Welcome

Jeff Dussetschleger

Director of Health

Naugatuck Valley Health District (NVHD)

Overview of the CHA/CHNA Process

- Now in the second round of the Community Health Assessment (Health District) and CHNA (Hospital); first was created in 2013

- Community Health Improvement Plan (CHIP) is shared between NVHD and Griffin Hospital

Ongoing Monitoring and Development

- CHIP Steering Committee meets quarterly to monitor the implementation and progress of the CHIP.

The 2016-2018 Valley Community Health Improvement Plan (CHIP)

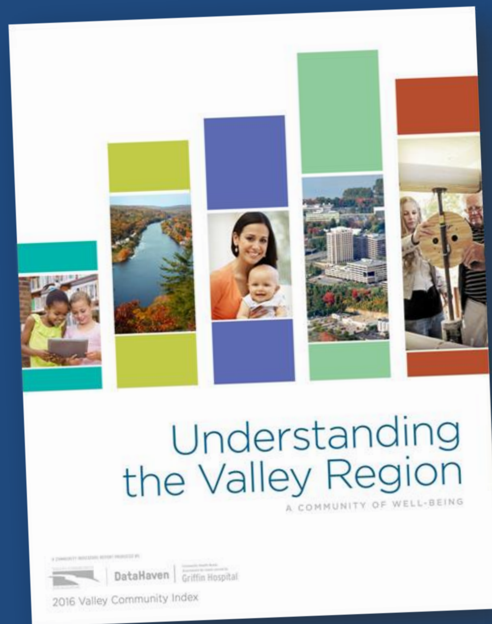
Patrick Charmel

President & CEO

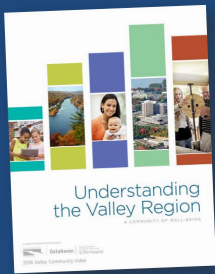
Griffin Hospital

Understanding the Valley Region

A Community Index of Life in the Valley



The "Community Health in the Valley" chapter of the Index, which published in fall 2016, served as Griffin Hospital's 2016 Community Health Needs Assessment (CHNA). The CHNA, coupled with community input, formed the basis for the development of the 2016-2018 Valley Community Health Improvement Plan (CHIP), which is shared with the Naugatuck Valley Health District.



Understanding the Valley Region

Table of Contents of the Index:

- Community Well-being
- A Changing Valley
- Community Life in the Valley
- Prenatal to Age Five: Young Children in the Valley
- The Valley Student Body: Performance, Health, and Lifelong Learning
- **Community Health in the Valley**
- Economic Opportunity in the Valley

CHIP

- The Valley's 2016-2018 Community Health Improvement Plan (CHIP) was developed based on community input on health priorities and data from the "Understanding the Valley Region" Index.
- The CHIP, which is shared by Griffin Hospital and the Naugatuck Valley Health District, includes the following 7 key focus areas for improvement:

2016-2018 Valley CHIP Focus Areas

1. Creation of a Community CARE Team (CCT);
2. Chronic Disease Management & Prevention
3. Substance Use Prevention
4. Childhood Obesity Prevention (VITAHLS)
5. Lung Cancer Screening/Smoking Cessation
6. Asthma Prevention & Self-Management
7. Healthy Homes

Focus Area Presentations

CHIP Focus Area 1: Creation of a Chronic Behavioral Health Community CARE Team

Susan Cutillo, LCSW, LADC, MBA

Director, Psychiatric Services

Griffin Hospital

CHIP Focus Area 1:

Why Is This Issue a Priority?

- Community care teams are a new approach to help better serve patients with multiple emergency department visits for behavior health and substance abuse issues, with successful models operating in Connecticut.

- By creating a community care team consisting of hospital staff, behavioral health community resources and social service resources within the Valley community, we will be better equipped to improve health outcomes for these individuals, through increased linkage to community resources, improved patient experience, and lower healthcare costs.

Indicators

- **Long term:** Decrease hospital readmissions by 8% through increased collaboration and maintenance of patients in their communities by 9/1/2018.
- **Medium term:** Develop treatment plan for all patients discussed focusing on 10 high utilizers (individuals) of hospital emergency departments and community services by 4/1/2018. Develop a shared electronic system to review and update treatment plans by 4/1/2018.
- **Short term:** All agencies represented at each meeting by 1/1/2018.

Primary Partners & Overall Goal

- **Primary Partners:** Griffin Hospital Psychiatric and Social Work Services, BHCare, Parent Child Resource Center (PCRC), The Value Care Alliance (VCA), Spooner House, Midwestern Connecticut Council of Alcoholism (MCCA), Connecticut Community for Addiction Recovery (CCAR)

- **Overall Goal:** Create and implement a "Community Action Team," modeled on the Middlesex Hospital community team, to work on an interdisciplinary, interagency basis to create active care plans to improve care management and outcomes of chronic behavioral health/substance abuse patients. The team will work to provide patient-centered care and improve health outcomes by developing and implementing a safety net of alternative services through multi-agency intervention and care planning.

Objectives/Strategies

- Develop a network of agencies (CCT) in the Valley who treat patients with behavioral health and substance abuse issues.
- Improve care coordination for patients across agencies in the Valley

Contact

- **For further information or to get involved with this Focus Area, contact:**

  Susan Cutillo, Director, Psychiatric Services, Griffin Hospital, scutillo@griffinhealth.org

CHIP Focus Area 2: Lifestyle-focused Chronic Disease Management & Prevention Programs

Victoria Costales, MD, MPH

Director, Center for Prevention &

Lifestyle Management at Griffin Hospital

Associate Program Director, Griffin Hospital Internal Medicine/Preventive Medicine Residency Program

CHIP Focus Area 2:

Why Is This Issue a Priority?

- Half of United States adults have one or more chronic diseases
- Chronic disease morbidity and mortality due to 4 factors
  - lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption
- Evidence: Chronic disease prevention and management through interventions (individual, group) addressing these modifiable factors
- Evidence: Participants of Self-Management Programs have increased satisfaction, coping skills, and social support
- Valley: 60% rate health as very good/excellent with differences
- Empower community to prevent and manage CD and promote overall health and well-being

Lifestyle-focused Chronic Disease Management & Prevention Programs

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Griffin Health (203) 735-7421

130 Division Street | Derby, CT 06418

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- Events Calendar
- Support Groups & Programs ›
- Wellness Programs & Classes ›
- Community Outreach Programs ›
- Health Information ›

Help us bring a little holiday "soul" to the Naugatuck Valley this winter!

Click here to learn about Soul in the Valley

www.griffinhealth.org/Prevention-Lifestyle

www.griffinhealth.org/Prevention-Lifestyle

Lifestyle-focused Chronic Disease Management & Prevention Programs

Chronic Disease Prevention & Management Programs

- 4-12 week programs
- Live Well: Chronic Disease Self-Management
- Diabetes Prevention Program
- Diabetes Self-Management Program
- Wellness for Life
- Smoking Cessation Program

Support Groups

- Meets once a month
- 16 Support Groups
- Highlights:
  - 3 Cancer-related Support Groups
  - Fibromyalgia Support Group
  - Multiple Sclerosis Support Group
  - Diabetes Education and Support Group
  - Alzheimer’s Caregivers Support Group

Indicators

- **Long term:** Using the tracking system, monitor uptake of services and identify gap areas. Create quality improvement projects to increase provider and community awareness and project uptake.

- **Medium term:** Establish a tracking system, to include referrals from providers/offices and uptake of services.

- **Short term:** Develop catalogue/inventory of lifestyle-focused chronic disease prevention and management programs and support groups. Establish baseline referrals to programs.

Primary Partners & Overall Goal

- **Primary Partners:** Griffin Hospital Center for Prevention & Lifestyle Management, Griffin Hospital Faculty Physicians, Griffin Hospital Communications and Public Affairs, Valley Parish Nursing

- **Overall Goal:** To coordinate Griffin Hospital-based and similar community-based programs and resources that address lifestyle-focused chronic disease prevention and management targeting adults 18 years and older. Lifestyle-focused programs include those that address nutrition, physical activity, stress management, chronic disease prevention, and chronic disease self-management. Inventory and catalogue lifestyle focused programs available to the Valley community; monitor uptake of the services; and gauge community needs.

Objectives/Strategies

- Create a catalogue/inventory of lifestyle-focused chronic disease prevention and management programs/services
- Establish referral tracking system
- Tracking number of community members who sign up for programs/services
- Increase number of community members completing programs
- Increase community participation/involvement
- Maintain/increase provider/office referrals

Contact

- **For further information or to get involved with this Focus Area, contact:**

  Victoria Costales, Director, Center for Prevention & Lifestyle Management, Griffin Hospital, vcostales@griffinhealth.org

CHIP Focus Area 3: Substance Use Disorders

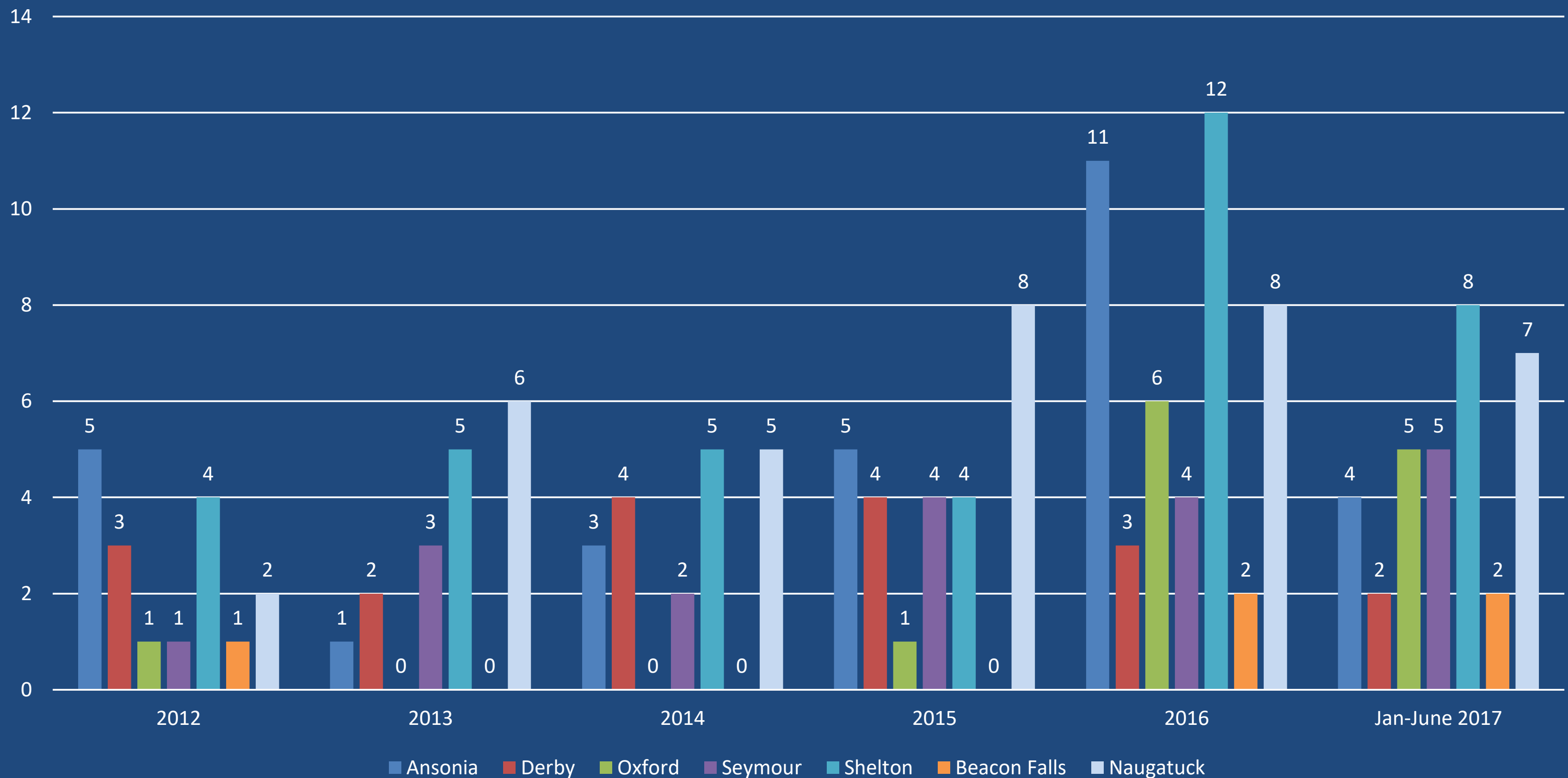
Pam Mautte
Director, Alliance for Prevention & Wellness,
A Program of BHcare

CHIP Focus Area 3:

Why Is This Issue a Priority?

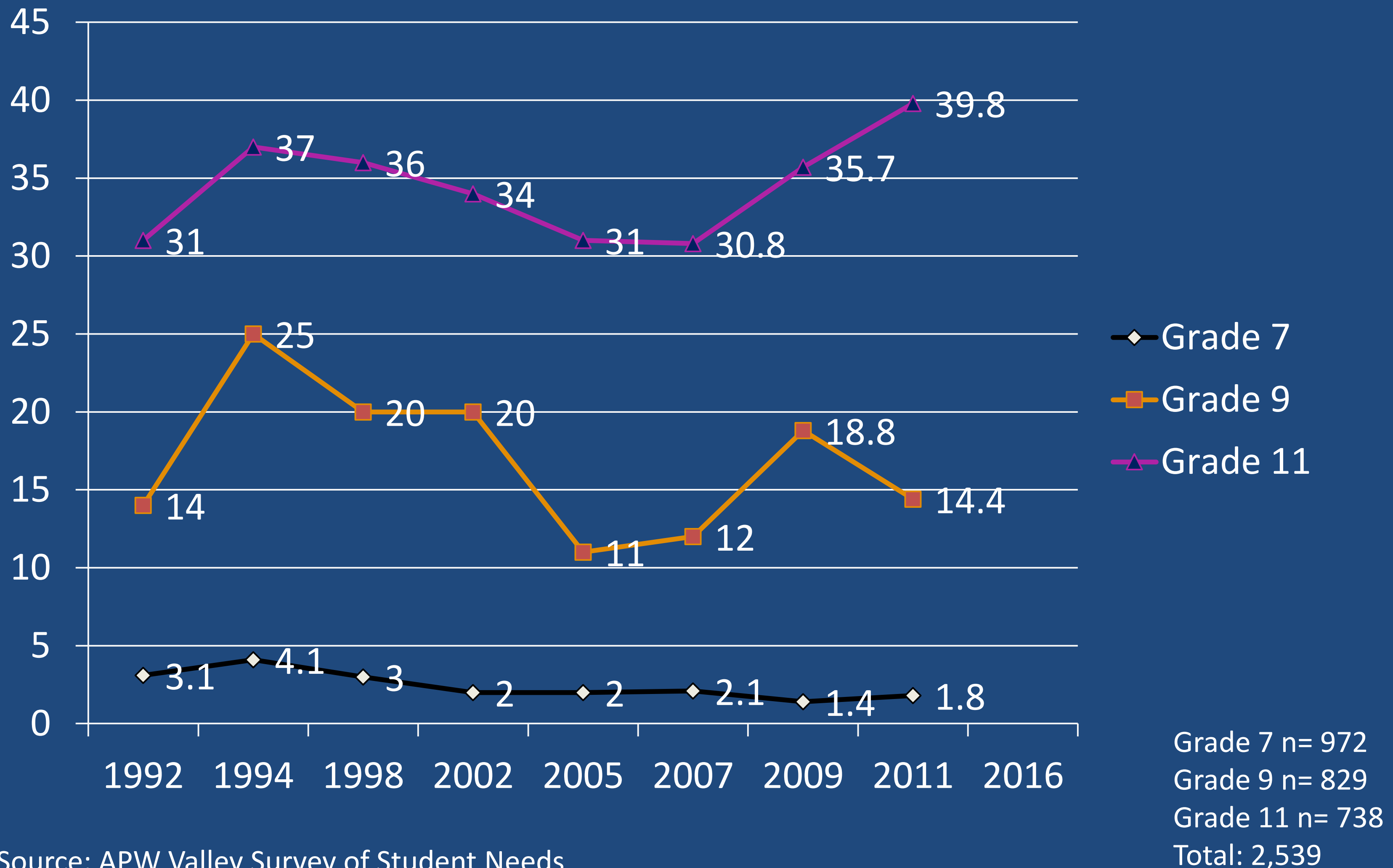
- According to the National Institute on Drug Addiction, 90 percent of all adults with a substance use disorder started using under the age of 18 and half under the age of 15. Additionally, children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults than those who first use marijuana at age 18.
- Substance Use Disorders affect every community, family, and business. Substance Use Disorders are common, disabling, and contribute too many social problems including driving under the influence, stress, domestic violence, child abuse, violence, and crime.
- Many people with Substance Use Disorders face many barriers which include stigma, shame, insurance barriers, access to treatment and recovery supports.

Valley Overdose Data



Source Office of Chief medical Examiner

Valley Youth
Past Year Use of Marijuana



Grade 7 n= 972
Grade 9 n= 829
Grade 11 n= 738
Total: 2,539

Source: APW Valley Survey of Student Needs

Indicators

- **Long term (5 years):** 1) Decrease the number of Valley 11th grade students reporting past 30 day use of alcohol from 20% to 15%, 2) Reduce the number of Valley 11th grade students reporting past year use of marijuana from 39. 8% to 35% and 3) Reduce access to prescription opioids across the lifespan as measured by increase in pounds collected at drop boxes and reduction in prescriptions written.

- **Midterm (3years)** 1) Reduce by 5% the rate of emergency room visits for people with substance use disorders across the lifespan. 2) Implement Recovery Coaches in the Emergency Rooms to create linkages and connections to care 3) Increase data collection and management efforts for community specific information regarding substance use disorders

- **Short term (1 year)** 1) Increase community engagement from various sectors in an effort to increase awareness and reduce alcohol and other drug use across the lifespan, 2) Increase access to Naloxone to decrease overdose rates among residents 3) Increase the number of residents who can identify connect ions to care.

Primary Partners & Overall Goal

- **Primary Partners:** Alliance for Prevention & Wellness/A Program of BHcare, Naugatuck Valley Health District/Medical Reserve Corps, Griffin Hospital, Valley Parish Nurses, police, EMS

- **Overall Goal:** Reduce substance use disorders in the region, and promote a recovery community for those with substance use disorders and their families. To be accomplished through: Raising awareness and educating communities and providers, advocacy, and identifying connections through intervention, harm reduction, treatment, and aftercare/recovery.

Objectives/Strategies

- Conduct inventory of community resources.
- Establish baseline overdose data for the Valley.
- Establish baseline substance use disorder data and DUI data.
- Raising awareness /community education
- Advocacy

Contact

- **For further information or to get involved with this Focus Area, contact:**

  Pam Mautte, Director, Alliance for Prevention & Wellness, A Program of BHcare, pmautte@bhcare.org

CHIP Focus Area 4:
Childhood Obesity Prevention

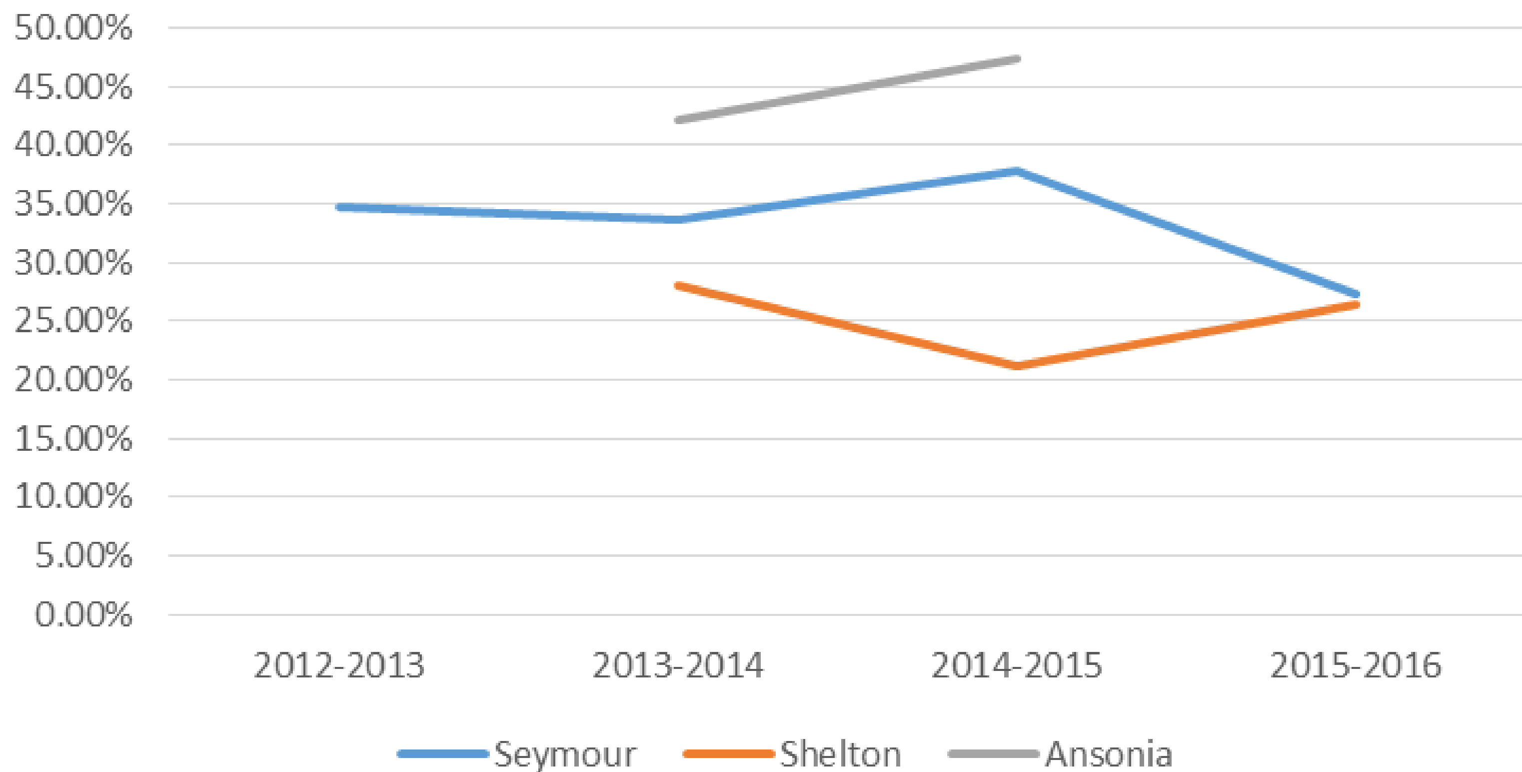
Kim Doughty, MPH, PhD
Research Associate/VITAHLS Coordinator,
Yale-Griffin Prevention Research Center

CHIP Focus Area 4:

Why Is This Issue a Priority?

- Childhood obesity is a serious problem in the United States putting kids at risk for poor health. Despite recent declines in the prevalence among preschool-aged children, obesity amongst all children is still too high.
- Children who have obesity are more likely to have: risk factors for cardiovascular disease (CVD); increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes; breathing problems, such as asthma and sleep apnea; gastro-esophageal reflux (i.e., heartburn), and other weight-related health issues.
- Childhood obesity is also related to: psychological problems such as anxiety and depression; low self-esteem and lower self-reported quality of life; social problems such as bullying and stigma.
- Children who have obesity are more likely to become adults with obesity. Adult obesity is associated with increased risk of a number of serious health conditions including heart disease, type 2 diabetes, and cancer.

BMI Trends



Indicators

- **Long term:** Reduce prevalence of obesity among students
- **Medium term:** Successful delivery of interventions. Increase in # of physical activity and nutrition-related initiatives in the schools over 5-year period. Improvement in students' behaviors. Improvement in physical fitness and academic achievement.
- **Short term:** Continue and expand VITAHLS activities. Engage partners to ensure active participation from all schools. Comprehensive understanding of needs. Increased awareness of obesity and importance of health promoting programming. Partner engagement and satisfaction.

Primary Partners & Overall Goals

Primary Partners: Yale-Griffin Prevention Research Center, local school districts, Valley YMCA, Naugatuck Valley Health District, Massaro Community Farm, ShopRite, Humane Society of the U.S., community residents

Overall Goals:

- Reduce the prevalence of obesity among students enrolled in Lower Naugatuck Valley School Districts.
- Increase nutrition knowledge, healthy eating, and physical activity
- Promote student health, wellbeing and academic readiness
- Develop a comprehensive and sustainable obesity prevention initiative focused on nutrition and physical activity for grades Pre-K through 12
- Extend health promotion efforts to include parents/family and school staff

Objectives/Strategies

- Sustain an obesity prevention initiative.
- Continue existing programming, including annual cooking contest.
- Continue subcommittee work programming development.

2016-2018 Programming

Elementary Schools	Middle Schools	High Schools
• Nutrition Detectives • ABC for Fitness • School gardens • Kinesthetic classrooms • Healthy cooking contests • Walking/running clubs • Farm field trip and cooking class	• Your Road to Health • Healthy cooking contests • School Gardens • Student wellness clubs	• School gardens • Student wellness clubs • Smarter Lunchroom intervention • Fitness competition • School fitness center enhancement

Contact

- **For further information or to get involved with this Focus Area, contact:**
  - Beth Comerford, Deputy Director, Yale-Griffin Prevention Research Center beth.comerford@yalegriffinprc.org
  - Kim Doughty, MPH, PhD, Research Associate/VITAHLS Coordinator, Yale-Griffin Prevention Research Center, kim.doughty@yalegriffinprc.org

CHIP Focus Area 5: **Lung Cancer Screening / Smoking Cessation**

Christine Marr, MPH
Healthcare Analyst, Griffin Hospital

CHIP Focus Area 5:

Why Is This Issue a Priority?

- The National Lung Screening Trial (NLST) study findings revealed that participants who received low-dose helical CT scans had a 15 to 20 percent lower risk of dying from lung cancer than participants who received standard chest X-rays. Additionally, the results of a Griffin Hospital study comparing the stage of the lung cancer discovered by the high risk lung cancer screening program versus all others revealed that routine screening for lung cancer in a population of asymptomatic patients can detect lung cancer at an earlier stage than lung cancer detected in an unscreened population.
- The percentage of lung cancers diagnosed a stage 4 in patients who were enrolled in Griffin Hospital's Lung Cancer Screening Program is comparable to the percentages of lung cancers diagnosed stage 1 with patients who were not enrolled in a screening program or undergo routine screening. According to the Annals of Translational Medicine smoking cessation remains the most effective tool in the battle against lung cancer. A successful and targeted smoking cessation counseling program in lung screening programs may therefore be the most effective method to reduce mortality of thoracic smoke related diseases.

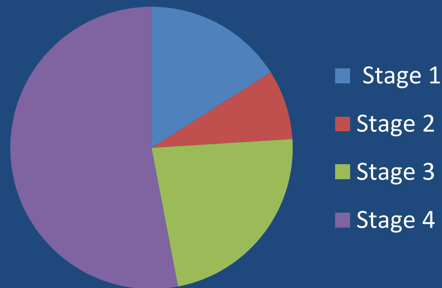
Results of an Annual Quality of Care & Outcome Study Conducted at Griffin Hospital

Lung Cancers diagnosed in patients who are not enrolled in Griffin Hospital's Lung Cancer Screening Program:	Lung Cancers diagnosed in patients who are enrolled in Griffin Hospital's Lung Cancer Screening Program:	Percent of Cancers by Stage, SEER 2013*
Stage 1: 14 (16%) **Stage 2: 7 (8%)** **Stage 3: 21 (23%)** **Stage 4: 48 (53%)**	Stage 1: 5 (56%) Stage 2: 2 (22%) Stage 3: 1 (11%) Stage 4: 1 (11%)	Stage 1: 15% Stage 2: 22% Stage 3 & 4: 57% Unknown: 6%

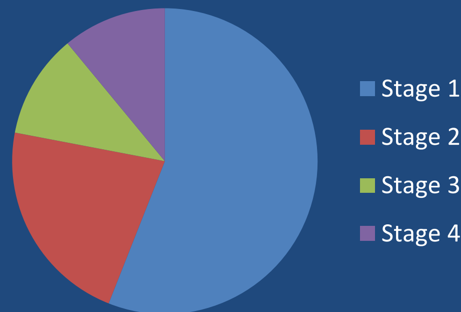
*Surveillance, Epidemiology, and End Results (SEER) Program http://seer.caner.gov/statfacts/html/lungb.html Research Data 2013, National Cancer Institute.

The percentage of lung cancers diagnosed as stage 4 in patients who were enrolled in Griffin Hospital's LCSP is comparable to the percentage of lung cancers diagnosed stage 1 with patients who were not enrolled in a screening program or undergo routine screenings.

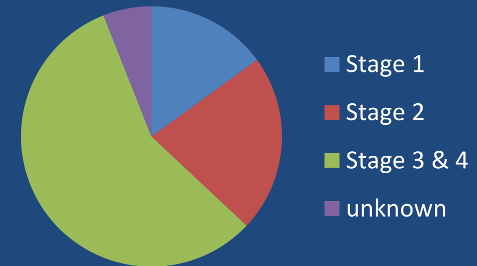
Lung cancers diagnosed in patients not enrolled in GH Lung Cancer Screening Program



Lung cancers diagnosed in patients who are enrolled in GH Lung Cancer Screening Program



Percent of lung cancers by Stage, SEER 2013



Indicators

- **Long term**: Reduce lung cancer stage of detection and mortality. Increase number of available smoking cessation programs, and decrease self-reported smoking rates.
- **Medium term:** Expand smoking cessation initiatives: increase program offerings; provide patients with tools/resources to successfully quit smoking; pursue certification for Griffin Hospital's smoking cessation course instructor.
- **Short term:** Obtain and be trained to utilize a navigational component to LungView LCSP software.

Primary Partners & Overall Goals

- **Primary Partners:** Griffin Hospital, Primary Care Physician Offices
- **Overall Goal:** Identify lung cancer early, when it is most treatable. Provide individuals with knowledge and tools that work for them to successfully quit smoking. Through the Lung Cancer Screening/Smoking Cessation CHIP group, we will identify high-risk patients who would benefit from screening thus detecting lung cancer at earlier stages when it is most treatable, educate patients about screening and its associated radiation exposure risks, invest in infrastructure to help manage follow-up communication and incidental findings post-screening, and offer free smoking cessation programming.

Objectives/Strategies

- Detect lung cancer at early stage(s) and decrease lung cancer mortality.
- Expand smoking cessation initiatives.
- Obtain and be trained to utilize navigational component to LungView LCSP software.

Contact

- **For further information or to get involved with this Focus Area, contact:**

  Christine Marr, Healthcare Analyst, Griffin Hospital, cmarr@griffinhealth.org

CHIP Focus Area 6: Asthma Prevention and Self Management

Alicia Mulvihill
Community Health Educator,
Naugatuck Valley Health District

CHIP Focus Area 6:

Why Is This Issue a Priority?

- According to the 2016 Valley Community Index, from 2009 to 2011:
  - 1 out of every 7 students in grades PreK-12 were reported to have asthma, and these rates have increased from 13.2 percent in 2006 to 14.2 percent in 2011.
  - In 2015, the percent of adults living in the Valley with asthma was 13% (2016 Valley Community Index).
  - Asthma is an ongoing health concern in the Valley.

Objectives/Strategies

- Increase asthma awareness.
- Increase community and provider education.
- Establish benchmark/tracking.

Asthma PSA

Indicators

- **Long term:** 10% reduction in asthma related visits to Griffin ED (3-year projection).
- **Medium term:** Provide minimum of 3 presentations per year on asthma management to childcare providers, parents/guardians.
- **Short term:** Attend minimum of 3 community events, documenting # of attendees and materials provided.

Primary Partners & Overall Goal

- **Primary Partners:** Naugatuck Valley Health District, Griffin Hospital, Valley Parish Nurses, School Nurses, Daycare Providers, Local Pediatrician Offices

- **Overall Goal:**
  - Raise asthma awareness in the community.
  - Provide asthma education to the community.
  - Provide education to childcare providers on asthma and asthma action plans.
  - Reduce rates of asthma visits to Griffin Emergency Department.

Contact

- **For further information or to get involved with this Focus Area, contact:**

  Alicia Mulvihill, Health Educator, Naugatuck Valley Health District, amulvihill@nvhd.org

CHIP Focus Area 7: Healthy Homes

Carissa Caserta

Assistant Director for Community Health, Naugatuck Valley Health District

CHIP Focus Area 7:

Why Is This Issue a Priority?

- In 2013, 2.4% of children living in the Valley had a confirmed blood lead level at or above the CDC reference value (5ug/dL)(Healthy CT 2020).
  - Per CT DPH, lead testing for children ages 6 months-2 years in 2015 was 73% in Ansonia, 64% in Derby, 65% in Naugatuck, 73% in Seymour and 78% in Shelton.
  - Our goal: To raise these numbers to 90% across the Valley, by providing more education to parents with young children.
- Smoking is a big public health issue. Although the rate of smoking has decreased, there are still nearly one quarter of adults living in Ansonia, Derby and Naugatuck that reported they currently smoke (2016 Valley Community Index).
  - Our goal: To reduce smoking by educating parent about the dangers of second- and third-hand smoke and the effects on their children.

Objectives/Strategies

- Advocacy
- Healthy Homes Assessments
- Remediation
- Education
- Surveillance

Indicators

- **Long term (5 years):**
  - 1) Increase to 98% the rate of children <3 yo that are tested for lead at least once.
  - 2) Increase to 80% in all towns the % of children <3 yo that received 2 annual lead tests.
  - 3) Make 118 units lead safe and conduct 118 healthy homes inspections by October 2019 through the NauVEL program.
- **Medium term (3 years):**
  - 1) Increase to 90% the rate of children <3 yo tested at least once for lead.
  - 2) Increase to 70% in all towns the % of children <3 yo that received 2 annual lead tests.
  - 3) Develop a baseline to determine a level of awareness of the effects of second-hand smoke in the home.
  - 4) Provide a minimum of 5 health initiatives to increase awareness of parents/guardians about the effects of second- and third-hand smoke in the home.
- **Short term (1 year):**
  - Provide a minimum of 5 targeted health education interventions annually, focused on the prevention of childhood lead poisoning.

Primary Partners & Overall Goal

- **Primary Partners:** Naugatuck Valley Health District
- **Overall Goal:**
  - Reduce blood lead levels in children through early screening and lead safe housing.
  - Reduce the effects of tobacco smoke in the home, including second- and third-hand smoke, through education and awareness activities.

The team operates under the principle that the connection between health and the home is one of the most important relationships that exist for the well-being of families.

Contact

- **For further information or to get involved with this Focus Area, contact:**

  Carissa Caserta, Assistant Director for Community Health, Naugatuck Valley Health District, ccaserta@nvhd.org

Questions?