the County, as well as community members, met over the course of several months spanning from July-October 2022 to examine factors and causes of health disparities or inequities in order to identify health priorities which could have the greatest impact in improving health status. Based on the issues identified in the CHNA, partners then worked to collaboratively create workplans consisting of objectives and strategies to address priority areas.

### Why is the CHIP Important?

The CHIP establishes common priorities and courses of action to improve community health.

A CHIP can serve as a roadmap guiding many different entities and organizations to contribute to the selected priority area improvements and, in turn, grow the community's health.



# Timeline & Development

The 2022 Ashtabula County CHNA considered a wide range of information, including disease rates, quality of life issues, causes of death, community resources, and self-reported health status to paint a picture of the health of Ashtabula County residents. Residents and partners can access the 2022 CHA by clicking the following link: <https://ashtabulacountyhealth.com/?s=community+health+assessment>.

Following the completion of the 2022 Ashtabula County CHA, Healthy Ashtabula County embarked on a comprehensive strategic planning process focused on improving the health of the community. This began with a review and identification of priority health needs (considering the 2022 CHNA data), followed by discussion of root causes and the development of measurable objectives and strategies.

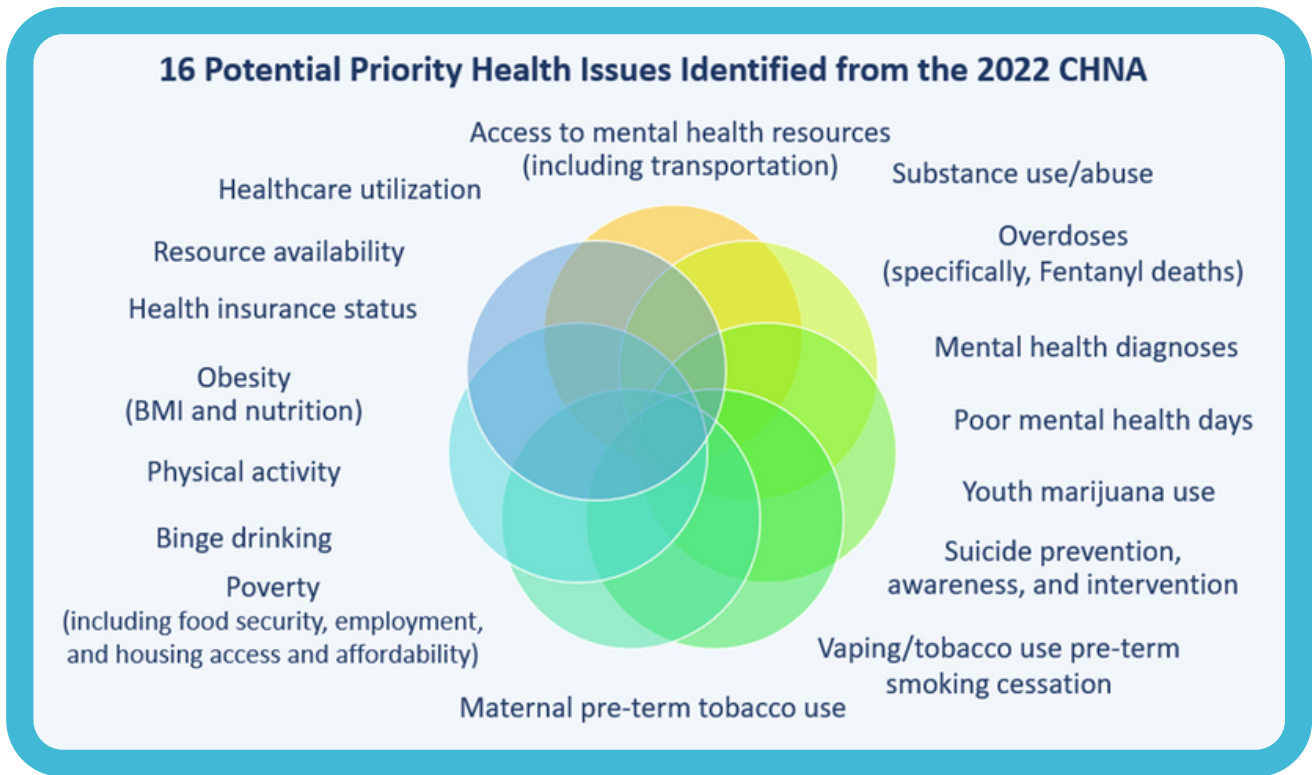
This report provides a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority summarizing CHA data findings and objectives. A work plan (dashboard) outlines objectives and action steps that are aligned with evidence-based practices for each priority area and used by Healthy Ashtabula County to track implementation progress. The CHIP dashboard is provided as **Appendix B**. This plan concludes with a brief discussion of next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP.



# Identifying The Community's Priority Health Needs

On June 30, 2022, community members representing a diverse array of public health organizations, public safety organizations, hospitals, healthcare systems, health and social service providers, and political, civic and community organizations came together to review data from the 2022 CHNA. Together, participants examined identified health needs, considering their personal experiences and knowledge of the community before identifying priority health issues.

Facilitated group discussions ultimately led to the identification of 16 priority health issues affecting the health of Ashtabula County residents (reflected below).



More than 22 community members and representatives of Healthy Ashtabula County participated in this voting process, coming to a clear consensus about the community's prioritized health needs.

**Appendix A** provides a list of those participating in the prioritization process.

**Appendix B** presents CHIP workplans subsequently developed for each priority area.



# Defining Health & A Healthy Community

**A community health improvement planning begins by asking, "What is Health?" and "What defines a healthier community?"**

Following the identification of health issues during the June 30th session, Healthy Ashtabula County members initiated the health improvement planning process over the course of several meetings. During the first CHIP planning session held on September 7, 2022, members reflected on community members' definitions compiled from results of the 2022 CHNA.

Using a Slido poll, members further defined terms with raw results reflected in word clouds to form definition statements:

**Definition of Health:**

“Characterized by physical and mental well-being, personal wellness, balance, and the capability to live well.”

**Definition of a Healthy community:**

“A resilient and progressive community where individuals are engaged, connected, supported, participate and have access to care, healthy food, fitness activities, and other resources.”



## Healthy Ashtabula County - Mission & Vision

Considering the established definitions of "health" and a "healthy community", Healthy Ashtabula County examined and reaffirmed the mission (shared purpose) and vision (ultimate goal for the future) statements of the Healthy Ashtabula County partnership.

**Mission**

“To improve the health status of Ashtabula County residents through implementation of the Ashtabula County Health Improvement Plan.”

**Vision**

“We envision a community where all residents can reach their optimal mental and physical health.”

# Creating the Roadmap for Health Improvement

From September to October 2022, Healthy Ashtabula County members met with a skilled facilitator of The Ohio State University Center for Public Health Practice in the College of Public Health and ALPHA, LLC to complete a health improvement planning process that would result in the development of an actionable roadmap towards a healthier community.

Together, partners explored critical questions used to inform objectives and strategies, such as:

- "What factors or conditions influence health status (e.g., social determinants of health)?"
- "What approaches are most impactful to improve health given available community resources?"

To further define priorities, members also conducted a root cause analysis to assess: "Where are we (as a community) now?" and "Where do we wish we were?".

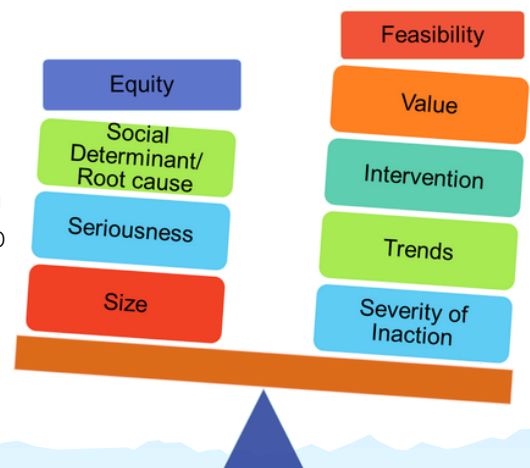
Based on an assessment of each priority area, members discussed ways to close the gap through the development of key objectives with corresponding strategies.

## CHIP Planning & Development Process



## Criteria Considered in the Development of Objectives & Strategies

Healthy Ashtabula County members examined and weighed potential objectives and strategies for each priority area using the same criteria initially used to identify priorities based on the 2022 CHNA findings. A primary focus was to explore opportunities to advance health equity through the examination of Social Determinants of Health and root causes contributing to each priority area. In addition, members weighed the seriousness of the issue, size (how many individuals are impacted), feasibility and value of implementation, historical trends of health issues over time, and the severity of inaction.



# 2023-2025 Health Priorities

Following the visioning process, the CHIP planning group began their efforts to create a roadmap through workplans that comprise the main portion of the CHIP.

Based on a review of the successes and challenges of implementing the 2019-2021 CHIP and the data of the 2022 CHNA, Healthy Ashtabula County members discussed opportunities to close the gap between the current and desired health status indicators among Ashtabula County residents.

The three priorities for the 2023-2025 Community Health Improvement Plan are:



**Obesity**  
(including nutrition and physical activity and Ohio's priority health outcome of chronic disease)



**Access to Care**



**Depression and Anxiety Prevention and Treatment**



# Guiding Principles & Frameworks

Next, Healthy Ashtabula County members examined approaches that would lead to impactful, long-term health improvement. Four guiding principles and frameworks influenced the development of the CHIP to move strategies from individual to upstream interventions:

- 1** Role of Social Determinants of Health (SDOH)
- 2** Policy, Systems, and Environmental (PSE) Change
- 3** CDC's Health Impact Pyramid
- 4** Concepts of Collective Impact to inform implementation and sustainability of the health improvement plan.

These guiding principles and frameworks were considered while reviewing each priority area to establish "SMARTIE" objectives with actions/strategies that would have the greatest long-term impact.

Additionally, members examined alignment with other health improvement initiatives at the state and national levels, as well as scientifically credible/based practices.

## SMARTIE Objectives

<b>S</b>	Specific
<b>M</b>	Measurable
<b>A</b>	Actionable
<b>R</b>	Realistic
<b>T</b>	Timely
<b>I</b>	Inclusive
<b>E</b>	Equitable



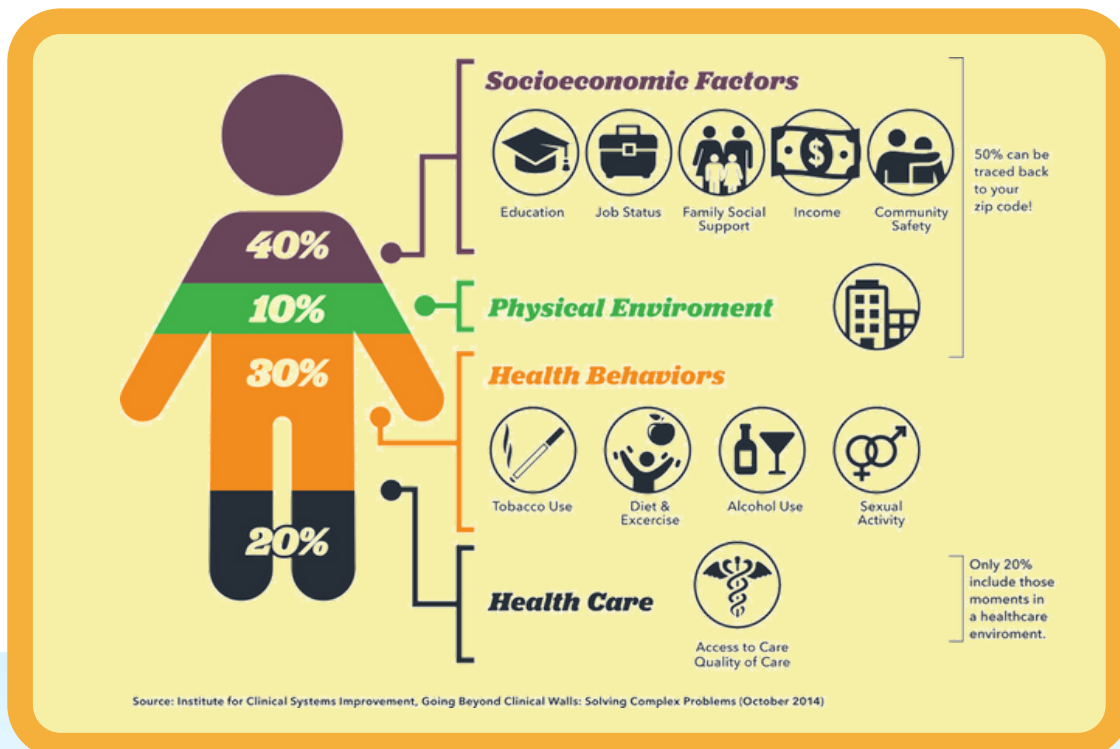
# Role of Social & Structural Determinants of Health

Health is not only impacted by personal behaviors such as tobacco use, being physically active, and healthy eating, but also by the social and environmental conditions in which people are born, grow, live, work, and age. These conditions are known as Social Determinants of Health. Communities that are disproportionately affected by poverty, unstable housing, unsafe neighborhoods, limited access to healthy food, and substandard education face disparities in health outcomes due to their environment (Healthy People 2030).

## Social Determinants of Health



Approximately 80% of external factors that define an individual's health are determined by socioeconomic factors (40%), the physical environment (10%), and health behaviors (30%), whereas only 20% occurs within health care settings. Workgroups created workplans (dashboards), consisting of specific and measurable objectives with strategies chosen for each priority reflect how the community intends to approach health equity by addressing the Social Determinants of Health.



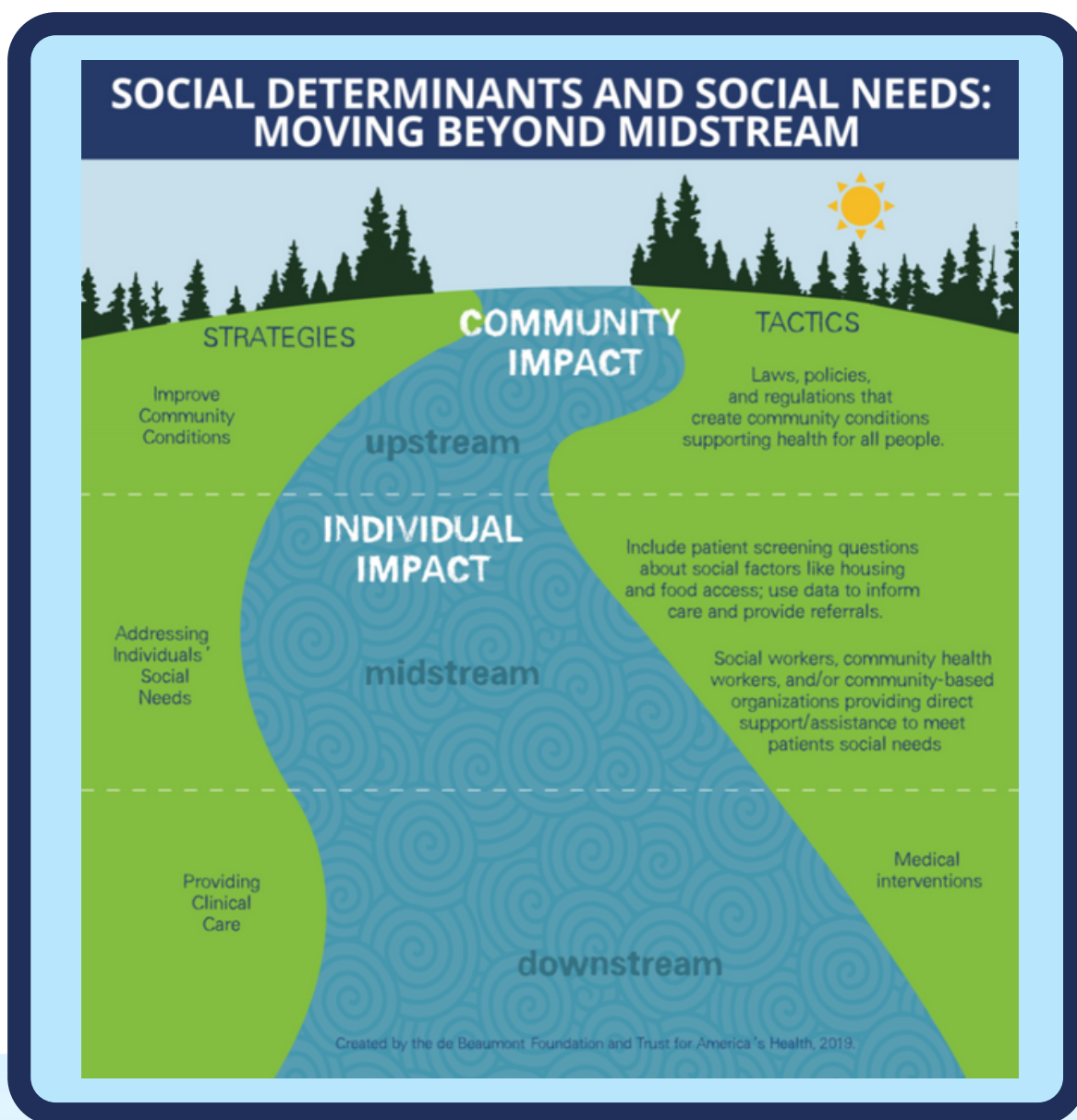
# Moving Upstream

## Considering Policy, Systems, and Environmental (PSE) Change

During CHIP planning meetings held from June-September 2022, Healthy Ashtabula County members reflected on the role of Social Determinants of Health, root causes of priority areas, and community conditions which influence health.

Because so much of what determines "health" consists beyond what happens within a clinical setting, members examined opportunities to move "upstream" from downstream individual interventions, by applying a Policy, System, and Environmental (PSE) change lens. PSE changes are sustainable changes that when implemented that make the context in which someone lives healthier. For health promotion and disease prevention strategies to be successful, policies, systems, and environments (PSE) must be supportive of health. PSE change strategies are designed to promote healthy behaviors by making healthy choices readily available and easily accessible in the community with sustainability in mind.

The discussion of influencing PSE changes, starts by first examining the "root" cause of those issues.



# Examining Social Determinants & Root Causes Contributing to Priority Areas

Healthy Ashtabula County members identified several root causes contributing to priority areas with common themes spanning across priorities reflected in **bold** font. These root causes relate to both social and structural determinants of health - community conditions that influence an individual's ability to achieve their optimal health, or "health equity". For some root causes both the positive and/or negative implications (for example, education, community and social supports, etc., or lack thereof were discussed as contributing to higher health risks or poorer health outcomes, as brainstormed by members and indicated through (+/-) symbols in the graphic below.

This examination of root causes, enabled Healthy Ashtabula County members to focus on identifying the systemic sources of health issues to inform the development of strategies to alleviate barriers faced among specific populations and facilitate improved health outcomes through policy, systems, and environmental change.

## Access to health care

- **Poverty**
- **Education (+/-)**
- Community and social supports (+/-)
- Private and public insurance (+/-)
- **Lack of providers, could be by specialty**
- Distrust in medical system
- Lack of transportation
- Care providers are not in a centralized location
- Lack of navigators

## Depression and anxiety

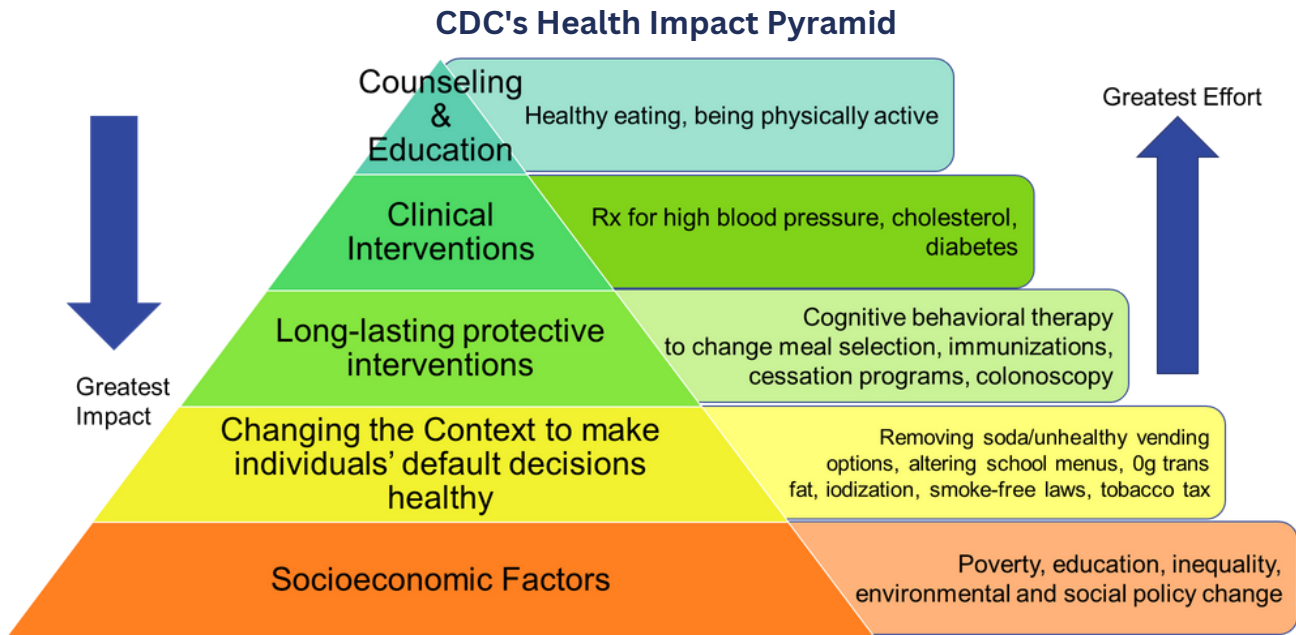
- **Generational poverty** (spans across socioeconomic groups; does not discriminate)
- Need to reinforce programs that work (e.g., are evidence-based, such as Pax, Botvin lifeskills) across the lifespan and across sectors/providers (e.g., from school to home to work)
- **Connectedness to behavioral health providers and treatment services available**
- Stigma in seeking treatment

## Obesity prevention

- **Low-income and working-class individuals and families**
- Single parent homes or multiple parents working
- **Lack of education** in terms of making healthy choices (e.g., how to cook healthy foods)
- Policies: Labor laws and work flexibility, SNAP benefit and food access programs (+/-)
- **Lack of gyms/recreational centers and fresh or nutritious foods**
- Social support (-/+)
- Health education/availability of nutrition or physical activity coaches

# Health Impact Pyramid

Healthy Ashtabula County members also examined the CDC's Health Impact Pyramid which provides a visualization of concepts describing the effectiveness of different levels of public health interventions. An example of interventions aimed at reducing obesity is reflected in the pyramid below. Members reflected on policies, systems, and structures based on the root cause analysis that cause or contribute to higher health risks, poorer health outcomes or inequities and opportunities to move strategies towards the bottom of the pyramid, while still recognizing that there is value in impacting the community at all levels.



The Health Impact Pyramid describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health.

Although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized when strategies are implemented at all intervention levels (Frieden, 2010).

Healthy Ashtabula County members examined opportunities to develop objectives and strategies moving down the pyramid towards "upstream" approaches.

## Consideration of Evidence-Based Practices

Evidence based public health practices (EBPHPs) are tested programs, policies, and interventions that are proven to be most effective in successfully changing behavior.

To ensure workgroup members considered practices rooted in sound theory, members extensively reviewed evidence/promising/practice-based strategies compiled from several sources:

- Ohio's 2020-2022 State Health Improvement Plan (SHIP)
- National Prevention Strategy
- Healthy People (HP2030) and Community Guide
- Robert Wood Johnson Foundation (RWJF) "What Works for Health"



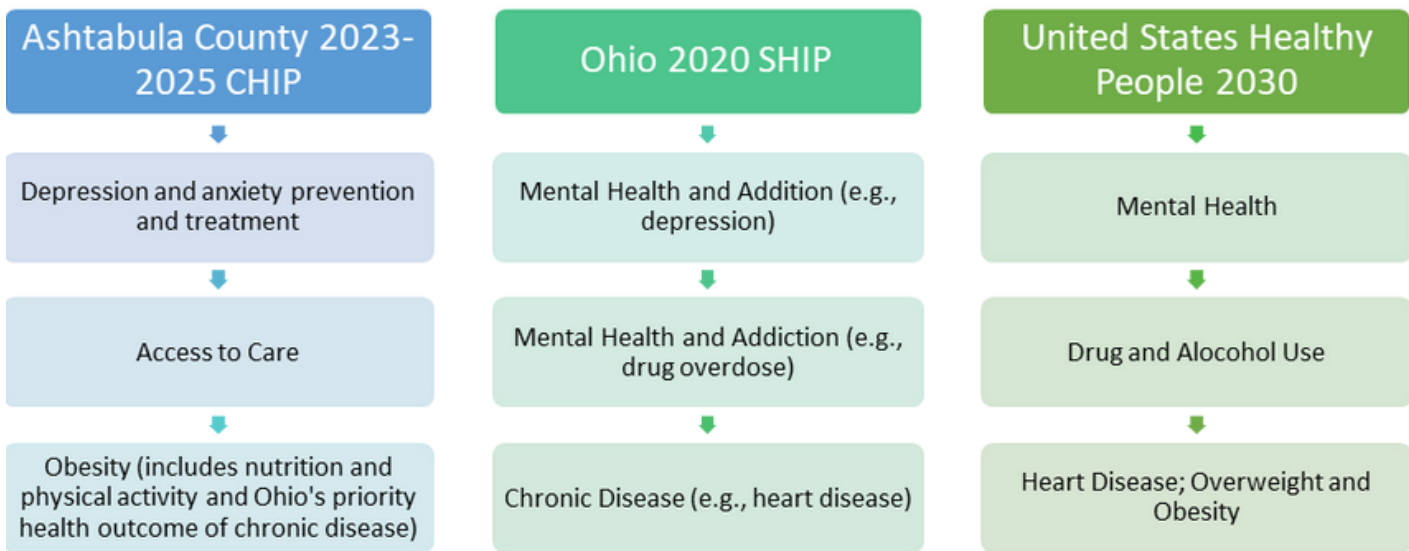
# Alignment with State & National Priorities

The 2023-2025 Ashtabula County CHIP priorities are well aligned to both state priorities and national priorities:

- **State:** As reflected below, the CHIP aligns to Ohio's 2020-2022 State Health Improvement Plan (SHIP) across three priority areas: Mental Health and Addiction, Chronic Disease, and Access to Care, as a cross-cutting priority.
- **National:** The CHIP's priority areas also align specifically to three Healthy People 2030 priorities: Mental Health, Drug and Alcohol Use and Heart Disease; Overweight and Obesity.

Detailed alignment, beyond priority areas to include objectives, indicators and strategies, are reflected through icons and can be found within CHIP workplans provided in **Appendix B**.

## 2023-2025 Ashtabula CHIP Priority Alignment



In addition, the Ashtabula CHIP aligns to the following national priorities:

### Health Impact in Five Years (Hi-5), U.S. Centers for Disease Control and Prevention (CDC)

**CHIP strategies include the following Hi-5 interventions:**

- Early childhood education
- School-based programs to increase physical activity

### County Health Rankings and Roadmaps (CHRR), University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

**Evidence-based and promising practices, as well as the CHRR model were extensively reviewed to align several CHIP components:**

- Indicators included in CHRR were prioritized during the indicator selection process.
- CHRR's What Works for Health evidence registry was used to identify scientifically credible strategies to include in the SHIP.

# Collective Impact & Community Engagement

*"By failing to plan, you are preparing to fail" - Benjamin Franklin*

In addition to developing community-wide health improvement strategies, Healthy Ashtabula County members also examined ways to enhance implementation and sustainability of the plan towards collective impact and community engagement.

The purpose of these discussions was to identify opportunities for greater collective impact through coordination with community partners and community-ownership through engagement.

**Collective Impact**  
"Organizations from different sectors agree to solve a specific problem using a common agenda, aligning their efforts, and using common measures of success."  
(Kania & Kramer, 2011)



Members reflected on findings of a member survey examining aspects of Healthy Ashtabula County's functions, member contributions and roles, and considered opportunities to strengthen the committee by examining Five Conditions of Collective Impact.

## Five Conditions of Collective Impact

**Common Agenda** - All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

**Shared Measurements** - Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

**Mutually Reinforcing Activities** - Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

**Continuous Communication** - Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

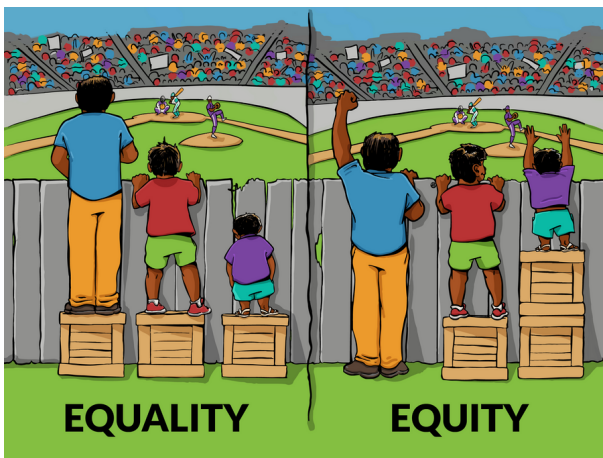
**Backbone Support** - Creating and managing a collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

# Implementation, Monitoring, and Sustainability

To facilitate effective implementation and sustainability of the plan, Healthy Ashtabula County members examined a collective impact and community engagement approach. To that end, an additional strategic priority workplan (provided within Appendix B) was developed to outline specific actions that would be taken to implement and sustain the CHIP.

This workplan reflects objectives specific to strengthening the reach and effectiveness of Healthy Ashtabula County's infrastructure with a strong focus on advancing health equity.

It is important to note that "equity" does not mean "equality". *Equality* means each individual or group of people is given the same resources or opportunities. *Equity* recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



## Processes for Monitoring, Reporting, and Revising the CHIP

Based on reviewing the collective impact and community engagement frameworks, Healthy Ashtabula County determined that implementation of progress towards CHIP objectives and strategies will continue to be monitored through:

- Quarterly subcommittee reports collected and compiled by Ashtabula County Health Department, as the lead agency
- Ongoing review/refreshing of CHNA data, including priority area health indicators
- A comprehensive annual report will be developed outlining progress

While the CHIP is comprehensively reviewed and revised on a 2-year basis, revisions to the CHIP may also be integrated mid-cycle based on several factors to ensure that the plan's strategies evolve in conjunction with the needs of the community. Criteria which would inform revisions to the plan include:

- Feasibility or effectiveness while implementing strategies
- Changes based on community health status or new/refreshed CHNA data
- Changes to community resources or partnerships (e.g., structures or grant opportunities)
- Emerging issues (e.g., social or policy changes).

## What is Health Equity?

The CDC defines "health equity" as the ability of every person to "attain his or her full health potential" so that no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Conversely, health inequities may present as differences in length/quality of life; rates of disease, disability; severity of disease; and access.

## Priority Area 4: Strengthen & Sustain Healthy Ashtabula County

- By 2024, establish a health equity coalition
- By 2026, Re-examine and recruit members to build a diverse Healthy Ashtabula County that is reflective of the community served
- By 2026, increase community resources to support implementation of the CHIP
- By 2026, implement at least 2 strategies to strengthen the Healthy Ashtabula County partnership


# Subcommittees & Assignments of Responsibility

Ashtabula County maintains a long history of conducting community health assessments and improvement planning cycles, dating back to 1998. Armed with a wealth of historical data, Healthy Ashtabula County members have examined trends in health status for more than two decades, indicating that health issues remain relatively consistent and primarily related to lifestyle/behavioral health choices individuals make. The longevity and consistency in health issues has enabled Healthy Ashtabula County to form strong coalitions and subcommittees dedicated to implementing CHIP strategies.

As part of the 2023-2025 CHIP planning process, members examined opportunities to align or fold-in existing coalitions, as well as successful initiatives already underway into the current plan. The current subcommittee structure, listing partner organizations with assigned responsibilities and *prior subcommittees (indicated in italics) with **community member representation (indicated in bold)***, reflected in the table below. Additional detail on individuals and organizations responsible for the implementation of specific strategies can be found in the CHIP workplan, provided within **Appendix B**.

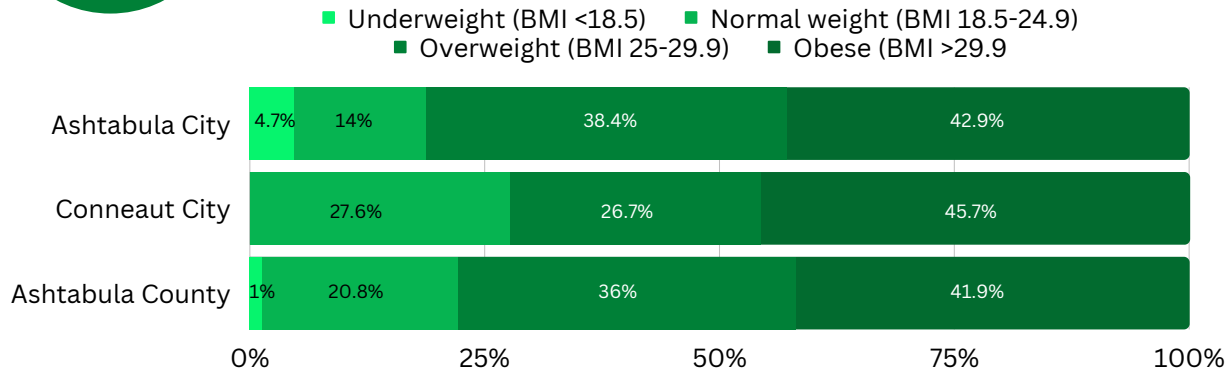
Ashtabula County hospitals, hospital systems, and the Health Departments of Ashtabula County (HDAC), inclusive of Ashtabula City Health Department, Ashtabula County Health Department, and Conneaut City Health Department are represented within each of the three subcommittees.

## 2023-2025 CHIP Subcommittees & Community Member Engagement

Priority Area Subcommittees	Implementation Partners & Community Members
<p><b>Obesity Prevention Subcommittee</b> (incorporates the <b>Childhood Obesity Prevention Partnership, Longest Day of Play and Maternal Child Health</b>)</p>	<p>4H extension office, A-Tech horticulture, Master Gardener Program, Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department, Star Beacon, Gazette, APMC, University Hospitals, Conneaut and Geneva Medical Centers, radio stations, NP Wellness schools, including Ashtabula City's Dragon Empowerment Center and Right Track after school programs, Jefferson Village Community Center, fitness centers, Pymatuning Schools, YMCA, Andover Methodist Church, Grand Valley High School, and <b>parent-teacher associations</b>.</p>
<p><b>Access to Care Subcommittee</b> (incorporates the <b>Intervention and Prevention of Ongoing Diseases (IPOD)) Committee</b>)</p> 	<p>Chambers of Commerce, small business associations, 211, University Hospitals (UH), Conneaut and Geneva Medical Centers, Ashtabula County Medical Center (ACMC), Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department, Ohio State University, Cooperative Extension – Ashtabula County, and <b>community members</b>.</p>
<p><b>Depression and Anxiety Prevention and Treatment Subcommittee</b> (incorporates the <b>Substance Abuse Leadership Team (SALT)</b>)</p> 	<p>Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department, MHRSB, Lake Area Recovery Center, Signature Health, Ashtabula County Juvenile Court, Ashtabula County Community Action Agency, Ashtabula County Educational Service Center, Community Counseling Center of Ashtabula County, Lake Erie Correctional Center, and <b>community members with lived experience serving on the Ashtabula County Mental Health and Recovery Services Board</b>.</p>



## Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity



According to primary data collected in the 2022 CHNA, 36% of Ashtabula County adult respondents are overweight and 42% of respondents are obese. The percent of obese residents age 20 and older in Ashtabula County (41.3% does not meet the Healthy People 2030 target of 36%.

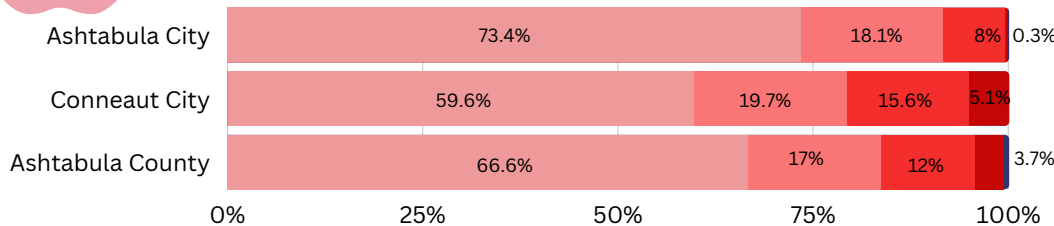


### Nutrition

While majority of Ashtabula County residents reported it was not difficult to access fresh fruits and vegetables, 33% reported it was at least slightly difficult.

#### Difficulty of Getting Fresh Fruits and Vegetables

■ Not difficult    ■ Slightly difficult    ■ Moderately difficult  
■ Very difficult    ■ Extremely difficult



Most youth reported having one to four servings of fruits and vegetables per day



### Physical Activity

The vast majority (80.2%) of Ashtabula County adults said they participated in physical activity for at least 60 minutes at least once during the past 7 days. On average, Ashtabula county adults participated in physical activity 4.7 days in the past 7 days. For comparison, the U.S. Department of Health recommends adults spend at least 2.5 hours per week (about 10 hours a month) doing moderate-intensity aerobic activity.



#### 2023-2025 CHIP Objectives:

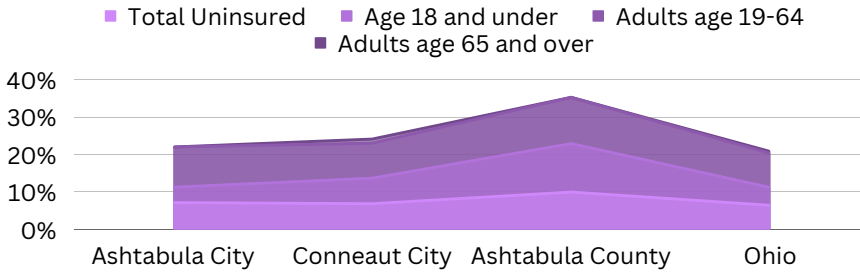
- By 2026, increase the percent of children ages 3-17 who eat 5 or more servings of fruits and vegetables per day by 2%.
- By 2026, increase child physical activity of 5 or more days per week by 2%.
- By 2026, reduce the overall adult obesity rate of the county from by 3%.



# Access to Care



## Health Insurance Coverage



Although most residents have health insurance, 10% under the age of 65 do not, missing the national goal for insured under 65 by about 2%.

## Socioeconomic Stability

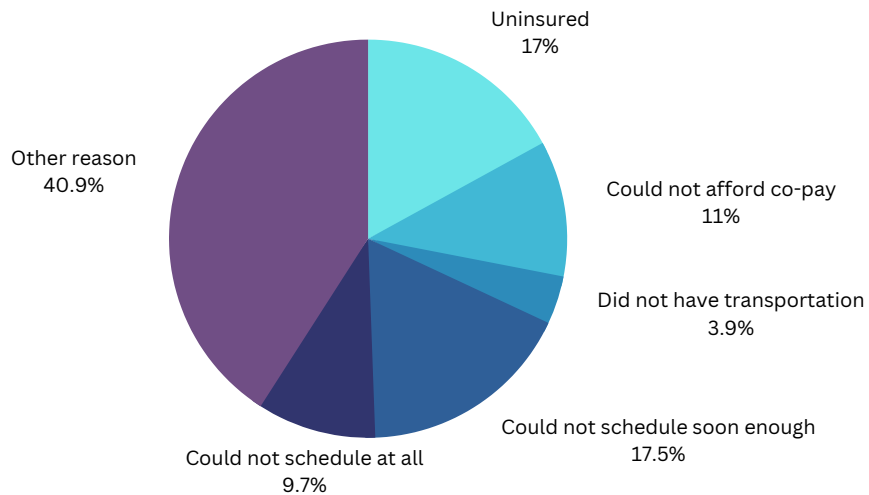
Nearly a third of Ashtabula County youth live in households under the federal poverty level and almost 30% of residents spend greater than 30% of their monthly income on housing costs. Community leaders mentioned high rates of poverty and homelessness among those experiencing barriers to care, as specifically tied to economic hardship.

## Health Resource Availability

Ashtabula County is considered a designated Health Provider Shortage Area (HPSA) by the Agency for Healthcare Research and Quality (AHRQ) for primary, dental, and mental health care.



## Reasons for Delaying Care



## Ratio of Licensed Providers in Ashtabula County Compared to the State of Ohio



	Ashtabula County	Ohio
Licensed physicians: MDs & DOs Ratio	1:1,072	1:299
Licensed dentists	1:4,066	1:1,646
Licensed psychologists	1:16,262	1:3,973

Internet access is an important resource for accessing information and telehealth.

- 12% of residents do not have access to a computer and 17% do not have internet access.
- These percentages are higher in Conneaut and Ashtabula City.



Half of respondents or their family members traveled outside the county to receive care, most commonly for specialty care (46%).

## 2023-2025 CHIP Objectives:

- By 2026, conduct one collaborative assessment of access to health care.
- By 2026, increase the percent of Ashtabula County residents who have health insurance by 2% (targeting those between the ages of 18-65).
- By 2026, implement at least two multi-sector strategies to expand access and coordination of community services available to support the needs of the 'whole person' (that is, focusing beyond physical to include mental, social, and behavioral care or support).
- By 2026, increase utilization of telehealth services by 15% to promote preventative care.

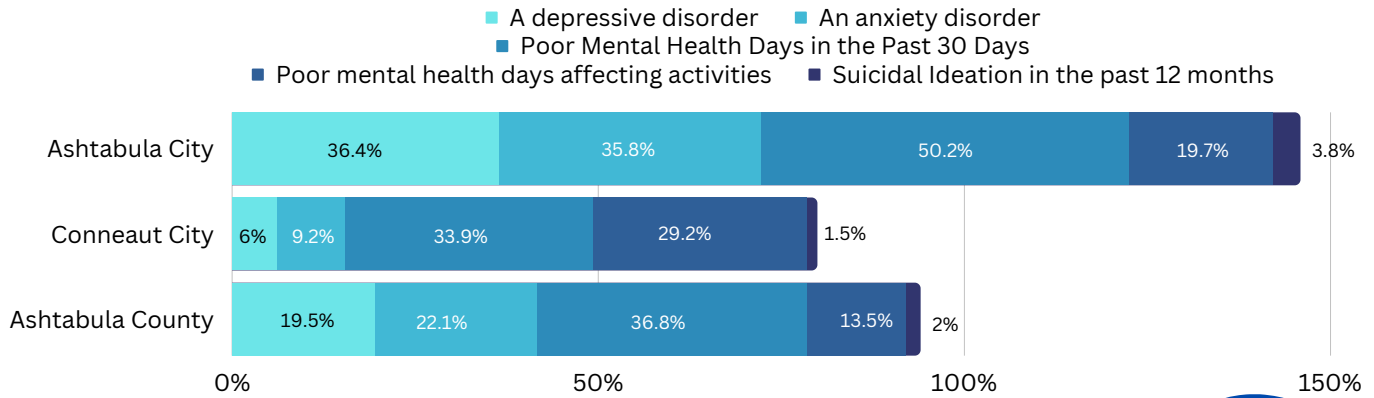




# Prevent and promote treatment of depression and anxiety across the lifespan

## PREVALENCE

According to the 2022 CHNA community-wide survey, 20% of Ashtabula County adult respondents have been diagnosed with a depressive disorder and 22% have been diagnosed with an anxiety disorder. The distribution of self-reported diagnoses is reflected in the bar chart below. Of note, the total diagnoses do not reflect total individuals, as some individuals may have self-reported as receiving a diagnosis in multiple categories.



Geographically, those in Conneaut are less likely to report a depressive disorder diagnosis than those in the city of Ashtabula or County overall.

## DEMOGRAPHICS

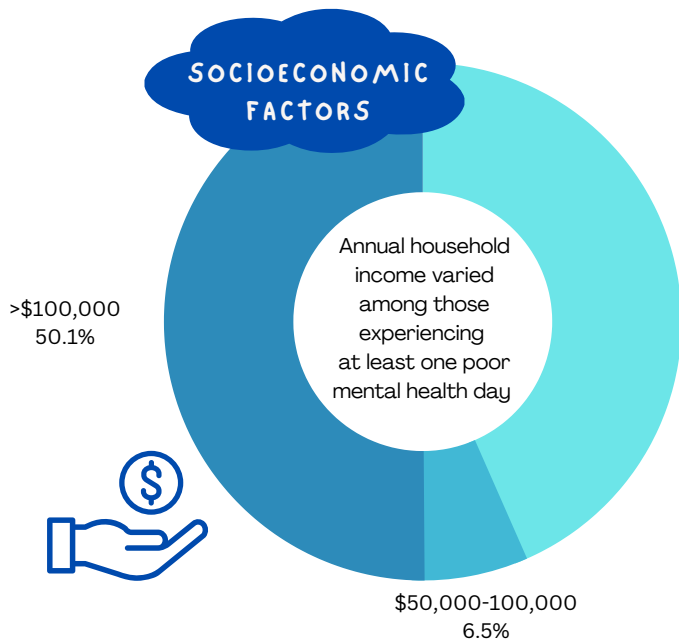


Females are more likely to report a depressive disorder (27.3% v. 9.3%), anxiety disorder (34.3% v. 7.6%), at least one poor mental health day (45.2% v. 26%), and at least one poor mental health day that affected activities (18.7% v. 7.8%) than males.

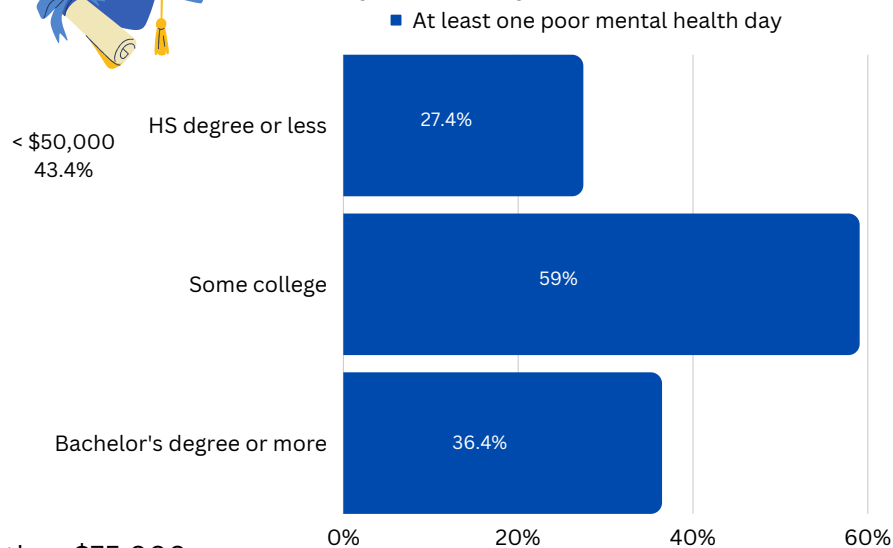
Those ages 18-34 are more likely to report a depressive (35% v. 12.7%) or anxiety disorder diagnosis

Than those age 35 or older

## SOCIOECONOMIC FACTORS



The percent who has at least one poor mental health day differed by educational attainment.



Those with an annual household income of less than \$75,000 are more likely to report a depressive disorder (23.7% v. 11.7%) than those with an annual household income of \$75,000 or more.



## Prevent and promote treatment of depression and anxiety across the lifespan

### YOUTH

**52%** of youth reported they feel there are adults in their neighborhood, town, or community with whom they could talk to about something important.

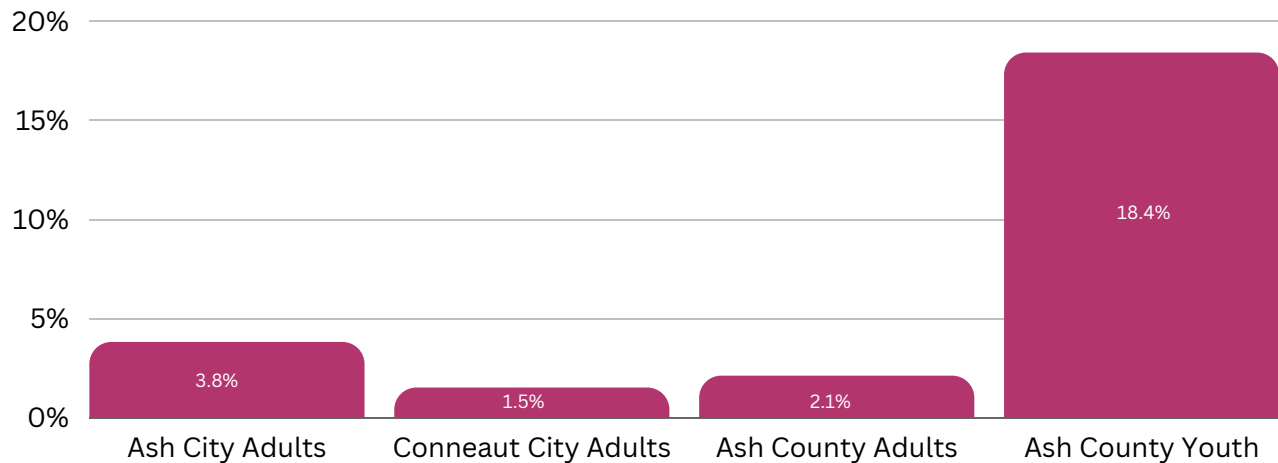
### SUICIDE

Nearly 20% of youth surveyed by the OHYES! reported seriously considering suicide in the past 12 months - this number is alarmingly high.

About 40% of Ashtabula youth have received mental health care at some point.

Ashtabula County had a lower suicide rate than the state of Ohio in 2019 (13.8 compared to 15.2). However, when looking at 5-year trends (from 2015-2019), Ashtabula County's rate was higher at 20.6 compared in Ohio's 14.7. Ashtabula County does **not** meet the Healthy People 2030 target for suicide (12.8/100,000).

### Adults and Youth Seriously Contemplating Suicide in the past 12 months Varied Geographically



### 2023-2025 CHIP Objectives:

- By 2026, implement an anti-stigma mental health awareness, informational and educational campaign.
- By 2026, raise awareness among health and social service providers about mental health to focus on meeting the needs of the whole person by implementing at least four strategies.
- By 2026, enhance linkage to treatment for engagement and retention from hospitals to treatment providers.



# Community Assets & Resources

As part of the CHIP planning process, Healthy Ashtabula County members considered community assets and resources available to address each priority area.

All assets and resources available for the entire County are reflected within the "Ashtabula County" column, whereas those specific to **Ashtabula City are indicated in blue font** and **Conneaut are listed in green font**.

## Obesity

**Nutrition & Physical Activity Resources:** **ACMC- Kid Fit**, Ashtabula County Children's Services Board, Ashtabula County Catholic Charities of Ashtabula County, Ashtabula County DJFS, Ashtabula County Elementary Schools, Ashtabula County Job and Family Services, Ashtabula County Metro Parks, Ashtabula County Nutrition & Fitness Guide, Ashtabula County WIC Clinic & Head Start Program, Ashtabula County Health Department, **Ashtabula City Health Department**, **Conneaut City Health Department**, Well Child Clinics, IPOD Manual, Local Farmers markets, Longest Day of Play Committee, OSU-Ashtabula County Cooperative Extension Service, Pediatrician offices in Ashtabula County, Primary Care Providers of Ashtabula County, **Signature Health and Community Counseling Center in Conneaut**, **Signature Health- FQHC- Diet and Nutrition**, **Physical Exams**, **Sports Physicals**, **UH Conneaut** and Geneva- Age Well Be Well Walks, YMCAs.

## Depression and Anxiety Prevention and Treatment

**Mental Health & Substance Abuse Resources:** Ashtabula County Health Department, Ashtabula County Mental Health and Recovery Services Board, **Community Counseling Center**, Glenbeigh, Lake Area Recovery Center, Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, **Signature Health**.

**Suicide Prevention Resources:** Ashtabula County Coroner's Office, Ashtabula County Incident Response Team, Ashtabula County LOSS Team, Ashtabula County Mental Health and Recovery Services Board, Ashtabula County Suicide Prevention Coalition, Ashtabula County Funeral Directors, **Community Counseling Center**, Crisis Text Line, Help Network of Northeast Ohio, Ohio Suicide Prevention Foundation & Coalition, UH Conneaut and Geneva Botvin Lifeskills, **Signature Health**, Ashtabula County Health Department, **Ashtabula City Health Department**, **Conneaut City Health Department**

This CHIP represents the work of a dedicated group of community members and partners. For more information about this plan or to become involved, please contact:

**Jay Becker, MPA**, Ashtabula County Health Department, Health Commissioner  
(440) 576-6010 | [jbecker@ashtabulacountyhealth.com](mailto:jbecker@ashtabulacountyhealth.com)

**Lena Grafton, PhD, MPH, CHES**, University Hospitals, Program Manager  
East Region, Community Health Engagement  
(216) 844-5896 | [lana.grafton@UHhospitals.org](mailto:lana.grafton@UHhospitals.org)

**"Alone, we can do so little; together,  
we can do so much."**

HELEN KELLER

# References

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# Appendix A: Healthy Ashtabula County Members

Healthy Ashtabula County is composed of a diverse and broad range of community members and partners. The Ashtabula County Health Department is the lead agency. The Ashtabula County Health Department is the lead agency. Members of the Mental Health and Addiction Subcommittee are denoted with an asterisk and members of the Chronic Disease Subcommittee are denoted with a double asterisk. Lead agencies of subcommittees are italicized. Community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes are indicated with a "C".

## ***Ashtabula County Health Department*\* \*\***

Jay Becker, Health Commissioner  
Jennifer Cleveland, Director, Quality & Performance  
Dave Shumate, Director of Nursing  
Allie Peterson, Epidemiology Specialist  
Ian Elliott, Health Educator  
Robert Jelf, Emergency Response Coordinator

## ***Ashtabula City Health Department*\* \*\***

Christine Hill, Health Commissioner  
Peggy Ducro, Director of Nursing  
Mariangeli Montalvo, Registrar /  
Administrative Assistant  
Terri Collett, Environmental Health Director  
Nichole Andrus, Director of Nursing

## ***Conneaut City Health Department*\* \*\***

Nichele Blood, Health Commissioner  
Karen Schmaeman, Director of Nursing

## ***Ashtabula County Commissioners***

Kathryn Whittington  
JP Ducro

## ***Ashtabula County Community Action Agency*\*\* C**

Judith Barris, Executive Director  
Carmen Kuula, Resource & Development Director

## ***Ashtabula County Department of JFS*\***

Patrick Arcaro, Executive Director  
Tania Burnette, Executive Director, ACCSB

## ***Ashtabula County Educational Service Center*\***

Janie Gildersleeve, Truant Officer / Home  
School Specialist

## ***Ashtabula County Juvenile Court*\***

Honorable Albert S. Campese

## ***Ashtabula County Medical Center*\* \*\***

Tina Stasiewski, VP of Business Development  
Lori Gilhousen, RN, Diabetes Educator  
Emily Brown, DNP, Director, The Ashtabula Clinic  
Jordan Vosburg, Pharmacist

## ***Ashtabula County Mental Health & Recovery Board*\***

Miriam Walton, Executive Director  
Kaitie Park, Director, Operations, Prevention  
Planning & Evaluation  
Bridget Sherman, Director, Youth & Recovery  
Support

## ***Catholic Charities of Ashtabula County*\* C**

Jill Valentic, Executive Director  
Bill Daywalt, Supervisor, Protective Services

## ***Community Counseling Center of Ashtabula County*\***

Paul Bolino, CEO  
Matt Butler, Clinical Supervisor  
Loretta Buell, Clinical Supervisor

## ***The Center for Health Affairs***

## ***Country Neighbor Program* C**

Barb Klingensmith, Executive Director

## ***Healthy Northeast Ohio***

Libby McGraw, Regional Community Health  
Improvement Manager  
Sarah Szabo, Data Analyst

## ***Lake Area Recovery Center*\***

Jesse Wodring, Deputy Executive Director

**Glenbeigh Hospital\***

Terri Ball, Director of Operations

**Signature Health\***

Peggy Senskey, Community Liaison

Kelsey Weed, Community Education

Mary Wynne-Peaspanen, Director, Sexual &  
Reproductive Health Services

**University Hospitals\* \*\***

Denise Brown, Supervisor, Community Outreach and Wellness

Denise DiDonato, Director, Operations & Clinical Services

Dr. Lena Grafton, Program Manager, East Region Community Health

Kellie McGinnis, Community Outreach RN

Danielle Price, Director, Community Health Engagement

Lori Ann Slimmer, CDCES Community Outreach RN

**Funding for the Ashtabula County Health Assessment was provided by:**

Ashtabula City Health Department

Ashtabula County Children's Services

Ashtabula County Commissioners

Ashtabula County Community Action Agency

Ashtabula County Health Department

Ashtabula County Job & Family Services

Ashtabula County Medical Center

Ashtabula County Mental Health Recovery Board

Ashtabula County Regional Home Health Services

Catholic Charities of Ashtabula County

Center for Health Affairs

Community Counseling Center of Ashtabula County

Conneaut City Health Department

Signature Health / Family Planning Association of Northeast Ohio

University Hospitals

# Appendix B: 2023-2025 CHIP Workplan

## Preface

The following pages reflect 2023-2025 CHIP Workplans for each priority area. Healthy Ashtabula County has developed a standardized approach to the implementation of health promotion campaigns. Where appropriate, campaigns (specifically, those related to increasing physical activity and reducing stigma associated with mental health) for which the standardized approach will be used are indicated with an asterisk (\*). The approach includes the following steps:

- Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol) by:
- Gathering research considering evidence-based or promising practice articles on successful campaigns or obesity initiatives
- Meet with community members to incorporate community voice before launching the campaign- ask the community or those directly impacted what would be helpful or work to address the health issue; have them review and provide input on messages before launching campaign.
- Add messaging about what action members of the public should or should not take and why actions should be taken
- Consider cultural humility and linguistic competence by applying the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare.
- Use multiple modes to communicate campaign messages (e.g., PSAs, billboards, social media, websites, etc.).

### CHIP Workplan Icon Key

Icons within the dashboard reflect alignment to state and national priorities, as well as evidence based practices, as follows:



**Aligned to the Ohio SHIP**

**HP2030**  
**Hi-5**  
**CHC**

**Aligned to national priorities:**

- HP2030
- CDC's Hi-5
- Creating Healthy Communities (CHC)



**Scientifically-based practice likely to reduce disparities, according to the RWJF and University of Wisconsin's "What Works for Health" evidence-based review tool**



**Associated with an accreditation requirement of the Public Health Accreditation Board (PHAB) among local health departments**



**Addresses a policy recommendation, aimed at alleviating causes of health inequities.**

# Appendix B: 2023-2025 CHIP Workplan



## Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity

**Consideration of social determinants of health or health inequities:** The 2022 CHNA revealed that the likelihood of a variety of chronic diseases (e.g., coronary heart disease, diabetes, COPD) increased as household income decreased or as age increased. Members acknowledged that all individuals may not have equal access to information regarding how to prevent chronic disease, healthy eating and physical activity, especially among sub-populations such as children, older adults, and those with lower household incomes.

### Indicator(s) to measure impact:

- % of youth who report consuming 0 servings of fruits or vegetables per day (Baseline: 12.8; 2022 CHNA)
- % of adults who did not participate in at least 60 minutes of physical activity at least once during the past 7 days (Baseline: 19.8%; 2022 CHNA)
- Ashtabula County Adult Obesity Rate (Baseline: 41.9%; 2022 CHNA)

### Objective 1: By 2026, increase the percent of children ages 3-17 who eat 5 or more servings of fruits and vegetables per day by 2%.

Strategies	Timeline	Partners
Form a committee to examine policies, such as Good Food Here (from the Ohio Food and Beverage Guidelines Toolkit) and engage local resources (local farmers, 4H, etc.) to develop a program for healthy food taste testing and recipe cards in local grocery stores.	2/15/23 (committee formed) 3/31/23 (hold 1st meeting)	4H extension office, A-Tech horticulture, Master Gardner Program, Ashtabula County Educational Service Center, HDAC, and University Hospitals
Develop a community permaculture for free fruits and vegetables working with schools and community members (possibly, integrating Veggie U and community gardening in school curricula) and implementing SODEXO provided in class nutrition counseling. <b>CHC</b>	12/31/25	

### Objective 2: By 2026, increase child physical activity of 5 or more days per week by 2%.

Strategies	Timeline	Partners
Develop a community wide physical activity campaign containing health promotion messages on health risks *	6/1/23	Star Beacon, Gazette, ACMC, University Hospitals, Radio Stations, Ashtabula County Educational Service Center, HDAC, Ashtabula City's Dragon Empowerment Center and Right Track (after school programs)
Address school programs to increase physical activity (e.g., in the classroom, recess, or study hall periods) among middle and high schools. <b>Hi-5</b>	8/31/23	
Implement walking programs in parks and walks in schools throughout the school year.	12/31/25	

### Objective 3: By 2026, reduce the overall adult obesity rate of the county by 3%.

Strategies	Timeline	Partners
Create or partner with non-profit organizations to create fitness and nutritional support/educational activities for residents that include online and in-person options for exercise and healthy eating lifestyles.	2/28/23	Jefferson Village Community Center, Planet Fitness, Premier Fitness, SNAP Fitness, Ashtabula County Educational Service Center, University Hospitals, YMCA, and Andover Methodist Church
Engage local fitness centers and schools to honor a 30- or 60-day free exercise subscription to the entire community.	2/28/23	
Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol). *	3/31/23	



## Access to Care

**Consideration of social determinants of health or health inequities:** According to the 2022 CHNA, individuals of lower SES were more likely to experience barriers to care associated with lack of employment (and therefore, employer-based health coverage), lack of a personal vehicle to travel to/from medical appoints, and due to fear of copays or out-of-pocket costs. Individuals uninsured tended to be under the age of 65 (ineligible for Medicare). In terms of the availability of providers, geographic gaps were identified in the Southern quadrant and among specialty care providers, including labor and delivery.

**Indicator(s) to measure impact:**

- % of adults, ages 19-64, who are uninsured (Baseline: 10%; ACS, 1-year estimates, July 1, 2021)
- % living in a primary care health professional shortage area (Baseline: 100%; 2019 HRSA, as compiled by KFF with HPSA Primary Care Shortage area score of 8, designated as partially rural status)
- % living in a mental health professional shortage area (Baseline: 100%; 2019 HRSA, as compiled by KFF with HPSA Mental Health Shortage area score of 10 with designated rural status)

### Objective 1: By 2026, conduct one collaborative assessment of access to health care in Ashtabula County.

Strategies	Timeline	Partners
Convene partners to assess access to care (including, at a minimum, primary care and behavioral health providers). (P)	1/31/23	Ashtabula County Health Department (lead) and Access to Care Committee
Host meeting(s) to identify data available on populations who lack access or experience barriers (data could be from the CHNA, surveys, ED/ER visits, etc.) and data on the availability and gaps in services (e.g. the number and geographic distribution of providers, or patient/provider ratios). (P)	3/31/23	
Collect data and host meeting(s) to draw conclusions about the causes of barriers to access to care (e.g., transportation or other social or structural determinants of health) and emerging issues (e.g., changes in the availability of services or providers, or reimbursement/insurance, legislative, or other changes) which could include conducting a SWOT/SOAR or Forces of Change Assessment. (P)	4/28/23	
Draft Access to Care Assessment Report specifically addressing access to primary care and behavioral health, which includes: An evaluation of access to care strategies implemented by gathering data directly from those experiencing barriers; populations who lack access or experience barriers; an assessment of the availability and gaps in services; conclusions drawn about the causes of barriers; and emerging issues related to access to care. (P)	6/30/23	
Review Access to Care Assessment Report findings with partners and identify 1-2 strategies that could be implemented related to achieving policy changes or additional resources to facilitate access. (P) (I)	8/31/23	

### Objective 2: By 2026, increase the percent of Ashtabula County residents who have health insurance by 2% (targeting those between the ages of 18-65). HP2030






Strategies	Timeline	Partners
Identify under/uninsured individuals, including those who are un/under-employed and not receiving employer sponsored benefits, the Chamber of Commerce to identify the County's largest employers who do not offer health insurance, and/or small business associations to identify self-employed and un/under-employed individuals who are uninsured. (P)	10/31/23	Access to Care Committee, Chambers of Commerce, Small business associations, employers, insurance providers
Identify insurance enrollment/navigators/case managers available in Ashtabula County who are available to provide insurance enrollment assistance and eligibility criteria.	11/30/23	
Implement an educational campaign to create transparency in out of pocket, copay, and other medical expenditures that prevent individuals from not seeking care due to costs.	1/31/24	
Develop a program to integrate mobile insurance registration within EMS, targeting the Southern portion of the County.	1/31/24	








## Access to healthcare

### Objective 3: By 2026, implement at least two multi-sector strategies to expand access and coordination of community services available to support the needs of the whole person.

Strategies	Timeline	Partners
Identify for comparison, nurse advocate programs successfully implemented in other communities which assist with insurance enrollment, navigation, and cost transparency. 	12/31/23	Access to care committee, health and social service providers, 211
Meet with social service and health care providers and establish signed Memoranda of Understanding (MOUs) to link or coordinate care. The MOUs will list activities, responsibilities, scopes of work, and timelines to integrate social services and health care.  	1/31/24	
Advocate for legislation to expand affordability, coverage, or cost transparency to increase access, focusing on preventative care and barriers faced among the working poor.  	12/31/25	

### Objective 4: By 2026, increase utilization of telehealth services by 15% to promote preventative care. **HP2030**

Strategies	Timeline	Partners
Assess telehealth options available based on insurance coverage/provider to determine if there are gaps in service eligibility or coverage. 	10/31/23	Access to care committee, 211, ACP, health and social service providers
Meet with insurance providers to explore options to expand telehealth service coverage. 	11/30/23	
Promote the Affordable Connectivity Program (ACP) by advertising in churches, senior centers, public housing, lobbies and other public places to increase broadband access among 6,800 households in Ashtabula County (targeting the Southern portion).	12/31/23	
Develop and promote a directory/tri-fold of available telehealth services and providers based on insurance provider and instructional materials to assist individuals in using telehealth services.	12/31/23	
Circulate the tri-fold and informational materials on how to access tele-health services through 211, ACP services providers and community health centers (such as, the resource center in Conneaut) by providing information to those gaining access to broadband.	12/31/25	
Host educational session(s) for individuals on how to access telehealth and record sessions to post links to Healthy Ashtabula County partner pages for community members to access for future viewing.	12/31/25	
Embed community health resource centers to conduct preliminary screenings (e.g., blood pressure, blood sugar, O2 (oxygen) levels, etc.) prior to telehealth visits with telehealth technology available to assist those without computers or who are less tech-savvy (locations include: Andover library, SCAD, community centers, etc.). 	12/31/25	



## Prevent and promote treatment of depression and anxiety across the lifespan

**Consideration of social determinants of health or health inequities and vulnerable populations:** The work group discussed social isolation, poverty, and lack of prison re-entry programs as social factors that contribute to substance abuse and addiction. This is especially true for low SES residents, while it was noted that mental health issues, including depression and anxiety are non-discriminatory spanning across SES groups.

### Indicator(s) to measure impact:

- % of youth, ages 18-34, who experienced a major depressive episode within the past year (35%; 2022 CHNA)
- % of adults, ages 18 and older, who have every been diagnosed with a depressive disorder (Baseline: 20%; 2022 CHNA)
- # of deaths due to unintentional drug overdose (Baseline: 105 deaths; 2019 data, as cited in 2022 CHNA)

### Objective 1: By 2026, implement an anti-stigma mental health awareness, informational and educational campaign.

Strategies	Timeline	Partners
Form a workgroup to address causes/stigmas preventing individuals from seeking care based on the results of our Rural County Stigma Survey completed in November 2021.	1/31/23	MHRBSB, Lake Area Recovery Center, Signature Health, Ashtabula County Juvenile Court, ACCAA, Ashtabula County Educational Service Center, Community Counseling Center, Lake Erie Correctional, HDAC, and University Hospitals
Engage with those with lived experience/impacted/special populations who do not seek care due to stigma to develop several anti-stigma messages/slogans/phrases.	4/28/23	
Integrate anti-stigma messages/slogans/phrases into promotional messages (e.g., social media, billboards, videos/PSAs, etc.) into Healthy Ashtabula County's campaign.	5/31/23	
Implement anti-stigma campaign using multiple modes (e.g., social media, web, PSAs, billboards, etc.) to the public and targeting healthcare and criminal justice settings and circulate anti-stigma materials in healthcare and workplace settings. * (p)	6/30/23-12/31/25	

### Objective 2: By 2026, enhance linkage to treatment for engagement and retention from hospitals to treatment providers. HP2030

Strategies	Timeline	Partners
Develop strategies to embed linkages to behavioral health care treatment and retention from hospitals to treatment providers. (checkmark)	12/31/24	MHRBSB, Lake Area Recovery Center, Signature Health, ACCAA, Ashtabula County Educational Service Center, Community Counseling Center, HDAC, and University Hospitals
Work with hospitals and treatment providers to embed linkages (implement the strategies developed), including implementing the HRSA RCORP grant focusing on hospital discharge planning and engaging hospital liaisons at the BH Providers. (checkmark)	12/31/25	

### Objective 3: By 2026, raise awareness among health and social service providers about mental health to focus on meeting the needs of the whole person through four strategies. HP2030

Strategies	Timeline	Partners
Expand the number of non-behavioral health and social services providers trained in Mental Health First Aid, trauma-informed care or Question, Persuade, and Refer (QPR). (checkmark)	12/31/25	MHRBSB, Lake Area Recovery Center, Signature Health, ACCAA, Ashtabula County Educational Service Center, Community Counseling Center, HDAC, and University Hospitals
Develop training on how to administer, score, and use screening tools (e.g., ACE's, GAIN-SS, SBIRT, etc.) with tip-sheets for providers (targeting primary care) to use to reinforce person-first language, better understanding of mental health, etc.	3/31/23	
Implement trainings and circulate the tip-sheet(s) developed among providers (e.g., embedding within EHRs/EMRs, websites, and/or social media).	6/30/23	
Utilize county-wide partnerships to enhance the distribution of Mental Health and SUD Treatment Resource Manuals. (checkmark)	8/31/23	
Provide monthly newsletters to Healthy Ashtabula County Partners that includes local resources, events and other helpful information.	2/31/25	



## Strengthen & Sustain Healthy Ashtabula County

### Objective 1: By 2024, establish a health equity coalition. <sup>(P)</sup>

Strategies	Timeline	Partners
Form a cross-sector coalition to advance equity engaging, at a minimum, the health sector, non-health sector, and community members representing historically excluded or marginalized populations.	12/31/23	Ashtabula County Health Department to lead with Equity Coalition
Establish a shared purpose and priorities for the committee, including, how data or data findings will be shared, a decision-making process which includes community involvement, and a common way of assessing progress towards outcomes either in the CHIP or other equity initiatives.	3/31/23	
Identify strategies to advance equity and methods to sustain the coalition.	6/30/23	
Examine the Healthy Ashtabula County membership through a "health equity lens" to ensure representation from community members or organizations that represent populations disproportionately affected by conditions contributing to poorer health outcomes, by: <ul style="list-style-type: none"> <li>Identifying ways to strategically recruit new members based on health equity considerations, priority areas (obesity, depression/anxiety, and access to care), resource needs and policy-setting.</li> <li>Encouraging community engagement by implementing at least one strategy to eliminate barriers to participation among community members, consistent with an adopted community engagement model or framework.</li> <li>Exploring options to retain existing members, such as, hosting meetings in locations or day/hours most convenient for members or eliminating barriers to participation (for example, hosting meetings in a virtual environment or childcare arrangements).</li> </ul>	12/31/25	

### Objective 2: By 2026, implement at least two strategies to increase awareness and use of the Health Ashtabula County partnership, CHNA, and CHIP.

Strategies	Timeline	Partners
Develop a concise roadshow presentation or video synopsis of CHNA data and CHIP strategies.	12/31/23	Ashtabula County Health Department to lead with Infrastructure coalition/workgroup
Identify whether relationships could be built with other sectors (e.g., schools to support data collection or implementation of CHIP strategies or business community or All In Ashtabula County) to support or offset current infrastructure related needs of the group.	6/30/24	
Present the roadshow presentation to civic organizations (e.g., Kiwanis, 4H, etc.), businesses (e.g., Chambers of commerce), schools/universities (e.g., A-Tech and others) and/or circulate the Healthy Ashtabula County video through web and social media outlets to raise awareness about the purpose, goals, and ways to get involved with Healthy Ashtabula County.	6/30/24	
Explore opportunities to submit a joint funding proposals to support the CHIP's implementation, including whether a 501(c)(3) status foundation or agency could support going after new or diverse funding opportunities.	12/31/24	
Determine the feasibility and resourcing (time and money) of a Healthy Ashtabula County website and/or expanding use of social media (e.g., cross-posting among partners or creating a #HealthyAshtabula hashtag).	12/31/24	

# Appendix C: Acronyms & Terms

**Affordable Connectivity Program** - The federal Affordable Connectivity Program is an FCC benefit program that helps ensure that households can afford the broadband they need for work, school, healthcare and more. The benefit provides a discount of up to \$30 per month toward internet service for eligible households and up to \$75 per month for households on qualifying Tribal lands. Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute more than \$10 and less than \$50 toward the purchase price. The Affordable Connectivity Program is limited to one monthly service discount and one device discount per household.

**CHA or CHNA** – Community Health (Needs) Assessment; the collection, analysis, and distribution of information on the health status and health needs of the community, including statistics on health status, community health needs/gaps/problems, and assets.

**CHIP or IS** – Community Health Improvement Plan or Implementation Strategy; a long-term and systematic plan to address health priorities that were drafted as a result of the CHNA.

**EBPHP** – Evidence Based Public Health Practice; the implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

**HDAC** – Health Departments of Ashtabula County

**HP2030** – Healthy People 2030; the federal government’s prevention agenda that is updated every 10 years.

**National Prevention Strategy** – From the office of the Surgeon General, lays out a prevention-oriented society where communities work together to achieve better health for all Americans.

**ODH** – Ohio Department of Health

**PHAB** – Public Health Accreditation Board; the accrediting organization for local, state, and tribal public health in the United States. Additional information about the national public health accreditation program can be accessed at [phaboard.org](http://phaboard.org).

**SBIRT** - The SAMSHA Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

**SES** - Socioeconomic status is the position of an individual or group on the socioeconomic scale, which is determined by a combination of social and economic factors such as income, amount and kind of education, type and prestige of occupation, place of residence, and—in some societies or parts of society—ethnic origin or religious background. Examinations of socioeconomic status often reveal inequities in access to resources, as well as issues related to privilege, power, and control. Adapted from the APA Dictionary of Psychology

**SHIP** – State health improvement Plan; a CHIP completed at the State level.