Collaborating to Address Community Health Needs: The Greater Waterbury Health Improvement Partnership

Community Catalyst co-hosted a national learning community call on February 26, 2016 featuring the Centers for Disease Control's Community Health Improvement Navigator and the work of the Greater Waterbury Health Improvement Partnership (GWHIP). A recording of the call can be found here:

https://join.onstreammedia.com/play/webinar@communitycatalyst.org/9606-chi-navigator

This summary outlines GWHIP's experiences using the CHI Navigator as part of its 2013 and 2016 CHNA processes in the Waterbury, Connecticut area. Community Catalyst wanted to highlight this work as part of the broader sharing of examples of collaboration between hospitals, public health and communities addressing community health.

Background

As one of the state's five largest cities (population 110,000), Waterbury, Connecticut faces the same challenges as similar U.S. cities across the country in bringing partners together address community needs. To address this challenge, the Greater Waterbury Health Improvement Partnership (GWHIP) was founded in 2013 to fund and coordinate their first local shared Community Health Needs Assessment (CHNA), as part of the requirement for all non-profit hospitals under the Affordable Care Act.

The original founding and funding partners of GWHIP were:

- Connecticut Community Foundation
- United Way of Greater Waterbury
- Saint Mary's Hospital
- City of Waterbury—Health Department
- Waterbury Hospital
- StayWell Health Center

The GWHIP Steering Committee engaged the Waterbury Health Department as a neutral convener, who created four work groups around the 2013 CHNA priority areas, leading to some initial achievements:

Access to Care:

- Explored a multi-agency Community Care Team (CCT) to address over-utilization of the two hospital Emergency Departments (ED), collaborating with the **Mental Health/Substance Abuse** team who was engaging patients who were utilizing the ED.

Obesity/Related Chronic Illnesses:

- Launched Healthy Corner Stores Planning Initiative with funding from Connecticut Community Foundation and expanded Brass City Cooks! which hosts cooking lessons for very limited income households.
- Launched an internship program with local high schools to engage in urban farming, inspiring the development of a local food science academy.

Tobacco Use/Asthma:

- Provided wellness programming and development of smoke-free policy at a local Housing Authority.
- Implemented Putting on AIRS, an asthma home visiting program concurrently with the Healthy Homes assessment.

Support through the CHI Navigator Learning Collaborative

GWHIP has built significant trust among participating organizations and mounted new health improvement activities, but as a young collaboration, wanted to find opportunities to learn and grow. An opportunity became available through the Centers for Disease Control to join their Community Health Improvement Navigator (CHI Navigator) learning community.

Facilitated by Health Resources in Action (HRiA), the learning community offers access to national, regional and local experts sharing best practices, and insights to what has worked well elsewhere, active coaching through each module of the CDC Navigator site, and a chance to compare/contrast and learn directly from other CHI collaborations across other partnership ages, geographical settings, and community sizes.

The Next Round of CHNAs

In fall 2015, GWHIP partners invested in the DataHaven Community Wellbeing Survey, the largest ever (15,000) statewide telephone survey in CT to serve as the data foundation for the 2016 CHNA.

This neighborhood-level survey focuses on quality of life, health, happiness, and financial security, as well as perceptions of neighborhood and community quality, allowing for direct comparison to other communities in Connecticut.

Takeaways

The learning collaborative experience and the CHI Navigator tools reinforced GWHIP's awareness of the necessity of broader responsibility and participation in local community health improvement activism. While the partnership has found it was already applying many of the principles of the CHI Navigator to improve health and well-being for all, there were some valuable take-aways from the experience:

- WHO: adopting a Collective Impact model to reflect both who is at the GWHIP table and who is missing, including those who might not see their role as contributing to community well-being.
- WHAT: recognizing that socioeconomic wellbeing is at the root of health and much of illness, and if not addressed, it can multiply the costs of healthcare and can diminish any returns on prevention investments. Addressing these root causes requires developing a broad portfolio of long- and short-term interventions, including policy changes and community engagement, beyond the confines of the hospital campus.
- WHERE: areas of greatest need and health disparities can be mapped at a very local level for effective planning, with areas of greatest need focusing on census tracts that are illuminated by patient visits to the local hospital emergency departments.
- HOW: sorting by intervention types as well as by risk factors, target populations, outcomes and indicators, settings and locations, as well as physical and virtual assets can enable immediate identification of areas of common ground and shared interest.

Next Steps for GWHIP

Moving forward with strategic planning for 2016-2018, GWHIP has adopted the following operational improvements:

- Using 2015 Wellbeing Survey data and 2013 CHNA data for the 2016 CHNA process
- Development of a GWHIP-wide health improvement plan
- Mapping of community assets at each level of investment
- Identification of narrower focus and measurable results
- Inclusion of additional partners needed across community spectrum
- Re-engagement of stakeholders across the community to join workgroups and move to the implementation stage of addressing community needs
- Adopting the use of Partnership Agreements and Partner Memorandum Agreements (MOAs) to ensure robust leadership, investment and accountability.

While the four areas identified in 2013 will remain the core of partnership priorities; GWHIP is reorganizing its workgroups to reduce duplication of efforts, and to achieve increased integration, utility and return on investment. A recent strategic planning process led to the further refining of core teams:

1. **Provider & System Focus:** Combines Access to Care & Mental Health/Substance Abuse workgroups
2. **Consumer & Policy Focus:** Combines Obesity & Tobacco workgroups into a *Healthy Lifestyle Workgroup*
3. **Marketing and Communications:** New workgroup to be added, recognizing the importance of messaging and awareness in the success of GWHIP's mission

We look forward to the work ahead, including new opportunities to collaborate and address together the health needs in our community.

-Cynthia Vitone, MPH

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