Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Years FY26-28

Saint Francis Hospital
Trinity Health

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

The complete CHNA report is available electronically at https://www.trinityhealthofne.org/about-us/community-benefit/community-health-needs-assessments
or printed copies are available at **Community Health and Well Being 659 Tower Ave 1st Floor Hartford, CT 06112**

Our Mission

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.

Our Hospitals

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

Hoffman Heart and Vascular Institute of Connecticut is a prominent open-heart surgery center in Connecticut. With state-of-the-art technology, Saint Francis cardiologists can correct heart rhythm disorders and manage patients with advanced congestive heart failure. Because heart disease is

also the leading cause of death in women and frequently overlooked, the Women's Heart Program at Saint Francis is a risk-reduction and education program for women designed to prevent both heart attack and stroke.

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

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

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

Our Community Based Services

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

Our Community

The community of Greater Hartford is generally defined as the area served by the Capitol Region Council of Governments, which consists of 38 cities and towns along with the suburbs further out from the Hartford city center, The population for each of Greater Hartford's 38 cities, towns, and suburbs (with 2020 populations): Andover (3,151), Avon (18,932), Berlin (20,175), Bloomfield (21,535), Bolton (4,858,) Canton (10,124), Columbia (5,272), Coventry (12,235), East Granby (5,214), East Hartford (51,045), East Windsor (11,190), Ellington (16,426), Enfield (42,141), Farmington (26,712), Glastonbury (35,159), Granby (10,903), Hartford (121,054), Hebron (9,098), Manchester (59,713), Mansfield (25,892), Marlborough (6,133), New Britain (74,135), Newington (30,536), Plainville (17,525), Rocky Hill (20,845), Simsbury (24,517), Somers (10,255), South Windsor (26,918),

Southington (43,501), Stafford (11,472), Suffield (15,752), Tolland (14,563), Vernon (30,215), West Hartford (64,083), Wethersfield (27,298), Willington (5,566), Windsor (29,492), Windsor Locks (12,613). The diversity of Greater Hartford is relatively similar to statewide with 36% of the population being non-white. Both Greater Hartford and Connecticut have experienced an increase in diversity, especially among those under 18. • Among the region's foreign-born population, the most common countries of origin are Jamaica (in Hartford) and India (in most surrounding suburbs) • The population density of the city of Hartford is over seven times as dense as the population of the entire Greater Hartford region. • The majority of Greater Hartford's households are family households. However, the household makeup within the city of Hartford is different, with the majority of the households being non-family households. Between 2015 and 2021 the share of adults who agree that there are suitable employment options in Hartford has increased from 22% to 40%. However, this is still the second lowest rate for urban areas within the state. In 2021, 26% of Hartford residents had difficulty paying for food and 17% had difficulty paying for housing compared to 11% and 9%, respectively, statewide.

Our Approach to Health Equity

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

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

Health and Social Needs of the Community

The CHNA conducted in Spring of 2025 identified the significant needs for health and social drivers of health within the Hartford community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Mental Health and substance use disorder	• Better access to behavioral health services and support for social needs. • Referrals were facilitated by the Chrysalis Center, who provided social support wraparound services for high need behavioral health clients • Community Care Team, a collaboration with local hospitals to coordinate support for behavioral health patients that frequently use the emergency department • Catholic Charities, a social service agency that partnered with our primary care clinic to provide navigation support for patients who need to connect to community resources.
2. Affordable, stable and high-quality housing	• This is a significant issue in Hartford and was identified by the community as a concern. • The hospital collaborated with Community Solutions, a local community-based organization that worked to support economic development for impoverished neighborhoods and has a national reputation for supporting those in need of stable housing
3. Food insecurity	• Rise in the cost of healthy foods making it difficult for residents to afford nutritious foods on a regular basis • Saint Francis Hospital opened the "Food As Medicine" program, provided clients with fresh food prescriptions, nutrition counseling, and support for managing chronic conditions through diet. The program also included a teaching kitchen for empowering individuals to make positive changes through healthy eating habits. This initiative addressed food insecurity to improve health outcomes, particularly for underserved populations.
4. Neighborhood environment and safety	• With a drop in gun and drug related violence, our collaboration continued in local organizations that can have an impact on this issue, including Greater Hartford Harm Reduction Coalition, an opioid harm reduction agency, Hartford Communities That Care, a violence prevention and retaliation reduction program, and North Hartford Triple Aim Collaborative, a health collaborative developed to address disparities in the north end of Hartford including improvement of neighborhood safety. • Residents mentioned services in their neighborhoods, such as gyms and community centers, that they enjoy accessing and would recommend to their neighbors. • Some residents felt that there were many safe places to walk, particularly in suburban areas

5. Access to care	• Residents reported affordability, provider shortages, and language barriers as major obstacles, reinforcing the need for expanded primary and dental care services. • Scheduling challenges and transportation issues were common, highlighting the importance of flexible hours and telehealth options.
6. Government or institutional responsiveness	• Residents expressed frustration with slow responses to housing and safety concerns, emphasizing the need for streamlined communication channels. • Partnerships with municipal agencies and advocacy groups aim to improve transparency and community engagement.
7. Services and support for children and young adults	• With Hartford's high school graduation rate at 78%, residents called for more after-school programs and mentorship opportunities to strengthen educational pathways. • Parents noted gaps in mental health services for teens, prompting efforts to integrate behavioral health into school-based programs.
8. Transportation Access	• Residents cited difficulty accessing medical appointments and jobs without a car, highlighting the need for expanded ride-share and shuttle programs. • Collaboration with transit authorities focuses on improving bus reliability and route coverage.
9. Impacts of changing federal or policy landscape	• Low civic engagement (only 26% voter turnout) signals the need for community forums and voter education initiatives. • Partnerships with legal aid and policy advocacy groups aim to provide education and support for vulnerable populations.
10. Social Support	• 70% of adults report satisfaction with their area. Residents requested more gathering spaces and peer networks to strengthen neighborhood connectedness. • Community events and inclusive programs are being developed with neighborhood associations to foster social ties.
11. Access to Information and Education	• Only 17% of Hartford adults hold a bachelor's degree. • Residents noted gaps in health literacy and service navigation, prompting partnerships with libraries and community centers for workshops and multilingual resources. • Workforce development and adult learning programs are being prioritized to address educational attainment challenges.

Hospital Implementation Strategy

Significant health and social needs to be addressed.

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

1. **Mental Health and substance use disorder – CHNA pages 7, 9, 14, 16, 17, 19, 22, 23, 35, 52, 55, 64**
2. **Affordable, stable and high-quality housing – CHNA pages 7 & 23**
3. **Food insecurity – CHNA pages 7, 14, 23, 52**

Significant health and social needs that will not be addressed.

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

- **Access to Care -** Access to care remains a critical need; however, it is partially addressed through existing resources such as Federally Qualified Health Centers (FQHCs), safety-net clinics, and hospital charity programs. These services provide coverage for uninsured and underinsured residents, reducing the urgency compared to other high-impact needs like behavioral health and housing instability. By leveraging these established programs, we can allocate CHNA resources toward areas where our organization can make the greatest measurable difference. CHNA pages 2, 3, 9, 15
- **Government or institutional responsiveness** – These issues require systemic advocacy and legislative action beyond the scope of hospital-led initiatives. While we recognize their importance, our implementation strategy focuses on areas where we can directly influence outcomes. We will continue to engage in collaborative advocacy through community coalitions while prioritizing actionable health interventions. CHNA pages 2, 3, 9, 10, 23
- **Neighborhood environment and safety -** Neighborhood environment and safety remain significant concerns impacting health outcomes, particularly in areas with high crime rates, limited green spaces, and inadequate infrastructure. This need is not currently being addressed or prioritized because existing resources—such as municipal safety programs, community policing, and neighborhood revitalization initiatives—are perceived as meeting the need at a baseline level. Additionally, survey responses indicate that many residents feel their immediate safety concerns are being managed through these local efforts, reducing the urgency compared to other gaps identified in the nCHNA. CHNA pages 7& 23
- **Services and support for children and young adults –** Youth services are supported by schools, social service agencies, and specialized community programs. Our approach will be to strengthen partnerships and referral systems rather than duplicate these efforts, enabling us to focus on pressing health needs identified as under-addressed in the CHNA. CHNA pages 2, 3, 9
- **Transportation access –** Transportation challenges are acknowledged, but programs such as Medicaid-funded non-emergency medical transportation, local shuttle services, and public transit options already provide support. While these solutions are not perfect, they help

mitigate barriers to care. Our strategy focuses on complementing these efforts through partnerships rather than duplicating services, allowing us to prioritize needs that lack existing infrastructure. CHNA pages 2, 3, 9, 11

- **Impacts of changing federal or policy landscape –** Federal and state policy changes—such as adjustments to Medicaid, housing assistance, and nutrition programs—significantly influence community health. However, these issues require systemic advocacy and legislative action, which fall outside the direct scope of hospital-led initiatives. While we recognize their importance, our strategy focuses on areas where we can make measurable impact. We will continue to engage in collaborative advocacy through community coalitions and support partners who specialize in policy work, while prioritizing actionable health interventions within our capacity to influence. CHNA pages 2, 5, 9
- **Social support –** Social support is essential for community well-being, yet numerous community-based organizations, faith groups, and state programs currently offer assistance. These include food security initiatives, housing support, and social service networks. By collaborating with these partners and strengthening referral pathways, we can indirectly address social support while concentrating internal resources on under-addressed health priorities. CHNA pages 2, 6, 9, 11, 29, 59
- **Access to Information and Education–** Educational resources and health information are available through state programs, schools, and nonprofit organizations. While gaps remain, these entities provide a foundation for outreach and education. Our role will be to enhance connections and referrals rather than replicate existing efforts, ensuring that CHNA resources are directed toward needs where we can have the most significant impact CHNA pages 2, 6, 9, 27,

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

1 Mental health and substance use disorder

Goal: Increase access to and utilization of preventive care from community to healthcare systems in Hartford, focusing on low- and moderate-income residents

CHNA Impact Measures	FY26 Baseline	FY28 Target
Increase knowledge of alternative paths to mental health and stress reduction among low- and moderate-income residents in Hartford.	**20%**	**100%**
Improve residents' sense of safety within Hartford, prioritizing low- and moderate-income communities	**20%**	**50%**

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Create neighborhood healthy hubs and pop-up wellness events to engage residents	X	X	X	Saint Francis Hospital & Trinity Health	$330K and in-kind resources
	X	x	x	YWCA Hartford Region	In kind grant making
	X	x	x	Hartford Communities That Care	Resident participation
	X	X	x	Philips Health Ministry	Resident participation
	X	X	x	United Way Central and Northeastern	Resident participation
	Focus location(s)				**Focus Population(s)**
	06112, 06120, 06114, 06106				Low/moderate income residents of the targeted zip codes.
Strategy	**Timeline**			**Hospital and Committed Partners (align to indicate committed resource)**	**Committed Resources (align by hospital/committed partner)**
	Y1	**Y2**	**Y3**		
Increase access to preventative care and care coordination from Community to primary care	X	X		Saint Francis Hospital	In-kind resources & $25k
		X	X	YWCA Hartford Region	Cigna Health Equity Grant $250K
		X	X	Hartford Health Initiative	Resident participation
		X	X	Philips Health Ministry	Resident participation
		X	X	Ministerial Health Fellowship	Resident participation
	Focus location(s)				**Focus Population(s)**
	06112, 06120, 06114, 06106				Low/moderate income residents of the targeted zip codes.

2
Affordable, stable, and high-quality housing

Goal: Integrate TCI's vision of intergenerational living and aging in place within the targeted Hartford ZIP codes, prioritizing low- and moderate-income residents.

CHNA Impact Measures	FY26 Baseline	FY28 Target
Identify a suitable location in Hartford to create a healthy living residential model, prioritizing low- and moderate-income residents	**0**	**2**
Engage and influence developers to design and implement this healthy living residential model in Hartford, with a focus on low- and moderate-income residents.	**0**	**2**
Improve residents' sense of safety throughout Hartford, prioritizing low- and moderate-income communities.	**20%**	**50%**

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Create a residential architectural model that promotes healthy living	X	X	X	Saint Francis Hospital & Trinity Health	$82.5k and in-kind resources
	X	X	X	YWCA Hartford Region	In kind resources
	X	X	X	Philips Health Ministry	In kind resources
	X	X	X	Advocacy to Legacy	In kind resources
	X	x	X	LISC-CT	In kind resources
	Focus location(s)				**Focus Population(s)**
	06112, 06120, 06114, 06106				Low/moderate income residents of the targeted zip codes.

3 Food Insecurity

Goal: Increase access to healthy foods for low- and moderate-income residents within Hartford.

CHNA Impact Measures	FY26 Baseline	FY28 Target
Convert local bodegas into healthy bodegas within Hartford, prioritizing low- and moderate-income residents.	**0**	**6**
Enhance residents' sense of safety in Hartford, with a focus on low- and moderate-income communities	**20%**	**50%**

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

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Identify capacity building activities to support implementation of Healthy Bodega model	X	X		Saint Francis Hospital	In kind
	X	X	X	Hartford Foundation Public Giving	Community Resources-pending
	X	X	X	Fire by Forge	In kind
	X	X	X	Keney Park Sustainability Project	In kind
	X	X	X	Hartford Hospital	$75k
	Focus location(s)				**Focus Population(s)**
	06112, 06120, 06114, 06106				Low/moderate income residents of the targeted zip codes.

Adoption of Implementation Strategy

On January 15th, 2026, the authorized body of the Trinity Health Of New England Board reviewed the Saint Francis Hospital Community Health Needs FY 26–28 Implementation Strategy for addressing the community health needs identified in the 2025 Community Health Needs Assessment. Upon review, the authorized body approved this Implementation Strategy and the related budget.

February 5, 2026

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Syed Ahmed Hussain, M.D.,

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