

2024

Community Health Improvement Plan (CHIP)



CHESPROCOTT
HEALTH DISTRICT



Prepared by

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Acknowledgments

The 2024 Community Health Improvement Plan (CHIP) was authored by Nora Hartnett, intern with Chesprocott Health District and MPH Candidate at the University of Connecticut Health Center.

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A message from the Health Director



MAURA ESPOSITO RS, MPH
HEALTH DIRECTOR

Chesprocott Health District works hard to protect, promote and improve the health and safety of those who live, work and play in the Cheshire, Prospect and Wolcott communities.

Our department is well known for our environmental health program. The program conducts various inspections to ensure the food we eat, the water we consume and the air we breathe is safe and healthy. Our Emergency Preparedness Program works with local, regional and statewide partners to make sure we are prepared in case of a public health emergency. We work with our community partners to promote wellness and to prevent diseases.

We have many resources available to the public and we are here to help you. Whether you need information on your septic or well, have a question about food safety, or want to volunteer with our emergency preparedness program, we want to hear from you.

Come visit me anytime.

Maura A. Esposito, RS, MPH
Director of Health

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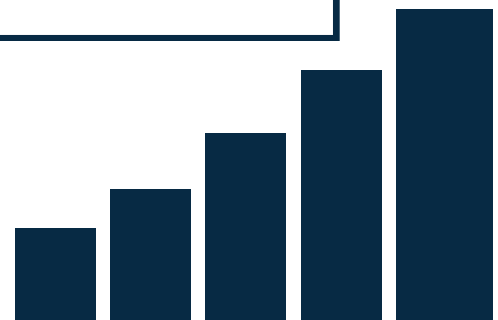
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CHESPROCOTT
HEALTH DISTRICT



Vision And Mission



Vision

**Our vision is to provide a healthy
and safe community for all.**

Mission

**Our mission is to protect, promote
and improve the health and safety
of all the people in Cheshire,
Prospect and Wolcott.**

About Chesprocott

The Chesprocott Health District, formed in 1975, serves the towns of Cheshire, Prospect and Wolcott. Chesprocott provides essential public health services and information to the community. The staff is dedicated to improving and maintaining a high level of health in the community by offering prevention programs and services as well as responding to urgent public health situations. Services include, but are not limited to:

Emergency Preparedness and Environmental Health:

- Restaurant inspections
- Wells, Septic, Underground Fuel Oil Tanks
- Public Pools & Bathing Areas
- Salon inspections
- Natural Disasters and Severe Weather
- Disease Outbreak

Health Promotion/Education and Public Health Nursing:

- Vaccine clinics
- Screening Programs
- Medical Reserve Corp
- Health education programs





Overview of the Community Health Improvement Plan

A. What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of the community health assessment activities and the community health improvement process. The plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.¹ CHIP's are critical for developing policies and defining actions to target efforts that promote health. They define the vision for the health of the community and address the strengths, weaknesses, challenges and opportunities that exist to improve the health and status of the community.

B. How to use a CHIP

The CHIP is developed to provide guidance to the health department, its partners and its stakeholders, on improving the health of the population within the health department's jurisdiction. It is designed to be a broad, strategic framework for community health that can be modified as conditions change. The development of a CHIP engages multiple perspectives so that any community member or organization can find a role in supporting the plan.

C. Methods

To develop the CHIP, Chesprocott Health District partnered with members of government, businesses, non-profit organizations, residents and the area's influential leaders in mental and behavioral health. Guidelines from the Association for Community Health Improvement (ACHI), the Public Health Accreditation Board, and the National Association of County and City Health Officials (NACCHO) were utilized in the design of the CHIP, with a goal of maximizing current resources to achieve the greatest efficiency and impact. The assessment→planning→implementation→evaluation→reassessment process is a continuous cycle of improvement that strives to create small, positive changes over time.

1. <https://www.cdc.gov/publichealthgateway/cha/plan.html>



Strategic Elements of the Community Health Improvement Plan

A. Development of the Data-Based, Community-Identified Priorities

The results of the 2022-2023 Community Health Assessment (CHA) were presented to the Chesprocott Healthy Communities Coalition in April 2023, and in smaller groups, such as with Town Councils, Boards of Education and town mayors. Participants responded to key findings from the CHA. Community Partners used a ranking-system tool to choose their top priorities. After careful review and discussions of the data, the Core Leadership team convened a meeting to identify priorities for the CHIP. The following themes emerged most frequently from the review of the available data, and were used in the selection of CHIP priorities:

Identified Priorities:

1

Mental and Behavioral Health

- Depression
- Suicidal ideation
- Stress and anxiety
- Stigma
- Substance use disorder

2

Obesity

- Physical activity
- Healthier food choices

3

Addiction and Substance Misuse

- Marijuana
- Alcohol
- Opioids

4

Oral Health

- Dental Health Home
- Regular cleanings and Check-ups
- Oral health in older adults
- Oral health in children



Strategic Elements of the Community Health Improvement Plan

B. Development of the CHIP Strategic Components

At monthly meetings, participants self-selected which areas they were interested in working in. Working groups were provided with samples of Health Improvement Plans and evidence-based interventions, such as Healthy People 2030, Connecticut's State Health Improvement Plan, and other completed CHIPs by other Local Health Departments. Our CHIP was created using data from our Community Health Assessment and surveying after the CHA presentation.

C. Relationship Between the CHIP and other Guiding Documents

The CHIP was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the public health of the Chesprocott community. At the national level, this CHIP has been aligned with the National Prevention Strategy, Healthy People 2030, and the Center for Disease Control's (CDC) Winnable Battles -- Nutrition, Physical Activity, and Obesity. At the state level, the Connecticut's State-Wide Health Improvement Plan (SHIP) was recently completed. The strategic elements of our Improvement Plan nicely complement the DPH goals, in all areas. The DPH and Chesprocott share partners, who are working on both plans, to ensure alignment with Connecticut priorities. Finally, at the local level, participants in the CHIP development process identified potential partners and resources wherever possible, rather than duplicating the recommendations and actions of existing frameworks and coalitions.

D. Goals, Objectives, Strategies and Key Partners

Community change stems from critical evaluation of current circumstances, an appraisal of where you would like to be, and a careful estimation of whether your efforts are making a difference. Our CHIP outlines the **Goals, Objectives, Strategies** and **Potential Partners/Resources** for the four health priorities outlined in this document.

PRIORITY ONE:

MENTAL AND BEHAVIOR HEALTH

- **Priority 1:** Mental and Behavioral Health
- **Goal 1:** To provide education on, and access to quality mental health prevention, intervention & treatment across the lifespan.

Objective 1.1	Objective 1.2	Objective 1.3
<p>Increase proportion of primary care providers who screen for mental health issues.</p>	<p>Increase mental health awareness and reduce stigma.</p>	<p>Increase the number of people trained in the QPR Suicide Prevention Program</p>
<p>STRATEGY 1: Encouragement of shared activities, events and projects between all prevention partners</p>	<p>Examples of Partners or Sources of Information:</p> <ul style="list-style-type: none"> • Wolcott CASA • Rushford Treatment Center • Local Urgent Care Centers • Prospect Promise • Cheshire Youth and Human Services 	
<p>STRATEGY 2: Create media campaign that focuses on dispelling myths and reducing stigma associated with mental health conditions</p>	<p>Examples of Partners or Sources of Information:</p> <ul style="list-style-type: none"> • Chesprocott Health District • Centers for Disease Control and Prevention (CDC) • Wolcott CASA • Hearst Media • Local Media 	
<p>STRATEGY 3: Provide QPR workshops to as many adults and students as possible</p>	<p>Examples of Partners or Sources of Information:</p> <ul style="list-style-type: none"> • Chesprocott Health District • Cheshire Social Services • Local School Districts/Guidance Counselors/Health Teachers/Superintendents • Wolcott CASA • Prospect Promise 	
<p>STRATEGY 4: Survey primary care providers, including OB-GYNs in our area to ask about mental health screening practices</p>	<p>Examples of Partners or sources of Information:</p> <ul style="list-style-type: none"> • Primary care physicians and OB/GYN's located in Cheshire, Prospect and Wolcott • Chesprocott Health District 	





PRIORITY ONE

Mental and Behavioral Health:

Rationale

Mental health disorders are a critical public health issue in the Chesprocott community. They affect people of all ages, and, if left untreated, can lead to the adoption of unsafe behaviors, including alcohol or drug use, violent or self-destructive behavior, and suicide. They also have negative implications for physical health, as they are associated with chronic diseases including diabetes, heart disease and cancer. Only about half of those affected by a mental health disorder receive treatment. Mental health disorders have been trending upwards in Connecticut, exemplified by an increasing rate of emergency department visits, across all age groups, for mental health issues over the period of 2008-2011. The leading cause of hospitalization among citizens aged 5-44 years are related to mental health conditions. However, mental health disorders are still highly stigmatized, preventing individuals who are suffering from seeking help.

Our 2022-23 Community Health Assessment (CHA) revealed that around 35% of participants noted having anxiety, characterized by either a panic attack or feeling anxious. Further, over 20% of participants reported the use of at least one mental health service (online, clinics, or hospitals) in the past year, some expressing that these services were difficult to find. Primary Care Providers are the backbone of our healthcare system, and therefore are imperative to involve in helping to improve mental health outcomes in our community. They are usually the first point of contact for patients with a health concern; for many women, it may be the yearly visit to their obstetrician for cervical & breast cancer screenings. It's unknown how many primary care providers currently ask their patient's questions about their mental health, which is why we are planning to survey our area PCP's and OB/GYN's. It is hoped that in surveying providers on their screening practices, we will simultaneously be prompting those, who do not currently routinely screen their patients, to do so. Integrating mental health screening and educating the public, through QPR workshops and media campaigns, are essential strategies for reversing this trend.

PRIORITY TWO:

OBESITY & PHYSICAL ACTIVITY

- **Priority 2: Obesity & Physical activity**
- **Goal 2: To prevent and reduce obesity by promoting physical activity and increasing healthy food options**

Objective 2.1	Objective 2.2	Objective 2.3
Increase number of adults at a healthy weight, based on the CT Wellness Study	Increase knowledge of, and access to healthy food choices	Increase access to healthy environments that foster active lifestyles to promote physical activity and exercise
STRATEGY 1: Create materials to promote healthy food choices (promotion of local farm stands, and farm markets)	Examples of Partners or sources of information: <ul style="list-style-type: none"> • Cheshire YMCA • Hartford Healthcare • Connecticut Community Foundation • Cheshire, Prospect & Wolcott Libraries • Chesprocott Area Land Trust • Cheshire Trail Trekkers 	
STRATEGY 2: Enhance/expand after school & extracurricular physical activity for pre-school and school age children	Examples of Partners or sources of information: <ul style="list-style-type: none"> • School Districts • Children's Center of Wolcott • YMCA Aftercare, Cheshire, Prospect, Wolcott • Cheshire Yellow House 	
STRATEGY 3: Develop and implement a healthy eating restaurant initiative, featuring healthy choices	Examples of Partners or sources of information: <ul style="list-style-type: none"> • Chesprocott Health District • Local Restaurants and Eateries • Local School Districts/Guidance Counselors/Health Teachers/Superintendents 	
STRATEGY 4: Organize community-wide events promoting physical activity and healthy eating	Examples of Partners or sources of information: <ul style="list-style-type: none"> • Cheshire YMCA • Cheshire, Prospect & Wolcott Parks & Recreation • Cheshire Trail Trekkers • Bike Cheshire • The Cheshire Half Marathon & 5K Foundation Inc. 	



PRIORITY TWO

Obesity: Rationale

Obesity among youth and adults was a topic raised by many in the focus groups conducted for our 2022-23 CHA. Residents speculated that the rise in obesity rates was a result of a busy, fast-paced lifestyle that relied on fast food, and less on fresh, wholesome meals made at home. The trend toward greater use of cell phones and computers likely results in less time spent outdoors, engaged in recreational and physical activity. It is also essential to note that the Covid-19 pandemic has had a negative impact on obesity rates, with the CDC reporting that the rate of BMI increased nearly double for ages 2-19 compared to the pre-pandemic period.

Obesity is a serious concern in our community because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide -- diabetes, heart disease, stroke, and some types of cancer.

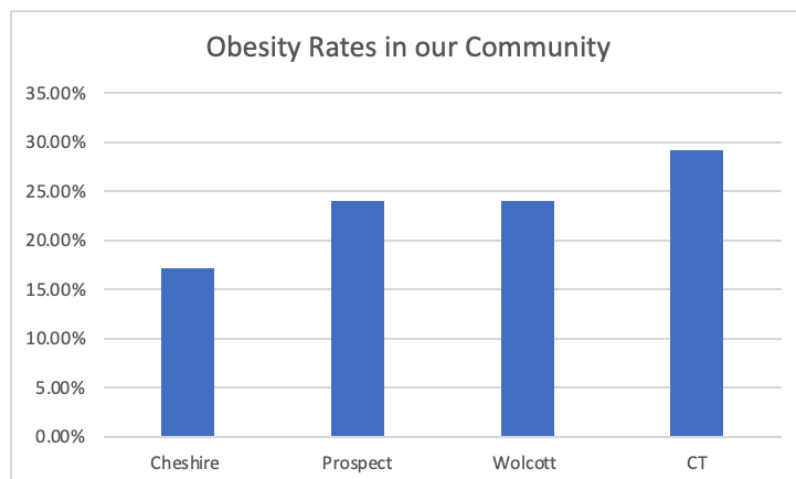


Figure 1: Adult Obesity in CT and Our Communities
DATA SOURCE: 2019 ZWICK
CENTER FOR FOOD AND
RESOURCE POLICY

Food Insecurity refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. It was during our Community Health Assessment that we realized the town of Wolcott is ranked higher than average for food insecurity. According to the Connecticut Food Bank, nearly half a million Connecticut residents struggle with hunger; more than 127,000 children are food insecure.

PRIORITY THREE:

ADDICTION AND SUBSTANCE MISUSE

- **Priority 3:** Substance Misuse
- **Goal 3:** To increase community awareness of substance misuse, and resources for prevention, intervention, and treatment, in the Chesprocott Community.

Objective 3.1	Objective 3.2	Objective 3.3
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Increase collaboration between prevention organizations.

Promote responsible alcohol consumption behaviors

Educate community about substance abuse warning signs and prevention strategies

STRATEGY 1: Shared marketing of activities, events and projects between prevention partners.

Examples of Partners or Sources of Information:

- Wolcott CASA
- Rushford Treatment Center
- .Prospect Promise
- Local Urgent Care Centers

STRATEGY 2: Promote media campaign aimed at responsible adult alcohol behaviors

Examples of Partners or Sources of Information:

- Prospect Promise
- Centers for Disease Control and Prevention (CDC)
- Wolcott CASA

STRATEGY 3: Provide Narcan trainings to as many community members as possible

Examples of Partners or sources of information:

- Prospect, Cheshire and Wolcott libraries
- Chesprocott Health District
- Local pharmacies and and primary care offices
- Wolcott CASA

STRATEGY 4: Launch public awareness campaigns to challenge stereotypes and reduce stigma associated with addiction

Examples of Partners or sources of information:

- Chesprocott Health District
- Cheshire Youth and Human Services
- Local School Districts/Guidance Counselors/Health Teachers/Superintendents





PRIORITY THREE

Addiction and Substance Misuse: Rationale

The epidemic of addiction and substance misuse continues to grow across the United States and has not spared the Chesprocott community. During focus groups and workgroups, substance misuse was recognized as a top priority. The ramifications of addiction extend beyond the individual, affecting societal well-being, economic productivity and healthcare systems. It is imperative for Chesprocott to prioritize initiatives that are aimed at improving outcome for addiction and substance misuse within our communities.

The youth population are especially vulnerable following the recent approval of marijuana for medical use and fewer police penalties for possession. Further, social interactions like drinking parties coupled with risk-taking behaviors are linked to underage drinking results. The youth study conducted in the Chesprocott community revealed that over half of Prospect youth in grade ten (63%) said they attended parties where youth their age were drinking. Underage consumption of alcohol is higher in Prospect than in Cheshire and Wolcott. Binge drinking, however, is a public health concern for any age. The CT Wellness study indicated that 9% of our community's adults (over the age of 18 yrs) believe they should reduce the amount of alcohol or drugs they use.

Our strategies to combat addiction place emphasis on reducing stigmatization of addiction and substance misuse, with the hope that individuals suffering will be more apt to reach out for help. Addiction is often intertwined with various physical, mental, and social health challenges, requiring a comprehensive, holistic approach to health promotion that recognizes the complex interplay of factors. Educating community members about the complex nature of addiction as a chronic condition, rather than a moral failing, is essential for fostering a compassionate community that supports individuals who are struggling with addiction or substance misuse.

PRIORITY FOUR:

ORAL HEALTH

- Priority 4: Oral Health
- Goal 4: To improve oral health literacy and outcomes in the Chesprocott community

Objective 4.1	Objective 4.2	Objective 4.3
Increase educational awareness and comprehension of oral health and hygiene among children	Promote regular dental cleanings through campaigns and community events	Encourage fluoride usage to proactively prevent dental caries
STRATEGY 1: Create educational materials to distribute to public	Examples of Partners or Sources of Information: <ul style="list-style-type: none"> • Centers for Disease Control and Prevention (CDC) • Cheshire Dental Associates 	
STRATEGY 2: Organize workshops and seminars in community centers	Examples of Partners or Sources of Information: <ul style="list-style-type: none"> • Cheshire, Prospect & Wolcott Senior Centers • Cheshire Chamber of Commerce • Elim Park • Cheshire, Prospect & Wolcott Public Schools 	
STRATEGY 3: Schedule mobile dental clinic to provide dental services to underserved populations	Examples of Partners or sources of information: <ul style="list-style-type: none"> • Hartford Healthcare • Cheshire Youth and Human Services Department 	
STRATEGY 4: Mobilize partnerships with community organizations to promote oral health initiatives	Examples of Partners or Sources of Information: <ul style="list-style-type: none"> • Cheshire, Prospect & Wolcott Public Schools • Cheshire, Prospect & Wolcott Senior Centers • Elim Park 	





PRIORITY FOUR

Oral Health: Rationale

The development of dental caries has been recognized as a multifactorial process, where socioeconomic, behavioral, and psychosocial factors (social determinants of health), affect one's diet and oral health habits, resulting in tooth decay. Dental care is an essential part of public health, as oral hygiene is closely tied to overall body health. The mouth houses bacteria, which are suitable for the body when kept in control with normal flossing and brushing, but can lead to gum disease and tooth decay when not addressed or done correctly. Preventive screenings and regular care to prevent other oral maladies is associated with good oral health.

Oral health outcomes in our community became a concern after a Data Haven report stated that more than half of adults only had one oral health cleaning a year. In our 2022-2023 Community Health Assessment (CHA), focus group participants also raised the concern, stating the elderly specifically have many dental and oral hygiene issues that are not being addressed. Most of our community members had their every six-month visit over the average Connecticut resident -- our survey results showed that 87% of individuals that responded had last seeing their dentist for a regular cleaning within the last calendar year. However, we are lacking oral health data from children in our community.

Many oral health conditions, such as dental caries (cavities) and periodontal disease, are entirely preventable through measures like regular brushing, flossing, and routine dental check-ups. By placing emphasis on prevention and education, Chesprocott can not only improve oral health outcomes but also alleviate the strain on healthcare resources by reducing the need for costly restorative treatments. Further, tailoring our interventions to the communities most in need (children and senior citizens) will promote health equity and ensure all members of the community have the same opportunities to accessing essential oral health services.



Next Steps

The elements of this report represent the strategic framework for a data-centric, community-involved, Community Health Improvement Plan. In the next level of planning, the Public Health Educator (Hilary Norcia, MPH) will meet with workgroups to designate lead and supporting roles for partners to implement each strategy. The next several months will provide further development of the strategies and provide more detailed timeframes.

Our Community Partners:

Hartford Health Care
Cheshire Youth and Human Services
Wolcott Citizens Against Substance Abuse (CASA)
Cheshire Chamber of Commerce
Local churches
Cheshire YMCA
Cheshire Senior Center
Elim Park
Meriden Health Department
Wolcott Ambulance
Western Connecticut Coalition
Cheshire Academy
Wolcott Senior Center
Prospect Senior Center
Prospect Public Library
Wolcott Public Library
Cheshire Public Library
Greater Waterbury Health Partnership

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