

2019  
COMMUNITY HEALTH  
NEEDS ASSESSMENT

# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Connecticut Children's, Hartford, Connecticut

## A MESSAGE FROM:



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At Connecticut Children's, our commitment to enhancing the well-being of all children includes providing excellent medical and surgical care for our patients. However, it also goes a step further to focus on building stronger neighborhoods. We do this to ensure better outcomes for children and families, as well as more prosperous communities.

We understand the importance of constructing a strong foundation in the earliest years of children's lives, which increases the likelihood of achieving positive outcomes. Early experiences shape our brains and serve as a platform to build success in school and workforce endeavors. Critical to that is the need to connect children and families to available community supports as early as possible. Connecticut Children's Office for Community Child Health oversees our work addressing needs identified in our triennial Community Health Needs Assessment. The Office is a nationally recognized model for advancing collaboration across all sectors that impact children's well-being, including child health services, family support, food & nutrition, and others. The Office supports our community-focused programs and develops partnerships with other community-based organizations to ensure we address the needs of children and families as timely, efficiently and effectively as possible.

When we work together to strengthen our communities and support families so children reach their full potential, we all benefit from a stronger and more sustainable future.

Sincerely,

James E. Shmerling, DHA, FACHE

Gil Peri, MBA, MPH

Paul H. Dworkin, MD



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## OVERVIEW

Connecticut Children's not only strives to provide state-of-the-art medical and surgical care for patients, but we are also committed to strengthening communities to ensure their support of children and families, and place a particular focus on building up the neighborhoods surrounding our main campus as well as across the City of Hartford. Residents of cities such as Hartford continue to experience higher rates of chronic illnesses, developmental delays, injuries, violence and trauma compared to suburban residents.

Our Community Health Needs Assessment (CHNA) highlights the greatest needs faced by Hartford residents in the following four categories:

- Mental Health, Behavioral Health, and Trauma
- School Readiness
- Childhood Obesity Prevention
- Housing, Environment and Community Factors

The CHNA makes recommendations to address the identified needs, including developing centralized cross-sector care coordination services, advancing a strength-based protective factors approach, preventing childhood obesity, enhancing early identification and intervention for at-risk children, increasing collaboration to facilitate school readiness, and enhancing community building efforts in targeted neighborhoods, in addition to a number of other recommendations.

The CHNA also details the methods utilized to gather research to inform this assessment, including a feedback session with key stakeholders, focus groups with Hartford residents, and a survey of school nurses working in Hartford.



## PROGRESS ACHIEVED SINCE 2016 ASSESSMENT

Our most recent CHNA, published in 2016, identified critical gaps in increasing access to programs and services shown to enhance both short- and long-term outcomes for children. Such programs include: 1) those that enhance early identification and intervention for children who are at risk for developmental and behavioral concerns, a population that typically does not qualify for publicly-funded early intervention programs; 2) cross-sector care coordination programs that include child health, childcare, home visiting, and other community-based programs that address the social determinants of health; 3) those that address chronic health problems such as lead poisoning and asthma; 4) those that address childhood obesity by promoting healthy nutrition and physical activity starting at birth; and 5) home visiting programs that address both maternal and child health outcomes.

Our healthcare and policy leaders have made much progress addressing needs identified during the 2016 CHNA. Notable accomplishments include bringing developmental screening and care coordination services to many pediatric primary care practices in alignment with the growing adoption of the medical home model; launching the Kohl's Start Childhood Off Right program, which promotes healthy nutrition and physical activity during a child's earliest years; and addressing the root cause of chronic medical conditions, such as asthma and lead poisoning, which can often be linked to poor housing and living conditions.

In response to the 2016 CHNA, Connecticut Children's drafted a Community Health Improvement Plan (CHIP). The 2016 CHIP addressed challenges faced by women and children in Hartford in accessing health care. It also addressed the social determinants of health affecting families living in the neighborhoods surrounding Connecticut Children's main campus as well as across the City of Hartford. Two high priority areas detailed in the CHIP included addressing recommendations from the Blueprint for Women's and Children's Health and the Southside Institutions Neighborhood Alliance's (SINA) Economic Development Study.

### Specific recommendations from the Blueprint for Women's and Children's Health included:

1. Establish a public/private leadership team that includes the city, Connecticut Children's Office for Community Child Health (OCCH), The Child Health and Development Institute of Connecticut (CHDI), key stakeholders, and residents to guide and oversee Blueprint recommendations.
2. Establish within the city a comprehensive women and children's health system that ensures women of child-bearing age, children, and families have timely access to a seamless and user-friendly range of services and supports.
3. Develop and disseminate data on the health of women, the health and development of children, and the status of programs and services to public officials, providers, community based organizations, and residents to inform prioritization and decision making.
4. Engage all city providers in the continuous monitoring of the quality of women's and children's health care services, including developmental assessment services, care coordination, and home visiting programs, and encourage the testing of changes to improve service efficacy and outcomes.
5. Support the ongoing professional development of women's and children's health providers, trainees, and staff through accessible, efficacious, and efficient training that enables them to perform at the top of their professional licenses and in collaboration with families and one another.
6. Build on and expand current prevention efforts and activities to promote the healthy development of Hartford's women and children.

### Specific focus areas from the Southside Institutions Neighborhood Alliance's Economic Development Study included:

1. Career Preparation, Job Training, and Employment
2. Entrepreneurship and Small Business Development
3. Public Realm Investments
4. Cultural Development

### Actions to date:

- Facing a fiscal crisis, Hartford's leadership was unable to make the Blueprint recommendations a priority, and Connecticut Children's was unsuccessful in finding funding for the plan. However, to move forward in addressing some of the recommendations, Connecticut Children's joined a partnership to address concerns in several of the neediest neighborhoods in Hartford. The North Hartford Triple Aim Collaborative (NHTAC) includes Trinity Health of New England (St. Francis Hospital and Medical Center), The United Way of Central and Northeast Connecticut, Wellville, DataHaven, Hartford Foundation for Public Giving, Hartford's Health and Human Services Department, Connecticut Health Foundation, and other community partners. The collaborative focuses on improving the health and well-being of residents living in the federally identified "Promise Zone" neighborhood and continues to address recommendations detailed in the Blueprint. OCCH serves as the leadership entity for the early childhood component of the NHTAC's work. To date, OCCH has supported the collaborative in its work with the Connecticut Office of Health Strategy (OHS) to inform the design of the State's framework for primary care modernization and Health Enhancement Communities. These efforts have resulted in the identification of child well-being and healthy weight as the primary goals of the OHS State Innovation Model<sup>1</sup>.
- SINA secured a grant for a Career Navigator to engage neighborhood residents in pre-employment assessments. The Career Navigator connects residents to job coaching, job training programs and local employers. It also works with the institutions' human resources departments to provide employment recommendations. Should a resident become an employee of one of the SINA institutions, this program also provides follow-up services. SINA set a goal of having 20 residents per year hired at the partner institutions. During the first quarter of the current year, 10 residents became employees of the partner institutions, with others hired by other employers.
- The City of Hartford applied to the Boston Federal Reserve Bank's Working Cities Challenge Grant, using SINA's Economic Development plan as background for the application. The application was successful, with both SINA and Connecticut Children's taking positions on the Executive Advisory Board. The grant's goal is to reduce unemployment for 16- to 29-year-old residents of two zip codes surrounding Connecticut Children's over a 10-year period.

Despite the progress made in addressing needs identified in the 2016 CHNA and CHIP, the 2019 CHNA highlights the work still to be done to address needs that surfaced during this assessment. Such areas of opportunity include focusing on community building initiatives that target specific neighborhoods, placing greater emphasis on the mental and behavioral health needs of children, and strengthening families to better position them to support their children's healthy development. We recognize the need to emphasize the elimination of disparities that prevent Hartford's citizens from full participation in health services, community life, education, and employment. We are committed to ensuring health equity for all populations and maximizing the contribution of health in other areas where children live, play, and learn.



## DESCRIPTION OF COMMUNITY SERVED

Connecticut Children's serves patients across the state of Connecticut and beyond and is committed to building stronger communities to better support children's health, development and well-being. With its main campus located in the capital city, Hartford serves as the hub of Connecticut Children's community building efforts, where interventions are tested, refined, and scaled for implementation in additional communities around the state and country.

Founded in 1637, Hartford is among the oldest cities in the United States. It is home to the country's oldest art museum, the Wadsworth Atheneum Museum of Art; the oldest public park, Bushnell Park; and the oldest continuously published newspaper, The Hartford Courant. Authors Mark Twain and Harriet Beecher Stowe are among the city's most notable former residents.

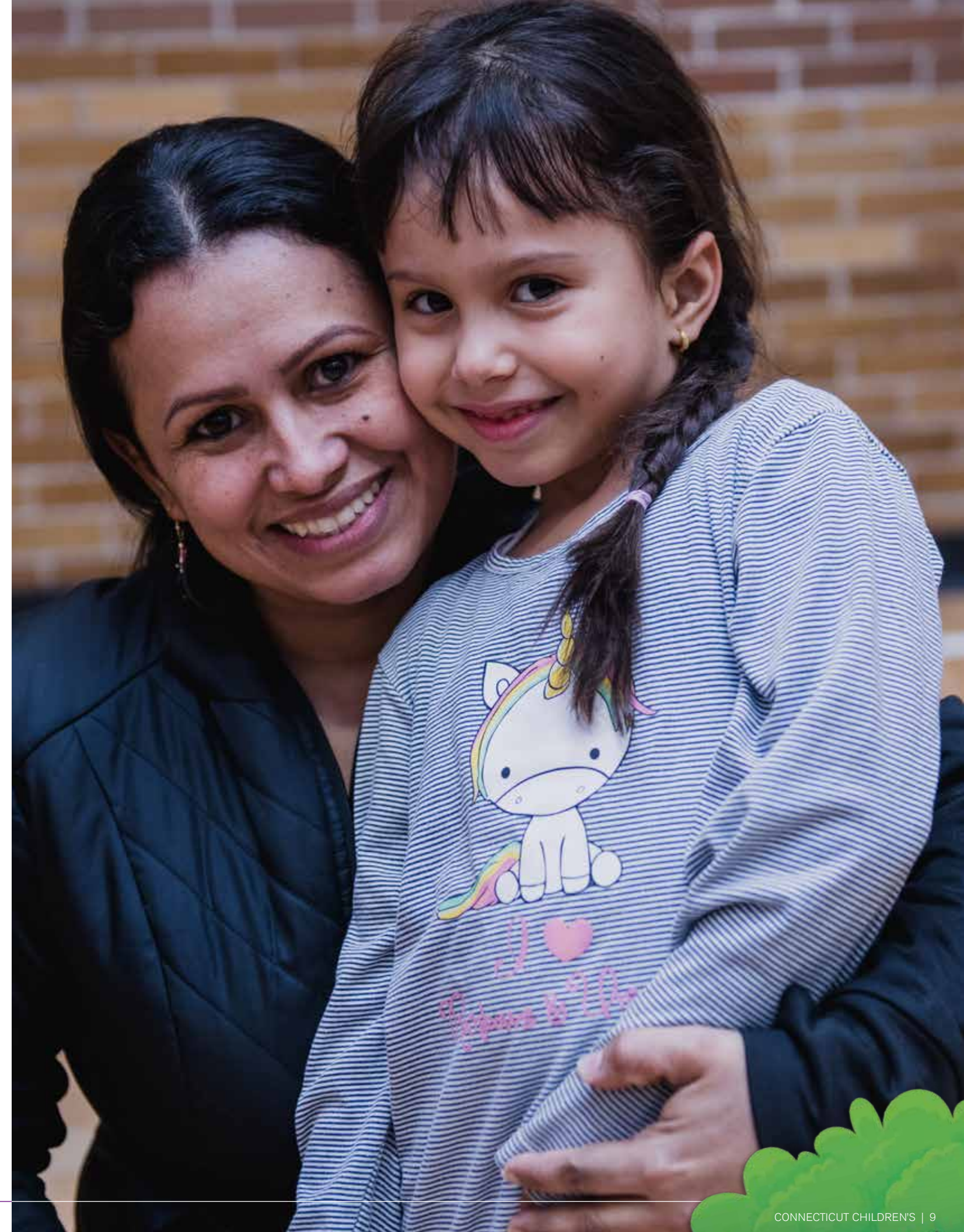
Despite its rich history, residents who live in Hartford experience extensive disparities with regard to health care access, health outcomes, home ownership, educational achievement, and economic success compared to the rest of the state.

In 2018, the latest year data are available, the city had a population of more than 122,000 residents, of which 44 percent are Hispanic or Latino, 38 percent are black or African-American, and 15 percent are white<sup>2</sup>. Hartford consistently ranks among the poorest cities of its size in the country. Table 1 depicts the many areas where Hartford residents lag behind the State as a whole. U.S. Census data highlight that Hartford residents are poorer, experience less housing stability, achieve lower levels of education, are less likely to have health insurance, and are more likely to have a disability than residents across Connecticut, which is among the wealthiest states in the nation based on per capita income.

**Table 1: Hartford Disparities**  
Source – U.S. Census

CATEGORY	HARTFORD RESIDENTS	CONNECTICUT RESIDENTS
Median Household Income	\$33,841	\$73,781
Residents Living in Poverty	30.5%	9.6%
Owner Occupied Housing Rates	23.8%	66.6%
High School Graduate or Higher Education	72.7%	90.2%
Bachelor's Degree or Higher Education	16.6%	38.4%
Persons Without Health Insurance Under Age 65	12.2%	6.4%
Persons With Disabilities Under Age 65	11.4%	7.3%

The city's major employers include the State of Connecticut, United Technologies Corporation, Hartford Healthcare, The Hartford Financial Services Group, Aetna, The Travelers, UnitedHealthcare, Trinity College and Connecticut Children's. As of May 2019, the unemployment rate for residents of Hartford stood at 6.3 percent, which is the highest of any municipality in the state, according to the Connecticut Department of Labor. In contrast, the unemployment rate for residents statewide was 3.6 percent.





## KEY FINDINGS OF COMMUNITY NEEDS: 2019

### INTRODUCTION:

As a health care institution, Connecticut Children's not only focuses on enhancing the health and development of patients, but also strives to ensure the overall well-being of all children regardless of whether they receive medical and surgical care from our providers. We seek to contribute to population health goals by nurturing the health and well-being of all children. Population health means many things to many people. However, most interpretations include the critical elements of healthy equity, a broad set of health outcomes, social determinants of health, interventions and policies across sectors, and the long-term societal and financial implications of health services. These elements of population health are addressed in a recent joint publication of CHDI and OCCH, *A Framework for Child Health Services*<sup>4</sup>.

While Connecticut Children's seeks to ensure the health and well-being of all children, health, development, and academic disparities continue to disproportionately affect residents in urban areas across the country, and Hartford is no exception. Children in Hartford and other cities are more likely to experience childhood obesity, asthma, lead poisoning, developmental delays, injuries, violence, and other conditions that adversely affect health, development, and economic success over a lifespan. They are more likely to fall behind in academics, with data from the State Department of Education highlighting significant disparities in achievement for Hartford students across 12 indicators used to measure progress. They are also more likely to experience trauma, as well as the toxic stress and other challenges that often result from undiagnosed and untreated trauma, which affects long-term health and life outcomes.

Despite challenges in ensuring the optimal development and lifelong success for Hartford's children, city residents participating in focus groups noted many positive opportunities in their neighborhoods:

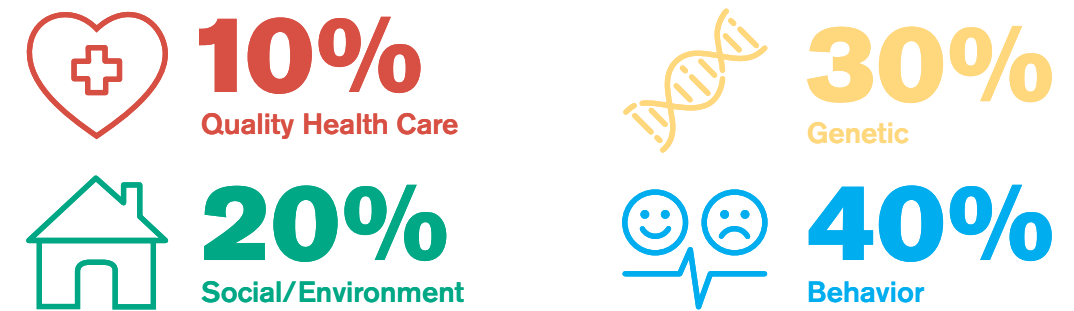
“We have great collaborators in the community. If anyone is in need, there is always someone who helps out.”  
– Hartford Resident

“Resiliency of my people makes me most proud. Even though we see the war zone every day, we are resilient. There are people who want change and can see change.”  
– Hartford Resident

Connecticut Children's understands that healthcare leaders, community leaders, and state leaders need to do more to reduce the disparities that adversely affect Hartford residents in their day-to-day lives and impede their ability to raise healthy children. Ongoing efforts to promote health, development, and resiliency, are critical to ensuring that future generations are equipped to fully participate in both community life and the workforce. Research shows social and environmental factors have a far greater impact on health and lifelong outcomes than health services<sup>5</sup>, as depicted in Figure 1.

Figure 1: Determinants of Health

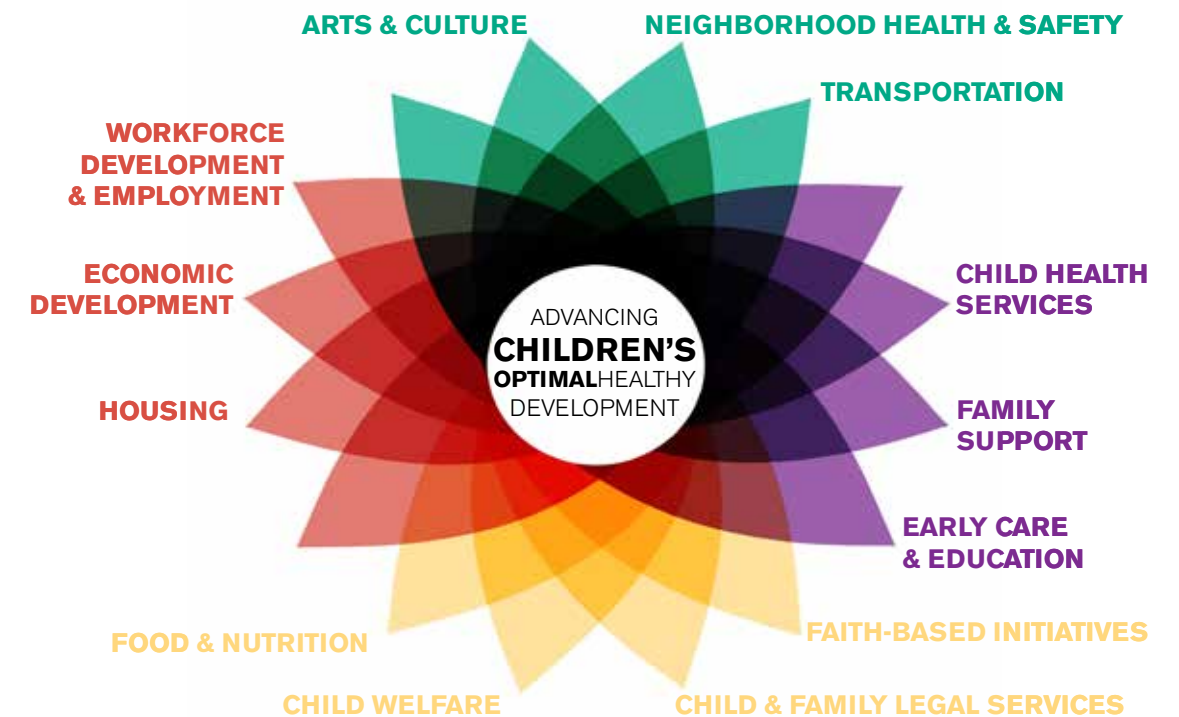
Source – Health Affairs (Image courtesy of Child Health and Development Institute)



We must incorporate community services from all child-serving sectors into our standard of care, recognizing that they have an enormous impact on children's short- and long-term health, development, and well-being. Such sectors are depicted in Figure 2.

Figure 2: Sectors Affecting Child Well-Being

Source – Connecticut Children's Office for Community Child Health



By addressing and reducing disparities, we can ensure health equity and stronger futures for all. The key findings detailed in our 2019 Community Health Needs Assessment support this approach.

## MENTAL HEALTH, BEHAVIORAL HEALTH, AND TRAUMA

### THE ISSUE:

Increasing numbers of children are seeking help for mental and behavioral disorders at emergency departments (ED) across the country and often stay for multiple days before providers locate residential placements at inpatient treatment facilities or arrange community-based support services<sup>6</sup>. Data from ED visits in Connecticut in 2018 showed that children aged 0-18 years from Hartford sought treatment for mental, behavioral, and neurodevelopment disorders 1,848 times, making this category a top five driver for ED patient volume this past year<sup>7</sup>. Table 2 details the top five categories for the 23,690 ED visits for children from Hartford in 2018.

**Table 2: Top Categories for ED Visits: Hartford Children Aged 0-18 Years in 2018**  
Source – Connecticut Hospital Association

RANK	ICD-10-CM CODE FOR VISIT	N	PERCENT	PREDOMINANT CONDITIONS
1	Diseases of the respiratory system	7,587	32.0	<ul style="list-style-type: none"> <li>Asthma (N=2,561)</li> <li>Acute pharyngitis (N=1,687)</li> <li>Acute laryngopharyngitis and unspecified upper respiratory infection (N=2,194)</li> </ul>
2	Injury, poisoning, and other external causes	4,693	19.8	<ul style="list-style-type: none"> <li>Injuries to the head (N=1,904)</li> <li>Injuries to the wrist, hands and fingers (N=833)</li> </ul>
3	Infections and parasitic diseases	1,986	8.4	<ul style="list-style-type: none"> <li>Viral infections (N=1,328)</li> <li>Candidiasis (N=103)</li> </ul>
4	Mental, behavioral, and neurodevelopment disorders	1,848	7.8	<ul style="list-style-type: none"> <li>ADHD (N=693)</li> <li>Conduct disorder (N=240)</li> </ul>
5	Diseases of the ear and mastoid process	1,663	7.0	<ul style="list-style-type: none"> <li>Suppurative and unspecified otitis media (N=964)</li> <li>Otalgia and effusion of ear (N=513)</li> </ul>

**NOTE:** Individuals may be represented by more than one visit, and by more than one code per visit.

State Department of Education data related to emotional disturbance disabilities, absences, and suspensions and expulsions show greater numbers of Hartford students affected, as compared to statewide rates<sup>8</sup>. Table 3 highlights these disparities. In Hartford Public Schools during the 2017-2018 school year, the district identified 333 students as having emotional disturbance disabilities, which equates to an overall rate of 1.7 percent. This figure is greater than the statewide rate of 1.1 percent for this disability category. Hartford's rate of chronically absent students for the 2017-2018 school year was 25.3 percent, more than double the state average of 10.7 percent. These numbers can likely be attributed to a variety of causes, such as health issues, family circumstances, as well as mental or behavioral health concerns. Also, Hartford's rate of in-school suspensions, out-of-school suspensions and expulsions for the past year was 12.4 percent, far greater than the state average of 6.8 percent. Research has long demonstrated a strong correlation between behavioral health concerns and suspensions and expulsions<sup>9</sup>.

**Table 3: Mental and Behavioral Health Indicators for Hartford Students in 2017-2018**  
Source – State Department of Education

CATEGORY	STUDENTS IN HARTFORD	STUDENTS STATEWIDE
Emotional Disturbance Disabilities	1.7%	1.1%
Chronic Absences	25.3%	10.7%
Suspensions and Expulsions	12.4%	6.8%

In addition, the impact on children from exposure to traumatic incidents is profound and long-term, yet the emotional impact is often unappreciated and untreated<sup>10</sup>. Roy Lubit, MD, PhD and colleagues note that trauma results from physical and sexual abuse, transportation accidents, exposure to community violence, violence in the home, assault and other incidents. Table 4 details the factors Lubit and colleagues identify that affect the impact of trauma on children.

**Table 4: Factors That Affect the Impact of Trauma on Children**  
Source: Impact of Trauma on Children by Roy Lubit, MD, PhD and Colleagues

• Temperament
• Prior history of trauma
• Child's psychological strengths
• Separation of child from parents during or after trauma
• Parents' level of stress and ability to respond to their children's needs
• How quickly the child was brought to a safe place
• Parents' ability to maintain normal rules and routines
• Prior history of threats to parent-child attachment such as prior parental separation or illness
• What the child saw (death or grotesque images)
• Whether the disaster was an act of nature or caused by a person
• If the child heard unanswered screams for help
• Whether the child felt his or her life, or that of a loved one, was in danger
• Unexpectedness and duration of the disaster
• If the child feels guilty over acts of omission or commission

If unaddressed, exposure to trauma can adversely affect children's health and well-being by altering neurodevelopment and causing conditions such as post-traumatic stress disorder, depression, panic attacks, and substance abuse in adult survivors of trauma<sup>10</sup>.

Children who are exposed to trauma are at great risk for experiencing toxic levels of stress, which puts them at increased risk for poor developmental, behavioral, academic and lifelong outcomes. Yet, much can be done to help children who have been exposed to trauma achieve better life outcomes. In addition to clinical treatment, research shows increasing positive experiences for children and boosting families' protective factors can prevent children from experiencing adversity, as well as help offset adversity by providing a buffer against toxic stress and the often resulting negative health and life outcomes<sup>11</sup>.



### Identified Needs

Children’s health, development, and well-being suffer when living with an adult who has unmet mental health needs. Mental health disorders affecting children and adults ranked high among concerns for stakeholders interviewed for this assessment, as did substance abuse problems. Our key informants ranked mental health as the issue of highest concern for residents of Hartford, with more than 90 percent of respondents ranking it as a high or extreme problem. Substance abuse ranked toward the top of concerns for all key informants, with 87 percent referring to it as a high or extreme problem. Trauma was also a top issue of concern for key informants who work in the health sector.

Table 5 highlights data from the key informant session, which includes responses from all respondents as well as from subgroups of self-reported Hartford residents, health sector workers, and non-health sector workers. (Further descriptions of the key informant session, focus groups, and surveys are detailed in the Methods section of this report.)

**Table 5: Key Informant Session Survey Results**  
Source – Hartford Foundation for Public Giving

#### Issues of Highest Concern for All Respondents

ISSUE	NONE OR MODERATE	HIGH OR EXTREME	TOTAL RESPONDENTS
Mental health	9.38% (3)	90.63% (29)	32
Poverty/food insecurity/lack of transportation	12.50% (4)	87.50% (28)	32
Other substance use disorders/opioids	12.50% (4)	87.50% (28)	32

#### Issues of Highest Concern for Self-Reported Hartford Residents

ISSUE	NONE OR MODERATE	HIGH OR EXTREME	TOTAL RESPONDENTS
Income inequality/segregation	0.00% (0)	100.00% (8)	8
Poverty/food insecurity/lack of transportation	0.00% (0)	100.00% (8)	8
Mental health	0.00% (0)	100.00% (8)	8

#### Issues of Highest Concern for Self-Reported Health Sector Workers

ISSUE	NONE OR MODERATE	HIGH OR EXTREME	TOTAL RESPONDENTS
Mental health	5.56% (1)	94.44% (17)	18
Other substance use disorders/opioids	16.67% (3)	83.33% (15)	18
Poverty/food insecurity/lack of transportation	17.65% (3)	82.35% (14)	17
Adverse childhood experiences/trauma	22.22% (4)	77.78% (14)	18
General lack of health care	17.65% (3)	82.35% (14)	17

### Issues of Highest Concern for Non-Health Sector Workers

ISSUE	NONE OR MODERATE	HIGH OR EXTREME	TOTAL RESPONDENTS
Housing affordability	0.00% (0)	100.00% (12)	12
Income inequality/segregation	8.33% (1)	91.67% (11)	12
Poverty/food insecurity/lack of transportation	8.33% (1)	91.67% (11)	12
Housing quality/healthy homes	8.33% (1)	91.67% (11)	12

During open-ended responses, key informants raised mental health issues several times, including expressing concerns about the ability of residents to access mental health services and substance abuse treatment programs; the prevalence of substance abuse, the opioid crisis and overdoses; and an increase in mental health issues, substance abuse issues, and depressive disorders. They also expressed concerns about injury and violence among children and adults, as well as domestic violence, both of which can cause trauma in children.

Participants in our focus group in the North End of Hartford identified a dire need for more mental and behavioral health services, particularly for children. They also identified issues in schools, such as bullying and very high class sizes, which they believe have a negative impact on children and overwhelm teachers.

Participants in our focus group in the South End of Hartford identified depression in young children as a community need that must be addressed. They also expressed a desire for educational classes that teach Hartford youth about their roots, stating that not knowing where they come from is connected to depression.

School nurses identified behavioral health as the top health problem and violence as the third largest health problem facing children in Hartford schools, as depicted in Table 6. When asked to share ideas for decreasing health problems for children in Hartford, nurses identified a need to increase resources for those with mental health issues, including early detection. They also identified a need to educate families about the impact that social media usage can have on emotional well-being.

**Table 6: Health Concerns Identified by School Nurses**  
Source: Hartford School Nurse Survey

#### Top Health Concerns Facing Children in Hartford Schools As Identified by School Nurses

1. Behavioral health
2. Asthma
3. Violence
4. Nutrition Lack of Opportunity to Exercise

## SCHOOL READINESS

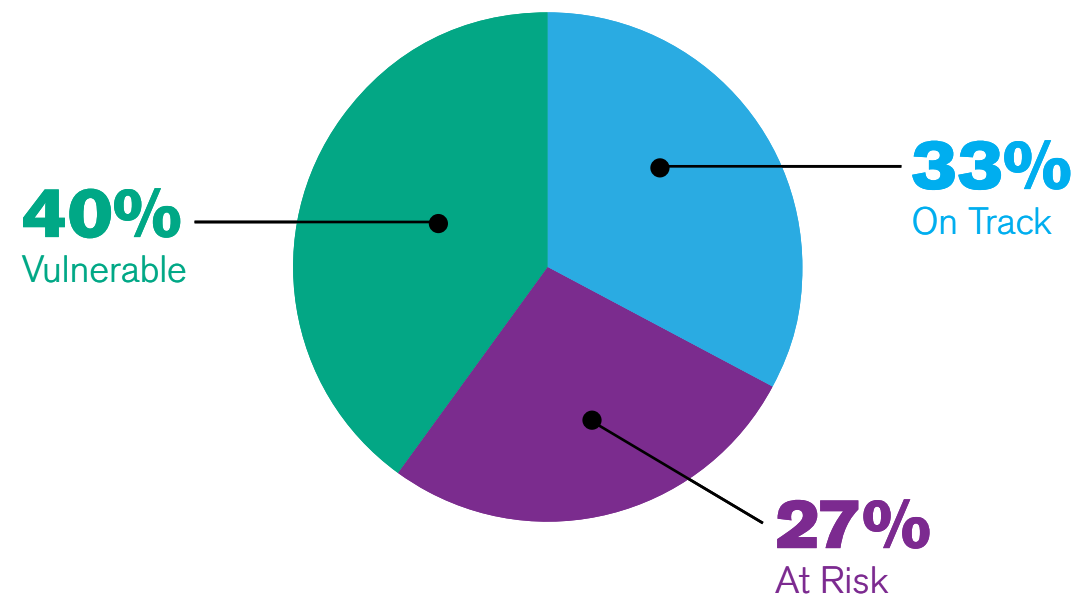
### THE ISSUE:

Students in Hartford are challenged to achieve academically to the same level as their counterparts in other parts of the state. While many factors exacerbate this problem, one of the biggest can be traced back to children's earliest years and a lack of adequate preparation for kindergarten.

A 2019 study, "A Geographic Account of Economic, Health, and Educational Disparities in Hartford's Sheff Region"<sup>12</sup> documents that between 50 and 72 percent of preschool age children in Hartford attended Pre-K programs in 2013-2014, compared to rates as high as 84 to 94 percent for children in the nearby communities of West Hartford, Bloomfield and South Windsor and rates exceeding 94 percent for children in Somers, Canton and Tolland. The report notes that preschools provide advantages to students that extend well into later elementary grades. Investing in quality early childhood services is critical to ensuring kindergarten readiness. Nobel laureate economist James Heckman demonstrated a 13 percent return on such investments<sup>13</sup>.

To begin a community-driven process of improving the school readiness of children in Hartford and West Hartford, the Hartford Foundation for Public Giving (HFPG) asked kindergarten teachers to complete the Early Development Instrument (EDI) and published the results in 2015 in the *Hartford Foundation for Public Giving (HFPG) Early Development Instrument Report*<sup>14</sup>. More than 40 communities across the country utilize the EDI, as well as additional communities internationally. The EDI focuses on five key domains: social competence, emotional maturity, physical health & well-being, language & cognitive development, and communication skills & general knowledge. The Hartford results showed just 33 percent of students entered kindergarten on track (scoring at or above the 25th percentile of the national EDI population), while 27 percent were determined to be at risk (scoring between the 10th and 25th percentile), and 40 percent were vulnerable (scoring at or below the 10th percentile in any domain). Figure 3 highlights these data.

**Figure 3: Kindergarten Readiness in Hartford Students in 2013-2014**  
**Source: Hartford Foundation for Public Giving EDI Report**



Beyond kindergarten, third grade reading scores are increasingly recognized as a predictor of future academic and life success for students. In Hartford, English Language Arts (ELA) test scores on the Smarter Balanced Assessment (SBAC) for third graders during the 2017-2018 school year showed that only 22.2 percent are meeting or exceeding expectations, compared to 53.1 percent of students statewide<sup>15</sup>. To address an identified gap related to early progress for students with disabilities, the state has set a goal to increase the reading performance of third grade students with disabilities statewide. Students in Hartford face disability rates that are greater than those of students statewide<sup>8</sup>. Table 7 highlights those disparities.

**Table 7: Students with Disabilities by Primary Disability in 2017-2018**  
**Source – Connecticut Department of Education**

PRIMARY DISABILITY K-12	HARTFORD DISTRICT RATE (%)	STATE RATE (%)
Autism	2.2	1.8
Emotional Disturbance	1.7	1.1
Intellectual Disability	1.0	0.5
Learning Disability	7.0	5.2
Other Health Impairment	4.0	3.1
Other Disabilities	1.3	1.1
Speech/Language Impairment	2.7	1.8
<b>All Disabilities</b>	<b>19.9</b>	<b>14.5</b>

Deficits in early academic progress escalate as years go on, with students falling further and further behind. Graduation data for Hartford students from the 2016-2017 school year, the latest data available, show that 68.8 percent of students earned a high school diploma within four years, compared to 87.9 percent of students statewide<sup>8</sup>. As previously highlighted in this assessment, Hartford students are absent, suspended or expelled at rates that far exceed state averages, contributing to low rates of high school graduation.

Connecticut's State Department of Education's Next Generation Accountability System compiles data from 12 indicators including standardized test scores, academic growth, chronic absenteeism, graduation rates, postsecondary entrance, physical fitness, and arts access for individual school districts to determine a Next Generation Accountability Index score for each district. Table 8 highlights data related to select indicators in the index.



**Table 8: Key Indicators**

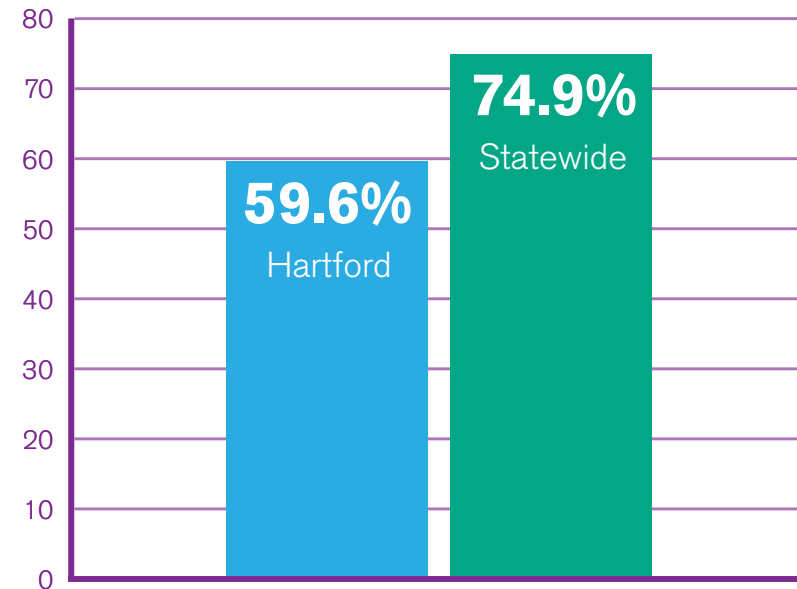
Source: Connecticut Department of Education

INDICATOR	HARTFORD SCHOOL DISTRICT	CONNECTICUT
SBAC ELA Scores (Students in all grades tested that meet or exceed standard)	24.2%	55.3%
SBAC Math Scores (Students in all grades tested that meet or exceed standard)	18.6%	46.8%
4-Year Graduation Rate (2016-2017 school year)	68.8%	87.9%
Chronic Absenteeism Rate	25.3%	10.7%
Postsecondary Entrance Rate	59.9%	70.9%
Physical Fitness (Meeting State Standard)	24.8%	50.1%

For the 2017-2018 school year, the Next Generation Accountability Index score for Hartford Public Schools ranked at 59.6 percent, compared to 74.9 percent for the statewide index score<sup>8</sup>. Figure 4 highlights the disparities in the index score.

**Figure 4: Next Generation Accountability Index Score in 2017-2018**

Source – Connecticut Department of Education



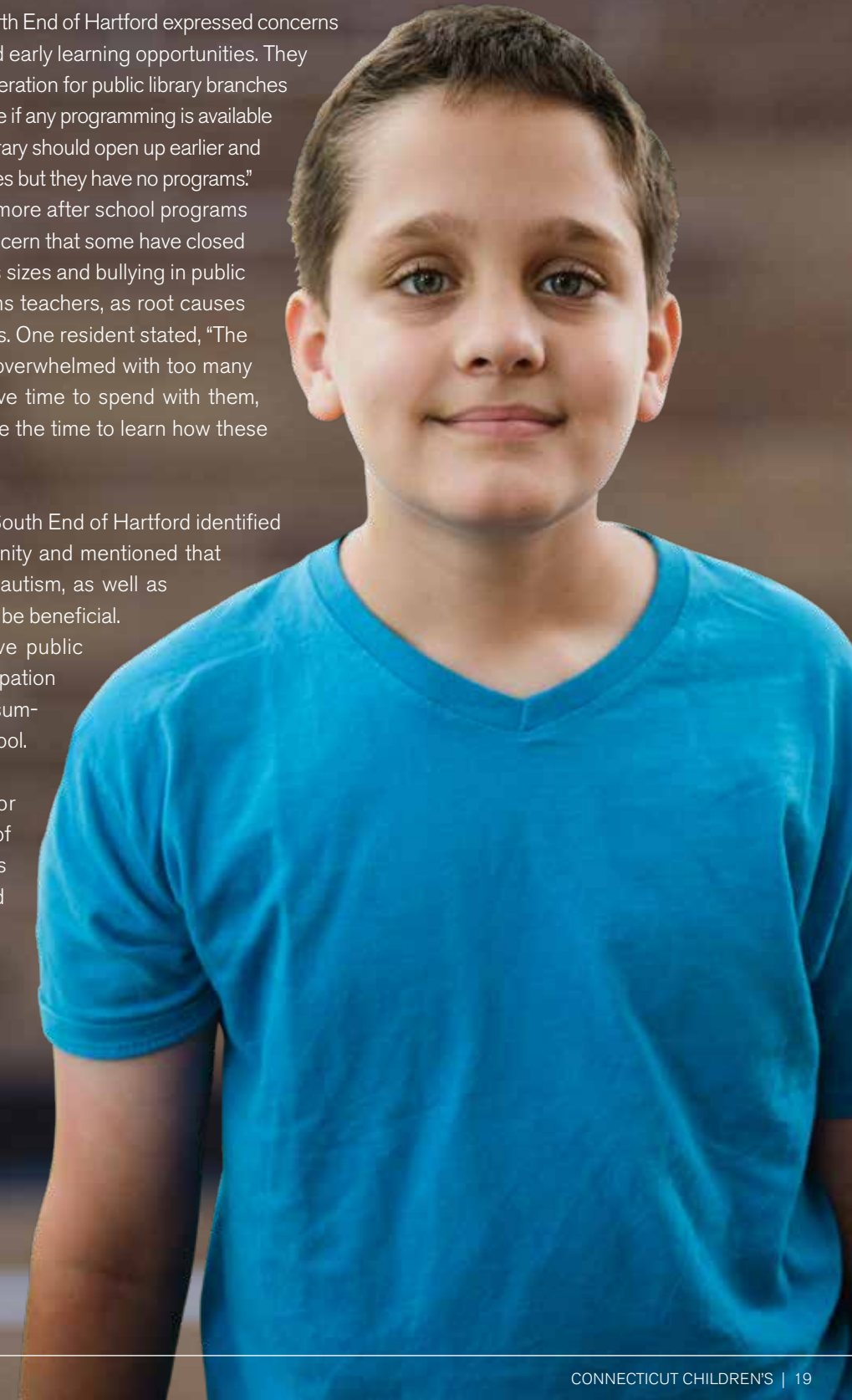
**Identified Needs**

Stakeholders who participated in our key informant session indicated an interest in learning more about education gaps in Hartford and how to address them through coalitions and advocacy. Their questions and comments centered around how absenteeism and transportation contribute to academic outcomes; whether data could inform the value of participation in afterschool programs; whether affordability affects Pre-K and afterschool program participation; and how the Hartford curriculum compares to other districts, beyond Common Core standards.

Participants in our focus group in the North End of Hartford expressed concerns about a lack of affordable childcare and early learning opportunities. They also spoke about the limited hours of operation for public library branches in their neighborhoods and noted that little if any programming is available for children. One resident stated, “The library should open up earlier and have programs there. We have two libraries but they have no programs.” Participants also identified a need for more after school programs and community centers, expressing concern that some have closed down. They also highlighted large class sizes and bullying in public schools, which they believe overwhelms teachers, as root causes of school challenges for many students. One resident stated, “The teachers that are coming in, they are overwhelmed with too many kids and not good pay. They don't have time to spend with them, they just call the police. They don't take the time to learn how these kids learn.”

Participants in our focus group in the South End of Hartford identified autism as a huge issue in the community and mentioned that additional programs for children with autism, as well as support groups for their families, would be beneficial. They also expressed a desire to have public schools available to children for participation in afterschool activities and during the summer, such as in the gymnasium or the pool.

School nurses identified a need for hospitals to assist with the provision of supplies as well as educational materials for students, teachers, classrooms and schools.



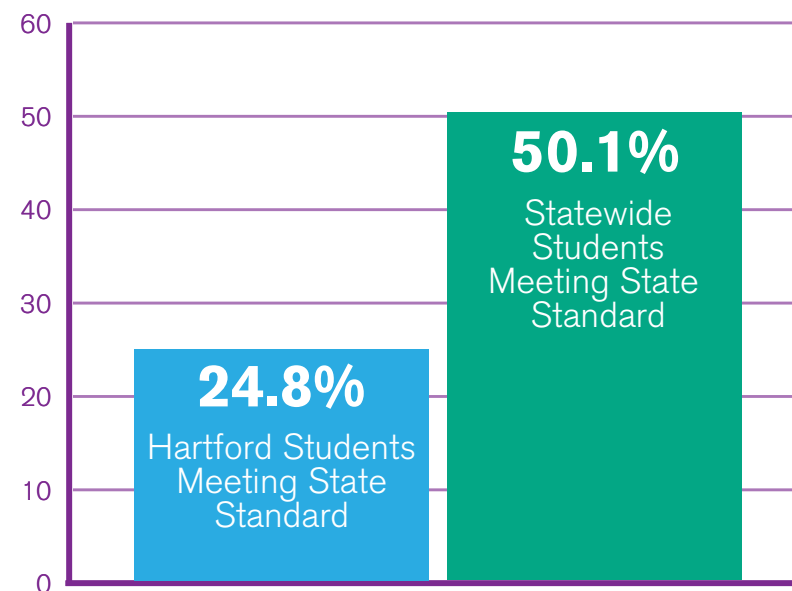
## CHILDHOOD OBESITY PREVENTION

### THE ISSUE:

Childhood obesity remains a major public health concern in the United States and disproportionately affects children in urban areas, such as Hartford. In 2016, 32 percent of preschool children enrolled in Hartford center- or school-based early childcare programs were overweight or obese, according to a 2017 report, *Child Weight Surveillance in Preschools in Hartford Connecticut*<sup>16</sup>.

Physical fitness assessment results for children in Hartford show a need for improvement. Results of the Connecticut Physical Fitness Assessment<sup>8</sup> for Hartford students tested during the 2017-2018 school year, the latest year for which data are available, show only 24.8 percent reached the health standard set by the state. In contrast, 50.1 percent of students tested statewide during that same school year reached the state standard. Figure 5 highlights these data.

**Figure 5: Connecticut Physical Fitness Assessment in 2017-2018**  
Source – Connecticut Department of Education



Childhood obesity prevention remains a top priority for the state. As noted earlier in the report, its Health Enhancement Community (HEC) Initiative lists healthy weight as one of two key outcomes for HECs funded by state dollars, with the other key outcome listed as child well-being<sup>1</sup>.

Risk factors for childhood obesity include the consumption of unhealthy food, a lack of physical activity, and sedentary activity such as spending too much time utilizing television, tablets or other screen time devices.

### Identified Needs

Key informants identified food insecurity as one of the top three issues of highest concern for Hartford residents, as depicted in Table 5 earlier in the assessment. Of the key informants interviewed, self-reported Hartford residents ranked food insecurity as a top issue of concern, tied with two other categories. Food insecurity is a major contributor to childhood obesity as families often rely on food banks and other charitable means to obtain food, which is often processed and not as nutrient rich or healthy as food purchased through supermarkets or farmer's markets can be.

Residents who participated in our focus group in the North End of Hartford identified childhood obesity as one of the most pressing issues facing both children and adults. They named food deserts as a major factor in the obesity crisis, noting that there are no supermarkets in their neighborhoods and limited opportunities to access fresh fruits or vegetables. One resident noted, "We have nowhere to get real vegetables. We don't even have a real supermarket." They expressed a clear need for more safe spaces outside for children to play as well as more police officers walking the beat to make stronger connections in the community. One resident stated, "We should have walking officers so parents can let their kids go out to play again. We used to have police officers walking around. We need safety. You can't send your kids outside. You don't know if someone is going to try to sell them drugs."

Participants in our focus group in the South End of Hartford identified childhood obesity as a top health concern for children, along with diabetes, high cholesterol, high blood pressure, depression and other issues. They expressed a need for parents to be educated in culturally-appropriate ways to provide proper nutrition and physical activity for children. They also expressed a need for more food stamps to purchase healthy foods, which they noted are far more expensive compared to non-healthy and processed food options. They stated that a mobile fresh food market would be beneficial in helping the community get or stay healthy. Participants also expressed a desire to ensure that Hartford parks are not abandoned and feature well-maintained swings, pools, basketball courts, soccer fields and other play areas.

School nurses identified nutrition and a lack of opportunity to exercise as two of the top five biggest health problems facing Hartford children (Table 6). They also identified access to healthy foods and physical outlets as barriers that prevent children from getting the healthcare they need.





## HOUSING, ENVIRONMENT AND COMMUNITY FACTORS

### THE ISSUE:

Poverty ranked high among concerns raised by those interviewed or surveyed for this assessment (Table 5). As noted in Table 1 earlier in this report, U.S. Census data show 30.5 percent of Hartford residents live in poverty, compared to only 9.6 percent of residents statewide<sup>2</sup>. In addition, household income and owner-occupied housing rates for Hartford residents lag far behind their statewide peers. A 2019 study compares child poverty rates in Hartford to those of Connecticut. The study calls Hartford's child poverty rate "alarming" at 43.17%, compared to 14.1% across Connecticut<sup>12</sup>, based on data from the U.S. Census American Community Survey (2012-2016). The impact of poverty on children's health, educational achievement, and life outcomes is well established. Housing and health services utilization in impoverished communities are two key factors that affect children's lifelong health and well-being.

### **Housing Quality, Affordability, and Stability**

A growing body of research establishes a link between housing quality, affordability and stability and overall health outcomes, resulting in disproportionately higher cases of chronic health conditions in urban and minority populations, such as lead poisoning and asthma, which are often directly attributable to housing conditions.

The Connecticut Department of Public Health (DPH) identifies childhood lead poisoning as the most common pediatric public health problem, which is entirely preventable<sup>17</sup>. State law mandates two screenings by age 3, however data indicate a continued opportunity for improvement in this area, especially in urban areas like Hartford, where lead poisoning affects children in greater frequency compared to children statewide.

In 2016, 2000 children younger than age 6 in Connecticut were identified with blood lead levels greater than five micrograms per deciliter, which is the threshold adopted by the federal government for treatment, according to a DPH report, *CT Department of Public Health 2016 Annual Disease Surveillance Report on Childhood Lead Poisoning Prevention and Control*<sup>18</sup>. Of those children, 170 of them lived in Hartford. Statewide data show that Black children younger than age 6 are 2.4 times as likely to have blood lead levels greater than five micrograms per deciliter compared to white children, according to the DPH report. The data also show Hispanic children younger than 6 were 1.5 times as likely to have blood lead levels greater than five micrograms per deciliter compared to non-Hispanic children. The report also notes the high number of families living in poverty in Hartford as well as the high number of city homes that were built before 1960, which are likely to have lead-based paint on their walls. The report cites paint and dust as the two largest sources of lead contamination statewide.

Asthma is among the most common diseases affecting young children, with as many as 40 percent of cases being attributable to housing conditions<sup>19</sup>. Due to concentrated poverty and poor housing quality, asthma is a condition that disproportionately affects urban children, and Hartford is no exception. Each year in Connecticut, about 1,200 children under the age of 18 are hospitalized and 8,000 children visit emergency departments for asthma-related problems, according to the Department of Public Health. At Connecticut Children's, Hartford children sought treatment for asthma in the emergency department 2,561 times in 2018, according to data from the Connecticut Hospital Association<sup>7</sup>.

In addition, injuries that occur in non-properly maintained homes are a great concern for children in Hartford. Such injuries include those related to exposed wiring, missing handrails on stairs, falls out of unsecured windows, and other issues.

See Table 2 earlier in the report for data on the top five categories of ED visits for Hartford children ages 0-18 during 2018, which includes respiratory- and injury-related categories.

### **Utilization of Healthcare**

While cities like Hartford have robust public transportation systems, families find it difficult to use such transportation. An analysis of peer-reviewed studies on transportation barriers to healthcare access found that such barriers do reduce access to healthcare, particularly for low income, underinsured, and uninsured populations<sup>21</sup>.

This report has already cited the degree of poverty among Hartford's families (Table 1). For many families, poverty translates to lack of health insurance and higher risk for obesity, substance abuse, and other factors influenced by more challenging home and community environments<sup>22</sup>.

### **Identified Concerns:**

Those who participated in our key informant session identified "poverty/food insecurity/lack of transportation" and "general lack of health care" as pressing issues for Hartford families. Other top issues of concern included "housing affordability," "income inequality and segregation," and "housing quality/healthy homes." Data from the key informant session survey are detailed in Table 5 earlier in this report.

Key informant session participants highlighted additional housing-related issues in their open-ended responses. Such issues included low rates of homeownership; growing household insecurity, including a need to work more hours to make ends meet, the growing number of low-income households, a lack of household savings, and high eviction rates; access to affordable, safe, secure and well-maintained housing in neighborhoods of opportunity; homelessness; absentee landlords; and a need for awareness of tenants' rights.

During open-ended responses, participants highlighted a variety of concerns that affect families' abilities to raise healthy children: poverty, access to health services, and economic opportunity. Such concerns include (in no particular order): access to economic opportunity through living wage employment and education; the relationship between poverty and negative life outcomes; food insecurity; access to healthcare and affordable health insurance; access to transportation; racial and ethnic disparities; and income inequality and segregation.

During our focus group in Hartford's North End, participants identified asthma as one of two most pressing issues affecting their children, with the other one identified as childhood obesity. They expressed concerns about pollution from incinerators in their neighborhood as contributing to poor health and pulmonary issues in their children. They expressed a need for additional resources for families living in poverty, including relief from absentee landlords who they say are responsible for many families living with rats, bed bugs, lead, toxic mold and other health hazards that lead to asthma, lead poisoning, and other concerns. One resident stated, "My three little ones have lead poisoning. The apartment not being safe causes harm to the kids." Another resident stated, "A lot of parents have the same story – mold, cockroaches, mice, leaks and nobody wants to fix it. We send in monthly payments but they're not paying for any updates."



Participants also identified a number of other issues resulting from residing in an impoverished community: accessing health services, and economic opportunity, including a lack of urgent care centers, which they say forces them to go to the emergency department for issues that could be easily resolved elsewhere. One resident stated, “Your kid is sick at 9:00 o’clock at night. Why don’t we have an urgent care? A lot of situations where you don’t need an ER, but because there are no other places to go, you go to the ER.”

Participants in our focus group in the South End of Hartford identified injury concerns as a pressing problem for their children. They noted that parents should be educated in keeping their kids from getting hurt in the summertime, when they are playing outside frequently. They also mentioned that parents should be educated on the importance of keeping their attention on the children, rather than getting distracted, so children do not get hurt. Participants also identified a need for more support for working families who have medical insurance but struggle to pay medical bills. One resident stated, “I feel it is best to not work and get the medical insurance to help my needs. I am diabetic and it is difficult to pay for medical needs.” They also identified a need for more English language classes as well as employability workshops to help people find work. They also noted the importance of local libraries in helping people look for available employment, writing resumes, and filling out job applications and noted that more resources like this are needed as well as increased access to them. Difficulty getting timely appointments for care, a lack of transportation, and a lack of affordable care were cited as top barriers that prevent children from getting the healthcare they need.

School nurses identified a need to educate families about the importance of utilizing a primary care physician, as opposed to relying on emergency departments for care, which they stated is critical to decreasing healthcare problems for Hartford children. They also called out the importance of improving communication between hospital providers and school nurses through a central database, parents sharing information, or by creating liaison positions at hospitals and medical offices to work with school nurses.





## RECOMMENDATIONS TO ADDRESS KEY FINDINGS: 2019

Connecticut Children's leadership and partners recognize the breadth of interventions necessary to address the extensive array of medical, social, and environmental needs identified in this assessment. The following recommendations provide a starting point and guide for engaging providers and residents across Hartford in creating better communities and ensuring better futures for Hartford's children.

### INITIATIVES:

**1) DEVELOP CENTRALIZED CROSS-SECTOR CARE COORDINATION SERVICES:** Care coordination addresses the medical, behavioral, developmental, and social needs of children and families. It is a critical component of population health management and necessary to ensure children and families connect to the supports needed to enhance child outcomes. Connecticut Children's is prepared to:

- a. Increase access to care coordination by ensuring hospital care teams refer more inpatients and outpatients to Connecticut Children's Center for Care Coordination, including those who seek treatment in the ED for chronic health conditions and mental/behavioral health crisis treatment. The Center is part of Connecticut Children's new model of care coordination, which houses case managers, inpatient social workers, behavioral health clinicians, and community care coordinators in a single department to serve children and families more comprehensively, efficiently and effectively. The Care Coordination team facilitates seamless connections to follow-up medical appointments and appropriate community-based programs and services that address social needs.
- b. Continue to advocate for a centralized system of care coordination throughout the community. Such a system should strengthen the regional care coordination collaborative, built upon Connecticut Children's Care Coordination Collaborative Model, which gathers care coordinators from a variety of sectors together to discuss timely issues, increase awareness about available services for families, and reduce duplication of efforts across sectors.
- c. Enhance communication between school health staff and the institution's health providers, mental/behavioral health providers and/or care coordinators so school staff are aware of ongoing treatment plans.
- d. Expand Connecticut Children's evolving Clinically Integrated Network to connect primary care providers, including school-based health centers, to Connecticut Children's physicians and surgeons and to community-based programs.
- e. Encourage healthcare providers to identify families exposed to intimate partner violence and make connections to community resources. Enhance links between Connecticut Children's and local intimate partner violence shelters and services.

**2) INCREASE ACCESS TO HEALTH SERVICES FOR UNDERSERVED CHILDREN:** Increasing access to health services closer to home will reduce reliance on the ED for conditions that do not warrant emergency care. Connecticut Children's should:

- a. Ensure all children have access to health insurance and health care services. Hartford residents will benefit from neighborhood primary care clinics and urgent care facilities, especially in the city's North End.

- b. Expand early identification of child and family mental health concerns, along with insurance coverage for, and access to, mental health counseling. Children witnessing trauma or violence in their homes or communities, as well as those experiencing other mental health concerns, would benefit from counseling yet it remains out of reach and unaffordable for many.
- c. Increase access to substance abuse prevention and treatment programs within neighborhoods that address the escalating opioid crisis and other substance-related issues.
- d. Encourage pediatricians and OB/GYNs to increase screening for maternal depression and connect women to services to support attachment, which is essential to healthy development of all infants.
- e. Ensure Hartford youth have access to the latest information on HIV and STDs, prevention regimens, as well as appropriate testing and referral to medical care when needed.
- f. Support home visiting programs for new parents and their children, providing pre-natal services and early childhood services, to improve overall health outcomes.
- g. Broaden the scope of telehealth services available to children and families to provide opportunities to address health concerns both from home and school locations.

**3) INCREASE COLLABORATION BETWEEN CLINICAL AND COMMUNITY PROGRAMS TO ENSURE BEST OUTCOMES ACROSS SECTORS:** Chronic health concerns disproportionately affect urban children. Connecticut Children's should:

- a. Encourage primary care and subspecialty providers to utilize Connecticut Children's care coordination services to link their patients to an extensive array of community-based programs, which complement clinical care by addressing social determinants of health to help children reach their full potential.
- b. Programs such as the Easy Breathing asthma management program and Healthy Homes should be brought to scale and impact across Hartford to reduce asthma, lead poisoning, and preventable home injuries.
- c. Expand Connecticut Children's Clinically Integrated Network to provide pediatric providers with the latest clinical training, opportunities for networking, and access to community programs that address social and environmental needs of families.

**4) ENHANCE EARLY IDENTIFICATION AND INTERVENTION FOR AT-RISK CHILDREN:** Children face the greatest chance of success in life when developmental and behavioral concerns are identified and addressed as early as possible. Connecticut Children's can:

- a. Expand efforts to serve children who are vulnerable and at-risk for poor health, developmental, behavioral, academic, and life outcomes. This population is often ineligible for publicly-funded early intervention services. There is a critical need for programs that seek to identify developmental and behavioral concerns early and connect families to community-based programs. Help Me Grow, a system which connects vulnerable children and families likely to be ineligible for publicly-funded services to community-based programs and services, is available at no cost and without strict eligibility requirements. Help Me Grow should be brought to scale in Hartford, through outreach to early learning centers and pediatricians, to ensure needs are identified and families are connected to resources.

- b. Advocate for housing and developmental services for children who have blood lead levels between 5 and 25 micrograms per deciliter. Currently, children in Connecticut are only eligible for early intervention services if they reach the threshold of 25 micrograms per deciliter even though the federally-established treatment level is set at 5 micrograms per deciliter and research shows that children with lower levels are at increased risk of developmental delays.

**5) STRENGTHEN EDUCATION AND OUTREACH FOR INJURY AND VIOLENCE PREVENTION:**

Injuries and violence are a devastating and costly public health concern, and are largely preventable. Connecticut Children's should:

- a. Increase engagement with the community and schools through the Injury Free Coalition for Kids of Hartford on a range of safety topics including: fire prevention; drowning prevention; window falls; and, road safety.
- b. Increase collaboration with community-based organizations utilizing a "violence interrupter" model aligned with the National Network of Hospital-based Violence Intervention Programs (NNHVIP).
- c. Expand school-based partnerships and supports for the implementation of K-12 sexual violence prevention curriculum, mandated by state law.
- d. Ensure comprehensive training for all Connecticut Children's team members on identifying and providing supports to families impacted by violence, including child maltreatment, IPV, and suicidality.
- e. Implement universal education and participatory guidance model on the dangers of intimate partner violence (IPV) and how to access services for caregivers.
- f. Consider broadening the Hartford Gun Buyback program. There is evidence to suggest that gun buybacks are a practical and productive strategy in local gun violence prevention portfolios. Buyback programs serve goals beyond reducing gun-related death, injury, and crime and can include strengthening community mobilization, social cohesion, heightened awareness, and shifting the culture around firearms.

**6) ADVANCE A STRENGTH-BASED PROTECTIVE FACTORS APPROACH:** Protective factors are proven to buffer the impact of trauma in children, helping them to achieve positive outcomes. Connecticut Children's is committed to:

- a. Expand training offered to team members and external organizations on the Strengthening Families Protective Factors Framework approach<sup>11</sup>. The approach, developed by the Center for the Study of Social Policy, builds resiliency and enhances socio-emotional development by building on families' strengths to create positive outcomes and reduce the likelihood of child abuse and neglect. The approach builds five protective factors in families: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. Connecticut Children's Center for Care Coordination has two certified trainers who provide training to internal team members as well as external organizations.
- b. Bring use of the protective factors framework to scale and impact among pediatricians, community health workers, and others who work with children and families in Hartford and beyond. OCCH's Help Me Grow National Center worked with CHDI to develop a training module on the protective factors approach, which was piloted in six pediatric practices in Connecticut and two other states and yielded impressive results in changing the paradigm of parental support as part of pediatric primary care<sup>23</sup>.

**7) INCREASE COLLABORATION WITH EARLY CARE AND EDUCATION PROVIDERS, HOME VISITORS, FAMILY CENTERS, AND PUBLIC SCHOOLS TO FACILITATE SCHOOL READINESS:**

Hospitals across the country are increasingly recognizing the important role they can play in advancing school readiness for children. Connecticut Children's should:

- a. Increase collaboration with early care and education providers, home visitors, family centers, and public schools to champion school readiness initiatives, which could include early literacy promotion, back to school events, school supply drives and much more.
- b. Advocate, along with city and state leaders, for policies that increase access to, and affordability of, Pre-K and early learning programs.
- c. Encourage city leaders to expand public library hours, as well as programming offered at branch locations.

**8) PREVENT CHILDHOOD OBESITY:** Childhood obesity is a growing public health concern in Hartford, around Connecticut and across the country. Connecticut Children's can:

- a. Take additional steps to promote healthy nutrition and physical activity from birth in order to curb the childhood obesity epidemic. Current approaches taken by Connecticut Children's include the Kohl's Start Childhood Off Right (SCOR) program, which launched in 2017 to promote healthy nutrition and physical activity among families with children ages 0-2, an age range where few interventions exist. Under a new two-year grant, SCOR will expand its focus to include families with children ages 0-5. The program worked with CHDI to develop and launch a childhood obesity prevention training module for primary care providers, where all children are seen in their earliest years. SCOR also offers training for community health workers to reinforce healthy habits with families during home visits, and it offers wellness events for children and their families. There is a need for this program to be brought to scale and impact throughout Hartford so more children can benefit from healthy nutrition and physical activity in their earliest years, establishing healthy habits that will last a lifetime.
- b. Ensure residents of Hartford have increased access to healthy foods, such as neighborhood supermarkets and farmer's markets.
- c. Ensure residents of Hartford have increased opportunities for physical activity in community centers, safe and well-maintained parks, and safe neighborhoods with walking police patrols.
- d. Expand outreach and education for Hartford residents regarding nutrition, physical activity, healthy living and maintaining healthy lifestyles. Engage community members in developing and supporting healthy food preparation strategies that are within cultural preferences of Hartford's residents.

**9) ENHANCE COMMUNITY BUILDING EFFORTS IN TARGETED NEIGHBORHOODS:** There is a well-established link between housing quality, stability, and affordability and the overall health and well-being of children and families. Anchor institutions are in a prime position to do more to build stronger, healthier, and thriving communities. Connecticut Children's can:





- a. Partner with the North Hartford Triple Aim Collaborative, city leaders, and community organizations to launch a health-hub in North Hartford complete with a neighborhood health clinic, a supermarket, affordable child care, exercise facilities, job training and much more to enhance the quality of life for residents. Such a program should be replicated elsewhere in the city.
- b. Expand the current Building for Health cross-sector referral approach. Connecticut Children's Healthy Homes Program developed and pilot-tested the program, in partnership with local utilities, asthma programs, and other community organizations, in the Frog Hollow neighborhood of the city's South End. It should be brought to scale and impact across Hartford, and even statewide, to more efficiently connect residents to the resources they need to live healthier lives.
- c. Increase resources for those living in poverty. Residents should have access to job training programs, employment services and opportunities, affordable childcare, community centers, and transportation.
- d. Expand efforts by the Southside Institutions Neighborhood Alliance (SINA) to renovate blighted properties in the South End of Hartford. SINA is a partnership between Connecticut Children's, Hartford Hospital, and Trinity College and works to transform the neighborhoods around the three closely-located institutions. To date, the organization has renovated more than 70 blighted properties. It also maintains and operates more than 80 rental units for low-income residents.
- e. Expand job training and workforce development programs offered by SINA. These enhance quality of life for Hartford residents.
- f. Engage in advocacy with Hartford leaders to address problematic landlords by creating or strengthening existing property maintenance codes.
- g. Advocate for legislation that requires health departments to take action to remediate properties where residents are found to have blood lead levels over 5 micrograms per deciliter. Currently, the action level is higher at 25 micrograms per deciliter.
- h. Advocate for policies and programs that make housing affordability and stability a priority, as currently highlighted in the state's proposed Health Enhancement Community Framework.



## METHODS

### KEY INFORMANT MEETING:

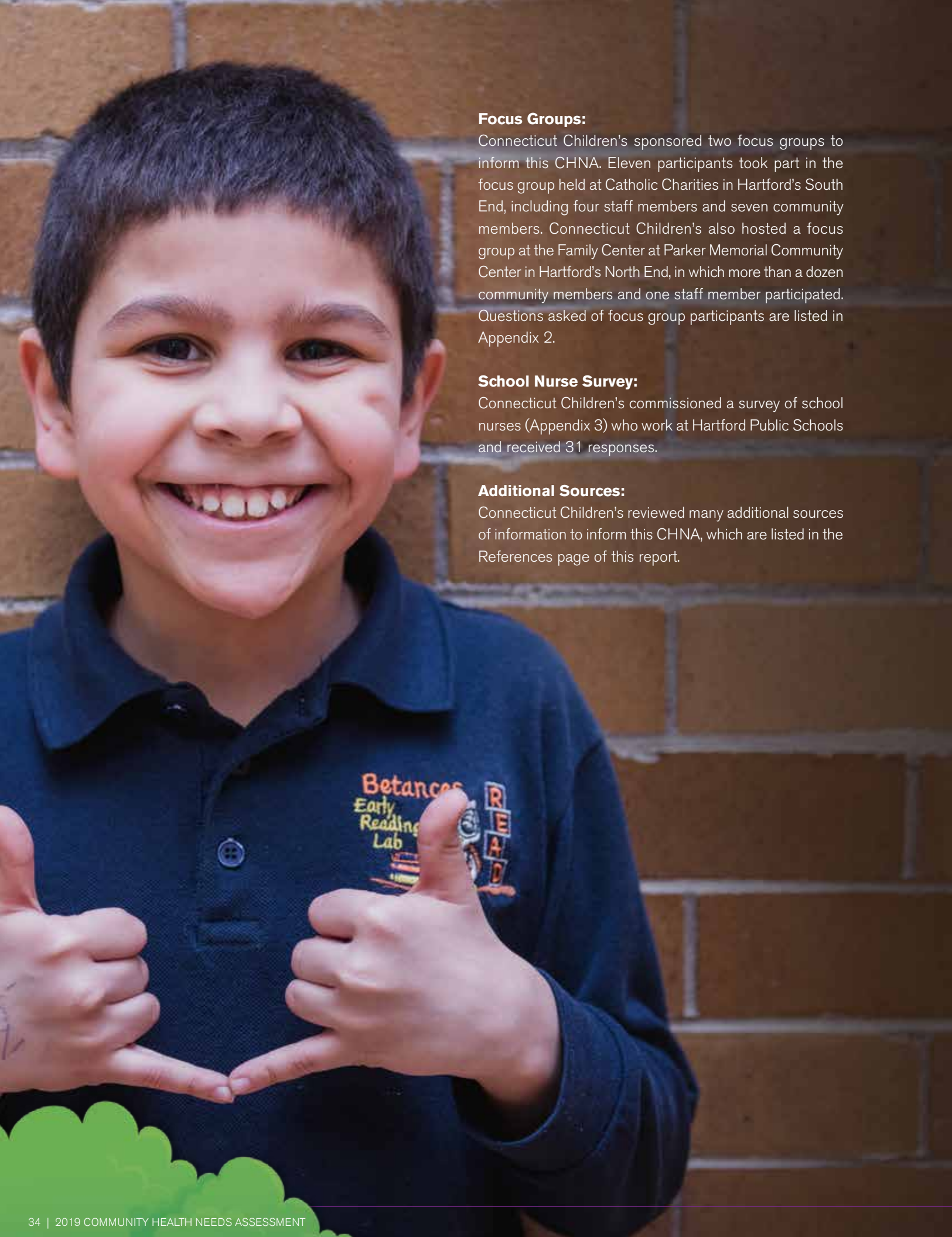
The Hartford Foundation for Public Giving hosted a key informant meeting to inform the Community Health Needs Assessments of Connecticut Children's and another institution. The meeting included a presentation of Hartford well-being survey data from Data-Haven. It also included a survey (Appendix 1) and seven stations where participants shared thoughts on demographics & income, housekeeping, education, community health, health & CHIME data, community vitality & infrastructure, and economic opportunity & job access. The meeting included 56 participants who are listed below.

Key Informant Names	Key Informant Institution
Mark Abraham	DataHaven
Sarah Altieri	Farmington Valley Health District
Liany Arroyo	City of Hartford Department of Health and Human Services
Stephen Balcanoff	Connecticut Children's
Tiffany Basile Hall	Catholic Charities
Arielle Becker	Connecticut Health Foundation
Denise Best	Upper Albany Revitalization Zone Organization (UARZO)
Erin Boggs	Open Communities Alliance
Kristin Brisbon	United Way of Central and Northeastern Connecticut
Carlos Brown	Trinity Health - Saint Francis
Rick Brush	Wellville
Angelina Caruso	Hartford Behavioral Health
Xiangming Chen	Trinity College Center for Urban and Global Studies
Anthony Cherolis	BiCiCo
Darlene Childs	City of Hartford
TJ Clark	City Council/Charter Oak Health Center
Justine Couvares	Chrysalis Center
Barbara Damon	Prudence Crandall Center
Aniya Dhungano	City of Hartford Health and Human Services
Regina Dyton	Trinity Health - Saint Francis
Gina Federico	North Hartford Triple Aim Collaborative
Heather Flannery	Interval House
Jessica Fourquet	City of Hartford
Amanda Garrity	Town of East Hartford Health Department
Scott Gaul	Hartford Foundation for Public Giving
Angela Harris	NHPZ Rep for Health and Human Services Workgroup
Susan Hitt	Planned Parenthood
Jim Horan	LISC

Key Informant Names	Key Informant Institution
Elsa Huertas	SINA
Mark Jenkins	Greater Hartford Harm Reduction
Greg Jones	Hartford HealthCare
Keturah Kinch	Wheeler Clinic, Inc.
Nina Kruse	ECHN, Inc./Manchester Memorial Hospital
Garry Lapidus	Director of Connecticut Children's Injury Prevention Center
Patricia Lariviere	Trinity Health - Saint Francis
Susan Laual	PPSNE
Heidi Lubetkin	Community Renewal Team, Inc.
Katie Martin	FoodShare
Shaun McGann	DataHaven
Bernie Michel	Asylum Hill Neighborhood Assn. (AHNA)
Susan Mitchell	Hospital for Special Care
Terry Nash	CHFA
Tung Nguyen	City of Hartford
Martha Page	Hartford Food System
Caitlin Palmer	Capitol Region Council of Governments (CRCOG)
Jenna Pettit	United Way CNCT
Kerrice Reynolds	CT Rides
Phil Richmond	Greater Hartford Harm Reduction
Carlos Rivera	Hispanic Health Council
Lauren Rosato	Planned Parenthood of Southern New England
Marcus Smith	Connecticut Children's Healthy Homes Program
Carol Steinke	West Hartford Bloomfield Health District
Mary Stuart	Trinity Health - Saint Francis
Patricia Sulik	North Central District Health Department (Enfield, Ellington etc)
Judy Tallman	Community Health Services, Inc.
Andrew Woods	Hartford Communities That Care







**Focus Groups:**

Connecticut Children's sponsored two focus groups to inform this CHNA. Eleven participants took part in the focus group held at Catholic Charities in Hartford's South End, including four staff members and seven community members. Connecticut Children's also hosted a focus group at the Family Center at Parker Memorial Community Center in Hartford's North End, in which more than a dozen community members and one staff member participated. Questions asked of focus group participants are listed in Appendix 2.

**School Nurse Survey:**

Connecticut Children's commissioned a survey of school nurses (Appendix 3) who work at Hartford Public Schools and received 31 responses.

**Additional Sources:**

Connecticut Children's reviewed many additional sources of information to inform this CHNA, which are listed in the References page of this report.

APPENDIX

**1. KEY INFORMATION SURVEY:**

**Greater Hartford Community Health Needs Assessment DataHaven  
Greater Hartford Community Well-being Index  
Key Informant Conversation – February 28, 2019**

**ATTENDEE SURVEY:** Please return this form to one of the organizers before leaving today's meeting.

1. What town do you live in?
2. What geographic region(s) are the focus of your organization?
3. What sector do you work in (e.g., hospital, non-profit services, public health, other government, etc.)?
4. Please identify the issues that you believe are of highest importance to address. Feel free to add, and rate, any more specific issues that arise within each area. There are no wrong answers!

TOPIC AREAS	IMPORTANCE: To what extent does your community have concerns related to each issue, in terms of size and severity?				INFLUENCE: What ability do regional leaders/organizations have to improve on these concerns in the next 3-6 years?			
	None	Moderate	High	Extreme	None	Moderate	High	Extreme
Demographic changes								
Rising number of older adults								
Income inequality / segregation								
Poverty / food insecurity / lack of transport								
Integration of immigrant population								
Other:								
Early care and education access								
K-12 and postsecondary outcomes								
Adverse childhood experiences/trauma								
Other:								
Housing affordability								
Evictions / homelessness								
Housing quality / healthy homes								
Lead poisoning								
Other:								
Early onset of cardiovascular risks/disparities								
Obesity								
Asthma								
Tobacco use								
Other substance use disorders / opioids								
Mental health								
Oral health and dental care								
Affordability of prescription medicine								
General lack of health care								
Other:								

TOPIC AREAS (continued)	None	Moderate	High	Extreme	None	Moderate	High	Extreme
Community safety and violence/assault								
Transportation safety and walk/bike safety								
Parks, outdoor space, recreation amenities								
Other local amenities (retail, transit, etc.)								
Police-community relationships								
Trust in/effectiveness of local government								
Social capital (neighborly trust, role models)								
Civic engagement and voting								
Strength of local non-profits/institutions								
Air and water quality								
Other:								
Job access and availability								
Workforce and career development								
Youth/teen jobs								
Worker rights and work/life balance								
Other:								
Other topics:								
Other topics:								

5. Of the issues you discussed today, please identify up to two that you think are most important to your community, and most urgent to address. Briefly describe: Why do you think this issue is of greatest concern? What are some next steps the region could take to address this need?

**2. FOCUS GROUP QUESTIONS FOR HARTFORD RESIDENTS:**

1. What in your community makes you most proud?
2. What does this community have “going for it” with regard to meeting the health needs of the people who live here?
3. What are the biggest health problems/conditions in your community?
4. Thinking of your children, what issues/items must be addressed to improve their health?
5. What are some ideas you have to help your community get or stay healthy? What else do you (your family, your children) need to maintain or improve your health?
6. What resources does your community have that can be used to improve community health?
7. Is there anything else related to the topics we discussed today that you think I should know that I didn’t ask or that you have not yet shared?

**3. SCHOOL NURSE SURVEY:**

**COMMUNITY NURSE SURVEY**

As school health providers, you have valuable knowledge and insight about Hartford children and families. Please take a few moments to share your thoughts. Your input can help inform Connecticut Children’s Office of Community Child Health as we, along with many partners, assess the needs of the community’s families. Your name will not be shared. All responses will be aggregated.

**A) What do you believe are the biggest health problems for children in Hartford schools today? (Please place a check mark in the box that most fits your opinion)**

	Not a priority 1	2	Somewhat a priority 3	4	High Priority 5
Asthma					
Smoking, drugs, alcohol use					
Behavioral Health issues					
Dental Health					
Violence					
Injury					
Limited opportunities for exercise					
Lack of access to healthy food					
Access to healthcare					
Sexually transmitted diseases					
Anything we have missed that you might rate as 3 or 4?					

**B) Would you prioritize any of these areas as barriers in preventing children in Hartford from getting the healthcare they need? (Please place a check mark in the box that most fits your opinion)**

	Not a priority 1	2	Somewhat a priority 3	4	High Priority 5
Lack of insurance/don't know how to apply for HUSKY					
Families can't afford the care					
Difficulty getting timely appointments for care					
Lack of transportation to get care					
Service is not available locally					
Local providers do not accept the health care coverage of some families					
Access to healthy foods and physical outlets					



C) Please tell us your ideas on improving the health of students in Hartford.

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D) What can hospitals do to support the work of healthcare providers in our schools?

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**Please tell us a little bit about yourself:**

Which school(s) do you represent?

- Pre-K     Elementary School     Middle School     High School

How long have you been working as a healthcare provider in Hartford schools?

- > 1 year     1-5 years     > 5 years

Job Title

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**I would like to receive a summary of this report:**

Email address:

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**Thank you for your help!**

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