



**YALE-NEW HAVEN  
HOSPITAL**

# Yale-New Haven Hospital Community Health Implementation Plan

June 2013

**Submitted to the Yale-New Haven Hospital  
Board of Trustees**

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## Executive Summary

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Where and how we live, work, play, and learn affects our health. The City of New Haven has a rich history and culture that enhances the quality of life for all our residents, but today, the health of our community is being threatened by chronic diseases that are typical of many urban centers, such as obesity, cardiovascular disease, diabetes, cancer and asthma. These diseases occur, in fact, at much higher rates here than in the inner and outer suburban rings that surround the city. Understanding these factors is critical for developing the best strategies to address them. To accomplish these goals, Yale-New Haven Hospital (YNHH), as part of the Partnership for a Healthier New Haven – a coalition including Yale-New Haven Hospital, the New Haven Health Department, New Haven City Services Administration, Fair Haven Community Health Center, Cornell Scott-Hill Health Center, Project Access-New Haven, DataHaven and the Yale School of Public Health’s Community Alliance for Research and Engagement - is leading a comprehensive effort to address health disparities in the City of New Haven comprised of two phases:

1. A community health needs assessment (CHNA) to identify the health disparities in New Haven compared to the inner and outer ring suburban towns surrounding the city
2. A community health implementation plan (CHIP), which identifies the health issues that the community is addressing as a result of the CHNA

In addition to guiding future services, programs, and policies, the CHNA and CHIP are required prerequisites for a not-for-profit hospital to submit to the IRS to meet the Schedule H/Form 990 IRS mandate. The CHNA and a community health improvement plan are also prerequisites for the voluntary accreditation of local health departments by the Public Health Accreditation Board. YNHH supports the utilization of the CHNA by the New Haven Health Department and additional seven health districts and departments serving the inner and outer suburban rings of New Haven to develop health improvement plans for their respective communities.

From the work of the Partnership, Yale-New Haven Hospital developed its own Community Health Implementation Plan to identify its role in implementing the community-based CHIP. This plan has been prepared using the key findings from the State of the Region Report, a community health needs assessment developed for the Greater New Haven Region. The State of the Region Report used two primary data sources, community forums, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas.

The Partnership for a Healthier New Haven members began meeting in December 2010 to develop a shared vision and coordinated effort to leverage existing work already in progress and to complete a community health needs assessment. Members of the Partnership include respected public health experts from the New Haven Health Department and Yale School of Public Health as well as those with specific knowledge and expertise serving underserved and minority populations such as Project Access-New Haven, Fair Haven Community Health Center and Cornell Scott-Hill Health Center. The Partnership was led by Yale-New Haven Hospital.

The Partnership convened with the intent to conduct a unified community health needs assessment to be utilized by the individual member organizations to guide strategic planning needs, grant writing and funding opportunities. As the Partnership’s work evolved over the past two years, there has been increasing interest in working collaboratively to address the health issues identified in the CHNA. To develop a shared vision, a plan to improve the health of New Haven residents and to help sustain ongoing efforts while ensuring the commitments of individual organizations were met, the Partnership for a Healthier New Haven approached the work as follows:

- a. the Partnership for a Healthier New Haven was responsible for overseeing the community health needs assessment and identifying the health priorities, and
- b. the Core Coordinating Committee, led by YNHH, was responsible for the overall management of the process

The Partnership for a Healthier New Haven members outlined a compelling and inspirational vision and mission that would support the planning process for the community health needs assessment. Partnership members participated in several brainstorming and prioritization activities and developed the following mission and vision:

### **Mission**

To improve the health of the New Haven community

### **Vision**

Through periodic community needs assessments and data collection, measure and monitor the health status and quality of life of the New Haven community with the goal of improving the health of New Haven residents. Utilize these findings to guide organizations' strategic planning and organizational initiatives.

The results of the CHNA research were reviewed on March 19, 2013 and again on April 8, 2013 by members of the Partnership for a Healthier New Haven. Based on input from the Partnership members, two key health priorities were selected for implementation planning at the city-wide level by the Partnership and serve as the cornerstone of the Yale-New Haven Hospital Community Health Implementation Plan. A third issue, Social Determinants of Health, was added by Yale-New Haven Hospital for its own plan due to the direct impact it has on health outcomes and the significant work that the Hospital has been doing in this area. The priority health issues for YNHH are:

Priority Area 1: **Obesity and Chronic Disease**

Goal 1: Improve the overall health status of New Haven residents by addressing unhealthy weight, chronic disease and associated risk factors

Priority Area 2: **Access to Care**

Goal 2: Improve the overall health status of New Haven residents by improving access to health care

Priority Area 3: **Social Determinants of Health**

Goal 3: Improve overall health status of New Haven residents by addressing social determinants of health

The Yale-New Haven Hospital Community Health Implementation Plan follows.

# Yale-New Haven Hospital Community Health Improvement Plan

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## I. BACKGROUND

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build upon, and areas for further collaboration and coordination across organizations, institutions, and community groups. To this end, Yale-New Haven Hospital, as part of the Partnership for a Healthier New Haven – a coalition including Yale-New Haven Hospital, the New Haven Health Department, New Haven City Services Administration, Fair Haven Community Health Center, Cornell Scott-Hill Health Center, Project Access-New Haven, DataHaven and the Yale School of Public Health’s Community Alliance for Research and Engagement - is leading a comprehensive effort to address health disparities in the City of New Haven comprised of two phases:

1. A community health needs assessment (CHNA) to identify the health disparities in New Haven compared to the inner and outer ring suburban towns surrounding the city
2. A community health implementation plan (CHIP), which identifies the health issues that the community is addressing as a result of the CHNA

In addition to guiding future services, programs, and policies, the CHNA and CHIP are required prerequisites for a not-for-profit hospital to submit to the IRS to meet the Schedule H/Form 990 IRS mandate. The CHNA and a community health improvement plan are also prerequisites for voluntary accreditation of local health departments by the Public Health Accreditation Board. YNHH supports the utilization of the CHNA by the New Haven Health Department and additional seven health districts and departments serving the inner and outer suburban rings of New Haven to develop health improvement plans for their respective communities.

From the work of the Partnership, Yale-New Haven Hospital developed its own Community Health Implementation Plan to identify its role in implementing the CHIP. This plan has been prepared using the key findings from the State of the Region Report, a community health needs assessment developed for the Greater New Haven Region. The State of the Region Report used two primary data sources, community forums, as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas.

The Partnership for a Healthier New Haven members began meeting in December 2010 to develop a shared vision and coordinated effort to leverage existing work already in progress and to complete a community health needs assessment. Members of the Partnership include respected public health experts from the New Haven Health Department and Yale School of Public Health as well as those with specific knowledge and expertise serving underserved and minority populations such as Project Access-New Haven, Fair Haven Community Health Center and Cornell Scott-Hill Health Center. The Partnership was led by Yale-New Haven Hospital.

The Partnership convened with the intent to conduct a unified community health needs assessment to be utilized by the individual member organizations to guide strategic planning needs, grant writing and funding opportunities. As the Partnership’s work evolved over the past two years, there has been increasing interest in working collaboratively to address the health issues identified in the CHNA. To develop a shared vision, a plan to improve the health of New Haven residents and to help sustain ongoing efforts while ensuring the commitments of individual organizations were met, the Partnership for a Healthier New Haven approached the work as follows:

- a. the Partnership for a Healthier New Haven was responsible for overseeing the community health assessment and identifying the health priorities, and
- b. the Core Coordinating Committee, led by YNHH, was responsible for the overall management of the process

In September 2012, the primary data collection or survey portion of the community health needs assessment for the Greater New Haven Region commenced through the efforts of DataHaven and the Yale School of Public Health's Community Alliance for Research and Engagement. DataHaven conducted a cell and landline telephone survey that included the City of New Haven and 12 municipalities comprising the inner and outer rings of New Haven. The Community Alliance for Research and Engagement conducted a door-to-door survey in six low resource neighborhoods in New Haven. Though the surveys differed in scope, they shared a common set of questions related to health outcomes, health promoting behaviors and social determinants. These efforts were offset by the work of the secondary data work group led by the epidemiologist for the New Haven Health Department and the executive director of DataHaven.

The results of the CHNA research were reviewed on March 19, 2013 and again on April 8, 2013 by members of the Partnership for a Healthier New Haven. Based on input from the Partnership members, two key health priorities were selected for implementation planning at the city-wide level by the Partnership and serve as the cornerstone of the Yale-New Haven Hospital Community Health Implementation Plan. A third issue, Social Determinants of Health, was added by Yale-New Haven Hospital for its own plan due to the direct impact it has on health outcomes and the significant work that the Hospital has been doing in this area. The priority health issues for YNHH are:

- Obesity and Chronic Disease
- Access to Care
- Social Determinants of Health

Yale-New Haven Hospital utilized the findings from the CHNA to develop a community health implementation plan for the Hospital. The approach utilized in the development of the plan is meant to provide an understanding of existing resources provided by the Hospital in each of health priority area, improve upon them where possible and create a foundation for increased collaboration and coordination by leveraging this work alongside community partners in each of these areas.

The Yale-New Haven Hospital Community Health Implementation Plan follows.

## II. OVERVIEW OF THE COMMUNITY HEALTH IMPLEMENTATION PROCESS

### A. What is a Community Health Implementation Plan (CHIP)?

A Community Health Implementation Plan, or CHIP, is an action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

### B. How to Use a CHIP

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live in New Haven. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort.

### C. Methods

Building upon the key findings and themes identified in the Community Health Needs Assessment (CHNA), the CHIP aims to:

- Identify priority issues for action to improve community health
- Develop and implement an improvement plan with performance measures for evaluation
- Guide future community decision-making related to community health improvement

In addition to guiding future services, programs, and policies for participating agencies and the area overall, the community health improvement plan fulfills the prerequisites for a hospital to submit to the IRS as proof of its community benefit.

To develop the CHIP, Yale-New Haven Hospital built on current assets, with a goal to enhance existing programs and initiatives, and leverage resources for greater efficiency and impact.

### III. PRIORITIZATION OF HEALTH ISSUES

#### A. Planning Process

Members of the Yale-New Haven Hospital strategic planning department and leadership of the Partnership for a Healthier New Haven led the planning process for the Yale-New Haven Hospital community health implementation plan. This group guided all aspects of the planning effort and offered input into the plan components.

Yale-New Haven Hospital is supporting the Partnership for a Healthier New Haven and particularly the New Haven Health Department to develop an organized community engaged effort to develop a New Haven Health Improvement Plan that focuses on collaboratively leveraging existing resources. This work is currently in progress and is scheduled to be completed by the end of the 2013 fiscal year.

#### B. Strategic Components of the CHIP

The approach utilized by Yale-New Haven Hospital in the development of the plan is meant to provide an understanding of existing resources provided by the Hospital in each of the health priority areas, improve upon them where possible and create a foundation for increased collaboration and coordination by leveraging this work alongside community partners.

#### C. Development of Data-Based Community Identified Health Priorities

On March 19, 2013, and again on April 8, 2013, a summary of the community health needs assessment (CHNA) findings were presented to the Partnership for a Healthier New Haven. Following the presentation, the Partnership identified seven potential health priorities and social determinants of health due to the direct impact it has on health outcomes, as follows:

- Obesity and Chronic Disease
- Access to Care
- Injury and Violence
- Mental Health and Addictions
- Asthma
- Maternal and Child Health
- Sexually Transmitted and Communicable Diseases

After identifying the seven potential health priorities, committee members participated in a facilitated prioritization exercise. While all of the areas are important, identifying two priority areas based on a clear set of criteria facilitated a targeted effort that will lead to greater collaboration and community impact. Participants were asked to vote for each health priority based on five specific criteria adapted from the Centers for Disease Control (CDC):

1. Current gap, which issue(s) are not currently being addressed
2. Biggest impact (burden, severity, economic cost, urgency)
3. Focus on inequity and accessibility
4. Builds on current work
5. Community capacity

The following health priorities received the highest ratings and the highest rankings for the community:

- Obesity and Chronic Diseases (21 votes)
- Access to Care (12 votes)

#### **IV. YALE-NEW HAVEN HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN**

##### **Goals, Objectives, Strategies, Key Partners and Outcome Indicators**

The following pages outline the goals, objectives and outcomes indicators for the two health priority areas outlined in the Yale-New Haven Hospital Community Health Implementation Plan. A third area addressing social determinants of health has also been included as part of the plan due to the direct relationship to health outcomes and the significant work that the Hospital has been doing in this area. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

## **A. HEALTH PRIORITY AREA #1: Obesity (Healthy Eating and Physical Activity) and Chronic Disease**

**GOAL:** Improve the overall health status of New Haven residents by addressing unhealthy weight, chronic disease and associated risk factors

### **OBJECTIVES:**

- By 2016, increase by 2% the number of health care providers who discuss chronic disease risk factors with patients
- By 2016, increase by 2% the number of adults and children who consume 5 or more servings of fruits and vegetables per day
- By 2016, increase by 2% the number of adults engaged in moderate physical activity for at least 30 minutes a day for 5 days a week

### **KEY INDICATORS:**

- Number of individuals reporting their overall health status as poor or fair
- Number of health care providers who discuss chronic disease risk factors with patients
- Number of adults who are obese or overweight
- Number of adults and children who consume 5 or more servings of fruits and vegetables per day
- Number of adults engaged in moderate physical activity for at least 30 minutes a day for 5 days a week
- Number of employers, faith-based organizations or individuals that sign Get Healthy CT–New Haven healthy eating or physical activity pledges

### **YALE-NEW HAVEN HOSPITAL STRATEGIES:**

- Continue to lead the Partnership for a Healthier New Haven
- Launch Get Healthy CT in New Haven to work collaboratively to reduce obesity including implementation of three task forces: healthy eating, physical activity and support systems
- Review existing community-based programs, services and initiatives to ensure that chronic disease risk factors are discussed with patients or clients as appropriate
- Implement Neighbors 4 Health pilot program in the Adult Primary Care Center diabetes clinic to create a referral mechanism through student volunteers using United Way 2-1-1 and community-based database
- Develop a community-based database of healthy eating and physical activity resources in New Haven
- Develop evidenced-based evaluation and measurement components for existing programs, services and initiatives as needed
- Continue to provide existing programs, services and initiatives in the Primary Care Center, family health center, community health services, cholesterol management, diabetes services, women's heart program, CareCard health and wellness program and support groups
- Continue to provide in-kind and financial resources to other non-profit organizations working in the areas of promoting healthy eating, physical activity and reducing chronic disease
- Continue to offer and expand employee health initiatives including: Employee Diabetes Case Management, Active Health Disease Management Coaching, livingwell Know Your Numbers campaign and other health, wellness, nutrition, weight management and physical activity programs

### **POTENTIAL COMMUNITY PARTNERS:**

- All Partnership for a Healthier New Haven members
- Active Health
- American Cancer Society
- American Diabetes Association
- American Heart Association
- Community Foundation for Greater New Haven

- Community Action Agency
- Get Healthy CT
- Greater New Haven Chamber of Commerce
- Local businesses dedicated to physical activity (Elm City Cycling, Devil's Gear, etc.)
- New Haven Food Policy Council
- New Haven Land Trust and Community Gardens
- New Haven Open
- New Haven Police Department
- New Haven Public Schools
- Stop and Shop
- Susan G. Komen for the Cure – Connecticut
- United Way of Greater New Haven
- Yale School of Medicine
- Yale School of Public Health
- YMCA

## **B. HEALTH PRIORITY AREA #2: Access to Care**

**GOAL:** Improve the overall health status of New Haven residents by improving access to health care

### **OBJECTIVES:**

- By 2016, increase by 2% the number of individuals who identify themselves as having a regular/primary care provider
- By 2016, decrease by 2% the number of people who identify their regular health provider as the emergency department
- By 2016, increase by 2% the number of individuals with insurance coverage

### **KEY INDICATORS:**

- Number of individuals reporting their overall health status as poor or fair
- Number of individuals who have a regular/primary care health provider
- Number of individuals who identify their regular health provider as the emergency department
- Number of individuals who saw a dentist in the past year
- Number of residents who have insurance coverage
- Number of individuals who delayed medical treatment due to cost in the past 12 months

### **YALE-NEW HAVEN HOSPITAL STRATEGIES:**

- Develop implementation plan for Community and Emergency Care Assessment Committee recommendations related to improving health outcomes for emergency department high utilizers
- Continue efforts to reduce hospital readmissions
- Explore feasibility to develop Dispensary of Hope in New Haven in collaboration with Project Access-New Haven and other area providers
- Implement a patient-centered medical home model through Northeast Medical Group
- Support local efforts to assist patients to enroll in the health care exchange
- Provide in-kind support for the Primary Care Assessment being prepared by the Robert Wood Johnson Clinical Scholars Program
- Develop evidence-based evaluation and measurement components for existing programs, services and initiatives as needed
- Continue to provide staff support and fund onsite Department of Social Services staff to assist patients to enroll in public programs
- Continue to offer a free care program
- Continue to be a safety net provider by providing subsidized primary, specialty and dental services through the primary care center, family health center, dental clinics and school-based health centers
- Continue to provide in-kind and financial resources to other non-profit organizations working to improve access to care

### **POTENTIAL COMMUNITY PARTNERS:**

- All Partnership for a Healthier New Haven members
- Access Health CT
- Columbus House
- Northeast Medical Group
- Project Access-New Haven
- Robert Wood Johnson Clinical Scholars Program – Primary Care Assessment
- State of Connecticut Department of Social Services
- Yale School of Medicine

## C. HEALTH PRIORITY AREA #3: Social Determinants of Health

### GOAL:

Improve the overall health status of New Haven residents by addressing social determinants of health

### KEY INDICATORS:

- Number of individuals reporting their overall health status as poor or fair
- Number of individuals who agree that children and youth in New Haven generally have the positive role models they need
- Number of individuals below 100% of poverty level
- Number of individuals with an educational attainment of a high school diploma or higher
- Number of individuals whose housing costs are 35% or more of household income
- Number of individuals who had enough money for adequate housing in the past 12 months
- Number of individuals who had enough money for food in the past 30 days
- Number of individuals receiving federal Supplemental Nutrition Assistance Program (SNAP) benefits
- Number of individuals that feel safe in their neighborhood

### YALE-NEW HAVEN HOSPITAL STRATEGIES:

- Continue to provide in-kind and financial resources to other non-profit organizations working in the areas of housing, employment and education such as Habitat for Humanity of Greater New Haven, Connecticut Center for Arts and Technology (ConnCAT) and New Haven Promise
- Enhance existing community-based initiatives through employee engagement
- Implement Neighbors 4 Health pilot program in the Adult Primary Care Center diabetes clinic to create a referral mechanism to resources through student volunteers using United Way 2-1-1 and community-based database
- Implement Medical-Legal Partnership Project in the Pediatric Primary Care Center
- Develop evidence-based evaluation and measurement components for existing programs, services and initiatives as needed
- Continue to provide programs designed to deal with various transportation issues that affect the health and safety of the community
- Continue to provide employee initiatives related to home ownership, financial wellness and management, tuition reimbursement, school-to-career and school at work.

### POTENTIAL COMMUNITY PARTNERS

- All Partnership for a Healthier New Haven members
- Achievement First
- Career Resources – STRIVE New Haven
- Center for Children’s Advocacy
- Community Foundation for Greater New Haven
- Christian Community Action
- City of New Haven Youth @ Work Program
- Connecticut Center for Arts and Technology (ConnCAT)
- Connecticut Food Bank
- Empower New Haven
- First Niagara Bank
- Gateway Community College
- Greater New Haven Chamber of Commerce
- Habitat for Humanity of Greater New Haven
- Literacy Volunteers

- National Center for Medical-legal Partnership
- New Haven Promise
- New Haven Public Schools and Board of Education
- New Haven Works, Job Pipeline
- Read to Grow, Inc.
- Start Community Bank of New Haven
- United Way of Greater New Haven
- VITA - New Life Corporation
- Yale School of Public Health
- Yale University

**D. Health Areas that will be addressed with existing Yale-New Haven Hospital resources**

Through the community health needs assessment, seven potential health issues were identified, and then two of these issues were prioritized to work on as a community through the Partnership for a Healthier New Haven. Due to time limitations and budgetary considerations, the other five areas will not be addressed as part of this effort by Yale-New Haven Hospital, other than through existing programs, services and initiatives, as explained below. In addition, YNH will work with the New Haven Health Department and other community partners to develop specific goals and objectives in each of these areas through the New Haven Health Improvement Plan that leverages work already in progress.

Health Issue	Sample Listing of Existing Programs and Resources
Injury and Violence	Yale-New Haven Hospital, Yale-New Haven Children’s Hospital and Yale-New Haven Psychiatric Hospital will continue to work with local, state and national partners through existing coalitions, partnerships, programs, services and initiatives to reduce the incidence of injury and violence. Examples include emergency and trauma services, domestic violence, child abuse and child safety programs and public health prevention and outreach – gun buyback programs, driver and pedestrian safety programs. In addition, YNH provides in-kind and financial support to other community-based non-profit organizations working in the area of injury and violence.
Mental Health and Addictions	Yale-New Haven Hospital, Yale-New Haven Psychiatric Hospital and Yale-New Haven Children’s Hospital will continue to work with local and state partners through existing consortiums, partnerships, programs, services and initiatives to increase the understanding of mental health and addiction as public health issues in order to achieve equal access to prevention and treatment. Examples include inpatient, outpatient and emergency services, child and adult mobile psychiatric services, Grant Street Partnership, smoking cessation programs, support groups and employee-based programs. In addition, YNH provides in-kind and financial support to community-based non-profit organizations working in the area of mental health and addictions.
Asthma	Yale-New Haven Hospital, Yale-New Haven Children’s Hospital and the Hospital-based primary care and family health centers, school-based health centers, Winchester Chest Clinic, Lead Poisoning and Regional Treatment Center and community health programs and services will continue to work with local and state partners through existing coalitions, partnerships, programs, services and public policy initiatives to reduce the incidence of asthma in the City of New Haven and region. Examples include inpatient, outpatient and community-based programs and initiatives such as the Asthma Tune-up and Healthy Homes Initiative. In addition, efforts being undertaken to reduce obesity and chronic disease as part of Get Healthy CT-New Haven will also positively impact asthma related efforts.

<b>Health Issue</b>	<b>Sample Listing of Existing Programs and Resources</b>
Maternal and Child Health	Yale-New Haven Hospital, Yale-New Haven Children’s Hospital and the Hospital-based primary care and family health centers, school-based health centers and community health programs and services will continue to work with local and state partners through existing coalitions, partnerships, programs, services and initiatives to decrease infant mortality and improve maternal and child health in New Haven and the region. Examples include inpatient, outpatient and community-based programs and services such as Healthy Start, Women, Infant and Child (WIC) Program, Me and My Baby Program and Nurturing Families Network. In addition, YNHHS provides in-kind and financial support to community-based non-profit organizations working in the area of maternal and child health.
Sexually Transmitted and Communicable Diseases	Yale-New Haven Hospital, Yale-New Haven Children’s Hospital and the Hospital-based primary care and family health centers and community health programs and services will continue to work with local and state partners through existing coalitions, partnerships, programs, services and initiatives to decrease the incidence of sexually transmitted and communicable diseases. Examples include inpatient and outpatient services including adult and pediatric programs, wound management and infectious disease services and the AIDS Care Program.

## **V. NEXT STEPS**

This report represents the strategic framework for a data-driven, community health implementation plan for Yale-New Haven Hospital. As part of the action planning process, Yale-New Haven Hospital will work with its partners and resources to ensure successful implementation and coordination of activities.

## **VI. SUSTAINABILITY PLAN**

The Partnership for a Healthier New Haven, including Yale-New Haven Hospital, the New Haven Health Department, City Services Administration, Fair Haven Community Health Center, Cornell Scott-Hill Health Center, Project Access-New Haven, DataHaven, the Yale School of Public Health's Community Alliance for Research and Engagement and other community partners will continue to work together to develop a Health Improvement Plan for the City of New Haven. Regular communication through presentations, meetings and community forums will occur throughout the process. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.