



A Community Health Needs Assessment
for Hartford, Connecticut

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Healthy Hartford

ACKNOWLEDGEMENTS

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

The Community Health Needs Assessment Workgroup (“The Workgroup”), under the direction of the Community Health Needs Assessment Consortium, 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 (“Holleran”) for their expertise in community health assessments and for conducting this study. 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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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”), voluntarily 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, and social justice. 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 community 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, libraries, 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.

SUMMARY OF KEY FINDINGS

- **Social Determinants** – Many socio-economic 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 risks 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 confirm 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.
 - There are certain types of crime that occur with greater frequency in Hartford than in the state overall. 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.
 - The overall environmental quality in Hartford is poor; HEI scoring for waste stream and water discharge pollutants were low. This underlying perception of the city as "unclean" could impact individual health decisions.
 - Less than half of Hartford's residents are registered to vote, and a low rate 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 population skewed young 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; hospitalization rates however for *asthma* 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 understand 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 Hartford comparatively 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 and higher rates of death due to septicemia (bacteria in the blood that often occurs with severe infections) than the state and nation.
 - 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. Both of these likely indicate that obesity is a concern in Hartford.
- **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.

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 the City of 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 to identify 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 the City of 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.

Furthermore, 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 give 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 is on-going. The HEI is based on a ten point measurement scale, where 1 is a low score, which represents a less favorable condition or outcome, and 10 is a high score, which symbolizes a more favorable condition or outcome.

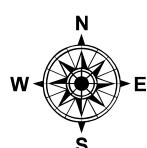
HEI maps were used to compare neighborhoods by social determinant or health outcome indicators. This comparison includes both the North Meadows and South Meadows neighborhoods for analysis, although the former is mainly comprised of car dealerships and landfill, and the latter with a small airport, a 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 zero and one, and the closer the coefficient is to one the stronger the correlation between the measures; a correlation of zero signifies no

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 measured 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 following map is a legend for all Hartford neighborhood names and should be referred to for neighborhood identification.

Map 1: City of Hartford and Neighborhoods



DEMOGRAPHICS

The City of 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.

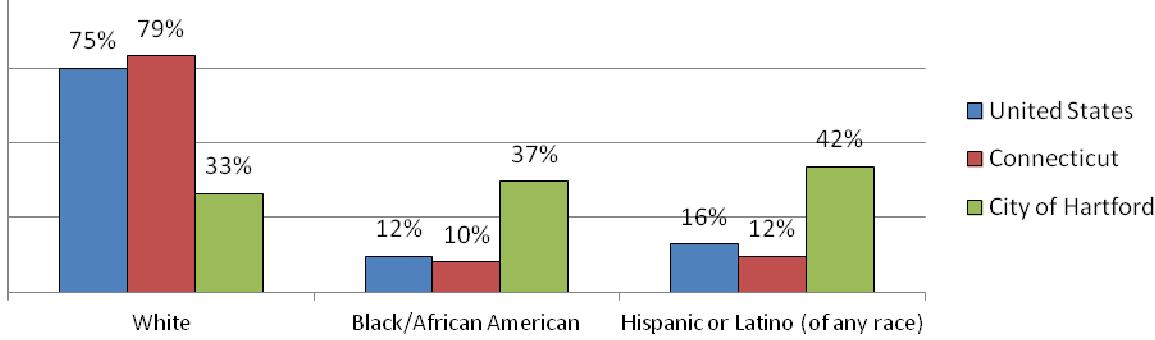
The population in Hartford is 124,775, with a **gender** ratio close to state and national ratios of 49% male and 51% female. Hartford is proportionally younger than the state and the U.S., which impacts numerous aspects of health including rates of some types of cancer, violence, and levels of unintended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

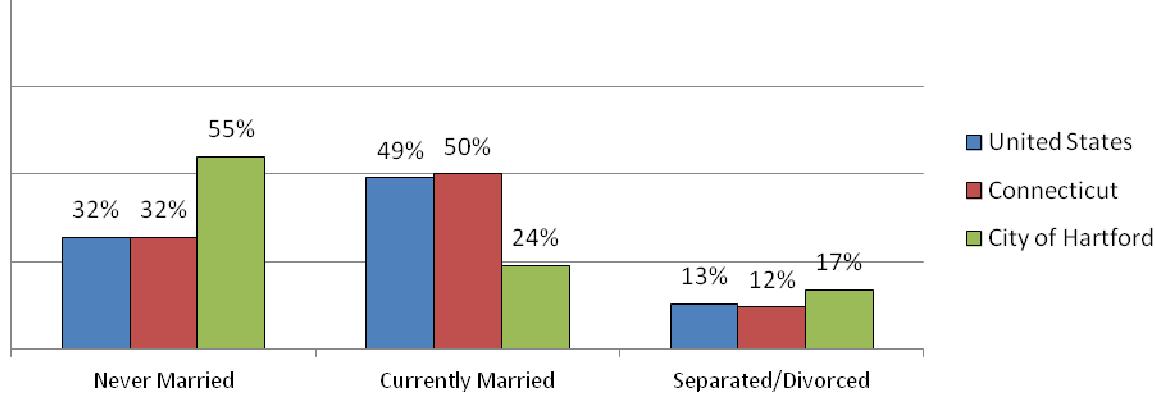
Figure 1

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

This ethnic breakdown impacts the primary **language spoken at home**. The percentage of the City 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)

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]. 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 provides insight into the perception of Hartford by those who are involved daily in some manner of community work – from health care to community services – of where problems may exist. The following section will addresses 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 lowest score on the HEI when compared to the rest of the state.

Subsidized housing is abundant in the City of Hartford. As is typical throughout the United States, these subsidized housing units have become a feature of low-income and resource-poor areas. In the City of 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.

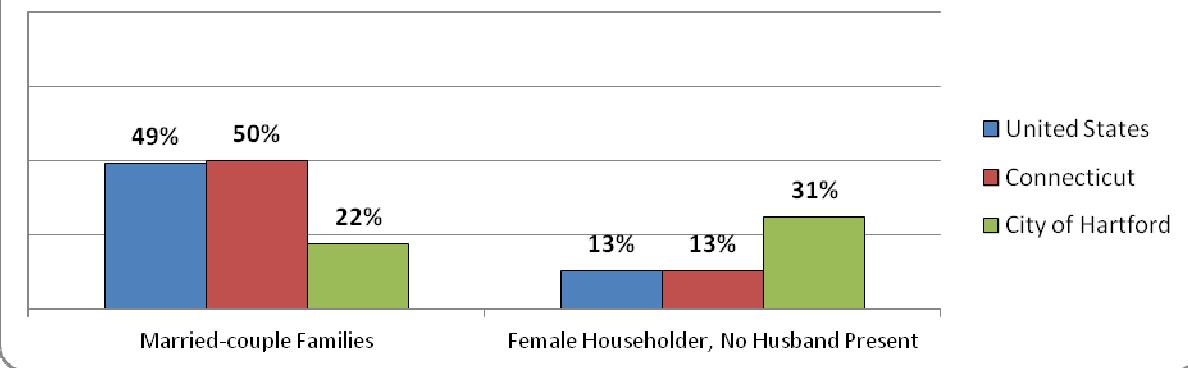
A cursory analysis of **housing occupancy** in Hartford reveals that the city has over 44,000 occupied housing units of which 26% are owner-occupied; the state average is

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 the city of Hartford is \$43,689, which is significantly lower than the state's average value of \$209,025; and the average sales price of an existing home is \$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)



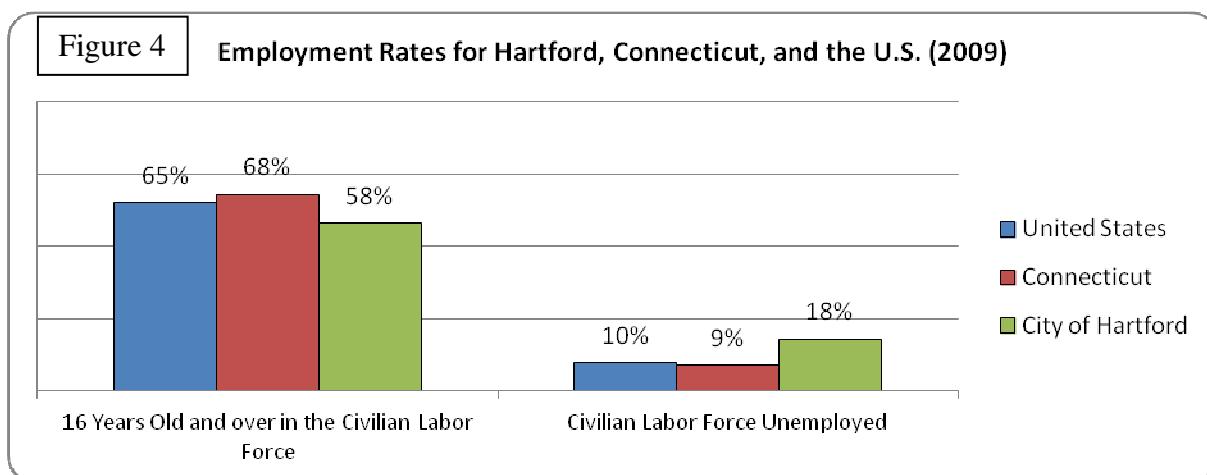
In the HEI, Hartford has a housing indexed score of 3, which is a less favorable condition in this category. Some of the calculating factors used to determine this score are rental vacancy rates as a percentage of rental units, owner occupied housing as a percentage of total housing units, and median 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

The current unemployment rate (as of September 2011) in Hartford is 15.6% per the Connecticut Department of Labor's Labor Force Data, which is nearly twice the rate as the United States (8.8%). 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."



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 the City of 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.

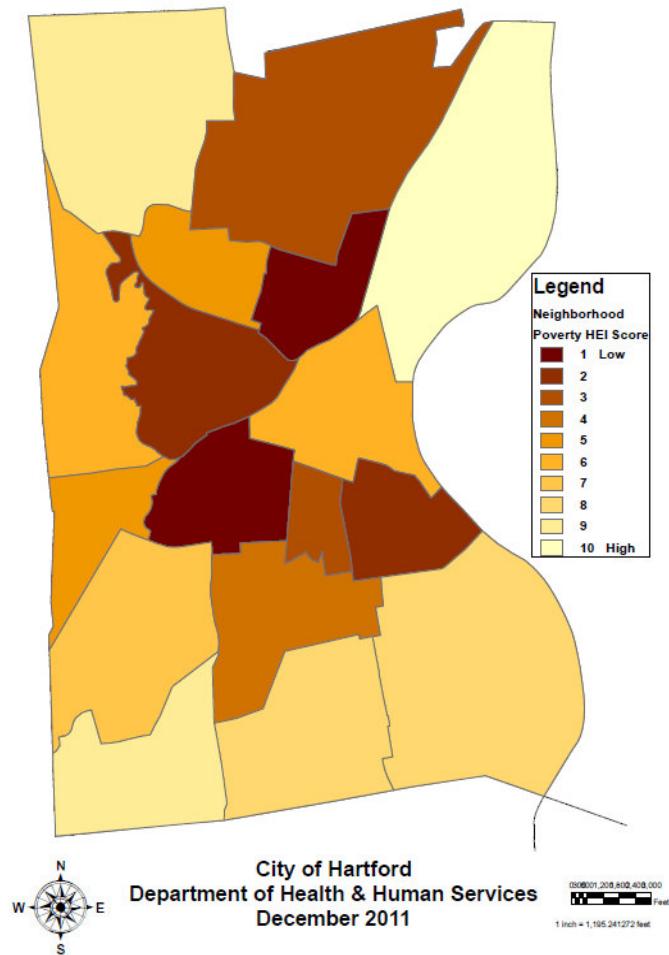
The lack of employment has long been linked to increased rates of mortality. For Connecticut, unemployment has been strongly correlated with decreased health care access, which can serve as an explanation for the correlations with a decreased life expectancy, and increased incidences of respiratory illness, 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. Ninety-three percent 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 scale, the darker the color means a lower rank, indicating greater impoverishment.

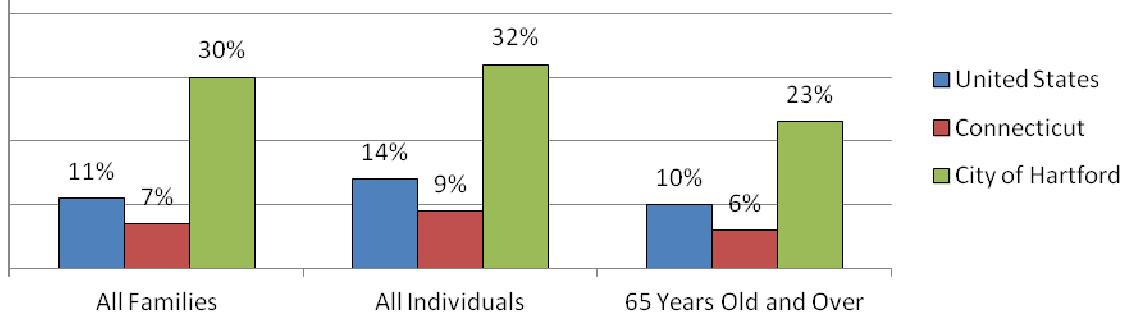
Hartford - HEI Score of Poverty by Neighborhood



With 30.25% of Hartford's residents 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 are seen for individuals and for those over the age of 65.

Figure 5

Poverty Rates for Hartford, Connecticut, and the U.S. (2009)



The **income statistics** for the City of 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 indicate that education level has great impact on 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.

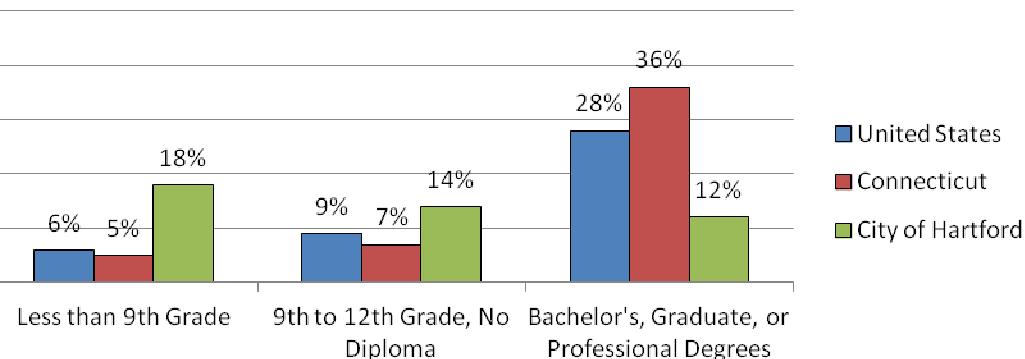
As the demographic data indicates, Hartford residents are less likely to graduate from high school and are less likely to obtain post-secondary education when compared to the state or nation as a whole. The strong correlations suggest that a higher educational attainment leads to better health throughout 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 direct correlations to education are with 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 of Connecticut. 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.

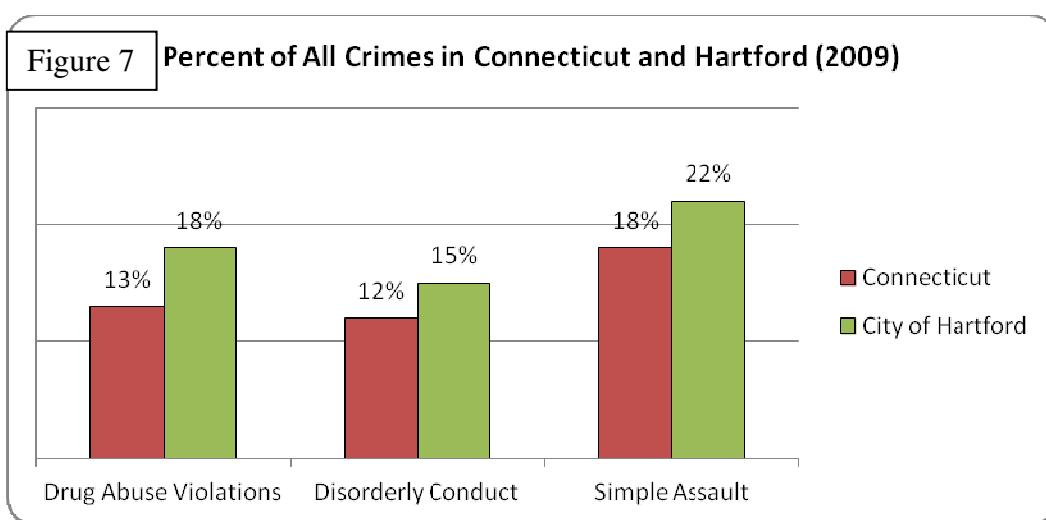
Figure 6

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 of Hartford could either indicate that crimes are more prevalent or more effective approaches in law enforcement. 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 the City of 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.



Over 70% of Key Informants rated neighborhood safety in Hartford as “Poor” or “Very Poor.” One Key Informant mentioned: “A community where individuals and families would choose to live [...] 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 Connecticut and Hartford (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 reinstatement of the Shooting Task Force this past summer, shootings have been down by 35% [7]. Although the partnership with neighboring cities, Connecticut State Police, and Attorney General’s office 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 Connecticut's environmental burden by using specific federal Toxic Release Inventory (TRI) data, examining levels of locally generated air and water pollution, and industrial density. These two measures are positively correlated with employment opportunities; 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 speak to the vast array of various social and health burdens underserved communities bear disproportionately.

Civic Involvement

According to the HEI, Hartford receives a score of 1, 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, indicative of low levels of civic involvement, 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 abundant, making a healthy diet difficult to maintain. Pre-packaged and prepared foods are more readily available at these establishments, and the 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 are 6 certified farmers' markets in the City of Hartford, all of which accept WIC and Senior FMNP as a form of payment; three of the markets are certified to accept SNAP benefits, which is a Supplemental Nutrition Assistance Program that helps low-income people and families buy the food they need 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.

HEALTH INDICATORS

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 top four health issues that were identified from the list as the most important by respondents are obesity, diabetes, mental illness, and heart disease. Asthma and respiratory illness in general, although not on the list of health issues, was suggested frequently by these Key Informants. 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 show how Hartford's neighborhoods compare to each other with regard to these health outcomes most commonly noted by Key Informants and in the secondary data analysis. Hartford generally rates low when compared to other towns and cities in Connecticut, so the indexing for this comparison uses solely HEI city-specific indexing to determine how the neighborhoods compared to each other. 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. With 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 for the most part higher than either the white or Hispanic infant mortality rate.

Figure 9

Infant and Neonatal Mortality Rates for Hartford, Connecticut, and the U.S. (per 1000 live births; 2006)

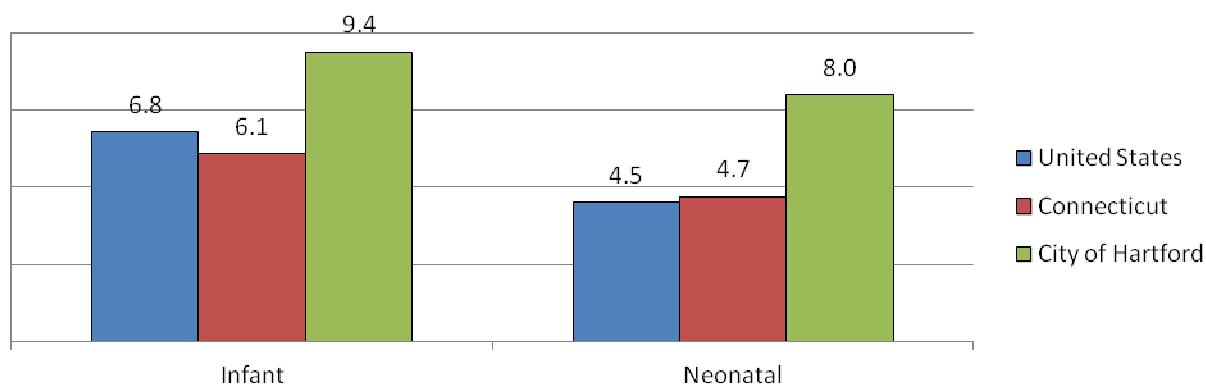
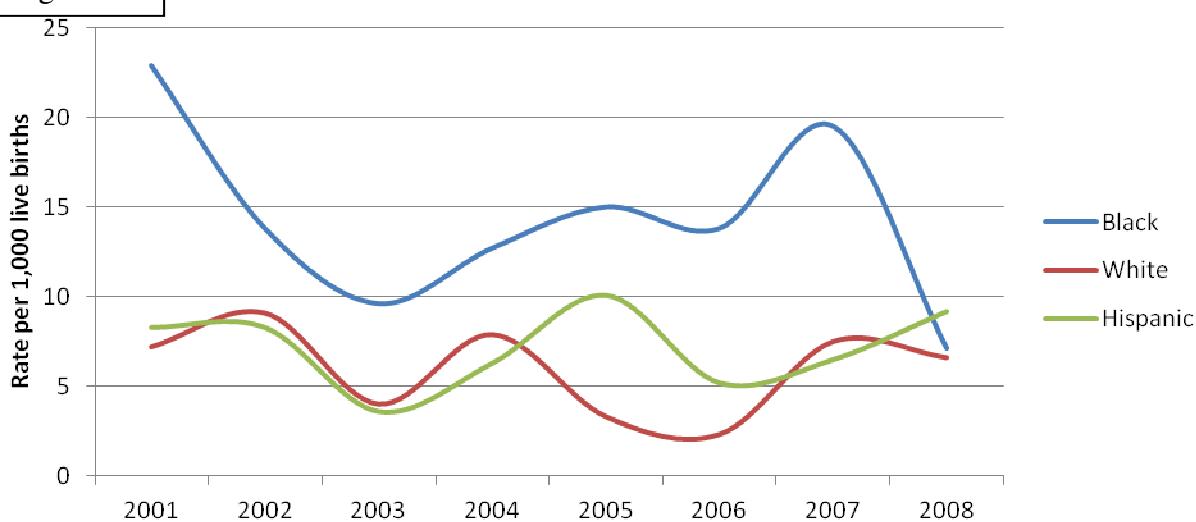


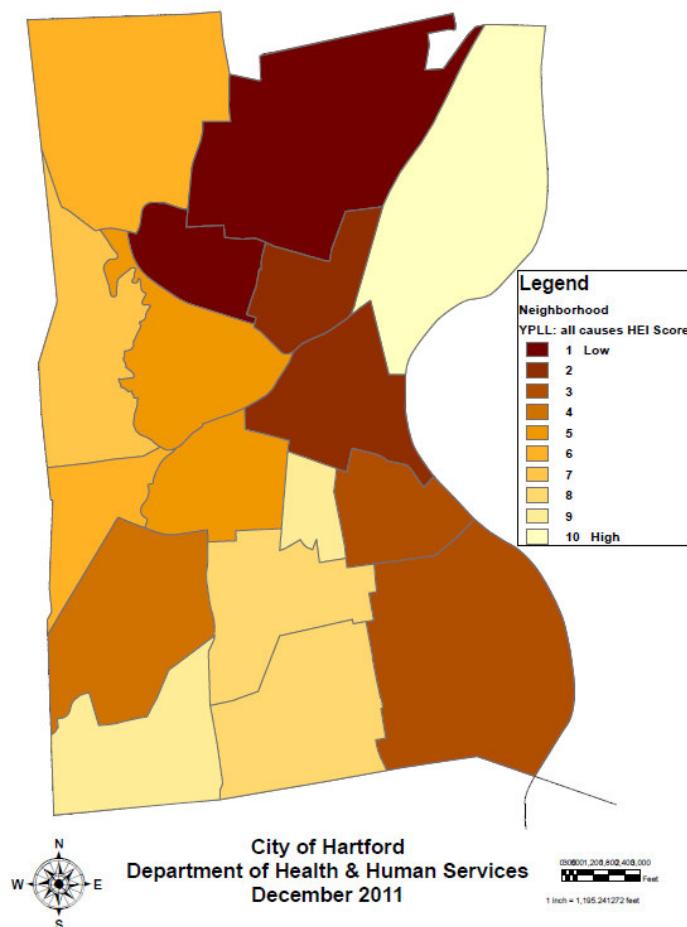
Figure 10

Infant Mortality Rates by Race/Ethnicity, Hartford, CT, 2001-2008



From this data, it is obvious that as a social determinant, life expectancy in Hartford is lower than average. 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.

Hartford - HEI Score of YPLL: 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 <i>Infectious Disease</i>		
	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.

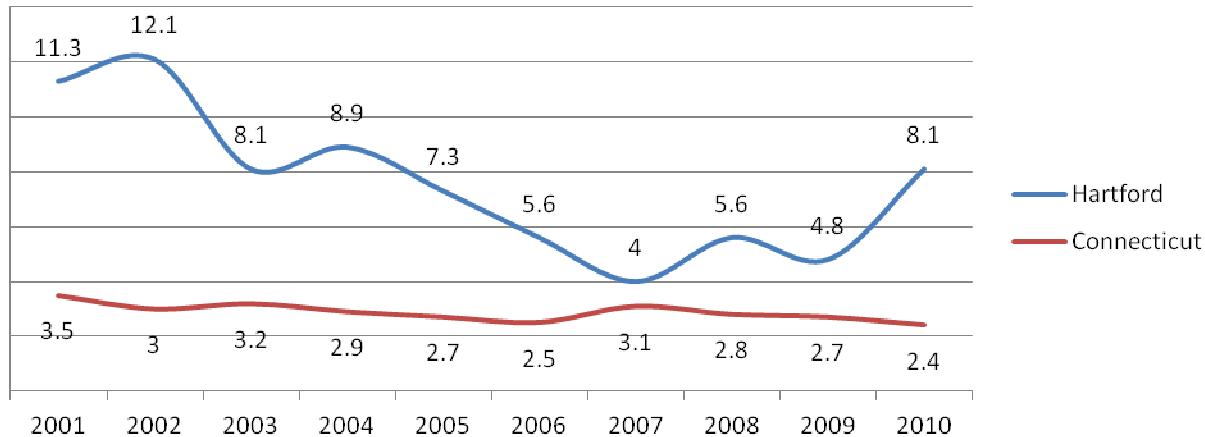
There is particular concern when examining **HIV** trends in the city. From 2002 through 2009 per the Connecticut Department of Public Health HIV Surveillance Program, the number of HIV infection cases declined for the city; however, there has been a 221% increase of these new cases when the risk behavior involved men who have sex with

men (MSM) over that same time period. When looking at other characteristics of these new cases, there has also been a significant increase among Blacks in new HIV cases (over the same period, an increase of 123%).

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 (per 100,000 residents; 2004-2010)



The 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 for males. The racial disproportion is also reflected here, as African American and Latino male rates were 9.2 and 4.3 times higher than White males.

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

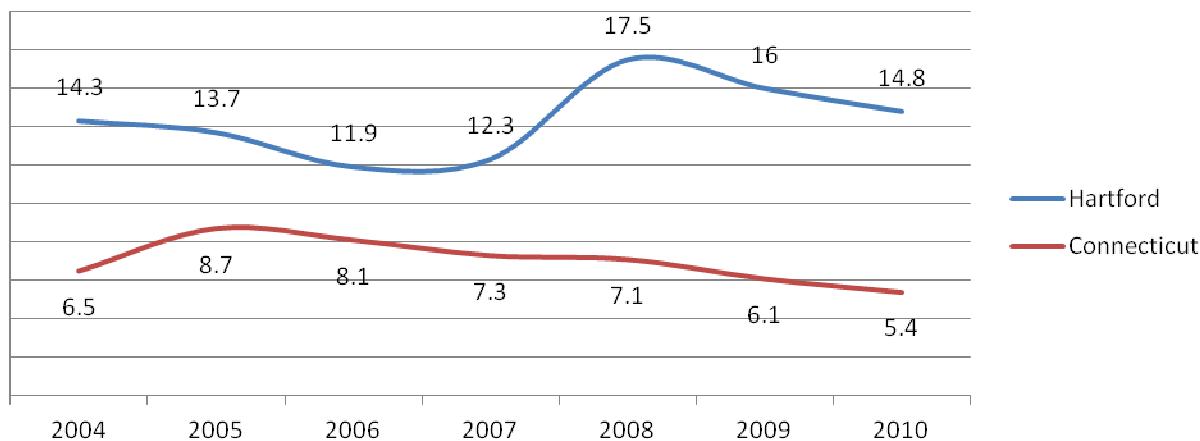
	Percent Infected
15-24 years old	34%
25-34 years old	10%
35-44 years old	41%

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 with regard to **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

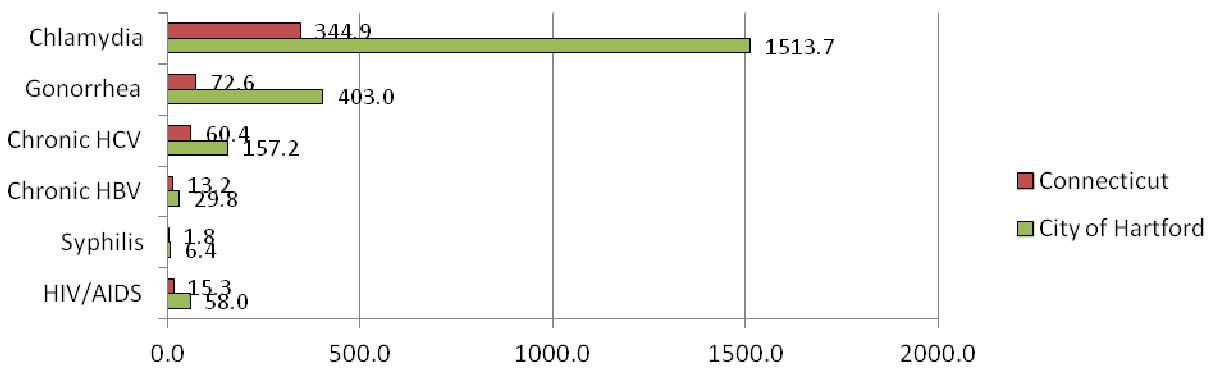
Chronic HCV Prevalence in Hartford and Connecticut (per 10,000 residents; 2004-2010)



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. Here's a summary of how the city rates when looking at some of the infectious disease trends:

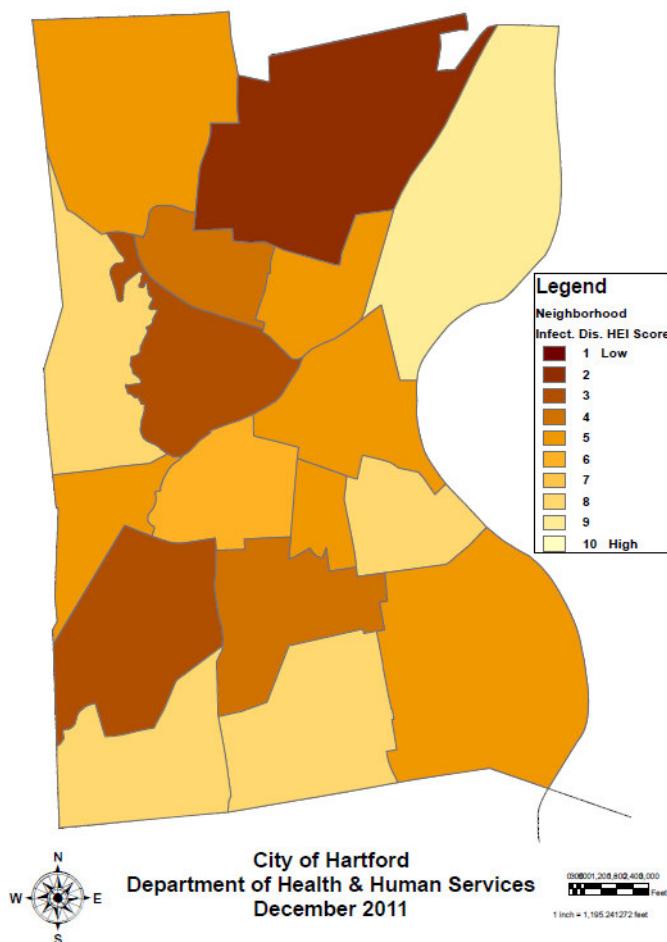
Figure 13

Infectious/Communicable Diseases Prevalence in Hartford and Connecticut (per 100,000 residents; 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.

Hartford - HEI Score of Infectious Disease by Neighborhood

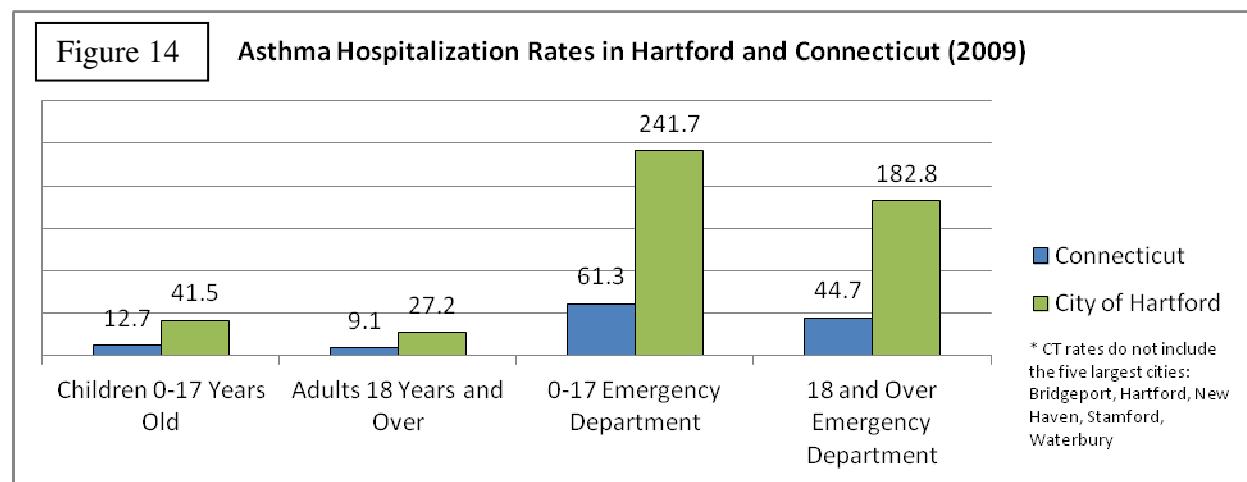


Based on secondary data analysis, Hartford has considerably higher rates of preventable infectious/communicable diseases than the state with the exception of Lyme disease.

The Department of Health and Human Services and the Consortium can identify the prevalence of infectious diseases and provide some 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

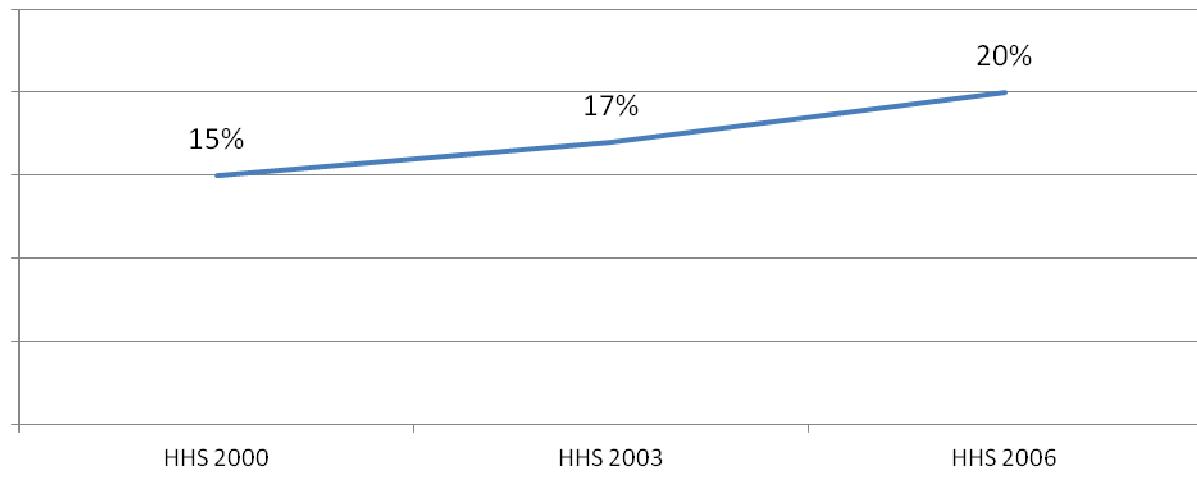
Based on data gathered in the Secondary Data Profile, asthma is an area of concern for the City of Hartford. According to the Connecticut Department of Health, the hospitalization rates for asthma are notably higher for the City of Hartford when compared to the state as seen in the following figure.



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

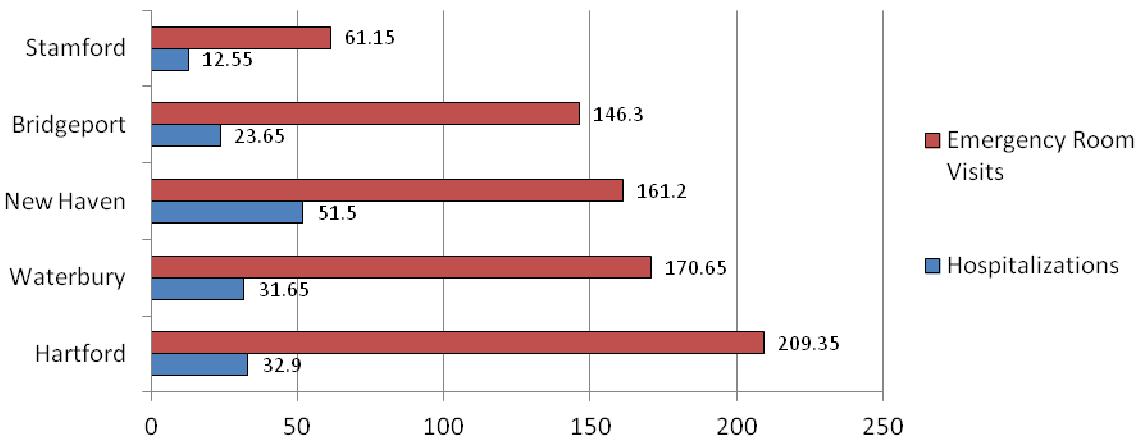
Percent of Self-Reported Asthma from Hartford Health Survey (2006)



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 Hospitalization and Emergency Room Visit Rates for All Residents by CT City (per 10,000; 2001-2007)



Similar to asthma hospitalization rates, mortality rates for the disease 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.

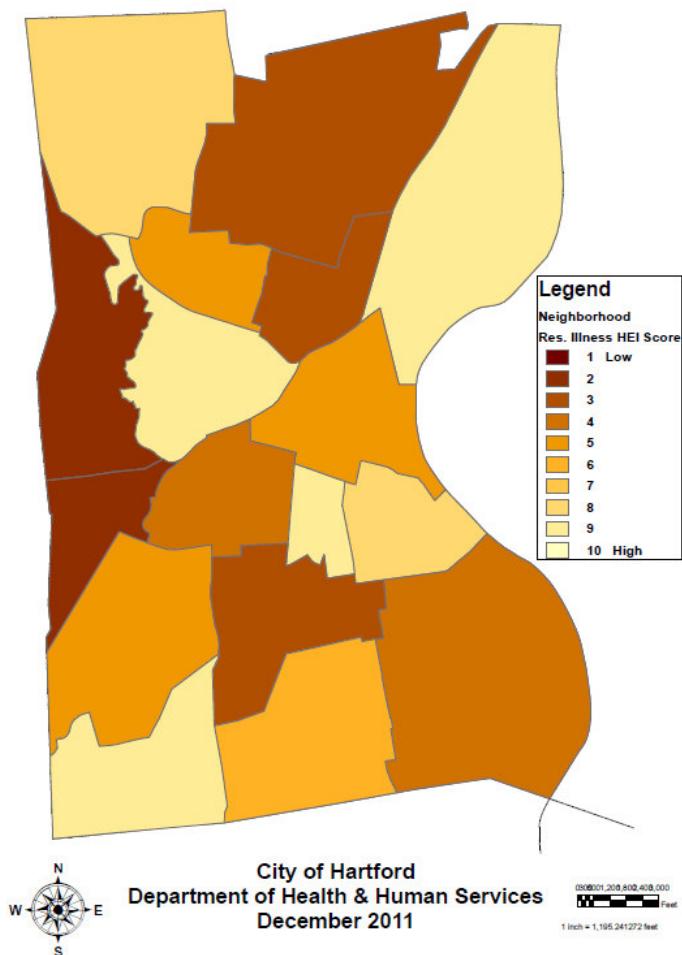
In general, respiratory illness in Hartford has some moderate correlations, as noted in the following table, but the HEI indexed score is very low for each of the social determinants correlated to respiratory illness.

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 City of 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.

Hartford - HEI Score of Respiratory Illness
by Neighborhood



To help address these issues, , the Asthma Call to Action Taskforce, a coalition of representatives from Hartford's Health and Human Services Department, public schools, area hospitals, community organizations, and other agencies who are concerned about asthma in Hartford, seeks 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 Connecticut adults 20+ years old who are obese are notably higher for the Black and Hispanic populations (39.8% and 29.8%, respectively), compared to the White population (20.6%) [10]. Data suggests if overweight and obesity trends in the nation continue to increase, then the same would hold for Hartford. According to the National Health and Nutrition Examination Survey, the following is the percent of healthy, overweight, and obese adults in the United States for all income levels. An adult who has a BMI between 25 and 29.9 is considered overweight, and one who has a BMI of 30.0 or greater is considered obese.

Table 13: Connecticut Residents by Weight Category			
	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%

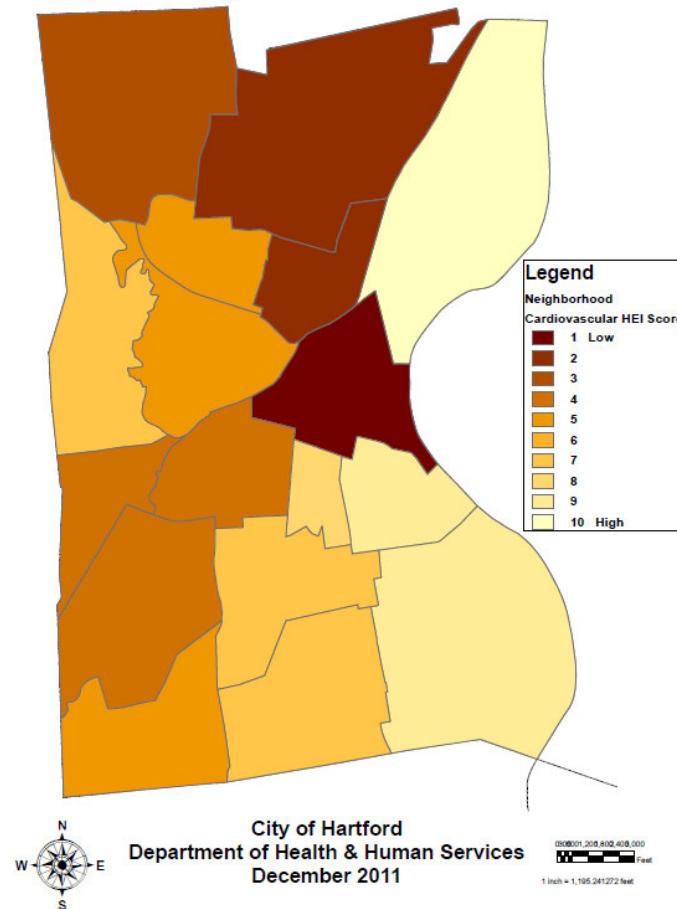
Similar rates emerge when looking at people who are classified as “poor” by the US government (those who live below the poverty threshold, currently set at a yearly income of \$11,139 for individuals and \$22,314 for a family of 4). With high rates of unemployment and a low HEI rating for economic security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

In 2002, Paul Wilson at Boston University’s School of Medicine concluded that people who are classified as overweight have an increased relative risk for hypertension and adverse cardiovascular outcomes [11]. Looking at a map of Hartford’s neighborhoods for comparative indexing of cardiovascular health can give an indication for which neighborhoods obesity could be a more significant issue. Based on the HEI, the neighborhood with the lowest score in Hartford for cardiovascular health is Downtown, which counters prevailing citywide health trends. Downtown has the highest economic security and education indexing, as well as the largest proportion of White residents. With such a low percentage of Hartford residents living Downtown, this increased access to health care ostensibly 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.

When comparing this map with the diabetes indexing map (see next section), it is apparent that both the Northeast and Frog Hollow neighborhoods rate low for both

health indicators. Obesity has been linked to both of these indicators [12], and heart disease was the top leading cause of death for Hartford from 2005-2007.

Hartford - HEI Score of Cardiovascular Disease 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 5.

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.

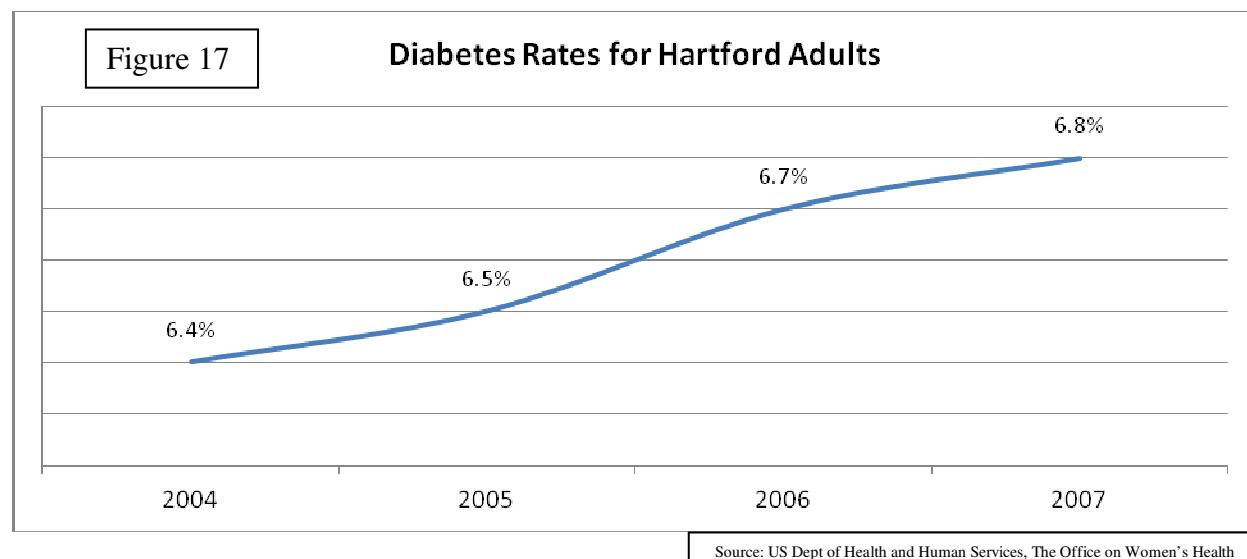
Diabetes

The fact that diabetes is 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				
Years	All Adults	Non-Hispanic White	Non-Hispanic Black	Hispanic
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%

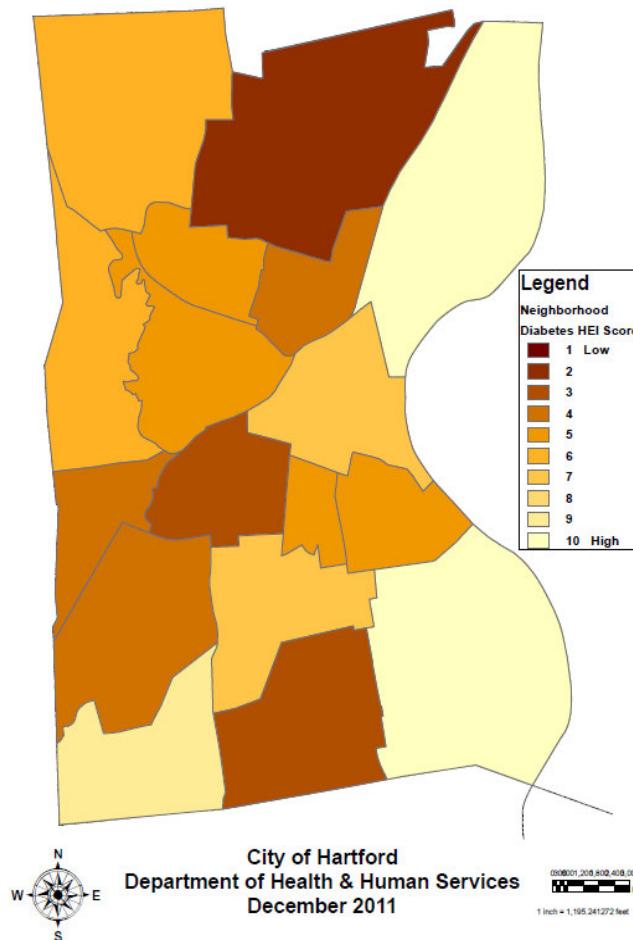
The rates are alarmingly higher for non-Hispanic Blacks, and Hispanics; these trends are the same across all economic levels, and substantially higher for those who live below and near the poverty threshold. Since 2007, there has been a significant improvement in these high rates as both the Black and 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 rates are also 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.



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.

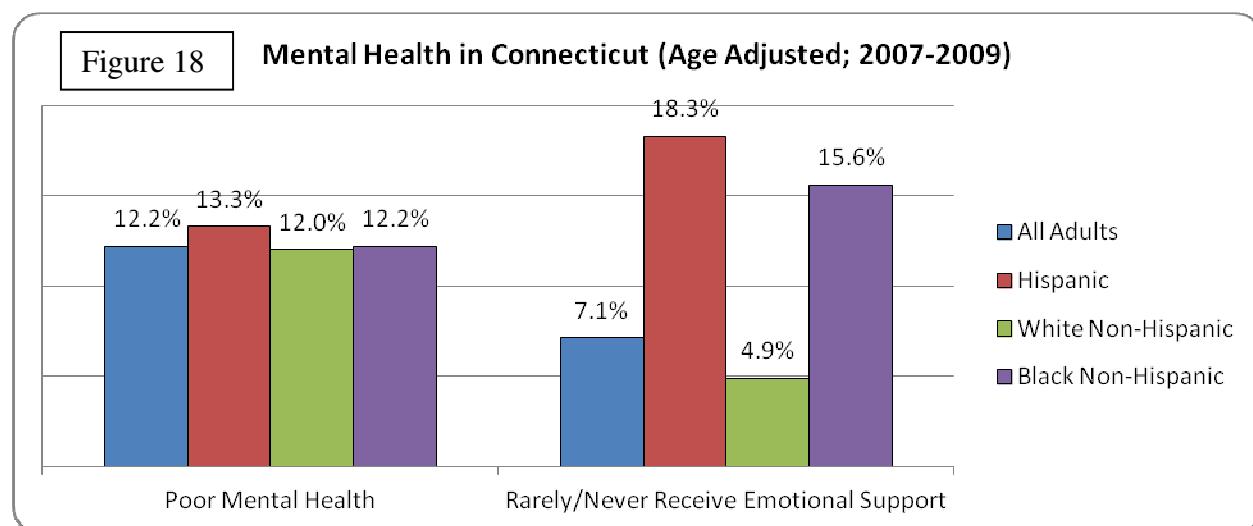
Hartford - HEI Score of Diabetes by Neighborhood



Behavioral Health

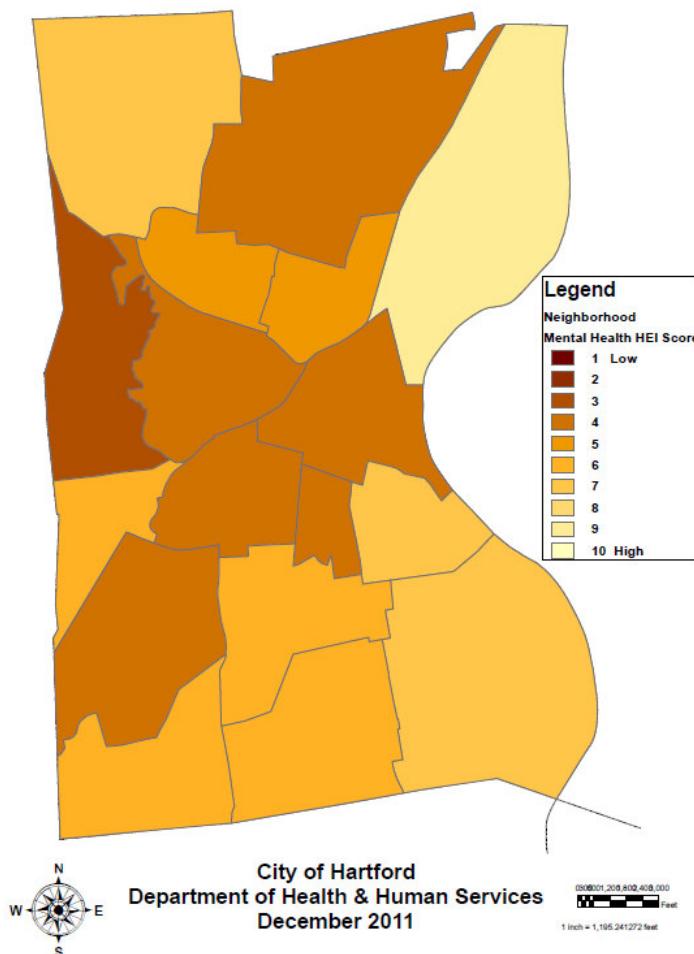
The HEI, using discharge data from the Connecticut Hospital Association and death information from the Connecticut Office of Vital Records, calculated an aggregate index score of 2 for mental health as a health indicator for Hartford. There are several significant correlations with mental health, including 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 Behavioral Risk Factor Surveillance System (BRFSS), which is a state-based system of health 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. The City of Hartford Department of Health and Human Services 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.



Looking at how Hartford's neighborhoods compare to each other reveals that the neighborhood most in need of greater mental health services is the West End shown in darker color. Since the West End is a more affluent neighborhood with low population density and high median household income, one possible explanation for this observation is that individuals residing in this neighborhood have greater access to health care and thus have higher reports of mental health illness.

Hartford - HEI Score of Mental Health by Neighborhood



BARRIERS TO SERVICE

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 the City of 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 undertaken 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.

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 are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	70%
There are a sufficient number of bilingual healthcare providers in Hartford.	63%

CONCLUSIONS

This Community Health Needs Assessment was assembled to give the 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 all health is driven by factors such as education, housing, and pollution. Connecticut, consistently ranks as one of the wealthiest states in the union, is home to municipalities with some of the nation's most significant gaps in leading societal influences on health. 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 overall state.

Education 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 is a situation that places the burden of finding modern accommodations scarce. The percentage of households with children present that have only one head of household is greater in Hartford than the state. 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 skews 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 Hartford's Department of Health and Human Services 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. Within HHS, we know that any local health department is limited by available resources, just as it would hamper our effectiveness if we were to “go it alone.” Therefore, our standard operating procedure within HHS 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 to HHS, 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 largest organization in Connecticut devoted to issues of Latino health), the State of Connecticut Department of Mental Health and Addiction Services, the Connecticut Association of Directors of Health, and other community health organizations. This has been operational with monthly meetings for at least 15 years. This advisory commission acts as a sounding board for the city as well as understanding the direction in which HHS is moving; this allows for a more targeted approach to addressing community-wide health issues.

However, in order to have improved collaborations throughout the city, there needs to be better data exchange among health organizations. The data are not collected consistently, are difficult to compare longitudinally, and frequently may not tell a complete story. In order to make improvements in the health of our residents, we need to have accurate local data. There are opportunities to make significant improvements in gathering and tracking local data on all of these issues, but 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 made the powerful case that trends in health outcomes are determined not just by individual-level factors such as genetic make-up or access to medical services, but also by 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. We 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.

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APPENDIX

A. Agencies that participated with the Key Informant Interviews:

- Alcohol and Drug Recovery Centers, Inc.
- Asian Family Services (CRT)
- Blue Hills Civic Association
- Boys and Girls Clubs
- Cancer Program at Hartford Hospital
- Capital Workforce Partners
- Capitol Region Education Council
- Casey Family Services
- Catholic Charities (Archdiocese of Hartford)
- Catholic Worker House
- Charter Oak Health Center
- Child Health and Development Institute of Connecticut, Inc.
- Children's Trust Fund
- Christian Activities Council
- Clay Arsenal Neighborhood Revitalization Zone
- Commission on Children
- Community Health Services
- Community Renewal Team, Inc. (CRT)
- Conference of Churches
- Connecticut Children's Medical Center (CCMC)
- Connectikids
- CT African-American Affairs Commission
- CT Association of Directors of Health (CADH)
- CT Association of Human Services
- CT Coalition for Environmental Justice
- CT Department of Mental Health and Addiction Services
- CT Department of Public Health
- CT Department of Social Services
- CT Voices for Children
- Daughters of Eve
- Department of Community Outreach at Saint Francis Hospital
- Easy Breathing at the Hartford Alliance for Childhood Wellness
- Emergency Department at Hartford Hospital
- Family Life Education
- Gay and Lesbian Health Collective
- Greater Hartford Interdenominational Ministerial Alliance, Inc.
- Greater Hartford Interfaith Coalition for Equity and justice
- Hartford 2000
- Hartford Behavioral Health
- Hartford Community Schools
- Hartford Foundation for Public Giving
- Hartford Hospital
- Hartford Office of Youth Services
- Hartford Public Schools
- Hispanic Health Council
- Immaculate Conception Shelter and Housing Corp.
- Injury Prevention Center at CCMC
- Institute for Community Research
- Institute for Hispanic Families
- Interval House
- Khmer Health Advocates
- Latino Community Services
- Malta House of Care, Inc.
- My Sister's Place
- Office for Young Children (COH)
- Pediatric Clinic at Saint Francis Hospital
- Saint Francis Hospital and Medical Center
- The Village for Families and Children
- UConn Health Center
- UConn School of Social Work
- United Way
- Urban League of Greater Hartford
- Women's Health Ambulatory Services 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?
 - a. _____
 - b. _____
 - c. _____
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 begin 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
b. Neighborhood safety		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Clean, litter-free neighborhoods		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Water or air pollution		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Quality of housing (affordable, in good condition)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Road/traffic conditions		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Schools/education		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Job opportunities		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Availability of care for children		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Poverty		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

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	<i>Strongly disagree ← → Strongly agree</i>
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	
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?

<input type="checkbox"/> Latino	<input type="checkbox"/> West Indian	<input type="checkbox"/> Multi-ethnic
<input type="checkbox"/> White	<input type="checkbox"/> African	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	American	Specify: _____

3. What is your gender? Female Male

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? _____

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.

1. SUBSTANCE ABUSE RECOVERY (e.g. treatment, prevention)

a. I or someone living in my **household** would benefit from additional services in this area. Yes No

c. Rank the three areas most in need of additional services in Hartford

b. Which factors make it difficult to access substance abuse recovery services? (mark all that apply)

<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: _____

2. BASIC NEEDS/FOOD ASSISTANCE (e.g. food pantry, meals, clothing, utility assistance)

a. I or someone living in my **household** would benefit from additional services in this area. Yes No

c. Rank the three areas most in need of additional services in Hartford

b. Which factors make it difficult to access basic needs/food services? (mark all that apply)

<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	_____

3. HOMELESSNESS/HOUSING (e.g. emergency shelter, affordable housing)

a. I or someone living in my **household** would benefit from additional services in this area. Yes No

c. Rank the three areas most in need of additional services in Hartford

b. Which factors make it difficult to access housing services? (mark all that apply)

<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	_____

4. COUNSELING/EMOTIONAL SUPPORT (e.g. counseling, support group, stress management)

a. I or someone living in my **household** would benefit from additional services in this area. Yes No

c. Rank the three areas most in need of additional services in Hartford

b. Which factors make it difficult to access counseling/emotional support services? (mark all that apply)

<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: _____

5. YOUTH DEVELOPMENT (e.g. leadership training, mentoring, after-school programs)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access youth development services? (mark all that apply)	<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					
6. HEALTH AND WELLNESS (e.g. health care, screenings)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access health and wellness services? (mark all that apply)	<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					
7. EDUCATION (e.g. tutoring, GED classes, ESL, literacy)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access education services? (mark all that apply)	<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					
8. FINANCIAL SUPPORT SERVICES (e.g. personal finance planning, financial literacy, tax preparation)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access financial support services? (mark all that apply)	<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					
9. ELDERLY SERVICES (e.g. convalescent home, meals, senior center/programs)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access services for seniors? (mark all that apply)	<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					
10. PRISONER/RE-ENTRY SERVICES (e.g. visitation, re-entry assistance, support)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access prisoner/re-entry services? (mark all that apply)	<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					
11. JOB TRAINING/EMPLOYMENT ASSISTANCE (e.g. skill development, resume assistance)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access job training/employment services? (mark all that apply)	<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					
12. PREGNANCY/PARENTING SUPPORT (e.g. parenting/prenatal education and support)						c. Rank the three areas most in need of additional services in Hartford <input type="checkbox"/>
a. I or someone living in my household would benefit from additional services in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Which factors make it difficult to access pregnancy/parenting support services? (mark all that apply)	<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					

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 Especifique por favor qué iglesia: _____

No _____

2. ¿Cuál es su pertenencia étnica?

<input type="checkbox"/> Latino	<input type="checkbox"/> Oeste Indio	<input type="checkbox"/> Multi-étnico
<input type="checkbox"/> Blanco	<input type="checkbox"/> Africano	<input type="checkbox"/> Otro
<input type="checkbox"/> Asiático	Americano	Especifique: _____

5. ¿Cuántos adultos viven en su casa? _____

3. ¿Género? Femenino Masculino

6. ¿Cuántos niños viven en su casa? _____

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. RECUPERACION DEL ABUSO DE LA SUSTANCIA (e.g. tratamiento, prevención)	<i>c. Marque las tres áreas más necesitando adicional servicios</i> <input type="checkbox"/>
a. Yo o alguien en mi hogar nos beneficiariamos de servicios adicionales en esta área.	<input type="checkbox"/> Si <input type="checkbox"/> No
b. ¿Qué factores hacen difícil de tener acceso a servicios de recuperacion del abuso de la sustancia?	
<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 linguistica <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:	
2. NECESIDADES BASICAS/ASISTENCIA DE ALIMENTOS (e.g. despensa de alimento, ropa, ayuda para utilidades)	
a. Yo o alguien en mi hogar nos beneficiariamos de servicios adicionales en esta área.	<input type="checkbox"/> Si <input type="checkbox"/> No
b. ¿Qué factores hacen difícil de tener acceso a servicios de necesidades basicas/asistencia de alimentos?	
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de ninos <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 linguistica <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos economicos _____	
3. PERSONAS SIN HOGAR/VIVIENDA (e.g. abrigo de emergencia, cubierta comprable)	
a. Yo o alguien en mi hogar nos beneficiariamos de servicios adicionales en esta área.	<input type="checkbox"/> Si <input type="checkbox"/> No
b. ¿Qué factores hacen difícil de tener acceso a servicios de personas sin hogar/vivienda?	
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de ninos <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 linguistica <input type="checkbox"/> Otro <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos economicos _____	
4. ASESORAMIENTO/APOYO EMOCIONAL (e.g. asesoramiento, grupo de ayuda)	
a. Yo o alguien en mi hogar nos beneficiariamos de servicios adicionales en esta área.	<input type="checkbox"/> Si <input type="checkbox"/> No
b. ¿Qué factores hacen difícil de tener acceso a servicios de asesoramiento/apoyo emocional?	
<input type="checkbox"/> Nunca he necesitado estos servicios <input type="checkbox"/> Falta de cuidado de ninos <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 linguistica <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:	

5. DESARROLLO DE LA JUVENTUD (e.g. <i>programas después de la escuela</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de desarrollo de la juventud?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
<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																			
6. SALUD Y BIENESTAR (e.g. <i>cuidado médico, exámenes</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de salud?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Sin seguro medico</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td><input type="checkbox"/> Otro:</td> </tr> </table>										<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:
<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:																		
7. EDUCACIÓN (e.g. <i>tutoría, GED, ESL</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de educación?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
<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																			
8. SERVICIOS DE APOYO FINANCIERO (e.g. <i>preparación de impuesto, planificación financiera</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
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<input type="checkbox"/> Falta de servicios disponibles	<input type="checkbox"/> Malas experiencias	<input type="checkbox"/> Recursos económicos																			
9. SERVICIOS ENUEJECIENTES (e.g. <i>clínica de reposo, comidas, centro mayor/programas</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de enuejecientes?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
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10. SERVICIOS DE PRISIÓN Y DE REINTEGRARSE (e.g. <i>visitation, ayuda del reingreso</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de re-entry del preso?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
<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																		
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<input type="checkbox"/> Falta de servicios disponibles	<input type="checkbox"/> Malas experiencias	<input type="checkbox"/> Recursos económicos																			
11. ENTRENAMIENTO/BUSQUEDA DE TRABAJO (e.g. <i>ayuda de resume</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios de asistencia trabajo de formación?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
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<input type="checkbox"/> Falta de servicios disponibles	<input type="checkbox"/> Malas experiencias	<input type="checkbox"/> Recursos económicos																			
12. SERVICIOS DE EMBARAZO/ CRIANZA DE LOS HIJOS (e.g. <i>educación y apoyo</i>)									c. Marque las tres áreas más necesitando adicional servicios <input type="checkbox"/>												
<p>a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área.</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p> <p>b. ¿Qué factores hacen difícil de tener acceso a servicios del embarazos o crianza de los hijos?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca he necesitado estos servicios</td> <td><input type="checkbox"/> Falta de cuidado de niños</td> <td><input type="checkbox"/> Falta de transporación</td> <td><input type="checkbox"/> Falta de tiempo</td> </tr> <tr> <td><input type="checkbox"/> No sé sobre los servicios existentes</td> <td><input type="checkbox"/> Familia/amigo desaprueba</td> <td><input type="checkbox"/> Barrera lingüística</td> <td><input type="checkbox"/> Otro</td> </tr> <tr> <td><input type="checkbox"/> Falta de servicios disponibles</td> <td><input type="checkbox"/> Malas experiencias</td> <td><input type="checkbox"/> Recursos económicos</td> <td></td> </tr> </table>										<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	
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<input type="checkbox"/> Falta de servicios disponibles	<input type="checkbox"/> Malas experiencias	<input type="checkbox"/> Recursos económicos																			

E. Health Equity Index (HEI) Social Determinants and Health Outcomes

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 (HEI)

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.