

# 2025 - 2028 Hospital Implementation Strategy Plan

YaleNewHaven**Health**  
**Greenwich Hospital**



## Table of Contents

Introduction .....	1
About Greenwich Hospital .....	1
Service Area.....	2
Community Health Needs Assessment Overview .....	3
Data Highlights .....	4
Implementation Strategy Plan Methodology.....	8
Prioritization of Community Health Needs .....	8
Development of Strategies and Actions.....	10
Definition of Terms .....	10
Hospital Response to Top Regional Needs .....	11
Evaluation Plan .....	12
Implementation Strategy Plan Summary .....	14
Hospital Priority Area 1: Access to Care and Services.....	14
Hospital Priority Area 2: Supporting Healthy Generations .....	15
Hospital Priority Area 3: Mental Health & Wellness .....	16
Hospital Priority Area 4: Promote a Culture of Health.....	17
System Priority Area: Culturally Competent Care .....	18

## INTRODUCTION

Greenwich Hospital is committed to improving the health and well-being of residents in its service area, which includes Greenwich, a town in Fairfield County, Connecticut, as well as Rye Town and Rye City, located in Westchester County, New York. As a not-for-profit hospital, Greenwich Hospital conducts a Community Health Needs Assessment (CHNA) every three years, as required by Section 501(r)(3) of the Internal Revenue Code. This CHNA identifies the most pressing health needs in the community and helps guide the hospital's efforts to address them.

The CHNA process includes input from a broad range of community members, including public health experts and representatives of under-resourced populations. This collaborative approach ensures that the assessment and its findings reflect the diverse health needs and experiences of the community.

The findings in the CHNA report informed this Implementation Strategy Plan (ISP), which outlines specific strategic actions Greenwich Hospital will take to address identified health needs over the next three years. The CHNA report was approved by the Greenwich Hospital Board of Trustees on September 29, 2025, and the ISP on December 1, 2025. The documents are made publicly available, to ensure transparency and accountability.

## About Greenwich Hospital

Greenwich Hospital is a not-for-profit, acute care hospital serving the Town of Greenwich in Fairfield County, Connecticut, and parts of Westchester County, New York, including Port Chester, Rye Brook, Rye City, and surrounding communities. As a member of Yale New Haven Health, Greenwich Hospital provides high-quality medical, surgical, and specialty care, combining advanced technology with a patient-centered approach.

Greenwich Hospital offers emergency services, maternity care, cardiology, oncology, orthopedics, and behavioral health services, among others. It is affiliated with Smilow Cancer Hospital, ensuring access to leading cancer treatment and research. The hospital is also recognized for its commitment to women's health, geriatric care, and community wellness programs.

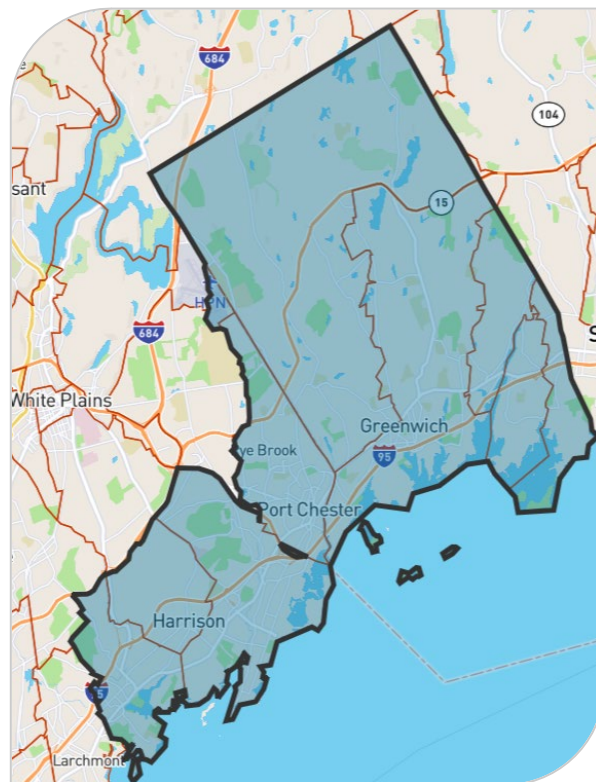
Through partnerships with local public health departments and community-based organizations Greenwich Hospital collaborates to address health disparities, expand initiatives that increase access to care, and improve overall community health in both Connecticut and New York.

For more information, visit the Greenwich Hospital website at [www.greenwichhospital.org](http://www.greenwichhospital.org).

## Service Area

The Greenwich CHNA service area includes Greenwich, CT, and portions of Westchester County, NY. The Connecticut portion is in Fairfield County and includes Greenwich, while the New York portion is in Westchester County and includes Port Chester, Rye Brook, Rye, Harrison, and Mamaroneck.

Zip	Town	County	Census- Designated Place
<b>Connecticut</b>			
06807	Greenwich	Fairfield	Cos Cob
06830	Greenwich	Fairfield	Greenwich
06831	Greenwich	Fairfield	Greenwich
06832	Greenwich	Fairfield	Greenwich
06836	Greenwich	Fairfield	Greenwich
06870	Greenwich	Fairfield	Old Greenwich
06878	Greenwich	Fairfield	Riverside
<b>New York</b>			
10543	Mamaroneck	Westchester	Mamaroneck
10528	Harrison	Westchester	Harrison
10580	Rye	Westchester	Rye
10581	Rye	Westchester	Rye
10573	Port Chester	Westchester	Port Chester / Rye Brook

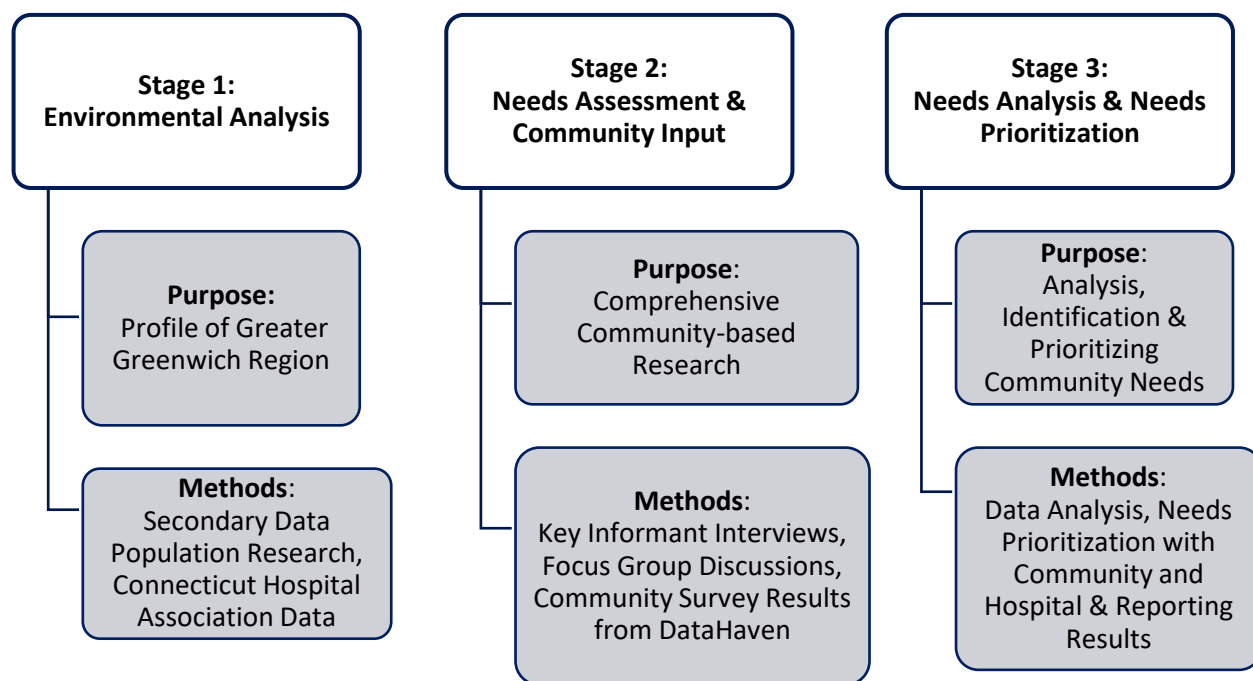




## COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

The 2025 CHNA followed a three-stage methodology designed to capture a wide range of perspectives and data sources. The process incorporated input from public health professionals, community members, and communities historically marginalized from decision-making to ensure findings reflect real-world experiences and needs.

This inclusive approach is outlined in the graphic below, which summarizes the core components of each stage: environmental analysis, community input, and needs prioritization.



### Data Analysis and Community Health Prioritization

A structured prioritization process was conducted, integrating community feedback and evidence-based decision-making. This included:

Community Voices Survey – online survey distributed through the Greenwich Community Health Improvement Partnership (GCHIP) and Council of Community Services (CCS), engaging 205 community members who ranked the most serious community health needs for the regional prioritization session process.

A in-person regional prioritization session was held with GCHIP and CCS community partners and included hospital representatives. Participants reviewed data books, and the results of the Community Voices Survey and completed a pre-session survey, scoring 25 health needs, which generated an initial prioritization score. The participants then systematically ranked, voted and selected four top health needs through an evidence-based process and criteria.

## Data Highlights

# Prioritization Data Highlights

## Greater Greenwich Region

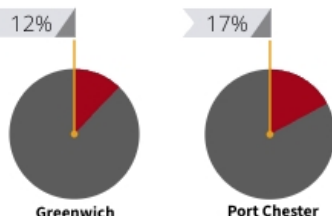
### Access to Care & Services

#### Greenwich

Community members shared that residents with insurance often face long wait times or are turned away due to limited provider capacity.

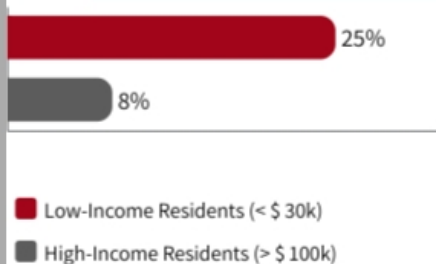
#### Port Chester

Community members noted that finding providers who accept new patients, specifically those without private insurance, is particularly difficult.



In Greenwich, 12% of survey respondents reported not having a personal doctor or healthcare provider.

In Port Chester 17% survey respondents reported not having a personal doctor or healthcare provider.<sup>1</sup>

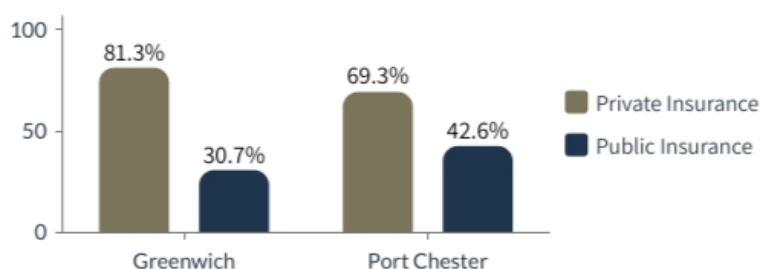


The DataHaven Community Wellbeing Survey (DCWS) reinforced access disparities between income levels. 25% of Greenwich residents earning under \$100,000 reported lacking a regular provider, compared to 8% of those earning over \$100,000.

Lower-income Greenwich residents and Port Chester residents are more likely to lack consistent access to a primary care provider.<sup>1</sup>

Port Chester residents are more likely than Greenwich residents to rely on public insurance, leading to greater challenges accessing timely and appropriate healthcare services.<sup>2</sup>

Residents with public insurance may face longer wait times and fewer provider choices because some practices limit the number of publicly insured patients they accept.



30.7% of Greenwich residents have public insurance coverage (Medicaid, Medicare, or other government programs).<sup>2</sup>

42.6% of Port Chester residents have public insurance coverage, a higher rate compared to Greenwich.<sup>2</sup>

### Insurance Status

#### Greenwich

Community members shared that individuals with Medicaid or Medicare often encounter difficulty finding primary care and specialty providers who will accept their coverage.

#### Port Chester

Community members emphasized that publicly insured residents frequently struggle with limited provider availability.

<sup>1</sup> DataHaven Community Wellbeing Survey

<sup>2</sup> U.S. Census Bureau American Community Survey 2019-2023 Five Year Estimates

# Prioritization Data Highlights

## Greater Greenwich Region

### Mental Health & Wellness



#### Greenwich

Community members reported long wait times for mental health services and a shortage of youth-focused behavioral health programs.

#### Port Chester

Community members shared concerns about stigma preventing some residents from seeking needed mental health care, especially among immigrant families.

Port Chester residents face significantly higher barriers to timely mental health care due to fewer available providers. Lower provider availability can lead to longer wait times and fewer choices for patients seeking care.

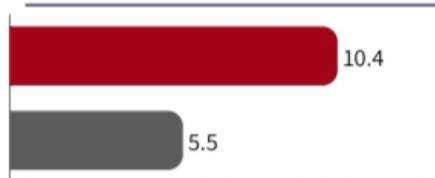
Mental health provider ratio in Greenwich: 623 residents per mental health provider.  
Mental health provider ratio in Port Chester: 1,956 residents per mental health provider. <sup>3</sup>

623:1

Greenwich

1,956:1

Port Chester



■ State of CT ■ Greenwich Hospital

Mental health conditions are the second most common cause of hospitalization at Greenwich Hospital, with a rate of 5.5 hospitalizations per 1,000 adults. Frequent hospitalizations for mental health often reflect challenges accessing earlier outpatient care. <sup>4</sup>

### Crisis Services



Residents without private insurance or reliable transportation, particularly in Port Chester, experience greater challenges accessing timely behavioral health crisis services.

#### Greenwich

Community members described gaps in mobile crisis services and limited after-hours behavioral health support, particularly for youth and families.

#### Port Chester

Community members noted that residents often struggle to find accessible, culturally appropriate crisis care and may rely on emergency rooms when outpatient crisis options are unavailable.

<sup>3</sup> National Plan & Provider Enumeration System NPI, 2023

<sup>4</sup> Community Health Profiles, Hospital utilization rates for key health indicators. Provided by Connecticut Hospital Association

# Prioritization Data Highlights

## Greater Greenwich Region

### Culture of Health

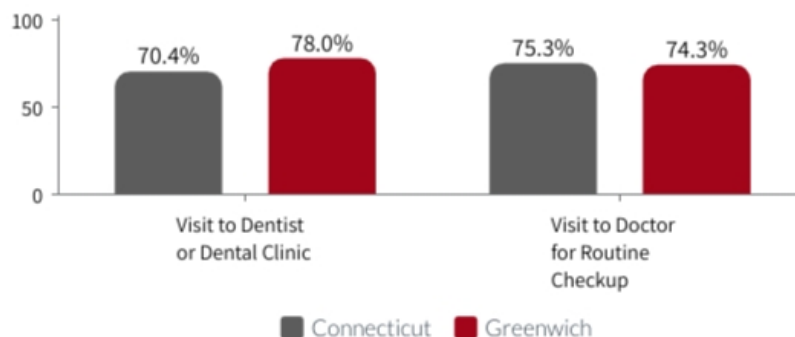
#### Greenwich

Community members shared that while many residents access preventive care, those without private insurance may delay visits due to cost.

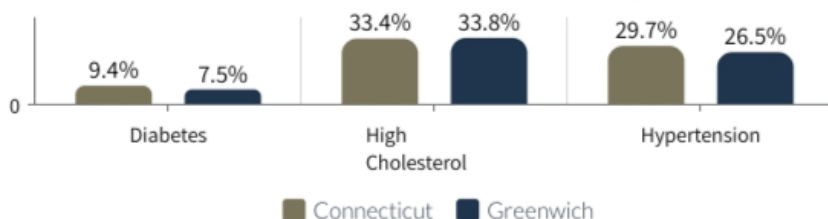
#### Port Chester

Community members noted that language barriers, immigration concerns, and limited provider availability reduce use of preventive services.

74.3% of adults in Greenwich reported having a routine doctor checkup in the past year, slightly below the statewide average of 75.3%. Routine checkups help prevent serious illness by catching problems early. <sup>5</sup>

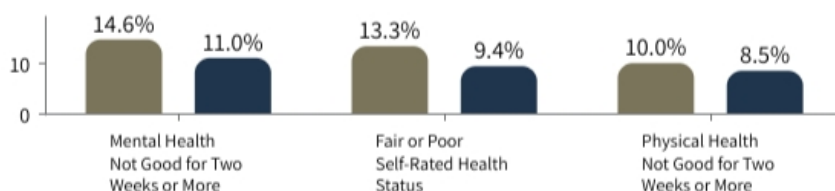


Residents who are uninsured or have limited English skills may face greater barriers to accessing preventive care.



Diabetes, high cholesterol, and hypertension are among the most frequently self-reported conditions in Greenwich. These chronic conditions often require ongoing care and medication to avoid serious complications. <sup>6</sup>

Chronic disease-related hospitalizations, including for heart disease and respiratory conditions, are among the top reasons for inpatient care. <sup>7</sup>



### Preventive Care Programs

#### Greenwich

Community members shared that older adults and residents with lower incomes may face challenges managing chronic conditions due to medication costs, limited transportation, and lack of care coordination. Older adults and residents with lower incomes face greater challenges managing chronic disease due to financial and logistical barriers.

#### Port Chester

Community members noted that patients often delay follow-up care for chronic conditions because of cost concerns or insurance issues.

<sup>5</sup> CDC PLACES (2020-2021). Provided by Connecticut Hospital Association

<sup>6</sup> CDC PLACES (2020-2021). Provided by Connecticut Hospital Association

<sup>7</sup> Community Health Profiles, Hospital utilization rates for key health indicators. Provided by Connecticut Hospital Association



# Prioritization Data Highlights

## Greater Greenwich Region

### Supporting Healthy Generations



#### Greenwich

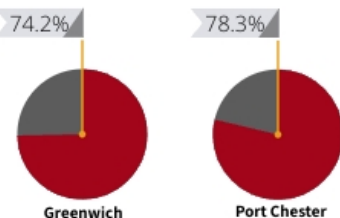
Community members noted that middle-income families often earn too much to qualify for subsidies but struggle to afford market-rate childcare.

Community members also shared that some older adults and immigrant youth have difficulty finding low-cost, culturally appropriate programs.

#### Port Chester

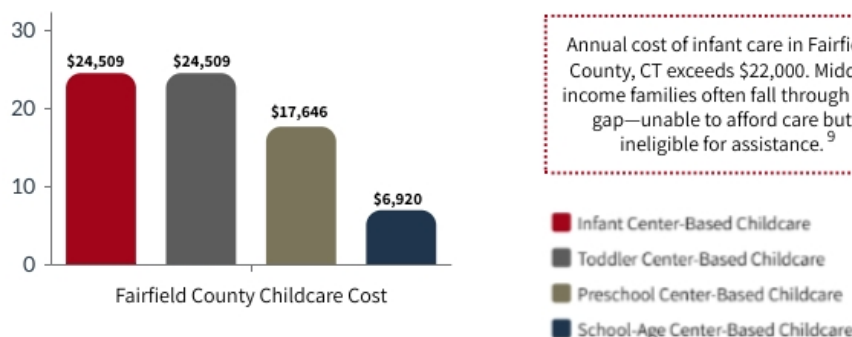
Community members shared that families face long waitlists for affordable childcare and that undocumented parents may be hesitant to engage with formal systems.

Community members shared that senior isolation is a concern. Members also noted that there are limited programs that engage youth in meaningful, structured ways.



74.2% of children under age 6 in Greenwich and 78.3% in Port Chester live in households with working parents.

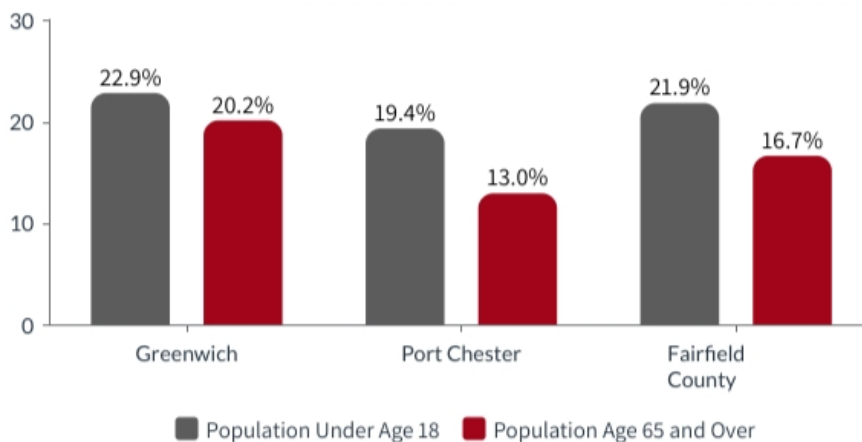
These figures reflect high demand for childcare in both communities, especially for families balancing work and caregiving.<sup>8</sup>



Annual cost of infant care in Fairfield County, CT exceeds \$22,000. Middle-income families often fall through the gap—unable to afford care but ineligible for assistance.<sup>9</sup>

Low-income seniors and youth in both communities face barriers accessing consistent, affordable, and culturally relevant support programs.

20.2% of Greenwich residents are age 65 or older, higher than the Fairfield County average. An aging population may need more services to support health, transportation, and connection.<sup>10</sup>



<sup>8</sup> U.S. Census Bureau American Community Survey 2019-2023 Five Year Estimates

<sup>9</sup> U.S. Census Bureau County Business Patterns 2021

<sup>10</sup> U.S. Census Bureau American Community Survey 2019-2023 Five Year Estimates

## IMPLEMENTATION STRATEGY PLAN METHODOLOGY

Greenwich Hospital developed this Implementation Strategy Plan (ISP) through a structured, multi-phase process that integrated data analysis, evidence-based research, and community engagement to identify and address community health priorities.

### Prioritization of Community Health Needs

An in-person Regional Community Prioritization Session was conducted with Greenwich Community Health Improvement Partnership (GCHIP) and Council of Community Services (CCS) members, Community Advocates, hospital staff and other community partners. During the session, participants used a modified Hanlon Method approach<sup>1</sup> to discuss and prioritize community needs.

Following this structured process, the top 8 needs were categorized into four overarching priority areas:

Category: Access to Care & Services	Category: Mental Health & Wellness
Improve access to care and services for under-resourced residents.	Expand access to and awareness of behavioral health services for all age groups.  Support crisis intervention services for mental health and substance use.
Category: Promote a Culture of Health	Category: Supporting Healthy Generations
Conduct community education programs and events focused on preventive care to reduce chronic disease.	Improve access and awareness of community resources that support the physical, social and mental well-being of youth and seniors.
Collaborate and conduct community wellness programs that offer education, screenings and referrals to reduce risk factors of chronic disease.	Conduct injury prevention and safety programs across the lifespan.

<sup>1</sup> The Hanlon Method is an evidence-based approach approved by the National Association of County and City Health Officials (NACCHO). Source: NACCHO. (2023). *Guide to Prioritization Techniques*. National Association of County and City Health Officials. <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>

## Hospital Priority Areas

The 2025-2028 community priorities identified were presented to the Greenwich Hospital senior leadership who agreed to adopt the same four community identified health priority areas.

**Access to Care  
& Services**

**Mental Health  
& Wellness**

**Promote a  
Culture of  
Health**

**Supporting  
Healthy  
Generations**

## Health System Priority Area

Community members, from across our hospital regions, identified cultural competency as a need during the 2025 CHNA process. This valuable feedback revealed opportunities to improve patient care by expanding language access and cultural sensitivity training and education for staff.

In response, Yale New Haven Health (YNHHS) selected Culturally Competent Care as a 2025-2028 priority area and will be implementing national standards for [Culturally and Linguistically Appropriate Services \(CLAS\)](#) at each of our hospitals. These standards will enhance the existing quality of service provided to all patients, ensuring respect for every patient's health needs and preferences. The progress of these standards will be measured with both process and outcome measures aligned with system Patient Experience metrics connected to our Press Ganey Surveys.

**Culturally  
Competent  
Care**

## Development of Strategies and Actions

### Development of Strategy Options

To formulate effective strategies for the prioritized health needs, Greenwich Hospital undertook the following steps:

- **Best Practices Literature Review:** Conducted a comprehensive review of the current best practices and evidence-based interventions related to Access to Care, Mental Health & Wellness, Promoting a Culture of Health (e.g. chronic disease, etc.) and Supporting Health Generations (e.g. seniors' support, early childhood development, etc.)
- **Review of Existing Hospital Programs:** Assessed current Greenwich Hospital programs and initiatives addressing the identified health needs to identify opportunities for enhancement and alignment with best practices.

### Community Engagement and Strategy Refinement

Greenwich Hospital and Crescendo Consulting Group facilitated a dedicated virtual strategy session with hospital senior leadership to discuss the goals and strategies for the prioritized hospital health needs.

Participants collaboratively discussed goals using the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) framework, brainstormed potential interventions, and refined strategies. This collaborative approach ensured that the selected strategies are both evidence-based and tailored to the specific needs and capacities of the community and the hospital.

## Definition of Terms

To ensure clarity and consistency throughout the Implementation Strategy Plan, the following terms are defined. These terms describe how the hospital organized its approach to addressing community health needs, setting goals, and identifying strategies and actions for the 2025–2028 planning cycle.

Term	Definition
<b>Priority Areas</b>	Selected community health needs for the 2025-2028 ISP.
<b>Goal</b>	Future desired result of each priority area written as a SMART goal statement.
<b>Strategy</b>	What the hospital is doing to reach the priority area goal.
<b>Action</b>	Approximately 1-5 for each strategy, though not all strategies may have actions.



## Hospital Response to Top Regional Needs

Health Need Identified by Community in CHNA	Hospital's Response
<b>Access to Care &amp; Services</b>	
<p>► <b>Access to Care &amp; Services</b></p>	<p>This category has been identified as a priority health need. See <a href="#">page 14</a> for our plan to address it.</p>
<p>Improved access to primary care services, including reducing wait times and increasing provider availability.</p>	<p>Greenwich Hospital will address this need by collaborating with our regional community partners (FQHC's Departments of Health and Human Services, food pantries etc.) to promote awareness and highlight the availability of health care providers who accept uninsured, Medicaid, and Medicare community members.</p>
<p>Increased number of providers accepting Medicaid and Medicare.</p>	<p>Support Greenwich Hospital and Family Center Health Center (FQHC) by hosting events to increase community awareness of health programs and services.</p>
<b>Supporting Healthy Generations</b>	
<p>► <b>Supporting Healthy Generations</b></p>	<p>This category has been identified as a priority health need. See <a href="#">page 15</a> for our plan to address it.</p>
<p>Access to affordable childcare for working families</p>	<p>This need will not be addressed by Greenwich Hospital, as it is outside our scope and this need is better addressed by community organizations that specialize in providing childcare services. This need will be addressed by youth service organizations including Boys &amp; Girls Club, YMCA, YWCA, Carver Center, Blue Skies, Barbara's House, schools, and youth recreation centers. Greenwich Hospital will provide in kind support and advocate with community partners to expand childcare resources and education programs that promote positive youth development.</p>
<p>► Community-based resources for seniors and youth</p>	<p>This need has been identified as a priority health need under the category "<b>Supporting Healthy Generations</b>".</p>

Mental Health & Wellness	
▶ <b>Mental Health &amp; Wellness</b>	This category has been identified as a priority health need. See <a href="#">page 16</a> for our plan to address it.
▶ Mental health services for all age groups	This need has been identified as a priority health need under the category “ <b>Mental Health &amp; Wellness.</b> ”
▶ Crisis services for mental health and substance use	This need has been identified as a priority health need under the category “ <b>Mental Health &amp; Wellness.</b> ”
Promote a Culture of Health	
▶ <b>Promote a Culture of Health</b>	This category has been identified as a priority health need. See 17 for our plan to address it.
▶ Preventive care programs focused on diet and physical activity	This need has been identified as a priority health need under the category “ <b>Promote a Culture of Health.</b> ”
▶ Chronic disease management programs (e.g., diabetes, cancer, cardiovascular) and education	This need has been identified as a priority health need under the category “ <b>Promote a Culture of Health.</b> ”

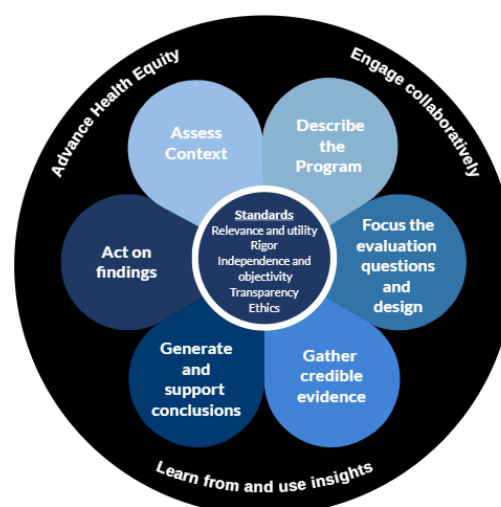
▶ Indicates hospital priority health need

## Evaluation Plan

Evaluation of any Implementation Strategy Plan (ISP) is just as critical as the implementation of strategies, programs, and initiatives. To measure progress of goals, Yale New Haven Health (YNHHS) will utilize an adapted framework from the Center for Disease Control and Prevention (CDC) for Program Evaluation (2024). The three foundational principles of the Framework are: work collaboratively, improved health outcomes for all, and learn from and apply insights.

The Framework includes six steps to complete a successful evaluation:

1. Assess the context
2. Describe the program
3. Focus the evaluation question and design
4. Gather credible evidence
5. Generate and support conclusions
6. Act on findings



YNHHS will evaluate the progress on each goal on an annual basis. Starting at Year 0, YNHHS will determine the baseline for each goal. Each year after Year 0, the progress will be measured against the baseline. Whenever possible, YNHHS will use local, state, and national benchmarks, such as Healthy People 2030 or County Health Rankings, as additional benchmarks to measure against each year.

The evaluation of the ISP should include both quantitative and qualitative assessments as not every goal can be successfully measured quantitatively. It is important to learn qualitative findings, such as the human stories to each.

## IMPLEMENTATION STRATEGY PLAN SUMMARY

Hospital Priority Area 1: Access to Care and Services	
Goal	By 2028, Greenwich Hospital will Improve access to care and services for under-resourced residents in the Greater Greenwich Region service area.
Strategy 1	Collaborate with community organizations to expand awareness of supportive resources and services.
Action 1.1	Collaborate with community organizations to increase awareness of health resources and promote the availability of Medicare, Medicaid, and Federally Qualified Health Care (FQHC) providers.
Action 1.2	Promote and conduct the free Nurse Is In program by participating in diverse community events and providing free BP and Know Your Numbers (KYN) health education.
Strategy 2	Provide Free Mammogram program for eligible under and uninsured women.
Action 2.1	Collaborate with community partners to promote access and increase awareness of the Greenwich Smilow Cancer Hospital free preventive screening services and educational programs.



<b>Hospital Priority Area 2: Supporting Healthy Generations</b>	
<b>Goal</b>	<b>By 2028, Greenwich Hospital will improve access to and awareness of community-based resources that support the physical, social, and mental well-being of both youth and older adults.</b>
<b>Strategy 1</b>	<b>Collaborate with service providers to promote and participate in events that support youth and senior populations.</b>
Action 1.1	Collaborate with community senior service providers to promote and conduct programs that support senior health, wellness and increase social connectivity.
Action 1.2	Collaborate with community providers to support and conduct programs that promote positive youth development.
<b>Strategy 2</b>	<b>Provide injury prevention and safety programs across the lifespan.</b>
Action 2.1	In collaboration with community-based organizations conduct senior safety and Injury prevention programs.
Action 2.2	In collaboration with community partners conduct pediatric injury prevention and safety programs.

<b>Hospital Priority Area 3: Mental Health &amp; Wellness</b>	
<b>Goal</b>	<b>By 2028, Greenwich Hospital will expand access to and awareness of mental and behavioral health services through improved collaboration, education, and resource visibility.</b>
<b>Strategy 1</b>	<b>Support expansion of the Greenwich Hospital Adolescent Intensive Outpatient Program (IOP).</b>
Action 1.1	Promote awareness of the Greenwich Hospital Adolescent Intensive Outpatient Program and its services.
<b>Strategy 2</b>	<b>Collaborate, support, and promote awareness of community based behavioral health resources, education programs and events.</b>
Action 2.1	Participate and partner with community-based organizations to conduct mental health programs and events, including suicide prevention, crisis response, substance use, stress management, and Mental Health First Aid.
<b>Strategy 3</b>	<b>Support the Town of Greenwich Suicide Task Force.</b>
Action 3.1	Greenwich Hospital physicians will participate and serve on the Town of Greenwich Suicide Task Force.

<b>Hospital Priority Area 4: Promote a Culture of Health</b>	
<b>Goal</b>	<b>By 2028, Greenwich Hospital will develop and implement community health education programs and events focused on preventive care to reduce chronic disease and promote a culture of health and well-being.</b>
<b>Strategy 1</b>	<b>Support local food pantries to reduce food insecurity.</b>
Action 1.1	Donate unsold food from Greenwich Hospital cafeteria.
Action 1.2	Conduct healthy food drives to support food pantries.
<b>Strategy 2</b>	<b>Provide healthy lifestyles education programs to reduce chronic diseases (coronary artery disease, stroke, diabetes).</b>
Action 2.1	Participate, support and promote awareness of community wellness programs and events that offer free health education, screening and resources to prevent chronic diseases.
Action 2.2	Conduct healthy lifestyle education programs with Greenwich Hospital's multidisciplinary experts to promote health and prevent chronic disease.

System Priority Area: Culturally Competent Care	
Goal	Support improvement of quality of service and patient experience performance at Greenwich Hospital and its regional ambulatory sites by 5% by 2028 as measured by meeting the target goal for "Likelihood of Recommending" on Press Ganey Surveys.
Strategy 1	Implement National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care at Greenwich Hospital.
Action 1.1	Create System / Greenwich Hospital CLAS Advisory Council with a focus on oversight and implementation.
Action 1.2	Centralize interpreter dispatch system and real-time dashboards.
Action 1.3	Co-design three culturally responsive care protocols.
Action 1.4	Launch simulation training focused on respect and inclusive practices.
Action 1.5	Expand Patient Family Advisory Councils (PFACs).
Action 1.6	Identify health care gaps for closure by patient demographics.