Nuvance Health

Norwalk Hospital
Community Health Improvement Plan
2023-2025

What is a Community Health Improvement Plan (CHIP)

A CHIP helps organizations move from data to action to address health priorities identified in the CHNA. The CHIP serves as a guide for strategic planning and a tool by which to measure impact by detailing goals, objectives, strategies, and action steps over the three-year reporting timeframe. Anchoring initiatives and community benefit activities to measurable objectives, the CHIP creates a framework for measuring the impact of collective action towards community health.

Community Input

Like the CHNA, the CHIP reflects input from diverse stakeholders and helps to foster collaboration among community-based organizations. Experts and community members provided input to define and recommend solutions to health challenges in our community. This input provided diverse perspectives on health trends and helped us better understand lived experiences of populations that experience barriers to care. Each Nuvance Health hospital has a Community Health Committee (CHC) with representatives from the board, the executive team, hospital staff, community members, local health departments, and community agencies. Nuvance Health employees participate in an array of community boards and task forces to foster collaboration with community partners.

Determining Priority Health Needs

To work toward health equity and improve health disparities, it is imperative to prioritize resources and activities for meaningful community impact. Through the CHNA research and ongoing engagement of community representatives, Nuvance Health collected input to determine the most pressing health needs affecting residents in the Norwalk Hospital service area. Priority health needs were determined through discussions with the hospital's Community Health Committee and input from community stakeholders including public health experts, health and human service providers, representatives of underserved populations, and community members. Nuvance Health reviewed recommendations for priority areas in consideration with existing resources and gaps in services to determine which community health priorities Norwalk Hospital could best impact over the next three years. Based on this determination, Norwalk Hospital's 2023-2025 CHIP will focus community benefit activities on **Preventing Chronic Diseases** and **Addressing Behavioral Health needs**.

Some health needs that were identified in the CHNA will not be directly addressed in Norwalk Hospital's CHIP, however these needs will continue to be met through clinical care services and support of community partners that focus on these issues. Examples of other community health needs that we identified in the 2022 CHNA that are not directly reflected in Norwalk Hospital's CHIP include housing and access to oral health care.

Alignment with Healthy Connecticut 2025

The Norwalk Hospital CHIP is aligned with the Healthy Connecticut 2025 State Health Improvement Plan (SHIP), a five-year strategic plan for improving the health of CT residents. This coordination serves to advance statewide and local efforts to improve the health and wellbeing of all people.

Alignment with State and Federal Requirements

The Norwalk Hospital 2022 CHNA and CHIP process and timeline are in line with IRS Tax Code 501(r) requirements to conduct a CHNA every three years and Connecticut state requirements for hospital community benefit reporting.

Advancing Health Equity

The CHNA documented disparities in poverty, education, and socioeconomic measures; access to health care and social services; disease rates and outcomes; and quality and length of life. These health disparities are most often driven by social determinants of health and reflect longstanding inequities. To work toward health equity, we need to redefine how we deliver health care, increase our knowledge and understanding, and confront policies that perpetuate disparities. At Nuvance Health we have outlined specific objectives and strategies to guide our efforts in creating more welcoming care settings that honor the diversity of our communities, and promote diverse and inclusive environments for our patients, staff, and providers.

Nuvance Health Commitment to Health Equity, Diversity, and Inclusion

Strategy: Increase cultural awareness and humility among staff and providers.

Initiatives:

- Use Patient Family Advisory Councils to provide feedback on care quality and patient experience.
- Recruit diverse representatives from community-based organizations to serve on Health Equity, Diversity, and Inclusion Advisory Committees, Community Health Committees, and Community Care Teams.
- Provide implicit bias and cross-cultural care education to all employees.

Strategy: Reduce disparities in outcomes among vulnerable patient populations.

Initiatives:

- Accurately collect patient demographic data and socioeconomic needs within medical records.
- Stratify clinical data to identify health disparities; implement strategies to reduce or eliminate these disparities.
- Evaluate clinical documents and educational materials to reflect preferred patient languages in each hospital service area.

Strategy: Increase diversity of staff and providers.

Initiatives:

- Cultivate awareness of healthcare careers within underserved communities.
- Modify recruitment and hiring processes to attract and support diverse staff and cultivate advancement opportunities.
- Grow scholarships, mentorship, and new workforce pipelines.

Strategy: Support a sustainable and equitable community.

Initiatives:

- Evaluate hiring, supply chain, and opportunities for local economic investment.
- Purchase goods from local and diverse vendors.
- Make contributions of dollars, time, and expertise to advance community initiatives.

Strategy: Increase, improve, strengthen, and evaluate partnerships with community-based organizations.

Initiatives:

- Foster collaboration with organizations that serve diverse or underserved populations.
- Invite input from diverse stakeholders to define and address community health needs.
- Support and cultivate opportunities for community-wide cross-cultural engagement.

Priority Area One: Prevent Chronic Diseases

Goals:

- Reduce health disparities in chronic disease prevention and disease.
- Reduce the impact of social drivers of health on patient outcomes.

Strategies:

- Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity.
- Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes, and obesity.
- In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes, and obesity.
- Increase access to care for populations that experience disparities in chronic disease burden and care.
- Improve cultural competency of providers and adopt inclusive healthcare environments.
- Partner with community agencies to connect people to resources for housing, food security, transportation, and related socioeconomic needs.
- Track data across populations to identify and address health disparities.

Norwalk Hospital Initiatives:

- Increase Social Drivers of Health screenings and referrals to community resources.
- Leverage Norwalk Hospital Diabetes Center to provide education and services.
- Increase Community Care Team (CCT) partnerships to increase services relating to SDOH to community members (Promote UW 211 with high-risk navigators to provide SDOH services to community)
- Increase referrals to Riverbrook Regional YMCA Diabetes Prevention Program.
- Partner and participate with the Norwalk Health Department on Healthy for Life Project community-based initiatives (e.g., Know Your Numbers, NorWalker, Growing Gardens Program, Food Access Initiative).
- In partnership with the American Heart Association, implement a Public Library Hypertension Program to provide education and home management of hypertension.
- Foster and strengthen partnerships with faith-based organizations to bring chronic disease prevention education to priority populations.
- Offer smoking cessation programs to community members; partner with YMCA smoking cessation programs.
- In partnership with United Way of Western Connecticut, promote Prosperi-Key program to assist ALICE populations.
- Implement primary care collaboration with the Connecticut Dental Health Partnership Program to connect community members to dental services.
- Expand telehealth for primary and specialty care and increase digital equity.
- Partner with the Norwalk Health Department, FQHCs, Americares Free Clinic, and others to promote awareness of CT HUSKY health insurance and help people apply.

Priority Area Two: Promote Well-Being and Prevent Mental and Substance Use Disorders

Goals:

- Strengthen opportunities to build well-being and resilience across the lifespan.
- Improve access to behavioral health services within the community.
- Prevent opioid overdose death.

Strategies:

- Integrate mental health screenings and services within primary care practices.
- Increase the traditional and alternative (community and technology based) places people can access health care.
- Strengthen community partnerships in underserved communities.
- Increase understanding of the impact of trauma.
- Provide expertise and support to reduce misuse of alcohol and drugs.
- Reduce opioid prescriptions in primary and specialty care settings.
- Provide expertise and support for community-based services for substance use disorders.

Norwalk Hospital Initiatives:

- Partner and participate with the Norwalk Health Department on statewide Suicide Prevention Program.
- Partner with The HUB for referral and education for behavioral health care.
- Refer patients to established Mental Health First Aid training sessions.
- Leverage expertise and resources of Norwalk Hospital Behavioral Health department.
- Implement Adolescent Intensive Outpatient program at Norwalk Hospital.
- Provide competency training for healthcare and social services providers on Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Recruit behavioral health providers including Psychiatrists and Licensed Clinical Social Workers to increase capacity of services.
- Increase access to behavioral health services in primary care practices.
- Expand behavioral health telehealth options and increase patient knowledge and ability to access to these services.
- Partner with Mid Fairfield Aids Project (MFAP) to provide harm reduction needle exchange and fentanyl test strips.

Collaborate with Community Partners

Nuvance Health hospitals consistently collaborates with a wide range of community partners that serve diverse populations across the communities we serve. Additional information can be found on our website nuvancehealth.org under Community Outreach and Sponsorship or by following this link: Community Outreach and Sponsorships | Nuvance Health.

Resources Allocated to the 2023-2025 Community Health Improvement Plan

At Nuvance Health, we are not only caregivers — we are also friends, family, and neighbors. Through our CHIP initiatives, we aim to increase well-being for everyone. The hospital initiatives and community benefit activities outlined in the 2023-2025 CHIP reflect Nuvance Health's dedication to investing in community partnerships and programs to promote wellness and health equity. The CHIP reflects a workplan that outlines specific resources and oversight for our initiatives. The Norwalk Hospital Community Health Committee exists to support this work and is tasked with the review and oversight of the CHIP, including the following responsibilities.

- Monitor implementation of the CHIP to address identified priority areas.
- Help inform, guide, share and link successful programs and strategies that address health and wellness throughout the network's service areas.
- Support community health programs that are accountable and continuously measured to improve health outcomes and reduce inefficiencies in delivery of programs and services.

Maintaining Engagement and Tracking Progress

The Norwalk Hospital CHC oversees the development and updating of the CHNA and monitors community health activities and progress. The CHC meets quarterly to review progress toward the goals stated in the Community Health Improvement Plan and to determine whether any changes in objectives or strategies are required.

Dissemination to the Public

The 2022 Community Health Needs Assessment and 2023-2025 Community Health Improvement Plan are available on the Nuvance Health website under Community Benefit. Printed copies of these documents will be made available to the public (free of charge) in the administrative offices at Norwalk Hospital.