

• 2019  2021

Ashtabula County
**Community Health
Improvement Plan**

Released September 20, 2019

Q

Q

Q

Foreword

In the fall of 2018, the Ashtabula County Health Department in conjunction with its community partners initiated a Community Health Needs Assessment to cover a time period of between 2019 to 2021. The objective of a Community Health Needs Assessment is to identify and prioritize health needs within a given community.

The said Community Health Needs Assessment was completed in May of 2019 along with a draft report on this subject. The Community Health Needs Assessment report was then used as a tool in developing a Community Health Improvement Plan for Ashtabula County.

The primary objective of a Community Health Improvement Plan is to develop strategies and programs to address priority health problems identified in the Community Health Needs Assessment. In the case of Ashtabula County, mental health and addiction, chronic diseases (e.g. heart disease, cancer, diabetes etc.) along with clinical risk factors such as obesity and smoking were deemed by the Ashtabula County Health Needs Assessment Committee to be priority health problems.

The priority health problems identified in the 2019 Ashtabula County Community Health Needs Assessment were then incorporated as priority health problems in the 2019 Ashtabula County Community Health Improvement Plan. The said priority health problems identified in the 2019 Community Health Needs Assessment were also previously identified as priority health problems in the 2016 Ashtabula County Health Needs Assessment; and these were also incorporated as priority health problems in the 2016 Ashtabula County Community Health Improvement Plan.

Due to the fact that the priority health problems identified in the 2016 Ashtabula County Community Health Assessment and Community Health Improvement Plan are the same as those found in the 2019 Community Health Assessment and Community Health Improvement Plan, the Ashtabula County Health Needs Assessment Committee was able to build upon strategies and programs found in the previous Community Health Improvement Plan in addressing priority health problems in the new Community Health Improvement Plan.

The new Ashtabula County Community Health Improvement Plan will cover a time period of 2019 to 2021. Moreover, the new Ashtabula County Community Health Improvement Plan will also align with two priority health problems found in the State Health Improvement Plan. These two priority health problems are mental health and addiction, as well as chronic disease prevention which can be found in the 2017-2019 State Health Improvement Plan.

The Ohio Department of Health is tracking progress being made by Ohio Communities in improving the health of Ohioans in the State Health Improvement Plan.

To that end, the 2019-2021 Ashtabula County Community Health Improvement Plan will also be periodically evaluated by the Ashtabula County Health Needs Assessment Committee. Progress as well as impediments to program success will be recorded and changes and modifications to the Community Health Improvement Plan will be made as needed.

In sum, it is hoped that the Ashtabula County Community Health Improvement Plan will assist Ashtabula County residents in improving their personal health, as well as the health of the community in which they live in.

Sincerely,

Raymond J. Saporito, M.P.H., R.S.
Health Commissioner
Ashtabula County Health Department

Christine Hill, R.N.
Health Commissioner
Ashtabula City Health Department

Nichele Johnson, R.S.
Health Commissioner
Conneaut City Health Department

Table of Contents

Executive Summary	5
Introduction	5
Public Health Accreditation Board (PHAB) Requirements	5
Mobilizing for Action through Planning and Partnerships (MAPP)	5
Alignment with National and State Standards	7
Vision and Mission.....	10
Community Health Status Assessment.....	12
Key Issues.....	14
Priorities Chosen	16
Community Themes and Strengths Assessment (CTSA).....	17
Forces of Change Assessment.....	21
Local Public Health System Assessment	22
Priority #1: Mental Health and Addiction	25
Priority #2: Chronic Disease	32
Cross-Cutting Strategies (Strategies that Address Multiple Priorities).....	38
Progress and Measuring Outcomes.....	46
Appendix I: Gaps and Strategies	47
Appendix II: Links to Websites	50

Note: Throughout the report, hyperlinks will be highlighted in **bold, gold text**. If using a hard copy of this report, please see Appendix II for links to websites.

Executive Summary

Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Ashtabula County Health Needs Assessment Committee has been conducting CHAs since 1999 to measure community health status. The most recent Ashtabula County CHA was cross-sectional in nature and included a written survey of adults within Ashtabula County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS). This has allowed Ashtabula County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

Ashtabula County Health Needs Assessment Committee contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The Ashtabula County Health Needs Assessment Committee then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of the Ashtabula County Health Needs Assessment Committee that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every 3 years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Inclusion of Vulnerable Populations (Health Disparities)

According to the 2013-2017 American Community Survey 5 year estimates, Ashtabula County is 93% caucasian (white). Approximately 20% of Ashtabula County residents were below the poverty line. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

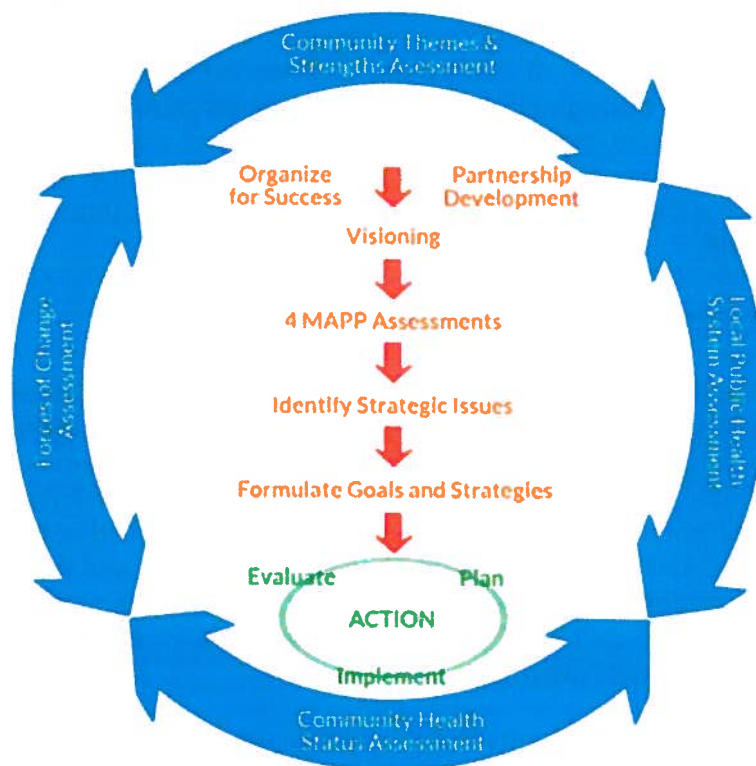
Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

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

The MAPP process includes four assessments: community themes and strengths, local public health system assessment, and the community health status assessment. These four assessments were used by the Ashtabula County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model



Alignment with National and State Standards

The 2019-2021 Ashtabula County CHIP priorities align with state and national priorities. Ashtabula County will be addressing the following priorities: mental health and addiction, and chronic disease.

Ohio State Health Improvement Plan (SHIP)

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

SHIP Overview

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- Self-reported health status (reduce the percent of Ohio adults who report fair or poor health)
- Premature death (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. Mental Health and Addiction (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. Chronic Disease (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. Maternal and Infant Health (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the Social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
- **Social determinants of health:** Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors:**
 - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
 - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
 - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access:** Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2019-2021 Ashtabula County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP. The following Ashtabula County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

Figure 1.2 2019-2021 Ashtabula CHIP Alignment with the 2017-2019 SHIP

2019-2021 Ashtabula CHIP Alignment with the 2017-2019 SHIP			
<i>Priority Topic</i>	<i>Priority Outcome</i>	<i>Cross-Cutting Strategy</i>	<i>Cross-Cutting Outcome</i>
Mental health and addiction	<ul style="list-style-type: none"> • Decrease depression • Decrease suicide deaths • Decrease unintentional drug overdose deaths 	<ul style="list-style-type: none"> • Public Health System, Prevention, and Health Behaviors • Social Determinants of Health 	<ul style="list-style-type: none"> • Decrease obesity • Decrease adult smoking
Chronic Disease	<ul style="list-style-type: none"> • Decrease diabetes • Decrease heart disease 		

U.S. Department of Health and Human Services National Prevention Strategies

The Ashtabula County CHIP also aligns with five of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse, healthy eating, active living, and mental and emotional well-being. For more information on the national prevention priorities, please go to surgeongeneral.gov.

Alignment with National and State Standards, continued

Figure 1.4 2017-2019 State Health Improvement Plan (SHIP) Overview

State health improvement plan (SHIP) overview



Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of The Ashtabula County Health Needs Assessment Committee:

The Ashtabula County Health Needs Assessment Advisory Committee envisions a community where all residents can reach their optimal mental and physical health.

The Mission of The Ashtabula County Health Needs Assessment Committee:

The mission of the Ashtabula County Health Needs Assessment Advisory Committee is to improve the health status of Ashtabula County residents through implementation of the Ashtabula County Health Improvement Plan.

Community Partners

The CHIP was planned by various agencies and service-providers within Ashtabula County. From June to September 2019, the Ashtabula County Health Needs Assessment Committee reviewed many data sources concerning the health and social challenges that Ashtabula County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

Ashtabula County Health Needs Assessment Committee Members:

Ashtabula County Health Department	Catholic Charities of Ashtabula County
Ashtabula City Health Department	Community Counseling Center of Ashtabula County
Conneaut City Health Department	Country Neighbor Program
Ashtabula County Children Services	Edgewood Nazarene Church
Ashtabula County Commissioners	Kent State Ashtabula
Ashtabula County Community Action Agency	Lake Area Recovery Center
Ashtabula County Family & Children's First Council	Ohio State University Extension-Ashtabula County
Ashtabula County Job & Family Services	Signature Health/Family Planning Association of Northeast Ohio
Ashtabula County Medical Center	The Center for Health Affairs
Ashtabula County Mental Health Recovery Board	University Hospitals Conneaut Medical Center
Ashtabula County Regional Home Health Services	University Hospitals Geneva Medical Center
Ashtabula County YMCA	

The community health improvement process was facilitated by Tessa Elliott, Community Health Improvement Coordinator, from HCNO.

Community Health Improvement Process

Beginning in June 2019, the Ashtabula County Health Needs Assessment Committee met four (4) times and completed the following planning steps:

1. Initial Meeting
 - Review the process and timeline
 - Finalize committee members
 - Create or review vision
2. Choose Priorities
 - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
 - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
 - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
 - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
 - Review the Local Public Health System Assessment with committee
7. Gap Analysis
 - Determine discrepancies between community needs and viable community resources to address local priorities
 - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
 - Review results of the Quality of Life Survey with committee
9. Strategic Action Identification
 - Identification of evidence-based strategies to address health priorities
10. Best Practices
 - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
 - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
 - Review of all steps taken
 - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 120-page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at <http://www.hcno.org/community/reports.html>. Below is a summary of county primary data and the respective state and national benchmarks.

Trend Summary

Variables	Ashtabula City 2019	Conneaut City 2019	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Health Care Coverage, Access and Utilization							
Uninsured	13%	6%	17%	8%	10%	8%	11%
Had at least one person they thought of as their personal doctor or health care provider	72%	87%	74%	83%	83%	81%	77%
Visited a doctor for a routine checkup in the past year	60%	73%	48%	64%	69%	72%	70%
Preventive Medicine							
Had a pneumonia vaccination (age 65 and over)	N/A	N/A	62%	69%	69%	76%	75%
Had a flu vaccine in the past year (age 65 and over)	N/A	N/A	N/A	70%	67%	63%	61%
Had a shingles or Zoster vaccination in lifetime	N/A	N/A	N/A	15%	25%	29%	29%
Women's and Men's Health							
Had a mammogram within the past two years (age 40 and older)	N/A	N/A	69%	70%	73%	74%*	73%*
Had a Pap smear within the past three years (age 21-65)	N/A	N/A	N/A	63% [±]	66%	82%*	80%*
Had a digital rectal exam within the past year	N/A	11%	24%	16%	14%	N/A	N/A
Oral Health							
Adults who had visited the dentist in the past year	53%	65%	61%	60%	58%	68%*	66%*
Adults who had one or more permanent teeth removed	56%	73%	N/A	56%	58%	45%*	43%*
Adults 65 years and older who had all their permanent teeth removed	N/A	N/A	N/A	17%	12%	17%*	14%*
Health Status Perceptions							
Rated health as excellent or very good	36%	37%	48%	43%	42%	49%	51%
Rated health as fair or poor	N/A	17%	19%	22%	14%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	N/A	N/A	25%	31%	24%	23%	22%
Average days that physical health not good in past month	N/A	N/A	N/A	5.8	3.8	4.0 [†]	3.7 [†]
Rated mental health as not good on four or more days (in the past 30 days)	N/A	N/A	29%	40%	36%	26%	24%
Average days that mental health not good in past month	N/A	N/A	N/A	7.0	6.1	4.3 [†]	3.8 [†]
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	N/A	25%	30%	39%	24%	23%

N/A - Not Available

*2016 BRFSS, †2016 BRFSS data as compiled by 2019 County Health Rankings, †Pap smear was reported for women ages 19 and over

Variables	Ashtabula City 2019	Conneaut City 2019	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Weight Status							
Obese	50%	25%	32%	43%	42%	34%	31%
Overweight	16%	64%	36%	30%	33%	34%	35%
Tobacco Use							
Current smoker (currently smoke some or all days)	29%	9%	22%	21%	21%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	42%	30%	30%	28%	24%	25%
Alcohol Consumption							
Current Drinker (drank alcohol at least once in the past month)	25%	12%	51%	49%	74%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	31%	24%	21%	24%	23%	19%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	N/A	N/A	6%	4%*	4%*
Drug Use							
Adults who used recreational marijuana or hashish in the past 6 months	N/A	N/A	7%	8%	7%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	N/A	N/A	8%	4%	3%	N/A	N/A
Adults who used recreational drugs in the past 6 months	N/A	N/A	1%	1%	3%	N/A	N/A
Sexual Behavior							
Had more than one sexual partner in the past year	N/A	N/A	5%	9%	6%	N/A	N/A
Mental Health							
Considered attempting suicide in the past year	15%	12%	8%	7%	6%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	26%	9%	15%	15%	15%	N/A	N/A
Cardiovascular Health							
Had angina or coronary heart disease	3%	6%	N/A	5%	3%	5%	4%
Had a heart attack	8%	3%	7%	5%	5%	6%	4%
Had a stroke	5%	0%	6%	4%	3%	4%	3%
Had high blood pressure	43%	59%	31%	37%	42%	35%	32%
Had high blood cholesterol	35%	41%	34%	37%	40%	33%	33%
Had blood cholesterol checked within past 5 years	77%	88%	N/A	78%	80%	85%	86%
Asthma, Arthritis and Diabetes							
Ever been told they have asthma	23%	9%	10%	19%	18%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	9%	9%	N/A	11%	8%	8%	7%
Ever diagnosed with arthritis	37%	29%	35%	44%	36%	29%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	18%	10%	13%	13%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	N/A	N/A	6%	6%	2%	2%
Quality of Life							
Limited in some way because of physical, mental, or emotional problems	56%	53%	31%	36%	54%	N/A	N/A

N/A - Not available

*2016 BRFSS Data

Key Issues

The Ashtabula County Health Needs Assessment Committee reviewed the 2019 Ashtabula County Health Assessment. The detailed primary data for each identified key issue can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2019 assessment report?

Examples of how to interpret the information include: 15% of Ashtabula County adults felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities) in the past 12 months, increasing to 20% of females.

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, City and/or Grade Level Most at Risk	Gender Most at Risk
Mental Health			
Felt sad or hopeless almost every day for 2 or more weeks in a row	15%	Age: Under 30 (30%) City: Ashtabula City (26%)	Females (20%)
Adults who rated their mental health as not good on four or more days (in the past 30 days)	36%	Age: Under 30 (80%) Income: <\$25K (56%)	Females (68%)
Considered attempting suicide in the past year	6%	City: Ashtabula City (15%), Conneaut City (12%)	N/A
Adults who experienced 4+ adverse childhood experiences in their lifetime (ACEs)	23%	Income: <\$25K (30%)	Females (34%)
Substance Use			
Current drinker (drank alcohol at least once in the past month)	74%	N/A	N/A
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	23%	Ashtabula City (31%), Geneva City (39%)	N/A
Current smoker (currently smoke some or all days)	21%	Age: Under 30 (27%) Income: <\$25k (40%)	N/A
Adults who used recreational marijuana or hashish in the past 6 months	7%	Age: Under 30 (18%)	Males (10%)
Adults who used recreational drugs in the past 6 months	3%	N/A	N/A
Adults who misused prescription medications in the past 6 months	3%	Age: Under 30 (9%)	Females (4%)
Obesity			
Overweight	30%	Age: 30-64 years (38%) City: Conneaut City (64%), Geneva City (42%)	N/A
Obese	42%	Age: 30-64 years (45%) City: Ashtabula City (50%)	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, City and/or Grade Level Most at Risk	Gender Most at Risk
Preventive Health			
Had a mammogram within the past year (age 40 and older)	58%	N/A	N/A
Had a pap test within the past three years (age 21-65)	66%	N/A	N/A
Had a pneumonia vaccination (age 65 and over)	69%	N/A	N/A
Had a flu vaccine in the past year	45%	Age: Under 30 (20%)	N/A
Had a shingles or Zoster vaccination in lifetime	25%	N/A	N/A
Lyme disease threatened their health in the past year	1%	N/A	N/A
Health Disease			
Had high blood pressure	42%	Age: 65+ (61%) Income: <\$25k (54%) City: Conneaut City (59%)	Males (46%)
Had high blood cholesterol	40%	Age: 65+ (63%) Income: \$25k plus (43%) City: Geneva City (48%)	N/A
Quality of Life			
Limited in some way because of physical, mental, or emotional problems	54%	Age: 65 & over (65%) Income: <\$25k (68%)	N/A
Oral Health			
Adults who visited the dentist in the past year	58%	Age: Under 30 (40%)	N/A
Diabetes			
Adults ever told by a doctor they have diabetes (not pregnancy-related)	13%	Age: 65+ (27%) Income: <\$25K (18%) City: Conneaut City (18%)	N/A
STDs and STIs			
Tested positive for Hepatitis C	1%	N/A	N/A
Had been tested for HIV	29%	N/A	N/A
Had sex without a condom in the past year	33%	N/A	N/A
Had sex with more than one person in the past year	6%	Age: Under 30 (20%) Income: <\$25k (12%)	Females (9%)
Cancer			
Diagnosed with cancer at some point in their life	15%	Age: 65+ (31%)	N/A
Arthritis			
Adults who had been told they have arthritis	36%	Age: 65+ (64%) Income: <\$25k (38%)	N/A
Asthma			
Ever been told they have asthma	18%	Age: Under 30 (50%) City: Ashtabula City (23%)	Females (24%)

Priorities Chosen

Based on the 2019 Ashtabula County Health Assessment, key issues were identified for adults. Overall, there were 12 key issues identified by the committee. Each organization was given 5 votes. The committee then voted and came to a consensus on the priority areas Ashtabula County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues	Votes
1. Mental Health	11
2. Substance Use	11
3. Obesity	9
4. Preventative Health	7
5. Heart Disease	6
6. Quality of Life	5
7. Oral Health	4
8. Diabetes	1
9. STD's and STI's	1
10. Cancer	0
11. Arthritis	0
12. Asthma	0

Ashtabula County will focus on the following two priority areas over the next three years:

1. Chronic disease *(includes heart disease and obesity)* 🗳️
2. Mental health and addiction *(includes depression, suicide, drug dependency and overdose and drug overdose deaths)* 🗳️

Ashtabula County will focus on the following cross-cutting factors over the next three years:

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

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality of Life Survey. Below are the results:

Open-ended Questions to the Committee

1. What do you believe are the 2-3 most important characteristics of a healthy community?

- Connectedness
- Low infant mortality rate
- Safe environment
- Promotion and awareness of health
- Low crime
- Increased life expectancy
- Employment
- Decent living wage
- Low poverty rate
- Access to healthcare
- Healthy homes (free of hazards such as lead)
- High literacy rate
- Opportunities to learn new skills

2. What makes you most proud of our community?

- People
- Natural beauty (scenic rivers)
- Safety
- Not afraid to admit we are not perfect
- Collaborative (schools and neighboring communities)
- Use resources wisely
- Agencies
- History
- Wineries
- D-Day
- Community festivals

3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
 - CHA/CHIP Committee
 - Arbor Group
 - Mental Health and UH Collaborative
 - Prevention Coalition
 - RAM Clinic
 - Longest Day of Play
 - Ashtabula County Public Health Advisory Team
 - IPOD Committee
 - Walk for the Cure
 - Safety Committee
 - Substance Abuse Leadership Team (SALT)
 - Hospitals
4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
 - Poverty
 - Transportation
 - Housing
 - Depression
 - Heart disease
 - Trauma
 - Resources for the aging population
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
 - Funding
 - Capacity
 - Lack of participation (same people at every meeting)
6. What actions, policy, or funding priorities would you support to build a healthier community?
 - Improved communication in the county
 - Insurance reform
 - Increase local support for state initiatives
 - Increase residency spots at federal level
 - Tobacco 21
7. What would excite you enough to become involved (or more involved) in improving our community?
 - Seeing results

Quality of Life Survey

The Ashtabula County Health Needs Assessment Committee urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 300 Ashtabula County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	2019-2021 Likert Scale Average Response
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.17
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.16
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.13
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	2.93
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.70
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.05
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.36
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.21
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.71
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.89
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.07
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	2.84

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Ashtabula County Health Needs Assessment Committee was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Ashtabula County in the future. The table below summarizes the forces of change agent and its potential impacts:

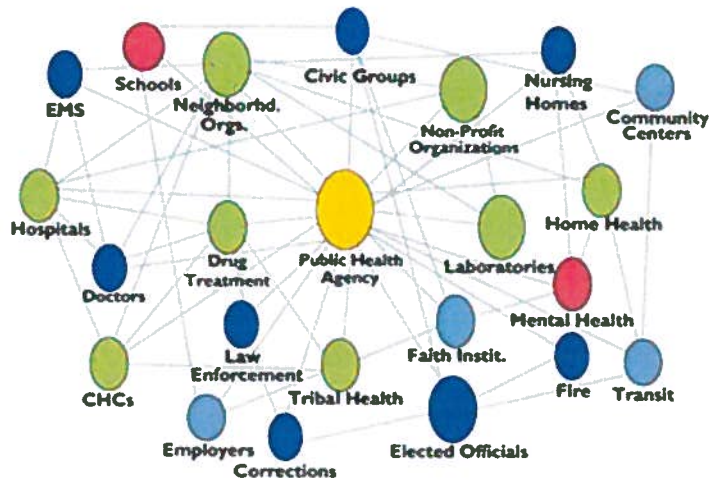
Force of Change (Trend, Events, Factors)	Potential Impact
1. New Ohio Department of Health (ODH) Director	<ul style="list-style-type: none"> Stronger advocacy for immunization and other public health initiatives
2. Immunization/vaccines	<ul style="list-style-type: none"> Sitting bills could weaken immunization laws Shortage of T.B. Testing Solutions and other vaccines (manufacturer issues)
3. Healthcare coverage	<ul style="list-style-type: none"> High deductibles, patients not able to utilize insurance "Lower level" jobs in Ashtabula are leaving residents uninsured/underinsured Laws could deny services to LGBTQ population
4. Escalating cost of medications	<ul style="list-style-type: none"> None noted
5. Generational poverty	<ul style="list-style-type: none"> None noted
6. Preventive medicine	<ul style="list-style-type: none"> Inconsistent messaging on recommendations/guidelines Educating Medicaid patients on preventative services
7. Hotel development, harbor revitalization, Pig Iron plant, INEOS	<ul style="list-style-type: none"> Environmental concerns (lake, air, etc.) Increase in traffic (semi-truck and boats) Increased tourism Economic development
8. Primary care physician clinic opening	<ul style="list-style-type: none"> None noted
9. Increase in Hispanic and Spanish speaking population in county	<ul style="list-style-type: none"> Need for interpreters, cultural competency training
10. Increase in Amish population in county	<ul style="list-style-type: none"> Vaccination and communicable disease concerns Food safety concerns

11. Shift in communication/news outlets	<ul style="list-style-type: none"> • Newspaper as source of news declining • Social media as source of news increasing
12. People not staying in Ashtabula County	<ul style="list-style-type: none"> • Youth leaving county to attend college, not coming back • Residents spending money outside of county • People working in Ashtabula County but live outside county • Recent development in workforce development (pushing for technical and trade schools) • Kent State Ashtabula Branch trying to keep students local
13. Increase in telehealth and telemedicine	<ul style="list-style-type: none"> • Amazon delivering prescriptions
14. Workforce	<ul style="list-style-type: none"> • Drug culture: employers cannot get candidates to pass a drug test • Millennial generation has different workplace standards (lazy, call off work, etc.)
15. ODNR grant through YMCA	<ul style="list-style-type: none"> • Metroparks bought a lot of land, potential for new walking paths, parks, green spaces, improving fitness developments
16. Development of natural gas line	<ul style="list-style-type: none"> • Opportunity to make it more available/accessible
17. Push to regionalize	<ul style="list-style-type: none"> • Concern for communities, could lead to poor services
18. High number of kids in foster care	<ul style="list-style-type: none"> • Not enough homes to place children
19. County size is large geographically	<ul style="list-style-type: none"> • Long commute for residents
20. More specialized dockets in county (drug court, mental health court, recovery court)	<ul style="list-style-type: none"> • None noted
21. RAM clinic offering free services to everyone	<ul style="list-style-type: none"> • Removes barriers (cost, transportation, eligibility) for residents to receive screenings and health care once a year
22. PHAB mandates	<ul style="list-style-type: none"> • Having to meet standards without additional funding/support • Bi-partisan disagreement leading to nothing getting done

Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

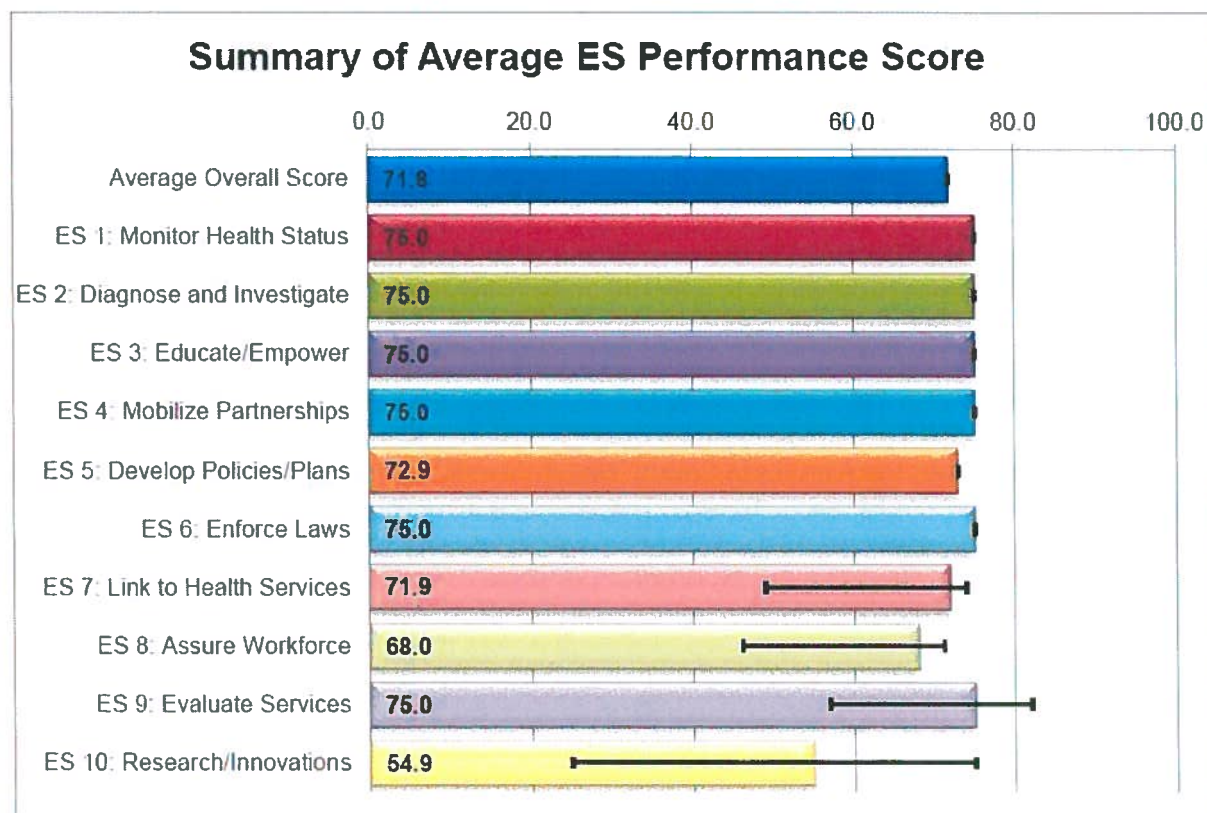
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

Members of Ashtabula County Health Needs Assessment Committee completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Raymond J. Saporito, Health Commissioner, Ashtabula County Health Department, at rsaporito@ashtabulacountyhealth.com.

Ashtabula County Local Public Health System Assessment 2019 Summary



Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gaps Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. The Ashtabula County Health Needs Assessment Committee members were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, the Ashtabula County Health Needs Assessment Committee members were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Ashtabula County Health Needs Assessment Committee considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Ashtabula County Health Needs Assessment Committee members were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The committee was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

Priority #1: Mental Health and Addiction

Strategic Plan of Action

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

Priority #1: Mental Health and Addiction

Strategy 1: Naloxone access

Goal: Decrease drug overdose deaths.

Objective: Increase awareness of free naloxone (NarCan) distribution sites by October 1, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to provide/distribute naloxone (NarCan) to law enforcement, social service agencies, businesses, community members, and family and friends of those who are struggling with an opioid addiction. Increase awareness of free naloxone distribution and QRT (quick response team) training for responders. Market QRT trainings to local churches, law enforcement, businesses/chambers of commerce, and other community organizations. Continue efforts of the Substance Abuse Leadership Team (SALT).	October 1, 2020	Adult	Unintentional drug overdose deaths: Number of age adjusted deaths due to unintentional drug overdoses per 100,000 population (Baseline: 32.1 for Ashtabula County, 2015-2017, ODH Data Warehouse)	Ashtabula County Mental Health Recovery Board Community Counseling Center of Ashtabula County Ashtabula County Health Department
Year 2: Continue efforts from year 1.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			

Type of Strategy:

- | | |
|---|---|
| <input type="radio"/> Social determinants of health | <input checked="" type="radio"/> Healthcare system and access |
| <input type="radio"/> Public health system, prevention and health behaviors | <input type="radio"/> Not SHIP Identified |

Strategy identified as likely to decrease disparities?



- ☐ Yes
 ☒ No
 ☐ Not SHIP Identified

Resources to address strategy: Signature Health/Family Planning Association of Northeast Ohio, Substance Abuse Leadership Team (SALT), pharmacies, mental health resource guide.

Priority #1: Mental Health and Addiction**Strategy 2: Safe disposal of prescription drugs****Goal:** Decrease drug dependence or abuse.**Objective:** Host at least one prescription drug take-back day annually.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Increase awareness of prescription drug abuse and the locations of existing prescription drug collection boxes. Encourage local practitioners and pharmacies to provide information on prescription drug abuse and collection locations. Work with local law enforcement to sponsor and host prescription drug take-back days. Promote the use of dissolvable prescription bags (i.e. Deterra) and Dispose Rx. Provide education regarding safe disposal.	October 1, 2020	Adult, youth	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months (baseline: 3%, 2019 CHA)	
Year 2: Host at least one prescription drug take-back-day annually. Expand the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			
Type of Strategy: <div><div><input type="radio"/> Social determinants of health</div><div><input type="radio"/> Public health system, prevention and health behaviors</div></div> <div><div><input type="radio"/> Healthcare system and access</div><div><input checked="" type="radio"/> Not SHIP Identified</div></div>				
Strategy identified as likely to decrease disparities? <div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div><div><input checked="" type="radio"/> Not SHIP Identified</div></div>				
Resources to address strategy: University Hospitals (UH), Sheriff Department, Wal-Mart				

Priority #1: Mental Health and Addiction**Strategy 3: Local suicide prevention coalitions to support implementation of evidence-based strategies (Ohio Suicide Prevention Foundation)****Goal:** Increase awareness of suicide.**Objective:** Provide at least three Gatekeeper trainings annually.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<p>Year 1: Obtain baseline data on the number of Mental Health First Aid and Question Persuade Refer (QPR) Gatekeeper trainings (for the community) that have taken place in Ashtabula County.</p> <p>Market the trainings to teachers, local churches, schools, rotary clubs, college students, etc.</p> <p>Provide at least three Gatekeeper trainings.</p> <p>Develop an anti-stigma campaign.</p> <p>Continue to utilize LOSS Teams (Local Outreach of Suicide Survivor) to provide postvention for individuals affected by the loss of a loved one through suicide.</p> <p>Sustain local protocol to track suicide completion statistics to use data to inform local prevention efforts.</p> <p>Continue to promote local community events that aim to reduce stigma. Increase efforts of Suicide Prevention Coalition.</p> <p>Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741) throughout the county. Work with school administrators, guidance counselors, churches, and other community organizations to promote the Crisis Text Line.</p> <p>Continue to screen for depression using the Patient Health Questionnaire (PHQ-9), or another screening tool.</p>	October 1, 2020	Adult, youth	<p>Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 22.7 for Ashtabula County, 2015-2017, ODH Data Warehouse) </p> <p>Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 6%, 2019 CHA) </p>	<p>Ashtabula County Mental Health Recovery Board</p> <p>Ashtabula County Suicide Prevention Coalition</p>
<p>Year 2: Continue efforts from year 1.</p> <p>Implement an anti-stigma campaign.</p> <p>Provide at least three additional trainings.</p> <p>Continue to market the Gatekeeper trainings.</p>	October 1, 2021			

Continue to promote and monitor the use of the Crisis Text Line. Identify another setting, such as a medical specialty office (pediatrician), schools, or local businesses to implement the depression screening tool.				
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Ashtabula County Suicide Prevention Coalition, Ashtabula County Mental Health and Recovery Services Board, Ashtabula County Coroners Office, Ashtabula County Incident Response Team, LOSS Team, funeral directors, Ohio Suicide Prevention Coalition				

Priority #1: Mental Health and Addiction**Strategy 4: Trauma Informed Care****Goal:** Improve mental health outcomes.**Objective:** Facilitate an assessment on awareness and understanding of trauma-informed health care at least once a year.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to administer trainings to increase education, understanding and awareness of the following: <ul style="list-style-type: none">Trauma informed careToxic stressAdverse Childhood Experiences (ACEs) and what the ACE scores mean Market trainings to all sectors of society including churches, schools, civic clubs, law enforcement, businesses, employers, chambers of commerce, local government, etc.	October 1, 2020	Adult, youth	Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 22.7 for Ashtabula County, 2015-2017, ODH Data Warehouse) Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 6%, 2019 CHA) Community connectedness indicators via 2019 CHA (Baseline: TBD)	Ashtabula County Mental Health Recovery Board Community Counseling Center of Ashtabula County/Family and Children First Council (FCFC) Catholic Charities of Ashtabula County
Year 2: Continue efforts from year 1. Research existing trauma screening tools. Determine the feasibility of implementing a trauma screening tool for social service agencies and/or faith-based organizations who work with at-risk adults and youth. Market and educate organizations on the importance of the trauma screening tool. Develop a 1-page handout defining trauma and where to find help. Distribute to at-risk populations. Determine interest and potential organizations to implement the trauma screening tool. Provide technical assistance where necessary.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2. Implement the trauma screening tool.	October 1, 2022			

Type of Strategy:

- | | |
|---|---|
| <input type="radio"/> Social determinants of health | <input checked="" type="radio"/> Healthcare system and access |
| <input type="radio"/> Public health system, prevention and health behaviors | <input type="radio"/> Not SHIP Identified |

Strategy identified as likely to decrease disparities?

- | | | |
|---------------------------|-------------------------------------|---|
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Not SHIP Identified |
|---------------------------|-------------------------------------|---|

Resources to address strategy: Juvenile Court, Ashtabula County Mental Health and Recovery Board, Community Counseling Center of Ashtabula County, Catholic Charities of Ashtabula County

Priority #1: Mental Health and Addiction**Strategy 5: School-based alcohol/other drug prevention programs****Goal:** Prevent drug dependence/abuse.**Objective:** By October 1, 2022 all school districts will have at least one school-based alcohol/other drug prevention program.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the BOTVIN Life Skills Training program in grades 3-10 in all Ashtabula County school districts. Develop a marketing plan to recruit instructors and/or volunteers to assist in implementing/teaching the program.	October 1, 2020	Youth	Drug dependence or abuse: Percent of persons age 12+ who report part-year illicit drug dependence or abuse 🇧🇪	Ashtabula County Mental Health Recovery Board University Hospitals Conneaut and Geneva Medical Centers
Year 2: Continue efforts from years 1. Determine the feasibility of expanding the program to additional classrooms. Secure funding for program (if applicable).	October 1, 2021			
Year 3: Continue efforts from years 1 and 2. Expand program service area where necessary.	October 1, 2022			
Type of Strategy: <div><div><input type="radio"/> Social determinants of health</div><div><input checked="" type="radio"/> Public health system, prevention and health behaviors</div></div> <div><div><input type="radio"/> Healthcare system and access</div><div><input type="radio"/> Not SHIP Identified</div></div>				
Strategy identified as likely to decrease disparities? <div><div><input type="radio"/> Yes</div><div><input checked="" type="radio"/> No</div><div><input type="radio"/> Not SHIP Identified</div></div>				
Resources to address strategy: Ashtabula County Mental Health and Recovery Services Board, Ashtabula County Prevention Coalition, Ashtabula County Suicide Prevention Coalition, Community Counseling Center, Local Civic Organizations, UH Conneaut and Geneva medical centers				

Priority #1: Mental Health and Addiction**Strategy 6: School-based social and emotional instruction****Goal:** Improve social competence, behavior, and resiliency in youth.**Objective:** Train at least two individuals in PAX tools by October 1, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement The PAX Good Behavior Game in Ashtabula County school districts. Expand the program to additional grade levels/classrooms. Expand program service area where necessary. Collect baseline data on who is already trained in PAX Tools. Determine the need for additional trainers. Identify groups that want to be trained in PAX tools, such as support staff, coaches, and parents. Target the trainings in ALICE communities. Research the PAX Good Behavior Game for junior high/high school students. Determine the feasibility of implementing in Ashtabula County schools.	October 1, 2020	Youth	Drug dependence or abuse: Percent of persons age 12+ who report part-year illicit drug dependence or abuse Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 22.7 for Ashtabula County, 2015-2017, ODH Data Warehouse)	Ashtabula County Mental Health Recovery Board Ashtabula County Prevention Coalition
Year 2: Continue efforts from year 1. Identify two additional individuals to be trained in PAX Tools.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Ashtabula County schools, Community Counseling Center				

Priority #2: Chronic Disease

Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

Priority #1: Chronic Disease				
Strategy 1: Prescriptions for physical activity				
Goal: Reduce obesity.				
Objective: Implement an exercise prescription program into two additional primary care offices by October 1, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the baseline number of health care providers and primary care physicians that currently provide prescriptions for physical activity and exercise (exercise prescriptions) to their patients. Continue to partner with local organizations such as the YMCA, the parks and recreation district or the Metroparks to determine referral options and provide support for the exercise prescriptions.	October 1, 2020	Adult	Diabetes: Percent of adults who have been told by a health professional that they have diabetes (Baseline: 13%, 2019 CHA)	University Hospitals Conneaut and Geneva Medical Centers Ashtabula County Medical Center (ACMC)
Year 2: Continue efforts from year 1. Pilot an exercise prescription program into one additional primary care office with accompanying referral options and evaluation measures. Identify another setting, such as a medical specialty office (psychiatry), schools, or local businesses to provide physical activity and exercise prescriptions.	October 1, 2021		Obesity: Percent of adults that report BMI greater than or equal to 30 (Baseline: 42%. 2019 CHA)	
Year 3: Continue efforts from years 1 and 2. Implement an exercise prescription program into one additional location with accompanying referral options and evaluation measures.	October 1, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: YMCA, Metroparks, Department of Parks and Recreation, Ashtabula County Health Department, Signature Health/Family Planning Association of Northeast Ohio, IPOD resource guide, maternal health resource guide				

Priority #2: Chronic Disease**Strategy 2: Hypertension screening and follow up****Goal:** Prevent heart disease.**Objective:** Provide at least two free/reduced cost hypertension screening events annually.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the baseline number of healthcare providers that currently screen for hypertension and regularly follow up with patients diagnosed with hypertension. Increase provider education on hypertension screening, treatment, and the importance of routine follow up with patients diagnosed with hypertension. Promote free/reduced cost screening events within the county, such as health fairs, hospital screening events, etc. Target screenings towards those who live in or serve economically disadvantaged populations. Ensure screening events are listed in the IPOD resource guide.	October 1, 2020	Adult	Hypertension: Percent of adults ever diagnosed with hypertension (Baseline: 42%, 2019 CHA)	Intervention and Prevention of Ongoing Diseases (IPOD) Committee University Hospitals Conneaut and Geneva Medical Centers Ashtabula County Health Department
Year 2: Continue efforts from year 1. Increase awareness of hypertension screening, treatment, and follow up. Increase the number of locations providing free/reduced cost screening events.	October 1, 2021			
Year 3: Continue efforts of years 1 and 2.	October 1, 2022			

Type of Strategy:

- | | |
|---|---|
| <input type="radio"/> Social determinants of health | <input checked="" type="radio"/> Healthcare system and access |
| <input type="radio"/> Public health system, prevention and health behaviors | <input type="radio"/> Not SHIP Identified |

Strategy identified as likely to decrease disparities?

- | | | |
|---------------------------|-------------------------------------|---|
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Not SHIP Identified |
|---------------------------|-------------------------------------|---|

Resources to address strategy: UH Conneaut and Geneva medical centers, Ashtabula County Health Department, Ashtabula County Medical Center (ACMC), fire department(s)

Priority #1: Chronic Disease**Strategy 3: Diabetes Prevention Program (DPP) and Prediabetes screening and referral****Goal:** Prevent diabetes.**Objective:** By October 1, 2022, increase prediabetes referrals 5% from baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes and refer patients to intensive behavioral counseling interventions, such as the Diabetes Prevention Program (DPP) , to promote a healthful diet and physical activity. Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment (or a similar assessment) and/or the Prevent Diabetes STAT Toolkit . Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.). Ensure screening events are listed in the IPOD resource guide.	October 1, 2020	Adult, youth	Diabetes: Percent of adults who have been told by a health professional that they have diabetes (Baseline: 13%, 2019 CHA) Prediabetes: Percent of adults who have been told by a health professional that they have prediabetes (Baseline: 6%, 2019 CHA)	University Hospitals Conneaut and Geneva Medical Centers Ashtabula County Medical Center (ACMC)
Year 2: Increase awareness of prediabetes screening, identification and referral. Increase the number of individuals within Ashtabula County that are screened for diabetes. Provide diabetes prevention education to teens. Expand programming to additional schools. If needed, increase the number of organizations that screen for prediabetes.	October 1, 2021			
Year 3: Continue efforts of years 1 and 2. Increase the number of healthcare providers that currently screen and refer patients for prediabetes by 5% from baseline.	October 1, 2022			

Type of Strategy:

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

Strategy identified as likely to decrease disparities?

- ☐ Yes
☒ No
☐ Not SHIP Identified

Resources to address strategy: Signature Health/Family Planning Association of Northeast Ohio, YMCA, Ashtabula County Health Department

Priority #1: Chronic Disease**Strategy 4: Implement a healthy choices campaign****Goal:** Increase fruit and vegetable consumption.**Objective:** By October 1, 2022, Ashtabula County will implement at least 2 healthy food initiatives in local food pantries or farmers markets.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Raise awareness of the available food pantries and farmers markets within the county (locations, offerings, etc.). Continue to distribute information on where to obtain fresh fruit and vegetables. Update the IPOD resource guide annually. Promote local businesses, restaurants, etc. who use locally grown food. Consider adding an icon or symbol to promote those locations Develop a unified healthy choices campaign. Work to promote healthy living by creating shared messages among organizations to distribute to the county. Include print and social media. Include items such as reading food labels, etc.	October 1, 2020	Adult, youth	Fruit consumption: Percent of adults who report consuming 0 servings of fruit per day (Baseline: 16%, 2019 CHA)	Intervention and Prevention of Ongoing Diseases (IPOD) Committee
Year 2: Continue efforts of year 1. Increase awareness and dissemination of the healthy choices campaign. Determine feasibility of implementing any of the following in local food pantries or farmers markets: <ul style="list-style-type: none"> • Cooking demonstrations/classes • Recipe tastings • Produce display stands • Nutrition, diabetes and other health education classes • Health care support services 	October 1, 2021		Vegetable consumption: Percent of adults who report consuming 0 servings of vegetables per day (Baseline: 5%, 2019 CHA)	
Year 3: Continue efforts of year 2. Implement at least 2 items above within local food pantries or farmers markets.	October 1, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Ohio State University Cooperative Extension – Ashtabula County, Ashtabula County Community Action Agencies, Ashtabula County Health Department, JFS				

Priority #1: Chronic Disease**Strategy 5: School-based nutrition education programs and nutrition and physical activity interventions in preschool/child care****Goal:** Increase fruit and vegetable consumption.**Objective:** By October 1, 2022, all Ashtabula County schools and pre-schools will have at least one nutrition education and/or nutrition/physical activity intervention.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Assess what nutrition education programs and/or nutrition and physical activity interventions are available in Ashtabula County for youth. Determine which schools and pre-schools are currently utilizing the Serving Up MyPlate frame work and the VeggieU program. Expand current programming to additional districts and grade levels. Evaluate effectiveness of the program(s) annually. Continue to promote and market the 5-4-3-2-1-GO message throughout the county. Continue to collect body mass index (BMI) of youth in the county. Determine additional locations to collect or obtain youth BMI data. Consider immunization/vaccination appointments, well child visits, EHR/EMR, etc.	October 1, 2020	Youth	Fruit consumption: Percent of youth who report consuming 0 servings of fruit per day Vegetable consumption: Percent of youth who report consuming 0 servings of vegetables per day	Ohio State University Cooperative Extension – Ashtabula County Ashtabula County Health Department
Year 2: Continue efforts from year 1.	October 1, 2021			
Year 3: Expand program service area where necessary. Continue efforts from years 1 and 2.	October 1, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: UH Conneaut and Geneva medical centers, Ashtabula County Medical Center (ACMC)				

Priority #1: Chronic Disease**Strategy 6: Physically active classrooms****Goal:** Increase physical activity.**Objective:** By October 1, 2022 at least two school districts will integrate physically active classrooms into their curriculum.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research physically active classrooms . Determine if any schools currently implement physically active classrooms within their curriculum. Evaluate the frequency and effectiveness of the implementation of physically active classrooms. Meet with district superintendents to encourage the implementation of physically active classrooms in their schools. Recruit at least one school district to integrate physically active classrooms into their curriculum. Consider the following programs/strategies to implement as part of a physically active classroom: <ul style="list-style-type: none"> • Take 10! • Instant Recess • Power Up for 30 • Go Noodle 	October 1, 2020	Youth	Physical inactivity: Percent of youth who did not participate in at least 60 minutes of physical activity	Ohio State University Cooperative Extension – Ashtabula County
Year 2: Recruit at least one additional school district to adopt physically active classrooms into their curriculum.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			
Type of Strategy: <div> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access </div> <div> <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </div>				
Strategy identified as likely to decrease disparities? <div> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified </div>				
Resources to address strategy: Ashtabula County schools, Ashtabula County Health Department Maternal and Child Health grant, Ohio State University Cooperative Extension – Ashtabula County				

Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

To work toward improving chronic disease and mental health and addiction outcomes, the following cross-cutting strategies are recommended:

Strategy 1: Links to cessation support				
Goal: Reduce tobacco use.				
Objective: By October 1, 2022, increase participation in tobacco cessation program(s) by 5%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the availability of evidence-based tobacco cessation programs in Ashtabula County. Begin implementing a tobacco cessation program and increase awareness of the program. Secure funding. Promote and raise awareness of the Ohio Tobacco Quit Line .	October 1, 2020	Adult	Adult smoking: Percent of adults that are current smokers (Baseline: 21%, 2019 CHA)	Ashtabula County Health Department
Year 2: Look for opportunities to reduce out of pocket costs for cessation therapies. Ensure any new tobacco cessation programs are listed in the IPOD resource guide. Evaluate the effectiveness of the tobacco cessation program.	October 1, 2021			Ashtabula City Health Department
Year 3: Increase participation in the tobacco cessation program 5% from baseline. Continue efforts of years 1 and 2.	October 1, 2022			Conneaut City Health Department
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Priority area(s) the strategy addresses: <input checked="" type="radio"/> Mental Health and Addiction <input checked="" type="radio"/> Chronic Disease <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: UH Conneaut and Geneva medical centers, Ashtabula County Medical Center (ACMC)				




Strategy 2: Smoke-free polices (including maintenance of smoke-free workplace law and increased policy adoption for multi-unit housing, schools and other settings)

Goal: Reduce tobacco use.

Objective: By October 1, 2022, at least three multi-unit housing complexes will adopt a tobacco-free policy.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Collect baseline data on which organizations, multi-unit housing facilities, schools and other businesses currently have tobacco-free policies.</p> <p>Appoint or hire one Tobacco Prevention Health Educator to build partnerships with the local public housing authority and multi-unit housing complexes.</p> <p>Provide education to residents to assist with the transition of the multi-unit housing complexes to a smoke-free policy and create a resident advisory council.</p> <p>Review the results of the housing survey to determine the best way to proceed with implementing a tobacco-free policy.</p> <p>Raise awareness of the recently passed Tobacco 21 initiative.</p>	October 1, 2020	Adult, youth	Adult smoking: Percent of adults that are current smokers (Baseline: 21%, 2019 CHA)	<p>Ashtabula County Health Department</p> <p>Ashtabula City Health Department</p> <p>Conneaut City Health Department</p>
<p>Year 2: Implement the smoke-free policy in at least 1-2 multi-unit housing complexes.</p> <p>Begin efforts to adopt smoke-free policies in businesses, parks, fairgrounds, schools and other public locations.</p> <p>Provide education to store owners regarding the accessibility of tobacco products to underage consumers.</p>	October 1, 2021			
<p>Year 3: Continue efforts of years 1 and 2.</p> <p>Target 2 additional multi-unit housing complexes to adopt a smoke-free housing policy.</p>	October 1, 2022			
<p>Type of Strategy:</p> <p> <input checked="" type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </p>				
<p>Priority area(s) the strategy addresses:</p> <p> <input checked="" type="radio"/> Mental Health and Addiction <input checked="" type="radio"/> Chronic Disease <input type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy: Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department</p>				


Strategy 3: Community-wide physical activity campaign (including green space and parks)**Goal:** Increase physical activity.**Objective:** Implement a community-wide physical activity campaign in collaboration with at least five Ashtabula County agencies by October 1, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Determine what community-wide physical activity campaigns or programs currently exist in Ashtabula County. Promote any existing campaigns/programs. Determine the feasibility of either creating a new community-wide physical activity campaign or collaborating with existing campaigns in the county. Recruit at least five agencies who are working to improve and promote Ashtabula County's physical activity opportunities. Engage community agencies to coordinate a unified message to increase awareness of Ashtabula County physical activity opportunities and create a culture of health. Brand the campaign. Continue to build upon the bike trail system in Ashtabula County. Collaborate with local partners to advertise local parks, playgrounds, trails, and other green space.	October 1, 2020	Adult, youth	Diabetes: Percent of adults who have been told by a health professional that they have diabetes (Baseline: 13%, 2019 CHA)  Obesity: Percent of adults that report BMI greater than or equal to 30 (Baseline: 42%, 2019 CHA)  Hypertension: Percent of adults ever diagnosed with hypertension (Baseline: 42%, 2019 CHA) 	YMCA
Year 2: Continue efforts of year 1. Using the coordinated message, all participating agencies will increase awareness of physical activity opportunities and promote the use of them at least once a week. Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics, maps, flyers, etc.	October 1, 2021			
Year 3: Continue efforts of years 1 and 2.	October 1, 2022			
Type of Strategy: <div><input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors</div> <div><input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified</div>				
Priority area(s) the strategy addresses: <div><input checked="" type="radio"/> Mental Health and Addiction <input checked="" type="radio"/> Chronic Disease</div> <div><input type="radio"/> Not SHIP Identified</div>				
Strategy identified as likely to decrease disparities? <div><input type="radio"/> Yes <input checked="" type="radio"/> No</div> <div><input type="radio"/> Not SHIP Identified</div>				
Resources to address strategy: IPOD committee, Metroparks				

Strategy 4: Community health workers (including workers in community-based settings to address Social determinants of health)

Goal: Increase access to health care.

Objective: By December 2020, explore the feasibility of expanding the Hospital to Home (H2H) outreach service to include patients in the primary care setting.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Expand the Hospital to Home (H2H) nurse outreach service for patients suffering from diabetes, COPD, and congestive heart failure to include the UH Geauga pilot referral program for Ashtabula county residents. Patients are identified through inpatient admissions. Increase patient acceptance rate into the program by 10% for inpatients.	October 1, 2020	Adults	Increase provider availability- Community Health Workers: Ratio of population to community health workers  (Source for Data: UH)	University Hospitals Conneaut and Geneva Medical Centers University Hospitals Community Outreach
Year 2: Expand the service to include 2 primary care practices to aid in patient education regarding wellness screenings and managing of co-morbidities to include COPD, CHF, diabetes, and uncontrolled HBP. Increase patient acceptance rate by 7% for inpatients.	October 1, 2021			
Year 3: Expand H2H service to include 2 primary care practices. Increase patient acceptance rate by 5% for inpatients.	October 1, 2022			
Type of Strategy: <div><div><input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors</div><div><input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified</div></div>				
Priority area(s) the strategy addresses: <div><div><input checked="" type="radio"/> Mental Health and Addiction <input checked="" type="radio"/> Chronic Disease</div><div><input type="radio"/> Not SHIP Identified</div></div>				
Strategy identified as likely to decrease disparities? <div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div><div><input type="radio"/> Not SHIP Identified</div></div>				
Resources to address strategy: UH Community Outreach				

Strategy 5: Improve access to comprehensive primary care**Goal:** Improve access to primary care.**Objective:** By December 2020, connect 25% of adults who attend monthly health screenings with a primary care provider.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue monthly biometric screenings and refer 25% of adults who attend screenings with a primary care provider (if they do not have one). Develop a comprehensive plan to improve access to primary care through the addition of 2 APP's in Ashtabula and Conneaut.	October 1, 2020	Adults	Decrease the number of adults without a usual source of care: Percent of adults ages 19 and older who don't have one (or more) persons they think of as their personal healthcare provider (Source for Data: CHNA and BRFSS)	University Hospitals Conneaut and Geneva Medical Centers University Hospitals Community Outreach
Year 2: Continue monthly biometric screenings and refer 30% of adults who attend screenings with a primary care provider (if they do not have one).	October 1, 2021			
Year 3: Continue monthly biometric screenings and refer 40% of adults who attend screenings with a primary care provider (if they do not have one).	October 1, 2022			

Type of Strategy:

- | | |
|---|---|
| <input type="radio"/> Social determinants of health | <input checked="" type="radio"/> Healthcare system and access |
| <input type="radio"/> Public health system, prevention and health behaviors | <input type="radio"/> Not SHIP Identified |

Priority area(s) the strategy addresses:

- | | | |
|--|--|---|
| <input checked="" type="radio"/> Mental Health and Addiction | <input checked="" type="radio"/> Chronic Disease | <input type="radio"/> Not SHIP Identified |
|--|--|---|

Strategy identified as likely to decrease disparities?

- | | | |
|--------------------------------------|--------------------------|---|
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not SHIP Identified |
|--------------------------------------|--------------------------|---|

Resources to address strategy: UH Community Outreach, UH Physician Services, and UH Patient Access

Strategy 6: Intervention and Prevention of Ongoing Diseases (IPOD) resource guide**Goal:** Increase awareness of programs and resources available in Ashtabula County.**Objective:** The IPOD resource guide will be updated annually.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Update the Intervention and Prevention of Ongoing Disease (IPOD) resource guide on programs and resources available in Ashtabula County. Keep the IPOD resource guide updated on an annual basis. Market the resource guide with community members, health care providers, primary care physicians, etc. Encourage agencies to post the resource guide on their websites. Provide at least one county wide symposium/health fair on a chronic disease topic for the general public. Attain media coverage.	October 1, 2020	Adult	Indicator to measure impact of strategy not identified	Intervention and Prevention of Ongoing Diseases (IPOD) Committee
Year 2: Continue efforts from year 1.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			
Type of Strategy: <div><input type="radio"/> Social determinants of health</div> <div><input type="radio"/> Healthcare system and access</div> <div><input type="radio"/> Public health system, prevention and health behaviors</div> <div><input checked="" type="radio"/> Not SHIP Identified</div>				
Priority area(s) the strategy addresses: <div><input type="radio"/> Mental Health and Addiction</div> <div><input type="radio"/> Chronic Disease</div> <div><input checked="" type="radio"/> Not SHIP Identified</div>				
Strategy identified as likely to decrease disparities? <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input checked="" type="radio"/> Not SHIP Identified</div>				
Resources to address strategy: Intervention and Prevention of Ongoing Diseases (IPOD) Committee				

Strategy 7: County-wide vaccination campaign**Goal:** Increase vaccination rates.**Objective:** Vaccine specific information to be administered at all health promotion and awareness events.


Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Collaborate with local schools, health care providers, health departments, hospitals, churches, and other organizations to create a county-wide vaccination campaign.</p> <p>Plan a community awareness campaign to address misinformation and increase awareness and education of vaccines. Focus outreach efforts on the members of the Amish and plain community.</p> <p>Include information on where to get vaccines and options for free and/or reduced cost (sliding-fee scale) vaccinations.</p> <p>Provide vaccination information/educational materials to all local schools and day care locations. Consider sending home vaccination schedules in all school-age children bookbags.</p> <p>Provide vaccination information and educational materials at all community health promotion and awareness events.</p>	October 1, 2020	Adult, youth	<p>Flu Vaccine: Adults who had a flu vaccine in the past 12 months (Baseline: 45%, 2019 CHA)</p> <p>Pneumonia Vaccine: Adults who had a pneumonia vaccine in their lifetime (Baseline: 32%, 2019 CHA)</p>	<p>Ashtabula County Health Department</p> <p>Ashtabula City Health Department</p> <p>Conneaut City Health Department</p>
Year 2: Continue raising awareness of the importance of vaccinations.	October 1, 2021			
Year 3: Continue efforts from years 1 and 2.	October 1, 2022			
<p>Type of Strategy:</p> <div> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access </div> <div> <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Not SHIP Identified </div>				
<p>Priority area(s) the strategy addresses:</p> <div> <input type="radio"/> Mental Health and Addiction <input type="radio"/> Chronic Disease <input checked="" type="radio"/> Not SHIP Identified </div>				
<p>Strategy identified as likely to decrease disparities?</p> <div> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified </div>				
<p>Resources to address strategy: Ashtabula County Health Department, Ashtabula City Health Department, Conneaut City Health Department</p>				

Strategy 8: Screening for social determinants of health (SDOH) using a standardized tool**Goal:** Improve health equity.**Objective:** Implement a SDOH screening in two different locations by October 1, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with organizations to research social determinants of health (SDOH) screenings. Collect baseline data on the number of schools, primary care offices, FQHC's, programs such as home visiting programs, or other entities that are screening for SDOH. Determine what type(s) of SDOH screening tools currently exist in the county.	October 1, 2020	Adult	Indicator to measure impact of strategy not identified	Ashtabula County Mental Health Recovery Board Community Counseling Center of Ashtabula County Signature Health/Family Planning Association of Northeast Ohio University Hospitals Conneaut and Geneva Medical Centers
Year 2: Determine the feasibility of implementing the SDOH screening tool. Determine what tool should be used consistently across all organizations for measurement, evaluation and comparison purposes.	October 1, 2021			Ashtabula County Medical Center (ACMC)
Year 3: Continue efforts of year 1. Pilot a community-wide screening tool for SDOH in at least one location with appropriate evaluation measures.	October 1, 2022			
Type of Strategy: <div><input type="radio"/> Social determinants of health</div> <div><input type="radio"/> Public health system, prevention and health behaviors</div> <div><input type="radio"/> Healthcare system and access</div> <div><input checked="" type="radio"/> Not SHIP Identified</div>				
Priority area(s) the strategy addresses: <div><input type="radio"/> Mental Health and Addiction</div> <div><input type="radio"/> Chronic Disease</div> <div><input checked="" type="radio"/> Not SHIP Identified</div>				
Strategy identified as likely to decrease disparities? <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input checked="" type="radio"/> Not SHIP Identified</div>				
Resources to address strategy: Ashtabula County Mental Health Recovery Board, Community Counseling Center of Ashtabula County, Signature Health/Family Planning Association of Northeast Ohio, UH Conneaut and Geneva medical centers, Ashtabula County Medical Center (ACMC)				

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The full committee will meet quarterly to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Ashtabula County will continue facilitating CHA every three years to collect data and determine trends. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Ashtabula County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the  icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the CHIP committee will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future Ashtabula County Community Health Assessment Committee meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

Raymond J. Saporito, MPH, R.S.

Health Commissioner

Ashtabula County Health Department

rsaporito@ashtabulacountyhealth.com

Appendix I: Gaps and Strategies

The following tables indicate mental health and addiction, and chronic disease gaps with potential strategies that were compiled by the Ashtabula County Health Needs Assessment Committee.

Chronic Disease Gaps

Gaps	Potential Strategies
Youth obesity	<ul style="list-style-type: none"> Consider introducing active recess to Ashtabula County schools. Safe routes to school is currently being implemented in Ashtabula City School District. Consider expanding to additional districts in the county. YMCA currently offering summer lessons for children, youth programing, and travel sports. University Hospitals (UH) partnering with Ashtabula County Metroparks in Rx for Exercise programs in the PCP offices.
Adult obesity	<ul style="list-style-type: none"> The YMCA offers classes for adults. Ashtabula County Medical Center (ACMC) provides exercise prescriptions to their own fitness centers for patients. Expand workplace wellness programs (BMI and BP screenings, lunch and learns, monthly newsletters) in manufacturing plants. University Hospitals (UH) partnering with Ashtabula County Metroparks in Rx for Exercise programs in the PCP offices.
Areas for physical activity	<ul style="list-style-type: none"> Mall currently offers silver sneakers program for seniors and child play area for children. Consider finding way to utilize abandoned building for indoor physical activity opportunities. YMCA has expanded Silver Sneakers programs to Andover and Conneaut, in addition to the main Ashtabula location. University Hospitals (UH) offers walking programs with health education throughout the county.
High blood pressure	<ul style="list-style-type: none"> The county currently offers high blood pressure (HBP) clinic days, but there is a disconnect between causes of HPB and stroke. Consider offering more BP clinics throughout the county. University Hospitals (UH) offers free Blood Pressure checks at UH Ashtabula Health Center Urgent Care during open hours.
Pre-diabetes screening and education	<ul style="list-style-type: none"> Expand the Diabetes Prevention Program (DPP). Consider focusing on teens with pre-diabetes.

Disease management education	<ul style="list-style-type: none"> Hospital to Home through University Hospitals (UH) offers a no-cost in-home or telephonic health education program for referred patients at risk for readmissions, high ED utilization, or co-morbidities.
Access to fresh food	<ul style="list-style-type: none"> There has been an increase in farmers markets throughout the county (some accept WIC/SNAP). Determine the feasibility of having all farmers markets accept WIC/SNAP. Increase nutrition education about community gardens throughout the county. Consider compiling a resource guide with details about local soup kitchens and food pantries. Consider providing cooking classes, recipe cards and/or vouchers to residents and taking them to grocery stores. University Hospitals (UH) provides free, fresh lunches to students attending the Conneaut Human Resource Center in the summer months. Look at expanding markets.
Tobacco cessation services	<ul style="list-style-type: none"> Promote the Quitline (My Life, My Quit). Increase education on vaping (e.g., Botvin Life Skills). Consider providing smoking cessation counseling. University Hospitals (UH) provides Smokeless[®] classes quarterly.
Transportation*	<ul style="list-style-type: none"> There are several services that are currently not available in the southern part of the county. Ashtabula County Medical Center (ACMC) currently offers free medical transportation for patients. University Hospitals (UH) currently offers medical transportation for outpatient ambulatory services for patients. Transportation currently available via Medicaid (for Medicaid patients). Consider addressing social isolation among elderly population. Explore ways to make the county more "connected". Determine the feasibility of expanding bussing throughout Ashtabula County.

**The Transportation gap and potential strategies also apply to Mental Health and Addiction*

Mental Health and Addiction Gaps

Gaps	Potential Strategies
Suicide deaths	<ul style="list-style-type: none"> Multiple agencies collaborating to provide Botvin Life Skills classes for youth in Ashtabula County schools grades 3-12. Mental Health Board and OSU extension currently offering Mental Health First Aid trainings. SOS (Signs of Suicide) currently being offered at Edgewood School. Consider expanding SOS to additional school districts. PAX Good Behavior Game is currently being implemented in all schools and different grade levels throughout the county. Loss Team currently implemented through volunteer network in Ashtabula County. Building resiliency together (HUB of TIC) currently implemented in schools but inconsistent. Consider providing Thrive Framework (SP for recovery).
Overdose deaths	<ul style="list-style-type: none"> Health Department to start distributing Narcan (applying for grant/grant is Project Dawn like). QRT Team (sheriffs and 3 agencies) are providing Narcan training. Narcan currently being issued in drug courts in Ashtabula County. Community Counseling bought a building in Conneaut and will be open in 2020. Continue the efforts of the Substance Abuse Leadership Team.
Awareness/perception surround depression	<ul style="list-style-type: none"> Consider finding ways to build resiliency in youth (parents in jail, parents overdosing, no food in home). Bring awareness to the adverse childhood experiences (ACEs) and how people can define their own personal experiences.
Detox beds	<ul style="list-style-type: none"> Many residents must go out of county for detox service. Ambulatory detox available within county. Continue to offer Suboxone and Vivitrol.
Mental health and gun violence	<ul style="list-style-type: none"> County currently offers free gun locks. Increase education surrounding mental health and gun violence. Suicide increasing in middle aged men. Exploring ways to intervene and prevent suicide in middle aged men.

Appendix II: Links to Websites

Title of Link	Website URL
5-4-3-2-1 GO	www.clocc.net/our-focus-areas/health-promotion-and-public-education/5-4-3-2-1-go/
ALICE	www.unitedforalice.org/overview
Botvin Life Skills Training	www.lifeskillstraining.com/
Diabetes Prevention Program (DPP)	www.cdc.gov/sixteen/docs/6-18-evidence-summary-diabetes.pdf
Electronic Benefit Transfer payment at farmers markets	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/electronic-benefit-transfer-payment-at-farmers-markets
Exercise prescriptions	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/exercise-prescriptions
Food Insecurity Assessment Tool and Resource List	www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf
Go Noodle	www.gonoodle.com/
Healthy Food Initiatives in Food Banks	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/healthy-food-initiatives-in-food-banks
Instant Recess	www.toniyanney.com/IR_NEWS_SHO_112213.html
LOSS Teams	www.ohiospf.org/loss-teams/
Mental Health First Aid (MHFA)	www.mentalhealthfirstaid.org/
Patient Health Questionnaire (PHQ-9)	www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
PAX Good Behavior Game	www.goodbehaviorgame.org/
Physically active classrooms	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/physically-active-classrooms
Power Up For 30	https://healthmpowers.org/programs/power-up-for-30/
Prediabetes Risk Assessment	www.diabetes.org/risk-test
Prevent Diabetes STAT Tool Kit	https://preventdiabetesstat.org/index.html
Question. Persuade. Refer. (QPR)	https://qprinstitute.com/
Serving Up MyPlate: A Yummy Curriculum	www.fns.usda.gov/tn/serving-myplate-yummy-curriculum
Take 10	https://take10.net/
VeggieU	http://veggieu.org/