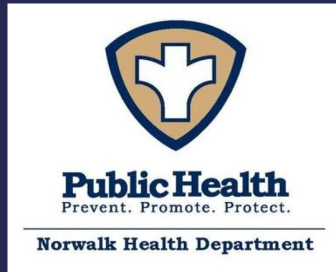


GREATER NORWALK AREA COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLAN

Tim Callahan, Director of Health, Norwalk Health Department
Mary Franco, Vice President, Public Affairs, Norwalk Hospital

History of Collaboration

- Previous community health assessment 2000
- Jointly established FQHC 1999
- Elementary school obesity project
- Numerous community health initiatives eg. Lyme Disease, caccooning project, etc.

Current Collaboration

- Community Health Assessment 2012
- Community Health Improvement Plan 2013-2016
- Various projects
  - Homelessness
  - Education

How Did We Engage the Community?

- Chose ACHI model prior to engaging group
- Created compelling story
- Brainstormed who we needed, who knew who
- Personal calls to personal contacts
- Followed up with letter outlining process
- Asked community who else should be at table

Respect for their time was key

Task Force Makeup

- Initially 40 members from 30 organizations
- Representing health care, public health, education, public safety, mental health, social services, business, senior services, elected officials, and transportation, seniors, youth
- Task Force continued to expand and diversify as the project progressed
- 225 unique individuals engaged includes community residents and representatives from organizations.

Tools for Engagement

- On-line tools (Constant Contact) for Core Leadership
- Personal letters
- Telephone calls
- Site visits
- Focus Groups
- Interviews
- Ongoing meetings
- Organization structure established

Core Team Roles

- Coordinated overall assessment process
- Motivated community organizations and community members to participate
- Hired consultant to collect/analyze primary data
  - RFP development (Health Department)
  - RFP release and coordination of applicant selection (Hospital)
- Paid for the majority of the assessment costs (Hospital)
- Recruited and managed focus groups & interviews
- Collected primary & secondary data
- Analyzed secondary data (Health Department)
- Motivated community to act on priority issues
- Recruiting CHIP workgroup participants
- Continuous media outreach (Hospital)
- Continuous partner electronic communications (Health Department)

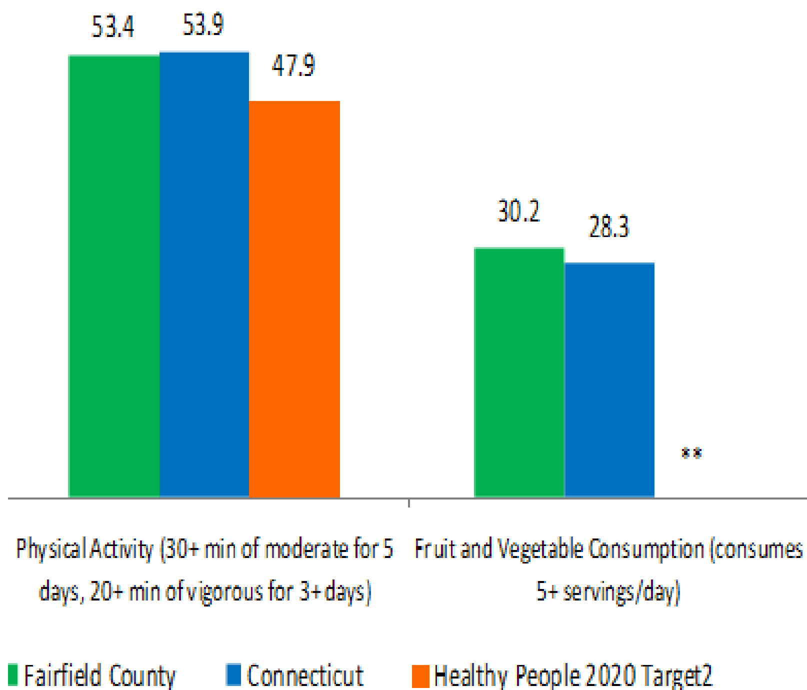
Task Force Roles

- Provided quantitative & qualitative data
- Identified additional secondary data sources
- Provided input on qualitative data collection
- Motivated and recruited community members
- Participated in focus groups & interviews
- Assisted in organizing and conducting focus groups
- Provided technical assistance in areas of expertise
- Identified priority issues for health improvement
- Participating in CHIP development and implementation

Explored Health Equity

- Engaged representatives from multiple sectors influencing health, such as education, housing, business development, transportation, and public safety
- Synthesized secondary data on social, economic, and health indicators in the region and primary qualitative information.
  - Utilized US Census, County Health Rankings and utilized Health Equity Data
- When possible, analyzed data to determine who is impacted most (disparities and inequities) and what changes occurred over time (trends)
- Analyzed quantitative data to determine how it matched up with community member perceptions

Aligned with National Initiatives



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2010
**relevant Healthy People 2020 Target, not available

- Healthy People 2020 benchmarks
- National Prevention Strategy priorities
  - Preventing drug abuse and excessive alcohol use, healthy eating, active living, mental and emotional well-being
- CDC Winnable Battles
  - Nutrition, Physical Activity, Obesity

Challenges

- Costly – time & money
- Staff capacity
- Other large-scale community projects being conducted concurrently
- Scarce local quantitative data
- Striking a balance between community-driven strategy selection and ensuring strategies are feasible, aligned with national recommendations

Trying Not To Boil The Ocean

Successes

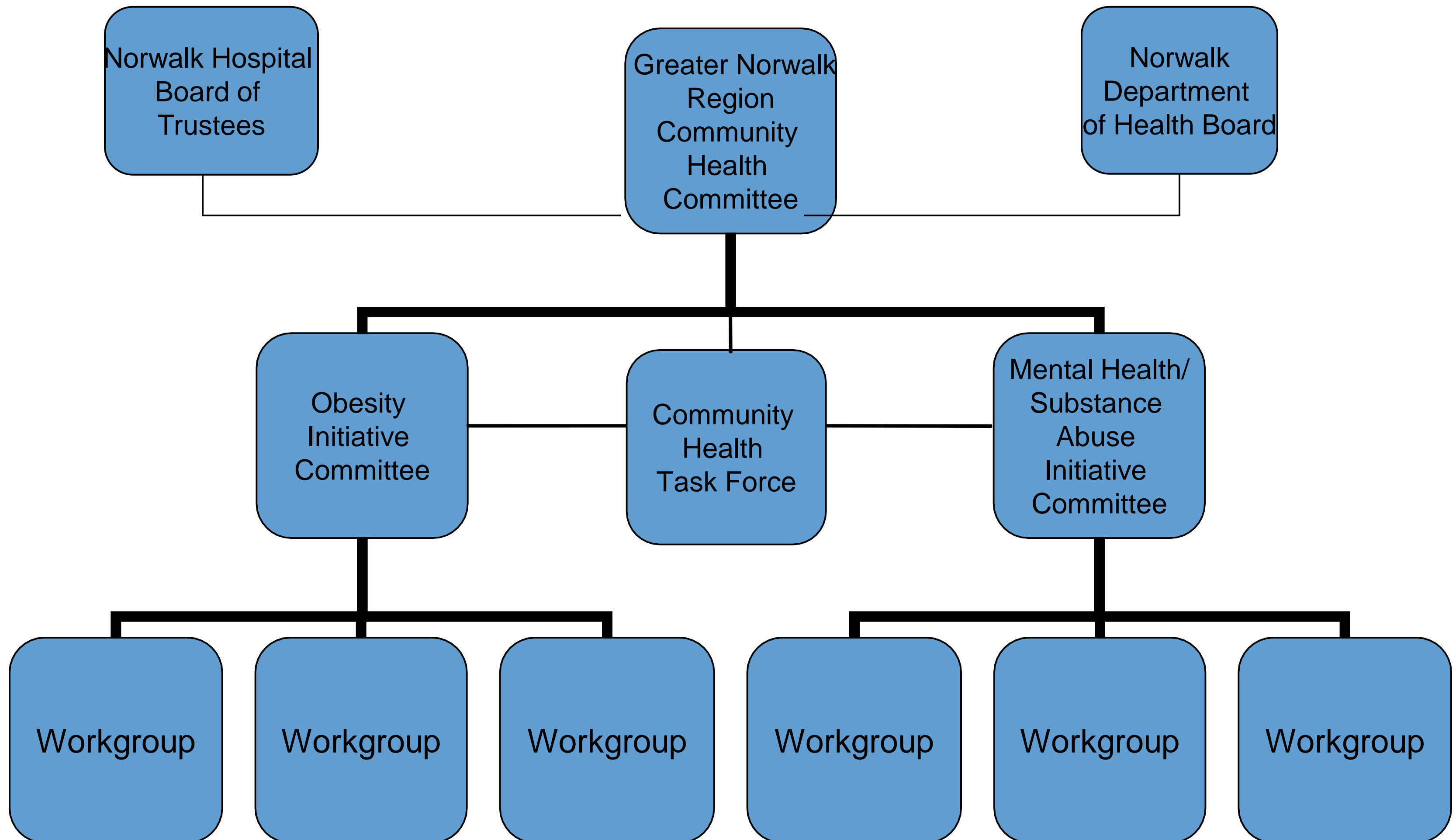
- Identification of community strengths and needs
- Creating understanding of local data
- Strengthening *our* partnership
- Positioned as leaders in community
- Creating new and enhanced relationships
- High level of community interest and commitment

Silos and Barriers Shrinking

Community Health Committee

- Composed of representatives of the community, partner organizations, health departments, hospital
- Guide and monitor Community Health Improvement Plan
- Monitor Community Benefit
  - Charity care
  - Community health programs
  - Health improvement plan
- Provide guidance for regulatory reporting

CHIP Working Structure



CHIP Initiative 1: Mental Health/Substance Abuse

Goal: Provide education on and access to quality, evidence-based mental health and substance abuse prevention, intervention and treatment services across the life span.

- Objective 1.1: Increase providers' and community members' awareness and use of evidence-based mental health and substance abuse services and educational resources for prevention, intervention, treatment and recovery
- Objective 1.2: Enhance local and regional partnerships to improve access to timely, comprehensive, and coordinated services for diverse populations across the life span
- Objective 1.3: Reduce financial barriers to treatment

CHIP Initiative 2: Obesity/Healthy Lifestyle

Goal: Prevent and reduce obesity in the community by promoting healthy lifestyles.

- Objective 2.1: Increase the number of children and adults who meet physical activity guidelines
- Objective 2.2: Increase access to and consumption of healthy foods throughout the region

Questions

For more detailed information, please visit:

www.norwalkhospital.org