



ASHTABULA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN CHIP QUARTERLY REPORT-Q1 2023



Prepared by

Quarterly Review Process Structure

The goal of the quarterly report is to allow CHIP participants, health department stakeholders, boards of health, district advisory councils, our communities and the public see the agency's impact by reviewing its performance. These documents give insight into the agency's work throughout the previous quarter and will be posted to the ACHD website and social media, as well as partner sites.

During Q1, the entire CHIP Team met for an Implementation work session where the initial workplans were reviewed again to determine specific timelines and assign leads for each **strategy**. Part of the process also involved choosing a team lead and setting a date for individual team meetings for the overall **priority**.

Each year, an annual review of the CHIP will be completed and posted in the Administration section of [ADMINISTRATION | Ashtabula County Health Department](#) and distributed on the ACHD Facebook page.

CHIP Overview

Q1 2023 Summary

Achievements (from Q4 2022):

We are coming off of a global pandemic that impacted our ability to meet the 2022 CHIP goals. **CLAS in the Community:** *employing individuals with lived experience who represent the communities served by Ashtabula County Health Department-and other organizations listed below-reduces stigma and empowers communities.*

Challenges: N/A

Following COVID-19 we are back on track with CHIP planning!

Goals for Q2 2023:

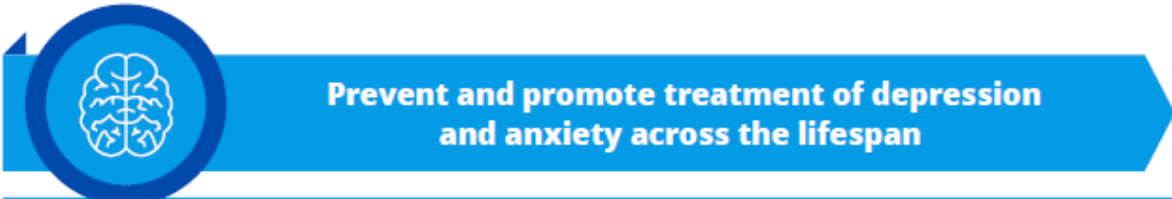
Each team is accountable to their timelines and workplans and this CHIP cycle will be on track to meeting their objectives.

2023 Implementation Work session Participants:

Ashtabula County Health Department
Ashtabula County Board of Health
Ashtabula City Health Department
Conneaut City Health Department
Ashtabula County Commissioners
Ashtabula County Educational Service Center
Ashtabula County Medical Center
Ashtabula County Mental Health & Recovery Services Board
Brightview Health
Community Action Agency
Community Counseling Center
Lake Area Recovery Center
Northwest Ambulance District
Signature Health
Signature Health/Family Planning
University Hospitals

Work Plans & Q1 2023 Updates

Depression & Anxiety Treatment & Prevention



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	MHRSB, Lake Area Recovery Center, Signature Health, Ashtabula County Juvenile Court, ACCAA,
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	Ashtabula County Educational Service Center, Community Counseling Center, Lake Erie Correctional, HDAC, and University Hospitals
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. (C)	12/31/24	MHRSB, 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. (C)	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). (C)	12/31/25	
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	MHRSB, Lake Area Recovery Center, Signature Health, ACCAA, Ashtabula County Educational Service Center, Community Counseling Center, HDAC, and University Hospitals
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. (C)	8/31/23	
Provide monthly newsletters to Healthy Ashtabula County Partners that includes local resources, events and other helpful information.	2/31/25	

Depression & Anxiety Prevention & Treatment Implementation Plan

Obesity





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 Gardener 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. CHC	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
Address school programs to increase physical activity (e.g., in the classroom, recess, or study hall periods) among middle and high schools. HI-5	8/31/23	Empowerment Center and Right Track (after school programs)
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



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 appointments, 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) (B)	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 care continued...






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	

[Access to Care Implementation Plan](#)

Q1 CHIP Progress Survey

Priority Team Leader Responses

1. List any agencies, groups, or organizations that have been involved in creating and implementing the strategies used to address this priority.

Access to Care:

Conneaut City Health Department, Ashtabula County Health Department, Ashtabula City Health Department, University Hospitals, County Commissioners, APMC, Ashtabula City Council, Ashtabula Community Action, Northwest Ambulance, Ashtabula County Educational service center, Signature Health

Obesity:

ACHD, APMC, ESC, Buckeye LS, Grand Valley LS, YMCA, OSU Extension

Anxiety & Depression:

We are utilizing the Substance Awareness Leadership Team, The Prevention Coalition and The Suicide Prevention Coalition subcommittees to move forward the work of the CHIP/Depression and Anxiety. We have formed the committees and hope to have meetings scheduled to occur during the month of April and ongoing as necessary. Coalitions and Committees are made up of treatment providers, healthcare, Social Service Organizations, the schools, nursing homes, health departments, Children's services, Kent State University-Ashtabula Branch, First Responders and faith-based organizations.

2. Please describe the activities planned to address the strategies you've listed.

Access to Care:

Collect data sets that will help inform barriers or future strategies to address barriers and to think of any other agency/people that would be an addition to the workgroup.

Obesity:

Review nutrition websites for food source data Contact OSU Extension Office for nutrition for input Contact OSU Ext Office for school program Gather data & tools from APMC Wellness Kitchen Incorporate Diabetes Promotion program resources Incorporate WIC resources for healthy eating and food choices Creation of advertising plan/message Use

gathered data to create a food and fitness campaign Assess food and fitness apps to weigh pros and cons for plan inclusion Assess current school offerings for physical fitness for students Work with Ashtabula ACS/Buckeye/Grand Valley to see if they are interested in a pilot program to introduce school fitness initiative Designing and maintaining the food and fitness program for public consumption Incorporate the health education portion Contact partners for support and sharing of the program Maintain the program on social media accounts Contact Metroparks for community fitness offerings Contact the school districts to see if they have community fitness offerings including indoor/outdoor facilities Contact the YMCA for any current free into promos or consideration to offer one. Contact the SPIRE for any current free into promos or consideration to offer one Contact Premier, Planet Fitness, Snap Gym, and The Fit for any current free into promos or consideration to offer one

Anxiety & Depression:

Our first committee, the Stigma Workgroup, will be reviewing the most recent Stigma Survey (completed in November 2021) and work to address causes and solutions of stigma around Mental Health and Substance Use Disorder within Healthcare, the Workplace and the General Community. The Stigma workgroup will identify strategies and messaging to decrease stigma in the above-mentioned locations by using evidence-based practice.

3. Please cite any evidence-based or best practices for this strategy, if known.

Access to Care:

None

Obesity:

Exercise/physical activity is a proven modality for treating the disease of overweight and obesity. However, management of this disease is best through dietary interventions and regular exercise. Exercise is an integral part of not only weight loss, but overall health as well.

<https://www.ncbi.nlm.nih.gov/books/NBK539893>

Anxiety & Depression:

Suggested Language (Words Matter Campaigns) to reduce stigma

4. Please list any resources needed to complete this activity. What are any issues or roadblocks that are preventing you from completing the activity?

Access to Care:

Nothing at this time, still in the very beginning stages.

Obesity:

Time, partnership participation

Anxiety & Depression:

We have been working to restructure our coalitions/committees. Now that has been accomplished, we should be able to move forward successfully in developing a plan for implementation.

5. Please describe progress and efforts made (describing services provided and activities undertaken) to date toward reaching the goals of the project. Please include which goals have been accomplished.

Access to Care:

Haven't had another meeting yet to discuss this more.

Obesity:

None have been accomplished up to the point of this report, all are in progress

Anxiety & Depression:

We have developed our subcommittees and will be meeting within the next month for the first time.

6. What types of service are you providing?

Access to Care:

None- doing research first

Obesity:

Fitness and healthy food options utilized throughout home life and schools

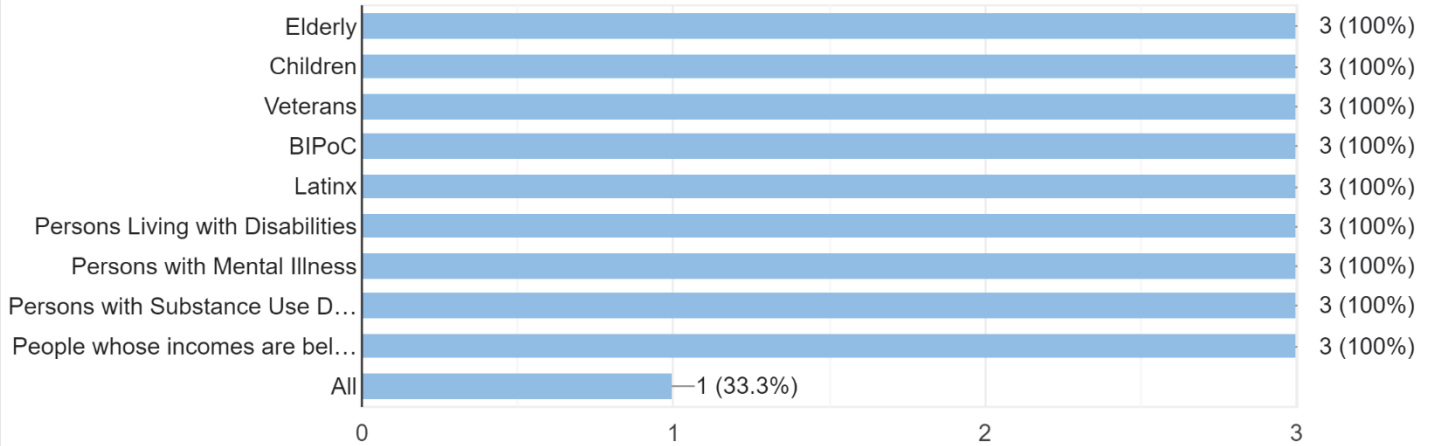
Anxiety & Depression:

Education/campaign materials

7.

Who are the people you serve? (Choose all that apply)

3 responses





Ashtabula County Health Department

12 W. Jefferson St.
Jefferson OH 44047
440-576-6010
Jay Becker, Commissioner

Ashtabula City Health Department

4717 Main Ave.
Ashtabula OH 44004
440-992-7122
Chris Hill, Commissioner

Conneaut City Health Department

327 Mill St.
Conneaut, OH 44030
440-593-3087
Nichele Blood, Commissioner

For more information on the Ashtabula County Community Health Improvement Plan, contact Jennifer Cleveland, Director of Quality & Performance at jcleveland@ashtabulacountyhealth.com