

**Mercy Community Health  
Community Needs Assessment  
and  
Community Improvement Plan, 2013-2015  
May 3, 2013**

**I. General Information on the Community Health Needs Assessment (CHNA)**

National health reform, known as the Patient Protection and Affordable Care Act (“PPACA”), sets forth new requirements via Internal Revenue Code Section 501(r) to hospital organizations to conduct a periodic assessment of health needs of those living in their service area in order to maintain tax-exempt status. The Community Health Needs Assessment (“CHNA”) process for Hartford began in October 2010 with an initial meeting of representatives from area hospitals, namely Connecticut Children’s Medical Center, Hartford Hospital, Saint Francis Hospital and Medical Center, and the University of Connecticut Health Center. This consortium of health care organizations (“The Consortium”), including the City of Hartford Department of Health and Human Services (“HHS”), came together to address this requirement and to collaborate on a community health needs assessment which would maximize resources and develop a comprehensive and useful document for agencies working in the City of Hartford. A decision was made to make the results of this assessment available for planning by all agencies serving Hartford’s needy residents.

In order to complete the community health needs assessment the Consortium contracted with Holleran, a health research consulting firm, to complete a secondary data analysis and to conduct telephone interviews of 59 Key Informants identified by the steering committee of the CHNA group. The Urban Alliance, a local non-profit organization that provides capacity building and technical assistance to improve the quality of life for under-resourced residents by facilitating a network of faith-based organizations, aided in this process by conducting a resident survey on human service needs. Additionally, the Health Equity Index (“HEI”) developed by the Connecticut Association of Directors of Health (“CADH”) provided recent trend data that were used to bolster our findings. From these various data sources evolved a framework demonstrating the importance of social determinants of health.

From the perspective of a Community Health Needs Assessment, the social determinants of health provide a lens through which to view different populations and communities in terms of which community conditions are most important and which are the most limiting for population health.

**The 2012 Community Needs Scores**

An additional resource consistently supported reflected the social determinants of health need in the Hartford CHNA. These factors include income, education, culture, insurance, and housing.

The information included in the Hartford CHNA and CNS, provide the foundation for The Mercy Community Health’s Community Needs Assessment and Community Improvement Plan upon which community health programs and interventions can be targeted, developed, and evaluated with the ultimate goal of improving the health of the community and its members.

**II Relationship of the Mercy Community and City of Hartford, Department of Health and Human Services**

The Department of Health and Human Services (HHS) and Mercy Community Health (MCH) share a commitment to improving the quality of life for under-served residents of Hartford. As a key leader in the Consortium of Health Care organizations, the HHS collaborates with MCH in addressing individual's needs in many ways, not the least of which is an annual HHS survey of Saint Mary Home (SMH) ensuring that its residents are cared for in a manner and an environment that promotes maintenance or enhancement of each resident's quality of life. Through this survey, HHS evaluates SMH in all areas of service. Aligning the goals of the survey with the MCH Mission and Core Values, SMH reflects excellence in the following areas:

- **Dignity:** SMH must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.
- **Environment.**
  - A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible and
  - Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
- **Resident Rights.** The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside SMH. SMH must protect and promote the rights of each resident.
- **Privacy and Confidentiality.** The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

As MCH partners with social service agencies in Hartford to provide housing and health care for underserved and homeless populations, the quality of life and care provided at SMH makes SMH a choice supported by the findings in the HHS Survey.

### **III Summary of Key Findings in the Hartford CHNA**

#### **Social Determinants**

Many socioeconomic and cultural characteristics of the population living in Hartford drive the main health concerns. The findings in the secondary data profile point to higher concentrations of people that are at increased risk for unhealthy living merely because of their race, age, income, educational status, or family status. The Key Informant interviews, the Hartford Survey Project, the CNS, and data from the Health Equity Index validate the concern for marginalized and underserved populations.

- The top 5 quality of life issues mentioned by Key Informants as currently having the most negative impact in Hartford were **poverty, job opportunities, quality of housing, neighborhood safety, and education.**
- Hartford has a greater number of renters than owners, more households with mothers being the sole head of household, and lower residential property values than the state, overall. These are associated with poor health outcomes. There is also a higher rate of service occupations when compared to the state and nearly 1/5 of the city's labor force unemployed. With subpar housing and employment levels, overall economic security rates low. When making these comparisons, it is important to note the population density in Hartford when compared with cities having a larger geographical area.

- Nearly a third of Hartford’s adults do not have a high school diploma, and the average graduation rate is 77%; high educational attainment is one of the key determinants of community health since it leads to increased economic security and occupational prestige.
- More than 10% of all of the crimes committed in Connecticut in 2009 were committed in Hartford, even though Hartford accounts for less than 4% of Connecticut’s population, and there are certain types of crimes that occur with greater frequency in Hartford than in the state overall.
- Compared to other Connecticut cities, the overall environmental quality in Hartford is poor; HEI scoring for waste stream and water discharge pollutants were low. The underlying perception of the city as “unclean” could also impact individual health decisions.
- Less than half of Hartford’s residents are registered to vote; a trend that is often associated with fewer community resources and support networks.

### **Health Indicators**

Although one of the top health issues identified by Key Informants was violence, most respondents perceive that violent acts, while isolated in Hartford, are a product of a depressed economic situation. Hartford accounts for more than a third of all murders in the state, and experiences a higher percentage of assaults. This disproportionate and avoidable indicator negatively impacts the overall quality of life in the city.

There is an indication that obesity is a concern for Hartford. Health indicators for heart disease are worse for Blacks and Hispanics, and those who live below the poverty threshold; diabetes rates in Hartford have been increasing in recent years.

### **Access to Care**

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

## **IV Methods: How Data Was Obtained**

The data in this report were compiled from a variety of resources, and includes both quantitative and qualitative data. Additionally, it includes very specific information on critical health indicators and broader information regarding the social determinants of health. The CHNA report synthesizes findings and data from the following three sources:

### **Key Informant Interviews**

Each Workgroup member identified 5 to 10 people in management or leadership positions with various community organizations including health and human services, religious organizations, and government agencies; 85 unique Key Informants were identified by the Workgroup. Respondents were asked to critically evaluate health needs pertinent to the community through their experience. Survey questions focused on underserved populations and access to care issues in Hartford. In total, 59 interviews were conducted.

### The Hartford Survey Project

In order to better understand Hartford's human service needs and barriers to receiving services, a face-to-face survey conducted by the Urban Alliance was completed between October 2010 and January 2011. 402 resident surveys were completed at 12 locations throughout the city to promote geographical and ethnic diversity among respondents; these locations included grocery stores, pharmacies, and community events and programs. Respondents were asked if they would benefit from any of 12 service areas, the possible barriers to obtaining these services, and which three areas of the 12 have a need for additional services. In addition, they were asked to rank the top three service areas in Hartford that they believed were in most need.

Of the total respondents, 57% were female and 43% were male. The ethnicity breakdown was 39% African American, 37% Latino, 9% white, and 8% West Indian. Age categories for respondents were 27% between 18 and 29 years old, 42% between 30 and 49, 24% between 50 and 64, and 6% were 65 and older.

### Secondary Data

Holleran, in coordination with HHS, prepared the initial community profile for Hartford from secondary data sources. In addition the following sources of data were used throughout this assessment:

- Connecticut Department of Public Health Vital Statistics and Health Outcomes Women's Health Quick Health Data Online via the Office on Women's Health (US Department of Health and Human Services)
- Health Data Interactive via the Centers for Disease Control and Prevention
- Connecticut Labor Market Information via the Connecticut Department of Labor
- Meetings with social service agencies and community leaders in Hartford
- Deloitte Analysis and Assumptions, CHE provided financials and assumptions
- Truven Health Analytics Demographic Expert

## **V Demographics**

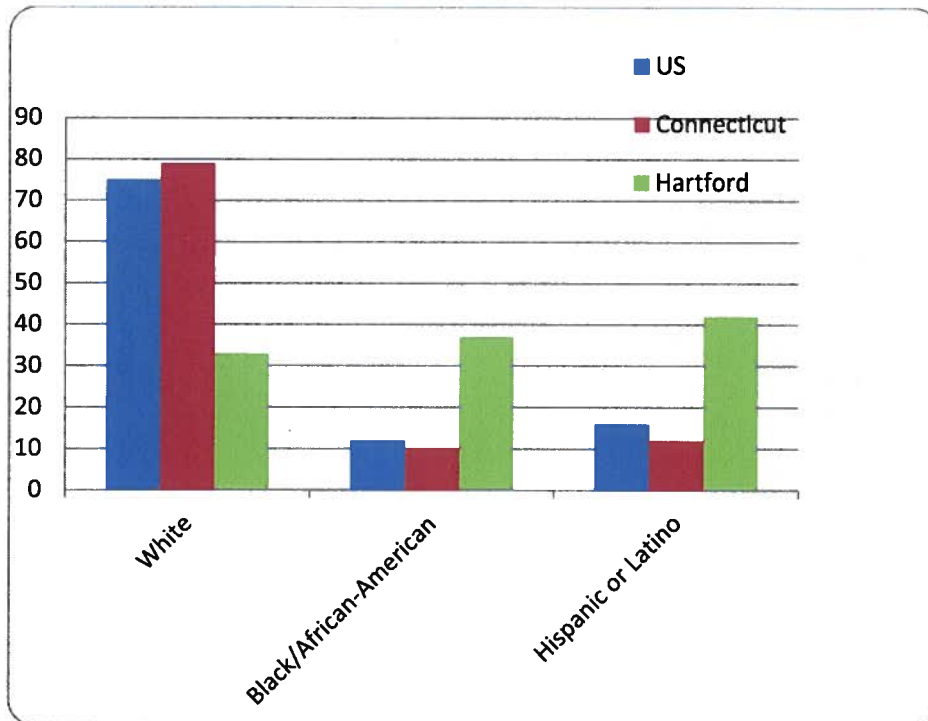
Hartford is the capital of the State of Connecticut and the seventh largest city in New England. At almost 400 years old, Hartford is one of the oldest cities in the country and at one point was one of the wealthiest. Still rich with history, it is home to the oldest public art museum and oldest public park in the nation. Starting in the late 1950s, many of the city's residents began moving to the suburbs, possibly accelerated by the construction of two major interstate highways intersecting within the city. And even though the metropolitan area ranked 32 out of 318 nationally in total economic production (second behind San Francisco in per capita economic activity) and the sixth lowest poverty rate of all Metropolitan Statistical Areas (metropolitan statistical area is a geographical region with a relatively high population density at its core and close economic ties throughout the area) for the 2010 census, **the city itself remains one of the poorest in the nation; 31.9% of all its residents, and 38.3% of its families with children under 18 years old are living below the poverty line.**

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

Age Categories for Hartford, Connecticut and the U.S.			
	Hartford	Connecticut	US
0-19 years	34%	26%	27%
20-44 years	37%	32%	34%
45-64 years	20%	28%	26%
65 and older	10%	14%	13%

The **ethnic composition** of Hartford is mostly a mix between Hispanic/Latino of any race, Black/African American and white. Hartford’s white population is at a lower ratio than the U.S. and state while the proportion of Black and Hispanic/Latino residents is significantly higher. Ethnic variation in cultural norms, English comprehension, and beliefs about health impact the mode of health care delivery and how patients respond to health care services.

This variation creates a need for increased awareness and sensitivity among service providers. A significant percentage of Hartford residents can trace their heritage to Puerto Rico and the West Indies; in the 1940s, many immigrants from these areas moved to Connecticut to work in tobacco fields. 78% of Hartford’s Hispanic/Latinos self-reported to be Puerto Rican in the 2010 census. Typically, West Indians are grouped with “Black/African American” in census data, which makes it difficult to highlight cultural differences. However, it is important to note that the ethnic landscape in Hartford is changing as a greater number of families and individuals from Eastern Europe, Africa, and Southeast Asia continue to make Hartford their home.



This ethnic breakdown impacts the primary **language spoken** at home. The percentage of Hartford’s population who only speak English is 52%, which is lower than a state and the nation comparison. Additionally, approximately 35% of Hartford residents speak a language other than English; the high

percentage of non-English speakers could pose a barrier for access to all kinds of health promoting opportunities.

## VI Social Determinants of Health

Quality of life issues are indicators that include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging. During this assessment, Key Informants were asked a variety of questions about quality of life in Hartford. For nearly all quality of life questions, 50% or more informants ranked them as “Poor” or “Very Poor.”

**Poorly Rated Quality of Life Measures by Key Informants**

Quality of Life	Rated “Poor” or “Very Poor”
Poverty	93.1%
Job Opportunities	87.3%
Quality of housing (affordable, in good condition)	72.4%
Neighborhood safety	71.9%
Schools/education	65.5%
Clean, litter-free neighborhoods	63.1%
Road/ traffic conditions	53.6%
Availability of recreational activities	52.6%
Availability of care for children	31.6%
Water or air pollution	26.4%

This information provides a basis for those who are regularly involved in the health and human services sector.

### **Housing**

Adequate housing provides shelter and comfort to its inhabitants, both of which impact overall well-being. One of the measures used to evaluate the association of housing and health is the number of subsidized housing units per 1000 local residents as defined by the Connecticut Housing Finance Authority. Using 2005 data, the HEI correlated housing strongly with infectious disease in Connecticut, and Hartford received the overall lowest housing score in the HEI when compared to the rest of the state.

Subsidized housing is abundant in Hartford. As is typical throughout the United States, these subsidized housing units have become a feature of low-income and resource-poor areas. In Hartford, residing in subsidized housing is correlated with numerous health outcomes, such as increased rates of Chlamydia and/or gonorrhea, asthma hospitalizations, infectious and parasitic diseases, homicides, drug-induced deaths, mental health hospitalizations, and births not receiving prenatal care in the first trimester.

For 2010, the average assessed residential property value in Hartford was \$43,689, which is significantly lower than the state’s average value of \$209,025; and the average sales price of an existing home was \$164,462, which is lower than the state’s average home sales price of \$288,948.

### **Employment**

As of September 2011, Hartford's unemployment rate was 15.6% according to the Connecticut Department of Labor's Labor Force Data, which is nearly twice the rate as the United States (8.8%). Against this backdrop, it is fitting that surveyed residents of Hartford rank job training/employment assistance as one of the top three service needs in the community. Key Informants had a similar view with 87% ranking job opportunities in Hartford as "Poor" or "Very Poor."

The lack of employment has long been linked to increased rates of mortality. For Connecticut, unemployment has been strongly correlated with decreased health care access, which can serve as a partial explanation for the correlations with a decreased life expectancy, and increased incidences of respiratory illness, and infectious and cardiovascular disease, as well as illness among children. This is reinforced by responses to the Key Informant survey where finances and access to health care were identified as significant barriers.

### **Economic Security**

Hartford received the lowest possible score on the HEI for the majority of factors that determine economic security. Additionally, 93% of Key Informants rated Hartford's poverty level as either "Poor" or "Very Poor" on the Quality of Life section of the survey. Results from the Urban Alliance survey were similar, with employment opportunities and financial assistance topping the list of services needed. According to a report from the Robert Wood Johnson Foundation, income and educational attainment are the two most commonly used markers of socioeconomic status or position in the United States. Both are strongly related measures of health and health-related behaviors. These factors can influence health through the direct effects of extreme poverty (such as malnutrition or exposure to extreme heat or cold) as well as health effects due to chronic stress; these can include the triggering and exacerbation of depression and cardiovascular disease.

### **Education**

Just as low levels of employment impact community health, so does low educational attainment. 13.9% of Hartford residents perceive education to be one of the top three needs for the community. Key Informant survey respondents noted that the best way to promote wellness and prevention of illnesses in Hartford residents is through education. One respondent noted that starting with school-age children is the best way to achieve these goals. Another declared that it is necessary to tailor the education to "racial, cultural and other different types of understandings to get to the people of the city," and that the frequency of wellness education should be "not just doing it once a year" in order to convey necessary concepts.

### **Community Safety**

The HEI (Health Education Index) measures community safety by the rate of crimes against persons or property published by the 2004/2005 Connecticut Uniform Crime Reports, and within this framework Hartford receives the lowest score of 1 indicating high rates of crime. However, the crime statistics found in the Secondary Data Profile are potentially inconclusive because a high rate of arrests in the city could either indicate that crimes are more prevalent or that more effective law enforcement approaches have been implemented. Nevertheless, according to the 2009 Uniform Crime Report from the Connecticut Department of Public Safety, over one third of all murder arrests in Connecticut occurred in Hartford. Moreover, almost 20% of the state's drug abuse violations occur in the city. Other violent crimes that occur more frequently in the Hartford than in the state are simple assault and disorderly conduct.

### Environmental Quality

The environment where we live, work and play; the quality of the air we breathe; the water we drink – all of these have an impact on our health. While individual education and behavior change are important to improving health, the real power in making progress on health is in changing the environment and systems that structure and affect our world.

### Civic Involvement

According to the HEI, Hartford receives the lowest possible score in terms of civic involvement. Civic involvement impacts health because it is a direct measure of social equity, activism and sustainability of a community; the HEI indicates a strong correlation of low civic involvement with infectious diseases, accident/violence, childhood illness, and life expectancy.

### Community Food Security

Although not identified as a social determinant of health within the HEI, food security plays a vital role in urban settings like Hartford. While there are 14 medium and large grocery store retailers in the city, corner markets, convenience stores, and fast-food outlets are far more abundant, making a healthy diet difficult to maintain. Pre-packaged and prepared foods are more readily available at such establishments, and their lack of fresh and healthy foods can contribute to various poor health outcomes. In response to this deficiency, the City of Hartford, in partnership with farmers and community-based organizations, is working to increase the number of farmers' markets in the city.

In 2010, Hartford did attract an up-scale grocery store which has since closed due to a lack of business. Plans are underway to open a lower scale food market hoping to attract a broader spectrum of the city's population.

In 2011, there were 6 certified farmers' markets in the city accepting grant funds from the Women, Infants and Children federal program and its supplemental nutrition program, the Farmers' Market Nutrition Program. Furthermore, three of the markets were certified to accept Supplemental Nutrition Assistance Program benefits, which helped low-income people and families buy the food necessary for good health.

## VII Health Indicators

As part of the assessment process, Key Informants were asked to rank the **five most significant health issues** in the City of Hartford. The respondents could choose from a list of 25 health issues as well as suggest their own that were not on the list. **The five most identified – obesity, diabetes, mental illness, heart disease, and asthma – consisted of four health issues from the list and one write-in response.** Mortality statistics are also noted in this section and infectious disease was included due in part to the unique age distribution of Hartford.

### Obesity and Cardiovascular Disease

United States Weight Categories

	Healthy Weight	Overweight	Obese
1988-1994	41.9%	33.0%	22.7%
2001-2004	32.4%	34.7%	31.2%
2005-2008	30.9%	33.5%	33.9%

Similar rates emerge when looking at people who are classified as “poor” by the US government (those who live below the poverty threshold, currently set at a yearly income of \$11,139 for



individuals and \$22,314 for a family of 4). With high rates of unemployment and a low HEI rating for economic security in Hartford, this trend is most likely mirrored in the city.

Obesity has been linked to both cardiovascular health and diabetes, and heart disease was the leading cause of death for Hartford from 2005 to 2007. The Northeast and Frog Hollow neighborhoods rate the poorest for these two significant risk factors.

### **Diabetes**

The fact that diabetes often presents as a co-morbidity with other diseases, it is difficult to segregate the information for just diabetes. The following table shows the age-adjusted percentages for adults 20+ for selected ethnic groups throughout the state; the data are from the Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS).

<b>Connecticut Residents With Diabetes By Race</b>				
<b>Year</b>	<b>All Adults</b>	<b>Non-Hispanic White</b>	<b>Non-Hispanic Black</b>	<b>Mexican-American</b>
2005	7.2%	6/6%	14.3%	15.1%
2006	6.9%	6.4%	15.0%	10.4%
2007	8.3%	7.1%	20.4%	13.5%
2008	7.2%	6.2%	16.1%	11.6%
2009	6.8%	6.4%	13.0%	9.7%
2010	7.6%	7.0%	13.9%	9.5%

The rates are alarmingly higher for non-Hispanic Blacks, and Hispanics; these trends are the same across all economic levels, and substantially higher for those who live below and near the poverty threshold. Since 2007, there has been a significant improvement in these high rates as both the Black and Hispanic populations in the state have experienced a drop in the rate of diabetes, but there is still a diabetes health disparity drawn along racial lines for the state.

While Hartford's diabetes rate is lower than the state's, the CDC indicates that Hartford's rate is on the rise. If the state trend in diabetes is any indication of how the city is afflicted by this disease, then the assumption would be that the Black population is disproportionately affected when compared to other racial/ethnic groups.

### **Behavioral Health**

The HEI, using discharge data from the Connecticut Hospital Association and death information from the Connecticut Office of Vital Records, calculated an aggregate index score of 2 for mental health as a health indicator for Hartford. There are several significant correlations with mental health, including community safety (Rs=0.55), economic security (Rs=0.47), environmental quality (Rs=0.45), civic involvement (Rs=0.45), education (Rs=0.42), housing (Rs=0.37), and employment (Rs=0.23). With a low-indexed social determinant score, it can be inferred mental health issues are a significant health risk for the city. The Behavioral Risk Factor Surveillance System (BRFSS), a national system of state-based surveys, annually assessed how the residents fare with mental health issues. The results show that there is clearly a greater rate of Hispanics and Blacks self-reporting a lack of emotional support.

### Asthma/Respiratory Illness

Based on data gathered in the Secondary Data Profile, asthma is an area of concern for the community. According to the Connecticut Department of Health, the hospitalization rates for asthma are significantly higher for Hartford when compared to the state. The West End and Parkville neighborhoods ranked the lowest among Hartford neighborhoods with regard to respiratory health.

Regardless of how residents self-report, Hartford has the highest rate of emergency room usage (209 ER visits for every 10,000) and the second highest rate of hospitalization for asthma as the primary cause of diagnosis (33 admissions per 10,000) when compared to other Connecticut cities.

## VIII Barriers to Service

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

Respondents were also asked to identify the most crucial **perceived service needs** for Hartford. **Areas perceived as the most in need of additional services included homelessness/ housing (45%), education (41%), job training/employment assistance (39%), and basic needs/food assistance (36%).** The top **actual service needs** were determined by respondents indicating that someone in their household would benefit from having additional service in this area. This resident survey found that **the actual needs of the respondents were, for the most part, similar to the perceived needs of Hartford; three of the top five needs mentioned were common to both (see table below; ranked by most common responses and common responses bolded).** The two areas - perceived and actual service needs - were explored separately to note differences, but with such high correlations in Connecticut between employment, education, and housing, as well as other factors, the overlap between the two areas is not as inconsistent as they appear to be.

<b>Top 5 Needs for Hartford</b>	
<b>Actual Needs</b>	<b>Perceived Needs</b>
Basic needs/ food assistance services	Homelessness/housing
Financial support services	Education
Job Training/ employment assistance	Job training/employment assistance
Health and wellness	Basic needs/food assistance
Education	Youth development

The Key Informant interviews completed by the Consortium had similar findings. More than half of Key Informants chose either “Disagree” or “Strongly Disagree” with positive statements about access to care regarding dental services, medical specialists, a comprehensive model of primary care, providers who accept Medicaid, transportation, and health care delivery in Hartford. Demand for services will likely increase as the projected growth rate of the 65-74 year old population and 85+ population is ten to twenty times faster than the overall Hartford population.

**Key Informant Perceptions of Health Care**

<b>Access/Barriers To Care</b>	<b>“Disagree” or “Strongly Disagree”</b>
The majorities of Hartford residents are able to access and afford a dentist when needed.	88%
The majority of Hartford residents are able to access needed medical specialists	83%
The majorities of Hartford residents are able to access and afford a primary care provider.	76%
Transportation to medical appointments is available to residents when needed.	73%
The healthcare delivery system in Hartford has a comprehensive approach to patient care.	71%
There are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	70%
There are a sufficient number of bilingual healthcare providers in Hartford.	63%

**IX Major Findings To Be Addressed By The Mercy Community**

Recognizing that the MCH Mission and outreach is to the adult population, the major findings from the assessment that MCH will focus on, will be the needs of the adults, especially the elderly poor.

In the quality of life issues, poverty, job opportunities, quality of housing and education were identified as leading issues by key informants and participants in the Urban Alliance Survey; each will be basic to the MCH Community Improvement Plan. In health issues most frequently identified by key informants – obesity, diabetes, mental illness, heart disease, and asthma – each is a serious concern among the adult population and frequently develops from the quality of life issues. By taking an integrated approach to quality of life and health issues findings, MCH will impact lives of Hartford’s needy residents.

Currently, 187 (45%) of the MCH employees are residents of Hartford; the majority living in the zip codes of greatest need. MCH not only provides job opportunities but, also, training for these individuals.

**X Prioritize the Findings to be Addressed by MCH**

The findings of the 2012 Hartford Community Health Needs Assessment mirror the results of the 2011 MCH Community Needs Assessment of the Greater Hartford region conducted by four University of Connecticut seniors as their capstone research project. The criteria to be used in addressing the needs identified by these research projects are:

- 1) Zip codes for locations of greatest need for adults, especially the elderly poor.
- 2) Availability of MCH colleagues with professional qualifications.
- 3) Financial resources.
- 4) Prior MCH experience working with health care and human service agencies in designated areas.
- 5) Opportunities to collaborate with health care and human service agencies in areas to be addressed.

6) Volunteers to assist (MCH residents, community members).

The Senior Management Team (President/CEO, Senior Vice President and CFO, Senior Vice President for Mission and Compliance, Director for Community Relations, Human Resources Manager, Administrator of Saint Mary Home, and Multi-services General Manager), the Trustee Mission Effectiveness Committee, the resident and staff Mission Committees and three health care and human service representatives from agencies servicing Hartford, participated in review of the findings and the prioritization of the needs to be addressed.