



Connecticut Hospital Association

2015 COMMUNITY Benefit Report





Connecticut HOSPITALS

Serving their Communities

Hospitals are always there when we need them — caring for all regardless of ability to pay. Their contributions to community health extend far beyond the hospital walls.

Connecticut hospitals play a major and continually expanding role in improving community health. They are collaborating with local health departments, Federally Qualified Health Centers, and other public health and community members to determine the greatest medical needs in our communities and find solutions to improve the well-being of people in Connecticut.

Connecticut hospitals provide outreach and support services for cancer, diabetes, asthma, and other chronic conditions, as well as

financial assistance to the uninsured, mobile vans and clinics delivering primary and preventive care, healthy lifestyle education programs, services for the homeless, clinics for migrant farm workers, crisis intervention services, and many other programs targeted to meet specific community needs.

In 2013, Connecticut hospitals spent \$1.5 billion to benefit their communities — that's 15 percent of total hospital revenue.

While the dollars and cents of Connecticut hospitals' community benefit are impressive, in the pages that follow, you'll learn the human impact of these programs and services.

Community Benefit by the Numbers

In 2013, Connecticut's hospitals benefitted their communities in many ways.

\$1.2 billion	Unpaid government-sponsored healthcare
\$217.7 million	Uncompensated care: Charity care/bad debt to provide services for those who cannot pay
\$57.2 million	Community services to improve the health of the community
\$29.3 million	Research and other programs to advance healthcare for patients and the community
\$12.4 million	Donations to help support community organizations
\$7.3 million	Community building to create stronger, healthier communities
\$3.9 million	Subsidized health services* to provide care needed by the community

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

\$1.5 billion Total community benefit provided by Connecticut Hospitals in 2013



The William W. Backus Hospital:

“Just Ask” Program Makes Eating Out Easier

For people adhering to a special healthy diet, eating out can sometimes be a daunting and socially awkward experience. No one wants to be that demanding customer about whom the wait staff is whispering. Thanks to The William W. Backus Hospital and 26 local restaurants, making healthy menu choices has gotten a whole lot easier.

The “Just Ask” program is a partnership between the hospital and local eateries ranging from mom-and-pop pizza restaurants to fine dining. The program empowers people who are taking charge of their health by choosing to eat meals that are lower in salt (sodium) and unhealthy fats.

Participating restaurants prepare menu selections with less salt and fat, and work with customers to create a meal that will fit into their healthy lifestyle. They may also offer salt-free seasonings upon request.

“The restaurants were excited to be doing this. Many of them were doing something like this in some form already,” said

Backus Hospital dietitian Jennifer Fetterley. “As a dietitian, I’m always hearing people say to me that they make bad food choices at restaurants. Now it’s nice that we can tell our patients there are local restaurants in our community that will help them make better choices.”

Local restaurants join The William W. Backus Hospital in creating healthier options.

Each restaurant has been provided with posters, menu inserts, table tents, and brochures with tips for eating healthy.

“We’ve had customers who can’t eat salty foods ask, and our kitchen has worked with them. Everyone has been happy. It’s nice to team-up with the hospital,” said Jenny Flores of Mi Casa Mexican Restaurant in Norwich.

“We have been so pleased to partner with the local restaurants in our community with this program. It’s been a win-win situation for everyone,” said Backus Hospital community health nurse Alice Facente, RN. “Shari DeNinno, RN, our cardiac program coordinator, has been spreading the word about the program all around the hospital, among the patients, staff, and especially our heart failure support group.”



Nutritionist Camila Escobar (center) with two young participants during a HealthyHappyKidz session in which they decorated clay pots and planted tomato plants to take home while learning about healthy meal choices.

Bridgeport Hospital:

Supporting “HealthyHappyKidz”

HealthyHappyKidz is a free nutrition and fitness program for overweight children ages 5 to 14, to help them make healthy food choices and become more physically active. Through group activities and games, children learn that exercise and eating well can be fun and improve the way they feel.

Classes include educational sessions about exercise and healthy levels of activity, as well as actual exercise and activity sessions. Participants are encouraged to make healthy lifestyle choices. They receive prizes for participation. Parents and guardians are encouraged to attend sessions and learn with the children.

The classes, led by a certified fitness trainer/exercise specialist and a registered dietitian, are held twice a week during each nine-week session at no charge to participants. Rotating sessions are designed for the 5-9 and 10-14 age groups. The program is provided by Bridgeport Hospital’s Ahlbin Rehabilitation Centers.

The program has served nearly 100 children in four years, including two sessions since moving to the newly refurbished pediatric gym at Ahlbin Centers’

outpatient location on the main Bridgeport Hospital campus in early 2014. Prior to that, the program was based at a nearby Bridgeport school.

Participants’ progress is measured by timed physical activity exercises and pre- and post-program questionnaires to help measure knowledge of healthy exercise and food choices. All participants have demonstrated improvement in physical activity and knowledge of exercise and nutrition choices. In many cases, children have also improved their body mass index (BMI).

Classes run for two hours on Mondays and one hour on Thursdays. The registered dietitian is present for the first hour on Monday and the exercise specialist is present for all three hours during the week. A second person – often a volunteer – assists on Thursdays. The dietitian also assembles a binder of nutrition information and healthy recipes for each child.

Nearly 100 staff hours were devoted to HealthyHappyKidz in 2014. The program is supported by grants from the Bridgeport Hospital Auxiliary and Friends of Pediatrics.



Nutrition education at a local grocery store is one component of Bristol Hospital's Family Wellness Program, which has touched the lives of nearly 150 families.

Bristol Hospital:

Wellness for the Whole Family

Healthy gardening, family exercise, and nutrition education are just a few of the topics covered in a Family Wellness Program of Bristol Hospital that has touched the lives of nearly 150 families and is making a difference in their health and wellness.

The goal of the free program is to address childhood obesity by promoting family nutrition and healthy physical activity for low-income families. And it is working — the obesity rate of the participating families has improved.

The Family Wellness Program, hosted by the Parent & Child Center at Bristol Hospital, began in August 2013. More than 100 parents and 142 children have participated. There are four parts to the program: Gardening for Health, Shopping Matters, Family Zumba, and Nutrition Education.

Body mass index (BMI) data collected from 33 children and 20 parents showed that two-thirds of the children had a decrease in their BMI after participating in

the Family Wellness Program. Of those children, 70 percent had parents who participated in at least three of the four parts of the program.

Jump Bunch for Toddlers & Preschoolers was introduced as a physical education component for children too young to participate in Zumba. By including Jump Bunch, 85 percent of children with a decrease in BMI had parents taking at least three parts of the program.

Of the participating parents who completed at least three parts of the program, 100 percent had a decrease in their BMI.

The program makes learning about healthy living fun, with nutrition education sessions such as Fun, Fast and Frugal Foods, Kids Cook, Nutrition and Shopping on a Budget, and Gardening for Health.

With ongoing funding and community support, the Family Wellness Program will continue to be an established support for at-risk families in Connecticut.

The Hospital of Central Connecticut:

Teaching Students About Tobacco's Dangers

Hospital of Central Connecticut oncology nurse navigator Noa Mencher is opening students' eyes to the cruel effects of tobacco, class by class, in Central Connecticut.

From the dangers of traditional cigarettes and newer e-cigarettes to risks of second-hand smoke, Mencher, RN, is getting the word out in hopes of steering students away from potential use of tobacco and nicotine in all its forms.

In 2014, The Hospital of Central Connecticut (HOCC) began offering the educational program on tobacco's risks to students at several schools, including Pulaski

More than 480,000 people in the U.S. die annually from cigarette smoking, with about 41,000 of those deaths from second-hand smoke.

Middle School in New Britain, Greene-Hills School in Bristol, and Martin Kellogg Middle School in Newington.

"I talk about what smoking and tobacco use do to the body, what second-hand smoke does," said Mencher. She points out that most people don't usually think of second-hand smoke as harmful but it's as bad as smoking. She also shows students photos of tobacco's visual effects on the body, including rotten teeth caused by smoking tobacco.

Educating this age group is critical, she said, because "they are the most susceptible and this is the age where they care a lot about appearances — how they appear to their friends and their peers. And this is when they're going to start experimenting with smoking and tobacco."

Mencher has presented to about 1,000 students so far. Area schools have been very receptive to HOCC's educational efforts, which target students in grades



At the Greene-Hills School are (from left) Wellness Education teacher Jeremy Sloate, Hospital of Central Connecticut oncology nurse navigator Noa Mencher, and Greene-Hills School Principal Scott Gaudet

6, 7, and 8. "The age has to do with the fact that, according to research, age 13 is the average age that kids start to explore smoking," Mencher said.

Wellness Education teacher Jeremy Sloate of Greene-Hills School said Mencher's presentation was an additional resource in his drug education focus. The presentation "promoted a healthy lifestyle and left a lasting impression on my students," Sloate said. "Noa was able to tie in her authentic experiences to make the lesson meaningful and connect it with all grade levels."

A nurse who guides cancer patients through their care, Mencher is particularly aware of smoking's impact on the body. It can cause stroke, heart disease, artery disease, low birth weight, and varied cancers including lung, bladder, breast, and head and neck cancer.

According to the U.S. Centers for Disease Control and Prevention, in 2012, there were more than 42 million adult smokers in the U.S. Also, more than 480,000 people in the U.S. die annually from cigarette smoking, with about 41,000 of those deaths from second-hand smoke.

Mencher notes students thank her for the presentations and say they'll tell their families about what they learned. "I'm so happy we're going to continue doing this," Mencher said of the school program.

Connecticut Children's Medical Center:

Strengthening Care Coordination for Vulnerable Youth

The Connecticut Children's Office for Community Child Health and its Special Kids Support Center have taken the lead in establishing a regional community care coordination collaborative in north-central Connecticut, in partnership with the Child Health and Development Institute, and the United Way 2-1-1/Child Development Infoline.

The Hartford Care Coordination Collaborative (HCCC) was established in response to gaps in the system of care for children and youth with special healthcare needs. Begun in June 2010, HCCC is an innovative model of "central utility, shared resource" care coordination.

Specifically, HCCC was created to inform those who work with children and families about available resources and services, facilitate communication among care coordinators, reduce duplication in services, assist families of vulnerable children and youth in navigating complex systems of care, and enhance the ability of care coordinators from various child services sectors to help the children and families with whom they work.

Members of the Hartford Care Coordination Collaborative include the Community Health Network, the Connecticut Family Support Network, the Connecticut Department of Children and Families, the Department of Social Services, the Department of Public Health, the HUSKY Behavioral and Dental Health carve-out programs, and other community care and care coordination providers.

HCCC members meet regularly to review illustrative cases, participate

in trainings, share best practices, and share resources. More recently, the HCCC has started working with primary care sites to streamline how they provide care coordination and helps them link at-risk children and families to a full spectrum of medical and community services.

The collaborative aims to play a lead role in strengthening the pediatric primary care system in Hartford and the 37 surrounding towns that comprise north-central Connecticut by seamlessly integrating care coordination into the menu of standard services.

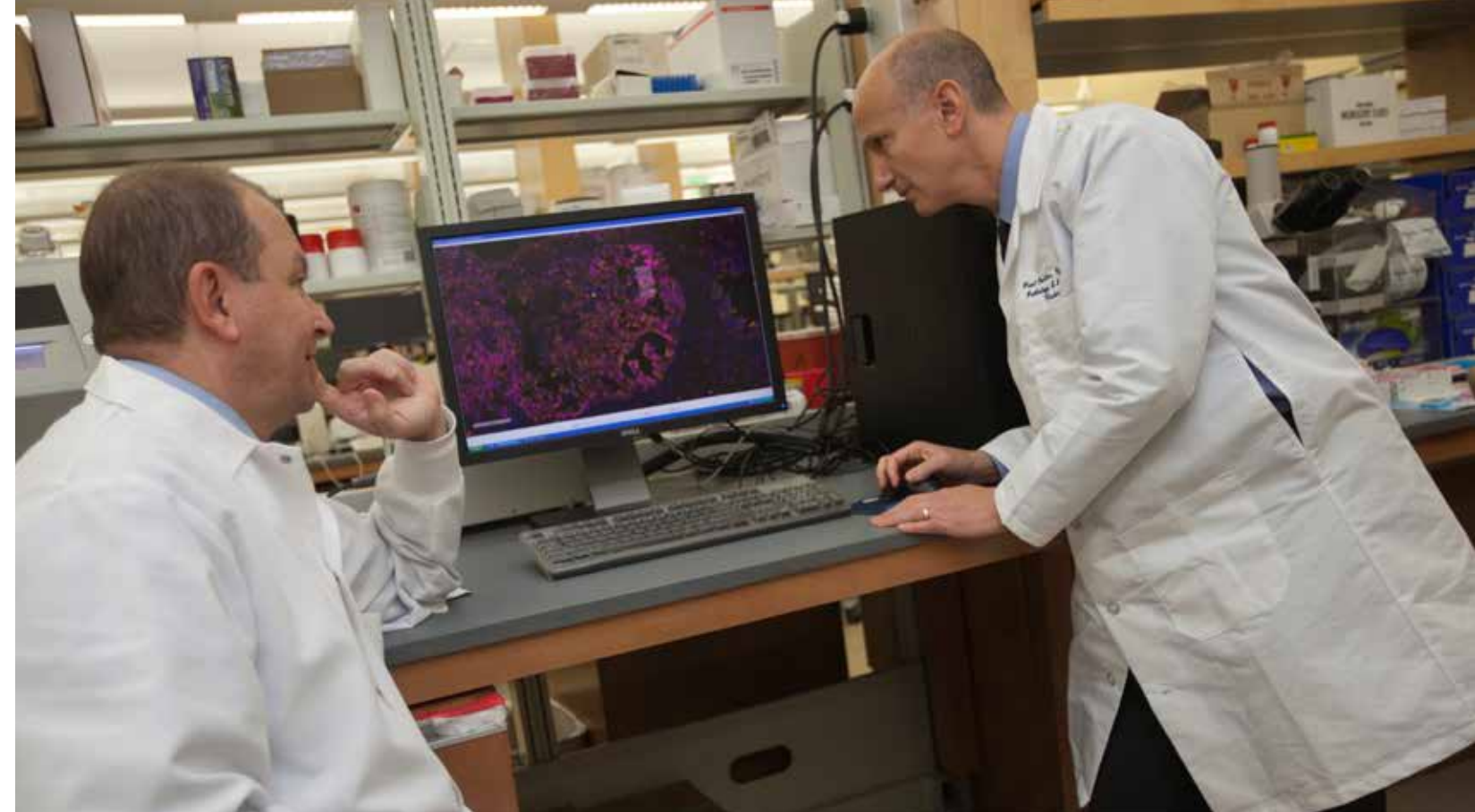
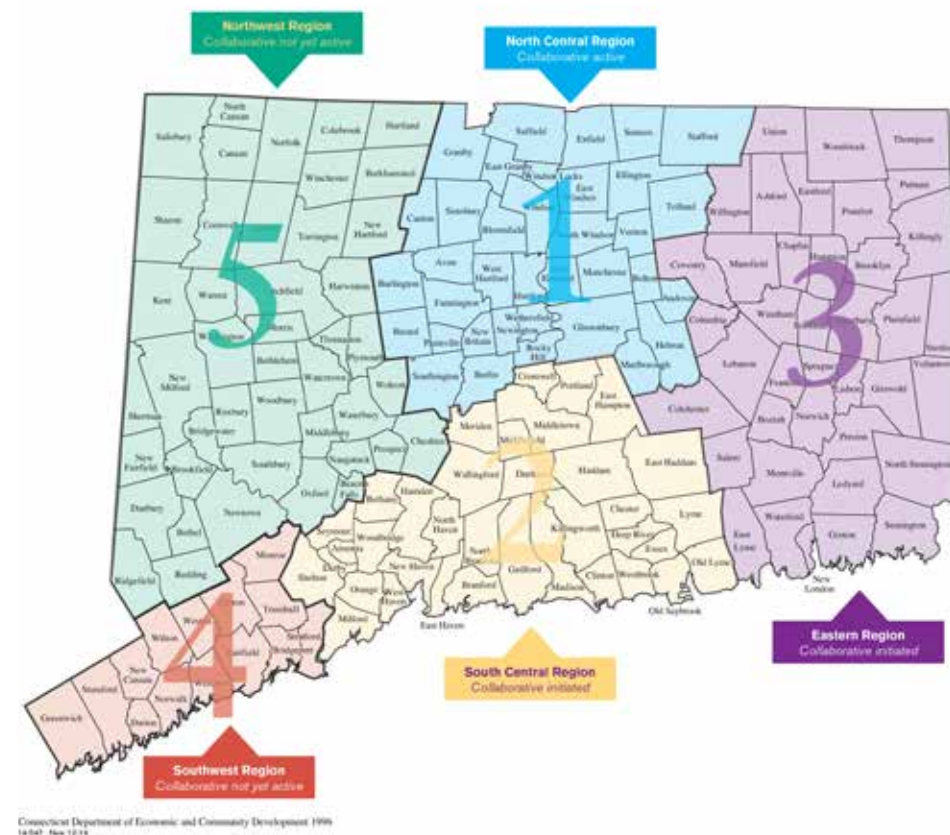
Connecticut Children's Office for Community Child Health, in partnership with the Child Health and Development Institute and the United Way 2-1-1/Child Development Infoline, will replicate this model for establishing collaboratives in the other

four Medical Home Initiative (MHI) regions of the state over the next two years.

In addition to the HCCC, the South Central Region has a newly established collaborative, with the Eastern Region presently engaging in the early stages of development.

Through grants from the Connecticut Department of Public Health and the Connecticut Health Foundation, the Connecticut Children's Office for Community Child Health is providing technical assistance and support to each region to establish and lead their collaboratives.

In addition, the Department of Public Health continues to support the Medical Home regions in providing care coordination services to vulnerable children, youth, and their families.



Researchers at Danbury Hospital are collecting data on Lyme Disease that they hope will help will lead to a better understanding of this tick-borne illness.

Danbury Hospital:

Focusing on the Future of Lyme Disease Research

Danbury Hospital is home to the first Lyme disease data registry in the United States, established to collect data to study ways of preventing, diagnosing, and potentially treating Lyme disease and lingering symptoms.

The Western Connecticut Health Network's Lyme Disease Registry is a rich database of vital information with a mission focused on the future of Lyme disease research. Through this Registry, experts are working to understand the big health problems caused by this tiny bug.

Lyme disease is a public health issue in Connecticut and increasingly across the Eastern seaboard. More than 300,000 cases are estimated to be diagnosed each year, with many stories shared of the suffering people face in the short term and sometimes from lingering effects.

Unfortunately, testing often falls short of adequate diagnosis. An estimated 50 percent of those tested for Lyme Disease do not get an accurate test result. This leads to missed diagnoses and additional suffering.

The work of the Lyme Disease Registry is the basis for multi-disciplinary research leading to a better understanding of

the course of the disease, how people are affected, and the causes of persistent symptoms.

Patients diagnosed with Lyme disease who are five years or older are invited to participate by visiting one of the three research sites in Danbury, New Milford, or Norwalk.

Improving the quality of care for this community can occur through the support of well-designed, community-based participatory research. This collaborative approach to research involves all partners in the research process and recognizes the unique strengths that each brings.

The Western Connecticut Health Network Lyme Disease Registry represents an important step toward providing concrete answers about the impact of Lyme Disease. Analysis of the data collected will support the development of evidence-based care and treatments for all those who suffer from the effects of this often devastating disease.

This year the research team, working together with Lyme Registry staff, is making strides in the development of new, more accurate Lyme Disease testing. For more information, visit www.LymeRegistry.org.

Day Kimball Healthcare:

Simple Things Can Make a Big Impact

As caregivers grapple with the complexities of changes in the healthcare system, sometimes it's important to be reminded that the simple things still make a meaningful impact in important ways – in people's day-to-day lives and how they feel about themselves.

Day Kimball HomeMakers' Senior Dances, celebrating its 10th anniversary in 2015, and its new Cookies & Crafts, which is starting its second year, are great examples of what Day Kimball Healthcare wants to be sure isn't lost while transformations in healthcare are addressed.

Dance is reported as a health benefit for all ages, providing flexibility, strength, endurance, and a general sense of well-being. Ten years ago, when Day Kimball HomeMakers hosted its first Senior

Dance, no one knew there would later be a study on dancing published in the *New England Journal of Medicine*. The study followed 469 people 75 years or older for five years and found that those who danced frequently had reduced their risk for dementia over those who rarely or never danced.

"It offers an opportunity for exercise, getting out, making friends and, most importantly, having some fun."

"The dance was a way for HomeMakers to celebrate its 20-year anniversary. We planned a senior-prom-themed gala and invited the community. It was so popular we're still hosting them 10 years later," said Executive Director Sue Esons.

Over the years, the dances have drawn close to



8,000 attendees. The monthly events run from March through October and attract about 100 participants each evening. The three-hour-long social gatherings have themes such as Decades Night, Hat Night, Beach Party, and Hollywood Night. In October, the annual Halloween party is hosted.

Guests tend to be between 50 to 90 years old, although there is no age limit. Music ranges from waltz to line dancing to fox trot to rock 'n roll. Some guests have been attending since the dances began a decade ago. Friendships have been formed. Love affairs have been born.

"It creates a great support system for many people and offers an opportunity for exercise, getting out, making friends and, most importantly, having some fun," Esons said. "It's actually a pretty simple way to provide an opportunity to support someone's health and well-being."

Last year, after Day Kimball HomeMakers moved into its new, larger facility, Crafts & Cookies was added to the community calendar of free offerings. The monthly, two-hour drop-in sessions are open to anyone in the community. Participants are provided with materials and a "how to" lesson to create a seasonal handmade item.

John Dempsey Hospital:

Hartford's Burgdorf Clinic is Rooted in the Community

Patients at the Burgdorf/Bank of America Health Center, a community clinic for the underserved in Hartford's North End, can get a side of fresh vegetables with their healthcare.

It's possible because of a community garden planted on the Burgdorf grounds in 2011 that continues to thrive, thanks to a collaboration between UConn Health and Saint Francis Hospital and Medical Center.

The Burgdorf, located at 131 Coventry Street, is staffed by UConn and Saint Francis clinicians as well as UConn medical, dental, and pharmacy students. The produce is provided to patients through the medicine and pediatric clinics, the Burgdorf's emergency food bank, and through the Women, Infants, and Children (WIC) program at the Hartford Department of Health and Human Services.

"We've put roots down in the community, and we've been nurturing and strengthening those roots for four years now," said Bruce Gould, MD, Associate Dean for Primary Care at the UConn School of Medicine and Medical Director of the Burgdorf and Hartford DHHS. "What we have here is an opportunity to produce food for our patients and to teach them about healthy eating. It's all part of primary care and community health."

If healthy eating is a preventive medicine tool, communities like Hartford's North End are at a disadvantage by being in a "food desert," a term used to describe neighborhoods where access to healthy food choices is lacking. The expense of fresh and unprocessed foods tends to steer consumers toward cheaper processed foods, and local supermarkets are scarce compared to the suburbs.

"This garden helps me feed my family and other families in the neighborhood," said local resident Robert Harris.

Saint Francis dietitian Jessica Sutton, who helps harvest and distribute the produce to patients, said the concept of fresh produce isn't always familiar to a low-income population.

"Some people have never seen these vegetables," Sutton said. "A lot of our patients don't have yards or gardens, so to see them growing, it's a learning experience. Fruits and vegetables are expensive, and our patients are more prone to buying junk food because it's cheap."

Last year's garden yielded about 350 pounds of produce.

The garden's caretakers expect to surpass that this year, perhaps tallying 500 pounds or more. They also have handed out potted tomato, eggplant, and pepper plants for patients to bring home and watch grow.

Volunteers from the UConn Extension Master Gardener Program provide expertise and labor to keep the garden thriving. UConn undergraduates and medical, dental, and pharmacy students in the Urban Service Track also are pitching in, as well as participants in the UConn campus-community partnership Husky Sport.

"We can use this as a teaching space for the neighborhood," said Sarah Bailey, the UConn Extension Master Gardener Coordinator for Hartford County. "We're planning to have tours, where folks can walk through the garden and learn more about vegetables."



Greenwich Hospital:

Teaching with Teddy Bears

In 2014, an estimated 1,400 visitors, along with an army of teddy bears and other precious stuffed companions, took part in Greenwich Hospital's 16th Annual Teddy Bear Clinic, a unique way to teach children about medical procedures and help lessen their fear of doctors.

The annual Teddy Bear Clinic is a free community event that each year welcomes families from Fairfield, Westchester, and Rockland counties. The clinic exposes youngsters to hospitals and healthcare in a friendly, fun atmosphere that offers hands-on experience.

A mini-hospital is set up under tents, and children are invited to come with their parents and bring a stuffed toy. Whether Paddington had a headache or Elmo caught a cold, doctors, nurses, clinicians, and hospital staff from more than 20 departments were on hand to "treat" these favorite toys.

Departments participating in the clinic included Maternity, Pediatrics, Cardiology, Oncology, Orthopedics, Infection Prevention, Respiratory, Physical Medicine, Community Health, Surgery, Post-Anesthesia Care, Nutrition, and Pharmacy.

The first stop for the teddy bears was Admitting for an ID bracelet, and then on to the check-up table for weighing and measuring. The ED staff took care of sprains, bumps and bruises, and the operating room team was scrubbed and ready for surgery.

At department stations, children learned about x-rays and other medical technology. They also learned about caring for newborns, nutrition, physical fitness, bike safety, and much more. In addition, they took tours of an ambulance led by EMS staff and had a visit from the resident "doctor" and event mascot, Dr. Teddy Bear.



Griffin Hospital: Managing Chronic Disease

According to the Centers for Medicare & Medicaid Services, the prevalence and costs of chronic health conditions among Medicare beneficiaries have far-reaching implications for the healthcare system.

Conditions such as high blood pressure, high cholesterol, heart disease, and diabetes are common among the Medicare population, and most beneficiaries are dealing with multiple chronic conditions. These conditions increase their risk for poor overall health outcomes and the number of high-cost services they need, such as hospitalizations and Emergency Department visits.

Griffin Hospital is committed to providing patients with access to high quality, coordinated care to maintain their health and functioning, while at the same time controlling healthcare costs and helping adults continue living independently in their own homes. One such approach is the hospital's "Live Well" Chronic Disease Self-Management program, a six-week, community-based workshop series.

The Live Well program meets once a week to give participants an opportunity to learn ways to manage their chronic conditions. Conditions addressed in the program include diabetes, arthritis, asthma, high blood pressure, heart or lung disease, sickle cell disease, pain, depression, and other chronic health conditions. Many participants have a combination of two or more of these conditions.

Griffin Hospital has been offering the Chronic Disease Self-Management education series, as well as a Diabetes Self-Management series, since January 2014. Nearly 200 individuals have taken advantage of these free programs, with overwhelmingly positive feedback.

"What impressed me most about this course was that bits and pieces learned on my own over some 21 years became whole in six sessions," one participant said. "Exercise, diet, medication, emotions, mediation, decision making – are all treated under one umbrella."

"I learned to take more control of my illness and learned to prioritize and manage my time and issues I need to solve for myself," another participant said.

The word "powerful" has been used by several participants. Some of their comments were "the most beneficial program I have ever participated in," and "very moving and felt connected to other participants." New and longtime diabetics felt "more empowered to manage diabetes."

The programs were developed by the Stanford University Patient Education Research Center and Kaiser Permanente Medical Care Program. They are sponsored jointly by Griffin Hospital, the National Health Promotion Program for Older Adults, and the CT Area on Aging.

Hartford Hospital:

Helping Transform Distressed Neighborhoods



Hartford Hospital has been at the forefront of a national movement in which not-for-profit hospitals serve as anchor institutions in the transformation of distressed neighborhoods and as economic engines in their communities.

Hartford Hospital has implemented this strategy through its relationship with the Southside Institutions Neighborhood Alliance (SINA), a partnership between Connecticut Children's Medical Center, Hartford Hospital, and Trinity College. SINA's mission is to work cooperatively with community stakeholders to restore economic vitality and improve the quality of life for people who live, work, visit, study, and play in the neighborhoods of south central Hartford.

This national movement began in the northeast in cities like Philadelphia, Boston, and Hartford. It has influenced the transformation of other major cities across the country including Cleveland, Minneapolis, and Cincinnati.

Created more than 35 years ago, SINA was a pioneering partnership between the institutions in the south end. As a founding member, Hartford Hospital's support has allowed SINA to invest in job creation, housing, health, and other services to support and strengthen schools and to promote economic development.

Hartford Hospital has invested more than \$5 million in SINA over the last 20 years to support economic development in the south end. The hospital's investment provides a much-

needed injection of targeted dollars to lift up Hartford's communities.

The signature project of the initiative is The Learning Corridor, a 16-acre campus that houses four magnet schools as well as a gallery and performance and community spaces on what had been one of the most blighted and environmentally contaminated properties in the city. It was the result of a partnership between Hartford Hospital, the Children's Medical Center, Trinity College, and city and state agencies.

Housing development continues to be a significant benefit of institutional investment. Early housing development efforts converted 12 abandoned vacant buildings and an occupied but blighted property into 83 affordable apartment units in the Frog Hollow neighborhood.

Hartford Hospital's current focus on housing is on promoting homeownership in the neighborhood through the Homeownership Incentive Program (HIP), which has provided employees of Hartford Hospital mortgage support for first-time home-buyers purchasing homes in the south end of Hartford. SINA works with the employees through the lending process, and the results have been outstanding.

Because of the institutional investment in SINA, the City of Hartford now receives \$265,000 in property tax revenues that it would not have received had these properties remained abandoned. A significant but less measurable effect of this development is the sense of vitality and possibility that it restores to the neighborhoods.

The Charlotte Hungerford Hospital

New "Stronger Women" Challenge To Benefit to Local Charities

The Charlotte Hungerford Hospital (CHH) and community partners – including the Northwest Connecticut YMCA and Torrington Missfits Boot Camps – joined forces to create the First Annual Stronger Women-Stronger World 5K Obstacle Challenge.

Designed to both challenge the athletic ability and celebrate the spirit and unity of women in the northwest corner, this first annual event was a great success despite a little a rain.

The day attracted 112 female participants and was held at the Northwestern Regional School District 7 in Winchester. Participants conquered obstacles that included crossing natural terrain, climbing walls and hills, a tire run, hay bale hurdles, and more.

"Our goal for this event was to help empower women to be better and stronger than they ever thought they could be. We are grateful to our participants, volunteers, and sponsors who helped us present an opportunity to have women helping women in Northwest Connecticut," said Mandy Hill, Director of



(From left) NW CT YMCA Young Women's Sports Initiative Director Greg Brisco, Event Organizer Mat Montgomery of NWCT YMCA, CHH Cardiac Rehab/Go Red for Women Coordinator of Cardiac Rehabilitation Jennifer Haley, Event Organizer Mandy Hill of The Charlotte Hungerford Hospital, Susan B. Anthony representative Gina Devaux, Event Organizer Ed Patterson of Torrington Missfits, and CHH Pink Rose Fund Outreach Coordinator Damaris Sierra.

Rehabilitation at CHH and the race organizer.

More than \$5,400 was raised, with proceeds given to four local charities that serve women in northwest Connecticut. Local charities including The Susan B. Anthony Project, CHH's Pink Rose Fund, CHH's Cardiac Rehabilitation's "Go Red for Women" initiative, and the NWCT YMCA's Young Women's Sports Initiative. Each received a check for \$1,350 to support their programs.

"Our goal for this event was to help empower women to be better and stronger than they ever thought they could be."



Johnson Memorial Hospital:

A Special Tour for Tots

Among the many benefits of a community hospital like Johnson Memorial is the ability to meet community needs on both a large scale and a small scale – including very small people.

The children of A World of Imagination Day Care were treated to a special tour of Johnson Memorial Hospital as part of their Community Helpers Week. The children were learning how different providers within the community help keep them safe and healthy, and a visit to the hospital was a special part of this lesson.

The children and their teachers were first met by Desiree Morrison of the hospital's registration department, who coordinated the event and was excited to take the group on the tour because her son was among the children in attendance.

The tour started in the hospital lobby, where the children were named "honorary doctors" for the day. Because every doctor needs a stethoscope, each child was handed his or her very own stethoscope.

At each station of the tour, the children were given different prizes for their good behavior. In Radiology, they were given rubber skeletons. In Physical Therapy, they were given stress balls to squeeze.

In Radiology, they also were shown x-rays of different body parts and were invited to guess what parts they were. For many of the children, this was the highlight of the tour.

The children also visited Maternity and the Emergency Department, where they met a security guard who explained his role in keeping everyone at the hospital safe.

The special, personal tour not only taught the children about many services that hospitals provide, but also helped to dispel anxiety about a hospital or doctor visit in the future. One young participant spoke matter-of-factly about his need to get an x-ray of his knee because it was "swallowed" up.

Lawrence + Memorial Hospital:

The Story of Amelia

The story of Amelia is an all-too familiar one at so many urban community hospitals like Lawrence + Memorial Hospital in New London.

A 64-year-old woman from the Dominican Republic with very limited English, Amelia had just arrived in the U.S. to visit family when she became ill. Two days later she was in the Intensive Care Unit at L+M Hospital with acute anemia from gastrointestinal bleeding. She needed medication but had no insurance.

Enter Grace Torres, a pharmacist at L+M who helps oversee the hospital's Dispensary of Hope program.

Not only did Grace ensure that Amelia had the medications she needed – provided free of charge as part of the program – but Torres kept in touch with Amelia after she was discharged to make sure she was getting better and receiving the care in the community that she needed.

"This program often bridges the gap for patients, providing a critical supply of medication when he or she needs it most," Torres said. "This is a program that truly goes to the heart of our hospital's mission, which is to improve the health of the region."

Torres is committed to patients and her community. She dedicates more than 100 hours a year to providing free care, and she sees her role in improving the health of the region as larger than simply dispensing medications. For example, like other L+M pharmacists, she participates in community lectures on diabetes management, stroke, and osteoporosis, among other topics.

"I love what I do because it has a direct benefit to people's lives," she said. "That's very rewarding."

The Dispensary of Hope organization is a national medication distribution network established to help improve the flow of surplus medications from



manufacturers, distributors, and providers to medical facilities that serve poor and uninsured populations.

The Dispensary of Hope system works because manufacturers can avoid wasting medications by donating short-dated supplies to hospitals, clinics, and pharmacies. In fact, the Dispensary of Hope reports that as much as \$10 billion worth of medications go to waste each year, even as millions of uninsured Americans still cannot access the medications they need.

"This program is a huge help to people in times of need," Torres adds. "When patients like Amelia are here and they are going to be discharged, they can apply for up to a month's supply. And, if they still have a need, they can sometimes get a second month's supply if that medication is still in stock. We do everything we can to help them get better."

In addition to the medications distributed through the Dispensary of Hope, the L+M pharmacy provides other donated medications to individuals when they cannot find another way to obtain them. This helps people leave the hospital sooner, receive the care that they need in the community, and rely less on expensive emergency services.

Manchester Memorial Hospital:

Messages to Students About Tobacco Use

Staff from Eastern Connecticut Health Network's John A. DeQuattro Cancer Center, a department of Manchester Memorial Hospital, have dedicated hundreds of hours visiting middle schools throughout eastern Connecticut, making stops in the towns of Ellington, Manchester, Tolland, and Vernon.

In just two years, the staff, including the Administrative Director and Nurse Navigator, has reached nearly 2,000 students with messages centered on the problems associated with tobacco use.

Students are educated on the dangerous health risks associated with smoking, including cancer and heart disease. A display of what a diseased lung looks like always elicits a repugnant response from the crowd.

Also, because it's difficult for middle school students to think far into the future about illnesses that they might not get for many years, educators also discuss the more immediate effects of smoking that are likely to resonate with this age group. These include bad breath, yellow teeth, smelly clothes, and the high cost to purchase tobacco products.



IJ Okwuosa, left, is a health promotion advocate at Middlesex Hospital's Emergency Department. Photograph by John Giammatteo.

Middlesex Hospital:

"I Can't Say Enough About the Help I Got"

Based on areas of identified need and as part of its community benefit organizational goals, Middlesex Hospital has focused on access and coordination of care for high-risk patients experiencing mental health and substance abuse issues.

Middlesex Hospital is a founding member of the Middlesex County Community Care Team (CCT), a collaborative of 12 community agencies specializing in behavioral health issues. The CCT's objective is 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.

The team meets weekly and works together to develop individualized wrap-around care plans that link patients

to needed inpatient, outpatient, social, and community services.

Since 2012 the CCT has care managed 201 high-risk patients experiencing behavioral health issues and has reduced their Emergency Department and inpatient visits by nearly 1,000 visits, which also resulted in reduced costs to the system. Outcomes for these patients include improved health and quality of life in sobriety, recovery, mental health stabilization, reduced homelessness, reentry to the workforce, reconnection with family, and achievement of feelings of self-worth and respect.

One CCT patient frequently came to Middlesex Hospital's Emergency Department in an acute state of alcoholism. He was homeless, estranged from his family, and unemployed. The severity of the patient's alcohol use and associated medical concerns resulted in frequent ED visits.

The CCT developed a comprehensive plan for treatment and integration back to community living. This patient is now in recovery, has housing, and holds a full-time job.

Of CCT's intervention, the patient said, "I really didn't have too much hope for anything... the help that I was given and the resources that were made available to me changed my whole outlook on life. If I didn't have this help, I'd still be on

the streets, drinking, maybe dead by now.

"I can't say enough about the help I got... this changed me from a frequent flyer in the ED to a law-abiding, productive tax payer... I feel good about myself. There were people that believed in me when I didn't believe in myself that I owe my life to. I can't put into words how hopeless I felt. My whole life is turned around."

The CCT's work is based on the realization that social problems are community problems, the understanding that collaboration strengthens communities, and the knowledge that no one entity alone can effectively improve outcomes for this shared population. The CCT believes that community-based teamwork can impact health and social outcomes for its shared population.

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MidState Medical Center:

Joining Forces Against Breast Cancer

The two community outreach breast cancer educators at MidState Medical Center in Meriden personally know the devastation the disease can cause. Tina Rodriguez's sister died of the disease, and Linda Ivey is a breast cancer survivor.

Rodriguez was a switchboard operator when her sister was diagnosed. She joined MidState's Hispanic Support Group, where she learned about the disease and became more involved. Becoming a breast and cervical cancer educator seemed a natural progression.

Each week, the outreach educators head out into the communities the hospital serves to educate others – Rodriguez in Meriden and Wallingford, and Ivey in Southington and Cheshire. Their potentially lifesaving information has reached hundreds of men and women at dozens of venues including the Meriden Daffodil Festival, Cheshire Healthy Living Expo, school expos and more. Ivey has even presented for Girl Scouts and school bus company employees.

To educate, they use multiple visuals including a question-and-answer wheel, breast models, and PowerPoint. "We really try to get them engaged. The focus is on the

"As a hospital, it is our job not just to treat cancer, but to do everything we can to prevent it and detect it early."

importance of being familiar with your body and getting mammograms," said Rodriguez, who is bilingual. It has been important to her to reach the Hispanic population, which generally is not as well educated about breast cancer, she said.

Both educators have been sobered by how much the general public does not know about the disease or the importance of self-examination and mammograms. At one event, Ivey shared with a man her personal story of how her mammogram detected cancer in the early stages.

"I had no family history of breast cancer and no risk



Tina Rodriguez and Linda Ivey, cancer outreach educators at the Hartford HealthCare Cancer Institute at MidState Medical Center.

factors besides being female and getting older. Getting breast cancer was unexpected," she said. The visitor took information and was determined to convince his own wife to get a mammogram. "Hopefully I made a difference," Ivey said.

At the Meriden-Wallingford Relay for Life, Rodriguez encountered a woman whom she had previously met at a YMCA program. After the presentation, the woman finally decided to have a mammogram, and breast cancer was discovered. "She wanted to thank me," Rodriguez said.

Rodriguez is now a facilitator of the support group she first attended. She is team captain for Latin Mamas, a Relay for Life team formed in memory of her sister, and serves on the planning committee. "I just want to spread the word, not only at work, but on my own personal time," she said.

"Community outreach is a critical component of the cancer program at MidState Medical Center," said Kristoffer Popovitch, Hartford HealthCare regional cancer director. "The breast cancer outreach program has been in existence for nearly 15 years. As a hospital, it is our job not just to treat cancer, but to do everything we can to prevent it and detect it early."

Milford Hospital:

Free Health Screenings and Community Education

There is a great deal of truth in both the old adage "prevention is the best medicine" and in Benjamin Franklin's words that "an ounce of prevention is worth a pound of cure."

When it comes to preventative measures and keeping the community healthy, Milford Hospital has renewed its commitment to offering educational information and access to certain types of screenings to meet the health needs of residents of Milford and surrounding communities.

Several key health indicators identified through the hospital's 2013 Community Health Needs Assessment led to the expansion of free community health and wellness programming. Of particular concern were Milford's rapidly aging population, limited access to preventative services, and the disproportionate mortality rates for heart disease, cancer, and chronic health conditions.

Recognizing that knowledge, understanding, and education are key in preventing, addressing, and managing risk factors for disease, the hospital put together a multi-disciplinary team of staff members and physicians. They worked collaboratively to design a robust series of health screenings and educational programs that addressed certain health conditions.

The purpose of the programming was two-fold: to address the specific health needs of the community, and to offer Milford Hospital and its physicians as a resource to the community.

Health screenings were offered both at the hospital and in the

community, including quarterly heart-health screenings. A total of 180 people participated in blood pressure, blood glucose, and non-fasting cholesterol tests.

Similar free screenings were also conducted in the community at the local Senior Center, at health clubs, at a variety of health and wellness fairs, and for City of Milford employees. This gave more than 250 people access to important testing where they work, visit, or spend time. Immediate results were available in all cases, enabling participants to talk with on-site physicians, nurses, or health educators who thoroughly explained results and addressed what next steps, if any, were required.

In addition to basic screenings, Milford Hospital also offered a free prostate health program. More than 30 men benefited from an examination and PSA blood testing. Results were available within a week, with specific recommendations based on outcome.

Other screenings included foot health and alpha-1 antitrypsin deficiency screening for lung health.

Milford Hospital's wellness activities are not limited to health screenings. Twenty health-related topics were presented in single- or multi-session programs in a variety of settings. These "Timely Topics for Health" were presented to more than 500 participants on subjects including managing chronic conditions, gastrointestinal issues, nutrition, smoking cessation, exercise and fitness, COPD and lung health, orthopedics, women's health, integrative medicine and alternative therapies, immunization, stress reduction, and more.

The team also responded to the urgent need for information about Ebola with a program to educate staff, physicians, and community members and to dispel myths and fears about the virus.



Norwalk Hospital:

Targeting Mental Health and Substance Abuse

Stronger alignment with community partners has allowed Norwalk Hospital to deliver enhanced care to individuals with complex medical and psychosocial challenges. What started as a Greater Norwalk community initiative to address the needs of people who are homeless or at risk for homelessness has evolved into a network-wide strategy targeting vulnerable populations.

Based on state and national best practices, Norwalk Hospital and legacy Western Connecticut Health Network (Danbury and New Milford Hospitals) began implementing community care teams (CCTs) to provide wrap-around services to individuals with housing instability, who are suffering from mental health and/or substance abuse issues, or who have serious medical conditions.

Norwalk Hospital's Greater Norwalk CCT consists of

approximately 20 representatives from local programs, agencies, and institutions. They include Norwalk and Westport shelters, Family and Children's Agency, Connecticut Counseling Center, Norwalk Community Health Center, Day Street Health Center, Norwalk Hospital, Mid-Fairfield Child Guidance Center, Liberation Programs, and Connecticut Department of Mental Health and Substance Abuse Services – to name a few.

The CCT meets weekly in the community to develop, review, implement, and monitor treatment plans for vulnerable populations. These meetings are organized and facilitated by a grant-funded CCT Navigator who keeps notes of the individualized treatment plans and coordinates the efforts among the agencies to ensure follow-up.

The Navigator works to improve outcomes by referring targeted individuals to appropriate community-based mental health and substance abuse services and serving as a liaison to coordinate and leverage existing community-based resources.

The Greater Norwalk CCT has been active for nine months and has shown very encouraging results. Outcomes for the 150 patients with care plans in place

include maintained sobriety, mental health stabilization, improved access to care, a 24 percent reduction in inappropriate Emergency Department visits, and reduced homelessness, with 11 individuals finding stable housing.

The team regularly analyzes data, including demographics and diagnoses; connection to medical, psychiatric, substance abuse and case management services; housing placement; maintenance of insurance coverage, and number and frequency of emergency room visits to guide their efforts.

CCT members collaborate to ensure the health and social needs of individuals are addressed in a timely manner and that no one falls through the cracks. More importantly, individuals experience a renewed sense of self-worth and respect that accompany improved quality of life.

Mental health is an essential part of health services, and community-wide strategies like these are helping Norwalk Hospital improve the population's overall health status while lowering costs for families, businesses, and governments.



Rockville General Hospital:

Helping People Monitor Blood Pressure at Home

Eastern Connecticut Health Network has partnered with the Eastern Highlands Health District to introduce a self-monitored blood pressure program for people with high blood pressure (hypertension) who live in Tolland County, which is served by ECHN's affiliate Rockville General Hospital.

The Tolland County Hypertension Control Program combines home blood pressure monitoring with conventional and functional medicine approaches. Nurses from ECHN's Visiting Nurse and Health Services of Connecticut in Vernon act as intermediaries between clinicians and patients, providing real-time disease management, medication adjustment, and care coordination.

Patients with a history of uncontrolled hypertension are selected for the program and trained on how to use home blood pressure monitoring equipment and how to record results. Self-management practices emphasize patient empowerment, goal-setting, and problem-solving skills.

Medical supervision is provided by Charles DeLaCuadra, DO, Medical Director for the Eastern Connecticut Family Health Care Center, and Chad McDonald, Chief Resident of ECHN's Eastern Connecticut Family Medicine Residency Program. "Our goal is to empower and engage 50 patients to actively measure, monitor, and maintain their blood pressure," said Dr. DeLaCuadra.

Recent studies show that with a little help from clinicians, self-monitored blood pressure programs can be a useful tool in lowering the risk of cardiovascular problems, at least for the short term. Left uncontrolled, high blood pressure can lead to stroke, eye and kidney damage, heart disease, and disability.



Saint Mary's Hospital:

Nurse Navigators Help to Keep Patients on Course

For decades, nurse navigators have helped cancer patients manage their care by coordinating appointments, making follow-up calls, and discussing medications and treatment options. Today, nurse navigators are playing an increasingly important role as they manage care coordination in multiple healthcare settings.



Saint Mary's Hospital in Waterbury is utilizing nurse navigators in the inpatient setting, as one of the first hospitals in the nation to participate in the American College of Cardiology's Patient Navigator Program, and also in the Emergency Room (ER), which serves some of the city's most vulnerable patients.

"The intent of the ER Patient Navigator Program is to provide healthcare in the most appropriate setting, as well as educate patients to be involved and empowered in their care," said Robin Cracco, RN, MSN, Nurse Navigator in Saint Mary's Emergency Room.

For some patients, that involves recommending a primary-care physician or specialist. For others, it means advocating for the patient to secure an appointment right away, or coordinating his or her care right down to the transportation to get patients from home to appointments.

Robin makes daily post-discharge phone calls to ER patients to provide guidance and facilitate access to follow-up care. For example, she makes sure

patients who are newly diagnosed with diabetes have appointments for all of the services they will need, from a primary-care physician to the outpatient nutritionist at Saint Mary's Hospital who will provide counseling and a free glucose monitor. She also makes sure test results from a patient's ER visit have been received by the doctor's office in time for the patient's visit.

"Basically, I'm looking at any barriers that would prevent the patient from complying with the discharge instructions from their ER physician," Robin said. "I'm mentoring, teaching, and paving the way for patients to receive the care they need. If I can help them secure a primary-care physician and keep their appointment, they might be able to avoid an unnecessary return trip to the ER. They need continuity of care."

During the course of her day, Robin talks with local pharmacists if patients have questions about new medications that have been prescribed. She fields calls from patients asking about their discharge instructions and calls others at home to make sure they are doing well.

"Sometimes when I call older patients, they are so happy to hear from me. I ask how they are doing. They might be confused about medications they are taking and don't know who to call to ask for help."

If appropriate, Robin can engage a case manager from the ER to provide a referral for a visiting nurse or home healthcare aide. She works with the Waterbury Health Access Program to secure primary-care appointments for the uninsured and prescription vouchers. Uninsured and underinsured patients may also be referred to the free mobile healthcare van operated in Waterbury by the Malta House of Care.

"Basically, I'm looking at any barriers that would prevent the patient from complying with the discharge instructions."



Saint Francis patient Robert Lawson hugs Rebecca Santiago, R.N., a community healthcare nurse navigator at Saint Francis' Curtis D. Robinson Center for Health Equity.

Saint Francis Hospital and Medical Center:

Community Outreach Improves Patient Outcomes

When Hartford resident Robert Lawson was offered a free prostate cancer screening at First Cathedral Church in Bloomfield, he thought, "Why not?" Although he had no family history of the disease and was in his early 40s, he had learned that being an African-American male increased his risk. Sure enough, the blood test showed an elevated PSA (prostate specific antigen), a potential marker for prostate cancer.

Rebecca Santiago, RN, a community healthcare nurse navigator at Saint Francis' Curtis D. Robinson Center for Health Equity, contacted Robert for further tests. The Center staff meets people where they gather – churches, barbershops, schools – and offers blood pressure and other screening

tests, in addition to the PSA test (prostate specific antigen) and digital rectal exams.

Doctors eventually diagnosed Robert's cancer. Following successful surgery, Robert began attending a support group at Saint Francis and continues attending today, four years after his diagnosis. "I'm thankful for that screening," Robert said. "If you're having a physical, ask the doctor to add a PSA to the blood work, because you never know."

African-American men die 2.5 times more often than white men from prostate cancer for a number of reasons, including that African-American men go less often for preventive health visits when compared to non-Hispanic white men.

The Curtis D. Robinson Center for Health Equity has:

- Touched nearly 6,800 people since its inception in 2011
- Screened 1,300 people for prostate and colorectal cancer
- Educated 1,600 individuals, creating awareness for prostate and colorectal cancers, diabetes, and also provided diversity and sensitivity training and health insurance literacy training
- Spent \$500,000 per year on these endeavors

Partnering with more than 30 faith-based and community organizations, the Curtis D. Robinson Center for Health Equity initiative provides patient education, early detection screenings, access to advanced treatment options, and continued support for men at risk for prostate cancer.

"Staff at the Curtis D. Robinson Center for Health Equity act as a bridge between the community and the healthcare system, offering education and screenings to engage people in healthcare and support to keep them engaged," explains Mary Stuart, MPH, Senior Program Specialist.

The Curtis D. Robinson Center for Health Equity operates on the principle that prevention is a better investment at the outset, rather than expensive interventions later on.

"When an uninsured person finally gets coverage, that insurance card is not a magic wand," said Marcus McKinney, DMin, LPC, Vice President, Community Health Equity & Health Policy. "There are still obstacles to accessing healthcare, and the Curtis D. Robinson Center for Health Equity is the guide – providing assistance with co-pays, finding a physician, and figuring out how to engage other community resources."

St. Vincent's Medical Center:

Heart Disease & Diabetes Awareness Campaign

St. Vincent's Medical Center played a significant role in organizing and coordinating the area's first Know Your Numbers heart disease and diabetes awareness campaign. A collaborative project, Know Your Numbers reached out to the public and, in particular, the underserved, to help them understand the importance of prevention and monitoring their chronic conditions to stay healthy.

As a grassroots public education campaign, Know Your Numbers brought information on risk factors and how to get screened for heart disease and diabetes to people in the community rather than making them seek it out, which is often an unrealistic expectation.

The idea of Know Your Numbers was to focus on prevention and bring the screenings to churches and areas where people may go for food or shelter.

The campaign encouraged all area residents to see their regular primary care doctor for screenings. For those with no personal physician, a schedule of free screenings was offered at churches, schools, doctor's offices, and various locations throughout Bridgeport and in participating towns.

The free screenings offered checks of body mass index (BMI), blood pressure, and blood sugar — all important indicators for heart disease and diabetes. For those whose numbers warranted it, St. Vincent's Family Health Center and several area clinics were on hand to facilitate convenient follow-up to primary care physicians or clinics.

Staff and volunteers from St.

Vincent's Medical Center and Bridgeport Hospital, other service organizations, and the Boards of Health of Bridgeport and surrounding towns of Stratford, Fairfield, and Trumbull/Monroe, came together to teach individuals the link between these screening numbers and their overall health. More than half received health education on how to prevent or better manage their existing disease, while 50 percent received a doctor referral based on screening results.

Although various socioeconomic groups were included, the campaign's main focus was to educate an important target audience at risk for cardiovascular disease: the low-income and minority populations. While Know Your Numbers reached more than 200 people across 10 sites, half of those served came from Bridgeport, with the highest concentration at Bridgeport soup kitchens and an inner-city church.



Because studies show that African Americans are at greater risk for heart disease but are less likely to get care, the campaign reached out to this population, screening almost 50 African-American participants and providing them a first step in managing their health.

An important source of information in today's world, social media played a unique role in getting the message out to the people most in need. Participants from all the organizations involved posted pictures of themselves holding the Know Your Numbers logo on their Facebook pages, garnering many likes and comments from the community, and raising awareness of the campaign.

Note: The 2015 campaign doubled the scope of the first year, and included participation from nursing students from Fairfield University, Sacred Heart University and St. Vincent's College.



Stamford Hospital:

Vita! A Model Community Focused on Healthful Living

A unique collaboration between Stamford Hospital and Charter Oak Communities (Stamford's public housing authority) began more than a decade ago, when the hospital needed to expand its physical footprint to build a new primary inpatient facility. At the same time, Charter Oak needed to demolish and replace the obsolete Vidal Court public housing project on the west side of the hospital property.

What started as a simple land swap that benefited both entities developed into a vision that today is poised to create a model community focused on healthful living. The end result will elevate the neighborhood, its residents, business owners and stakeholders, and the hospital, all at once — through a Health & Wellness District that is a lively, thriving neighborhood by the time the new Stamford Hospital opens its doors in 2016.

For several decades, Stamford's West Side has struggled to maintain economic vitality and diversity. A recent Community Health Needs Assessment identified the west side residents as having the highest incidence of chronic medical conditions within the greater Stamford area.

In 2010, the one-mile area along the Stillwater Avenue commercial corridor was designated the "Vita Health & Wellness District," which focuses on improving the health of the neighborhood and reducing the impact of health disparities by directly addressing the social determinants of health. Initially focused on residents of the West Side, Vita is becoming a model for delivering services throughout the city and beyond.

Vita is already invigorating the West Side community and achieves three vital goals: improving the health of

a vulnerable population, helping to reduce excessive spending linked to the inefficient delivery of medical services, and strengthening the neighborhood surrounding Stamford Hospital.

The Vita initiative has also achieved these milestones:

- Fairgate Farm, located within a city block on Stillwater Avenue, celebrated its fourth Fall Harvest marking the end of the growing season. This immensely popular urban farm sits on land where blighted housing once stood. The organic fields and a fully hydroponic greenhouse produce thousands of pounds of fresh fruits and vegetables annually. Today, powered by volunteer workers, it delivers farm-to-table produce for Scofield Manor residential care home, the New Covenant House community kitchen, and other community agencies throughout Stamford.
- Greenfield, the newest healthy community to be built by Charter Oak Communities, will open soon to residents. Located adjacent to Stamford Hospital, Greenfield is an attractive, environmentally responsible, and socio-economically sustainable mixed-income community that offers affordable housing for the area's working families.
- Three years after being implemented in Stamford, the Vita Health and Wellness efforts are demonstrating how a strategic approach to population health generates results through broad collaboration and community engagement. Vita! is receiving national attention through participation in national conferences and online communities; was recognized by the Robert Wood Johnson Foundation and was invited to participate in the Culture of Health and Roadmaps to Health Action programs.



Waterbury Hospital:

A "Pipeline" to Academic Success

Since 2003, Waterbury Hospital has offered Youth Pipeline Initiatives, a wide array of free programs. The programs are geared toward educating parents and children about their civic rights and responsibilities, and addressing the urgent need for higher education.

Only seven percent of Waterbury residents have graduate or professional degrees, making it difficult to find parents who can help their children start on the road to college. Waterbury Hospital is committed to developing a robust "Youth Pipeline" to close the achievement gap for minority and economically disadvantaged students in Waterbury.

The Youth Pipeline aims to produce students who can matriculate and compete nationally for placement in post-secondary education programs in preparation for health careers.

The Youth Pipeline Initiatives include the Parent Leadership Training Institute, Parents Supporting



Educational Excellence, and People Empowering People. The programs provide tools for parents, grandparents, and community members to become leading advocates for their children and communities.

In addition, students in middle school and high school gain valuable exposure to careers in the healthcare field through the Providing Early Acquaintance with Careers in Health Care programs. To make it convenient for them to attend, these programs are offered during their school's spring break and summer vacation.

Since the program's inception, 2,922 students and 227 parents have graduated.

Windham Hospital:

"I'm Doing This For My Children, For My Husband, and For My Future"

Thirty-seven women received free breast screenings and cancer education during the first annual Hartford HealthCare Women's Health Expo on October 8, 2014, at Windham High School.

The event, to help kick-off Breast Cancer Awareness Month, was a collaboration between Windham and The William W. Backus hospitals and the Hartford Hospital Digital Mammography Coach.

Clinicians on the Hartford Hospital Digital Mammography Coach, operated by the Partnership for Breast Cancer (PBC), performed 21 mammograms for women 40 and older who had not had one in the past 12 months.

"There are a number of women here today who've gone five years or more without a mammogram. We're so happy to get them rescreened and hopefully back into the habit of getting their breast exams done routinely," East Region Oncology Program Manager Kate Starkey said.

The Backus Mobile Health Resource Van and the Backus Hospital Care Van were also on site. Suzanne Barton, CNM, from the Windham Hospital Women's Health Center,

performed clinical breast exams for 16 women, and Backus Community Health Nurse Alice Facente gave blood pressure screenings to all attendees.

Windham Hospital Breast Cancer Nurse Navigator Lori Surber, RN, said women may need to be reminded by friends and family to have their screenings done.

"As a woman, it's easier to talk another woman into getting their mammogram or other screenings done. You have to have them step outside of themselves and say, 'I'm doing this for my children, for my husband, and for my future,'" Surber said.

According to the American Cancer Society, Connecticut has the highest rate of breast cancer in the country. The good news is that the state's mortality rate from breast cancer is lower the national average.

"There's so much more awareness today," said Donna Slonski, RN, Backus Breast Care Coordinator and Breast Patient Navigator. "Most people know someone who's been affected by breast cancer. When women share their stories of survivorship it inspires other women to come for a mammogram."



Yale-New Haven Hospital:

Improving Access to Healthcare for Underserved Patients

With significant in-kind and financial support from Yale-New Haven Hospital, Project Access-New Haven (PA-NH) brings the Greater New Haven community together to create an expanded network of medical care and services that improves access to healthcare for underserved patients.

Founded in 2009 to address health inequities in the Greater New Haven area, PA-NH provides an organized system of care that emphasizes coordination of services and timely access to care for vulnerable populations. At the core of the program are Patient Navigators who coordinate services, remove access barriers such as language and transportation difficulties, and help patients navigate the healthcare system.



PA-NH is also supported by other local providers and businesses, which provide services such as no-cost taxi rides, donated medical supplies, and visiting nursing care, among others.

Since 2010, PA-NH has already enrolled more than 800 underserved patients and coordinated the delivery of over \$11 million in medical care. Key outcomes include reduced wait-times and improved show-rates for medical appointments.

Due largely to PA-NH's model of intensive "high-touch" navigation, the no-show rate for medical appointments among PA-NH patients is 3% (compared to 34% similar patients in hospital-based specialty clinics).

When surveyed one year after enrollment, program participants report improved health, better quality of life, and better access to care. Participating physicians report high satisfaction with the program.

The Project Access model has been replicated in more than 150 communities across the U.S.

When surveyed one year after enrollment, program participants report improved health, better quality of life, and better access to care.

Yale-New Haven Hospital provides a full spectrum of ancillary services to support clinical care, including diagnostic testing, inpatient and outpatient hospital-based services, and more. In addition, more than 300 local physicians, many of whom are affiliated with the hospital, volunteer their time to care for PA-NH patients.

Hospitals are always there when we need them — caring for all regardless of ability to pay.



From top: Connecticut Senator Richard Blumenthal at Danbury Hospital's Lyme disease registry; a meeting sponsored by Norwalk Hospital's Community Care Teams; the Burgdorf Community Garden supported by John Dempsey Hospital; and a screening through St. Vincent's Medical Center's Know Your Numbers heart disease and diabetes awareness campaign

About the Connecticut Hospital Association

Founded in 1919, the Connecticut Hospital Association (CHA) represents hospitals and health-related organizations. With more than 140 members, CHA is one of the most respected hospital associations in the nation.

CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care that are accountable to the community and committed to health improvement.

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