

YaleNewHaven**Health**

Westerly Hospital

# Community Health Improvement Plan 2022-2025

# Our continuing efforts to improve community health

## What is a Community Health Improvement Plan (CHIP)?

A CHIP helps organizations move from data to action by addressing priority health and wellbeing needs identified in the CHNA. The CHIP serves as a guide for strategic planning and a tool by which to measure impact by detailing goals, strategies, and initiatives over the three-year reporting timeframe. Westerly Hospital's CHIP reflects the priority needs identified in the Westerly Hospital 2022 Community Health Needs Assessment (CHNA).

The CHIP aligns unmet community needs with high-level strategies and corresponding health system and hospital initiatives. The CHIP measures the impact of collective action initiatives and tracks progress over time. CHIP strategies focus on improving the health and wellbeing of our community and achieving health equity for all by addressing health disparities identified in the CHNA. CHIP initiatives reflect community focused initiatives, programs, and services planned for the next three years.

## Alignment with State Initiatives

The Westerly Hospital CHIP aligns with regional and state planning in Rhode Island and Connecticut. Representatives of the Rhode Island Department of Health and other statewide agencies provided input and guidance on the 2022 CHNA. The CHIP also aligns with the Healthy Connecticut 2025 State Health Improvement Plan (SHIP), a five-year state health strategic plan for improving the health of Connecticut residents.

The 2022 Westerly Hospital CHNA was aligned with IRS Code 501(r) requirements for not-for-profit hospitals as well as Rhode Island and Connecticut state requirements for hospital community benefit reporting.

## Approach to Community Health Improvement

Like the CHNA, the CHIP reflects input from many stakeholders. It acknowledges existing work, community assets and gaps in resources. The success of the CHIP depends on collaboration with community partners and input from local residents to address social drivers of health (SDoH) and advance initiatives toward health and wellbeing. Westerly Hospital met with stakeholders including community members to review data and prioritize community needs. Westerly Hospital facilitated community conversations at the local library, performed surveys of key informants, and facilitated sessions with local community-based organizations engaged in local collective impact partnerships. Feedback from these stakeholders provided guidance to prioritize the needs identified in the data collected during the CHNA process.

The CHIP was developed by a hospital task force comprised of leaders from multiple departments to capture all hospital and health system efforts that impact the health of the local community. CHIP goals reflect identified needs and were confirmed through discussions with community leaders and stakeholders. Our priority areas come from the top needs identified by the CHNA and are aligned with those of our collective impact partnership, the Health Improvement Collaborative (HIC) of Greater Westerly (HICGW): Access to Care, Behavioral Health, Community Health and Wellbeing, and Healthy Living. These priority areas reflect the greatest needs in the community with health system and hospital generated strategies for action and also align with statewide efforts in the SHIP.

We used the top needs identified through community engagement as a foundation for our CHIP development to address the needs of greatest concern to community members. These individuals provided diverse perspectives on health trends, shared lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities. The community needs are: affordable healthcare, behavioral health, drug/alcohol misuse, education, financial security, food security and housing. The CHIP provides direction for addressing the health and wellbeing needs of the community.

**AH** Affordable Healthcare

**DA** Drug/Alcohol Misuse

**FI** Financial Security

**HO** Housing

**BH** Behavioral Health

**ED** Education

**FO** Food Security

# Community Health and Wellbeing

## Westerly Hospital Goal:

Improve the health and wellbeing of the community with a focus on social drivers of health and health equity.

## Healthy CT 2025/SHIP:

Ensure community strength, safety, and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents. (D)

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**STRATEGY:** Align our everyday business activities in a way that improves living conditions in our communities and addresses health equity. (AH BH DA ED FI FO HO)

**Initiative:** Increase purchasing from local, women, and minority owned businesses.

**Initiative:** Increase hiring from underserved communities and support career growth of frontline workers.

**Initiative:** Invest financially in our local communities to improve the social drivers of health.

**Initiative:** Harness the volunteer power of employees to improve the social drivers of health in local communities.

**Initiative:** Implement a healthcare sustainability program to improve the health of our communities.

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**STRATEGY:** Develop strategies to address disparities by race and ethnicity to drive equitable care and outcomes. (AH)

**Initiative:** Develop and implement strategies to address disparities by race and ethnicity based on root cause analyses.

**Initiative:** Identify and decrease variation in clinical care (testing, referral, and treatment patterns) by race and ethnicity.

**Initiative:** Identify and decrease variation in clinical outcomes by race and ethnicity.

**STRATEGY:** Support local community organizations and events that help alleviate SDoH. (ED FI)

**Initiative:** Determine local community member SDoH needs in collaboration with community organizations and hold collection drives to support community organization recipient(s).

**Initiative:** Provide funding/financial contributions to local community based organizations that align with YNHHS mission, vision and values.

**Initiative:** Participate in community events (e.g. health fairs, health talks) to provide health education and information to the community.

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**STRATEGY:** Support a healthcare environment that honors and reflects the communities we serve. (AH ED FI FO HO)

**Initiative:** Partner with local community organizations to increase the health and wellbeing of the community.

**Initiative:** Partner with internal departments to include community information and a community focus in developing services and initiatives.

**Initiative:** Seek input from the community and provide feedback on YNHHS and hospital community health progress.

**Initiative:** Continue to invest in community benefit for our local community.

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**STRATEGY:** Participate in local collective impact partnerships. (AH BH DA ED FI FO HO)

**Initiative:** Be a leadership member of partnerships.

**Initiative:** Support and actively participate in partnership initiatives.

**Initiative:** Increase the impact of partnerships to address community needs.

**STRATEGY:** Engage patients, families, physicians and staff to increase YNHHS presence in the community to build stronger relationships. **AH BH DA ED FI FO HO**

**Initiative:** Provide continued enhancement of the Diversity, Equity, Inclusion and Belonging (DEIB) councils at each hospital.

**Initiative:** Support community health and wellbeing hospital initiatives.

**Initiative:** Increase awareness and education about health equity, health disparities and cultural competence.

**Initiative:** Support community relationships through volunteerism and presence in the community to increase community trust and engagement.

**Initiative:** Provide DEIB education and resources.

**Initiative:** Establish Employee Resource Groups to assist in identifying the varied needs of the community and support the community through volunteer work.

**STRATEGY:** Embed health equity within YNHHS and its hospitals.

**AH BH DA ED FI FO HO**

**Initiative:** Build infrastructure to support health equity.

**Initiative:** Expand ethnicity categories in electronic medical records patient demographics.

**Initiative:** Redesign process and staff training to increase collection and use of Racial, Equity and Language (REaL), Sexual Orientation and Gender Identity (SOGI) and disability information in patient care.

**Initiative:** Identify opportunities to decrease health care disparities through analyzing hospital and health system performance data and community feedback to identify disparities, root causes and ways to improve.

**Initiative:** Increase communication channels with our community members to listen, learn and improve health equity for our patients and the community.

**STRATEGY:** Enhance the patient experience to reflect the community and patient population. **AH**

**Initiative:** Improve the diversity of Patient Family Advisors to reflect community and patient population.

**Initiative:** Partner with DEIB, Press Ganey, Office of Health Equity, and Patient Family Advisors to enhance health equity of patient survey questions and use results to increase patient experience.

**STRATEGY:** Screen for socioeconomic needs and provide resources for support. **AH BH DA ED FI FO HO**

**Initiative:** Adopt a common set of SDoH questions across all care settings.

**Initiative:** Develop strategies to support patient with identified needs through referrals and interventions.

**STRATEGY:** Increase community input and diversity in research.

**ED**

**Initiative:** Bring community perspective to research and identify areas of need through community advisory board, community research fellowship program and community research innovation summits.

**Initiative:** Increase community-based cross-industry collaboration to increase diversity in clinical trials.

**STRATEGY:** Support local community organizations and events that help alleviate SDoH. **AH ED FI FO HO**

**Initiative:** Proactively target organizations/initiatives that align with our four priority areas to support via monetary contributions and/or employee volunteerism.

**STRATEGY:** Raise awareness about community programs and efforts done by hospital departments. **ED**

**Initiative:** Develop and implement a CHIP internal communication plan to educate employees about our community-based work. Examples include: management council presentations, and internal communications (emails, intranet, and newsletters).

**STRATEGY:** Enhance the patient experience to reflect the community and patient population. AH FI FO HO

**Initiative:** Partner with DEIB, Press Ganey, and Patient Experience Rounding to enhance health equity of patient survey questions and use results to increase patient experience.

**Initiative:** Refer patients to needed services and/or programs in response to patient calls and patient survey questions.

**STRATEGY:** Screen oncology patients for socioeconomic needs and provide resources for support. AH FI

**Initiative:** Provide transportation to patients receiving oncology treatment to ensure that care is not limited by access.

# Access to Care

**Westerly Hospital Goal:**  
Ensure access to quality healthcare and wellbeing services for all community members.

**Healthy CT 2025/SHIP:**  
Ensure all Connecticut residents have knowledge of, and equitable access to, affordable, comprehensive, appropriate, quality health care. (A)

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**STRATEGY:** Support pediatric services offered in community settings to address areas of SDoH need. **AH**

**Initiative:** Provide pharmacy prescriptions at the Children's Hospital prior to discharge to families with limited pharmacy access to support positive outcomes and prevent re-admissions.

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**STRATEGY:** Design community-based programs targeted to heart/vascular health issues. **AH**

**Initiative:** Expand barbershop initiative to provide community education on blood pressure management.

**Initiative:** Provide blood pressure cuffs to patrons and shop owners.

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**STRATEGY:** Increase access to oncology services. **AH**

**Initiative:** Increase transportation options for patients in need and expand across system.

**Initiative:** Increase free and low-cost community screening events.

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**STRATEGY:** Ensure all patients have quality information during their communication with healthcare providers regardless of their background or their literacy level. **AH ED**

**Initiative:** Conduct quality improvement checks during patient rounding to address miscommunication and misunderstandings.

**Initiative:** Provide patient materials and client satisfaction surveys in multiple languages.

**Initiative:** Disseminate patient experience feedback with other departments in the hospital.

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**STRATEGY:** Develop cancer prevention and screening programs in New London and Washington County. **AH ED FI**

**Initiative:** In collaboration with Yale Medicine (YM), conduct skin screening programs at Electric Boat (EB), Mohegan Sun and Foxwoods resorts and, provide education and sunscreen to participants.

**Initiative:** Provide education to pediatricians, school nurses and PTA with respect to Gardasil vaccination by Yale Medicine (YM) screening and prevention team.

**Initiative:** Provide Head & Neck screening programs.

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**STRATEGY:** Increase community outreach for lung screening program and enhance the local community resources for smoking cessation. **AH ED FI**

**Initiative:** Obtain smoking cessation certification and offer onsite program for community and participants in the lung screening program.

**Initiative:** Implement community education program for lung screening and smoking, targeting middle and high school individuals who have been identified at high-risk by school nurses.

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**STRATEGY:** Provide integrated health services for patients to address their health and SDoH needs. **AH BH DA ED FI FO HO**

**Initiative:** Implement strategies to support patients with identified needs through referrals and interventions.

**Initiative:** Continue to conduct the current Maternal Wellness and Digestive Health initiatives to address patients' needs via a holistic approach.

**STRATEGY:** Increase community outreach for Prostate Screening program. **AH ED FI**

**Initiative:** Host annual free Prostate Screening events at Westerly Hospital and Smilow Cancer Center.

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**STRATEGY:** Expand use of telehealth, in-home, and in-community care to underserved neighborhoods. **AH**

**Initiative:** Provide broadband services to patients without personal broadband access to facilitate care via telehealth services through Federal Communication Commission (FCC) grant.

**STRATEGY:** Provide access to healthcare and services and support underserved populations. **AH ED FI**

**Initiative:** Continue to provide free care and Medicaid services to those eligible.

**Initiative:** Provide educational support and financial assistance to uninsured patients.

**Initiative:** Assist and enroll individuals in appropriate health care programs: Federally Qualified Health Centers (FQHC) hospital clinics, Medicaid, Medicare, and other programs.

**Initiative:** Increase local residents' awareness of free and low-cost health care resources /options.

**Initiative:** Offer financial assistance information in English and Spanish.

**Initiative:** Provide access to prescription and medication assistance programs.

# Behavioral Health

## Westerly Hospital Goal:

Increase capacity and equitable availability of behavioral health services and support resources.

## Healthy CT 2025/SHIP:

Coordinate community-based preventive services for behavioral health, oral health, and primary care in a comprehensive integrated fashion while ensuring that people have choice/options about their setting. (A3.2)

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**STRATEGY:** Support the behavioral health needs of children. **BH**

**Initiative:** Embed behavioral health providers and care coordinators in the Pediatric Primary Care Center Fairhaven FQHC, with a warm handoff from the pediatrician, and expand where possible to other YNHHS primary care centers.

**Initiative:** Embed behavioral health providers in the YNHHS Pediatric Specialty Centers.

**Initiative:** Implement Zero Suicide Grant initiative awarded to Yale New Haven Children’s Hospital to improve access to services and coordinate care.

**Initiative:** Provide educational forums to pediatricians focusing on identification of needs and development of interventions to manage children’s behavioral health in their practices.

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**STRATEGY:** Support the behavioral health needs of oncology patients. **BH**

**Initiative:** Screen oncology patients for behavioral health and SDoH needs and provide referrals.

**STRATEGY:** Provide integrated behavioral health services to patients that address mental health needs via LCSWs for short-term therapies. **BH**

**Initiative:** Expand integrated behavioral health services from current Maternal Wellness and Digestive Health initiatives to other areas.

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**STRATEGY:** Support Zero Suicide implementation in healthcare organizations. **BH ED**

**Initiative:** Provide training to healthcare and other providers to prevent suicide.

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**STRATEGY:** Promote access to comprehensive behavioral health services to address the needs of our patients and community members. **AH BH DA ED**

**Initiative:** Implement outreach efforts and provide services for patients who need mental health and substance use services via the adult Intensive Outpatient Program (IOP).

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**STRATEGY:** Support and address the behavioral health needs of residents of Greater Westerly. **AH BH DA ED FI FO HO**

**Initiative:** Participate in Healthy Bodies Healthy Minds Washington County initiative and contribute to Behavioral Health county-wide strategic plan.

**Initiative:** Support, promote, and participate in community mental health awareness efforts.

**Initiative:** Identify gaps in continuum of care such as transportation and food insecurity, and define solutions with people with lived experiences.



# Healthy Living

## Westerly Hospital Goal:

Achieve equitable life expectancy for community members through availability and coordination of healthy living services and resources.

## Healthy CT 2025/SHIP:

Assess the availability and diversity of and coordination among primary care providers, community partners, and care management services. (A5.2)

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**STRATEGY:** Commit to support food services offered in the community to address food insecurity and to provide healthier food options. **AH FI FO**

**Initiative:** Continue to support the food pantry (Pantry on the Lane) in Westerly as part of the Age Friendly Westerly group effort to address food insecurity.

**Initiative:** Donate unused/unsold food to food programs.

**Initiative:** Promote awareness and availability of local food pantries.

**Initiative:** Conduct healthy food drives to support local food programs.

**Initiative:** Offer healthy food options in the cafeteria for patients, staff, and visitors.

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**STRATEGY:** Design community-based programs to educate community members about nutrition and physical activity and their relationship to cancer. **AH BH DA ED FI FO HO**

**Initiative:** Provide nutrition education focused on obesity awareness and its relationship to cancer.

**STRATEGY:** Develop community engagement activities and events to raise awareness about heart and vascular health conditions. **AH ED**

**Initiative:** Organize and conduct the Annual Heart Walk by Westerly Hospital.

**Initiative:** Host community educational sessions about variety of diseases and health conditions by our team of healthcare providers.

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**STRATEGY:** Support the efforts of Age-Friendly Westerly in transforming Greater Westerly into an age-friendly community.

**Initiative:** Develop and implement the Age-Friendly Westerly plan.

**Initiative:** Collaborate with partners to leverage existing communication tools to share Age-Friendly Westerly information.

**Initiative:** Support the efforts of Housing Works RI grant initiative for senior housing.

**Initiative:** Identify and address gaps in healthcare coverage for older residents of Greater Westerly.

**Initiative:** Represent Age-Friendly Westerly in AARP and Livable Communities national network.