

Fiscal Years FY 2026 – 2028

Community Health Needs Assessment (CHNA) Implementation Strategy



Mount Sinai Rehabilitation Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on July 24, 2025. Mount Sinai Rehabilitation Hospital performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at <https://www.trinityhealthofne.org/about-us/community-benefit/community-health-needs-assessments> or printed copies are available at:

Trinity Health Of New England Community Health and Well Being 659 Tower Ave 1st Hartford, CT 06112

Our Mission

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We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Our Core Values

Reverence: We honor the sacredness and dignity of every person.

Commitment to Those Experiencing Poverty: We stand with and serve those who are experiencing poverty, especially those most vulnerable.

Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice: We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity: We are faithful to who we say we are.

Our Hospitals

Mount Sinai Rehabilitation Hospital, located on Blue Hills Avenue in Hartford's North End, is a licensed chronic disease hospital and certified by Medicare as an acute rehabilitation hospital and accredited by the Joint Commission, and the Commission on Accreditation of Rehabilitation Facilities for its General Rehabilitation and Stroke Specialty programs. Mount Sinai Rehabilitation Hospital, a 60-bed facility, is the largest provider of acute rehabilitation services in Connecticut. In 2015 Mount Sinai became part of Trinity Health Of New England, an integrated health care delivery system that is a member of Trinity Health based in Livonia, Michigan and one of the largest, multi-institutional Catholic health care delivery systems in the nation serving communities in 26 states. Mount Sinai hosts a nationally recognized team of rehabilitation specialists, including physiatrists, physical therapists, occupational therapists, speech and language pathologists, orthopedists, otolaryngologists, urologists, neuropsychologists, neurologists, social workers, pharmacy experts and counselors - all under the same roof. The expansive facilities are exclusively dedicated to helping patients with advanced equipment and technologies that support best in class care. Community Health Needs Assessment Implementation Strategy 3 Additionally, it is the home to The Joyce D. and Andrew J. Mandell Center for Comprehensive Multiple Sclerosis Care and Neuroscience Research, an outpatient program that brings together a full range of services for MS care that ensures a coordinated approach to helping patients maintain and improve their function.



Our Community Based Services

Curtis D. Robinson Center for Health Equity

The Curtis D. Robinson Center for Health Equity (CDRCHE) is dedicated to eliminating health disparities in the communities served by Trinity Health of New England. Our multi-cultural team works collaboratively with grassroots organizations, caregivers, health professionals, researchers, foundations, and state agencies to promote optimal health and well-being. Located on Mount Sinai Campus at 659 Tower Ave 1st.

We believe that engaging and empowering communities is essential for addressing health needs. By building trust, creating better communication, and enlisting new resources, we can achieve lasting collaborations and improve health outcome Curtis D. Robinson Center for Health Equity. Within the Center for Health Equity, there is a team of mental health clinicians, family advocates, community health workers who deliver free community based direct services to our community.

- **Community Health Worker Hub** supporting patients with non-medical social care needs
- **Community Teaching Kitchen** offering series of cooking classes to residents to empower and encourage healthy lifestyles
- **The Joan C. Dauber Food Pantry:** Serving over 2,500 households monthly, this program provides access to healthy food and essential resources.
- **Nurturing Families Program, Stronger Families Stronger Futures:** Offering free parent education, this program equips caregivers with skills to build strong, healthy families.
- **The Greater Hartford Family Advocacy Center (GHFAC)** is a safe and family friendly place where professionals come together to provide trauma-informed and evidence-based services to support children and families impacted by violence and abuse.
- **Joyce D. and Andrew J. Mandell Center for Comprehensive Multiple Sclerosis Care and Neuroscience Research:** Mandell MS Centers offers nationally recognized Multiple Sclerosis (MS) care, including dedicated MS providers, comprehensive clinical care, and access to innovative MS research at the forefront of MS investigation, giving patients access to studies
- **Golfers in Motion:** We offer a safe and supportive environment for those who want to learn or relearn the great game of golf.
- **Connecticut Adaptive Rowing Program:** Led by therapeutic rehabilitation specialists and physical therapists, this first-of-its-kind program gives individuals with physical disabilities or visual impairments the opportunity to stay active and savor the great outdoors.

Our Community

The community of Greater Hartford is generally defined as the area served by the Capitol Region Council of Governments, which consists of 38 cities and towns along with the suburbs further out from the Hartford city center, The population for each of Greater Hartford's 38 cities, towns, and suburbs (with 2020 populations): Andover (3,151), Avon (18,932), Berlin (20,175), Bloomfield (21,535), Bolton (4,858,) Canton (10,124), Columbia (5,272), Coventry (12,235), East Granby (5,214), East Hartford (51,045), East Windsor (11,190), Ellington (16,426), Enfield (42,141), Farmington (26,712), Glastonbury (35,159), Granby (10,903), Hartford (121,054), Hebron (9,098), Manchester (59,713), Mansfield (25,892), Marlborough (6,133), New Britain (74,135), Newington (30,536), Plainville (17,525), Rocky Hill (20,845), Simsbury (24,517), Somers (10,255), South Windsor (26,918), Southington (43,501), Stafford (11,472), Suffield (15,752), Tolland (14,563), Vernon (30,215), West Hartford (64,083), Wethersfield (27,298), Willington (5,566), Windsor (29,492), Windsor Locks (12,613). The diversity of Greater Hartford is relatively similar to statewide with 36% of the population being non-white. Both Greater Hartford and Connecticut have experienced an increase in diversity, especially among those under 18.

- Among the region's foreign-born population, the most common countries of origin are Jamaica (in Hartford) and India (in most surrounding suburbs)
- The population density of the city of Hartford is over seven times as dense as the population of the entire Greater Hartford region.
- The majority of Greater Hartford's households are family households. However, the household makeup within the city of Hartford is different, with the majority of the households being non-family households. Between 2015 and 2021 the share of adults who agree that there are suitable employment options in Hartford has increased from 22% to 40%. However, this is still the second lowest rate for urban areas within the state. In 2021, 26% of Hartford residents had difficulty paying for food and 17% had difficulty paying for housing compared to 11% and 9%, respectively, statewide.

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for those who are experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity—"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health and Social Needs of the Community

The CHNA conducted in Mount Sinai Rehabilitation Hospital identified the significant needs for health and social drivers of health within the Hartford community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Affordable, stable, and high-quality housing

- Need for affordable housing: Problems with housing quality, housing instability, evictions, and homelessness, housing discrimination, negative or harmful landlord-tenant relationships, high utility costs
- High cost of renting or purchasing a place to live
- Limited supply of apartments for rent, combined with rental prices and security deposit requirements have doubled in recent years.

2. Access to care

- Challenges with getting appointments at convenient times due to shortage of providers
- Lack of reliable transportation to provider locations in suburban areas
- Not being able to pay for care or have the insurance necessary to cover the cost of appointments, language barriers, lack of care coordination

3. Government or institutional responsiveness

- Difficulty reaching leaders or staff who might be able to address a problem, and also that services like safety net benefits were difficult or time-consuming to access
- Lack of cultural competency and language barriers such as failure to engage ethnic or sexual/gender minorities

4. Services and support for children and young adults

- Lack of time for parents and caregivers because of the stress of working multiple jobs or other issues.
- High cost of childcare, high cost of supplying food and diapers to children
- Lack of support for youth facing mental health challenges, youth drug use, negative peer pressure, the quality of schools, concerns on impact of violence on youth

5. Neighborhood environment and safety

- Neighborhoods did not have adequate goods and services especially grocery stores with healthy foods and fresh produce
- Lack of transportation options made it difficult to access a wide variety of services
- Isolation could be a concern due to the lack of community services and gathering places

6. Mental health and substance use disorder

- Everyday stress, such as the inability to pay for extremely high housing costs, can lead to depression and drug use
- Lack of providers and issues around accessibility for mental and behavioral health services
- Ease of access to alcohol and tobacco

7. Transportation access

- Transportation systems are unreliable, especially outside of Hartford.
- Transportation barriers impact seniors and individuals with disabilities the most

8. Food insecurity

- Food costs have been rising making it difficult for people to afford nutritious foods on a regular basis
- Location of the stores and the lack of a full service grocery store are concerns

9. Impacts of changing federal or policy landscape

- Services will be severely impacted with the changes at the federal level
- Key programs have already had cutbacks and are at risk of being defunded
- ICE raids are impacting immigrants in a disproportionate way

10. Social support

- Isolation continues to be a concern especially not having a connection with your next door neighbor
- Need for more facilities for social gatherings, especially for youth, seniors and those with disabilities

11. Access to information and education

- Information is difficult to find or not readily available when needed
- Health literacy is an issue
- The digital divide is a barrier to accessing information particularly for older adults

Hospital Implementation Strategy

Significant health and social needs to be addressed

Mount Sinai Rehabilitation Hospital, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

1 Mental Health and Substance Use Disorder – CHNA pages 9, 14, 16, 17, 19, 22, 35, 52, 55, 64

Significant health and social needs that will not be addressed

Mount Sinai Rehabilitation Hospital acknowledges the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under-addressed and within its ability to influence. Mount Sinai Rehabilitation Hospital does not intend to address the following needs:

- **Affordable, stable, and high quality housing**—Housing assistance programs (e.g., Section 8) and programs such as the Fair Rent Commission that can assist residents with housing concerns.
- **Government or institutional responsiveness**—There are existing community organizations, such as faith based organizations and neighborhood groups are positive assets and far more effective in civic engagement.
- **Services and support for children and young adults**—community assets related to youth, such as youth sports leagues, scouting activities, parent support groups, and public libraries with after school activities. Residents also discussed the availability of programs that support mothers and/or maternal health needs.
- **Neighborhood environment and safety**—services in their neighborhoods, such as gyms and community centers, that they enjoy accessing and would recommend to their neighbors. Some residents felt that there were many safe places to walk, particularly in suburban areas.
- **Transportation access**—There are many bus routes in the city center, as well as the ease of walking to destinations within their neighborhoods.
- **Food insecurity**—Access to food stamps and the abundance of food pantries were frequently noted as community assets.
- **Impacts of changing federal or policy landscape**—Federally funded programs such as Section 8, Medicaid, and the expanded child tax credit (in 2021) had had a major positive impact on residents.
- **Access to information and education**—Some residents mentioned the presence of websites and community center bulletin boards as assets that allow residents to access resources that they otherwise wouldn't be able to. Furthermore, residents participating in these community focus groups often shared information with each other about where to find specific services or supports.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

1. Improving access and linkage to mental health and substance use

GOAL: to create an integrated care model that strengthens the connection between inpatient behavioral health services, primary care, pharmacy, and community-based resources, ensuring seamless transitions and holistic support for patients.



CHNA Impact Measures	2026 Baseline	2028 Target
Improve coordination of care from inpatient to community	0	50%
Improve medication adherence and reconciliation across care settings	0	40%
Ensure behavioral health patients are connected to a PCP for ongoing care	0	40%

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Ensure timely and coordinated discharge planning from inpatient behavioral health to primary care and community supports	X	X	X	Mount Sinai Hospital	\$70k and in kind
	X	X	X	The Village of Families and Children	
	X	X	X	Catholic Charities	
				Focus Location(s)	Focus Population(s)
				06112, 06120, 06105	Low income, suburban population

Adoption of Implementation Strategy

On January 15, 2025, the authorized body of the Trinity Health Of New England Board reviewed the Mount Sinai Rehabilitation Hospital Community Health Needs FY 2026–2028 Implementation Strategy for addressing the community health needs identified in the 2025 Community Health Needs Assessment. Upon review, the authorized body approved the Implementation Strategy and the related budget.



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