



A Community Health Needs Assessment
for Hartford, Connecticut

January 2012
Healthy Hartford

A Community Health Needs Assessment

City of Hartford

Department of Health and Human Services

Acknowledgements

Community Health Needs Assessment Consortium

City of Hartford Department of Health and Human Services
Connecticut Children Medical Center
Hartford Hospital
Saint Francis Medical Care
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 Tung Nguyen by phone at (860) 757-4726, or via email to tnguyen@hartford.gov.

This report and raw data are available for download at: <http://hhs.hartford.gov>

City of Hartford
Department of Health & Human Services
131 Coventry Street
Hartford, CT 06112

Table of Contents

I. Introduction	4
II. Summary of Key Findings	6
III. Methods	8
IV. City of Hartford Neighborhood Map	10
V. Demographics	12
Gender, Age, Ethnic Composition	12
Language, Marital Status	13
VI. Social Determinants	14
Quality of Life	14
Housing	14
Occupancy	14
Households	15
Employment	16
Economic Security	17
Poverty, Income	18
Education	19
Educational Attainment	20
Community Safety	20
Environmental Quality	22
Civic Involvement	22
Food Security	23
VII. Health Indicators	24
Life Expectancy	24
Infectious Diseases	27
HIV	27
Chlamydia, Gonorrhea, Syphilis	28
Hepatitis C	28
Respiratory Illness	30
Obesity/Heart Disease	34
Diabetes	36
Mental Health	37
VIII. Barriers to Service	39
IX. Conclusions	40
X. Works Cited	42
XI. Appendix	43
A. Contributing Agencies for Key Informant Interviews	43
B. City of Hartford 2010 Key Informant Survey	44
C. Hartford Resident Survey: English	47
D. Hartford Resident Survey: Spanish	49
E. Data Sources for HEI Social Determinants	51
F. Data Sources for HEI Health Outcomes	55

I. Introduction: What We Hope to Accomplish

New national health reform, known as the Patient Protection and Affordable Care Act (“PPACA”), set 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 Medical Center, Hartford Hospital, Saint Francis 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 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 Christian non-profit organization that provides capacity building services and technical assistance to improve the quality of life for under-resourced residents through facilitating networking of churches and faith-based organizations, aided in this process by conducting a resident survey on human service needs. Additionally, the Health Equity Index (“HEI”) developed by 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 looking at 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, services, community norms and cohesion, and social justice. They are the circumstances in which people are born, grow up, live, and work; and 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 can 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 health limiting on the population’s health.

The goals of this CHNA are:

- To provide a baseline measure of key health indicators
- To assist with the community benefit requirements as outlined in the PPACA
- To develop organization-specific plans for addressing unmet community needs
- 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 inform health policy and health strategies

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

II. Summary of Key Findings

Social Determinants – Many 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 drawn via the Health Equity Index also confirm the concern for marginalized and underserved populations.

- The top 5 quality of life measures mentioned by Key Informants as most poor in Hartford's current state were poverty, job opportunities, quality of housing, neighborhood safety, and education.
- Hartford has a greater number of renters than owners and households with mothers being the sole head of household and lower residential property values than the state, which in turn contribute to a greater association 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%; low 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 seem to be occurring more often than expected when compared to the state. More than 10% of all of the crimes committed in Connecticut in 2009 were committed in Hartford, even though the population of Hartford only accounts for less than 4% of Connecticut.
- The overall environmental quality in Hartford is low; HEI ratings for waste stream and water discharge pollutants were poor. This underlying perception of Hartford residents of the city being unclean could impact individual health decisions.
- Less than half of Hartford's residents are registered to vote, and this low rate is more likely to lead to less community resources and support networks.

Health Indicators

- Cancer incidence for all types (specifically lung and prostate) is well below the national and state figures; 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 three times as much as the state number or higher. Asthma, not one of the options provided in the Key Informant survey, was the most noted write-in health issue in Hartford.
- One of the top health issues identified by Key Informants was violence, although most respondents did not think this called for addressing with immediacy. Hartford accounts for more than a third of all murders in the state, and Hartford comparatively also experiences a higher percentage of assaults. This highly disproportionate and avoidable indicator brings down the overall quality of life in the city.
- There is a much younger population in Hartford compared to the state and nation that is driving down the crude mortality rate. This is also reflected in a lower percentage of the top ten national causes of death, which are more easily attributed to older people. 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 than the state and nation.
- Health indicators for heart disease fare worse for Blacks and Hispanics and those who live below the poverty threshold; and diabetes rates in Hartford have been on the climb in recent years. Both of these indicators point to obesity also being a concern in Hartford.

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

III. Methods:

How We Obtained the Data

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

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

Key Informant Interviews – Each Workgroup member came up with 5 to 10 people in management or leadership positions with various community organizations including health and human services, religious organizations, and government agencies; 85 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 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 of 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 – HHS was one of a few pilot sites to have access to the Health Equity Index (HEI). 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: economic security, employment, education, environmental quality, housing, civic involvement, and community safety. 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. Although it is a great tool to be able to determine how social factors equate to community health, the HEI is limited in that it pulls data from limited sources (see Appendix E and F for comprehensive list) and it does not statistically weigh to compensate for the presence of bias with regard to residential population (i.e., the ranking score given to a neighborhood/municipality does not take into account what percent of the population is affected by a certain factor, only the total number).

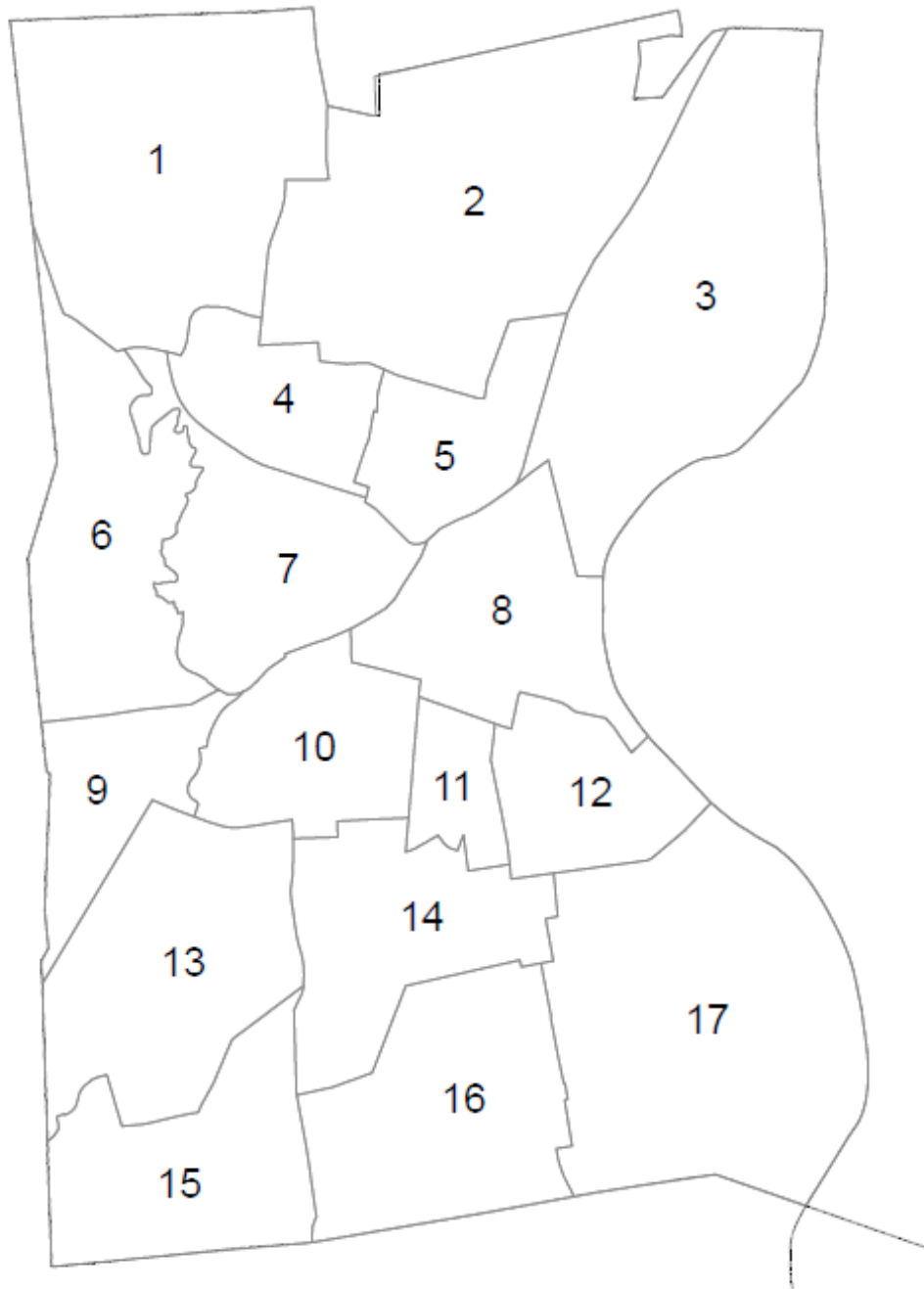
Hartford is one of three pilot sites in the state that was selected to test and evaluate the Health Equity Index (HEI) for its capacity to mobilize a community, stimulate sustainable action, increase knowledge of health equity concepts and their application, and prompt structural changes that reflect local needs. Data collection for the HEI began in 2007 and is on-going.

HEI maps were used to compare neighborhoods by social determinant or health indicators. This comparative 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.

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 get 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). Subsequently, strength correlations derived using Spearman's rank correlations is generated between the social determinant selected and significant health outcomes. A Spearman's correlation measures the strength (zero to one) and the direction (positive versus negative) of a linear relationship between social determinants of health and health outcomes. Regardless of the direction, a correlation is "strong" if it is greater than or equal to 0.5, and is "weak" if it is less than 0.5; a correlation of 0 means there is no linear relationship. A positive correlation indicates that both factors analyzed move in the same direction (e.g., as economic security increases, the number of houses occupied by owners increases), and a negative correlation indicates that as one factor increases, the other decreases (e.g., as economic security increases, the number of violent crimes decreases). The "strong" and "weak" designations are statistical terms, and in no way mean that the correlations are insignificant.

The maps displayed throughout this report use a color gradient to indicate how Hartford neighborhoods rank to 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.

Hartford - Key to Neighborhoods by Number



Legend			
Neighborhood			
<input type="checkbox"/>	ID #, NAME	<input type="checkbox"/>	4, UPPER ALBANY
<input type="checkbox"/>	1, BLUE HILLS	<input type="checkbox"/>	5, CLAY-ARSENAL
<input type="checkbox"/>	2, NORTHEAST	<input type="checkbox"/>	6, WEST END
<input type="checkbox"/>	3, NORTH MEADOWS	<input type="checkbox"/>	7, ASYLUM HILL
<input type="checkbox"/>		<input type="checkbox"/>	8, DOWNTOWN
<input type="checkbox"/>		<input type="checkbox"/>	9, PARKVILLE
<input type="checkbox"/>		<input type="checkbox"/>	10, FROG HOLLOW
<input type="checkbox"/>		<input type="checkbox"/>	11, SOUTH GREEN
<input type="checkbox"/>		<input type="checkbox"/>	12, SHELDON-CHARTER OAK
<input type="checkbox"/>		<input type="checkbox"/>	13, BEHIND THE ROCKS
<input type="checkbox"/>		<input type="checkbox"/>	14, BARRY SQUARE
<input type="checkbox"/>		<input type="checkbox"/>	15, SOUTH WEST
<input type="checkbox"/>		<input type="checkbox"/>	16, SOUTH END
<input type="checkbox"/>		<input type="checkbox"/>	17, SOUTH MEADOWS



The following are other sources of data that were used throughout this paper:

- 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.



IV. 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. Rich with history, it boasts in being 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 MSAs 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. The age breakdown in Hartford is similar to Connecticut and the United States but is proportionally younger, which impacts numerous aspects of health including rates of some types of cancer, violence, and levels of unintended injury.

Age Categories for Hartford versus State and Nation

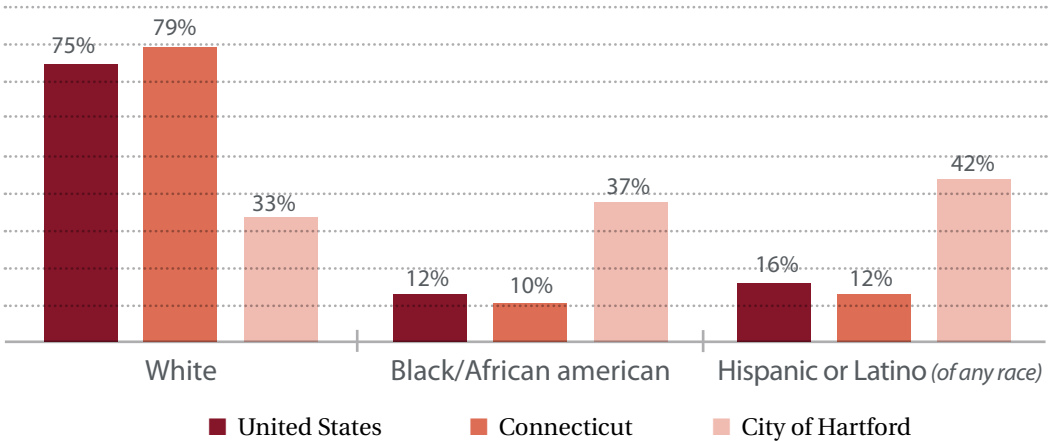
	HARTFORD	CT	US
0-19 years	34%	26%	27%
20-44 years	37%	32%	34%
45-64 years	20%	28%	26%
65 and older	10%	14%	13%

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 much lower ratio than that of the nation and state proportions, while the proportion of Black and Hispanic/Latino residents is much 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 calls for increased awareness and sensitivity among service providers.

There are a particularly high percentage of residents who trace their heritage to Puerto Rico and the West Indies. 78% of Hartford's Hispanic/Latinos self-reported to be Puerto Rican in the 2010 census. In the 1940s many immigrants from these areas moved to Connecticut to work in tobacco fields, and many current Hartford families can attribute their ancestral lineage to this migration. 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.

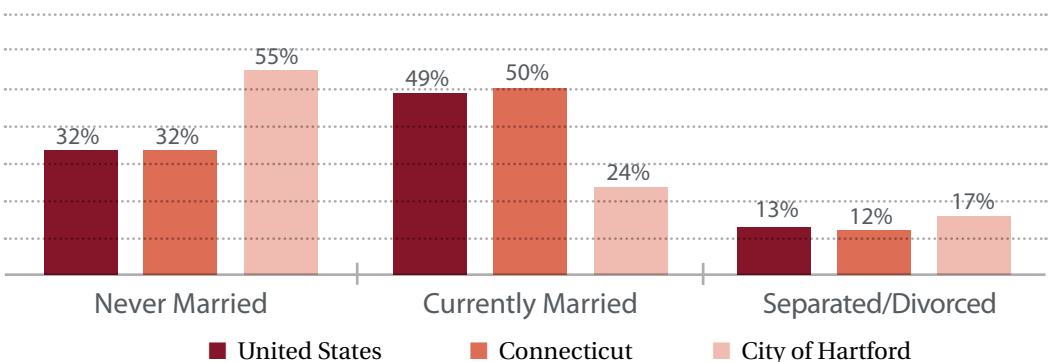
Ethnic Composition for Hartford versus State and Nation (2009)



This ethnic breakdown also provides a foundation for 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 Connecticut and the nation. Conversely, the percentage of Hartford residents that speak Spanish as a primary language is over 25% higher than both the state and nation. Notable in this data across all three levels is that approximately 10% of the populations primarily speak other languages at home.

With regard to marital status, Hartford’s population has a noticeably 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%).

Marital Status Statistics for Hartford versus State and Nation (2009)



VI. Social Determinants of Health

Speaking generally, 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.”

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 gives us a good indicator of the perception of Hartford by those who are involved daily in some manner of community work – from health care to community services – of where the problems may lie. The following section will shed light on 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 Finance Housing 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.

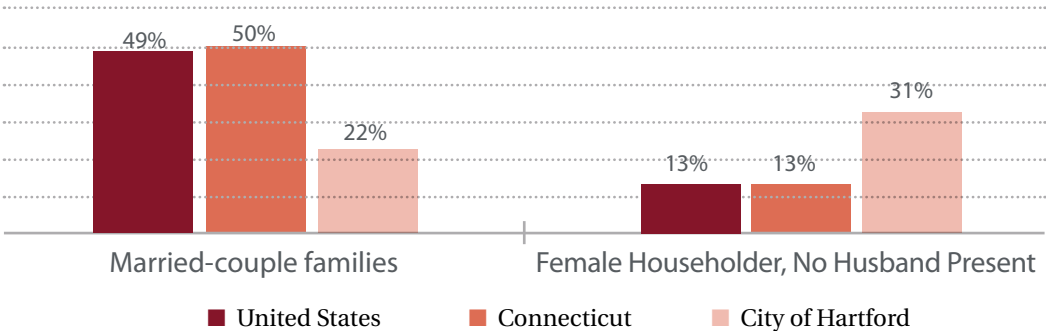
Subsidized housing is abundant in the city of Hartford. As is typical throughout the United States, these subsidized housing units are in segregated, low-income, resource-poor areas. In the city of Hartford, residing in subsidized housing is positively associated with myriad health outcomes, such as 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.

Taking a look at housing occupancy reveals that Hartford 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.” To further highlight 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 synonymous with lower quality neighborhoods. Neighborhoods that possess 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, and the average sales price of an existing home is only \$164,462.

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 remainder of Connecticut (7%) to live in households with no husband present.

Household Types for Hartford versus State and Nation (2009)



In the HEI, Hartford has an indexed score of 3 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.

Health Indicator Correlations to Housing

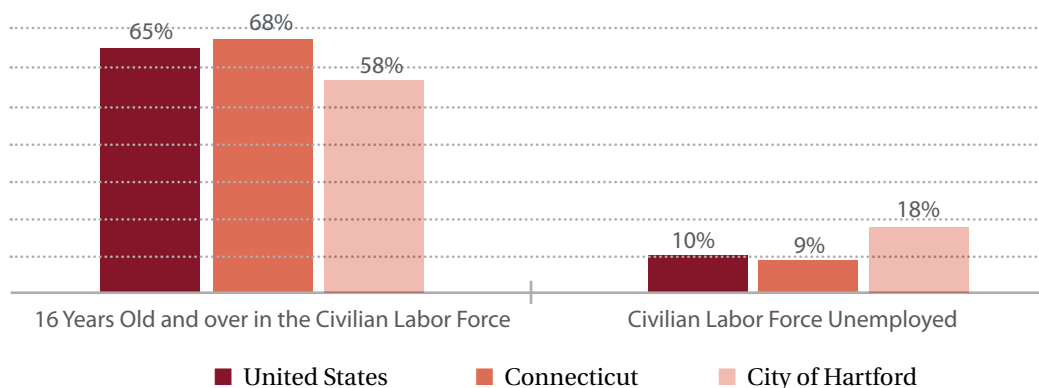
	HEI INDEX	CORRELATION COEFFICIENT	STRENGTH OF CORRELATION
Infectious Disease	2	0.55	Strong
Health Care Access	2	0.47	Weak
Childhood Illness	1	0.42	Weak
Accidents/Violence	3	0.40	Weak
Mental Health	2	0.37	Weak
Renal Disease	2	0.33	Weak
Life Expectancy	3	0.31	Weak
Cardiovascular	3	0.29	Weak
Respiratory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

NOTE: ALL SHOWN CORRELATIONS ARE 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%). As a result, it comes as no surprise 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 lack of employment has long been linked to increased rates of mortality. For Connecticut, unemployment has been positively correlated strongly with decreased health care access; and mildly with childhood illness, increased occurrence of accidents and violence, decreased life expectancy, increases in infectious diseases, negative cardiovascular outcomes, insufficient perinatal care and mental health effects in the HEI. This is reinforced by responses to the Key Informant survey where finances and access to health care were identified as the biggest barriers.

Employment Rates for Hartford versus State and Nation (2009)



The percentage of workers in Hartford in management, professional, and related occupations (21.1%) is much 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 a strong correlation between employment and health care access, it can be inferred that this variation in occupational groups contributes to general poor health outcomes in the city.

Health Indicator Correlations to Employment

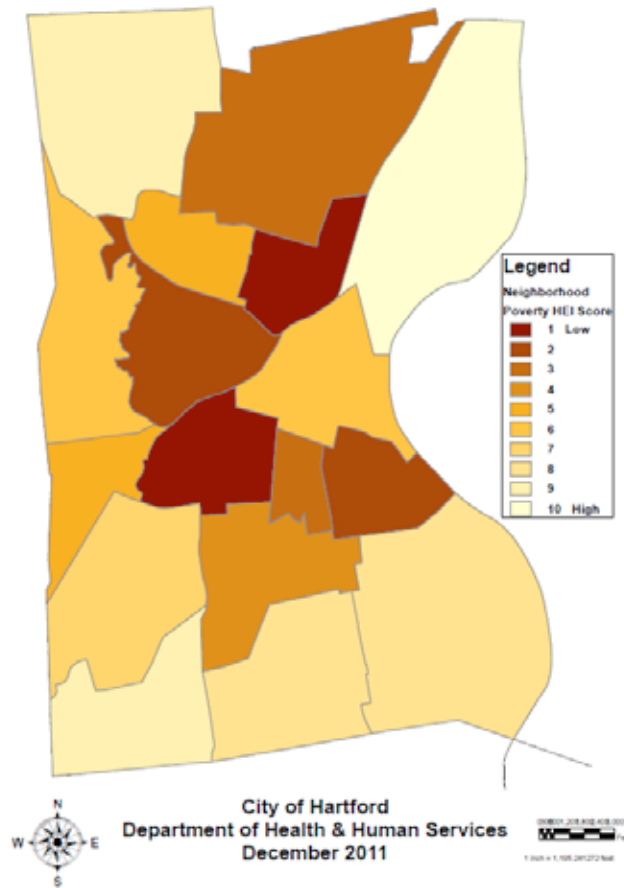
	HEI INDEX	CORRELATION COEFFICIENT	STRENGTH OF CORRELATION
Health Care Access	2	0.54	Strong
Childhood Illness	1	0.48	Weak
Accidents/Violence	3	0.37	Weak
Life Expectancy	3	0.35	Weak
Respiratory Illness	4	0.28	Weak
Infectious Disease	2	0.28	Weak
Cardiovascular	3	0.28	Weak
Perinatal Care	3	0.26	Weak
Mental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

NOTE: ALL SHOWN CORRELATIONS ARE SIGNIFICANT AND RANKED IN ORDER FROM STRONG TO WEAK.

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 at the top of 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].

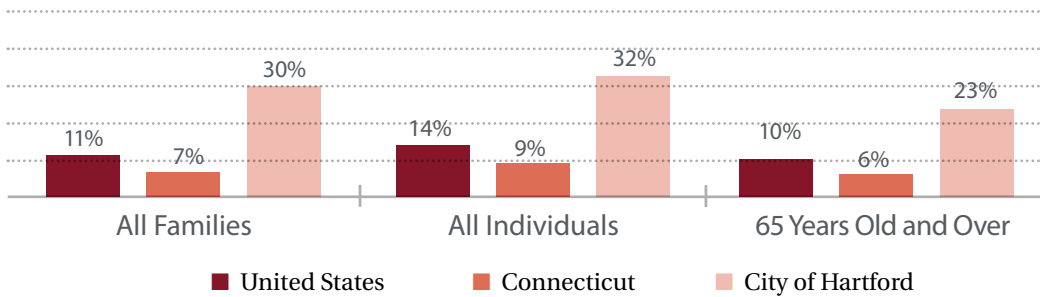
On next page is a representation of how Hartford neighborhood’s compare to each other with regard to poverty using HEI indexing from the 2000 U.S. Census. Using the color scale, the darker the color means the lower the rank, which indicates greater impoverishment.

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 the United States and over 4 times greater than Connecticut. Similar patterns are seen for individuals and for those over the age of 65.

Poverty Rates for Hartford versus State and Nation (2009)



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

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 positively correlated with Chlamydia/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,” as well as mentioning that wellness education should “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 has a great impact on community health. The following table shows this in full detail with correlation values.

Health Indicator Correlations to Education

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

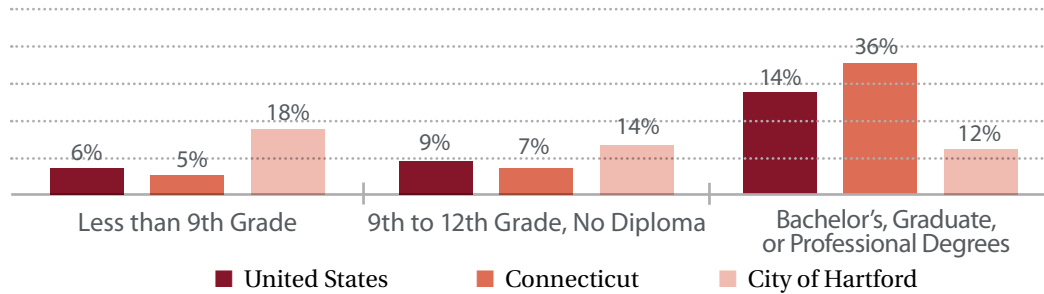
NOTE: ALL SHOWN CORRELATIONS ARE SIGNIFICANT AND RANKED IN ORDER FROM STRONG TO WEAK.

As the demographic data demonstrates, 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. When such strong correlations present, a higher educational attainment eventually 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 societies [5], meaning the surrounding community would be positively affected.

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 (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 presented in the preceding chart, these factors are strongly positively correlated with childhood illness, lower life expectancy, higher rates of infectious disease, lower rates of health care access, more frequent accidents and violent incidents, and poorer cardiovascular health. They are also significantly correlated with worse mental health, respiratory illness, renal disease, diabetes, perinatal care and liver disease outcomes.

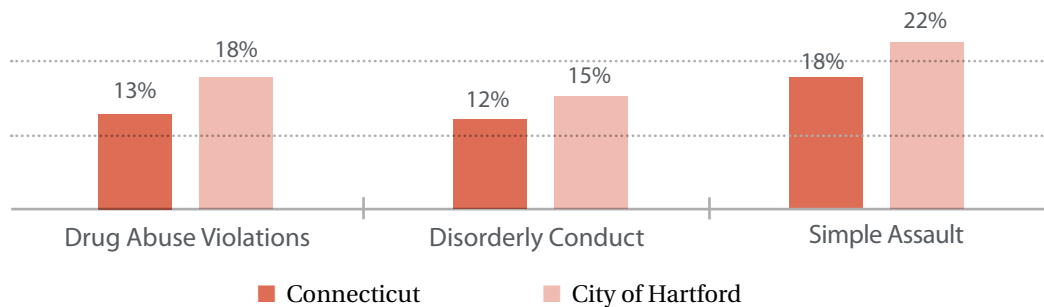
Regarding **educational attainment**, over 30% of Hartford's adults of 25 years and older do not have a high school diploma, significantly higher than the 12% for the state of Connecticut. Conversely, the percentage of Hartford's population with a bachelor's degree or higher is also lower than both state and national figures at 12% when compared to the 36% for the state. When these data are examined more closely it becomes clear that the problem of educational attainment starts early, with an alarming 18% of Hartford residents over age 25 have less than a 9th grade education and another 14% have attained between 9 and 12 grade but no diploma.

Educational Attainment of adults 25 Years and Older for Hartford versus State and Nation (2009)



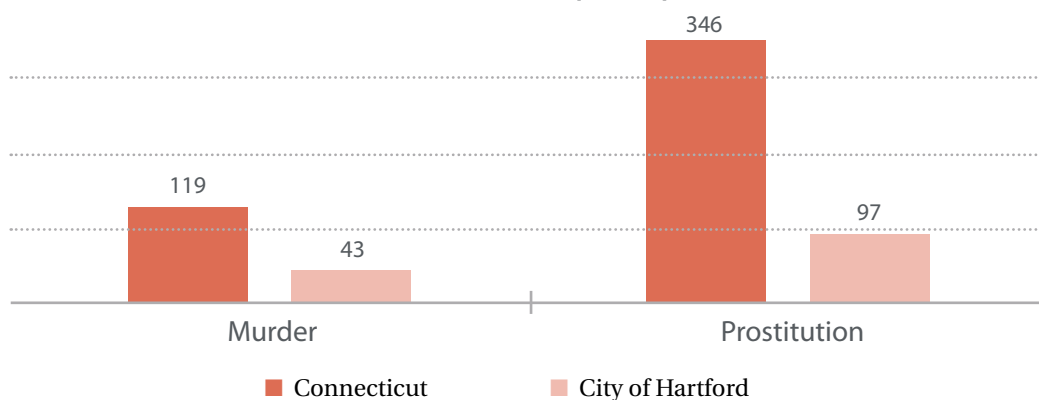
Community Safety – The HEI measures community safety by the rate of crimes against persons or property published by the 2004/2005 Connecticut Uniform Crime Reports, and Hartford receives the lowest measurable score of 1 indicating high rates of crime. However, the crime statistics found in the Secondary 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 law enforcement officials are more apt to arrest individuals for their illegal behavior than those in other cities in the state. Nevertheless, according to the 2009 Uniform Crime Report from the Connecticut Department of Public Safety over one third of all murder arrests in Connecticut came from the city of Hartford. In addition, almost 20% of the state’s drug abuse violations occur in the city of Hartford. Other violent crimes that occur more frequently in the city of Hartford than in the state are simple assault and disorderly conduct.

Percent of All Crimes in Connecticut and Hartford 2009)



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.” This scenario is not the norm for a good number of Hartford residents. However, it should be noted that Hartford experienced proportionally less crime than the state with infractions involving larceny/theft, gambling, liquor laws, and driving under the influence.

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. 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 quality of life and decreases in crime. 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. In Hartford, abandoned buildings, littered parking lots, and vandalized structures abound as crime rates, risky sexual behavior, and drug abuse prevails throughout the city. Generally speaking, a safer community is synonymous with a healthier community.

Hartford has taken strides to address its issue with violence in the city. Since the re-instatement of the Shooting Task Force this past summer, shootings have been down by 35% [6]. Although the partnership with neighboring cities, state police, and Attorney General’s office has been fruitful a more permanent measure is needed.

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.

Environmental quality, which the HEI measured using specific federal Toxic Release Inventory (TRI) data, examines levels of locally generated air and water pollution, as well as the industrial density in the city of Hartford. Although these two measures are positively correlated with employment opportunities, they are negatively correlated with health outcomes. Hartford receives an average score of 4 on the Health Equity Index for the both the number of facilities reporting and the total air emissions in pounds.

For the total water discharge and waste stream in pounds, Hartford receives a low score of 3 per the HEI; both of these are direct measures of industrial density and localized pollution levels. In total, these industrial facilities emit about 6 pounds of water discharge and almost 200,000 pounds of waste stream. This disproportionate level of pollution coupled with an overall underserving distribution of resources to tackle environmental inequities can mar residents’ perceptions of their city and of themselves as residents within the city. Both of these measures are positively correlated with the Chlamydia/gonorrhea rate per 1000 residents, and although there is no cause and effect relationship here.

Civic Involvement – According to the HEI Hartford receives a score of 1, the lowest possible score, in terms of civic involvement. The exact factors used to determine this score can be found in the appendix. Civic involvement impacts health because it is a direct measure of social equity, activism and sustainability of a community; the HEI measures a strong correlation of infectious diseases, accident/violence, childhood illness, and life expectancy.

Health Indicator Correlations to Civic Involvement

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

NOTE: ALL SHOWN CORRELATIONS ARE SIGNIFICANT AND RANKED IN ORDER FROM STRONG TO WEAK.

Communities with demonstrated social equity 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 and demonstrates 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 it should be noted that in an urban setting such as Hartford where residents’ choices for groceries are limited, corner markets and convenience stores prevail making a healthy diet difficult to maintain. Limited options for fresh and healthy foods can lead to various poor health outcomes. 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; in addition, there are 14 medium and large grocery store retailers in the city.

However, a report distributed by the College of Agricultural and Natural Resources found that food retail resources were not significantly associated with community food security but rather income and lack of transportation that limit access to food, and regardless of public food assistance towns with greater rates of households headed by females or the elderly and lack of education experience greater rates of food insecurity. This inevitably leads to higher rates of obesity, which is a major risk factor for metabolic syndrome and type II diabetes. Recent improvements to the physical environment of Hartford include the installation of farmers’ markets in certain densely populated areas of the city.

FARMERS’ MARKET



VII. 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, although not on the list of health issues, was suggested frequently by these Key Informants. Mortality statistics are also noted in this section although they are unique in Hartford due to the age of the population.

This section will also show how Hartford's neighborhoods compare to each other with regards to these health indicators. Hartford generally rates low when compared to other towns and cities in Connecticut, so the indexing for this comparative uses solely HEI color indexing to determine how the neighborhoods rate among each other.

Life Expectancy – Percent of deaths for the City of Hartford due to one of the top 10 causes of death in the country are overall smaller when compared to the state and nation. The strongest positive and most significant 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).

Social Determinant Correlations to Life Expectancy

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

NOTE: ALL SHOWN CORRELATIONS ARE SIGNIFICANT AND RANKED IN ORDER FROM STRONG TO WEAK.

Top 10 Leading Causes of Death for Hartford versus State and Nation (ranked from most to least common for Hartford; 2005-2007)

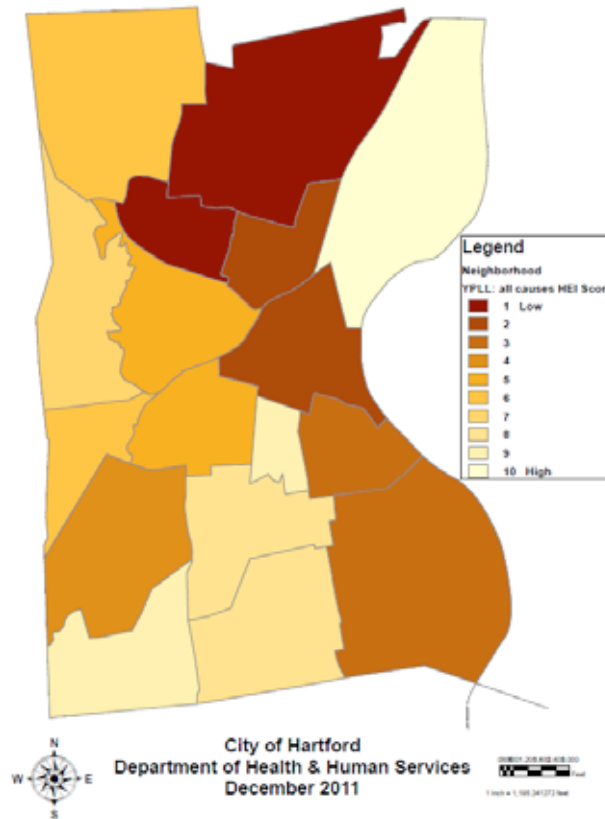
	CITY OF HARTFORD	CONNECTICUT	U. S.
Heart Disease	24.2%	25.6%	25.4%
Malignant Neoplasms (Cancer)	18.2%	23.8%	23.1%
Accidents (Unintentional Injuries)	5.5%	4.2%	4.8%
Stroke (Cerebrovascular Disease)	4.8%	5.2%	5.5%
Chronic Lower Respiratory Diseases	3.7%	4.9%	5.3%
Diabetes	3.4%	2.6%	3.1%
Septicemia	2.6%	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) 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). However, with such a large percentage of population skewing toward the younger side, this drastic increase 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.

The Years of Potential Life Lost (YPLL) for Hartford was 10,647 per 100,000 for 2005-2007 for all causes of death. HEI assigns this a low score of 2. The YPLL had strong negative correlations with those who had obtained a bachelor's degree, higher median value for owner occupied housing, and higher median household income. The strongest positive correlation was to adults with less than a 9th grade education.

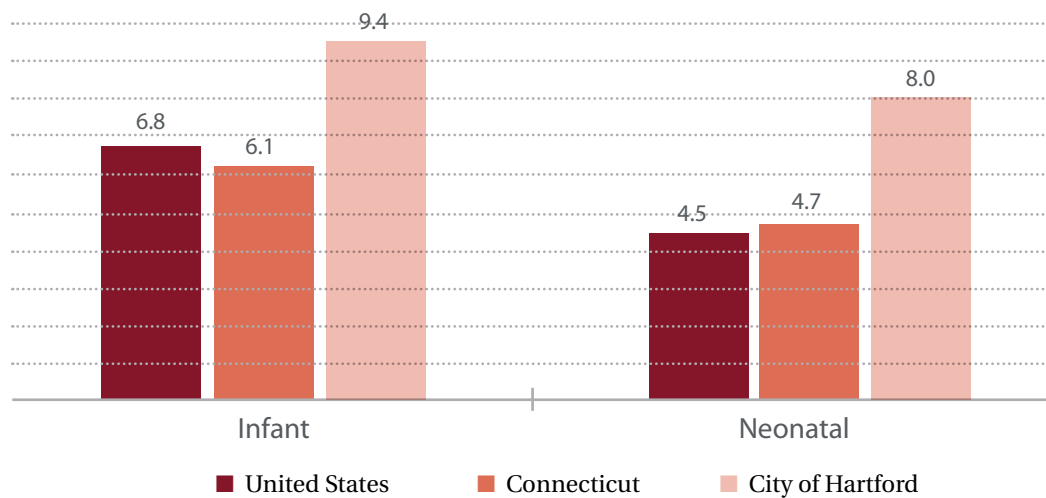
The following map highlights how Hartford neighborhoods compare to each other with regards to this YPLL measure; and as before, the colors to the left (purple end) indicate a lower rating (greater number of years) for potential life lost. Six out of 15 neighborhoods (excluding the North and South Meadows 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



Infant/neonatal mortality is a major concern for Hartford. As seen in the figure below, the infant and neonatal mortality rates in Hartford are markedly greater than those across Connecticut and the United States.

Infant and Neonatal Mortality Rates for
Hartford versus State and Nation (per 1000 live births; 2006)



Infectious Diseases – For the state of Connecticut, there is a strong correlation of infectious disease with multiple social determinants.

Social Determinant Correlations to *Infectious Disease*

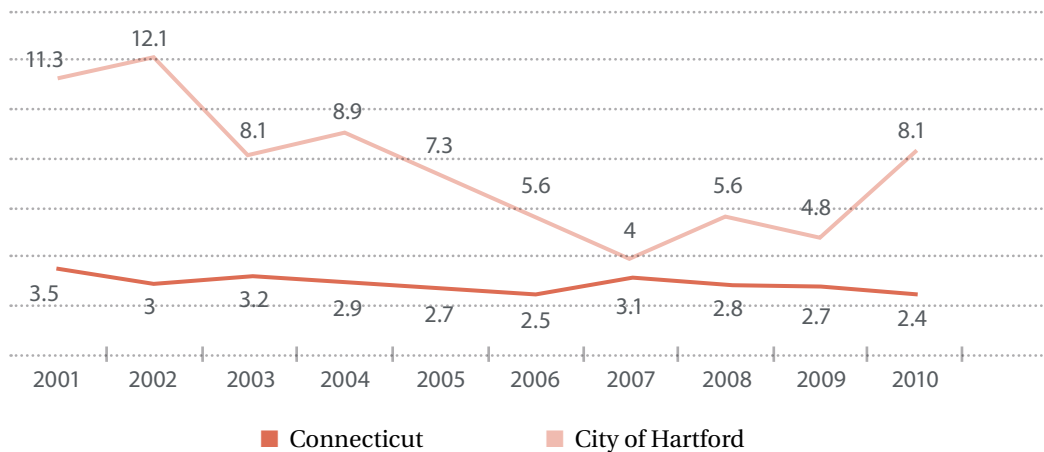
	INDEX SCORE	CORRELATION COEFFICIENT	STRENGTH OF CORRELATION
Community Safety	1	0.67	Strong
Education	2	0.59	Strong
Environmental Quality	4	0.59	Strong
Civic Involvement	1	0.59	Strong
Economic Security	2	0.58	Strong
Housing	3	0.55	Strong
Employment	3	0.28	Weak

NOTE: ALL SHOWN CORRELATIONS ARE 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 has been declining 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 when reporting these new HIV cases (over the same period, an increase of 123%).

There has been an established correlation between HIV rates and rates of tuberculosis infection [7], so there is an expected trend where HIV infection rates decrease, the same would be for tuberculosis rates; 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 moving in the opposite direction.

Tuberculosis Prevalence in Connecticut and Hartford (per 100,000 residents; 2004-2010)



The Department of Public Health’s STD Control Program sheds light on infections more commonly associated with reproductive health. From 2007-2010, a total of 7768 case 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. And 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). Along gender lines, 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 when looking at 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 among 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.

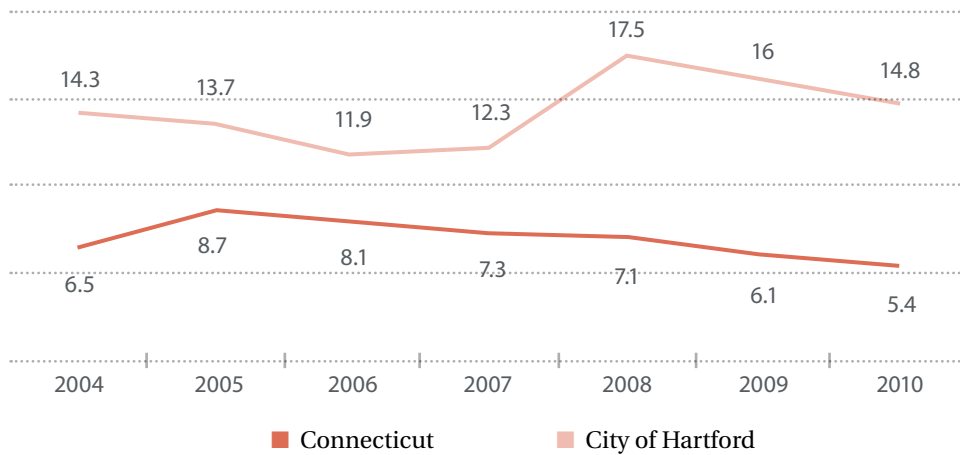
Syphilis in Hartford among Males by Age Category (2007-2010)

	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 males increased 81% to 32 cases per 100,000; and among males 35-44 years old it increased 51% to 79 cases per 100,000.

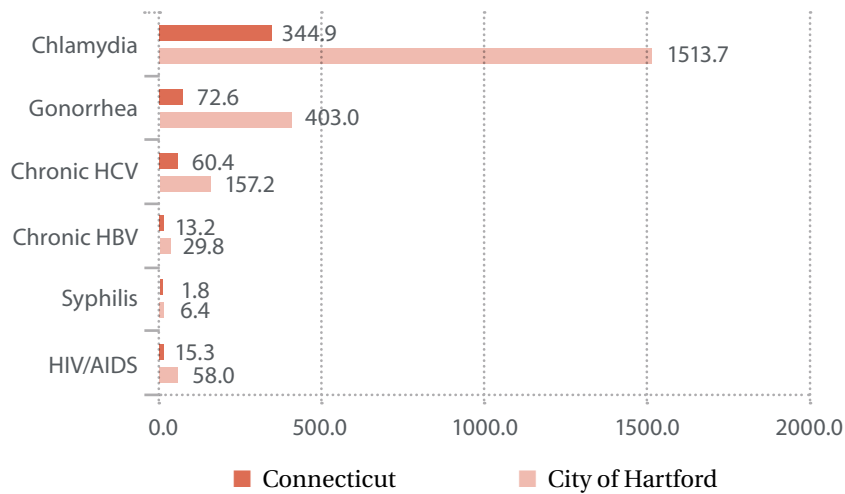
The information with regards to Hepatitis C (HCV) for the state and the city is scant. From the data available, chronic HCV rates in Hartford have been declining for the past 3 years, yet they still remain 2.7 times greater than the state prevalence.

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



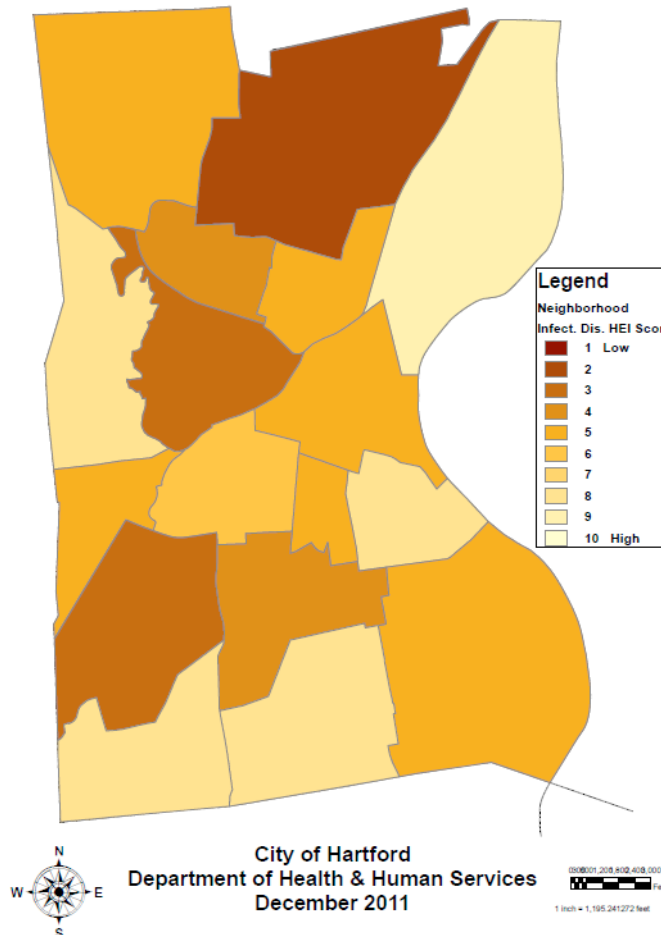
With these disproportionate rates of infection, it should be no surprise that when compared to the state the city’s HEI rating is 2 for all infectious diseases. Here’s a summary of how the city stacks up when looking at some of the infectious disease trends:

Infectious/Communicable Diseases Prevalence in Connecticut and Hartford (per 100,000 residents; 2009)



Using data from various divisions and programs at Connecticut’s Department of Public Health, a comparison of how Hartford’s neighborhoods stack up against each other with regards 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

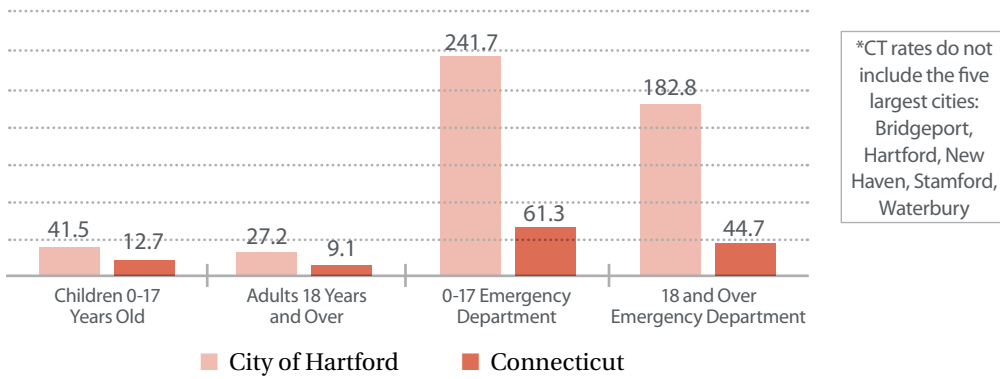


Compiling secondary data, Hartford has considerably higher rates of preventable infectious/communicable diseases than the state with the exception of Lyme disease.

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 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. And for those who are already Ryan White consumers, there is an established network of agencies and area providers that are connected to the city and in position to provide needed services and resources.

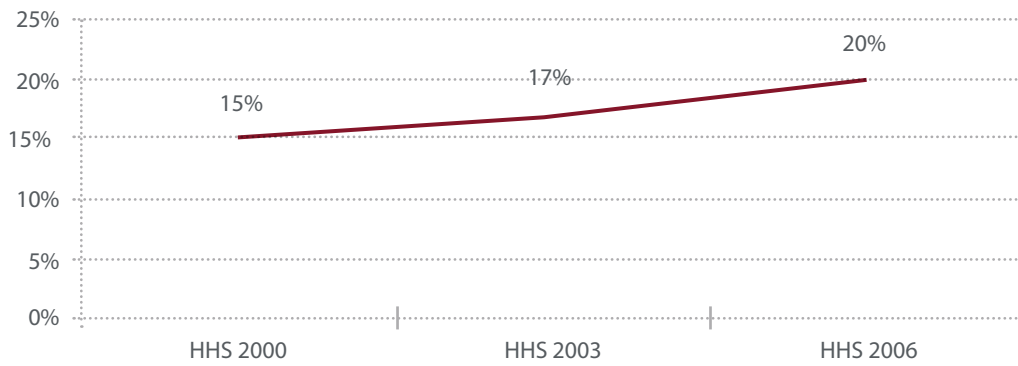
Respiratory Illness – According to data gathered in the Secondary Data Profile, asthma is an area of concern for the City of Hartford. According to the Connecticut Department of Health, the hospitalization rates for asthma are notably higher for the City of Hartford when compared to the state as seen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

Asthma Hospitalization Rates in Connecticut and Hartford (2009)



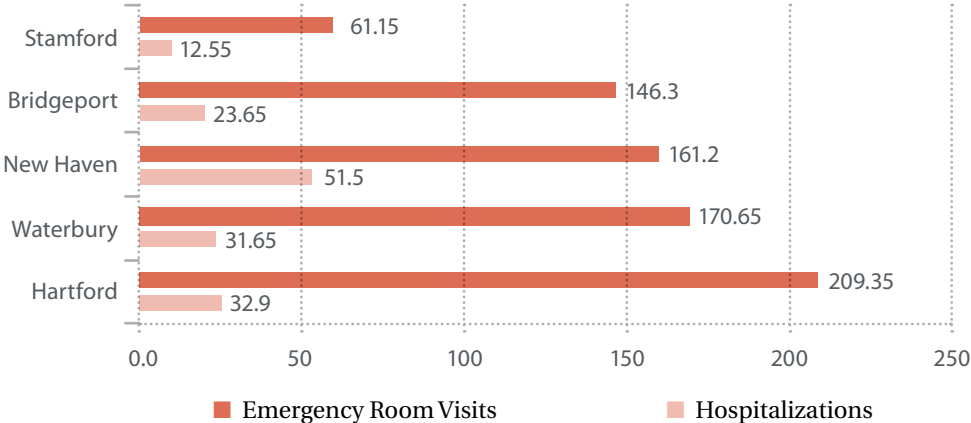
In 2006, the self-reported responses of current asthma among adults were 20%. This is the highest percentage of self-reported asthma in the past three health surveys, which were conducted every three years.

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.

Asthma Hospitalizations and ER for All Residents by Connecticut City (per 10,000 residents; 2001-2007)



And like hospitalization, asthma mortality for both males and females is also an area of concern when compared to the rest of the state. The 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 the state’s 16.5.

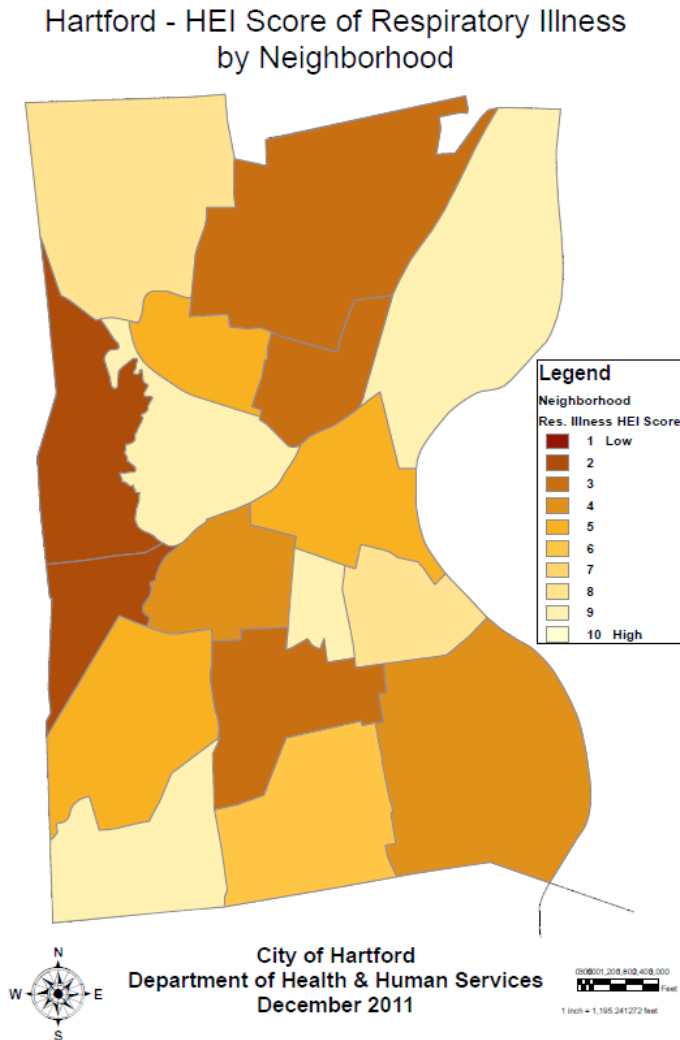
In general, respiratory illness in Hartford has some moderate correlations, as noted in the following table, but the HEI indexed score is very low for each of the social determinants correlated to respiratory illness.

Social Determinant Correlations to Respiratory Illness

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

NOTE: ALL SHOWN CORRELATIONS ARE SIGNIFICANT AND RANKED IN ORDER FROM STRONG TO WEAK.

Using Connecticut Department of Health Office of Vital Records data, the city of Hartford rates an HEI low average index of 4 when compared to other Connecticut towns and cities. The following map gives an indication of where the lowest ratings lie when comparing among Hartford's neighborhood; the West End and Parkville neighborhoods rated the lowest among Hartford neighborhoods with regards to respiratory health.



Despite the conditions to which residents of Hartford are exposed, 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/Heart 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%) [8]. 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 health, 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.

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%

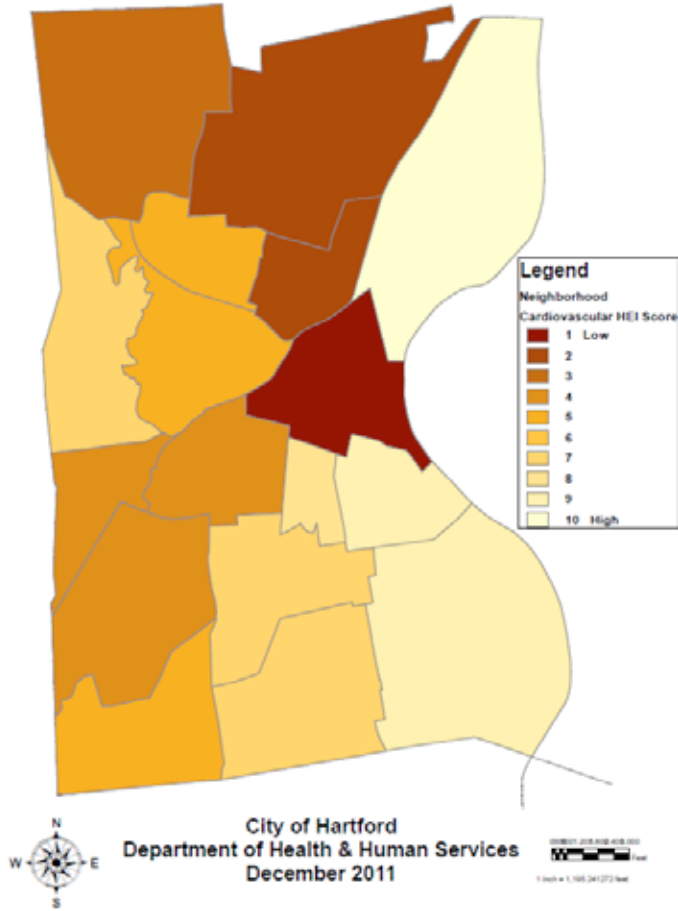
Similar rates emerge when looking at people who are classified as “poor” by the US government (those who live below the poverty threshold). With high rates of unemployment and a low HEI rating for economic security in Hartford, this trend is most likely mirrored in the city.

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 cardiovascular sequelae [9]. Looking at a map of Hartford’s neighborhoods for comparative indexing of cardiovascular health can give an indication as to which neighborhoods obesity could be a larger issue. The lowest rated neighborhood 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.



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 [10], 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.

Social Determinant Correlations to Cardiovascular Health

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

NOTE: ALL SHOWN CORRELATIONS ARE SIGNIFICANT AND RANKED IN ORDER FROM STRONG TO WEAK.

Diabetes – Current information about diabetic rates in Hartford is scarce. The following table shows the age-adjusted state percentages for adults 20+ for selected ethnic groups; the data are from the National Health and Nutrition Examination Survey.

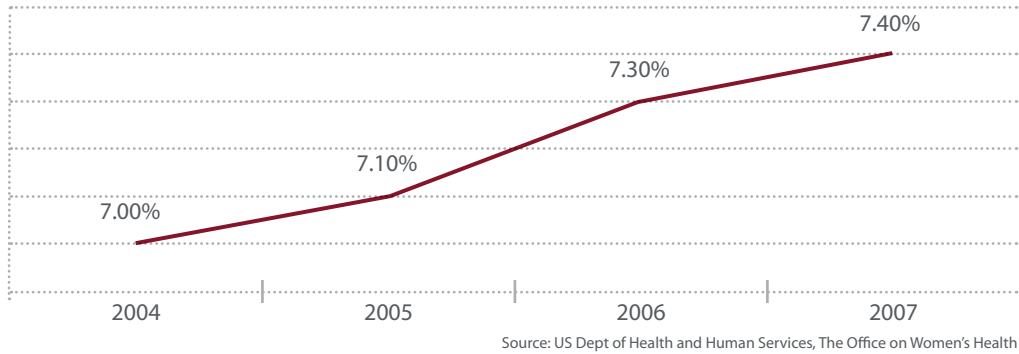
Connecticut Residents with Diabetes by Race

YEARS	ALL ADULTS	NON-HISPANIC WHITE	NON-HISPANIC BLACK	MEXICAN-AMERICAN
1988-1994	9.1%	8.0%	16.1%	14.8%
2001-2004	10.6%	9.1%	15.3%	14.9%
2005-2008	10.9%	9.1%	19.9%	16.9%

The rates are alarmingly higher for non-Hispanic Blacks; these trends are the same across all economic levels, and substantially higher for those who live below and near the poverty threshold. The high rate for Mexican-Americans, while alarming, cannot speak directly to diabetic rates for Latinos in Hartford; those who self-identified as Mexican comprise just over 4% of the Latino population in Hartford.

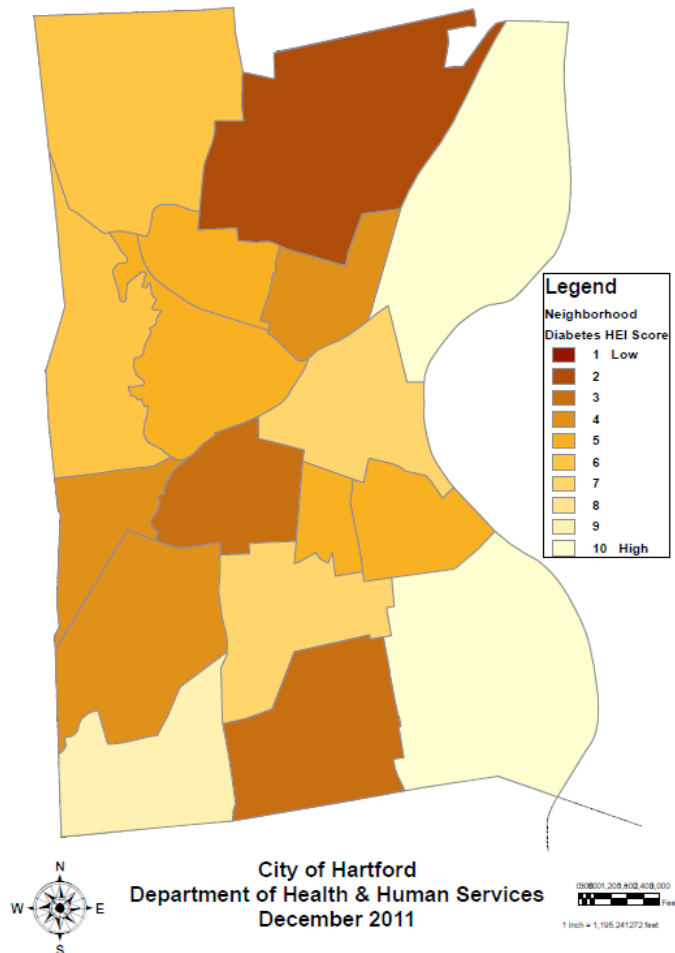
The Office on Women’s Health has indicated that diabetic rates in the city are on the rise for all adults, although it is a minor relief to see that Hartford’s rates of diabetes is lower than Connecticut’s. It can be inferred from the data that Hartford’s Black populace would have a higher rate when compared to all Hartford adults.

Diabetes Rates for Hartford Adults



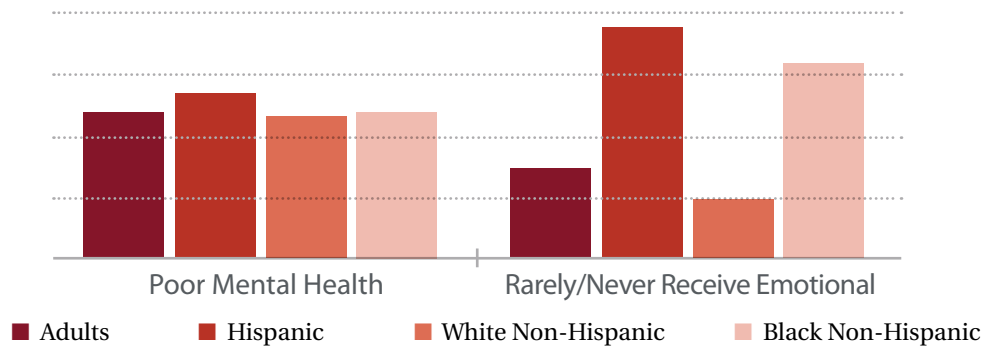
The neighborhoods are compared to one another in the following map using the HEI indexing giving an indication as to where in Hartford diabetes is more of a problem. The Northeast neighborhood rates the lowest among Hartford neighborhoods. For a detailed listing of all data sources used to determine an HEI diabetes index, refer to the appendix.

Hartford - HEI Score of Diabetes by Neighborhood

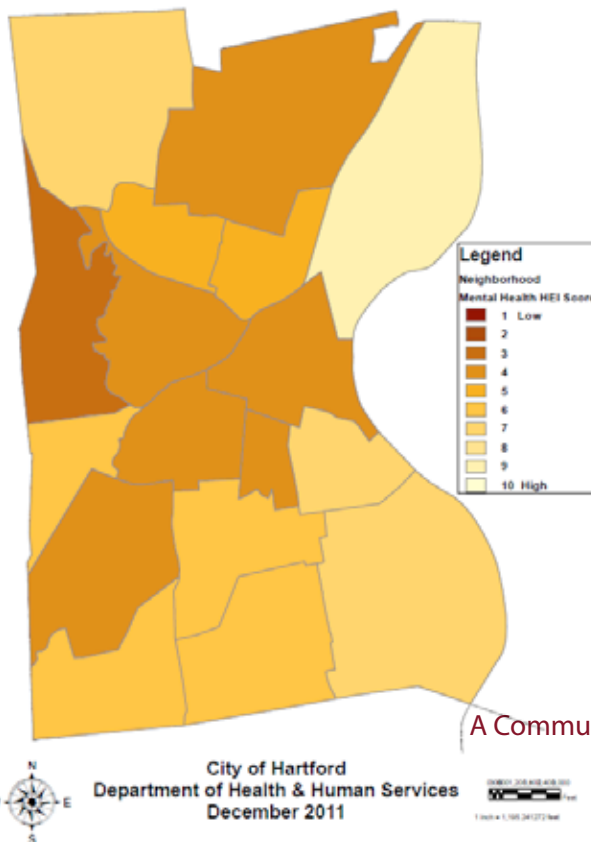


Mental Health – The HEI, using discharge data from the Connecticut Hospital Association and death information from the Connecticut Office of Vital Records, calculated an index of 2 for mental health as a health indicator for Hartford in comparison to the rest of the state. There are several significant correlations with mental health, including community safety (Rs=0.55), economic security (Rs=0.47), environmental quality (Rs=0.45), civic involvement (Rs=0.45), education (Rs=0.42), housing (Rs=0.37), and employment (Rs=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 Centers for Disease Control and Prevention uses the Behavioral Risk Factor Surveillance System (BRFSS) to annually assess how the residents fare with mental health issues. The results show that there is clearly a greater rate of Hispanics and Blacks self-reporting poor lack of emotional support.

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



Hartford - HEI Score of Mental Health by Neighborhood



Looking at how Hartford's neighborhoods rate against each other reveals that the neighborhood most in need of greater mental health services is the West End shown in darker color.

VIII. Barriers to Services

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

Respondents were also asked to identify the most crucial perceived service needs for 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 5 actual service needs were determined by respondents indicating that someone in their household would benefit from having additional service in this area (with a 95% confidence interval). 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 5 were common to both (see the table below; ranked by most common responses). The two areas 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.

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



IX. Conclusions

With the completion of the Needs Assessment, several important lessons stand out and will facilitate the improvement of the health of our residents.

The cost benefit of prevention. 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 has launched a set of creative teams that will 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 collaboration effort with area health providers and organizations to promote healthy choices and solutions to health problems. For instance, the recently formed Hartford Childhood Obesity Coalition 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 this critical issue in Hartford. The Coalition 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 huge 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, such as the Urban Health Partnership between HHS and the University of Connecticut to address obesity, inadequate nutrition, and environmentally influences health problems, would have a positive impact on total cost.

The tremendous power of collaboration. Collaboration holds the promise of allowing progress on issues where multiple parties are involved. A remarkable local example of the power of collaboration is the Healthy Hartford Campaign. As a result of the determined

efforts of dozens of public and private community partners, this collaboration has taken great steps toward making residents become more aware of their health status. We believe that sustaining collaborations will be possible not only because we already partner with many of these organizations but also because efforts like this one will further strengthen existing relationships. 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 that can help support the mission of a Healthy Hartford.

There are numerous examples of sustained collaboration with HHS relative to residential health and chronic disease. One is the Public Health Advisory Council, which is a city charter-supported advisory panel to HHS. Members of the panel include high-level representation from area hospitals, the Hispanic Health Council (which is the largest organization in Connecticut devoted to issues of Latino health), and others. This has been operational with monthly meetings for at least 15 years. There is also the Healthy Hearts for the Women of Hartford, which is a collaborative effort between Saint Francis Hospital and HHS and includes cross-training staff to facilitate tailoring program services for residents and enhancement of networks to increase the awareness of cardiovascular disease in women.

The need for more and better data. The data gathered in this Needs Assessment is a patchwork from many different sources. The data often lack consistency over time, are difficult to compare longitudinally, and frequently do not tell the complete story. If our community is to mobilize to make improvements in the health of our residents one of our most powerful tools is 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.

X. Works Cited

- [1] G. Dahlgren and M. Whitehead, "Policies and strategies to promote social equity in health: background document to WHO," Institute for Future Studies, Stockholm, 1991.
- [2] D. Gregory, R. Johnston, G. Pratt and e. al., "Quality of Life," in *Dictionary of Human Geography (5th ed.)*, Oxford, Wiley-Blackwell, 2009.
- [3] P. Braveman, S. Egerter, J. An and D. Williams, "Race and Socioeconomic Factors: Report for the Robert Wood Johnson Foundation Commission to Build a Healthier America," 2009.
- [4] S. Cohen, D. Janicki-Deverts and G. Miller, "Psychological Stress and Disease," *Journal of the American Medical Association*, vol. 298, no. 14, pp. 1685-87, 2007.
- [5] J. Ruglis and N. Freudenberg, "Toward a healthy high schools movement: strategies for mobilizing public health for educational reform," *Am J Public Health*, vol. 100, no. 9, pp. 1565-71, 2010.
- [6] City of Hartford, *Proven Results for Shooting Team Task Force: Murder Arrests Up; Homicide Rate Down*, Hartford, CT: City of Hartford, 2011.
- [7] V. Levin, "Tuberculosis Incidence and the Seroprevalence of HIV Infection in the United States," *American Journal of Preventive Medicine*, vol. 7, no. 6, pp. 422-4, 1991.
- [8] Office of Women's Health, "Health Disparities Profile: Connecticut," U.S. Department of Health and Human Services, 2011.
- [9] P. Wilson, R. D'Agostino, L. Sullivan, H. Parise and W. Kannel, "Overweight and Obesity as Determinants of Cardiovascular Risk: the Framingham Experience," *Archives of Internal Medicine*, vol. 162, no. 16, pp. 1867-72, 9 September 2002.
- [10] D. Haslam and W. James, "Obesity," *The Lancet*, vol. 366, no. 9492, pp. 1197-209, 2005.

XI. Appendix

A. Agencies that participated with the Key Informant Interviews:

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

B. Key Informant Survey

City of Hartford 2010 Key Informant Survey

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

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

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

DEMOGRAPHICS

Area of Expertise:

Education Level:

Years providing services:

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

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

Key Health Issues

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

Caller: Read the list only if respondent needs prompting.

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

Other _____

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

Comments regarding Key Health Issues:

Quality of Life

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

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

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

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

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

Quality of Care

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

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

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

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

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

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

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

C. Hartford Resident Survey: English

URBAN ALLIANCE HARTFORD RESIDENT SURVEY



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

QUESTIONS ABOUT YOU

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

1. Do you live in the city of Hartford?

Yes No

Please provide your Zip Code: _____

2. What is your ethnicity?

Latino West Indian Multi-ethnic

White African Other

Asian American Specify: _____

3. What is your gender? Female Male

4. Do you attend a church?

Yes No If yes, please specify which church: _____

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)	c. Rank the three areas most in need of additional services in Hartford
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 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: _____	<input type="text"/>
2. BASIC NEEDS/FOOD ASSISTANCE (e.g. food pantry, meals, clothing, utility assistance)	c. Rank the three areas most in need of additional services in Hartford
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 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	<input type="text"/>
3. HOMELESSNESS/HOUSING (e.g. emergency shelter, affordable housing)	c. Rank the three areas most in need of additional services in Hartford
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 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	<input type="text"/>
4. COUNSELING/EMOTIONAL SUPPORT (e.g. counseling, support group, stress management)	c. Rank the three areas most in need of additional services in Hartford
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 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: _____	<input type="text"/>

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

D. Hartford Resident Survey: Spanish

ALIANZA URBANA ENCUESTA SOBRE RESIDENTE HARTFORD

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

PREGUNTAS DE USTED

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

1. ¿Usted vive en la ciudad de Hartford?

Sí No

Proporcione por favor su Código postal: _____

4. ¿Usted asiste a alguna iglesia?

Sí No *Especifique por favor qué iglesia:*

2. ¿Cuál es su pertenencia étnica?

Latino Oeste Indio Multi-étnico

Blanco Africano Otro

Asiático Americano *Especifique:* _____

5. ¿Cuántos adultos viven en su casa? _____

6. ¿Cuántos niños viven en su casa? _____

3. ¿Género? Femenino Masculino

7. ¿Está entre las edades de?:

18-29 30-49 50-64 65+

PREGUNTAS SOBRE SERVICIOS EN HARTFORD

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

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

1. RECUPERACION DEL ABUSO DE LA SUSTANCIA (e.g. tratamiento, prevención)	<i>c. Marque las tres áreas más necesitadas de servicios adicionales</i>
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de recuperación 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 lingüística <input type="checkbox"/> Sin seguro médico <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos <input type="checkbox"/> Otro: _____	<input type="checkbox"/>
2. NECESIDADES BASICAS/ASISTENCIA DE ALIMENTOS (e.g. despensa de alimento, ropa, ayuda para utilidades)	<i>c. Marque las tres áreas más necesitadas de servicios adicionales</i>
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <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 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"/>
3. PERSONAS SIN HOGAR/VIVIENDA (e.g. abrigo de emergencia, cubierta comprable)	<i>c. Marque las tres áreas más necesitadas de servicios adicionales</i>
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <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 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"/>
4. ASESORAMIENTO/APOYO EMOCIONAL (e.g. asesoramiento, grupo de ayuda)	<i>c. Marque las tres áreas más necesitadas de servicios adicionales</i>
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <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 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 médico <input type="checkbox"/> Falta de servicios disponibles <input type="checkbox"/> Malas experiencias <input type="checkbox"/> Recursos económicos <input type="checkbox"/> Otro: _____	<input type="checkbox"/>

5. DESARROLLO DE LA JUVENTUD (e.g. programas después de la escuela)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de desarrollo de la juventud? <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 economicos	<input type="checkbox"/>
6. SALUD Y BIENESTAR (e.g. cuidado médico, exámenes)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de salud? <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 economicos <input type="checkbox"/> Otro:	<input type="checkbox"/>
7. EDUCACIÓN (e.g. tutoría, GED, ESL)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de educación? <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 economicos	<input type="checkbox"/>
8. SERVICIOS DE APOYO FINANCIERO (e.g. preparación de impuesto, planificación financiera)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de? <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 economicos	<input type="checkbox"/>
9. SERVICIOS ENUEJECIENTES (e.g. clínica de reposo, comidas, centro mayor/programas)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de enuejecientes? <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 economicos	<input type="checkbox"/>
10. SERVICIOS DE PRISIÓN Y DE REINTEGRARSE (e.g. visitation, ayuda del reintegro)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de re-entry del preso? <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 economicos	<input type="checkbox"/>
11. ENTRENAMIENTO/BUSQUEDA DE TRABAJO (e.g. ayuda de resume)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios de asistencia trabajo de formación? <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 economicos	<input type="checkbox"/>
12. SERVICIOS DE EMBARAZO/ CRIANZA DE LOS HIJOS (e.g. educación y apoyo)	c. Marque las tres áreas más necesitado adicional servicios
a. Yo o alguien en mi hogar nos beneficiaríamos de servicios adicionales en esta área. <input type="checkbox"/> Sí <input type="checkbox"/> No	
b. ¿Qué factores hacen difícil de tener acceso a servicios del embarazos o crianza de los hijos? <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 economicos	<input type="checkbox"/>

E. Data Sources for HEI Social Determinants

Civic Involvement

Measures	Source
Percent of adult population registered to vote	Connecticut Secretary of State Office Voter Registration Statistics
Percent of registered voters that voted in general elections	Connecticut Secretary of State Office Voter Registration Statistics
Percent of registered voters that voted in municipal elections	Connecticut Secretary of State Office Voter Registration Statistics

Community Safety

Measures	Source
Crimes against persons per 1000 local residents	Connecticut Department of Public Safety Uniform Crime Reports
Crimes against property per 1000 local residents	Connecticut Department of Public Safety Uniform Crime Reports

Economic Security

Measures	Source
Assessed residential property values	2008 Warren Group Residential Statistics Report
Average dollar value of home purchase mortgages	2006-07 Home Mortgage Disclosure Act, Aggregate Reports; 2006-07 FFIEC Census Reports 2006-07
Foreclosure needs score	Housingpolicy.org
Home purchase mortgages approved per 1000 local residents	2006-07 Home Mortgage Disclosure Act, Aggregate Reports; 2006-07 FFIEC Census Reports 2006-07
Home purchase mortgages initiated per 1000 local residents	2006-07 Home Mortgage Disclosure Act, Aggregate Reports; 2006-07 FFIEC Census Reports 2006-07
Median household income	2000 US Census
Median value for owner occupied housing	2000 US Census
Percent of home purchase mortgages that are approved	2006-07 Home Mortgage Disclosure Act, Aggregate Reports; 2006-07 FFIEC Census Reports 2006-07
Percentage of births to mothers under 20	Connecticut Department of Health Vital Records
Percentage of children age 18 and under living in poverty	2000 US Census
Percentage of households with income below the poverty line	2000 US Census
Percentage of population living in poverty	2000 US Census
Sales price of existing homes	RealtyTrac website, September 2008
Temporary Family Assistance recipients per 1000 residents	2008 Connecticut Department of Social Services Temporary Family Assistance data

Education

Measures	Source
10th grade Connecticut Mastery Test achievement rates	Connecticut Department of Education's CEDAR site
6th grade Connecticut Mastery Test achievement rates	Connecticut Department of Education's CEDAR site
8th grade Connecticut Mastery Test achievement rates	Connecticut Department of Education's CEDAR site
Average SAT scores for math	Connecticut Department of Education's CEDAR site
Average SAT scores for verbal	Connecticut Department of Education's CEDAR site
Cumulative four-year drop-out rate	Connecticut Department of Education's CEDAR site
High school graduation rate	Connecticut Department of Education's CEDAR site
Number of years since last major renovation: elementary schools	Connecticut Department of Education's CEDAR site
Number of years since last major renovation: middle schools	Connecticut Department of Education's CEDAR site
Percent of 4th grade students meeting Connecticut Mastery Test goals	Connecticut Department of Education's CEDAR site
Percent of adults with at least a bachelor's degree	2000 US Census
Percent of adults with less than a 9th grade education	2000 US Census
Percent of continuing elementary school students who attended the same school last year	Connecticut Department of Education's CEDAR site
Percent of elementary school students eligible for meal programs	Connecticut Department of Education's CEDAR site
Percent of high school graduates attending college	Connecticut Department of Education's CEDAR site
Percent of high school students enrolled in special education	Connecticut Department of Education's CEDAR site
Percent of kindergarten students with pre-kindergarten educational experience	Connecticut Department of Education's CEDAR site

Employment

Measures	Source
Businesses with 50+ employees per 1000 local residents	2006 US Annual Economic Census ZIP Code Business Patterns reports; 2000 US Census
Food service workers as a percentage of total employment	2000 US Census
Full-time employment rate as a percentage of males 16 and older	Connecticut Housing Finance Authority; 2005 US Census Population Survey
Health service providers as a percentage of total employment	2000 US Census
Job growth: 10-year average	1995-2006 U.S. Annual Economic Survey
Job growth: 5-year average	1995-2006 U.S. Annual Economic Survey
Labor force participation as a percentage of males 16 and older	2000 US Census
Maintenance workers as a percent of total employment	2000 US Census
Management workers as a percent of total employment	2000 US Census
Percent of retail establishments with a revenue of \$500K+	2002 US Economic Census Zip Code Statistics
Professional positions as a percentage of total employment	2000 US Census
Unemployment rate as a percent of the civilian labor force	2000 US Census

Environmental Quality

Measures	Source
Federal Toxic Release Inventory (TRI): number of facilities reporting	US Environmental Protection Agency Toxic Release Inventory Program
Federal Toxic Release Inventory (TRI): total air emissions in pounds	US Environmental Protection Agency Toxic Release Inventory Program
Federal Toxic Release Inventory (TRI): total water discharge in pounds	US Environmental Protection Agency Toxic Release Inventory Program
Federal Toxic Release Inventory (TRI): waste stream in pounds	US Environmental Protection Agency Toxic Release Inventory Program

Housing

Measures	Source
Crowded housing as a percent of total households	2000 US Census
Median gross rent as percent of household income	2000 US Census
Number of subsidized housing units per 1000 local residents	Connecticut Housing Finance Authority; 2005 US Census Population Survey
Owner Occupied housing as a percent of total housing units	2000 US Census
Percent of households paying over 30% of income for mortgages	2000 US Census
Percent of households paying over 30% of income for rent	2000 US Census
Percent of households that have moved in the last 5 years	2000 US Census
Rental vacancy rates as a percentage of rental units	2000 US Census

F. Data Sources for HEI Health Outcomes

Accidents/Violence

Measures	Source
Accidents (unintentional injuries) (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
All injuries (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Homicide & legal intervention (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Homicide & legal intervention (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
YPLL: accidents	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
YPLL: injuries	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Cancer

Measures	Source
Cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Cervical, uterine or ovarian cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Cervical, uterine, and ovarian cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Cervical, uterine or ovarian cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Colon-rectal cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Colon-rectal cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Colon-rectal cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Female breast cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Female breast cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Female breast cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Lung cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Lung cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Lung cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Non-Hodgkin's lymphoma incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Pancreatic cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Pancreatic cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Prostate cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report
Prostate cancer (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Prostate cancer (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Skin cancer incidence rate	Connecticut Department of Health Tumor Registry; 2007 Nielsen Claritas Pop-Facts Demographic Report

Cardiovascular

Measures	Source
Major cardiovascular diseases (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
YPLL: cardiovascular	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Childhood Illness

Measures	Source
Asthma-related ED visits, age 0-18	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Asthma-related hospitalizations, age 0-18	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Elevated lead levels as a percentage of children age 0-5	Connecticut Department of Health, Lead Poisoning Prevention and Control Program

Diabetes

Measures	Source
Diabetes mellitus (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Diabetes mellitus (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Health Care Access

Measures	Source
Ambulatory care sensitive hospitalizations	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Births Not Receiving Prenatal Care in the First Trimester	Connecticut Department of Health, Office of Vital Records Birth Certificates
Births with Non-adequate Prenatal Care (APNCU Index)	Connecticut Department of Health, Office of Vital Records Birth Certificates
Emergency department visits	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Outpatient visits	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Percent of hospitalizations that are without insurance	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Primary care sensitive ED visits	2005 Connecticut Hospital Association CHIME Hospital Discharge Data

Infectious Disease

Measures	Source
Chlamydia/Gonorrhea rate per 1000 residents	Connecticut Department of Health, Sexually Transmitted Surveillance Program
Hepatitis C rate per 1000 residents	Connecticut Department of Health, Epidemiology Program
Infectious and parasitic diseases (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Infectious and parasitic diseases (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Life Expectancy

Measures	Source
All causes of Death (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
YPLL: all causes	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Liver Disease

Measures	Source
Chronic liver disease and cirrhosis (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Chronic liver disease and cirrhosis (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Mental Health

Measures	Source
Alcohol-induced deaths (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Alcohol-induced deaths (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Drug-induced deaths (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Drug-induced deaths (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Mental health ED treatments	2005 Connecticut Hospital Association CHIME Hospital Discharge Data
Mental health hospitalization	2005 Connecticut Hospital Association CHIME Hospital Discharge Data

Perinatal Care

Measures	Source
Low and Very Low Birthweight Babies	Connecticut Department of Health, Office of Vital Records Birth Certificates

Renal Disease

Measures	Source
Nephritis, nephrotic syndrome, nephrosis (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Nephritis, nephrotic syndrome, nephrosis (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report

Respiratory Illness

Measures	Source
Chronic lower respiratory diseases (AAMR)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report
Chronic lower respiratory diseases (YPLL)	Connecticut Department of Health, Office of Vital Records Death Certificates; 2007 Nielsen Claritas Pop-Facts Demographic Report



Mayor Pedro E. Segarra