

# Community Health Improvement Planning



*Presentation to  
Valley Council for Health & Human Services  
June 4, 2019*

# What is a CHIP?

- ▶ The aim of a CHIP is to identify strategies for improving community health that address the unique needs and resources of a specific community.
- ▶ As a result, must draw upon results from local CHA and the expertise of community representatives.
- ▶ Benefits include:
  - ▶ Improved organizational and community coordination and collaboration
  - ▶ Increased knowledge about public health and the interconnectedness of activities
  - ▶ Strengthened partnerships within state and local public health systems
  - ▶ Identified strengths and weaknesses to address in quality improvement efforts



# Examples of CHIP Activities

- ▶ Health Programs
- ▶ Awareness activities
- ▶ Policy Changes
- ▶ Educational campaigns
- ▶ Research
- ▶ Advocacy



# 2013 - 2015 Community Health Improvement Plan

- ▶ Broad-based input from community health and social service agencies
- ▶ 2 priority areas:
  - ▶ Healthy Living and Environment
    - ▶ Healthy eating, physical activity, nurture and social connections
  - ▶ Access to care
    - ▶ Children's mental & behavioral health
    - ▶ Women's reproductive health
    - ▶ Care for underserved and vulnerable populations
    - ▶ Cultural competence of the health workforce
    - ▶ Provider knowledge and utilization of best practices

## Naugatuck Valley Community Health Improvement Plan

2013 - 2015



Support provided by:  
VALLEY COMMUNITY  
FOUNDATION



Release Date: August 2013  
Revision Date: August 2015

# 2016 - 2018 Community Health Improvement Plan

- ▶ Drew on data from the 2016 Valley Community Index - *Understanding the Valley Region, A Community of Well-being*
- ▶ Development and consistent/quarterly tracking of 7 “Focus Areas” by a CHIP Steering Committee
- ▶ Community update provided December 2017/VCHHS presentation November 2018
- ▶ Final quarterly updates from workgroup leads in May 2019

## Naugatuck Valley Community Health Improvement Plan 2016 – 2018



January 2018 Update

**Lead: Susan Cutillo, LCSW, LADC, MBA, Director, Psych Services,  
Griffin Hospital**

### Key Accomplishments:

- Sustainability**: Work continues as best practice for the community





## Focus Area #2: Chronic Disease Management

Lead: Victoria Costales, MD, MPH, Director of the Center for Prevention & Lifestyle Management, Griffin Hospital

**Objective:** Coordinate hospital and community based programs and resources to improve chronic disease management and prevention in the community.

### **Key Accomplishments:**

- ▶ Created catalogue of Griffin's Chronic Disease Programs, and promoted these through outreach events, clinical programs, newsletters and social media
- ▶ Developed Referral System to support groups and lifestyle change programs within Primary Care Electronic Medical Record
- ▶ Conducted Lifestyle Change Programs (Wellness for Life, Diabetes Prevention Program, Diabetes Self-Management Program) and support groups
- ▶ Developed tracking capability to assess referrals and participation

**Sustainability:** Work continues as best practice for the community



## Focus Area #3: Substance Use Disorders

Lead: Pam Mautte, MS, MCHES, CPP-R, Director of Alliance for Prevention and Wellness, BHcare

**Objective:** Identify opportunities and partnerships to prevent drug overdose, a leading cause of premature death, and a rising concern in the Valley and statewide.

### **Key Accomplishments:**

- ▶ Expanded community education (including Mental Health First Aid trainings), interventions, treatment and recovery options
- ▶ 314 community members trained in Narcan use, and 265 kits distributed
- ▶ Medication drop boxes installed, and in active use - in 2018, 1372 pounds collected of unwanted/unused medication in the drop boxes
- ▶ Policy work on statewide opioid initiatives, as well as packaging initiative
- ▶ Recovery coaches and employment specialists support client recovery process

### **Sustainability:**

- ▶ CT DPH is funding ongoing activity for this issue; multi-agencies continue to be actively engaged





## Focus Area #4: Childhood Obesity Prevention / Community Programming

Lead: Beth Comerford, MS, Deputy Director, Yale-Griffin Prevention Research Center

**Objective:** The Valley Initiative to Advance Health & Learning in Schools (VITAHLS) partners with the Yale-Griffin PRC, Griffin Hospital, 5 Valley school districts and community partners on a school-based program to reduce the prevalence of obesity in students in grades Pre-K through 12.

### Key Accomplishments:

- ▶ Successfully convened the Valley School Districts and key community partners (Griffin Hospital, Massaro Community Farm, ShopRite, Valley YMCA, Naugatuck Valley Health Department) to develop a multidisciplinary/multi-district childhood obesity prevention initiative in place for the past eight years
- ▶ Supported implementation of more than 50 different nutrition and/or physical activity initiatives throughout the Ansonia, Shelton, Seymour and Derby school districts, including implementation of a social media campaign to promote healthy eating and physical activity, VITAHLS Healthy Cooking Competition, Valley Health Challenge, school gardens and more
- ▶ Implemented a mini-grant program and funded 15 mini-grants from 2017-2019
- ▶ Leveraged the VITAHLS initiative to expand community capacity and secure in excess of \$300,000 of additional funding

### Sustainability:

- ▶ VITAHLS 5-year funding thru the Yale-Griffin PRC/CDC ends in September 2019. The Valley Community Foundation provided 2-year funding to expand VITAHLS to develop a program that focuses on chronic disease identification, tracking, referrals and interventions - ACCESS: Addressing Chronic Conditions in Elementary and Secondary Schools. Additionally, PRC is exploring partnership with the Valley Chamber of Commerce to establish a program where local businesses support VITAHLS.

## Focus Area #5: Lung Cancer Screening / Smoking Cessation

Lead: Griffin Hospital Healthcare Analyst

**Objective:** Support and expand Griffin Hospital's Low-Dose Lung CT Cancer Screening Program, launched in 2013 to increase early detection of lung cancer.

### Key Accomplishments:

- ▶ Screened more than 1,700 community members since 2013
- ▶ Achieved targeted goal of detecting 100% of cancers for screened patients at Stage 1 in 2018
- ▶ Provided 7 smoking cessation programs for community members and hospital employees in 2018, and 4 in 2019
  - ▶ Quit rate 47% in 2018 (compared to 2017 baseline of 33%)
  - ▶ Quit rate to date for 2019 programs is 27% (*data will continue to be captured for this cohort*)

### Sustainability:

- ▶ Lung cancer early detection screening program and community smoking cessation programs will continue to be conducted by Griffin Hospital



## Focus Area #6: Asthma Prevention and Self-Management

Lead: Jamie Luckhardt, BS, CHES, Health Educator, Naugatuck Valley Health District

Objective: Leverage the efforts of Griffin Hospital, NVHD and other partners to mitigate the burden on health and quality of life caused by asthma in our community.

### Key Accomplishments:

- ▶ Conducted health education programs at a wide range of community agencies and events (e.g., Griffin Hospital, senior centers, day care centers, schools), reaching more than 10,000 community residents
- ▶ Reduction in asthma-related ER visits by Valley residents at both Griffin Hospital and Yale-New Haven Hospital
- ▶ Asthma Education PSA created with students from Bradley School

### Sustainability:

- ▶ Asthma-related ER visits will continue to be tracked despite 10/2018 grant completion



## Focus Area #7: Healthy Homes

Lead: Carissa Caserta, MPH, Assistant Director for Community Health, Naugatuck Valley Health District

**Objective:** Assess effects of lead, mold and other housing-related environmental factors on the health of adults and children in the community.

### **Key Accomplishments:**

- ▶ Held 18 community health promotion events, reaching more than 6,500 residents
- ▶ Conducted resident survey on health effects of 2<sup>nd</sup>-hand smoke
- ▶ Through a federal HUD grant, conducted healthy homes assessments of 114 housing units, and remediated 77 units as of May 2019

### **Sustainability:**

- ▶ Health District will continue community program for asthma education
- ▶ Lead remediation continues under federal grant





Thank you!

Mobilizing for  
Action  
through  
Planning and  
Partnerships!



# Next Steps Towards a 2019 - 2021 Community Health Improvement Plan

- ▶ Collect outcomes from today's discussions
- ▶ Create workgroups based on the top CHIP priorities chosen today
- ▶ Develop Specific, Measurable, Achievable, Realistic, Timely (SMART) goals for each CHIP priority area
- ▶ Release CHIP by September 30, 2019
- ▶ Implementation of CHIP begins!

