Mount Sinai
Rehabilitation Hospital
Trinity Health

Community Health Needs Assessment

SEPTEMBER 2025

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This Community Health Needs Assessment was approved by the authorized body of

Trinity Health Of New England on July 24, 2025

I. Overview and Mission

This document provides details that fulfill Community Health Needs Assessment (CHNA) requirements and is augmented by the DataHaven Equity Report on well-being which is included in the Appendix. It also documents the process that the hospital used to conduct the regional health assessment which guides the health improvement plan.

The Equity Report was produced by DataHaven in partnership with Hartford's Community Foundation and many other regional partners. The report serves as a data resource for the Community Health Needs Assessment for the Greater

Hartford Region and the towns within it, from which most Mount Sinai patients come. This report disaggregates data from the 2020 Census, American Community Survey microdata files, DataHaven Community Wellbeing Survey record level files, and other federal and state sources to create relevant town-level information that is not typically available from standard public databases.

Mission Statement and Core Values for Mount Sinai Rehabilitation Hospital

To serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our charitable mission and core values, our work extends far beyond hospital or clinic walls. We continually invest resources into our communities to meet the health needs of underserved and vulnerable community members, bringing them healing, comfort, and hope. Through our community benefit initiatives, we help to make our communities healthier places to live.

Our Core Values:

- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those Who are Poor - We stand with and serve those who are poor, 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.

II. Introduction and Purpose

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets on which to build, and areas for further collaboration and coordination across organizations, institutions, and community groups. The hospital participated in numerous activities to develop a comprehensive CHNA effort. This effort is comprised of two main elements:

• Assessment – identifies the health-related needs in the Greater Hartford Region using primary and secondary data.

• Implementation Plan– determines and prioritizes the significant health needs of the community identified through this

CHNA, describes overarching goals, and evaluates and proposes specific strategies being undertaken or to be accomplished in the service area. This ongoing process is known as the hospital Community Health Implementation Plan.

This report details the findings of the CHNA conducted from 2023 through mid-2025. During this process, the following steps were taken:

• Examination of data to determine the current health status of the region and its neighborhoods, and compared rates to statewide indicators and goals.

• Exploration of current health priorities among community members; and

• Identification of community strengths, resources, and gaps to assist the hospital and community partners in establishing implementation strategies, programming, and top health priorities.

The CHNA defines health in the broadest sense and recognizes that numerous factors at multiple levels impact a community's health – from lifestyle behaviors, to clinical care, to social and economic factors, to the physical environment. The social determinants of health framework guided the process.

This Community Health Needs Assessment was conducted to meet several overarching goals:

• To examine the current health status of the region

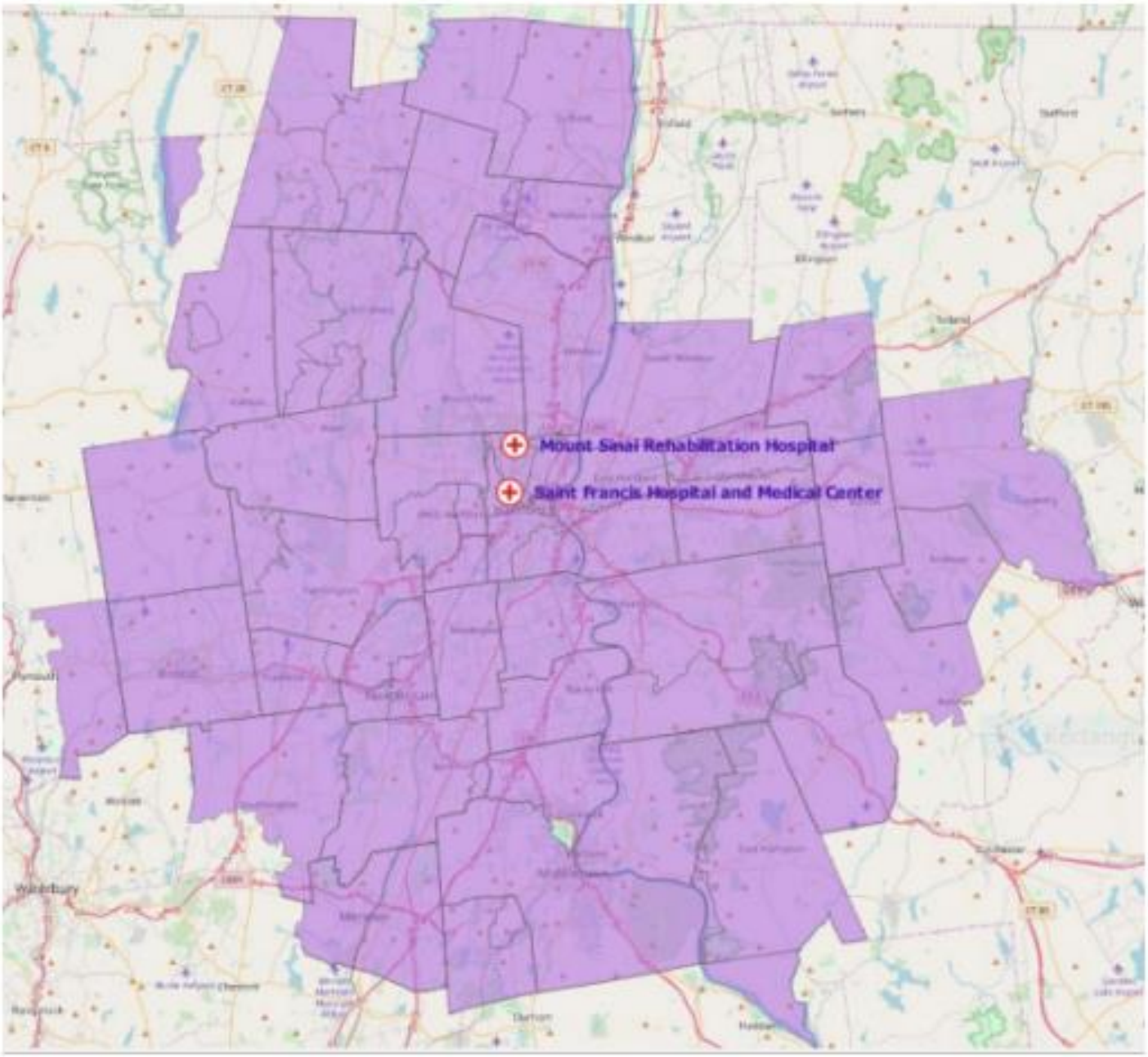
• To explore current health priorities – as well as emerging health concerns – among residents within the social context of their communities; and

• To meet the legal requirement of the hospital to conduct a community health needs assessment at least once every three (3) years and to adopt a written implementation strategy to meet the community health needs identified through the community health needs assessment.

III. Geographic Scope

To define community for CHNA purposes, this Community Health Needs Assessment uses a geographic approach focusing on towns from which most patients come for care. Some of the CHNA areas identified overlap with other hospitals in the Greater Hartford region. 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. Upon defining the geographic area and population, we were diligent to ensure that no groups, especially minority, low-income, or medically under-served, were excluded from the assessment process or data collection.

Greater Hartford Service Area Map



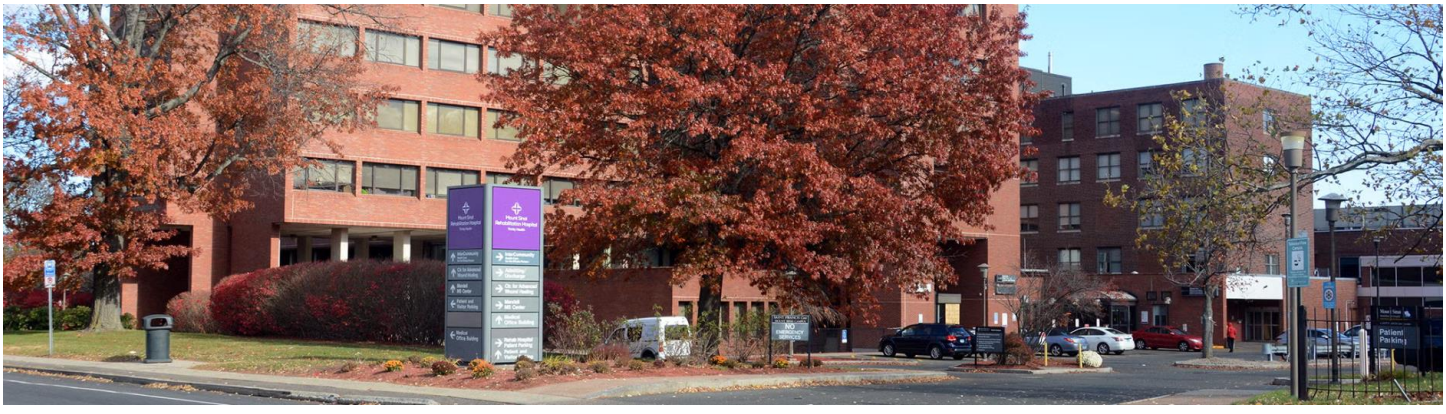
IV. Hospital Description and Services

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, which includes the hospitals of Saint Francis, 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, 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.

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.



V. Data Collection Methods

This CHNA focused on county-level data and data for select communities as available. Assessment methods included:

• Literature Review:

o Review of existing assessment reports published since 2022 that were completed by community and

regional agencies serving the Hartford area.

o This also included a review of the previous 2022 CHNA which, in summary, showed the following:

Key Social Indicators found include:

Family Economic Security

Neighborhoods and the Environment

Health Care Access and Affordability

Health Status and Outcomes

Community Trust and Civic Engagement

Along with these indicators, the following prioritized list shows the health concerns that arose during the development of the community health improvement plan in collaboration with our local partners.

An increased need for Access to Rehabilitation Healthcare Services Barriers include:

Navigation of health insurance & high-deductible plans

Limited Continuity of Care

Limited Supply of Neurology Services in the state

Transportation Resources

Demand for Rehabilitation Services and Comprehensive MS services:

High demand for rehabilitation services with aging population

High rates of obesity increase demand for rehabilitation services

MS populations have a need for specialized services

o Analysis of social, economic, and health data from Trinity Health CARES data hub, DataHaven, CT Department of Public Health, CT Hospital Association, the U.S Census Bureau, the County Health Ranking

Reports, and a variety of other data sources.

• Qualitative data collection and analysis:

• Community Conversations and Stakeholder Prioritization Sessions

VI. Executive Summary: Key Findings and Prioritized Health Needs

The following section provides a brief overview of the key findings from the community health needs assessment for the region.

Overall data related to the topics included below are covered in the main DataHaven Equity Report on well-being which is included in the Appendix. The DataHaven Community Wellbeing Survey and a more detailed explanation of data produced through this process, including data for each of the 169 Connecticut cities and towns, can be found on the DataHaven website: https://www.ctdatahaven.org

Key Social Indicators Summary

Numerous factors are associated with the health of a community including what resources and services are available as well as who lives in the community. Individual characteristics such as age, gender, race, and ethnicity have an impact on people's health.

Population

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)

- Hartford is a city of 121,054 residents, 87 percent of whom are people of color. The city's population has decreased by 3 percent since 2010.
- Of the city's 46,879 households, 26 percent are homeowner households.
- Fifty-four percent of Hartford's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- Seventy-eight percent of public high school seniors in the class of 2023 in the Hartford School District graduated.
- Among the city's adults ages 25 and up, 17 percent have earned a bachelor's degree or higher.
- Hartford is home to 105,735 jobs, with the largest share in the Health Care and Social Assistance sector.

- The median household income in Hartford is $37,477.
- As of 2015, Hartford's average life expectancy was 77.1 years.
- Forty-eight percent of adults in Hartford say they are in excellent or very good health.
- Seventy percent of adults in Hartford are satisfied with their area, and 30 percent say their local government is responsive to residents' needs.
- In the most recent state election, 26 percent of registered voters in Hartford voted.
- Eighty percent of adults in Hartford report having stores, banks, and other locations in walking distance of their home, and 85 percent say there are safe sidewalks and crosswalks in their neighborhood.

Along with these findings, the following prioritized list shows the health concerns that will be reviewed during the development of the community health improvement plan in collaboration with our local partners.

- Affordable, stable, and high-quality housing
- Access to care
- Government or institutional responsiveness
- Services and support for children and young adults
- Neighborhood environment and safety
- Mental health and substance use disorder
- Transportation access
- Food insecurity
- Impacts of changing federal or policy landscape
- Social support
- Access to Information and Education

VII. Advisory Structure and Prioritization Process for CHNA

The Community Health Needs Assessment was spearheaded, funded, and managed by our CHNA planning group which, besides Trinity Health Of New England, included the following partners:

• Connecticut Children's Medical Center

Connecticut Children's Medical Center is an independent, 187-bed not-for-profit children's hospital located in Hartford. Connecticut Children's serves as the primary pediatric teaching hospital for the UConn School of Medicine, and the Frank Netter MD School of Medicine at Quinnipiac University and is a research partner of The Jackson Laboratory.

• The United Way of Central and Northeastern Connecticut (Partner & Consultant)

The United Way engages local non-profit institutions, government agencies and business to bring together people and resources committed to the well-being of children and families in our community.

• Hartford Healthcare

Hartford HealthCare operates seven acute-care hospitals, air-ambulance services, behavioral health and rehabilitation services, a physician group and clinical integration organization, skilled-nursing and home health services, and a comprehensive range of services for seniors, including senior-living facilities.

• Hartford Health Department

Their mission is to provide high-quality services that prevent adverse health outcomes, promote healthy lifestyles, and create a healthy environment. The Hartford Health Department supports residents' well-being through health programs, information, and education. The department focuses on individuals across all stages of life for all residents to live a healthy and fulfilling life.

• DataHaven (Partner & Consultant)

Connecticut based and nationally recognized non-profit data analysis and consultation agency focused on improving the well-being of Connecticut residents by partnering with local anchor institutions; collaborations and government agencies to make data transparent and available for all who can use it for public good.

Prioritization Process

The 2025 CHNA used the identified 2022 CHNA priorities as a baseline, then reprioritized needs where quantitative and qualitative data, including community feedback, warranted changes. In previous CHNAs, the identified prioritized health needs were those that had the greatest combined magnitude and severity, or that disproportionately affected populations that have been marginalized in the community. Quantitative, qualitative, and community engagement data confirm that many priorities from 2022 continue in 2025.

For the focus groups, DataHaven used a multi-phase approach for thematic analysis of the notes. Qualitative data analysis began with initial coding, which generated several dozen open codes that were used to tag individual comments, ideas, personal or community concerns, and views on local assets. Next, DataHaven staff used an iterative approach to cluster related tags into a comprehensive codebook of sub-themes, to enable more consistency in the analysis. Finally, DataHaven used thematic clustering of the sub-themes to develop topline findings organized around the summary-level topics that appeared across all of the focus groups.

VIII. Contact Information

To solicit written input on the CHNA and Implementation Strategy, the documents are available on our hospital system's website for easy access:

https://www.trinityhealthofne.org/about-us/community-benefit

The links on our website also include our Federal IRS 990 tax returns and an overview of Community Benefit which includes our Community Impact reports. We have verified and confirmed that we have not received any written comments since posting the last CHNA and Implementation Strategy.

Please think about how you, your community, and your organization can use these reports to support your health equity goals. We want to know how we can partner with you in promoting health and wellness in our service area. We welcome opportunities for discussion and feedback about the CHNA.

For questions or comments and printed copies of this report upon request, please contact the Department of Community Health and Well Being at Trinity Health Of New England:

Regional Director of Community Health and Well Being

Trinity Health Of New England

659 Tower Avenue

Hartford, CT 06112

Phone: 860-714-5770

Trinity Health Of New England

2025 Community Health Needs Assessment (CHNA)
Community Focus Groups Summary Report, May 2025

Background and Methodology

The North Hartford Triple Aim Collaborative (NHTAC) Community Health Needs Assessment (CHNA) Workgroup convenes representatives from Connecticut Children's Medical Center, DataHaven, Hartford HealthCare, Hartford Health Department, Trinity Health of New England, and the United Way of Central and Northeastern Connecticut to support health assessment and planning activities in Greater Hartford. In 2025, staff from the United Way along with representatives from the CHNA Workgroup and the broader NHTAC coalition identified a diverse group of community partners and supported them in organizing a series of community focus groups across Greater Hartford.

From March 21 through April 30, 2025, these community partners hosted nine focus groups. The focus groups were oriented almost entirely to adult residents of the Greater Hartford area, but a few groups included a staff member and/or volunteer from the participating community organizations to provide context or support. In total, approximately 90 adults participated in these focus groups, representing a diverse cross-section of residents in terms of age, sex, race/ethnicity, town of residence, language, lived experiences, and health conditions.

For each focus group, a staff person from DataHaven introduced themselves and facilitated and moderated the discussion. A second staff person from DataHaven recorded detailed notes for each focus group, including some direct quotes and notes on nonverbal or contextual details such as emotional intensity and group agreement. Spanish interpreters were provided by DataHaven or community partners where necessary. Eight focus groups were conducted in person and on-site at the community partner's primary location, while one focus group was conducted virtually. Community organizations and participants were offered honoraria to recognize their time and effort in organizing and participating in the focus groups. Each session typically lasted 90 minutes.

For each focus group, residents and stakeholders shared information on needs related to community health, with prompts including findings from the previous CHNA (2022) conducted in Greater Hartford as well as more current results from the 2024 DataHaven Community Wellbeing Survey. Focus group participants were asked to reflect on what they felt were the most pressing issues in their communities, to identify what community assets were in place to address those needs, and to share their vision for a healthier community for adults and children living in the Greater Hartford area.

Once all focus groups were completed, DataHaven used a multi-phase approach for thematic analysis of the notes. Qualitative data analysis began with initial coding, which generated several dozen open codes that were used to tag nearly 1,000 individual comments, ideas, personal or community concerns, and views on local assets. Next, DataHaven staff used an iterative approach to cluster related tags into a comprehensive codebook of sub-themes, to enable more consistency in the analysis. Finally, DataHaven used thematic clustering of the sub-themes to develop topline findings organized around 13 summary-level topics that appeared across all of the focus groups. Presented below, DataHaven's topline findings and

descriptive findings by topic account for the frequency of mentions of each sub-theme as well as the contextual factors noted above.

Topline Findings: Key Topics

Using the methodology described above, we generated a set of 13 topics (12 topics related to community needs, plus 1 topic that capture discussions of community assets). To help illustrate the relative importance of each topic among residents, we provide a percentage that represents the proportion of total coded notes that correspond to each topic during the initial phase of qualitative analysis in which all notes were analyzed by DataHaven. Many of these topics overlap and contain multiple sub-themes which helps to understand residents' perceptions of relative needs in the Hartford area.

1. Affordable, stable, and high-quality housing (16%)
2. Access to care (15%)
3. Government or institutional responsiveness (9%)
4. Services and support for children and young adults (8%)
5. Neighborhood environment and safety (7%)
6. Mental health and substance use disorder (7%)
7. Transportation access (5%)
8. Food insecurity (4%)
9. Impacts of changing federal or policy landscape (4%)
10. Social support (3%)
11. Access to information and education (3%)
12. Other issues (8%)
13. In addition to the needs summarized above, we include community assets as a topic (8%).

Descriptive Findings by Topic

Descriptive findings are organized based on the topics listed above. Even though community assets emerged as its own topic, in this section we summarize the findings about community assets in their relation to each of the 12 topics related to community needs.

1. **Affordable, stable, and high-quality housing.** Housing was top of mind for residents. Sub-themes that emerged from the community focus groups included the need for affordable housing; problems with housing quality; housing instability, evictions, and homelessness; housing discrimination and negative or harmful landlord-tenant relationships; and high utility costs. In every focus group, residents repeatedly brought up the high cost of renting or purchasing a place to live in the Greater Hartford area. They felt that the limited supply of apartments for rent, combined with rental prices and security deposit requirements doubling in recent years, are making it difficult for many people to find stable housing and are a contributing factor to escalating levels of homelessness, especially within the City of Hartford. Some residents noted that rising rents are pushing even middle-income workers into homelessness, and a relatively large number also expressed personal experiences with housing instability or evictions. Additionally, many residents described their experiences with poor-quality rental housing and shelters, contributing to health issues like asthma and anxiety. Residents noted that not everyone is treated in the same way when attempting to

secure housing, as landlords use credit checks and other means to discriminate against individuals who were formerly incarcerated, had a record of eviction, have a poor credit score, or have children. In addition, several residents noted rising costs for electricity and heat.

    a. Assets: Residents praised housing assistance programs (e.g., Section 8) and programs such as the Fair Rent Commission that can assist residents with housing concerns, while noting that some of these programs are not accessible to all residents or have long waiting lists.

2. **Access to care**. Within this topic, we grouped multiple sub-themes related to the many crucial dimensions of access to care originally defined by Penchansky and Thomas in 1981 (availability, accessibility, accommodation, affordability and acceptability, sometimes known as the "Five A's of Access"). Across all of the focus groups, residents discussed the challenges they have when getting to appointments at convenient times due to a shortage of providers, a lack of reliable transportation to provider locations in suburban areas, difficulty making appointments, being able to pay for care or have the insurance necessary to cover the cost of appointments, language barriers, care coordination and quality (e.g., people being discharged without proper follow up, too few healthcare staff to provide good service, constantly changing providers, concerns about the quality of prescriptions, mistakes made by health care providers), and accommodation of persons with special healthcare needs, such as members of the LGTBQ+ community or persons at risk of substance use disorder. The cost and accessibility of routine dental care was also mentioned several times. Residents noted how a lack of good access to healthcare contributes to chronic health conditions, such as higher risks from diabetes and heart attacks.
    a. Assets: Many residents also described how some healthcare services in the area are a community asset, noting how satisfied they were with the care that they had been receiving over time from their physician or healthcare provider. Residents noted the close proximity of some services within Hartford, as it is a major hub for medical care. In particular, residents who felt that they could receive more comprehensive care through one location such as InterCommunity or the Reentry Welcome Center, especially if they had access to helpful care coordinators, as well as residents who had a longstanding medical home, often noted their satisfaction with that service.
3. **Government or institutional responsiveness.** Across many focus groups, residents expressed dissatisfaction with the responsiveness of local government and institutions to their needs. For example, a number of residents said they had been involved in focus groups or advocacy efforts in the past but that they felt like their voices had not been heard by decision makers. Some residents noted that it was difficult to reach 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. Additional sub-themes within this topic included cultural competency and language barriers (such as the failure to engage ethnic or sexual/gender minorities, persons who do not speak English, or persons with limited education levels, in positive ways).
    a. Assets: Residents generally recognized the need for their neighbors to get more involved and advocate for better conditions in their communities, and felt that

existing community organizations, such as faith-based organizations and neighborhood groups, were positive assets in this regard. Some residents expressed hope that their communities would mobilize to engage politicians.

4. **Services and support for children and young adults**. Residents frequently noted the challenges of raising children in the Greater Hartford area. Challenges that were noted by several participants included lack of time for parents and caregivers because of the stress of working multiple jobs or other issues, the high cost of childcare, the high cost of supplying food and diapers to children, the availability and/or cost of after school programs that enable parents to work and ensure their kids are safe, the lack of support for youth facing mental health challenges, youth drug use (tobacco, vaping, alcohol, cannabis), negative peer pressure, the quality of schools, and concerns about how children were affected by gun violence or were not allowed to leave their homes because of safety concerns. Additionally, participants mentioned that many parents or caregivers are not informed about the importance of providing preventive healthcare to children.
    a. Assets: Several residents mentioned 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.
5. **Neighborhood environment and safety**. Focus group participants from Hartford frequently brought up the challenges of living in neighborhoods that have been historically impacted by redlining and disinvestment. Chief among these was the feeling that neighborhoods did not have adequate goods and services, especially grocery stores with healthy foods and fresh produce, pharmacies, and activities for children (such as game rooms and other entertainment). Residents noted that a lack of transportation options made it difficult for them to access a wide variety of services, depending on where they lived in the city and whether they had access to a car when needed. Residents expressed isolation could be a concern due to the lack of community services and gathering places. Many residents expressed concerns about the availability of guns, including “military-grade weapons,” which cause firearm injuries during robberies or instances of intimate partner violence. Safety concerns often disrupt residents’ ability to make use of parks, go for walks, or access other services. Additional sub-themes within this topic included risks from air and water pollution and the presence of many abandoned buildings and empty lots.
    a. Assets: 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.
6. **Mental health and substance use disorder.** Focus group participants often noted that mental health challenges and addiction were widespread within the community. Many residents talked about how everyday stress, such as the inability to pay for extremely high housing costs, can lead to depression or drug use. While some participants described a lack of providers and issues around accessibility for mental and behavioral health services (such as counseling and smoking cessation). Most concerns related to substance use centered around alcohol and tobacco use, particularly the ease of accessing tobacco, or around the impact of fentanyl overdoses. Some residents noted that healthcare providers could partner

with faith-based communities to be better equipped to respond to such widespread mental health challenges.

    a. Assets: Several residents noted that healthcare centers and treatment facilities had helped them or their loved ones recover from illness.

7. **Transportation access**. While no single group explored this topic in depth, transportation barriers were mentioned repeatedly in every community focus group. Many residents agreed with the frequent comments that the transportation system was unreliable, especially outside of Hartford. These challenges made it difficult for children and adults to get to services, access jobs, or find social and recreational opportunities. Some residents noted that "dial a ride" or taxi services were an asset in allowing them to access health care, food, and other services, while others felt that they were extremely unreliable. Participants noted that transportation barriers were particularly pronounced for seniors and individuals with disabilities. A few residents also raised the cost of bus tickets as a concern.
    a. Assets: Several residents praised the many bus routes in the city center, as well as the ease of walking to destinations within their neighborhoods.
8. **Food insecurity**. In some focus groups, residents noted that food costs have been rising, making it difficult for people to afford nutritious foods on a regular basis, and contributing to obesity and poor cardiovascular health. Similar to housing insecurity, residents noted that food insecurity makes it difficult for families and children to focus on other needs such as getting health care or studying for school. Frequently, this topic was also raised as an issue involving the locations of stores (including the lack of a grocery store in North Hartford) and the lack of transportation access to get to stores that sell high-quality food, as noted above.
    a. Assets: Access to food stamps and the abundance of food pantries were frequently noted as a community asset, although residents who made these comments often expressed concerns that the value of food stamps had been declining and that food stamps and food pantries are both severely threatened by cutbacks at the federal level, which could lead to lower quality services. Some residents noted the importance of having grocery stores and ethnic foods nearby.
9. **Impacts of changing federal or policy landscape.** One topic that emerged across focus groups was a general concern that services have been severely impacted, or would be impacted, by changes at the federal level in 2025. Residents mentioned that programs like Meals on Wheels, STI testing, food pantries, and services for LGBTQ+ individuals have already been cut back. In addition, issues related to immigration enforcement and ICE raids, potentially impacting many immigrants and people of color, emerged as an important sub-theme in many discussions, especially in focus groups with immigrants and Spanish-speaking residents. A number of participants said that they had personally experienced or feared retaliation by landlords and employers, and that they might feel too anxious or unsafe to leave their homes to access healthcare appointments or other services at this time, unless leaving was absolutely necessary. Other residents expressed concerns about how these changes would impact their neighbors, and that levels of racism and hate crimes might be rising in general given an environment that seems to empower racist attitudes or actions. Additionally, some participants noted that prices for basic goods would be rising due to tariffs.

    a. Assets: Residents described how federally-funded programs such as Section 8, Medicaid, and the expanded child tax credit (in 2021) had had a major positive impact on their lives.

10. **Social support**. Many residents spoke about the importance of mechanisms that provide social support, both as a community asset (supporting access to information, encouraging exercise and socializing, and building a sense of community) and as a need experienced by their communities. Some residents felt isolated, or that they did not know their neighbors. Residents mentioned a need for more facilities for social gatherings, especially for youth, seniors, and persons with disabilities or other special needs. Some residents felt that these types of facilities could become more important over time if the social safety net becomes more frayed.
    a. Assets: A number of residents described the high value of peer support groups, community-based organizations, senior centers, and community navigators, such as outreach specialists within non-profit agencies or faith-based organizations who can help connect individuals to housing, care, and other supports. Many residents also discussed the value of the informal support they receive from their family and friends, including help with childcare or housing. Some cautioned that support beyond family is still crucial to have, however, because family members can be limited in what help they can reasonably provide over time.
11. **Access to information and education**. Residents often expressed that information is difficult to find or not readily available when needed. This topic also encompasses health literacy. There was a general perception that some residents do not understand how to take care of their health, how to find services for their children, how to secure employment or basic goods and services, or how to deal with a variety of crisis situations, and who may need advocates to be able to speak on their behalf. Advertising and outreach were mentioned as approaches that could be valuable for sharing information, but they currently tend to be ineffective due to limited funding. The digital divide was mentioned as a potential barrier to accessing information, particularly for older adults.
    a. Assets: 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.
12. **Other issues**. Other issues mentioned less frequently, but still on a number of occasions, included the lack of high-paying jobs, difficulty in finding adequate work opportunities, difficulty being able to access places to exercise (like gyms and specialized facilities for disabled persons), the need to do more to engage older adults, and others.
    a. Assets: Residents mentioned a number of community assets that correspond to some of these concerns, such as the availability of local entrepreneurship centers to help residents start small businesses, private gyms or other facilities that have yoga classes, public parks, adult education centers, city sports and recreation programs, and the ability to find jobs located within easy walking distance of their homes.

Summary of Individual Focus Groups

This section lists and briefly summarizes each of the individual focus groups, along with a few comments or quotes that emerged within each group and that correspond to the key topics described above. This list is designed to help readers of this document understand the range of resident participation in the focus groups. The groups are listed in chronological order.

Hispanic Health Council, Hartford, CT
March 21, 2025, 2PM
Description: In-person group conducted in English and Spanish, mixed age/gender.

- "These people have worked their entire lives for these benefits, but now it isn't enough to afford rent or groceries." Despite having two retirees on social security and living in an apartment in desperate need for repairs, it isn't enough to pay for rent.
- There are so many requirements for renters, now that they require 2-3 months of rent upfront. Cost of rent is increasing. Rent prices cause stress and anxiety.
- People have to work 12 hour days but still can not afford childcare, food, or housing.
- Lack of transportation means that seniors can not get to their healthcare appointments.
- There are resources such as schools for adults that help residents learn to speak English.
- Lead poisoning, air and water quality, are big concerns in Hartford.
- "We've already talked so much about public health and these topics, but we're more interested in the community issues."

Women's League, Hartford, CT
March 28, 2025, 11AM
Description: In-person group conducted in English with 8 participants, mixed race/age/gender, predominantly parents of children age 0-3.

- A participant had Section 8 housing, but had to leave it because the housing quality was so low. They had to move several times due to low quality housing after that. Finally they moved in with their parents, because the market rate for apartments was just too high.
- Hartford is a food desert, there are no grocery stores unless you go to West Hartford or East Hartford.
- There are no good locations for children under age 3 to play. Gyms are not affordable for adults.
- Paying for before or after school programs is a challenge for parents who need to drop off kids early or pick them up later.

Caribbean American Society, Hartford, CT
April 4, 2025, 11AM
Description: In-person group conducted in English with 12 participants, mixed gender, predominantly Black/Caribbean American, approximate ages 18 to 75.

- Participants discussed the importance of community organizations in providing support for residents of the neighborhoods.
- "There is a long waiting list for mental health services, and a lot of referrals to online providers with unproven success rates about whether that kind of care is effective."

- "I think we need more facilities for social gathering, where elderly people can go to the gym or a senior center."
- "People want to age in place, but it is very difficult for them to do so if they need extra care and don't have those kinds of wraparound services where they are.

The Health Collective, Hartford, CT
April 8, 2025, 1PM
Description: In-person group conducted in English with agency staff and participants.

- Funding cuts are impacting LGBTQ+ groups; services are being pulled from hospitals. There is already a lack of services for LGBTQ+ primary care. The Health Collective is uniquely set up to address some of these specific needs.
- Immigration status is another reason why people are avoiding appointments. Residents are afraid to leave their house without documentation from lawyers, even if they face an emergency.
- Transportation is a major issue preventing people from accessing any services.
- Patients are being discharged from services without proper follow up. Specialty care is difficult to access. Accessing services can feel "like a human factory" because of the lack of time or apathy of some providers making it "rare to have a PCP that engaged with you as an individual in a human connection."
- Landlords are raising housing prices without addressing any issues around housing quality. Conglomerates from other cities are buying up all of the buildings and raising rent prices.

Women's Ambulatory Health Services, Hartford, CT
April 10, 2025, 5PM
Description: In-person group primarily conducted in Spanish with 13 participants, predominantly Latina women.

- Residents expressed fear of retaliation from landlords and employers due to immigration status. If they complain about the condition of housing, they fear being evicted or otherwise retaliated against. Feels that nowhere in the community is safe.
- Housing conditions like lead paint, smoking in the building, are a challenge.
- Cost of rent is the biggest concern among a number of participants.
- It is difficult to find out how to access services.
- Residents expressed that they had received excellent services from Spanish-speaking healthcare providers, and from having a doula.

InterCommunity, East Hartford, CT
April 14, 2025, 2:30PM
Description: In-person group conducted in English with 11 participants, mixed race/gender, approximate ages 18 to 75.

- "When you don't have a place to stay you can't just go to a shelter anymore. You have to wait a long time to get a bed, over a month. Any amount of time is a long time when you're homeless, especially in the wintertime."

- "There are so many programs but if they aren't spoken of, we just don't know [about them]. One of the programs I was looking at was for car donations for people with their license that are trying to go back to work."
- "If you get your food needs met, your housing needs met, that is good but that doesn't mean you aren't lonely, that you don't have a sense of purpose or feel like there is nothing to do."

Riverfront Recapture, Hartford, CT
April 15, 2025, 2PM
Description: In-person group conducted in English with 2 program participants and 2 support staff focused on access for persons with disabilities.

- Participants noted that community agencies that offer specialized programs around physical activities are important resources.
- The sense of community that develops at a program for people with specific needs benefits many participants. Getting out of the house is a "big deal."
- Many people can't access services like these because they don't have access to transportation. People in wheelchairs have to wheel a long distance.

Community Partners in Action, Reentry Welcome Center, Hartford, CT
April 17, 2025, 11:30AM
Description: In-person group conducted in English with 12 participants, predominantly Black/Latino, approximate ages 18 to 75.

- One participant described how they had a good experience with their case manager at this organization, and several appreciated the "one stop" nature of the services provided. "You know the difficulty, when you get out [of prison] it is so immensely difficult to get back to where you were and you have to piece back what you had."
- "The topics [prioritized in the CHNA] are serious, and need to be heard by people who sit in the position to address these things."
- "A lot of kids aren't being taken care of health wise. Parents don't take kids to regular physicals. They don't feel the need to take kids to the doctor unless they get sick."
- "You would be surprised to see who walks into the homeless shelter [where I volunteer]. A lot of these people are working. But the job doesn't pay enough for people to get housing, much less food."
- "They used to give them for free but with the legislative change they now require a co-pay. If you don't have the two dollars then you aren't getting the pills. It's sad because this is something you need to function."

CT Harm Reduction Alliance, Hartford, CT
April 18, 2025, 11:30AM
Description: In-person group conducted in English with 9 participants, predominantly Black women, approximate ages 25 to 60.

- Residents discussed widespread homelessness in the North End of Hartford, and its relationship to substance use disorder. "Many people in the neighborhood have nowhere to go."

- “We do have a certain amount of health care going on, but there are a lot of illnesses. The thing that gets me the most when I go to work is that you don’t need to be an outside person to get an illness or infection. People walking around here don’t have primary care. You can see someone today and they look alright, but the next day it could be a different thing.”
- “Who is really the mental health doctor, because this is like the fourth one now, and it’s so bad that I have been avoiding those. I am not going to go back and talk to somebody else and go back through the whole process again.”

Urban Hope, Hartford, CT
April 30, 2025, 6PM
Description: Virtual group hosted on Zoom and conducted in English with 9 participants, predominantly Black, mixed gender, approximate ages 35 to 75.

- “A lot is changing, and resources seem to be getting less and less, but seniors are on a fixed income. How are they going to make it?”
- “Lack of consistency in provision of healthcare is a problem. For instance, you look at other neighborhoods, particularly in the suburbs, you’ll find there are non-traditional hours where we look at adults and children to be able to take children to the doctor and not have to take time off from work.”
- “When kids get off the school bus, they go inside and some of them don’t get to go out to play again until it is time to go to school again the next day. The lack of safety does not instill the kind of quality of life that would lead to optimal health.”
- Participants expressed dissatisfaction with the responsiveness of government to their needs. “What I see is that there is a lot of fatigue in the community when it comes to righting the wrongs that we faced.”
- “We have an influx of drugs coming to our community, but we are not really addressing it. You see the impact on crime, on illnesses that are happening.”
- “Some communities have research, data, and statistics and personnel, they get better outcomes. In Hartford we don’t necessarily have the same quality of evidence-based, recent interventions”
- “There are no homes to buy. There are homeownership classes, and folks are ready to buy, but people can’t even get into a negotiating stance because folks from outside of CT come in and put cash down over the asking price. There is no way for people to compete for their first home.”
- With ICE raids there are so many people afraid to leave their homes. “When we talk about healthcare, finances, etc., it’s important, but what if you are not safe anywhere [as a person from a different part of the world living here]? You can’t even go to the food pantry. Safety is important to exercising faith, going to the hospital, doing all the things we need to be able to do to exist.”

Appendix B – Actions Taken since the previous Community Health Implementation Plan

Mount Sinai Rehabilitation Hospital focused on and supported initiatives to improve the following significant health needs:

Demand for Rehabilitation Services - The demand for rehabilitation services continued for those individuals with specialized needs due to their diagnosis of Multiple Sclerosis. To continue addressing these demands, the Mandell Center for Comprehensive Multiple Sclerosis Care and Neuroscience Research at Mount Sinai Rehabilitation Hospital conducted several MS research trials that were open to enrollment, active or in data-analysis. These academic studies, in a clinical setting, allowed patients with MS the option to participate at the same place they receive MS care. This research program provided access to innovative MS research and the newest advances in MS treatments and services.

Access to Rehabilitation Healthcare Services - With our social workers, we were able to help individuals in navigating their health insurance plans, especially those with a high deductible, along with ensuring the continuity of their care. The social worker/case management team eased the complex insurance and healthcare issues for clients that encountered with rehabilitation services.

Trinity Health System - Vital Signs Report

Location

Saint Francis and Mount Sinai - Hartford

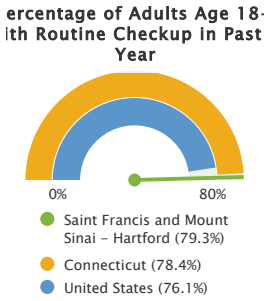
Healthcare Access

Recent Primary Care Visit

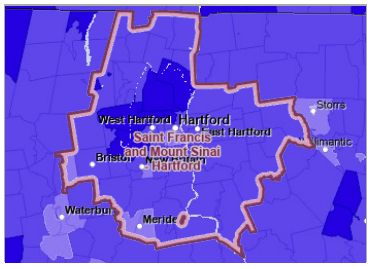
This indicator reports the percentage of adults age 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.

Within the report area, an estimate 79.3% of adults age 18+ had a routine checkup in the past year.

Report Area	Total Population (2020)	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)	Range
Saint Francis and Mount Sinai - Hartford	1,046,341	79.3%	No data	74.4% - 83.8%
Connecticut	3,626,205	78.4%	76.5%	N/A
United States	333,287,557	76.1%	74.2%	N/A



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by ZCTA, CDC BRFSS PLACES Project 2022

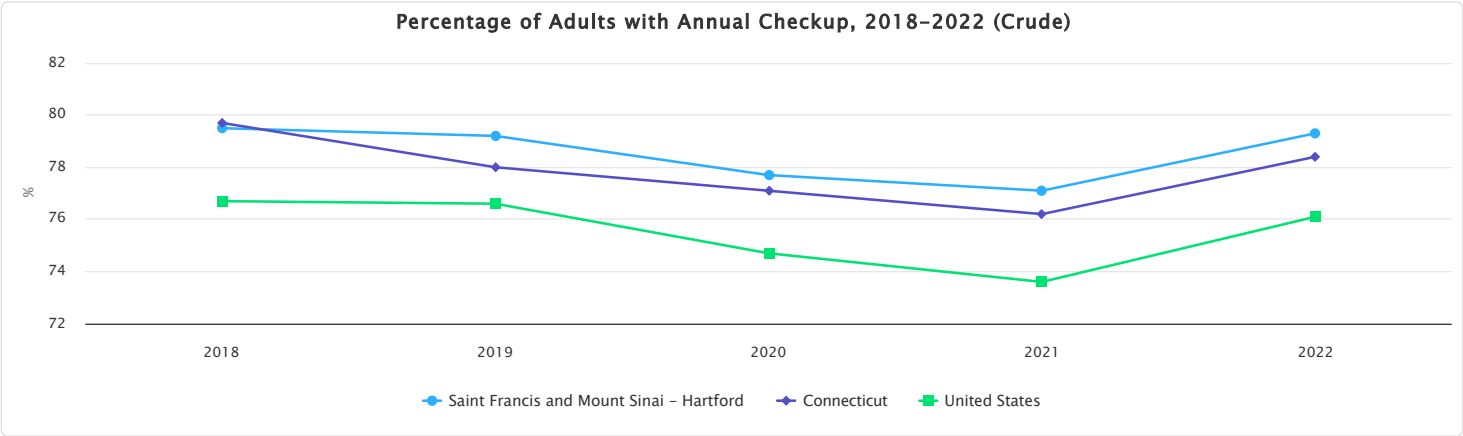
- Over 81.0%
- 77.1% - 81.0%
- 73.1% - 77.0%
- Under 73.1%
- No Data or Data Suppressed
- Saint Francis and Mount Sinai - Hartford

Percentage of Adults with Annual Checkup, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having had a regular checkup in the past year.

Report Area	2018	2019	2020	2021	2022
Saint Francis and Mount Sinai - Hartford	79.5%	79.2%	77.7%	77.1%	79.3%
Connecticut	79.7%	78.0%	77.1%	76.2%	78.4%
United States	76.7%	76.6%	74.7%	73.6%	76.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

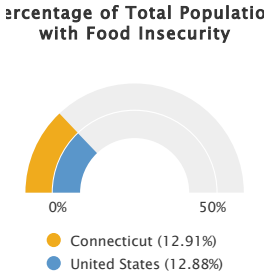


Economic Stability

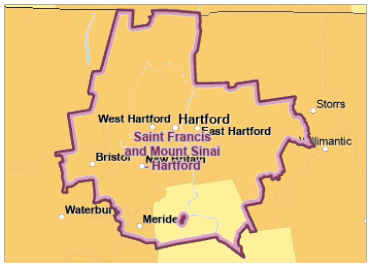
Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate	Range
Saint Francis and Mount Sinai - Hartford	No data	No data	No data	No data
Connecticut	3,610,052	466,180	12.91%	N/A
United States	331,148,169	42,657,200	12.88%	N/A



Note: This indicator is compared to the state average.
Data Source: Feeding America. 2022.



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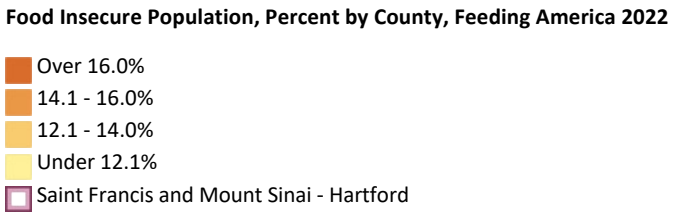


Food Insecurity - Food Insecure Children

This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Saint Francis and Mount Sinai - Hartford	No data	No data	No data
Connecticut	1,460,588	230,080	15.75%
United States	72,810,721	13,128,990	18.03%

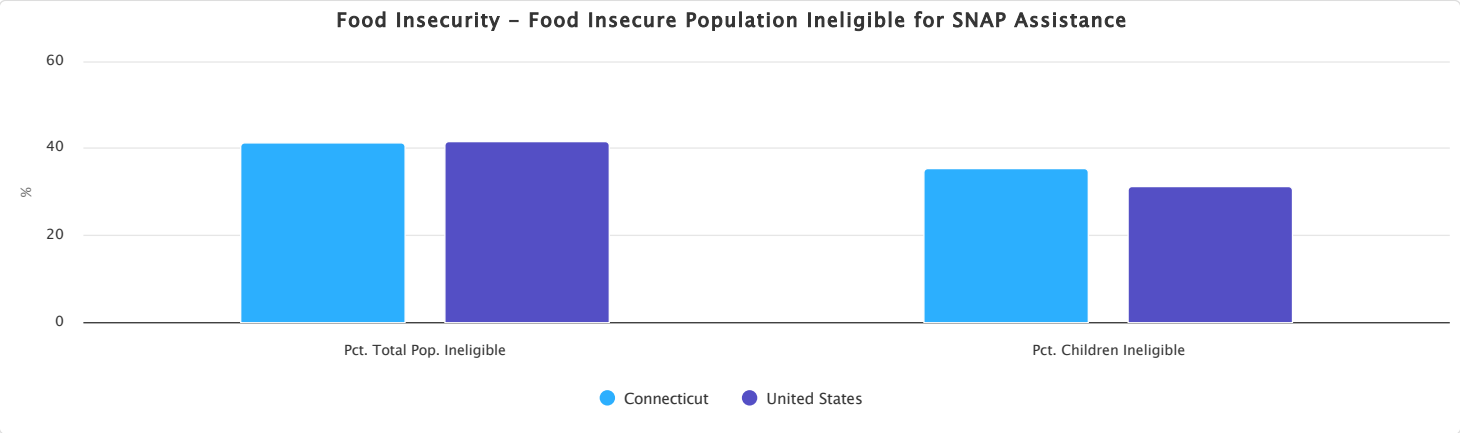
Data Source: Feeding America. 2022.

Food Insecurity - Food Insecure Population Ineligible for SNAP Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for SNAP assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for SNAP.

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Saint Francis and Mount Sinai - Hartford	No data	No data	No data	No data
Connecticut	466,180	41.33%	117,480	35.27%
United States	42,657,200	41.49%	13,128,990	31.21%

Data Source: Feeding America. 2022.

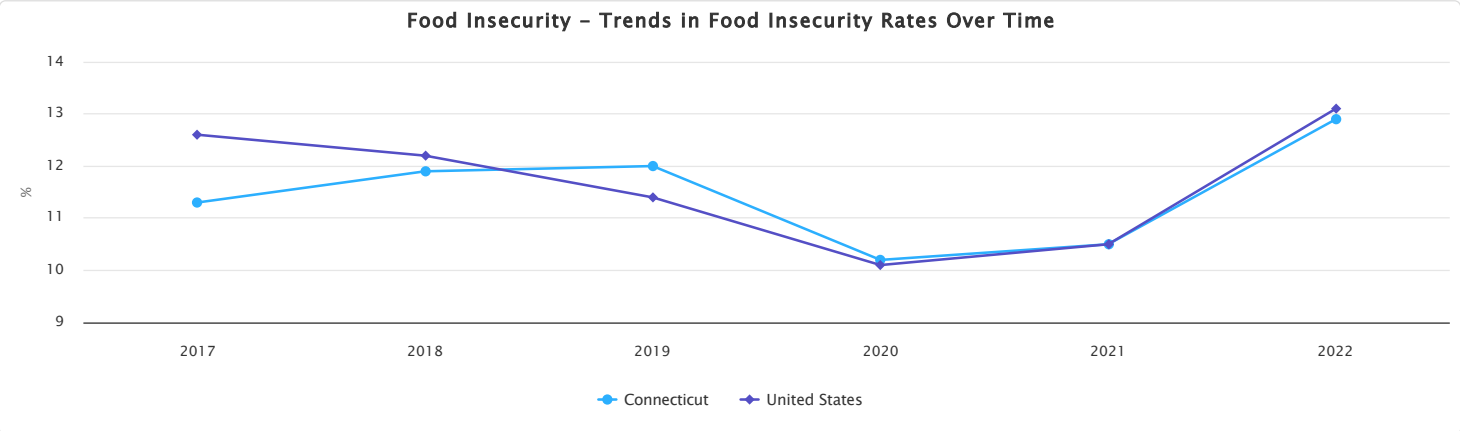


Food Insecurity - Trends in Food Insecurity Rates Over Time

This indicator reports the estimated percentage of the food insecurity trend observed at various points throughout the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	2017	2018	2019	2020	2021	2022
Connecticut	11.3%	11.9%	12%	10.2%	10.5%	12.9%
United States	12.6%	12.2%	11.4%	10.1%	10.5%	13.1%

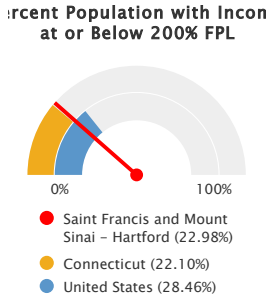
Data Source: Feeding America. 2022.



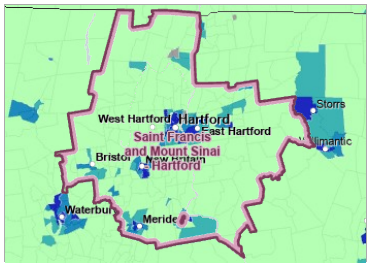
Poverty - Population Below 200% FPL

In the report area 22.98% or 235,050.00 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.

Report Area	Total Population	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent	Range
Saint Francis and Mount Sinai - Hartford	1,022,822.00	235,050.00	**22.98%**	No data
Connecticut	3,510,193	775,737	22.10%	N/A
United States	324,567,147	92,357,008	28.46%	N/A



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.



View larger map

Population Below 200% Poverty Level, Percent by Tract, ACS 2019-23

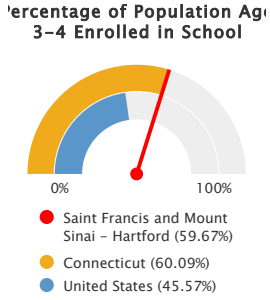
- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Saint Francis and Mount Sinai - Hartford

Education

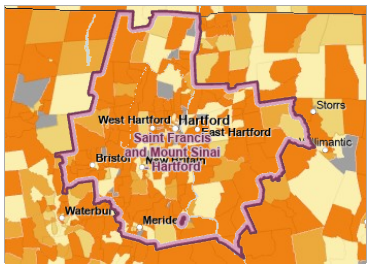
Access - Preschool Enrollment (Children Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent	Range
Saint Francis and Mount Sinai - Hartford	21,881	13,056	**59.67%**	26.67% - 100.00%
Connecticut	74,894	45,005	60.09%	N/A
United States	7,932,435	3,615,142	45.57%	N/A



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.



View larger map

Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2019-23

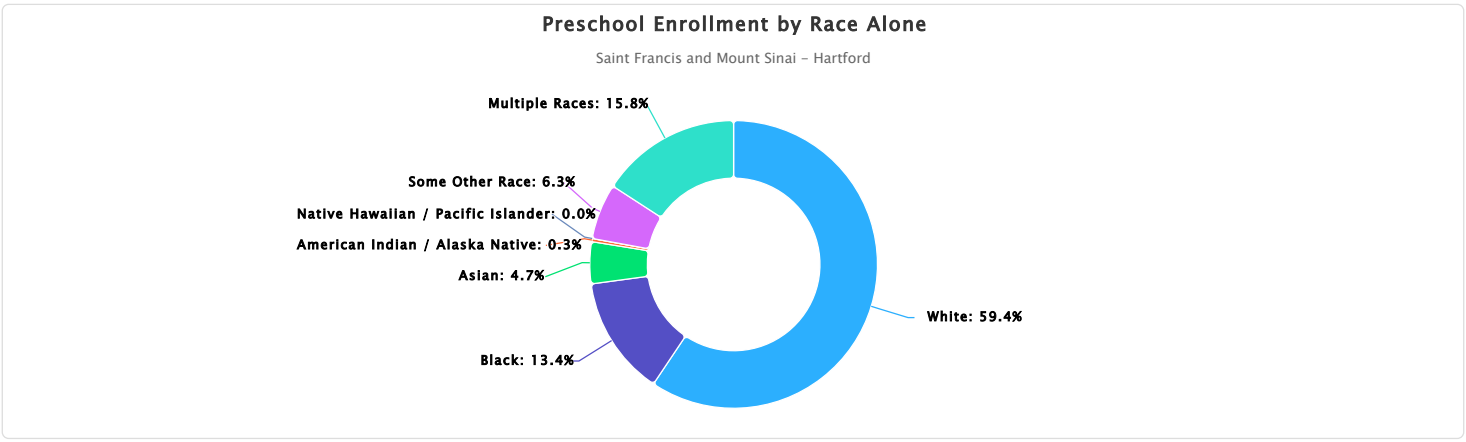
- Over 55.0%
- 45.1 - 55.0%
- 35.1 - 45.0%
- Under 35.1%
- No Population Age 3-4 Reported
- No Data or Data Suppressed
- Saint Francis and Mount Sinai - Hartford

Preschool Enrollment by Race Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by race alone.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Saint Francis and Mount Sinai - Hartford	8,416	1,900	668	48	0	888	2,245
Connecticut	30,805	5,599	2,229	131	0	3,499	8,345
United States	2,682,935	612,967	239,797	39,325	6,217	274,724	760,724

Data Source: US Census Bureau, American Community Survey. 2019-23.

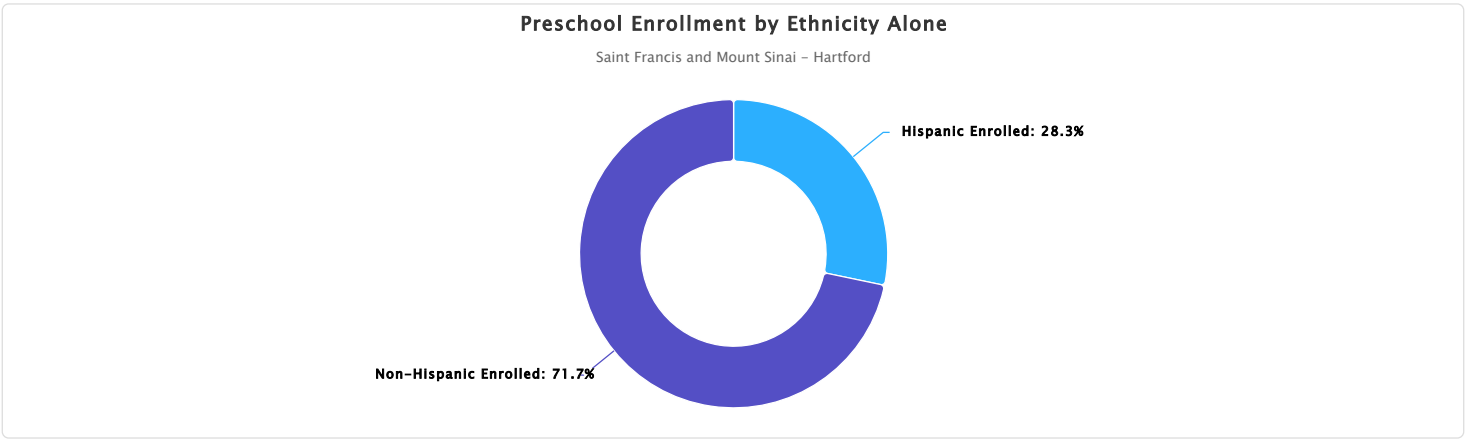


Preschool Enrollment by Ethnicity Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by ethnicity alone.
Of all age 3-4 enrolled in preschool in the report area, 3,695 or 28.30% are Hispanic or Latino while 9,361 or 71.70% are non-Hispanic.

Report Area	Total Enrolled in Preschool	Hispanic Enrolled	Hispanic Enrolled, Percent	Non-Hispanic Enrolled	Non-Hispanic Enrolled, Percent
Saint Francis and Mount Sinai - Hartford	13,056	3,695	28.30%	9,361	71.70%
Connecticut	45,005	12,352	27.45%	32,653	72.55%
United States	3,615,142	1,012,510	28.01%	2,602,632	71.99%

Data Source: US Census Bureau, American Community Survey. 2019-23.

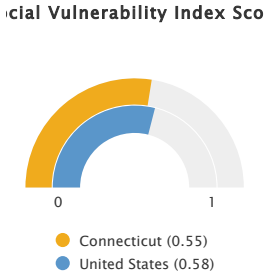


Social Support & Community Context

Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score	Range
Connecticut	3,611,317	0.43	0.42	0.73	0.66	0.55	N/A
United States	331,097,593	0.54	0.47	0.72	0.63	0.58	N/A



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2022.

View larger map

Social Vulnerability Index by Tract, CDC 2020

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Saint Francis and Mount Sinai - Hartford

Population Percentages by Tiered Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

Report Area	Least Disadvantaged	Moderately Disadvantaged	Highly Disadvantaged	Most Disadvantaged
United States	14.19%	22.98%	27.82%	35.01%

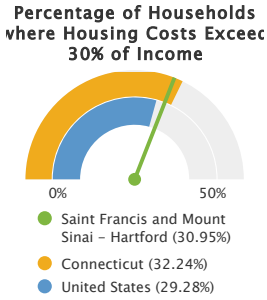
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2022.

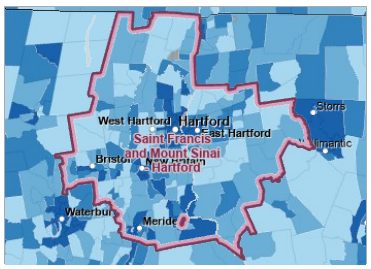
Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 425,248 total households in the report area, 131,609 or 30.95% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent	Range
Saint Francis and Mount Sinai - Hartford	425,248	131,609	30.95%	No data
Connecticut	1,420,170	457,911	32.24%	N/A
United States	127,482,865	37,330,839	29.28%	N/A

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.





View larger map

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2019-23

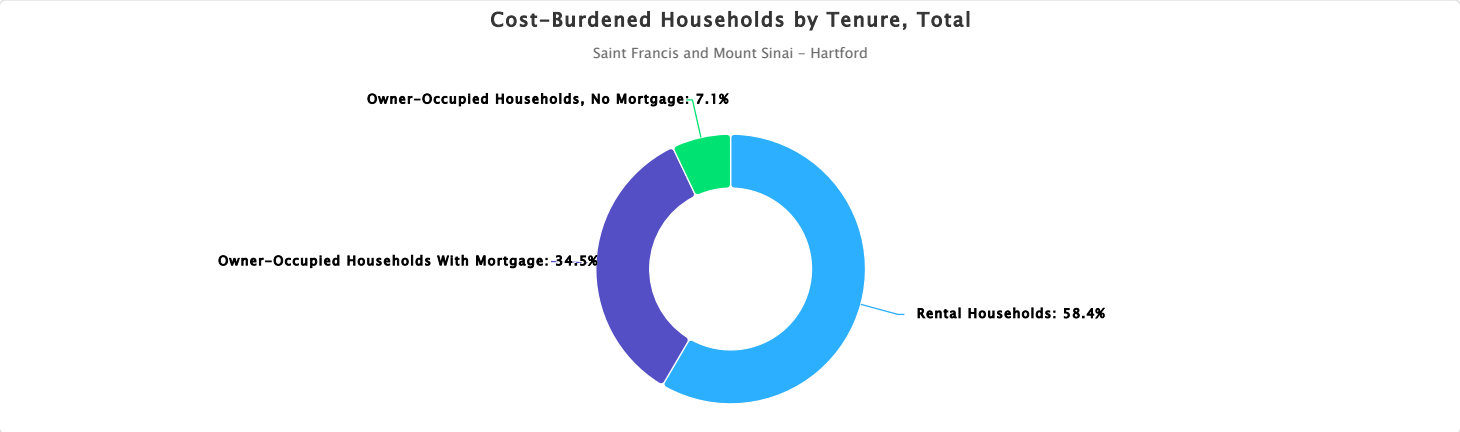
- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Saint Francis and Mount Sinai - Hartford

Cost-Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 7,477,504 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Saint Francis and Mount Sinai - Hartford	7,477,504	4,560,075	2,691,943	551,558
Connecticut	457,911	231,241	181,837	65,994
United States	37,330,839	20,909,407	13,886,916	4,391,728

Data Source: US Census Bureau, American Community Survey. 2019-23.

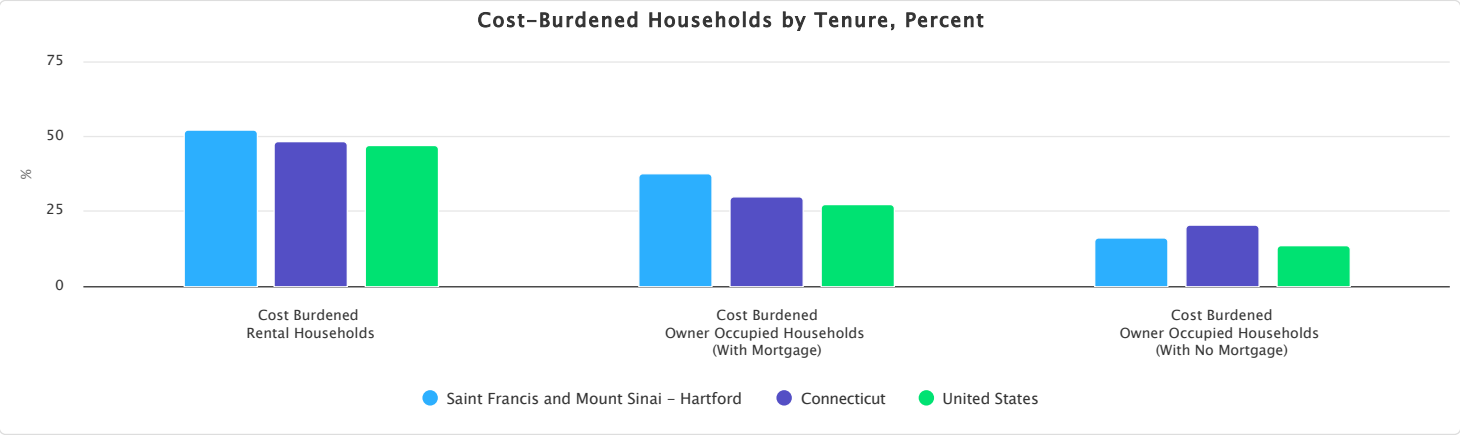


Cost-Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 52.10% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Rental Households Cost-Burdened, Percent	Owner-Occupied Households w/ Mortgage	Owner-Occupied Households w/ Mortgage Cost-Burdened, Percent	Owner-Occupied Households w/o Mortgage	Owner-Occupied Households w/o Mortgage Cost-Burdened, Percent
Saint Francis and Mount Sinai - Hartford	8,752,402	52.10%	7,181,070	37.49%	3,395,590	16.24%
Connecticut	480,258	48.15%	614,346	29.60%	325,566	20.27%
United States	44,590,828	46.89%	50,718,449	27.38%	32,173,588	13.65%

Data Source: US Census Bureau, American Community Survey. 2019-23.

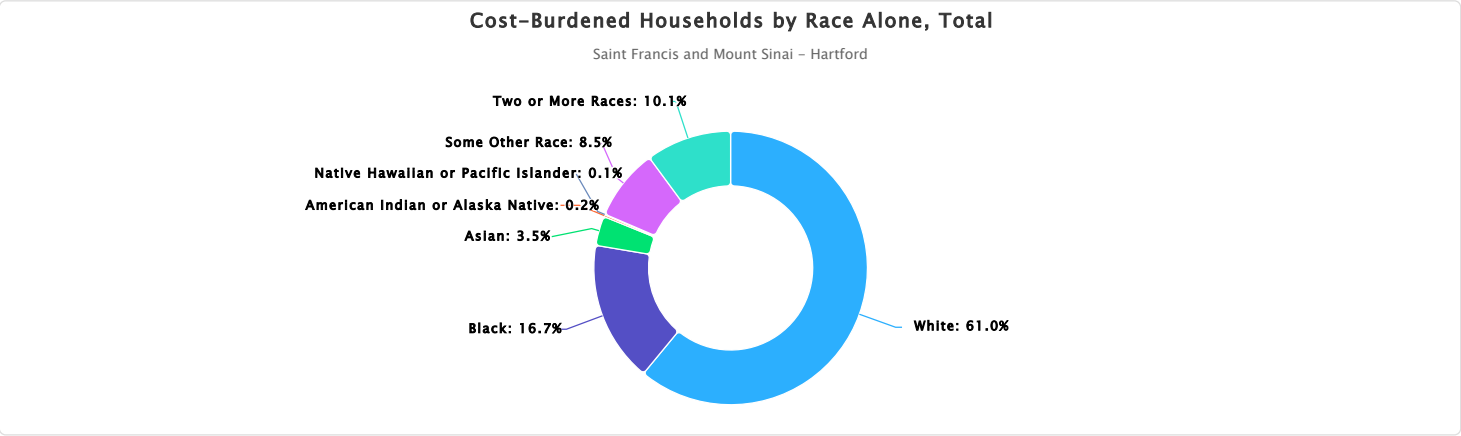


Cost-Burdened Households by Race Alone, Total

This indicator reports the number of cost-burdened households (i.e., those that spend more than 30% of their household income on housing costs) by the householder's race alone, without considering respondents' ethnicity. The data for this indicator is only reported for households where household housing costs, income earned, and race was identified in the 2019-23 American Community Survey.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Saint Francis and Mount Sinai - Hartford	80,263	21,927	4,596	294	89	11,134	13,306
Connecticut	297,518	64,269	15,613	1,518	318	39,949	38,726
United States	22,465,807	6,393,544	1,974,714	286,541	67,283	2,530,433	3,612,517

Data Source: US Census Bureau, American Community Survey. 2019-23.

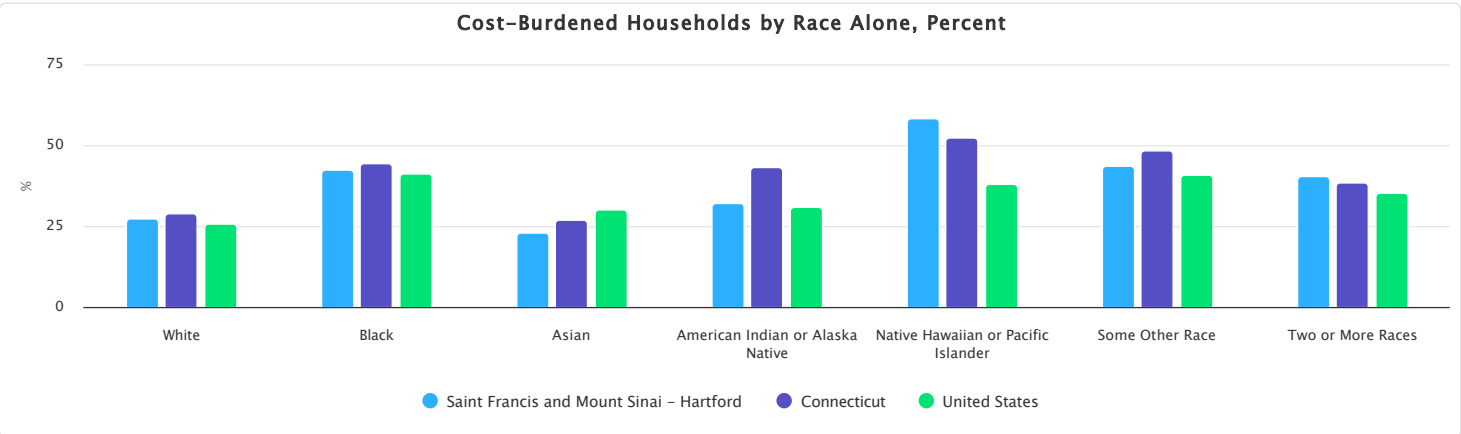


Cost-Burdened Households by Race Alone, Percent

This indicator reports the percentage of cost-burdened households (i.e., those that spend more than 30% of their household income on housing costs) by the householder's race alone, without considering respondents' ethnicity.
The percentage values could be interpreted as, for example, *"Of all occupied housing units with a white alone householder within the report area, the proportion whose housing costs exceed 30% of their household income in the past 12 months is (value)."* Note that data are only reported for households where household housing costs, income earned, and race was identified in the 2019-23 American Community Survey.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Saint Francis and Mount Sinai - Hartford	27.35%	42.20%	22.80%	32.10%	58.17%	43.57%	40.24%
Connecticut	28.90%	44.30%	26.89%	43.10%	52.22%	48.24%	38.44%
United States	25.61%	41.10%	30.02%	30.74%	37.97%	40.56%	35.13%

Data Source: US Census Bureau, American Community Survey. 2019-23.



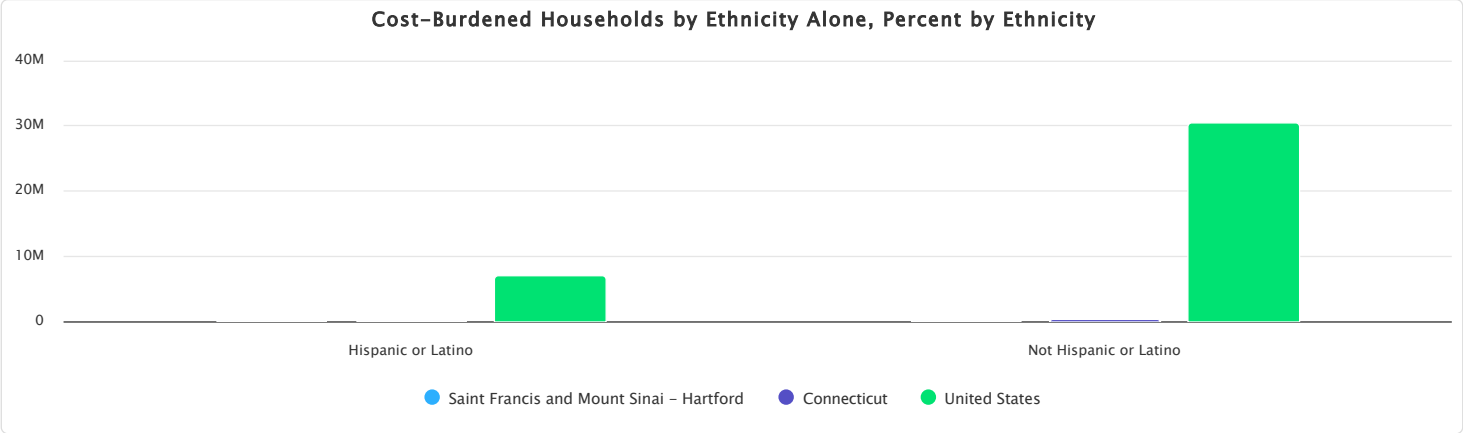
Cost-Burdened Households by Ethnicity Alone, Percent by Ethnicity

This indicator reports the percentage of households that spend more than 30% of their household income on housing costs by ethnicity alone during 2019-2023, according to the American Community Survey (ACS). Note that the data for this indicator are only reported for households where housing costs, income earned, and ethnicity were identified in the American Community Survey.

Within the report area, there were 29,933 cost-burdened households of Hispanic or Latino origin, representing 43.81% of the Hispanic or Latino households. There were 101,676 cost-burdened households of non-Hispanic or Latino origin in the report area, representing 28.49% of the total non-Hispanic households.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Saint Francis and Mount Sinai - Hartford	29,933	101,676	43.81%	28.49%
Connecticut	92,396	365,515	45.41%	30.04%
United States	6,921,852	30,408,987	37.78%	27.86%

Data Source: US Census Bureau, American Community Survey. 2019-23.



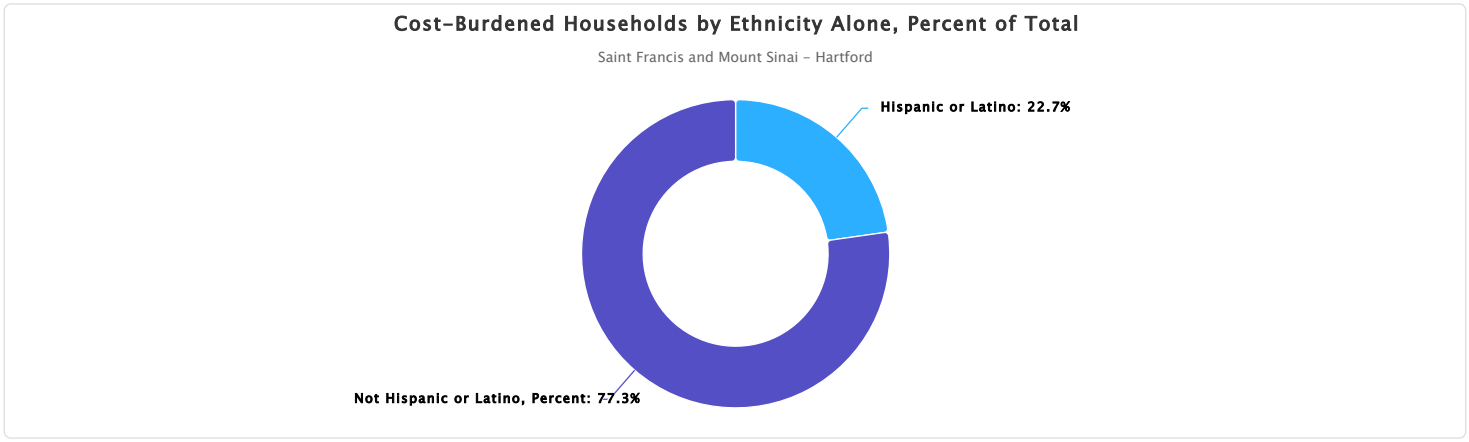
Cost-Burdened Households by Ethnicity Alone, Percent of Total

This indicator reports the percentage of households that spend more than 30% of their household income on housing costs by ethnicity alone during 2019-2023, according to the American Community Survey (ACS). Note that the data for this indicator are only reported for households where housing costs, income earned, and ethnicity were identified in the American Community Survey.

Within the report area, there were 29,933 cost-burdened households of Hispanic or Latino origin, representing 22.74% of the total cost-burdened households. There were 101,676 cost-burdened households of non-Hispanic or Latino origin in the report area, representing 77.26% of the total cost-burdened households.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Saint Francis and Mount Sinai - Hartford	29,933	101,676	22.74%	77.26%
Connecticut	92,396	365,515	20.18%	79.82%
United States	6,921,852	30,408,987	18.54%	81.46%

Data Source: US Census Bureau, American Community Survey. 2019-23.



Health Outcomes & Behaviors

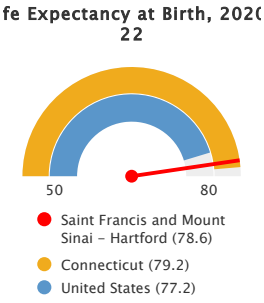
Life Expectancy

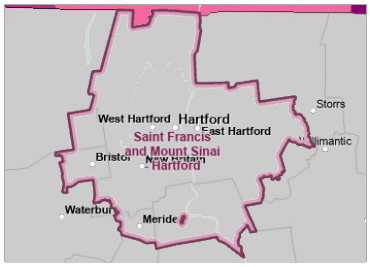
This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2020-2022) and are used for the 2025 County Health Rankings.

Of the total 960,614 population in the report area, the average life expectancy during the 2020-22 three-year period is 78.6, which is lower than the statewide rate of 79.2.
Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.

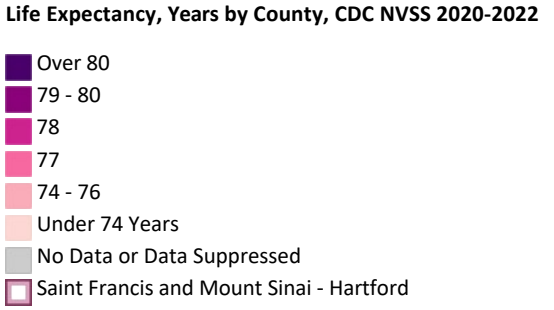
Report Area	Total Population	Life Expectancy at Birth (2018-20)	Range
Saint Francis and Mount Sinai - Hartford	960,614	**78.6**	78.0 - 80.4
Connecticut	3,317,495	79.2	N/A
United States	308,455,738	77.2	N/A

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2020-2022.





View larger map

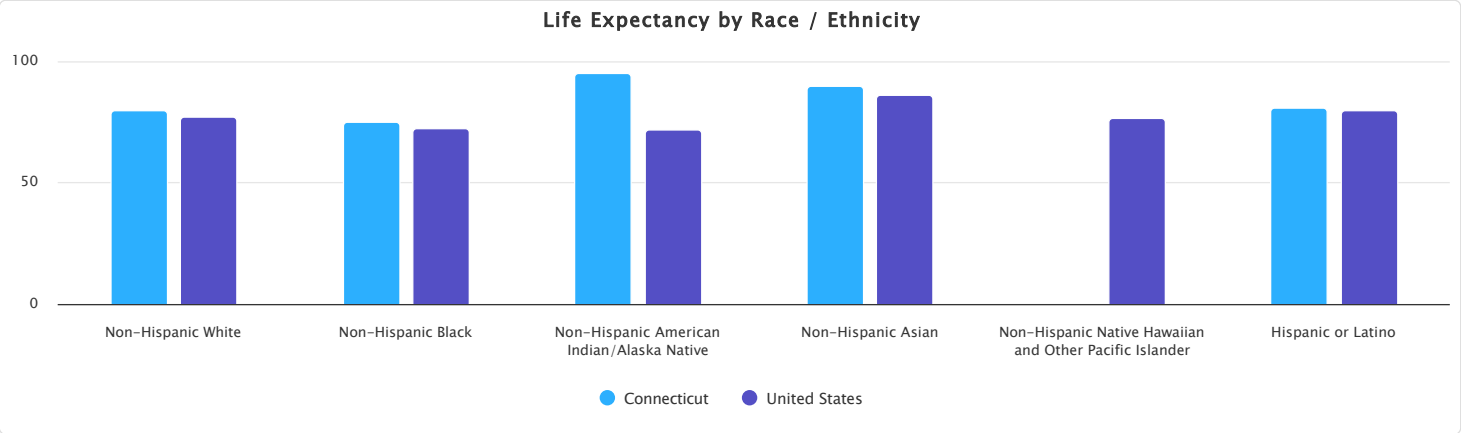


Life Expectancy by Race / Ethnicity

This indicator reports the 2020-2022 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Hispanic or Latino
Connecticut	79.5	74.8	95.2	89.6	No data	80.8
United States	77.2	72.1	71.8	86.0	76.4	79.7

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2020-2022.

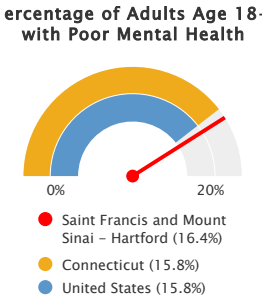


Poor Mental Health

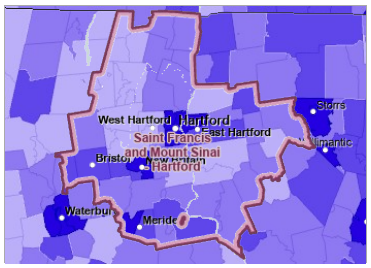
This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Within the report area, there were 16.4% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

Report Area	Total Population (2020)	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)	Range
Saint Francis and Mount Sinai - Hartford	1,046,341	**16.4%**	No data	11.1% - 23.3%
Connecticut	3,626,205	15.8%	16.8%	N/A
United States	333,287,557	15.8%	16.4%	N/A



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Frequent Mental Distress, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

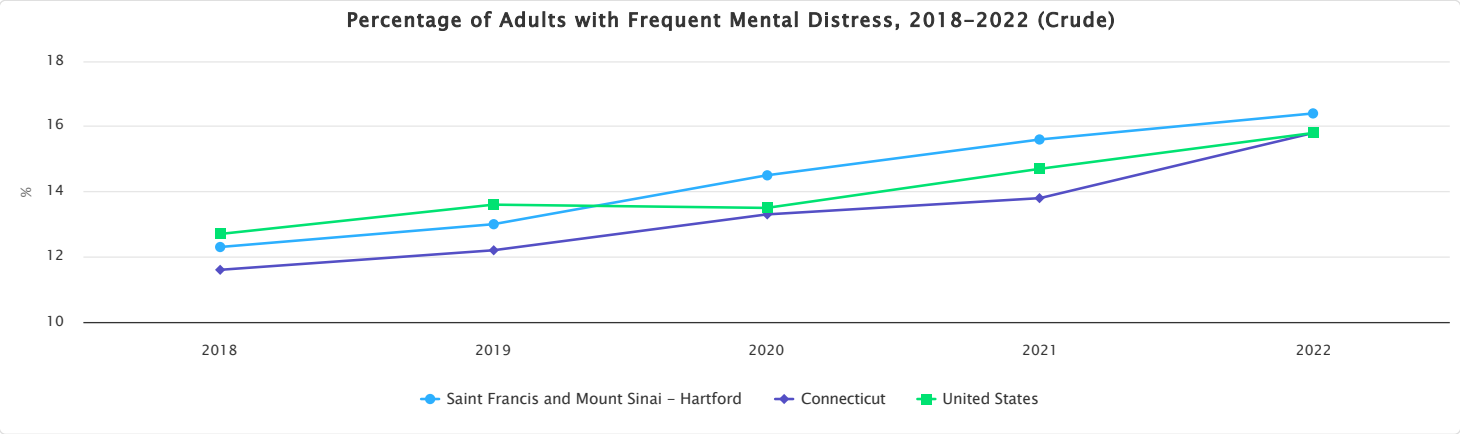
- Over 18.0%
- 16.1 - 18.0%
- 14.1 - 16.0%
- Under 14.1%
- No Data or Data Suppressed
- Saint Francis and Mount Sinai - Hartford

Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)

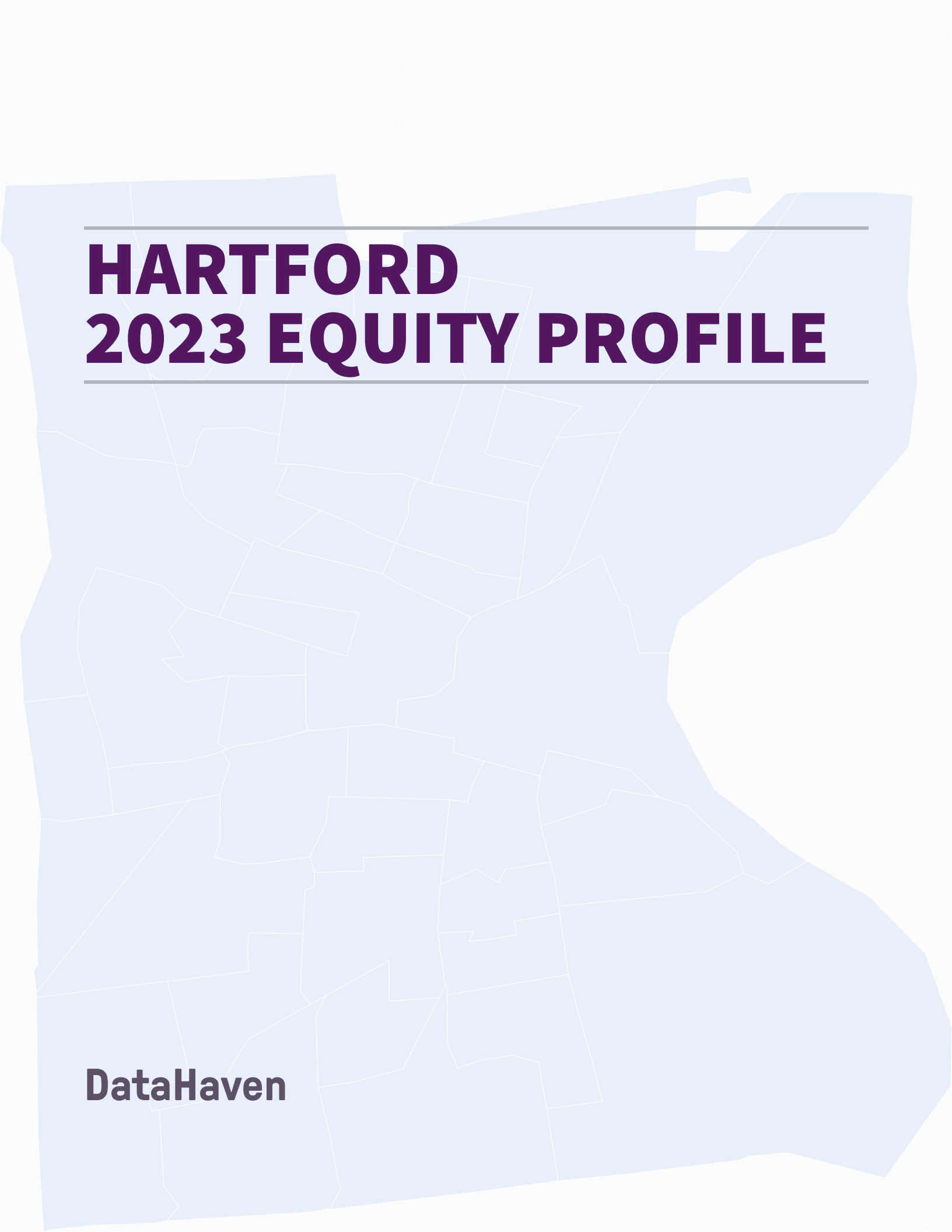
The table and chart below display annual trends in the percentage of adults age 18+ whose report frequent mental distress.

Report Area	2018	2019	2020	2021	2022
Saint Francis and Mount Sinai - Hartford	12.3%	13.0%	14.5%	15.6%	16.4%
Connecticut	11.6%	12.2%	13.3%	13.8%	15.8%
United States	12.7%	13.6%	13.5%	14.7%	15.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



HARTFORD 2023 EQUITY PROFILE



DataHaven

HARTFORD
2023 EQUITY PROFILE

CONTENTS

Compiled by DataHaven in August 2023.

This report is designed to inform local-level efforts to improve community well-being and racial equity. This is version 2.0 of the DataHaven town equity profile, which DataHaven has published for all 169 towns and several regions of Connecticut. Please contact DataHaven with suggestions for version 3.0 of this report.

ctdatahaven.org

EXECUTIVE SUMMARY

Throughout most of the measures in this report, there are important differences by race/ethnicity and neighborhood that reflect differences in access to resources and other social needs. Wherever possible, data are presented with racial/ethnic breakdowns, as defined by existing federal data collection standards. However, for smaller groups or more detailed breakdowns, some values may not be available or have less reliable data. In these cases, values are marked as "N/A," not available.

Federal and statewide approaches to data collection, including small sample sizes, tend to hide disparities within certain population groups. This does not mean that a given population is not impacted by inequitable social conditions. DataHaven and other organizations often collect information on demographic characteristics besides race/ethnicity, and encourage further analysis and advocacy that can lead to more inclusive data reporting. Please contact DataHaven at info@ctdatahaven.org with questions about additional reporting that may be possible.

- Hartford is a town of **121,054 residents**, **87 percent** of whom are people of color. The town's population has decreased by **3 percent** since 2010.
- Of the town's **46,879 households**, **26 percent** are homeowner households.
- **Fifty-four percent** of Hartford's households are cost-burdened, meaning they spend at least 30 percent of their total income on housing costs.
- **Seventy-two percent** of public high school seniors in the class of 2021 in the Hartford School District graduated within four years.
- Among the town's adults ages 25 and up, **17 percent** have earned a bachelor's degree or higher.
- Hartford is home to **105,735 jobs**, with the largest share in the Health Care and Social Assistance sector.
- The median household income in Hartford is **$37,477**.
- As of 2015, Hartford's average life expectancy was **77.1 years**.
- **Forty-eight percent** of adults in Hartford say they are in excellent or very good health.
- In 2021, **114 people** in Hartford died of drug overdoses.
- **Seventy percent** of adults in Hartford are satisfied with their area, and **30 percent** say their local government is responsive to residents' needs.
- In the most recent state election, **26 percent** of registered voters in Hartford voted.
- **Eighty percent** of adults in Hartford report having stores, banks, and other locations in walking distance of their home, and **85 percent** say there are safe sidewalks and crosswalks in their neighborhood.

OVERVIEW

For the purposes of this report, Hartford will be compared to Connecticut as a whole, as well as to the towns in Greater Hartford.

FIGURE 1: STUDY AREA

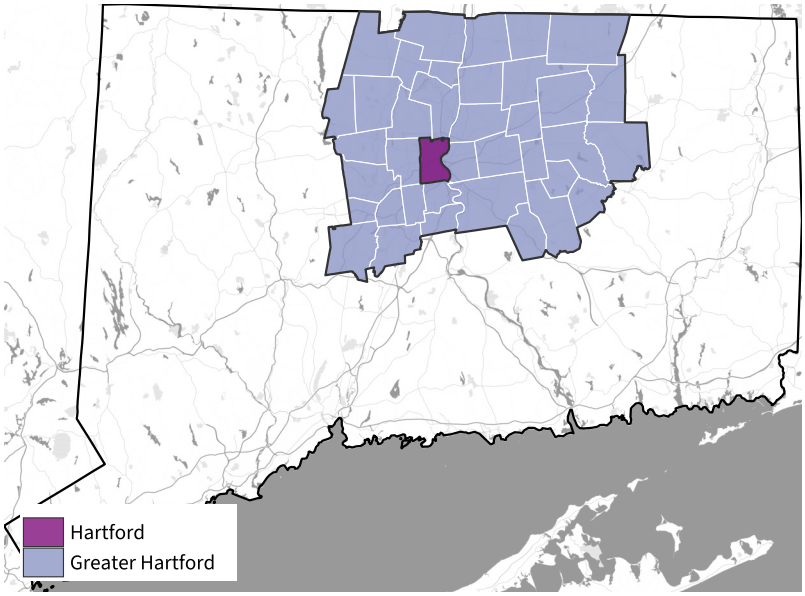


TABLE 1: ABOUT THE AREA

Indicator	Connecticut	Greater Hartford	Hartford
Total population	3,605,944	976,248	121,054
Total households	1,397,324	384,403	46,879
Homeownership rate	66%	65%	26%
Housing cost burden rate	35%	33%	54%
Adults with less than a high school diploma	9%	9%	26%
Median household income	$83,572	$79,579	$37,477
Poverty rate	10%	11%	28%
Adults 18–64 w/o health insurance	10%	10%	21%
Life expectancy (years, 2015)	80.3	79.9	77.1

Greater Hartford is made up of the following towns (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)

DEMOGRAPHICS

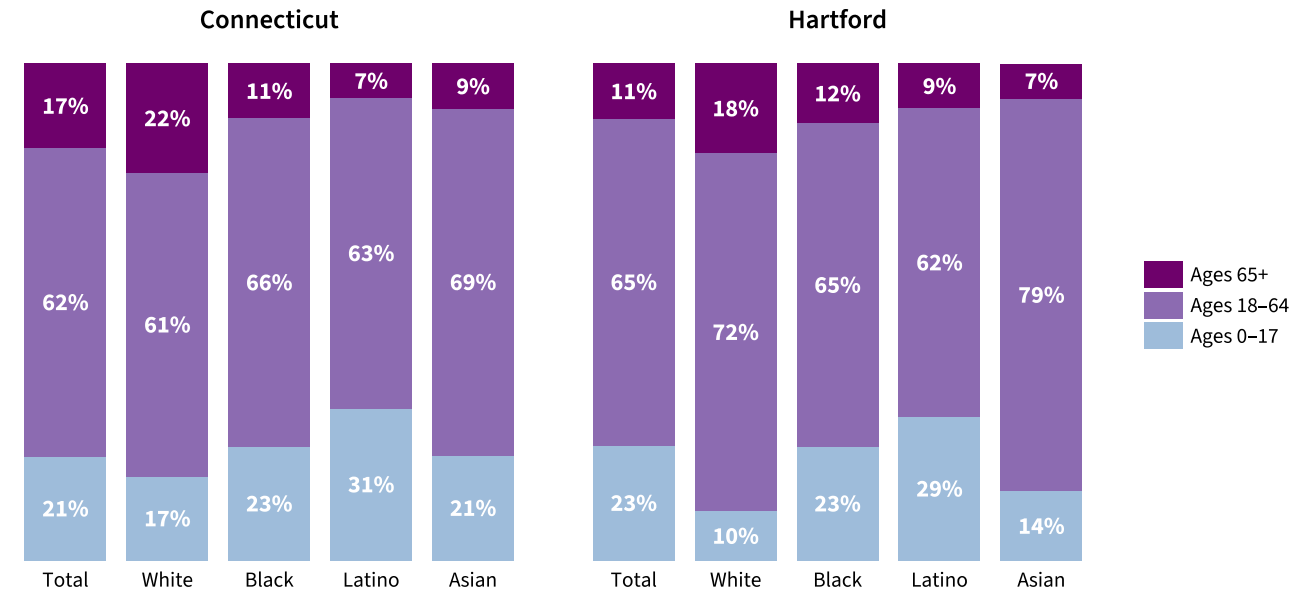
As of 2020, the population of Hartford is 121,054, including 28,003 children and 93,051 adults. Eighty-seven percent of Hartford's residents are people of color, compared to 37 percent of residents statewide.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2020

	White		Black		Latino		Asian		Other race/ethnicity	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	2,279,232	63%	360,937	10%	623,293	17%	170,459	5%	172,023	5%
Greater Hartford	588,926	60%	120,044	12%	165,603	17%	60,032	6%	41,643	4%
Hartford	15,278	13%	43,024	36%	53,315	44%	4,208	3%	5,229	4%

As Connecticut's predominantly white Baby Boomers age, younger generations are driving the state's increased racial and ethnic diversity. Black and Latino populations in particular skew much younger than white populations.

FIGURE 2: POPULATION BY RACE/ETHNICITY AND AGE GROUP, 2021

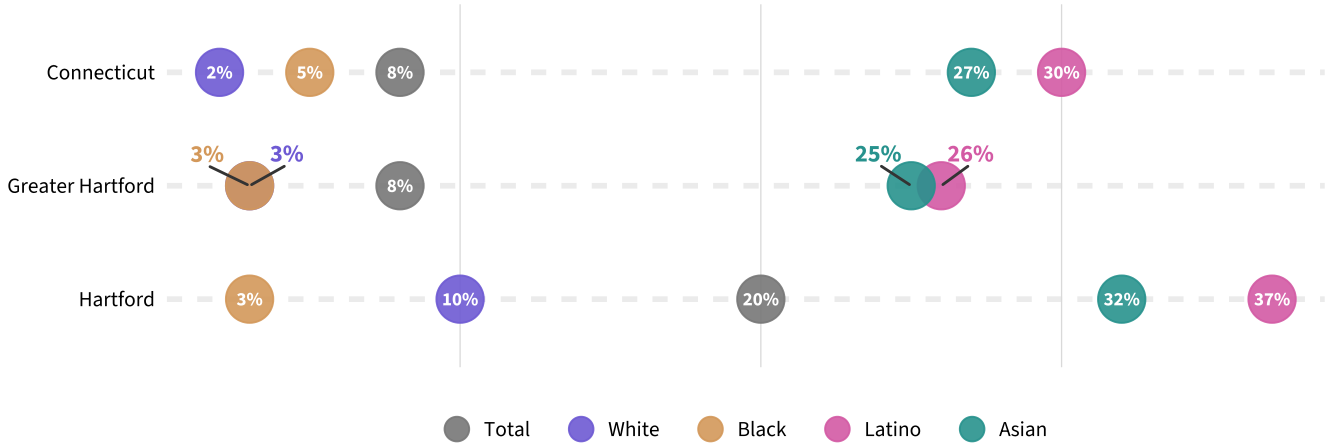


Note: Only groups with at least 50 residents in each age group shown.

About 25,938 residents of Hartford, or 21 percent of the population, are foreign-born. The largest number of immigrants living in Hartford were born in Jamaica, followed by the Dominican Republic and Peru.

Linguistic isolation is characterized as speaking English less than “very well.” People who struggle with English proficiency may have difficulty in school, seeking health care, accessing social services, or finding work in a largely English-speaking community. As of 2021, 22,821 Hartford residents, or 20 percent of the population ages 5 and older, had limited English proficiency. Latinos and Asian Americans are more likely to have limited English proficiency than other racial/ethnic groups.

FIGURE 3: LINGUISTIC ISOLATION BY RACE/ETHNICITY, 2021



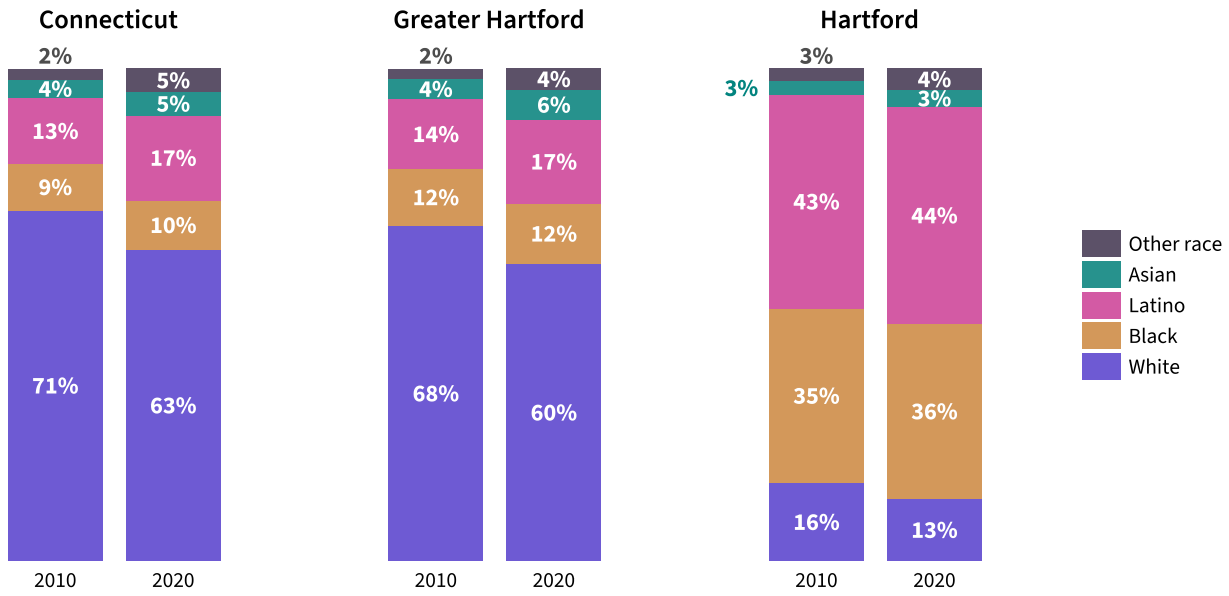
POPULATION CHANGE: 2020 CENSUS

The first set of data from the 2020 Census was released in August 2021, containing basic population counts by age and race/ethnicity. Between 2010 and 2020, Connecticut's population was nearly stagnant. During the same period, Hartford shrank by 3,721 people, a 3 percent decrease. The number of white residents in Hartford shrank by 23 percent, while the non-white population grew by less than 1 percent.

TABLE 3: POPULATION AND POPULATION CHANGE BY AGE GROUP, 2010–2020

Area	Age	Population, 2010	Population, 2020	Change	Percent change
Connecticut	All ages	3,574,097	3,605,944	+31,847	+0.9%
	Children (0–17)	817,015	736,717	–80,298	–9.8%
	Adults (18+)	2,757,082	2,869,227	+112,145	+4.1%
Greater Hartford	All ages	973,959	976,248	+2,289	+0.2%
	Children (0–17)	218,796	197,678	–21,118	–9.7%
	Adults (18+)	755,163	778,570	+23,407	+3.1%
Hartford	All ages	124,775	121,054	–3,721	–3.0%
	Children (0–17)	32,217	28,003	–4,214	–13.1%
	Adults (18+)	92,558	93,051	+493	+0.5%

FIGURE 4: SHARE OF POPULATION BY RACE/ETHNICITY, 2010–2020



HOUSING

Hartford has 46,879 households, of which 26 percent are homeowner households. Of Hartford's 55,272 housing units, both occupied and vacant, 20 percent are in single-family buildings and 80 percent are in multifamily buildings, compared to Greater Hartford, where 63 percent are single-family and 36 percent are multifamily.

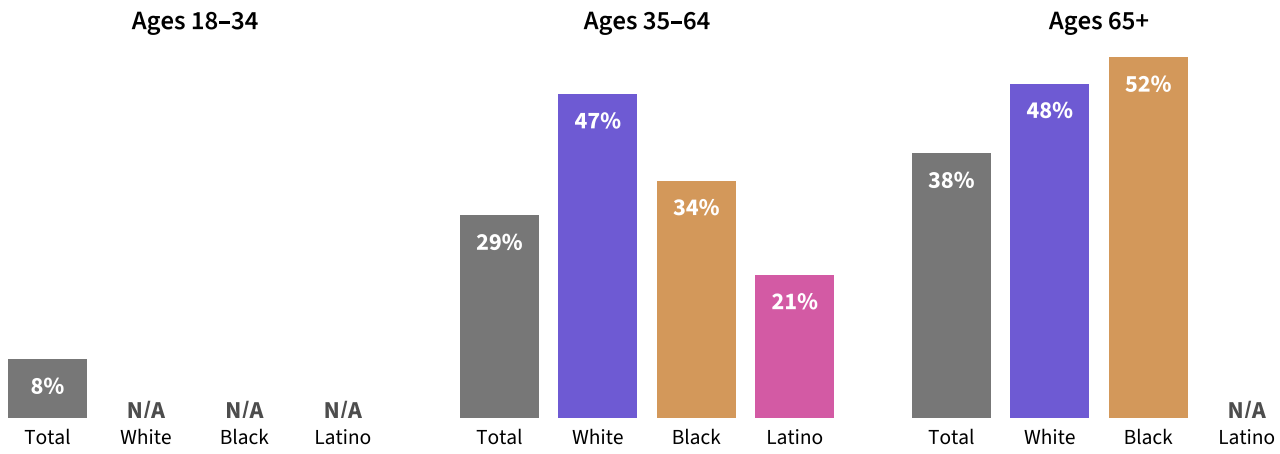
Homeownership rates vary by race/ethnicity. Purchasing a home is more attainable for advantaged groups because the process of purchasing a home has a long history of racially discriminatory practices that continue to restrict access to homeownership today. This challenge, coupled with municipal zoning dominated by single-family housing, results in de facto racial and economic segregation seen throughout Connecticut.

TABLE 4: HOMEOWNERSHIP RATE BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021

Area	Total	White	Black	Latino	Asian
Connecticut	66%	76%	41%	37%	60%
Greater Hartford	65%	77%	44%	33%	55%
Hartford	26%	37%	32%	16%	N/A

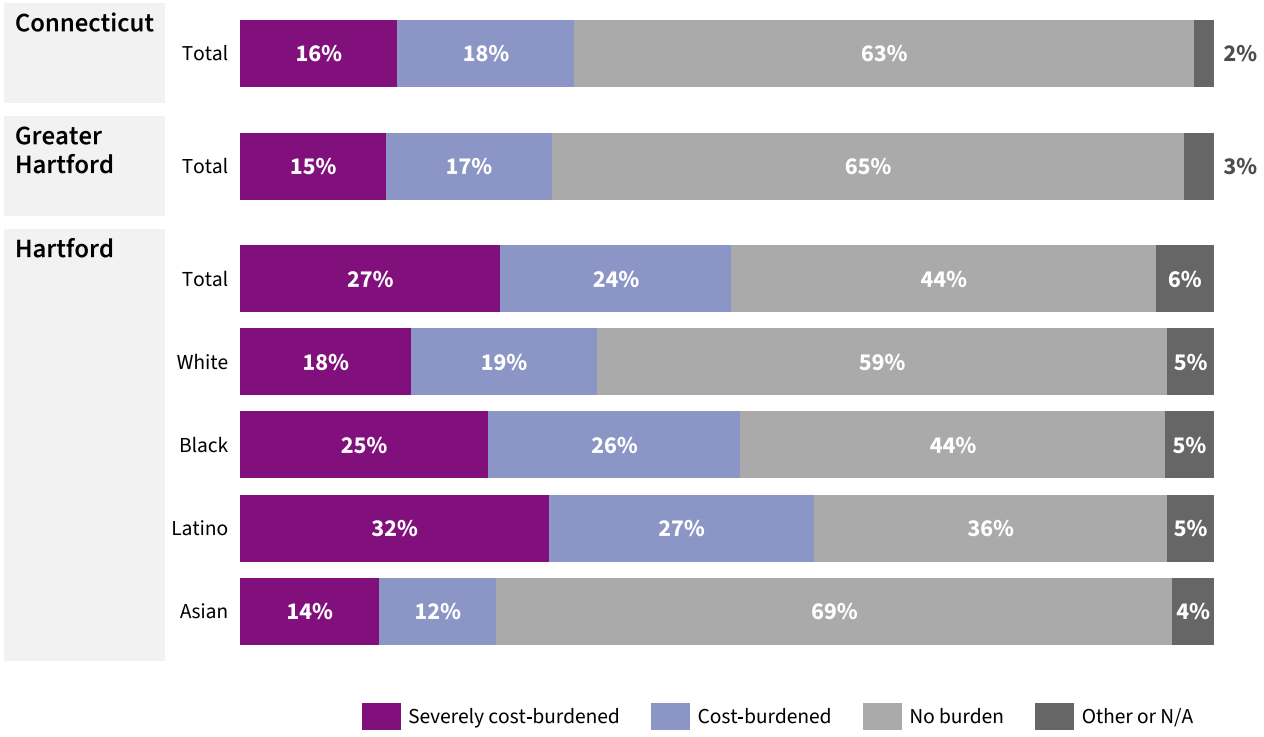
Younger adults are less likely than older adults to own their homes across several race/ethnicity groups. However, in most towns, younger white adults own their homes at rates comparable to or higher than older Black and Latino adults.

FIGURE 5: HOMEOWNERSHIP RATES BY AGE AND RACE/ETHNICITY OF HEAD OF HOUSEHOLD, HARTFORD, 2021



A household is cost-burdened when they spend 30 percent or more of their income on housing costs, and severely cost-burdened when they spend half or more of their income on housing costs. Housing costs continue to rise, due in part to municipal zoning measures that limit new construction to very few towns statewide. Cost-burden generally affects renters more than homeowners, and has greater impact on Black and Latino householders. Among renter households in Hartford, 54 percent are cost-burdened, compared to 40 percent of owner households.

FIGURE 6: HOUSING COST-BURDEN RATES BY RACE/ETHNICITY, 2021



Household overcrowding is defined as having more than one occupant per room. Overcrowding may increase the spread of illnesses among the household and can be associated with higher levels of stress. Increasing the availability of appropriately-sized affordable units helps to alleviate overcrowding.

TABLE 5: OVERCROWDED HOUSEHOLDS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021

	Total		White		Black		Latino		Asian	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	27,078	2%	7,418	1%	4,868	3%	10,971	6%	3,445	6%
Greater Hartford	6,489	2%	1,471	1%	994	2%	2,321	4%	1,582	8%
Hartford	1,639	3%	134	2%	485	3%	835	4%	195	14%

EDUCATION

Public school students in Hartford are served by the Hartford School District for pre-kindergarten through grade 12. During the 2022-23 school year, there were 16,774 students enrolled in the Hartford School District. Tracking student success measures is important since disparate academic and disciplinary outcomes are observed as early as preschool and can ultimately affect a person's long-term educational attainment and economic potential.

FIGURE 7: PUBLIC K–12 STUDENT ENROLLMENT BY RACE/ETHNICITY PER 100 STUDENTS, 2022-23

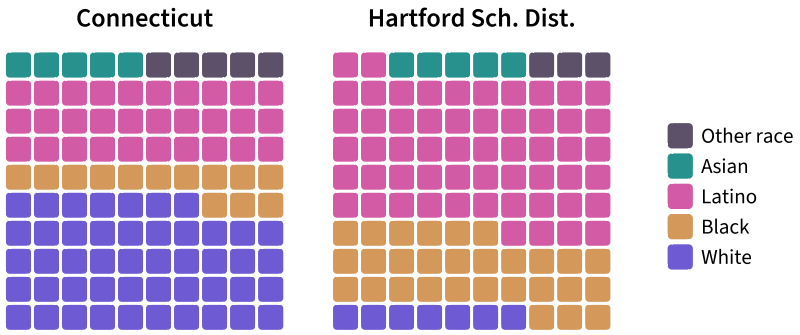
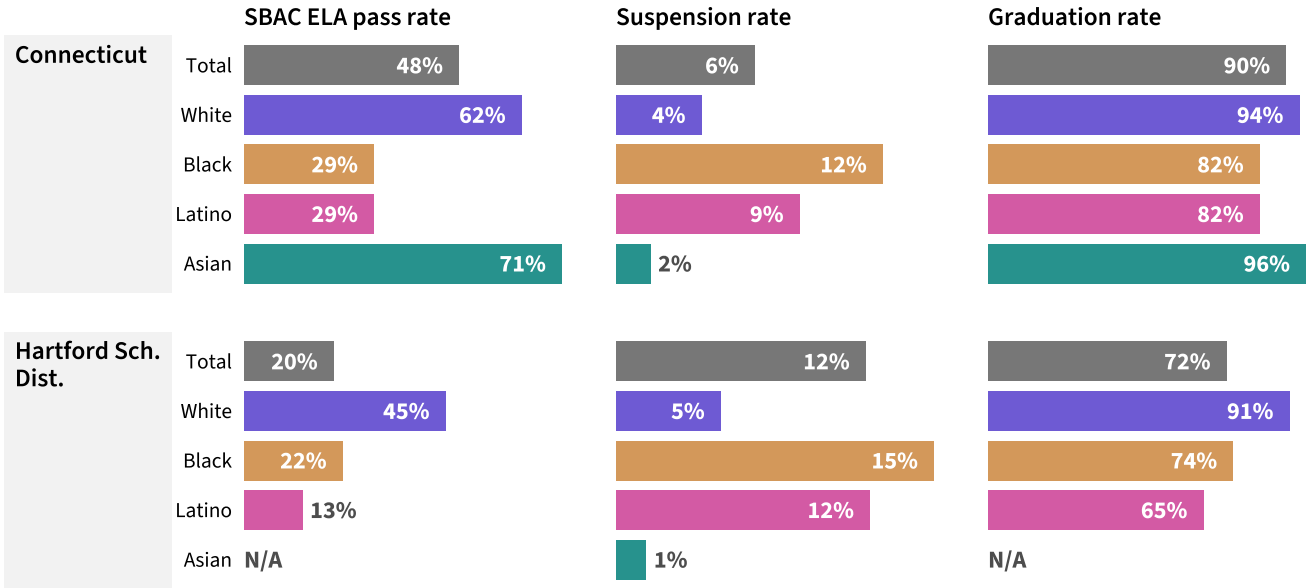
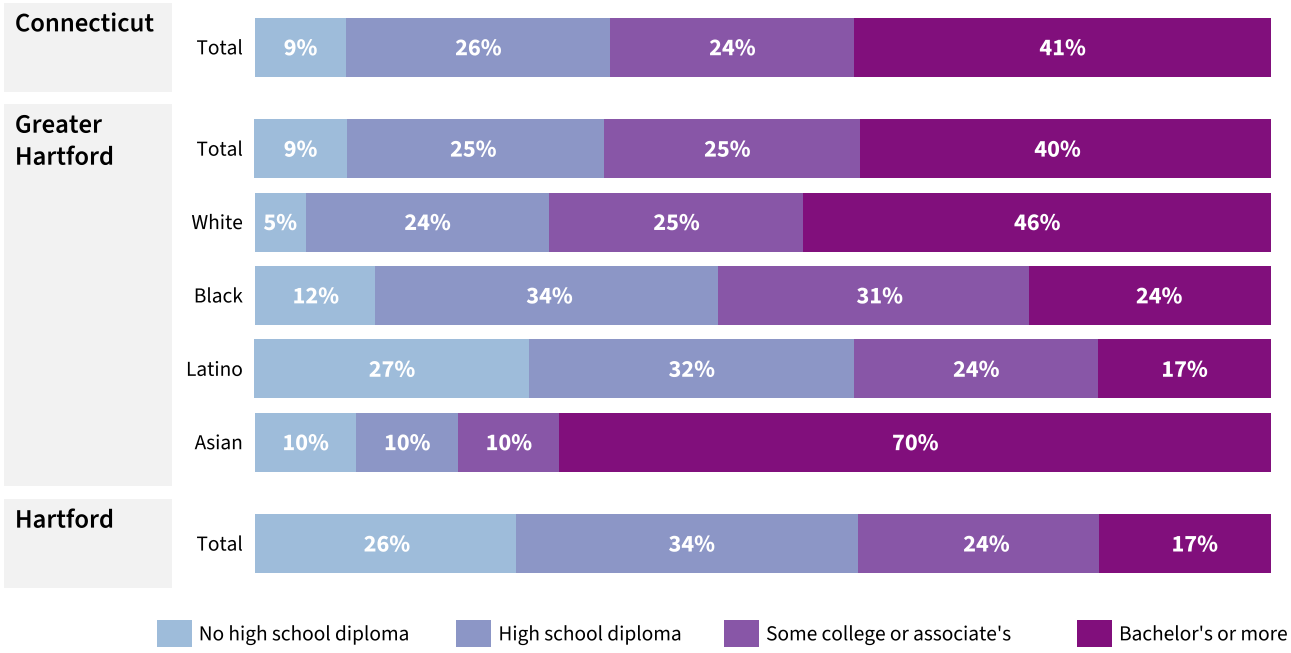


FIGURE 8: SELECTED ACADEMIC AND DISCIPLINARY OUTCOMES BY STUDENT RACE/ETHNICITY, 2020-21 AND 2021-22 SCHOOL YEARS



Adults with high school diplomas or college degrees have more employment options and considerably higher potential earnings, on average, than those who do not finish high school. In Hartford, 26 percent of adults ages 25 and over, or 19,898 people, lack a high school diploma; statewide, this value is 9 percent.

FIGURE 9: EDUCATIONAL ATTAINMENT BY RACE/ETHNICITY, SHARE OF ADULTS AGES 25 AND UP, 2021



ECONOMY

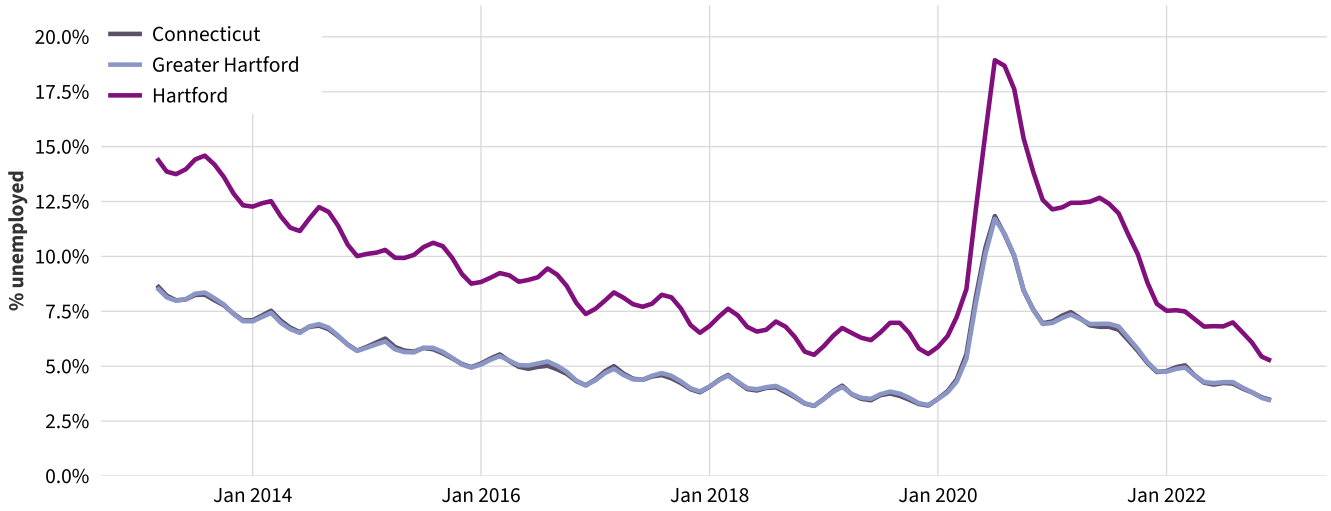
At the end of 2021, there were 105,735 total jobs in Hartford, with the largest share in the Health Care and Social Assistance sector. While many industries saw major job losses early on in the COVID-19 pandemic, by early 2023 the number of jobs statewide had nearly caught back up to pre-pandemic counts.

TABLE 6: JOBS AND WAGES IN HARTFORD'S 5 LARGEST SECTORS, 2021

	Connecticut		Hartford	
Sector	**Total jobs**	**Avg annual pay**	**Total jobs**	**Avg annual pay**
All Sectors	1,591,760	$77,816	105,735	$95,073
Health Care and Social Assistance	267,984	$60,835	25,309	$78,726
Finance and Insurance	97,447	$195,038	21,219	$161,046
Professional, Scientific, and Technical Services	95,313	$121,874	10,796	$126,971
Administrative and Support and Waste Management and Remediation Services	87,861	$54,005	6,148	$46,786
Retail Trade	167,286	$41,652	3,454	$47,689

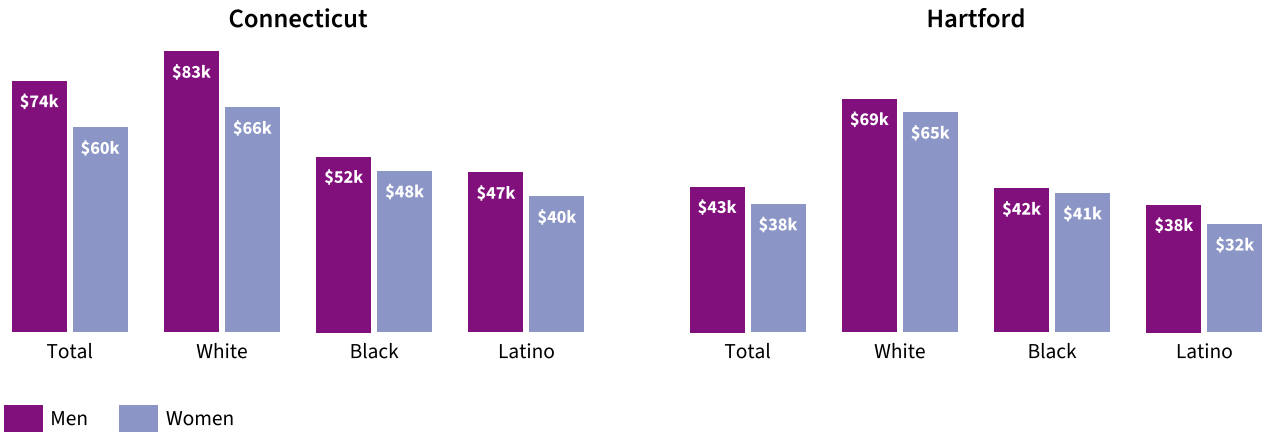
Nationwide, the onset of the pandemic led to a huge spike in unemployment rates, mirrored across Connecticut. At its peak in July 2020, Connecticut's unemployment rate was 12.0 percent. As of December 2022, unemployment rates statewide and in Hartford were 3.2 percent and 4.9 percent, respectively.

FIGURE 10: MONTHLY UNEMPLOYMENT RATE, 2013–2022, 3-MONTH ROLLING AVERAGE



Individual earnings vary by race/ethnicity, sex, and other characteristics. These can be measured comparing the differences in average earnings between groups. White workers and men often out-earn workers of color and women. These trends hold even when controlling for educational attainment and within many occupational groups.

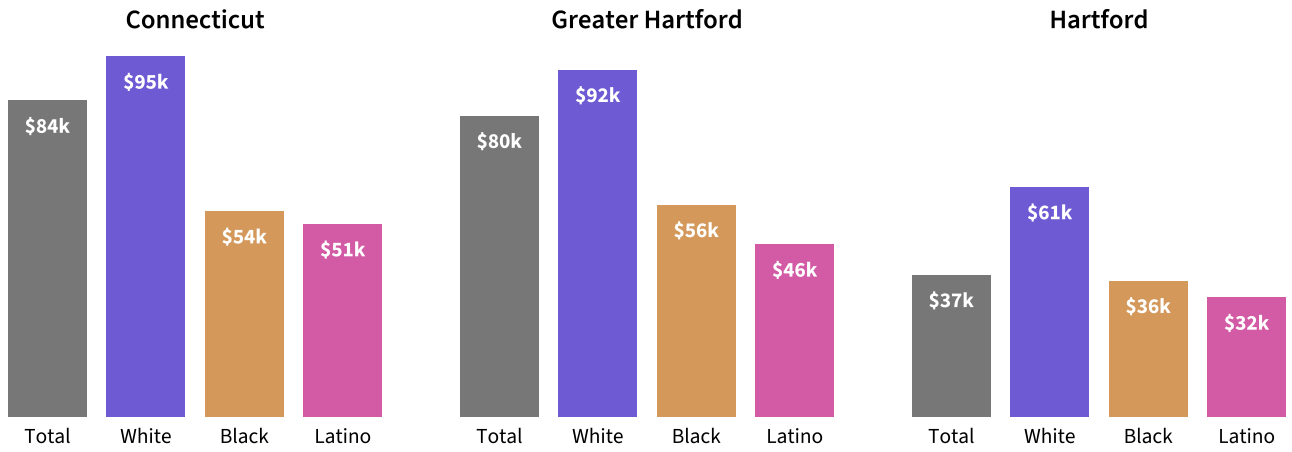
FIGURE 11: MEDIAN INCOME BY RACE/ETHNICITY AND SEX FOR FULL-TIME WORKERS AGES 25 AND OVER WITH POSITIVE INCOME, 2021



INCOME & WEALTH

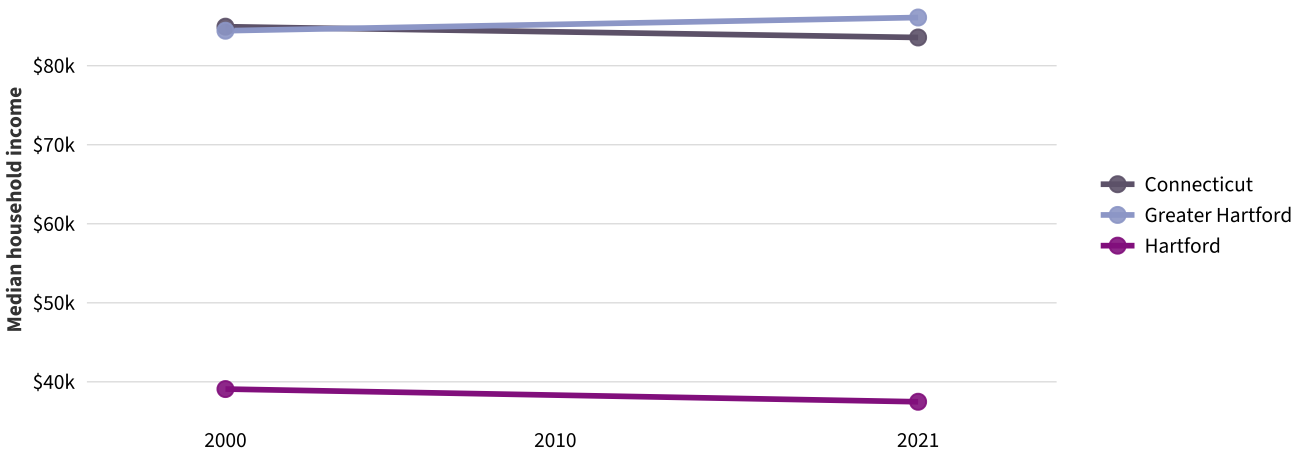
The median household income in Hartford is $37,477, compared to $83,572 statewide. Hartford's median household income is the lowest of the towns in Greater Hartford. Racial disparities in outcomes related to education, housing, employment, and wages result in disparate household-level incomes and overall wealth. Households led by Black or Latino adults generally average lower incomes than white households.

FIGURE 12: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021



Between the Great Recession and the COVID-19 pandemic, average incomes have not kept pace with inflation over the past two decades. Connecticut's median household income was $83,572 in 2021; adjusted for inflation, this was $1,365 lower than in 2000.

FIGURE 13: MEDIAN HOUSEHOLD INCOME, 2000–2021, IN 2021 DOLLARS



The Supplemental Nutritional Assistance Program (SNAP, or food stamps) is a program available to very low-income households earning less than 130 percent of the federal poverty guideline ($26,500 for a family of four in 2021). Throughout the state, poverty and SNAP utilization rates are higher among Black and Latino households than white households.

With many of the safety measures early in the COVID-19 pandemic, having reliable, high-speed internet at home became a necessity for remote participation in school, expanded job opportunities, and telehealth. Statewide, Black and Latino residents are slightly more likely than average to live in a household without broadband access.

Access to a personal vehicle may also be considered a measure of financial security since reliable transportation plays a significant role in job access and quality of life. Vehicle access reduces the time a family may spend running errands or traveling to appointments, school, or work.

TABLE 7: SELECTED ECONOMIC RESOURCES BY RACE/ETHNICITY, 2021

	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Population living below poverty level										
Connecticut	351,476	10%	139,246	6%	64,472	17%	127,775	21%	14,134	9%
Greater Hartford	103,696	11%	36,831	6%	19,612	16%	39,641	24%	5,143	9%
Hartford	32,602	28%	2,553	19%	10,298	24%	19,143	35%	N/A	N/A
Population without broadband internet at home										
Connecticut	269,234	8%	159,553	7%	38,465	10%	61,883	10%	5,334	3%
Greater Hartford	76,051	8%	41,660	7%	13,473	11%	18,098	11%	1,713	3%
Hartford	18,081	16%	2,193	17%	7,172	17%	8,224	15%	N/A	N/A

TABLE 8: SELECTED HOUSEHOLD ECONOMIC INDICATORS BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021

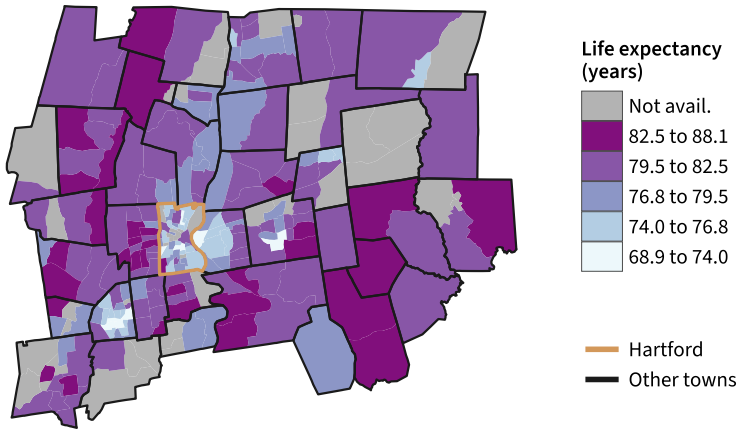
	Total		White		Black		Latino		Asian	
	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Households receiving food stamps/SNAP										
Connecticut	160,416	11%	62,974	6%	34,132	24%	57,456	30%	3,501	6%
Greater Hartford	50,341	13%	15,582	6%	10,823	24%	21,634	39%	1,516	8%
Hartford	17,615	38%	1,342	19%	5,740	32%	10,461	53%	N/A	N/A
Households without a vehicle										
Connecticut	118,174	8%	53,628	5%	25,802	19%	31,312	16%	4,728	9%
Greater Hartford	35,988	9%	14,449	6%	8,352	19%	10,651	19%	1,620	9%
Hartford	13,817	29%	1,334	19%	5,577	33%	5,997	30%	N/A	N/A

HEALTH

The socioeconomic disparities described above tend to correlate with health outcomes. Factors such as stable housing, employment, literacy and linguistic fluency, environmental hazards, and transportation all impact access to care, physical and mental health outcomes, and overall quality of life. Income and employment status often drive differences in access to healthcare, the likelihood of getting preventive screenings as recommended, the affordability of life-saving medicines, and the ability to purchase other goods and services, including high-quality housing and nutritious food.

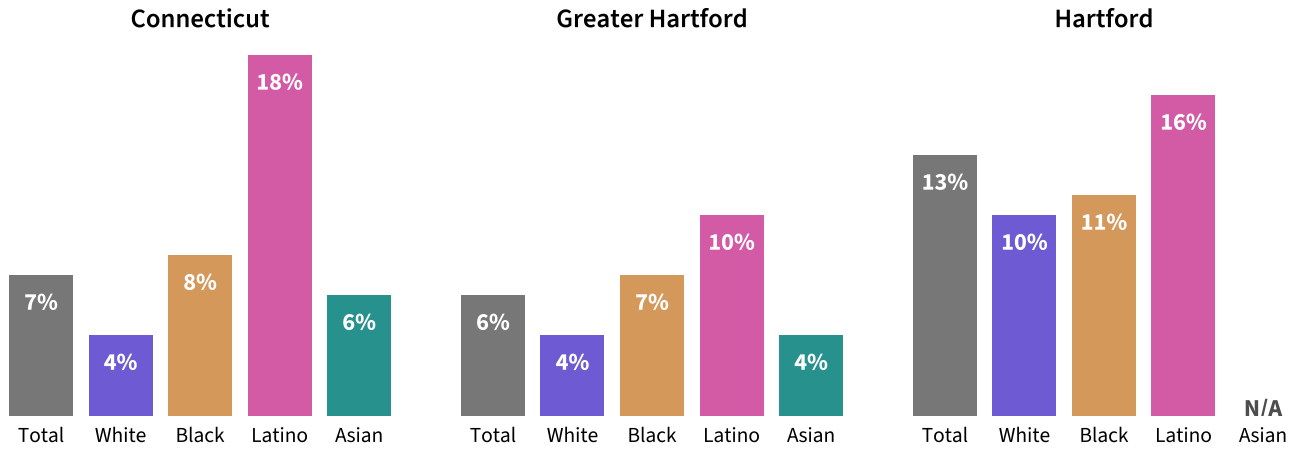
Life expectancy is a good proxy for overall health and well-being since it is the culmination of so many other social and health factors. The average life expectancy in Hartford is 77.1 years, compared to 79.9 years across Greater Hartford and 80.3 years statewide.

FIGURE 14: LIFE EXPECTANCY, GREATER HARTFORD BY CENSUS TRACT, 2015



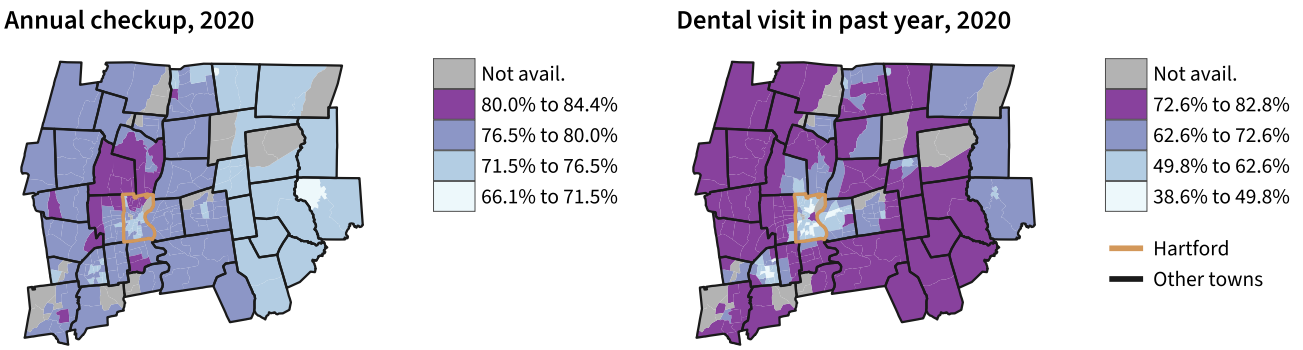
Health-related challenges begin with access to care. Due to differences in workplace benefits, income, and eligibility factors, Black and especially Latino people are less likely to have health insurance than white people.

FIGURE 15: UNINSURED RATE AMONG ADULTS AGES 19–64 BY RACE/ETHNICITY, 2021



Preventive care can help counteract economic disadvantages, as a person's health can be improved by addressing risk factors like hypertension and chronic stress early. Lack of affordable, accessible, and consistent medical care can lead to residents relying on expensive emergency room visits later on. Overall, 78 percent of the adults in Hartford had an annual checkup as of 2020, and 52 percent had had a dental visit in the past year.

FIGURE 16: PREVENTIVE CARE MEASURES, SHARE OF ADULTS BY CENSUS TRACT, GREATER HARTFORD



Throughout the state, people of color face greater rates and earlier onset of many chronic diseases and risk factors, particularly those that are linked to socioeconomic status and access to resources. For example, diabetes is much more common among older adults than younger ones, yet middle-aged Black adults in Connecticut have higher diabetes rates than white seniors.

FIGURE 17: SELECTED HEALTH RISK FACTORS, SHARE OF ADULTS, 2015–2021

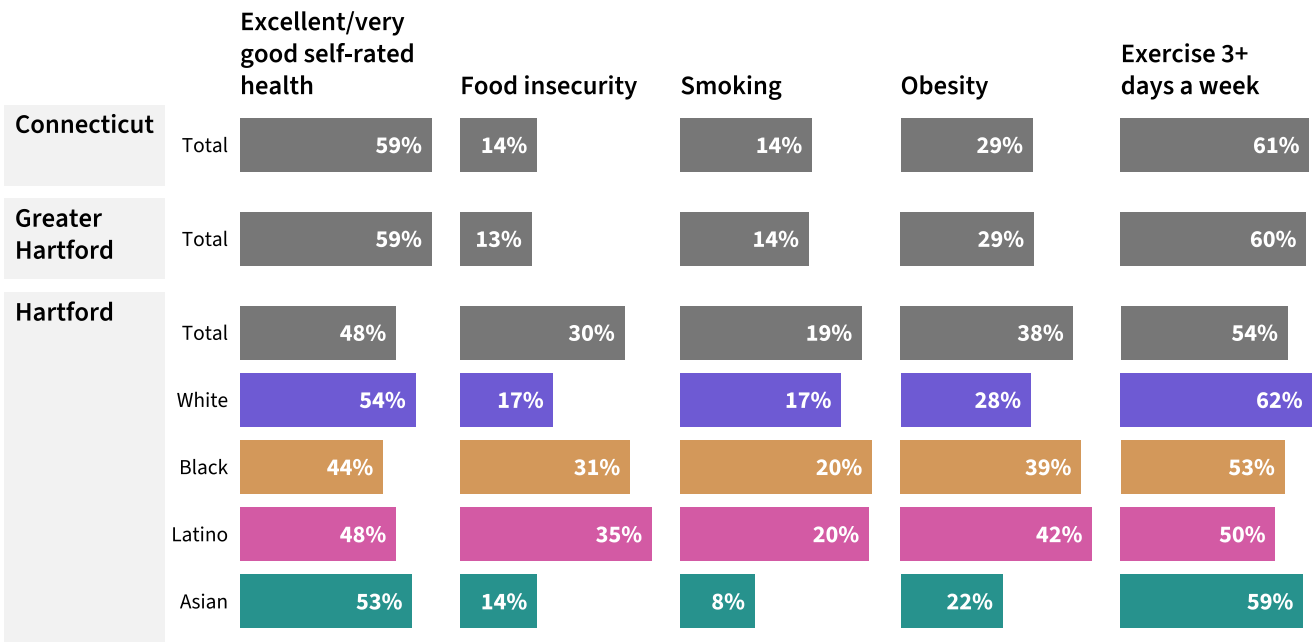
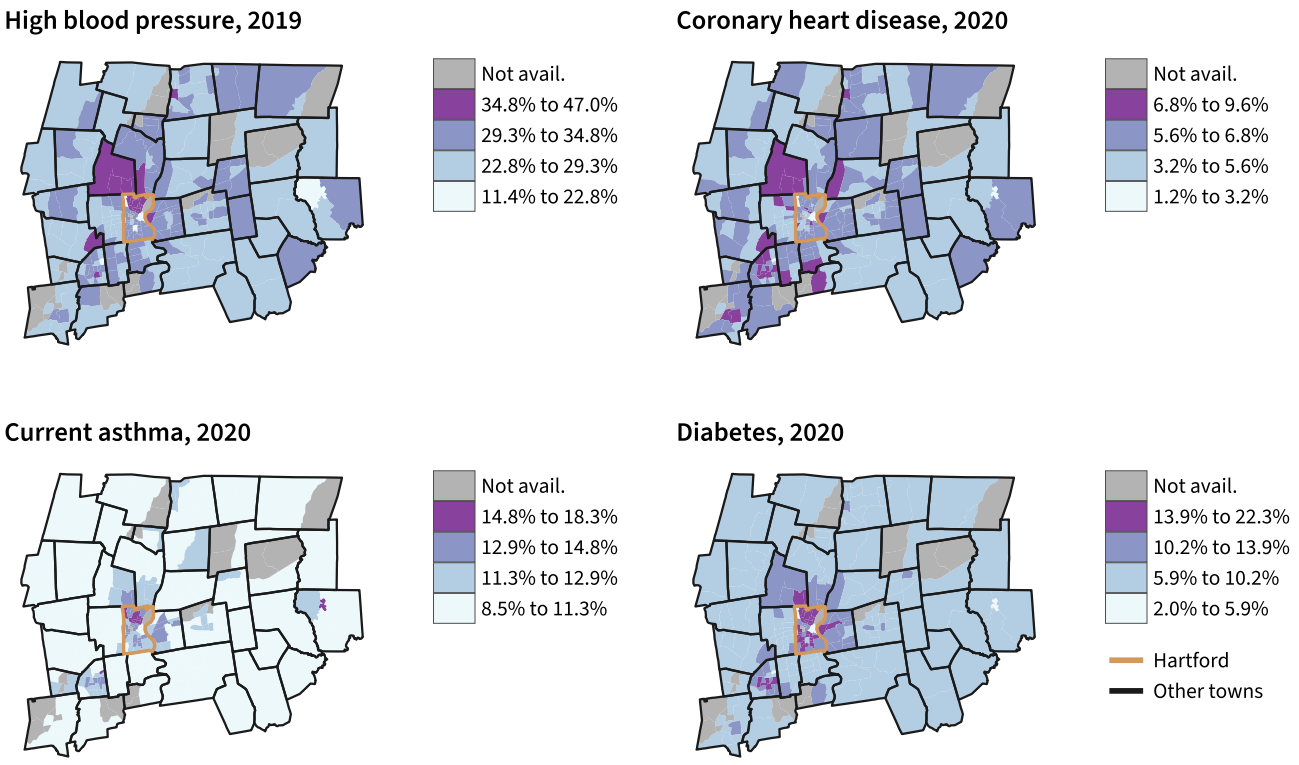


FIGURE 18: SELECTED HEALTH INDICATORS BY AGE AND RACE/ETHNICITY, SHARE OF ADULTS, HARTFORD, 2015–2021

	Asthma				Diabetes				Hypertension			
	Total	White	Black	Latino	Total	White	Black	Latino	Total	White	Black	Latino
Ages 18 to 34	27%	17%	25%	32%	5%	<1%	4%	6%	13%	9%	15%	13%
Ages 35 to 49	21%	18%	17%	23%	11%	9%	10%	14%	26%	15%	25%	30%
Ages 50 to 64	21%	22%	13%	29%	27%	23%	31%	25%	54%	35%	59%	60%
Ages 65 and older	14%	11%	18%	17%	32%	15%	39%	42%	63%	53%	74%	64%

FIGURE 19: CHRONIC DISEASE PREVALENCE, SHARE OF ADULTS BY CENSUS TRACT, GREATER HARTFORD



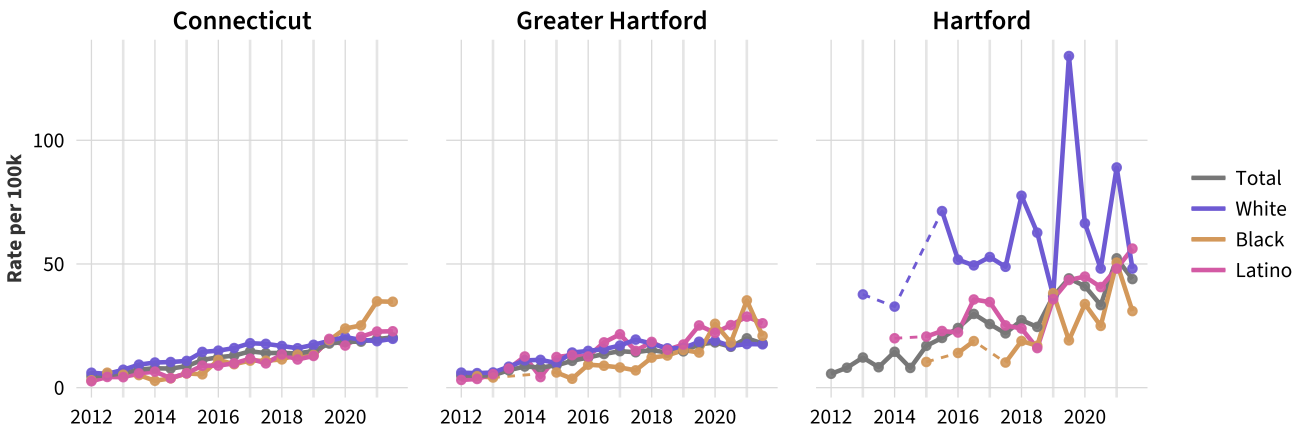
Mental health issues like depression and anxiety can be linked to social determinants like income, employment, and environment, and can pose risks of physical health problems as well, including by complicating a person's ability to keep up other aspects of their health care. People of color are slightly more likely to report feeling mostly or completely anxious and being bothered by feeling depressed or hopeless. Overall, 18 percent of Hartford adults report experiencing anxiety regularly and 15 percent report being bothered by depression.

TABLE 9: SELECTED MENTAL HEALTH INDICATORS, SHARE OF ADULTS, 2015–2021

	Total	White	Black	Latino	Asian
Experiencing anxiety					
Connecticut	13%	11%	15%	19%	15%
Greater Hartford	13%	10%	16%	20%	18%
Hartford	18%	10%	17%	23%	11%
Bothered by depression					
Connecticut	9%	8%	10%	14%	9%
Greater Hartford	9%	8%	11%	14%	7%
Hartford	15%	11%	14%	19%	<1%

Like other states, Connecticut has seen a rise in drug overdose deaths in the last several years. In 2021, Connecticut saw an average of 122 overdose deaths per month, up from 59 in 2015. White residents long comprised the bulk of these deaths, but as overall overdose death rates have increased, an increasing share of those deaths have been people of color.

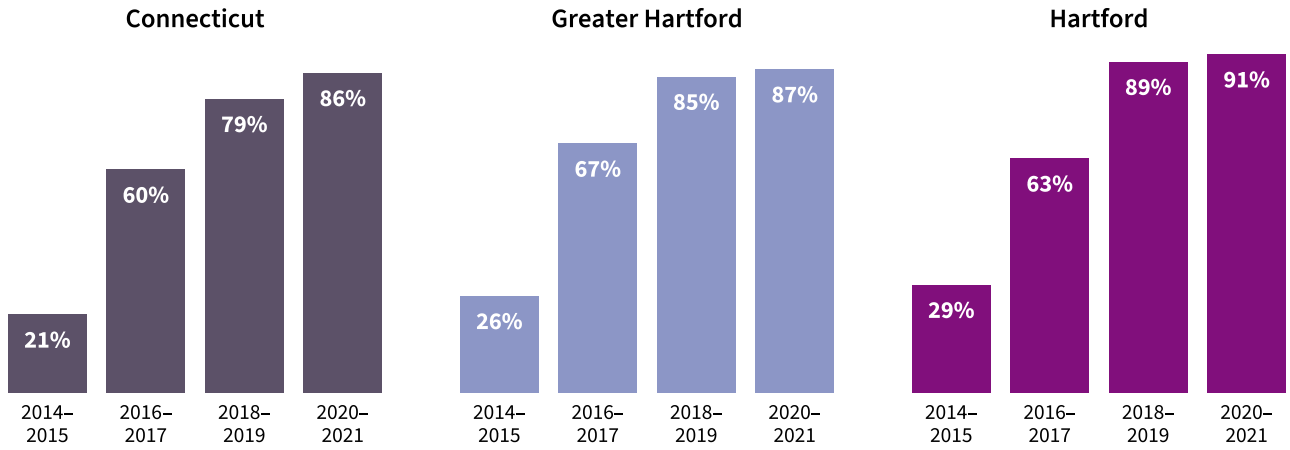
FIGURE 20: AGE-ADJUSTED SEMI-ANNUAL RATES OF DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS BY RACE/ETHNICITY, 2012–2021



Note: Values are suppressed for small populations or few overdose incidents.
Dashed lines indicate periods where values are suppressed or otherwise unavailable.

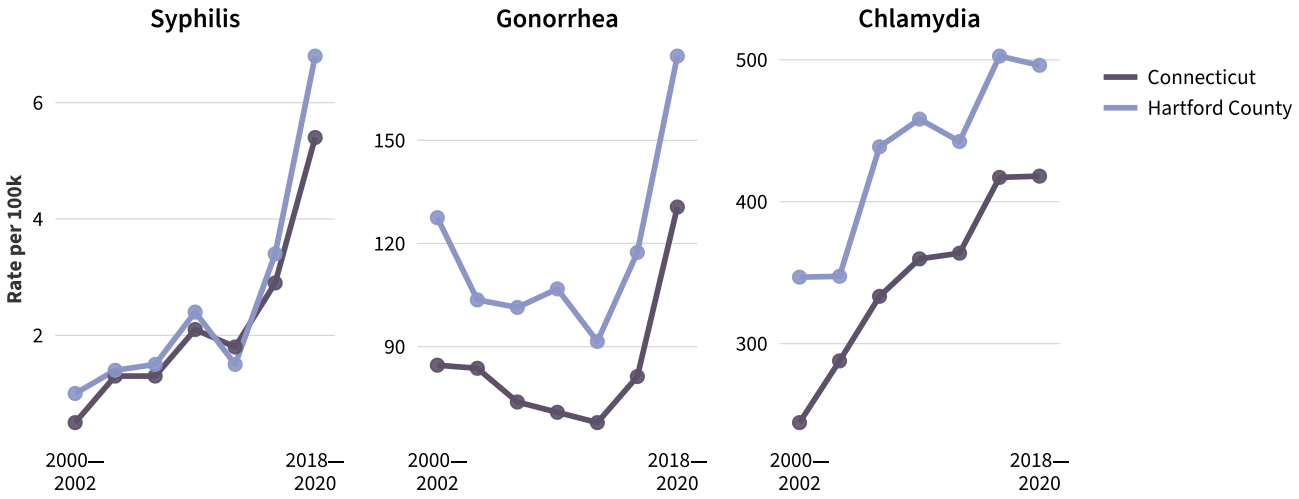
The introduction and spread of fentanyl in drugs—both with and without users' knowledge—is thought to have contributed to this steep rise in overdoses. In 2016 and 2017, 63 percent of the drug overdose deaths in Hartford involved fentanyl; in 2020 and 2021, this share was 91 percent.

FIGURE 21: SHARE OF DRUG OVERDOSE DEATHS INVOLVING FENTANYL, 2012–2021



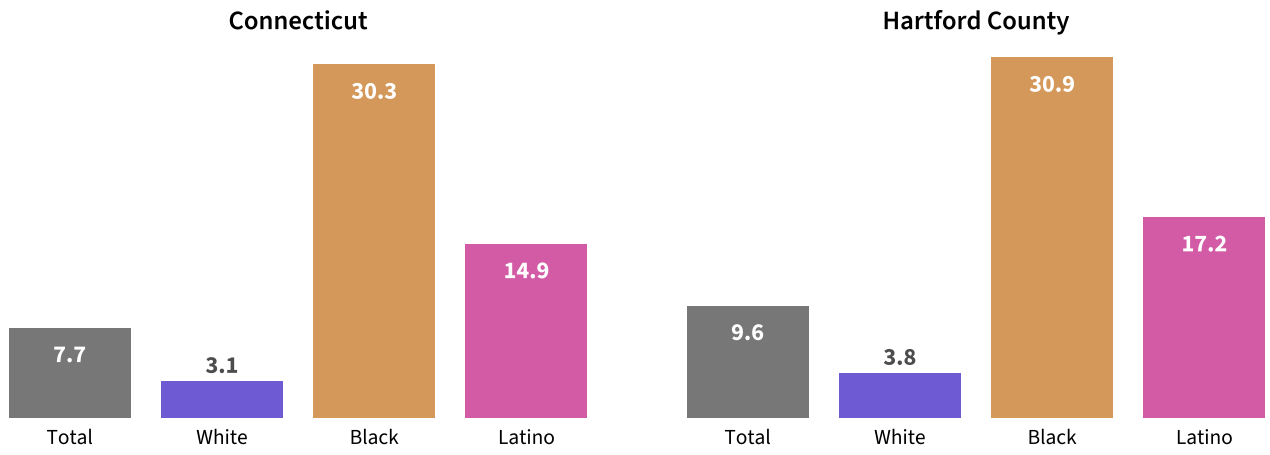
Sexually transmitted infections (STIs) can have long-term implications for health, including reproductive health problems and certain cancers, and can increase the risk of acquiring and transmitting diseases such as HIV and hepatitis C. Following nationwide trends, Connecticut has seen increases in the rates of STIs like chlamydia and gonorrhea over the past two decades. Between 2018 and 2020, Hartford County had annual average case rates of 496 new cases of chlamydia per 100,000 residents, 174 cases of gonorrhea per 100,000, and 6.8 cases of syphilis per 100,000.

FIGURE 22: ANNUALIZED AVERAGE RATES OF NEW CASES OF SELECTED SEXUALLY TRANSMITTED INFECTIONS PER 100,000 RESIDENTS, 2000–2020



As with many other diseases, Connecticut's Black and Latino residents face a higher burden of HIV rates. Statewide between 2016 and 2020, Black residents ages 13 and up were nearly 10 times more likely to be diagnosed with HIV than white residents.

FIGURE 23: ANNUALIZED AVERAGE RATE OF NEW HIV DIAGNOSES PER 100,000 RESIDENTS AGES 13 AND OVER, 2016–2020

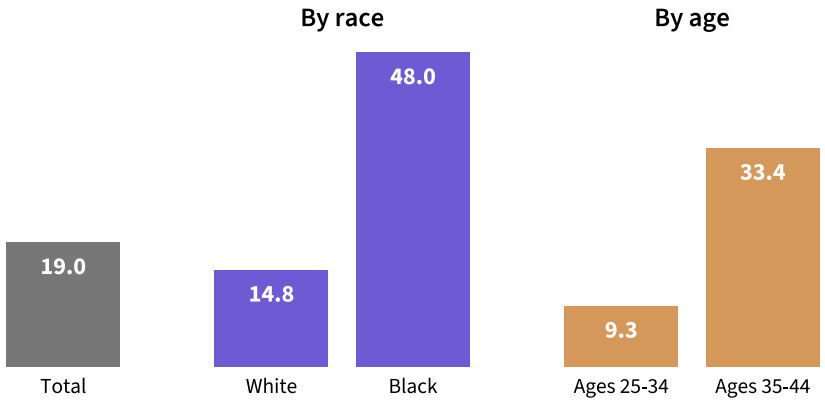


Birth outcomes often reflect health inequities for parents giving birth, and those outcomes can affect a child throughout their life. Often, parents of color have more complications related to birth and pregnancy than white parents. Complications during pregnancy or childbirth also contribute to elevated mortality among parents giving birth.

TABLE 10: SELECTED BIRTH OUTCOMES BY RACE/ETHNICITY OF PARENT GIVING BIRTH, 2017–2021

				Latina			
Area	Total	White	Black	Latina (overall)	Puerto Rican	Other Latina	Asian
Late or no prenatal care							
Connecticut	3.4%	2.5%	5.2%	4.4%	3.0%	5.6%	3.4%
Greater Hartford	3.1%	2.0%	4.8%	2.9%	2.5%	3.3%	1.2%
Hartford	4.3%	5.7%	5.3%	3.5%	3.0%	4.7%	N/A
Low birthweight							
Connecticut	7.9%	6.4%	12.4%	8.4%	10.0%	7.0%	9.0%
Greater Hartford	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hartford	11.3%	8.9%	14.2%	9.7%	10.9%	6.7%	9.7%
Infant mortality (per 1k live births)							
Connecticut	4.5	3.0	9.1	5.4	N/A	N/A	N/A
Greater Hartford	4.8	2.8	9.1	6.2	N/A	N/A	N/A
Hartford	8.7	N/A	10.8	8.1	N/A	N/A	N/A

FIGURE 24: MATERNAL MORTALITY RATE PER 100K BIRTHS, CONNECTICUT, 2013–2017



Children under 7 years old are monitored annually for potential lead poisoning, based on having blood-lead levels in excess of the state's accepted threshold. Between 2018 and 2020, 2.7 percent of children tested in Hartford were found to have elevated lead levels. Children living in homes built before 1960 are at a higher risk of potential lead poisoning due to the more widespread use of lead-based paints in older homes. Black and Latino households are more likely to live in structures built before 1960.

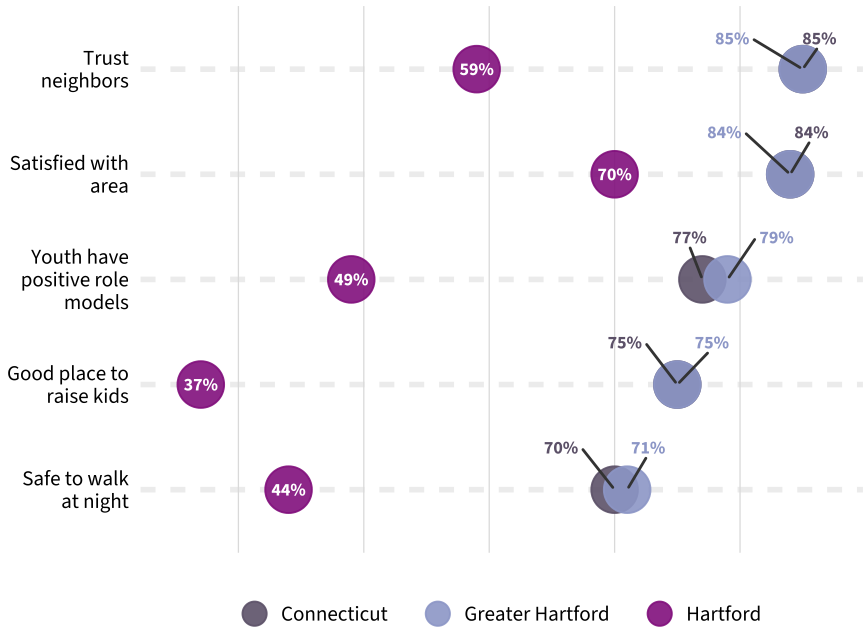
TABLE 11: HOUSEHOLDS LIVING IN STRUCTURES BUILT BEFORE 1960 BY RACE/ETHNICITY OF HEAD OF HOUSEHOLD, 2021

	Total		White		Black		Latino		Asian		Other race	
Area	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share	Count	Share
Connecticut	579,568	41%	390,197	40%	64,854	49%	95,979	50%	14,732	27%	14,953	42%
Greater Hartford	160,007	42%	101,592	40%	21,953	50%	28,726	52%	4,136	22%	4,158	42%
Hartford	28,293	60%	4,861	67%	10,314	61%	11,680	59%	725	53%	919	62%

CIVIC LIFE & COMMUNITY COHESION

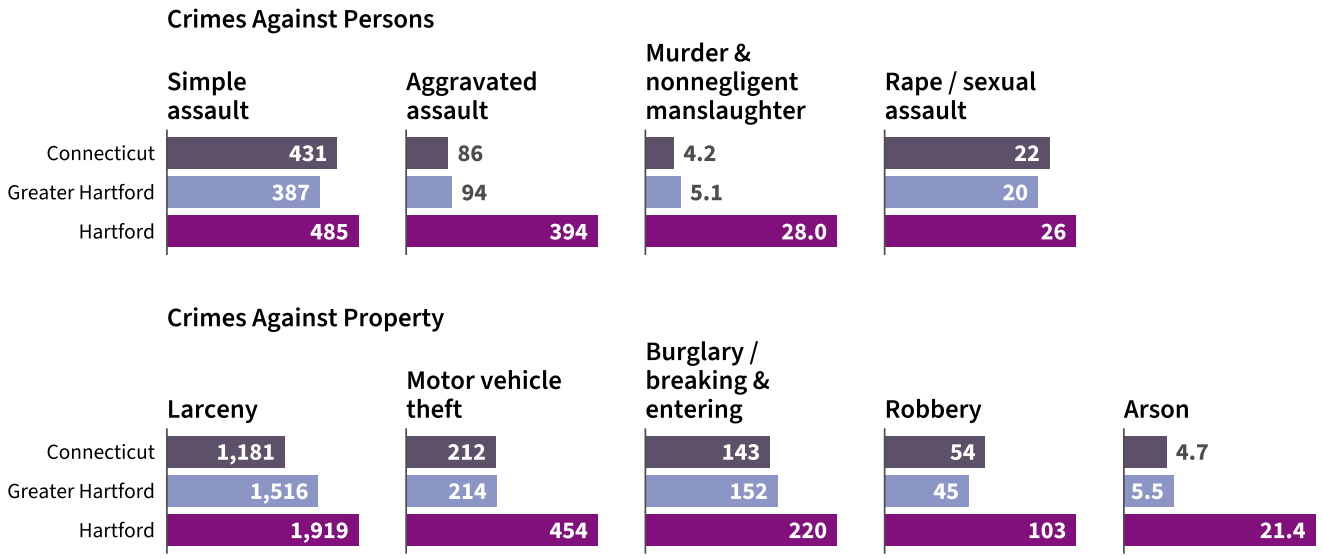
Beyond individual health, several measures from the DataHaven Community Wellbeing Survey show how local adults feel about the health of their neighborhoods. High quality of life and community cohesion can positively impact resident well-being through the availability of resources, sense of safety, and participation in civic life. For example, adults who see the availability of role models in their community may enroll their children in extracurricular activities that benefit them educationally and socially; residents who know and trust their neighbors may find greater social support. Overall, 70 percent of Hartford adults report being satisfied with the area where they live.

FIGURE 25: RESIDENTS' RATINGS OF COMMUNITY COHESION MEASURES, SHARE OF ADULTS, 2015–2021



Crime rates are based on reports to law enforcement of violent force against persons, as well as offenses involving property. Not all crimes involve residents of the areas where the crimes occur, which is important to consider when evaluating crime rates in areas or towns with more commercial activity. Crime patterns can also vary dramatically by neighborhood. Crime can impact the social and economic well-being of communities, including through negative health effects.

FIGURE 26: GROUP A CRIME RATES PER 100,000 RESIDENTS BY TOWN / JURISDICTION, 2021



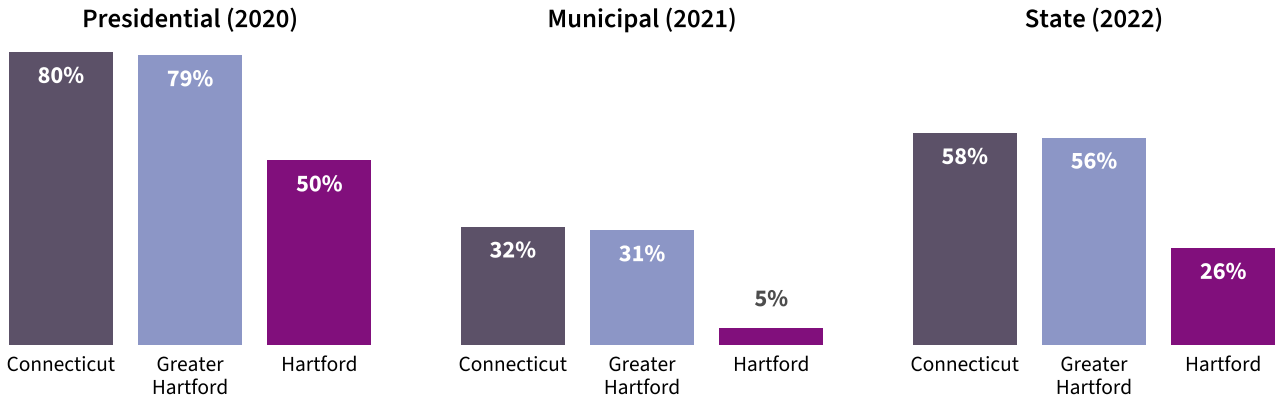
A lack of trust in and engagement with local government and experiences of unfair treatment by authorities can impair community well-being and cohesion. Thirty percent of adults in Hartford feel their local government is responsive to residents' needs, compared to 53 percent of Connecticut adults.

TABLE 12: RESIDENTS' RATINGS OF LOCAL GOVERNMENT, SHARE OF ADULTS, 2015–2021

Area	Local govt is responsive	Have some influence over local govt
Connecticut	53%	67%
Greater Hartford	53%	68%
Hartford	30%	67%

Fifty percent of Hartford's eligible voters, or 32,794 people, voted in the 2020 presidential election, and 26 percent (16,098 people) voted in the 2022 state election.

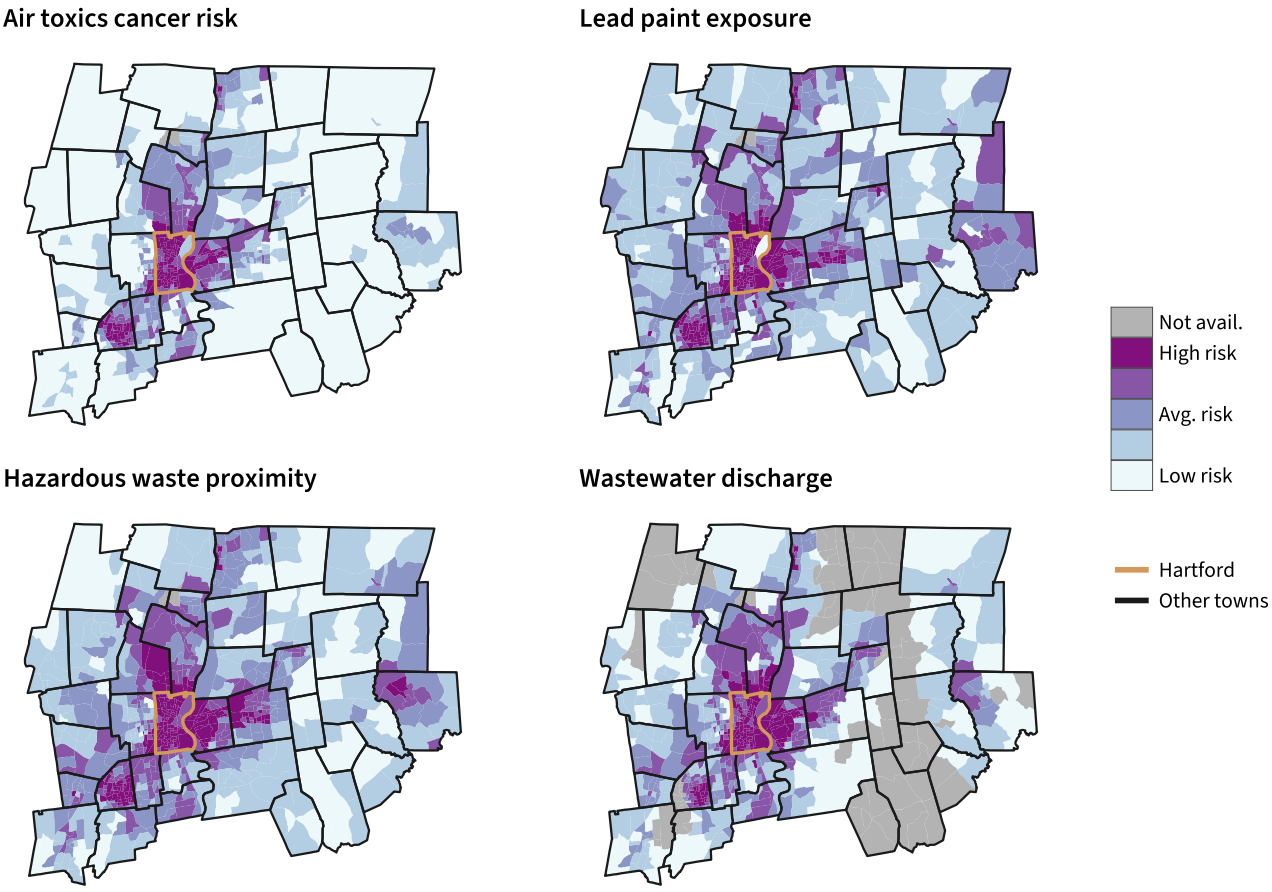
FIGURE 27: REGISTERED VOTER TURNOUT, 2020–2022



ENVIRONMENT & SUSTAINABILITY

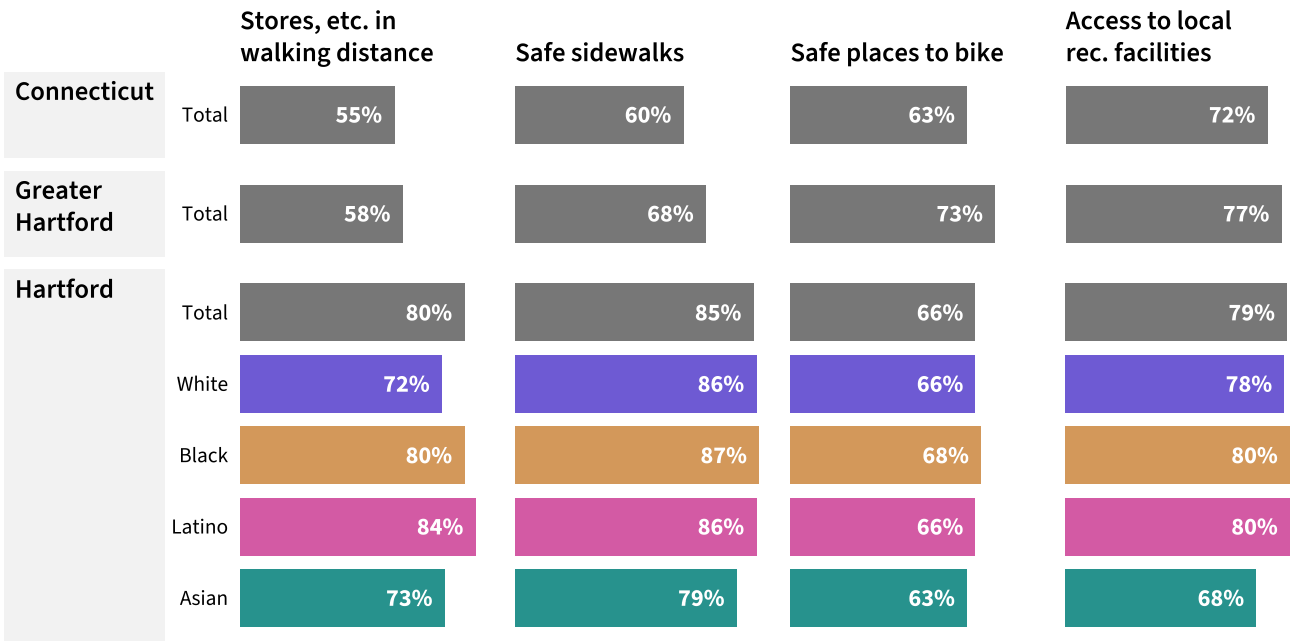
Many environmental factors—from access to outdoor resources to tree canopy to exposure to pollutants—can have direct impacts on residents' health and quality of life. Environmental justice is the idea that these factors of built and natural environments follow familiar patterns of socioeconomic disparities and segregation. The federal Environmental Protection Agency (EPA) ranks small areas throughout the US on their risks of exposure to a variety of pollutants and hazards, scaled to account for the historically disparate impact of these hazards on people of color and lower-income people.

FIGURE 28: EPA ENVIRONMENTAL JUSTICE INDEX BY BLOCK GROUP, GREATER HARTFORD



High-quality built environment resources, such as recreational facilities and safe sidewalks, help keep residents active and bring communities together. Walkable neighborhoods may also encourage decreased reliance on cars. Throughout Connecticut, Black and Latino residents are largely concentrated in denser urban areas which tend to offer greater walkability. Of adults in Hartford, 80 percent report having stores, banks, and other locations they need in walking distance, higher than the share of adults statewide.

FIGURE 29: RESIDENTS' RATINGS OF LOCAL WALKABILITY MEASURES BY RACE/ETHNICITY, SHARE OF ADULTS, 2015–2021



NOTES

Figure 1. Study area. Map tiles by Stamen Design, under CC BY 3.0. Data by OpenStreetMap, under ODbL.

Table 1. About the area. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates. Available at https://data.census.gov; US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data. Available at https://www.census.gov/programs-surveys/decennial-census/about/rdo.html; PLACES Project. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/places; and National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates Files, 2010–2015. National Center for Health Statistics. 2018. Available at https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html. Note that for the sake of privacy, the Census Bureau suppresses any income values above $250,000 in their tables; any such values not calculated by DataHaven will be shown as $250,000+.

Table 2. Population by race/ethnicity, 2020. US Census Bureau 2020 Decennial Census P.L. 94-171 Redistricting Data.

Figure 2. Population by race/ethnicity and age group, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Figure 3. Linguistic isolation by race/ethnicity, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Table 3. Population and population change by age group, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

Figure 4. Share of population by race/ethnicity, 2010–2020. US Census Bureau 2010 & 2020 Decennial Census P.L. 94-171 Redistricting Data.

Table 4. Homeownership rate by race/ethnicity of head of household, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year estimates.

Figure 5. Homeownership rates by age and race/ethnicity of head of household, Hartford, 2021. DataHaven analysis (2023) of US Census Bureau American Community Survey 2021 5-year public use microdata sample (PUMS) data, accessed via IPUMS. Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. IPUMS USA: Version 13.0 [dataset]. Minneapolis, MN: IPUMS, 2023. https://doi.org/10.18128/D010.V13.0

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DataHaven is a non-profit organization with a 30-year history of public service to Connecticut. Our mission is to empower people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, D.C.

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