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











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

Focus Area #1: Behavioral Health Community Care Team Lead: Susan Cutillo, LCSW, LADC, MBA, Director, Psych Services, Griffin Hospital

<u>Objective</u>: Create and implement an interdisciplinary, interagency team to improve care management and outcomes of chronic behavioral health/substance abuse patients.

Key Accomplishments:

- Created sustainable team that meets biweekly to share cases
- ▶ 14 agencies have participated, with active core of 7 agencies
- ▶ 67 patients have signed releases for participation
- ▶ 34 current active cases, and 7 successfully completed cases

<u>Sustainability</u>: Work continues as best practice for the community



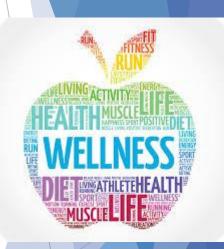
Focus Area #2: Chronic Disease Management Lead: Victoria Costales, MD, MPH, Director of the Center for Prevention & Lifestyle Management, Griffin Hospital

<u>Objective</u>: 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

<u>Sustainability</u>: 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

<u>Objective</u>: 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 funded 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

<u>Objective</u>: 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

<u>Objective</u>: 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 2nd-hand smoke
- ► Through a federal HUD grant, conducted healthy homes assessments of 114 housing units, and remediated 77 units as of May 2019

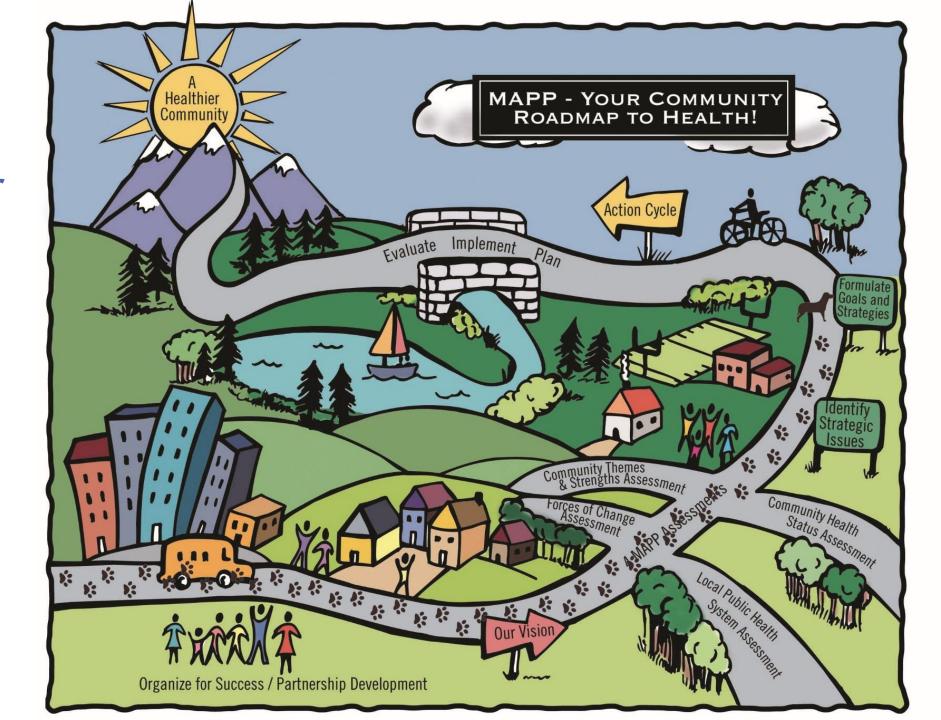
Sustainability:

- ► 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!

