



Community Health Needs Assessment (CHNA) 2022

March 2022

As a requirement of the Affordable Care Act (ACA), not-for-profit hospitals in the United States complete a Community Health Needs Assessment (CHNA) every three years. Once needs are identified, the hospitals create an implementation strategy to outline programs to meet those needs and to track the outcomes of the programs. This process was created to assure that, as tax-exempt organizations, hospitals are working with their communities to meet the health needs of residents.

Approval of Community Health Needs Assessment by the Governing Body

The Hospital for Special Care Board of Directors met on March 24, 2022 to review the findings of the 2022 CHNA. The report was approved.

TABLE OF CONTENTS

<i>Section</i>	<i>Page</i>
Introduction	3
Results of 2019 CHNA Implementation Strategy	9
2022 CHNA Methodology	10
Identified Needs	12
Prioritized Community Health Needs	19
Existing Community Resources	21
Community Health Needs Not Addressed by HFSC	21
Next Steps	22
Attachments	23

INTRODUCTION

Hospital for Special Care (HFSC) compiled a CHNA in 2019 and has been working to impact the stated needs. Program progress is included in this report. The main focus of this report is the result of our 2022 CHNA. This assessment will impact HFSC's decisions on programs and services for 2022 – 2024. Acute care hospitals usually consider their “community” to be a geographic area surrounding their facilities.

At HFSC, we define our community as persons in Connecticut living with chronic conditions or physical disabilities. This definition impacts the comparative data we explore and the services we offer.

Following approval of this report by the Hospital for Special Care (HFSC) Board of Directors, an implementation strategy will be developed toward impacting those needs in the next three years.

Hospital for Special Care

HFSC is the fourth largest, free-standing long-term acute care hospital (LTACH) in the U.S. and one of only two in the nation serving both adults and children. HFSC is an independent, not-for-profit organization serving Connecticut, the New England region and beyond at facilities located in New Britain and Hartford. We collaborate with key stakeholders, including patients, families, advocates, physicians, hospital systems, state and federal agencies, payers, human service organizations and our community to address the most challenging health care issues.

We are recognized for advanced care and rehabilitation in:

- Pulmonary, including COPD and ventilator weaning and management
- Acquired brain injury, including stroke
- Medically-complex pediatrics
- Neuromuscular disorders
- Spinal cord injury
- Comprehensive heart failure
- Comprehensive inpatient and outpatient treatment for children and adolescents with autism spectrum disorder

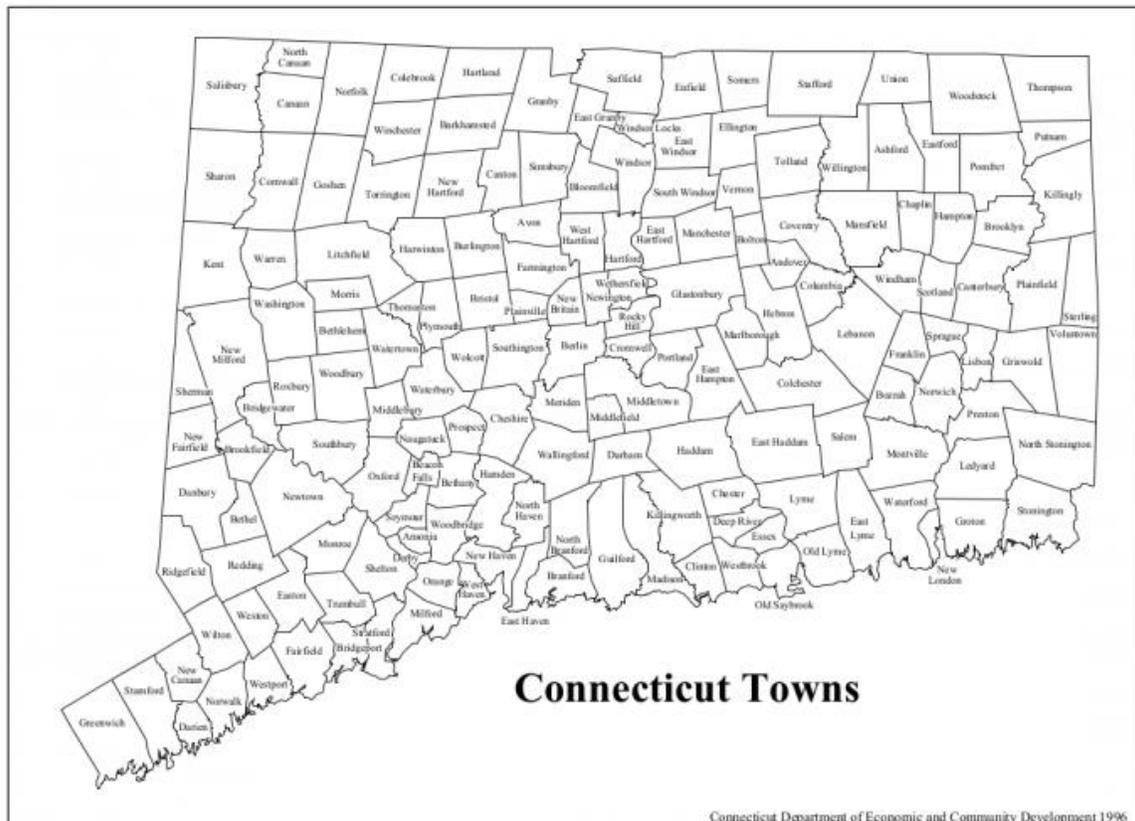
The hospital's main campus features walking paths and flower gardens designed to enhance the patient experience. Adaptive sports, a comprehensive aquatics and fitness center, extensive arts programs and therapeutic horseback riding, enhance quality of life for both patients and community members. At HFSC we believe that people living with disabilities should have every opportunity to pursue their dreams.

Mission Statement

- We will ensure exemplary care within our continuum, with the active involvement of those we serve, so that they can achieve enduring improvements in their quality of life.
- We will anticipate and be responsive to changing needs of our communities and a changing healthcare environment by creating an innovative, fiscally sound, cost effective system of care.
- We will support the practice of rehabilitation and continuing medical care through research and education.
- We will create a work environment and climate where employees are supported to provide excellent care, and find opportunities for personal and professional growth.
- We will be, in all of the above, responsive and accountable to our communities, for whose benefit we exist.

Demographics of HFSC's Community and Connecticut

HFSC defines our community as persons in Connecticut living with chronic conditions or physical disabilities.



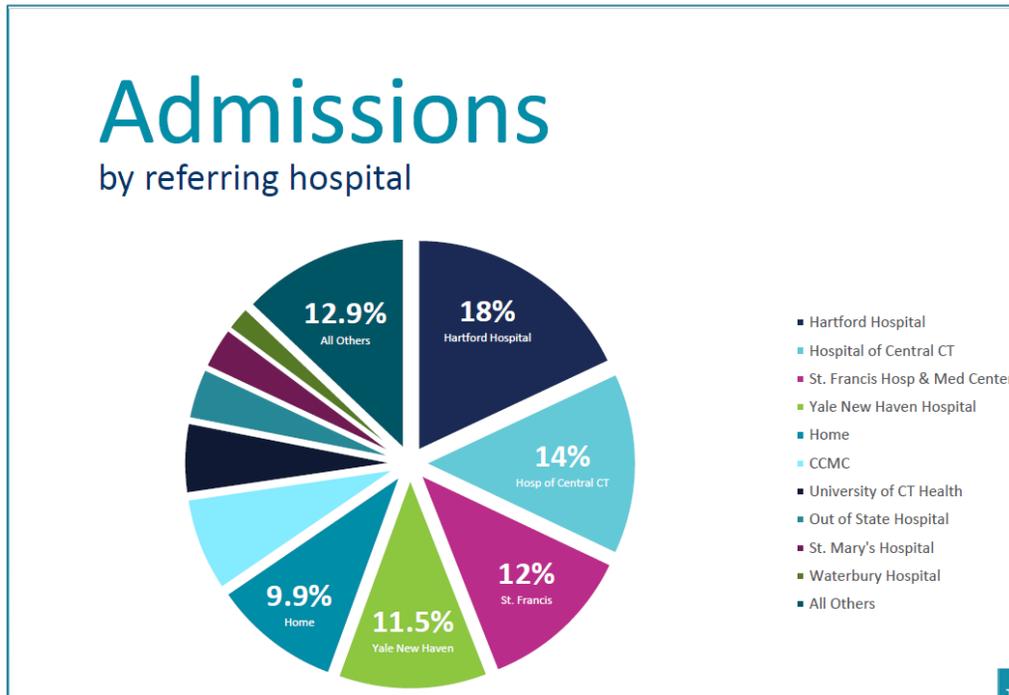
Our patient population and community participants in ancillary programs and services represent a cross-section of state residents. Connecticut demographics are detailed in Attachment 1.

HFSC Patient demographics

There are 169 towns in the state of Connecticut. HFSC outpatients come from 141 towns in the state and 14 other states. Inpatients come from 105 Connecticut towns and 11 other states. The demographics of our inpatients and outpatients offer valuable information on the types of individuals and their health needs.

Inpatient

HFSC inpatient admissions come from Connecticut acute care facilities across the state:



HFSC Inpatients by Sex, calendar year 2021			
	Male	Female	Total
Unique patients	303	269	572
Percent of total Inpatients	53%	47%	100%

HFSC Inpatients by Age, calendar year 2021						
	Age 0-17	Age 18-44	Age 45-64	Age 65-80	Age 81+	Total
Unique patients	154	139	214	189	56	752
Percent of total Inpatients	20%	18%	28%	25%	7%	100%

HFSC Inpatients by Race, calendar year 2021									
(In 2021 Race and Ethnicity questions were not required; many patients/interviewers did not offer responses.)									
	American Indian	Asian/Asian Indian	Hawaiian/Pacific Islander	Black	Hispanic/Latinx	White	Other Race	Declined/Unknown	Total
Unique patients	0	12	8	106	23	548	1	54	752
Percent of total Inpatients	0%	2%	1%	14%	3%	73%	0%	7%	100%

Outpatient

Due to the need for frequent trips to New Britain, individuals selecting HFSC for outpatient services tend to reside in central Connecticut. However, people seeking our specialized services (Neuromuscular Center, Autism Center, and neuropsychological testing) come from towns throughout the state and beyond.

HFSC Outpatients by Sex, calendar year 2021			
	Male	Female	Total
Unique patients	2857	2824	5681
Percent of total Outpatients	50.29%	49.71%	100%

HFSC Outpatients by Age, calendar year 2021						
	Age 0-17	Age 18-44	Age 45-64	Age 65-80	Age 81+	Total
Unique patients	738	1312	1769	1456	406	5681
Percent of total Outpatients	13%	23%	31%	26%	7%	100%

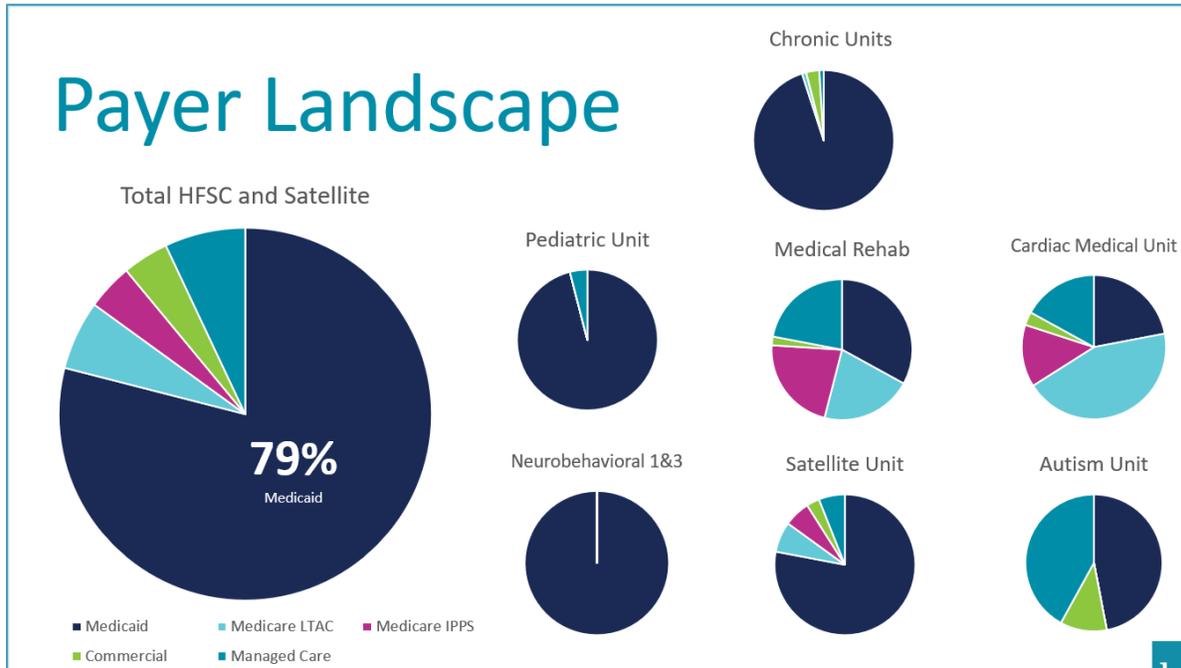
HFSC Outpatients by Race, calendar year 2021									
(In 2021 Race and Ethnicity questions were not required; many patients/interviewers did not offer responses.)									
	American Indian	Asian/Asian Indian	Hawaiian/Pacific Islander	Black	Hispanic/Latinx	White	Other Race	Declined/Unknown	Total
Unique patients	4	12	13	197	162	1783	50	3461	5682
Percent of total Outpatients	0.07%	0.21%	0.23%	3.47%	2.85%	31%	1%	61%	100%

Health Care Coverage

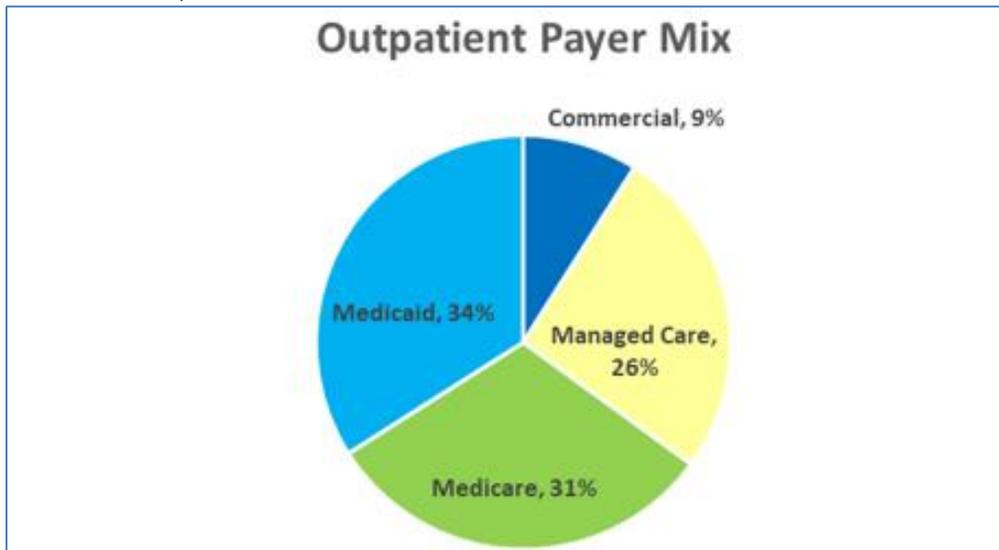
Catastrophic illnesses and accidents occur regardless of personal demographics, income levels, insurance coverage, or ability to pay for care. HFSC’s clinical expertise in advanced care, commitment to patient-centered, multi-disciplinary approaches and state of the art technology provide critical resources for patients throughout the state and region.

Many of our newly admitted inpatients have commercial healthcare coverage, but as the nature of their disease process or critical injury often exhausts their financial resources, many become Medicaid-eligible during their stay. Our social workers and case managers support patient and family efforts to obtain Medicaid coverage through the Title XIX (Medicaid) application process. All of our healthcare programs accept patients with Medicaid coverage. Community-based programs have free services or sliding scale services and depend on philanthropic support.

Payer mix on HFSC inpatient units



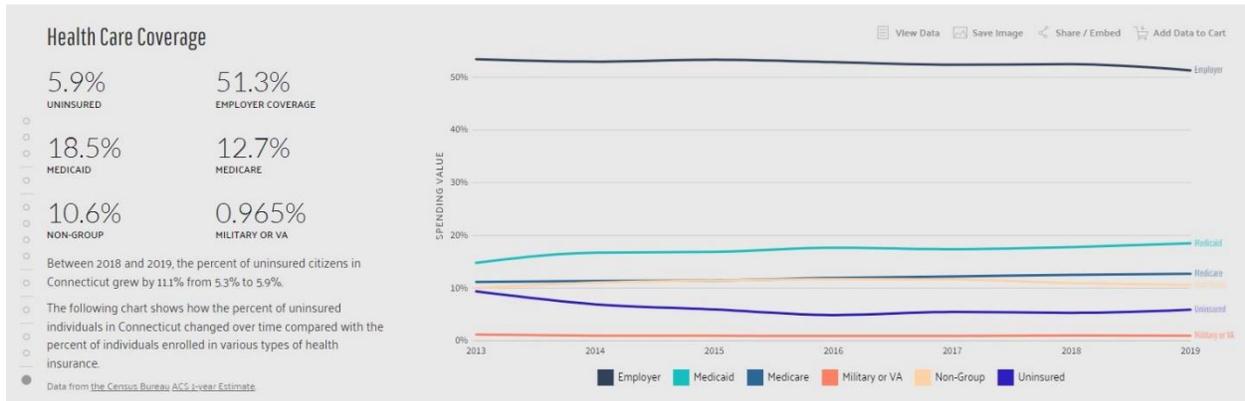
Payer mix for HFSC outpatient services



HFSC’s outpatient services include the interdisciplinary teams in our physician clinics and our rehabilitation therapy visits. Patients range from pre-school children to elderly adults.

HFSC provides care to the highest percentage of patients eligible for Medicaid of any hospital in Connecticut. In 2021, 24% of HFSC (unique) outpatients and 46% of (unique) inpatients had Medicaid as a payer. These percentages are much higher than the 18.5% of Connecticut residents enrolled in Medicaid in 2019. Additionally, 79% of HFSC inpatient days are of Medicaid beneficiaries, as reflected in the Payor Landscape chart above.

Data USA chart of U.S. Census data



Previous Community Health Needs Assessments

HFSC partnered with nearby healthcare facilities to complete health needs assessments for residents of the greater New Britain area in 2007 and 2013. Since 2016, we have conducted our CHNA independently, gathering data specific to our defined community to help refine our implementation strategies.

2019 CHNA

RESULTS OF IMPLEMENTATION STRATEGIES

The 2019 CHNA report and Implementation Strategy were made available on the HFSC website (<https://hfsc.org/about/>) and in our Health Services Library. Opportunities for public comment on the CHNA were provided, however no written comments were received. A summary of the progress on the 2019 implementation strategies is provided as Attachment 2.

Health Need: Access to Care

- Improve access to care by offering medical homes, patient-centered specialty practices (PCSP), and disease management programs
- Provide care coordination and education on navigating the healthcare system
- COVID-19 Pandemic (not a 2019 strategy)

Our outpatient programs retained certifications but some planned new programs were stalled by COVID-19. The pandemic however provided new opportunities to improve access to care, with telehealth visits and a new rehabilitation program for individuals recovering from COVID-19.

Health Need: Autism Services

- Continue to increase the number of patients served
- Adding new outpatient services to the continuum
- Offer HSC's expertise to other state and national organizations to develop programs

HFSC opened a new autism inpatient wing with 12 private rooms, increasing the number of patients we could serve. A new outpatient service, the Partial Hospital Program (PHP) began. The pandemic forced inpatient and outpatient program teams to develop creative ways to provide services and keep families connected.

Health Need: Increasing physical activity levels to improve health and wellbeing

- Offer regular fitness programs and one-time events to community members
- Promote the impact of increased physical activity, and strength and conditioning throughout our continuum of care
- Support community organizations in their events

While our sports and fitness programs were closed for a time, and continue to operate with pandemic restrictions, our staff have connected with participants virtually and in small groups to keep our community engaged in physical activities.

Health Need: Dementia and memory loss

- Provide services for individuals experiencing memory loss and to their families

Begun just before the start of this 3-year period, growth in the new outpatient Center for Cognitive Health was slowed by the pandemic. Our psychologists continue to see new patients. These patients receive ongoing services both from the psychology program and PT, OT and especially speech therapy.

2022 CHNA METHODOLOGY

Data included in this assessment was obtained through discussions with community members and key informants, and statistics from related government and healthcare organizations.

Collection process

Community members

Our patients and program participants regularly offer input on their challenges to meeting health needs beyond the services provided by HFSC's inpatient and outpatient programs.

- Both inpatient and outpatient satisfaction and outcomes surveys offer insight to health needs and access to community care.
- HFSC's Patient and Family Advisory Council (PFAC), established in 2020, invites input on topics of concern to individuals using hospital services.

Key informants

Our key informants include organizations across the state representing our community members and populations historically impacted by disparities in access to care and health outcomes. HFSC regularly works with facilities, organizations and associations that support our community. Our state government agencies and departments are very supportive of our work with these populations and reach out to HFSC when new health needs are found. Lists of these organizations are in Attachment 3.

Following our 2016 CHNA, HFSC and The Hospital of Central Connecticut co-hosted a meeting of key informants to discuss potential efforts to meet community health needs. That meeting evolved into the Greater New Britain Community Providers Network, a network comprised of more than two dozen health and human service providers. The group has met regularly since 2016 to address the health needs and well-being of our communities.

Data Sources

A variety of data sources were utilized to study the unique challenges faced by individuals living with chronic conditions or physical disabilities. Sources include:

- Centers for Disease Control and Prevention (CDC)
 - [Disability and Health Data System \(DHDS\) | CDC](#)
 - [CDC - NCHS - National Center for Health Statistics](#)
- Connecticut Department of Public Health
 - [Connecticut Department of Public Health](#)
- Data USA (a project of Deloitte, Datawheel, and MIT)
 - [Data USA](#)
- The 2018 DataHaven Community Wellbeing Survey conducted by the Siena College Research Institute collected information from completed thousands of live interviews of randomly-selected Connecticut residents in every town:
 - [DataHaven Community Wellbeing Survey | DataHaven \(ctdatahaven.org\)](#)

- Datahaven’s work in 2019-2021 has concentrated on the effects of the pandemic on community wellbeing. Some survey results have been published and more will soon be available in statewide and regional documents:
 - [New DataHaven survey provides reliable information to help Connecticut communities understand the impacts of COVID-19 | DataHaven \(ctdatahaven.org\)](#)
- Disability and Health Data System (“DHDS”) offers a great deal of data on individuals living with disabilities in Connecticut and the United States:
 - <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>
- United States Census Bureau
 - [Explore Census Data](#)
 - [American Community Survey Data \(census.gov\)](#)
- USA Facts
 - [US COVID-19 cases and deaths by state | USAFacts](#)

IDENTIFIED NEEDS

HFSC is a long-time leader in caring for medically complex individuals with multiple disabilities whether new or chronic. These patients are typically missed by system efforts to provide primary care and support services in an equitable manner.

Access to care

Before addressing the disparities in access to health care, it is necessary to discuss the existence of treatment programs. Some examples:

- HFSC operates the country's first and only Patient-Centered Specialty Practice (PCSP) for Autism Spectrum Disorders (ASD).
- Our Inpatient Autism Unit (AIU) is one of the few facilities in the U.S. that provides inpatient treatment for children and adolescents with ASD.
- The hospital serves as a PCSP for several specialized patient populations in our ALS (Amyotrophic Lateral Sclerosis), Parkinson's, Muscular Dystrophy, and COPD (Chronic Obstructive Pulmonary Disease) centers of excellence and disease management programs.
- Our Neuromuscular Center is the only Connecticut site for nationwide HEALEY ALS Platform trials and has become one of the program's largest enrolling sites in the country.
- The U.S. Food and Drug Administration selected the Neuromuscular Center as one of three sites in the nation for an expanded access program to provide ALS patients access to CNM-Au8 if they are not eligible to enroll in the HEALEY Platform trial.
- At the height of the COVID-19 global pandemic in Connecticut, HFSC converted its close observation unit to a 10-bed COVID-19 recovery unit. This created a critical resource within the statewide health care system, a system that was overwhelmed with hospital admissions¹ and facing a post-acute environment that largely had no capacity to care for new COVID patients safely.

Licensed bed growth

HFSC had 228 licensed beds for many years. In response to the pandemic in April 2020, the State of CT approved 5 surge beds. These beds helped to accommodate the increased in referrals from acute care hospitals overwhelmed with cases of the new COVID-19.

In October 2020, HFSC's AIU moved into a new wing of 12 private rooms. The previous unit held 10 semi-private beds, making admissions dependent upon the age and sex of current patients and whether their condition made it feasible for them to have a roommate.

Despite the added private rooms, the need for services continues to exceed capacity. A waiting list for AIU admissions remained. In November 2021 HFSC requested and received state approval for eight additional AIU beds. A renovated hospital wing will open in early 2022. This unit will

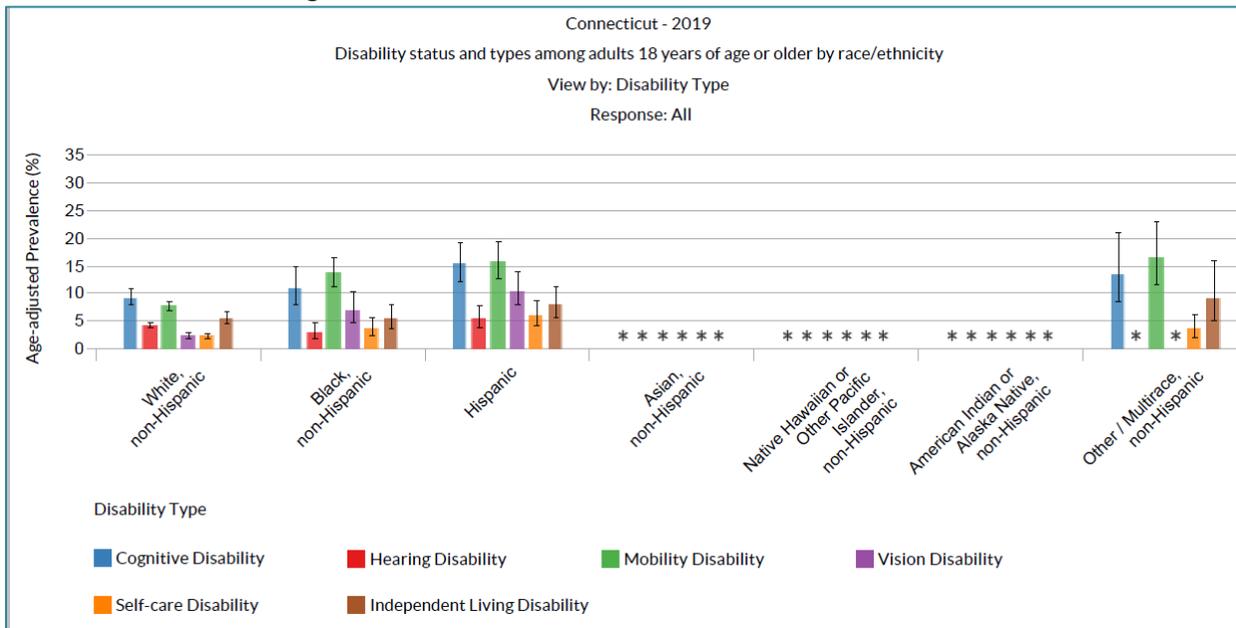
¹ <https://data.ct.gov/Health-and-Human-Services/COVID-19-Tests-Cases-Hospitalizations-and-Deaths-S/rf3k-f8fg> Connecticut reported nearly 2,000 patient hospitalizations due to Covid-19 for much of April 2020.

regularly have 6 patients, with 2 open beds ready for emergency admissions. Our hospital now holds 241 licensed beds.

Primary care for Individuals living with disabilities

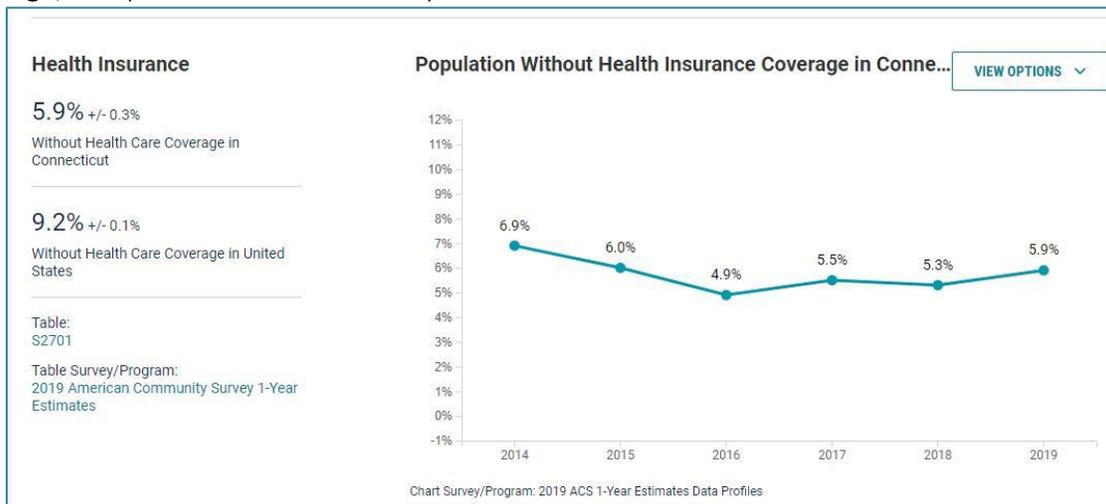
Access to routine health care for those living with disabilities can be challenging as demonstrated in a CDC document on national statistics, [Disability Impacts All of Us Infographic | CDC](#) (Attachment 4). A companion document [CT Disability and Health State Profile FINAL \(cdc.gov\)](#) (Attachment 5) shows similar statistics in our state, with 22% of Connecticut residents living with a disability.

Additional CDC data reports higher rates of disabilities among individuals of Black, Latinx, and multi-racial/ethnic backgrounds.



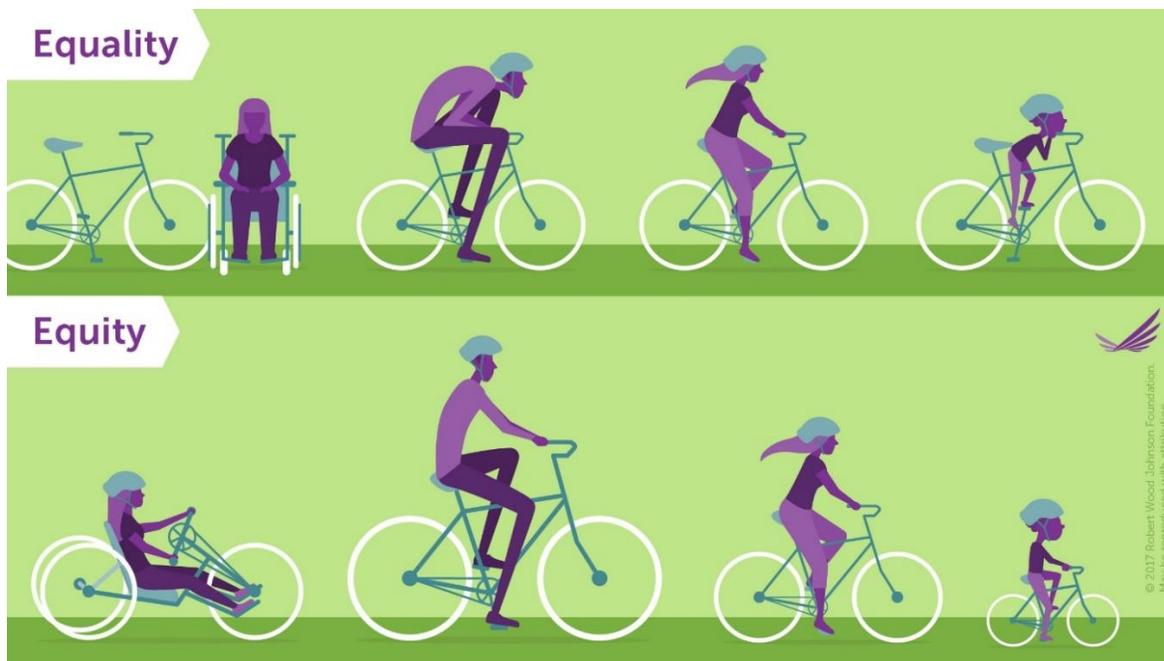
Lack of health care coverage

The US Census Bureau’s 2019 estimates show 5.9% of Connecticut residents lacked health care coverage, compared to 9.2% nationally.



Health Equity

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances”.²



[Visualizing Health Equity: Diverse People, Challenges, and Solutions Infographic - RWJF](#)

In a recent presentation, HFSC physicians described the barriers to quality primary care³ for individuals living with spinal cord injury (SCI), including difficulty acquiring:

- Practitioners with specialized expertise in a patient’s diagnosis as well as preventative care services
- Physical accessibility (transportation to appointments, truly accessible offices, accessible equipment)
- Lifestyle and Community Resources
- Mental Health Resources

These barriers can be similar for other patient populations served by HFSC. For this reason, many individuals who use HFSC outpatient services for a specific diagnosis (ALS, Parkinson’s, COPD, Muscular Dystrophy, SCI and others) consider HFSC to be their medical home. The physicians explain that our annual comprehensive health evaluation is related to improved health care use and having health, psychosocial and equipment needs met.⁴

² Natalie Sajkowicz, MD and William Pesce, DO, Hospital for Special Care. *Post-Acute Care Strategies to Build Health Equity*, presentation to the Academy of Spinal Cord Injury Professionals, 12/16/2021. Definition from [Health Equity | CDC](#)

³ Natalie Sajkowicz, MD and William Pesce, DO, *Post-Acute Care Strategies to Build Health Equity*

⁴ Donnelly C, McColl MA, Charlifue S, Glass C, O’Brien P, Savic G, et al. Utilization, access and satisfaction with primary care among people with spinal cord injuries: a comparison of three countries. *Spinal Cord* 2007;45(1):25-36

Fitness programs

The above Robert Wood Johnson Foundation infographic offers an easily understandable explanation of equity versus equality. It also points highlights the importance of adaptive equipment and programs to enable everyone to participate in fitness activities. The four conditions more common to adults living with disabilities (Attachments 4 and 5)—obesity, diabetes, heart disease and smoking—can all be improved with fitness programs.

Deconditioning, weight gain, diabetes risk, cardiovascular disease, hypertension, social isolation, anxiety and depression following two years of a public health emergency driven by the COVID-19 pandemic impact nearly every population in our country. Individuals living with paralysis, already at greater risk for health disparities, experience these challenges to a greater degree of intensity and may suffer more significant adverse health outcomes as a result.

HFSC gathered input from members of HFSC spinal cord injury, stroke, amputee support groups as well as current and past participants in our Adaptive Sports program. Their experience mirrors the country-wide impact. Individuals living with disabilities have identified deconditioning, weight gain, and other health risks as major concerns following two years of isolation due to the COVID-19 pandemic. Fitness resources for individuals living with paralysis were scarce in Connecticut prior to COVID-19, and many programs suspended activity during the most critical months of the pandemic, including HFSC's adaptive sports program and aquatics and fitness center. Some programs have permanently closed their brick and mortar facilities, transitioning to individual home-based, fee-for-service training models that do little to alleviate isolation or promote inclusion.

Hospital for Special Care's adaptive sports and community fitness programs reopened gradually, in alignment with state parameters, and with guidance from the HFSC infectious disease prevention and control clinical experts. Return to play for some athletes, including members of the HFSC Adaptive Sports *Spokebenders* wheelchair basketball team, has been slow however. Some athletes have delayed return to practice to reduce COVID-19 risk. Others report significant deconditioning due to prolonged isolation/lack of physical activity and concern that they won't be able to keep up with peers on the court.

COVID-19: Post-Acute Recovery⁵

In April 2020, HFSC converted an existing unit to provide intensive rehabilitation to an entirely new special population: individuals severely deconditioned by the new COVID-19 virus. All patients required intensive care and 83 percent required mechanical ventilation in the acute care setting.

The data observed within the HFSC COVID-19 patient cohort from April through September 2020 provides further evidence that historic disparities in access to health care and risk prevalence tied to race, ethnicity and socio-economic status have shaped patient experience of COVID-19.

⁵ [Post-Acute Recovery Brief | Hospital for Special Care \(hfsc.org\)](#)

Patients of Black and Latinx racial and ethnic background and patients eligible for Medicaid were disproportionately represented among the most severely impacted by COVID-19 infection – and left post-acute care with recovery outcomes consistent with other patients in the cohort. They also left, however, with many of the same metabolic risk factors that increased their susceptibility to the coronavirus.

HFSC successfully eliminated the impact of each of race, ethnicity and insurance coverage variables on functional recovery from COVID-19 severe infection, demonstrating outcomes undifferentiated by demographic or socioeconomic barriers for this cohort. In the near-term, the capacity to mitigate the impact of health disparities on recovery is a critically important outcome and one that raises questions that merit longer-term study in the local and national health conversation.

COVID-19: Pandemic Impact

The effects of closure of businesses and services and implementation of social distancing rules during the early weeks of the pandemic impacted all of us in many ways. Postponing routine health care, and even some urgent care, was common. For individuals living with disabilities, postponing care could allow a disease process to progress more quickly. HFSC reacted with creative means to connect with these patients to continue their care. Examples:

- The Neuromuscular Center research team worked tirelessly with infectious disease experts and clinical trial coordinators to develop safe and effective protocols to build access to the nation’s leading clinical trials.
- Telehealth visits were conducted by our practitioners and clinicians until in-person services could be re-started. With 88.5% of Connecticut households having internet service (Attachment 1), telehealth can now be an ongoing visit option for most patients.
- HFSC’s Adaptive Sports programs were halted at the start of the pandemic, resuming first as virtual activities, followed with in-person sessions under social distance protocols.
- Adaptive Sports families continue to report negative impacts on their children related to the social isolation and lack of physical activity resulting from COVID-19 precautions. The adaptive sports program has responded by relaunching inclusive recreation activities that expand engagement and participation to both athletes and youth with no current interest in competitive sports. Safe and socially distanced games, craft and art activities promote an environment for positive peer engagement – often for parents as well as youth.

COVID-19: Vaccine equity

When HFSC began to vaccinate employees in December 2020, we used the clinic structure to offer our at-risk populations the ability to obtain a vaccination in a familiar and safe environment. Unable to use the typical mass vaccination sites, most of these patients, as well as their caregivers and children, would have otherwise gone without the vaccine for some time.

HFSC also played a leadership role in vaccine education and advocacy in traditionally underserved communities. Infectious disease prevention and control experts worked with Spanish-language grassroots media to dispel myths and provide accurate information to

Connecticut's Latinx community. The HFSC pediatric and autism leadership also provided a webinar and discussion forum for employees of one of the state's largest manufacturers on vaccine equity for children with disabilities and their caregivers.

Autism Services

The outcome reports from our Inpatient Autism Unit provide insight to the admission origin of our patients, the race/ethnicity, primary insurance, and effectiveness and durability of patient outcomes.

- Origin: In 2021 our admissions from home rose to 49%. The remaining patients came from a variety of CT and out-of-state hospitals, typically from emergency departments. Most children are from Connecticut, but a good number live in neighboring states. A few patients travel from southern or central states due to a reported lack of inpatient autism programs in their home states.
- Despite reported disparities in diagnosis of autism spectrum disorder in Black and Latinx children, the racial/ethnic mix of our inpatients roughly mirrors the Connecticut population.
- 42-57% of patients in the last three years have had Medicaid as their primary insurance.
- Attainment of functional goals is one of the outcomes measured at discharge. These goals include a child's ability to perform activities of daily living (ADLs) such as eating, oral hygiene, toilet hygiene and washing their upper body. 93-96% of these goals have been reached in the last three years. All but two patients have been discharged to home during this time.
- Outcome measures ranking discharged patients' ability to maintain the established behavior plan at 30, 90 and 180 days has decreased slightly in the last two years. Some of this may be attributed to the challenges all children have had to changes in school and home routines due to the pandemic. Parents report they are struggling to arrange and maintain in-home ABA (Applied Behavioral Analysis) services set up due to long waitlists and an inability to get in-home services. Families that do receive services say they lose in-home workers due to call-outs and staff turn-over. This is a significant barrier to the continuity of care for these patients.

Health Care Workforce

Health care work force shortages are a driving factor in access to care and health equity. According to the Connecticut Data Collaborative⁶, 45 percent of RNs working in Connecticut today are over the age of 50. Practicing RNs in our state are most likely to be 50-59. Twenty-one (21) percent of Connecticut's working RNs are practicing in their 60 and 70s. The loss to the profession we've seen through COVID-19 – to burnout and to other fields that promise better flexibility, pay and benefits – will pale in comparison to what we will experience when the silver tsunami hits and these nurses retire in record numbers.

⁶ [Nursing Supply Data 2020 — CTData](#)

Only 4,390 Connecticut nurses are currently under the age of 30. Statewide, the current education system offers just 2,800 seats for Associate, Baccalaureate and Accelerated student RNs.⁷ This is wholly insufficient to sustain our current needs or address our aging population's health needs statewide. The situation is similar for other health care practitioners and clinicians.⁸ The reality is that we cannot produce new health care providers at the rate they will be needed.

⁷ [Education Story - Nursing Data Portal \(ctdata.org\)](#)

⁸ [Findings – Connecticut Health Workforce Sentinel Network](#)

PRIORITIZED COMMUNITY HEALTH NEEDS

Defining the HFSC community as persons in Connecticut living with chronic conditions or physical disabilities makes the best use of our expertise to impact their health needs.

Needs documented in the 2019 CHNA were addressed by new or expanded HFSC programs. We will continue to strive to meet these needs for additional community members. This 2022 assessment provides updated information on our community, supporting our choices in future programming. We will continue to explore needs, strategies, and resources available to meet the needs of our identified community.

The HFSC community health needs team and clinical operations leadership examine the data, select needs, and prioritize those needs. As in prior Assessments, we use a simple but effective tool employed regularly by our Lean process teams to rank projects by the level of impact (high or low) and the ability of HFSC to implement the project (hard or easy). Using this method, HFSC identified and prioritized three healthcare needs.

		Implementation	
		Hard	Easy
Impact	low	1	2
	high	3	4

Prioritization Matrix Source: www.connstep.org in Hartford, CT



Access to Care / Health Equity

Rated as *high impact, hard to implement*

To ensure access to coordinated, patient-centered specialty care and care management services, HFSC will provide care to existing and new patients in our medical home programs and advocate on systems issues. Issues include reimbursement for care coordination and nurse navigators, and educating patients and families on navigating healthcare systems. Methods will include:

- Offering multidisciplinary clinics so outpatients can see all clinicians in one visit
- Continuing the use of telehealth visits when appropriate, to reduce trips to HFSC
- Serving as a resource for medically complex children and adults (accepting Medicaid for all programs)
- Providing evidence of the success of HFSC's models of care

Autism Services

Rated as *high impact, hard to implement*

HFSC will continue to add capacity to serve more children and adolescents with ASD.

- Welcoming new patients to our medical home program for autism
- Adding eight beds to our inpatient program (2022)
- Continue expanding offered services such as the partial hospital program (PHP)

Health Care Workforce Shortages

Rated as *high impact, hard to implement*

At Hospital for Special Care, we've invested in building the pipeline for years, helping to create the New Britain High School Health Academy and providing high school students with experiential learning opportunities, partnering with every major academic program in the state to provide clinical internships and residencies (Attachment 6). We have collaborated with Connecticut's workforce development leaders to expand training for certified nursing assistants. The pandemic impacted our ability to host students in our hospital. Our donors have funded scholarships to help students manage the high cost of nursing, physical therapy and medical education.

- As restrictions are reduced, resume support for high schools and colleges training health care professionals, offering rotations and shadowing experiences to student groups so they may experience LTACH level of care
- Continue funding and encouraging scholarships for students entering health care professions

Increasing Physical Activity Levels

Rated as *high impact, easy to implement*

Following reductions in safety precautions required by the pandemic, the HFSC fitness programs have resumed. Our Adaptive Sports program and member support to our Aquatic and Fitness Center are constrained by our ability to raise philanthropic dollars. Programs will:

- Offer opportunities to reduce obesity, encourage heart-healthy lifestyles
- Introduce individuals to adaptive sports and inclusive recreation programs

EXISTING COMMUNITY RESOURCES

Connecticut has many acute care hospitals that work to meet the healthcare needs of their community members. HFSC is part of the continuum of care for these hospitals statewide. In addition, HFSC works with a variety of health centers, state offices, and advocacy organizations as we coordinate care and services for our community members. Specifically, HFSC will promote the work our partners are doing to enhance ancillary services (Attachment 3).

COMMUNITY HEALTH NEEDS NOT SPECIFICALLY ADDRESSED BY HFSC

Using our core competencies in specialized areas, HFSC will continue to focus on the needs of individuals living with chronic conditions or physical disabilities. HFSC has a history of working with groups throughout the state to develop programs rather than to duplicate care. We look forward to continued partnerships to address needs beyond HFSC's scope of care.

NEXT STEPS

Approval of CHNA Report by the Governing Body

The Hospital for Special Care Board of Directors met on March 24, 2022 to review the findings of the CHNA. The report was approved.

Public Access to the 2022 CHNA

This report can be found on the HFSC website at: <https://hfsc.org/about/>. A paper copy is available upon request to the Finance department.

Approval of Implementation Strategy by the Governing Body

An Implementation Strategy of the prioritized needs will be created with participation of the HFSC program managers. The Strategy will be submitted to the Hospital for Special Care Executive Committee of the Board of Directors for their approval prior to August 15, 2022.

Implementation Strategy

Upon receiving Board approval:

- The Implementation Strategy will be added to the HFSC website and will be available upon request to the Finance department
- Program managers will work on strategies through 2024
- Meetings with key informants and service providers will discuss the implementation strategy and potential collaborative efforts
- Data collection will be ongoing throughout the three-year cycle of this CHNA

ATTACHMENTS

#	Name	Page
1	Connecticut Demographics	24 - 29
2	CHNA 2019 Implementation Plan and Metrics	30 - 38
3	Key Informant Organizations Not-for-Profit Healthcare Advocacy Organizations Connecticut Acute Care Hospitals Connecticut State Government Departments and Offices Connecticut Community Health Centers	39 - 42
4	Centers for Disease Control Disability Impacts all of US	43 - 45
5	Centers for Disease Control Disability Impacts Connecticut	46
6	Academic Partners: Connecticut Schools with HFSC Student Affiliations	47

**Attachment 1
Connecticut Demographics**

American Community Survey 2019 - Selected Social Characteristics	Connecticut			
Label https://data.census.gov/cedsci/table?q=DP02&g=0400000US09&d=ACS%201-Year%20Estimates%20Data%20Profiles&tid=ACSDP1Y2019.DP02	Estimate	Margin of Error	Percent	Percent Margin of Error
HOUSEHOLDS BY TYPE				
Total households	1,377,166	±6,712	1,377,166	(X)
Married-couple family	649,536	±9,097	47.2%	±0.6
With own children of the householder under 18 years	237,151	±5,985	17.2%	±0.4
Cohabiting couple household	89,583	±5,425	6.5%	±0.4
With own children of the householder under 18 years	23,477	±3,043	1.7%	±0.2
Male householder, no spouse/partner present	248,926	±6,940	18.1%	±0.5
With own children of the householder under 18 years	16,788	±2,359	1.2%	±0.2
Householder living alone	177,871	±5,808	12.9%	±0.4
65 years and over	53,711	±3,100	3.9%	±0.2
Female householder, no spouse/partner present	389,121	±7,853	28.3%	±0.6
With own children of the householder under 18 years	69,385	±4,408	5.0%	±0.3
Householder living alone	221,533	±6,589	16.1%	±0.5
65 years and over	116,959	±4,894	8.5%	±0.4
Households with one or more people under 18 years	382,868	±7,414	27.8%	±0.5
Households with one or more people 65 years and over	444,122	±3,999	32.2%	±0.3
Average household size	2.51	±0.01	(X)	(X)
Average family size	3.12	±0.03	(X)	(X)
RELATIONSHIP				
Population in households	3,454,420	*****	3,454,420	(X)
Householder	1,377,166	±6,712	39.9%	±0.2
Spouse	649,033	±9,101	18.8%	±0.3
Unmarried partner	90,171	±5,623	2.6%	±0.2
Child	1,022,971	±11,817	29.6%	±0.3
Other relatives	208,223	±9,962	6.0%	±0.3
Other nonrelatives	106,856	±6,417	3.1%	±0.2
MARITAL STATUS				
Males 15 years and over	1,441,236	±2,275	1,441,236	(X)
Never married	563,030	±8,374	39.1%	±0.6
Now married, except separated	697,593	±8,982	48.4%	±0.6
Separated	15,836	±2,622	1.1%	±0.2
Widowed	35,117	±2,674	2.4%	±0.2
Divorced	129,660	±5,348	9.0%	±0.4
Females 15 years and over	1,533,793	±1,881	1,533,793	(X)

Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Never married	499,077	±8,504	32.5%	±0.5
Now married, except separated	696,642	±10,471	45.4%	±0.7
Separated	18,144	±2,918	1.2%	±0.2
Widowed	128,863	±5,182	8.4%	±0.3
Divorced	191,067	±7,342	12.5%	±0.5
FERTILITY				
Number of women 15 to 50 years old who had a birth in the past 12 months	30,781	±2,977	30,781	(X)
Unmarried women (widowed, divorced, and never married)	7,908	±1,674	25.7%	±4.6
Per 1,000 unmarried women	16	±3	(X)	(X)
Per 1,000 women 15 to 50 years old	38	±4	(X)	(X)
Per 1,000 women 15 to 19 years old	0	±1	(X)	(X)
Per 1,000 women 20 to 34 years old	55	±7	(X)	(X)
Per 1,000 women 35 to 50 years old	34	±6	(X)	(X)
GRANDPARENTS				
Number of grandparents living with own grandchildren under 18 years	59,955	±5,267	59,955	(X)
Grandparents responsible for grandchildren	19,672	±3,308	32.8%	±4.0
Years responsible for grandchildren				
Less than 1 year	2,962	±1,115	4.9%	±1.7
1 or 2 years	3,723	±1,367	6.2%	±2.2
3 or 4 years	3,050	±1,367	5.1%	±2.2
5 or more years	9,937	±2,387	16.6%	±3.4
Number of grandparents responsible for own grandchildren under 18 years	19,672	±3,308	19,672	(X)
Who are female	12,836	±2,222	65.3%	±5.2
Who are married	12,659	±3,157	64.4%	±8.5
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	882,104	±10,052	882,104	(X)
Nursery school, preschool	52,328	±3,972	5.9%	±0.4
Kindergarten	42,818	±2,885	4.9%	±0.3
Elementary school (grades 1-8)	326,863	±4,753	37.1%	±0.6
High school (grades 9-12)	194,410	±4,895	22.0%	±0.5
College or graduate school	265,685	±8,058	30.1%	±0.7
EDUCATIONAL ATTAINMENT				
Population 25 years and over	2,496,420	±2,195	2,496,420	(X)
Less than 9th grade	99,132	±5,086	4.0%	±0.2
9th to 12th grade, no diploma	132,707	±7,217	5.3%	±0.3

Label	Estimate	Margin of Error	Percent	Percent Margin of Error
High school graduate (includes equivalency)	668,361	±14,846	26.8%	±0.6
Some college, no degree	410,972	±10,318	16.5%	±0.4
Associate's degree	190,700	±7,595	7.6%	±0.3
Bachelor's degree	549,166	±11,543	22.0%	±0.5
Graduate or professional degree	445,382	±10,652	17.8%	±0.4
High school graduate or higher	2,264,581	±9,353	90.7%	±0.4
Bachelor's degree or higher	994,548	±12,964	39.8%	±0.5
VETERAN STATUS				
Civilian population 18 years and over	2,827,146	±2,130	2,827,146	(X)
Civilian veterans	156,499	±5,650	5.5%	±0.2
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION				
Total Civilian Noninstitutionalized Population	3,514,562	±1,468	3,514,562	(X)
With a disability	419,252	±11,810	11.9%	±0.3
Under 18 years	726,917	±1,577	726,917	(X)
With a disability	32,138	±4,091	4.4%	±0.6
18 to 64 years	2,178,548	±2,959	2,178,548	(X)
With a disability	205,546	±8,274	9.4%	±0.4
65 years and over	609,097	±1,782	609,097	(X)
With a disability	181,568	±6,006	29.8%	±1.0
RESIDENCE 1 YEAR AGO				
Population 1 year and over	3,531,986	±2,674	3,531,986	(X)
Same house	3,106,754	±20,309	88.0%	±0.6
Different house in the U.S.	396,114	±18,495	11.2%	±0.5
Same county	242,464	±15,464	6.9%	±0.4
Different county	153,650	±10,866	4.4%	±0.3
Same state	63,606	±6,973	1.8%	±0.2
Different state	90,044	±7,706	2.5%	±0.2
Abroad	29,118	±5,148	0.8%	±0.1
PLACE OF BIRTH				
Total population	3,565,287	*****	3,565,287	(X)
Native	3,036,922	±14,250	85.2%	±0.4
Born in United States	2,896,746	±14,330	81.2%	±0.4
State of residence	1,917,008	±19,442	53.8%	±0.5
Different state	979,738	±16,139	27.5%	±0.5
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	140,176	±7,649	3.9%	±0.2
Foreign born	528,365	±14,250	14.8%	±0.4

Label	Estimate	Margin of Error	Percent	Margin of Error
U.S. CITIZENSHIP STATUS				
Foreign-born population	528,365	±14,250	528,365	(X)
Naturalized U.S. citizen	287,487	±12,273	54.4%	±1.8
Not a U.S. citizen	240,878	±11,680	45.6%	±1.8
YEAR OF ENTRY				
Population born outside the United States	668,541	±14,330	668,541	(X)
Native	140,176	±7,649	140,176	(X)
Entered 2010 or later	36,596	±5,870	26.1%	±3.5
Entered before 2010	103,580	±6,101	73.9%	±3.5
Foreign born	528,365	±14,250	528,365	(X)
Entered 2010 or later	140,278	±9,643	26.5%	±1.5
Entered before 2010	388,087	±11,549	73.5%	±1.5
WORLD REGION OF BIRTH OF FOREIGN BORN				
Foreign-born population, excluding population born at sea	528,320	±14,249	528,320	(X)
Europe	119,543	±7,627	22.6%	±1.3
Asia	131,919	±5,316	25.0%	±0.9
Africa	22,686	±4,189	4.3%	±0.8
Oceania	1,717	±809	0.3%	±0.2
Latin America	239,132	±10,423	45.3%	±1.3
Northern America	13,323	±2,233	2.5%	±0.4
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	3,384,689	±1,227	3,384,689	(X)
English only	2,622,593	±14,915	77.5%	±0.4
Language other than English	762,096	±14,891	22.5%	±0.4
Speak English less than "very well"	280,786	±11,662	8.3%	±0.3
Spanish	416,850	±9,064	12.3%	±0.3
Speak English less than "very well"	166,241	±8,965	4.9%	±0.3
Other Indo-European languages	229,065	±12,388	6.8%	±0.4
Speak English less than "very well"	76,013	±6,431	2.2%	±0.2
Asian and Pacific Islander languages	85,607	±5,819	2.5%	±0.2
Speak English less than "very well"	31,323	±3,889	0.9%	±0.1
Other languages	30,574	±4,604	0.9%	±0.1
Speak English less than "very well"	7,209	±1,890	0.2%	±0.1
ANCESTRY				
Total population	3,565,287	*****	3,565,287	(X)
American	137,548	±9,977	3.9%	±0.3
Arab	22,481	±4,033	0.6%	±0.1
Czech	9,157	±1,912	0.3%	±0.1
Danish	10,302	±1,703	0.3%	±0.1

Label	Estimate	Margin of Error	Percent	Margin of Error
Dutch	26,800	±4,359	0.8%	±0.1
English	290,155	±11,376	8.1%	±0.3
French (except Basque)	157,985	±6,974	4.4%	±0.2
French Canadian	90,239	±6,506	2.5%	±0.2
German	292,876	±11,278	8.2%	±0.3
Greek	32,536	±5,159	0.9%	±0.1
Hungarian	33,696	±3,594	0.9%	±0.1
Irish	526,526	±12,140	14.8%	±0.3
Italian	581,792	±14,415	16.3%	±0.4
Lithuanian	31,538	±4,313	0.9%	±0.1
Norwegian	17,928	±2,565	0.5%	±0.1
Polish	232,856	±11,589	6.5%	±0.3
Portuguese	51,995	±6,328	1.5%	±0.2
Russian	49,340	±4,626	1.4%	±0.1
Scotch-Irish	17,466	±2,563	0.5%	±0.1
Scottish	58,668	±5,020	1.6%	±0.1
Slovak	17,408	±2,764	0.5%	±0.1
Subsaharan African	38,138	±7,634	1.1%	±0.2
Swedish	49,279	±5,382	1.4%	±0.2
Swiss	8,131	±1,703	0.2%	±0.1
Ukrainian	21,400	±2,817	0.6%	±0.1
Welsh	15,142	±2,602	0.4%	±0.1
West Indian (excluding Hispanic origin groups)	86,648	±7,968	2.4%	±0.2
COMPUTERS AND INTERNET USE				
Total households	1,377,166	±6,712	1,377,166	(X)
With a computer	1,282,417	±7,322	93.1%	±0.4
With a broadband Internet subscription	1,219,426	±8,086	88.5%	±0.5
Hispanic or Latino, and not Hispanic or Latino by Race				
Label Census - Table Results	Connecticut	Percent		
Total:	3,605,944			
Hispanic or Latino	623,293	17%		
Not Hispanic or Latino:	2,982,651			
Population of one race:	2,845,082			
White alone	2,279,232	63%		
Black or African American alone	360,937	10%		
American Indian and Alaska Native alone	6,404	0%		
Asian alone	170,459	5%		
Native Hawaiian and Other Pacific Islander alone	974	0%		
Some Other Race alone	27,076	1%		



Age

Connecticut

Connecticut - 2019

Disability status and types among adults 18 years of age or older by age group

View by: Disability Status

Response: All

	Any Disability	No Disability
18-44		
Prevalence (%)	17.2	82.8
95% CI	15.1 - 19.5	80.5 - 84.9
Weighted No.	194,488	937,994
45-64		
Prevalence (%)	22.3	77.7
95% CI	20.6 - 24.1	75.9 - 79.4
Weighted No.	208,134	725,724
65+		
Prevalence (%)	34.6	65.4
95% CI	32.5 - 36.7	63.3 - 67.5
Weighted No.	211,230	400,049

Indicator Definition

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Attachment 2

Hospital for Special Care Community Health Needs Assessment 2019 Implementation Strategy

Status April 2019 – December 2021

To meet the identified needs of persons in Connecticut living with chronic conditions or physical disabilities

Strategy	Key Indicator and Metrics
Health Need 1: Access to Care	
Improve access to care by offering medical homes, patient-centered specialty practices (PCSP), and disease management programs	
Reporting new or expanded programs	<p><u>New Programs</u> No new programs were established in 2019 or 2020.</p> <p><u>Enhancements to existing programs</u> January 2020: the Parkinson’s Disease and Movement Disorders Center at HFSC is recognized as a Level 2 PCSP in Neurology by the National Committee for Quality Assurance (NCQA). Other recognitions: The Gawlicki Family COPD Disease Management, PCSP Level 2 Autism Center at Hospital for Special Care, PCSP Level 3 HFSC is a Charcot-Marie-Tooth Association (CMTA) CMT Center of Excellence (2019)</p> <p>October 2020: HFSC’s Charles H. Kaman Foundation Neuromuscular Center is the largest and most comprehensive neuromuscular care center in Connecticut. The ALS Center, certified as a Center of Excellence, treats about 90 percent of patients diagnosed with ALS in the state. The Center was selected as one of 54 sites across the United States chosen to participate in the HEALEY ALS Platform Trial, an initiative led by the Sean M. Healey & AMG Center for ALS at Mass General. The study, the first of its kind for ALS, will allow for more data, faster results and lower chance of placebo.</p> <p>2021: The nationwide HEALEY ALS Platform trial, based at the Sean M. Healey & AMG Center for ALS at Massachusetts General Hospital, is accelerating the path to new ALS therapies. HFSC, the only trial site selected in Connecticut, has become one of the largest enrolling HEALEY ALS Platform sites in the country. HFSC was also chosen by the U.S. Food and Drug Administration as one of only three sites in the nation for an expanded access program to provide ALS patients who are not eligible to enroll in the HEALEY Platform trial access to CNM-Au8, an investigational cellular energetic catalyst that supports energy production.</p> <p>October 2020: The new wing for inpatient autism care is opened, expanding unit capacity to twelve patients. See Health Need #2 for details.</p> <p><u>COVID-19 impact on HFSC’s community</u> Hospital for Special Care recognized the continued need to address disparities in access to health care services for individuals living with chronic disease and complex medical disorders despite the barriers COVID-19 continued to create. The</p>

Strategy	Key Indicator and Metrics
	<p>organization enhanced its digital strategies, utilizing social media, webinars and virtual conferences to reach professional and community audiences in Connecticut, across the country and around the world.</p> <p><u>COVID-19 impact on ALS clinical trials</u> HFSC recognized the magnitude of the impact COVID-19 could have on patients with amyotrophic lateral sclerosis (ALS). Patients with ALS, a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord, face extreme risk from any respiratory infection and are highly vulnerable to COVID-19. ALS advances rapidly in many patients and often proves fatal within just a few years of diagnosis.</p> <p>Delaying access to clinical trials for these patients could have devastating consequences... and so could exposure to COVID-19. HFSC’s Neuromuscular Center research team worked tirelessly with infectious disease experts and clinical trial coordinators to develop safe and effective protocols to build access to the nation’s leading clinical trials.</p>
Provide education in our medical specialties to healthcare professionals	<p><i>Attachment Disorders in Young Children Who Grow Up in Institutions</i> - featured webinar reviewing attachment disorders in children, including medically complex children for the membership of the Hezekiah Beardsley Connecticut Chapter of the American Academy of Pediatrics, presented by Kirin Suri, MD (August 18, 2021).</p> <p><i>Vaccine Equity: Caregivers and People with Disabilities</i> – featured webinar reviewing vaccine equity for caregivers and individuals living with disabilities, including children. Webinar was hosted by the Stanley Black & Decker Abilities Employee Reference Group for employees from across the country and international locations. Presenters included Kirin, Suri, MD, Scott Leopold, MD, and Vivian Almario, APRN (November 30, 2021)</p> <p><i>Spinal Cord Injury: Post-Acute Care Strategies to Build Health Equity</i> – featured webinar addressing health disparities in the SCI populations and effective strategies for building better systems of care and enhancing health equity for the member ship of the Academy of Spinal Cord Injury Professionals presented by Natalie Sajkowicz, MD and William Pesce, DO (December 16, 2021)</p>
Provide care coordination and education (on navigating the healthcare system)	
Nurse navigators provide care and services in each of our programs	Nurses in our Autism Center and other outpatient clinics and centers provide care coordination services to patients whenever needed.
Sponsoring conferences and resource fairs	Our usual participation in and sponsorship of events was impacted by the pandemic. In-person participation will resume when our patients and families can safely attend events. Virtual events are described in the COVID-19 strategy below.

Strategy	Key Indicator and Metrics
COVID-19 Pandemic (not a planned strategy but provided opportunities to improve access to care)	
Outpatient Services	<p><u>Telehealth visits, 2020</u> Telehealth visits allowed HFSC to continue providing physician care and therapies to patients during the pandemic. Data reflects 5/1 – 12/31/2020. After brief disruption in care to our community, the Autism Center began telehealth services 3/31/2020. As soon as new safety measures were instituted, a hybrid telehealth and in-person psychological diagnostic evaluation system was added. By family preference, that system continues. Our Center appears to have been one of the only groups providing in-person diagnostic evaluations throughout the pandemic.</p> <ul style="list-style-type: none"> • 3,456 Autism Center telehealth visits (47% of visits from 3/1 - 12/31) • 36 hybrid evaluations • In-person treatment and therapy visits were resumed 05/19/2020 <p>Telehealth visits were expanded to our other Outpatient services. 7,043 visits were provided.</p> <ul style="list-style-type: none"> • Visits by clinic: <ul style="list-style-type: none"> 223 Physician Clinics 898 Behavioral Health 599 Neuromuscular Center 446 Parkinson’s Center 10 Concussion Clinic • Visits by therapists <ul style="list-style-type: none"> 1,200 PT, OT, SLP 37 COPD <p>Following enhanced safety measures, in-person visits resumed in mid-2020.</p> <p><u>Telehealth visits, 2021</u> HFSC continued to offer telehealth visits for patients not ready to return for office visits or therapy sessions. As in-person visit numbers continued to increase throughout 2021, telehealth visits decreased, but were still helpful to some patients. Telehealth visits were most popular for speech therapy and behavioral health.</p> <ul style="list-style-type: none"> • Outpatient adult physician clinics: 368 • Outpatient adult therapy: 477 • Autism outpatient practitioners and ABA: 180 • Autism outpatient therapy: 308 <p><u>Community-based services</u> Stopped in March 2020, community-based services were restarted virtually also:</p> <ul style="list-style-type: none"> • “The Loud Crowd” speech therapy program resumed on 6/10/20, using a virtual platform • A Communication group restarted its 4-week sessions • Our stroke support group (with Hartford Hospital) • Brain Injury roundtable (with Brain Injury Alliance-CT) • Balance/Dizziness support group transferred to virtual meetings. <p>In 2021, community-based services have been offered both virtually and in-person as government mandates and participants’ comfort-levels dictated.</p>

Strategy	Key Indicator and Metrics
Education	<p>Videos, shared on social media in 2020, offered information on the pandemic, by Dr. Nurse, Chief of Infectious Diseases and Infection Prevention and Control:</p> <ul style="list-style-type: none"> • “COVID 19 Update from the Chief of Infectious Diseases and Infection Prevention and Control”, on keeping yourself and our communities safe, 3/12, 779 views • “COVID-19 Update on Visitors”, information for visitors to inpatients, 3/12, 1.1K views
	<p>Videos shared on social media in 2020, supported parents providing care to children on the autism spectrum, by Autism Center speech-language pathologists, physical and occupational therapists:</p> <ul style="list-style-type: none"> • “Making the Most out of Mealtimes (Practice Occupational and Speech Therapy Skills)”, 11/6, 907 views • “Practicing Bilateral Coordination for your Child with Autism”, 11/2, 801 views • “Helping your Child with Autism Practice Self-Help Skills Activities at Home”, 3/31, 1.4K views • “Help your Child Tolerate Wearing a Mask”, 9/8, 76 views
	<p>Videos shared on social media in 2020, created by Outpatient Services physical, occupational and speech therapists:</p> <ul style="list-style-type: none"> • “Using Telehealth for Outpatient Therapy”, 5/1, 707 views • “What you Need to Know About Splints (How to Care for Your Splint at Home)”, 4/28, 672 views • “Occupational Therapy Exercises for Spasticity”, 4/23, 4.2K views • “Tips to Prevent Aspiration”, 4/2, 181 views
	<p>Interviews, 2020:</p> <ul style="list-style-type: none"> • The River 105.9 radio interview: 5/25, Dr Hassan Minhas, Medical Director, Autism Services offered helpful information, updates on Autism services and how HFSC is helping all patients during the pandemic. • Fox61 TV interview: 6/8, Dr. Minhas on HFSC telehealth services
	<p><i>Life on the Spectrum & Quick Tips</i> – video series 2020-2021 Hospital for Special Care produced and disseminated a series of eight videos raising awareness of the unique strengths and needs of children and families living with autism spectrum disorder and providing tips such as making mealtime a positive experience. The series has had more than 5,300 views on social media to date.</p>
	<p><i>COVID-related brain injury? From the ICU to rehabilitation</i> - featured virtual conference presentation reviewing changes to cognition and brain function for patients severely impacted by COVID-19; health disparity drivers identified in the population at greatest risk of severe impact; effective strategies to reduce impact of disparities on short-term recovery and implications for long-term recovery. Presented at Brain Injury Association of Connecticut virtual conference by Alaina Hammond, PsyD, ABPP, Timothy Belliveau, PhD, ABPP and Wendy DeAngelo, MBA, FACHE (April 2021).</p>
	Inpatient care

Strategy	Key Indicator and Metrics
Autism inpatient care	<p>When family visits were stopped at the start of the pandemic, unit staff conducted Facetime calls between patients and families. As much as possible, telehealth sessions were used to continue weekly parent training on behavior plans. Zoom sessions provided opportunities:</p> <ul style="list-style-type: none"> • patients to "meet" the ABA providers who would provide in-home services following discharge from HFSC • patients to "tour" a new group home or residential school team • unit staff to provide extensive support to families who were admitting their children to our unit, knowing that in-person visits would not be possible for weeks.
Health Need 2: Autism Services	
Offer inpatient and outpatient services	
Continue to increase the number of patients served	<p><u>Number of inpatients admitted / Average Length of Stay (LOS)</u> 2019: 134 patients / 27 days 2020: 123 patients / 31 days 2021: 145 patients / 31 days NOTE: Required COVID-19 testing prior to admission slowed admissions in 2020 and 2021.</p> <p>The new AIU wing opened in October 2020 with all private rooms and two additional beds. Not only are there two additional beds (12), but private rooms eliminate restrictions on new admissions based on sex or compatibility with a roommate.</p> <p>Based on our regular waiting list for admission, in 2021 HFSC requested and received state approval for additional inpatient beds for children with ASD. We have prepared the prior AIU wing for reopening in early 2022. This unit will regularly have 6 patients, with 2 open beds ready for emergency admissions.</p>
	<p><u>Number of Autism Center outpatient visits annually</u> FY19: 8,174 visits by 663 unique patients FY20: 10,647 visits by 660 unique patients FY21: 9,634 visits by 510 unique patients (6-week closure at the start of the pandemic, gradual reopening) FY22: 10,723 visits by 685 unique patients (April 2021 – February 2022)</p>
	<p><u>Medicaid Services</u> Many outpatient providers do not accept Medicaid payment, nor do some of the few inpatient programs nationwide. If not for HFSC, some patients with Medicaid coverage or no means of payment may not have found care elsewhere.</p> <ul style="list-style-type: none"> • Inpatient services to patients with Medicaid payment FY19: 57% FY20: 52% FY21: 42% (Medicaid, CT and out-of-state) • Outpatient services to patients with Medicaid payment FY19: 5,602 visits by 384 unique patients FY20: 7,425 visits by 397 unique patients FY21: 6,288 visits by 303 unique patients (6-week closure at the start of the pandemic, gradual reopening) FY22: 7,172 visits by 403 unique patients (April 2021 – February 2022)

Strategy	Key Indicator and Metrics
Adding new outpatient services to the continuum	<p>Medical services</p> <ul style="list-style-type: none"> • New ABA (Applied Behavioral Analysis) program 2019 (May to December): 498 visits, across 23 patients 2020 (with 6 weeks of pandemic closure): 1,120 visits, across 24 unique patients 2021: 1,023 visits to 23 unique patients; clinic closed 6/30/21 • Our Partial Hospital Program opened in February 2021, providing nearly 1,000 sessions in 11 months.
	<p>Community-based programs</p> <ul style="list-style-type: none"> • Social events: In 2019 we were able to offer 2 family fun nights, held in the evening where families were able to come together and socialize. Staff was present to help facilitate activities designed to engage children with Autism. • Social events were not held in 2020 and 2021. Our adaptive sports programs offered inclusive recreation sessions (see Health Need 3).
Offer HSC's expertise to other state and national organizations to develop programs	<ul style="list-style-type: none"> • HFSC was selected to participate in the Autism Speaks Autism Health Learning Network (AHLN), 9/2020. The AHLN is a national, multicenter collaboration of families, providers and researchers working together to drive innovation, quality, safety and value in healthcare. NOTE: participation extended in 1/2021 • Dr. Herlihy was interviewed by CTLatinoNews.com on barriers to early detection of autism in Latino children, 2020 • HFSC is included in a national review of autism services conducted by the Stanford University Clinical Excellence Research Center. Our continuum of care is identified by Stanford as one of the top four programs in the country and will be featured in a January 2021 white paper. • <i>Autism Spectrum Disorder</i> – featured webinar reviewing latest developments in care for children living with autism spectrum disorder for the membership of the Hezekiah Beardsley Connecticut Chapter of the American Academy of Pediatrics, presented by Hassan Minhas, MD, 8/18/21.
Health Need 3: Increasing physical activity levels to improve health and wellbeing	
Offer regular fitness programs and one-time events to community members	
Programs offered to community members	<p><u>Aquatic Rehabilitation and Fitness Center (ARC) Fiscal Year 20, FY21 (closed March to mid-October, no group activities until January 2021), & FY22 April - December</u></p> <ul style="list-style-type: none"> • Community members served FY20: 1,364 FY21: 852 FY22: 723 • New members FY20: 327 FY21: 15 FY22: not available • Aquatic fitness classes taught FY20: 624 FY21: 0 (group activities are still canceled) FY22: 290

Strategy	Key Indicator and Metrics
	<ul style="list-style-type: none"> • Participants enrolled in aquatic fitness classes FY20: 76 FY21: 0 FY22: 68 • Swim lessons taught FY20: 2,008 FY21: 0 FY22: 684 • Participants enrolled in swim lesson program FY20: 121 FY21: 0 FY22: 52 • Personal training sessions FY20: 381 (trainer position was vacant for part of the year) FY21: 42 (PEP) FY22: 70 (decline in services due to COVID-19; personal trainer position vacant since August 2021)
	<p><u>Manes & Motions Therapeutic Horseback Riding program</u> Following a four-month closure in 2020, activities have increased toward pre-pandemic levels. <i>Fiscal Year 20, FY 21 June through December (closed March through early June), FY 22 April-January</i></p> <ul style="list-style-type: none"> • Equine-assisted activities delivered FY20: 3,384 FY21: 1,079 FY22: 2,755 • Participant spots / Unique individuals served FY20: 438 / 255 FY21: 192 / 181 FY22: 271 / 121
	<p><u>Adaptive Sports</u> Adaptive Sports includes practices, competitions, and fitness programs. Programs include HFSC-based programs and special events. Inclusive Recreation evenings bring together children and young adults with disabilities, their siblings, and parents to participate in a variety of recreation activities which foster opportunities for social engagement, creative expression and friendship skills.</p> <p>Our adaptive sports and inclusive recreation programs operated in 2019, stopping in March 2020 for the pandemic.</p> <ul style="list-style-type: none"> • Programs 2019: 217 2020: 48 • Participants 2019: 3,191 2020: 918

Strategy	Key Indicator and Metrics
	<ul style="list-style-type: none"> <li data-bbox="477 233 1494 338">• HFSC Ivan Lendl Adaptive Sports Camp 8/5-9/2019: 43 8/3-7/2020: 27 (virtual camp) <p data-bbox="477 373 1494 625">As soon as possible, programs resumed safe-socially distanced indoor and outdoor activities, including track and field, wheelchair racing, swimming, basketball, adaptive tennis and other activities. Activities focused on addressing participant physical deconditioning and social isolation resulting from prolonged remote learning and quarantine during the first year of the COVID-19 pandemic. More than 60 child, adolescent and adult participants engaged in physical activity with the program during 2021.</p> <p data-bbox="477 661 1494 871">The HFSC Ivan Lendl Adaptive Sports Camp was conducted over a period of three weeks extending from July 19 through August 7, 2021 with both in-person and virtual participation options for many activities. Scheduling smaller sessions three evenings each week, as well as Saturday sessions, allowed participants to gather safely and take part in a range of activities including adaptive tennis, swimming, track and field, basketball and inclusive recreation activities.</p> <p data-bbox="477 907 1494 1054">Twenty-one athletes, ranging in age from four to 17, from three states took part in the activity series. Participants living with cerebral palsy, spina bifida, limb difference and other neuromuscular conditions took part in activities specifically adapted to their strengths.</p> <p data-bbox="477 1089 1494 1404">Twelve evening sessions and three Saturday sessions, scheduled with input from parents and guardians, provided the flexibility families needed. Participation via Zoom was offered for Monday and Wednesday evening activities, including tennis skills with Coach Korb. Athletes and their families were eager for opportunities for in-person activities, citing the impact of social isolation and physical deconditioning as a result of COVID-19 remote education and extended quarantine. Summer program activities were specifically designed to support competitive athletes in their continued progress and also to engage non-athletes in healthy physical activity critical to overall well-being.</p> <p data-bbox="477 1440 1494 1734">Online registration made it easy for families to sign up for specific sessions and facilitated communication with participants. Adaptive sports program staff used the system, in this case a unique adaptation of a fundraising application that allowed families to register at no cost, to send important updates and reminders via text. Reminders about session times, mask requirements, hydration and other key messages were easily distributed. This system would also have been used to report any COVID-19 exposures quickly and efficiently to all impacted participants – but was not needed for that purpose.</p> <p data-bbox="477 1770 1494 1902">Hospital for Special Care’s Adaptive Sports program has continued conditioning activities for athletes, including indoor and outdoor (weather permitting) training sessions for small groups of athletes. All staff, coaches and volunteers must meet COVID-19 vaccination requirements, including boosters. Athletes wear masks during</p>

Strategy	Key Indicator and Metrics
	<p>all practice sessions with the exception of outdoor activities that allow participants to spread out (i.e. wheelchair racing). The program continues to dedicate safe operations in full compliance with federal, state and local guidance and in consultation with the hospital’s infectious disease prevention experts.</p> <p>Families continue to report negative impacts related to the social isolation and lack of physical activity resulting from COVID-19 precautions. The adaptive sports program has responded by relaunching inclusive recreation activities that expand engagement and participation to both athletes and youth with no current interest in competitive sports. Safe and socially distanced, games, craft and art activities promote an environment for positive peer engagement – often for parents as well as youth</p> <p>Special fitness events</p> <ul style="list-style-type: none"> ▪ MahoneySabol 5K road race: 4/27/19, 2020 and 2021 cancelled ▪ Manes & Motions Ride & Stride: 5/19/19 ▪ Hartford Marathon (run, walk, volunteer): 10/12/19; virtual 10/11/20, live 10/9/2021 <p><u>Facebook-Live Seated Yoga</u> began in January 2020 weekly sessions; Offering more than 30 sessions with an average of 355 views per week. The sessions continued throughout most of 2021. In 2022 the program is now offered to a registered group via Zoom.</p>
Promote the impact of increased physical activity, and strength and conditioning throughout our continuum of care	
Support community organizations in their events	
<u>Reporting on supported events</u>	<p>Events attended, live or virtually, by HFSC team members:</p> <ul style="list-style-type: none"> ▪ ALA Stair Climb: 4/13/19; virtual April 2020, new venue 6/19/21 ▪ ALSA-CT walks: 3 locations in October 2019; virtual walks in Oct. 2020 and 2021 ▪ Alzheimer’s Association walks, multiple in 2019, virtual in 2020 ▪ APDA CT Optimism Walk (American Parkinson’s Disease Assoc), 2019 ▪ Brain Injury Association of CT (BIAC) walk, 2019 ▪ FHS Society Walk & Roll, 2019 ▪ MDA Robert Held Memorial 5K, 6/15/19 ▪ MDA Muscle Walk sponsor, 6/1/19 (nearly 500 attendees); 6/20/20 virtual walks by teams ▪ New Britain Walk & Roll (City Commission on Persons with Disabilities), 2019
Health Need 4: Dementia and memory loss	
Provide services for individuals with memory loss and their families	
<u>Reporting program services and growth of the Center for Cognitive Health</u>	<ul style="list-style-type: none"> ▪ Referrals increased, despite pandemic closures of the Outpatient clinic. 2019: 173 patients (18% of psychology referrals) 2020: 180 patients (25% of referrals) 2021: 178 patients (20% of referrals) ▪ Nearly 20% of 2019 and 2020 referrals resulted in ongoing services both from the psychology program and PT, OT and especially speech therapy. ▪ FUTURE: exploring a Neuroscience Center of Excellence, combining Parkinson’s, brain injury, neurobehavioral and dementia/memory loss services

Attachment 3 Key Informant Organizations

Not-for-Profit Advocacy Organizations

ALS Association – CT (Amyotrophic lateral sclerosis)
American Heart Association, CT Affiliate
American Lung Association in CT
Autism Speaks
Autism Services and Resources Connecticut
Brain Injury Alliance of CT (BIAC)
Food Share (CT)
Muscular Dystrophy Association, CT office
National Stroke Association
United Spinal Association – CT Chapter

Connecticut Acute Care Hospitals

Backus Hospital, Norwich
Bridgeport Hospital, Bridgeport
Bristol Hospital, Bristol
Charlotte Hungerford Hospital, Torrington
Connecticut Children's Medical Center, Hartford
Danbury Hospital, Danbury
Day Kimball Hospital, Putnam
Greenwich Hospital, Greenwich
Griffin Hospital, Derby
Hartford Hospital, Hartford
Hospital of Central Connecticut, New Britain
Johnson Memorial Hospital, Stafford Springs
Lawrence + Memorial Hospital, New London
Manchester Memorial Hospital, Manchester
Middlesex Hospital, Middletown
MidState Medical Center, Meriden
Milford Campus, Bridgeport Hospital, Milford
New Milford Hospital, New Milford
Norwalk Hospital, Norwalk
Rockville General Hospital, Vernon
Saint Francis Hospital and Medical Center, Hartford
Saint Mary's Hospital, Waterbury
Saint Raphael Hospital, New Haven
Saint Vincent's Medical Center, Bridgeport
Sharon Hospital, Sharon
Stamford Hospital, Stamford
University of Connecticut Health Center / John Dempsey Hospital, Farmington
Waterbury Hospital, Waterbury
Windham Hospital, Willimantic
Yale-New Haven Hospital, New Haven
Yale-New Haven Children's Hospital, New Haven

Connecticut State Departments and Offices

Aging and Disability Services, Department of
Aging, State Unit on
Child Advocate, Office of the
Children and Families, Department of
Consumer Protection, Department of
Developmental Disabilities, Connecticut Council on
Developmental Services, Department of
Disabilities, Office of Protection and Advocacy for Persons with
Early Childhood, Office of
Emergency Management and Homeland Security, Division of
Health Strategy, Office of
Healthcare Advocate, Office of the
Housing, Department of
Human Rights and Opportunities, Commission on
Mental Health and Addiction Services, Department of
Acquired Brain Injury (ABI) Program
Policy and Management, Office of
Public Health, Department of
Rehabilitation Services, Department of
Social Services, Department of
Money Follows the Person
State Emergency Response Commission
Veterans Affairs, Department of

Connecticut Community Health Centers

Charter Oak Health Center

- Hartford (Medical, Behavioral Health & Dental Services)

Community Health & Wellness Center of Greater Torrington

- Torrington (Medical, Behavioral Health & Dental Services)
- Winsted (Medical & Behavioral Health Services)

Community Health Center, Inc.

- Bristol (Medical & Dental Services)
- Clinton (Medical & Behavioral Health Services)
- Danbury (Medical & Behavioral Health Services)
- Enfield (Medical Services)
- Greenwich (Child Guidance Center)
- Groton (Medical Services)
- Hartford, Connecticut Pediatrics @CHC
- Meriden, State St. (Medical, Behavioral Health & Dental Services)
- Meriden, Miller St. (Dental Services)
- Middletown (Medical, Behavioral Health & Dental Services)
- New Britain, Lafayette St. (Medical, Behavioral Health & Dental Services), plus 4 school locations
- New London (Medical, Behavioral Health & Dental Services)
- Norwalk ((Medical, Behavioral Health & Dental Services)
- Old Saybrook (Dental Services)

- Stamford, Fifth St. ((Medical & Behavioral Health Services)
- Stamford, Franklin St. (Behavioral Health & Dental Services)
- Stamford, West Broad St. (Child Guidance Center)
- Stamford, Shippan Ave. (Child Guidance Center)
- Waterbury (Medical, Behavioral Health & Dental Services)

Community Health Services, Inc.

- Hartford (Medical, Behavioral Health & Dental Services)

Cornell Scott-Hill Health Center

- Ansonia (Medical & Behavioral Health Services)
- Derby (Dental Services)
- New Haven, Wilmot Rd. (Medical & Behavioral Health Services)
- New Haven, Dixwell Ave. (Medical & Behavioral Health Services)
- New Haven, 400 Columbus Ave. (Medical & Behavioral Health Services)
- New Haven, 428 Columbus Ave. (Medical & Dental Services)
- New Haven, Tower Ave. (Geriatric Behavioral Health Services)
- New Haven, State St. (Medical & Behavioral Health Services)
- New Haven, South Central Rehabilitation Center (Medical & Behavioral Health Services)
- New Haven, Sargent Dr. (Behavioral Health & Women’s Services)
- New Haven, Park St, CMHC Wellness Center (Medical Services)
- West Haven, Main St (remote addiction treatment)
- West Haven Campbell Ave. (Medical & Behavioral Health Services)

East Hartford Community HealthCare, Inc. (First Choice Health Centers)

- East Hartford (Medical & Dental Services)
- Manchester (Medical Behavioral Health & Dental Services)
- Vernon, Union St. (Medical & Behavioral Health Services)
- Vernon, Prospect St. (Dental Services)

Fair Haven Community Health Center, multiple locations in schools and community

- New Haven (Medical, Behavioral Health, & Dental Services)

Generations Family Health Center

- Danielson (Medical Services)
- Norwich (Medical Services)
- Putnam, Pomfret St. (Medical & Dental Services)
- Putnam Middle School and Putnam High School
- Willimantic (Medical, Behavioral Health & Dental Services)

Intercommunity Health Care

- East Hartford (Primary Care, (telehealth) Mental Health Services)
- Hartford (Primary Care, (telehealth) Mental Health Services,)
- South Windsor (Primary Care, (telehealth) Mental Health & Addiction Recovery Services)
- School-based health centers, multiple locations

Norwalk Community Health Center

- Norwalk (Medical, Behavioral Health & Dental Services)
- South Norwalk (Medical, Behavioral Health & Dental Services)

Optimus Health Care: Formerly known as Bridgeport Community Health Center

- Bridgeport, 982 East Main St. (Medical, Behavioral Health & Dental Services)
- Bridgeport, Main St. Pediatrics
- Bridgeport, 1071 East Main St. (Medical & Behavioral Health Services for previously incarcerated individuals)
- Bridgeport, 1071 East Main St. (Wellness Center)
- Bridgeport, Barnum Ave. (Medical & Behavioral Health Services)
- Bridgeport, Black Rock Ave. (Medical, Behavioral Health & Dental Services)
- Bridgeport, Commerce Dr. (Family Practice)
- Bridgeport, Park Ave. (Family Practice)
- Bridgeport, Central Ave. (Medical & Behavioral Health Services)
- Bridgeport, Mobile Dental Center
- Milford, (Family Medicine)
- Stamford, Atlantic St. (Medical & Behavioral Health Services)
- Stamford, Woodland Pl. (Adult Medicine)
- Stamford, Stillwater Ave. (Adult Medicine)
- Stamford, Pacific St. (Adult Medicine)
- Stamford, Washington Blvd. (Medical, Behavioral Health & Dental Services)

Southwest Community Health Center

- Bridgeport, multiple locations (Medical, (telehealth) Mental Health & emergency Dental Services)

StayWell Health Care, Inc.

- Waterbury, multiple locations (Medical, Behavioral Health & Dental Services)

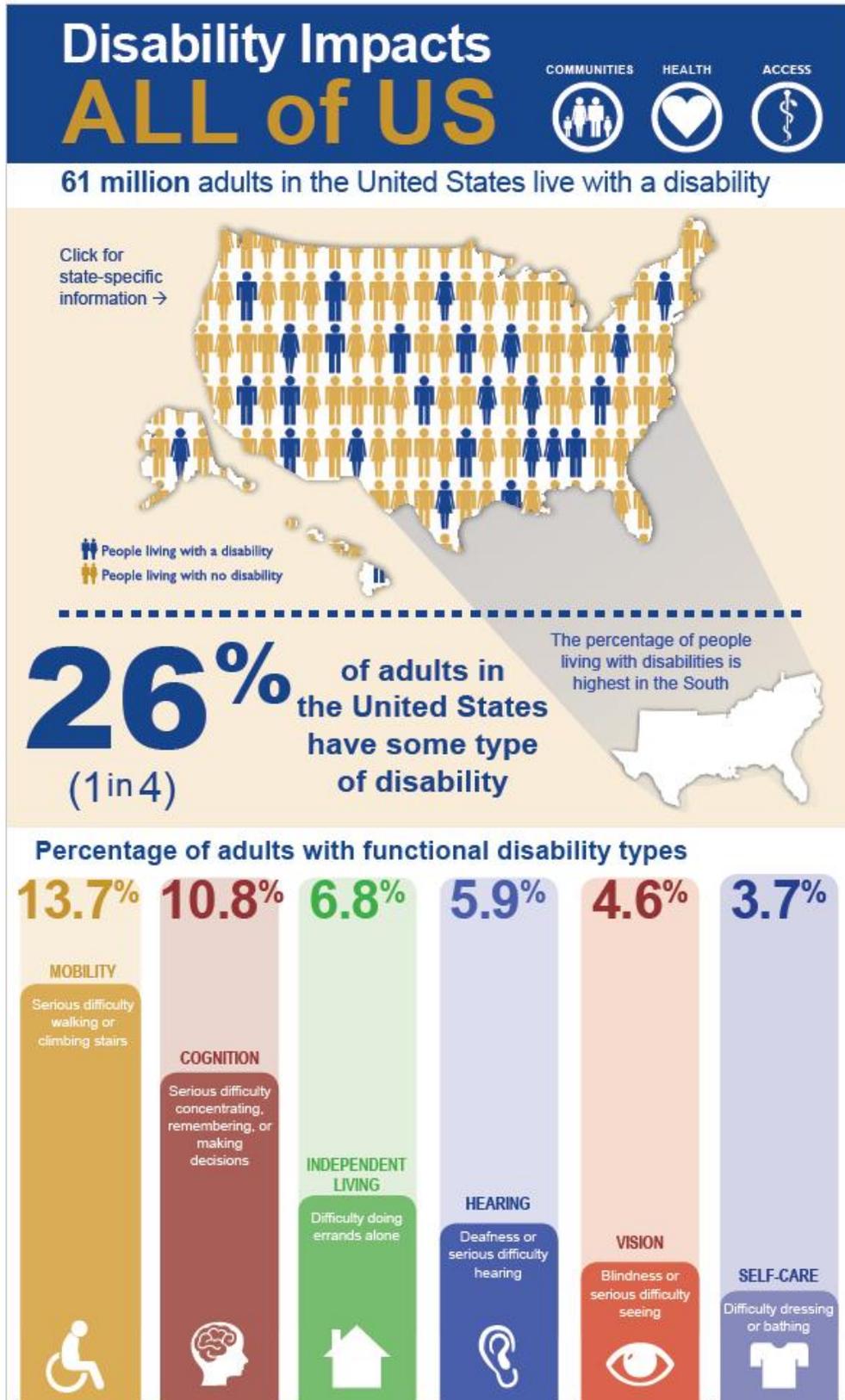
United Community & Family Services

- Colchester (Behavioral Health & Dental Services)
- Griswold (Medical, Behavioral Health & Dental Services)
- New London (Medical, Behavioral Health & Dental Services)
- Norwich (Medical, Behavioral Health & Dental Services)
- Plainfield (Behavioral Health & Dental Services)

Wheeler Clinic

- Bristol (Primary & Behavioral Health Services)
- Hartford (Behavioral Health, Addiction, Mental Health & Primary Care)
- New Britain (Medical & Behavioral Health Services)
- Plainville (Primary & Behavioral Health Services)
- Waterbury (Primary & Behavioral Health Services)

Source: various websites



Disability and COMMUNITIES



Disability is especially common in these groups:

2 in 5

adults age 65 years and older have a disability



1 in 4

women have a disability



2 in 5

Non-Hispanic American Indians/ Alaska Natives have a disability



Disability and HEALTH



Adults living with disabilities are more likely to

	With Disabilities	Without Disabilities
 HAVE OBESITY	38.2%	26.2%
 SMOKE	28.2%	13.4%
 HAVE HEART DISEASE	11.5%	3.8%
 HAVE DIABETES	16.3%	7.2%

Disability and Healthcare ACCESS



Healthcare access barriers for working-age adults include

1 in 3

adults with disabilities
(18-44 years)

do not have a
usual healthcare
provider



1 in 3

adults with disabilities
(18-44 years)

have an unmet
healthcare need
because of cost
in the past year



1 in 4

adults with disabilities
(45-64 years)

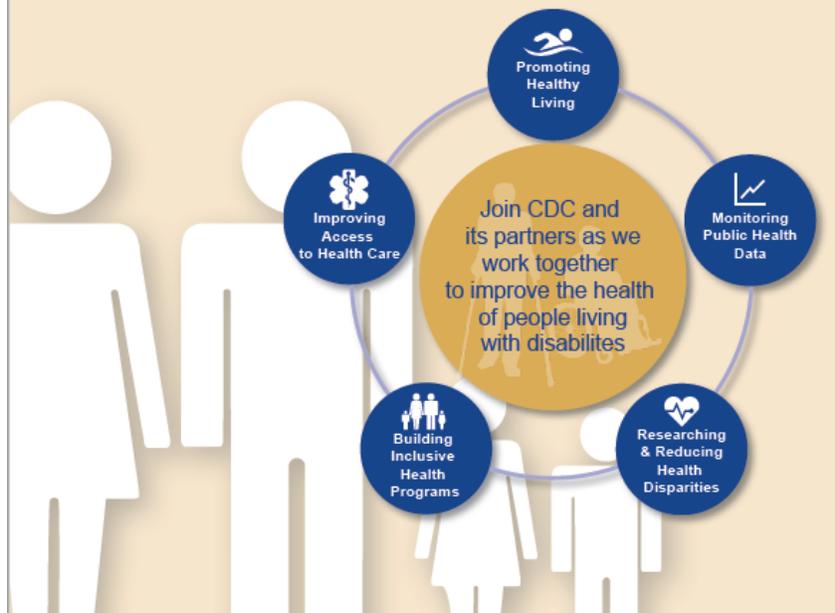
did not have a
routine check-up
in the past year



Making A DIFFERENCE



PUBLIC HEALTH IS FOR ALL OF US



View infographic and references at: www.cdc.gov/disabilities
Contact us: disabilityandhealthbranch@cdc.gov
Twitter: @CDC_NCBDDD

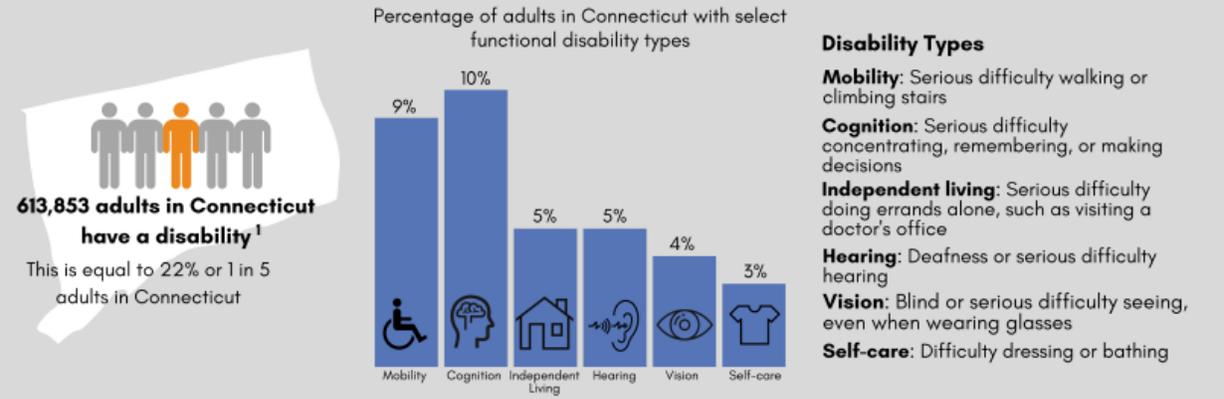


Attachment 5 CDC Disability Impacts: Connecticut

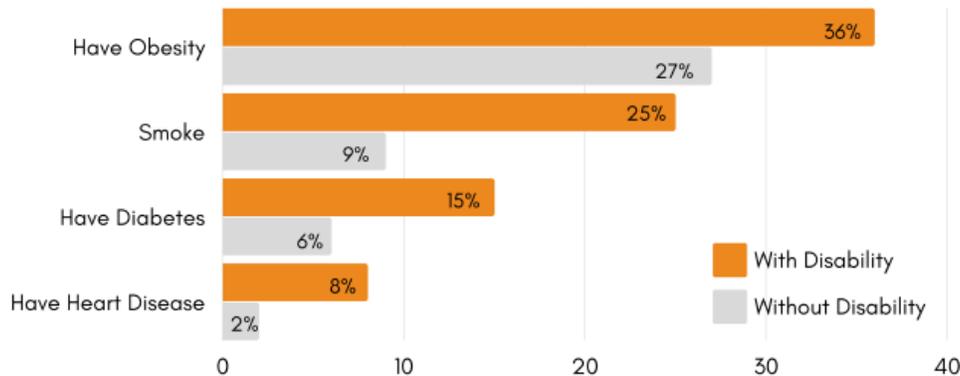
CDC's National Center on Birth Defects and Developmental Disabilities
DISABILITY IMPACTS CONNECTICUT



Everyone can play a role in supporting more inclusive state programs, communities, and health care to help people with, or at risk for, disabilities be well and active in their communities. Join CDC and its partners as we work together to improve the health of people with disabilities.



Adults with disabilities in **Connecticut** experience health disparities and are more likely to...¹



Visit dhds.cdc.gov for more disability and health data across the United States.

DISABILITY HEALTHCARE COSTS IN CONNECTICUT²

- About **\$12.5 BILLION** per year, or up to **37%** of the state's healthcare spending
- About **\$21,927** per person with a disability



Learn how CDC and state programs support people with disabilities at www.cdc.gov/ncbddd/disabilityandhealth/programs.html.

NOTE: DATA ARE ROUNDED TO THE NEAREST WHOLE FIGURE. FOR MORE PRECISE PREVALENCE DATA, PLEASE VISIT [DHDS.CDC.GOV](https://dhds.cdc.gov).

1. DATA SOURCE: 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS).
2. DISABILITY HEALTHCARE COSTS ARE PRESENTED IN 2017 DOLLARS AS REPORTED IN KHAVJOU, ET AL. STATE-LEVEL HEALTH CARE EXPENDITURES ASSOCIATED WITH DISABILITY. 2021. PUBLIC HEALTH REP.



**Attachment 6
Academic Partners
Schools with HFSC Student Affiliations**

Medical Schools

University of Connecticut School of Medicine
University of Hartford (psychology)
University of Massachusetts (psychology)
University of New England College of
Osteopathic Medicine
Philadelphia College of Osteopathic Medicine
(post-doctoral psychology)
Yeshiva University (post-doctoral psychology)

Nursing

American International College (Springfield, MA)
Capital Community College (Associate)
Central Connecticut State University (BSN)
Goodwin University (Assoc, BSN, graduate)
Purdue Global School of Nursing (psychiatric
APRN)
Quinnipiac University (BSN)
Southern CT State University (BSN)
University of Connecticut (BSN)
University of Hartford (BSN)
University of St. Joseph (BSN and Graduate)
Western CT State University (Graduate)

Certified Nursing Assistant

New Britain High School

Pharmacy

University of Connecticut
Western New England University

Occupational Therapy (additional student slots were
recently created to accommodate the increased need)

American International College (Springfield, MA)
Quinnipiac University
Sacred Heart University
Springfield College (Massachusetts)
Tufts University
University of Scranton
Worcester State University

Physical Therapy

Naugatuck Valley Community College
Quinnipiac University
Sacred Heart University
University of Connecticut
Springfield College (Massachusetts)
University of Hartford

Respiratory Therapy

Manchester Community College
Norwalk Community College
University of Hartford

Speech language Pathology

Emerson College
Sacred Heart University
Southern Connecticut State University
University of Connecticut
University of South Carolina

Therapeutic Recreation

Southern Connecticut State University
University of New Hampshire

Nursing (additional programs)

School nurse training in medically complex care
Bristol (CT) public schools
New Britain (CT) public schools

HFSC employees pursuing advanced degrees

American International College
Capella University
Grand Canyon University
Purdue University on-line
Western Governor's University