2019 Community Health Needs Assessment

Implementation Strategy

Eastern Connecticut Health Network

Manchester Memorial Hospital

Rockville General Hospital

ECHN℠

Eastern Connecticut Health Network

Healthy is Everything.

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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:

- Manchester Memorial Hospital - 249 Licensed Beds
- Rockville General Hospital - 102 Licensed Beds
- Visiting Nurse & Health Services of Connecticut
- ECHN Medical Group
- Woodlake at Tolland Rehabilitation & Nursing Center

ECHN also partners with many other providers through contractual agreements and in joint venture arrangements offering services such as transportation, radiation oncology, and occupational health and imaging services. ECHN completed its last Community Health Needs Assessment in 2016.

Community Served

Definition of the Community Served

ECHN's Region, as defined for the purposes of the 2019 Community Health Needs Assessment, included the following towns: Andover, Bolton, Coventry, East Hartford, Ellington, Manchester, South Windsor, Tolland, Vernon, and Willington. This Region's definition was determined because the majority of ECHN's patients originate from these areas for use of our services.

Collaboration

How CHNA Data Points Were Obtained

DataHaven (www.ctdatahaven.org) was engaged to conduct the 2019 Community Health Needs Assessment (CHNA) on behalf of our hospitals. DataHaven is a non-profit public service organization, founded in 1992, that seeks to empower all people by creating and sharing meaningful, community-level information about the well-being of Connecticut. Its programs include the DataHaven Community Wellbeing Survey, which creates local-level information throughout Connecticut by conducting live, in-depth interviews with over 32,000 randomly-selected Connecticut adults in 2015 and 2016.

Primary and secondary health data, from both quantitative and qualitative sources, was incorporated in the assessment by DataHaven:

- Primary survey data: In the ECHN service area, 1,300 live, in-depth interviews were conducted, including 400 interviews in Manchester.
- Secondary survey data: Extensive analysis of Connecticut specific health data from sources that included the U.S. Census, CT Department of Public Health, and other state and federal sources.
- Qualitative Information: Three focus groups with service area stakeholders and providers captured reaction, perceptions and ideas for addressing the health concerns of the community.

Collaboration *(continued)*

Focus Groups

Three Focus Groups were held and participants included representation from the following:

- Ambulance Service of Manchester, Business Development & Education
- Community Health Resources
- Eastern Highlands Health District (Storrs)
- Ellington Volunteer Ambulance
- Elm Press
- First Choice Health Center
- Foodshare
- Highland Park Market
- Hockanum Valley Community Council
- Manchester Fire & Rescue
- Manchester Housing Authority, Resident Services
- Manchester Youth Services
- North Central District Health Department
- Planned Parenthood
- Rockville Downtown Association
- ShopRite of Manchester, Dietary
- Town of East Hartford, Nursing
- Town of Ellington, Human Services
- Town of Manchester, Community Programs
- Town of Manchester, Health Services
- Town of Manchester, Senior & Adult Services
- Town of Manchester, Senior Center
- Town of Manchester, Youth Services
- Town of South Windsor, Health Office
- Town of South Windsor, Human Services
- Town of Vernon, Senior Center
- Town of Vernon, Social Services
- Urologist
- Vernon Library
- Vernon Police Department

Collaboration *(continued)*

Retreat Participants

An all-day retreat was held and participants included representation from the following:

- Ambulance Service of Manchester, Business Development & Education
- Eastern Connecticut Health Network
    - Academic Affairs
    - Administration
    - Behavioral Health
    - Breast Care Collaborative
    - Cancer Services
    - Cardiac Nuclear Medicine
    - Cardiac Rehabilitation
    - Coordinated Regional Care
    - Diabetes
    - Emergency Medicine
    - Family Development Center
    - Heart and Vascular Services
    - Laboratory Services
    - Medical Imaging
    - Nursing
    - Nutritional Counseling
    - Quality & Safety
    - Rehabilitation Services
    - Strategic Planning
    - Surgical Services
    - Telemedicine (Stroke) Program
    - Wound Care
- ECHN Medical Group
- Manchester Fire-Rescue
- Town of Manchester, Health Services
- Visiting Nurse & Health Services of CT

Our discussions with the participants listed above also included review of the objectives outlined in the State of Connecticut's Department of Public Health's State Health Improvement Plan: Healthy Connecticut 2020.

Public Dissemination

Our 2019 CHNA is 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 significant health needs of the community identified through our 2019 Community Health Needs Assessment for the ECHN Region, as previously defined.

Areas of Opportunity

1. Access to Healthcare Services
2. Diabetes, Nutrition & Physical Activity
3. Heart Disease & Stroke
4. Mental Health & Substance Abuse
5. Cancer
    a. Screening Programs
    b. Early Detection Program
    c. Smoking Prevention and Cessation
    d. Survivorship Care Plans
6. Family Planning & Infant/Child Health

Implementation Strategy

Identifying & Prioritizing 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 the needs addressed by this plan included input from community stakeholders and internal stakeholders who gathered to evaluate, discuss and prioritize health issues for the ECHN Region based on findings of the 2019 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 Rationale

This summary outlines ECHN's plans (Implementation Strategy) to address certain community health needs by:

- sustaining efforts operating within a targeted health priority area;
- developing programs and initiatives to address identified health needs; and
- promoting an understanding of these health needs among other community organizations and to the public.

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 network's mission, goals and strategic priorities — it was determined that ECHN would focus on developing and/or supporting strategies and initiatives to improve:

Implementation Strategies & Action Plans

The following tables outline ECHN's plans to address these priority health issues chosen for action in the FY 2020-FY2022 period.

Access to Healthcare	
Community Partners/ Planned Collaboration	• ECHN Medical Group (EMG) • ECHN Graduate Medical Education (GME) Family Medicine Program • Visiting Nurse & Health Services of Connecticut (VNHSC) • Manchester and Vernon Fire, Police and Ambulance first responders • Emergency Departments and Urgent Care • ECHN Hospitalist Program • Coordinated Regional Care • Manchester & Vernon Senior Centers • Manchester and North Central Health District Health Departments • Town of Manchester and Vernon, Social Services • A Caring Hand
Goals	• To improve healthcare access to primary healthcare services by increasing the number of primary care providers in the ECHN Region towns • To support the implementation of the Mobile Integrated HealthCare Initiative (MIH) and the coordination of information sharing amongst providers of healthcare • To assess gaps for care continuum for high-risk discharge patients
Timeframe	FY 2020 – FY 2022
Scope	This strategy will focus on residents in the ECHN Region.
Strategies & Objectives	**Strategy #1: Build the capacity of EMG primary care providers to deliver primary and preventive healthcare services.** **Strategy #2: Continue support for the Manchester Memorial Hospital GME Family Medicine Residency Program training and actively recruit graduates to establish their practice within the ECHN Region.** **Strategy #3: Ensure that ECHN hospitals and home healthcare 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 community-based primary care physicians and family members of the patient.** **Strategy #4: Research the benefits of partnering with the Mobile Integrated HealthCare Initiative (MIH).** • Pilot program to begin in Manchester (Paramedics) • Purpose includes avoid patient hospitalizations, reduce readmissions, address gaps in care with high risk discharges **Strategy #5: Evaluate the opportunity for creating a Comprehensive Combined Calendar of Health Education Activities and information for the ECHN Region.** • Hospitals, VNHSC, Social Services, Towns, etc. listing all programming on one centrally accessible web-based calendar

Anticipated Impact	• Maintain and grow the number of primary care providers • Increase the number of patients who have a designated primary care provider in their community • Increase the number of insured patients by registering them into coverage • Prompt and effective communication with primary care physicians regarding their patients hospital and post-discharge care • MIH is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. This care is supplemental-enhancing existing healthcare systems or resources, and filling the resource gaps within the local community. • Enable the ECHN Region to more easily access complete range of Educational Activities and Resources available in the community
Plan to Evaluate Impact	• Conduct an inventory of primary care providers annually • Measure a baseline of patients under the care of EMG primary care providers and then measure annually to indicate increase or decrease in visits • Poll ECHN primary care, internal medicine and family practice physicians regarding communication from care managers and hospitalists • Solicit input, feedback, and responsibilities from the organizations who work to create the comprehensive combined calendar of educational activities. • Track the number of patients accessing the Telemedicine (Stroke) Program each year

Diabetes, Nutrition & Physical Activity	
Community Partners/ Planned Collaboration	• ECHN Diabetes Self-Management Program providers • Primary care providers • Cardiac Rehabilitation providers • Endocrinologists • Registered Dieticians • Physical Therapists • Food pantries • Local Restaurants • Town of Manchester, Health Department and Parks & Recreation • Town of Vernon, Parks & Recreation • Local Grocery Stores • Visiting Nurse & Health Services of CT (VNHSC) • Walden Behavioral Care • Ellington YMCA
Goals	**Diabetes:** • Increase public awareness of diabetes and risk factors • Encourage a healthy lifestyle toward diabetes Type 2 prevention • Encourage attendance at diabetes education classes • Identify people at risk for diabetes **Nutrition:** • To ensure that residents have access to food and information about healthy eating habits **Physical Activity:** • To increase participation in fitness offerings in the community or use of parks
Timeframe	FY 2020 – FY 2022
Scope	This strategy will focus on residents in the ECHN Region.

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 lectures • Promote the Type 2 Diabetes Prevention Program to reduce the number of people who are diagnosed with Type 2 Diabetes • Include educational information in Better Being, ECHN's free community magazine distributed to households in the ECHN Region • Participate in community health fairs throughout the ECHN Region (offer free glucose tests and educational resources) • Request hyperlink information from Manchester and Vernon Towns to promote parks on ECHN's website and social media • Provide Retina Scanners in Outpatient Blood Draw locations to identify high risk patients **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 on ECHN's social media • Promote classes through ECHN digital screens in facilities and community provider offices **Strategy #3: Continue to provide WiseWoman Program & Early Detection Grant Program.** • Glucose screening, lifestyle planning, nutritional counseling • Blood pressure, cholesterol and diabetes screenings offered • Promote the availability for the Prevent Type 2 Diabetes program **Strategy #4: Improve access to food/meals, nutritional information and counseling for patients and their families/caregivers.** • Assess Food Insecurity through patient intake process and refer to local resources (FoodShare, pantries) Partner with the Town of Manchester to request local restaurants to offer a variety of healthy meal options • Begin creating an inventory of disease specific nutritional guides, modified diets, meal planning (i.e. Chronic Kidney Disease) and consider the value of including family member meal modification options • Collaborate with local grocery store dieticians to encourage healthy, affordable meal option promotions and promote any classes or tours • Promote nutrition programs provided by Visiting Nurse & Health Services of CT • Provide prevention and treatment information to local high schools and colleges specific to eating disorders **Strategy #5: Provide fitness offerings to the community.** • Offerings include Silver Sneakers, Stay Active and Independent for Life (SAIL) exercise program, Fit for the Journey

Anticipated Impact	• Increase detection of diabetes in the ECHN Region • Increase the number of patients with diabetes receiving educational counseling • Decrease diabetes mortality rates • Increase the number of needy patients receiving food items or referrals to food pantries • Increase access to nutritional information through health fairs, senior center lectures, ECHN employee newsletter, ECHN community health education classes and materials • Increase awareness and education about Eating Disorders by providing information to local schools, • Increase participation in fitness offerings in the community
Plan to Evaluate	• Assess class and lecture volumes • Assess number of videos posted and views on Facebook and the ECHN website

Heart Disease & Stroke	
Community Partners/ Planned Collaboration	• ECHN's Cardiac Rehabilitation Departments • Visiting Nurse & Health Services of Connecticut (VNHSC) • Pulmonologists • Manchester and Vernon Senior Centers • Skilled Nursing Facilities • Yale New Haven Hospital • ECHN Medical Group Primary Care providers • Cardiologists • St. Francis Hoffman Heart & Vascular Institute • 1st Responders
Goals	**Heart Disease:** • 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 **Stroke:** • To increase awareness of the hospitals as Designated Primary Stroke Centers • To increase awareness of Manchester Memorial and Rockville General hospitals Gold+ Award from the American Heart and American Stroke Association • Provide educational information, pertaining to Stroke and how to spot the signs of Stroke (BEFAST)
Timeframe	FY 2020 – FY 2022
Scope	This strategy will focus on residents in the ECHN Region and ECHN employees.

Strategies & Objectives	**Strategy #1: Pursue the approval for a Cardiac Catheterization Laboratory.** • Pursue approval of the establishment of an interventional Cardiac Catheterization service at Manchester Memorial Hospital through the State of CT's Certificate of Need process **Strategy #2: Provide educational information for cardiovascular disease risk factors and behavior modification measures.** • Provide monthly wellness information to educate ECHN employees on how to improve their health and reduce risky behaviors for themselves and their 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 • Collaborate with local grocery store dieticians to encourage healthy, affordable meal option promotions and promote any classes or tours • Provide education about the importance of physical fitness activities, programs available in the community including fitness centers, cardiac rehabilitation programs, schools, parks and recreation programs • Participate in community health fairs where blood pressure, cholesterol, body fat composition analysis and education resources are offered **Strategy #3: Promote the Freedom From Smoking® cessation program.** • Provide program at least 3 times a year and in multiple locations • Advertise program through Better Being and with community partners • Increase number of facilitators • Promote available smoking cessation programs to physicians in the community and hospitals as an option for patients who smoke • Expand program to include Vaping cessation and prevention at local schools **Strategy #4: 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 • Include Dietary, Pharmacy and Rehabilitation components • Research the feasibility to provide services at night and on weekends **Strategy #5: Communicate the Telemedicine (Stroke) Program capabilities at both ECHN hospitals.** • Share information about ECHN's stroke capabilities and designation to providers, patients, ECHN employees and the community at large • Share the most recent ratings earned by ECHN's hospitals meeting criteria as defined by the American Heart and American Stroke Associations (Gold+) • Designated Primary Stroke Centers • B.E.F.A.S.T. Program education • Continue to offer Telemedicine through a partnership with Yale New Haven Health Stroke neurology program • Explore the expansion of offering a secure texting tool "CareThread" to Primary Care providers and Cardiologists in the community for real-time communication

	Strategy #6: Organize a Readmission Collaborative. • Organize a multi-disciplined Readmission workgroup to help patients manage their medications, discharge instructions and behaviors to prevent their readmission into a hospital or emergency room • Create a dashboard and guidelines to assist patients/caregivers to know when to contact physician **Strategy #7: Continue our Furosemide Management Program.** • Provide information and access to this program through community providers to patients and in ECHN's Employee news **Strategy #8: Promote use of Community Parks and Trails.** • Consider publishing links to community parks and trails on Facebook and the ECHN website **Strategy #9: Continue to provide WiseWoman Program & Early Detection Grant Program.** • Glucose screening, lifestyle planning, nutritional counseling • Blood pressure, cholesterol and diabetes screenings offered • Promote the availability for the Prevent Type 2 Diabetes program
Anticipated Impact	• Ability for employees and the community to recognize early signs and symptoms of stroke and heart attack • Increased focus on healthy lifestyle choices, disease prevention and the overall health and wellness for ECHN employees and residents of the ECHN Region • Increased awareness of programs available for Stroke patients
Plan to Evaluate	• Conduct the Freedom From Smoking® program and monitor statistics • Monitor and evaluate participation rates by ECHN employees in an annual health/biometric screening • Document the attendance of community members at lectures focused on heart disease and healthy lifestyle choices • Increased awareness of and number of patients accessing the Telemedicine Program

Mental Health & Substance Abuse	
Community Partners/ Planned Collaboration	• ECHN Behavioral Health Programs and Providers • Community Health Resources (CHR) • Manchester Public Schools (Family & Community Partnerships) • Walden Behavioral Care • East Central Multidisciplinary Team • Senior Centers • Skilled Nursing Facilities • Community Centers • Chambers of Commerce • Community Physicians • CT Suicide Advisory Board • Zero Suicide Initiative • ECHN Behavioral Health Addiction Services • Manchester & Vernon Local Prevention Councils • Manchester & Vernon Juvenile Review Boards • Manchester & Vernon Police Departments • East of the River Action for Substance Abuse Elimination (ERASE) • CT Community for Addiction Recovery (CCAR) • Department of Mental Health and Addiction Services (DMHAS)
Goals	• Increase access to and use of mental health services • Collaborate with community partners to provide substance abuse treatment and support • Increase points of contact to secure support systems toward sobriety
Timeframe	FY 2020 – FY 2022
Scope	This strategy will focus on residents in the ECHN Region.

Strategies & Objectives	**Strategy #1: Establish additional mental health services sites.** • Promote Open Access program availability and location(s) for adults and adolescents • Evaluate ability to offer transportation for Behavioral Health patients in need • Explore ability to offer inpatient detoxification bed inpatient treatment • Consider providing navigation services/training to help identify patients with behavioral health needs • Conduct Columbia screening questions and expand associated training to staff for use across the inpatient intake system • Provide educational information regarding eating disorders to community providers • Offer a free community program/support group for family members and caregivers of elderly patients with behavioral health diagnoses • Actively participate in local prevention council sponsored events/services **Strategy #2: Strengthen the operating relationships with the Manchester and Vernon Police Departments and CCAR to support substance abuse patients.** • 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 outpatient addiction program • With other key partners, connect the individuals quickly to substance abuse treatment supports in the greater community • Explore the use of Navigators for patients/caregivers for substance abuse treatment **Strategy #3: Participate in the Zero Suicide Initiative to standardize suicide risk assessment and network with providers to secure wrap around support treatment options.** • Expand use of suicide screening questions to ECHN Medical Group outpatients and increase certification of these providers • Apply Suicide Intervention Skills Training and expand this education to other ECHN providers • Provide mandatory education on suicide prevention on Health Stream employee training tool **Strategy #4: Explore feasibility of operating Detox Beds/Create a Detox Program** • Validate the demand for a Detox inpatient program and consider the resources needed and the associated risks • Evaluate opportunity for Inpatient and Outpatient programs using crisis disposition data • Explore the expansion of Outpatient Detox program offerings **Strategy #5: Dementia– Screening and Treatment** • Support staff in becoming certified in dementia for Inpatient and Outpatient settings • Explore offering a Memory Clinic • Increase number of nurses with dementia care certification • Assess the need for a Geriatrician (MD or APRN) who makes house calls and consider recruitment

Anticipated Impact	• Increase points and ease of access to skilled professionals to decrease suicide risk and improve mental health • Decrease deaths in ECHN Region associated with overdose • Early detection/intervention of youth with illicit substance use • Increased patient access to peer supports toward successful sobriety
Plan to Evaluate Impact	• Patient Satisfaction surveys at satellite sites • DMHAS report of Zero Suicide Initiative data • Local prevention council focus group feedback • H.O.P.E Initiative program evaluation • DMHAS data reporting Recovery Coach involvement • CCAR involvement and reports

Cancer	Screening Programs for Lung, Colorectal and Prostate Cancers
Community Partners/ Planned Collaboration	• Evergreen Endoscopy Center • Community Providers • Local Churches • Senior Centers • Town Health and Human Service Agencies • Visiting Nurse & Health Services of CT
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 lung cancer screening • Offer a screening program based on new guidelines for prostate screening
Timeframe	FY 2020 – FY 2022
Scope	Residents in the community meeting the evidence based eligibility criteria for colorectal, lung and prostate cancers
Strategies and Objectives	**Strategy #1: Colon Cancer – Colorectal screening and education.** • Develop an educational campaign for Colon Cancer Awareness Month and promote to the community • Communicate/educate options for colonoscopy screening • Promote the "Open Access Program" offered by local physicians at Evergreen Endoscopy that makes convenient appointments easier to obtain a screening **Strategy #2: Lung Cancer – Promote and educate community of ECHN's Low Dose CT Screening Program.** • Maintain ACR accreditation as a Designated Lung Cancer Screening Center • Develop promotional materials to create awareness of the need for lung cancer screenings and the community resources available • Provide education to community and physicians through presence at health fairs and hosting community education lectures • Conduct multi-disciplinary tumor board review with nodule tracking and biopsy results for early stage cancers **Strategy #3: Collaborate with providers to hold a Prostate Cancer Screening Event.** • Determine eligibility and process of national standards for prostate screenings • Collaborate with local physicians and healthcare workers to hold a prostate screening event • Market and promote any screening events
Anticipated Impact	• Increase the number of eligible adults (age 50-75) who have their appropriate colorectal screening • Increase number of participants using the Open Access Program • Increase the number of participants in ECHN's Low Dose CT Lung Screening program to detect early stages • Educate community on prostate screenings and the benefits of early detection
Plan to Evaluate Impact	• Review the number of patients accessing the Open Access Program for Colo-Rectal Screenings • Review # of patients eligible and accessing ECHN's Low Dose CT Lung Screening • Review the number of patients attending prostate screening events

Cancer	Early Detection Program
Community Partners/ Planned Collaboration	• Women's Center for Wellness • Town Health and Human Service Agencies • Community Providers • DPH/CDC • Churches • Family Development Center • Planned Parenthood • Breast Care Collaborative • DeQuattro Cancer Center • ECHN Medical Group providers • Visiting Nurse & Health Services of CT
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	FY 2020 – FY 2022
Scope	This strategy will focus on women in the ECHN Region.
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 related to women's health, diabetes and heart disease • Publish information in ECHN's Better Being newsletter regarding health screenings, educational programs and lectures • Participate in health fairs and community events **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

Cancer	Smoking Prevention and Cessation
Community Partners/ Planned Collaboration	• Community physicians • ECHN Medical Group providers • Early Detection Program • Public Schools • American Cancer Association • Town Health and Human Service Agencies • Visiting Nurse & Health Services of CT
Goals	• Educate the community about the hazards of smoking/vaping and secondhand smoke • Increase the number of people who quit smoking
Timeframe	FY 2020 – FY 2022
Scope	Adults and Adolescents in the ECHN Region.
Strategies and Objectives	**Strategy #1: Freedom From Smoking®** • Provide program at least 3 times a year and in multiple locations • Advertise program through Better Being and with community partners • Increase number of facilitators • Promote available smoking cessation programs to physicians in the community and hospitals as an option for patients who smoke • Expand program to include Vaping cessation and prevention at local schools **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 • Develop promotional materials to create awareness of the need for lung cancer screenings and the community resources available **Strategy #3: Participate in health fairs**. • Provide educational material on nicotine addiction and the associated risks • Provide education materials and class information about the Freedom From Smoking® program
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

Cancer	Survivorship Care Plans
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
Timeframe	FY 2020 – FY 2022
Scope	A focus on the patients that have been diagnosed and treated for cancer at ECHN
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	ECHN Cancer Committee will discuss the process, navigation, and statistical benchmarking of survivorship care plans and the effectiveness of preventative care measures and screenings that cancer patients follow

Family Planning & Infant/Child Health	
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 teenage pregnancy rates
Timeframe	FY 2020 – FY 2022
Scope	This strategy will focus services provided for Manchester and Vernon residents.

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 digital boards, Readiness Committees, social media and the hospitals' website • Continue to publicize educational class opportunities through Better Being magazine, such as the American Cancer Society's Freedom from Smoking® (vaping) cessation program • 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 teenage pregnancy rates**. • Partner with schools and other community providers to offer education • Explore and pursue opportunities for 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 well-being**. • Continue to offer Sudden Infant Death Syndrome (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 Maternity Care Center (MCC) - Pursue the possibility of expanding the Family Circles Group (Prenatal Care Education) - 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 pre-screening 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