2018 COMMUNITY BENEFIT REPORT

March 2018

2018 Connecticut Hospital Association
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Each year, Connecticut hospitals:

- Provide 8.4 million episodes of outpatient services to individuals
- Serve 2.4 million persons through community benefit programs and activities
- Provide care for nearly 400,000 admitted patients, accounting for nearly 2 million days of inpatient care
- Treat more than 1.5 million patients in their emergency departments
- Welcome more than 35,000 babies into the world
CONNECTICUT HOSPITALS:
BUILDING A HEALTHIER CONNECTICUT

Connecticut hospitals do more than treat illness and injury. They strive to improve the health and well-being of their communities.

Connecticut hospitals are continually identifying and leveraging new and more effective ways to improve community health. They are the collaborators, innovators, caregivers, and deliverers of services that people in their communities need and want. Not only do Connecticut hospitals provide outreach and support services for cancer, childhood obesity, and other conditions, their staff also provide community-based care to patients, hold fall prevention programs, organize free medical screenings, and connect patients to services, help homeless people find jobs and housing, deliver Thanksgiving food packages to needy families, and donate funds so local communities can afford opioid reversal drugs.

In 2016, Connecticut hospitals provided more than 12.1 million services to individuals and families at a cost of $1.7 billion – that’s 15.4 percent of total hospital revenue.

In the pages that follow, you will learn the true human impact of these programs and services.

WHAT LEGISLATORS CAN DO IN 2018

1. **PROTECT** the agreement between hospitals and the Administration regarding taxes paid by hospitals and Medicaid payments to hospitals.

2. **BRING** Medicaid rates in line with the national average. Medicaid reimbursement to Connecticut hospitals remains among the lowest in the nation.

3. **PROTECT** access to patient care in light of potential changes to healthcare on the national level.

4. **SUPPORT** a Certificate of Need process that treats hospitals fairly and on an equal basis with other providers, entities, and out-of-state specialty hospitals.

5. **DO NOT PASS** legislation that imposes additional regulatory burdens on hospitals.

6. **IMPROVE** mental healthcare in Connecticut by matching bed availability with patient need, funding substance use treatment and prevention programs, and increasing funding for programs that emphasize an integrated approach to patient care.

COMMUNITY BENEFIT BY THE NUMBERS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unpaid government-sponsored healthcare - Medicaid</td>
<td>$671.6 million</td>
</tr>
<tr>
<td>Unpaid government-sponsored healthcare - Medicare</td>
<td>$793.2 million</td>
</tr>
<tr>
<td>Uncompensated care: Charity care/bad debt to provide services for those who cannot pay</td>
<td>$199.7 million</td>
</tr>
<tr>
<td>Community services to improve the health of the community</td>
<td>$30.9 million</td>
</tr>
<tr>
<td>Research and other programs to advance healthcare for patients and the community</td>
<td>$8 million</td>
</tr>
<tr>
<td>Donations to help support community organizations</td>
<td>$15.3 million</td>
</tr>
<tr>
<td>Community building to create stronger, healthier communities</td>
<td>$5.1 million</td>
</tr>
<tr>
<td>Subsidized health services* to provide care needed by the community</td>
<td>$9.1 million</td>
</tr>
</tbody>
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**$1.7 BILLION**

Total community benefit provided by Connecticut Hospitals in 2016

*Most subsidized health services funds are reflected in the unpaid costs of government programs numbers.*
When Jennifer Warren was diagnosed with cancer after an ultrasound exam and breast biopsy, she worried about paying for her care because she had no health insurance.

“I was rocked by my breast cancer diagnosis,” said Ms. Warren, a Bridgeport resident and a breast cancer survivor. “But through the help of the Norma Pfriem Breast Center at the hospital, I was able to see what love looks like.”

At the Norma Pfriem Breast Center, she felt at ease. “Inside that door, there were cheerful people, hugs, words of encouragement, and cups of tea,” she said. “They even let me cry on their lab coats.”

Ms. Warren knew then that, thanks to the Norma Pfriem Breast Center, she would not have to make her cancer journey alone.

The Norma Pfriem Breast Center helps uninsured women gain access to comprehensive screening, diagnosis, and treatment programs. Each year, it serves more than 1,400 women and provides financial assistance through its medically underserved initiative, the largest program of free care in the area.

“We fill a crucial gap in services by offering support to women in all stages of treatment as they cope with their disease and transition back to their lives after breast and other cancers,” explained Donna Twist, PhD, Executive Director of the Center and Vice President of the Bridgeport Hospital Foundation.

When Ms. Warren first arrived at the center, she sat with her patient navigators, Patricia Poniros, RN, and Rachel Abraham, MSW, to discuss her plan of care. She knew her family, church family, and friends would also be there to provide encouragement.

When she attended her first support group meeting, “I smiled for the first time since my diagnosis,” Ms. Warren said. “The support group takes newcomers into the fold and together they sing, pray, and cry. Patients come into the group feeling fearful and go out smiling.”

Ms. Warren underwent breast cancer surgery and reconstructive surgery, and started on the road to recovery. During a post-surgical visit with her medical oncologist, she learned she did not need further treatment, just close follow-up from her doctors.

“I hit a few bumps in the road but came through with flying colors,” Ms. Warren said. “So profound was the impact of the Norma Pfriem Breast Center on her treatment and recovery, Ms. Warren remains part of the support group, helping new patients through their breast cancer journeys.”

“The staff of the Norma Pfriem Breast Center didn’t have to do this for me and patients like me, but they did,” Ms. Warren said. “Their generous spirit helped us regain our health. Thanks to them, I was able to see what love looks like.”

If you or someone you know is affected by breast cancer and would like assistance, call the Norma Pfriem Breast Center at 203-506-6700.

Supporting Social Innovation to Strengthen Families and Communities

Connecticut Children’s Medical Center embraces population health as a key ingredient to the sustainability of a high quality and affordable healthcare delivery system. The hospital recognizes that achieving outcomes across a population requires creative ideas to solve complex problems ranging from the financial models that will support population health management to the interventions themselves that resolve contemporary community health issues.

Connecticut Children’s Advancing Kids Innovation Program (AKIP) exemplifies its approach to addressing gaps in programs and services for children and families within the community. AKIP’s work yields short-term gains in health and developmental outcomes for children, but also enhances life-long health outcomes.

AKIP launched in 2015 as a program of Connecticut Children’s Office for Community Child Health. The program supports social innovators addressing critical community child health needs through the initial planning and early implementation stages of their innovations. AKIP works to establish a pipeline of innovations that focus on child health, strengthen families, and can be sustained and replicated.

AKIP has hosted 27 Community Health Innovation Check-Ups (CHICU), providing consultation to promising innovators from a range of different sectors, including early care and education, family support, and health services. AKICUs provide an opportunity for innovators to share their ideas during a one-hour question and answer session with a panel of experts in children’s health, program design, implementation, evaluation, sustainability, and diffusion.

Falling is a common cause of accidental injuries leading to hospital visits and is one of the leading causes of death for older adults. Despite being a common problem, many individuals do not realize that falls are preventable and are not looked upon as a serious health risk. As a member of the Connecticut Collaboration for Fall Prevention (CCFP) at the Yale School of Medicine, Day Kimball Healthcare is committed to bringing attention to this serious issue and providing comprehensive programs and resources to help prevent falls.

Day Kimball Healthcare on a Mission to Prevent Falls

Prevention is always the preferred route to maintaining good health, and Day Kimball Healthcare (DKH) is on a mission to prevent one risk that can be not only disastrous for health but costly to treat, and is often overlooked. That risk? Falls.

Falls are the number one cause of accidental injury for residents ages 55 and older, as well as the number one preventable cause of nursing home placement, and the most common cause of traumatic brain injury. As a member of the Connecticut Collaboration for Fall Prevention (CCFP) at the Yale School of Medicine, Day Kimball Healthcare is committed to bringing attention to this serious issue and providing comprehensive programs and resources to help prevent falls.

Falls can result in a range of injuries including fractures, sprains, muscle strains, and head injuries.

Day Kimball Healthcare hosts fall prevention presentations and screenings in locations across its core service area of Northeast Connecticut, in accordance with guidelines in CCFP’s ongoing research study on fall risks and prevention. The screenings and workshops are funded by CCFP and the State Department on Aging.

Day Kimball Healthcare offers a variety of resources to help prevent falls, including:

- **Senior Health Fair:** Every fall, Day Kimball Healthcare hosts a Senior Health Fair that includes information sessions on fall prevention.
- **Healthy Aging Event:** A free event that includes fall prevention information and resources.
- **Partnerships:** Day Kimball Healthcare partners with other local organizations to offer fall prevention programs.
- **Community Education:** Day Kimball Healthcare offers fall prevention workshops and fall risk assessments.
- **Nutrition Programs:** Day Kimball Healthcare offers nutrition programs that can help prevent falls by improving overall health.
- **Physical Activity Programs:** Day Kimball Healthcare offers physical activity programs that can help prevent falls by improving balance and coordination.
- **Home Safety Assessments:** Day Kimball Healthcare offers home safety assessments that can help identify fall risks in the home.

If you or someone you know is at risk for falling, please contact Day Kimball Healthcare to learn more about our fall prevention programs.

Day Kimball Healthcare has received funding from CCFP and the State Department on Aging to run these programs. To learn more about these programs, please contact the Health and Wellness Department at 860-354-2305 or visit our website at www.daykimball.org.
Helping Women Put Healthcare First

Through the Connecticut Early Detection and Prevention Program, Ms. Perez reaches out to women ages 21 to 64 to ensure they receive the clinical breast and pelvic exams, mammograms, and Pap tests that can detect cancer early, as well as breast biopsies, ultrasounds, and other diagnostic procedures when necessary. Ms. Perez is a familiar figure in the Hartford community, where she is affectionately known as “Señorita Damaris.” Knowledge of the help she can provide reaches women by word of mouth through Hartford Hospital and community organizations. Her priority is to link women to health services. “Having a medical home is crucial to a patient’s health,” Ms. Perez said. She works with a number of organizations, including Hartford Hospital’s Brownstone Clinic and Women’s Ambulatory Health Services, Charter Oak Health Center, Planned Parenthood, Community Health Services of Hartford, and the Community Health Center of New Britain. Ms. Perez arranges immediate medical appointments for any woman with breast or cervical cancer screenings reveal potential problems. In 2016, the Early Detection and Prevention Program screened 523 women, detecting six cases of breast cancer that might otherwise have gone undiagnosed. Another program, WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation), enabled Ms. Perez to provide screening for conditions that contribute to heart disease, including high blood pressure, cholesterol, diabetes, or obesity. Uninsured or underinsured women ages 30 to 64 with incomes at or below 250 percent of the federal poverty level and who are enrolled in the Early Detection Program are eligible for this program. If a woman screened through WISEWOMAN is found to have dangerously high blood pressure, cholesterol, or blood glucose, Ms. Perez arranges for them to see a healthcare provider immediately. If those measures are elevated, but not dangerous, Ms. Perez provides risk reduction counseling to educate the client on how to address those problems by making lifestyle changes. Women are encouraged to participate in group sessions, where they set goals and decide how to achieve them. Ms. Perez follows up regularly to assess progress, and those who show a commitment to a healthy lifestyle may qualify for additional services, such as a limited-time gym membership. This year, Ms. Perez and her colleagues initiated “Wellness Days,” during which services, including mobile mammography, were offered in the community to screen women unable to come to the hospital. “It’s all about reaching women who are hard to reach and helping to connect them with resources they might not be aware of,” said Ms. Perez.

Griffin Hospital’s Cancer Wellness Program Looks Beyond the Diagnosis

Griffin Hospital conducted four free Health and Community Resource Fairs in April and May of 2017 as part of its multi-faceted outreach campaign to its Medicaid population. These events, hosted at the hospital, featured customized medical screenings for patients of the hospital’s physician group, Griffin Faculty Physicians (GFP), lifestyle and chronic disease management/prevention counseling, and information on a wide variety of community-based resources. The fairs were a collaborative effort among GFP, Griffin’s Internal Medicine and Preventive Medicine Residency programs, the hospital’s Community Outreach and Parish Nursing departments, and several local health and human service agencies with whom Griffin partners to address Social Determinants of Health (SDOH). These partners included TEAM, Inc., a local community action agency that provides a wide range of support services to those in need, including housing support, financial assistance, education, and elder care. Other partners included BHCare, a local behavioral health organization, the local KidsSafe chapter, the American Red Cross, and representatives from local food banks and shelters. All of the 117 patients who attended and completed the medical screenings received a $25 grocery gift card and a free lunch box for participating. Patients were pre-registered and scheduled for screenings to minimize wait times, and were encouraged to bring family members, who also received box lunches. The free medical screenings were conducted by the Parish Nursing Department, with several conditions identified. The 32 patients with existing or newly diagnosed hypertension were offered counseling by medical residents, as were the 18 diabetic or pre-diabetic patients. These patients were also offered a diabetic foot assessment (monofilament testing), as well as screening for diabetic retinopathy, utilizing Griffin’s portable camera set-up. Additionally, all patients were screened for depression and subsequently asked to complete a questionnaire to assess severity of symptoms. A total of 17 patients were identified as needing follow-up for depression, with professionals available on site on all four days the Health and Community Resource Fairs were held. All test results were forwarded to the patients’ primary care physicians, with follow-up visits scheduled to provide personalized follow-up care based on the screening results. The Health and Community Resource Fairs provided a one-stop-shopping opportunity for patients to complete annual screenings, ask questions, and connect with resources. Griffin Hospital has integrated the Fairs into its population health management activities — including direct mailings, personalized monthly e-mails, and reminder phone calls to complete annual health screenings — in an effort to improve the health and well-being of its Medicaid patients.

Cancer Wellness Program Looks Beyond the Diagnosis

Greenwich Hospital’s Cancer Wellness Program helped cancer survivors stay physically and emotionally healthy over the past year by restoring their sense of well-being, providing social and emotional support, and promoting healthy lifestyle choices. Eleven cancer survivors (seven women and four men) met at Greenwich Hospital for three weekly sessions that included health and wellness lectures, nutrition education, exercise activities, and healthy food cooking demonstrations followed by a nutritious group meal. Greenwich Hospital’s Oncology and Physical Rehabilitation specialists, physicians, registered nurses, dietitians, exercise physiologists, cancer counselors, and chefs took part in this interdisciplinary collaborative process.

A key program component was providing a supportive environment in which participants could form social bonds with others whose lives had been touched by cancer. Studies show cancer survivors often find hope, comfort, and inspiration from being with others who empathize with their concerns and experiences.

Each two-hour session began with a physical activity — such as Tai Chi, yoga, meditation, or other exercises — to help cancer patients increase strength, flexibility and mobility, alleviate pain, decrease stress, improve nutritional intake, and maintain a healthy weight. These programs were conducted by exercise physiologists, along with yoga and Tai Chi instructors. At each session, oncology physicians and registered dietitians provided lectures about diverse ways to support a healthy lifestyle, following the American Institute for Cancer Research’s (AICR) Ten Guidelines for Cancer Prevention. Registered nurses also performed blood pressure screenings, conducted health counseling, and provided support.

In addition, each session included a culinary demonstration by a chef to illustrate that healthy meal preparation can be quick, easy, delicious, and cost effective. Recipes incorporated the AICR guidelines for cancer prevention, and participants shared a healthy group meal in a communal setting. Meals featured salmon, vegetable kabobs, asparagus and walnut salad, tilapia, cranberry oatmeal cookies, and grilled fruit with yogurt dip. Participants received copies of the recipes so they could easily replicate the meals at home.

Participants also received a gift bag with a yoga mat, Dr. Barry Lloyd’s book, Cancer Recovery Plan; How to Increase the Effectiveness Of Your Treatment and Live a Fuller Healthier Life, a relaxation CD, and other items.

By the end of the program, the cancer survivors had developed relationships with one another and had learned to integrate healthy nutrition and positive physical and emotional behaviors into their lives.
Hope After Heroin

Determined to provide a better life for herself and her baby, a young mother found the support she needed to overcome addiction through a specialized program to treat newborn drug withdrawal.

"I was talking to my sister and I was kind of nervous. I was like, ‘I can’t go back to using again,”’ said Elizabeth, a former heroin addict, whose name has been changed to protect her identity. “It was a fight to not use, but I definitely didn’t because I was pregnant. Eventually, I found myself and I don’t have that fear anymore.”

The incidence of drug withdrawal in newborns has reached epidemic proportions, largely fueled by maternal use of opiates during pregnancy. Hartford HealthCare’s Central Region developed an innovative and effective program to help mothers and their newborns who suffer from Neonatal Abstinence Syndrome (NAS) or drug withdrawal. In just over one year, the program, which supports families at The Hospital of Central Connecticut and MidState Medical Center, provided care to more than 100 mothers and babies.

For mothers like Elizabeth, healing hinges on the understanding that addiction is a treatable disease. To ensure that mothers and babies receive the most appropriate care, a dedicated team in the Central Region identified ways to assess and treat newborn drug withdrawal.

The team also educates nurses and clinicians on addiction and how to provide the best care to these patients, and works to establish a therapeutic—rather than punitive—relationship between hospital staff and mothers with known substance use disorders.

Through relationships with local methadone clinics, at-risk pregnant patients are identified early, receive a prenatal consultation and education, and take a hospital tour. Newborns receive standardized toxicology testing, as well as treatment and observation. Both hospitals offer rooming-in programs so mothers can stay with their newborns, promoting breast feeding and skin-to-skin contact, because engaging moms with the care of their newborns establishes bonding. Coordinated communication with the mother’s treatment center, the Department of Children and Families, and the baby’s pediatrician increases the chances that mother and baby will not be separated automatically. In all instances, nonjudgmental care is provided and the services are offered at no charge.

For mothers like Elizabeth, the results are priceless.

"I’ve grown up and matured a lot more. I definitely wouldn’t make a dumb choice again,” said Elizabeth. “I’m responsible for someone else now.”

Recovery Coaches Offer Hope after Overdose

Meghan Hilliard, RN, Nurse Manager of the Windham Hospital Emergency Department, has seen the devastation caused by addiction and substance use, but a new program offers hope.

Since Hartford HealthCare’s Behavioral Health Network placed recovery coaches in the Emergency Departments at Windham and The William W. Backus hospitals in the spring of 2017, the number of patients who seek treatment after an overdose has increased dramatically.

Since the coaches were introduced, 73 of the 76 patients treated at Windham Hospital have been connected to detox, inpatient or outpatient care, or other forms of community support. This is equally true for patients using alcohol and substances such as heroin or prescription opiates. At Backus, from June through August 2017, 100 percent of patients were connected with care after an ED visit.

"Everyone knows this is a serious problem in our community, but there’s only so much front-line emergency room staff can do to address the underlying addiction that leads to overdoses,” Ms. Hilliard said, noting the frustration that comes with helping people who might return the next day needing the same type of care. "We can refer a patient to long-term treatment until we’re blue in the face, but we can only hope that they will listen."

Trained recovery coaches are available 24 hours a day, seven days a week. When an overdose patient arrives at the ED, a coach is automatically called.

"With recovery coaches, these patients hear from people who have a background that gives them special authority and credibility — they have been there themselves,” Ms. Hilliard said.

Coaches, who are in recovery themselves, receive extensive training to support others struggling with substance use disorders. They also offer insights about their own experiences as a way to provide hope.

“These are people who can reach patients in ways that most others can’t because their message is so personal and so powerful,” said Patricia Rehmer, President of Hartford HealthCare Behavioral Health Network. “Our goal is for this to be extended to hospitals across the Hartford HealthCare system.”

Ms. Rehmer pointed out that the epidemic in opioid and heroin abuse contributed to more than 900 deaths in Connecticut in 2016, a record number. She said the crisis points to the need for involvement from those who have “lived” the experience.

"If you’re feeling hopeless and lost, it can be a very powerful thing to see someone who went through the same thing and is now living a happy and meaningful life,” she said.

The Charlotte Hungerford Hospital Offers Read to Grow Books for Babies Program

It’s never too early to start collecting a library of books for a child so they can begin to develop an appreciation and love of reading. The Charlotte Hungerford Hospital (CHH) and its Auxiliary are helping in this effort by participating in the Read to Grow Program, which offers newborns and their siblings a book at birth and two additional books in their first year.

The CHH Auxiliary provides financial support for the program, in addition to grant funding provided by Read to Grow. Five CHH volunteers — including Dalia Acevedo, Helen Alling, Julie Morris, Rosalie Strano, and Pat Zimmerman — have all been trained through Read to Grow and present the books and program information to families. There are nearly 400 babies born at CHH every year.

"We are so pleased to participate in the Books for Babies program at Charlotte and provide these wonderful resources for families," said Cath Pezze, President of the CHH Auxiliary.

The Books for Babies program in hospitals and community health centers. It also operates a Books for Kids childhood literacy continuum, giving books directly to children and to those who work with and serve children. It is also in formal collaborations with more than three dozen not-for-profits to deliver books and services directly to families in need.

Since its inception, Read to Grow has had a tremendous impact in Connecticut. More than 1.4 million books have been donated to 900,000 children and families, 13 partnerships have been formed with not-for-profits, and more than 280,000 newborn literacy packets have been distributed.

HARTFORD HEALTHCARE NORTHWEST REGION — THE CHARLOTTE HUNGERFORD HOSPITAL
Health insurance and government assistance are invaluable in meeting the complex and often expensive needs of those who seek cancer care at Johnson Memorial Hospital, but there are some needs that are not covered by such programs. That’s when the Johnson Memorial Cancer Center (JMCC) Patient Assistance Fund comes to the rescue. The JMCC Patient Assistance Fund was formally established in 2012, although it had been operating informally for years before that. When discussions with patients revealed a number of financial barriers affecting their access to care, the fund was formalized.

The fund assists patients who have minimal income or inadequate insurance and need help with everyday expenses such as groceries, utilities, housing, medications, transportation, and other urgent needs. Clinical social workers manage and disburse funds. There are no administrative costs associated with the fund, so 100 percent of its assets go toward patient and family support at a time when they are already taxed physically and emotionally.

More than 55 people have received direct assistance from the fund since its inception and, over the years, memorial donations and contributions from local businesses were among the primary sources of funding. Then, in 2016, the fund got a new source of support. That spring, the Johnson Memorial Hospital Auxiliary launched the Seeds of Kindness project. Seeds of Kindness began the way many charitable efforts begin—with the urge to bring beauty into the world by “giving back” to the community. However, with this project, the beauty is both spiritual and visible for all to see: the program grows sunflowers and overdoorsing have reached epidemic proportions, both nationally and locally.

“Of great concern to us all—leaders of our cities and towns and leaders of our organization—is the opioid epidemic,” said Patrick L. Green, President and Chief Executive Officer of L+M Hospital. “By providing the funding to supply these municipalities with Narcan, we are one step closer to preventing another opioid death. This will allow area first responders to begin potentially life-saving treatment immediately.”

Investing approximately $10,000 for the effort, hospital leaders said the decision to help was simply the right thing to do at a time when opioid addiction and overdosing have reached epidemic proportions, both nationally and locally.

“Our community health improvement plan includes addressing opioid misuse as a priority,” Ms. Holmes said. “The Opioid Action Team, working to address that priority area, is focusing on Narcan saturation in the community. This is one strategy to accomplish that. The long-term goal is always to help people beat their opioid addiction, but the first priority is to keep people alive.”

Narcan is a medication that can help restart a person’s respiratory system after it has slowed down or stopped due to an overdose of heroin or other opioids. In this way, the fast-acting drug is nothing short of miraculous in saving the life of an overdose victim who cannot otherwise be revived.

L+M Hospital has seen a significant increase in heroin-specific overdose cases in the last few years. In 2014, the hospital treated a total of 74 heroin cases. That number jumped to 111 in 2015 before spiking to 165 in 2016. In 2017, the hospital had treated 71 heroin-specific cases through July.

“This remains a serious problem for all of us in Southeastern Connecticut,” Mr. Green said. “We can’t wait for a perfect solution to be put into place. Every step is a positive step. While we hope and pray for an end to this crisis, there is a lot of work to be done. My hope is that our partnership with these communities and with our local legislative delegation, as well as our congressional delegation, will demonstrate that we are fighting this epidemic together—as one community.”

This is the second time the hospital has provided funding for Narcan. Last year, after the start of the crisis in this area, it provided resources to a smaller number of communities. However, with the ongoing opioid crisis, as well as the budgetary challenges facing municipalities, the list of communities was expanded this year.

Residents Helping Residents

Residents working for the Eastern Connecticut Family Medicine Residency Program at Manchester Memorial Hospital, a member hospital of the Eastern Connecticut Health Network, volunteer their time and provide free health screenings to the men, women, and children living at Squire Village, a newly renovated, 369-unit, subsidized housing complex in Manchester. In an effort spearheaded by Sabesan “Saby” Karuppiah, MD, Director of the Family Medicine Residency Program, a resident physician is available every Friday morning to check blood pressure and BMI, provide health education andadminister flu vaccinations. Free educational programs on obesity, hypertension, and diabetes are also available.

The physician residents see individuals in a dedicated wellness area located inside a new, 7,000-square-foot community center that also features an exercise room, small kitchen, study area, and all-purpose room.

Should the physician recommend additional medical care, Squire Village residents can be seen at the ECHN Family Health Care Center located just five minutes away at 130 Hartford Road, and at 29 Haynes Street on the Manchester Memorial Hospital campus.

“Squire Village is a housing community made up of people from many different backgrounds, religions, races, ages, abilities, and orientations. With more than 1,000 individuals, including 400 children, this is a rich learning environment for our physician residents to gain experience working with a diverse population of patients,” says Dr. Karuppiah. “Our physicians are thrilled to have this opportunity to provide this great community service.”

Pictured right in the Squire Village Community Center, (L-R) Dr. Sabesan Karuppiah, MD, and Anthony Sampino, DO.
Middlesex Hospital Works to Address Food Insecurity

Taking aim at food insecurity, Middlesex Hospital Family Medicine residents created the Middlesex Hospital Fruit & Veggie Prescription Program, designed to increase access to healthy food options for patients screened as food insecure by offering vouchers to local farmer’s markets.

Food insecurity is defined as limited or uncertain access to nutritionally adequate and safe foods, and is an important public health challenge that contributes to health inequity throughout the United States, including in Middlesex Hospital’s service area. Middlesex Hospital recognizes this challenge and is trying to make a difference through this program, now in its third year. In collaboration with the hospital’s Community Benefit Department, the Fruit & Veggie Prescription Program improves access to healthy and affordable fruits and vegetables for low-resource community members who are eligible for the hospital’s residency clinics. The program also promotes food insecurity awareness among hospital staff and uses data to further explore community-based solutions to improve health outcomes.

It starts with a $5 prescription voucher. The vouchers are funded by Middlesex Hospital’s Helping Hands Fund. Family Medicine residents and staff use the U.S. Department of Agriculture’s (USDA) tool to screen patients and determine eligibility.

Staff members then meet with eligible patients to explain the program, the advantages of buying healthy, nutritious food options. Data, including the level of food insecurity and the rate of voucher redemption, are analyzed to identify trends, better understand local food security needs, and evolve the program.

Each year, approximately 400 vouchers are distributed, with an average redemption rate of 52 percent.

The tool the hospital uses to rate food security places patients into three categories: high or marginal food security, low food security, or very low food security.

In 2015, Eastern Connecticut Health Network (ECHN) was chosen as the pilot site to introduce a new model of care to engage uninsured and underinsured women in the services offered through the Middlesex Hospital Breast and Cervical Cancer Early Detection Program. Since 1999, the Connecticut Breast and Cervical Cancer Early Detection Program encompasses two programs: the CBCCEDP and the WISEWOMAN program, both of which provide services for uninsured and underinsured women.

The WISEWOMAN program provides this population with the knowledge, skills, and opportunities needed to improve diet, physical activity, and other lifestyle habits to prevent, delay, or control heart disease or other chronic conditions. The model of care incorporates the use of a navigation team. A Community Health Navigator engages with the community to educate people about program benefits and available services, as well as to promote preventative services available under the Affordable Care Act. Studies have shown that the use of navigators increases the use of preventative services and improves compliance with provider-recommended healthcare plans.

The navigator works closely with a Clinical Nurse Navigator who is responsible for implementing the broad reach of Middlesex Hospital’s health and wellness programming. Using data from the Community Health Needs Assessment, as well as anecdotal and other information, the hospital planned a variety of educational events and health screenings in 2017 that were held throughout the community.

More than 600 people participated in one or more programs, screenings, and/or health assessments that addressed chronic and primary health conditions.

Breastfeeding, Heritage, and Pride: A Breastfeeding Support Project

In 2014, the W.K. Kellogg Foundation awarded a three-year, $500,000 grant to Saint Francis Hospital and Medical Center and the Hartford Hispanic Health Council (HHC) to collaborate on a program called Breastfeeding: Heritage and Pride. The immediate goal of the grant is to increase the rate of breastfeeding among African American and Latina mothers who are patients at the hospital’s Women’s Health Center, an obstetrics and gynecology clinic.

In the first year of the program, which began in 2015, more than 1,400 successful contacts were made, despite the fact that the program was not fully staffed. During the calendar year 2016, of the mothers enrolled in the program, 98.4 percent initiated breastfeeding; 40.6 percent breastfed exclusively while in the hospital; 54.7 percent practiced mixed feeding in the hospital; and just 4.7 percent fed their babies only formula while in the hospital.

Studies have shown that the use of navigators increases the use of preventative services and improves compliance.
Supporting the Community Through Hoop to Help

In 2015, Saint Mary’s Hospital employee Paul Gladding saw a need in the Waterbury community. Through the Community Tabernacle Outreach Center, Mr. Gladding founded and organized the annual Hoop to Help Basketball Tournament at the Waterbury Police Activity League and Johnathan Reed Elementary School. The tournament serves as an outreach effort to provide Waterbury Public School students with school supplies.

Inspired by Mr. Gladding’s efforts, in 2017, Saint Mary’s Hospital stepped in to assist with efforts, in 2017, Saint Mary’s Hospital partnered with the City of Waterbury to provide Waterbury Public School students with necessary school supplies, as well as to encourage physical activity.

More than 25 teams from Waterbury and surrounding towns attended the tournament in late July and raised a record-breaking amount in donations. In addition, during the course of the tournament, Saint Mary’s Hospital’s staff was able to offer health and wellness information and provide first aid materials.

“This was a tremendous event,” said Mr. Gladding.

In 2015, more than 1,000 students in the Waterbury Public School system were provided with backpacks filled with school supplies within the first month of the school year. Several Saint Mary’s Hospital employees in the distribution, including Keon Blackledge, Director of Community Health and Well-Being.

Mr. Blackledge said he was incredibly moved, “to be able to assist those who didn’t have the proper educational materials.”

“Empowering them to feel more like their peers with a backpack and supplies is unmatchable,” Mr. Blackledge added. “You could tell by the way these students accepted the materials, that we were putting something valuable in their lives.”

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Saint Mary’s Hospital

In 2017, Saint Mary’s Hospital employee Paul Gladding saw a need in the Waterbury community. Through the Community Tabernacle Outreach Center, Mr. Gladding founded and organized the annual Hoop to Help Basketball Tournament at the Waterbury Police Activity League and Johnathan Reed Elementary School. The tournament serves as an outreach effort to provide Waterbury Public School students with school supplies.

Inspired by Mr. Gladding’s efforts, in 2017, Saint Mary’s Hospital stepped in to assist with efforts, in 2017, Saint Mary’s Hospital partnered with the City of Waterbury to provide Waterbury Public School students with necessary school supplies, as well as to encourage physical activity.

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Homeless Outreach Program Helps Most Vulnerable in Community

For nearly 30 years, the Waterbury Hospital Homeless Outreach Program has helped thousands of city residents. Through this program, homeless men, women, and children get connected to basic services for mental health, addictions, and other health services, as well as services to help them obtain food, housing, and jobs.

About 120 people are helped each year by this program, thanks to Waterbury Hospital Mental Health Clinician Tony Bocci, whose career spans three decades.

Mr. Bocci has been recognized at the local and state level. Mr. Bocci stops at Waterbury’s homeless shelters on a regular basis to check in with staff and to see who may need help. Those shelters include the St. Vincent DePaul Mission Shelter, the largest homeless shelter in the state, which serves men, women, and children; the Salvation Army Family Shelter; and the Safe Haven of Greater Waterbury, a domestic violence shelter that serves the needs of single women and women with children.

Many in the homeless population are suffering from behavioral health issues and that’s what makes Mr. Bocci’s work so important. Beyond meeting the needs for housing, food, medical attention, and employment, the Waterbury Hospital team offers hope and support.

It’s hard and emotionally taxing work, but Mr. Bocci would not have it any other way. The ultimate goal is “seeing someone in their own place, stable, and moving on in life,” Mr. Bocci said. “When someone finally has a home of their own, that brings me satisfaction and joy.”

Mr. Bocci’s work is a key component of the Waterbury Ten Year Plan to End Homelessness and the Waterbury/ Litchfield County Coordinated Access Network. His work is a link in a safety network led by United Way of Greater Waterbury that includes other social, not-for-profit health organizations, and entities in the city.

Other team members at Waterbury Hospital are also engaged in helping the homeless. The Waterbury Health Access Program (WHAP), according to Mr. Bocci, “is a blessing to many of the residents of Waterbury and the surrounding communities.” WHAP helps individuals obtain health insurance, find doctors, get the prescriptions they need, and identify additional resources that can help these individuals.

Homeless outreach is a vital part of community support for Waterbury Hospital, providing help to the most vulnerable members of society.

Way of Greater Waterbury that includes other social, not-for-profit health organizations, and entities in the city.

The program provides a safe housing option with ongoing home care and supportive services that reduce the likelihood of readmission.

The staff at Columbus House uses patient stays in the Medical Respite program to connect them with supportive housing and other services to break the cycle of homelessness. Weekly meetings among hospital staff, shelter staff, home nursing agencies, and clinic staff allow for close collaboration during the patient’s stay in Medical Respite.

Respite Care Provides Solutions for Homeless Population

Yale New Haven Hospital, in collaboration with Columbus House, developed the Medical Respite Care program in 2013 as a service for homeless adults who need skilled medical care as they recuperate from an illness or injury. The goal of the program is to improve the health and well-being of adults who find themselves without housing.

The Medical Respite Care program has reduced the length of time that individuals remain hospitalized by utilizing 12 rooms at Columbus House, a not-for-profit agency that provides solutions to homelessness. The program provides a safe housing option with ongoing home care and supportive services that reduce the likelihood of readmission.

The medical home.

The program has reduced hospital length-of-stay by two full days, reduced 30-day readmissions by almost 35 percent, and reduced return emergency department visits within 30 days by more than 71 percent (compared to those not in Medical Respite Care). A review of post-Respite Care Medicaid costs found that the per-person cost of care for Respite patients is reduced by between $12,000 and $25,000 during the 12 months after their stay in the program.

There were even therapy pets on hand to help visitors be as comfortable as possible. Generous employee and community donors provided new and gently used winter coats, clothing, and even personal care kits for attendees to take with them. The Kids Zone offered a welcoming and safe environment for children so parents could focus on their own healthcare needs.

Officials at WCHN realized from their first planning meeting that they could not do this alone. Collaboration across neighborhoods, cultures, systems, and agencies was imperative to ensure a coordinated and progressive approach to health and wellness for the health system’s neighbors in need.

Mission Health Day Provides Care Across the Continuum

On a sunny fall Saturday, hundreds of Western Connecticut Health Network (WCHN) and Western Connecticut State University volunteers came together to serve members of their community through Mission Health Day. WCHN includes three acute-care hospitals – Danbury Hospital, New Milford Hospital, and Norwalk Hospital.

The goals of Mission Health Day were to connect those in need with medical and support services, forge trusting relationships between residents at risk and then offer assistance, and help enroll eligible attendees in Connecticut insurance programs to improve access to care.

At the end of the day, more than 350 people visited Mission Health Day. More than 250 volunteers from across WCHN’s three hospital Network, medical practices, homecare agency, and the community provided medical services that included screenings and vaccinations to more than 150 people. Patient navigators compassionately connected attendees to helpful medical, mental health, and support services, while hospital

These efforts were welcomed into the Medical Respite program.

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About the Connecticut Hospital Association

The Connecticut Hospital Association has been dedicated to serving Connecticut’s hospitals since 1919. Through state and federal advocacy, CHA represents the interests of Connecticut’s hospitals on key healthcare issues in the areas of quality and patient safety, access and coverage, workforce, community health, health equity, and hospital reimbursement.