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Moxley PUBLIC HEALTH

AVITA HEALTH SYSTEM

# 2027-2029 Avita Health System Implementation Strategy

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# A Note From Avita Health System



Avita Health System strives to bring together people and organizations to improve community wellness. The community health assessment process is one way we can live out our mission. To fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is understanding the factors that influence health outcomes and identifying opportunities for improvement. In 2026, Avita Health System conducted a Community Health Needs Assessment (CHNA) as the foundation for this Implementation Strategy (IS). The assessment provides a comprehensive evaluation of community health status, contributing factors, and priority health needs. Findings from the CHNA were used to guide the prioritization process and inform the development of strategies to address the most significant health needs identified in Richland County.

The 2027-2029 Avita Health System IS would not have been possible without the help of numerous Richland County organizations, acknowledged on the following pages. It is vital that assessments such as this continue, so partners know where to direct resources and how to use them in the most advantageous ways.

The goals of public health can only be accomplished through community members' commitment to themselves and to each other. Avita Health System believes that together, Richland County can be a thriving community of health and well-being at home, work, school, and play.

Importantly, this report could not exist without the contributions of individuals in the community who participated in interviews and completed the community member survey. Avita Health System is grateful for those individuals who are committed to the health of the community and took the time to share their health concerns, needs, behaviors, praises, and suggestions for future improvement.

Sincerely,

Cinda Kropka

**Cinda Kropka, MHA**
Corporate Compliance & Privacy Officer
Avita Health System

# Acknowledgments

This Implementation Strategy (IS) was made possible thanks to the collaborative efforts of Avita Health System, community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

**Avita Health System would like to recognize the following organizations for their contributions to this report:**

Avita Health System

Mansfield City School District

Mansfield YMCA

Mental Health & Recovery Services of Richland County

National Alliance on Mental Illness (NAMI) Richland County

Ontario Schools

Richland Area Chamber & Economic Development

Richland County Foundation

Richland Newhope: Richland County Board of Developmental Disabilities

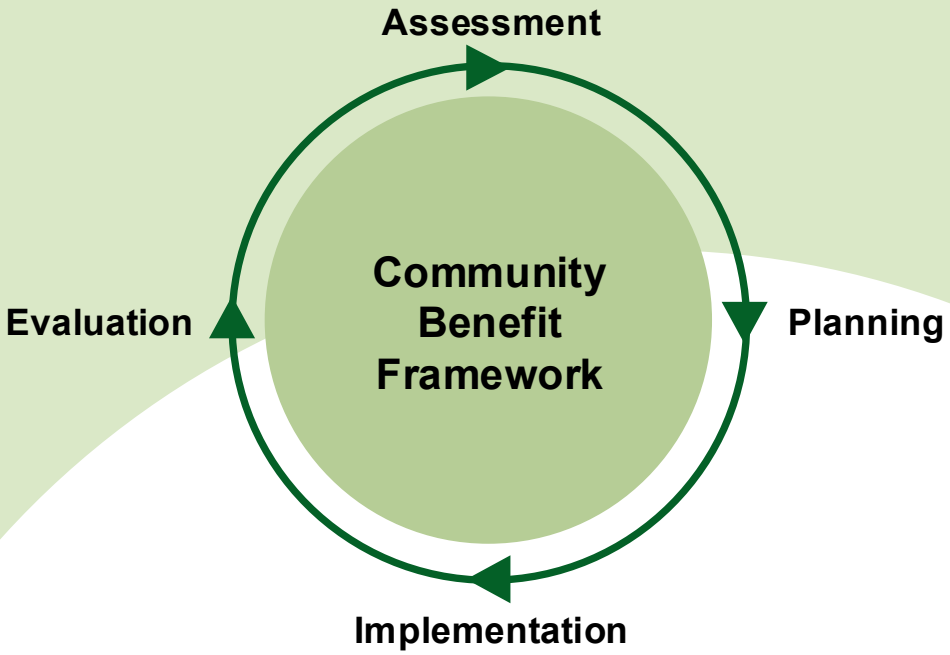
Richland Public Health

Third Street Family Health Services



Introduction

# What is an Implementation Strategy (IS)?




An **Implementation Strategy (IS)** is part of a framework that is used to guide community benefit activities, policy, advocacy, and program-planning efforts. For hospitals, the Implementation Strategy describes their plan to respond to the needs identified through the previous Community Health Needs Assessment (CHNA) process. It also fulfills a requirement mandated by the Internal Revenue Service (IRS) in Section 1.501(r)(3).

# Overview of the Process

To develop an Implementation Strategy (IS), Avita Health System followed a process that included the following steps:

**STEP 1: Plan and prepare for the Implementation Strategy.**

**STEP 2: Use Community Health Needs Assessment (CHNA) data to select and prioritize health needs, disparities, and social determinants of health to address.**

**STEP 3: Consider and select objectives and goals to address prioritized health needs, disparities, and social determinants of health with community partners.**

**STEP 4: Develop a written and public Implementation Strategy report.**

**STEP 5: Adopt the Implementation Strategy.**

**STEP 6: Implement the Implementation Strategy.**

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

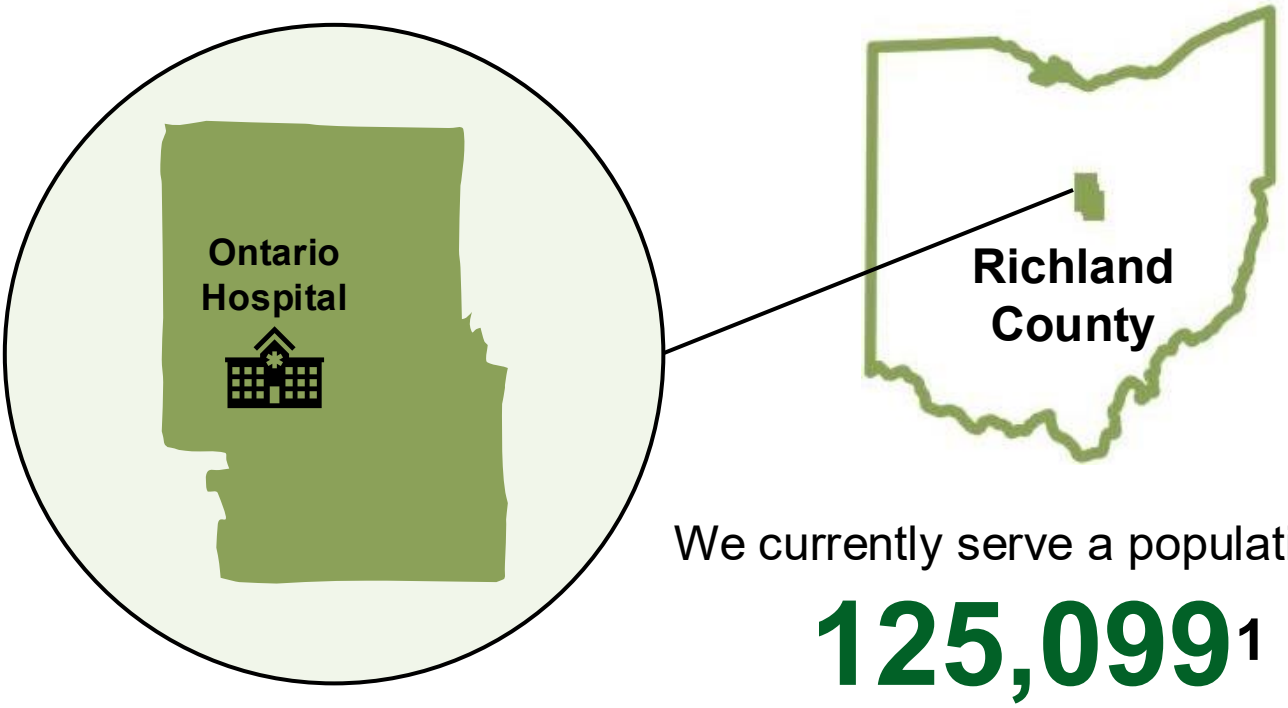
**Note:** The IS workplan is a living document that will be updated regularly throughout the cycle.

**The 2027-2029 Avita Health System IS meets all Ohio Department of Health and Federal/IRS regulations.**



# Defining the Avita Health System Service Area

For the purposes of this report, Avita Health System defines their primary service area as being made up of Richland County, Ohio.



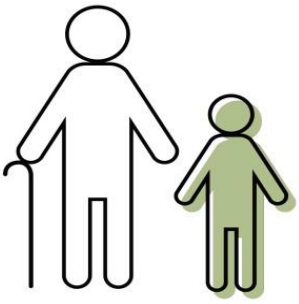

We currently serve a population of

**125,099**[1]

| Avita Health System Service Area | | | |
|---|---|---|---|
| **Geographic Area** | **Zip Code** | **Geographic Area** | **Zip Code** |
| Fredericktown* | 43019 | Plymouth* | 44865 |
| Ashland* | 44805 | Shelby | 44875 |
| Bellville | 44813 | Shiloh | 44878 |
| Butler | 44822 | Mansfield | 44901 |
| Crestline* | 44827 | Mansfield | 44902 |
| Galion* | 44833 | Mansfield | 44903 |
| Greenwich* | 44837 | Mansfield | 44904 |
| Lucas | 44843 | Mansfield | 44905 |
| Ontario | 44862 | Mansfield | 44906 |
| Perrysville* | 44864 | Mansfield | 44907 |

**While portions of these communities lie outside of Richland County, the associated ZIP Codes are at least partially contained within Richland County and form part of Avita Health System's service area.*

# Avita Health System At-A-Glance





The life expectancy in Richland County of **74.5 years is 1.2 years shorter** than it is for the state of Ohio.[2]

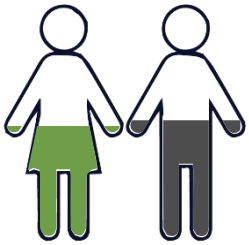
Youth ages 0-18 and seniors 65+ make up

**42% of the population**

(vs. **40%** for Ohio).

In the Richland County service area, **1 in 5 residents are ages 65+**.[1]

**51%** of Richland County residents are **men**, vs. 49% for Ohio.[1]



49% 51%



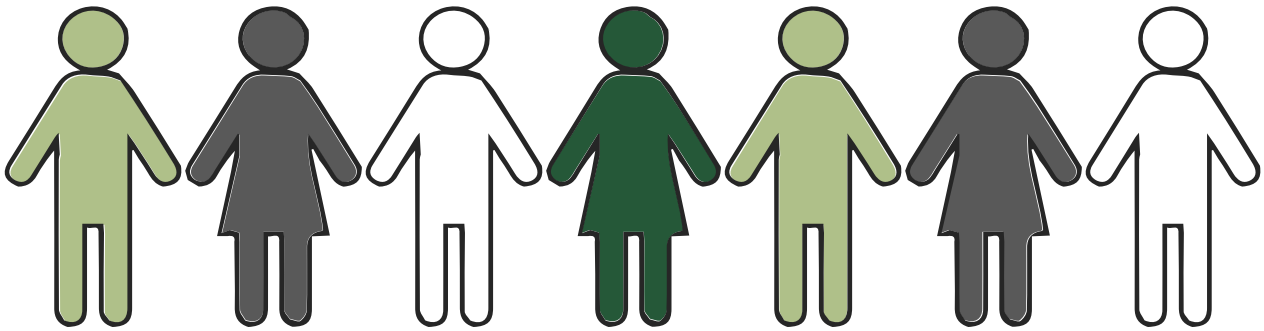
**8%**

of Richland County residents are **veterans**, vs. 7% for Ohio.[3]

**2%** of Richland County's population is **foreign-born** (vs. **5%** for Ohio), while **5%** of Richland County residents **do not speak English as their first language** (vs. **8%** for Ohio).[3]



There is a **higher proportion of White residents** in Richland County than in the state of Ohio.[1]



| | White | Black/ African American | Multi-racial | Hispanic or Latinx | Asian | AI/AN | NH/PI |
|---|---|---|---|---|---|---|---|
| Richland | 85% | 7% | 6% | 2% | 1% | 0.1% | 0.1% |
| Ohio | 77% | 12% | 7% | 5% | 3% | 0.2% | 0% |

*AIAN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander*

**Step 1**

# Plan and Prepare for the Implementation Strategy



## In this step, Avita Health System:

- ✓ Determined who would participate in the development of the Implementation Strategy
- ✓ Engaged board and executive leadership
- ✓ Reviewed the Community Health Needs Assessment



# Plan and Prepare

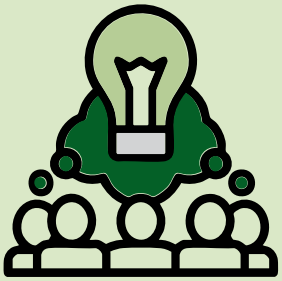
Secondary and primary data were collected to complete the 2026 Avita Health System Community Health Needs Assessment (available at: https://avitahealth.org/about-us/ -community-wellness). Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, healthcare access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices.

Primary data were collected through key informant interviews with **12** experts from various organizations serving Richland County, and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. A community member survey was distributed via a QR code and link, with **275** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county, and identify health disparities present in the community. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs, and prioritize health needs. More details on methodology can be found in the 2026 Avita Health System Community Health Needs Assessment.

> ***Community Health Needs Assessments (CHNA) are the foundation for improving and promoting the health of community members. The role of a Community Health Needs Assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.***
>
> - Catholic Health Association

**Step 2**

# Use Community Health Needs Assessment Data to Select and Prioritize Health Needs, Disparities, and Social Determinants of Health to Address



## In this step, Avita Health System:

- ✓ Selected priority health needs for the Implementation Strategy based on the findings from the Community Health Needs Assessment
- ✓ Using the MAPP 2.0 framework, community partners reviewed assessment findings and applied a structured prioritization process to identify the health needs that were most significant, actionable, and aligned with community priorities

# Addressing the Health Needs



The 2026 Avita Health System Community Health Needs Assessment (CHNA) identified the following significant health needs from an extensive review of the primary (community survey and interviews) and secondary data (existing data). The significant health needs were ranked as follows through the community member survey (**275** responses from community members). In cases where health needs were ranked equally, we applied a secondary ranking criterion based on the frequency of mentions in key informant interview analysis, giving priority to the higher-frequency needs.

| Health Needs Ranking From Community Member Survey | |
|---|---|
| **#1 Mental health and access to mental health care** | **55%** |
| **#2 Income/poverty and employment** | **54%** |
| **#3 Substance/drug use** | **44%** |
| **#4 Food insecurity** (e.g., not being able to access and/or afford healthy food) | **35%** |
| **#5 Access to childcare** | **32%** |
| **#6 Access to healthcare** (e.g., doctors, hospitals, specialists, medical appointments, etc.) | **31%** |
| **#7 Housing and homelessness** | **31%** |
| **#8 Crime and violence** | **30%** |
| **#9 Chronic diseases** (e.g., heart disease, diabetes, cancer, asthma) | **29%** |
| **#10 Transportation** (e.g., public transit, cars, cycling, walking) | **24%** |
| **#11 Adverse childhood experiences** (e.g., child abuse, mental health, family issues, trauma) | **24%** |
| **#12 Nutrition and physical health/exercise** | **23%** |
| **#13 Education** (e.g., early childhood education, elementary school, post-secondary education) | **21%** |
| **#14 Preventive care and practices** (e.g., mammograms, vaccinations) | **10%** |
| **#15 Environmental conditions** (e.g., air and water quality) | **10%** |
| **#16 Tobacco and nicotine use/smoking** | **9%** |
| **#17 Maternal, infant and child health** (e.g., pre-term births, infant mortality, maternal mortality) | **7%** |
| **#18 Internet/Wi-Fi access** | **3%** |
| **#19 HIV/AIDS and Sexually Transmitted Infections (STIs)** | **1%** |

# Priority Health Needs For Avita Health System

From the significant health needs, Avita Health System chose health needs that considered the hospital's capacity to address community needs, the strength of community partnerships, and those needs that correspond with the hospital and community partners' priorities.

**The three priority health needs that will be addressed in the 2027-2029 Implementation Strategy (IS) are:**

## 1 Mental Health & Substance Use Disorder



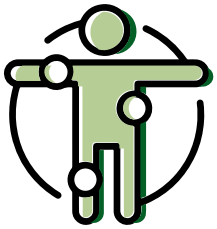
- Richland County (18) has **a slightly higher suicide rate** per 100,000 than Ohio (15).[4]
- Richland County adults experience an average of **6.1 mentally unhealthy days per month**, compared to 5.9 days for Ohio.[2]
- Richland County's **unintentional drug overdose and opioid overdose death rates are higher** than Ohio's rates.[4, 5]

## 2 Access to Healthcare



- Richland County has **fewer primary and dental care providers** relative to its population when comparing the ratios to Ohio.[2]
- **22%** of Richland County survey respondents **did not have a routine checkup** in the prior year, compared to 23% for Ohio.[6]
- **18%** of community survey respondents **could not obtain a necessary prescription medication** in the past year, the same as in the 2023 survey.

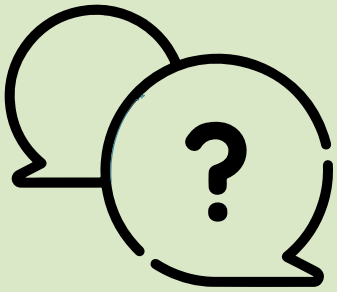
## 3 Chronic Diseases



- Richland County (496) has a **higher overall cancer incidence rate** per 100,000 people than Ohio (471).[7]
- **32%** of survey respondents **rated their health as "average,"** while 6% rated it as poor.
- **29%** of survey respondents chose **chronic diseases as a top community health need**. The most commonly cited conditions were **diabetes** and **cancer**.

**Step 3**

# Consider and Select Objectives and Goals to Address Prioritized Health Needs, Disparities, and Social Determinants of Health with Community Partners



## In this step, Avita Health System:

- ✓ Selected approaches, objectives, and goals to address the Avita Health System prioritized health needs, health disparities, and social determinants of health
- ✓ Developed a workplan covering the prioritized health needs, which outlines the specific improvement activities for each objective, along with timeframes and the organizations or individuals responsible for implementation

## #1 Priority Area:

# Mental Health & Substance Use Disorder



## Objectives

| | | |
|---|---|---|
| By the end of 2029, increase awareness of the virtual psychiatric clinic to improve program utilization. | By the end of the 2028 fiscal year, recruit and hire a pediatric psychiatrist. | By the end of 2029, monitor the need for additional therapists and address as needed. |

## Partners

Avita Health System:
Human Resources, IT (Information Technology), Marketing, Physician Development & Recruitment, Physician Services

## Priority Populations

*While this priority affects the entire community, targeted objectives will focus on populations that experience greater risk or barriers to health, including:*

- All Richland County residents
- Youth/pediatric patients
- North End of Mansfield

### Desired Outcomes of Objectives

- ↑ Education and awareness on mental health
- ↑ Access to mental health and substance abuse care
- ↓ Mental health stigma

### Overall Impact of Objectives

- ↑ Mental health
- ↑ Quality of life
- ↓ Substance misuse
- ↓ Mental health and substance abuse ER visits
- ↓ Overdose deaths
- ↓ Death by suicide

**All Avita Health System Service Area Residents Achieve Their Full Health Potential**

## #2 Priority Area:

# Access to Healthcare



## Objectives

| | | | |
|---|---|---|---|
| By the end of 2027, start construction on the Bellville Clinic and evaluate which services need to be offered. | By the end of 2029, add a retail pharmacy and pharmacy drive-through to the Bellville Clinic. | By the end of 2027, add a walk-in clinic offering primary care and rotating specialties to northern Fredericktown. | By the end of June 2027, recruit an OB/GYN to maintain services available. |

## Partners

Avita Health System:
Human Resources, Marketing, Physician Development & Recruitment, Physician Services, Support Services

## Priority Populations

*While this priority affects the entire community, targeted objectives will focus on populations that experience greater risk or barriers to health, including:*

- All Richland and Crawford County residents
- Fredericktown residents
- Southern end of Richland County
- Bellville residents

### Desired Outcomes of Objectives

- ↑ Access to primary care, screenings, and checkups
- ↑ Access to prescription medication and pharmacy services
- ↑ Access to maternal, infant, and child healthcare
- ↓ Delayed care

### Overall Impact of Objectives

- ↑ Health status
- ↑ Quality of life
- ↓ Unmet care needs
- ↓ Emergency department visits and hospitalizations
- ↓ Premature mortality and morbidity

**All Avita Health System Service Area Residents Achieve Their Full Health Potential**

## #3 Priority Area:
# Chronic Diseases

## Objectives

| | | | |
|---|---|---|---|
| By the end of June 2027, continue to recruit APPs (Advanced Practice Providers) to keep up with cancer program growth. | By the end of June 2027, recruit a gastroenterologist to maintain services. | By the end of June 2027, develop a palliative care program to meet the needs of our patients. | By the end of 2029, expand Healthy Library resources to increase awareness of preventive practices, care, and services. |

## Partners

Avita Health System:
Human Resources, Marketing, Physician Development & Recruitment, Physician Services

## Priority Populations

*While this priority affects the entire community, targeted objectives will focus on populations that experience greater risk or barriers to health, including:*

- All patients
- Cancer patients
- Digestive care patients
- Residents of underserved areas
- People who are at risk for chronic diseases (e.g., uninsured, prediabetic, obese, high blood pressure)

### Desired Outcomes of Objectives

- ↑ Education on chronic diseases & risk factors
- ↑ Chronic disease prevention, screening & management
- ↑ Nutrition, including fruit & vegetable consumption
- ↓ Sedentary youth and adults

### Overall Impact of Objectives

- ↑ Access to primary care
- ↑ Quality of life
- ↑ Physical health
- ↓ Overweight and obesity
- ↓ Chronic disease
- ↓ Premature mortality

**All Avita Health System Service Area Residents Achieve Their Full Health Potential**

# Current Resources Addressing Priority Health Needs

## Richland County

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

**Cancer**
- American Cancer Society
- Avita Health System
- Breast Cancer Group
- Kracker Cancer Services for Richland County
- Cleveland Clinic
- Mansfield Cancer Foundation
- Mansfield Radiation Oncology
- OhioHealth
- Pat Kracker Breast Cancer Fund
- Support Groups
- United Way
- University Hospitals
- YMCA

**Dementia/Alzheimer's Disease**
- Alzheimer's Association
- Area Agency on Aging
- Avita Health System
- Conard House Assisted Living
- Crestwood Care Center
- Good Samaritan Hospital
- Liberty Nursing Center
- Mansfield Place
- Memory Care Units
- OhioHealth
- Ontario Pointe
- Richland County Mental Health & Recovery Services Board
- Wedgewood Estates of Mansfield

**Diabetes**
- Akron Children's Hospital
- Avita Health System
- Bike Trail
- Community Health Educators
- Diabetes Association

**Diabetes (cont.)**
- Diabetes Prevention Program
- Good Samaritan Hospital
- North End Community Improvement Collaborative (NECIC)
- OhioHealth
- Richland County Diabetes Coalition
- Richland Endocrinology and Diabetes Center
- Richland Public Health
- Third Street Family Health Services
- YMCA

**Disabilities**
- Catalyst Life Services
- Chiropractor
- Free Yoga for Veterans
- Opportunities for Ohioans With Disabilities
- Pain-Management Specialists
- Physical Therapists
- Richland County Mental Health & Recovery Services Board

**Family Planning**
- Avita Health System
- Catalyst Life Services
- Community Health Access Project (CHAP)
- Community Action Commission of Erie, Huron & Richland
- OhioHealth
- Planned Parenthood
- Richland Pregnancy Services
- Richland Public Health
- Third Street Family Health Services

**Heart Disease**
- Akron Children's Hospital
- Avita Health System
- Cleveland Clinic
- Community Health Workers
- From the Heart
- OhioHealth
- Richland Public Health
- Third Street Family Health Services

**Social Services, Injury and Violence**
- 211
- Avita Health System
- Catalyst Life Services
- Community Action Commission of Erie, Huron & Richland
- Crisis Line
- Harmony House
- Law Enforcement
- Mansfield Peace Coalition
- Metrich Crime Reporting Line
- North End Community Improvement Collaborative (NECIC)
- OhioHealth
- Richland County Community Alternative Center Volunteers of America
- Richland County Youth and Family Council
- Women's Shelter

# Current Resources Addressing Priority Health Needs (continued)

## Richland County

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

**Kidney Disease**
- Avita Health System
- Dialysis Centers
- Fresenius Kidney Care Central Ohio East

**Mental Health**
- Behavioral Health Services
- Catalyst Life Services
- Counseling Centers
- Faith-Based Organizations
- Family Life Counseling
- Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)
- National Alliance on Mental Illness (NAMI)
- New Day
- OhioHealth
- Richland County Mental Health & Recovery Services Board
- Substance Abuse Programs
- The Center
- The Oasis
- Third Street Family Health Services
- Veterans Outpatient Clinic

**Nutrition, Physical Activity, and Weight**
- Avita Health System
- Bellville Neighborhood Outreach Center
- Bike Trail
- City/County Parks
- Community Gardens

**Nutrition, Physical Activity, and Weight (cont.)**
- Farmers Markets
- Fitness Center/Gyms
- Food Banks
- North End Community Improvement Collaborative
- OhioHealth
- Parks and Recreation
- Planet Fitness
- Richland Public Health
- Third Street Family Health Services

**Oral Health**
- Catholic Charities
- North End Community Improvement Collaborative
- Richland Public Health
- Third Street Family Health Services

**Respiratory Disease**
- Avita Health System Pulmonary Rehab

**Sexual Health**
- Planned Parenthood
- Richland Public Health
- Third Street Family Health Services

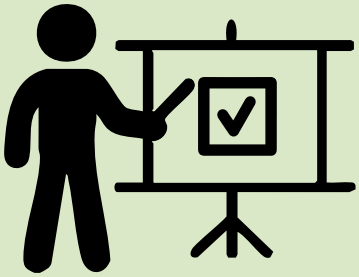
**Substance Use**
- Abraxas
- Alcoholics Anonymous
- Avita Health System
- Catalyst Life Services

**Substance Use (cont.)**
- Celebrate Recovery
- Court Assisted/Ordered Recovery Programs
- Crossroads Community Church
- Department of Mental Health
- Domestic Violence Center
- Drug Court
- Family Life Counseling
- First Responders
- Healing Hearts
- Law Enforcement
- Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)
- National Alliance on Mental Illness (NAMI)
- New Beginnings
- New Directions
- Richland County Mental Health & Recovery Services Board
- Richland County Community Alternative Center
- Starfish Project
- Suboxone Clinics
- Substance Abuse Treatment Centers
- The Center
- Third Street Family Health Services

**Tobacco Use**
- Avita Health System
- Smoking Cessation Programs

**Steps 4-6**

# Develop a Written and Public Implementation Strategy Report, and Adopt and Implement the Plan



## In this step, Avita Health System will:

- ✓ Develop a written and public Implementation Strategy report to show the community the plan for health improvement
- ✓ Adopt and agree on the Implementation Strategy
- ✓ Make a plan to implement, update and sustain the Implementation Strategy

# Avita Health System
# Next Steps

The 2026 Avita Health System Community Health Needs Assessment (CHNA) and the resulting Implementation Strategy (IS) identify and address significant community health needs and help guide improvement activities. This IS explains how Avita Health System plans to address the selected priority health needs identified by the CHNA. The IS is an evolving and ongoing process. Organizations interested in contributing to one or more of the objectives are invited to reach out to the contact listed below to learn how to get involved with the ongoing process of community health improvement.

This IS report was adopted by Avita Health System leadership on October 29, 2026.

This report is widely available to the public on the following website:

Avita Health System: https://avitahealth.org/about-us/ - community-wellness.

Written comments on this report are welcomed and can be made by emailing: ckropka@avitahs.org.

## Evaluation of Impact

Avita Health System will monitor and evaluate the programs and actions outlined above. Progress on the IS will be documented and tracked within the workplan document. We anticipate the actions taken to address the prioritized health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. Avita Health System is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of the health department's actions to address these significant health needs will be reported in the next scheduled CHNA.

## Additional Health Needs Not Directly Addressed

Since Avita Health System cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region, given our areas of focus and expertise. Taking existing organization and community resources into consideration, the hospital will not directly address the remaining health needs identified in the CHNA, including but not limited to access to childcare, adverse childhood experiences (ACEs), crime/violence, education, employment, environmental conditions, food insecurity, HIV/AIDS & STIs, housing/homelessness, income/poverty, internet access, nutrition/physical health, preventive care/practices, tobacco/nicotine use, and transportation. We will continue to look for opportunities to address community needs where we can make a meaningful contribution.

**Appendix A**

# Internal Revenue Service (IRS) Requirements Checklist: Implementation Strategy



## Meeting the IRS Requirements for the Implementation Strategy

The Internal Revenue Service (IRS) requirements for an Implementation Strategy serve as the official guidance for IRS compliance. The following pages demonstrate how this Implementation Strategy meets those IRS requirements

# Appendix A:
# IRS Implementation Strategy Requirements Checklist

| Internal Revenue Service Requirements for Implementation Strategies (IS) | | | | |
|---|---|---|---|---|
| **Yes** | **Page #** | **IRS Requirements Checklist** | **Regulation Subsection Number** | **Notes/ Recommendations** |
| ✓ | 14-21 | (2) Description of how the hospital facility plans to address the health needs selected, including:<br><br>i. Actions the hospital facility intends to take and the anticipated impact of these actions;<br><br>ii. Resources the hospital facility plans to commit; and<br><br>iii. Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need. | (c)(2)<br><br>(c)(2)(i)<br><br>(c)(2)(ii)<br><br>(c)(2)(iii) | |
| ✓ | 21 | (3) Description of why a hospital facility is not addressing a significant health need identified in the Community Health Needs Assessment.<br><br>*Note: A "brief explanation" is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.* | (c)(3) | |

# Appendix A:
# IRS Implementation Strategy Requirements Checklist (continued)

| Internal Revenue Service Requirements for Implementation Strategies (IS) | | | | |
|---|---|---|---|---|
| **Yes** | **Page #** | **IRS Requirements Checklist** | **Regulation Subsection Number** | **Notes/ Recommendations** |
| ✓ | N/A | (4) For those hospital facilities that adopted a joint Community Health Needs Assessment (CHNA) report, a joint IS may be adopted that meets the requirements above. In addition, the joint IS must:<br><br>i. Be clearly identified as applying to the hospital facility;<br><br>ii. Clearly identify the hospital facility's role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and<br><br>iii. Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility. | (c)(4)<br><br>(c)(4)(i)<br><br>(c)(4)(ii)<br><br>(c)(4)(iii) | |
| ✓ | 3, 21 | (5) An authorized body adopts the IS on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.<br><br>**Exceptions (if applicable):**<br><br>**Transition Rule (if applicable):** | (c)(5) | |

## Appendix B

# References

# Appendix B: References

[1]U.S. Census Bureau, American Community Survey, DP05, 2024 5-year estimate. http://data.census.gov

[2]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org

[3]U.S. Census Bureau, American Community Survey, DP02, 2024 5-year estimate. http://data.census.gov

[4]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2020-2024 on CDC WONDER Online Database, released in 2026. Data are from the Multiple Cause of Death Files, 2020-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html

[5]State of Ohio Integrated Behavioral Health Dashboard. https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd *Rates calculated using population from ACS, DP05, 2023 5-year estimate

[6]Ohio Behavioral Risk Factor Surveillance System: 2021 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

[7]Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024 (Note: 2017-2021 U.S. cancer incidence data was the most recent available at the time of this publication)

# AVITA HEALTH SYSTEM

Delivered By:

Moxley PUBLIC HEALTH

www.moxleypublichealth.com
stephanie@moxleypublichealth.com