



2018
COMMUNITY
BENEFIT
REPORT



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*Each year,
Connecticut
hospitals:*

Provide **8.4 million** episodes of
outpatient services to individuals

Serve **2.4 million** persons
through community benefit
programs and activities

Provide care for nearly **400,000**
admitted patients, accounting
for nearly **2 million** days of
inpatient care

Treat more than **1.5 million**
patients in their emergency
departments

Welcome more than **35,000**
babies into the world



CONNECTICUT HOSPITALS: BUILDING A HEALTHIER CONNECTICUT

Connecticut hospitals do more than treat illness and injury. They strive to improve the health and well-being of their communities.

Connecticut hospitals are continually identifying and leveraging new and more effective ways to improve community health. They are the collaborators, innovators, caregivers, and deliverers of services that people in their communities need and want.

Not only do Connecticut hospitals provide outreach and support

services for cancer, childhood obesity, and other conditions, their staff also provide community-based care to patients, hold fall prevention programs, organize free medical screenings, and connect patients to services, help homeless people find jobs and housing, deliver Thanksgiving food packages to needy families, and donate funds so local communities can afford opioid reversal drugs.

In 2016, Connecticut hospitals provided more than 12.1 million services to individuals and families at a cost of \$1.7 billion – that’s 15.4 percent of total hospital revenue.

In the pages that follow, you will learn the true human impact of these programs and services.



WHAT LEGISLATORS CAN DO IN 2018

1. **PROTECT** the agreement between hospitals and the Administration regarding taxes paid by hospitals and Medicaid payments to hospitals.
2. **BRING** Medicaid rates in line with the national average. Medicaid reimbursement to Connecticut hospitals remains among the lowest in the nation.
3. **PROTECT** access to patient care in light of potential changes to healthcare on the national level.
4. **SUPPORT** a Certificate of Need process that treats hospitals fairly and on an equal basis with other providers, entities, and out-of-state specialty hospitals.
5. **DO NOT PASS** legislation that imposes additional regulatory burdens on hospitals.
6. **IMPROVE** mental healthcare in Connecticut by matching bed availability with patient need, funding substance use treatment and prevention programs, and increasing funding for programs that emphasize an integrated approach to patient care.

COMMUNITY BENEFIT BY THE NUMBERS

\$671.6 MILLION
Unpaid government-sponsored healthcare - Medicaid

\$793.2 MILLION
Unpaid government-sponsored healthcare - Medicare

\$199.7 MILLION
Uncompensated care: Charity care/bad debt to provide services for those who cannot pay

\$30.9 MILLION
Community services to improve the health of the community

\$8 MILLION
Research and other programs to advance healthcare for patients and the community

\$15.3 MILLION
Donations to help support community organizations

\$5.1 MILLION
Community building to create stronger, healthier communities

\$9.1 MILLION
Subsidized health services* to provide care needed by the community

Total community benefit provided by Connecticut Hospitals in 2016 **\$1.7 BILLION**

*Most subsidized health services funds are reflected in the unpaid costs of government programs numbers.

Norma Pfriem Breast Center Accompanies Women on Their Cancer Journey

When Jennifer Warren was diagnosed with cancer after an ultrasound exam and breast biopsy, she worried about paying for her care because she had no health insurance.

“I was rocked by my breast cancer diagnosis,” said Ms. Warren, a Bridgeport resident and a

BRIDGEPORT HOSPITAL

choir director at her church. “I prayed like I never prayed before. I was overwhelmed. I was asking God, ‘How will I get through this?’”

When she first headed to the Norma Pfriem Breast Center at Bridgeport Hospital, Ms. Warren said it felt like it was the longest walk of her life.

But once she walked through the door of the Center, she felt at ease. “Inside that door, there were cheerful people, hugs, words of encouragement, and cups of tea,” she said. “They even let me cry on their lab coats.”

Ms. Warren knew then that, thanks to the Norma Pfriem Breast Center, she would not have to make her cancer journey alone.

The Norma Pfriem Breast Center helps underinsured women gain access to comprehensive screening, diagnosis, and

treatment programs. Each year, it serves more than 1,400 women and provides financial assistance through its Medically Underserved Initiative, the largest program of free care in the area.

“We fill a crucial gap in services by offering support to women in all stages of treatment as they cope with their disease and transition back to their lives after breast and other cancers,” explained Donna Twist, PhD, Executive Director of the Center and Vice President of the Bridgeport Hospital Foundation.

When Ms. Warren first arrived at the center, she sat with her patient navigators, Patricia Poniros, RN, and Rachel Abraham, MSW, to discuss her plan of care. She knew her family, church family, and friends would also be there to provide encouragement.

When she attended her first support group meeting, “I smiled for the first time since my diagnosis,” Ms. Warren said. “The support group takes newcomers into the fold and together they sing, pray, and cry. Patients come into the group feeling fearful and go out smiling.”

Ms. Warren underwent breast cancer surgery and reconstructive surgery, and started on the road to recovery. During



a post-surgical visit with her medical oncologist, she learned she did not need further treatment, just close follow-up from her doctors.

“I hit a few bumps in the road but came through with flying colors,” Ms. Warren said.

So profound was the impact of the Norma Pfriem Breast Center on her treatment and recovery, Ms. Warren remains part of the support group, helping new patients through their breast cancer journeys.

“The staff of the Norma Pfriem Breast Center didn’t have to do this for me and patients like me, but they did,” Ms. Warren said. “Their generous spirit helped us regain our health. Thanks to them, I was able to see what love looks like.”

Hospital Staff Comes Together to Feed Needy Families at Thanksgiving

Since 1992, the members of Bristol Hospital’s Women, Infants and Children (WIC) program have been assembling Thanksgiving food packages that are distributed to local families courtesy of donations from the Bristol Hospital medical staff.

In 2017, more than 80 members of the hospital’s medical staff donated approximately \$9,500 to help purchase meals for about 200 local families in need. The meals were packed and distributed by the WIC staff and local volunteers.

BRISTOL HOSPITAL

“The members of our medical staff were able to raise more funds than usual this year,” said Melissa Dickau, Program Director of Bristol Hospital’s WIC program. “By the end of November, funds are pretty tight for many of our families. These donations will help take some things off their mental plate and they won’t have to worry about putting together their Thanksgiving meal.”

Dickau said the program starts in August each year when her team begins to compile a list of local families in need. The WIC staff unloaded and sorted a truckload of food items that were individually packed into care packages for the families. Care Packages included



Staff and volunteers from Bristol Hospital’s WIC Program—led by Program Director Melissa Dickau—packed approximately 200 Thanksgiving food packages for local needy families.

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vegetables, gravy, cranberry sauce, and a \$20 Stop & Shop gift card to purchase a turkey.

“The families who have participated in the past really look forward to getting a food package,” added Karen Lombardi, Nutritionist at Bristol Hospital. “This program ensures that families have enough to eat at Thanksgiving.”

Supporting Social Innovation to Strengthen Families and Communities

Connecticut Children’s Medical Center embraces population health as a key ingredient to the sustainability of a high quality and affordable healthcare delivery system. The hospital recognizes that

CONNECTICUT CHILDREN’S MEDICAL CENTER

achieving outcomes across a population requires creative ideas to solve complex problems, ranging from the financial models that will support population health management to the interventions themselves that resolve contemporary community health issues.

Connecticut Children’s Advancing Kids Innovation Program (AKIP) exemplifies its approach to addressing gaps in programs and services for children and families within the community. AKIP’s work yields short-term gains in health and developmental outcomes for children, but also enhances life-long health outcomes.

AKIP launched in 2015 as a program of Connecticut Children’s Office for Community

Child Health. The program supports social innovators addressing critical community child health needs through the initial planning, pilot testing, launch, and spread of their innovations. AKIP works to

establish a pipeline of innovations that focus on child health, strengthen families, and can be sustained and replicated.

AKIP has hosted 27 Community Health Innovation Check-Ups (CHICU), providing consultation to promising innovators from a range of different sectors, including early care and education, family support, and child health services. CHICUs provide an opportunity for innovators to share their ideas during a one-hour question and answer session with a panel of experts in children’s health, program design, implementation, evaluation, sustainability, and diffusion. Following the CHICU session, innovators receive a short report with feedback, recommendations, and opportunities for continued collaboration.

In addition, AKIP also provides technical assistance to innovators as they work to bring their projects to fruition. For example, the program worked with Connecticut Children’s Help Me Grow National Center to host an Innovation Challenge at its annual forum this past spring. AKIP also consulted with four finalists who submitted innovations to the Help Me Grow National Center prior to the forum.

AKIP is now consulting with two of those finalists, Help Me Grow Orange County, California, and Help Me Grow Vermont, which developed innovations to increase developmental screening of children in early learning settings. AKIP will work with both finalists to spread their innovations across the entire Help Me Grow network, which includes 25 states.

Through AKIP, Connecticut Children’s is reinventing the way innovators are identified, recruited, and supported to address gaps in child-serving systems across all sectors to enhance outcomes for children.

Day Kimball Healthcare on a Mission to Prevent Falls

Prevention is always the preferred route to maintaining good health, and Day Kimball Healthcare (DKH) is on a mission to prevent one risk that can be not only disastrous for health but costly to treat, and is often overlooked. That risk? Falls.

Falls are the number one cause of accidental injury for Connecticut residents ages 55 and older, as well as the number one preventable cause of nursing home placement, and the most common cause of traumatic brain injury. As a member of the Connecticut Collaboration for Fall Prevention (CCFP) at the Yale School of Medicine, Day Kimball

DAY KIMBALL HEALTHCARE

Healthcare at Home (a division of Day Kimball Hospital) hosts fall prevention presentations and screenings in locations across its core service area of Northeast Connecticut, and engages participants in CCFP’s ongoing research study on fall risks and prevention. The screenings and workshops are funded by CCFP and the State Department on Aging.

DKH hosted two public falls prevention workshops in 2017 at local senior living communities. The workshops included a 45-minute education presentation, followed by blood pressure and balance screenings, and a survey about any falls in the prior six months.

Participants who were identified to be at risk were then invited to attend specialized exercise classes aimed at helping them to increase their balance and strength in order to decrease their risk. The classes took place twice a week for 12 weeks, and participants were contacted six months later to evaluate what effect their participation may have had on their overall health and risk of falling.

The results thus far have been very positive. Of those participants who have completed the six-month follow-up call, 85 percent have moved into a lower fall risk category than when they were first screened.

The rehabilitation staff conducting the programs also brought education about falls prevention to the wider public through a guest appearance on a popular community

Of those participants who have completed the six-month follow-up call, 85 percent have moved into a lower fall risk category than when they were first screened.

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radio talk show, a column in the region’s daily newspaper, the *Norwich Bulletin*, and a blog post that reached more than 10,000 people through Day Kimball’s website and social media channels

Day Kimball’s quest to reduce harm from falls in the communities it serves continues in 2018; Day Kimball Healthcare at Home is one of just three home healthcare providers in the state to once again receive grant funding from CCFP and the State Department on Aging to help further public education efforts and fall prevention research.

Cancer Wellness Program Looks Beyond the Diagnosis

Greenwich Hospital's Cancer Wellness Program helped cancer survivors stay physically and emotionally healthy over the past year by restoring their sense of well-being, providing social and emotional support, and promoting healthy lifestyle choices.

Eleven cancer survivors (seven women and four men) met at Greenwich Hospital for three weekly sessions that included health and wellness lectures, nutrition education, exercise activities, and healthy food cooking demonstrations followed

by a nutritious group meal. Greenwich Hospital's Oncology

and Physical Rehabilitation specialty physicians, registered nurses, dietitians, exercise physiologists, cancer counselors, and chefs took part in this interdisciplinary collaborative effort.

A key program component was providing a supportive environment in which participants could form social bonds with others whose lives had been touched by cancer. Studies show cancer survivors often find hope, comfort, and inspiration from being with others who empathize with their concerns and experiences.

Each two-hour session began with a physical activity – such as Tai Chi, yoga, meditation, or other exercises – to help cancer patients increase strength, flexibility and mobility, alleviate pain, decrease stress, improve nutritional intake, and maintain a healthy weight. These programs were conducted by exercise physiologists, along with yoga and Tai Chi instructors.

At each session, oncology physicians and registered dietitians provided lectures about diverse ways to support a healthy lifestyle, following the American Institute for Cancer Research's (AICR) Ten Guidelines for Cancer Prevention. Registered nurses also performed blood pressure screenings, conducted health counseling, and provided support.

In addition, each session included a culinary demonstration by a chef to illustrate that healthy meal preparation can be quick, easy, delicious, and cost effective. Recipes incorporated the AICR guidelines for cancer prevention, and participants shared a healthy group meal in a communal setting. Meals featured salmon, vegetable kabobs, asparagus and walnut salad, tilapia, cranberry oatmeal cookies, and grilled fruit with yogurt dip. Participants received copies of the recipes so they could easily replicate the meals at home.

Participants also received a gift bag with a yoga mat, Dr. Barry Boyd's book, Cancer Recovery Plan: How to Increase the Effectiveness Of Your Treatment and Live a Fuller Healthier Life, a relaxation CD, and other items.

By the end of the program, the cancer survivors had developed relationships with one another and had learned to integrate healthy nutrition and positive physical and emotional behaviors into their lives.

GREENWICH HOSPITAL

Health Fairs Reach Medicaid Population

Griffin Hospital conducted four free Health and Community Resource Fairs in April and May of 2017 as part of its multi-faceted outreach campaign to its Medicaid population. These events, hosted at the hospital, featured customized medical screenings for patients of the hospital's physician group, Griffin Faculty Physicians (GFP), lifestyle and chronic disease management/prevention counseling, and information on a wide variety of community-based resources.

The fairs were a collaborative effort among GFP, Griffin's Internal Medicine and Preventive Medicine Residency programs, the hospital's Community Outreach and Parish Nursing departments, and several local

health and human service agencies with whom Griffin partners to address Social Determinants of Health (SDOH).

These partners included TEAM, Inc., a local community action agency that provides a wide range of support services to those in need, including housing support, financial assistance, education, and elder care. Other

partners included BHCare, a local behavioral health organization, the local KidSafe chapter, the American Red Cross, and representatives from local food banks and shelters.

All of the 117 patients who attended and completed the medical screenings received a \$25 grocery gift card and a free box lunch for participating. Patients were pre-registered and scheduled for screenings to minimize wait times, and were encouraged to bring family members, who also received box lunches.

The free medical screenings were conducted by the Parish Nursing Department, with several conditions identified. The 32 patients with existing or newly diagnosed hypertension



How would you like a \$25 gift card?

were offered counseling by medical residents, as were the 18 diabetic or pre-diabetic patients. These patients were also offered a diabetic foot assessment (monofilament testing), as well as screening for diabetic retinopathy, utilizing Griffin's portable camera set-up. Additionally, all patients were screened for depression and subsequently

asked to complete a questionnaire to assess severity of symptoms. A total of 17 patients were identified as needing follow-up for depression, with professionals available on site on all four days the Health and Community Resource Fairs were held.

All test results were forwarded to the patients' primary care physicians, with 103 follow-up visits scheduled to provide personalized follow-up care based on the screening results.

The Health and Community Resource Fairs provided a one-stop-shopping opportunity for patients to complete annual screenings, ask questions, and connect with resources. Griffin Hospital has integrated the Fairs into its population health management activities – including direct mailings, personalized monthly e-mails, and reminder phone calls to complete annual health screenings – in an effort to improve the health and well-being of its Medicaid patients.

GRIFFIN HOSPITAL

Helping Women Put Healthcare First

Breast cancer, cervical cancer, and heart disease can be deadly, but when your cupboards are bare and the rent is late, it can be hard to think about regular screenings.

That's where Hartford Hospital's Community Health Navigator Damaris Perez steps in.

HARTFORD HOSPITAL

Through the Connecticut Early Detection and Prevention Program, Ms. Perez reaches out to women ages 21 to 64 to ensure they receive the clinical breast and pelvic exams, mammograms, and Pap tests that can detect cancer early, as well as breast biopsies, ultrasounds, and other diagnostic procedures when necessary.

Ms. Perez is a familiar figure in the Hartford community, where she is affectionately known as "Señorita Damaris." Knowledge of

the help she can provide reaches women by word of mouth through Hartford Hospital and community organizations. Her priority is to link women to health services.

"Having a medical home is crucial to a patient's health," Ms. Perez said. She works with a number of organizations, including Hartford

Hospital's Brownstone Clinic and Women's Ambulatory Health Services, Charter Oak Health Center, Planned Parenthood, Community Health Services of Hartford, and the Community Health Center of New Britain.

Ms. Perez arranges immediate medical appointments for any women whose breast or cervical cancer screenings reveal potential problems.

In 2016, the Early Detection and Prevention Program screened 523 women, detecting six cases of



breast cancer that might otherwise have gone undiagnosed.

Another program, WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation), enabled Ms.

Perez to provide screening for conditions that contribute to heart disease, including high blood pressure, cholesterol, diabetes, or obesity. Uninsured or underinsured women ages 30 to 64 with incomes at or below 250 percent of the federal poverty level and who

are enrolled in the Early Detection Program are eligible for this program.

If a woman screened through WISEWOMAN is found to have dangerously high blood pressure, cholesterol, or blood glucose, Ms. Perez arranges for them to see a healthcare provider immediately.

If those measures are elevated, but not dangerous, Ms. Perez provides risk reduction counseling to educate the client on how to address those problems by making lifestyle changes. Women are encouraged to participate in group sessions, where they set goals and decide how to achieve them. Ms. Perez follows up regularly to assess progress, and those who show a commitment to a healthy lifestyle may qualify for additional services, such as a limited-time gym membership.

This year, Ms. Perez and her colleagues initiated "Wellness Days," during which services, including mobile mammography, were offered in the community to screen women unable to come to the hospital.

"It's all about reaching women who are hard to reach and helping to connect them with resources they might not be aware of," said Ms. Perez.

Hope After Heroin

Determined to provide a better life for herself and her baby, a young mother found the support she needed to overcome addiction through a specialized program to treat newborn drug withdrawal.

“I was talking to my sister and I was kind of nervous. I was like, ‘I can’t go back to using again,’” said Elizabeth, a former heroin addict, whose name has been changed to protect her

therapeutic – rather than punitive – relationship between hospital staff and mothers with known substance use disorders.

Through relationships with local methadone clinics, at-risk pregnant patients are identified early, receive a prenatal consultation and education, and take a hospital tour. Newborns receive standardized toxicology testing, as well as treatment and observation. Both hospitals offer rooming-in programs so mothers can stay with their newborns, promoting breast feeding and skin-

to-skin contact, because engaging moms with the care of their newborn establishes bonding.

Coordinated communication with the mother’s treatment center,

The incidence of drug withdrawal in newborns has reached epidemic proportions, largely fueled by maternal use of opiates during pregnancy.

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the Department of Children and Families, and the baby’s pediatrician increases the chances that mother and baby will not be separated automatically. In all instances, nonjudgmental care is provided and the services are offered at no charge.

For mothers like Elizabeth, the results are priceless.

“I’ve grown up and matured a lot more. I definitely wouldn’t make a dumb choice again,” said Elizabeth. “I’m responsible for someone else now.”

The incidence of drug withdrawal in newborns has reached epidemic proportions, largely fueled by maternal use of opiates during pregnancy. Hartford HealthCare’s Central Region developed an innovative and effective program to help mothers and their newborns who suffer from Neonatal Abstinence Syndrome (NAS) or drug withdrawal.

In just over one year, the program, which supports families at The Hospital of Central Connecticut and MidState Medical Center, provided care to more than 100 mothers and babies.

For mothers like Elizabeth, healing hinges on the understanding that addiction is a treatable disease. To ensure that mothers and babies receive the most appropriate care, a dedicated team in the Central Region identified ways to assess pregnant women who may be at risk of delivering a drug-dependent baby. The team also educates nurses and clinicians on addiction and how to provide the best care to these patients, and works to establish a



Recovery Coaches Offer Hope after Overdose

Meghan Hilliard, RN, Nurse Manager of the Windham Hospital Emergency Department, has seen the devastation caused by addiction and substance use, but a new program offers hope.

Since Hartford HealthCare’s Behavioral Health Network placed recovery coaches in the Emergency Departments at Windham and The William W. Backus hospitals in the spring of 2017, the number of patients who seek treatment after an overdose has increased dramatically.

Since the coaches were introduced, 73 of the 76 patients treated at Windham Hospital have been connected to

HARTFORD HEALTHCARE EAST REGION – THE WILLIAM W. BACKUS AND WINDHAM HOSPITALS

detox, inpatient or outpatient care, or other forms of community support. This is equally true for patients using alcohol and substances such as heroin or prescription opiates. At Backus, from June through August 2017, 100 percent of patients were connected with care after an ED visit.

“Everyone knows this is a serious problem in our community, but there’s only so much front-line emergency room staff can do to address the underlying addiction that leads to overdoses,” Ms. Hilliard said,

noting the frustration that comes with helping people who might return the next day needing the same type of care. “We can refer a patient to long-term treatment until we’re blue in the face, but we can only hope that they will listen.”

Trained recovery coaches are available 24 hours a day, seven days a week. When an overdose patient arrives at the ED, a coach is automatically called.

“With recovery coaches, these patients hear from people who have a background that gives them special authority and credibility — they have been there themselves,” Ms. Hilliard said.

Coaches, who are in recovery themselves, receive extensive training to support others struggling with substance use disorders. They also offer insights about their own experiences as a way to provide hope.

“These are people who can reach patients in ways that most others can’t because their message is so personal and so powerful,” said Patricia Rehmer, President of Hartford HealthCare Behavioral Health Network. “Our goal is for this to be extended to hospitals across the Hartford HealthCare system.”

Ms. Rehmer pointed out that the epidemic in opioid and heroin abuse contributed to more than 900 deaths in Connecticut in 2016, a record number. She said the crisis points to the need for involvement from those who have “lived” the experience.

“If you’re feeling hopeless and lost, it can be a very powerful thing to see someone who went through the same thing and is now living a happy and meaningful life,” she said.



The Charlotte Hungerford Hospital Offers Read to Grow Books for Babies Program

It’s never too early to start collecting a library of books for a child so they can begin to develop an appreciation and love of reading. The Charlotte Hungerford Hospital (CHH) and its Auxiliary are helping in this

effort by participating in the Read to Grow Program, which offers newborns and their siblings a book at birth and two additional books in their first year.

It has been a great success and stresses the value of reading to children at a very early age.” said Cath Pezze, President of the CHH Auxiliary. Read to Grow is a not-for-profit organization dedicated to improving early literacy for children. It was founded in 2000 and is currently operating

HARTFORD HEALTHCARE NORTHWEST REGION – THE CHARLOTTE HUNGERFORD HOSPITAL

The CHH Auxiliary provides financial support for the program, in addition to grant funding provided by Read to Grow. Five CHH volunteers – including Dalia Acevedo, Helen Alling, Julie Morris, Rosalie Strano, and Pat Zimmerman – have all been trained through Read to Grow and present the books and program information to families. There are nearly 400 babies born at CHH every year.

“We are so pleased to participate in the Books for Babies program at Charlotte and provide these wonderful resources for families.

the Books for Babies program in hospitals and community health centers. It also operates a Books for Kids childhood literacy continuum, giving books directly to children and to those who work with and serve children. It is also in formal collaborations with more than three dozen not-for-profits to deliver books and services directly to families in need.

Since its inception, Read to Grow has had a tremendous impact in Connecticut. More than 1.4 million books have been donated to 900,000 children and families, 13 partnerships have been formed with not-for-profits, and more than 280,000 newborn literacy packets have been distributed.

Johnson Memorial Hospital Auxiliary Seeds of Kindness Program Benefits the Cancer Center Patient Assistance Fund

Health insurance and government assistance are invaluable in meeting the complex and often expensive needs of those who seek cancer care at Johnson Memorial Hospital, but there are some needs that are not covered by such programs. That’s when the Johnson Memorial Cancer Center (JMCC) Patient Assistance Fund comes to the rescue. The JMCC Patient Assistance Fund was formally established in 2012, although it had been operating informally for years before that. When discussions with patients revealed a number of financial barriers affecting their access to care, the fund was formalized.

The fund assists patients who have minimal income or inadequate insurance and need help with everyday expenses such as groceries, utilities, housing, medications, transportation, and other urgent needs. Clinical social

JOHNSON MEMORIAL HOSPITAL

workers manage and disburse funds. There are no administrative costs associated with the fund, so 100 percent of its assets go toward patient and family support at a time when they are already taxed physically and emotionally.

More than 55 people have received direct assistance from the fund since its inception and, over the years, memorial donations and contributions from local businesses were among the primary sources of funding. Then, in 2016, the fund got a new source of support. That spring, the Johnson Memorial Hospital Auxiliary launched the Seeds of Kindness project. Seeds of Kindness began the way so many charitable efforts begin—with the urge to bring beauty into the world by “giving back” to the community. However, with this project, the beauty is both spiritual and visible for all to see: the program grows sunflowers that are sold to the public at Geissler’s Supermarkets and other partnering retailers.

In its first year, more than 70,000 sunflowers were harvested on land in Somers that was loaned to the cause by a breast cancer survivor, raising in excess of \$13,000. The Auxiliary, with assistance from Gordon Burson of Pine Croft Farm in Somers, Connecticut, grew the flowers. With the success of the program, the Auxiliary has plans to plant more acreage in future seasons.

Lawrence + Memorial Hospital Funds Narcan Supply for Local Communities

Stepping up and responding directly to a major community health crisis, Lawrence + Memorial (L + M) Hospital recently provided funding to 11 local communities for supplies of Narcan, the drug

and overdosing have reached epidemic proportions, both nationally and locally.

“Of great concern to us all – leaders of our cities and towns and leaders of our organization – is the opioid epidemic,” said Patrick L. Green, President and

LAWRENCE + MEMORIAL HOSPITAL

used by emergency personnel to help save the lives of victims of opioid overdose.

Municipalities and governments receiving the supply from hospital funding included East Lyme, Groton City, Groton Long Point, Groton Town, Ledyard, Mashantucket Pequot Tribal Nation, Mohegan Tribal Nation, Montville, New London, Stonington, and Waterford.

Investing approximately \$10,000 for the effort, hospital leaders said the decision to help was simply the right thing to do at a time when opioid addiction

Chief Executive Officer of L+M Hospital. “By providing the funding to supply these municipalities with Narcan, we are one step closer to preventing another opioid death. This will allow area first responders to begin potentially life-saving treatment in the field immediately.”

Laurel Holmes, L+M Hospital’s Director of Community Partnerships and Population Health, noted that, across the region, 29 people died of unintentional drug overdoses in 2016, 20 men and nine women. Most were found in homes or



apartments, and none were homeless. In only four of these cases was Narcan administered, according to statistics from the Ledge Light Health District.

“Our community health improvement plan includes addressing opioid misuse as a priority,” Ms. Holmes said. “The Opioid Action Team, working to address that priority area, is focusing on Narcan saturation in the community. This is one strategy to accomplish that. The long-term goal is always to help people beat their opioid addiction, but the first priority is to keep people alive.”

Narcan is a medication that can help restart a person’s respiratory system after it has slowed down or stopped

due to an overdose of heroin or other opioids. In this way, the fast-acting drug is nothing short of miraculous in saving the life of an overdose victim who cannot otherwise be revived.

L+M Hospital has seen a significant increase in heroin-specific overdose cases in the last few years. In 2014, the hospital treated a total of 74 heroin cases. That number jumped to 111 in 2015 before spiking to 165 in 2016. In 2017, the hospital had treated 71 heroin-specific cases through July.

“This remains a serious problem for all of us in Southeastern Connecticut,” Mr. Green said. “We can’t wait for a perfect solution to be put into place. Every step

“Of great concern to us all – leaders of our cities and towns and leaders of our organization – is the opioid epidemic.”

is a positive step. While we hope and pray for an end to this crisis, there is a lot of work to be done. My hope is that our partnership with these communities and with our local legislative delegation, as well as our congressional delegation, will demonstrate that we are fighting this epidemic together – as one community.”

This is the second time the hospital has provided funding for Narcan. Last year, after the start of the crisis in this area, it provided resources to a smaller number of communities. However, with the ongoing opioid crisis, as well as the budgetary challenges facing municipalities, the list of communities was expanded this year.

Residents Helping Residents

Residents working for the Eastern Connecticut Family Medicine Residency Program at Manchester Memorial Hospital, a member hospital of the Eastern

Sabesan “Saby” Karuppiah, MD, Director of the Family Medicine Residency Program, a resident physician is available every Friday morning to check blood pressure

MANCHESTER MEMORIAL HOSPITAL

and BMI, provide health education, and administer flu vaccinations. Free educational programs on obesity, hypertension, and diabetes are also available. The physician residents see individuals in a dedicated wellness area located inside a new, 7,000-square-foot

and BMI, provide health education, and administer flu vaccinations. Free educational programs on obesity, hypertension, and diabetes are also available.

The physician residents see individuals in a dedicated wellness area located inside a new, 7,000-square-foot

community center that also features an exercise room, small kitchen, study area, and all-purpose room.

Should the physician recommend additional medical care, Squire Village residents can be seen at the ECHN Family Health Care Center located just five minutes away at 130 Hartford Road, and at 29 Haynes Street on the Manchester Memorial Hospital campus.

“Squire Village is a housing community made up of people from many different backgrounds, religions, races, ages, abilities, and orientations. With more than 1,000 individuals, including 400 children, this is a rich learning environment for our physician residents to gain experience working with a diverse population of patients,” says Dr. Karuppiah. “Our physicians are thrilled to have this opportunity to provide this great community service.”

Pictured right in the Squire Village Community Center, (L-R) Dr. Sabesan Karuppiah, MD, and Anthony Sampino, DO.



Middlesex Hospital Works to Address Food Insecurity

Taking aim at food insecurity, Middlesex Hospital Family Medicine residents created the Middlesex Hospital Fruit & Veggie Prescription Program, designed to increase access to healthy food

MIDDLESEX HOSPITAL

options for patients screened as food insecure by offering vouchers to a local farmer's market.

Food insecurity is defined as limited or uncertain access to nutritionally adequate and safe foods, and is an important public health challenge that contributes to health inequity throughout the United States, including in Middlesex Hospital's service area.

Middlesex Hospital recognizes this challenge and is trying to make a

difference through this program, now in its third year.

In collaboration with the hospital's Community Benefit Department, the Fruit & Veggie Prescription Program improves access to healthy and affordable fruits and vegetables for low-resource community members who are served by the hospital's residency clinics. The program also promotes food insecurity awareness among hospital staff and uses data to further explore community-based solutions to improve health outcomes and quality of life.

It starts with a \$5 prescription voucher. The vouchers are funded by Middlesex Hospital's Helping Hands Fund. Family Medicine residents and staff use the U.S.

Department of Agriculture's (USDA) tool to screen patients and determine eligibility.

Staff members then meet with eligible patients to explain the program, the advantages of buying products at a farmer's market, and nutritious food options.

Data, including the level of food insecurity and the rate of voucher redemption, are analyzed to identify trends, better understand local food security needs, and enhance the program.

Each year, approximately 400 vouchers are distributed, with an average redemption rate of 52 percent.

The tool the hospital uses to rate food security places patients into three categories: high or marginal

food security, low food security, or very low food security. Of the surveys completed, an average of 47 percent scored very low food security. Survey results also indicate that many cannot afford to eat balanced meals and, on average, more than half skip meals or reduce meal size due to financial restrictions.

The Fruit & Veggie Prescription Program impacts the community in a powerful and meaningful way. It shows how Family Medicine physicians and staff can make a difference by having culturally sensitive discussions about food experiences and available resources. It also demonstrates how hospitals can build programs that address food needs, nutrition education, and reduce the stigma associated with being a food insecure household.

Raising Health Awareness Through Educational and Wellness Programming

Whether inside the walls of the hospital or out in the community, Milford Hospital continually identifies efficient and effective ways to improve the health of the people it serves. Collaborations with local businesses, community organizations, municipal departments, and providers have assisted Milford Hospital in enhancing and expanding its health awareness and educational efforts to provide information and services where individuals live, work, and seek resources.

issues, Milford Hospital aligned with local resources to deliver the information and services its communities want and need.

Prescription drug and opioid abuse has become an epidemic in Connecticut and beyond. To address the problem, Milford Hospital collaborated on delivering education to healthcare professionals and the community at large.

As a partner in presenting "Chasing the Dragon," a film documentary and open community forum with panelists representing the law enforcement, prevention, and healthcare communities, Milford Hospital physicians provided statistical and anecdotal information to more than 100 community members.

Following the community forum, the hospital conducted a Professional Health Education program that addressed trends in opioid use, and offered tools and strategies for screening and effective treatment. Providers were given up-

to-date information on CDC opioid prescribing guidelines, data regarding illicit opioid use in Connecticut, strategies for identification of patients at risk for opioid abuse, and overdose and referral tools for patients seeking treatment.

Another example of the hospital's health and wellness programming relates to the aging population in Milford and throughout Connecticut. This population faces a variety of health and other challenges that impact their well-being. To address their many unique needs, for the second year, Milford Hospital sponsored "Boomers and Beyond," a Health and Wellness Expo.

The hospital's goal in being the healthcare sponsor of this event was to provide free health screenings and assessments to a potentially underserved and at-risk population and connect residents with health and wellness-related resources. More than 2,000 people attended the event, at which Milford Hospital clinicians and medical staff provided cholesterol, glucose, blood pressure, foot health, and orthopedic screenings and assessments.

"Boomers and Beyond" is just one

Hospitals Pilot New Model of Care for Cancer Patients

In 2015, Eastern Connecticut Health Network (ECHN) was chosen as the pilot site to introduce a new model of care to engage uninsured and underinsured women in the services offered through the Connecticut Breast and the Cervical Cancer Early Detection

ROCKVILLE HOSPITAL

Program (CBCCEDP) and WISEWOMAN programs. Since this time, the navigation model of care has been embraced by all the program sites in Connecticut.

ECHN has been a provider in the Connecticut Early Detection and Prevention Program, which is a part of the Centers for Disease Control and Prevention's (CDC) National Breast

and Cervical Cancer Early Detection Program since 1993. The Connecticut Early Detection Program encompasses two programs: The CBCCEDP and the WISEWOMAN program, both of which provide services for uninsured and underinsured women.

The WISEWOMAN program provides this population with the knowledge, skills, and opportunities needed to improve diet, physical activity, and other lifestyle habits to prevent, delay, or control heart disease or other chronic conditions. The model of care incorporates the use of a navigation team. A Community Health Navigator engages with the community to educate people about program benefits and available services, as well as to promote preventative services available under the Affordable Care Act. Studies have shown that the use of navigators increases the use of preventative services and improves compliance with provider-recommended healthcare plans.

The navigator works closely with a Clinical Nurse Navigator who is responsible for

Studies have shown that the use of navigators increases the use of preventative services and improves compliance.

..... facilitating care for women identified with abnormal results, and to ensure that the services the women receive are timely and appropriate.

In April 2017, Donna Cameron, RN, ECHN's Women's Health Nurse Navigator, spoke at the 9th National Conference on Next Generation Comprehensive Breast Centers of Excellence conference in Atlanta, Georgia. Ms. Cameron's presentation, "Community Health Worker & Nurse Navigator: Partnership to Improved Community Health," described the impact of the navigation team model in Connecticut and provided insight about how breast centers can develop their own navigation team model of care to meet the needs of their communities.



example of the broad reach of Milford Hospital's health and wellness programming. Using data from the Community Health Needs Assessment, as well as anecdotal and other information, the hospital planned a variety of educational events and health screenings in 2017 that were held throughout the community.

More than 600 people participated in one or more programs, screenings, and/or health assessments that addressed chronic and primary health conditions.

Breastfeeding, Heritage, and Pride: A Breastfeeding Support Project

In 2014, the W.K. Kellogg Foundation awarded a three-year, \$500,000 grant to Saint Francis Hospital and Medical Center and the Hartford Hispanic Health Council (HHC) to collaborate on a program called *Breastfeeding: Heritage and Pride*. The immediate goal of the grant is to increase the rate of breastfeeding among African American and Latina mothers who are patients at the hospital's Women's Health Center, an obstetrics and gynecological clinic.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

The long-term goal is to normalize the practice of breastfeeding.

The Heritage and Pride program, which the HHC developed for use elsewhere in the city, relies on an operating model that is unique in Connecticut: peer counselors teach expectant and new mothers about breastfeeding, and once the babies are born, follow up in the hospital, community clinics, and at home, to offer support and assistance.

Peer counselors must be from the local community and must have breastfed their own

children; the program is based on mother-to-mother support and relies on the development of personal relationships between counselor and client.

Peer counselors receive extensive training before they begin counseling others, and the fact that they make free visits to community clinics and clients' homes is unique among lactation programs.

Since its inception, the program has measured peer counselors' efforts to increase breastfeeding initiation rates at key points before and after birth — in prenatal visits, in the hospital, and after six months. The goal was to increase the rate of breastfeeding initiation, as well as the rate of mothers who breastfeed for six months.

The results were impressive. In the first year of the program, which began in 2015, more than 1,400 successful contacts were made, despite the fact that the program was not fully staffed. During the calendar year 2016, of the mothers enrolled in the program, 99.4 percent initiated breastfeeding; 40.6 percent breastfed exclusively while in the hospital; 54.7 percent practiced mixed feeding in the hospital; and just 4.7 percent fed their babies only formula while in the hospital.

Supporting the Community Through Hoop to Help

In 2015, Saint Mary's Hospital employee Paul Gladding saw a need in the Waterbury community. Through the Community Tabernacle Outreach Center, Mr. Gladding founded and organized the annual Hoop to Help Basketball Tournament at the Waterbury Police Activity League and Johnathan Reed Elementary School. The tournament serves as an outreach effort to provide Waterbury Public School students with school supplies.

Inspired by Mr. Gladding's efforts, in 2017, Saint Mary's Hospital stepped in to assist with the tournament. The hospital saw it as an opportunity to make a difference in the lives of local



SAINT MARY'S HOSPITAL

students by providing necessary school supplies, as well as to encourage physical activity.

More than 25 teams from Waterbury and surrounding towns attended the tournament in late July and raised a record-breaking amount in donations. In addition, during the course of the tournament, Saint Mary's Hospital was able to offer health and wellness information and provide first aid materials.

"Because of Saint Mary's involvement in the tournament, the Community Tabernacle Outreach Center was able to almost double what was given in previous years," said Mr. Gladding.

More than 1,000 students in the Waterbury Public School system received backpacks filled with school supplies within the first month of the school year. Several Saint Mary's Hospital employees participated in the distribution, including Keon Blackledge, Director of Community Health and Well-Being.

Mr. Blackledge said he was incredibly moved, "to be able to assist students who didn't have the proper educational materials."

"Empowering them to feel more like their peers with a backpack and supplies is unmatched," Mr. Blackledge added. "You could tell by the way these students accepted the materials, that we were impacting their lives."

The Hoop to Help Basketball Tournament is just one example of how Saint Mary's Hospital is living the mission of being a transforming healing presence within the communities it serves.

St. Vincent's Employs Stop Light System to Promote Healthy Eating

Most people understand the importance of stop lights to keep them safe on the road while driving or walking. But recently, medical professionals from St.

ST. VINCENT'S MEDICAL CENTER

Vincent's Medical Center and other members of the Primary Care Action Group (PCAG) in Bridgeport have utilized the stop light concept to keep people eating healthy as well, as they either get a green, yellow, or red light when picking out foods for themselves and their families at soup kitchens and food pantries.

St. Vincent's participates in several PCAG task forces, including the Cardiovascular Disease and Diabetes (CVD & DM) Task Force. The CVD & DM task force started the "Know Your Numbers" (KYN) campaign in

2014, providing health screenings (including blood cholesterol, blood sugar, blood pressure, BMI, and others) at soup kitchens and food pantries in the city of Bridgeport.

The KYN screenings identified several correlations between health risk and types of foods offered at the city's food programs. Several changes were made, including eliminating sugar-sweetened drinks and removing salt shakers from the tables at soup kitchens. Healthy food donation lists were also widely distributed to churches that donate food.

Despite these steps, many patrons and volunteers still found it difficult to choose healthier items.

As a result, the KYN organizers from St. Vincent's and Bridgeport Hospital decided to integrate into their work the Supporting Wellness at Pantries (SWAP) system, which was developed by the Council of Churches of Greater Bridgeport in conjunction with the Rudd Center for Food Policy and Obesity at the University of Connecticut and the University of Saint Joseph. The organizers believed SWAP would help make it easier to choose healthy foods.

SWAP employs the Stop Light Nutrition Ranking System, which is designed to help promote healthy

food choices at food banks and food pantries that serve low-income families struggling with providing and selecting healthy food. Research shows that households that go to food pantries are at high risk for chronic diseases such as Type II diabetes, as well as high blood pressure and obesity. These chronic diseases can often be prevented, managed, and reversed through the foods we eat, specifically by eliminating foods high in saturated fat, sodium, and added sugar. The goal of SWAP is to create an easy to implement, easy to understand, nutrition ranking system to categorize the food offered in a food pantry. This system helps patrons make healthy choices, and influences the types of food donated to the pantry.

Foods are marked either green, yellow, or red. Green foods should be chosen often, and are low in saturated fat, sodium, and sugar. Yellow foods should be chosen sometimes, and have medium levels of fat, sodium, and sugar. Red foods are the least healthy, should be chosen rarely, and have high levels of fat, sodium, and sugar.

The new ranking system is bringing education about healthy eating to people where they live in the community.

Partnership Creates Healthy Community

On the West Side of Stamford, in an underserved neighborhood once known for abandoned buildings, drugs, and an at-risk population, the Vita Health and Wellness District and its Fairgate Farm are thriving. Today, the Vita Health Collaborative, born of a partnership between Stamford Health, Charter Oak Communities, Inc. (COC) – formerly Stamford Housing Authority – and the City of Stamford, brings together these and other organizations to give West Side residents a model community with access to essential services that support healthy living, healthful eating, wellness and self-sufficiency.

STAMFORD HEALTH

The idea to create what is now known as the Vita District started more than 10 years ago when Stamford Health sought to expand its footprint by building a new hospital on land that borders the Charter Oak neighborhood. At the same time, COC was planning to demolish an obsolete housing project nearby. Through a unique real estate transaction, the two institutions partnered on a novel land swap whereby Stamford Health secured the land it needed to further develop and grow its campus and COC acquired the land it needed to establish and revitalize the neighborhood with a health-themed community, building new, mixed-income housing, and efficient health services. Additionally, the collaboration of the COC and the City of Stamford, with support from Stamford Health, secured a \$1 million federal grant to buy and tear down the decaying buildings, build a community garden, and make way for the new Stamford Hospital.

Fairgate Farm, a centerpiece of the community, is an urban farm that produces healthy vegetables and fruits. Members of the community operate and maintain Fairgate Farm on a volunteer basis. Through Hospital Community Relations, Stamford Health provides local cooking and nutrition classes. In 2017, during its seventh growing season, the farm harvested and distributed two tons of food, with the excess donated to local food pantries and other not-for-profits that provide hunger relief. In partnership with Stamford Health and other community organizations, Fairgate Farm also sponsors tours, learning labs, family workshops, cooking demonstrations and special events.

UConn Health Partners With City to Fight Childhood Obesity in Hartford

Efforts by UConn Health and community collaborators are successfully lowering childhood obesity rates in the city of Hartford.

UConn Health

In 2017, Hartford Mayor Luke Bronin and the UConn Health Husky Nutrition Program released their report showing that between 2012 and 2016 the percentage of overweight or obese children enrolled in Hartford early childcare programs

decreased by 5 percent, and the average body mass percentile decreased by more than 4 percentage points.

This progress in fighting childhood obesity is thanks in part to a series of initiatives by the City of Hartford, UConn Health, and community partners. The UConn Health Husky Nutrition Program is led by Ann Ferris, MD, who is Professor Emerita of Medicine and Public Health, and the Founding Director of the Center for Public Health and Health Policy.

"We know that weight is a leading indicator

of long-term health, and that's why it's so important that our youngest children begin their lives with good eating and exercise habits," said Mayor Bronin. "Our childhood obesity rate is still too high, but we now have a roadmap for how to make progress. I am grateful to Professor Ann Ferris, her team at UConn Health, and the many, many Hartford staff members and community partners whose dedication led to the important gains we've made to reduce childhood obesity."

In 2012, a UConn Health baseline study led

by Dr. Ferris showed 37 percent of children ages 3 to 5 enrolled in center or school-based early child care in Hartford were classified as overweight or obese. Over the past four years, Hartford's Department of Families, Children, Youth, and Recreation, in partnership with Dr. Ferris and a variety of community partners, implemented a series of programs to promote healthy eating habits and exercise among Hartford preschoolers.

In 2016, Dr. Ferris and her team did another evaluation, and found that thanks to these initiatives and others, the percentage of children categorized as overweight or obese had decreased to 32 percent. The evaluation also found that overall, the average Body Mass Index (BMI) percentile of all preschoolers measured dropped by four, compared to the 2012 measurement.

Some initiatives leading to Hartford's progress in lowering childhood obesity rates include:

- Little City Sprouts, a farm-to-preschool program that provides children with the chance to learn about, grow, and eat fresh, healthy food. This is a collaboration of UConn Health and the Hartford Food System.
- Husky Reads, a program modeled on "Reach Out and Read" that provides nutrition education through children's literature, and Husky Nutrition, a program for parents aimed at reducing sugar-sweetened beverage consumption. UConn undergraduates staff both programs as part of a service learning experience.
- A citywide soccer program for preschool age children, in partnership with SoccerShots.

Homeless Outreach Program Helps Most Vulnerable in Community

For nearly 30 years, the Waterbury Hospital Homeless Outreach Program has helped thousands of city residents. Through this program, homeless men, women, and children get connected to basic services for mental health, addictions, and other health services, as well as services to help them obtain food, housing, and jobs.

About 120 people are helped each year by this program, thanks to Waterbury Hospital Mental Health Clinician Tony Bocci, whose career with the program spans three decades. For his work, Mr. Bocci has been recognized at the local and state level.

Mr. Bocci stops at Waterbury's homeless shelters on a regular basis to check in with staff and to see who may need help. Those shelters include the St. Vincent DePaul Mission Shelter, the largest homeless shelter in the state, which serves men, women, and children; the Salvation Army Family Shelter; and the Safe Haven of Greater Waterbury Shelter, a domestic violence shelter that serves the needs of single women and women with children.

Many in the homeless population are suffering from behavioral health issues and that's what makes Mr. Bocci's work so important. Beyond meeting the needs for housing, food, medical attention, and employment, the Waterbury Hospital team offers hope and support, Mr. Bocci said, which are two things sorely needed by this population.

It's hard and emotionally taxing work, but Mr. Bocci would not have it any other way.

The ultimate goal is "seeing someone in their own place, stable, and moving on in life," Mr. Bocci said. "When someone finally has a home of their own, that brings me satisfaction and joy."

Mr. Bocci's work is a key component of the Waterbury Ten Year Plan to End Homelessness and the Waterbury/ Litchfield County Coordinated Access Network. His work is a link in a safety network led by United



Tony Bocci has been an integral part of the Waterbury Hospital Homeless Outreach Program for three decades.

Way of Greater Waterbury that includes other social, not-for-profit health organizations, and entities in the city.

Other team members at Waterbury Hospital are also engaged in helping the homeless. The Waterbury Health Access Program (WHAP) is, according to Mr. Bocci, "a blessing to many of the residents of Waterbury and the surrounding communities." WHAP helps individuals obtain health insurance, find doctors, get the prescriptions they need, and identify additional resources that can help these individuals.

Homeless outreach is a vital part of community support for Waterbury Hospital, providing help to the most vulnerable members of society. It is a team approach to a difficult problem, and Waterbury Hospital continues to play an important part in the solution.

WATERBURY HOSPITAL

Respite Care Provides Solutions for Homeless Population

Yale New Haven Hospital, in collaboration with Columbus House, developed the Medical Respite Care program in 2013 as a service for homeless adults who need skilled medical care as they recuperate from an illness or injury. The goal of the program is to improve the health and well-being of adults who find themselves without housing.

meetings among hospital staff, shelter staff, home nursing agencies, and clinic staff allow for close collaboration during the patient's stay in Medical Respite.

Entrance into Medical Respite Care is based on evaluation by care managers and social workers who evaluate the services needed upon discharge from the hospital. If skilled nursing is required to help with recovery from an illness or

YALE NEW HAVEN HOSPITAL

The Medical Respite Care program has reduced the length of time that individuals remain hospitalized by utilizing 12 rooms at Columbus House, a not-for-profit agency that provides solutions to homelessness. The program provides a safe housing option with ongoing home care and supportive services that reduce the likelihood of readmission.

The staff at Columbus House uses patient stays in the Medical Respite program to connect them with supportive housing and other services to break the cycle of homelessness. Weekly

injury, a social worker will review the patient's circumstances and alternatives. If appropriate, the social worker will contact the Columbus House shelter, which determines if the patient is admitted into Medical Respite Care. If approved, the care manager will arrange home nursing services and follow-up appointments at one of the local clinics. Upon discharge, the patient will be transported from Yale New Haven Hospital to Columbus House.

During the last four years, Yale New Haven Hospital has documented 1,709 of its



The program has reduced hospital length-of-stay by two full days and reduced 30-day readmissions by almost 35 percent.

admitted patients as being homeless. Some of them were readmitted multiple times, resulting in 2,865 inpatient stays. While many patients needing continued care were taken in by family or friends following their hospitalization, 287 patients

were welcomed into the Medical Respite program.

The program has reduced hospital length-of-stay by two full days, reduced 30-day readmissions by almost 35 percent, and reduced return emergency department visits within 30 days by more than 71 percent (compared to those not in Medical Respite Care). A review of post-Respite Care Medicaid costs found that the per-person cost of care for Respite patients is reduced by between \$12,000 and \$25,000 during the 12 months after their stay in the program.

Mission Health Day Provides Care Across the Continuum

On a sunny fall Saturday, hundreds of Western Connecticut Health Network (WCHN) and Western Connecticut State University volunteers came together to serve members of their community through Mission Health Day. WCHN

WESTERN CONNECTICUT HEALTH NETWORK

includes three acute-care hospitals – Danbury Hospital, New Milford Hospital, and Norwalk Hospital.

The goals of Mission Health Day were to connect those in need with medical and support services, forge trusting relationships between residents at risk

and then offer assistance, and help enroll eligible attendees in Connecticut insurance programs to improve access to care.

At the end of the day, more than 350 people visited Mission Health Day. More than 250 volunteers from across WCHN's three-hospital Network, medical practices, homecare agency, and the community provided medical services that included screenings and vaccinations to more than 150 people. Patient navigators compassionately connected attendees to helpful medical, mental health, and support services, while hospital

Collaboration across neighborhoods, cultures, systems, and agencies was imperative to ensure a coordinated and progressive approach to health and wellness for the health system's neighbors in need.

facilitators worked beside counselors to assist with insurance enrollment.

Clinical staff from community-based clinics participated as well as the Western Connecticut Medical Group primary care



practices to ensure connectivity to a medical home.

Attendees made appointments for mammography screenings and took the first step toward accessing mental health,

housing, veteran, and other services.

Besides medical and support services, caring volunteers provided hot food, confidence-building haircuts, soothing foot washing, and massage therapy.

There were even therapy pets on hand to help visitors be as comfortable as possible.

Generous employee and community donors provided new and gently used winter coats, clothing, and even personal care kits for attendees to take with them. The Kids Zone offered a welcoming and safe environment for children so parents could focus on their own healthcare needs.

Officials at WCHN realized from their first planning meeting that they could not do this alone. Collaboration across neighborhoods, cultures, systems, and agencies was imperative to ensure a coordinated and progressive approach to health and wellness for the health system's neighbors in need.

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About the Connecticut Hospital Association

The Connecticut Hospital Association has been dedicated to serving Connecticut's hospitals since 1919. Through state and federal advocacy, CHA represents the interests of Connecticut's hospitals on key healthcare issues in the areas of quality and patient safety, access and coverage, workforce, community health, health equity, and hospital reimbursement.