Greater Bridgeport Region Community Health Improvement Plan

St. Vincent's Medical Center

July 2013

Submitted to

The Primary Care Action Group

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Executive Summary

Where and how we live, work, play, and learn affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, the Primary Care Action Group (PCAG) – a coalition of hospitals, local health departments, federally qualified health centers, state agencies and numerous community and non-profit organizations serving the Greater Bridgeport, CT area—is leading a comprehensive regional health planning effort comprised of two phases:

1. A community health assessment (CHA) to identify the health related needs and strengths of the Greater Bridgeport Region
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across the Greater Bridgeport Region

In addition to guiding future services, programs, and policies for these agencies and the area overall, the CHA and CHIP are also required prerequisites for the health department to earn accreditation, and for hospitals to maintain their not for profit status.

The 2013 Greater Bridgeport Region CHIP was developed over the period of February 2013 – June 2013, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews and community forums that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Greater Bridgeport Region assessment and planning process engaged community members and Local Public Health System (LPHS) Partners through different avenues:

a. the PCAG was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan
b. the Core Coordinating Committee was responsible for the overall management of the process, and
c. the CHIP Workgroups, which represented broad and diverse sectors of the community, were formed around each health priority area to develop the goals, objectives, strategies and action steps for the CHIP.

PCAG members outlined a compelling and inspirational vision and mission that would support the planning process and the CHIP itself. The PCAG participated in several brainstorming, and prioritization activities, and developed the following vision and mission for the CHA-CHIP:

Vision

To work together as a coalition to identify, prioritize, and measurably improve the health of our community, through healthcare prevention, education, and services

Mission

To improve the health of the community

The results of this research were reviewed publicly on February 26, 2013, and based on input from the Primary Care Action Group members and the community at large, four key health priorities were selected for action planning at a regional level. The priority health issues are:

Priority Area 1: **Cardiovascular Disease and Diabetes**
Goal 1: Reduce the incidence, progression and burden or cardiovascular disease (CVD) and diabetes (DM) in the Greater Bridgeport Region.

Priority Area 2: **Obesity (healthy eating and physical activity)**
Goal 2: Reduce and prevent obesity by creating environments that promote healthy eating and active living in the Greater Bridgeport Region.

Priority Area 3: **Mental Health and Substance Abuse**
Goal 3: Increase the understanding of mental health and substance abuse as public health issues in order to achieve equal access to prevention and treatment in the Greater Bridgeport Region.

Priority Area 4: **Access to Health Care**
Goal 4: Improve access to quality health care for all individuals living in the Greater Bridgeport Region.

Action plans were then developed for each of these areas by the community.

Greater Bridgeport Region Community Health Improvement Plan

I. BACKGROUND

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build upon, and areas for further collaboration and coordination across organizations, institutions, and community groups. To this end, the Primary Care Action Group (PCAG) – a coalition of hospitals, local health departments, federally qualified health centers, state agencies and numerous community and not-profit organizations serving the Greater Bridgeport, CT area—is leading a comprehensive regional health planning effort comprised of two phases:

- Community Health Assessment (CHA) – identifies the health-related needs and community strengths in the Greater Bridgeport Region
- Community Health Improvement Plan (CHIP) – determines the key health priorities, overarching goals, and specific strategies to implement across the service area that will improve health

In addition to guiding future services, programs, and policies for these agencies and the area overall, the CHA and CHIP are also required prerequisites for a hospital to submit to the IRS as proof of their community benefit and a health department to earn accreditation, which indicates that the agency is meeting national standards.

The 2013 Greater Bridgeport Region CHIP was developed over the period of February 2013 – June 2013, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews and community forums that were conducted locally, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Greater Bridgeport Region assessment and planning process engaged community members and Local Public Health System (LPHS) Partners through different avenues:

a. the PCAG was responsible for overseeing the community health assessment, identifying the health priorities, and overseeing the development of the community health improvement plan
b. the Core Coordinating Committee was responsible for the overall management of the process, and
c. the CHIP Workgroups, which represented broad and diverse sectors of the community, were formed around each health priority area to develop the goals, objectives, strategies and action steps for the CHIP.

In September 2012, the Primary Care Action Group hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide strategic guidance and facilitation of the CHA-CHIP process, collect and analyze data, and develop the report deliverables.

The results of this research were reviewed publicly on February 26, 2013, and based on input from the Primary Care Action Group members and the community at large, four key health priorities were selected for action planning at a regional level. These issues are:

- Cardiovascular Disease and Diabetes
- Obesity (healthy eating and physical activity)
- Mental Health and Substance Abuse
- Access to Health Care

Action plans were then developed for each of these areas by the community.

II. OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PROCESS

A. What is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

B. How to use a CHIP

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live, work, and play in the Greater Bridgeport Region. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort.

C. Methods

Building upon the key findings and themes identified in the Community Health Assessment (CHA), the CHIP aims to:

- Identify priority issues for action to improve community health
- Develop and implement an improvement plan with performance measures for evaluation
- Guide future community decision-making related to community health improvement

In addition to guiding future services, programs, and policies for participating agencies and the area overall, the community health improvement plan fulfills the prerequisites for a hospital to submit to the IRS as proof of their community benefit and a health department to earn accreditation, which indicates that the agency is meeting national standards.

To develop the CHA and the CHIP, the PCAG (which includes representation from local public health entities) was the convening organization that brought together community residents and the area's influential leaders in healthcare, community organizations, and other key sectors, including mental health, local government, and social services. Using the guidelines of the Association for Community Health Improvement (ACHI) the six-step health assessment and improvement process was designed:

1. identification of a team and resources,
2. clearly defining the purpose and scope of the project,
3. collecting and analyzing the data,
4. selecting priorities and developing a health improvement plan,
5. documenting and communication results, and
6. planning for action and monitoring progress.

III. PRIORITIZATION OF HEALTH ISSUES

A. Community Engagement

The Primary Care Action Group led the planning process for the Greater Bridgeport Region and oversaw all aspects of the CHIP development, including the establishment of CHIP Workgroups, to develop the details for identified health priorities. The Core Coordinating Committee continued from the Assessment Phase to the Planning Phase, guiding all aspects of planning and offering expert input on plan components.

CHIP Workgroup members were comprised of individuals with expertise and interest in identified priority areas who volunteered to participate and who represented broad and diverse sectors of the community. See Appendix A for workgroup participants and affiliations.

B. Strategic Components of the CHIP

PCAG members outlined a compelling and inspirational vision and mission that would support the planning process and the CHIP itself. The PCAG participated in several brainstorming and prioritization activities, and developed the following vision and mission for the CHA-CHIP:

Vision: To work together as a coalition to identify, prioritize, and measurably improve the health of our community, through healthcare prevention, education, and services

Mission: To improve the health of the community

C. Development of Data-Based Community Identified Health Priorities

On March 21 2013, a summary of the CHA findings was presented to the PCAG and other key partners. Following the presentation, the PCAG identified 14 potential health priorities and several cross-cutting strategies. While all of the areas were important, identifying 3-5 priority areas based on a clear set of criteria facilitates a targeted focus that should lead to greater community impact.

- Obesity (focus on physical activity and access to healthy foods)
- Heart Disease and Diabetes
- Substance Abuse and Mental Health
- Access to Health Care
- Ability to care for the elderly
- Violence
- Cancer
- Transportation
- Tobacco
- Dental/Oral health
- Asthma
- Sexual Health
- Environmental issues/contaminated lands
- Prenatal Care

After identifying the 14 potential health priorities, each committee member was given a Rating and Ranking worksheet to complete (See Appendix B). Participants were asked to rate each health priority based on four specific sets of selection criteria, using a scale of 1-4 for each criterion. These ratings were added, resulting in an overall rating between 4 and 16 for each health priority. The rating process was followed by a ranking process, in which each participant ranked the health priorities from 1 to 14 based on the overall rating number each priority received.

The following health priorities received the highest ratings and the highest rankings:

- Cardiovascular Disease and Diabetes
- Obesity (healthy eating and physical activity)
- Mental Health/Substance Abuse
- Access to Health Care

D. Development of the CHIP Strategic Components

The PCAG convened a two day-long planning sessions in March and April of 2013. Key community partners were invited to participate in work groups based on interest and expertise in the three identified priority areas. These facilitated work groups resulted in the development of goals, objectives, strategies, action steps, outcome indicators and partner organizations. The facilitators provided sample evidence-based strategies from a variety of resources including *The Community Guide to Preventive Health Services, The Clinical Guide to Preventive Health Services,* the CDC and Healthy People 2020 for the strategy setting session. As policy is inherently tied to sustainability and effectiveness, work groups were encouraged to identify strategies that would result in a policy change.

The Core Coordinating Committee, the HRiA consultants and the Workgroup facilitators reviewed the draft output from the planning sessions and edited material for clarity, consistency, and evidence base. This feedback was incorporated into the final versions of the CHIP contained in this report.

IV. Greater Bridgeport Region Community Health Improvement Plan

Goals, Objectives, Strategies, Key Partners and Outcome Indicators

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of where you would like to be, and a clear evaluation of whether your efforts are making a difference. The following pages outline the goals, objectives, strategies for the four health priority areas outlined in the Community Health Improvement Plan. Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

A. HEALTH PRIORITY AREA #1: Cardiovascular Disease and Diabetes

GOAL:
Reduce the incidence, progression and burden or cardiovascular disease (CVD) and diabetes (DM) in the Greater Bridgeport Region.

OBJECTIVES AND STRATEGIES:

1. By 2016, decrease by 2% the number of repeat emergency room visits for complications of cardiovascular disease and diabetes.
    - Create a culturally competent, community-based screening and education program and integrate it into community clinics
    - Identify providers and office staff to "champion" education and screening and increase the number of physicians referring patients to existing services.
    - Develop and communicate a directory of local screening, education and treatment services.
2. BY 2016, establish/expand a network of navigators/advocates to provide knowledge of and a link to community resources available for persons at risk of or diagnosed with CVD and DM.
    - Identify individuals at various health care provider offices, organizations and community groups who are already acting as navigators or who would be willing to do so; with a special focus on those areas of high-risk.
    - Educate all navigators so that they know of the available services in the community.
3. BY 2016, increase by 10% the number of people screened each year in high risk communities to identify those at risk for CVD and DM and provide linkages to services.
    - Develop a community-wide approach to screening.
    - Identify and reach out to health care service providers in each area to enlist support (i.e., information, donations of supplies) and establish a referral path for people identified as high risk.

KEY INDICATORS:

- Number of emergency room visits for complications of CVD and DM
- Number of CVD and DM navigators in the community
- Number of CVD and DM patients navigated by the community navigators
- Number of providers who champion education and screening of CVD and DM
- Number and frequency of community-based screening programs for CVD and DM

POTENTIAL COMMUNITY PARTNERS

- All PCAG members
- Get Healthy CT
- Connecticut Hospital Association (CHA)
- Connecticut Association of Directors of Health (CADH)
- Existing navigators
- United Way/211 line
- Community Messengers (United Way)
- The Witness Project
- Community Health Outreach workers
- Universities/Students

- Parent Groups (PTO, PTA)
- Primary Care Physicians
- Cardiologists and Endocrinologists
- Parish Nurses
- Inter-Denominational Alliance (IDA)
- American Diabetes Association (ADA)
- American Heart Association (AHA)
- Juvenile Diabetes Research Foundation (JDRF)
- Insurance companies
- Pharmaceutical Companies/Mail order
- Bridgeport Regional Business Council and other chambers of commerce
- Employers
- Legislators
- Town leaders

B. HEALTH PRIORITY AREA #2: Obesity (Healthy Eating and Physical Activity)

GOAL: Reduce and prevent obesity by creating environments that promote healthy eating and active living in the Greater Bridgeport Region.

OBJECTIVES AND STRATEGIES:

1. By 2016, increase by 2% the number of adults and children who consume 5 or more servings of fruits and vegetables per day.
    - Implement at least one of the following in identified food deserts in each community: community garden, farmers' markets, food coops, healthy corner stores or supermarkets.
    - Create a comprehensive inventory/map of all existing community resources for healthy eating (farmer's markets, community gardens, food cooperatives) and identify food deserts.
    - Create and distribute cooking and nutritional information to encourage the community to cook healthy foods.
    - Expand the community garden program at schools and in the community.
    - Create awareness campaign to promote resources and opportunities for accessing affordable and healthy options (combine with physical activity campaign)
    - Develop and implement a healthy restaurant initiative (post calories on menu boards, points for offering healthy options).
    - Develop and implement a media campaign to educate parents and youth about the downsides of high calorie beverages.
    - Develop and implement Food Policy Councils in each region or expand the Bridgeport Food Policy Council to be regional.
2. By 2016, increase by 2% the number of adults engaged in moderate physical activity for at least 30 minutes a day for 5 days a week.
    - Create and publish a comprehensive inventory of physical activity resources for the region and for each town.
    - Increase/enhance access to and the number of places to get physical activity in the region
    - Implement evidence-based comprehensive worksite wellness programs at worksites throughout the region
    - Implement initiative to increase primary care physician knowledge of resources to help patients become more physically active.
    - Implement a community based educational media campaign to educate adults about the importance of daily physical activity and the importance of maintaining a healthy weight
    - Develop a process to measure BMI in the community each year and track changes over time.
3. By 2016, increase by 2% the number of children engaged in moderate physical activity for at least 60 minutes a day for 5 days a week.
    - Enhance/expand physical activity within schools including recess.
    - Enhance/expand afterschool and extracurricular physical activity programs.
    - Enhance/expand physical activity programs in childcare settings.
    - Implement a community based educational campaign to promote the reduction in screen time among children.

KEY INDICATORS:

- Number of adults and children who consume 5 or more servings of fruits and vegetables per day.
- Number of adults engaged in moderate physical activity for at least 30 minutes a day for 5 days a week.

- Number of children engaged in moderate physical activity for at least 60 minutes a day for 5 days a week.
- Number of new employers, organizations or individuals that sign the GHCT healthy eating or physical activity pledges
- Number of community-based educational/media campaigns conducted to educate about the importance of healthy eating and physical activity
- Number of new community gardens or farmers' markets implemented
- Number of local resource directories of healthy eating and physical activity resources published
- Number of new locations to get safe access to physical activity created
- Average BMI of a town and/or the region

POTENTIAL COMMUNITY PARTNERS:

- All PCAG members
- Get Healthy CT
- Connecticut Hospital Association (CHA)
- Connecticut Association of Directors of Health (CADH)
- United Way/211 line
- Community Messengers (United Way)
- The Witness Project
- Community Health Outreach workers
- Universities/Students
- Parent Groups (PTO, PTA)
- Primary Care Physicians
- Parish Nurses
- Inter-Denominational Alliance (IDA)
- American Diabetes Association (ADA)
- American Heart Association (AHA)
- Juvenile Diabetes Research Foundation (JDRF)
- Insurance companies
- Pharmaceutical Companies/Mail order
- Schools
- Bridgeport Regional Business Council and other chambers of commerce
- Employers
- YMCAs
- Parks and Recreation
- Boys and Girls Club
- Little League
- Day Care Centers
- Town Boards of Education
- Wholesome Wave
- Cooking Matters
- Grocery Stores
- Corner markets
- Community garden organizations
- Faith Based Organizations
- Community Centers

- Restaurants
- Local Media Outlets
- Rudd Center for Obesity and Food Policy
- Legislators
- Town leaders

C. HEALTH PRIORITY AREA #3: Mental Health and Substance Abuse

GOAL: Increase the understanding of mental health and substance abuse as public health issues in order to achieve equal access to prevention and treatment in the Greater Bridgeport Region.

OBJECTIVES AND STRATEGIES:

1. By 2014, develop a plan that meets the mental health and substance abuse needs of the community.
    - Form a task force of key stakeholders.
    - Identify evidence-based framework/methodology for execution of assessment.
    - Assess existing community needs assessments and plans, practices, resources, and gaps & barriers to services.
    - Identify best practices
    - Recommend strategies & action steps to address identified needs.
2. By 2015, implement the newly developed mental health and substance abuse needs plan in the community.
    - Educate and advocate community providers and elected officials about the plan.
    - Engage key stakeholders in the implementation of the plan.
3. By 2015, identify and/or create up to three health education initiatives that address the mental health and substance abuse health needs of the community.
    - Assess existing health education initiatives/programs for substance abuse and mental health.
    - Engage key stakeholders in the implementation of health education initiatives.
    - Identify target populations in need of education (via information that is already present).
    - Create or select cultural and linguistically relevant messages that increase knowledge and decrease stigma of substance abuse and mental health.
    - Identify and engage potential health education delivery resources.
    - Disseminate developed materials.

KEY INDICATORS:

- Number of stakeholders engaged in developing the mental health and substance abuse plan
- Number/type of new resources to address mental health and substance abuse created
- Percent of patients with mental health and substance abuse issues enrolled in a treatment program
- Number of education initiatives conducted

POTENTIAL COMMUNITY PARTNERS:

- All PCAG members
- All mental health and substance abuse providers
- Connecticut Hospital Association (CHA)
- Connecticut Association of Directors of Health (CADH)
- United Way/211 line
- Community Messengers (United Way)
- Community Health Outreach workers
- Universities/Students
- Parent Groups (PTO, PTA)
- Primary Care Physicians

- Psychiatrists, Psychologists, Social Workers
- Parish Nurses
- Inter-Denominational Alliance (IDA)
- Insurance companies
- Bridgeport Regional Business Council and other chambers of commerce
- Employers
- Faith Based Organizations
- Community Centers
- Local Media Outlets
- Legislators
- Town leaders

D. HEALTH PRIORITY AREA #4: Access to Health Care

GOAL: Improve access to quality health care for all individuals living in the Greater Bridgeport Region.

OBJECTIVES:

1. By 2016, increase by 2% the number of individuals who identify themselves as having a primary care medical home.
    - Develop a marketing and education campaign to increase awareness of the need to have a primary care provider (PCP) / medical home.
    - Connect patients without a primary care provider to a primary care provider upon hospital or emergency department discharge.
2. By 2016, increase by 2% the percentage of people in the Greater Bridgeport Area with comprehensive insurance.
    - Create supply of Community Health Workers (CHWs) to enroll people into health insurance.
    - Create demand for CHWs to help enroll people into health insurance.
3. By 2016, increase by 2% the percentage of people who have access to specialty care.
    - Implement Project Access to increase access to specialty care for the uninsured.
    - Educate patients and providers about available specialty medical resources in the community.

KEY INDICATORS:

- Number of individuals who identify themselves as having a primary care medical home
- Number of patients without a primary care physician who are connected to a primary care physician upon discharge from the hospital or emergency department
- Number of newly trained community health workers in the region
- Percentage of people with comprehensive insurance
- Percentage of people who have access to specialty care

POTENTIAL COMMUNITY PARTNERS:

- All PCAG members
- Get Healthy CT
- Connecticut Hospital Association (CHA)
- Connecticut Association of Directors of Health (CADH)
- United Way/211 line
- Community Messengers (United Way)
- Community Health Outreach workers
- Primary Care Physicians
- Dentists
- Specialists
- Parish Nurses
- Inter-Denominational Alliance (IDA)
- Faith Based Organizations
- Insurance companies
- CT Health Insurance Exchange
- Insurance brokers
- Bridgeport Regional Business Council and other chambers of commerce

- Employers
- Community Centers/Senior Centers
- Local Media Outlets
- Legislators
- Town leaders

V. Next Steps

This report represents the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan. As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key partners in the Greater Bridgeport Region.

VI. SUSTAINABILITY PLAN

The Greater Bridgeport Region Community Health Improvement team, including the core agencies, CHIP workgroups, partners, stakeholders, and community residents, will continue finalizing the CHIP by refining the specific 3-year action steps, assign lead responsible parties, and identify resources for each priority area. An annual CHIP progress report will illustrate performance and will guide subsequent 3-year implementation planning.

The PCAG Core Coordinating Committee will continue to serve as the executive oversight for the improvement plan, progress, and process. The Core Coordinating Committee will expand agency membership to match the scope of the CHIP's four priority issue areas. Additional workgroup meetings and participants will be identified once the 3-year action plan is finalized. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the CHIP. Regular communication through presentations, meetings and via hospital and health department websites to community members and stakeholders will occur throughout the implementation. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.

VII. St. VINCENT'S SPECIFIC ROLES

St. Vincent's Medical Center is the convener and Chairs the PCAG. SVMC will continue to provide leadership of the PCAG and participate actively in all interventions developed to implement the CHIP. St. Vincent's will provide staff to assume the leadership for the Task Force to address Substance Abuse/Mental Health. St. Vincent's will provide staff to participate in the Task Forces that will address: Obesity, Cardiovascular Disease and Diabetes, and Access to Health Care.

St. Vincent's will also continue all of its established programs that are designed to address the prioritized unmet health needs including: continued expansion of our Family Health Center, full integration with the Frank H. Netter School of Medicine at Quinnipiac University to develop primary care Doctors, the expansion of our active Parish Nurse Program, the continuation of our community education programs, and all other related activities.

While St. Vincent's will not take a leadership role in addressing some of the other identified but not prioritized unmet health needs, we will work collaboratively with community stakeholders to provide whatever assistance is required. The PCAG realized that limited resources required a prioritization of unmet needs in order to be successful.

Appendix A: Work Group Participants

Last	First	Organization
Anantharaj	John	Southwest CT Mental Health System
Baker	Pat	CT Health Foundation
Bannister	Lynne	Supportive Housing Works
Baptista	Albertina	Bridgeport Department of Health and Social Services
Bentley	Lucille	St. Vincent's Medical Center, Family Health Center
Berke-Schlessel	Merle	United Way of Coastal Fairfield County
Boissevain	Andrea	Stratford Health Department
Bova	Bernice	Stratford Health Department
Brennan	Scott	St. Vincent's Medical Center
Butcher	Louise	American Diabetes Association
Campbell	Eileen	Aetna
Clark	Grace	Southwest CT Mental Health System
Coarse	Kathy	Bridgeport Hospital
Coriaty	Nancy	Fairfield Public Library
DeCesare	Cathy	United Way of Coastal Fairfield County
Delgado	Kytiana	Bridgeport Hospital
deMello	Angie	The Strategies Group
DeSances	Maria	City of Bridgeport
DiCioccio	Amy	Bridgeport Hospital, Food & Nutrition
Dragicevich	Mary-Ellen	Fairfield Health Department., RN

Last	First	Organization
duBay Horton	Kristin	Bridgeport Department of Health and Social Services
Edwards	Polly	Easton Health Department
Faber	Marilyn	St. Vincent's Medical Center, Parish Nursing
Farrelly	Mary Jo	Bridgeport Hospital, Diabetes
Ferraro	Meredith	Southwestern CT Area Health Education Center
Fraser, MD	Nadine	CT Hospital Association
Giegengack	Teresa	Town of Fairfield, Director Ffld Human & Social Svs Dept
Glaser	Melissa	Catholic Charities -Behavioral Health
Gottlieb	Karen	AmeriCares Free Clinics
Greene	DeShanda	Bridgeport Hospital
Greene-Upshaw	Lindsey	Yale New Haven Health System
Guzman	Phil	Greater Bridgeport Child Guidance Center
Halstead	Robert	CT Community Gardening Association
Hansen	Donna	Bridgeport Hospital, Diabetes
Hardy	Peg	St. Vincent's Medical Center, Behavioral Health
Harriman	Rebekah	St. Vincent's Medical Center
Havrilko	Carissa	Stratford Health Department
Henning	Heather	Trumbull/Monroe Health District
Herriott	Jennifer	Health Resources in Action
Hill	Tom	Optimus Healthcare

Last	First	Organization
Hodel	Jim	PIVOT Ministries
Hoey	Bill	St. Vincent's Medical Center
Holmes	Walker	The Trust for Public Land
Hostetler	Kimberley	CT Hospital Association
Hutchings Wilson	Janice	Wellpoint Foundation (Anthem's)
Jackson	Wilhelmina	Bridgeport Hospital, OB/GYN Nurse Midwife
Jacozzi	Sue	Trumbull Monroe Health District
Kazanas	Christine	HK Consulting
Kiniry	Anthony	PIVOT Ministries
Klein	Patrice	Sacred Heart University, Director Student Health
Kramer	Patricia	St. Vincent's Medical Center -Case Manager/Employee Wellness
Krause	Tom	Southwest Community Health Center
Kurzatkowski	Amy	St. Vincent's Medical Center
Leedom, MD	Liane	University of Bridgeport, psychiatrist and professor
Levine, MD	Stewart	St. Vincent's Medical Center
Levy	Sarah	Fairfield Health Department
Lisa	Wolff	Health Resources in Action
Lisi	Kristine	St. Vincent's Medical Center -Family Health Center, Medical Director
Marchese	Denise	University of Bridgeport, Clinics
Martinez	Lydia	State Legislator

Last	First	Organization
McLaughlin	Teresa	St. Vincent's Medical Center, Cancer Center
McNabola	Angela	Bridgeport Hospital, Laboratory
Mediate	Lori	Fairfield School District
Meinhoffer	Betty	St. Vincent's Medical Center
Mikhail, MD	Lyree	Bridgeport Hospital, OB/GYN
Minervino	Lena	University of Bridgeport
Moore	Marilyn	Witness Project
Morrison	LaToya	Bridgeport Hospital, Nursing
Mueller	Augusta	Yale New Haven Health System
Novak	Karen	St. Vincent's Medical Center
Paoletto	Rich	Bridgeport Department of Health and Social Services
Pintrup	Mike	Catholic Charities, Behavioral Health
Pompano	Carol	Anthem BC/BS
Pontes	Kathy	Bridgeport Hospital, Psychiatry
Redd	Nicotra	Bridgeport Hospital, Geriatrics
Reig	Brenda	St. Vincent's Health Partners
Reinoso	Julio	Friends of Bridgeport Public Library
Reyes	Sandy	St. Vincent's Medical Center, Outreach
Rice	Betsy	St. Vincent's Medical Center, Cancer Center
Roberts	Greta	Stratford Health Department

Last	First	Organization
Rogers	Dori	Bridgeport Hospital, Geriatrics
Ryan	Joanne	Town of Fairfield
Salsgiver	Lyn	Bridgeport Hospital, Administration
Saxa	Thom	St. Vincent's Medical Center
Schmitt	Lisa	Cooking Matters, Bridgeport
Sheehan	Diane	St. Vincent's Medical Center
Sollitto	Laurie	St. Vincent's Medical Center, ER Nurse
Standish	Suzanne	Bridgeport Hospital, cardiac rehabilitation
Steenberger	Lyla	St. Vincent's Medical Center
Stehman	Marge	Bridgeport Hospital, Human Resources
Stiller	Susan	Visiting Nurse Services of CT
Stokes	Deborah	St. Stephen's Food Pantry/Catholic Charities
Sulik	Patrice	Town of Trumbull/Monroe Health District
Swedberg	Colleen	St. Vincent's Health Partners
Tampellini	Linda	Bridgeport Hospital, Antenatal Testing
Tiernan	Mary	Stratford Recreation Department
Tighe	Alison	Bridgeport Hospital, Library Services
Tota	Bob	Get Healthy CT, Department of Mental Health and Addiction Services
Trojanowski	Tammy	Town of Stratford Community Services
Valbrun	Lesly	Diabetes Prevention Project

Last	First	Organization
Valenti	Andrea	Bridgeport Hospital, Clinical Nutrition Manager
Venison	Kate	Town of Stratford Community Services
Vescovi-Ortiz	Richele	Bridgeport Hospital, Human Resources
Wartenberg	Dan	Southwest CT Mental Health System
Wasserman	Whitney	St. Vincent's Medical Center
Wolff	Paul	PIVOT Ministries
Woods	Kathleen	St. Vincent's Medical Center
Zacchilli	Maggi	Trumbull/Monroe Health District
Zarich, MD	Stuart	Bridgeport Hospital, Cardiology
Zayan, MD	Meg	University of Bridgeport, psychiatrist and professor

Appendix B: Rating & Ranking Worksheet

Step 1: Rate Key Health Issues using Criteria

Instructions: Rate each health issue based on how well it meets each of the criteria provided
1=low, **2**=medium, **3**=high, **4**=very high
Add your four ratings for each health issue and enter the total in the Total Column.

Step 2: Rank Health Issues

Key Health Issues (list below):	**Selection Criteria**				**Total Rating**	Referring to your Total Rating numbers, rank order each of the Heath Issues with "1" being the Health Issue with the highest total score, "2" being the Health Issue with the second highest total score, etc. In the case of identical totals, use your best judgment to assign a unique rank number to each health issue to break the tie. **Rank Order** of **Health Issues** (use each number only once):
	RELEVANCE *How Important Is It?*	**APPROPRIATENESS** *Should We Do It?*	**IMPACT** *What Will We Get Out of It?*	**FEASIBILITY** *Can We do It?*		
	- Burden (magnitude and severity ; economic cost; urgency) of the problem - Community concern - Focus on equity and accessibility	- Ethical and moral issues - Human rights issues - Legal aspects - Political and social acceptability - Public attitudes and values	- Effectiveness - Coverage - Builds on or enhances current work - Can move the needle and demonstrate measureable outcomes - Proven strategies to address multiple wins	- Community capacity - Technical capacity - Economic capacity - Political capacity/will - Socio-cultural aspects - Ethical aspects - Can identify easy short-term wins		
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						