2016 Community Health Needs Assessment

Implementation Strategy

Eastern Connecticut Health Network

The Manchester Memorial Hospital

The Rockville General Hospital Incorporated

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Community Health Needs Assessment

About Eastern Connecticut Health Network

Eastern Connecticut Health Network (ECHN) is a community-based healthcare system serving 19 towns across eastern Connecticut. ECHN provides a full spectrum of wellness, prevention, acute care, rehabilitation and restorative care to the community. Our system also operates several outpatient facilities, a comprehensive physician network of primary care and specialty practices.

ECHN is comprised of the following companies:

- The Manchester Memorial Hospital, 71 Haynes Street, Manchester, CT 06040;
    - 249 Licensed Beds
- The Rockville General Hospital Incorporated, 31 Union Street, Vernon, CT 06066;
    - 102 Licensed Beds
- Visiting Nurse and Health Services of Connecticut, 8 Keynote Drive, Vernon, CT 06066
- Eastern Connecticut Medical Professionals Foundation, 71 Haynes Street, Manchester, CT 06040
- Woodlake at Tolland Rehabilitation & Nursing Center, 26 Shenipsit Road, Tolland, CT 06084

ECHN also partners with many other providers through contractual arrangements and in joint venture arrangements offering services such as transportation, radiation oncology, occupational health services and imaging services.

ECHN completed its last Community Health Needs Assessment in 2016. [IRS Form 990, Schedule H, Part V].

Community Served

Definition of Community Served

ECHN's community, as defined for the purposes of the Community Health Needs Assessment, included each of the residential Zip Codes that comprise the hospital's town location including 06040 and 06042 for Manchester Memorial Hospital and 06066 for Rockville General Hospital.

This community definition was determined because the majority of ECHN's patients originate from these areas for use of our hospital services.

Demographics of the Community

The population of Manchester Memorial Hospital's service area is estimated at 58,253 people. It is predominantly non-Hispanic White (71.4%), but also has substantial African America (12.3%) and Hispanic (12%) populations.

Source 2010: http://www.census.gov/quickfacts/table/PST045215/0900344700,00

The population of Rockville General Hospital's service area is estimated at 29,179 people. It is predominantly non-Hispanic White (85.1%), but also has substantial African America (5.8%) and Hispanic (6.5%) populations.

Source 2010: http://www.census.gov/quickfacts/table/PST045215/0901378250,00

Collaboration

How CHNA Data Were Obtained

These assessments incorporate data from both quantitative and qualitative sources. Quantitative data input includes primary research (phone surveys) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an online key informant survey (OKIS).

The Community Health Needs Assessment was sponsored by a collaboration of community partners and relied on information provided by:

- public health and vital statistics data;
- a variety of existing (secondary) data;
- data representing the most recent BRFSS (Behavioral Risk Factor Surveillance System) prevalence and trends data (published online by the Centers for Disease Control and Prevention);
- state-wide risk factor data;
- nationwide risk factor data;
- Healthy People 2020 which provides science-based, 10-year national objectives for improving the health of all Americans;
- phone surveys (based on the Centers for Disease Control Behavioral Risk Factor Surveillance Survey);
- and online key informant surveys.

The participants for the online surveys included physicians and other health providers, public health experts, social service representatives and community leaders. For a full listing of participating agencies, please reference the 2016 CHNA for Manchester Memorial Hospital or the 2016 CHNA for Rockville General Hospital.

Public Dissemination

These CHNA's are available to the public using the following URL:
http://www.echn.org/community-benefit-reporting

A summary description of the assessment will be published in an upcoming edition of Better Being, a widely distributed ECHN Newsletter which promotes the community health education programs available at ECHN.

Health Needs of the Community

Significant Health Needs of the Community

The following areas represent the more significant health needs of the community and opportunities for improvement, based on the information gathered through the 2016 Community Health Needs Assessment for Manchester Memorial Hospital.

Areas of Opportunity-Manchester

Areas	Specifics
Access to Healthcare Services	• Cost of prescriptions • Skipping/Stretching Prescriptions
Cancer	• Cancer is a leading cause of death • Prostate and Female Breast Cancer Incidence • *Cancer ranked as a top concern in the OKIS*
Chronic Kidney Disease	• Kidney Disease Deaths
Diabetes	• Diabetes Prevalence
Heart Disease & Stroke	• Cardiovascular disease is leading cause of death • High Blood Pressure Prevalence • *Heart Disease & Stroke ranked as a top concern in OKIS*
HIV/AIDS	• HIV Prevalence
Infant Health & Family Planning	• Low-Weight Births • Infant Mortality
Injury & Violence	• *Injury and Violence ranked as a top concern in the OKIS*
Mental Health	• Diagnosed Depression • *Mental Health ranked as a top concern in the OKIS*
Nutrition, Physical Activity & Weight	• Low Food Access • Overweight & Obesity (Adults) • *Nutrition, Physical Activity & Weight ranked as a top concern in the OKIS*
Potentially Disabling Conditions	• Activity Limitations • Arthritis Prevalence (50+) • Blindness/Vision Trouble
Respiratory Disease	• Asthma Prevalence • Chronic Obstructive Pulmonary Disorder (COPD) Prevalence
Sexually Transmitted Diseases	• Chlamydia Incidence
Substance Abuse	• Drug-Induced Deaths • Negatively Affected by Substance Abuse (Self or Others) • *Substance Abuse ranked as a top concern in the OKIS*

OKIS=Online Key Informant Survey

Areas of Opportunity-Rockville/Vernon

The following areas represent the more significant health needs of the community and opportunities for improvement, based on the information gathered through the 2016 Community Health Needs Assessment for Rockville General Hospital.

Areas	Specifics
Access to Healthcare Services	• Primary Care Physicians
Cancer	• Cancer is a leading cause of death • Prostate Cancer Deaths • Female Breast Cancer Incidence
Heart Disease & Stroke	• Cardiovascular disease is leading cause of death • 1+ Cardiovascular Risk Factors
Injury & Violence	• 65+ Falls Age-Adjusted Death Rate
Mental Health	• Suicide Rate
Nutrition, Physical Activity & Weight	• Low Food Access • Overweight & Obesity (Adults) • Recreational/Fitness Facilities • *Nutrition, Physical Activity & Weight ranked as a top concern in the OKIS*
Potentially Disabling Conditions	• Activity Limitations • Arthritis Prevalence (50+) • Osteoporosis (50+)
Respiratory Disease	• CLRD Deaths • Asthma Prevalence (50+) • Chronic Obstructive Pulmonary Disorder (COPD) Prevalence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • *Substance Abuse ranked as a top concern in the OKIS*
Tobacco Use	• *Tobacco Use ranked as a top concern in the OKIS*

OKIS=Online Key Informant Survey

Implementation Strategy

Identify & Prioritizing Health Needs

Identification of Health Needs

The significant health needs ("Areas of Opportunity" outlined above) were determined after consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

Prioritization of Health Needs

Prioritization of the needs addressed by this plan included input from community stakeholders and the internal stakeholders of the hospitals gathered to evaluate, discuss and prioritize health issues for the hospital's community based on findings of the 2016 Community Health Needs Assessment (CHNA). We reviewed the scope and severity of each of the identified areas and our ability to impact each health issue given our available resources and competencies.

Implementation Strategy Adoption

This summary outlines Manchester Memorial Hospital and Rockville General Hospital plans (Implementation Strategy) to address certain community's health needs by: 1) sustaining efforts operating within a targeted health priority area; 2) developing programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and to the public.

Hospital-Level Community Benefit Planning

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that ECHN would focus on developing and/or supporting strategies and initiatives to improve:

- **Access to Healthcare Services**
- **Cancer**
    - **Screening Programs**
    - **Early Detection Program**
    - **Smoking Prevention and Cessation**
    - **Survivorship Care Plans**
- **Heart Disease & Stroke**
- **Infant Health & Family Planning**
- **Mental Health**
- **Nutrition, Physical Activity & Weight**
- **Substance Abuse**
- **Diabetes**

Implementation Strategies & Action Plans

The following displays outline Manchester Memorial Hospital and Rockville General Hospital's plans to address those priority health issues chosen for action in the FY2016-FY2019 period.

Access to Healthcare Services	
Community Partners/ Planned Collaboration	• Eastern Connecticut Medical Professionals Foundation (ECMPF) • ECHN Graduate Medical Education (GME) Family Medicine Program • Visiting Nurse & Health Services of Connecticut • ECHN Hospitalist Program
Goal	**To improve healthcare access to primary healthcare services by promoting the education, training, recruitment of and communication with primary care providers for the towns of Manchester and Vernon**
Timeframe	FY2017-FY2019
Scope	Residents in Manchester and Vernon/Rockville
Strategies & Objectives	**Strategy #1:** Build the capacity of ECMPF primary care offices to provide primary and preventive healthcare services **Strategy #2:** Continue support for the ECHN GME Family Medicine Residency Program trained at ECHN and actively recruit graduates to practice locally **Strategy #3:** Ensure that ECHN hospital and home health care management programs as well as the ECHN hospitalist practitioners provide effective transitions of care for patients treated at ECHN facilities with an emphasis on communication with primary care physicians
Anticipated Impact	• Maintain and grow the staff of primary care providers • Increase the number of patients who have a designated primary care provider in their community • Prompt and effective communication with primary care physicians regarding their patients hospital and post discharge care
Plan to Evaluate Impact	• Conduct an inventory of primary care providers annually • Measure a baseline of patients under the care of ECMPF primary care providers and then measure annually • Poll ECHN primary care, internal medicine and family practice physicians regarding communication by care managers and hospitalists
Results	*Pending*

Cancer	Screening Programs for Lung, Colorectal and Prostate Cancers
Community Partners/ Planned Collaboration	• Evergreen Endoscopy Center • Community Physicians • Churches • Senior Centers • Town Health and Human Service Agencies
Goals	• **Help our community achieve the nationally recognized benchmark of 80% of eligible patients receiving a colorectal screening** • **Increase the number of eligible patients in our community that have their lung cancer screening** • **Offer a screening program based on new guidelines for prostate screening**
Timeframe	• 2017-2019
Scope	Residents in the community who meet the evidence based eligibility criteria for colorectal, lung and prostate cancers
Strategies and Objectives	**Strategy #1: Colon Cancer - Colorectal screening and education** • Develop a marketing campaign for Colon Cancer Awareness Month each year to create awareness • Hold a colonoscopy screening event to promote screenings, educate the community • Promote the "Open Access Program" offered by local physicians at Evergreen Endoscopy Center that makes convenient appointments easier to obtain for screenings **Strategy #2: Lung Cancer - Promote and educate community on ECHN's Low Dose CT Screening Program** • Maintain ECHN's ACR accreditation as a Designated Cancer Screening Center • Develop marketing and promotional material to create awareness of the need for screening and the community resources available • Provide education to community and physicians through presence at health fairs and by hosting community education lectures **Strategy #3: Prostate Cancer - Host a Prostate Screening Event** • Determine eligibility and process to adhere to national standard of prostate screenings • Collaborate with local physicians and health care workers to hold a screening event • Market and promote a prostate cancer screening event

Anticipated Impact	• Increase the number of eligible adults age 50-75 that have their appropriate colorectal screening (2016 Community Needs Assessment reported this as 79%) • Increase in the number of participants in the Open Access Program • Increase in the number of participants in ECHN's Low Dose CT Program; thereby capturing lung cancer in its earlier and more treatable stages • Educate residents on proper prostate screening and capture prostate in its earlier and more treatable stages
Plan to Evaluate Impact	• Statistical information from the Open Access Program, Low Dose CT Program and the prostate screening event • 2019 Community Needs Assessment
Results	Pending

Cancer	Early Detection Program
Community Partners/ Planned Collaboration	• ECHN Women's Center for Wellness • Town Health and Human Services Agencies • Community Providers • DPH/CDC • Churches • Early Head Start
Goal	**Increase the number of low-income, uninsured, underinsured and underserved women who receive access to breast and cervical cancer screening, diagnostic and treatment referral services. Provide these same women with the knowledge, skills and opportunity to improve diet, physical activity and other life style habits to prevent, delay or control heart disease and other chronic conditions**
Timeframe	Duration of the grant funded program
Scope	This strategy will focus on women in the communities serviced by ECHN
Strategies and Objectives	**Strategy #1: Educate women about the importance of preventative and screening services and lifestyle changes** • Develop and coordinate educational lectures and seminars which will be offered to the community • Publish information in ECHN's Better Being newsletter regarding health screenings, educational programs and lectures • Participate in health fairs and community events • Coordinate with ECHN providers to present educational programs and lectures related to women's health, diabetes and heart disease **Strategy #2: Build community relationships to increase awareness of the ECHN Early Detection Program** • The Community Health Navigator will engage and collaborate with community partners in order to provide education on program benefits and services available • The Community Health Navigator will provide written material, in both English and Spanish, to community partners and providers detailing services available, and contact information for eligibility
Anticipated Impact	• The ECHN Early Detection Program will reach 100% compliance with complete follow-up of abnormal breast and Pap test screening. In addition the Program will reach 100% compliance with the National Breast and Cervical Cancer Early Detection Program's minimum compliance goals for the time between initial abnormal finding(s) to the final diagnosis • The ECHN Early Detection Program will meet the WISEWOMAN Program benchmark for the number of women receiving screenings for heart disease and diabetes
Plan to Evaluate Impact	• Statistical quarterly reports from the DPH/CDC
Results	Pending

Cancer	Smoking Prevention and Cessation
Community Partners/ Planned Collaboration	• Community physicians • Hockanum Valley Community Council • First Choice Health Center • Public schools • Town Health and Human Service Agencies
Goals	• **Educate the community about the hazards of smoking and secondhand smoke.** • **Increase the number of people who quit smoking.**
Timeframe	• 2017-2019
Scope	Residents and students in the ECHN service area
Strategies and Objectives	**Strategy #1: Freedom From Smoking®** • Provide program at least 3 times a year • Advertise program through Better Being and with community partners • Increase number of facilitators to 2 • Provide program at multiple locations **Strategy #2: Offer smoking prevention presentation to public and private schools** • Contact schools with 6th grade classes offering presentations • Participate in health fairs at high schools and vocational schools **Strategy #3: Provide CEU program to community primary care physicians** • Provide education regarding available smoking prevention and cessation programs **Strategy #4: Participate in health fairs** • Provide material on nicotine addiction • Provide material on Freedom From Smoking®
Anticipated Impact	• Individuals will quit smoking as a result of attending Freedom From Smoking® • Community physicians will refer more patients to Freedom From Smoking® and make use of other smoking cessation programs • Children and adolescents will avoid use of nicotine products
Plan to Evaluate Impact	• Freedom From Smoking® end of program questionnaires to determine number of participants who quit smoking • Freedom From Smoking® statistics • County and State surveys • 2019 Community Needs Assessment
Results	Pending

Cancer	Survivorship Care Plans for Eligible Cancer Patients

Community Partners/ Planned Collaboration	• Eastern Connecticut Cancer Institute members including:
	  ○ Community medical oncology providers
	  ○ Community radiation oncology providers
	  ○ ECHN Cancer Committee members
	  ○ Northeast Regional Radiation Oncology Network

Goal	**100% of cancer patients treated at ECHN facilities meeting eligibility criteria will receive a survivorship care plan by 2019**
Timeframe	• 2017 50% of cancer patients will receive a survivorship care plan within 6 months of completion of adjuvant cancer therapy • 2018 75% of cancer patients will receive a survivorship care plan within 6 months of completion of adjuvant cancer therapy • 2019 100% of cancer patients will receive a survivorship care plan within 6 months of completion of adjuvant cancer therapy
Scope	A focus on the patients that have been diagnosed and treated for cancer in the ECHN network
Strategies and Objectives	**Strategy #1: Offer support to cancer survivors:** • Established process to identify patients who have completed cancer therapy and provide patients with summary care plan which includes cancer diagnosis, stage and treatment received **Strategy #2: Educate cancer survivors on managing lifestyle behaviors after treatment completion** • Survivorship care plan will include road map for recommended follow up care • Educate and encourage lifestyle changes to reduce cancer recurrence and/or improve quality of life.
Anticipated Impact	Provide comprehensive cancer care plans for patients in order to obtain all appropriate services within their community
Plan to Evaluate Impact	Not less than once a year, the ECHN Cancer Committee will discuss the process, navigation, and statistical benchmarking of survivorship care plans
Results	Pending

Heart Disease & Stroke	
Community Partners/ Planned Collaboration	• MMH and RGH Cardiac Rehabilitation Departments • Visiting Nurse & Health Services of Connecticut • Community healthcare providers- cardiologists and pulmonologists • Senior Centers • Skilled Nursing Facilities
Goal	**To reduce the behaviors and manage conditions that lead to cardiovascular disease including but not limited to high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, over-weight and obesity and diabetes**
Timeframe	2017 -2019
Scope	This strategy will focus on residents in Manchester and Vernon/Rockville and ECHN employees
Strategies & Objectives	**Strategy #1: Provide education for cardiovascular disease risk factors and behavior modification** • Produce multi-year plan to improve health and reduce risky behaviors of our ECHN employees and families • Provide community education lecture(s) on the signs and symptoms of stroke and heart attack, the early recognition of symptoms and importance of seeking immediate medical care • Promote nutrition counseling services offered by local supermarkets and community centers to promote healthy diets • Promote physical fitness activities/programs available in the community including fitness centers, cardiac rehabilitation programs, schools, parks and recreation programs • Participate in community health fairs throughout service area where blood pressure, cholesterol, body fat composition analysis and education resources will be offered **Strategy #2: Promote the Freedom From Smoking® cessation program** • Provide program at least 3 times a year • Advertise program through Better Being and with community partners • Increase number of facilitators to 2 • Provide program at multiple locations • Promote available smoking cessation programs to physicians in the community and hospitals as an option for patients who smoke

	Strategy #3: Promote cardiac rehabilitation • Promote cardiac rehabilitation services to restore people who have had a heart condition or heart surgery to the highest possible physiological, emotional, social, and vocational level
Anticipated Impact	• Ability for employees and the community to recognize early signs and symptoms of stroke and heart attack • Increased focus on lifestyle, prevention and overall wellness for ECHN employees and residents
Plan to Evaluate Impact	• Repeat community assessment on mortality rates for cardiovascular diseases • Freedom From Smoking® statistics • Increased participation by ECHN employees in health screenings • Attendance by community members at lectures focused on heart disease and healthy lifestyle
Results	*Pending*

Infant Health & Family Planning	
Community Partners/ Planned Collaboration	• ECHN Family Development Center • RGH Maternity Care Center (MCC) • Family Birthing Center Childbirth Educators • Manchester School Readiness Committee* • Vernon School Readiness Committee * • Community physicians (*Both committees include schools, YMCA's, preschools, Departments of Health, places of worship, Family Development Centers)
Goals	• **Improve access to prenatal and parenting education** • **Increase preconception and first trimester prenatal education** • **Improve the low weight birth percentages** • **Decrease infant mortality and increase infant and child health and wellbeing** • **Decrease teenager pregnancy rates**
Timeframe	2017 - 2019
Scope	This strategy will focus on the service areas of Manchester and Vernon.
Strategies & Objectives	**Strategy #1: Improve access to care and education:** • Continue family planning education sessions/tours • Encourage the use of the Maternity Care Center (MCC) at Rockville General Hospital • Provide information through ECHN digital boards, Readiness Committees, ECHN social media and ECHN Website • Continue to publicize educational opportunities through Better Being magazine • Continue the distribution of ECHN prenatal folders through the community practices that contain comprehensive topical information **Strategy #2: Increase preconception and first trimester pregnancy education:** • Encourage regular ECHN birth class attendance • Provide information through ECHN digital boards, Readiness Committees, ECHN social media and Website • Pursue the development of a preconception and an early pregnancy class offering **Strategy #3: Improve the low birth weight percentages** • Identify mothers who are "at-risk" with the neonatal screening program and by working with community OB practices

	• Continue the hospital-based neonatal abstinence syndrome prescreening and education program **Strategy #4: Decrease teenager pregnancy rates** • Partner with schools and other community to offer education • Explore and pursue opportunities for ECHN obstetrical leaders to partner with community groups to identify needs and create solutions **Strategy #5: Decrease infant mortality and promote infant and child health and wellbeing:** • Continue to offer SIDS reduction techniques including safe sleeping • Provide information regarding proper child care through ECHN digital boards, Readiness Committees, ECHN social media and website • Encourage the use of the MCC o Pursue the possibility of expanding the Family Circles Group (Prenatal Care Education) o Pursue the start of a MCC New Mother's group. • Continue to offer new mothers group at both the hospital and at the MCC • Continue to offer expectant grandparent classes • Continue to offer Infant and Child certified CPR and first aid classes to new parents, grandparents and home day care providers • Continue the hospital based neonatal abstinence syndrome prescreening and education program • Continue to offer baby care classes
Anticipated Impact	• Increased access to infant care and education which includes preconception education and first trimester prenatal education offerings • Increased birth weights and lower infant mortality • Decrease in teen pregnancies • Improved infant and childhood health and wellbeing
Plan to Evaluate Impact	• Monitor attendance at education programs • Monitor hospital birth weights • Elicit feedback from community providers, community groups including Readiness Committees • Repeat community assessment 2019
Results	*Pending*

Mental Health	
Community Partners/ Planned Collaboration	• **ECHN Behavioral Health Programs and Providers** • **Community Health Resources (CHR)** • **Manchester Public Schools (Family & Community Partnerships)** • **East Central Multidisciplinary Team** • **Senior Centers** • **Skilled Nursing Facilities** • **Community Centers** • **Chambers of Commerce** • **Community Physicians** • **CT Suicide Advisory Board**
Goal	**Increase access to and use of mental health services**
Timeframe	February 2017- 2019
Scope	This strategy will focus on residents in Manchester and Vernon/Rockville
Strategies & Objectives	**Strategy #1: Establish additional mental health services sites:** • Establish counseling services at the Women's Center for Wellness • Explore opportunities to imbed clinicians at school-based health centers **Strategy #2: Explore the expansion of inpatient psychiatry services to be offered at MMH and RGH** • Study, and if sufficient need exists, develop an inpatient Geropsychiatry Program to be offered by ECHN. • Evaluate the demand, for additional inpatient psychiatric services which could be offered at RGH. **Strategy #3: Participate in the Zero Suicide Initiative to standardize suicide risk assessment and network with providers to secure wrap around supports** • Provide auditorium to CHR for Columbia Suicide Scales training January 2017 • Complete organizational assessment of suicide risk protocols
Anticipated Impact	• Increase points and ease of access to skilled professionals to decrease suicide risk and improve mental health • Increase options of psychiatry support to geriatric population to improve community functioning

Plan to Evaluate Impact	• Patient Satisfaction surveys at satellite sites • Volume of referrals to new psychiatry units • DMHAS report of Zero Suicide Initiative data • Repeat community assessment 2019
Results	*Pending*

Nutrition, Physical Activity & Weight	
Community Partners/ Planned Collaboration	• ECHN's Center for Weight Loss • Community Physicians • Walden Behavioral Care • John A. DeQuattro Cancer Center: Eastern Connecticut Cancer Institute • Geissler's Supermarket • Highland Park Market
Goal	**Ensure that residents have access to food and information about healthy eating habits**
Timeframe	2017-2019
Scope	This strategy will focus on residents in Manchester and Vernon/Rockville
Strategies & Objectives	**Strategy #1: Produce and distribute printed education materials covering various nutrition topics for primary care physician offices to provide to patients** • Distribute education materials individually or placed in waiting rooms. Potential Topics: Fiber Facts, Understanding Fats, Portion Control, Ways to Increase Fruits/Vegetable Intake, Healthy Lunch Options, Guide for Healthy Restaurant Dining, Sugar Content of Commonly Consumed Beverages, Outline of Area Food Pantry/Resources • Materials will include contact information for Outpatient Nutrition Services and the Diabetes Self-Management Program offered by ECHN **Strategy #2: Offer nutrition lectures in community settings (i.e.: Local fire/police departments, senior centers, community centers, Adult Daycare Centers)** **Strategy #3: Collaborate with area supermarkets to provide grocery store tours designed to teach healthy buying habits** **Strategy #4: Promote awareness of the ECHN Center for Weight Loss which offers information about obesity, associated health risks and surgical options for weight loss** • http://www.echn.org/weightloss/ **Strategy #5: Promote awareness of behavioral health eating disorders, i.e. bulimia, anorexia, binge-eating disorder, and the treatment programs available locally** • Provide materials to providers and promote awareness on the internet of the Walden Eating Disorders Center offered by ECHN's Rockville Hospital for inpatient care http://www.waldeneatingdisorders.com/locations/rockville/ and the Walden Clinic in South Windsor offering outpatient education and treatment for eating disorders http://www.waldeneatingdisorders.com/locations/south-windsor/

Anticipated Impact	• Engagement of PCP providers and the public regarding the topics of weight and nutrition
Plan to Evaluate Impact	• Track number of handouts provided by PCP offices • Track clients that attend Grocery Store Tours and Nutrition Lectures; provide surveys for additional comments/suggestions for future events • Track attendance at community lectures on weight loss and eating disorders
Results	*Pending*

Substance Abuse	
Community Partners/ Planned Collaboration	• ECHN Behavioral Health Addiction Services • Manchester & Vernon Local Prevention Councils • Manchester & Vernon Juvenile Review Boards • Manchester Police Department • East of the River Action for Substance Abuse Elimination (ERASE) • CT Community for Addiction Recovery (CCAR) • Community Health Resources (CHR)
Goal	**Increase points of contact for addicts to secure support toward sobriety**
Timeframe	January 2017- 2019
Scope	This strategy will focus on residents in Manchester and Vernon/Rockville
Strategies & Objectives	**Strategy #1: Continue ECHN's partnership with the Manchester Police Department in the H.O.P.E. Initiative (Heroin/Opioid Prevention & Education Initiative)** • Work with police and the RGH and MMH emergency departments serving as the clinical gateways to treat individuals with substance abuse and to enroll them in ECHN's addiction program • With other key partners, connect the individuals quickly to substance abuse treatment supports in the greater community **Strategy #2: Increase prevention supports to youth:** • Actively participate in local prevention council sponsored events/services • Imbed clinician in school-based locations for early intervention **Strategy #3: Enter into formal collaboration with CCAR** • CCAR Recovery Coaches will become active partners in the ED at MMH when individuals present with substance abuse issues by February 2017
Anticipated Impact	• Decrease in overdose deaths • Early detection/intervention of youth with illicit substance use • Increased patient access to peer supports toward successful sobriety
Plan to Evaluate Impact	• Local prevention council focus group feedback • H.O.P.E Initiative program evaluation by UCONN researchers • DMHAS data reporting Recovery Coach involvement
Results	*Pending*

Diabetes	
Community Partners/ Planned Collaboration	• ECHN Diabetes Self-Management Program providers • Primary care providers
Goals	• **Increase public awareness of diabetes and risk factors** • **Encourage a healthy lifestyle toward diabetes prevention** • **Encourage attendance at diabetes education classes** • **Identify people at risk for diabetes**
Timeframe	2017 - 2019
Scope	This strategy will focus on residents in Manchester and Vernon service areas
Strategies & Objectives	**Strategy #1: Raise awareness of diabetes prevalence risk factors and educate the public on ways to manage lifestyle behaviors that affect them including diet, weight and physical activity** • Offer free community health educational lecture and seminar programs presented by hospital medical and clinical staff • Include educational information in each issue of Better Being, ECHN's free community magazine distributed to approximately 155,000 households in service area • Participate in community health fairs throughout service area where free glucose tests are conducted and educational resources are shared **Strategy #2: Offer Diabetes Self-Management Program and Nutrition Counseling for individuals already diagnosed with diabetes** • Offer group and individual classes • Promote classes through www.echn.org/diabetes-services and ECHN's social media sites • Promote classes through ECHN digital screens
Anticipated Impact	• Increase detection of diabetes in the Manchester and Vernon service areas • Increase the number of patients with diabetes receiving education and counseling • Decrease diabetes mortality in the Manchester and Vernon service areas
Plan to Evaluate Impact	• Assess class volumes • Assess lecture volumes • Repeat community assessment 2019
Results	*Pending*

Identified Needs That Are Not Addressed

In acknowledging the wide range of priority health issues that emerged from the CHNA process, ECHN's hospitals determined that it could most effectively focus on those which it deemed most pressing, most under-addressed and most within its ability to influence. While the hospitals and its providers do treat individuals with the following conditions, the plan does not specifically address them with additional resources, providers or programs.

- Chronic Kidney Disease
- HIV/AIDS
- Injury & Violence Prevention
- Potentially Disabling Conditions
- Respiratory Disease
- Sexually Transmitted Diseases

Approval

The strategies detailed in this implementation plan have been reviewed and approved by Prospect ECHN's Local Advisory Boards and its corporate Board.

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M. Maher Suede, M.D., Chair
MMH and RGH Local Advisory Boards, Prospect ECHN, Inc.

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Samuel S. Lee, Chairman
Prospect ECHN, Inc.