Community Health Improvement Plan
Annual Report
2022-2025 Cycle

Contents

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Executive Summary

The **Health Departments of Ashtabula County (HDAC)** Community Health Improvement Plan (CHIP) is a 3-year (2023-2025) **multi-sector, collaborative plan** designed to address three community-identified health priorities: 1) Obesity Prevention, 2) Anxiety & Depression Prevention & Treatment Over the Lifespan, and 3) Access to Care, and a health equity strategy, 1) Strengthening & Sustaining the collaborative that is Healthy Ashtabula County. HDAC collaborate with 32 agencies or individuals, each with expertise in one of the priority areas, to plan and implement the CHIP strategies through the convening and coordination of CHIP Action Teams and Subcommittees.

To evaluate progress and assess 2023 activities, **Ashtabula County Health Department** and priority teams performed a **quarterly review process** comprised of two main components: 1) An assessment and revision process for each of the CHIP strategies, and 2) a survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation. In addition to providing background on the structure, leadership, and community processes used for the development of the CHIP, this report contains the following components:

- Description of the **strategy assessment and subcommittee survey tools** used to support the annual review process

- A **summary of the CHIP priority areas**, including long-term goals and an updated list of partners

- Key **findings and recommendations** from the subcommittee survey to inform
    CHIP year 2 strategy implementation

- **Lessons learned** from the HDAC and the CHIP Lead Agencies

2021-2022: The Community Health Needs Assessment

Illuminology performed the Community Health Assessment and data collected from the CHA was compiled in a report and shared with the community through listening sessions where participants identified three issues that most impacted their overall health and quality of life in Ashtabula County. The Steering Committee used a formula that weighted community feedback from the survey and listening sessions, and secondary data on the community's health status and behaviors to rank community-identified priorities.

2024 Ashtabula County CHIP Year 2 Annual Report

From this prioritization process, the community arrived at the following priority areas for health improvement:
- Obesity Prevention
- Anxiety & Depression Prevention & Treatment
- Access to Care
- An additional lens to address the three health priorities - **Healthy Equity**: Strengthening & Sustaining the Healthy Ashtabula County collaborative.

Throughout the prioritization processes, **Social Determinants of Health** and **Health Equity** were continually identified by the community as impacting health and overall quality of life. The Steering Committee determined that these areas would be the "lenses" through which the priority areas were addressed, and in which the strategies were chosen.

2022-2023: Community Health Improvement Plan Development

In the fall of 2022, community partners, with support from Emily Franz, CHIP consultant, used the findings from the CHA to develop the 2023-2025 Ashtabula County Community Health Improvement Plan. Existing community partners and stakeholders formed broad, diverse planning groups to guide and inform the work of the plan. Community and environmental factors contributing to each of the four priority areas were identified, and long-term goals were developed. Partners then worked to identify possible community strategies to impact the long-term goals.

When the 2023-2025 CHIP was completed in December of 2022, the planning committees transitioned into Priority Teams. Priority Leads of the teams became the Lead Agencies. The Lead Agencies have agreed to take on the responsibility of convening the teams, assigning work as necessary, holding participants accountable for strategy level work, and reporting information to Ashtabula County Health Department and the CHIP Steering Committee. A graphic illustrating the structure of the CHIP is included in the next page.

Ashtabula County Health Department's Administrator/Director of Quality coordinates CHIP planning and oversees the implementation and functioning of Healthy Ashtabula County.

Health Department Role in the CHIP

A detailed summary of the CHIP leadership and structure, including specifics on the overall approach guiding the plan is included in Appendix B: CHIP Leadership and Structure, pages 21-22.

CHIP Structure

Provides guidance and strategic oversight for the direction and implementation of the CHIP

Steering Committee

Overarching Leadership

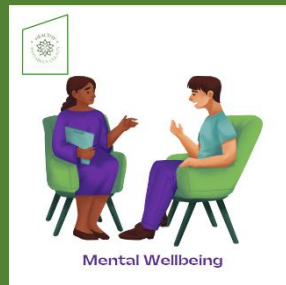## Health Department

Backbone Support

Provides technical assistance, conducts evaluations, and ensures overall sustainability of the CHIP

Action Teams & Lead Agencies

Action teams address the three CHIP Priority areas. Lead agencies are city health departments or local agencies that coordinate each of the action teams. The agencies were selected based on subject-matter expertise and capacity to lead the work

Obesity Prevention

Mental Wellbeing

Access to Care

| Conneaut City Health Department | Ashtabula County Mental Health & Recovery Services Board | Conneaut City/Ashtabula City Health Departments |

Lens: Social Determinants of Health

STRENGTHEN & SUSTAIN

HEALTHY ASHTABULA COUNTY

Lens: Health Equity

Ashtabula County Health Department

Feasibility and Effectiveness of Strategies

Process for Monitoring and Revision

Priority leads convened groups monthly and communicated with their groups regularly via email. ACHD Administrator/Director of Quality sent quarterly surveys to each priority lead to obtain progress reporting. Progress reports detailed the previous three months and implementation of activities. There was frequent communication between group members when opportunities arose in the community that members could participate in and that might further help us meet our objectives.

Responses with supporting materials were compiled, and the Administrator/Director of Quality created a quarterly report that was sent to the group, and also made available to the public on the ACHD website, and later, on the Healthy Ashtabula County website.

Feasibility and Effectiveness of Strategies
Despite the loss of some programming due to the pandemic, as a result of the formal review process, the following strategy revisions were implemented: establishment of Warrior Nourish (initial site of school-based nutrition campaign); health forums, Social Media Campaigns via Instagram, Facebook, and a new website to organize health-related events, healthy recipes, as well as Healthy Ashtabula County-related updates. Harvest in the Harbor, farmer's markets, and physical activity and nutritional partnerships with schools filled the gaps, including one left by the discontinuing of Longest Day of Play (Obesity Priority Group). ACHD installed a Project DAWN needle drop off box, clean syringe exchange program, and began recurring Harm Reduction meet-ups at libraries throughout the county. The Stigma Reduction workgroup devised ways to promote Words Matter and get evidence-based initiatives out to the community, held the P.A.R.T. conference and increased the number of non-mental health professionals who were trained in Mental Health First Aid (Mental Health Priority Group).

One of the most complex set of strategies falls under the Access to Care priority. Members of the Access to Care Team met monthly to discuss telehealth services and outreach to the southern portions of the county. Broadband expansion, spearheaded by the Ashtabula County Commissioners, is bringing connectivity to rural Ashtabula County.

The Access to Care Team will continue its long-range planning and evaluating options. We saw a proliferation of Community Health Workers in various sites throughout Ashtabula County to increase health equity.

In Year Two of the 2023-2025 Cycle, the Obesity Prevention Priority Team addressed all eight of their strategic objectives and were able to add additional activities to their list. One successful activity that was initiated in 2024 was the creation of a weekly Pilates class. One member of the Obesity Prevention Priority Team became a certified Pilates instructor, and offers the class for free at the Ashtabula County Health Department.

The Mental Wellbeing Priority Team met six of their 11 strategic objectives and expanded on two. They are making sustained progress on all of their objectives and report on their progress regularly through their newsletter to over 600 recipients.

Progress on Priority Health Issues from Community Health Improvement Plan

✓ Addressed ∞ In Process ⟳ Expanded ✖ Determined to be unfeasible

Priority 1
Obesity Prevention

- ✓ 1.1: 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.
  Timeline: 3/31/23

- ✓ 1.2: 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).
  12/21/23

- ✓ 2.1: Develop a community wide physical activity campaign containing health promotion messages on health risks for youth.
  6/1/23

- ✓ 2.2: Address school programs to increase physical activity (e.g., in the classroom, recess, or study hall periods) among middle and high schools.
  8/31/23

- ⟳ 3.1: 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

- ✓ 3.2: Engage local fitness centers and schools to honor a 30- or 60-day free exercise subscription to the entire community.
  2/28/23

- ✓ 3.3: Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol) for adults.
  3/31/23

Priority 2
Mental Wellbeing

✓ 1.1: 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.
Timeline: 1/31/23

✓ 1.2: 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

✓ 1.3: 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

✓ 1.4: 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. *
6/30/23-12/31/25

∞ 2.1: Develop strategies to embed linkages to behavioral health care treatment and retention from hospitals to treatment providers.
12/31/24

∞ 2.2: Work with hospitals and treatment providers to embed linkages (implement the strategies developed).
12/31/25

✓ 3.1: 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).
12/31/25

∞ 3.2: Develop a tip sheet for providers (targeting primary care) to use to help them ask about and screen for mental health among clients (e.g., PHQ-9 or ACEs questionnaires, SBIRT).
3/31/23

∞ 3.3: Circulate the tip sheet developed among providers (e.g., embedding within EHRs/EMRs, websites, and/or social media).
6/30/23

✓ 3.4: Utilize county-wide partnerships to enhance the distribution of Mental Health and SUB Treatment Resource Manuals.

8/31/23

✓ 3.5
Provide monthly newsletters to Healthy Ashtabula County Partners that includes local resources, events and other helpful information.
2/31/25

Priority 3
Access to Care

✓ 1.1: Convene partners to assess access to care (including, at a minimum, primary care and behavioral health providers).
1/31/23

✓ 1.2: 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.
3/31/23

✓ 1.3: 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).
4/28/23

✓ 1.4: 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.
6/30/23

∞ 2.1: 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.
8/31/23

∞ 2.2: 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.
10/31/23

✓ 2.3: Identify insurance enrollment/navigators/case managers available in Ashtabula County who are available to provide insurance enrollment assistance and eligibility criteria.
11/30/23

✖ 2.4: Work with insurance companies to create transparency in out of pocket, copay, and other medical expenditures to prevent individuals from not seeking care due to costs.
1/31/24

∞ 2.5: Develop a program to integrate mobile insurance registration within EMS, targeting the Southern portion of the County.
1/31/24

∞ 3.1: Identify for comparison, nurse advocate programs successfully implemented in other communities which assist with insurance enrollment, navigation, and cost transparency.
12/31/23

∞ 3.2: 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

∞ 3.3: 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

∞ 4.1 Assess telehealth options available based on insurance coverage/provider to determine if there are gaps in service eligibility or coverage.
10/31/23

✖ 4.2: Meet with insurance providers to explore options to expand telehealth service coverage.
11/30/23

✓ 4.3: 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

✓ 4.4: 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

✓ 4.5: Circulate the tri-fold and informational materials on how to access tele-health services, service providers, and community health centers (such as, the resource center in Conneaut) through 2-1-1, by providing information to those gaining access to broadband.
12/31/25

∞ 4.6: 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

✓ 4.7: 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

Priority 4
Strengthening & Sustaining Healthy Ashtabula County

✓ 1.1: 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

✓ 1.2: 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

∞ 1.3: Identify strategies to advance equity and methods to sustain the coalition.
6/30/23

∞ 1.4: 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:
  • 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.
  • 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.
  • 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).
  8/31/23

✓ 2.1: Develop a concise roadshow presentation or video synopsis of CHNA data and CHIP strategies.
12/31/23

∞ 2.2: Identify whether relationships could be built with other sectors (e.g., schools to support data collection or implementation of CHIP strategies or business community) to support or offset current infrastructure related needs of the group.
6/30/24

✓ 2.3: 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

- ∞ 2.4: Explore opportunities to submit a joint funding proposal 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

- ✓ 2.5: 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

Stakeholders as well as Subject Matter Experts will convene in mid-January to study the feasibility of making Healthy Ashtabula County a non-profit. The need stems in large part from the success of the priority teams. Initiatives developed by priority teams will require funding to keep our impact sustainable in the long term and provide the framework necessary for financial and administrative oversight.

In early January 2024, the Healthy Ashtabula County website was unveiled. Produced by a volunteer stakeholder, it showcases the work and resources from each priority area.

CHIP Sponsors

Thank you to our community partners and sponsors for without their continued support and contributions the CHIP would not be possible:

1. Ashtabula County Health Department
2. Ashtabula County Board of Health
3. Ashtabula City Health Department
4. Conneaut City Health Department
5. Ashtabula County Commissioners
6. Ashtabula County Community Action Agency
7. Ashtabula County Department of Job & Family Services
8. Ashtabula County Educational Services Center
9. Ashtabula County EMA
10. Ashtabula County Medical Center
11. Ashtabula County Mental Health & Recovery Services
12. Ashtabula County Metroparks
13. Ashtabula Regional Home Health Services
14. Ashtabula County YMCA
15. Bryce Heinbaugh, IEN Risk Management Consultants
16. Buckeye Local Schools
17. Catholic Charities of Ashtabula County
18. Community Counseling Center
19. Country Neighbor Program
20. Glenbeigh Hospital
21. Jodi Mills, Ashtabula City Council Ward 4
22. Kent State University-Ashtabula
23. Kimberly Zeender Christy - Kimberly Christy LLC
24. Lake Area Recovery Center
25. Northwest Ambulance District
26. OSU Extension
27. Signature Health
28. Signature Health - Family Planning Association
29. The Center for Health Affairs
30. University Hospitals Conneaut Medical Center
31. University Hospitals Geneva Medical Center
32. Ashtabula County Y

Appendix B: Summary of CHIP

Leadership & Structure

The CHIP utilizes S.M.A.R.T. criteria (Specific-Measurable-Achievable-Relevant & Timed) as a best practice approach to inform the implementation of the plan. This approach recognizes the following components as crucial to addressing complex, and multi-faceted community priorities: 1) Participants and organizations committed to a shared agenda, 2) Established goals to evaluate progress, 3) Continuous communications and coordinated activities among key partners to ensure success, and Backbone support to provide technical assistance that is 4) directional, and that 5) adheres to an established timeframe. The sections below provide a breakdown of how the CHIP operationalizes the S.M.A.R.T. Approach to our specific community context in the planning, implementation, and oversight of its strategies.

CHIP Steering Committee

A group of individuals representing organizations that have been involved throughout the entirety of the CHA and CHIP process. Individuals on the committee are high-level decision makers within key stakeholder organizations in Ashtabula County. The committee is tasked with generating resources, anticipating barriers to implementation, building relationships, and ensuring collaboration across Action Teams, and providing guidance for managing political relationships, among other things.

Health Department Administration

Ashtabula County Health Department provides administrative backbone support for the implementation, evaluation, funding, and revision of the CHIP. ACHD staff provide support and participate in CHIP activities, but staff specifically tasked with CHIP implementation include the Health Commissioner and the Administrator/Director of Quality.

ACHD provides technical assistance to the Lead Agencies, Action Teams, and Subcommittees including: 1) Support strategy development, action planning, and implementation, 2) Seek resources and apply for funding, 3) Provides updates and data to Healthy Northeast Ohio for publication, and 5) Build relationships and connect individuals and organizations to advance the work of the CHIP.

Lead Agencies

Three community organizations (i.e. "Lead Agencies") have taken ownership of the four CHIP priority areas. These are Conneaut City Health Department(Obesity Prevention & Access to Care); Ashtabula County Mental Health & Recovery Services Board (Mental Wellbeing), and Ashtabula County Health Department (Strengthening & Sustaining Healthy Ashtabula County). These organizations have a proven track record of working collaboratively on their respective issues within the community, and participated throughout the CHA and CHIP process and have committed themselves to the three-year implementation cycle of the CHIP.

Action Teams

The three priority areas of the CHIP are being implemented through the work of community partners that comprise the four action teams. These teams are each led by the Lead Agencies and are tasked with implementing the strategies that were identified throughout the creation of the CHIP. Action teams meet monthly and pull together many community stakeholders. Action teams delegate subcommittees to focus on one or two strategies within the plan.
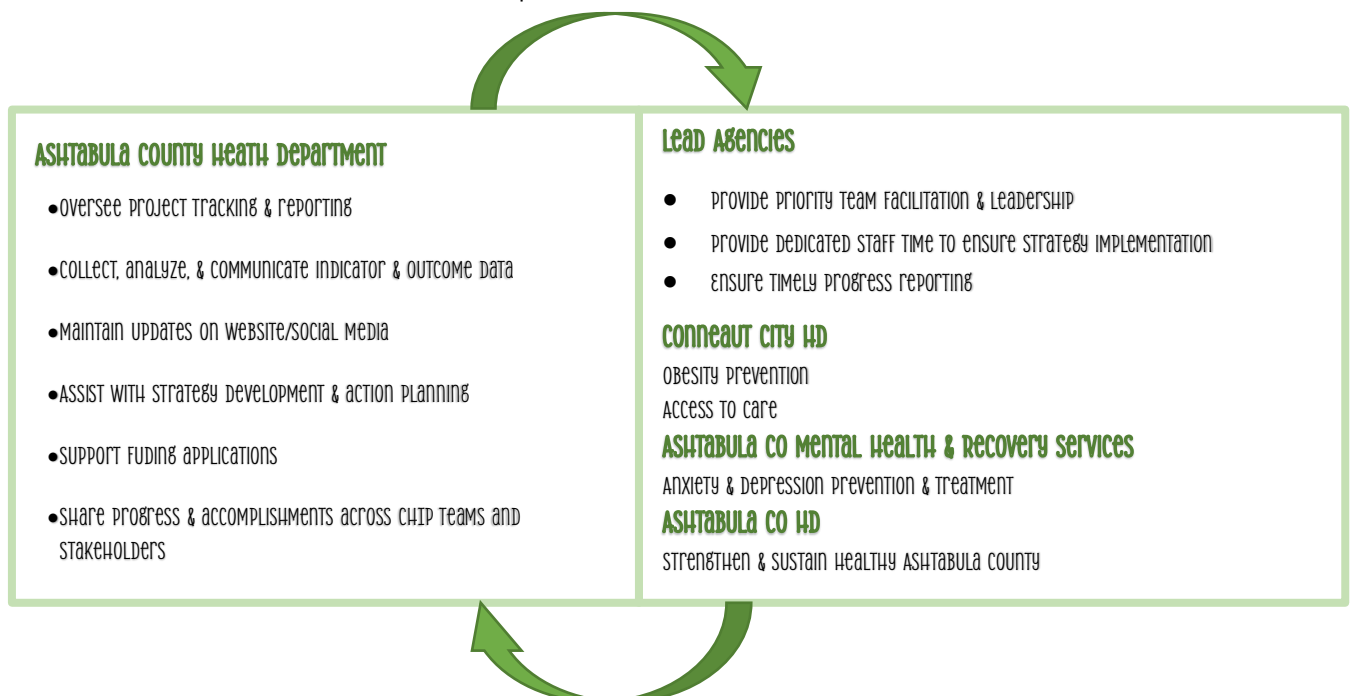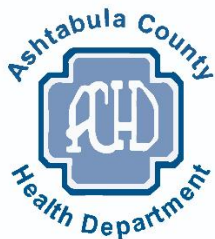
Subcommittees
Subcommittees are tasked with the implementation of one or two specific strategies within the plan and are usually comprised of action team members. Subcommittees are convened by either the Lead Agency, or by key community partners that have a stake in the project and have committed to seeing the project through.

Reporting
To both ensure accountability and measure progress, routine reporting mechanisms have been put into place:

- Quarterly Reports: At the end of each quarter Lead Agencies work with each subcommittee to complete a progress report tool. Using the quarterly reporting tool provided by ACHD, the Lead Agencies provide progress notes, key partnerships, goals for next quarter, and barriers to implementation. They then assign each strategy a "status" (on track, low risk, high risk, off track, or inactive). These categorizations provide a snapshot of how well the strategies are moving and which areas need additional attention or support.

- Annual Report: At the end of each CHIP year, ACHD works with Lead Agencies to compile highlights, progress, and survey findings into an annual report. This report is shared with all CHIP members, the Ashtabula County Commissioners, Ashtabula County Board of Health, and posted to the ACHD and Healthy Ashtabula County websites.

- Board of Health: The Administrator/Director of Quality provides quarterly updates on the status and progress of the CHIP to the Ashtabula County Board of Health.

- Public: The Administrator/Director of Quality is responsible for adding quarterly CHIP Reports to the ACHD website in addition to the CHIP & CHA Plans, the Access to Care Plan, and the CHIP Annual Report.

ASHTABULA COUNTY HEALTH DEPARTMENT

- Oversee project tracking & reporting
- Collect, analyze, & communicate indicator & outcome data
- Maintain updates on website/social media
- Assist with strategy development & action planning
- Support fuding applications
- Share progress & accomplishments across CHIP teams and stakeholders

Lead Agencies

- Provide priority team facilitation & leadership
- Provide dedicated staff time to ensure strategy implementation
- Ensure timely progress reporting

CONNEAUT CITY HD
Obesity prevention
Access to care

ASHTABULA CO Mental Health & Recovery Services
Anxiety & depression prevention & treatment

ASHTABULA CO HD
Strengthen & sustain healthy Ashtabula County

Ashtabula County Health Department

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

Conneaut City
Health Department

Public Health
Prevent. Promote. Protect.

Ashtabula
COUNTY, OHIO
Where great things happen.

community action
Helping People. Changing Lives.

Ashtabula
Job & Family
SERVICES

HAPPY HEARTS
EDUCATIONAL SERVICE CENTER
BUILDING BRIDGES

Ashtabula County
EMA
PUBLIC SAFETY, PUBLIC TRUST
CALL 9·1·1 EMERGENCY

MHRS ASHTABULA COUNTY
Mental Health & Recovery Services Board

Ashtabula County
Medical Center
ACMC Healthcare System

An affiliate of
Cleveland Clinic

Ashtabula County
Metroparks

Catholic Charities
of Ashtabula County
Providing Help. Creating Hope.

Signature HEALTH
S·H
When you need help now*

KENT STATE
UNIVERSITY
ASHTABULA

Country Neighbor Program

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

The Center
for Health Affairs

UH University Hospitals
The Science of Health. The Art of Compassion.

Comprised of public and private partnerships, Healthy Ashtabula County is the implementation arm of the 2023-2025 Community Health Improvement Plan - a long-term, systematic effort to address public health priorities.

healthyashtabulacounty.com