

Fiscal Years FY 2026 – 2028

Community Health Needs Assessment (CHNA) Implementation Strategy



Saint Francis Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on July 24, 2025. Saint Francis 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

Our Mission

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

Saint Francis Hospital has been an anchor institution in Hartford, Connecticut since 1897 and is now celebrating 125 years of service to the community. In 2015, Saint Francis became part of Trinity Health Of New England, which includes the hospitals of Mount Sinai, Saint Mary's, Johnson Memorial and Mercy Medical Center. This integrated health care delivery system is a member of Trinity Health based in Livonia, Michigan and one of the largest, multiinstitutional Catholic health care delivery systems in the nation serving communities in 26 states. Saint Francis Hospital is a 617 bed, Level 1 Trauma Center, a major teaching hospital and the largest Catholic hospital in New England. Centers of Excellence Smilow Cancer Center at Saint Francis is one of New England's leading outpatient cancer treatment centers, providing the latest technology and the most comprehensive range of treatment options in the region. The team approach that distinguishes the center streamlines the diagnosis and consultation process, and individualized care plans can include a combination of conventional and investigational therapies.

Hoffman Heart and Vascular Institute of Connecticut is a prominent open-heart surgery center in Connecticut. With state-of-the-art technology, Saint Francis cardiologists can correct heart rhythm disorders and manage patients with advanced congestive heart failure. Because heart disease is also the leading cause of death in women and frequently overlooked, the Women's Heart Program at Saint Francis is a risk-reduction and education program for women designed to prevent both heart attack and stroke.



Connecticut Joint Replacement Institute has been recognized since it opened in 2007 as one of the largest joint replacement centers in the Nation and in Connecticut. Led by fellowship-trained orthopedic surgeons, this “hospital within a hospital,” is distinguished by dedicated operating rooms and staff for hip and knee replacement and multidisciplinary teams working together to provide expert care for patients needing joint replacement procedures. The staff is also involved in research in materials used in joint replacement surgery and in post-operative pain control.

Karl J. Krapek, Sr. Comprehensive Women’s Health Center focuses on integrated, coordinated healthcare for women. Patients benefit from 3D mammography, expert clinicians and personalized protocols provided by a nurse navigator to coordinate overall routine care, along with the opportunity to schedule a variety of appointments in a single day.

In addition to its centers of excellence, Saint Francis offers a full range of expert health care with respected programs in: Stroke Care; Surgery; Surgical Weight Loss; Diabetes Management; Orthopedic and Sports Medicine; Pain Management.

Our Community Based Services

- **The WISEWOMAN Program:** This program empowers women with the knowledge and tools to reduce their risk for heart disease and stroke. **Breast and Cervical Cancer Early Detection Program (BCCEDP):** BCCEDP ensures low-income women have access to timely cancer screenings and support services.
- **Community Health Worker Social Care Hub** provides support for patients with non-medical social care needs
- **Parenting Support Services:** PSS offers two intervention models and case management services for parents of children 0-18 years of age to strengthen parent-child relationships and learn positive parenting strategies to address a wide range of problem behaviors. Triple P (Positive Parenting Program®) focuses on behavior management strategies. Circle of Security Parenting® (COSP) focuses on building parents’ capacity to understand the underlying need their child’s behavior is signaling and providing simple tools to improve the quality of the parent-child relationship. Families may receive more than one PSS intervention. Target Population Parents, including foster parents, of children 0-18 years of age.
- **Food as Medicine Hypertension Suite:** Together for Wellness Program provides personalized nutrition guidance and access to nutritious foods for patients with unmanaged chronic conditions and are in need of support from Community Health Workers and Health Coaches.
- **Hospital-based Violence Intervention Program:** The Hospital Violence Intervention Program is a three-hospital collaboration to support those impacted by gun violence, including follow-up care post-hospitalization with trauma-informed specialists to help families and victims.
- **The Transforming Communities Initiative (TCI)** is a policy, systems and environmental change initiative that supports a collaborative of 20 residents and community members who are in the implementation phase of their Community Action Plan with 3 areas of focus: Healthy Bodega project, Healthy Living Residential Model, Health Hub in the North End of Hartford.

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 early spring of 2025 identified the significant needs for health and social drivers of health within the Stafford Springs 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. Mental Health

- Better access to behavioral health services and support for social needs.
- Referrals were facilitated by the Chrysalis Center, who provided social support wraparound services for high need behavioral health clients
- Community Care Team, a collaboration with local hospitals to coordinate support for behavioral health patients that frequently use the emergency department
- Catholic Charities, a social service agency that partnered with our primary care clinic to provide navigation support for patients who need to connect to community resources.

2. Stable Housing

- This is a significant issue in Hartford and was identified by the community as a concern.
- The hospital collaborated with Community Solutions, a local community-based organization that worked to support economic development for impoverished neighborhoods and has a national reputation for supporting those in need of stable housing.

3. Access to Healthy Foods

- Rise in the cost of healthy foods making it difficult for residents to afford nutritious foods on a regular basis.
- Saint Francis Hospital opened the "Food As Medicine" program, provided clients with fresh food prescriptions, nutrition counseling, and support for managing chronic conditions through diet. The program also included a teaching kitchen for empowering individuals to make positive changes through healthy eating habits. This initiative addressed food insecurity to improve health outcomes, particularly for underserved populations.

4. Neighborhood Safety

- With a drop in gun and drug related violence, our collaboration continued in local organizations that can have an impact on this issue, including Greater Hartford Harm Reduction Coalition, an opioid harm reduction agency, Hartford Communities That Care, a violence prevention and retaliation reduction program, and North Hartford Triple Aim Collaborative, a health collaborative developed to address disparities in the north end of Hartford including improvement of neighborhood safety.
- Residents mentioned 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.

Hospital Implementation Strategy

Significant health and social needs to be addressed

Saint Francis Hospital, in collaboration with community partners, reviewed the findings of the FY26 CHNA and collectively determined the needs that will be prioritized are the same ones that have been the focus of the FY22 CHNA. The Transforming Communities Initiative has determined the work to improve their neighborhoods and community health conditions will continue on over the next three years. The Hospital along with the TCI collaborative will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- 1 Mental Health—CHNA pages 7, 9, 14, 16, 17, 19, 22, 23, 35, 52, 55, 64
- 2 Access to Healthy Foods—CHNA pages 7 & 23
- 3 Stable Housing—CHNA pages 7, 14, 23, 52
- 4 Neighborhood Safety—CHNA pages 7& 23

Significant health and social needs that will not be addressed

Saint Francis 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 needs which are the most pressing, under-addressed and within its ability to influence. Saint Francis Hospital does not intend to address the following needs:

- **Asthma**—Saint Francis Hospital is not going to address asthma as the local children’s hospital has been partnering with the city and the state to address this issue for many years and has the best opportunity to impact. They work collaboratively with HUD to remediate homes as well as provide care for those suffering with asthma. Saint Francis makes referrals to this program but is not directly involved in the implementation.
- **Obesity and Diabetes**—Patients with obesity and diabetes are being served in Hartford by a number of programs provided by community-based organizations, area medical providers and health clinics. In addition, the challenges in the community for both diseases stem from access to healthy foods & mental health stressors which is an area we plan to address. We anticipate our work to increase access to healthy foods will in the long-term impact obesity and diabetes but given the time frame of this Implementation strategy it is not a metric that will be measured for specific outcomes.
- **Substance Abuse**—These needs are resourced through existing collaboratives and partnerships in the City of Hartford including internal and external behavioral health and medical health providers. Although we are working to increase access to these services it will not be reported here in this document.

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. Access to Mental Health Therapeutic Services

GOAL: Increase access & preventative care from community to healthcare system (mental health, SUD, obesity & diabetes, neighborhood safety)



| CHNA Impact Measures | 2026 Baseline | 2028 Target |
|---|---------------|-------------|
| Increase knowledge of alternative paths to mental health and stress reduction | 20% | 100% |
| Improve residents' sense of safety | 20% | 50% |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|---|----------|----|----|---|--|
| | Y1 | Y2 | Y3 | | |
| Create neighborhood healthy hubs and pop-up wellness events to engage residents | X | | | Saint Francis Hospital & Trinity Health | \$330K and in-kind resources |
| | X | | | YWCA Hartford Region | In kind grant making |
| | X | | | Hartford Communities That Care | Resident participation |
| | X | | | Philips Health Ministry | Resident participation |
| | X | | | United Way Central and Northeastern | Resident participation |
| | | | | Focus Location(s) | Focus Population(s) |
| | | | | 06112, 06120, 06114, 06106 | Low/moderate income residents of the targeted zip codes. |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|---|----------|----|----------------------------|---|---|
| | Y1 | Y2 | Y3 | | |
| Increase access to preventative care and care coordination from Community to primary care | X | X | | Saint Francis Hospital | In-kind resources & Moore Health Equity Grant \$10k, Exact Science HE grant \$75k |
| | | X | X | YWCA Hartford Region | Cigna Health Equity Grant \$150 |
| | | X | X | Hartford Health Initiative | Resident participation |
| | | X | X | Philips Health Ministry | Resident participation |
| | | X | X | Ministerial Health Fellowship | Resident participation |
| | | | | Focus Location(s) | Focus Population(s) |
| | | | 06112, 06120, 06114, 06106 | Low/moderate income residents of the targeted zip codes. | |

2. Access to Healthy Foods in Local Neighborhoods

GOAL: Increase Access to Healthy Foods (access to healthy foods, neighborhood safety)



| CHNA Impact Measures | 2026 Baseline | 2028 Target |
|--------------------------------------|---------------|-------------|
| Convert bodegas into healthy bodegas | 0 | 6 |
| Improve residents' sense of safety | 20% | 50% |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|--|----------|----|----|---|--|
| | Y1 | Y2 | Y3 | | |
| Create sub-committee to support the planning of the Healthy Bodega Project | X | | | Saint Francis Hospital & Trinity Health | \$82,500 and in-kind grant making |
| | X | | | Keney Park Sustainability Project | |
| | X | | | YWCA Hartford Region | |
| | X | | | UConn Public Health | |
| | X | | | Healthy Hartford HUB CATF | |
| | | | | Focus Location(s) | Focus Population(s) |
| | | | | 06112, 06120, 06114, 06106 | Low/moderate income residents of the targeted zip codes. |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|---|----------|----|----|---|--|
| | Y1 | Y2 | Y3 | | |
| Identify capacity building activities to support implementation of Healthy Bodega model | | X | | Saint Francis Hospital | In kind |
| | | X | X | Hartford Foundation Public Giving | Community Resources—Pending |
| | | X | X | Fire by Forge | |
| | | X | X | Keney Park Sustainability Project | |
| | | X | X | | |
| | | | | Focus Location(s) | Focus Population(s) |
| | | | | 06112, 06120, 06114, 06106 | Low/moderate income residents of the targeted zip codes. |

3. Stable Housing: Healthy Residential Living Model

GOAL: Integrate TCI vision of intergenerational living and aging in place (stable housing, neighborhood safety, mental health-social isolation)



| CHNA Impact Measures | 2026 Baseline | 2028 Target |
|--|---------------|-------------|
| Identify location to create this health living residential model | 0 | 2 |
| Identify and influence developers to design this model | 0 | 2 |
| Improve residents' sense of safety | 20% | 50% |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|---|----------|----|----|---|--|
| | Y1 | Y2 | Y3 | | |
| Create a residential architectural model that promotes healthy living | X | | | Saint Francis Hospital & Trinity Health | \$82,500 and in kind from SFH and TH |
| | X | | | YWCA Hartford Region | |
| | X | | | Philips Health Ministry | |
| | X | | | Advocacy to Legacy | |
| | X | | | LISC-CT | |
| | | | | | Focus Location(s) |
| | | | | 06112, 06120, 06114, 06106 | Low/moderate income residents of the targeted zip codes. |

Adoption of Implementation Strategy

On January 15, 2026, the authorized body of the Trinity Health Of New England Board reviewed the Saint Francis 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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February 5, 2026

