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# *Twenty-Five Years of Collaboration Between the University of Connecticut Health Center and the Hartford Public Schools*

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The University of Connecticut School of Medicine began its collaboration with the Hartford Public Schools in 1975. This collaboration has evolved to include many types of programs and many levels of partnership. A brief history of these activities is presented; each activity incorporates a discussion of “best practices” for developing, sustaining, and evaluating community-campus partnerships based on our experience.

The three major areas of collaboration have been in the delivery of health services, health professions minority recruitment, and enrichment and community service. The best practices include joint decision making and shared responsibility, flexibility and willingness to adapt to changing circumstances, mutual respect, and commitment to working for long-term goals.

Prior to discussing the development of each of these areas, it is necessary to provide a context for our collaboration. The community context is Hartford, Connecticut, the capital city of the state with the highest per capita income of the nation. However, Hartford has one of the highest poverty levels of all cities its size, and poverty rates are even higher for school children. Predominately white, wealthy suburbs surround the city. While Hartford’s population of 139,000 is fairly evenly divided between Caucasian, African American, and Hispanic (primarily Puerto Rican) ethnic groups, the children served by the school system are predominately African American and Puerto Rican. Most of the children live below the poverty level. Twenty-five years ago, these children lived in a city with many medical resources but were not able to receive the services they needed. The academic context is the University of Connecticut Health Center (UCHC), comprised of the schools of medicine and dentistry and a graduate program including public health. These schools were established in 1969 to meet a need for doctors and dentists for the state. However, the creation of the schools also created considerable public hostility because in order to build the small university hospital, the city public hospital was closed. The city hospital was located in the middle of a low-income neighborhood with convenient access; the university hospital was on a hill eight miles out of the city, with poor public transportation. Thus began UCHC’s relationship with one of its primary communities. Even though a university clinic was established to serve the old city hospital neighborhood, there was little trust of the health sciences campus by the Hartford community.

The first author has been involved in this collaboration for the entire twenty-five years. The third and fourth authors have been involved for the past fifteen years. Students obviously participate in these activities for shorter periods of time, ranging from four-six years.

## ***Health Services***

In 1975, the faculty from the Department of Pediatrics wrote a grant proposal to the Robert Wood Johnson Foundation to develop a model school health clinic program for elementary school age children. The Hartford Board of Education (HBOE) approved the proposal, although the central administration opposed it, with the caveat that “not one additional penny” of school monies could

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be spent on the program. The grant was funded for three years, and renewed for three additional years. During these six years, the UCHC faculty and the school administration learned to work collaboratively in an effort to merge two very different worlds—health care delivery and public education. Accomplishments included the design, construction, and staffing of two elementary school clinics providing primary medical and dental care; demonstration of the value of this type of model for delivery of health care to inner city children; developing and advocating for change of state law so that these services could be expanded and nurse practitioners could provide primary care; establishment of a training program for Hartford school nurses so they could be certified as School Nurse Practitioners; designation as an EPSDT and Medicaid provider so that third-party reimbursement could be received; and establishment of an organizational structure that directed third-party reimbursement back to the schools for health services. The program was successful in many ways: transitioning from grant money to sustainable sources of third-party reimbursement; providing a high quality model of education and health care service delivery; transferring responsibility for program operation and expansion from the university to the school system; and redefining roles so that the university took on an advisory and supporting role. This relationship continues to the present, as the school health clinics expanded to cover all the schools in the city—and then went through the transition to managed care.

Because these first six years of the relationship provided the basis for the two institutions' collaboration, it is important to understand the key learning points. It was a very exciting time for learning about these two different environments. The first author is a sociologist, and this collaboration was quite fruitful for examining organizational structure and expectations, professional identity, and power sharing between institutions. A few examples are given below.

1. In addition to the distrust of UCHC by the community, there was also a distrust of the medical care system by those in education; this is especially understandable in view of the fact that the nurses and social workers in schools may have chosen this work environment to have more autonomy and avoid the dominance of physicians in the medical care system. Trust had to be established by making it clear that the physicians and nurse practitioners coming into the school could learn from the nurses and social workers and should respect their views.
2. The school system had a long history of university programs coming in, conducting their projects, and then leaving with appropriate publications but nothing in terms of program for the schools. The first author had an intimidating interview with the superintendent of schools who accused her of this motivation. Of course, time is the only response to such accusations, and while the first author stayed and helped maintain the program, there was a succession of superintendents.
3. Differences between the two organizations and between the professions were reflected in vocabulary, priorities, and expectations. In schools, the school nurse can provide the only authority outside the educational hierarchy for matters of public health—that meant that classroom teachers expected the doctor to help them get a broken window fixed, but the doctor did not see that as her role. Health care providers are used to having patients' appointments arranged to fit their schedules, but working in a school meant that class time took priority over clinic time unless it was an emergency. Parents were not necessarily present at the time the child was seen (even though their consent was required for treatment), and staff had to learn to work with children on their own turf. This resulted in some important innovations in care, using children as peer support and incorporating "troublemakers" as part of the team. The dental team taught the medical team some of these lessons, by helping children with a fear of dental treatment control the pace of their treatment

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including observing, learning about x-rays, and assisting other children. For medical care this meant having children come back to look at their throat cultures and to monitor their asthma. This approach made the health clinic another classroom in the school and made teaching an important part of the health encounter.

4. A critical lesson was learning respect for what education and health care bring to the children, and remembering to focus on the children rather than on rules and organizational territory.
5. The political environment is also different. While there are politics in health care, generally this has to do with organizational and professional territory. However, boards of education are elected and responsible to voters. This political context results in different change strategies: educators and administrators are used to reaching out to the community, publicizing their initiatives, and creating parent and community awareness and support; health care providers are often involved in “under the table” negotiations because otherwise another professional group may gain advantage. When the school-based clinic program was working to change legislation to allow nurse practitioners a broader range of practice and for schools to provide health services, it was necessary to work behind the scenes with legislators to avoid the legislation being blocked by larger professional organizations before it ever reached a vote.
6. Confidentiality was a related issue. School records are public; medical records are not. This meant that there were many discussions about how to develop a confidential medical record. This included what kinds of questions could be asked for health screening (sexual activity, other risk behaviors) and what types of services could be provided (pelvic exams, STD screening, condoms) because of the potential political consequences of these decisions.

### ***Health Professions, Minority Recruitment and Enrichment***

UCHC has conducted programs to promote careers in medicine and dentistry among underrepresented minority students since the early 1980's. However, it was not until 1991 that the model proposed by the Association of American Medical Colleges in its Project 3000 by 2000 initiative was adopted. That model is based on the premise that long-term strategies to increase access to health professions education among underrepresented minorities are best achieved by: developing integrated educational pathways with high schools with substantial minority enrollments, and forming partnerships with colleges and academic health centers dedicated to that goal. To that end, UCHC established a formal educational partnership in 1995 with the Hartford School District and three area colleges: Central Connecticut State University, Wesleyan University, and the University of Connecticut at Storrs, the state's flagship institution. The New Britain School District, which also has substantial minority enrollment, was also a partner. Implementation of strategies to address the goal of the partnership was facilitated when UCHC was awarded one of the initial ten grants under the Robert Wood Johnson Foundation's Health Professions Partnership Initiative (HPPI). Subsequently, the UCHC secured additional funding for its comprehensive program from the Department of Health and Human Services via the Health Careers Opportunity Program (HCOP) and from the Connecticut Department of Higher Education.

A series of meetings between UCHC personnel and the Hartford School District administration led to the establishment of a Health Professions Center of Excellence at Bulkeley High School under the HPPI umbrella. The Bulkeley High School Health Professions Center of Excellence operates as a “school within a school,” clustering students with a common interest in health professions in classes and assigning the same team of teachers to the cluster of students each year.

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The Center of Excellence is a magnet program that also takes students from outside the Hartford School District through the Choice Program. The program currently has ninth and tenth grade students with one grade level added each year. The advantages offered by the Center over regular programs include: programs geared to the interests and abilities of individual students; development of an integrated curriculum focusing on health careers; dedicated teachers working as a team to meet student needs; enhanced learning activities that will allow students to relate what they learn to health careers; extensive opportunities for job shadowing, internships, field trips, and work experience in health care; and the opportunity to earn college credits while in high school.

The UCHC was involved in two important aspects of the Center of Excellence. The cluster of teachers from the Center spent six weeks of summer 1999 engaged in a curriculum development workshop conducted by a UCHC faculty member from the Department of Behavioral Science and Community Health of the School of Dental Medicine. This workshop resulted in the development of a course for the Center is students, "Understanding Health Risks." The course focuses on the assessment of health risks data, its source, and analysis. It was introduced into the curriculum during the second grading period of the 1999-2000 academic year. The UCHC faculty member and a post-doctoral epidemiologist in the Department of Behavioral Science and Community Health assisted cluster teachers in the course presentation.

The second area of Health Center involvement is the presentation of a series of workshops for Center students on the Health Center campus. These workshops occur approximately bimonthly. Each of the eighty students in the Center has visited the UCHC campus on eleven occasions during the academic year. Workshop topics included: "Health Career Panel Discussion," "What Researchers Do. Tours of Research Laboratories," "Use of the Internet Library and Electronic Scavenger Hunt," "The Art and Science of Dentistry," etc.

Another major initiative of the HPPI for local high school students is the Health Careers Discovery Program. Initiated this year, this comprehensive program of activities at the ninth and tenth grade level has been developed in collaboration with the Hartford and New Britain School Districts and is administered by the Connecticut Pre-Engineering Program (CPEP), a community-based educational enterprise. The program consists of a sixteen-week academic year Saturday Academy followed by a six-week Summer Science Camp. In addition to student activities, teacher professional development and parental involvement have been addressed in the program. Implementation of the Saturday Academy began during the current academic year.

Several long-standing programs have been incorporated into the HPPI. The High School Student Research Apprentice Program has operated continuously at UCHC for over fifteen years. This program provides a six-week summer research experience at UCHC for local high school students. The Science Teacher Summer Fellowship Program is a companion program for local teachers. Part of the initiative are strategies that address the dissemination of information on careers in the health professions, and assistance to pipeline students in making informed decisions about their futures. The Health Professions Recruitment/Exposure Program (HPREP), Youth Science Enrichment Program (YSEP), and the Mini-Medical/Dental School for High School Students continue to be offered. The HPREP and YSEP are programs co-sponsored with the Health Center's chapters of the Student National Medical Association and Student National Dental Association. The Mini-Medical/Dental School, featuring lectures by medical and dental school faculty, is held annually from February through April for fifty high school students, with special emphasis on the Hartford School District. Finally, the Bridge to the Future Science Mentorship Program is a student-run program in which medical, dental, graduate, nursing, and allied health students serve as mentors to college students who have expressed an interest in a career in the health professions. The college students in turn serve as mentors to high school students in the program. A network is established, which includes the middle school through

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professional school educational community, all sharing an interest in science or health professions. The program provides an opportunity for college and high school students to seek advice from medical, dental, graduate, nursing, and allied health students and gain insights into successful preparation for an application to professional schools. Thus, the program is aimed at meeting the long-term objective of increasing minority representation in health professions programs. Among a number of strategies formulated to meet this objective is development of mentoring programs for high school and college students that involve students from the Health Center's professional schools.

The Hartford Public Schools and UCHC have worked for several years to improve recruitment of urban African American and Latino youth into health careers. This is an important component for systematic and sustainable improvement in the health of Hartford residents. In spite of a period during which there were new school superintendents almost every year, the continuity of key people, especially the school principals, have provided the commitment to sustain these activities.

### ***Education and Community Service***

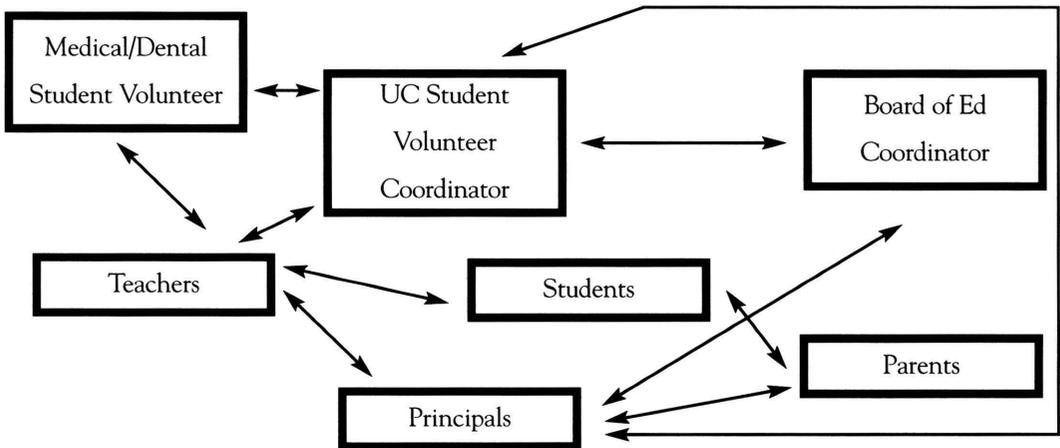
Health professions education for students in medicine, dental medicine, and public health has been a part of the UCHC and HBOE collaboration since 1981. Initially, students worked with health educators as part of the Primary Care Clerkship. They learned about health education and helped provide classes to ninth and tenth graders for six, half days during their clerkship. This was a component of the medical school curriculum until 1995 when the medical school curriculum changed. Other educational activities over this period included practicum projects and these on health care and health education by MPH students in the schools. Many of these resulted in major contributions to the school system. Currently, fourth-year medical students have provided additional health promotion as part of their two-month selective projects, which have primarily addressed smoking prevention. In addition, third-year residents in Internal Medicine are providing health education in the middle and high schools.

The largest of the recent developments is community service. It began in 1995 when the Hartford Public Schools had to make major budget cuts, including cuts to health education, and resulted in one health educator position being stretched to serve twenty-seven elementary schools. This coincided with a first-year medical student approaching the first author seeking opportunities in schools for an urban health elective. Trish Kritek and two other students, Jane Hunter and Suzanne McLaughlin, created a preliminary health education program for sixth graders in consultation with the remaining elementary school health educator. Each medical student taught two classes during the seven-session curriculum in the spring of 1996. By 1997, this was an established community service program (the School of Medicine has had a fifteen-hour community service requirement since 1990), with over fifty student volunteers. The program received funding from a local foundation to provide teaching materials, and the school supported training sessions for the medical, dental and MPH student volunteers. The curriculum underwent major revisions in the fall of 1997 to meet the changing needs of the sixth graders and incorporate important lessons learned by medical students. The health education program reached about sixty percent of the students in sixth grade and received a Community Service Award from the Connecticut Department of Higher Education. In the 1999-2000 school year the program shifted to seventh graders because the elementary school health educator positions were restored in the budget. This required further changes in the curriculum and in teaching preparation to incorporate specific issues of the seventh grade population in Hartford.

The core concept of the Hartford Health Education Program (HHEP) has been a curriculum centered on decision making. The program goals are for the health professions students (volunteers) to:

- Serve as role models.
- Encourage children to acknowledge their self worth.
- Educate about puberty, STD/AIDS, violence prevention and nutrition.
- Help develop children's decision-making skills and teach them how to apply these skills.
- Increase awareness of the volunteers about the complex issues facing Hartford's youth.

These are achieved in a series of eight lessons, in consecutive weeks, during which the medical students teach the seventh graders skills for dealing with difficult issues. The program's major challenges have been finding ongoing funding to supplement the medical school's support of the project, the initial scheduling and classroom assignments, and communication among all participants in the program. Of these, communication has been the biggest issue. This is inherent in the complex structure of the collaboration. It looks something like the following:



In the spring of 1999 the communication issue came to the forefront. The principal from one of the participating schools called the Board of Education Coordinator to cancel any further classes. He explained that medical student volunteers were teaching inappropriate material and his administration would no longer support the program. The challenge began with communicating this information to the student organizers and then determining if an incident had taken place, which classroom was involved, how to approach the volunteers, how to approach the principal, how to maintain the program in that school and prevent any further damage to its reputation (which had been impeccable). The investigation yielded a variety of perspectives and exemplified the challenges of this collaboration. The teacher felt that something inappropriate had been said; the medical students were unaware of any problems; the principal was protective of his teacher, the students, and the integrity of the institution. The organizers' ultimate goal was to maintain the strength of this collaboration and the program. They met with the teacher and principal to work out a compromise in which a medical student who taught in the classroom in prior years would return to finish the sessions. The comfort level between teacher and volunteers was obviously a significant issue.

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The challenges for the medical student organizers have come from many different sources. The primary one has been scheduling: 1) around medical and dental student classes and exams, 2) around the school system's classes, testing periods, and vacations— while maintaining a level of commitment that meets the school's needs. Medical and dental students are busy, and it is sometimes difficult to gather them together for any period of time. They are often different from the children they teach, both in terms of life experience and world view. This is especially a problem when issues such as violence prevention are discussed. Hartford children have much more experience with violence than UCHC students. The revised curriculum addresses this problem through the use of locally filmed violence prevention videos, and discussion and decision-making activities rather than lecture style classes. There are many children who would benefit from Spanish health education sessions, but the number of medical/dental student volunteers with this language capability is limited.

Classrooms vary, as do the classroom teachers. There are very different expectations about how to conduct a class or what terminology to use. Children ask unpredictable and sometimes difficult questions. Evaluating program effectiveness has also been a challenge. The school children have many needs, and there is often a frustration at the lack of resources.

However, the rewards are many:

- Volunteers get to create a safe space for the children to learn and ask questions.
- The use of a “question box” makes it possible for children to ask without embarrassment.
- There is a sense for the volunteers that they can open children's eyes to the possibilities of education and healthy decisions.
- There are important personal connections between volunteers and students.
- The students learn and the volunteers learn.
- The program has been highly valued by the students, teachers, school administration and the volunteers.

### *The Perspective from the School System*

For the HHED project, the school health education staff felt it was important for the medical students to have an orientation to the classrooms and the students in Hartford. It was also important to prepare the classroom teachers for the program.

The focus for the medical students was on diversity and sensitivity training. This included discussing diversity in the classroom and how there might be students sitting next to each other from very different backgrounds—one might be very religious and have very strict parents and the other might be very “streetwise.” The student volunteers learned that parents had to be notified that UCHC students would be talking about some sensitive topics, such as puberty, AIDS/STD, and other related topics, and were given the option not to have their children participate. Classroom management was also discussed, especially strategies for dealing with students who try to “lead” the discussion to difficult or awkward subjects or who just want to test the “new” teacher's control of the situation.

The focus for school staff was in two areas. One was general awareness about the program. This was done through school meetings to inform teachers of the program and its content, and by having student volunteer pairs meet with the teacher in their classroom ahead of time so they could establish a comfort level with each other and the topics. The other area was to make sure the teachers understood that they had to stay in the classroom during the health education sessions. This provides support for the medical students, especially with management issues, and enables teachers to follow up on the curriculum.

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The following provide a few examples of the reasons there is need for close collaboration between UCHC students and the school system:

- The health education coordinator received a call from a teacher at one of the schools. The teacher was not happy with the way the class was conducted and had some concerns. It seems that the medical students were being a little too explicit in their descriptions, probably a case of a student trying to take advantage of the “new” teachers. The topic was “oral sex;” this was the spring of 1999 when oral sex was being talked about on the news on a daily basis and kids had questions. This incident required addressing everyone’s concerns and helping them be comfortable with how the information should be presented.
- A young lady was not able to participate in the health education program because her mother did not want her to participate. Her classmates must have talked to her about the classes and she went home and told her mother, “I need to be in those classes. I need to learn about this stuff so I can do the right thing.” The next week she was allowed to sit in the class.
- The health education coordinator received a call from a principal who wanted to see the curriculum, and wanted to know why we were teaching about “anal sex.” The coordinator shared the curriculum with him and assured him that it did not teach about anal sex; but the principal was also told that kids ask tough questions and how important it was that they receive accurate information. The principal wanted to pull the whole program, but fortunately the health education staff was able to assure him that the curriculum was appropriate. The teachers supported the effort because they knew that kids needed the information so they could make good decisions.

The collaboration with UCONN School of Medicine has been of great value to the Hartford Public School System. This is truly a partnership that has worked and has been able to maintain itself through many changes in Hartford. We have an ongoing relationship in health services, health education, and health professions education recruitment.

The development of school-based health clinics has become a vital part of the school system and provides important health, mental health, and dental services to children who would otherwise not receive them. Parents, teachers, and the administration value these services.

The Health Education partnership gave the school system needed support when our elementary health education program lost many health education positions. UCONN and the Health Education Department developed a curriculum to help young people learn about changes in their bodies, healthy behaviors, HIV education, violence prevention, and making good decisions. This seven-week program was implemented in both sixth and seventh grades. The UCONN medical students are very positive role models for our young people. Hartford students often ask questions about the medical profession which may inspire them to think about going into the field of medicine or other health careers. This program offers a peer component. Although the medical students are older than those in most mentoring programs, Hartford students feel more comfortable asking these young medical students questions about their sexuality, body changes, and relationships, rather than asking their classroom teachers. Most classroom teachers are not comfortable talking to students about sex. This makes medical students an asset to our young people, giving them accurate information so they can make good decisions. Health education is more and more complex, incorporating areas like violence prevention, death of loved ones, and anger management. Students need to have positive role models and people to talk to about how they are feeling and where they are heading. The UCONN medical students have filled both of these roles. In our urban setting, with its many demands and limited resources, the importance of

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opportunities for young people to interact with mentors, such as the medical students, is critical to making better choices.

Equally important are the minority recruitment programs that introduce health careers to our high school students. These provide additional exposure to mentors who “look like” the students in our schools. The health profession will benefit from this effort by increasing the number of qualified minority health professionals. Our students benefit from learning about science and technology as well as health careers. They also may be motivated to continue their education into college and professional school thus improving their opportunities in life. The result will be improved health care to our community.

### ***Summary***

The collaboration between the Hartford Board of Education and the University of Connecticut Health Center has been a long and fruitful one. We have learned much through working with each other. We have had to adjust to each other’s needs and changing organizational structures. Over the twenty-five years there have been many changes in leadership, financing, philosophy, curricula, and operating procedures in both our institutions. We have sustained this partnership through our joint commitment to improving the health and future of children in Hartford and to creating skilled health professionals in the community. For the medical school, the public schools provided a great introduction to working at the community level, learning about the population, resources and needs. It provided the basis for our extensive community-based education programs. For the school system, our work became an important cornerstone in developing long-term relationships with outside institutions. Our success came from truly working as partners—developing goals and activities with mutual benefit. We learned to respect each other’s expertise and skills, found new perspectives through each other’s language and professional views, and over time developed continuity and trust. We also had a lot of fun and made life-long friends. The key to future success is to continuously evaluate what we are doing, make improvements, and be ready for change. Flexibility and respect are two values that provide the basis for all others, but there is no substitute for commitment that endures over time.

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Leah O'Neill Fichtner is the Director of Health Services and Health Education for the Hartford Public Schools, Hartford, CT, a position she has held for many years. As Director, she oversees ten school based dental clinics, seven school based medical/mental health clinics; health education programs provided in grades pre-kindergarten through twelve; student assistance centers located in all Hartford middle and high schools; attendance and drop-out prevention programs and school-community prevention programs for the 24,000 children enrolled in the School District.

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