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EXECUTIVE SUMMARY

Introduction

Ashtabula County Medical Center (ACMC) conducted a comprehensive Community Health Needs Assessment (CHNA) in 2019 to identify significant health needs in the community served by the hospital.

The assessment was conducted to comply with requirements set forth in the Affordable Care Act, in accordance with the timeline established by IRS regulations, and to complement Ohio’s State Health Assessment.

The goal of the CHNA is to enhance the hospital’s commitment to the health and well-being of the community it serves. Ashtabula County Medical Center will use the findings from the assessment to guide its community benefit initiatives, including developing collaborations to improve the health of Ashtabula County.

This document, the 2019 CHNA Implementation Strategy, identifies specific community health needs described in the 2019 CHNA that ACMC is able to meet in whole, in part, or in collaboration with other community organizations. The Implementation Strategy sets priorities, directs resources, and develops and implements programs/projects/policies with an ultimate goal of advancing the health and well-being of Ashtabula County.

The 2019 CHNA Implementation Strategy will address the community health needs identified in the CHNA during calendar (tax) years 2020, 2021, and 2022.

ACMC reserves the right to amend the implementation strategy as needed. For example, it may become evident in subsequent years that certain needs are more pronounced and require re-prioritization versus those identified at the time this document was written. Additionally, during the three-year period covered by this document, other organizations in Ashtabula County may decide to address health needs identified in the CHNA, which would allow ACMC to re-focus its efforts and amend its strategy to concentrate on other needs not being addressed.
REGULATORY REQUIREMENTS

Federal law, as outlined in the Affordable Care Act, requires that non-profit, tax-exempt hospitals conduct a Community Health Needs Assessment every three years, as well as adopt an Implementation Strategy that details how the hospital will address the significant health needs that were identified in the CHNA.

The regulations require that ACMC:

- Take into account input from persons representing the broad interests of the community served, including those with expertise in public health
- Make the CHNA widely available to the public

The CHNA must include certain information, including but not limited to:

- A description of the community and how it was determined
- A description of the methodology used to determine the community health needs
- A prioritized list of the community’s health needs

Non-profit, tax-exempt hospitals are also required to report information about the CHNA process and the community benefits it provides on IRS Form 990, Schedule H. Community benefits, as described in the instructions for Schedule H, are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve certain objectives, including:

- Improving access to health services
- Enhancing public health
- Advancing increased general knowledge
- Relief of a government burden to improve health

Community need for the activity or program must be established to be reported. Conducting a Community Health Needs Assessment is one method of establishing need. By focusing on the following questions, the CHNA can identify significant health needs for a population or geographic area:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- Where do these people live in the community?
- Why are these problems present?

The State of Ohio conducts a State Health Assessment (SHA) and develops a State Health Improvement Plan (SHIP). Likewise, local county Health Departments also conduct Community Health Assessments (CHA) and develop Community Health Improvement Plans (CHIP).

The Community Health Improvement Plan developed by the Health Department and the Implementation Strategy developed by the hospital are required to align with the SHIP.
HOSPITAL AND COMMUNITY PROFILE

Hospital Overview

Since 1904, Ashtabula County Medical Center (ACMC) has been committed to ensuring high quality healthcare is available in Ashtabula County.

Ashtabula County Medical Center is located in Ashtabula, Ohio. ACMC is a private, non-profit hospital that provides inpatient and outpatient services, and is the only full-service hospital in Ashtabula County, the largest geographic county in the State of Ohio. Inpatient services are provided at the hospital’s main campus in the City of Ashtabula. Inpatient care is provided on two Medical-Surgical Units, as well as in the Intensive Care Unit, Maternity Unit, Behavioral Medicine Unit, and Skilled Nursing Unit. Outpatient services are provided in Ashtabula, Conneaut, Geneva and Jefferson, ensuring that 85% of Ashtabula County residents reside within 15 miles of an ACMC facility. The hospital employs over 70 providers (physicians, nurse practitioners, physician assistants) in over 20 specialties.

Ashtabula County residents have access to the following clinical specialties when receiving care at Ashtabula County Medical Center:

- Allergy/Immunology
- Cardiology
- Emergency Medicine
- Family Medicine
- Gastroenterology
- Internal Medicine (including Hospitalists)
- Nephrology
- Neurology
- Obstetrics/Gynecology (including High-Risk OB specialty clinic)
- Oncology
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Pain Management
- Pediatrics (including Cardiology, Endocrinology, Gastroenterology, Pulmonology specialty clinics)
- Podiatry
- Psychiatry
- Pulmonology
- Sleep Medicine
- Sports Medicine
- Surgery
- Urology
- Vascular Surgery
Mission Statement

Ashtabula County Medical Center provides quality healthcare to positively impact the health of our community.

Service Area Definition

Although federal regulations require hospitals to identify a specific community being served as part of the CHNA, those regulations do not dictate how that community is defined. Hospitals are permitted to use relevant facts and circumstances, including but not limited to: geographic location, target populations, and principal function.

For this assessment, Ashtabula County Medical Center chose to define its service area through the inpatient discharge metric. The overwhelming majority (97%) of patients served by Ashtabula County Medical Center live in Ashtabula County, Ohio.

Ashtabula County Medical Center, Inpatient Discharges by Zip Code – 2018

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<tr>
<th>City</th>
<th>Zip Code</th>
<th>Discharges</th>
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<td>Andover</td>
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<td>Rome</td>
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<td>Windsor</td>
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<tr>
<td>TOTAL</td>
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<td>5,928</td>
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(Source: Ohio Hospital Association Insight Database)
The map below highlights Ashtabula County’s location in northeastern Ohio.
OBSERVATIONS FROM 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

- Ashtabula County’s population declined by 5.1% between 2000 and 2018, compared to a 3% population growth for Ohio during the same time frame. By 2030, Ashtabula County will experience an 11.6% decline in population from 2010, compared to the State of Ohio that is expected to experience a slight overall population increase of 0.7%. The county’s population is expected to continue to decline through 2040.

- Ashtabula County compares unfavorably to Ohio and the United States for income, employment, and education. The median household income is lower in Ashtabula County than in Ohio or the United States. The county’s unemployment rate of 5.9% is higher than the state and national average. Fewer individuals in Ashtabula County receive a high school diploma, 85.7%, which is below Ohio’s 89.9% and the nation’s 87.3%. Additionally, only 13.4% of Ashtabula County residents hold a bachelor’s degree, compared to 27.2% of Ohioans and 30.9% of Americans.

- Seventeen percent (17%) of Ashtabula County adults had experienced at least one issue related to hunger/food insecurity in the past year. Specific experiences included: choosing between buying food and paying bills (12%), worried they would run out of food (7%), ate less or went hungry to provide more food for their family (6%), developed food insecurity issues due to loss of income (9%), had food assistance benefit cut (7%), or did not eat because did not have enough money for food (4%). Ten percent of adults experienced more than one issue related to food insecurity/hunger in the past year.

- Ashtabula County has a higher percentage of persons aged 65 or older, at 18.6% of the population compared to 16.7% and 15.6% in Ohio and the United States, respectively.

- Ashtabula County also has a higher rate of persons under age 65 living with a disability (11.2%) than the state (10%) and the nation (8.7%).

- The majority of Ashtabula County residents are white (93.1%), making Ashtabula County less diverse than the state and country.

- The overall age-adjusted mortality rate in Ashtabula County is 912.9 per 100,000, well above the rate of 824.9 for Ohio and 730.4 for the United States. With the exception of Alzheimer’s Disease, Ashtabula County’s outcomes for the six leading causes of death are worse than both the state and nation.

- The rate of years of potential life lost before age 75 in Ashtabula County is significantly higher than for the state, and almost three times as high as the best performing county in Ohio.

- The age-adjusted cancer incidence rate for Ashtabula County was higher than Ohio for the following cancers: larynx, liver and intrahepatic bile duct, lung and bronchus, oral cavity and pharynx, pancreas, stomach, thyroid and uterus. For the period of 2014-2016, the age-adjusted cancer mortality rates in Ashtabula County were higher than Ohio’s for: brain and other, colon and rectum, esophagus, kidney and renal pelvis, Leukemia, lung and bronchus, non-Hodgkins lymphoma, ovary, pancreas, prostate, and uterus.

- Ashtabula County Ashtabula County has experienced a decline in age-adjusted unintentional drug overdose deaths. The county performs better than the state overall, but is significantly higher than the best performing county in Ohio.
• Ashtabula County’s average infant mortality rate for 2013-2017 was below the state average and well below the worst performing Ohio counties, but almost twice that of Ohio’s best performing county.

• Ashtabula County’s percentage of pre-term births (<37 weeks gestation) for 2017 was almost twice the best performing Ohio county and higher than the Healthy People 2020 Target. However, it was slightly lower than the state average and significantly lower than the worst performing Ohio county.

• County Health Rankings provides comparative data for counties by incorporating various health status indicators, broken into categories of health behaviors, clinical care, social and economic factors, and physical environment. For the state of Ohio, the rankings are on a scale of 1 (the healthiest) to 88 (the least healthy). Ashtabula County ranks in the top half of Ohio counties for Physical Environment, but in the bottom half for all other categories, including six categories in the bottom quartile. Ashtabula County also compares unfavorably overall compared to Ohio and the top performing county in the United States.

• Within ACMC’s service area, there are 16 minor civil divisions designated as primary care Health Professional Shortage Areas (HPSAs). All of Ashtabula County is designated HPSA for both dental and mental health. There are also nine census tracts in the City of Ashtabula that are identified as being medically underserved.

• 90% of adults in Ashtabula County had some form of insurance, with employer-sponsored (48% when including spouses/partners covered on employer-sponsored plan), Medicare (26%) and Medicaid (11%) being the top three sources of healthcare insurance.

• Of those Ashtabula County adults with insurance, 99% of them have medical coverage and 93% have prescription coverage. However, only 63% of survey respondents indicated that their healthcare coverage includes dental or vision, and only 57% and 38% have coverage for mental health or alcohol and drug treatment, respectively.

• A combined 83% of Ashtabula County adults indicated they have at least one person they identify as their personal healthcare provider, which is higher than Ohio (72%) and the United States (70%) in 2017. Although 90% of adults in Ashtabula County indicated they have healthcare coverage, only 69% said they had visited a provider for a routine check-up in the previous year.

• 75% of Ashtabula County adults are either overweight or obese based on body mass index (BMI). The total number of Ashtabula County adults who are obese is 31,965. Being overweight or obese elevates the risk for developing a wide variety of health issues, including diabetes, heart disease, and many forms of cancer.

• Ashtabula County’s adult smoking rate (21%) equaled Ohio’s, but was higher than the nation’s (17%). Results of the 2019 Ashtabula County Community Health Assessment survey show that 15,982 adults in Ashtabula County are smokers and an additional 28% considered themselves former smokers.

• Ashtabula County has a higher rate of residents who identify as being a current drinker (74%) compared to Ohio (54%) and the United States (55%). A current drinker is defined as someone who had at least one alcoholic drink in the past month. Additionally, 23% of Ashtabula County adults can be classified as a binge drinker, compared to 19% for Ohio and 17% for the US.
- Fifteen percent of Ashtabula County adults felt sad or hopeless nearly every day for a period of two weeks or more. Six percent of Ashtabula County adults considered attempting suicide, with less than one percent reported having attempted suicide in the past year.
- Nineteen percent (19%) of Ashtabula County residents were living in poverty. That percentage increased to 28% for children and youth ages 0-17.
- Twenty-three percent, or 17,505, of Ashtabula County adults experienced four or more Adverse Childhood Experiences (ACEs) in their lifetime. That is almost double the percentage reported on the 2016 assessment.
COMMUNITY HEALTH NEEDS SELECTION AND PRIORITIZATION

The priorities identified in the 2020-2022 AMCIC Implementation Strategy align with both the State of Ohio and Ashtabula County. The State of Ohio released an updated State Health Assessment (SHA) in 2019. Likewise, Ashtabula County released an updated Community Health Assessment (CHA) in 2019. Ashtabula County also released a Community Health Improvement Plan that will cover the years 2019-2021.

At the time AMCIC’s 2020-2022 Implementation Strategy was released, the State of Ohio had not released its updated State Health Improvement Plan. Therefore, the priorities and strategies included in this document are in alignment with the 2017-2019 Ohio State Health Improvement Plan. It is important to note that the areas for health improvement in the State of Ohio remained relatively unchanged from the 2017 State Health Assessment to the 2019 State Health Assessment. Therefore, the strategies outlined in this document remain valid in contributing to the betterment of health for all Ohioans, not just Ashtabula County residents.

ACMC will address the following priorities in alignment with the State of Ohio and Ashtabula County:

- Chronic Disease
- Mental Health and Addiction

Where feasible, the strategies AMCIC will use to address these priority categories will be derived from evidence-based strategies recommended by the State of Ohio. Additionally, many of the strategies in this document will be in collaboration with multiple agencies and organizations in Ashtabula County.

ACMC will not address the following priority that was identified by the State of Ohio:

- Maternal and Infant Health

Cross-cutting Factors

In recognizing that access to quality healthcare is not in itself sufficient for good community health, the State of Ohio identified cross-cutting factors that impact multiple outcomes. Underlying drivers of well-being include poverty, housing, student success, education, and other social determinants of health.

The Ohio State Health Improvement Plan includes outcomes and strategies that address the following cross-cutting factors:

- Health equity
- Social determinants of health
- Public health system, prevention, and health behaviors
- Healthcare system and access
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 non-governmental 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: Healthcare refers to the system that pays for and delivers clinical healthcare services to meet the needs of patients. Access means having timely use of comprehensive, integrated, and appropriate health services to achieve the best health outcomes. (Source: 2019-2021 Ashtabula County Community Health Improvement Plan)

In collaboration with the Ashtabula County 2019-2021 Community Health Assessment, ACMC’s Implementation Strategy will focus on the following cross-cutting factors:

- Public health system, prevention, and health behaviors
- Healthcare system and access
HEALTH NEEDS ACMC WILL ADDRESS

ACMC was an active participant in the development of the Ashtabula County Health Department’s Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA and CHIP align with the State of Ohio’s State Health Assessment and the State Health Improvement Plan. Therefore, the Implementation Strategy developed by ACMC will seek to address significant health needs in Ashtabula County that are in alignment with the County and State, and many of the strategies presented will be driven by the Ashtabula County Health Department with significant participation and/or support by ACMC.

ACMC will address the following health needs of Ashtabula County in the years 2020-2022:

- Access to Healthcare
- Chronic Disease
- Mental Health and Addiction

Chronic Disease and Mental Health and Addiction are two of the three priority topics identified by the State of Ohio. Ohio-based non-profit hospitals are required to align with at least two of the State’s priority topics.

The third priority area, Maternal and Infant Health, is not included in the ACMC Implementation Strategy because: A) Ashtabula County’s performance on the measures (low birth weight, infant mortality, pre-term birth) are favorable compared to the State of Ohio; and, B) over 65% of births to Ashtabula County residents take place at hospitals outside of the county, leaving little opportunity for ACMC to impact outcomes.
Access to Healthcare

Access to Care includes lack of certain specialists, limited specialist options, and shortage of primary care providers.

Health Professional Shortage Areas

A geographic area may be designated a federal Health Professional Shortage Area (HPSA) if a shortage of primary care, dental care, or mental health care professionals is present.

Within ACMC's service area, there are 16 minor civil divisions designated as primary care HPSAs. All of Ashtabula County is designated a HPSA for both dental health and mental health.

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<th>HPSA Name</th>
<th>HPSA Type</th>
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<tr>
<td>Ashtabula County</td>
<td>Mental Health</td>
<td>County</td>
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(Source: Health Resources and Services Administration, 10/2019)

A combined 83% of Ashtabula County adults indicated they have at least one person they identify as their personal healthcare provider, which is higher than Ohio (72%) and the United States (70%) in 2017. (Source: 2019 Ashtabula County Community Health Assessment)

Although 90% of adults in Ashtabula County indicated they have healthcare coverage, only 69% said they had visited a provider for a routine check-up in the previous year. (Source: 2019 Ashtabula County Community Health Assessment)

Sixty-two percent of adults in Ashtabula County used an Emergency Department for health care. Reasons for using the Emergency Department were: serious illness/injury (52%), could not get into see primary care physician (13%), doctor told them to go there (7%), and did not have primary care physician (5%). (Source: 2019 Ashtabula County Community Health Assessment)
Additionally, 63% of adults went outside of Ashtabula County in the past year for the following healthcare services: specialty care (27%), primary care (27%), dental services (21%), OB/GYN (14%), orthopaedics (8%), cardiac (6%), mental health/counseling (6%), ENT (6%), and cancer (5%). (Source: 2019 Ashtabula County Community Health Assessment)

Strategies to Address Access to Healthcare

Strategy 1: Improve Access to Comprehensive Primary Care
Type of Strategy: Healthcare System and Access
Priority Area: Not SHIP Identified
Action Steps:
• Open Orwell Family Health Center to address Healthcare Professional Shortage Area in Southern Ashtabula County
• Create Primary Care Team model concept to reduce wait time for new patient appointment
• Connect Express Care patients to a primary care provider
• Connect employees of Workplace Wellness clients to a primary care provider
• Connect community members at outreach events to a primary care provider
• Continue to recruit for family medicine, internal medicine, and pediatrics

Strategy 2: Improve Access to Specialty Care
Type of Strategy: Healthcare System and Access
Priority Area: Not SHIP Identified
Action Steps:
• Continue to recruit specialty physicians to ensure Ashtabula County residents do not have to leave the county for specialty care
• Continue to collaborate with Cleveland Clinic to provide specialists and specialty clinics for services not available in the community
Chronic Disease

Heart disease, cancer, and diabetes are leading causes of death for Ashtabula County residents. High blood pressure, high cholesterol, obesity, and smoking are four risk factors for heart disease and stroke. Survey results indicate that 42% of Ashtabula County adults have been diagnosed with high blood pressure, 40% have been diagnosed with high cholesterol, 42% are obese, and 21% identify as current smokers. Additionally, 13% – 9,894 – of Ashtabula County adults had been diagnosed with diabetes. (Source: 2019 Ashtabula County Community Health Assessment)

To align with the State and Ashtabula County initiatives, ACMC’s focus will be on high blood pressure and diabetes.

Strategies to Address Chronic Disease

Strategy 1: Prevent heart disease
Type of Strategy: Healthcare System and Access
Priority Area: Chronic Disease
Action Steps:
- Implement pre-hypertension and hypertension patient education
- Provide free hypertension screenings at ACMC Express Care locations
- Provide free hypertension screenings at community outreach events
- Continue free exercise prescription program at ACMC-owned fitness center

Strategy 2: Reduce the prevalence of diabetes
Type of Strategy: Healthcare System and Access
Priority Area: Chronic Disease
Action Steps:
- Continue to offer inpatient and outpatient diabetes education
- Increase number of providers prescribing exercise
- Explore implementation of a pre-diabetes risk assessment at primary care appointments

Strategy 3: Reduce obesity
Type of Strategy: Public Health System, Prevention, and Health Behaviors
Priority Area: Chronic Disease
Action Steps:
- Collaborate with the Intervention and Prevention of Ongoing Diseases (IPOD) committee of the Ashtabula County Health Department to raise awareness of food pantries and farmers’ markets, distribute information on where to obtain fresh fruits and vegetables, and develop a unified healthy choices campaign to include print and social media
Mental Health and Addiction

Although Ashtabula County has experienced a decline in unintentional overdose deaths in recent years, the opiate epidemic, as well as the continued presence of methamphetamine, presents a significant health challenge.

Ashtabula County has a higher rate of suicide deaths than the state and nation. Fifteen percent of Ashtabula County adults felt sad or hopeless nearly every day for a period of two weeks or more. Six percent of Ashtabula County adults considered attempting suicide, with less than one percent reported having attempted suicide in the past year (Source: 2019 Ashtabula County Community Health Assessment.)

Strategies to Address Mental Health and Addiction

Strategy 1: Decrease drug overdose deaths
Type of Strategy: Healthcare System and Access
Priority Area: Mental Health and Addiction
Action Steps:
- Continue to collaborate with, and support initiatives of, the Ashtabula County Mental Health Recovery Services Board and the Ashtabula County Substance Abuse Leadership Team
- Explore the incorporation of a screening for drug use and abuse for all patients age 12 and older
- Provide training to providers on guidelines for opioid prescribing

Strategy 2: Decrease suicide
Type of Strategy: Public Health System, Prevention, and Health Behaviors
Priority Area: Mental Health and Addiction
Action Steps:
- Collaborate with one Ashtabula County school district each year to implement the Signs of Suicide Prevention program
- Continue to collaborate with, and support initiatives of, the Ashtabula County Mental Health Recovery Services Board and the Ashtabula County Prevention Coalition
HEALTH NEEDS ACMC WILL NOT ADDRESS

As an independent community hospital in a rural county, ACMC does not have the personnel or financial resources to address all of the community health needs identified in the 2019 Community Health Needs Assessment. To ensure ACMC remains financially viable and in a position to enhance current services, develop new services, and continue to provide a range of community benefits, the hospital’s implementation strategy will not specifically address the following:

- Dental services
- Tobacco use
- Alcohol consumption
- Poverty
- Food insecurity
- Adverse Childhood Experiences

Although the above community health needs are not a main focus for Ashtabula County Medical center during this Implementation Strategy’s three-year period, ACMC will continue to support other local organizations and agencies who are addressing these needs through sponsorship, and/or on a project-by-project basis.

As mentioned previously in this document, Maternal and Infant Health was also identified as a priority area for the State of Ohio. ACMC will not address Maternal and Infant Health as part of this Implementation Strategy because Ashtabula County’s performance on key outcomes outperforms the State average, and because approximately 65% of births to Ashtabula County residents take place at hospitals outside of the County, which significantly reduces the impact ACMC can have on this State priority.
ROLE OF ACMC IN A HEALTHY COMMUNITY

The health of a community affects every resident who lives there. ACMC is committed to providing the highest quality of care to members of our community. It is the role the hospital has played for over 115 years, since the founding in 1904.

The most recent copies of the ACMC Community Health Needs Assessment and the Implementation Strategy are available on the hospital’s website at: acmchealth.org.

The ACMC Community Health Needs Assessment was reviewed and approved by the ACMC Healthcare System Board of Directors in October, 2019. The corresponding Implementation Strategy was reviewed and approved in March, 2020.

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