

Connecticut Children's

Office for Community Child Health



Community Health Needs Assessment

*Connecticut Children's Medical Center
Hartford, Connecticut
2016*



Community Health Needs Assessment

Connecticut Children's Medical Center, Hartford, Connecticut



A Message From James E. Shmerling, DHA, FACHE

*President and Chief Executive Officer
Connecticut Children's Medical Center*

At Connecticut Children's, our vision is to make the children of Connecticut the healthiest in the nation. We do that by not only providing state-of-the-art medical and surgical care, but by also working in the community to advance child well-being and health in an effort to keep them from needing to walk through our doors for care.

Our commitment to strengthening families and promoting children's optimal healthy development is embraced and advanced by our Office for Community Child Health. Led by Paul Dworkin, MD, a nationally renowned developmental pediatrician, the Office is a national leader in addressing critical contemporary issues that have the potential to adversely affect children's health and development. The Office works to build stronger child-serving systems and cultivates innovative and cost effective solutions that close existing gaps in care.

Earlier this year while on a neighborhood tour near Connecticut Children's, I saw a young mother who was out for a walk with her daughter. Since I'm used to encountering so many children and families who need medical care in a hospital setting, it was so great to see this family simply enjoying the outdoors in a carefree way. Our hope is to make that kind of joy a reality for as many children in our area as possible, and we do that through our strong commitment to community programs and partners.

At Connecticut Children's, we are proud of our service to the community. We look forward to a future that combines our medical and surgical care with our strong community building efforts, a path we believe will allow us to fulfill our vision and truly make children in Connecticut the healthiest in the nation.

Sincerely,

A handwritten signature in black ink that reads "James E. Shmerling". The signature is fluid and cursive, with a prominent initial "J".



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A Message From Paul Dworkin, MD

*Executive Vice President for Community Child Health
Connecticut Children's Medical Center*

Connecticut Children's takes our commitment to the community very seriously. While the greater Hartford area is making progress in meeting the needs of its most vulnerable residents, our 2016 Community Health Needs Assessment (Assessment) took an in-depth look at the current state of our environment and shows that much more work must be done.

Our Assessment focuses on a wide range of social issues including the impact that poverty, education, parental engagement, and the early detection of developmental concerns can have on a child's overall development. In approaching this Assessment, Connecticut Children's focused on the importance of community systems-building activities, which is a major objective of the Connecticut Children's Office for Community Child Health (the Office), which was formed in response to identified community needs and the changing landscape of the healthcare industry under the Affordable Care Act.

We recognize that system building is necessary to ensuring children's optimal healthy development. While the Office's initiatives and programs address the critical social determinants of health, which include the circumstances and environments in which people live and work, the services and sectors that address the social determinants often work in isolation of one another. This creates challenges for families and undermines effective and efficient use of limited resources. The Office is dedicated to bringing successful programs to scale in our community and creating linkages among them to best strengthen families and promote children's optimal healthy development.

We also are committed to ensuring that our own programs and the community-based programs with which we partner promote strengthening families as an overarching framework for addressing child health and development. The Center for the Study of Social Policy based in Washington, D.C., has proven the value of five protective factors in strengthening families. The five factors include: 1) increasing understanding about child development and parenting strategies, 2) providing concrete support to families in times of need, 3) developing the social and emotional competence of children, 4) boosting parental resilience to manage stress, and 5) encouraging families to form social connections with others.

We are hopeful that Connecticut Children's system building efforts can inform other similar institutions' efforts to address their communities' health needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Dworkin". The signature is fluid and cursive, written over a horizontal line.



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1. INTRODUCTION

Our 2016 Community Health Needs Assessment (Assessment) takes a comprehensive look at the needs of children and families in the greater Hartford area and outlines how Connecticut Children's Medical Center (Connecticut Children's) is working to address those needs.

Connecticut Children's developed the Assessment with strong guidance from the Connecticut Children's Office for Community Child Health (the Office) and in partnership with a variety of key community stakeholders and outside organizations. This collaboration allowed Connecticut Children's to present community health needs across the age span and sectors of service and within the context of key community contributors to health. We believe that addressing all of these will strengthen families, children and neighborhoods to ensure better health outcomes.

The Assessment is divided into several categories including critical community demographics and health indicators; early childhood needs and related maternal health issues; and the needs of older children. The Assessment recognizes the need for strong collaboration among child- and family-serving sectors that deliver health and other services.

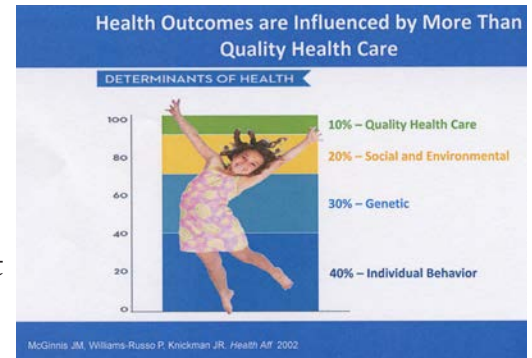
Creating a healthy environment for children and families involves building synergies and systems that involve many partners. Through the Office, which Connecticut Children's launched in 2012, we focus

on strengthening our own community-oriented programs, boosting existing community-based programs and services, and promoting synergies among them. Additionally, we serve as an innovation incubator for promising new models of care that address children's and families' needs.

The Office promotes children's optimal healthy development through partnerships

with organizations in all sectors that impact children's health, rather than focusing solely on quality health care. Research published in the journal *Health Affairs* shows the social determinants of health, which are the circumstances in which people live and work, have twice the impact on the health outcomes of children compared to the medical services they receive. Our flower diagram for system building highlights the traditional sectors of child health, early care and education, and family support. It also expands to other critical sectors including housing, transportation, and nutrition.

Office staff used a rigorous set of tools and methods to collect much of the information referenced in this document, including the information provided in the Hartford Blueprint for Women's and Children's Health, which the city of Hartford commissioned the Office to prepare. We have leveraged our strong partnerships to collect health needs information



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in other areas. We believe that our approach to conducting this Assessment has allowed us to engage our community partners and have the greatest impact on our community's health.

The information included in this Assessment provides the basis for developing, evaluating,

and scaling up community health programs and interventions to address unmet community needs. Taken together, we believe the information outlined in this Assessment provides us with a starting point to develop a collective impact approach to addressing Connecticut Children's goal of making the children of Connecticut the healthiest in the nation.



Connecticut Children's
Office for Community Child Health



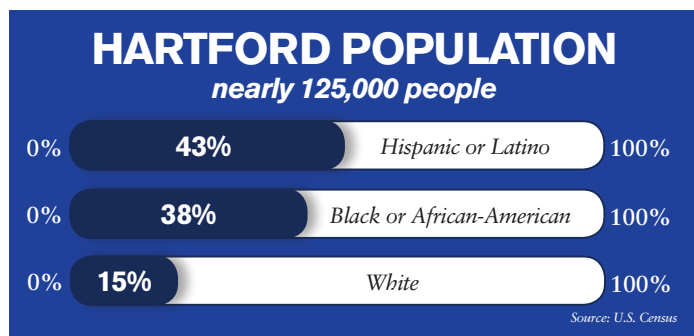
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2. DESCRIPTION OF COMMUNITY SERVED

While Connecticut Children's serves patients across the state of Connecticut and beyond, its medical care and community outreach efforts largely focus on the greater Hartford region.

Founded in 1637, Connecticut's capital city of Hartford is among the oldest U.S. cities and is nicknamed the "Insurance Capital of the World" due to the high concentration of insurance companies based in the city. Hartford is home to the country's



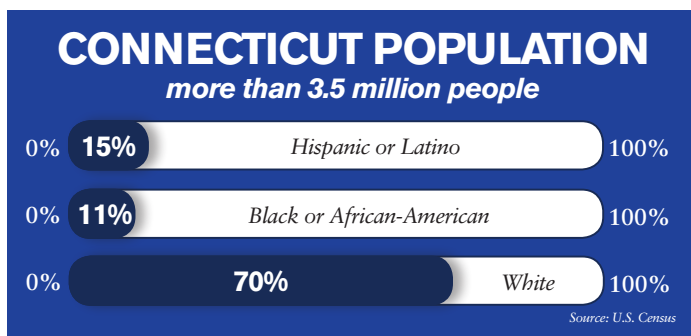
oldest art museum, the Wadsworth Atheneum; the oldest public park, Bushnell Park; and the oldest continuously published newspaper, The Hartford Courant. Authors Mark Twain and Harriet Beecher Stowe are among the city's most notable former residents.

While Hartford has a rich history, it is now consistently ranked among the poorest cities of its size in the country, with one recent study placing it

at seventh poorest. That stands in sharp contrast to Connecticut's ranking as the wealthiest state in the country based on per capita income. With a population of nearly 125,000 people, Hartford is a diverse city with 43 percent Hispanic or Latino residents, 38 percent black or African-American, and 15 percent white.

Connecticut, by contrast, has a population of more than 3.5 million people, and census figures show that nearly 70 percent of residents are white, 15 percent are Hispanic or Latino, and 11 percent are black or African American.

The Hartford Blueprint for Women's and Children's Health (the Blueprint), which was drafted by the Office at the request of the city, documented the following



demographic information about Hartford residents:

- An estimated 38 percent of Hartford's residents live in poverty, compared to 10.7 percent of the state's overall population.
- An estimated 44 percent of Hartford families with children below age 18 live in poverty.
- More than 50,000 residents (42 percent) participate in the Supplemental Nutrition Assistance Program.
- An estimated 77 percent of Hartford students were

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eligible for free or reduced price school meals in the 2012 school year.

- More than 52 percent of the 70,501 requests from Hartford residents to the United Way of Connecticut's information and referral service, 211, were for assistance for basic needs such as housing, food, and utilities.

3. KEY FINDINGS

Sources of Information

As we move on from the city-wide demographics to the needs of children and families, our Assessment includes key findings from several data sources:

A. Early Childhood Needs and Related Maternal Health Issues

- Hartford Blueprint for Women's and Children's Health
- Hartford Foundation for Public Giving Early Development Instrument Report

B. Needs of Older Children

- School Nurse Surveys

C. Additional Sources Related to Community and Family Needs

- Southside Institutions Neighborhood Alliance Neighborhood Economic Development Plan
- DataHaven Report
- United Way of Connecticut's 211 system

Key findings documented in this Assessment not only identify the needs of Hartford area children and families, but they also highlight the need for strong child-serving system building efforts that address the crucial social determinants of health and strengthen families in support of children's optimal healthy development.

A. EARLY CHILDHOOD NEEDS AND RELATED MATERNAL HEALTH ISSUES

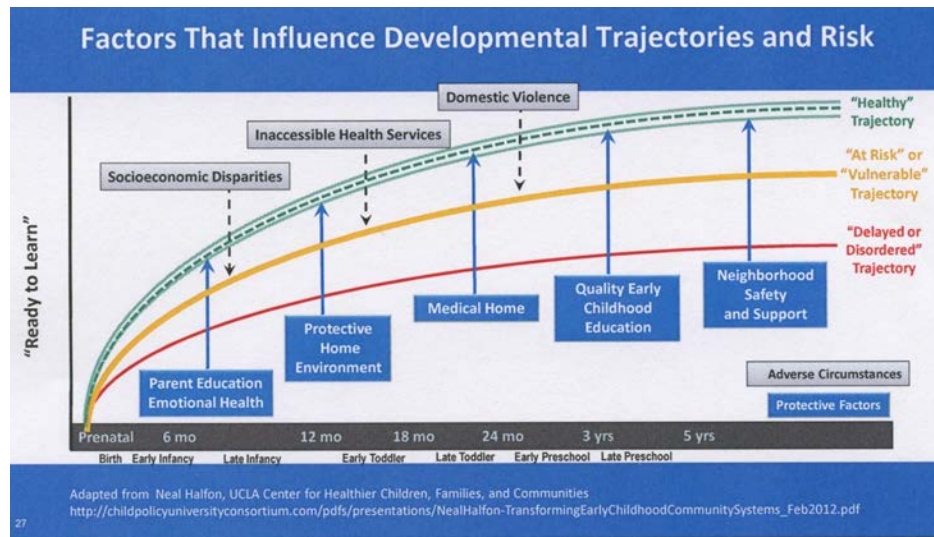
Hartford Blueprint for Women's and Children's Health

The **Hartford Blueprint for Women's and Children's Health** (the Blueprint) provides a comprehensive look at the needs of the city's women and young children. The city of Hartford commissioned the Office to prepare the Blueprint as to articulate the need for building a comprehensive system in Hartford to ensure strong families and lifelong outcomes for children. The document provides a roadmap to address the needs identified for Hartford's women and children through system building and collective impact. The Hartford Foundation for Public Giving generously supported this research initiative and is also committed to supporting its implementation.

The Blueprint identifies issues and challenges that affect many Hartford residents who live in poverty. The city's services struggle to meet a variety of health needs associated with vulnerable populations, and struggle to address health disparities related to racial and ethnic disparities. The poor health outcomes of the city's women and children, compared to the rest of the state, are evidenced by issues such as the late or inadequate use of prenatal care, rates of unintended or adolescent pregnancies, high rates of infant mortality and low birth weight, childhood obesity, chronic health problems, and developmental and behavior issues.

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The Blueprint uses several helpful constructs to frame child health service system needs and strategies. Children's development is often viewed as progressing along various developmental trajectories. The majority of children across Connecticut progress along a so-called "healthy" trajectory and most clinical programs and services tend to focus on children who experience a "delayed or disordered" trajectory. However, many children, particularly those in impoverished communities such as Hartford, progress along an "at risk" trajectory and elude early detection and intervention.

Community-based programs and services need to support healthy development and enable at-risk children to ascend to a "healthy" trajectory. In contrast, adverse factors may result in at-risk children deteriorating to a "delayed or disordered" trajectory. To ensure the maximum impact of community-based programs and services, the Blueprint proposes that programs and services address the needs of all children and their families, especially those who are vulnerable and at-risk.

Other critical concepts highlighted in the Blueprint as essential for building highly functioning child-serving systems include:

- *The Life Course perspective and the two-generation approach:* The Life Course perspective views health as an integrated continuum across a person's life, rather than a series of disconnected stages with early stages having little impact on later ones. The two-generation approach recognizes the importance of addressing both children's and parents' needs to support families in ensuring better outcomes for their children.
- *The Protective Factors Framework:* The Protective Factors Framework, developed by the Center for the Study of Social Policy in Washington, D.C., offers five evidence-based factors that equip families to foster their children's healthy development. Those protective factors involve building parental resilience, helping families establish social connections, building knowledge of parenting and child development, providing concrete support in times of need, and boosting the social and emotional competence of children.

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The protective factors have been shown to correlate with childhood developmental growth, educational success and lifelong outcomes.

- *Parental engagement:* This concept recognizes the importance of parent input into early childhood system building and not only service utilization. The most effective service systems and community initiatives are guided by what parents say they need to be stronger and better parents and what they believe will benefit their children.
- *Early detection of vulnerability and risk:* Providing services at the earliest possible time is more efficacious and cost effective than delaying services until children are on the delayed or disordered trajectory. Nobel Prize laureate economist James Heckman has proven that programs targeted toward the earliest years yield the greatest return on investment.
- *Linkage to community-based programs and services:* Too often, early detection does not lead to the successful connection of vulnerable children and families to programs and services. Successful linkage to community-based programs and services demands care coordination support to overcome barriers to service utilization.
- *System building via collective impact:* The process of collective impact can engage individuals representing a variety of sectors in a common agenda for addressing system needs, system design and shared outcomes.
- *Cross-sector collaboration:* Recognition of the many social determinants of children's healthy development emphasizes the imperative of engaging many sectors in early childhood system building. Alignment across and among such sectors is essential to achieve collective impact.

Blueprint Recommendations:

Addressing the opportunities for improvement outlined in the Blueprint will allow the city to strengthen families and help children reach their optimal healthy development.

The Blueprint concludes that in order to build an effective health care system that benefits women and children in Hartford, resources need to be aligned to create a seamless range of services and supports, bring to scale services currently operating in the city, and address critical gaps in programs and services. The Blueprint makes the following six recommendations:

- Establish a public/private leadership team that includes the city, the Office, the Child Health and Development Institute of Connecticut, key stakeholders, and residents to guide and oversee Blueprint implementation.
- Establish within the city a comprehensive women and children's health system that ensures women of child-bearing age, children, and families have timely access to a seamless and user-friendly range of services and supports.
- Develop and disseminate data on the health of women, the health and developmental status of children, and the status of programs and services to public officials, providers, community-based organizations, and residents to inform prioritization and decision making.
- Engage all city providers in the continuous monitoring of the quality of women's and children's health care services, including developmental assessment services, care coordination, and home visiting programs, and

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encourage the testing of changes to improve service efficacy and outcomes.

- Support the ongoing professional development of women's and children's health providers, trainees, and staff through accessible, efficacious, and efficient training that enables them to perform at the top of their professional licenses and in collaboration with families and one another.
- Build on and expand current prevention efforts and activities to promote the healthy development of Hartford's women and children.

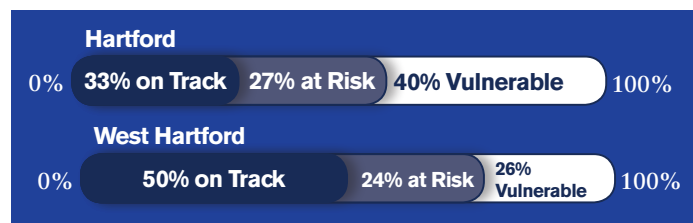
Hartford Foundation for Public Giving Early Development Instrument Report

Results from the **Hartford Foundation for Public Giving Early Development Instrument Report (EDI)**, administered in Hartford and West Hartford in 2014, support findings and conclusions from the Blueprint.

The nonprofit Hartford Foundation for Public Giving, based in Hartford, conducted a survey of kindergarten teachers in Hartford public schools, the Jumoke Academy charter school in Hartford, and West Hartford public schools using the Early Development Instrument (EDI), a validated instrument for assessing the kindergarten population's developmental status. The EDI is being used in 40 communities across the country to help community stakeholders examine and build early childhood systems that facilitate success in school and in life.

Kindergarten teachers completed the survey by answering a variety of questions about their students' overall social competence, approaches to learning, behaviors, physical readiness for the school day, gross

and fine motor skills, literacy skills, and numeracy skills. Results aggregated across all participating schools showed that 50 percent of West Hartford kindergartners were on track, and only 33 percent of Hartford children were on track. At risk numbers showed 24 percent of West Hartford children and 27 percent of Hartford children falling into the at risk category. The urban-suburban gap increased in the vulnerable category, with 26 percent of West Hartford children compared to 40 percent of Hartford children reported as vulnerable in terms of kindergarten skills. The report shows on track children scored at or above the 25th percentile of the national EDI population, at-risk children scored between the 10th and 25th percentile, and vulnerable children scored at or below the 10th percentile in any domain.



The data in the report are also broken down by individual neighborhoods. They show that 38.1 percent of children in nine of 14 Hartford neighborhoods fall into the vulnerable category in at least one or more of five domains: communication skills; emotional maturity; language and cognition; physical health; and social competence.

The results demonstrate ongoing needs for Hartford and West Hartford. While there is a commitment to promoting high-quality preschools in both municipalities, many children are still not on track with kindergarten readiness. The report highlights

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areas of vulnerability for which supportive services exist within local neighborhoods. For example, across 14 neighborhoods in Hartford, 25% to 50% of children in kindergarten were considered not on track with regard to their communication skills, and 21% to 52% were deemed to have physical health needs that kept them from succeeding in kindergarten.

The EDI is designed to encourage community dialogue and action that align with Connecticut Children's goals and strategic priorities, especially those outlined in the Blueprint. It recommends a number of strategies: engaging families in different neighborhoods around early childhood development and learning; improving existing programs; training parent leaders to advocate for changes in community initiatives; increasing awareness about the importance of early childhood development; and promoting community discussions about school readiness, all geared toward strengthening the early childhood system.

B. NEEDS OF OLDER CHILDREN

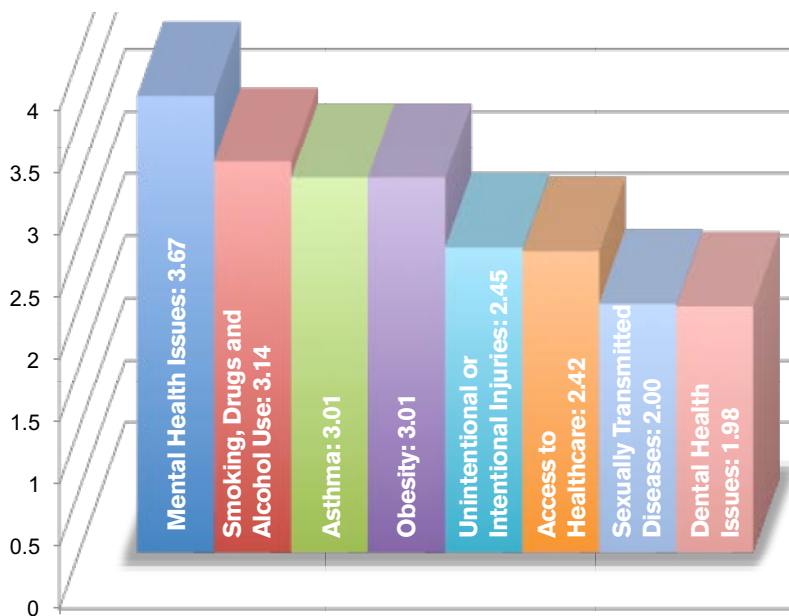
School Nurse Surveys

A survey of school nurses from across Connecticut, conducted in August 2014, provides critical information about the needs of Hartford's older children.

The survey, conducted by Connecticut Children's, listed a variety of public health concerns and asked respondents to rate them from zero, where the issue is perceived not to be a problem, to four, where the issue is perceived to be a major problem. A total of 90 school nurses completed the surveys with 57 of those survey participants being from Hartford County.

Most nurses listed mental health issues as the biggest health problem facing children in Connecticut. They rated the next highest concern as smoking, drug, and alcohol use followed by asthma and obesity, which were tied as the third biggest concern. Injuries, access to healthcare, sexually transmitted diseases, and dental health issues were rated as less problematic.

School Nurse Surveys
Results Based on 0-4
Scale



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The survey also asked nurses to write in any issues they felt were important that were not included in the list provided. Those responses included references to concerns in the following areas:

- Children being able to access mental health services and resources
- Allergies
- Autism

- Seizure disorders
- Children getting timely specialty service appointments
- Communication between physicians, families and schools

The survey also asked respondents to provide ideas about how to improve the health of children in Connecticut. Three themes emerged from the many suggestions:

SUGGESTIONS FROM SCHOOL NURSES FOR IMPROVING ACCESS TO CARE

While access to healthcare was not seen as a major obstacle in the survey results, nurses provided several suggestions for improvement, including: increasing the number of school-based health centers and the hours they operate; developing transportation options for children who travel from rural areas to Hartford for specialty care; improving access to mental health services; developing mobile health vans; increasing the availability of flu shots in schools; improving access to healthier foods; and developing a more efficient way for children to obtain eye glasses.

SUGGESTIONS FROM SCHOOL NURSES FOR EDUCATION

Suggestions included developing educational programs for parents on topics such as obesity, nutrition and asthma; developing educational programs for students on topics such as injury prevention, stress management, positive coping and relaxation; launching partnerships between healthcare providers and schools to develop programs around nutrition and exercise; developing alternative physical education curriculum for obese adolescents; and developing educational efforts for the school community that include health information posters and public service announcements for issues such as childhood obesity.

SUGGESTIONS FROM SCHOOL NURSES FOR IMPROVING COMMUNICATION

Suggestions included improving communication and collaboration between healthcare providers, schools and parents; establishing consistent protocols for treatment across school districts with help from a hospital; having students get yearly physicals to fill the significant gap between required kindergarten, sixth grade and tenth grade exams causing delays in diagnosis; enforcing the 20 minute per day of exercise and movement; and making physical education a year-round requirement.

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C. COMMUNITY AND FAMILY NEEDS

Southside Institutions Neighborhood Alliance Neighborhood Economic Development Plan

Beyond health and child development, this Assessment also considers community needs as identified by the 2015 SINA Economic Development Plan.

SINA, which is a partnership between Connecticut Children's, Hartford Hospital, and Trinity College, conducted an analysis of neighborhood needs, opportunities and resources and compiled the results into the SINA Neighborhood Economic Development Study. The goal of the study was to develop and implement a set of strategic initiatives to further SINA's mission to support economic development in the section of Hartford that the agency serves.

The study concentrated on four areas:

- *Career Preparation, Job Training and Employment:* The study documented that increasing employment and raising incomes is a pressing need for neighborhood residents. SINA neighborhood residents suffer from very low economic status, low household incomes and low educational attainment. As a result, they have high poverty rates and high levels of unemployment. The study notes that working residents are most likely to work in service, sales, or office occupations. Hartford's healthcare industry is the city's largest employer and SINA member institutions offer significant employment

opportunities for neighborhood residents.

There are a considerable number of established workforce development organizations that can potentially partner with SINA to increase employment opportunities for neighborhood residents and workforce education for youth; however such organizations face limited resources and insufficient coordination.

The study recommended that member institutions conduct targeted recruitment and hiring among neighborhood residents for selected positions at member institutions such as environmental services, food services, administrative support, and patient care assistance. It also recommended that SINA collaborate with workforce training providers on pre-employment training for such candidates.

- *Entrepreneurship and Small Business Development:* The study found that opportunities exist for SINA institutions and their contractors to increase purchasing from neighborhood businesses in the areas of building repair, plumbing and electrical services, catering, automotive maintenance and repair, and cleaning services. Additional opportunities include printing and graphic design, signage, landscaping, and photographic services. The study also found there is considerable potential to increase the amount of sales neighborhood businesses are getting from member institution employees, students and visitors. However, that would require improvements to public safety, providing more information about local businesses, offering a greater variety of healthy and fresh grocery products, and providing more diverse and

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convenient dining options. The study notes there are a number of business assistance organizations operating in the city that can work with local businesses to increase sales; however, many businesses are unaware of these organizations or are reluctant to engage with them.

The study recommended member institutions establish a small-scale institutional purchasing program to increase the procurement of products and services from neighborhood businesses. If successful, the program could potentially be scaled up to include anchor institutions and small businesses in other Hartford neighborhoods. The study also recommends launching a restaurant and grocery products market development initiative to increase awareness among member institution employees, students and visitors about neighborhood businesses. SINA would work in partnership with these businesses to support them to improve current marketing efforts, enhance their product offerings, and improve their business environments.

- **Public Realm Investments:** The study notes that a deteriorated public realm detracts from the quality of life in the neighborhood and is harmful to the business environment. Many of the neighborhood's public areas are in poor condition and are in need of repair or reconstruction. SINA institution employees and students have indicated that this deterioration is a deterrent to their patronage of neighborhood businesses. Improvement to public spaces could play a role in spurring increased private investments; however, the city has limited funds and competing priorities.

The study recommended that SINA advocate with the city for public realm improvements on key commercial corridors and gateways. This will entail convening neighborhood stakeholders, including SINA member institutions, other institutions, community-based organizations, businesses and neighborhood political representatives, to formulate a campaign for public realm improvements.

- **Cultural Development:** The study notes that cultural activities contribute to community identity and pride, enhance the business environment, and provide important educational opportunities for youth. However, the neighborhood's potential as a center of Latino culture remains largely untapped as a lack of venues and viable cultural organizations is a major impediment. Promoting neighborhood cultural activities align with city goals of stimulating the creative economy and improving quality of life.

The study recommended SINA convene a task force of key stakeholders, including artists, arts educators, funders, promoters, and others to develop a neighborhood cultural initiative. The initiative would increase cultural life within the SINA neighborhood and promote Latino cultural life within the city.

Based on the above-identified needs, the study states its goals are to increase job opportunities for neighborhood residents at SINA member institutions and construction jobs related to institutional development projects; to increase entrepreneurial opportunities for neighborhood residents and businesses by paying particular attention to markets created by SINA institutions

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and their employees, patients, students and visitors; and to contribute to the physical and economic revitalization of the neighborhood through strategic commercial development and related infrastructure investments.

DataHaven Report

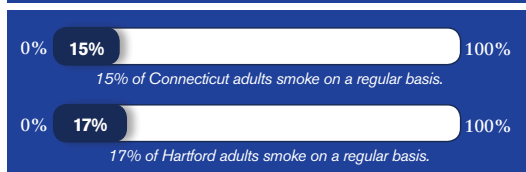
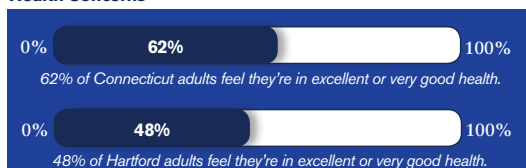
The DataHaven Community Wellbeing Survey also provided key information for our Assessment. The nonprofit group DataHaven, based in New Haven, Connecticut, is dedicated to improving the quality of life of residents by collecting, interpreting, and sharing public data to assist leaders with effective decision making. The organization has been in

existence since 1992. The survey is its largest initiative and produces information on the quality of life, public health, economic development and civic vitality for more than 100 state and local government, health care, academic, and community partners across Connecticut. Some survey results and reports have been released in 2015. Others will be released in 2016.

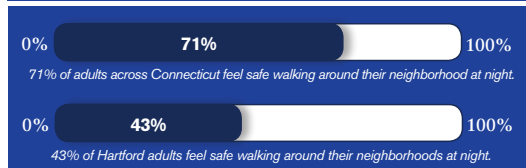
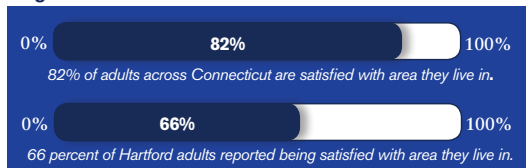
Results from the DataHaven survey of 750 Hartford residents, were released in 2015. Results show substantial gaps between the well-being of Hartford residents compared to the well-being of residents across the entire state.

Results from the DataHaven Survey for Hartford

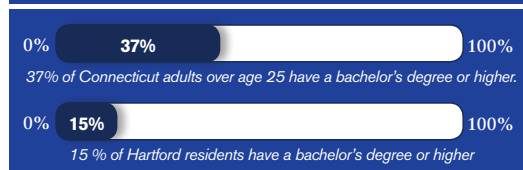
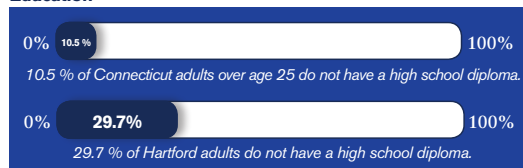
Health Concerns



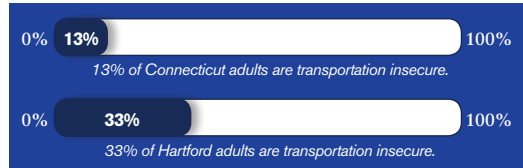
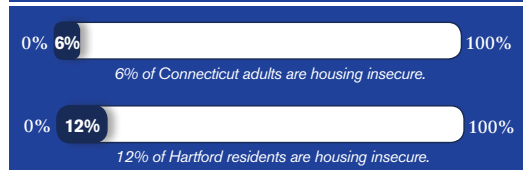
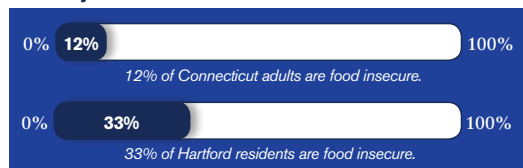
Neighborhood Concerns



Education



Insecurity Rates



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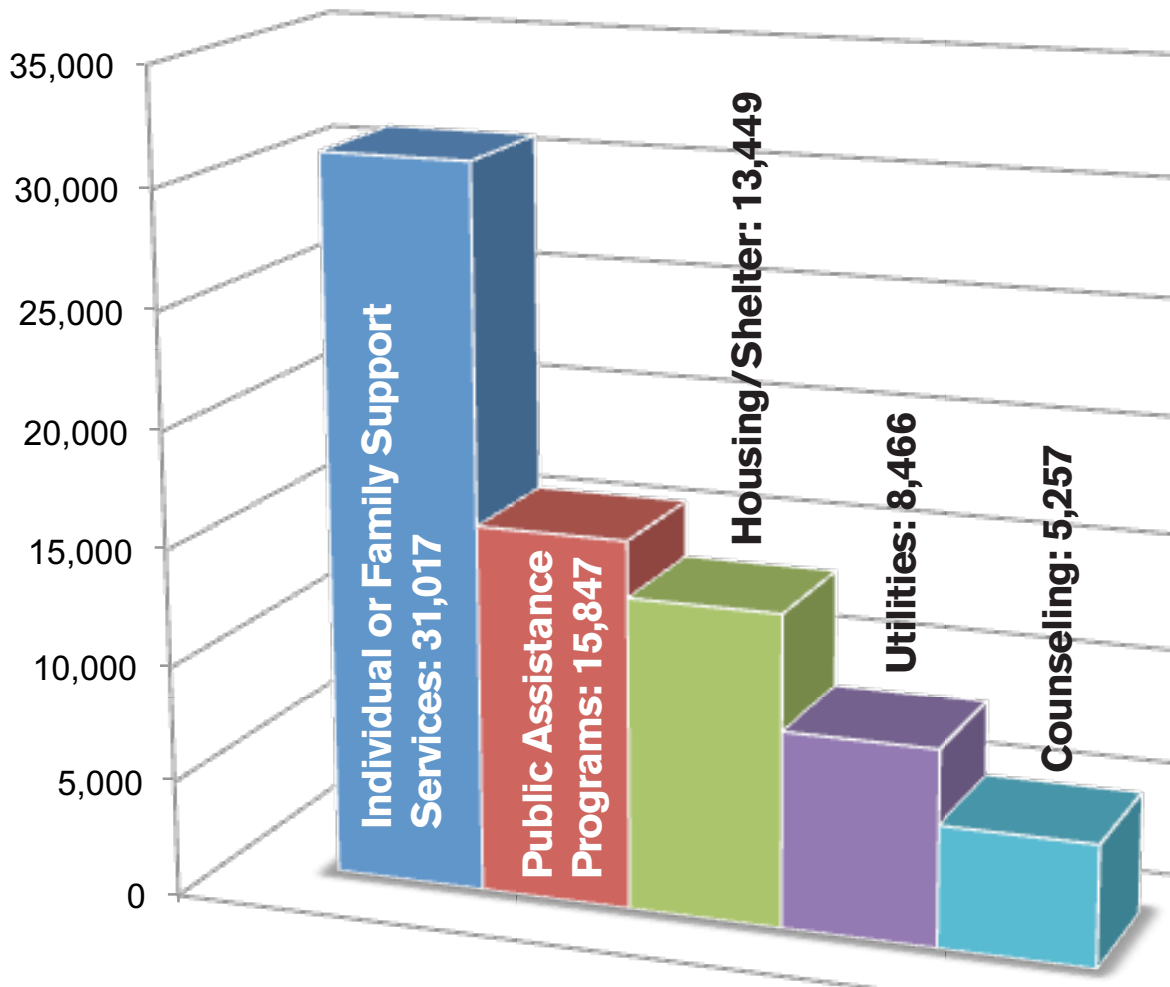
United Way of Connecticut's 211 System

Data from calls to the **United Way of Connecticut's 211** information and referral system further stress the needs of Hartford's families. The nonprofit United Way of Connecticut strives to meet the needs of state residents by providing them with information, education, and connections to services. It manages and operates the Child Development Infoline, which is accessible through 211, and serves as the statewide centralized telephone access point where care

coordinators connect families in need with services that can help them. In the 2014-2015 fiscal year, Hartford residents called 211 a total of 54,695 times which resulted in 70,501 requests for services.

An analysis of calls in 2015 from the region serving Hartford shows the top five categories of requests for help were for individual or family support services, public assistance programs, housing, utilities, and counseling.

211 Service Requests in 2015



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4. ADDRESSING NEEDS IDENTIFIED IN THE ASSESSMENT

In completing this Assessment, Connecticut Children's Office for Community Child Health developed a robust strategy for addressing the identified needs to enhance health care for Hartford's women and children and to promote the optimal healthy development of the City's youngest residents. Connecticut Children's expects to implement key components of the Blueprint, along with recommendations outlined in other documents compiled by outside agencies that are included in this assessment, thus bringing to scale evidence-informed programs that can support the healthy development of Hartford's children and their families now and in future generations.

Our experience in childhood system building suggests that Hartford can improve maternal and child health outcomes by strengthening coordination among existing programs, building synergies among those programs, and bringing to scale new innovations that address system gaps and capacity issues. A high functioning health system for women and children is characterized by a focus on vulnerable and at-risk populations, as opposed to an exclusive focus on those with diseases and disorders. In addition,

system building should engage all sectors, medical and social, that influence the overall health of families from diverse backgrounds. Those sectors include early care and education, family support, child welfare, housing, safe neighborhoods, food and nutrition, transportation, workforce development, and other areas.

Connecticut Children's initial goals include the following areas of focus to be overseen and implemented by the Office:

- ***Engage key community stakeholders in setting implementation priorities:*** Engagement of an array of stakeholders, including parents and providers from diverse sectors, is critical to the successful implementation of programs that address the needs identified in the Blueprint and other materials outlined in this needs assessment. The Office aims to strengthen connections among key community stakeholders to facilitate collective impact by convening a Stakeholder Leadership Team. This work will include the prioritization of objectives and will set a timeline for their implementation. Community conversations will solicit input from parents and residents to ensure community buy-in.
- ***Coordinate implementation of key recommendations and bring to scale evidence-informed innovations:*** The Office has had remarkable success in diffusing innovation through the design, implementation, and dissemination of local and regional programs of statewide and national significance. HMG, which promotes the early detection of children at risk for developmental and behavioral problems and their

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ADDRESSING NEEDS OF HARTFORD CHILDREN BY BRINGING PROGRAMS TO SCALE

DEVELOPMENTAL SURVEILLANCE AND SCREENING

Area of Focus: Many children with mild-to-moderate developmental or behavioral concerns are eluding early detection and are arriving at kindergarten without the developmental, socio-emotional, behavioral and/or cognitive skills to begin school. These children were often ineligible for early intervention or preschool special education services prior to school entry, as both of these services have strict eligibility requirements.

Identified Need: There is a need to bring to scale an existing assessment service, Mid-Level Developmental Assessment, and Help Me Grow[®] opportunities for at risk children who are not eligible for publicly funded intervention programs.

CROSS-SECTOR CARE COORDINATION

Area of Focus: Care coordination from a variety of service sectors is available to children and families in Hartford. There is also a program, the Hartford Care Coordination Collaborative (HCCC), which brings Hartford area care coordinators from a variety of child- and family-serving sectors together to increase the efficiency of services and decrease the duplication that can occur when families work with multiple care coordinators from different sectors.

Identified Need: There is a need to bring existing care coordination programs to scale throughout the city and to expand the HCCC to include care coordination services from health, child care, home visiting and other child and family services.

CHRONIC HEALTH PROBLEMS

Area of Focus: Chronic health conditions such as asthma and lead toxicity disproportionately impact urban children, especially those who live in poverty.

Identified Need: There is a need to bring existing programs that address asthma and lead concerns, such as Easy Breathing and the Connecticut Children's Healthy Homes program, to scale throughout the city for maximum impact.

CHILDHOOD OBESITY

Area of Focus: Obesity disproportionately affects children of color and those in low-income families. More than one-third of Hartford preschoolers are overweight or obese, with rates far above the national average according to a University of Connecticut study.

Identified Need: There is a need to bring to scale existing nutrition and physical activity programs in preschools, childcare centers, and in the primary care setting.

HOME VISITING SERVICES ADDRESSING WOMEN'S AND CHILDREN'S HEALTH

Area of Focus: A variety of home visiting programs, such as the Maternal and Infant Outreach Program, exist for families in Hartford and have shown success in improving birth outcomes, ensuring that pregnant women enter prenatal care early, and addressing developmental and behavioral health needs of children.

Identified Need: The challenge is to reduce waiting lists and bring this type of family support to scale for the entire population.

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connection to services, was piloted in Hartford before being scaled up across Connecticut. Now, more than 25 states are implementing the HMG model as part of the Office's HMG national affiliate network.

Further, the Office has piloted and is disseminating two innovations, the Care Coordination Collaborative Model (CCCM) and Mid-Level Developmental Assessment (MLDA). CCCM works to coordinate care coordinators from various child-serving sectors in the greater Hartford region. It was developed in response to the notion that a child may have multiple care coordinators from different agencies managing his or her care at the same time without integration across sectors. The Office houses the prototype for CCCM and has convened previously siloed care coordinators to facilitate information sharing and improved support to families. The Office is now serving as the technical assistance center for the development of care coordination collaboratives in all five regions of the state. The Office is also leading the broad-scale implementation of MLDA, which expeditiously ensures that vulnerable children are assessed and linked to appropriate, community-based programs and do not wait for costly evaluations from specialists that are often unnecessary. The Office is now disseminating MLDA and CCCM in other states through the HMG affiliate network.

This community needs assessment discovered an unmet opportunity for the Office to leverage its demonstrated capacity, expertise, and tools

in innovation replication to bring to scale the above evidence-informed interventions in Hartford. Specifically, this needs assessment has documented a need for the following:

- Further promotion of the United Way of Connecticut's 211 information and referral system, including its Child Development Infoline, as Hartford's centralized intake portal for providing information on and referrals to services for vulnerable children and their families through targeted trainings and educational campaigns.
- Ensure that vulnerable children who are at risk for developmental or behavioral problems have access to timely evaluations through MLDA and access to programs and services through HMG, both of which are accessed through 211.
- Strengthen care coordination capacity by establishing a Hartford-specific care coordination collaborative similar to the regional HCCC and the other regional collaboratives. It is suggested that a local care coordination system would serve as an effective vehicle to increase information sharing, knowledge about available resources, and training, while also addressing existing gaps and barriers to service.
- The need to bring home visiting programs and community-based wellness programs to scale.

Bringing these vital programs to scale in Hartford will position the city to serve as a model for

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community system building that benefits women and children. While Connecticut Children's cannot solve all of the city's problems, especially poverty, it can contribute to helping families raise resilient children for whom many of the effects of poverty are buffered. Here's how:

- ***Build the capacity of Hartford families and service providers across various settings to promote children's optimal healthy development:***

A positive family foundation is the single most important influence on enhancing lifelong health and outcomes. The Center for the Study of Social Policy's Protective Factors Framework identifies key influences that build family capacity to support optimal child development. Such factors include parental resilience, concrete support in times of need, social connections, parental knowledge of child development and parenting strategies, and children's social and emotional competence. The Office has embraced the utility of the protective factors as a framework for strengthening families, as well as enhancing the capacity of child health, mental health, early care, and family support providers to contribute to children's optimal healthy development. To ensure maximum contribution from Hartford's child health providers, the Office will support the expansion of its existing Educating Practices in the Community (EPIC) program, which is operated in partnership with the Child Health and Development Institute of Connecticut. It will also support the expansion of other educational programs, for the following purposes:

- To engage and train service providers in the Protective Factors Framework with the

goal of increasing providers' effectiveness at recognizing the strengths of families and promoting resiliency.

- To convey the importance of developmental promotion, early detection, and the linkage of children and families to beneficial programs and services.

- ***Establishing a data-driven continuous quality improvement (CQI) system for monitoring early childhood services and outcomes in Hartford:*** The Office will build upon its existing web-based data collection and reporting tools to design a robust data system for tracking project implementation and impact, to enable CQI and facilitate collective impact. The Office will do so by:

- Utilizing continuous quality improvement (CQI) methodology and tools to engage providers and other stakeholders in the continuous monitoring of the quality of health services and encourage the testing of changes to improve service efficacy and outcomes.
- Develop a comprehensive data system for tracking project implementation, CQI outcomes, and the achievement of project goals.

This Assessment demonstrates the need to transform Hartford's early childhood system to achieve collective impact in support of Hartford's children and families. We believe the above-mentioned strategies will enable us to maximize the effectiveness of our existing community resources. We will also support and integrate community-based programs and services for children and families in Hartford.

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5. METHODS

In drafting this Assessment, Connecticut Children's and other outside organizations used a variety of methods to compile data. Those are outlined below:

Key Informant Interviews:

In developing this Assessment, our primary data collection efforts relied heavily on information obtained during interviews with key informants. Those interviews included city officials such as the director of the Hartford Department of Health and Human Services; leaders of private foundations such as the Hartford Foundation for Public Giving; leaders of community-based nonprofit organizations such as the United Way of Connecticut, the Village for Families and Children, the Maternal and Infant Outreach Program, the Connecticut Dental Health Partnership, and the Community Health Network of Connecticut; leaders of state agencies such as the Connecticut Department of Education; and leaders of Connecticut Children's. Interviewees were asked a variety of questions that focused on identifying unmet community needs.

Additional Primary Data Collection Efforts:

- Hartford Blueprint for Women's and Children's Health
 - Review of prior reports and surveys to health, prenatal care, and early care and education.
 - Focus groups with early care and education providers, community leaders, and residents.
 - Meetings with health and human services

and early care and education steering committees and collaboratives.

- Surveys from medical, behavioral health, and dental providers in Hartford.
- Leadership discussions with the Connecticut Children's Office for Community Child Health

- School Nurse Surveys

There were a total of 90 surveys collected from school nurses during a conference in August 2015. Arranged by county, there were 57 from Hartford County, eight from Tolland County, seven from New London County, six from Fairfield County, three from Litchfield County, and two each from New Haven, Windham, and Middlesex Counties. One survey was filled out from a nurse in western Massachusetts. Two surveys did not specify a location.

Of the respondents, six had less than one year of experience, 14 had between one and five years of experience, and 61 had more than five years of experience with one person writing in they had 20 years and another writing in that they have 30 years. Most of the respondents listed their job titles as School Nurse or RN. Five listed titles with Supervisor or Director.

For the highest education level, 18 identified working as registered nurses (RN's), 45 identified a bachelor of science in nursing (BSN) degree, two identified having an advanced practice registered nurse (APRN) degree, four identified obtaining a master of science in nursing (MSN) degree, and three others listed graduate degrees that are not in nursing.

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We compiled the data from the responses and averaged the scores to get the response rankings detailed in the Key Findings section. We also compiled a listing of answers to open ended questions and used both components of the survey to inform our work in identifying the community needs outlined in this report.

- SINA Neighborhood Economic Development Plan
 - Interviews with senior managers of relevant departments within SINA member institutions.
 - Focus groups with key community stakeholders.
 - Employment and purchasing data provided by the institutions and their contractors.
 - Shopper surveys of institution employees and Trinity College students.
 - Review of planning documents and presentations.
 - Review of city and community economic development planning documents and organization websites.

Secondary Data Collection Efforts:

- Hartford Foundation for Public Giving Early Development Instrument

The Early Development Instrument attempts to answer the question of what can be done to ensure children are ready for school. We analyzed the data to help inform our work to identify community needs in this report.

The EDI project was conducted at schools in Hartford and West Hartford as a population measure of how young children are developing

in communities. It measures five areas of early childhood development: physical health and wellbeing; social competence; emotional maturity; language and cognitive development; and communications skills and general knowledge. The work was guided by the UCLA Center for Healthier Families, Children and Communities. We used the data to further inform our community needs related to early childhood care and education.

- DataHaven Community Wellbeing Survey
We analyzed data contained in the 2015 DataHaven Community Wellbeing Survey for Hartford and used pertinent information to inform our work in identifying community needs.

According to the survey's methodology statement, it was "designed by DataHaven in consultation with dozens of local, statewide, and national survey research experts and local partners, in many cases drawing upon questions used in previous community surveys throughout the region."



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DataHaven contracted with the Siena College Research Institute to conduct the survey of 16,820 residents across the state of Connecticut, including 750 residents of the City of Hartford. Interviews were conducted in English and Spanish. To ensure that the statistics represent the true demographics of the state, the overall statewide sample was weighted by age, gender, reported race, and county. It was also weighted to match current patterns of telephone usage (landline only, cell phone only, or both). Local-level samples, like those for Hartford, were weighed using the same parameters and applied

at a local level (town instead of county). Surveys were conducted via landlines and cell phones.

- United Way of Connecticut's 211 program

We analyzed data provided to us from United Way of Connecticut's 211 information and referral service that shows the estimated number of calls for service coming in from Hartford in fiscal year 2015-2016. We also analyzed data from the United Way of Central and Northeastern Connecticut, the region that includes Hartford, which was broken down by types of requests. We used this data to inform our findings about community needs for the greater Hartford area.



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6. WORKS CITED

- 1) P. Dworkin, MD, and L. Honigfeld, PhD, "Hartford Blueprint for Women's and Children's Health," Connecticut Children's Medical Center Office for Community Child Health, Hartford, 2015.
- 2) Hartford Foundation for Public Giving, "Early Development Instrument Report," Hartford, 2015.
- 3) Connecticut Children's Medical Center, "School Nurses Survey," Hartford, 2014.
- 4) Southside Institutions Neighborhood Alliance, "SINA Neighborhood Economic Development Plan," Hartford, 2016.
- 5) DataHaven, "DataHaven Community Wellbeing Survey," New Haven, 2015.
- 6) United Way of Connecticut, "211 Child Development Infoline Data," Rocky Hill, 2015.

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7. APPENDIX

A. Agencies Participating In Key Informant interviews

- City of Hartford Department of Health and Human Services
- City of Hartford Fresh Food Initiative in Early Care and Education
- Comadrona
- Community Health Network of Connecticut
- Connecticut Children's Medical Center
- Connecticut Dental Health Partnership
- Connecticut Department of Education
- Hartford Childhood Wellness Alliance
- Hartford Foundation for Public Giving
- Healthy Start
- Hispanic Health Council
- Maternal and Infant Outreach Program
- Minding the Baby Home Visiting Program
- Northeast Neighborhood Partnership
- Nurturing Families Network
- Successful Fatherhood Initiative
- United Way of Connecticut
- Village for Families and Children: Mid-Level Developmental Assessment, Child First

B. School Nurse Survey:



Community Nurse Survey

As school health providers, you have valuable knowledge and insight about Connecticut children and families. Please take a few moments to share your thoughts. Your input can help inform Connecticut Children's Medical Center's Office of Community Child Health as we assess the critical needs of our community. We, along with many partners, are attempting to make Connecticut's children the healthiest in the country.

Your name will not be shared. All responses will be aggregated

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

	Not a Problem 0	1	Somewhat of a Problem 2	3	Big Problem 4
Asthma					
Smoking, drugs, alcohol use					
Mental Health issues					
Dental Health issues					
Unintentional/Intentional Injuries					
Obesity					
Access to healthcare					
Sexually transmitted diseases					
Anything we have missed that you might rate as 3 or 4?					

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

	Not a Problem 0	1	Somewhat of a Problem 2	3	Big Problem 4
Lack of insurance/don't know how to apply for HUSKY					
Families can't afford the care					
Difficulty getting timely appointments for care					
Lack of transportation to get care					
Service is not available locally					
Local providers do not accept the health care coverage of some families					
Access to healthy foods and physical outlets					
Anything we have missed that you might rate as 3 or 4?					

C) Please tell us your ideas about how to decrease health problems for children in Connecticut.

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

E) Please tell us a little bit about yourself:

1. Which county do you represent:

Fairfield ___ Hartford ___ Litchfield ___ Middlesex ___

New Haven ___ New London ___ Tolland ___ Windham ___

2. How long have you been working as a healthcare provider in Connecticut Schools?

<1 year ___ 1-5 years ___ >5 years ___

3. Job Title _____

4. Highest Education Level:

HS Grad ___ Some Post HS ___ RN degree ___ BSN ___ APRN ___

Other ___ _____

I would like to receive a summary of this report:

Email address: _____

Thank you for your help!



Connecticut Children's Medical Center is a nationally recognized, not-for-profit children's hospital serving as the primary teaching hospital for the Department of Pediatrics at the University of Connecticut School of Medicine. Connecticut Children's is the only free-standing children's hospital in Connecticut that offers comprehensive, world-class health care to children. Our pediatric services are available at Connecticut Children's Medical Center in Hartford and at Saint Mary's Hospital in Waterbury, with neonatal intensive care units at Hartford Hospital and the University of Connecticut Health Center, along with a state-of-the-art ambulatory surgery center, five specialty care centers and 11 other locations across the state. Connecticut Children's has a medical staff of nearly 1,100 practicing in more than 20 specialties.

For more information, visit

WWW.CONNECTICUTCHILDRENS.ORG

