



**COMMUNITY HEALTH
IMPROVEMENT PLAN**
CITY OF HARTFORD | JUNE 2015





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Hartford's Population

The City of Hartford is the capital of the State of Connecticut, and home to approximately 126,000 residents. The median income per Hartford household is \$27,753, which compares unfavorably with Hartford County's median income of \$67,276

Data: 2010 U.S. Census

Latino 43%

Black 35%

White 16%

City of Hartford

The City of Hartford is the capital of the State of Connecticut, and home to approximately 126,000 residents, international cultural attractions, and some of the largest corporations in the nation. According to the 2010 U.S. Census, Hartford's ethnic composition is approximately 43% Latino, 35% Black and 16% white; making it one of the more diverse cities in New England [1]. The median income per Hartford household is \$27,753, which compares unfavorably with Hartford County's median income of \$67,276 [2]. The persistent socioeconomic dichotomies between the rich and the poor in our state continue to create significant health disparities

that are exacerbated in Hartford; not only do 38% of Hartford residents live in poverty (compared to 10.7% statewide), the city's population also experiences higher rates of unemployment and low levels of educational attainment.



Selected Health Snapshot

The following important figures help frame the status of our community's health:

- 23% of births are to mothers who did not receive prenatal care in their first trimester in 2012 [3]
- Although Hartford's teen birth rate has declined 26.6% for teenage females over the five-year period ending in 2012, its teen birth rate remains about two and a half times higher than the U.S. and CT [3]
- The rate of low weight births (LBW; defined as <2500 grams) in the city is 11.6%, nearly one and a half times the state's LBW (8.1%) [3]
- The city's infant mortality rate (IMR) of 11.8 deaths per 1,000 live births is twice as high as the state's (5.9/1,000), with non-whites bearing a greater disproportion of Hartford's IMR [4]
- In 2012, heart disease and cancer were the leading causes of death, respectively [4]
- All deaths for people 19-25 years old were preventable deaths [4]
- 37% of preschool children have BMIs classified as overweight or obese, well above the Centers for Disease Control and Prevention target of 15% set for these combined populations [5]
- Prior to the passage and enactment of the Affordable Care Act, approximately 29,000 of the city's residents, or 22% of Hartford's population, were uninsured [6]
- The teen pregnancy rate has dropped substantially, from 22% of all Hartford births in 2000 to 13% in 2012 [3]
- Hartford's IMR had dropped from 10.3 to 9.4 per 1,000 live births when analyzing consecutive five-year periods starting in 2001. This promising trend continues as the rate has dropped to 9.0 per 1,000 live births since 2010 [3]
- The ongoing lead remediation of more than 1,043 units in Hartford over the last 12 years has contributed to the reduction of Hartford children exposed to lead (>10 ug/dL) from 2.1% in 2008 to 1.0% in 2012; the incidence of children diagnostically confirmed lead poisoning (>20 ug/dL) has dropped by 76% over the same period [7]
- HIV incidence has decreased annually from 165 cases in 2002 to 45 cases in 2012; despite this positive trend, more attention is needed to address the disproportionate impact of this disease on at-risk subpopulations [8]
- More than 80% of infants and toddlers through age 3 in the city have completed their childhood vaccine schedule [9]
- The Hartford School District's high school four-year cohort graduation rate has steadily increased from 59.8% in 2010 [10] to 78.5% in 2013 [11]



Understanding the Social Determinants of Health

According to the Centers for Disease Control and Prevention (CDC), social determinants of health are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities, and shaped by the distribution of money, power, and resources. These social structures and economic systems include the social environment, physical environment, and health services available in the area in which we live, work, and play [12].

Ensuring the quality of life for our community is as important as achieving good health through proper nutrition, sufficient physical activity, and adequate healthcare. There are many social determinants that affect individual well-being and have a demonstrated impact on health outcomes. Instead of looking at health as solely the absence of illness, our CHNA¹ illustrates how these social determinants work together to create a foundation of health and well-being; these factors are not mutually exclusive and their influences are very much intertwined. In order to effectively and accurately frame how Hartford's social environment influences multiple health outcomes, HHS used the Connecticut Association of Directors of Health's Health Equity Index (HEI) as a data source. The City of Hartford was chosen as one of the pilot cities to test the HEI, accessing and assessing correlations between social determinants and community health outcomes across municipalities and among Hartford's neighborhoods.

The social determinants of health used to shape the CHNA are the following:

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

The Health Equity Index (HEI) is a community-based assessment tool that uses statistical analysis to correlate how strong the association is between social factors (i.e., levels of educational attainment) and community health, such as asthma rates. It has an established scoring and ranking scheme that allows for neighborhood and zip code comparisons, and provides GIS maps for visual comparisons of either social access or health outcomes among neighborhoods.

The intended purpose of the HEI is to engage and mobilize community members in identifying and solving health problems. It helps identify social conditions that are the root cause of poor health; by highlighting focus areas for capacity building and action plan development, avoidable health outcomes and disparities can be addressed. It has already proven to be useful in shaping HHS' approach in addressing obesity, asthma, teen pregnancy, lead poisoning and sexually transmitted diseases. While traditional risk factor profiles based on individual-level determinants are often the foundation of public health interventions, HHS has learned that focusing on the underlying social factors provide wide-ranging health benefits for communities as a whole and foster capacity building for public awareness and advocacy.

II. The Framework

A Strategic Planning Model

Building upon key findings and themes identified in the CHNA, the CHIP aims to:

1. Identify priority issues for action to improve community health
2. Develop and implement an improvement plan with measurable performance outcomes
3. Guide future community decision-making related to community health improvement

MAPP was developed by the CDC and the National Association of County and City Health Officials in order to help communities apply strategic thinking to prioritize public health issues and to identify the resources needed to address them. MAPP is not an agency-focused assessment framework; rather, it is an interactive process that can improve the efficiency, effectiveness, and performance of local public health systems. The MAPP process (see Figure 1) includes six key phases:

- Organizing for success and partnership development
- Visioning
- Conducting the four MAPP assessments
- Formulating goals and strategies
- Identifying strategic issues
- Taking actions: planning, implementing, and evaluating



Figure 1: MAPP Cycle



Having completed the first three MAPP phases as part of its CHNA and the Department's Strategic Plan, the CHIP Committee next identified strategic issues and related goals and objectives to be achieved. Although the CHNA report had already provided the committee an important tool with which to work, community input was recognized as vital to this community health improvement process. During this phase, the CHIP Committee held Community Health Dialogues to seek input about the community's health priorities and their socioeconomic issues in order to integrate these concerns with strategic institutional goals. As a result, HHS gained a better understanding of community concerns, perceptions about quality of life, and the utilization of community assets.

For more details about the process, see Appendix.

III. Community Health Improvement Plan

The following section details goals, objectives, strategies, and performance indicators for Hartford's health priorities in addition to aligning known community resources to relevant focus areas.



Focus Area 1: Advancing and Promoting Health Connections

Goal 1- Increase capacity for the delivery of clinical preventive services, illness care, and public health services, as well as the capacity to serve uninsured, underinsured and undocumented persons

Goal 2- Promote health information messaging that reaches all residents



Focus Area 2: Encouraging Healthy Eating and Active Living

Goal 1- Create opportunities for physical activity and encourage active living

Goal 2- Establish access to healthy food systems in Hartford

Goal 3- Support internal municipal policies "Lead by Example"



Focus Area 3: Improving Reproductive Health and Sexual Behaviors

Goal 1- Improve the health and well-being of women, infants, children, and families

Goal 2- Reduce the number of births to mothers under 20 years old

Goal 3- Enhance early detection of HIV, viral hepatitis, and other STIs and improve linkage to care



Focus Area 1
Advancing and Promoting
Health Connections



The inaccessibility of preventative and primary care services continues to persist as a major challenge at all levels of the U.S. health care system. The fragmentation of the current system even allows for the medical disenfranchisement of those who have health insurance. This inaccessibility disproportionately affects those who are uninsured and underinsured, a social attribute common to many of Hartford's residents. These, and many others who confront additional barriers to care including language and cultural differences, transportation, provider shortages and poor physician distribution, stand to benefit greatly from a source of regular, continuous primary and preventive care [13]. Although there is great variation among local safety nets, local departments of public health along with public (governmental) hospitals and clinics and community health centers constitute the core safety-net system in most communities. Rising costs of medical technology, the increasing health needs of the baby boomer generation (people born between 1945 and 1965) and disincentives for primary care physician career paths have strained the safety-nets to the limits of its capacity.

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Today, the lack of primary and preventative care services drives people to emergency departments (EDs), often the only places in the U.S. health care system where individuals have access to a full range of services regardless of their ability to pay or the severity of their condition. EDs are becoming a primary resource for an increasing number of people across the country as the primary care system is unable to meet the growing demand for care; in the ten-year period ending in 2005, the annual number of ED visits in the United States increased nearly 20%, from 96.5 million to

115.3 million [14]. As of 2010, the number of visits has increased by another 12.6% percent, bringing the total annual number of visits to 129.8 million [15]. Due to the relative convenience and visibility of hospitals, a large portion of ED visits are ostensibly avoidable as patients seeking non-urgent care could have been treated at or received preventative service through primary care. Avoidable ED use is problematic from both a cost (overuse of U.S. EDs is responsible for \$38 billion in wasteful spending each year) and quality standpoint. Avoidable ED use increases crowding, long waits, and stress on staff while diminishing the quality of care for patients in need of true emergency care. More fundamentally, experts believe that for non-emergency patients EDs simply cannot provide the continuity of care that the primary care system offers.

Strategies to curb ED overuse include redesigning primary care to improve access and scheduling; providing alternative sites

for non-urgent primary care; improving the case management of chronic disease patients, and promoting preventative services and interventions. Furthermore, the population's health literacy (i.e., the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions) [16] is a key to reducing unnecessary or wasteful health care consumption, promoting proven alternative and preventative therapies, and eliminating systematic disparities and inequities.

Health literacy is a complex skill that requires a group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations

Goal 1

Increase capacity for the delivery of clinical preventive services, illness care, and public health services, as well as the capacity to serve uninsured, underinsured, and undocumented persons

Objective 1.1

Promote access to preventive primary care services

Strategies:

1. Establish a consortium of Hartford's health safety net providers to coordinate efforts towards providing extended hour services and fill existing and soon-to-be identified service gaps [19]
2. Create a third party electronic and/or phone medical triage system with the ability to offer non-medical referrals and action plans based on patient input⁴
3. Increase the use of patient-centered care coordination models and approaches that follow and support the Affordable Care Act (e.g., medical homes, community health teams, and health insurance navigator training)
4. Identify frequent users of Hartford ED system and assess holistic health needs of these users (i.e., all contributing factors influencing their tendency for ED visits)⁵
5. Invest in primary care services to prevent undocumented and migrant workers, and uninsured⁶ residents from not having full access to healthcare

Objective 1.2 Increase delivery of culturally competent services

Strategies:

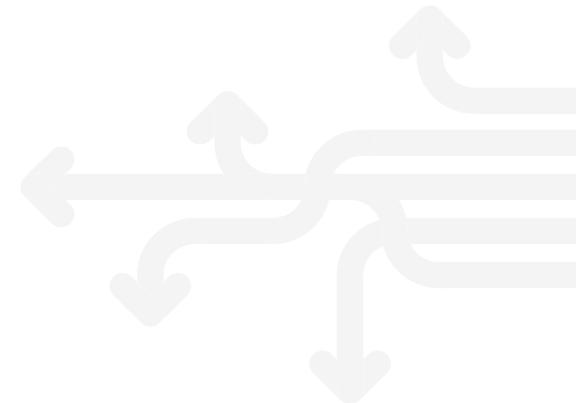
1. Identify strategies to increase healthcare utilization by undocumented individuals
2. Leverage social service agencies and community health workers to increase health literacy among undocumented
3. Identify and include community-based agencies that work with vulnerable populations into the department's Health Alert Network

Community Resources:

Federally Qualified Health Centers (FQHCs), private providers (e.g. dental and medical providers that accept Medicaid), Mayoral Advisory Commissions, Connecticut Children Medical Center, Hartford Hospital, St. Francis Hospital and Medical Center, University of Connecticut Health Center

Performance Indicators⁷

- Increase the proportion of persons who have a specific source of ongoing care by 10% (Aligned with Healthy People 2020, Section AHS-5.1)
- Increase the proportion of persons with a usual primary care provider by 10% (HP2020 AHS-3)
- Reduce the percentage of potentially preventable emergency room visits
- Decrease the proportion of persons delayed or who did not obtain medical care by 10% (HP2020 AHS-6.2)
- Increase the number of Medicaid, and uninsured/undocumented patients receiving services



Goal 2

Promote health information messaging that reaches all residents

Objective 2.1 Facilitate exchange of information between healthcare organizations and target populations

Strategies:

1. Develop a healthcare resource directory for uninsured and underinsured individuals
2. Create an information sheet and/or PSA about the proper use of emergency room visits
3. Educate and empower City Departments – in particular the 311 City Call Center – about available health services and include these services as part of workforce development

Objective 2.2 Develop and disseminate culturally and linguistically appropriate materials to effectively communicate and promote available services to the hard to reach target populations

Strategies:

1. Collaborate with community-based agencies to share health information and materials that focus on improving the health status of Hartford's diverse populations
2. Establish a Multicultural Health Advisory Board that provides a forum for discussion and advice to HHS

BIKEPLAY
WALK
RUN

Objective 2.3 Empower residents and facilitate informed decision making in order to encourage active participation in meaningful health decisions, medical information consumption, and healthy lifestyle maintenance

Strategies:

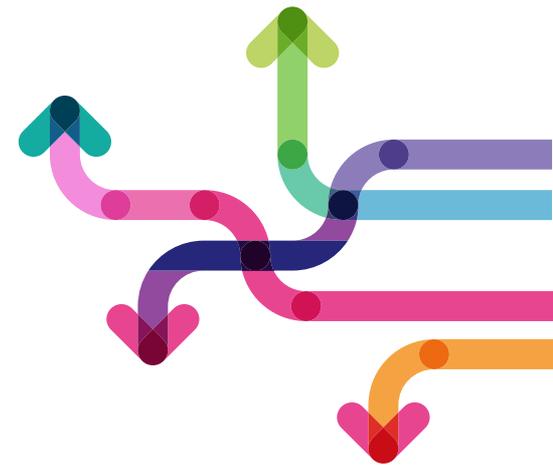
1. Increase utilization of news and social media as tools for product and education dissemination
2. Support and promote use of health applications that provide tailored health information and empower residents to engage in behaviors with positive health outcomes

Community Resources:

Catholic Charities, Neighborhood Revitalization Zone Committees, Asian Family Services, Eastern European Groups, Hispanic Health Council, West Indian Foundation, Mayoral Advisory Commissions, Facebook, Twitter, Instagram, HHS website.

Performance Indicators:

- Percent of adults who speak a language other than English at home who have difficulty understanding their doctor
- Healthcare Resource Directories distributed
- Information materials distributed or posted on HHS' website
- Multicultural Health Advisory Board meetings held
- Emails/letters distributed to community-based agencies
- Social media posts, tweets, and retweets, etc.
- Increase number of reports of relevant city public health data to hospitals and city residents





Focus Area 2

Encouraging Healthy Eating
and Active Living

**FARM
FRESH**

organic



Obesity, like most other chronic diseases, is the result of complex interactions between genetics and the built environment, as well as personal behaviors [20]. Given that the increase in the obesity rate over the past 30 years has been attributed to difficulties in influencing personal behaviors as well as genetics, modifying the built environment is a more feasible way to foster positive individual- and population-level health outcomes.

The impact of the built environment on obesity can be framed in the context of three cross-cutting themes: Schools and Children; Communities and Families; and Worksites, Employers, and Employees. Experts across the nation are asking key questions on the topic such as: 1) how can efforts to develop, implement, and evaluate more “walkable” communities that make it possible to avoid driving everywhere due to sprawl and other poor design?; 2) how can incentives be created and assessed to encourage the necessary changes at both the community and individual level?; 3) how can changes in the built environment be leveraged to positively affect the human diet; and 4) how can physical activity be encouraged and its impact assessed in maintaining a healthy weight?

Finding solutions to these questions will be critical to improving overall health as obesity is recognized as a risk factor for a number of chronic diseases including heart disease; certain cancers; depression; and various other physical, psychological, and social morbidities (e.g. discrimination and weight-related bias). Additionally, an analysis of existing literature by Singh et al. has shown that overweight and obese children are more likely to become obese adults, with one study in particular demonstrating a ten-fold likeliness of adult obesity in 6-8 year-olds and a

stronger association for obese adolescents [21]. According to Hartford’s Child Weight Surveillance report, 32% of Hartford’s 3- to 4-year old children are either overweight or obese; the percentage increases to 39% for 4 to 5-year olds [5]. This increased BMI with age trend is troublesome, as the expected long-term outcome is an increase in the overweight adult population.

Difficult access to healthy and whole foods in low-income neighborhoods is the hard reality faced by a significant proportion of Hartford residents. Lack of full-service grocery stores with higher quality fresh foods, coupled with the overall higher cost of healthy foods, increases the likelihood that our residents make food choices based on cost, typically leaving them to choose pre-prepared foods [22]. This has great bearing on Hartford’s future, as 38% of all Hartford residents live below the Federal Poverty Line (FPL), including 44% of families with children under the age of 18 [23]. A documented increase in the overall consumption of foods with “hidden” sugars and high fat content has certainly had an influence, giving individuals varying levels of control; an increased sedentary lifestyle, can be due to either excessive video game playing or lack of access to a safe green space that would promote more time for physical activity. It is critical to recognize that the development of these behaviors often starts in childhood, and obesity in children is strongly associated with adult obesity.

Across these themes, key environmental factors such as the intensive marketing of unhealthy foods; the lack of full-service supermarkets and other nutritious food outlets in many neighborhoods; and the poorly designed communities that discourage walking, biking, and other physical activity should not only be viewed as barriers to health, but also as

According to Hartford’s Child Weight Surveillance report, 32% of Hartford’s 3- to 4-year old children are either overweight or obese

points of access for prevention interventions and policy changes. This opportunity needs to be seized in order to spur the development of positive lifestyle choices among young children. While no single action alone will reverse the obesity epidemic, there is no denying that improving eating habits and increasing physical activity are two critical strategies at the root of a holistic environmental approach necessary to address this and most other chronic diseases. Hartford is well-positioned to act since a great proportion of preschool-aged children's recreational time and food intake occurs in preschool, and nearly three quarters of all Hartford preschool children are enrolled in city-funded center-based care, and most of their recreational time and food intake occurs at these centers [5]. This opportunity needs to be seized in order to spur the development of positive lifestyle choices among young children.

Obesity is recognized as a risk factor for a number of chronic diseases including heart disease; certain cancers; depression; and various other physical, psychological, and social morbidities

The Cochrane Collaboration, an international not-for-profit and independent organization dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide, recommended the following activities and beneficial programs to guide policy makers and programs planners:

Getting children a healthy start on life, with good prenatal care for their parents; support for breastfeeding; adherence to limits on **“screen time”**; and quality child care settings with nutritious food and ample opportunity for young children to be physically active

Empowering parents and caregivers with simpler, more actionable messages about nutritional choices based on the latest Dietary Guidelines for Americans; improved labels on food and menus that provide clear information to help make healthy choices for children; reduced marketing of unhealthy products to children; and improved health care services, including BMI measurement for all children

Providing healthy food in schools, through improvements in federally-supported school lunches and breakfasts; upgrading the nutritional quality of other foods sold in schools; and improving nutrition education and the overall school environment

Improving access to healthy, affordable food by eliminating **“food deserts”** in urban and rural America; lowering the relative prices of healthier foods; developing or reformulating food products to be healthier; and reducing the incidence of hunger, which has been linked to obesity [24]

Getting children more physically active, through quality physical education, recess, and other opportunities in and after school; addressing aspects of the **“built environment”** that make it difficult for children to walk or bike safely in their communities; and improving access to safe parks, playgrounds, and indoor and outdoor recreational facilities

Goal 1

Create opportunities for increased physical activity and to encourage active living

Objective 1.1 Increase the number of individuals and families engaging in regular physical activity

Strategies:

1. Promote policies to increase physical activity with emphasis on improving the city's walkability (e.g., presence of sidewalks, adequate lighting on walking routes, establish city-wide initiatives that encourage walking)
2. Increase the number of safe places (i.e., access to neighborhood or school play area and/or recreational facilities) for families to be physically active
3. Implement "5,2,1,0, Let's Go" awareness campaign, which helps children and families to eat healthy and be active by emphasizing four healthy habits daily
4. Implement physical education and physical activity in Early Learning Centers throughout the city

Objective 1.2 Increase awareness and knowledge of the benefits of regular physical activity

Strategies:

1. Provide consistent citywide healthy active living messaging through social marketing
2. Increase awareness and access to different types of physical activity, programs and facilities
3. Advocate for creating and sustaining an environment conducive to physical activity including "walkable" neighborhoods that respect pedestrian rights and have sidewalks in good repair, bicycle paths, improved lighting, etc.
4. Increase the proportion of physician office visits that include counseling or education related to physical activity



HEALTHY LIFESTYLE

Community Resources:

Developmental Services/Planning Division, Zoning Commission, Early Learning Centers, Board of Education, Department of Families, Children, Youth and Recreation, Department of Public Works, Childhood Wellness Alliance

Performance Indicators

- Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity by 10% (HP2020 PA-2)
- Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity by 10% (HP 2020 PA-3.1)
- Increase the proportion of public and private schools that require daily physical education for all students by 10% (HP2020 PA-4)
- Increase the number of facilities with licensing regulations for physical activity provided in child care (HP2020 PA-9)
- Increase the proportion of trips made by bicycling and walking (HP2020 PA-13 & 14)

Goal 2

Establish access to healthy food systems in Hartford

Objective 2.1 Increase access to healthy and diverse food resources

Strategies:

1. Promote perinatal nutrition and health
2. Expand Hartford's urban agricultural infrastructure
3. Create healthier food landscape
4. Assess and update Early Learning Centers' nutritional standards

Objective 2.2 Increase the number of food providers/restaurants/school cafeterias offering and promoting healthier food choices

Strategies:

1. Improve consumers' perceptions concerning the value of healthy food choices
2. Foster a culture of healthy cooking by facilitating hands-on learning experiences using foods and products readily available
3. Increase knowledge and skills needed to purchase, prepare and consume healthy foods among all groups
4. Promote policies that advance positive eating habits for families
5. Increase distribution of nutrition information
6. Increase awareness of programs and resources providing increased access to healthy food choices



Community Resources:

Hartford Food System, Farmers Markets, Corner Grocery Stores, Restaurants, Spanish American Merchants Association, Albany Ave Merchants' Association, Early Learning Centers, Childhood Wellness Alliance

Performance Indicators

- Increase the number of facilities with nutrition standards for foods and beverages provided to preschool-aged children in child care (HP2020, NWS-1)
- Increase the proportion of adults who are at healthy weight by 10% (HP2020, NWS-8)
- Reduce the proportion of children and adolescents who are considered obese (HP2020, NWS-10)

Goal 3

Support internal municipal policies “Lead by Example”

Objective 3.1 Promote policy, system, and environmental changes that encourage active living and healthy eating

Strategies:

1. Support policies in schools, senior programs, worksites and other community groups that are consistent with good nutrition and increased exercise
2. Adopt comprehensive breastfeeding-friendly policies in municipal facilities, birthing hospitals, and private sector settings
3. Implement and increase physical activity standards within Early Learning Centers
4. Implement higher nutritional standards at Early Learning Centers
5. Promote livable streets that are designed and operated to enable the safe and convenient travel of all users of the roadway, including pedestrians, bicyclist, public transit users, motorists, children, the elderly, and people with disabilities

Community Resources:

Mayor's Office, City-operated Early Learning Centers, Office of Licenses & Inspections, Livable and Sustainable Neighborhoods Initiative (LSNI), Development Services Department, Childhood Wellness Alliance

Performance Indicators

- Increase the number of restaurants and school cafeterias serving healthy food choices
- Increase the number of community groups developing policies on healthy refreshments
- Increase the number of low cost/free cooking and exercise classes in the community





Focus Area 3

Improving Reproductive Health
and Sexual Behaviors



Access to quality health services, informed family planning, and support for safe sexual practices can improve physical and emotional well-being and reduce unintended pregnancies. The current data show that Hartford's teen birth rate of 44.9 births per 1,000 mothers aged 15 to 19 years old is still significantly higher than those of CT and the U.S. at 16.4/1,000 and 31.3/1,000, respectively [3]. Reducing the Hartford teen birth rate remains a challenge despite having experienced significant declines since the 1990's. Adequate prenatal care is essential to ensuring positive birth outcomes and maternal health. Babies of mothers who do not get prenatal care are 3 times more likely to have a low birth weight and 5 times more likely to die than those born to mothers who receive prenatal care [25]. It is estimated that about one-quarter of pregnant women receive inadequate or no prenatal care in Hartford compared to 12.8 % of those in CT [3]. And although great strides have been made, Hartford's infant mortality rate, or IMR, is persistently higher than the state's; for the 2010-2012 period, Hartford had an IMR of 9.0 per 1,000 live births compared to Connecticut's IMR of 5.5 per 1,000 [3].

Adolescents who become pregnant are much less likely to complete their education. About 50% of teen mothers get a high school diploma by age 22, compared with 90% of teen girls who do not give birth. Only 50% of teen fathers who have children before age 18 finish high school or get their GED by age 22 [25].

In Hartford, 18% of all births were to teen mothers for the 10-year period starting in 2001. Further investigating this high statistic reveals that there are some poignant differences

among racial groups. Over the same period, Hispanic teens comprised 23% of all births by Hispanic women followed by Black teens who comprised 15% of all births to Black mothers; on the lower end, white teens gave birth to 8% of all births to white mothers. On a positive note, the overall trend indicates that the percent of mothers who are teens has been dropping (2010 had the lowest teen birth rate in the 10-year period for both Hispanic and Black women) [3].

Not only are unintended pregnancies determined in part by social, economic, and behavioral factors, but the spread of STIs including HIV are also affected by these elements. Stigma is still a major barrier to people accessing reproductive and sexual health services. For example, the continued stigma around HIV and its association with men who have sex with men can prevent people from getting tested and knowing their status. Although new HIV infections among Hartford residents have dropped dramatically over the past decade (from 165 in 2002, to 45 in 2012), a risk behavior analysis shows that the number of new cases for men who have sex with men has remained relatively static and account for more than 20% of new cases for each year from 2008 through 2012, peaking in 2011 with 51% of all new HIV cases [8].

HHS aims to align its reproductive and sexual health programs to adequately reflect national health priorities. These include increasing the enrollment of Hartford residents to preconception and prenatal care; services for pregnant and parenting women; sexual health education sessions (especially for adolescents); enhanced support services for the early detection of HIV, viral hepatitis, and other STIs; and other linkages to care.

Goal 1

Improve the health and well-being of women, infants, children, and families

Objective 1.1 Increase the proportion of expecting mothers who receive early and adequate prenatal care

Strategies:

1. Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women, by expanding home visitation services provided by the Maternal Infant Outreach Program (MIOP) model
2. Support reproductive and sexual health services as well as services for expecting parents
3. Implement strategies recommended by the Maternal and Child Health Blueprint⁸
4. Strengthen the delivery of quality reproductive health services (e.g., family planning, support referrals)

Objective 1.2 Reduce the Infant Mortality Rate, and the proportion of low and very low birth weight babies

Strategies:

1. Educate communities, pregnant women, and families on how to prevent infant mortality (e.g., nutrition, stress reduction, postpartum and newborn care)
2. Advise expecting mothers about factors that affect birth outcomes, such as alcohol, tobacco and other drugs, poor nutrition, stress, lack of prenatal care, and chronic illness or other health conditions

Community Resources:

The Office for Community Child Health (OCCH) and the Children's Center for Community Research at Connecticut Children's Medical Center, Hartford Hospital, Saint Francis Hospital and Medical Center, Community Health Centers, Family Life Education, UConn Center for Public Health and Health Policy

Performance Indicators

- Increase the proportion of pregnant women who receive prenatal care beginning in first trimester by 10% (HP2020 MICH-10.1)
- Increase the proportion of pregnant women who receive early and adequate prenatal care by 10% (HP2020 MICH-10.2)
- Reduce the rate of all infant deaths within one year by 10% (HP2020 MICH-1.3)
- Reduce the number of preterm births by 10% (HP2020 MICH-9.1)



Sexually transmitted infections (STIs) are a risk to adolescents' health and fertility. Nearly half of new STIs are among young people age 15 to 24.⁹ Rates of STIs are all significantly higher in the City than for Hartford County and the State as a whole. A steadily increasing number of sexually transmitted infections have made it the most frequently reported diseases in the past five years. Approximately 2,200 new cases of sexually transmitted infections are diagnosed each year in Hartford, with more than half of them among people aged 15 to 24. The city is also disproportionately impacted by the HIV/AIDS epidemic, suggesting a high level of risky sexual behavior associated with substance abuse. As of July 2013, nearly one-fifth (17.9%) of people living with HIV/AIDS in Connecticut call Hartford home although its total population comprises 3.5% of the state's. Untreated STIs can lead to serious long-term health consequences, especially for adolescent girls and young women, including

reproductive health problems and infertility, fetal and perinatal health problems, cancer, and further sexual transmission of HIV.

Older adults are a traditionally overlooked cohort in reproductive and sexual health. This situation, however, is changing as the U.S. population ages.¹⁰ Consider the following:

- 29% of people living with AIDS are over age 50
- Some older adults may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves; many do not perceive themselves as at risk for HIV, do not use condoms, and do not get tested for HIV

Goal 2

Reduce the number of births to mothers under 20 years old

Objective 2.1 Increase the number of youth, both male and female, who participate in teen pregnancy prevention and healthy sexual relationship evidence-based programs

Strategies:

1. Collaborate with youth-serving organizations to increase capacity to select, implement and evaluate culturally competent evidence-based programs
2. Fund youth-serving Hartford organizations to implement evidence-based programs through the Teen Pregnancy Prevention Initiative (TPPI)
3. Implement evidence-based programs in community schools, various community based organizations and summer youth employment programs with fidelity
4. Implement evidence-based practices to prevent teen pregnancy and HIV/STIs, and ensure that resources are targeted to communities at highest risk
5. Support community partners to implement evidence-based sexual health education

Objective 2.2 Increase formal linkages between youth-serving partners and community based clinical services to provide quality teen-friendly health services

Strategies:

1. Increase access to contraception and reproductive health services utilizing evidence based practices to inform service delivery and increase utilization of contraception, including long acting reversible contraceptives
2. Complete clinical partner needs assessment and convene individual meetings to identify needs

3. Establish clinic focus groups for increased accountability in quality of services
4. Identify best clinical practices to increase adolescent access and other clinical needs

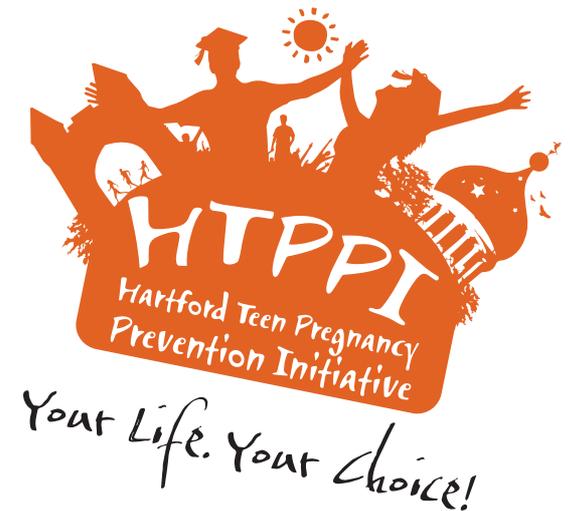
Objective 2.3 Create a visible and effective sustainable community wide teen pregnancy prevention initiative

Strategies:

1. Increase capacity of community action teams, multiple stakeholders, and youth in the city to be leaders in support of adolescent sexual and reproductive Health
2. Identify venues and forums in which to engage policy makers as well as identify non-traditional partners and agents
3. Engage the community at large and provide positive messaging that reflects overall goals of TPPI will be maintained and further developed
4. Develop a public awareness campaign aimed at educating key stakeholders
5. Provide community partners with training in the social determinants of health and the diverse needs of the young population
6. Collaborate with youth-serving organizations to collect demographic data and data reflecting program specific needs

Community Resources:

Women's Ambulatory Health Services, Charter Oak Cultural Center, Planned Parenthood, Lawson Chapel, Hispanic Health, Family Life Education, Catholic Charities, Hartford High Nursing Academy, Jumoke Academy, UCHC-HYHIL, Our Piece of the Pie, Artists Collective



Performance Indicators

- Reduce pregnancies among adolescent females aged 15 to 19 years old by 10% (HP2020 FP-8.1 & 8.2)
- Increase the proportion of eligible females who receive publicly supported contraceptive services and supplies
- Increase the proportion of adolescents under 18 years old who communicate with a parent or guardian about reproductive health
- Increase the proportion of adolescents under 18 years old who receive structured interventions on reproductive health topics
- Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease



Goal 3 Enhance early detection of HIV, viral hepatitis, and other STIs and improve linkage to care

Objective 3.1 Encourage HIV testing and treatment, align programs to better identify people living with HIV, and link HIV-positive individuals to care

Strategies:

1. Promote and disseminate national screening recommendations for HIV
2. Provide holistic services to individuals in need of HIV care
3. The Greater Hartford Ryan White Planning Council will allocate Ryan White funds for Early Intervention Services (EIS) in order to identify persons who are HIV positive
4. Increase antiretroviral medication adherence by identifying HIV-positive individuals who are out of care and connecting them to related services
5. Strengthen the delivery of quality sexual health services (e.g., increased outreach measures for HIV/STI testing)
6. Client centered services will comprise of intensive interventions and programs to address the needs of the Transitional Geographic Area's special populations
7. Adopt May 2014 CDC clinic recommendations for Pre-Exposure Prophylaxis to further reduce HIV transmission among high-risk individuals¹¹

Objective 3.2 Reduce the proportion of adolescents and young adults with sexually transmitted infections

Strategies:

1. Expand targeted screening of at-risk populations
2. Increase STI screening and treatment among targeted populations
3. Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of STIs and teen pregnancy



4. Collaborate with partners (i.e., Board of Education and health care providers) to optimize diagnosis, treatment, and control of STIs among adolescents
5. Assess, enhance, develop and evaluate data to monitor and inform strategies and activities to reduce new STI infections (incidence)

Objective 3.3 **Increase the proportion of persons aware of their hepatitis C (HCV) status, align programs to better identify people living with HCV, and link HCV-positive individuals to care**

Strategies:

1. Improve timely access to information and data of newly diagnosed chronic HCV individuals
2. Increase the identification of the new HCV cases and their response rate to a follow-up, which includes a contact letter and completion of a telephone survey
3. Implement CDC protocols for HCV testing and disease management by targeting at-risk populations (e.g., injection drug users, baby boomers)
4. Create and disseminate culturally appropriate educational materials about HCV testing and treatment
5. Develop, implement and evaluate a point-of-service integrated HCV testing model at HHS' medical clinic
6. Implement a release of information form at the time of referral for a reactive or positive HCV test result to streamline linkage to care

Community Resources:

AIDS Connecticut; Central Area Health Education Center, Inc.; Community Health Center/Oasis; Community Health Services, Inc.; Community Renewal Team, Inc.; Greater Hartford Legal Aid, Inc.; AIDS Legal Network for Connecticut; Hartford Gay & Lesbian Health Collective, Inc.; Latino Community Services, Inc.; Mercy Housing and Shelter Corp.; CT Department of Public Health

Performance Indicators

- Reduce the rate of HIV transmission among adolescents and adults by 3.5 new infections per 100 persons living with HIV (HP 2020 HIV-3)
- Increase the proportion of persons living with HIV who know their HIV status by 90% (HP 2020 HIV-13)
- Reduce new hepatitis C infections by 0.25 new cases per 100,000 (HP2020 IID-26)
- Increase the proportion of persons aware they have hepatitis C by 60% (HP 2020 IID-27)
- Reduce the proportion of adolescents and young adults with STIs by 10% (HP2020 STD-6 and STD-7)



IV. Moving Forward



With the completion of the Community Health Improvement Plan (CHIP), the imperative is to shift to the implementation stage of improving health and wellness in our community. The next phase will be the development of the interventions, campaigns, and initiatives set forth in the plan. This process will include planning and implementing these strategies with the goal of meeting, or exceeding, the identified measurable objectives. In order to inform and implement the strategies set forth in this CHIP, the City of Hartford Department of Health and Human Services will be creating task forces to oversee the implementation of the strategies detailed in the focus areas; task force personnel will comprise of members of the CHIP committee as well as staff from other City of Hartford Departments, community-based organizations, medical service clinics and providers, and other community stakeholders.

HHS and its partners will also continue to encourage community residents to participate in these task forces aimed at improving the overall quality of life in Hartford. Project evaluations will also be performed for each objective to be sure that the strategies are effectively reaching our targets with the expectation that each task force will report annually to HHS the progress made in strategy implementation in their respective health focus areas as outlined by the CHIP. HHS and CHIP committee members will promptly review submitted documentation to make recommendations and adjustments to fulfill outlined CHIP goals and objectives.

The current CHIP reflects coordinated health improvement efforts for the period spanning 2014 to 2018. In alignment with other initiatives, HHS will update the CHIP process every five years. Such aligned initiatives include:

- HHS' pursuit of national public health accreditation;
- Non-profit hospital health assessment and community benefit requirements set forth by federal Health Reform; and
- Healthy Connecticut 2020, the State of Connecticut's Health Improvement Plan

To support sustained action, HHS will be working to develop a community health improvement leadership infrastructure that will include traditional and non-traditional partners as well as community residents. This body will oversee CHIP planning and implementation going forward and will assure alignment of the City's health improvement efforts for the benefits of all Hartford residents. Individuals and community and civic organizations are invited to join the effort. To become involved or for more information, please contact us by phone at (860) 757-4300 or email at hhs@hartford.gov.



V. End Notes

- ¹ The CHNA was created by a workgroup under the direction of the Community Health Needs Assessment Consortium; along with HHS, representatives from the Connecticut Children's Medical Center, Hartford Hospital, St. Francis Hospital and Medical Center, and the University of Connecticut Health Center were present in both the Consortium and Workgroup. The Consortium used the Connecticut Association of Directors of Health's Health Equity Index (HEI) as a framework to select key measures for the report.
- ² According to the American Medical Association, "poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race."
- ³ The United States Department of Health and Human Services recognizes that "culture affects how people communicate, understand and respond to health information."
- ⁴ For more information regarding the progress of electronic triage systems, visit: <http://www.kponcall.com/about/>.
- ⁵ Aligning Forces for Quality (AF₄Q) is Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national reform. AF₄Q asks the people who get care, give care and pay for care to work together toward common, fundamental objectives to lead to better care. The 16 geographically, demographically, and economically diverse communities participating in AF₄Q together cover 12.5% of the U.S. population. For more information, visit <http://forces4quality.org/>.
- ⁶ A study published in February 2013 in Maternal and Child Health Journal, "Access to Health Care for Undocumented Migrant Children and Pregnant Women: The Paradox between Values and Attitudes of Health Care Professionals," details the struggles of connecting to health services and the human right aspect of public health. For more details, see <http://www.ncbi.nlm.nih.gov/pubmed/22399247>
- ⁷ CHIP performance indicators have been aligned with Healthy People 2020 objectives. To further explore the Healthy People 2020 Topics and Objectives, visit: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
- ⁸ Contact HHS for more details regarding the Maternal and Child Health Blueprint
- ⁹ The Healthy People 2020 website is loaded with national public health statistics; the main webpage can be found at <http://www.healthypeople.gov>
- ¹⁰ Centers for Disease Control and Prevention. HIV/AIDS among Persons Aged 50 and Older. Atlanta, GA: 2008. This information is available at <http://www.cdc.gov/hiv/topics/over50/index.htm>
- ¹¹ CDC PrEP guidelines can be found at <http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>

VI. Appendix

Community Health Dialogues

Two Community Health Dialogues took place to elicit residents' opinion about the health and health-related issues that have the greatest impact on their overall health and quality of life. These dialogues were publicized by press release and the distribution of an informative flyer throughout the City. Altogether, 40 residents across various and diverse demographic groups were registered. The group discussion that followed were guided by three questions not dissimilar to those from the Health and Quality of Life Survey, but were presented by an experienced facilitator for an interactive discussion. In addition to the guided format, participants were asked to share pertinent health and quality of life issues of personal significance to maximize capturing relevant issues to Hartford's resident. Each of the group dialogues was recorded for quality control.

Health issues that have the greatest impact on overall health

Diabetes	57.4%
High Blood Pressure	50.9%
Heart Disease and Stroke	46.3%
Cancers	45.4%
Child Abuse/Neglect	43.5%
Domestic Violence	43.5%
Aging Problems	41.7%
Firearm (gun)-related injuries	41.7%
Teen Violence/Bullying/Gang	40.7%
HIV/AIDS	39.8%

Leading causes of death in the United States, Connecticut, and Hartford, organized in national ranking order; 2007-2012

	U. S.	Connecticut	City of Hartford
Heart Disease	24.4%	24.8%	22.7%
Cancer	23.1%	23.6%	20.3%
Stroke	5.5%	4.8%	4.3%
Chronic Lower Respiratory Diseases	5.3%	4.8%	3.5%
Accidents (Unintentional Injuries)	4.8%	4.5%	5.4%
Diabetes	3.1%	2.2%	2.9%
Alzheimer's Disease	2.9%	2.8%	1.3%
Influenza/Pneumonia	2.2%	2.4%	2.5%
Kidney Disease	1.9%	1.9%	2.5%
Septicemia	1.4%	2.0%	2.3%

Health and Quality of Life Survey

Feedback about the quality of life and community asset information in Hartford was also gathered at the conclusion of each dialogue in a Quality of Life Survey. Health and Quality of Life Survey was used to explore residents' perceptions of community health problems, opinions about factors that contribute to the health of the community, and non-identifiable information on individuals' personal health. The survey was completed by 108 residents, and despite the study's small sample size and limited generalizability the results indicated that the top health concerns identified by the residents complemented city mortality data. Both city level mortality data as well as the most importantly perceived local health concerns and factors affecting quality of life are presented below for comparison.



Factors that would most improve quality of life

Affordable Health Insurance	68.5%
Low crimes/Safe Neighborhoods	67.6%
Affordable Housing	66.7%
Good Schools	65.7%
Access to Health Care	64.8%
Local Jobs and Healthy Economy	57.4%
Clean Environment	55.6%
Activities for Youth	1.9%
Emergency Preparedness	51.9%
Public Transportation	49.1%

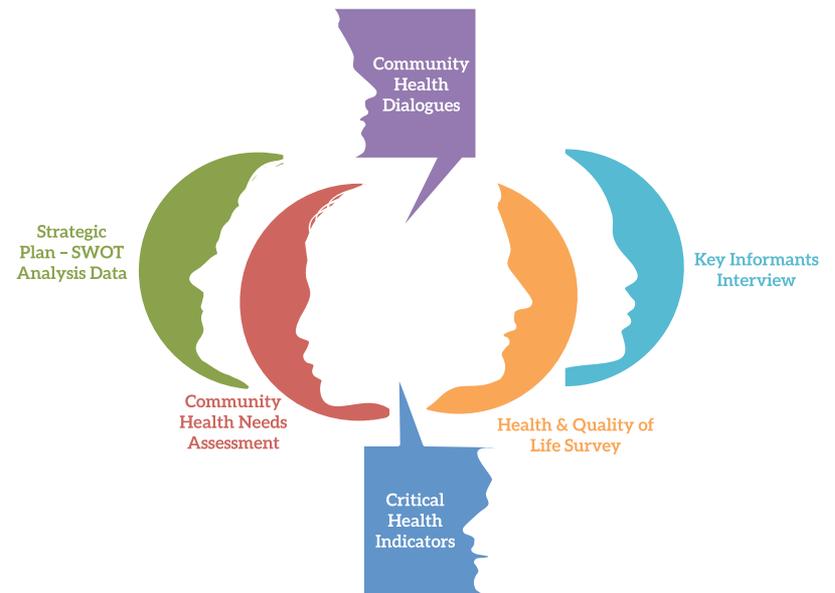
Risk behaviors that have the greatest impact on health problems

Drug Abuse	55.6%
Being Overweight	52.8%
Domestic Violence	50.9%
Violence/Gang Activity	48.1%
Alcohol Abuse	47.2%
Dropping Out of School	42.6%
Unsafe Sex	42.6%
Poor Eating Habits	40.7%
Lack of Exercise	38.9%
Child Abuse/Neglect	36.1%

Data Synthesis and Cross-Cutting Themes

The CHIP Committee reviewed results of the CHNA report; the Department's Strategic Plan; and the Community Health Dialogues, and the Health and Quality of Life Survey collected as part of the CHNA and CHIP development. The Committee used Microsoft Excel to group findings from those data sources by common themes and to document the outcomes of the data synthesis. From 2013 through 2015, the CHIP Committee met to review the outcomes the data synthesis and recommendations provided by each committee member. We recognized ten cross-cutting themes in the data.

1. Access to Health Care, Insurance, and Information
2. Chronic Disease Management through Exercise, and Nutrition
3. Overweight & Obesity
4. Built Environment
5. Cancer
6. Cardiovascular Disease
7. Substance Abuse
8. Injury
9. Environmental Health
10. Mental Health



Health Priority Selection

The CHIP committee then focused on the challenging task of selecting appropriate and meaningful indicators representative of the CHNA's key categories and the Strategic Plan's priorities. To narrow down the list, a ranking process was carried out in which individual members on the CHIP Committee scored each indicator or theme based on three important criteria:

- 
- **Magnitude of the Problem:** How many people does the problem affect, either actually or potentially?
 - **Seriousness of the Consequences:** What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
 - **Feasibility of Correcting:** Is the problem amendable to interventions (i.e., are interventions feasible scientifically as well as acceptable to the community)? What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?

For each indicator, ranking scores were averaged and sorted for Committee discussion. It was unanimously decided that indicators receiving low scores were excluded from the list. Available Hartford-specific secondary data was factored into the health priority selection process.

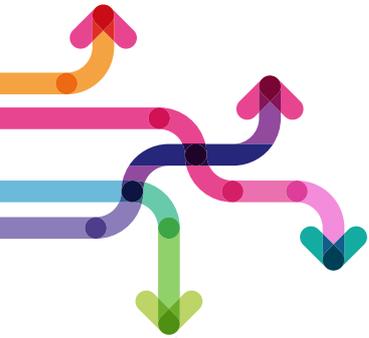
The resulting data was examined by the CHIP Committee, and in turn identified the following three domains as health priorities:

1. Health Systems Integration
2. Healthy Eating and Active Living
3. Reproductive and Sexual Health

Goals and objectives relating to these issues as well as suggested strategies and community resources comprise the health improvement plan. The next step in the process is an anticipated five-year action cycle during which the strategies deemed most promising will be implemented.

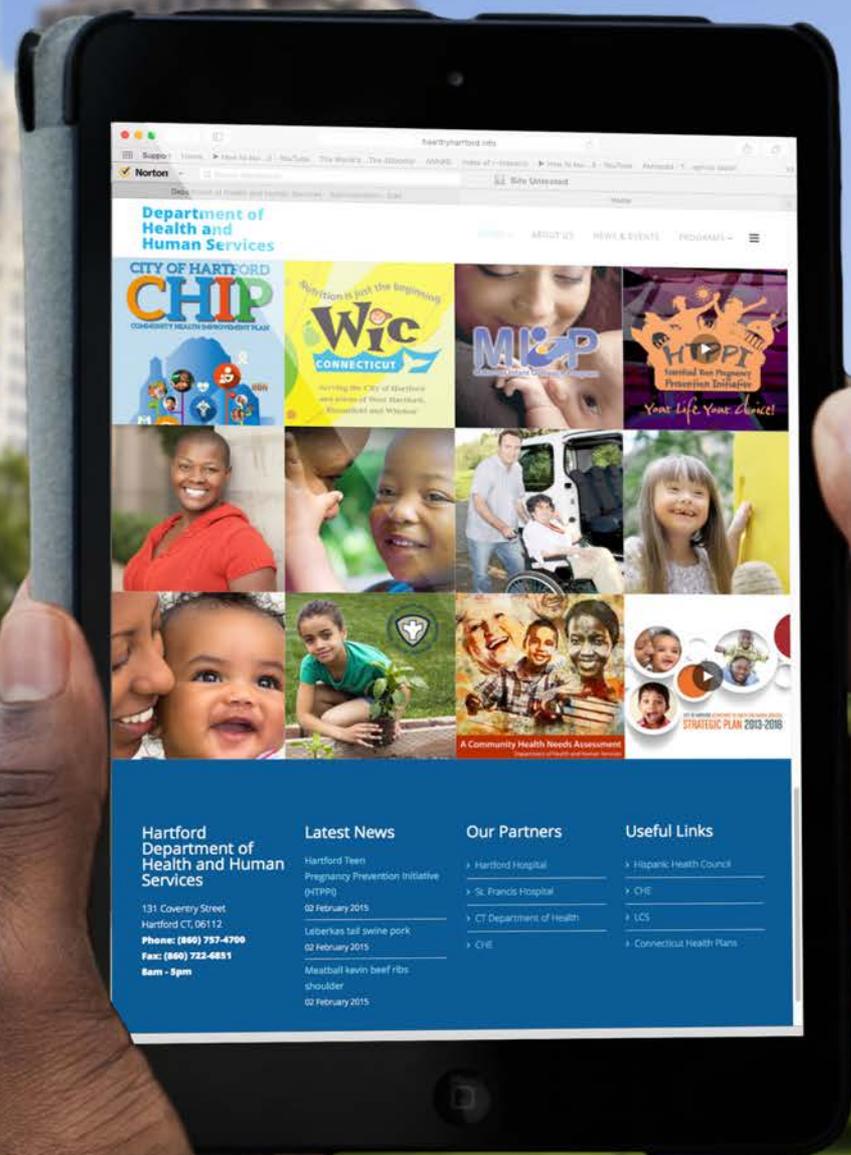
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