



A Community Health Needs Assessment
Department of Health and Human Services



March 2012
Healthy Hartford

**The mission of the Hartford Department of Health
and Human Services is:**

To protect the well-being of the people in Hartford, to promote an environment conducive to healthy lifestyles, and to prevent adverse health outcomes. Whenever possible, the Department will endeavor to employ strategies, policies and interventions through community partnerships to reduce health disparities.

A Community Health Needs Assessment

Hartford Department of Health and Human Services

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Community Health Needs Assessment Consortium

City of Hartford Department of Health and Human Services
Connecticut Children Medical Center
Hartford Hospital
Saint Francis Hospital and Medical Center
University of Connecticut Health Center

Under the direction of the Community Health Needs Assessment Consortium, the Community Health Needs Assessment Workgroup began planning this assessment in early 2010. Much thought was put into creating a process and document that would be both useful and enlightening to healthcare organizations, community-based health and social services organizations, and the community at large. The City of Hartford Department of Health and Human Services wishes to thank our community health needs assessment partners for their generous support to this project and to their designated representatives on the Community Health Needs Assessment Workgroup for their professional contributions and collaborative efforts throughout the study process. Special thanks go to the Urban Alliance for providing data, analysis, and review of the Hartford Survey Project: Understanding Needs and Service Opportunities.

We would also like to thank Holleran Consulting LLC for their expertise in community health assessments and for preparing the community profile. This document has been produced for the benefit of the community. The City of Hartford Department of Health and Human Services and its community health needs assessment partners encourage use of this report for planning purposes and are interested in learning of its utilization. We would appreciate your comments and questions, which may be directed to the City of Hartford Department of Health and Human Services by phone at (860) 757-4700.

The report, as well as the raw data used to generate our findings is available for download at: <http://hhs.hartford.gov>.

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I. Introduction: What We Hope to Accomplish

National health reform, known as the Patient Protection and Affordable Care Act (“PPACA”), sets forth new requirements via Internal Revenue Code Section 501(r) to hospital organizations to conduct a periodic assessment of health needs of those living in their service area in order to maintain tax-exempt status. The Community Health Needs Assessment (“CHNA”) process for Hartford began in October 2010 with an initial meeting of representatives from area hospitals, namely Connecticut Children’s Medical Center, Hartford Hospital, Saint Francis Hospital and Medical Center, and the University of Connecticut Health Center. This consortium of health care organizations (“The Consortium”), including the City of Hartford Department of Health and Human Services (“HHS”), came together to address this requirement and to collaborate on a community health needs assessment which would maximize resources and develop a comprehensive and useful document for agencies working in the City of Hartford.

In order to complete the community health needs assessment the Consortium contracted with Holleran, a health research consulting firm, to complete a secondary data analysis and to conduct telephone interviews of 59 Key Informants identified by the steering committee of the CHNA group. The Urban Alliance, a local non-profit organization that provides capacity building and technical assistance to improve the quality of life for under-resourced residents by facilitating a network of faith-based organizations, aided in this process by conducting a resident survey on human service needs. Additionally, the Health Equity Index (“HEI”) developed by the Connecticut Association of Directors of Health (“CADH”) provided recent trend data that were used to bolster our findings. From these various data sources we are able to present a framework to better understand the importance of social determinants of health.

Social determinants of health refer to factors and resources that are essential to the health of communities and individuals. These include income, shelter, education, access to nutritious food, community norms and cohesion. They are the circumstances in which people are born, grow up, live, and work, as well as the resources available to support their health and help them deal effectively with illness and disease. These social health determinants can be described in terms of factors threatening health, promoting health and protecting health [1]. From the perspective of a Community Health Needs Assessment, the social determinants of health provide a lens through which to view different populations and communities in terms of which community conditions are most important and which are the most limiting for population health.

The goals of this CHNA are:

- To provide a baseline measure of key health indicators
- To inform health policy and health strategies
- To provide a platform for collaboration among community groups including schools, businesses, policy makers, and others to impact current health status
- To act as a resource for individuals, agencies, and institutions looking to identify community health needs and priorities
- To establish benchmarks and monitor trends in health status of Hartford residents
- To assist with community benefit requirements as outlined in the PPACA

The information included in the CHNA provides the foundation upon which community health programs and interventions can be targeted, developed, and evaluated with the ultimate goal of improving the health of the community and its members.

II. Summary of Key Findings

Social Determinants – Many socioeconomic and cultural characteristics of the population living in Hartford drive the main health concerns. The findings in the secondary data profile point to higher concentrations of people that are at increased risk for unhealthy living merely because of their race, age, income, educational status, or family status. The Key Informant interviews, the Hartford Survey Project, and data from the Health Equity Index validate the concern for marginalized and underserved populations.

- The top 5 quality of life issues mentioned by Key Informants as currently having the most negative impact in Hartford were **poverty, job opportunities, quality of housing, neighborhood safety, and education.**
- Hartford has a greater number of renters than owners, more households with mothers being the sole head of household, and lower residential property values than the state, overall. These are associated with poor health outcomes. There is also a higher rate of service occupations when compared to the state and nearly 1/5 of the city's labor force unemployed. With subpar housing and employment levels, overall economic security rates low.
- Nearly a third of Hartford's adults do not have a high school diploma, and the average graduation rate is 77%; high educational attainment is one of the key determinants of community health since it leads to increased economic security and occupational prestige.
- More than 10% of all of the crimes committed in Connecticut in 2009 were committed in Hartford, even though Hartford accounts for less than 4% of Connecticut's population, and there are certain types of crimes that occur with greater frequency in Hartford than in the state overall.
- Compared to other Connecticut cities, the overall environmental quality in Hartford is poor; HEI scoring for waste stream and water discharge pollutants were low. The underlying perception of the city as "unclean" could also impact individual health decisions.
- Less than half of Hartford's residents are registered to vote; a trend that is often associated with fewer community resources and support networks.

Health Indicators

Cancer incidence for all types (specifically lung and prostate) is well below the national and state levels; however, it is important to keep in mind that Hartford has a relatively young population when compared to state and national figures. Key Informants also perceived cancer as less of a priority with only 11.9% respondents ranking it within their top five health issues.

- In general, chronic lower respiratory disease death is lower in Hartford than across the nation or in the state; however, asthma hospitalization rates in Hartford are much higher when compared to the state, with children and adult rates that are at least three times higher than the state rate. Asthma, not one of the options provided in the Key Informant survey, was the most frequently written-in health issue by participants.
- Although one of the top health issues identified by Key Informants was violence, most respondents perceive that violent acts, while isolated in Hartford, are a product of a depressed economic situation. Hartford accounts for more than a third of all murders in the state, and experiences a higher percentage of assaults. This disproportionate and avoidable indicator negatively impacts the overall quality of life in the city.
- There is a much younger population in Hartford compared to the state and nation that is reflected in the mortality rate. This is also reflected in a lower occurrence of the top ten national causes of death, which are often age-related. However, the much higher age-adjusted rate suggests that the elderly population, albeit small, is dying at a very high rate. Infant and neonatal death rates are much higher in Hartford than the state and nation. Hartford also has considerably higher rates of infectious/communicable diseases than the state.
- There is an indication that obesity is a concern for Hartford. Health indicators for heart disease are worse for Blacks and Hispanics, and those who live below the poverty threshold; diabetes rates in Hartford have been increasing in recent years.

Access to Care – Access to care was commonly cited in both the Key Informant study and the Hartford Survey Project. While the Hartford Survey Project concluded that the top four barriers to care were lack of knowledge about existing services, lack of available services, inability to pay, and lack of transportation, the Key Informant study showed a need for improving access to care across the board for a variety of underserved populations.

III. Methods:

How We Obtained the Data

The data in this report were compiled from a variety of resources, and includes both quantitative and qualitative data. Additionally, it includes very specific information on critical health indicators and broader information regarding the social determinants of health.

The CHNA report synthesizes findings and data from the following three sources:

Key Informant Interviews – Each Workgroup member identified 5 to 10 people in management or leadership positions with various community organizations including health and human services, religious organizations, and government agencies; 85 unique Key Informants were identified by the Workgroup. Respondents were asked to critically evaluate health needs pertinent to the community through their experience. Survey questions focused on underserved populations and access to care issues in Hartford. In total, 59 interviews were conducted; see Appendix for a complete list.

The Hartford Survey Project – In order to better understand Hartford’s human service needs and barriers to receiving services, a face-to-face survey conducted by the Urban Alliance was completed between October 2010 and January 2011. 402 resident surveys were completed at 12 locations throughout the city to promote geographical and ethnic diversity among respondents; these locations included grocery stores, pharmacies, and community events and programs. Respondents were asked if they would benefit from any of 12 service areas, the possible barriers to obtaining these services, and which three areas of the 12 have a need for additional services. In addition, they were asked to rank the top three service areas in Hartford that they believed were in most need.

Of the total respondents, 57% were female and 43% were male. The ethnicity breakdown was 39% African American, 37% Latino, 9% white, and 8% West Indian. Age categories for respondents were 27% between 18 and 29 years old, 42% between 30 and 49, 24% between 50 and 64, and 6% were 65 and older.

Secondary Data – Holleran, in coordination with HHS, prepared the initial community profile for Hartford from secondary data sources. In addition the following sources of data were used throughout this assessment:

- Connecticut Department of Public Health Vital Statistics and Health Outcomes
- Women’s Health Quick Health Data Online via the Office on Women’s Health (US Department of Health and Human Services)
- Health Data Interactive via the Centers for Disease Control and Prevention
- Connecticut Labor Market Information via the Connecticut Department of Labor

There was also an analysis of local, state, and national 2009 U.S. Census Bureau data collected via the annual American Community Survey; this data is available via the Census Bureau's website.

HHS was also able to use the Connecticut Health Equity Index (HEI) to build upon and enhance the findings from the original information. Developed by the Connecticut Association of Directors of Health (CADH), a non-profit membership organization that represents local directors of health departments and/or districts in the state, the HEI can be used to identify social, economic, and environmental conditions and their correlations or relationships to specific health outcomes. Key social determinants of the HEI include: civic involvement, community safety, economic security, education, employment, environmental quality, and housing. Collectively, these social determinants form the fabric of social and economic opportunity and a healthy environment, as well as provide insight to how social determinants may affect health outcomes and health care services of various populations living in the area of interest. The HEI is an excellent tool for determining how social factors are associated with community health, and by using up-to-date data sources, HEI's commitment to quality improvement evolves along with Connecticut's communities.

Hartford is one of three pilot sites in the state that was selected to test and evaluate the HEI for its use in mobilizing a community, stimulating sustainable action, increasing knowledge of health equity concepts and their application, and prompting structural changes that reflect local needs. Data collection for the HEI began in 2007 and continues through 2012. The HEI is based on a ten-point measurement scale, where 1 is a low score, which represents a less favorable community condition or health outcome, and 10 is a high score, which symbolizes a more favorable community condition or health outcome.

HEI maps were used to compare neighborhoods by social determinant or health outcome indicators. This comparison includes both the North Meadows and South Meadows neighborhoods for analysis, although the former is mainly comprised of car dealerships and landfill, and the latter with a small airport, a water pollution plant, and various commercial and industrial businesses. Together, both neighborhoods are home to less than 3% of Hartford's total population and must be considered when viewing the maps.

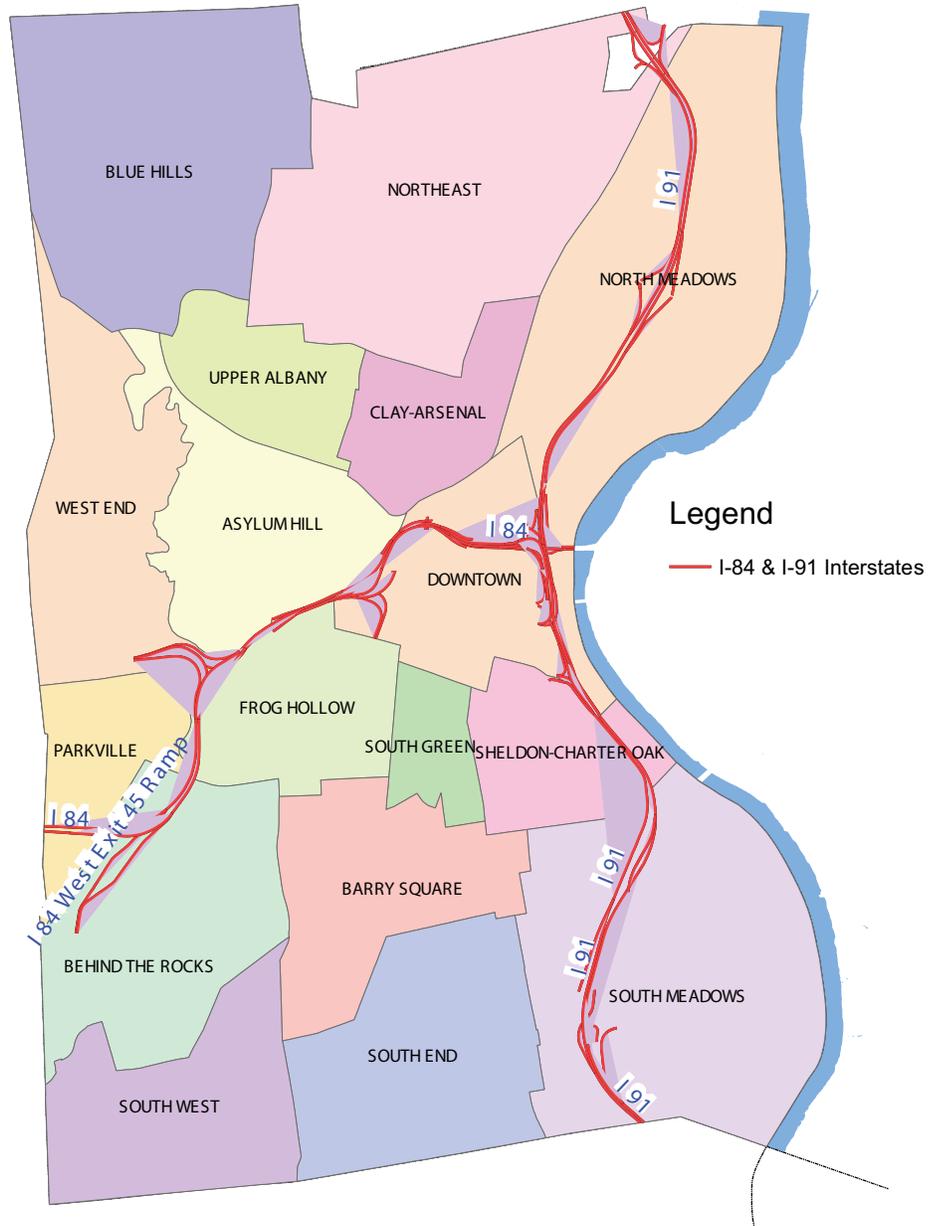
A feature of the HEI is that for every social determinant listed (civic involvement, community safety, economic security, education, employment, environmental quality, and housing), the varying factors used to determine the indexing are analyzed with each of the health outcomes in the index (accident/violence, cancer, cardiovascular, childhood illness, diabetes, health care access, infectious disease, life expectancy, liver disease, mental health, prenatal care, renal disease, and respiratory illness). Strength correlations are derived using Spearman's rank correlations, and are generated between the social determinant selected and significant health outcomes. The strength of a correlation is measured between 0 and 1, and the closer the coefficient is to 1 the stronger the correlation between the measures; a correlation of 0

signifies no statistical relationship between measures. Direction of a correlation is measured by signaling a correlation as positive or negative. A positive correlation signals a direct relation between two measures, while a negative correlation signals an inverse relationship. All correlations generated by the HEI are statistically significant.

The maps displayed throughout this report use a color gradient to indicate how Hartford neighborhoods rank with each other with regard to a specific social determinant or health indicator; the darker the color means the lower the rank. The subsequent map is a legend for all Hartford neighborhood names and should be referred to for neighborhood identification.



Map 1. City of Hartford and Neighborhoods



IV. Demographics

Hartford is the capital of the State of Connecticut and the seventh largest city in New England. At almost 400 years old, Hartford is one of the oldest cities in the country and at one point was one of the wealthiest. Still rich with history, it is home to the oldest public art museum and oldest public park in the nation. Starting in the late 1950s, many of the city’s residents began moving to the suburbs, possibly accelerated by the construction of two major interstate highways intersecting within the city. And even though the metropolitan area ranked 32 out of 318 nationally in total economic production (second behind San Francisco in per capita economic activity) and the sixth lowest poverty rate of all Metropolitan Statistical Areas (metropolitan statistical area is a geographical region with a relatively high population density at its core and close economic ties throughout the area) for the 2010 census, the city itself remains one of the poorest in the nation; 31.9% of all its residents, and 38.3% of its families with children under 18 years old are living below the poverty line.

The population in Hartford is 124,775, with a **gender** ratio close to state and national ratios of 49% male and 51% female. Hartford is proportionally younger than the state and the U.S., which impacts numerous aspects of health including rates of some types of cancer, violence, and levels of unintended injury.

Table 1. **Age Categories for Hartford, Connecticut and the U.S.**

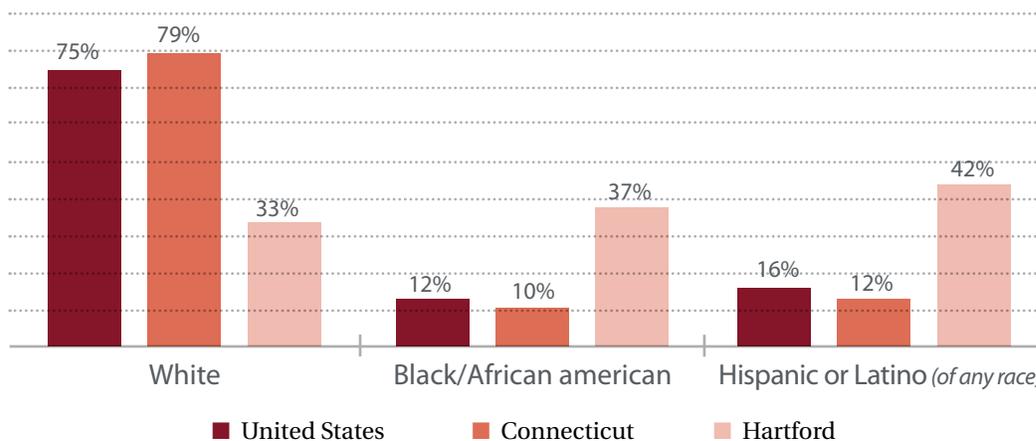
	HARTFORD	CT	US
0-19 years	34%	26%	27%
20-44 years	37%	32%	34%
45-64 years	20%	28%	26%
65 and older	10%	14%	13%

The **ethnic composition** of Hartford is mostly a mix between Hispanic/Latino of any race, Black/African American, and white. Hartford’s white population is at a lower ratio than the U.S. and state while the proportion of Black and Hispanic/Latino residents is significantly higher. Ethnic variation in cultural norms, English comprehension, and beliefs about health impact the mode of health care delivery and how patients respond to health care services. This variation creates a need for increased awareness and sensitivity among service providers.

A significant percentage of Hartford residents can trace their heritage to Puerto Rico and the West Indies; in the 1940s, many immigrants from these areas moved to Connecticut to work in tobacco fields. 78% of Hartford’s Hispanic/Latinos self-reported to be Puerto Rican in the 2010 census. Typically, West Indians are grouped with “Black/African American” in census data, which makes it difficult to highlight cultural differences. However, it is important to

note that the ethnic landscape in Hartford is changing as a greater number of families and individuals from Eastern Europe, Africa, and Southeast Asia continue to make Hartford their home.

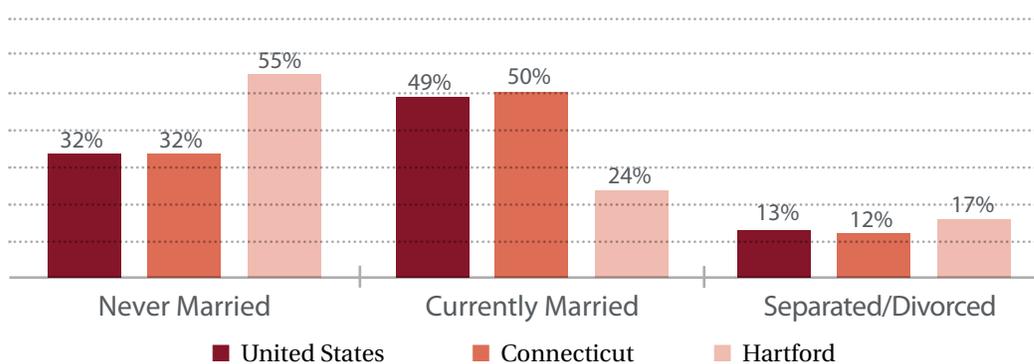
Figure 1. Ethnic Composition for Hartford, Connecticut, and the U.S. (2009)



This ethnic breakdown impacts the primary **language spoken** at home. The percentage of Hartford’s population who only speak English is 52%, which is lower than a state and the nation comparison. Additionally, approximately 35% of Hartford residents speak a language other than English; the high percentage of non-English speakers could pose a barrier for access to all kinds of health promoting opportunities.

With regard to **marital status**, Hartford’s population has a notably larger percentage of people who have never been married when compared to the state and the nation; the City of Hartford also has a smaller comparative percentage of people who are currently married and not separated. The data regarding separated/divorced residents and widowed residents are similar to state and national averages; however, the rate of legally separated couples (de facto separation while remaining legally married) in Hartford (5%) is twice that of the nation (2%).

Figure 2. Marital Status Statistics for Hartford, Connecticut, and the U.S. (2009)



VI. Social Determinants of Health

Quality of life issues are indicators that include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging [2]. During this assessment, Key Informants were asked a variety of questions about quality of life in Hartford. For nearly all quality of life questions, 50% or more of informants ranked them as “Poor” or “Very Poor.”

Table 2. **Poorly Rated Quality of Life Measures by Key Informants**

QUALITY OF LIFE	RATED “POOR” OR “VERY POOR”
Poverty	93.1%
Job opportunities	87.3%
Quality of housing (affordable, in good condition)	72.4%
Neighborhood safety	71.9%
Schools/education	65.5%
Clean, litter-free neighborhoods	63.1%
Road/traffic conditions	53.6%
Availability of recreational activities	52.6%
Availability of care for children	31.6%
Water or air pollution	26.4%

This information provides insight for those who are regularly involved in the health and human services sector. The following section will address social determinants of health, and how Hartford rates relative to state and national figures.

Housing

Adequate housing provides shelter and comfort to its inhabitants, both of which impact overall well-being. One of the measures used to evaluate the association of housing and health is the number of subsidized housing units per 1000 local residents as defined by the Connecticut Housing Finance Authority. Using 2005 data, the HEI correlated housing strongly with infectious disease in Connecticut, and Hartford received the overall lowest housing score in the HEI when compared to the rest of the state.

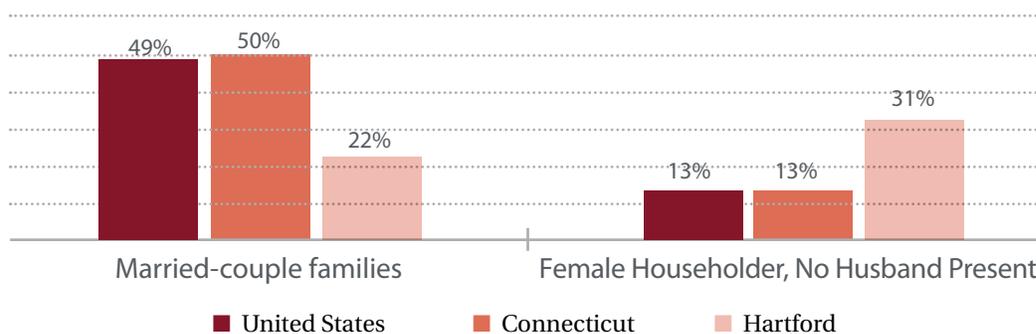
Subsidized housing is abundant in Hartford. As is typical throughout the United States, these subsidized housing units have become a feature of low-income and resource-poor areas. In Hartford, residing in subsidized housing is correlated with numerous health outcomes, such as increased rates of chlamydia and/or gonorrhea, asthma hospitalizations, infectious and parasitic diseases, homicides, drug-induced deaths, mental health hospitalizations, and births not receiving prenatal care in the first trimester.

A cursory analysis of **housing occupancy** in Hartford reveals that the city has over 44,000 occupied housing units of which 26% are owner-occupied; the state average is 69%. A higher rate of rental units is associated with poorer quality of housing and impacts health. Over 70% of Key Informants surveyed ranked housing quality at either “Poor” or “Very Poor.” Further highlighting the housing issue, homelessness was the issue recognized as most in need of additional services by those surveyed by the Urban Alliance (45%).

Lower residential property values, accompanied by lower sales prices and a greater number of foreclosures are strongly associated with lower quality neighborhoods. Neighborhoods with these negative housing characteristics typically have higher crime rates, lower quality school systems and a poor physical environment (sidewalks, parks and properties). For 2010, the average assessed residential property value in Hartford was \$43,689, which is significantly lower than the state’s average value of \$209,025; and the average sales price of an existing home was \$164,462, which is lower than the state’s average home sales price of \$288,948.

Hartford **household statistics** for family (59%) and non-family households (42%) are similar to state and national rates, but deviate substantially for the percentage of female householders with no husband present (much higher than state and national) and the percentage of married-couple families (much lower than state and national). Additionally children in Hartford are almost three times as likely (19%) than those in the rest of Connecticut (7%) to live in households with no husband present.

Figure 3. Household Types for Hartford, Connecticut, and the U.S. (2009)



In the HEI, Hartford has a housing indexed score of 3, which is a less favorable condition in this category. Some of the calculating factors used to determine this score are rental vacancy rates as a percentage of rental units, owner occupied housing as a percentage of total housing units, and median gross rent as a percent of household income. These measures were calculated using data from the 2000 US Census.

Table 3. **Health Indicators Related to Housing**

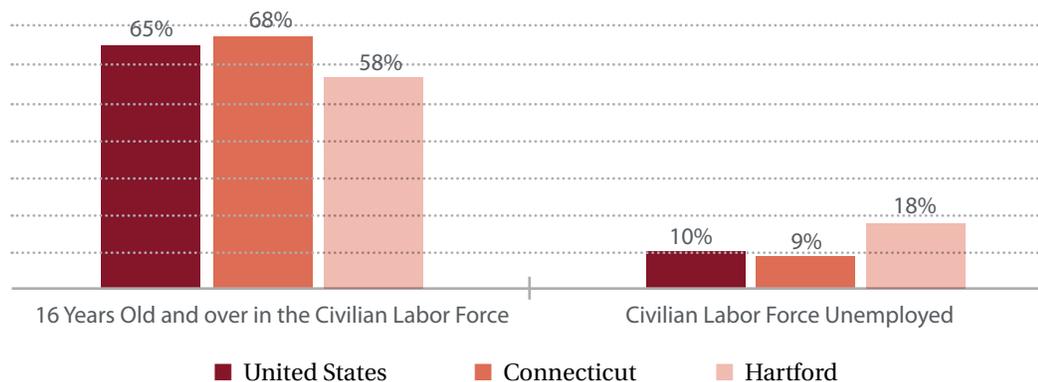
	HEI INDEX	CORRELATION COEFFICIENT
Infectious Disease	2	0.55
Health Care Access	2	0.47
Childhood Illness	1	0.42
Accidents/Violence	3	0.40
Mental Health	2	0.37
Renal Disease	2	0.33
Life Expectancy	3	0.31
Cardiovascular	3	0.29
Respiratory Illness	4	0.29
Diabetes	3	0.24
Perinatal Care	3	0.22
Liver Disease	2	0.20
Cancer	5	0.18

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

Employment

As of September 2011, Hartford’s unemployment rate was 15.6% according to the Connecticut Department of Labor’s Labor Force Data, which is nearly twice the rate as the United States (8.8%). Against this backdrop, it is fitting that surveyed residents of Hartford rank job training/employment assistance as one of the top three service needs in the community. Key Informants had a similar view with 87% ranking job opportunities in Hartford as “Poor” or “Very Poor.”

Figure 4. **Employment in Hartford, Connecticut, and the U.S. (2009)**



The percentage of workers in Hartford in management, professional, and related occupations (21.1%) is smaller than the state and nation (40.3% and 35.7%, respectively). Conversely, the percentage of those in the labor force with service occupations is much higher in Hartford

(34.4%) than across Connecticut and the nation (17.3% and 17.8%, respectively). With this disproportionate representation of Hartford residents across these occupational groups and the strong correlation between employment and health care access, one can see how Hartford struggles to maintain a healthy community profile.

Table 4. Health Indicators Related to Employment

	HEI INDEX	CORRELATION COEFFICIENT
Health Care Access	2	0.54
Childhood Illness	1	0.48
Accidents/Violence	3	0.37
Life Expectancy	3	0.35
Respiratory Illness	4	0.28
Infectious Disease	2	0.28
Cardiovascular	3	0.28
Perinatal Care	3	0.26
Mental Health	2	0.23
Cancer	5	-0.19

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

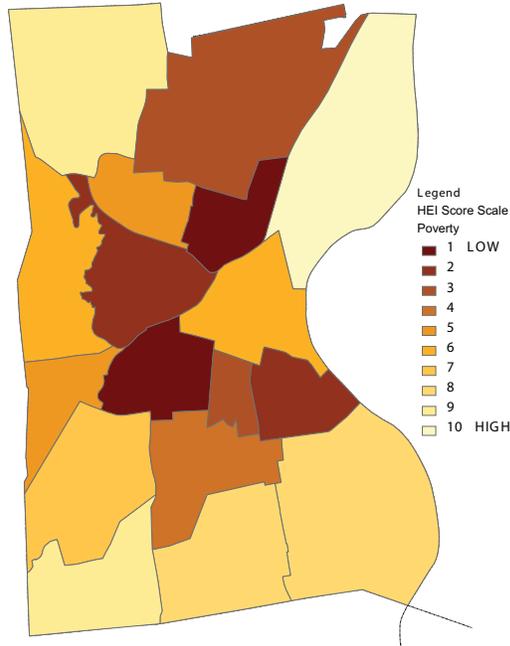
The lack of employment has long been linked to increased rates of mortality. For Connecticut, unemployment has been strongly correlated with decreased health care access, which can serve as a partial explanation for the correlations with a decreased life expectancy, and increased incidences of respiratory illness, and infectious and cardiovascular disease, as well as illness among children. This is reinforced by responses to the Key Informant survey where finances and access to health care were identified as significant barriers.

Economic Security

Hartford received the lowest possible score on the HEI for the majority of factors that determine economic security. Additionally, 93% of Key Informants rated Hartford’s poverty level as either “Poor” or “Very Poor” on the Quality of Life section of the survey. Results from the Urban Alliance survey were similar, with employment opportunities and financial assistance topping the list of services needed. According to a report from the Robert Wood Johnson Foundation, income and educational attainment are the two most commonly used markers of socioeconomic status or position in the United States [3]. Both are strongly related measures of health and health-related behaviors. These factors can influence health through the direct effects of extreme poverty (such as malnutrition or exposure to extreme heat or cold) as well as health effects due to chronic stress; these can include the triggering and exacerbation of depression and cardiovascular disease [4].

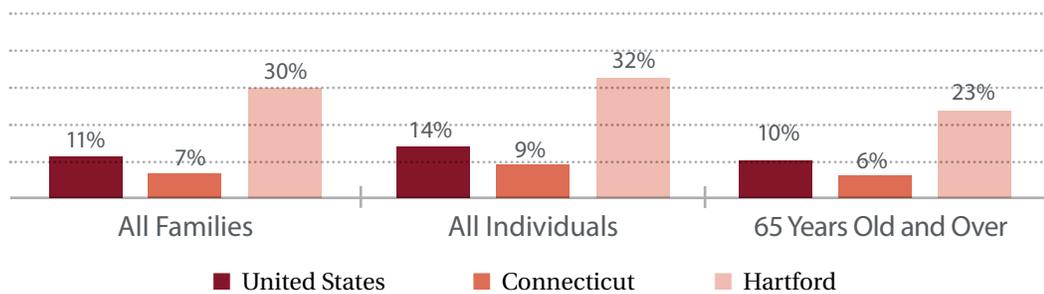
Below is a representation of how Hartford neighborhoods compare to each other with regard to poverty using HEI indexing from the 2000 U.S. Census. Using the color gradient in the legend, the darker colors indicate a lower ranking and higher level of poverty.

Map 2. HEI Poverty Score by Neighborhood



With 30.25% of Hartford’s families living in poverty, the poverty statistics for the city are three times higher for families than in the United States overall and over 4 times greater than in Connecticut. Similar patterns have been documented for residents and for those over the age of 65.

Figure 5. Poverty in Hartford, Connecticut, and the U.S. (2009)



The **income statistics** for Hartford illustrate that the median income per household and family, are significantly less than the state and national figures.

Table 5. Income Statistics for Hartford versus State and Nation

	HARTFORD	CT	US
Median Household	\$28,300	\$67,034	\$55,221
Median Family	\$33,805	\$83,069	\$61,082

In Connecticut, living in poverty is correlated with higher rates of chlamydia and gonorrhea, trauma-related hospitalizations and ED visits, mental health ED treatments, homicide, hepatitis C, diabetes, drug and alcohol induced deaths, low and very low birth weight babies, and infectious and parasitic diseases.

Education

Just as low levels of employment impact community health, so does low educational attainment. 13.9% of Hartford residents perceive education to be one of the top three needs for the community. Key Informant survey respondents noted that the best way to promote wellness and prevention of illnesses in Hartford residents is through education. One respondent noted that starting with school-age children is the best way to achieve these goals. Another declared that it is necessary to tailor the education to “racial, cultural and other different types of understandings to get to the people of the city,” and that the frequency of wellness education should be “not just doing it once a year” in order to convey necessary concepts.

Results from the Connecticut Mastery Test and Connecticut Department of Education were used to establish a connection to community health, as indicated in the following table:

Table 6. Health Indicators Related to Education

	INDEX SCORE	CORRELATION COEFFICIENT
Childhood Illness	1	0.73
Life Expectancy	3	0.64
Infectious Disease	2	0.59
Health Care Access	2	0.57
Accidents/Violence	3	0.55
Cardiovascular	3	0.51
Mental Health	2	0.42
Respiratory Illness	4	0.41
Renal Disease	2	0.39
Diabetes	3	0.38
Perinatal Care	3	0.34
Liver Disease	2	0.21

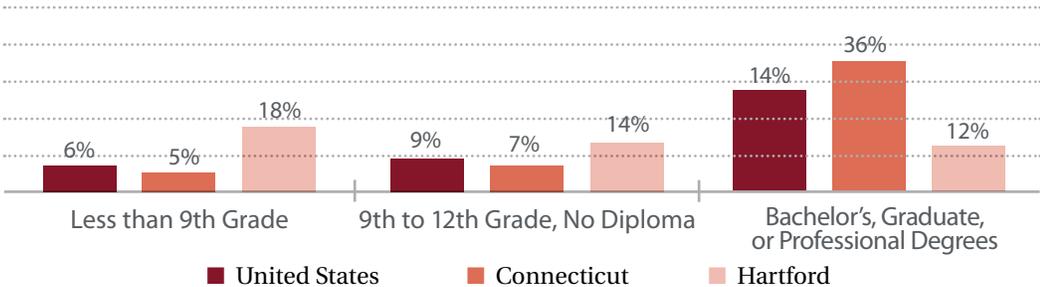
Note: All shown correlations are statistically significant and ranked in order from strong to weak.

As the demographic data indicates, Hartford residents are less likely to graduate from high school and are less likely to obtain post-secondary education when compared to the state or nation as a whole. The strong correlations suggest that a higher educational attainment leads to better health throughout an individual’s lifespan, and better health and education enable people to realize their capabilities to be productive members of society [5], with greater potential for positively impacting the community.

In Hartford, low rates of educational attainment are coupled with lower standardized test scores and less frequent renovations of the city’s public school facilities; according to the Connecticut State Department of Education’s Connecticut Education Data and Research (CEDaR) website, the average number of years since a major renovation for Hartford’s elementary, middle, and high schools is 25.8, 33.8, and 17.5 years, respectively. As indicated in the table above, education is correlated with a host of preventable poor health outcomes including increased rates of childhood illness, respiratory illness, renal and liver disease, diabetes, and infectious diseases; poorer cardiovascular health; and frequency of accidents and violent incidents. Other correlations to education include lower life expectancy, lower rates of perinatal care and health care access, and worse mental health outcomes.

Over 30% of Hartford’s adults of 25 years and older do not have a high school diploma, which is significantly higher than the 12% for the state. Conversely, the percentage of Hartford’s population with a bachelor’s degree or higher is also lower than both state and national figures at 12% when compared to 36% for the state. When these data are examined more closely it becomes clear that the problem of low **educational attainment** begins early for many, with 18% of Hartford residents over age 25 having less than a 9th grade education and another 14% having attained from 9th and 12th grade but without a diploma.

Figure 6. Educational Attainment of Adults 25 Years and Older for Hartford, Connecticut, and the U.S. (2009)

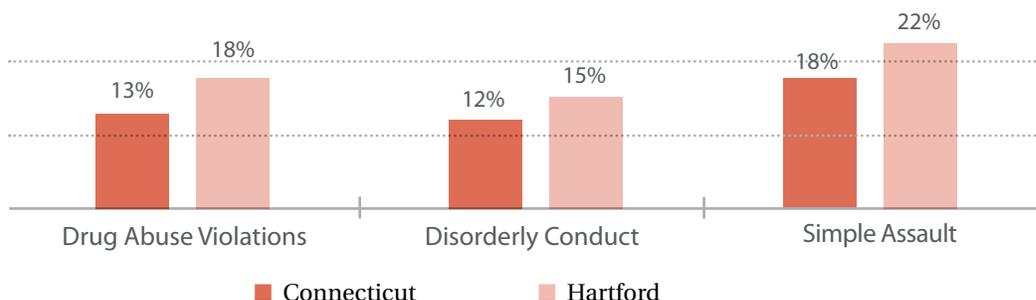


Community Safety

The HEI measures community safety by the rate of crimes against persons or property published by the 2004/2005 Connecticut Uniform Crime Reports, and within this framework Hartford receives the lowest score of 1 indicating high rates of crime. However, the crime statistics found in the Secondary Data Profile are potentially inconclusive because a high

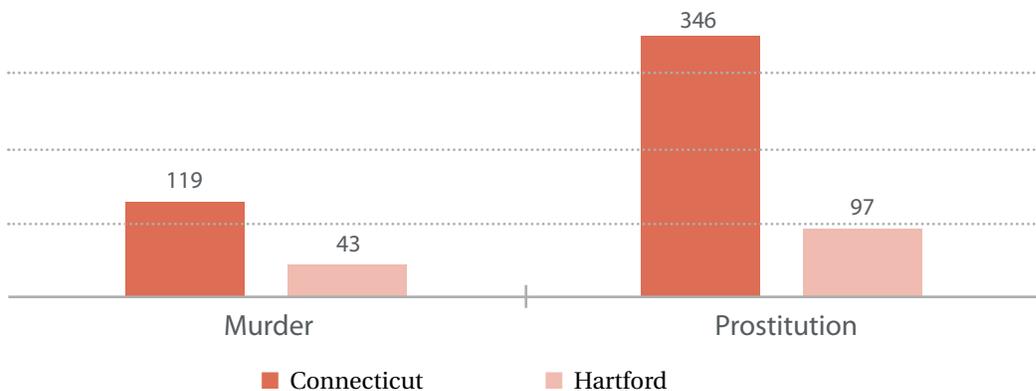
rate of arrests in the city could either indicate that crimes are more prevalent or that more effective law enforcement approaches have been implemented. Nevertheless, according to the 2009 Uniform Crime Report from the Connecticut Department of Public Safety, over one third of all murder arrests in Connecticut occurred in Hartford. Moreover, almost 20% of the state’s drug abuse violations occur in the city. Other violent crimes that occur more frequently in the Hartford than in the state are simple assault and disorderly conduct.

Figure 7. Percent of All Crimes in Hartford and Connecticut (2009)



Over 70% of Key Informants rated neighborhood safety in Hartford as “Poor” or “Very Poor.” Given the opportunity to define a healthy community, one Key Informant stated that it should be “a community where individuals and families would choose to live [and one that can] provide a quality of life that is safe and engaged. People are being physically healthy, not being subject to lead poisoning and toxic things. Violence and noise pollution are not issues.” Unfortunately, this community scenario is not widely available for the majority of Hartford residents, but community safety has multiple measures and Hartford experienced proportionally less crime than the state on infractions involving larceny/theft, gambling, liquor laws, and driving under the influence.

Figure 8. Crime in Hartford and Connecticut (2009)



In 1982, Wilson and Kelling introduced the broken windows theory to explain urban disorder and vandalism on crime and anti-social behavior [6]. The appearance of the environment can suggest what is acceptable, with a disordered environment implying that behaviors that are usually unacceptable can be perpetrated without fear of consequences. And although this theory has been met with criticism cities such as New York and Albuquerque have implemented policy shifts to address “quality of life” issues and have seen improvements in the overall community security and decreases in crime. Generally speaking, a safer community is synonymous with a healthier community.

Hartford has taken strides to address its issue with violence in the city. Since the re-instatement of the Shooting Task Force in 2011, shootings have decreased by 35% [7]. Although the partnership with neighboring cities, the Connecticut State Police, and the Office of the Attorney General has been effective in reducing shootings, a more comprehensive approach in crime intervention is needed. The City of Hartford is also making a concerted effort to improve the condition of its neighborhoods through the implementation of the Livable and Sustainable Neighborhoods Initiative. As part of this initiative, city government is partnering with homeowners and other neighborhood stakeholders throughout the city to address blighted properties and revitalize Hartford's sense of community. By addressing the needs of some of Hartford's most vulnerable areas, the city is taking proactive steps to rebuild its infrastructure, reduce crime, and restore hope.

Environmental Quality

The environment where we live, work and play; the quality of the air we breathe; the water we drink – all of these have an impact on our health. While individual education and behavior change are important to improving health, the real power in making progress on health is in changing the environment and systems that structure and affect our world.

The HEI measures the relative environmental burden of Connecticut's municipalities by using specific Federal Toxic Release Inventory data, examining levels of locally generated air and water pollution, and industrial density. These two measures are positively correlated with employment opportunities; however, they are however negatively correlated with health outcomes. Hartford receives an average score (4) in the Health Equity Index for both the number of facilities reporting and the total air emissions in pounds. Total water discharge and waste stream in pounds, measures of water pollution, are strong indicators of localized pollution levels, and Hartford has high levels of both. These two measures strongly correlated with the chlamydia and gonorrhea rates.

While potential relationships between high STD rates and a high environmental burden may initially seem attenuated at best, both act as a highly reliable indication of a marginalized neighborhood impacted by blighted property and compromised opportunities for fulfillment. Strong correlations between two seemingly distinct and independent realms such as environment and STDs speak to the vast array of various social and health burdens underserved communities bear disproportionately.

Civic Involvement

According to the HEI, Hartford receives the lowest possible score in terms of civic involvement. Civic involvement impacts health because it is a direct measure of social equity, activism and sustainability of a community; the HEI indicates a strong correlation of low civic involvement with infectious diseases, accident/violence, childhood illness, and life expectancy.

Table 7. Health Indicators Related to Civic Involvement

	INDEX SCORE	CORRELATION COEFFICIENT
Infectious Disease	2	0.59
Accident/Violence	3	0.57
Childhood Illness	1	0.51
Life Expectancy	3	0.50
Mental Health	2	0.45
Cardiovascular	3	0.42
Health Care Access	2	0.42
Liver Disease	2	0.33
Renal Disease	2	0.32
Respiratory Illness	4	0.31
Diabetes	3	0.29
Perinatal Care	3	0.29

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

Communities with demonstrated social cohesiveness are more likely to have greater resources and support networks, which would allow for improved health outcomes. Approximately 45% of Hartford’s adult residents are registered to vote indicating that an inadequate proportion of the community selects state and municipal government officials. Several factors may prevent an individual from registering to vote including a lack of motivation, frustration with current leaders, or language or cultural barriers. In order to increase the number of registered voters, community-based education initiatives should be employed and should focus on demonstrating to individual residents that they are valued members of the community, and that their vote does in fact make a difference.

Community Food Security

Although not identified as a social determinant of health within the HEI, food security plays a vital role in urban settings like Hartford. While there are 14 medium and large grocery store retailers in the city, corner markets, convenience stores, and fast-food outlets are far more abundant, making a healthy diet difficult to maintain. Pre-packaged and prepared foods are more readily available at such establishments, and their lack of fresh and healthy foods can contribute to various poor health outcomes. In response to this deficiency, the City of Hartford, in partnership with farmers and community-based organizations, is working to

increase the number of farmers' market in the city. In 2011, there were 6 certified farmers' markets in the city accepting grant funds from the Women, Infants and Children federal program and its supplemental nutrition program, the Farmers' Market Nutrition Program. Furthermore, three of the markets were certified to accept Supplemental Nutrition Assistance Program benefits, which helped low-income people and families buy the food necessary for good health.

A report distributed by the University of Connecticut College of Agriculture and Natural Resources found that the presence of food retail resources were not significantly associated with community food security but income and lack of transportation that limit access to food are significantly associated. Despite high numbers of families enrolled in public food assistance, towns with greater rates of households headed by females or the elderly, or lack of education experience greater rates of food insecurity [8].

Foods that are highly processed contain both trans fats and refined sugars, and can lead to both diabetes and heart disease by increasing weight and cholesterol levels. The healthy food shopping choices available to Hartford residents are limited, and signal poor community health. More attention is needed for the overall food system components, including a greater focus on nutrition and cooking skills development.



VII. Health Indicators

As part of the assessment process, Key Informants were asked to rank the **five most significant health issues** in the City of Hartford. The respondents could choose from a list of 25 health issues as well as suggest their own that were not on the list. The five most identified – obesity, diabetes, mental illness, heart disease, and asthma – consisted of four health issues from the list and one write-in response. Mortality statistics are also noted in this section and infectious disease was included due in part to the unique age distribution of Hartford.

This section will also highlight how Hartford rates low in community health when compared to other Connecticut municipalities. As a result of its relatively low standing, this assessment focuses on a Hartford neighborhood comparative using city-specific indexing from the HEI in order to gain a richer understanding of city health concerns. The health outcomes included here are Life Expectancy, Mortality, Infant Mortality, Infectious Diseases, Respiratory Illness, Obesity/Heart Disease, Diabetes, and Mental Health.

Life Expectancy

Percent of deaths for the City of Hartford due to any of the top 10 causes of death in the U.S. are overall smaller when compared to the state and nation. The strongest positive determinant correlations with life expectancy are education, economic security, and civic involvement; with Hartford rating very low in each (HEI index of 2, 2, and 1, respectively).

Table 8. **Social Determinants of Health Related to Life Expectancy**

	INDEX SCORE	CORRELATION COEFFICIENT
Education	2	0.64
Economic Security	2	0.61
Civic Involvement	1	0.50
Community Safety	1	0.41
Employment	3	0.35
Environmental Quality	4	0.34
Housing	3	0.31

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

Table 9. Top 10 Leading Causes of Death for Hartford, Connecticut and the U.S. (ranked from most to least common for Hartford; 2005-2007)

	CITY OF HARTFORD	CONNECTICUT	U. S.
Heart Disease	24.2%	25.6%	25.4%
Malignant Neoplasms (Cancer)	18.2%	23.8%	23.1%
Accidents (Unintentional Injuries)	5.5%	4.2%	4.8%
Stroke (Cerebrovascular Disease)	4.8%	5.2%	5.5%
Chronic Lower Respiratory Diseases	3.7%	4.9%	5.3%
Diabetes	3.4%	2.6%	3.1%
Septicemia	2.6%	2.1%	1.4%
Influenza/Pneumonia	2.4%	2.9%	2.2%
Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney Disease)	2.3%	1.9%	1.9%
Alzheimer's Disease	1.2%	2.6%	2.9%

However, the age-adjusted mortality rate (AAMR; defined as a death rate that controls for the effects of differences in population age distributions.) for all causes of death for the city is notably larger than that of the state and nation (876 compared to 692 and 778, respectively). With a younger population, this dramatic difference in the age-adjusted rate suggests that the mortality rate for older populations in Hartford is very high even though the elderly population itself may not be very large. Therefore, deaths due to heart disease and cancer low compared to the state and the U. S.

The Years of Potential Life Lost (YPLL; defined as an estimate of the average years a person would have lived if he or she had not died prematurely.) for Hartford was 10,647 per 100,000 for 2005-2007 for all causes of death. HEI scores Hartford 2 for YPLL. This measure correlated inversely with obtaining a bachelor's degree, and having a higher median household income and median value for owner occupied housing. It had a reverse effect for adults with less than a 9th grade education, so the lower level of education, the greater the years of potential life lost.

Infant/neonatal mortality is a major concern for Hartford; the mortality rates in Hartford for infants and neonates are markedly greater than those across Connecticut and the United States. Upon further examination, there is a pronounced disparity among infant deaths for infants of different races and ethnicities in Hartford; from 2001 through 2008, the mortality rate for Black infants was consistently higher than either the white or Hispanic infant mortality rate.

Figure 9. Infant and Neonatal Mortality Rates* for Hartford, Connecticut, and the U.S. (2006)

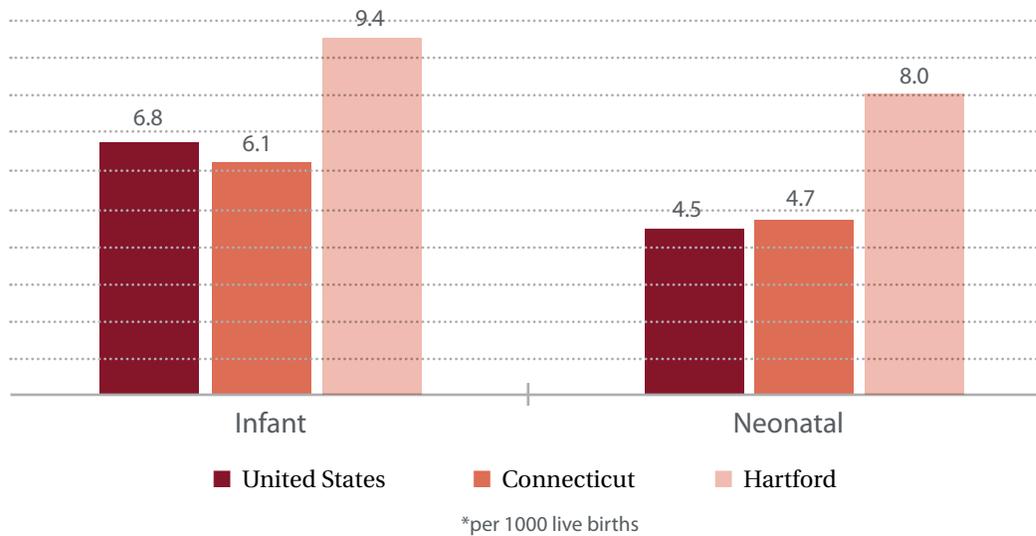
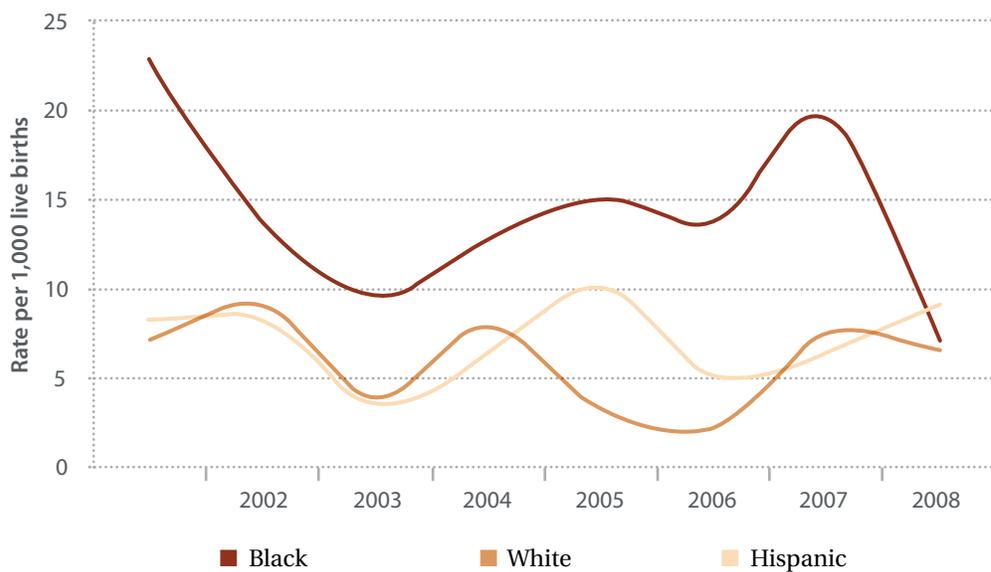
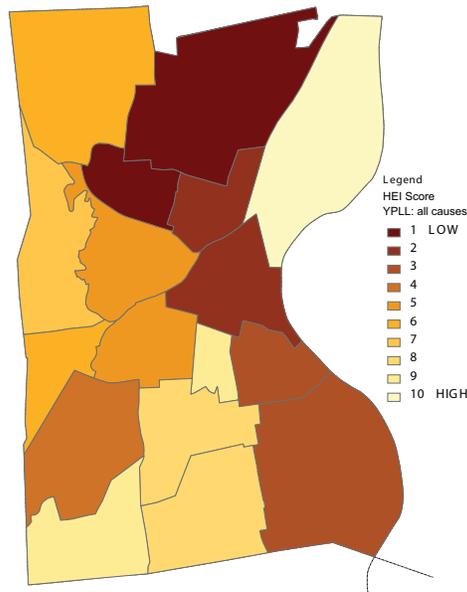


Figure 10. Infant Mortality Rates by Race/Ethnicity, Hartford, CT (2001-2008)



These adverse infant health outcomes greatly contribute to a lower than average life expectancy in Hartford. The following map highlights how its neighborhoods compare to each other with regard to the YPLL measure; the darker colors indicate a lower rating (greater number of years) for potential life lost. Six out of 15 neighborhoods (excluding the North and South Meadows neighborhoods) rated low on the YPLL. Per the HEI, the Northeast and Upper Albany neighborhoods were the lowest rated of all Hartford neighborhoods.

Map 3. HEI Years of Potential Life Loss (YPLL) Score: All Causes by Neighborhood



Infectious Diseases

In the state of Connecticut, there is a strong correlation of infectious disease with multiple social determinants, as demonstrated in Table 10.

Table 10. **Social Determinants of Health Related to Infectious Disease**

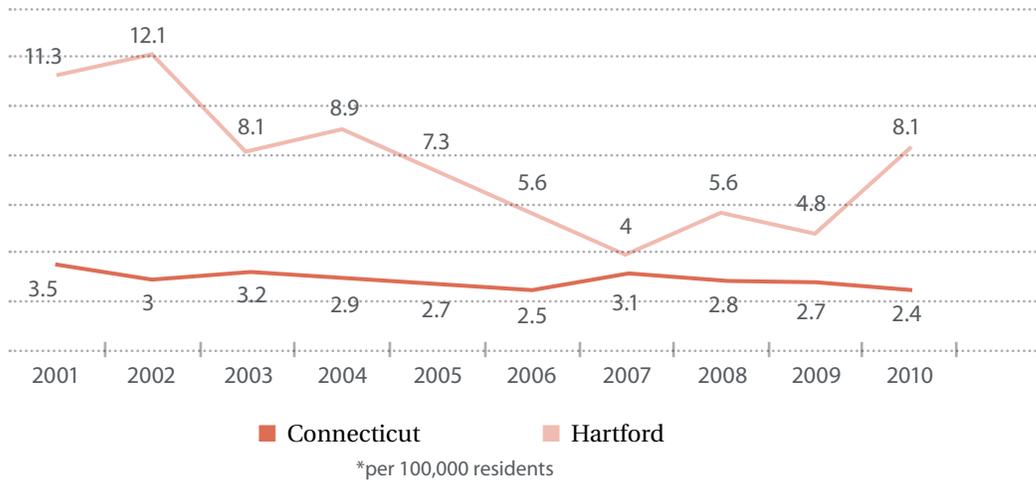
	INDEX SCORE	CORRELATION COEFFICIENT
Community Safety	1	0.67
Education	2	0.59
Environmental Quality	4	0.59
Civic Involvement	1	0.59
Economic Security	2	0.58
Housing	3	0.55
Employment	3	0.28

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

There is particular concern when examining **HIV** trends in the city. From 2002 through 2009 per the Connecticut Department of Public Health HIV Surveillance Program, the number of HIV infection cases declined for the city; however, there has been a 221% increase of new HIV infections among self-reporting men who have sex with men over the same time period, as well as a 123% increase in new infections amongst Hartford's Black residents.

There is an established correlation between HIV rates and rates of tuberculosis infection [9]; however, that does not seem to be the case in Hartford. Data from the Connecticut Department of Public Health's Tuberculosis Control Program shows that while tuberculosis rates in Connecticut are in decline, tuberculosis rates in Hartford are increasing.

Figure 11. Tuberculosis Prevalence* in Hartford and Connecticut (2004-2010)



The Connecticut Department of Public Health's STD Control Program provides information on infections more commonly associated with reproductive health. From 2007-2010, a total of 7768 cases of **chlamydia** were reported in Hartford (rate of 157 per 10,000 residents), which is almost 1.5 times higher than the next highest rate of chlamydia infection in the state. Among Blacks and Latinos, the rates were 12.1 and 5.3 times higher than those for whites, respectively. Of all the diagnoses reported during this period, approximately 70% of the cases were among 15 to 24-year olds; Black and Latino female adolescents and young adults accounted for about 36% and 20%, respectively, of all reported chlamydia cases during this same period.

Gonorrhea is the second most commonly reported STI in Hartford after chlamydia. Between 2007 and 2010, approximately 20% of the total reported cases of gonorrhea in the state occurred in Hartford (a rate of 40.5 per 10,000 residents). The rate of infection of women when compared to men was 1.5 times higher (119 versus 78 per 10,000 residents, respectively). Blacks and Latinos also had a disproportionate rate of infection when compared to whites (15.3 and 4.1 times greater, respectively); infection rates were also the highest for 15- to 24-year olds.

Since 2008 the prevalence of **syphilis** in Hartford has increased from 4.1 to 10.5 cases per 100,000 residents; and approximately 94% of all reported cases were male. A racial and ethnic disproportion is also reflected, as African American and Latino male rates were 9.2 and 4.3 times higher than white males, respectively.

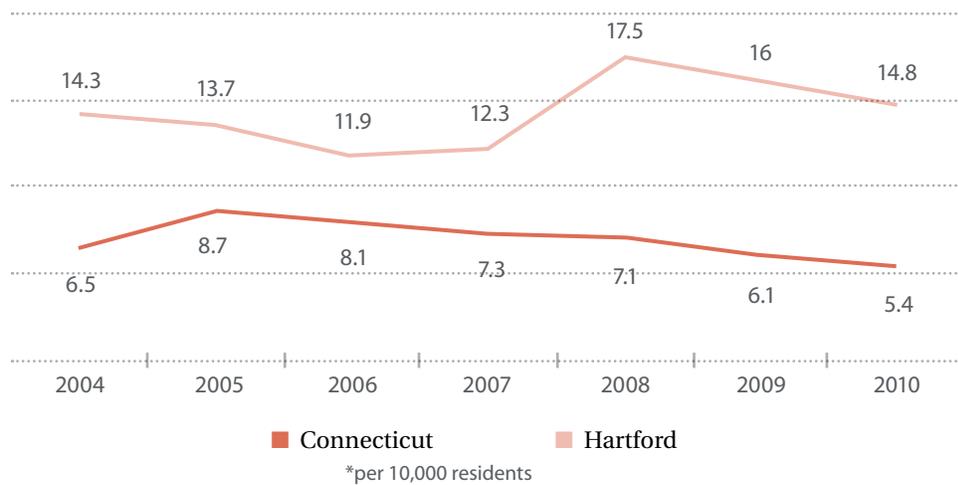
Table 11. Syphilis in Hartford among Males by Age Category (2007-2010)

	PERCENT INFECTED
15-24 years old	34%
25-34 years old	10%
35-44 years old	41%

During this same time period, syphilis prevalence among males 25-34 year old increased 81% to 32 cases per 100,000; and among males 35-44 years old it increased 51% to 79 cases per 100,000.

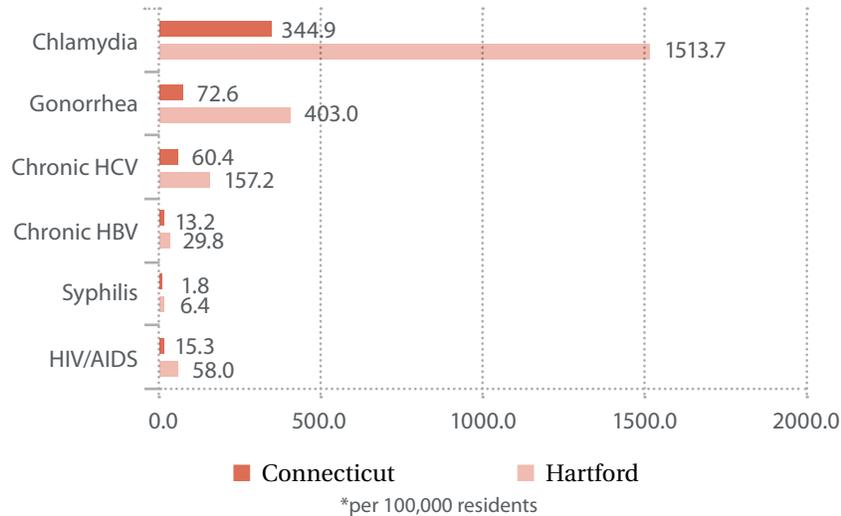
The information concerning **Hepatitis C** (HCV) for the state and the city is limited. From the data available, chronic HCV rates in Hartford have been declining for the past 3 years, yet they still remain 2.7 times greater than the state prevalence.

Figure 12. Chronic HCV Prevalence* in Hartford and Connecticut (2004-2010)



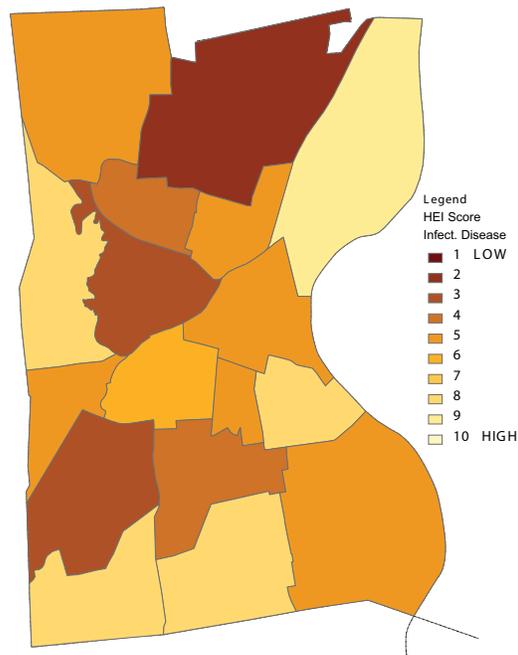
With these disproportionate rates of infection, it is not surprising that when compared to the state the city’s HEI rating is 2 for all infectious diseases. The following displays a summary of how the city rates when looking at some of the infectious disease trends:

Figure 13. Infectious/Communicable Diseases Prevalence* in Hartford and Connecticut (2009)



Using data from Connecticut’s Department of Public Health, a comparison of how Hartford’s neighborhoods compare to each other with regard to infectious diseases is demonstrated in the following map using the same HEI rating system; the Northeast rated lowest out of 17 total neighborhoods.

Map 4. HEI Infectious Disease Score by Neighborhood



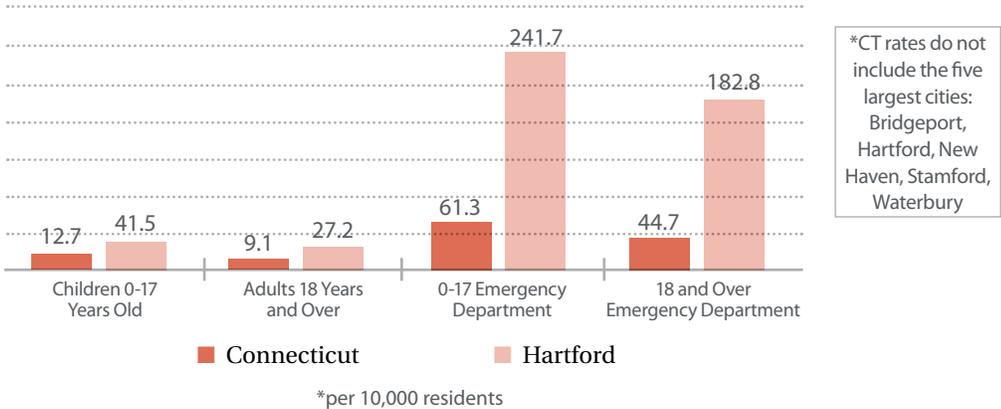
Based on secondary data analysis, Hartford has considerably higher rates of preventable infectious/communicable diseases than the state with the exception of Lyme disease.

The Department of Health and Human Services and the Consortium can identify the prevalence of infectious diseases and provide resources to those who are in most need. The Department’s division of Disease Prevention and Health Promotion has both an STD and TB clinic, as well as an HIV program, all geared to curtail infection rates and keep Hartford residents informed and educated. The federal government has passed legislation that provides for individuals who live with HIV/AIDS affordable, high-quality HIV care and related services. For those who are already established Ryan White consumers, there is a network of agencies and area providers that are connected to the city and in position to provide needed services and resources.

Respiratory Illness

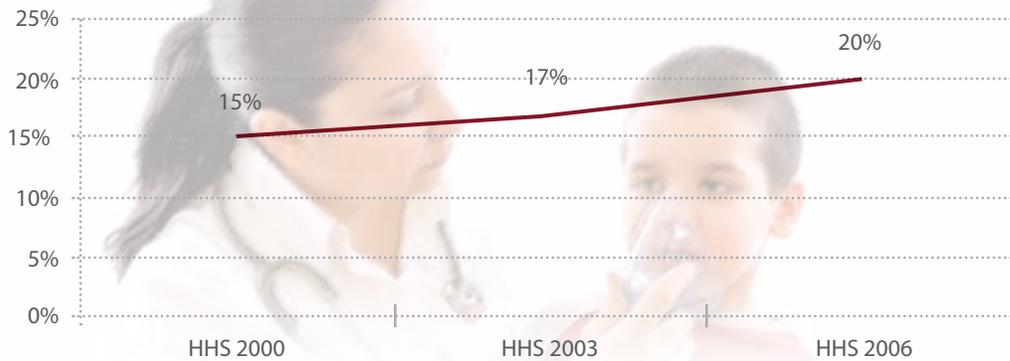
Based on data gathered in the Secondary Data Profile, asthma is an area of concern for the community. According to the Connecticut Department of Health, the hospitalization rates for asthma are notably higher for Hartford when compared to the state as seen in the following figure.

Figure 14. Asthma Hospitalization Rates* in Hartford and Connecticut (2009)



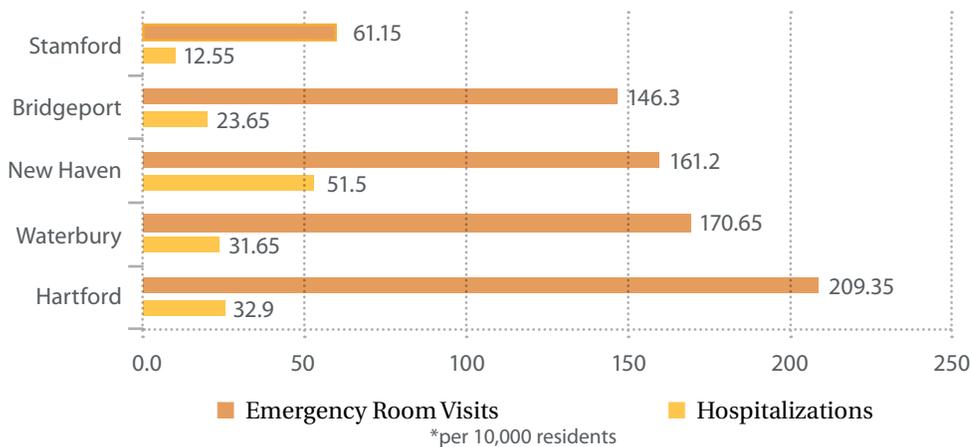
In 2006, the self-reported responses of current asthma among adults were 20%. This is the highest percentage of self-reported asthma in the past three Hartford Health Surveys, an HHS survey conducted through community partners every three years to gauge resident health and access to health care.

Figure 15. Percent of Self-Reported Asthma from Hartford Health Survey (2006)



Regardless of how residents self-report, Hartford has the highest rate of emergency room usage (209 ER visits for every 10,000) and the second highest rate of hospitalization for asthma as the primary cause of diagnosis (33 admissions per 10,000) when compared to other major Connecticut cities.

Figure 16. Asthma Hospitalizations and Emergency Room Visit Rates* for All Residents by Connecticut City (2001-2007)



Similar to asthma hospitalization rates, mortality rates are also an area of concern when compared to the rest of the state. The asthma-related mortality rate for men in Hartford is 22.4 per 10,000 men compared to 7.9 for the rest of Connecticut. Similarly, the mortality rate for women in Hartford is 42.5 compared to Connecticut's rate of 16.5.

In general, respiratory illness in Hartford has some moderate correlations, as noted in the following table, but the HEI indexed score is very low for each of the social determinants correlated to respiratory illness.

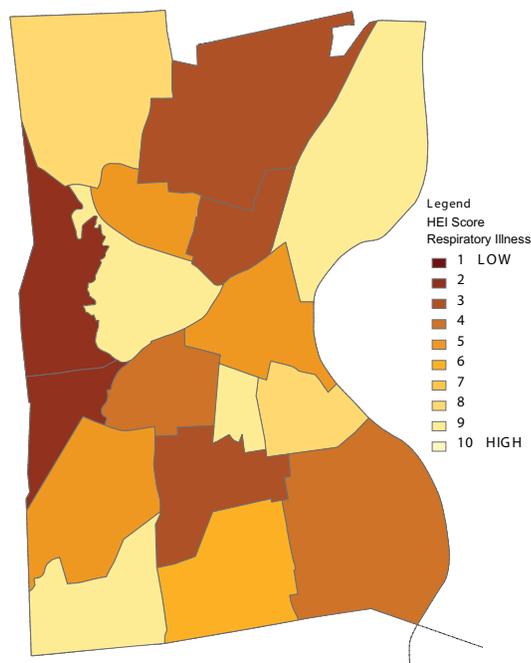
Table 12. Social Determinants of Health Related to *Respiratory Illness*

	INDEX SCORE	CORRELATION COEFFICIENT
Economic Security	2	0.45
Education	2	0.41
Civic Involvement	1	0.31
Housing	3	0.29
Employment	3	0.28
Community Safety	1	0.26
Environmental Quality	4	0.18

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

Using Connecticut Department of Health Office of Vital Records data, the HEI scores Hartford an overall indexed score of 4 when compared to other Connecticut towns and cities. The following map gives an indication of where the lowest scores lie when comparing among Hartford’s neighborhood; the West End and Parkville neighborhoods ranked the lowest among Hartford neighborhoods with regard to respiratory health.

Map 5. HEI Respiratory Illness Score by Neighborhood



To help address these issues, the Asthma Call to Action Taskforce, a coalition of representatives from Hartford’s Department of Health and Human Services, public schools, area hospitals, community organizations, and other agencies that are concerned about asthma in Hartford, seek to increase awareness about asthma to its residents, improve asthma care, establish a network of individuals and organizations to provide education and resources, and define asthma rate improvement strategies.

Obesity and Cardiovascular Disease

The percentages of obese Connecticut adults 20 years and older are notably higher for the Black and Hispanic populations (39.8% and 29%, respectively) than the state’s white population (20.6%) [10]. Obesity is most commonly measured as a percentage of body fat based on height and weight. The following table shows the percent of healthy, overweight, and obese adults in the United States for all income levels as determined by the National Health and Nutrition Examination Survey. These weight category trends are similar when looking solely at people who are classified as “poor” (those who lived below the poverty threshold, currently set at a yearly income of \$11,139 for individuals and \$22,314 for a family of four) by the US government. With a high rate of unemployment and a low HEI ranking for economic security, it can be assumed that obesity trends in Hartford are similar and that there is an increased relative risk for hypertension and adverse cardiovascular outcomes [11].”

Table 13. United States Weight Categories

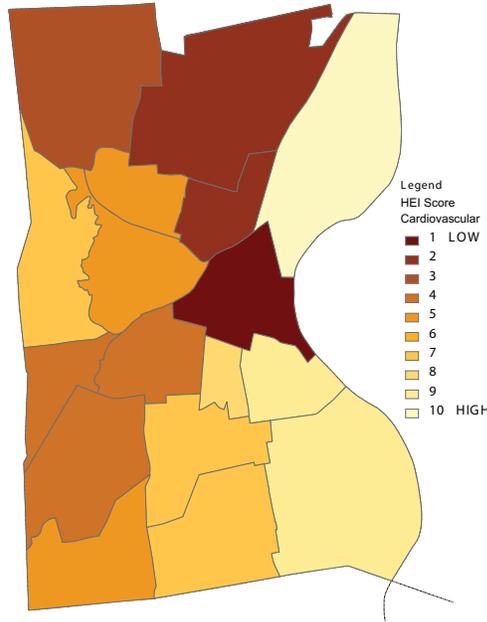
	HEALTHY WEIGHT	OVERWEIGHT	OBESE
1988-1994	41.9%	33.0%	22.7%
2001-2004	32.4%	34.7%	31.2%
2005-2008	30.9%	33.5%	33.9%

Similar rates emerge when looking at people who are classified as “poor” by the US government (those who live below the poverty threshold, currently set at a yearly income of \$11,139 for individuals and \$22,314 for a family of 4). With high rates of unemployment and a low HEI rating for economic security in Hartford, this trend is most likely mirrored in the city.

Downtown, the neighborhood with the lowest residential density, has the highest economic security and education scores, as well as the largest proportion of white residents. Despite such a low percentage of Hartford residents living Downtown, the fact that this population enjoys greater employment as well as health care coverage contributes to an increase in cardiovascular diagnoses and ultimately prevents undesirable health outcomes. For the remainder of Hartford’s residents, cardiovascular health indicators remain elusive.

Obesity has been linked to both cardiovascular health and diabetes [12], and heart disease was the leading cause of death for Hartford from 2005 to 2007. The Northeast and Frog Hollow neighborhoods rate the poorest for these two significant risk factors.

Map 6. HEI Cardiovascular Disease Score by Neighborhood



There are several strong and moderate correlations with cardiovascular health, the top being education and economic security; below is a table listing the top five.

Table 14. **Social Determinants of Health Related to Cardiovascular Health**

	INDEX SCORE	R _s VALUE
Education	2	0.51
Economic Security	2	0.48
Civic Involvement	1	0.42
Environmental Quality	4	0.36
Community Safety	1	0.33
Housing	3	0.29
Employment	3	0.28

Note: All shown correlations are statistically significant and ranked in order from strong to weak.

Diabetes

The fact that diabetes often presents as a co-morbidity with other diseases, it is difficult to segregate the information for just diabetes. The following table shows the age-adjusted percentages for adults 20+ for selected ethnic groups throughout the state; the data are from the Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS).

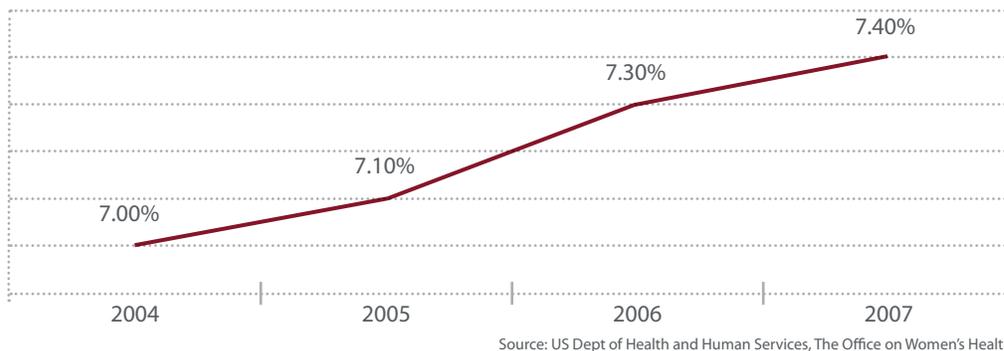
Table 15. **Connecticut Residents with Diabetes by Race**

YEAR	ALL ADULTS	NON-HISPANIC WHITE	NON-HISPANIC BLACK	MEXICAN-AMERICAN
2005	7.2%	6.6%	14.3%	15.1%
2006	6.9%	6.4%	15.0%	10.4%
2007	8.3%	7.1%	20.4%	13.5%
2008	7.2%	6.2%	16.1%	11.6%
2009	6.8%	6.4%	13.0%	9.7%
2010	7.6%	7.0%	13.9%	9.5%

The rates are alarmingly higher for non-Hispanic Blacks, and Hispanics; these trends are the same across all economic levels, and substantially higher for those who live below and near the poverty threshold. Since 2007, there has been a significant improvement in these high rates as both the Black and Hispanic populations in the state have experienced a drop in the rate of diabetes, but there is still a diabetes health disparity drawn along racial lines for the state.

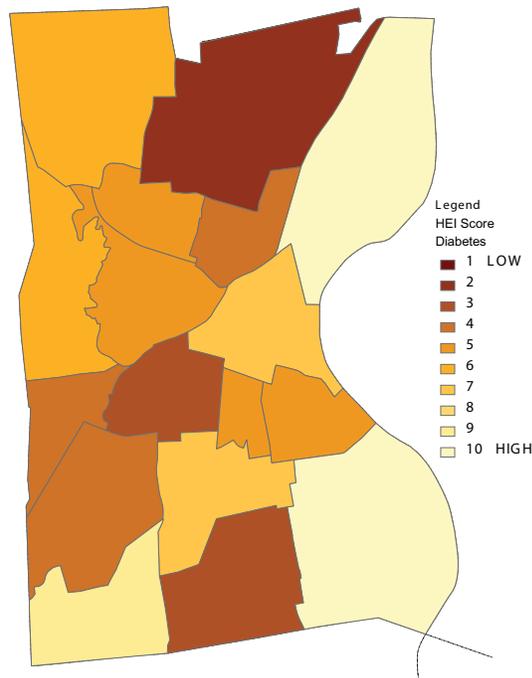
While Hartford's diabetes rate is lower than the state's, the CDC indicates that Hartford's rate is on the rise. If the state trend in diabetes is any indication of how the city is afflicted by this disease, then the assumption would be that the Black population is disproportionately affected when compared to other racial/ethnic groups.

Figure 17. **Diabetes in Hartford for Adults**



The neighborhoods are compared to one another in the following map using the HEI indexing giving an indication where in Hartford diabetes is more of a health issue. The Northeast neighborhood ranks the lowest among Hartford neighborhoods.

Map 7. HEI Diabetes Score by Neighborhood

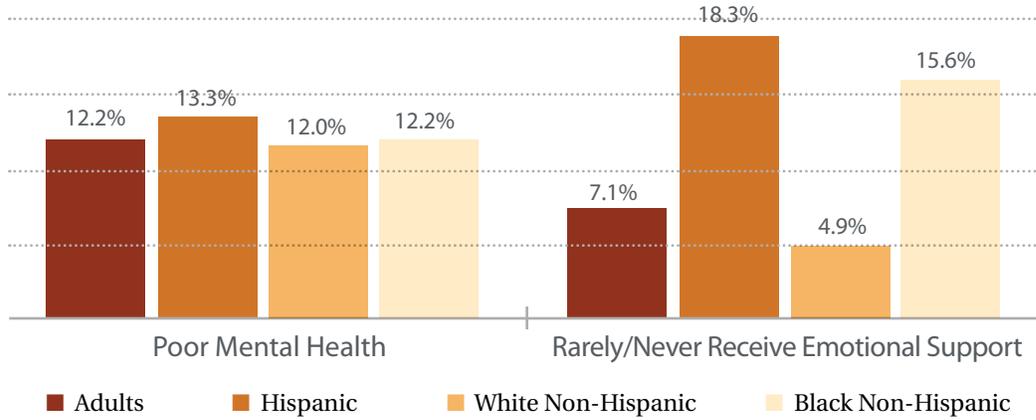


Behavioral Health

The HEI, using discharge data from the Connecticut Hospital Association and death information from the Connecticut Office of Vital Records, calculated an aggregate index score of 2 for mental health as a health indicator for Hartford. There are several significant correlations with mental health, including community safety ($R_s=0.55$), economic security ($R_s=0.47$), environmental quality ($R_s=0.45$), civic involvement ($R_s=0.45$), education ($R_s=0.42$), housing ($R_s=0.37$), and employment ($R_s=0.23$). With a low-indexed social determinant score, it can be inferred mental health issues are a significant health risk for the city. The BRFSS, a national system of state-based surveys, annually assessed how the residents fare with mental health issues. The results show that there is clearly a greater rate of Hispanics and Blacks self-reporting a lack of emotional support.

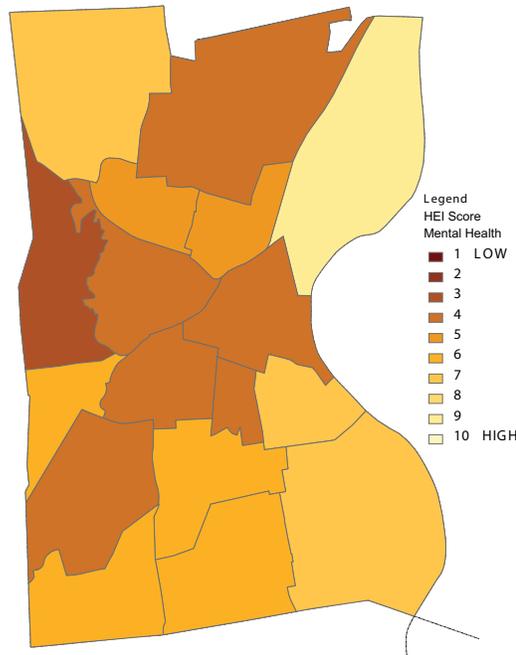
The behavioral health infrastructure is headed by the state through the Department of Mental Health and Addiction Services and its various partners; the complexity of mental health services designed to cater to large geographic regions encompassing the city as well as 37 other municipalities calls for a more thorough investigation and coordinated approach. HHS is currently engaged in a collaborative partnership that includes planning for a Behavioral Health Needs Assessment in order to fully understand the nature of these services.

Figure 18. Mental Health in Connecticut (Age Adjusted; 2007-2009)



The neighborhood with the highest utilization of mental health services is the West End, which happens to be relatively affluent when compared to other city neighborhoods. The Consortium could hypothesize that individuals with greater access to specialized health care services would experience higher rates of diagnoses.

Map 8. HEI Mental Health Score by Neighborhood



VIII. Barriers to Services

The Urban Alliance survey asked respondents to consider barriers to health services and community resources. The most commonly reported barriers to service areas included not knowing about existing services (27%), lack of available services (22%), not able to pay (20%), and lack of transportation (20%).

Respondents were also asked to identify the most crucial **perceived service needs** for Hartford. Areas perceived as the most in need of additional services included homelessness/ housing (45%), education (41%), job training/employment assistance (39%), and basic needs/food assistance (36%). The top **actual service needs** were determined by respondents indicating that someone in their household would benefit from having additional service in this area. This resident survey found that the actual needs of the respondents were, for the most part, similar to the perceived needs of Hartford; three of the top five needs mentioned were common to both (see table below; ranked by most common responses and common responses bolded). The two areas - perceived and actual service needs - were explored separately to note differences, but with such high correlations in Connecticut between employment, education, and housing, as well as other factors, the overlap between the two areas is not as discordant as they appear to be.

Table 16. **Top 5 Needs for Hartford**

ACTUAL NEEDS	PERCEIVED NEEDS
Basic needs/food assistance services	Homelessness/housing
Financial support services	Education
Job training/employment assistance	Job training/employment assistance
Health and wellness	Basic needs/food assistance
Education	Youth development

The Key Informant interviews completed by the Consortium had similar findings. More than half of Key Informants chose either “Disagree” or “Strongly Disagree” with positive statements about access to care regarding dental services, medical specialists, a comprehensive model of primary care, providers who accept Medicaid, transportation, and health care delivery in Hartford.

Table 17. Key Informant Perceptions of Health Care

ACCESS/ BARRIERS TO CARE	“DISAGREE” OR “STRONGLY DISAGREE”
The majorities of Hartford residents are able to access and afford a dentist when needed.	88%
The majority of Hartford residents are able to access needed medical specialists.	83%
The majorities of Hartford residents are able to access and afford a primary care provider.	76%
Transportation to medical appointments is available to residents when needed.	73%
The healthcare delivery system in Hartford has a comprehensive approach to patient care.	71%
There is a sufficient number of providers accepting Medicaid or other forms of medical assistance.	70%
There is a sufficient number of bilingual healthcare providers in Hartford.	63%



IX. Conclusions

This Community Health Needs Assessment was assembled to give readers an overview of Hartford public health trends and to provide a platform to increase the communication across non-governmental as well as governmental agencies to improve the lives of city residents. The findings from this process demonstrate that Hartford residents include high concentrations of people at an increased risk for unhealthy living. After examining all the data sources used to create this report – the Key Informant Survey, the Hartford Survey Project, and the various secondary data that were analyzed – it is clear that marginalized and underserved populations are overrepresented in the city, and the need for establishing and expanding effective partnerships among city agencies is critical. Poverty, job opportunities, education, quality of housing, and neighborhood safety are quality of life measures that were most often mentioned by the Key Informants. All of these were highlighted in the data as areas where collaboration and renewed effort are necessary.

According to a recent model created by the University of Wisconsin's Population Health Institute, at least half of community wellness is driven by non-health factors such as education, housing, and pollution [13]. Connecticut, consistently one of the wealthiest states in the union, is also home to some of the nation's most significant gaps in leading societal determinants of health. For instance, when looking at poverty, Latinos are 4.7 times and Blacks are almost 3.6 times more likely to be living in poverty when compared with their white counterparts in Connecticut. These poverty rates among Black and Latino population reflect, in part, the terribly high unemployment rates in cities like Hartford, which have been crippled by unemployment rates at least 50% higher than that of the state. Coupled with things like a high percentage of single parent households with children present, these compromising circumstances make it difficult for Hartford residents and their families to achieve optimal health.

In addition to a high concentration of poverty, this assessment identifies other actionable non-medical factors that drive the state of health in Hartford. **Education**, for example, is a key indicator for economic security; low educational attainment coupled with limited employment opportunities adversely impact economic security of the city on a whole. Hartford's battle is a difficult one as one-third of Hartford adults do not have a high school diploma. And with one-fifth of the city's labor force unemployed and a high rate of service occupations for those who are employed, it is apparent that when people get off on the wrong foot, the path to occupations with increased responsibility and higher wages become all the more difficult.

The **housing** situation in Hartford makes it difficult to find up-to-date accommodations. The housing stock in Hartford is an aging one, where more than half of the housing available for both renters and buyers was built prior to 1950. And of all the housing occupied, less than a quarter of Hartford residents own their domicile; the majority has to choose from these old housing options.

Crime continues to be a problem in Hartford. With such a high number of youth living in the city, there is going to be an increased rate of violent and injury-related deaths. The city, having about 3.5% of the entire state's population, accounts for more than a third of all murders. In addition, there are some very specific health issues that should be highlighted:

- High age-adjusted mortality rates despite a population that is relatively young suggest that the senior population is dying at a high rate
- The diabetes rate, although well below Connecticut's rate, has climbed steadily in recent years
- As a percent of the total population in Hartford, residents who are obese are increasing while the percent of healthy weight adults declines
- The infant mortality rate in Hartford is much higher than Connecticut and the United States

Preventing problems before they arise is a particularly powerful tool in population health. These prevention efforts will result in a dramatic cost savings and reduction in social problems to our community. In 2009, the Mayor's office in collaboration with HHS designed and launched the Healthy Hartford wellness campaign, focused on many aspects of daily life in our urban environment. The goal of this campaign is to increase the availability of health related information and have community discussions designed to influence the choices that the Hartford citizenry at all ages makes regarding health behaviors like physical activity, proper eating, and other aspects of disease prevention. HHS launched a set of creative teams to design high-impact activities and approaches targeting all residents; the Healthy Hartford campaign was recently recognized by the U.S. Surgeon General and received the *Healthy Youth for a Healthy Future Champion Award* for its efforts to curb and prevent childhood overweight and obesity within our community. The Healthy Hartford campaign along with its many partners strives to reach the largest possible number of residents by designing interactive activities that target specific demographic groups throughout Hartford's 17 neighborhoods.

The Healthy Hartford campaign is a collaborative effort with area health providers and organizations to promote healthy choices and solutions to health problems by focusing efforts on a specific segment of the population or aspect of living in Hartford (i.e., youth, women, and men; Hartford workforce; and public policies that affect the health of the people). As an example, the recently formed Hartford Childhood Wellness Alliance draws on the combined leadership and expertise of community and professional groups across a spectrum of public health, medicine, academia, child care, and recreation to address the critical issue of childhood health and weight in Hartford. The Alliance provides a structure through which individuals and organizations can join together in the common interest of creating healthy environments for children and families, which in turn would be a cost saver to the city. Early in 2011, the Society of Actuaries calculated that the total economic cost of overweight and obesity in the United States is \$270 billion per year as a result of an increased need for medical care, loss of worker productivity due to higher rates of death, loss of productivity due to disability of active workers, and loss of productivity due to total disability. Providing increased accurate chronic

disease self-management training to Hartford residents would have a positive impact on total cost to the city.

Collaboration holds the promise of allowing progress on issues where multiple parties are involved. Sustaining collaborations in Hartford is possible not only because of established partnerships but also because of efforts like such as this needs assessment, which will further strengthen existing relationships by highlighting where the major needs are. Any local health department is limited by available resources. Therefore, HHS' standard operating procedure is to constantly search for, and partner with, other organizations in order to better the lives of Hartford's citizenry.

The Public Health Advisory Council, a city charter-supported advisory panel, is an example of a sustained collaboration relative to residential health and chronic disease. Members of the panel include high-level representation from area hospitals, the Hispanic Health Council, the State of Connecticut Department of Mental Health and Addiction Services, the Connecticut Association of Directors of Health, and other community health organizations, and has regularly met for approximately the last 15 years. As experts on community health, the Public Health Advisory Council advises the city on many public health policies and initiatives.

In order to have improved collaborations throughout the city, there needs to be better data exchange among health organizations. Both health and societal data are not consistently collected, are difficult to compare longitudinally, and frequently may not tell the whole story. To improve the health of Hartford residents, HHS and its partners must have access to accurate local data. There are opportunities to make significant improvements in gathering and tracking such data on all of these issues, particularly on the issues of chronic diseases and risk factors that contribute to health disparities. It is imperative that those working in public health and providers of direct clinical services collaborate to develop a strategic plan for delivery of health care (including preventive care and mental health services) in a manner best suited to the community being served.

This report has presented a case that trends in health outcomes are determined not just by individual-level factors such as genetic make-up or access to medical services. Rather, these rates are a result of but also social, political, and environmental conditions. At the population level, major influences on health are structural. Throughout the development of this report, it has become clear that the disproportionate rates of morbidity and mortality borne by the city's marginalized communities result from far more than access to medical services, a result of cumulative social and environmental conditions in which Hartford's low-income residents are born, grow up, live and work. Hartford stakeholders can no longer afford to ignore evidence linking social determinants of health with health outcomes. By building on the analysis in this report and partnerships throughout the city, Hartford will take significant steps to build the capacity to understand and address the conditions contributing to the compromised health of our most vulnerable neighborhoods.

X. Works Cited

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XI. Appendix

A. Agencies that participated with the Key Informant Interviews:

Alcohol and Drug Recovery Centers, Inc.	Family Life Education
Asian Family Services (CRT)	Gay and Lesbian Health Collective
Blue Hills Civic Association	Greater Hartford Interdenominational Ministerial Alliance, Inc.
Boys and Girls Clubs	Greater Hartford Interfaith Coalition for Equity and justice
Cancer Program at Hartford Hospital	Hartford 2000
Capital Workforce Partners	Hartford Behavioral Health
Capitol Region Education Council	Hartford Community Schools
Casey Family Services	Hartford Foundation for Public Giving
Catholic Charities (Archdiocese of Hartford)	Hartford Hospital
Catholic Worker House	Hartford Office of Youth Services
Charter Oak Health Center	Hartford Public Schools
Child Health and Development Institute of Connecticut, Inc.	Hispanic Health Council
Children's Trust Fund	Immaculate Conception Shelter and Housing Corp.
Clay Arsenal Neighborhood Revitalization Zone	Injury Prevention Center at CCMC
Commission on Children	Institute for Community Research
Community Health Service	Institute for Hispanic Families s
Community Renewal Team, Inc. (CRT)	Interval House
Conference of Churches	Khmer Health Advocates
Connecticut Children's Medical Center (CCMC)	Latino Community Services
Connectikids	Malta House of Care, Inc.
CT African-American Affairs Commission	My Sister's Place
CT Association of Directors of Health (CADH)	Office for Young Children (COH)
CT Association of Human Services	Pediatric Clinic at Saint Francis Hospital
CT Coalition for Environmental Justice	Saint Francis Hospital
CT Department of Mental Health and Addiction Services	The Village for Families and Children
CT Department of Public Health	UConn Health Center
CT Department of Social Services	UConn School of Social Work
CT Voices for Children	United Way
Daughters of Eve	Urban League of Greater Hartford
Department of Community Outreach at Saint Francis Hospital Wellness	Easy Breathing at the Hartford Alliance for Childhood
Emergency Department at Hartford Hospital	Women's League Child Development Center

B. Key Informant Survey

City of Hartford 2010 Key Informant Survey

Good morning/afternoon, my name is _____ and I'm calling on behalf of the City of Hartford Department of Health and Human Services, CCMC, Saint Francis Hospital and Hartford Hospital. You should have received a letter from those institutions soliciting your participation in a brief survey that is part of a community needs assessment for the City of Hartford. You should have received a survey in advance to help us in this process; if that is not the case I could send one now and schedule for a latter time.

Do you have approximately 15-20 minutes to complete the survey with me? If not, I would be glad to schedule a time that is convenient with your schedule and call you back.

Please know that all of your responses will be held in strict confidence. No individual from the sponsoring organizations will have access to your individual survey. I'd like to emphasize that I am not an employee of the City of Hartford, but am affiliated with Holleran, a research firm located in Lancaster, Pennsylvania commissioned to conduct this research.

DEMOGRAPHICS

Area of Expertise:

Education Level:

Years providing services:

1. What is your vision of a healthy community?
2. What are the most significant barriers that residents of Hartford face when they attempt to access healthcare?
3. What specific populations in Hartford do you feel are not being adequately served by the healthcare system?

4. In your opinion, what proportion of the population in Hartford views the hospital emergency room as their key source of primary care? _____%

Key Health Issues

1. In your opinion what are the five most significant health issues (most severe or most serious) you perceive in your community. The first one being the least important and the last one being the most important.

Caller: Read the list only if respondent needs prompting.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Domestic/Family Violence
<input type="checkbox"/> Stroke	<input type="checkbox"/> Abuse of Children
<input type="checkbox"/> Obesity	<input type="checkbox"/> Sexually Transmitted Diseases – does not include HIV/AIDS
<input type="checkbox"/> Daily Life Stressors	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Reproductive Health	<input type="checkbox"/> Violence

Other _____

2. In your opinion what would be the best way to promote health prevention and wellness?
3. Regarding health and well-being, what needs of Hartford residents are currently being met the best?
4. Regarding health and well-being, what would you say are the greatest unmet needs among residents of Hartford?
5. If you had to identify two key improvements that you feel are needed to provide better healthcare for area residents, what would they be?
 - a. _____
 - b. _____

Comments regarding Key Health Issues:

Quality of Life

1. On a scale of 1 (very poor) through 5 (excellent), please rate each of the following within the community.

1 = very poor; 2 = poor; 3 = average; 4 = good; and 5 = excellent.

NEIGHBORHOOD/ENVIRONMENT	Very poor « » Excellent
a. Availability of recreational activities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. Neighborhood safety	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c. Clean, litter-free neighborhoods	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. Water or air pollution	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e. Quality of housing (affordable, in good condition)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
f. Road/traffic conditions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
g. Schools/education	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
h. Job opportunities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
i. Availability of care for children	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
j. Poverty	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Do you have any additional comments on Quality of Life or any example that illustrates your answers:

2. What specific suggestions do you have for area hospitals and public health agencies to improve the quality of life in the community?

Quality of Care

1. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements.

1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree

HEALTHCARE	Strongly disagree « » Strongly agree
a. There are a sufficient number of bilingual providers in Hartford.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. The majority of residents in the area are able to access a primary care provider.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c. The majority of residents in the area are able to access a medical specialist.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. The majority of residents in the area are able to access a dentist when needed.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e. Transportation for medical appointments is available to the majority of residents.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
f. There are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Do you have any additional comments on Healthcare or any example that illustrates your answers:

SOCIAL SERVICES	Strongly disagree « » Strongly agree
a. The majority of the residents in Hartford would know where to go if they needed mental health/ behavioral health treatment.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. The majority of residents in Hartford would know where to go if they needed help with a substance abuse problem.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c. There are a sufficient number of behavioral health providers in the area.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. The healthcare delivery system in Hartford has a holistic approach to patient care?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Do you have any additional comments on Social Services or any example that illustrates your answers:

That concludes the survey. Thank you very much for your time today and we appreciate your feedback!

C. Hartford Resident Survey: English

URBAN ALLIANCE HARTFORD RESIDENT SURVEY



You are being invited to complete this survey because you are a Hartford resident. We are interested in learning about services that would be helpful to you and your family as well as barriers to receiving these services. It is our hope that the results of this survey will enhance and increase services offered in the city of Hartford.

QUESTIONS ABOUT YOU

This survey begins with questions about you and your family. These help us to describe who completed the survey.

1. Do you live in the city of Hartford?

Yes No

Please provide your Zip Code: _____

2. What is your ethnicity?

Latino West Indian Multi-ethnic

White African Other

Asian American *Specify:* _____

4. Do you attend a church?

Yes *If yes, please specify which church:*

No _____

5. How many adults live in your household? _____

6. How many children live in your household? _____

3. What is your gender? Female Male

7. Check the box that best describes your age:

18-29 30-49 50-64 65+

QUESTIONS ABOUT SERVICES IN HARTFORD

In the **first column (questions a & b)**, indicate if you or someone in your household (someone who lives with you) would benefit from additional services in each area and barriers to receiving each type of service.

In the **second column (question c)**, rank (1 through 3) the three areas most in need of additional services in the city of Hartford. Place the ranking in the box corresponding to each service area (1 indicates the area most in need of additional services). Complete this column after you have completed the first column (questions a & b) for each type of service.

<p>1. SUBSTANCE ABUSE RECOVERY (e.g. treatment, prevention)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access substance abuse recovery services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time</p> <p><input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Uninsured</p> <p><input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves <input type="checkbox"/> Other:</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <p style="text-align: center;">□</p>
<p>2. BASIC NEEDS/FOOD ASSISTANCE (e.g. food pantry, meals, clothing, utility assistance)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access basic needs/food services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time</p> <p><input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <p style="text-align: center;">□</p>
<p>3. HOMELESSNESS/HOUSING (e.g. emergency shelter, affordable housing)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access housing services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time</p> <p><input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <p style="text-align: center;">□</p>
<p>4. COUNSELING/EMOTIONAL SUPPORT (e.g. counseling, support group, stress management)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access counseling/emotional support services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time</p> <p><input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Uninsured</p> <p><input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves <input type="checkbox"/> Other:</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <p style="text-align: center;">□</p>

<p>5. YOUTH DEVELOPMENT (e.g. leadership training, mentoring, after-school programs)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access youth development services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Uninsured <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>6. HEALTH AND WELLNESS (e.g. health care, screenings)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access health and wellness services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Uninsured <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves <input type="checkbox"/> Other:</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>7. EDUCATION (e.g. tutoring, GED classes, ESL, literacy)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access education services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>8. FINANCIAL SUPPORT SERVICES (e.g. personal finance planning, financial literacy, tax preparation)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access financial support services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>9. ELDERLY SERVICES (e.g. convalescent home, meals, senior center/programs)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access services for seniors? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>10. PRISONER /RE-ENTRY SERVICES (e.g. visitation, re-entry assistance, support)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access prisoner/re-entry services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>11. JOB TRAINING/EMPLOYMENT ASSISTANCE (e.g. skill development, resume assistance)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access job training/employment services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<p>12. PREGNANCY/PARENTING SUPPORT (e.g. parenting/prenatal education and support)</p> <p>a. I or someone living in my household would benefit from additional services in this area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Which factors make it difficult to access pregnancy/parenting support services? (mark all that apply)</p> <p><input type="checkbox"/> Never needed services in this area <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of time <input type="checkbox"/> Don't know about existing services <input type="checkbox"/> Not able to pay <input type="checkbox"/> Language barrier <input type="checkbox"/> Other <input type="checkbox"/> Lack of available services <input type="checkbox"/> Bad past experience <input type="checkbox"/> Family/friend disapproves</p>	<p>c. Rank the three areas most in need of additional services in Hartford</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

D. Hartford Resident Survey: Spanish

ALIANZA URBANA ENCUESTA SOBRE RESIDENTE HARTFORD

Usted está invitado a terminar esta encuesta porque usted es un residente de Hartford. Estamos interesados en aprender sobre los servicios que le serían provechosos a usted y su familia así como barreras para recibir estos servicios. Nuestra meta es mejorar y aumentar el alcance de los servicios ofrecidos en la ciudad de Hartford.

PREGUNTAS DE USTED

Esta encuesta comienza con preguntas sobre usted y su familia y nos ayudan a describir quién terminó la encuesta.

1. ¿Usted vive en la ciudad de Hartford?

Sí No

Proporcione por favor su Código postal: _____

4. ¿Usted asiste a alguna iglesia?

Sí No *Especifique por favor qué iglesia:*

2. ¿Cuál es su pertenencia étnica?

Latino Oeste Indio Multi-étnico

Blanco Africano Otro

Asiático Americano *Especifique:* _____

5. ¿Cuántos adultos viven en su casa? _____

6. ¿Cuántos niños viven en su casa? _____

3. ¿Género? Femenino Masculino

7. ¿Está entre las edades de?:

18-29 30-49 50-64 65+

PREGUNTAS SOBRE SERVICIOS EN HARTFORD

En la **primera columna** (preguntas a y b), indique si usted o alguien en su hogar serían beneficiado por servicios adicionales en cada área y también indique las barreras para recibir cada tipo de servicio.

En la **segunda columna** (pregunta c), Marque (1 a 3) las tres áreas más necesitadas de servicios adicionales en la ciudad de Hartford. Marque la caja que corresponde a cada área de servicio (1 indica la área más en necesidad de servicios adicionales). Termina esta columna después de que usted haya terminado la primera columna (preguntas a y b) para cada servicio.

1. RECUPERACIÓN DEL ABUSO DE LA SUSTANCIA (e.g. tratamiento, prevención)	c. Marque las tres áreas más necesitadas de servicios adicionales
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/>
b. ¿Qué factores hacen difícil de tener acceso a servicios de recuperación del abuso de la sustancia?	<input type="checkbox"/>
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desapruaba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Sin seguro medico <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos economicos <input type="checkbox"/> Otro: _____	<input type="checkbox"/>
2. NECESIDADES BASICAS/ASISTENCIA DE ALIMENTOS (e.g. despensa de alimento, ropa, ayuda para utilidades)	c. Marque las tres áreas más necesitadas de servicios adicionales
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/>
b. ¿Qué factores hacen difícil de tener acceso a servicios de necesidades basicas/asistencia de alimentos?	<input type="checkbox"/>
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desapruaba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos economicos _____	<input type="checkbox"/>
3. PERSONAS SIN HOGAR/VIVIENDA (e.g. abrigo de emergencia, cubierta comprable)	c. Marque las tres áreas más necesitadas de servicios adicionales
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/>
b. ¿Qué factores hacen difícil de tener acceso a servicios de personas sin hogar/vivienda?	<input type="checkbox"/>
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desapruaba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Sin seguro medico <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos economicos _____	<input type="checkbox"/>
4. ASESORAMIENTO/APOYO EMOCIONAL (e.g. asesoramiento, grupo de ayuda)	c. Marque las tres áreas más necesitadas de servicios adicionales
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/>
b. ¿Qué factores hacen difícil de tener acceso a servicios de asesoramiento/apoyo emocional?	<input type="checkbox"/>
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desapruaba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Sin seguro medico <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos economicos <input type="checkbox"/> Otro: _____	<input type="checkbox"/>

<p>5. DESARROLLO DE LA JUVENTUD (e.g. programas después de la escuela)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de desarrollo de la juventud?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>6. SALUD Y BIENESTAR (e.g. cuidado médico, exámenes)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de salud?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Sin seguro medico <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos <input type="checkbox"/> Otro: _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>7. EDUCACIÓN (e.g. tutoria, GED, ESL)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de educación?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>8. SERVICIOS DE APOYO FINANCIERO (e.g. preparación de impuesto, planificación financiera)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>9. SERVICIOS ENUEJECIENTES (e.g. clínica de reposo, comidas, centro mayor/programas)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de enuejecientes?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>10. SERVICIOS DE PRISIÓN Y DE REINTEGRARSE (e.g. visitation, ayuda del reingreso)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de re-entry del preso?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>11. ENTRENAMIENTO/BUSQUEDA DE TRABAJO (e.g. ayuda de resume)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de asistencia trabajo de formación?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>
<p>12. SERVICIOS DE EMBARAZO/ CRIANZA DE LOS HIJOS (e.g. educación y apoyo)</p> <p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios del embarazos o crianza de los hijos?</p> <p><input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de niños <input type="checkbox"/> Falta de transporación <input type="checkbox"/> Falta de tiempo <input type="checkbox"/> No sé sobre los servicios existentes <input type="checkbox"/> Familia/amigo desaprueba <input type="checkbox"/> Barrera lingüística <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos _____</p>	<p>c. Marque las tres áreas más necesitando adicional servicios</p> <p><input type="checkbox"/></p>

E. Data Sources for HEI Social Determinants

Social Determinants

- Civic Involvement
- Community Safety
- Economic Security
- Education
- Employment
- Environmental Quality
- Housing

Health Outcomes

- Accidents/Violence
- Cancer
- Cardiovascular Disease
- Childhood Illness
- Diabetes
- Health Care Access
- Infectious Disease
- Life Expectancy
- Liver Disease
- Mental Health
- Perinatal Care
- Renal Disease
- Respiratory Illness

For additional information about the HEI social determinants and health outcomes, please visit the Health Equity Index website at <http://index.healthequityalliance.us/> or contact Connecticut Association of Directors of Health (CADH) at (860) 727-9874.

F. Data Sources for Health Equity Index

Connecticut Secretary of State Office Voter Registration Statistics

Connecticut Department of Public Safety Uniform Crime Reports

2008 Warren Group Residential Statistics Report

2006-07 Home Mortgage Disclosure Act, Aggregate Reports; 2006-07 FFIEC Census Reports 2006-07

Housingpolicy.org

2000 US Census

Connecticut Department of Health Vital Records

RealtyTrac website, September 2008

2008 Connecticut Department of Social Services Temporary Family Assistance Data

Connecticut Department of Education's CEDaR site

2006 US Annual Economic Census ZIP Code Business Patterns reports; 2000 US Census

Connecticut Housing Finance Authority; 2005 US Census Population Survey

1995-2006 U.S. Annual Economic Survey

2002 US Economic Census Zip Code Statistics

US Environmental Protection Agency Toxic Release Inventory Program

Connecticut Housing Finance Authority; 2005 US Census Population Survey

Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Population Facts Demographic Report

Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report

2005 Connecticut Hospital Association CHIME Hospital Discharge Data

Connecticut Department of Health, Lead Poisoning Prevention and Control Program

Connecticut Department of Health, Office of Vital Records Birth Certificates

Connecticut Department of Health, Sexually Transmitted Surveillance Program

For additional information about the HEI data sources, please visit the Health Equity Index website at <http://index.healthequityalliance.us/> or contact Connecticut Association of Directors of Health (CADH) at (860) 727-9874.

PLAY



WALK



RUN



BIKE



Know Your Numbers

HDL

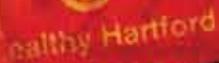
Cholesterol



Know Your Numbers



Blood Pressure



Know Your Numbers



Blood Sugar





CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES
131 Coventry Street | Hartford, CT 06112 | T 860.757.4700

Living our values in the Community

Excellence Integrity Safety Caring



2012 Community Benefit Report



Living Our Values in the Community: It's Who We Are

WHAT IS COMMUNITY BENEFIT?

Community benefit is comprised of programs or activities that provide treatment or promote health and healing as a response to identified community needs in such a way as to improve residents' access to health care services, enhance the health of the community, advance medical or health knowledge, or relieve/reduce the burden on government or other community efforts. Hartford Hospital's community benefit includes education, charity care, subsidized health services, community health improvement activities and more. The community benefit figures for FY 2012 are being reported in accordance with the IRS Form 990 Schedule H requirement.

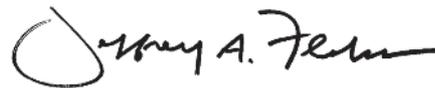
In our daily lives, each of us reveals who we are by what we do. Our actions, even more than our words, show those around us what we believe in, what we value and who we are at our very core. The same is true of organizations, and it's certainly true of Hartford Hospital. Everything we do, whether it's in a patient's hospital room or in the barbershops, community centers and church halls of Hartford, reflects this hospital's core values:

Integrity, Safety, Caring and Excellence.

In this report you'll read about some of the ways we live out our values in the community of which we have been an integral part—for more than 150 years. With those values in mind, we reach out to do what is right; to protect people from illness, injury or detrimental environments; to provide the care even the most vulnerable among us deserve; and to offer the very best of ourselves in everything we do.

Just as our values are woven into our work in the community, our involvement in the community is woven into our identity as a hospital. Contributing to the health and well-being of our neighbors isn't just something we do; it's who we are. Hartford Hospital and its efforts to benefit the community are as inextricably linked today as they have been since the community created this hospital in 1854.

This year, Hartford Hospital invested \$90,622,250 in community benefit activities. We are proud of that figure, of course, but more than that, we are gratified to have had the opportunity again to make tangible, positive differences in the lives of thousands of our neighbors.



Jeffrey Flaks
President and Chief Executive Officer



Yvette Melendez
Vice President of Government
and Community Alliances

\$90,622,250

**Total
Community
Benefit for
2012**

Subsidized health services **\$3,929,134**

Health professions education **\$34,759,867**

Community health improvement services **\$5,864,619**

Community benefit operations **\$320,947**

Charity care at cost **\$8,368,383**

Unreimbursed Medicaid **\$20,323,190**

Cash and in-kind contributions
to community group **\$3,397,543**

Community Building
Activities **\$813,856**

Research
\$12,844,711

ABOUT OUR COMMUNITY FAMILY

Hartford is an historic city that played an important role in the political, economic and cultural development of America. The city has numerous historic sites, museums and cultural assets, entertainment venues, top-rated restaurants with a host of ethnic menus, public parks and gardens and a beautiful river-front. There is vibrancy in the diversity found throughout the community. The city's population of approximately 127,000 is 42 percent Latino, 38 percent Black and 31 percent White.

Like many cities, however, Hartford is grappling with numerous socioeconomic challenges. Many residents are economically disadvantaged. The median income per household in the city is \$29,600, compared to almost \$70,000 for Connecticut as a whole. The poverty rate is 32 percent in the city, versus a state average of 9 percent. The unemployment rate is 16 percent. Nearly a third of Hartford's adults do not have a high school diploma and approximately 35 percent of Hartford residents speak a language other than English.

Significant health issues are associated with poverty. Roughly 6.9 percent of children under 18 years and 25.2 percent of adults aged 18-64 years do not have health insurance. We are the second-largest provider of Medicaid services in the state, with 9.7 percent of all Medicaid discharges. Diabetes, obesity, asthma, cardiovascular disease and mental health issues are widespread. The prevalence rate for diabetes in Hartford is 7.6 percent; 33.9 percent are obese/extremely obese; 41 percent of Hartford's children have asthma; over 12 percent have poor mental health; and the leading cause of death, 24.2 percent, is related to heart disease.

Sources: Connecticut Economic Resource Center, Inc.; A Community Health Needs Assessment, Hartford Department of Health and Human Services; Connecticut State Health Assessment; CDC

RESPONDING TO IDENTIFIED COMMUNITY HEALTH NEEDS

Health needs in our community have been identified through Hartford Hospital's needs assessment. We are addressing those identified needs in a variety of ways and have focused on a set of identified priorities that address

access to care, diabetes, and obesity. Through a community health outreach program, in collaboration with partners in the community, we are operating health fairs with screenings and information, and providing education on health risks.



CHARITY CARE AND FINANCIAL ASSISTANCE

Hartford Hospital has three major initiatives to assist our uninsured and under-insured patients: financial counseling, which includes an assessment of financial needs, an explanation of the payment plan options available and the billing process; Medicaid eligibility assessment to evaluate financial need and assistance in the application process; and financial assistance.

Financial assistance brochures are available on-site and online in both English and Spanish. Our Patient Access and Financial Assistance team has bilingual staff members who assist patients who speak Spanish, Portuguese, French, Italian and Russian. Hartford Hospital's interpreter line provides assistance with other languages so that we can continue to meet the needs of our diverse population. Financial assistance coordinators are available in the hospital, in our Emergency Department and at our outpatient locations.

Our staff is dedicated to finding solutions while preserving the dignity of each individual.

DOING GOOD IN OUR COMMUNITY

Our values are visible every day as we support the community to improve the health and quality of life of our neighbors. We regularly participate in health education and screenings, lectures and special events. We provide financial and in-kind contributions to nonprofit organizations that serve the community. This support occurs both within and outside of our hospital walls.

In the Hospital—

Support Groups: Individuals and families can obtain support and education from more than 30 support groups.

Outpatient Clinics: We operate several low- or no-cost outpatient clinics to provide even the poorest among us with high-quality health care. In 2012, those clinics had 63,552 patient visits.

Health Professional Education: Hartford Hospital spent \$34,759,867 contributing to the long-term health of our community by educating hundreds of physicians, nurses and other health care professionals. One of our goals is to help ensure that there will be enough qualified health professionals with the skill sets needed to meet the community's growing needs.

Cancer Outreach: Hartford Hospital is a national leader in providing expert, state-of-the-art cancer care. We continue to bring that expertise to the community through community-based screenings for breast, prostate and colorectal cancer.

Emergency Services: From minor injuries to large-scale catastrophes, Hartford Hospital is the region's leading resource in an emergency. Our Emergency Department had 100,711 visits in 2012 and is a primary source of care for the uninsured in Greater Hartford. In addition to being the state-designated Center of Excellence for Bioterrorism and Emergency Preparedness, we are the area's only Level I Trauma Center and operate the state's only critical care helicopter transport system, LIFE STAR, which transports approximately 1,200 patients annually.

RESEARCH

Research is essential to Hartford Hospital being able to: expand the medical community's knowledge; innovate to improve patient outcomes; give patients access to leading-edge treatment; and respond to the ever-changing health care environment.

In 2012, we supported 252 community benefit research projects, expending a total of \$12,844,711.

In the Community

Hartford Hospital and its staff supported the educational and/or fundraising activities of several community-based organizations to assist them in providing services to their clients. Some of our 2012 community partners included:

The Academy for Parents
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
Arthritis Foundation
Assistance Dogs Unlimited
Asylum Hill Family Center
Be the Match (bone marrow drive)
Brain Injury Alliance of CT
Central Area Health Education Center
Charter Oak Health Center
Chrysalis Center
City of Hartford, Department of Health & Human Services
Community Renewal Team
Epilepsy Foundation of CT
Donate Life New England
Family Life Education
The Gloria House
Greater Hartford Male Youth Leadership Program
Hartford Fire Department
Hartford Public High School (HPHS),
Academy of Nursing and Health Sciences
Hispanic Health Council
iQuilt Hartford Winterfest
Komen Race for the Cure
LifeChoice Donor Services
March of Dimes
Multiple Sclerosis Society
Muscular Dystrophy Association
National Spinal Cord Injury Association, CT Chapter
Omega Foundation
Red Cross
Southside Institutions Neighborhood Alliance
Spanish American Merchants Association (SAMA)
United Way
YMCA of Greater Hartford



I'm always pleased with the care
that we receive at Charter Oak
—Nga Yen La, Newington

Stepping in to Help Our Neighbors

Hartford Hospital collaborated with a community health center to ensure uninterrupted care for local residents.

More than 26,000 of Hartford's uninsured and underinsured adults and children depend on Charter Oak Health Center (COHC) as their primary source of health care. So in early 2012, when regulatory compliance problems at the center brought it to the brink of closure by the state Department of Public Health (DPH), Hartford Hospital immediately stepped in to help. Hospital President and CEO Jeffrey Flaks, in collaboration with consulting firm Southwind, identified an experienced health care executive, Peter Velez, MPH, to serve as interim chief executive of Charter Oak. Mr. Velez, who had led other Federally Qualified Health Centers for more than a decade, took the helm of Charter Oak in March 2012.

“The first challenge was trying to put together a solid administrative team,” Mr. Velez said. “Charter Oak needed a chief executive officer, a chief medical officer and a chief nursing officer.”

Photo by Lanny Nagler

Hartford Hospital leadership tapped Peruvamba Venkatesh, MD, associate director of its Department of Medicine, as Charter Oak's interim chief medical officer and Pamela Clark, RN, nurse manager of the hospital's Women's Ambulatory Health Services, as interim chief nursing officer. The new, three-person team and existing staff members immediately went to work to resolve the scores of DPH citations within the four short weeks the state had allotted. The team drew extensively from hospital areas including Infection Control, Pharmacy, Human Resources, Infectious Diseases, Occupational Health and Behavioral Health.

"I was given a blank check to use whatever Hartford Hospital resources, expertise and personnel were necessary to get the job done," said Dr. Venkatesh. "From Hartford Hospital's perspective, failure was not an option."

By the end of April, when the health center had its first DPH review, nearly every one of the citations had been resolved, and the center was allowed to continue to operate under DPH oversight. By the end of the year, a permanent chief medical officer and a chief nursing officer were appointed, upgraded policies and processes were in place, and staffing was stable. Best of all, patient care was never interrupted, and the center is now well-positioned for the future. "I feel good that we were able to get the program into regulatory compliance and lay the groundwork so that the health center is now sustainable," Pamela Clark said. "COHC is moving in the right direction."

Charter Oak is a critical community health resource. Every day, the center sees approximately 400 patients, providing care in pediatrics, internal medicine, women's health, behavioral health and oral health and offering urgent care. The center also has outreach workers and a mobile van to provide services in neighborhoods and among the city's homeless. More than 67 percent of its patients are covered by Medicaid. Charter Oak, Mr. Velez said, "is one of the few places residents can come and get the care they need. Their only other option would be the emergency room."

Suddenly absorbing more than 26,000 emergency room patients would have been impossible for local hospitals. But Hartford Hospital stepped in to help for other reasons, too, said Dr. Venkatesh. "Hartford Hospital believes in delivering medical care to all, including the most vulnerable in our community. It's in our DNA. It's who we are. And if someone is in trouble, it's our moral obligation to help and do what is right."

A Patient's Perspective

Nga Yen La and Khoidang Dieu have been patients at Charter Oak Health Center since 2010.

"My son and I came to Charter Oak right after we arrived in America from Vietnam," says Nga Yen La, a stylist in Ellington. "Even though we were new to the country, we felt welcome from the moment we walked in the door. The doctors are very nice and have good skills. I'm very happy when I come here and I'm always pleased with the care that we receive at Charter Oak. My son loves it here. The pediatricians are so kind, and the waiting room is so much fun, it's hard to get him to leave."

Photo: Nga Yen La and son pictured on page 6

The Promise of a Brighter Future



Hartford Hospital is a championship investor in Hartford Promise, a college-access scholarship program for Hartford public school students.

A college education. For generations in America, it's been the key to greater economic opportunity, a higher quality of life and even better health. But for children growing up in Connecticut's urban centers, attending college has often been out of reach. Now an ambitious new initiative called Hartford Promise, modeled after successful "Promise" programs in Kalamazoo, Mich., and Pittsburgh, Penn., aims to make a college education possible for graduates of Hartford's public schools. Hartford Hospital is helping to lead the way by being one of the first two institutions to commit its support to the initiative, making a "championship" investment of \$1 million and providing executive

guidance.

Hartford Promise is part of an overall reform strategy developed by Hartford Public Schools. It is a comprehensive college-access program that includes college advising and college-readiness activities for Hartford public school students in grades 6 through 12; college scholarships; and the development of academic supports during college to encourage students to complete their degrees. The program will provide eligible students with annual scholarship awards of up to \$5,000 a year to attend a four-year college and up to \$2,500 a year to attend a two-year college. Awardees must be full-time students at a Connecticut college or university. Hartford Promise students who choose to pursue a master's degree in education or teaching may be granted an additional year of support. The program begins with students in the high school class of 2016. Students are eligible for scholarships if they have been enrolled in Hartford's public schools since at least ninth grade, reside in Hartford, maintain a minimum 3.0 grade point average and meet system attendance criteria.

Hartford Hospital decided to invest in Hartford Promise for a number of reasons. One was that its recent Community Needs Assessment identified education as one of the top five quality-of-life issues affecting community health.

In announcing Hartford Hospital's investment, President and CEO Jeffrey Flaks said: "A vital aspect to a good quality of life is education. As members of and contributors to this community, we see the education of our young people as part of our mission of service and part of our duty as a community leader."

The benefits of a college education reach far beyond the students themselves. Most of Connecticut's young people—the workforce of the future—reside in urban centers. It's vital that they get the education needed to move into high-quality jobs. Hartford Hospital Vice President of Government and Community Alliances Yvette Melendez said that's part of the reason Hartford Hospital, one of the city's largest employers, is

"Their success and ability to have productive lives and a robust quality of life will determine in large part the future of this hospital, this city and this region," Ms. Melendez said. "This is one of the best investments we can make."



"The Hartford Promise is a powerful way to give young people the choices to have an impact on the world. Hartford Hospital's role in making the promise a reality will make college more accessible to our students and their families and will contribute to the long-term economic growth of the city."

— Christina Kishimoto
Superintendent
Hartford Public Schools



Empowering People for Better Health



Hartford Hospital's "Take Charge of Your Health" model goes into city neighborhoods to bring residents information they need to protect and improve their health.

On any given day, you may walk into a Hartford barbershop, church or community center and find volunteers talking with African-American men about their health. Chances are the discussion is part of the Black Men's Health Project, a collaborative program of Hartford Hospital and the Omega Foundation of Hartford. The Black Men's Health Project is one example of Hartford Hospital's Take Charge of Your Health initiative. The initiative seeks to empower people in traditionally underserved groups to be proactive about their health.

Black men are exceptionally at risk. "We are the most challenged demographic out there," said Gregory Jones, chairman of the Omega Foundation and a member of Hartford Hospital's board of directors. "We suffer the most from diabetes, hypertension and cancer. We have shorter life spans." The goal of the Black Men's Health Project, Mr. Jones said, is "to address these issues by encouraging men to be informed, proactive and responsible."

Early this year, Hartford Hospital and the Foundation teamed up to invite residents to a free Take Charge of Your Health Day at the hospital to learn about chronic diseases, nutrition and fitness. Dozens of physicians and staff from all areas of the hospital helped

plan it. The hospital underwrote the cost and provided medical expertise, and the Foundation canvassed neighborhoods to spread the word. More than 100 attended.

Under the Take Charge of Your Health initiative, volunteers from Hartford Hospital and the Omega Foundation reach out to groups of people who suffer disproportionately from chronic illnesses or who have limited access to health care. They visit churches and other community locations to offer counseling and health screenings for high blood pressure, diabetes, cancer and cholesterol, as well as mammograms provided by the hospital's new mobile mammography vehicle.

Cardiologist Jason Gluck, DO, is a

frequent volunteer. He said that outreach "is an opportunity to be a real doctor, and just do the right thing. I think it's great that the hospital does this. Institutions don't have to take this on, and we choose to, which is a good thing." Other frequent volunteers include Community Liaison Nurse Vicie Brooks, RN, BSN; dietician Charlotte Meucci, RD; and Cancer Center Outreach Coordinator Devon Latney.

The position of community liaison nurse is a relatively new one that the Department of Nursing created to further enhance community outreach. Ms. Brooks, who has long been active in community activities, is the first to hold the position. Along with Kola Akindele, community relations

manager, Vicie organizes countless community events and can often be found in a barber shop or church hall, doing screenings and explaining things such as the meaning of blood pressure numbers.

The community has responded positively to Take Charge of Your Health. Mr. Jones estimates that the program reached more than 1,000 people in its first few months. One of them was a man whose blood pressure was so high that the hospital admitted him immediately. "The hospital has said to us, 'You deliver the message to people, and we'll find a way to take care of them,'" Mr. Jones said. "This isn't about who has insurance or a primary care physician. It's about Hartford Hospital wanting to do the right thing for people."



A WITNESS TO CARING

In August 2011, Larry Union came to Hartford Hospital's Emergency Department with disturbing symptoms, including a loss of vision. Tests revealed that he had a brain tumor. Although Mr. Union did not have health insurance, all the resources of Hartford Hospital were brought to bear to give him the medical and surgical care he needed. Mr. Union spoke of his experience at the Annual First District Conference Gala for the Omega Psi Phi Fraternity in May 2013, where he helped present the Omega Foundation's Uplift Partner of the Year Award to Hartford Hospital and its CEO, Jeffrey Flaks.

"I'm a living, breathing story of what's going on at Hartford Hospital," Mr. Union said. He recalled how Hartford Hospital immediately put together a medical team that, in addition to his primary care physician, included a neurosurgeon, endocrinologist, cardiologist and ophthalmologist. "It put all those people together and took care of me, and I'm standing here as a witness to a hospital that cares about people, that knows how to make things happen for folks, regardless. They gave me the kind of health care that, if I were Bill Gates or anybody else, I would've gotten," Mr. Union said, "and I just want to thank Hartford Hospital."

Integrity Safety Caring Excellence

"Hartford Hospital's support is vital to SINA's mission to improve quality of life and create economic vitality in south central Hartford for the benefit of those who live, work, learn, play and pray in these neighborhoods. This support is expressed in many ways. Hospital staff who serve on our board provide invaluable guidance and connections to key people and resources. The Homeownership Incentive Program we manage for the hospital brings hospital employees to southern Hartford, where they become a revitalizing force in the community. The hospital's financial support enables us to offer scholarships and support the public schools' yearly science fair, and its volunteers engage in countless community activities. The hospital's support makes possible an economic development agenda that includes fostering affordable homeownership. Our partnership with Hartford Hospital will deepen as we look to connect neighborhood residents to hospital jobs and local businesses to hospital procurement offices."

— Melvyn Colon, Executive Director
Southside Institutions Neighborhood Alliance

"Hartford Hospital's extreme support of the community can be seen in its outreach efforts. Recently, a Hartford Hospital team held a wonderful community health forum at our church. Our members found them approachable, friendly and informative and appreciated the fact that they stayed for our worship service. Coming out into the community in this way shows that Hartford Hospital cares."

— The Rev. Daylan Greer, Sr. Pastor
Bethel AME Church, Bloomfield, Conn

"Hartford Hospital is a large institution that understands the impact of taking care of the community, and they've supported us in that respect."

— Peter Velez
Interim President and CEO
Charter Oak Health Care Inc.

Charity Care and Means Tested Programs

For Year 10-1-2011 through 9-30-2012.
FY2012 figures are being reported in accordance with the IRS Form 990 Schedule H requirement.

Charity care at cost	\$8,368,383
Unreimbursed Medicaid	\$20,323,190

Total Charity Care and Means-Tested Programs	\$28,691,573
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Other Benefits	
Community health improvement services	\$5,864,619
Community benefit operations	\$320,947
Health professions education	\$34,759,867
Subsidized health services	\$3,929,134
Research	\$12,844,711
Cash and in-kind contributions to community groups	\$3,397,543
Community Building Activities	\$813,856

Total Other Benefits	\$61,930,677
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Total Community Benefit	\$90,622,250
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*Net community benefit expense



Mobile mammography visits to local communities begin with a ribbon cutting send-off for the new van.



A group from Hartford Hospital helps out at a March of Dimes event.



For Year 10-1-2011 through 9-30-2012. FY2012 figures are being reported in accordance with the IRS Form 990 Schedule H requirement.

	Hartford Hospital	MidState Medical Center
Charity Care and Means-Tested Programs		
Charity care at cost	\$8,368,383	\$1,054,666
Unreimbursed Medicaid	\$20,323,190	\$14,522,288
Unreimbursed costs-other means-tested government programs		
Total Carity Care and Means-Tested Programs	\$28,691,573	\$15,576,954
Other Benefits		
Community health improvement services and community benefit operations*	\$6,185,566	\$507,605
Health professions education	\$34,759,867	\$261,062
Subsidized health services	\$3,929,134	\$1,512,995
Research	\$12,844,711	\$-
Cash and in-kind contributions to community groups	\$3,397,543	\$15,311
Community Building Activities	\$813,856	\$30,965
Total Other Benefits	\$61,930,677	\$2,327,938
Total Community Benefit	\$90,622,250	\$17,904,892

Community Benefit Summary

Windham Hospital	Natchaug Hospital	The Hospital of Central Connecticut	System Total
\$1,547,389	\$201,464	\$1,854,472	\$13,026,374
\$4,858,452	\$2,882,331	\$11,399,323	\$53,985,584
	\$231,310		\$231,310
\$6,405,841	\$3,315,105	\$13,253,795	\$67,243,268
\$340,666	\$464,464	\$1,590,634	\$9,088,935
\$477,476	\$165,130	\$8,174,326	\$43,837,861
\$166,261	\$629,508	\$945,602	\$7,183,500
\$-	\$-	\$334,513	\$13,179,224
\$227,221	\$220,786	\$61,120	\$3,921,981
\$9,469	\$8,172	\$6,162	\$868,624
\$1,221,093	\$1,488,060	\$11,112,357	\$78,080,125
\$7,626,934	\$4,803,165	\$24,366,152	\$145,323,393

Hartford Hospital



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