



Hospital for
Special Care

Community Health Needs Assessment (CHNA) 2025

March 2025

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 27, 2025 to review the findings of the 2025 CHNA. The report was approved.

TABLE OF CONTENTS

<i>Section</i>	<i>Page</i>
Introduction	3
Results of 2022 CHNA Implementation Strategy	9
2025 CHNA Methodology	11
Identified Needs	13
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 2022 and has been working to impact the stated needs. Program progress is included in this report. The main focus of this document is the result of our 2025 CHNA. This assessment will impact HFSC's decisions on programs and services for 2025 -2027. 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 document 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 (calendar years 2025, 2026, 2027).

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
- Outpatient physical therapy, occupational therapy and speech therapy programs that support all these specialties

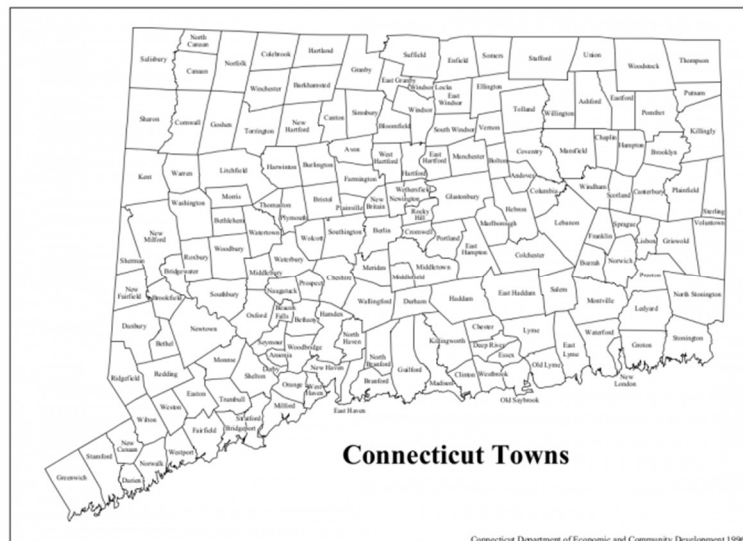
The hospital's main campus features walking paths and flower gardens designed to enhance the patient experience. Adaptive sports, a comprehensive aquatics and fitness center, extensive arts programs and therapeutic horseback riding, enhance quality of life for both patients and community members. At 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.



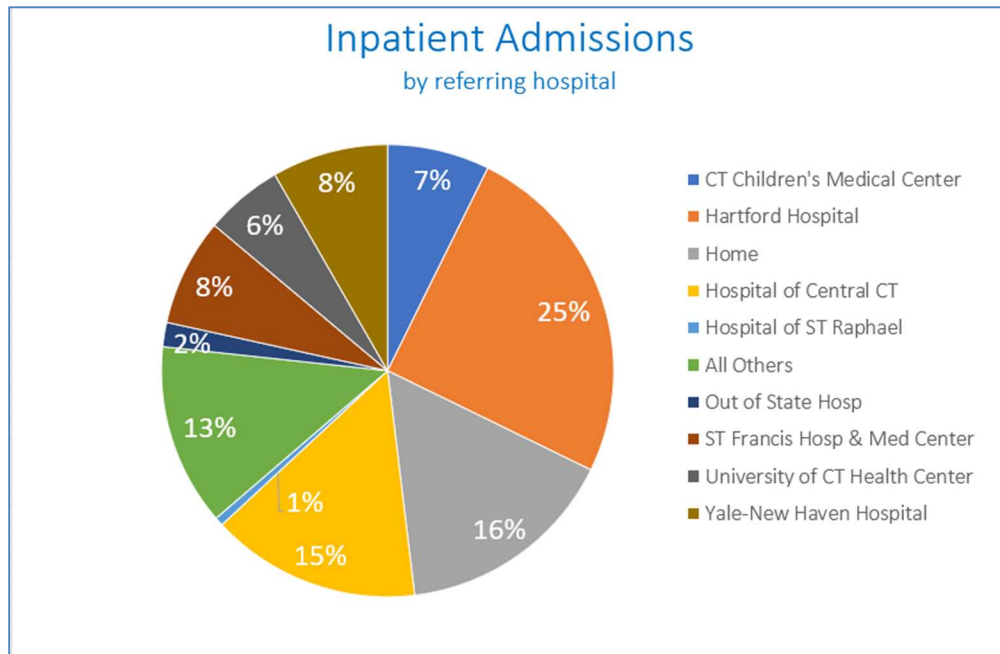
Our patient population and community participants in ancillary programs and services represent a cross-section of state residents. Connecticut demographics are detailed in Attachment 1.

HFSC Patient demographics

There are 169 towns in the state of Connecticut. HFSC outpatients come from approximately 150 towns in the state and 22 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:



<i>HFSC Inpatients by Sex, calendar year 2024</i>			
	Male	Female	Not Disclosed
Unique patients	575	295	6
Percent of total Inpatients	65%	35%	

<i>HFSC Inpatients by Age, calendar year 2024</i>						
	Age 0-17	Age 18-44	Age 45-64	65-80	Age 81+	Total
Unique patients	206	196	236	183	56	876
Percent of total Inpatients	24%	22%	27%	21%	6%	100%

<i>HFSC Inpatients by Race, calendar year 2024</i>						
	Black	Hispanic/ Latinx	White	Other Race	Declined/ Unknown/ Not Asked	Total
Unique patients**		153	587	104	22	876
Percent of total Inpatients		17%	67%	13%	3%	100%

**American Indian, Asian/Asian Indian, Hawaiian/ Pacific Islander are all 0 patients

Outpatient

To some extent, individuals selecting HFSC for outpatient services reside in central Connecticut. However, the uniqueness of our specialized services (Neuromuscular Center, Autism Center, and neuropsychological testing), and willingness to accept all payers, draws patients from throughout CT and other states.

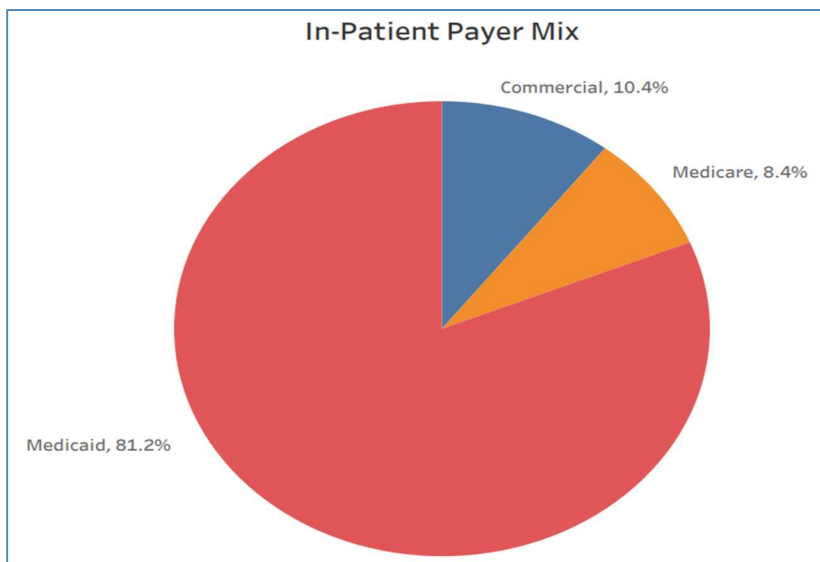
<i>HFSC Outpatients by Sex, calendar year 2024</i>						
	Male	Female	Not Disclosed			
Unique patients	575	295	6			
Percent of total Outpatients	65 %	35 %				
<i>HFSC Outpatients by Age, calendar year 2024</i>						
	Age 0-17	Age 18-44	Age 45-64	Age 65-80	Age 81+	Total
Unique patients	206	196	236	183	56	876
Percent of total Outpatients	24 %	22 %	27 %	21 %	6 %	100%
<i>HFSC Outpatients by Race, calendar year 2024</i>						
	Black	Hispanic/ Latino	White	Other Race	Declined/ Unknown/ Not Asked	Total
Unique patients**		153	587	104	22	876
Percent of total Outpatients		17 %	67 %	13 %	3 %	100%

**American Indian, Asian/Asian Indian, Hawaiian/ Pacific Islander are all 0 patients

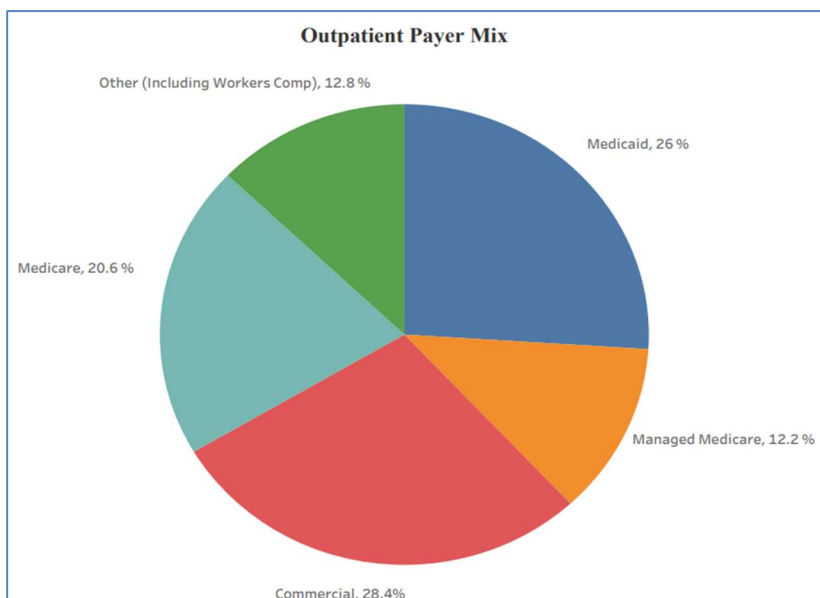
Health Care Coverage

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.



HFSC 2023 data



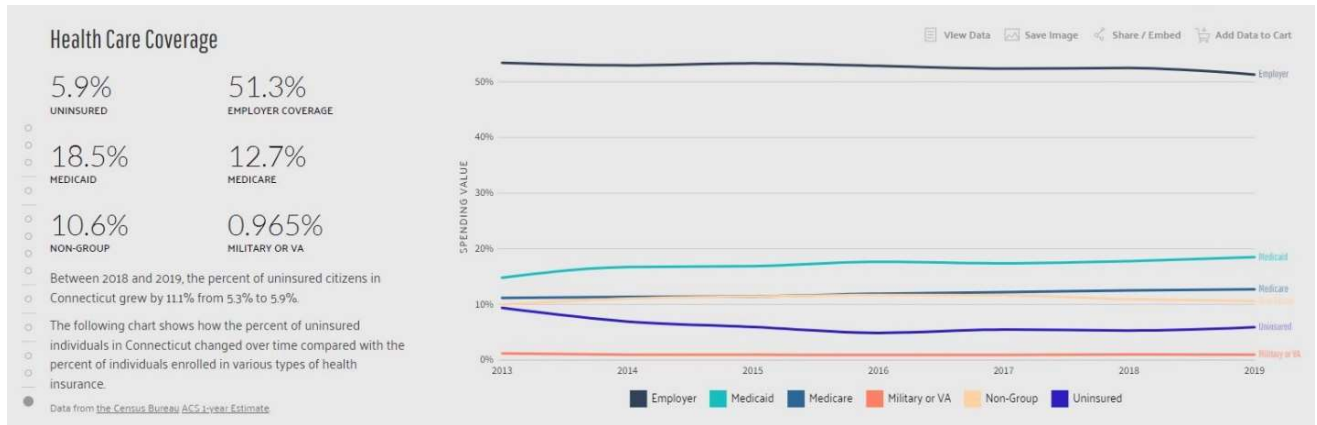
HFSC 2024 data

HFSC’s outpatient services include the interdisciplinary teams in our physician clinics, our rehabilitation therapy visits, and our Autism Center.

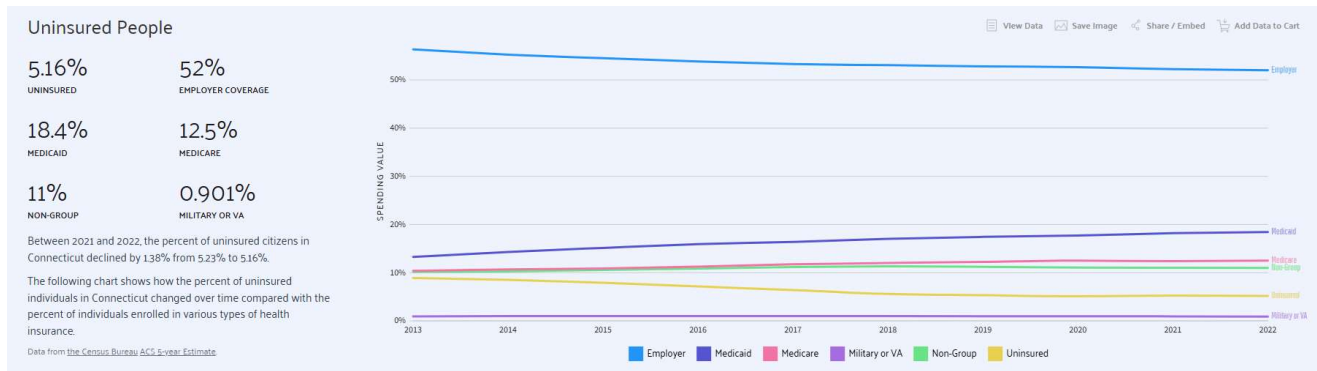
HFSC provides care to the highest percentage of patients eligible for Medicaid of any hospital in Connecticut. 26% of HFSC (unique, 2024) outpatients and 81% of (unique, 2023) inpatients had Medicaid as a payer. These percentages are much higher than the 18.4% of Connecticut residents enrolled in Medicaid in 2024 (below).

Data USA charts of U.S. Census data

2019 data on healthcare coverage showed an increase from 2018 to 5.9% of Connecticut citizens uninsured.



The 2023 chart shows similar numbers, but a continued decrease in the number of uninsured individuals.



https://datausa.io/profile/geo/connecticut#uninsured_people

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.

2022 CHNA

RESULTS OF IMPLEMENTATION STRATEGIES

The 2022 CHNA report and Implementation Strategy were made available on the HFSC website (<https://hfsc.org/about/>) and from our Finance Department. Public comments on the CHNA are welcomed, however no written comments were received. A report of the results of the 2022 implementation strategies is provided as Attachment 2.

Health Need: Access to Care / Health Equity

- 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

The multidisciplinary clinics, including the new Center for Cognitive Health, continue to serve an increasing number of patients. Telehealth visit numbers reflect a continued need to provide patients an alternative as needed. Given the cognitive, physical, and economic complexity of our patient population, the need for limited telehealth continues.

The percentage of our patients with Medicaid as the payment source has grown across the majority of our continuum of care. We continue to focus on creating access to care across all service lines, despite denials from all insurance payors. In 2024 we admitted 807 patients, but had 140 patients denied. A growing part of access to care is patient advocacy, helping payors to understand why an individual needs our specialized services.

Our outcomes clearly show success and patient/family satisfaction with our models of care.

Health Need: Autism Services

- Welcoming new patients to our PCSP program for autism
- Adding eight beds to our inpatient program, with one or two beds available for emergency admissions (2022)
- Continue expanding offered services such as the partial hospital program (PHP)

The number of both new and returning outpatients continues to increase. The opening of 8 additional beds has increased from 145 admissions in 2021 to 196 admissions in 2024. The PHP program started with afternoon programs, has added morning sessions, and sessions for younger, less verbal children. As with our other medical specialties, we continue to focus on creating access to care across all service lines, despite denials from all insurance payors.

Health Need: Health Care Workforce Shortage

- 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 area students entering health care professions
- Hiring strategies targeting needed roles

As COVID restrictions were removed, we again accepted students in a variety of healthcare school programs. Scholarships were awarded. Hiring strategies and workforce retention methods were undertaken to hire and keep clinicians at HFSC. Specifically to address a community need, we opened an Academy to train Certified Nursing Assistants in 2023. The Academy has successfully provided new employees to HFSC and to other area health care organizations.

A growing need throughout the reporting period has been finding clinicians and providers with experience with our specific populations. For example, not just a psychiatrist, but a pediatric psychiatrist specializing in autism spectrum disorder.

Health Need: Increasing physical activity levels

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

The Aquatic Rehabilitation and Fitness Center continues to be a popular community facility. We support membership with scholarships for individuals demonstrating financial support. Our adaptive sports programs provided fitness and competitive sports for children and adults. Programs for children on the autism spectrum are being developed.

2025 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, access to community care and services, and program effectiveness.
- HFSC's Patient and Family Advisory Council (PFAC), established in 2020, invites input on topics of concern to individuals using hospital services. Projects completed/underway:
 - Outpatient wayfinding, registration, and waiting areas, Feb-May 2021
 - Outpatient phone tree, Oct 2022
 - Workplace Violence signage, will start 4/2025
 - Autism Outcomes Measures adopted, Parent/Patient Support opportunity, Autism Inpatient Introductory Videos, Patient Mentorship Program, May-Dec 2023 & Mar-Sept 2024
 - Autism, CT Science Center focus group initiative, will start 2025

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.

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) DHDS offers data on individuals living with disabilities in Connecticut and the United States:
 - [Disability and Health Data System \(DHDS\) | Disability and Health Data System \(DHDS\) | CDC](#)
 - [CDC - NCHS - National Center for Health Statistics](#)
 - [Data and Statistics on Autism Spectrum Disorder | Autism Spectrum Disorder \(ASD\) | CDC](#)
- [Connecticut Department of Public Health](#)

- Data USA (a project of Deloitte, Datawheel, and MIT), [Connecticut | Data USA](#)
- The 2024 DataHaven Community Wellbeing Survey conducted by the Siena College Research Institute completed thousands of live interviews of randomly-selected Connecticut residents in every town, [dcws_connecticut_2024_EventVersion.xlsx](#)
- United States Census Bureau
 - [Explore Census Data](#)
 - [American Community Survey Data \(census.gov\)](#)
 - [US health statistics, charts, and trends | USAFacts](#)

IDENTIFIED NEEDS

HFSC is a long-time leader in caring for medically complex individuals with multiple disabilities whether new or chronic. These patients can have difficulty finding health 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 existing 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 14 facilities in the U.S. that provides in-patient treatment for children and adolescents with ASD.
- A second Autism Inpatient Unit (AIU) was opened in 2022 to meet community need. This unit regularly has 6 patients, with 2 open beds ready for emergency admissions.
- Our Autism Partial Hospital Program (PHP) opened with afternoon sessions in 2021, expanded with morning sessions in 2023, and added sessions for younger children in 2024. In response to community need, we are currently developing a PHP for adults ages 18-26.
- 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.

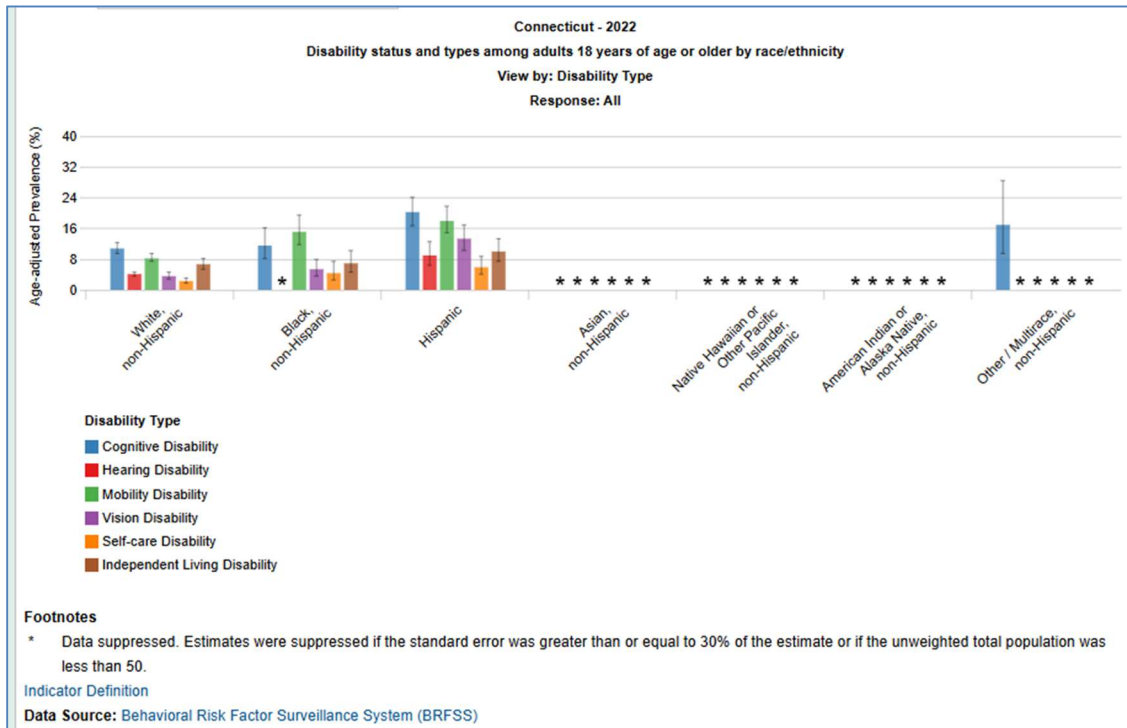
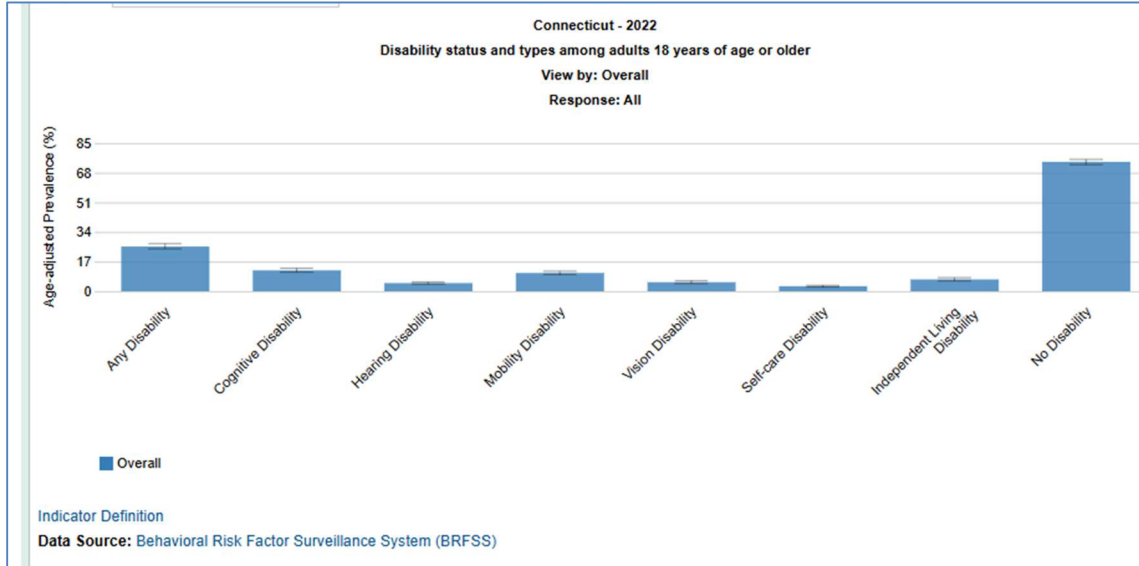
Licensed bed growth and change

HFSC had 228 licensed beds for many years. In response to the pandemic in April 2020, the State of CT approved us to add "surge beds" to temporarily accommodate 241 patients. We used these beds to create a specialized rehabilitation unit for patients while recovering from COVID-19. Patients could be discharged from acute care facilities sooner, entering a hospital specializing in rehabilitation. The program met the needs of both state-wide acute care beds and community health needs. Additional licensed beds were needed to create a second Autism Inpatient Unit in April, 2022. Our hospital now has 236 licensed beds.

In the fall of 2022, HFSC agreed to admit nine adults from Waterbury Gardens, a CT nursing home that was closing. To do this, we repurposed a closed unit to accommodate these additional complex respiratory patients.

Coordinated care for individuals living with disabilities

Access to health care for those living with disabilities can be challenging, as demonstrated in a CDC infographic document on national statistics, Disability Impacts All of Us (Attachment 4). CDC data shows similar statistics in our state¹, with 25.7% of Connecticut residents living with a disability. There are higher rates of disabilities among individuals of Black, Hispanic, and multi-racial/ethnic backgrounds (charts are below, tables are Attachment 5).



¹ [Disability and Health Data System Explore by Location | NCBDDD | CDC](#)

Lack of health care coverage

The US Census Bureau’s 2023 estimates² show 5.7% of Connecticut residents lacked health care coverage, compared to 5.9% in 2019. Of residents reporting a disability, the number of uninsured is just 3.2%.

2023	CT pop.	Insured		Uninsured	
		Estimate	Percent	Estimate	Percent
Total population	3,573,821	3,368,652	94.3%	205,169	5.7%
With a disability	446,764	432,250	96.8%	14,514	3.2%
No disability	3,127,057	2,936,402	93.9%	190,655	6.1%

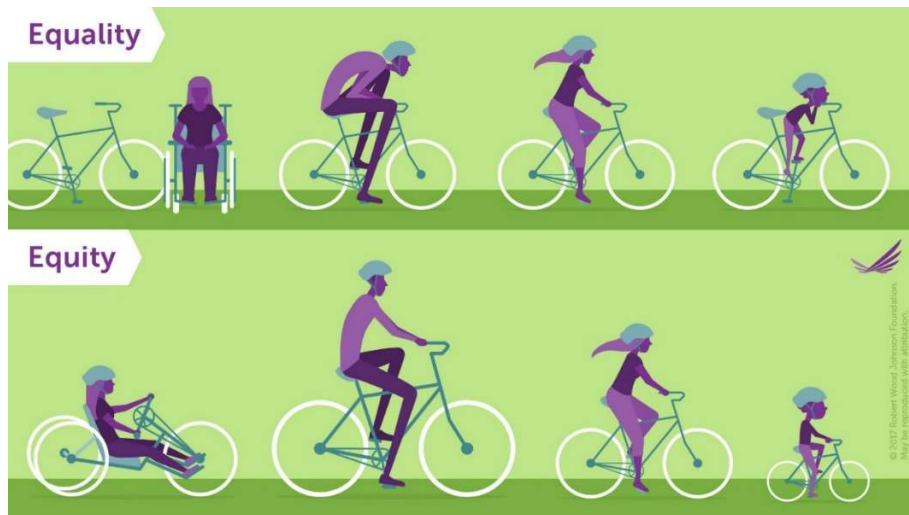
Health Equity

However, having coverage is not the only issue. Individuals must find clinicians and practitioners that:

- are on the coverage plan’s list,
- are accepting new patients,
- have expertise in the area of an individual’s disability,
- offer a genuinely accessible facility, and
- is in an accessible location via a variety of transit systems.

Hospital for Special Care strives to meet all of these needs for patients—creating an equitable health care experience for all.

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”.³



² US Census Bureau, American Community Survey [S2701 - Census Bureau Tables](#)

³ 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](#)

⁴ [Visualizing Health Equity: Diverse People, Challenges, and Solutions Infographic - RWJF](#)

Fitness programs

We continue to use the above Robert Wood Johnson Foundation infographic as an easy to understand 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—obesity, diabetes, heart disease and smoking—can all be improved with fitness programs. Since 2016, the percentage of smoking has decreased, but obesity has increased. (Attachment 4)

Deconditioning, weight gain, diabetes risk, cardiovascular disease, hypertension, social isolation, anxiety and depression followed two years of a public health emergency driven by the COVID-19 pandemic impacting nearly every population in our country. CT has a lower overall rate of obesity than most of the states.⁵ However, individuals living with disabilities, already at greater risk for health disparities, experienced these challenges to a greater degree of intensity and generally postponed resumption of community activities.

HFSC's Manes and Motions Therapeutic Riding Center works with children and adults with varying degrees of cognitive, physical, behavioral, psychological, and sensory disabilities. Our participants include those with autism spectrum disorder, down syndrome, cerebral palsy, stroke or traumatic brain injury, and multiple sclerosis. Improved physical fitness is just one of the benefits of the program:

- *Therapeutic Riding*
 - Mounted (on the horse) program sessions may include exercises, horsemanship skill development, trail riding and games on horseback. An unmounted learning session is typically included each semester to incorporate horse care.
- *Unmounted Horsemanship Program*
 - This skill-based program takes place on the ground (no riding). Sessions focus on learning safe horsemanship, building confidence and providing a positive learning experience. Our staff teaches horse communication, safe horse handling, and the basics of good care including grooming, first aid, and feeding.
- *Equine-Assisted Learning (EAL)*
 - Experiential learning activities promote self-awareness, help develop life skills and build confidence. Activities may include reading non-verbal language, developing empathy, building trusting relationships, and developing critical thinking skills.
- *Veteran Program*
 - Adaptive fitness activities at Manes & Motions Therapeutic Riding Center are available to veterans and members of the armed forces living with a disability. Take part in therapeutic riding or unmounted equine assistive activities, Veterans to improve their independence, well-being, and quality of life. Opportunities for

⁵ [Adult Obesity Prevalence Maps | Obesity | CDC](#)

therapeutic riding and unmounted lessons are funded by the VA Adaptive Sports Grant.⁶

In 2023, 140 individuals were served by the Manes and Motions program, 29% of them with autism spectrum disorder. Nearly all the individuals with ASD and families we serve face income constraints directly related to the economic impact of disability or neurodivergence. Many families of children with autism face financial hardship due to their child's need for intensive care and support and do not have the resources for ancillary therapeutic services not covered by traditional insurance. Adaptive horseback riding and equine-assisted learning offers youth living with autism critical opportunities to develop physical stamina and core strength enhance verbal and non-verbal communication skills, engage in positive peer activities and reinforce a sense of accomplishment.

Autism Services

Current CDC data shows 1 in 36 children is on the autism spectrum. Autism is 3.8 times as prevalent in boys as girls.⁷

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: AIU admissions from home have steadily risen from 49% in 2021 to 62.2% in 2024.
- The remaining patients came from CT children's hospitals and out-of-state hospitals, typically from emergency departments. Most patients are from Connecticut, but a number live in other states, with families reporting a lack of inpatient autism programs in their home states. Out-of-state admissions, 2024:
 - 3 from UMass Medical Center
 - 1 from Upstate University Hospital
 - 2 from Baystate Hospital
 - 2 from Boston Children's Hospital
 - 1 from Albany Medical Center
 - 1 from a New York hospital, name not available
- Race/Ethnicity: The racial and ethnic mix of our inpatients roughly mirrors that of the general Connecticut population.
- 53-59% of AIU patients in the last three years have had Medicaid as their primary insurance. Our outpatient Autism Center has seen 57-59% Medicaid patients in that time.
- Attainment of functional goals is one of the outcomes measured at discharge. These goals

⁶ [Equine Assisted Activities | Hospital for Special Care](#)

⁷ [Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020 | MMWR Surveillance Summaries / 3/24/23](#); and [ADDM-Community-Report-SY2020-h.pdf](#) published in 2023

include a child's ability to perform activities of daily living (ADLs). 93-94% of these goals were reached in 2022-2024. All but four 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 is still impacted by the challenge to secure and maintain in-home ABA (Applied Behavioral Analysis) This is a significant barrier to the continuity of care for these patients.

Health Care Workforce

Health care work force shortages continue to impact provision of care, access to care and health equity.

A 2023 project by CT Data Collaborative and CT Center for Nursing Workforce, Inc. shows some improvement in the number of RNs and LPNs in CT:⁸

- The number of registered nurses and licensed practical nurses increased by 21% from 2020 to 2022
- Just 50% of RNs and 58% of LPNs are working as nurses
- Students graduating from nursing programs grew from 1,736 in 2017 to 2,181 in 2023.
- The capacity to educate nurses increased to 2,935 in 2023, allowing more potential future graduates.

Data in a 2024 report by www.PeopleElement.com shows nurses say staff shortages contribute to burnout, verbal abuse from patients has increased, and work-life balance is most important for their satisfaction. Recruiter www.NSiNursingSolutions.com shows nationwide, positions of CNA (41.8%), Patient Care Technician (36.3%), and Registered Nurse (18.4%) have the highest hospital turnover in 2023.

The national provider (physician) shortages have begun to limit access to care for outpatients. Key findings of a study by the Association of American Medical Colleges suggest the shortages may worsen in coming years.⁹

- Demand will continue to increase faster than supply (see document for scenarios run)
- Increased support of graduate medical education programs is needed to train more providers
- Specialties of physiatry, neurology, rheumatology, and others will result in the shortfall of thousands of providers nation-wide.

The health care workforce still demonstrates a need to be supported and welcome new employees in order to care for all Connecticut residents at all stages of their lives.

⁸ [Nursing Education Data 2023 — CTData](#) ; [Study reveals progress in nursing numbers but gaps still remain](#) ; [Study reveals progress in nursing numbers but gaps still remain | Connecticut Hospital Association](#)

⁹ [aamc-2023-MD-projections-report.pdf](#) , March 2024, Key Findings

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.

Our triennial CHNA prioritizes needs and works to address them with new or expanded HFSC programs. This 2025 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.

As in prior Assessments, we use a simple but effective tool employed 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 four healthcare needs.

Priority Matrix			
		Implementation	
		Hard	Easy
Impact	low	1	2
	high	3	4

Priority 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. Methods will include:

- Offering multidisciplinary clinics so outpatients can see all clinicians in one visit
- Continuing the use of telehealth visits when appropriate to provide continuity of care
- 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
- Improving access by continually marketing across all channels to create awareness of HFSC's programs, making the community, other healthcare organizations, and payors aware of HFSC

Autism Services

Rated as *high impact, easy 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
- Continue expanding offered services such as adding a PHP program for patients 18-26 years of age in 2025
- Developing new services, including special needs swimming lessons
- Creating a dental desensitization program for children with ASD

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, but these programs have returned. Our donors have funded scholarships to help students manage the high cost of nursing, physical therapy and medical education.

- Develop a robust provider recruitment and retention strategy for advance practice providers and physicians, especially psychologists and neurologists
- Further explore opportunities to work with foreign-trained providers
- Begin Indeed Direct Hire partnership for key clinical roles
- Select and implement additional recruitment & retention strategies
- Consider expanding the Academy concept to train potential Behavior Specialists to work with ASD patients both at HFSC and other health care organizations
- Continue support for high schools and colleges who are training health care professionals, by offering LTACH level of care rotations and shadowing experiences to student groups
- Continue funding 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, designed for their ability levels
- Expand our Adaptive Sports Camp, adding an autism track in 2025, our 35th year of camp
- Develop Leisure Nights for children with ASD, preparing them to participate in our sports and fitness 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 27, 2025 to review the findings of the CHNA. The report was approved.

Public Access to the 2025 CHNA

The approved report will be posted 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, 2025.

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 2027
- 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
2	CHNA 2022 Implementation Plan and Metrics	32
3	Key Informant Organizations Not-for-Profit Healthcare Advocacy Organizations Connecticut Acute Care Hospitals Connecticut State Government Departments and Offices Autism Spectrum Disorder Groups Connecticut Community Health Centers	40
4	CDC Disability Impacts All of Us Comparing 2016 and 2023 data	44
5	Centers for Disease Control Disability Impacts, Connecticut (tables)	49
6	Academic Partners: Schools with HFSC Student Affiliations	50

**Attachment 1
Connecticut Demographics**

American Community Survey 2023 - Demographic and Housing Estimates: Connecticut				
	Source:	DP05: ACS Demographic and ... - Census Bureau Table		
Label	Estimate	Margin of Error	Percent	% Margin of Error
SEX AND AGE				
Total population	3,617,176	*****	3,617,176	(X)
Male	1,775,718	±2,410	49.10%	±0.1
Female	1,841,458	±2,410	50.90%	±0.1
Sex ratio (males per 100 females)	96.4	±0.3	(X)	(X)
Under 5 years	180,561	±829	5.00%	±0.1
5 to 9 years	196,179	±6,410	5.40%	±0.2
10 to 14 years	207,266	±6,410	5.70%	±0.2
15 to 19 years	241,031	±2,891	6.70%	±0.1
20 to 24 years	232,217	±3,152	6.40%	±0.1
25 to 34 years	450,467	±2,966	12.50%	±0.1
35 to 44 years	469,414	±2,370	13.00%	±0.1
45 to 54 years	441,639	±2,053	12.20%	±0.1
55 to 59 years	242,945	±6,864	6.70%	±0.2
60 to 64 years	265,426	±7,007	7.30%	±0.2
65 to 74 years	394,923	±2,051	10.90%	±0.1
75 to 84 years	214,253	±4,756	5.90%	±0.1
85 years and over	80,855	±4,025	2.20%	±0.1
Median age (years)	41.5	±0.3	(X)	(X)
Under 18 years	722,624	±302	20.00%	±0.1
16 years and over	2,987,218	±3,087	82.60%	±0.1
18 years and over	2,894,552	±302	80.00%	±0.1
21 years and over	2,743,788	±4,499	75.90%	±0.1
62 years and over	848,914	±6,417	23.50%	±0.2
65 years and over	690,031	±1,744	19.10%	±0.1
18 years and over	2,894,552	±302	2,894,552	(X)
Male	1,405,553	±811	48.60%	±0.1
Female	1,488,999	±851	51.40%	±0.1
Sex ratio (males per 100 females)	94.4	±0.1	(X)	(X)
65 years and over	690,031	±1,744	690,031	(X)
Male	309,116	±1,228	44.80%	±0.1

Female	380,915	±996	55.20%	±0.1
Sex ratio (males per 100 females)	81.2	±0.3	(X)	(X)
RACE				
Total population	3,617,176	*****	3,617,176	(X)
One race	3,224,854	±15,437	89.20%	±0.4
Two or More Races	392,322	±15,437	10.80%	±0.4
One race	3,224,854	±15,437	89.20%	±0.4
White	2,333,901	±13,230	64.50%	±0.4
Black or African American	393,031	±10,043	10.90%	±0.3
American Indian and Alaska Native	12,371	±2,975	0.30%	±0.1
Aztec	N	N	N	N
Blackfeet Tribe of the Blackfeet Indian Reservation of Montana	N	N	N	N
Maya	N	N	N	N
Native Village of Barrow Inupiat Traditional Government	N	N	N	N
Navajo Nation	N	N	N	N
Nome Eskimo Community	N	N	N	N
Other American Indian and Alaska Native	N	N	N	N
Asian	176,018	±4,282	4.90%	±0.1
Asian Indian	62,528	±6,448	1.70%	±0.2
Chinese	36,904	±4,381	1.00%	±0.1
Filipino	15,402	±3,268	0.40%	±0.1
Japanese	2,689	±1,126	0.10%	±0.1
Korean	7,903	±1,889	0.20%	±0.1
Vietnamese	10,798	±3,397	0.30%	±0.1
Other Asian	39,794	±6,005	1.10%	±0.2
Native Hawaiian and Other Pacific Islander	4,221	±3,347	0.10%	±0.1
Chamorro	N	N	N	N
Native Hawaiian	N	N	N	N
Samoa	N	N	N	N
Other Native Hawaiian and Other Pacific Islander	N	N	N	N
Some Other Race	305,312	±15,769	8.40%	±0.4
Two or More Races	392,322	±15,437	10.80%	±0.4
White and Black or African American	58,426	±8,191	1.60%	±0.2
White and American Indian and Alaska Native	13,866	±1,444	0.40%	±0.1
White and Asian	26,442	±3,667	0.70%	±0.1
White and Some Other Race	228,312	±14,915	6.30%	±0.4
Black or African American and American Indian and Alaska Native	4,108	±1,672	0.10%	±0.1

Black or African American and Some Other Race	22,384	±4,396	0.60%	±0.1
Race alone or in combination with one or more other races				
Total population	3,617,176	*****	3,617,176	(X)
White	2,687,545	±16,228	74.30%	±0.4
Black or African American	504,529	±9,728	13.90%	±0.3
American Indian and Alaska Native	47,497	±5,772	1.30%	±0.2
Asian	213,260	±2,351	5.90%	±0.1
Native Hawaiian and Other Pacific Islander	7,795	±3,894	0.20%	±0.1
Some Other Race	579,018	±16,265	16.00%	±0.4
HISPANIC OR LATINO AND RACE				
Total population	3,617,176	*****	3,617,176	(X)
Hispanic or Latino (of any race)	673,249	*****	18.60%	*****
Mexican	63,479	±8,591	1.80%	±0.2
Puerto Rican	285,051	±13,561	7.90%	±0.4
Cuban	14,459	±3,467	0.40%	±0.1
Other Hispanic or Latino	310,260	±13,519	8.60%	±0.4
Not Hispanic or Latino	2,943,927	*****	81.40%	*****
White alone	2,219,411	±9,040	61.40%	±0.2
Black or African American alone	359,295	±8,992	9.90%	±0.2
American Indian and Alaska Native alone	3,066	±831	0.10%	±0.1
Asian alone	174,185	±4,274	4.80%	±0.1
Native Hawaiian and Other Pacific Islander alone	2,120	±1,667	0.10%	±0.1
Some Other Race alone	32,443	±7,124	0.90%	±0.2
Two or More Races	153,407	±9,374	4.20%	±0.3
Two races including Some Other Race	54,095	±7,413	1.50%	±0.2
Two races excluding Some Other Race, and three or more races	99,312	±7,023	2.70%	±0.2
Total housing units	1,546,010	±175	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	2,660,107	±12,541	2,660,107	(X)
Male	1,288,969	±7,193	48.50%	±0.1
Female	1,371,138	±7,549	51.50%	±0.1

American Community Survey 2023 - Selected Social Characteristics: Connecticut

Source: [DP02: Selected Social ... - Census Bureau Table](#)

Label	Estimate	Margin of Error	Percent	% Margin of Error
Total households	1,442,969	±7,955	1,442,969	(X)
Married-couple household	668,432	±10,704	46.30%	±0.7
With children of the householder under 18 years	246,965	±8,018	17.10%	±0.5
Cohabiting couple household	108,560	±6,258	7.50%	±0.4
With children of the householder under 18 years	32,028	±3,337	2.20%	±0.2
Male householder, no spouse/partner present	253,187	±7,850	17.50%	±0.5
With children of the householder under 18 years	14,615	±2,555	1.00%	±0.2
Householder living alone	183,656	±6,657	12.70%	±0.5
65 years and over	61,661	±3,876	4.30%	±0.3
Female householder, no spouse/partner present	412,790	±8,662	28.60%	±0.6
With children of the householder under 18 years	74,650	±5,702	5.20%	±0.4
Householder living alone	235,350	±7,647	16.30%	±0.5
65 years and over	121,069	±4,951	8.40%	±0.3
Households with one or more people under 18 years	400,878	±9,383	27.80%	±0.6
Households with one or more people 65 years and over	491,888	±4,875	34.10%	±0.3
Average household size	2.44	±0.01	(X)	(X)
Average family size	3.03	±0.03	(X)	(X)
RELATIONSHIP				
Population in households	3,513,794	*****	3,513,794	(X)
Householder	1,442,969	±7,955	41.10%	±0.2
Spouse	666,986	±10,222	19.00%	±0.3
Unmarried partner	109,948	±5,906	3.10%	±0.2
Child	1,007,178	±12,145	28.70%	±0.3
Other relatives	196,595	±10,841	5.60%	±0.3
Other nonrelatives	90,118	±7,395	2.60%	±0.2
MARITAL STATUS				
Males 15 years and over	1,477,419	±1,527	1,477,419	(X)
Never married	565,615	±10,377	38.30%	±0.7
Now married, except separated	729,963	±11,036	49.40%	±0.8
Separated	17,116	±2,854	1.20%	±0.2
Widowed	35,343	±3,314	2.40%	±0.2
Divorced	129,382	±5,831	8.80%	±0.4
Females 15 years and over	1,555,751	±1,563	1,555,751	(X)
Never married	519,353	±9,338	33.40%	±0.6
Now married, except separated	706,305	±11,492	45.40%	±0.7
Separated	17,038	±2,773	1.10%	±0.2
Widowed	128,487	±4,343	8.30%	±0.3
Divorced	184,568	±7,811	11.90%	±0.5

FERTILITY				
Number of women 15 to 50 years old who had a birth in the past 12 months	39,537	±3,110	39,537	(X)
Unmarried women (widowed, divorced, and never married)	13,373	±2,501	33.80%	±5.1
Per 1,000 unmarried women	27	±5	(X)	(X)
Per 1,000 women 15 to 50 years old	48	±4	(X)	(X)
Per 1,000 women 15 to 19 years old	11	±6	(X)	(X)
Per 1,000 women 20 to 34 years old	69	±8	(X)	(X)
Per 1,000 women 35 to 50 years old	41	±6	(X)	(X)
GRANDPARENTS				
Number of grandparents living with own grandchildren under 18 years	55,077	±4,780	55,077	(X)
Grandparents responsible for grandchildren	14,313	±2,765	26.00%	±4.1
Years responsible for grandchildren				
Less than 1 year	2,994	±1,181	5.40%	±2.1
1 or 2 years	2,013	±895	3.70%	±1.6
3 or 4 years	1,890	±1,091	3.40%	±1.9
5 or more years	7,416	±1,918	13.50%	±3.2
Number of grandparents responsible for own grandchildren under 18 years	14,313	±2,765	14,313	(X)
Who are female	9,921	±2,052	69.30%	±6.1
Who are married	8,679	±2,128	60.60%	±7.6
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	861,958	±9,890	861,958	(X)
Nursery school, preschool	54,523	±3,789	6.30%	±0.4
Kindergarten	38,182	±3,671	4.40%	±0.4
Elementary school (grades 1-8)	318,536	±5,169	37.00%	±0.7
High school (grades 9-12)	199,365	±4,761	23.10%	±0.6
College or graduate school	251,352	±9,052	29.20%	±0.8
EDUCATIONAL ATTAINMENT				
Population 25 years and over	2,559,922	±2,215	2,559,922	(X)
Less than 9th grade	94,357	±6,008	3.70%	±0.2
9th to 12th grade, no diploma	116,657	±7,664	4.60%	±0.3
High school graduate (includes equivalency)	653,609	±14,016	25.50%	±0.5
Some college, no degree	397,786	±11,993	15.50%	±0.5
Associate's degree	199,198	±8,401	7.80%	±0.3
Bachelor's degree	591,246	±11,765	23.10%	±0.5
Graduate or professional degree	507,069	±11,831	19.80%	±0.5
High school graduate or higher	2,348,908	±9,780	91.80%	±0.4
Bachelor's degree or higher	1,098,315	±14,900	42.90%	±0.6
VETERAN STATUS				
Civilian population 18 years and over	2,886,125	±1,588	2,886,125	(X)

Civilian veterans	131,270	±6,422	4.50%	±0.2
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION				
Total Civilian Noninstitutionalized Population	3,573,821	±1,542	3,573,821	(X)
With a disability	446,764	±12,418	12.50%	±0.3
Under 18 years	722,101	±344	722,101	(X)
With a disability	40,066	±4,321	5.50%	±0.6
18 to 64 years	2,180,179	±2,561	2,180,179	(X)
With a disability	212,084	±9,150	9.70%	±0.4
65 years and over	671,541	±1,921	671,541	(X)
With a disability	194,614	±5,117	29.00%	±0.7
RESIDENCE 1 YEAR AGO				
Population 1 year and over	3,576,682	±3,034	3,576,682	(X)
Same house	3,188,251	±20,099	89.10%	±0.6
Different house (in the U.S. or abroad)	388,431	±19,840	10.90%	±0.6
Different house in the U.S.	360,823	±18,644	10.10%	±0.5
Same county	199,882	±14,678	5.60%	±0.4
Different county	160,941	±12,714	4.50%	±0.4
Same state	65,951	±7,934	1.80%	±0.2
Different state	94,990	±9,089	2.70%	±0.3
Abroad	27,608	±4,745	0.80%	±0.1
PLACE OF BIRTH				
Total population	3,617,176	*****	3,617,176	(X)
Native	3,026,568	±19,751	83.70%	±0.5
Born in United States	2,888,679	±19,522	79.90%	±0.5
State of residence	1,927,710	±24,280	53.30%	±0.7
Different state	960,969	±18,043	26.60%	±0.5
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	137,889	±9,245	3.80%	±0.3
Foreign-born	590,608	±19,751	16.30%	±0.5
U.S. CITIZENSHIP STATUS				
Foreign-born population	590,608	±19,751	590,608	(X)
Naturalized U.S. citizen	323,370	±12,930	54.80%	±1.7
Not a U.S. citizen	267,238	±15,000	45.20%	±1.7
YEAR OF ENTRY				
Population born outside the United States	728,497	±19,522	728,497	(X)
Native	137,889	±9,245	137,889	(X)
Entered 2010 or later	44,044	±6,444	31.90%	±3.5
Entered before 2010	93,845	±6,314	68.10%	±3.5
Foreign-born	590,608	±19,751	590,608	(X)
Entered 2010 or later	211,104	±13,286	35.70%	±1.6
Entered before 2010	379,504	±13,965	64.30%	±1.6
WORLD REGION OF BIRTH OF FOREIGN-BORN				

Foreign-born population, excluding population born at sea	590,608	±19,751	590,608	(X)
Europe	112,378	±7,021	19.00%	±1.0
Asia	135,303	±5,092	22.90%	±1.0
Africa	26,221	±4,207	4.40%	±0.7
Oceania	1,547	±696	0.30%	±0.1
Latin America	301,207	±15,562	51.00%	±1.5
Northern America	13,952	±2,659	2.40%	±0.4
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	3,436,615	±829	3,436,615	(X)
English only	2,616,232	±18,186	76.10%	±0.5
Language other than English	820,383	±18,168	23.90%	±0.5
Speak English less than "very well"	312,026	±11,362	9.10%	±0.3
Spanish	447,143	±11,484	13.00%	±0.3
Speak English less than "very well"	181,105	±10,069	5.30%	±0.3
Other Indo-European languages	248,809	±13,119	7.20%	±0.4
Speak English less than "very well"	85,739	±7,557	2.50%	±0.2
Asian and Pacific Islander languages	86,929	±7,378	2.50%	±0.2
Speak English less than "very well"	34,953	±4,588	1.00%	±0.1
Other languages	37,502	±6,385	1.10%	±0.2
Speak English less than "very well"	10,229	±2,668	0.30%	±0.1
ANCESTRY				
Total population	3,617,176	*****	3,617,176	(X)
American	113,193	±8,561	3.10%	±0.2
Arab	24,283	±4,016	0.70%	±0.1
Czech	8,458	±1,467	0.20%	±0.1
Danish	6,779	±1,621	0.20%	±0.1
Dutch	20,153	±3,230	0.60%	±0.1
English	299,402	±10,600	8.30%	±0.3
French (except Basque)	133,400	±8,792	3.70%	±0.2
French Canadian	82,162	±6,381	2.30%	±0.2
German	260,903	±11,562	7.20%	±0.3
Greek	24,906	±4,093	0.70%	±0.1
Hungarian	25,037	±3,300	0.70%	±0.1
Irish	471,382	±13,152	13.00%	±0.4
Italian	549,418	±16,122	15.20%	±0.4
Lithuanian	25,338	±4,101	0.70%	±0.1
Norwegian	19,383	±2,651	0.50%	±0.1
Polish	224,800	±10,639	6.20%	±0.3
Portuguese	53,688	±6,102	1.50%	±0.2
Russian	40,526	±4,179	1.10%	±0.1
Scotch-Irish	15,309	±2,221	0.40%	±0.1
Scottish	55,166	±5,173	1.50%	±0.1
Slovak	13,570	±2,660	0.40%	±0.1

Subsaharan African	38,575	±6,101	1.10%	±0.2
Swedish	46,588	±4,742	1.30%	±0.1
Swiss	6,634	±1,642	0.20%	±0.1
Ukrainian	24,157	±3,639	0.70%	±0.1
Welsh	10,914	±2,040	0.30%	±0.1
West Indian (excluding Hispanic origin groups)	101,301	±9,934	2.80%	±0.3
COMPUTERS AND INTERNET USE				
Total households	1,442,969	±7,955	1,442,969	(X)
With a computer	1,382,529	±9,369	95.80%	±0.3
With a broadband Internet subscription	1,335,682	±10,301	92.60%	±0.4

Attachment 2

Hospital for Special Care Community Health Needs Assessment 2022 Implementation Strategy

Status April 2022 – December 2024

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

Strategy	Key Indicator / Annual Metrics
Health Need 1: Access to Care / Health Equity	
Offering multidisciplinary clinics so outpatients can see all clinicians in one visit	<p><u>Patients using HFSC PCSPs, Centers of Excellence, multidisciplinary clinics</u></p> <p>Autism Center, a PCSP (NCQA), number of unique patients 2022: 791 2023: 875 2024: 981</p> <p>Neuromuscular Center ALS Center of Excellence (ALS Association) Muscular Dystrophy Center of Excellence 2022: 1466 2023: 687 (decrease due to change in provider coverage) 2024: 569</p> <p>Outpatient Rehabilitation (therapy) 2022: 2,581 2023: 2,881 2024: 2,921</p> <p>Pulmonary Rehabilitation: Gawlicki Family COPD Disease Management Program 2022: 1928 2023: 2044 2024: 2169</p> <p>Center for Cognitive Health 2022: in development 2023: 19 2024: 948</p> <p>Parkinson’s Disease & Movement Center, an NCQA Patient Centered Specialty Practice 2022: 222 2023: 252 2024: 692</p>

Strategy	Key Indicator / Annual Metrics																																																																								
Continuing the use of telehealth visits when appropriate, to reduce trips to HFSC	<p><u>Patients continued use of telehealth visits, all adult outpatient clinics</u></p> <p>2022: 75 2023: 38 2024: 181</p> <p><u>Autism Center Telehealth visits</u></p> <p>2022: 905 2023: 432 2024: 373</p>																																																																								
Serving as a resource for medically complex children and adults (accepting Medicaid for all programs)	<p><u>Percent of Medicaid patients by unit/service</u></p> <table border="1" data-bbox="597 655 1294 968"> <thead> <tr> <th><i>Outpatient Adults</i></th> <th>2022</th> <th>2023</th> <th>2024</th> </tr> </thead> <tbody> <tr> <td>Neuromuscular Center</td> <td>1%</td> <td>1%</td> <td>1%</td> </tr> <tr> <td>Neuropsychology / Center for Cognitive Health</td> <td>34%</td> <td>34%</td> <td>24%</td> </tr> <tr> <td>Physicians Clinic</td> <td>22%</td> <td>21%</td> <td>14%</td> </tr> <tr> <td>Parkinson's Clinic</td> <td>1%</td> <td>1%</td> <td>1%</td> </tr> </tbody> </table> <p><i>Outpatient children</i></p> <p>Autism Center</p> <p>2022: 59% of patients 62% of visits 2023: 57% of patients 64% of visits 2024: 59% of patients 63% of visits</p> <table border="1" data-bbox="597 1228 1294 1858"> <thead> <tr> <th><i>Inpatient Adults</i></th> <th>2022</th> <th>2023</th> <th>2024</th> </tr> </thead> <tbody> <tr> <td>CMU</td> <td>21%</td> <td>39%</td> <td>37%</td> </tr> <tr> <td>MRU</td> <td>26%</td> <td>35%</td> <td>40%</td> </tr> <tr> <td>TRU</td> <td>99%</td> <td>96%</td> <td>95%</td> </tr> <tr> <td>RCU</td> <td>89%</td> <td>92%</td> <td>97%</td> </tr> <tr> <td>RCU2</td> <td>--</td> <td>91%</td> <td>93%</td> </tr> <tr> <td>SDU</td> <td>96%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>SAT</td> <td>88%</td> <td>89%</td> <td>93%</td> </tr> <tr> <td>NBU1</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>NBU3</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <th><i>Inpatient Children</i></th> <th>2022</th> <th>2023</th> <th>2024</th> </tr> <tr> <td>Autism, 2 units</td> <td>53%</td> <td>CT 50% VT 3%</td> <td>59%</td> </tr> <tr> <td>Pediatrics unit</td> <td>95%</td> <td>94%</td> <td>89%</td> </tr> </tbody> </table>	<i>Outpatient Adults</i>	2022	2023	2024	Neuromuscular Center	1%	1%	1%	Neuropsychology / Center for Cognitive Health	34%	34%	24%	Physicians Clinic	22%	21%	14%	Parkinson's Clinic	1%	1%	1%	<i>Inpatient Adults</i>	2022	2023	2024	CMU	21%	39%	37%	MRU	26%	35%	40%	TRU	99%	96%	95%	RCU	89%	92%	97%	RCU2	--	91%	93%	SDU	96%	97%	97%	SAT	88%	89%	93%	NBU1	100%	100%	100%	NBU3	100%	100%	100%	<i>Inpatient Children</i>	2022	2023	2024	Autism, 2 units	53%	CT 50% VT 3%	59%	Pediatrics unit	95%	94%	89%
<i>Outpatient Adults</i>	2022	2023	2024																																																																						
Neuromuscular Center	1%	1%	1%																																																																						
Neuropsychology / Center for Cognitive Health	34%	34%	24%																																																																						
Physicians Clinic	22%	21%	14%																																																																						
Parkinson's Clinic	1%	1%	1%																																																																						
<i>Inpatient Adults</i>	2022	2023	2024																																																																						
CMU	21%	39%	37%																																																																						
MRU	26%	35%	40%																																																																						
TRU	99%	96%	95%																																																																						
RCU	89%	92%	97%																																																																						
RCU2	--	91%	93%																																																																						
SDU	96%	97%	97%																																																																						
SAT	88%	89%	93%																																																																						
NBU1	100%	100%	100%																																																																						
NBU3	100%	100%	100%																																																																						
<i>Inpatient Children</i>	2022	2023	2024																																																																						
Autism, 2 units	53%	CT 50% VT 3%	59%																																																																						
Pediatrics unit	95%	94%	89%																																																																						

Strategy	Key Indicator / Annual Metrics																																															
Providing evidence of the success of HFSC's models of care	<u>Outcomes of care</u>																																															
	<table border="1"> <thead> <tr> <th data-bbox="581 294 1036 346"><i>Outpatient Adult Therapy</i></th> <th data-bbox="1036 294 1128 346">2022</th> <th data-bbox="1128 294 1237 346">2023</th> <th data-bbox="1237 294 1331 346">2024</th> </tr> </thead> <tbody> <tr> <td data-bbox="581 346 1036 420">Would recommend HFSC OP to others (as Excellent or Very Good)</td> <td data-bbox="1036 346 1128 420">95%</td> <td data-bbox="1128 346 1237 420">95%</td> <td data-bbox="1237 346 1331 420">94%</td> </tr> <tr> <td data-bbox="581 420 1036 483">Overall Experience (Exc. Or VG)</td> <td data-bbox="1036 420 1128 483">n/a</td> <td data-bbox="1128 420 1237 483">96%</td> <td data-bbox="1237 420 1331 483">93%</td> </tr> </tbody> </table>				<i>Outpatient Adult Therapy</i>	2022	2023	2024	Would recommend HFSC OP to others (as Excellent or Very Good)	95%	95%	94%	Overall Experience (Exc. Or VG)	n/a	96%	93%																																
	<i>Outpatient Adult Therapy</i>	2022	2023	2024																																												
	Would recommend HFSC OP to others (as Excellent or Very Good)	95%	95%	94%																																												
	Overall Experience (Exc. Or VG)	n/a	96%	93%																																												
	<table border="1"> <thead> <tr> <th data-bbox="581 483 1036 535"><i>Outpatient Autism</i></th> <th data-bbox="1036 483 1128 535">2022</th> <th data-bbox="1128 483 1237 535">2023</th> <th data-bbox="1237 483 1331 535">2024</th> </tr> </thead> <tbody> <tr> <td data-bbox="581 535 1036 619">Patient satisfaction with program</td> <td data-bbox="1036 535 1128 619">88%</td> <td data-bbox="1128 535 1237 619">94%</td> <td data-bbox="1237 535 1331 619">93%</td> </tr> <tr> <td data-bbox="581 619 1036 703">Patients seen for diagnosis were dx with ASD</td> <td data-bbox="1036 619 1128 703">79%</td> <td data-bbox="1128 619 1237 703">81%</td> <td data-bbox="1237 619 1331 703">75%</td> </tr> <tr> <td data-bbox="581 703 1036 787">Unique patients served: # (%) increase</td> <td data-bbox="1036 703 1128 787">802</td> <td data-bbox="1128 703 1237 787">876 (9%)</td> <td data-bbox="1237 703 1331 787">981 (12%)</td> </tr> </tbody> </table>				<i>Outpatient Autism</i>	2022	2023	2024	Patient satisfaction with program	88%	94%	93%	Patients seen for diagnosis were dx with ASD	79%	81%	75%	Unique patients served: # (%) increase	802	876 (9%)	981 (12%)																												
	<i>Outpatient Autism</i>	2022	2023	2024																																												
	Patient satisfaction with program	88%	94%	93%																																												
	Patients seen for diagnosis were dx with ASD	79%	81%	75%																																												
	Unique patients served: # (%) increase	802	876 (9%)	981 (12%)																																												
	<table border="1"> <thead> <tr> <th colspan="4" data-bbox="581 787 1331 861"><i>Autism PHP (Partial Hospitalization Program)</i></th> </tr> <tr> <th data-bbox="581 861 1036 913">Reported improvement in:</th> <th data-bbox="1036 861 1128 913">2022</th> <th data-bbox="1128 861 1237 913">2023</th> <th data-bbox="1237 861 1331 913">2024</th> </tr> </thead> <tbody> <tr> <td data-bbox="581 913 1036 955">Irritability</td> <td data-bbox="1036 913 1128 955">47%</td> <td data-bbox="1128 913 1237 955">47%</td> <td data-bbox="1237 913 1331 955">64%</td> </tr> <tr> <td data-bbox="581 955 1036 1008">Social withdrawal</td> <td data-bbox="1036 955 1128 1008">48%</td> <td data-bbox="1128 955 1237 1008">44%</td> <td data-bbox="1237 955 1331 1008">50%</td> </tr> <tr> <td data-bbox="581 1008 1036 1060">Stereotypical behaviors</td> <td data-bbox="1036 1008 1128 1060">34%</td> <td data-bbox="1128 1008 1237 1060">33%</td> <td data-bbox="1237 1008 1331 1060">33%</td> </tr> <tr> <td data-bbox="581 1060 1036 1113">Hyperactivity</td> <td data-bbox="1036 1060 1128 1113">39%</td> <td data-bbox="1128 1060 1237 1113">39%</td> <td data-bbox="1237 1060 1331 1113">55%</td> </tr> <tr> <td data-bbox="581 1113 1036 1165">Inappropriate speech</td> <td data-bbox="1036 1113 1128 1165">25%</td> <td data-bbox="1128 1113 1237 1165">28%</td> <td data-bbox="1237 1113 1331 1165">45%</td> </tr> </tbody> </table>				<i>Autism PHP (Partial Hospitalization Program)</i>				Reported improvement in:	2022	2023	2024	Irritability	47%	47%	64%	Social withdrawal	48%	44%	50%	Stereotypical behaviors	34%	33%	33%	Hyperactivity	39%	39%	55%	Inappropriate speech	25%	28%	45%																
	<i>Autism PHP (Partial Hospitalization Program)</i>																																															
	Reported improvement in:	2022	2023	2024																																												
	Irritability	47%	47%	64%																																												
	Social withdrawal	48%	44%	50%																																												
	Stereotypical behaviors	34%	33%	33%																																												
	Hyperactivity	39%	39%	55%																																												
	Inappropriate speech	25%	28%	45%																																												
	<table border="1"> <thead> <tr> <th colspan="4" data-bbox="581 1165 1331 1239"><i>Inpatient outcomes</i></th> </tr> <tr> <th data-bbox="581 1239 1036 1291">Satisfaction with:</th> <th data-bbox="1036 1239 1128 1291">2022</th> <th data-bbox="1128 1239 1237 1291">2023</th> <th data-bbox="1237 1239 1331 1291">2024</th> </tr> </thead> <tbody> <tr> <td data-bbox="581 1291 1036 1333">Nurse communication</td> <td data-bbox="1036 1291 1128 1333">96%</td> <td data-bbox="1128 1291 1237 1333">98%</td> <td data-bbox="1237 1291 1331 1333">97%</td> </tr> <tr> <td data-bbox="581 1333 1036 1375">Doctor communication</td> <td data-bbox="1036 1333 1128 1375">97%</td> <td data-bbox="1128 1333 1237 1375">98%</td> <td data-bbox="1237 1333 1331 1375">95%</td> </tr> <tr> <td data-bbox="581 1375 1036 1438">Responsiveness of staff</td> <td data-bbox="1036 1375 1128 1438">88%</td> <td data-bbox="1128 1375 1237 1438">83%</td> <td data-bbox="1237 1375 1331 1438">90%</td> </tr> <tr> <td data-bbox="581 1438 1036 1522">Communication about medicine</td> <td data-bbox="1036 1438 1128 1522">83%</td> <td data-bbox="1128 1438 1237 1522">82%</td> <td data-bbox="1237 1438 1331 1522">81%</td> </tr> <tr> <td data-bbox="581 1522 1036 1575">Discharge information</td> <td data-bbox="1036 1522 1128 1575">95%</td> <td data-bbox="1128 1522 1237 1575">91%</td> <td data-bbox="1237 1522 1331 1575">88%</td> </tr> <tr> <td data-bbox="581 1575 1036 1659">Care transition (needs at discharge)</td> <td data-bbox="1036 1575 1128 1659">96%</td> <td data-bbox="1128 1575 1237 1659">96%</td> <td data-bbox="1237 1575 1331 1659">96%</td> </tr> <tr> <td data-bbox="581 1659 1036 1711">Cleanliness of hospital</td> <td data-bbox="1036 1659 1128 1711">94%</td> <td data-bbox="1128 1659 1237 1711">96%</td> <td data-bbox="1237 1659 1331 1711">97%</td> </tr> <tr> <td data-bbox="581 1711 1036 1764">Quietness of hospital</td> <td data-bbox="1036 1711 1128 1764">82%</td> <td data-bbox="1128 1711 1237 1764">82%</td> <td data-bbox="1237 1711 1331 1764">85%</td> </tr> <tr> <td data-bbox="581 1764 1036 1816">HFSC stay</td> <td data-bbox="1036 1764 1128 1816">95%</td> <td data-bbox="1128 1764 1237 1816">94%</td> <td data-bbox="1237 1764 1331 1816">92%</td> </tr> </tbody> </table>				<i>Inpatient outcomes</i>				Satisfaction with:	2022	2023	2024	Nurse communication	96%	98%	97%	Doctor communication	97%	98%	95%	Responsiveness of staff	88%	83%	90%	Communication about medicine	83%	82%	81%	Discharge information	95%	91%	88%	Care transition (needs at discharge)	96%	96%	96%	Cleanliness of hospital	94%	96%	97%	Quietness of hospital	82%	82%	85%	HFSC stay	95%	94%	92%
	<i>Inpatient outcomes</i>																																															
	Satisfaction with:	2022	2023	2024																																												
	Nurse communication	96%	98%	97%																																												
	Doctor communication	97%	98%	95%																																												
	Responsiveness of staff	88%	83%	90%																																												
Communication about medicine	83%	82%	81%																																													
Discharge information	95%	91%	88%																																													
Care transition (needs at discharge)	96%	96%	96%																																													
Cleanliness of hospital	94%	96%	97%																																													
Quietness of hospital	82%	82%	85%																																													
HFSC stay	95%	94%	92%																																													

Strategy	Key Indicator / Annual Metrics																
	<table border="1"> <thead> <tr> <th data-bbox="584 231 1023 273"><i>AIU (Autism Inpatient Unit)</i></th> <th data-bbox="1023 231 1120 273">2022</th> <th data-bbox="1120 231 1218 273">2023</th> <th data-bbox="1218 231 1429 273">2024</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 273 1023 378">reached functional goal by discharge</td> <td data-bbox="1023 273 1120 378">94%</td> <td data-bbox="1120 273 1218 378">93%</td> <td data-bbox="1218 273 1429 378">93%</td> </tr> <tr> <td data-bbox="584 378 1023 462">Had ED visit 6 mon. post discharge</td> <td data-bbox="1023 378 1120 462">13%</td> <td data-bbox="1120 378 1218 462">15%</td> <td data-bbox="1218 378 1429 462">17%</td> </tr> <tr> <td data-bbox="584 462 1023 588">Families report decreased stress levels 6 months post discharge</td> <td data-bbox="1023 462 1120 588">67%</td> <td data-bbox="1120 462 1218 588">78%</td> <td data-bbox="1218 462 1429 588">64%</td> </tr> </tbody> </table>	<i>AIU (Autism Inpatient Unit)</i>	2022	2023	2024	reached functional goal by discharge	94%	93%	93%	Had ED visit 6 mon. post discharge	13%	15%	17%	Families report decreased stress levels 6 months post discharge	67%	78%	64%
<i>AIU (Autism Inpatient Unit)</i>	2022	2023	2024														
reached functional goal by discharge	94%	93%	93%														
Had ED visit 6 mon. post discharge	13%	15%	17%														
Families report decreased stress levels 6 months post discharge	67%	78%	64%														
Health Need 2: Autism Services																	
<p>Welcoming new patients to our medical home program for autism</p>	<p><u>New outpatients (unique)</u> 2022: 344 2023: 490 2024: 581</p> <p><u>Coordination of care: returning outpatients</u> 2022: 747 2023: 787 2024: 894</p>																
<p>Adding eight beds to our inpatient program, with one or two beds available for emergency admissions (2022)</p>	<p><u>Open AIU2 on 4/6/22, increased total beds to 20</u> Average daily census, AIU1 & AIU2 2022: 19.4 2023: 17.4 2024: 18.0</p> <p><u>Total number of admissions (AIU1 & AIU2)</u> (compared to 145 pts in 2021 before AIU2 opening) 2022: 169 2023: 170 2024: 196</p> <p><u>Family satisfaction, outcomes for Autism Inpatient Unit</u> Described in Models of Care satisfaction</p>																
<p>Continue expanding offered services such as the partial hospital program (PHP)</p>	<p><u>Expanding PHP to add morning sessions (May 2023)</u> 2022: 1258 patient days, avg 1.5 groups/program day 2023: 2243 patient days, avg 2.4 groups/program day 2024: 2717 patient days, avg 2.9 groups/program day</p>																

Strategy	Key Indicator / Annual Metrics
	<p><u>Expand access to therapeutic horseback riding and equine-assisted education for individuals living with ASD), a Community Impact Grant from the Doug Flutie, Jr. Foundation for Autism</u></p> <p>2022: application for 2023 2023: award of \$5,000 benefitted 8 participants 2024: no application for 2024 use 2025: award of \$7,500 to benefit 10-15 participants (notice sent 12/2024)</p>

Health Need 3: Health Care Workforce Shortage

<p>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</p>	<p><u>Opportunities for student experience at HFSC</u></p> <p>Number of collaborations with academic institutions at all levels/across disciplines</p>																																																																																																				
	<table border="1"> <thead> <tr> <th data-bbox="581 756 998 798"><i>Affiliations by Discipline</i></th> <th data-bbox="998 756 1088 798">2022</th> <th data-bbox="1088 756 1177 798">2023</th> <th data-bbox="1177 756 1429 798">2024</th> </tr> </thead> <tbody> <tr><td>Nursing</td><td>20</td><td>17</td><td>25</td></tr> <tr><td>Respiratory Therapy</td><td>3</td><td>4</td><td>3</td></tr> <tr><td>EMS Students</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>Physical Therapy</td><td>7</td><td>4</td><td>1</td></tr> <tr><td>Occupational Therapy</td><td>5</td><td>4</td><td>2</td></tr> <tr><td>Speech Language Pathology</td><td>4</td><td>2</td><td>0</td></tr> <tr><td>Social Work</td><td>0</td><td>0</td><td>2</td></tr> <tr><td>Therapeutic Recreation</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>Pharmacy</td><td>2</td><td>3</td><td>2</td></tr> <tr><td>Pulmonary Students</td><td>0</td><td>1</td><td>2</td></tr> <tr><td>Health Information Mgmt.</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>Psychology</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>Bristol Burlington DPH</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>Totals:</td><td>43</td><td>38</td><td>39</td></tr> <tr> <th data-bbox="581 1428 998 1470"><i>Nursing Students</i></th> <th data-bbox="998 1428 1088 1470">2022</th> <th data-bbox="1088 1428 1177 1470">2023</th> <th data-bbox="1177 1428 1429 1470">2024</th> </tr> <tr><td>RN</td><td>360</td><td>368</td><td>300</td></tr> <tr><td>LPN</td><td>17</td><td>95</td><td>92</td></tr> <tr><td>CNA</td><td>18</td><td>59</td><td>128</td></tr> <tr><td>Graduate nurse</td><td>8</td><td>4</td><td>8</td></tr> <tr><td>Totals:</td><td>403</td><td>522</td><td>520</td></tr> <tr> <th data-bbox="581 1701 998 1743"><i>Students by Discipline</i></th> <th data-bbox="998 1701 1088 1743">2022</th> <th data-bbox="1088 1701 1177 1743">2023</th> <th data-bbox="1177 1701 1429 1743">2024</th> </tr> <tr><td>Respiratory Therapy</td><td>58</td><td>39</td><td>52</td></tr> <tr><td>EMS Students</td><td>28</td><td>32</td><td>12</td></tr> <tr><td>Physical Therapy</td><td>43</td><td>32</td><td>0</td></tr> </tbody> </table>	<i>Affiliations by Discipline</i>	2022	2023	2024	Nursing	20	17	25	Respiratory Therapy	3	4	3	EMS Students	1	1	1	Physical Therapy	7	4	1	Occupational Therapy	5	4	2	Speech Language Pathology	4	2	0	Social Work	0	0	2	Therapeutic Recreation	0	1	0	Pharmacy	2	3	2	Pulmonary Students	0	1	2	Health Information Mgmt.	0	1	0	Psychology	0	0	1	Bristol Burlington DPH	1	0	0	Totals:	43	38	39	<i>Nursing Students</i>	2022	2023	2024	RN	360	368	300	LPN	17	95	92	CNA	18	59	128	Graduate nurse	8	4	8	Totals:	403	522	520	<i>Students by Discipline</i>	2022	2023	2024	Respiratory Therapy	58	39	52	EMS Students	28	32	12	Physical Therapy	43	32	0
	<i>Affiliations by Discipline</i>	2022	2023	2024																																																																																																	
	Nursing	20	17	25																																																																																																	
	Respiratory Therapy	3	4	3																																																																																																	
	EMS Students	1	1	1																																																																																																	
	Physical Therapy	7	4	1																																																																																																	
	Occupational Therapy	5	4	2																																																																																																	
	Speech Language Pathology	4	2	0																																																																																																	
	Social Work	0	0	2																																																																																																	
	Therapeutic Recreation	0	1	0																																																																																																	
	Pharmacy	2	3	2																																																																																																	
	Pulmonary Students	0	1	2																																																																																																	
	Health Information Mgmt.	0	1	0																																																																																																	
	Psychology	0	0	1																																																																																																	
	Bristol Burlington DPH	1	0	0																																																																																																	
	Totals:	43	38	39																																																																																																	
	<i>Nursing Students</i>	2022	2023	2024																																																																																																	
	RN	360	368	300																																																																																																	
	LPN	17	95	92																																																																																																	
CNA	18	59	128																																																																																																		
Graduate nurse	8	4	8																																																																																																		
Totals:	403	522	520																																																																																																		
<i>Students by Discipline</i>	2022	2023	2024																																																																																																		
Respiratory Therapy	58	39	52																																																																																																		
EMS Students	28	32	12																																																																																																		
Physical Therapy	43	32	0																																																																																																		

Strategy	Key Indicator / Annual Metrics			
	Occupational Therapy	7	3	2
	Speech Language Pathology	7	3	0
	Social Work	0	0	2
	Therapeutic Recreation	0	2	0
	Pharmacy	3	6	4
	Pulmonary Students	0	1	4
	Health Information Mgmt.	0	1	0
	Psychology	0	0	1
	Bristol Burlington DPH	2	0	0
	Dental			11
	Totals:	148	119	88
Continue funding and encouraging scholarships for area students entering health care professions	<u>Scholarships awarded</u>			
	<i>Discipline</i>	2022	2023	2024
	Nursing	6	6	6
	Physical Therapy	1	1	1
	Medical Student	1	1	no applicants
	CNA	1	no scholarship	no scholarship
Hiring strategies targeting needed roles	<u>Recruitment & Retention Metrics, new in 2023</u>			
	<i>Hiring & Retention</i>	2023	2024	
	New hires	298	290	
	Remain on team today	228	230	
	Voluntary separations	166	201	
	Involuntary	60	51	
	Total turnover	--	17%	
	Jan-Nov 2024			
	--- 271 employees were hired, more than the 224 separations			
	--- 149 job openings (Nov) due to insufficient pool of qualified candidates			

Strategy	Key Indicator / Annual Metrics																		
	<p><u>Workforce retention</u> Impact of enhanced tuition reimbursement on employee career development 2022: 38 2023: 38 2024: 45</p> <p>Nurse Residency Program, session (average attendance/session) 2022: 10 sessions (3.4) 2023: 10 sessions (6.4) 2024: 9 sessions (5.2)</p> <p><u>Certified Nursing Assistant (CNA) strategies</u> HFSC designed and opened (2023) a tuition-free CNA Academy for our local community.</p> <table border="1" data-bbox="597 892 1230 1165"> <thead> <tr> <th><i>CNA Academy Data</i></th> <th>2023</th> <th>2024</th> </tr> </thead> <tbody> <tr> <td>Courses offered</td> <td>8</td> <td>8</td> </tr> <tr> <td>Students enrolled</td> <td>59</td> <td>66</td> </tr> <tr> <td>Completed/passed course</td> <td>51</td> <td>58</td> </tr> <tr> <td>Hired by HFSC</td> <td>32</td> <td>25</td> </tr> <tr> <td>Still employed at HFSC</td> <td>22</td> <td>21</td> </tr> </tbody> </table> <p>CNA Mentor Program Our CNA Mentor serves as a teaching assistant, mentors with preceptors during orientation, and supports transitioning new CNAs.</p> <p><u>Targeted recruitment efforts</u></p> <ul style="list-style-type: none"> • Nursing Leadership and HR meetings with students sharing job opportunities at HFSC (2023, 2024) • Talent Acquisition Specialist position added (2024) • Recruitment at College & School Career Fairs • Partnership with E.C. Goodwin Technical School and NBHS CNA program/Health Careers exploration • Partner with USJ to host nursing students; HFSC staff serve as faculty • Student Nurse Intern Program held Summer 2023. 7 SNI's hosted. Hired 5 after they graduated in 2024. • Nurse Associate Role (Nursing Students) hired during summer break and school year. 	<i>CNA Academy Data</i>	2023	2024	Courses offered	8	8	Students enrolled	59	66	Completed/passed course	51	58	Hired by HFSC	32	25	Still employed at HFSC	22	21
<i>CNA Academy Data</i>	2023	2024																	
Courses offered	8	8																	
Students enrolled	59	66																	
Completed/passed course	51	58																	
Hired by HFSC	32	25																	
Still employed at HFSC	22	21																	

Strategy	Key Indicator / Annual Metrics																				
Health Need 4: Increasing Physical Activity Levels																					
Offer opportunities to reduce obesity, encourage heart-healthy lifestyles	<p data-bbox="597 273 1239 310"><u>Maintaining access to activities currently available</u></p> <table border="1" data-bbox="597 331 1325 625"> <thead> <tr> <th data-bbox="597 331 979 373"><i>Activity</i></th> <th data-bbox="979 331 1097 373">2022</th> <th data-bbox="1097 331 1218 373">2023</th> <th data-bbox="1218 331 1325 373">2024</th> </tr> </thead> <tbody> <tr> <td data-bbox="597 373 979 457">Adult & Junior wheelchair basketball</td> <td data-bbox="979 373 1097 457">51</td> <td data-bbox="1097 373 1218 457">59</td> <td data-bbox="1218 373 1325 457">70</td> </tr> <tr> <td data-bbox="597 457 979 499">Swimming & Fitness Center</td> <td data-bbox="979 457 1097 499">1,515</td> <td data-bbox="1097 457 1218 499">1,763</td> <td data-bbox="1218 457 1325 499">3,439</td> </tr> <tr> <td data-bbox="597 499 979 541">Track & field</td> <td data-bbox="979 499 1097 541">6</td> <td data-bbox="1097 499 1218 541">13</td> <td data-bbox="1218 499 1325 541">14</td> </tr> <tr> <td data-bbox="597 541 979 625">Day camp with adaptive tennis</td> <td data-bbox="979 541 1097 625">26</td> <td data-bbox="1097 541 1218 625">27</td> <td data-bbox="1218 541 1325 625">42</td> </tr> </tbody> </table> <p data-bbox="597 625 1052 663"><u>Aquatic Fitness Center scholarships</u></p> <p data-bbox="597 663 727 701">2022: 27</p> <p data-bbox="597 701 727 739">2023: 25</p> <p data-bbox="597 739 727 777">2024: 36</p>	<i>Activity</i>	2022	2023	2024	Adult & Junior wheelchair basketball	51	59	70	Swimming & Fitness Center	1,515	1,763	3,439	Track & field	6	13	14	Day camp with adaptive tennis	26	27	42
<i>Activity</i>	2022	2023	2024																		
Adult & Junior wheelchair basketball	51	59	70																		
Swimming & Fitness Center	1,515	1,763	3,439																		
Track & field	6	13	14																		
Day camp with adaptive tennis	26	27	42																		
Introduce individuals to adaptive sports and inclusive recreation programs	<p data-bbox="597 779 1073 816"><u>Individuals benefiting from programs</u></p> <p data-bbox="597 816 735 854">2022: 99</p> <p data-bbox="597 854 735 892">2023: 90</p> <p data-bbox="597 892 735 930">2024: 111</p> <p data-bbox="597 972 816 1010"><u>Volunteer hours:</u></p> <p data-bbox="597 1010 800 1047">2022: 367.93</p> <p data-bbox="597 1047 800 1085">2023: 914.43</p> <p data-bbox="597 1085 800 1123">2024: 1,137.60</p> <p data-bbox="597 1165 1052 1203"><u>Efforts to expand access to services</u></p> <p data-bbox="597 1203 1414 1325">2022: Christopher and Dana Reeve Foundation grant submitted to expand access to fitness and nutrition activities to individuals living with paralysis (not funded)</p>																				

Attachment 3 Key Informant Organizations / Community Services

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

Autism Spectrum Disorder groups

Ädelbrook Behavioral & Developmental Services <https://adelbrook.org/>
Bridges Healthcare <https://bridgesct.org/>
Connecticut Association of Public School Superintendents [Home - Connecticut Association of Public School Superintendents \(CAPSS\)](#)
Connecticut Police Chiefs Association [CPCA | Connecticut Police Chiefs Association](#)
Family and Children's Aid [Family & Children's Aid \(FCA\) | Behavioral Health Services for Children & Families](#)
LINKED- Autism Safety Project [Sensory Bags for Autism Safety](#)
Sun, Moon, & Stars [Sun, Moon & Stars, Inc | autism activities Watertown CT | Watertown, CT, USA](#)
The Connecticut Dental Health Partnership [Home - HUSKY Dental](#)
The Village for Families & Children [The Village for Families & Children](#)
Torrington Area Families for Autism [TAFA INC. - Home](#)
Wellmore Behavioral Health [Wellmore Behavioral Health | Greater Waterbury Area](#)

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 Services, Inc.

- Hartford (Medical, Behavioral Health & Dental 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)

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: HFSC clinicians and staff and various websites

Attachment 4
 CDC Disability Impacts All of Us, Comparing

2016 data

According to the United Nations Convention on the Rights of Persons with Disabilities, people "... with disabilities include those who have long-term physical, mental, intellectual, or sensory [such as hearing or vision] impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." [3]



One in four American adults has a disability.*

*2016 Behavioral Risk Factor Surveillance System (BRFSS)

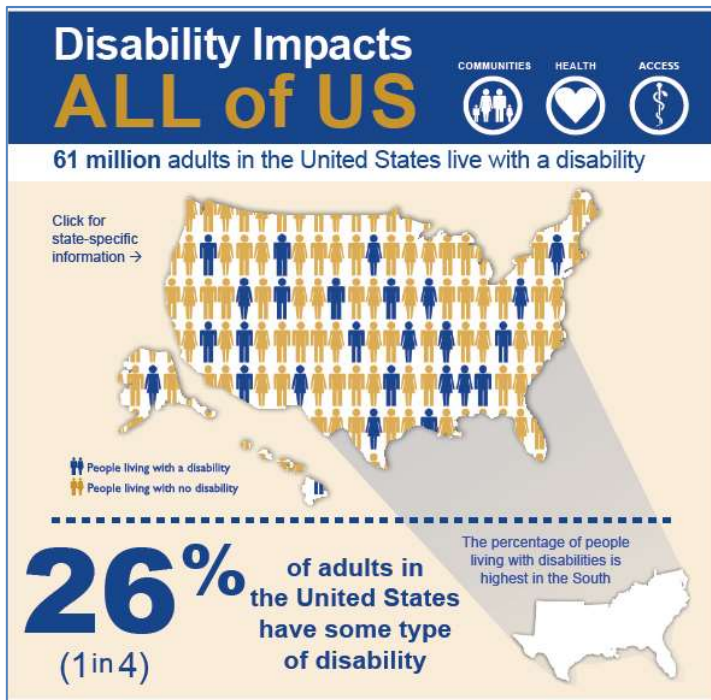
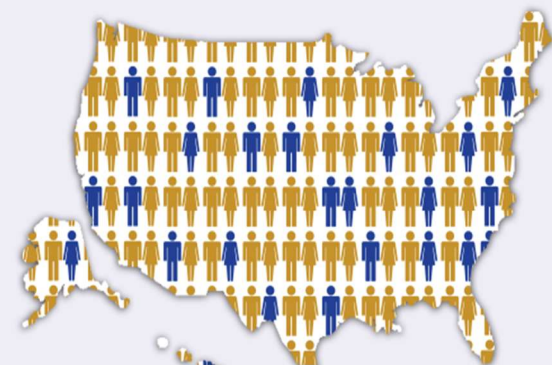
One in four American adults has a disability, according to a 2016 Behavioral Risk Factor Surveillance System survey.

with

2022 data



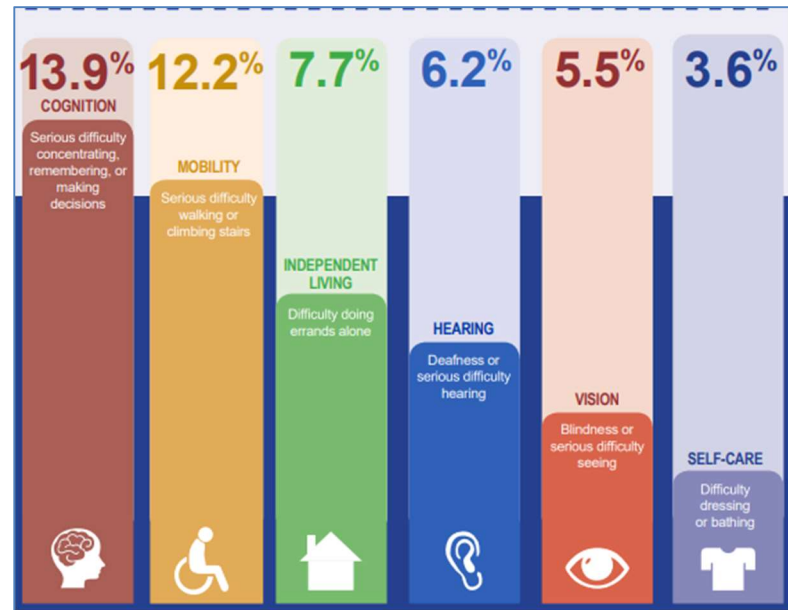
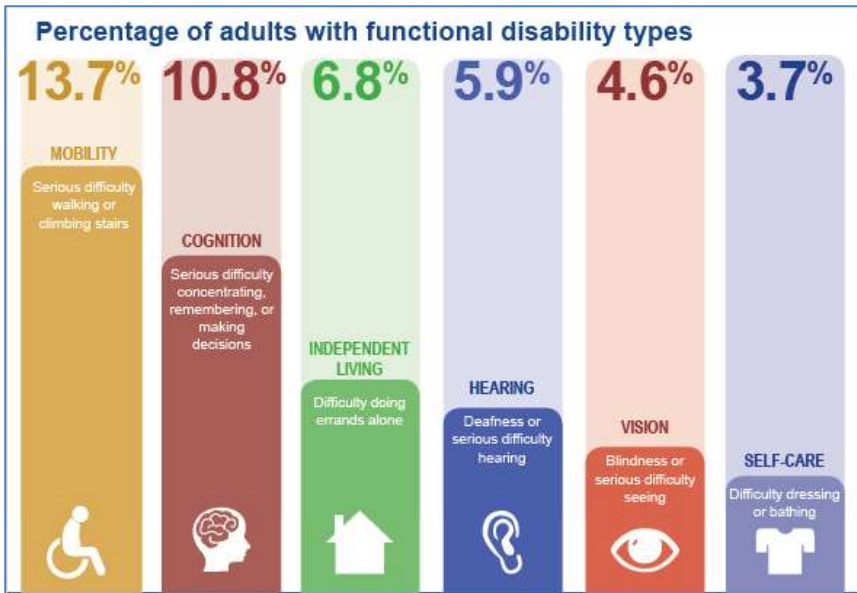
More than **1 in 4** adults in the United States have some type of disability (28.7%)



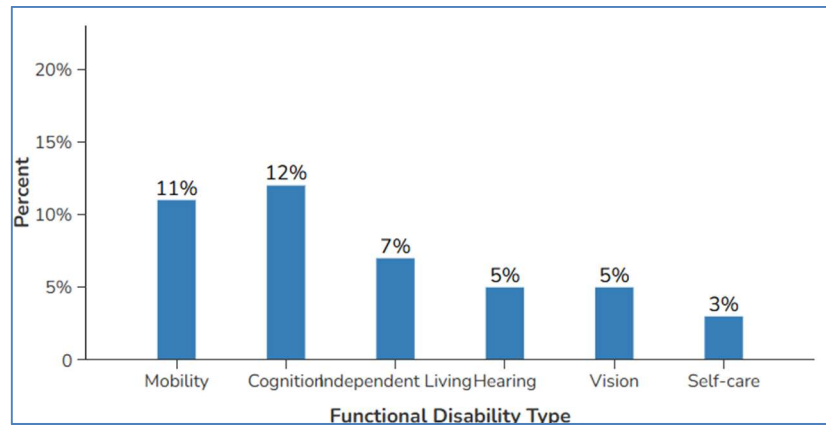
2022 data

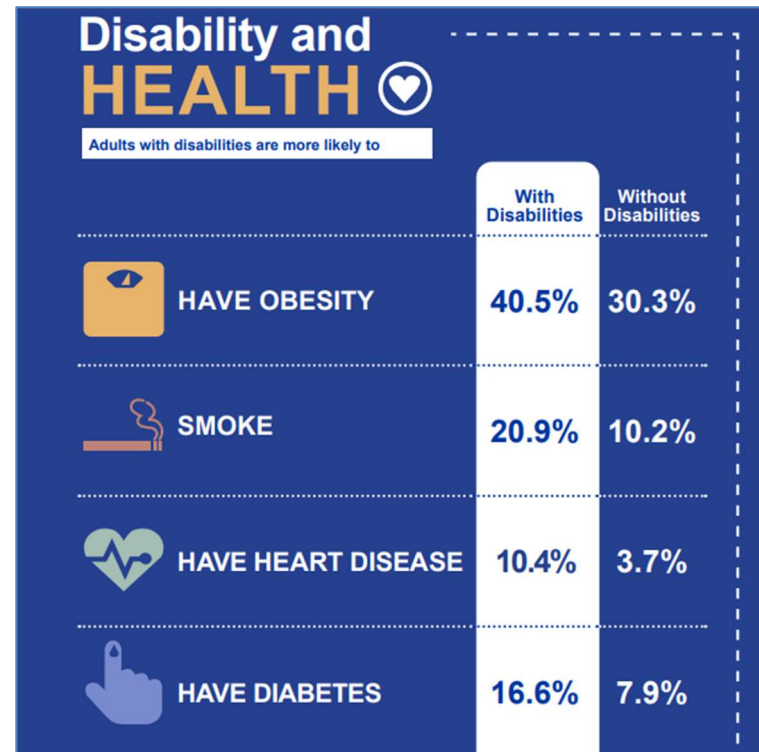
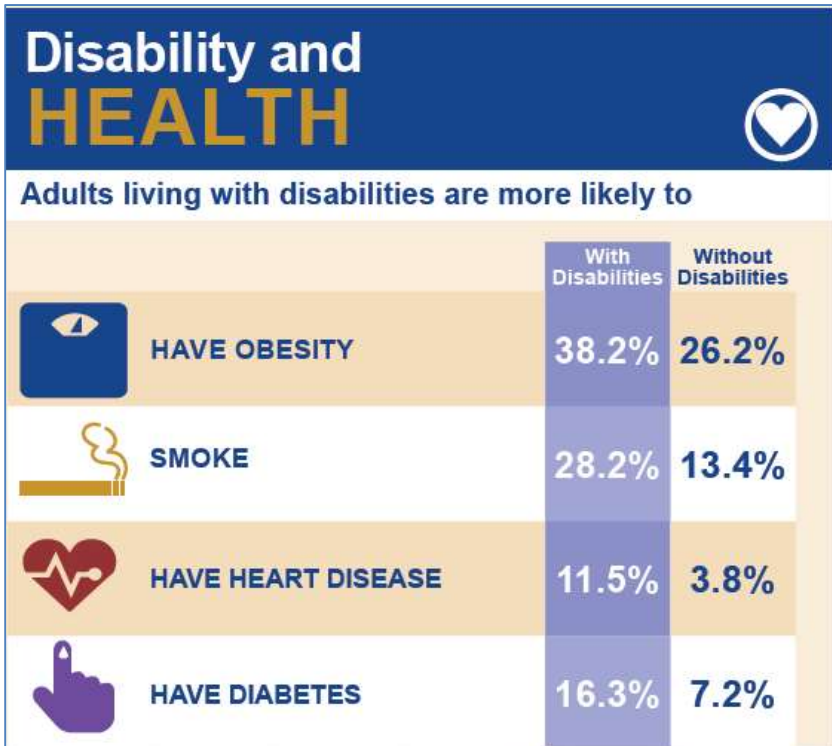
<https://www.cdc.gov/disability-and-health/media/pdfs/disability-impacts-all-of-us-infographic.pdf>

[U.S. State Profile Data: Adults 18+ years of age | Disability and Health Data System \(DHDS\) | CDC](#)

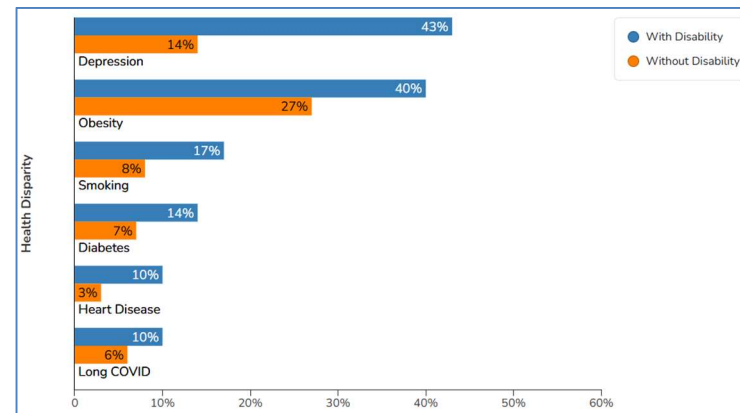


Connecticut, 2022





Connecticut 2022 BRFSS



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



Disability and Healthcare ACCESS



Healthcare access barriers for working-age adults include

1 in 4

adults with disabilities (18-44 years)

do not have a usual healthcare provider



1 in 4

adults with disabilities (18-44 years)

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



1 in 6

adults with disabilities (45-64 years)

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



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



Making A DIFFERENCE

PUBLIC HEALTH IS FOR ALL OF US

Join CDC and its partners as we work together to improve the health of people living with disabilities

- Promoting Healthy Living
- Monitoring Public Health Data
- Researching & Reducing Health Disparities
- Building Inclusive Health Programs
- Improving Access to Health Care

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

Making A DIFFERENCE

PUBLIC HEALTH IS FOR ALL OF US

Join CDC and its partners as we work together to improve the health of people with disabilities

- Promoting Healthy Living
- Monitoring Public Health Data
- Researching & Reducing Health Disparities
- Building Inclusive Health Programs
- Improving Access to Health Care

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

Attachment 5

Centers for Disease Control Disability Impacts, Connecticut (tables)

[Disability and Health Data System Explore by Location | NCBDDD | CDC](#)

Connecticut - 2022
Disability status and types among adults 18 years of age or older
View by: Overall
Response: All

Overall	
Any Disability	
Age-adjusted Prevalence (%)	25.7
95% CI	24.3 - 27.3
Weighted No.	705,248
Cognitive Disability	
Age-adjusted Prevalence (%)	12.0
95% CI	10.9 - 13.2
Weighted No.	297,727
Hearing Disability	
Age-adjusted Prevalence (%)	4.7
95% CI	4.1 - 5.3
Weighted No.	150,842
Mobility Disability	
Age-adjusted Prevalence (%)	10.5
95% CI	9.6 - 11.5
Weighted No.	320,710
Vision Disability	
Age-adjusted Prevalence (%)	5.2
95% CI	4.4 - 6.0
Weighted No.	146,245
Self-care Disability	
Age-adjusted Prevalence (%)	2.9
95% CI	2.4 - 3.4
Weighted No.	83,907
Independent Living Disability	
Age-adjusted Prevalence (%)	6.8
95% CI	5.9 - 7.8
Weighted No.	183,377
No Disability	
Age-adjusted Prevalence (%)	74.3
95% CI	72.7 - 75.7
Weighted No.	1,902,812

Connecticut 2022	Any Disability	No Disability
White, non-Hispanic		
Age-adjusted Prevalence (%)	23.3	76.7
95% CI	21.4 - 25.3	74.7 - 78.6
Weighted No.	411,577	1,228,131
Black, non-Hispanic		
Age-adjusted Prevalence (%)	25.8	74.2
95% CI	21.0 - 31.1	68.9 - 79.0
Weighted No.	64,934	181,862
Hispanic		
Age-adjusted Prevalence (%)	38.1	61.9
95% CI	33.9 - 42.4	57.6 - 66.1
Weighted No.	146,317	256,541
Asian, non-Hispanic		
Age-adjusted Prevalence (%)	21.4	78.6
95% CI	14.7 - 30.1	69.9 - 85.3
Weighted No.	22,459	99,880
Native Hawaiian or Other Pacific Islander, non-Hispanic		
Age-adjusted Prevalence (%)	*	*
95% CI		
Weighted No.		
American Indian or Alaska Native, non-Hispanic		
Age-adjusted Prevalence (%)	*	*
95% CI		
Weighted No.		
Other / Multirace, non-Hispanic		
Age-adjusted Prevalence (%)	31.4	68.6
95% CI	21.6 - 43.1	56.9 - 78.4
Weighted No.	23,819	51,348

Connecticut - 2022
Disability status and types among adults 18 years of age or older by race/ethnicity
View by: Disability Type
Response: All

	Cognitive Disability	Hearing Disability	Mobility Disability	Vision Disability	Self-care Disability	Independent Living Disability
White, non-Hispanic						
Age-adjusted Prevalence (%)	10.8	4.0	8.3	3.6	2.4	6.6
95% CI	9.4 - 12.4	3.5 - 4.6	7.3 - 9.5	2.8 - 4.6	1.8 - 3.2	5.4 - 8.1
Weighted No.	153,660	100,038	181,343	62,944	44,444	109,492
Black, non-Hispanic						
Age-adjusted Prevalence (%)	11.6	*	15.1	5.4	4.4	7.0
95% CI	8.3 - 16.1		11.7 - 19.4	3.7 - 7.9	2.6 - 7.4	4.7 - 10.3
Weighted No.	27,394		40,051	13,871	11,040	16,945
Hispanic						
Age-adjusted Prevalence (%)	20.1	9.0	18.0	13.3	6.0	10.0
95% CI	16.7 - 24.1	6.3 - 12.5	14.8 - 21.7	10.2 - 17.0	4.1 - 8.7	7.5 - 13.2
Weighted No.	79,037	32,083	63,909	48,827	19,643	36,043
Asian, non-Hispanic						
Age-adjusted Prevalence (%)	*	*	*	*	*	*
95% CI						
Weighted No.						
Native Hawaiian or Other Pacific Islander, non-Hispanic						
Age-adjusted Prevalence (%)	*	*	*	*	*	*
95% CI						
Weighted No.						
American Indian or Alaska Native, non-Hispanic						
Age-adjusted Prevalence (%)	*	*	*	*	*	*
95% CI						
Weighted No.						
Other / Multirace, non-Hispanic						
Age-adjusted Prevalence (%)	16.8	*	*	*	*	*
95% CI	9.4 - 28.4					
Weighted No.	13,198					

Footnotes
* Data suppressed. Estimates were suppressed if the standard error was greater than or equal to 30% of the estimate or if the unweighted total population was less than 50.

Indicator Definition
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Attachment 6 Academic Partners – Schools with HFSC Student Affiliations

Medical Schools

University of Connecticut School of Medicine
University of Hartford (psychology)
University of New England College of Osteopathic Medicine– Neuromuscular
University of New Haven (Physician Associate)
University of Saint Joseph (Mental Health Counselors)
Philadelphia College of Osteopathic Medicine (post-doctoral psychology)
Touro University College of Osteopathic Medicine
UCONN General Medical Student Program
UCONN Neurology Program
UCONN Pediatrics Program
UCONN PM & R Neuromuscular Medicine
Bridgeport Hospital Yale New Haven Pulmonary Fellowship Rotation
Dartmouth Pulmonary Fellow Rotation
Norwalk Hospital Pulmonary Fellow Rotation

Nursing

American International College (Springfield, MA)
Capital Community College (Associate)
Central Connecticut State University (BSN)
Frontier Nursing University
Goodwin University (Assoc, BSN, graduate)
Purdue Global School of Nursing (psychiatric APRN)
Quinnipiac University (BSN)
Regis University (APRN)
Riviera University
Sacred Heart University
Salve Regina University

Southern CT State University (BSN)
University of Connecticut (BSN)
University of Hartford (BSN)
University of Phoenix
University of Saint Joseph (BSN, Graduate, APRN, PA)
University of Vermont
Western CT State University (Graduate)
Yale University

Certified Nursing Assistant

New Britain High School
CT Tech Education & Career Systems at E.C. Goodwin Tech High School

Pharmacy

University of Connecticut
University of Saint Joseph
Western New England University

Occupational Therapy

American International College (Springfield, MA)
Bay Path University
Goodwin University
Manchester Community College
Nova Southeastern University
Quinnipiac University
Sacred Heart University
Springfield College (Massachusetts)
Tufts University
University of Hartford
University of New Haven
University of Scranton
Western New England University
Worcester State University

Physical Therapy

Naugatuck Valley Community College
Nova Southeastern University
Quinnipiac University
Sacred Heart University
University of Connecticut

Springfield College (Massachusetts)
University of Hartford
University of New England
University of Saint Joseph
Western New England University

Respiratory Therapy

Goodwin University
Manchester Community College
Norwalk Community College
University of Hartford

Speech language Pathology

Emerson College
Nova Southeastern University
Sacred Heart University
Southern Connecticut State University
University of Connecticut
University of New Haven
University of South Carolina
Worcester State University

Therapeutic Recreation

Southern Connecticut State University
University of New Hampshire
University of North Carolina at Wilmington

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
Drexel University
Grand Canyon University
MCPHS University
Purdue University on-line
Western Governor's University