

2025

Community Health Needs Assessment

Hartford, Connecticut

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Dear Connecticut Children’s Colleagues, Partners and Supporters,

The 2025 *Community Health Needs Assessment* (CHNA) reflects more than a reporting requirement. It is a moment to pause and understand how well the systems that support children and families in our region are working, and where they are not.

Connecticut Children’s believes that every child’s health and development are shaped as much by community conditions and relationships as by clinical care. This year’s assessment asks what those relationships look like today: how accessible and trustworthy our systems feel to families, how effectively partners coordinate, and where community strengths are already pointing the way forward.

Through the Office for Community Child Health (the Office), Connecticut Children’s engages with these questions as an integrated part of its population health mission. The Office connects programs, research, and partnerships across sectors to help families experience care as a coherent network of support rather than a maze of services. The voices and data gathered through this CHNA deepen our understanding of how that network functions across Hartford and surrounding communities.

Community members described both progress and persistent gaps – barriers to affordable housing and nutritious food, challenges accessing physical and behavioral healthcare, and concerns about safety and opportunity. Beneath these conditions, we hear a consistent theme: the need for systems built on trust, coordination, and shared responsibility.

This assessment begins a new cycle of collective learning. Its findings will inform Connecticut Children’s next *Community Health Improvement Plan* and guide how we, together with our partners, strengthen the systems that enable every child to thrive.

With appreciation for the collaboration that made this work possible and with renewed commitment to the families we serve,

Sincerely,

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ABOUT CONNECTICUT CHILDREN’S

Connecticut Children’s is a nationally recognized pediatric health system dedicated exclusively to kids. With more than 30 locations across three states, we provide comprehensive care, from fetal medicine through young adulthood, supported by hundreds of active research studies aimed at advancing treatments and improving outcomes. Our mission is grounded in family-centered care, research, education, and advocacy, and our work is driven by the belief that children deserve exceptional care and strong, compassionate support for their families and communities. As a health system deeply connected to the daily realities shaping child well-being, Connecticut Children’s approaches community health needs assessments as an opportunity to understand how systems function for families, not only what services exist. This perspective reflects our commitment to improving the conditions that influence health long before children arrive in a clinical setting.

We understand that caring for children also means supporting the communities they belong to, and we are committed to working with families and partners to strengthen local systems of support. Our nationally recognized Office for Community Child Health (the Office) focuses on the full range of social drivers of health and works alongside families and community partners to build sustainable, child-centered solutions, serving as the connective infrastructure that links clinical care, community insights, and cross-sector partners. This work is guided by core principles—trust-building, community co-design, strength-based practice, and cross-sector alignment—that shape how Connecticut Children’s interprets community data and responds to emerging needs.

The initiatives below illustrate the range of approaches supported by the Office; together, they function as parts of a coordinated ecosystem rather than stand-alone programs.

Innovation

By innovating new programs, Connecticut Children’s reflects its commitment to developing, testing, and scaling new approaches that strengthen how systems function for children and families

- Care Coordination Collaborative Model
- Childhood Prosperity Lab
- Easy Breathing
- The Hartford HVIP (Hospital-based Violence Intervention and Prevention)
- North Hartford Ascend
- Start Childhood Off Right

Direct Services

Direct Service programs provide concrete supports that also help families navigate complex systems and access the resources needed for health, development, and well-being.

- Center for Care Coordination
- Connecticut Newborn Screening Network
- Healthy Homes Program
- Pediatric, Family, and Youth HIV Program
- Person-Centered Medical Home
- Safe Transport at Discharge

Education & Research

Education & Research initiatives strengthen the child health ecosystem by generating evidence, building provider capacity, and translating learning into practice across community and clinical settings.

- Children’s Center on Family Violence
- Co-Management & Education Practices
- Connecticut Children’s Center for Global Health
- Injury Prevention Center
- Resident Education and Advocacy in Community Health
- Youth Suicide Prevention Center

As Connecticut Children’s continues to grow, we remain committed to ensuring that expansion reflects and respects the community we serve. Our new eight-story clinical tower, opened in December 2025, was designed with that responsibility in mind. Throughout planning and construction, we collaborated with local partners to preserve neighborhood character—working with the Frog Hollow NRZ to relocate historic homes rather than remove them—engaged in neighborhood job fairs to connect residents with employment opportunities, and supported initiatives such as tree planting to maintain shared green spaces. This approach reflects the broader posture we bring to community partnership: decisions are guided by listening to residents, honoring neighborhood priorities, and ensuring institutional growth strengthens existing community assets.

Together, these efforts underscore our commitment to advancing child health within our walls and throughout the communities we serve, working with partners to strengthen the systems that support every child. They also shape the lens through which Connecticut Children’s conducts this Community Health Needs Assessment, grounding our analysis in the belief that community conditions, system design, and family voice are inseparable components of child health and wellbeing.

PROGRESS ACHIEVED SINCE THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Connecticut Children’s 2022 Community Health Needs Assessment (CHNA) identified growing needs among families in key areas that shape child health: stable housing, access to nutritious food, healthcare access, educational and occupational opportunities, and neighborhood safety.

Building on the 2022 CHNA, Connecticut Children’s developed a Community Health Improvement Plan (CHIP) that outlined strategies across clinical, community, and policy sectors to strengthen supports for families, improve access to care and resources, and enhance collaboration across partner organizations and strengthen shared approaches to addressing the underlying drivers of need. The following summarizes progress made since the 2022 CHNA, organized by the original areas of need, and helps contextualize the persistent and emerging needs identified in the 2025 CHNA.

Healthy, Stable, and Secure Housing

Connecticut Children’s advances housing-related support by strengthening cross-sector pathways that help families identify and address environmental hazards, safety concerns, and instability within the home. Through the Healthy Homes Program, Building for Health initiative, and partnerships with community organizations and state agencies, families received coordinated assistance to improve home conditions and connect with services that address mold, pests, structural safety, and other issues that directly affect child health.

These efforts continued to reinforce the importance of aligning clinical care with community-based supports. Healthy Homes interventions helped families mitigate environmental triggers for asthma and other health concerns, while Building for Health partners worked together to streamline referrals across healthcare, housing, weatherization, and social service agencies. This coordinated approach allowed families to access multiple supports through a single entry point, reducing the burden of navigating fragmented systems.

Across these initiatives, Connecticut Children’s and its partners have learned that improving housing stability requires much more than individual repairs or hazard mitigation. It depends on shared accountability across sectors, consistent communication with families, and clear pathways between health, housing, energy services, and property management.

Access to Nutritious Food

Connecticut Children’s strengthened families’ access to nutritious food by enhancing screening, referral pathways, and provider capacity across clinical and community settings. Through the Start Childhood Off Right (SCOR) initiative, primary care and Emergency Department teams used the two-question Hunger Vital Sign to identify food insecurity and connect families to resources such as food pantries, SNAP and WIC enrollment partners, mobile distributions, and community meal programs. With support from community funders, SCOR also provided families with vouchers for fresh fruits and vegetables redeemable at four Hartford-area grocery stores, Walmart, and Stop & Shop. These referral efforts were reinforced by knowledge-transfer and training initiatives within the Office, including REACH (Resident Education in Advocacy and Community Health) and Educating Practices. These programs strengthened providers’ ability to recognize food insecurity, understand its impact on children’s health and development, and engage families in supportive, culturally responsive conversations. By equipping clinical teams with consistent, evidence-informed approaches and greater awareness of community resources, this training reduced variation across practices and improved coordination between healthcare settings and community partners.

Across these activities, Connecticut Children’s and its partners continue to learn that improving access to nutritious food requires coordinated action across healthcare, community organizations, and social services.

Access to Healthcare

Connecticut Children’s strengthened access to healthcare by improving care coordination, navigation support, and linkages between clinical services and community-based resources. Care coordinators and clinical teams worked with families to address barriers such as transportation challenges, insurance coverage, follow-up support, and difficulties navigating specialty and behavioral health services. These efforts helped families engage more consistently in care and connected them to needed supports during periods of high complexity.

Connecticut Children’s also expanded community-based access points by collaborating with schools, early childhood programs, and community organizations to increase awareness of available services and facilitate timely referrals. These partnerships supported families’ ability to access preventive care, behavioral health services, developmental evaluations, and community programs that influence long-term health and well-being.

Across these activities, Connecticut Children’s and its partners continue to learn that improving access to healthcare requires coordinated navigation systems, strong relationships with community organizations, and integration across medical, behavioral health, and social service sectors.

Educational and Occupational Opportunities

Connecticut Children’s advanced educational and occupational opportunities by strengthening place-based, cross-sector systems that support children’s learning and build pathways to long-term success. A central component of this work is North Hartford Ascend, supported by a Promise Neighborhoods grant from the U.S. Department of Education. Ascend is a cradle-to-career initiative designed to help children and families in the North Hartford Promise Zone access the supports and opportunities needed to reach their full potential.

In collaboration with residents, community-based organizations, schools, and cross-sector partners, Ascend integrates achievement-focused educational settings with vital community programs within a coordinated navigation and governance structure. During this CHNA cycle, progress included both system-building and resident-engagement milestones.

Major accomplishments for North Hartford Ascend include:

- Continued monthly community conversations to support resident input and shared decision-making;
- The launch of a collaborative governance framework in 2022;
- Integration of the Neighborhood Profile & Mapping Tool from the Connecticut Data Collaborative into the Ascend Family Navigation System; and
- Enhanced alignment between the Building Work Group and the Resident & Community Advisory Group.

Connecticut Children’s also supported educational and employment pathways through community partnerships that expand opportunities for children and caregivers. Through the Southside Institutions Neighborhood Alliance (SINA), the Walk to Work Program helped local residents secure employment at anchor institutions, providing job application support, resume preparation, and interview practice. The Young Author Book Contest, a partnership between SINA and the Hartford Public Library, promoted literacy, creativity, and early educational engagement for Hartford students by providing opportunities to write, publish, and celebrate their original books.

Major accomplishments from SINA partnerships include:

- 166 residents receiving job application support;
- 50 residents obtaining employment;
- 64 residents receiving resume assistance;
- 41 residents participating in mock interviews;
- 146 students participating in the Young Author Book Contest;

In addition, Connecticut Children’s and community partners supported early literacy through Dolly Parton’s Imagination Library, which provides monthly, age-appropriate books to Hartford children from birth to age five. This initiative expands access to reading materials in the home and promotes early language, literacy development, and school readiness.

Across these activities, Connecticut Children’s and its partners continue to learn that improving educational and occupational opportunities requires sustained collaboration across schools, health systems, community organizations, employers, and residents.

Safe Neighborhoods and Violence Prevention

Connecticut Children’s advanced efforts to promote safe neighborhoods and prevent violence by strengthening trauma-informed care, community partnerships, and coordinated responses across the healthcare and community sectors. A central component of this work is the Hospital-Based Violence Intervention Program (HVIP), a partnership involving Connecticut Children’s, Hartford Hospital, Saint Francis Hospital, and community organizations, including COMPASS Youth Collaborative, City of Hartford, ROCA, Inc. 4-CT, Hartford Communities That Care (HCTC), and Mothers United Against Violence (MUAV). The collaborative provides consistent support to youth and adults affected by violence, connecting them to mental health resources, case management, and community-based services following hospitalization for violent injuries.

DESCRIPTION OF COMMUNITY SERVED

Connecticut Children’s provides state-of-the-art healthcare for patients across Connecticut and beyond. In addition, the organization is committed to strengthening children, families and communities so they are best positioned to promote children’s health, development and well-being. The organization pays particular attention to the city of Hartford, where its main campus is located. Connecticut Children’s Office for Community Child Health (the Office), formed in 2012, oversees 18 community oriented programs and is charged with delivering the organization’s community health response.

Founded in 1637, Hartford is among the oldest cities in the United States. It is home to the country’s oldest art museum, the Wadsworth Atheneum Museum of Art; the oldest public park, Bushnell Park; and the oldest continuously published newspaper, The Hartford Courant. Hartford is also home to Real Art Ways, a non-profit art space established in 1975 that presents and supports contemporary artists. Authors Mark Twain and Harriet Beecher Stowe are among the city’s most notable former residents.

Despite its rich history, residents who live in Hartford continue to experience extensive disparities compared to residents living in other parts of the state. This stands in stark contrast to the Greater Hartford metropolitan area, which retains a high per capita income. Such disparities include access to physical, mental, and behavioral healthcare; healthy, stable and affordable housing; nutritious food; higher rates of chronic illnesses in the areas of mental health, asthma, obesity, diabetes, and lead poisoning, among others; greater exposure to trauma, violence and injuries; and lower rates of academic and career success.

In 2021, the latest year data are available[i], Hartford’s population consisted of 121,054 residents, of which 44 percent were Hispanic or Latino, 36 percent were Black or African American, 13 percent were white, 3 percent were Asian and 4 percent were other. Hartford consistently ranks among the poorest cities of its size in the country. **Table 1** depicts areas where Hartford residents lag behind the state of Connecticut as a whole,[ii] including income, housing stability, education, health insurance, and other areas.

Table 1: Hartford Disparities

CATEGORY	HARTFORD RESIDENTS	CONNECTICUT RESIDENTS
Median Household Income	\$37,477	\$83,572
Homeownership Rate	26%	66%
Residents Living in Poverty	28%	10%
Owner Occupied Housing Rates	26%	66%
High School Graduate or Higher Education	72%	90%
Bachelor’s Degree or Higher Education	17%	41%
Persons Without Health Insurance Under Age 65	13%	7%

Source: Hartford 2023 Equity Profile

The city’s major employers include the State of Connecticut, Raytheon Technologies, Eversource Energy, Hartford HealthCare, The Hartford Financial Services Group, Aetna, The Travelers, UnitedHealthcare, Trinity College, University of Connecticut and Connecticut Children’s. As of August 2025, the unemployment rate for residents of Hartford stood at 6.7 percent compared to 3.8 percent for the state of Connecticut and 4.3 percent for the United States, according to the Connecticut Department of Labor[iii].





METHODS

Connecticut Children’s 2025 Community Health Needs Assessment (CHNA) provides a comprehensive, community-informed view of the factors shaping child and family well-being in Greater Hartford. The assessment combines qualitative input from residents with quantitative data to capture both lived experiences and broader trends. As part of the North Hartford Triple Aim Collaborative, Connecticut Children’s worked with Hartford HealthCare, Trinity Health of New England, and the United Way of Central and Northeastern Connecticut to coordinate learning, align processes, and ensure resident perspectives guided the assessment.

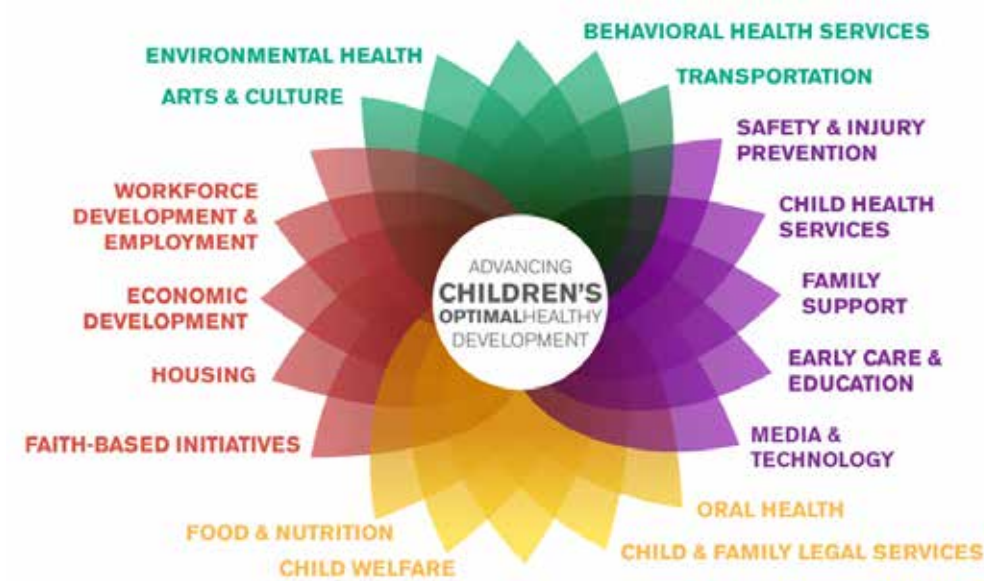
The Office partnered with Ready CT to engage Hartford High School students in discussions about community needs. These student-led sessions, conducted in English and Spanish, also included input from teens across the greater Hartford area, providing insight into local youth priorities. In addition, ten virtual focus groups were held between March and April 2025, facilitated by the United Way and the Office. Community organizations recruited participants, ensuring engagement was grounded in trust. Approximately 90 residents participated, representing diverse ages, races, ethnicities, and languages, with Spanish interpretation and honoraria provided as needed. Focus groups included Urban Hope, CT Harm Reduction Alliance, Community Partners in Action, Riverfront Recapture, InterCommunity, Women’s Ambulatory Health Services, The Health Collective, Caribbean American Society, Women’s League, and Hispanic Health Council. Participants were predominantly Black or Latino, with a smaller number of White residents. Nearly 1,000 comments were collected and analyzed to identify recurring themes such as housing stability, access to care, food insecurity, transportation, and institutional responsiveness.

A survey of Hartford-based nurses and social workers who work closely with children and families provided additional perspectives, with thirteen respondents highlighting local health and community needs. Quantitative data, including DataHaven’s 2023 Hartford Equity Profile and 2024 Community Wellbeing Survey, Connecticut Hospital Association CHIME data, U.S. Census and American Community Survey estimates, and other state and local sources, helped contextualize residents’ experiences and highlight trends and disparities across neighborhoods and demographic groups.

By combining resident voices with population-level data, this CHNA provides a detailed, community-informed understanding of the conditions affecting children and families in Greater Hartford, emphasizing both systemic challenges and opportunities for targeted, meaningful action.

KEY FINDINGS OF COMMUNITY NEEDS

The themes that follow reflect the issues residents identified most frequently during the 2025 community focus groups, contextualized with population-level data from Hartford and statewide sources. While quantitative indicators help illustrate the scale of these concerns, the Findings are grounded first and foremost in the lived experiences shared by residents in Hartford. These perspectives offer essential insight into how the systems that shape daily life—housing, food access, healthcare, education, and neighborhood environments—are functioning for families.



Broadly, residents emphasized that meaningful progress will require stronger coordination across systems and deeper listening from policymakers and service providers. Across groups, residents also described systems that often feel unresponsive or difficult to navigate, reinforcing the need for approaches that are coordinated, accessible, and grounded in trust. Many described how daily conditions in their neighborhoods—housing quality, food access, safety, transportation, and access to care—shape both immediate well-being and long-term opportunity. One resident expressed a sentiment shared across groups: “We want the policymakers to truly listen to our needs and make themselves available to have real conversations with the community.”

Participants highlighted the central role of neighborhood and faith-based organizations in helping communities advocate for better conditions, underscoring that trusted relationships are often where solutions begin. Residents consistently emphasized that trusted community organizations, peer networks, and neighborhood groups are often the most reliable sources of support. Rising costs across housing, food, utilities, transportation, and childcare formed a consistent backdrop to nearly every concern shared.

To support Connecticut Children’s analysis, the range of insights shared by residents was synthesized into five interconnected areas of need:

- Healthy, Stable, and Secure Housing
- Access to Nutritious Food
- Access to Physical, Mental, and Behavioral Healthcare
- Educational and Occupational Opportunities
- Safe Neighborhoods and Violence Prevention

Each section integrates resident insight with local quantitative data to illuminate both the day-to-day realities families experience and the broader system-level patterns that influence child and family well-being. Together, these findings provide a community-informed foundation for Connecticut Children’s upcoming implementation strategy.

Healthy, Stable and Secure Housing

Healthy, stable, and secure housing is one of the strongest predictors of child and family well-being. Safe and affordable homes protect against environmental hazards, reduce stress, and enable consistent access to care and education. Conversely, unstable or poor-quality housing compounds risk and drives injury, chronic disease, and mental health challenges. In Hartford, housing has become one of the clearest indicators of how social and economic systems interact to shape health.

Housing Affordability

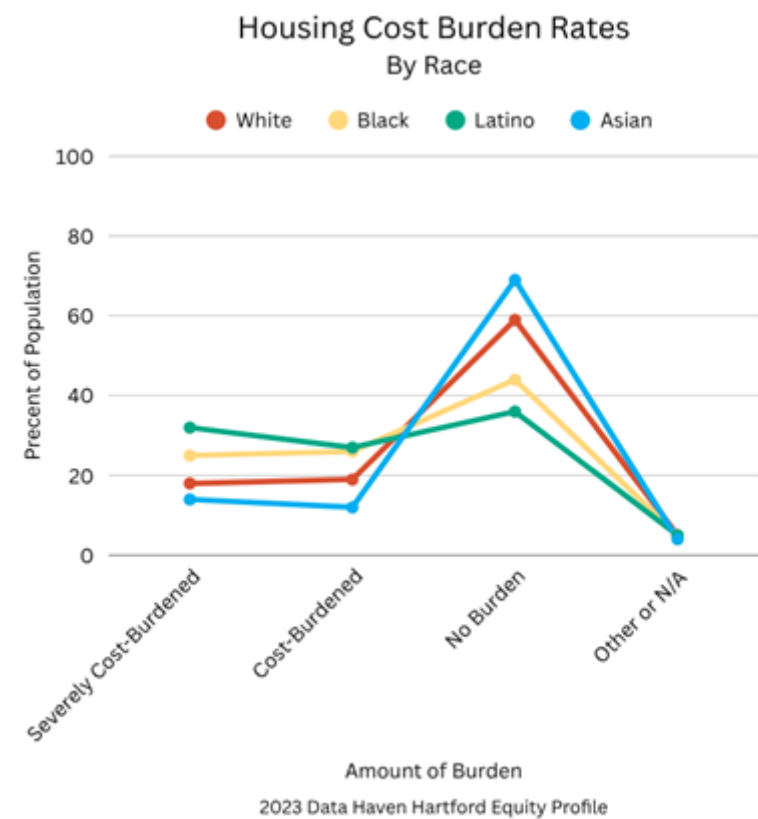
Residents participating in focus groups consistently identified housing as a top concern. They described a shrinking supply of affordable rental units, security deposits and rents that have doubled in recent years, and the resulting increase in housing instability and homelessness across the city. Several participants noted that rising rents are even pushing middle-income workers into homelessness, while others shared personal experiences with eviction or the difficulty of finding safe and stable housing for their families. As one resident explained, “A lot of these people are working. But the job doesn’t pay enough for people to get housing, much less food.” These themes are explored in more detail in the CHNA Focus Group Findings included in the Appendix.

Residents also expressed frustration with substandard rental conditions and shelters, citing exposures that have contributed to asthma, anxiety, and other health concerns. They described discriminatory rental practices (such as the use of credit checks and blanket restrictions against applicants with eviction histories, criminal records, poor credit scores, or young children) as barriers that disproportionately affect families already facing economic pressure. Some residents also noted that out-of-state companies are purchasing local buildings and raising rents without addressing quality issues. High electricity and heating costs further compounded these challenges, making it harder for households to remain stably housed.



Quantitative data confirm these lived experiences. According to the 2023 DataHaven Community Well-Being Survey, 51 percent of Hartford residents are cost-burdened, paying more than 30 percent of their income toward housing, and many are severely cost-burdened, paying over half. **Figure 1** highlights the stark racial and ethnic disparities in these burdens, reflecting longstanding differences in income, lending, and housing policy.

Figure 1: Housing Cost Burdens Rates by Race/Ethnicity

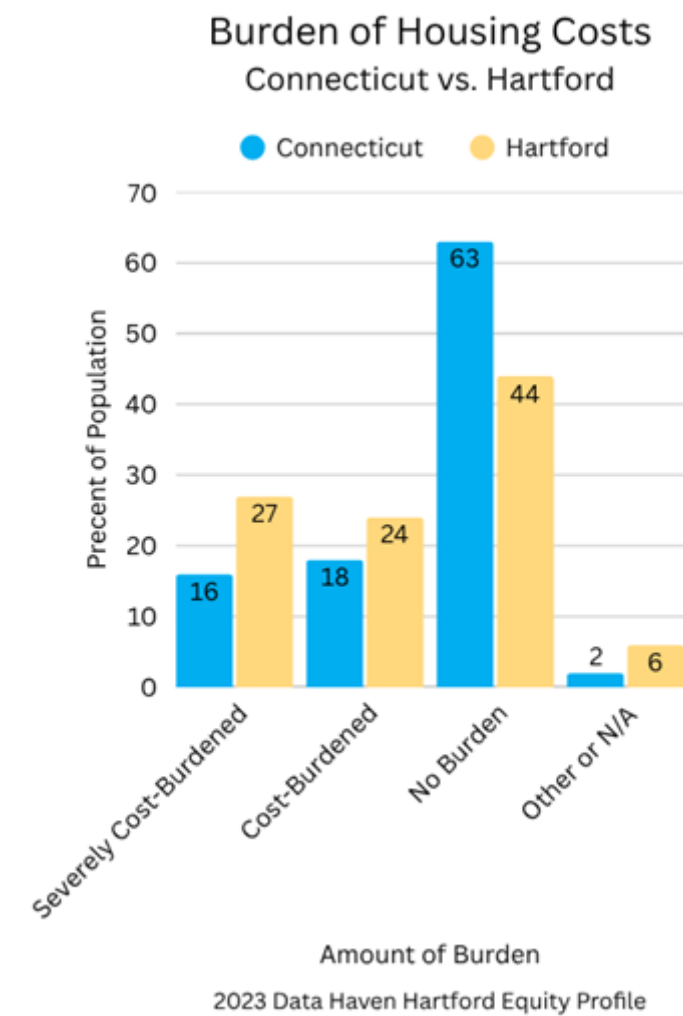


***COST BURDENED:** Families that pay more than 30 percent of their income for housing, according to the U.S. Department of Housing and Urban Development.

***SEVERELY COST BURDENED:** Families that pay more than 50 percent of their income on housing, according to the U.S. Department of Housing and Urban Development.

In addition, the survey documented significant gaps in home ownership and housing security **Figure 2**.

Figure 2: Burden of Housing Costs: Connecticut vs Hartford



Housing Quality & Stability

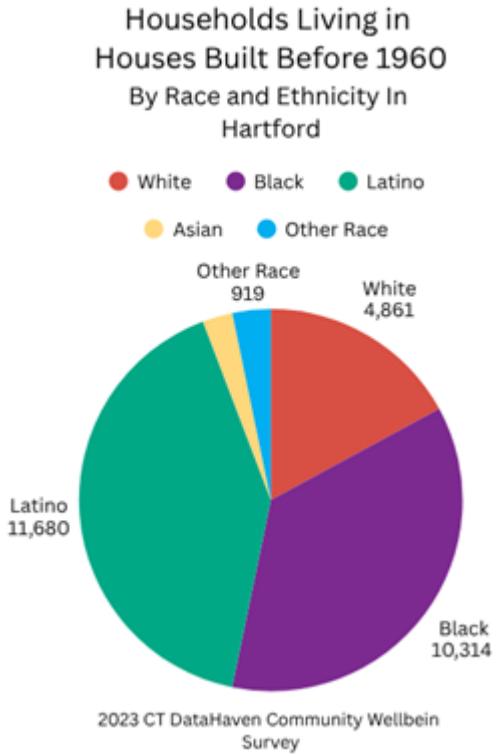
Beyond affordability, residents described both housing quality and housing stability as significant concerns. Families spoke about frequent moves, unstable rental arrangements, and the fear of eviction—experiences that disrupt children’s routines, schooling, and sense of safety. These instability pressures often intersect with substandard conditions, including mold, pests, and structural deficiencies in rental units and shelters, contributing to health issues ranging from asthma to anxiety.

In several focus groups, residents described the risks of reporting unsafe or unhealthy conditions. Families feared retaliation from landlords, including eviction or harassment, if they complained about repairs, mold, or other hazards. These themes were consistent across focus group discussions and are summarized in the CHNA Focus Group Findings in the Appendix.

Environmental health data reflect these concerns. Between 2018 and 2020, 2.7 percent of Hartford children under age seven tested had elevated blood lead levels, a rate closely tied to the city’s older housing stock. Homes built before 1960 are more likely to contain lead-based paint, and Black and Latino families in Hartford are disproportionately likely to live in these units, compounding risk. These patterns illustrate how historic disinvestment, aging infrastructure, and housing instability intersect to shape children’s health.



Figure 3: Households Living in Structures Built Before 1960 by Race/Ethnicity in Hartford



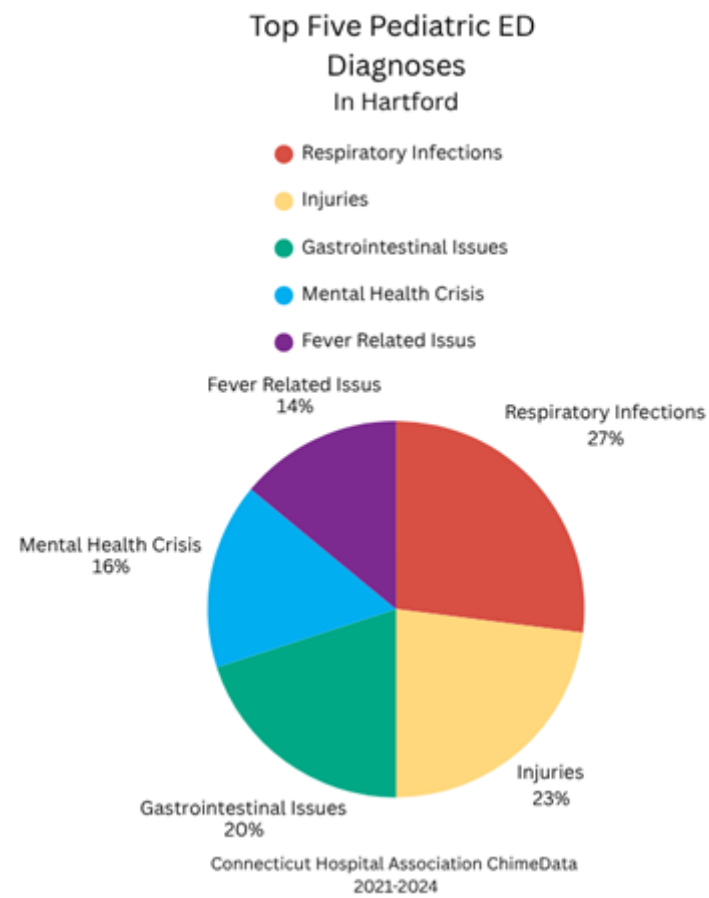
Environmental Health and Injury Risks

Poor housing conditions also contribute directly to preventable health issues among Hartford children. Asthma, one of the most common chronic diseases affecting young children, is strongly linked to the quality of the home environment; an estimated 40 percent of asthma cases are attributable to housing conditions. Because concentrated poverty and aging housing stock are prevalent in Hartford, asthma disproportionately affects children living in the city’s most underserved neighborhoods. Emergency department data from 2021 to 2024 show that asthma remains the leading cause of ED visits for children under age five and for those ages five to eleven.

Inadequate housing maintenance also increases the risk of unintentional injuries. Residents described concerns such as exposed wiring, missing handrails, and unsecured windows—hazards that parents often struggle to address with landlords. These concerns align with emergency department trends: injuries were the second most common reason for pediatric ED visits during the 2021–2024 period, according to Connecticut Hospital Association data. Other top drivers included respiratory illnesses, ear and mastoid diseases, infections, and mental and behavioral health conditions.

Together, these data highlight how the physical condition of housing—combined with inconsistent enforcement and limited coordination between health, housing, and safety systems—creates preventable health risks for children. Ensuring healthier living environments will require approaches that align code enforcement, healthcare, and social services around the needs of families.

Figure 4: Top 5 Pediatric ED Diagnoses in Hartford 2021-2024



Overall, the housing needs described by residents and reflected in local data reveal how disconnected systems (housing, health, and social supports) interact to shape family well-being. These challenges are not isolated events but signs of where coordination, communication, and trust between systems are breaking down. Moving forward, progress will require cross-sector strategies that align resources, streamline pathways, and center families’ experiences in the design of healthier, more stable housing environments.

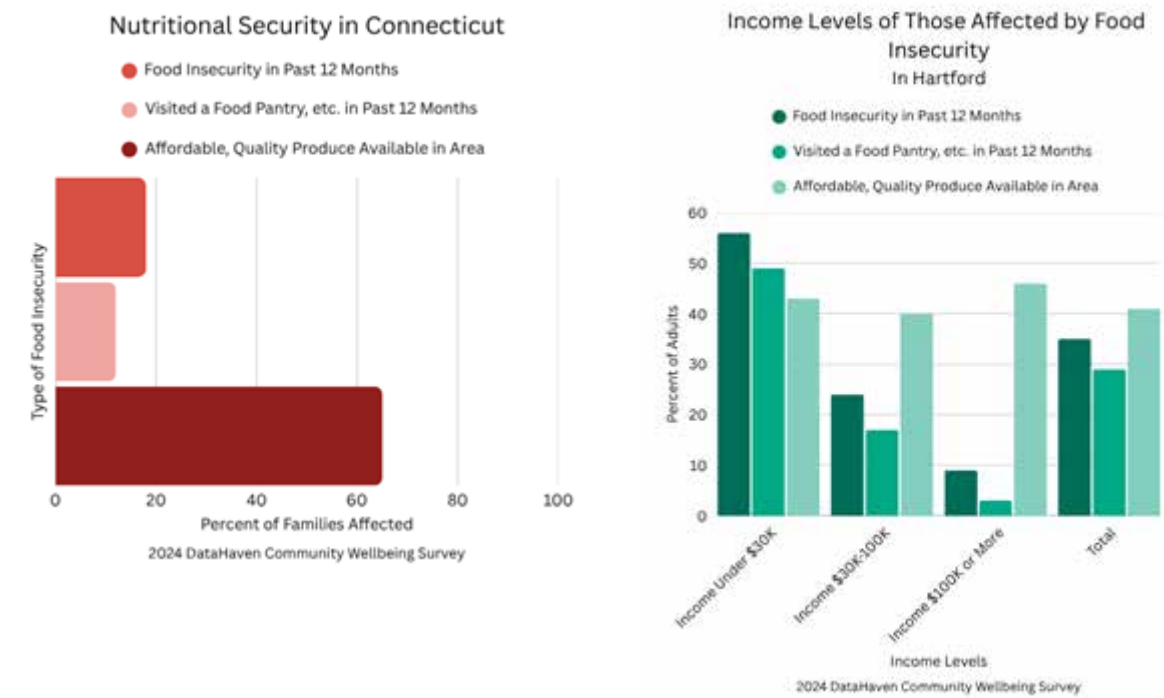
Access to Nutritious Food

Access to nutritious food remains a significant concern for Hartford residents and was a recurring theme across the 2025 community focus groups. Participants frequently described their neighborhoods as “food deserts,” pointing to limited access to stores that offer fresh produce, lean proteins, and other healthy options. As one parent observed, “Hartford is a food desert; there are no grocery stores unless you go to West Hartford or East Hartford.” These conditions, residents emphasized, make it harder for families to prevent chronic conditions such as obesity, diabetes, and poor cardiovascular health.

Rising food costs have further strained household budgets. Residents across groups described the increasing difficulty of purchasing healthy food consistently and noted that food insecurity often competes with other essential needs such as healthcare, transportation, and education. Participants also shared how limited transportation options (including unreliable transit and lack of affordable alternatives) make it difficult to reach stores that carry affordable, high-quality food. The absence of a full-service grocery store in North Hartford was raised repeatedly, reinforcing the structural nature of local food access barriers.

Local quantitative data reflect these lived experiences. Hartford continues to lag behind the state in nutritional security, as shown in Figure 5. The combined pressures of rising costs, pandemic-era economic shifts, and uneven access to healthy food options have contributed to widening disparities. Hospital-based nurses and social workers echoed these concerns, noting that “many families still struggle to access affordable, nutritious food and safe, stable housing,” and underscoring how basic needs shape children’s ability to learn, grow, and feel secure.

Figure 5: Nutritional Security, Connecticut v Hartford



Affordability challenges are also visible in SNAP participation. According to the 2023 Hartford Equity Profile, 38 percent of Hartford households receive SNAP benefits, compared to 11 percent statewide. Stark disparities persist across racial and ethnic groups: 53 percent of Latino households and 32 percent of Black households receive SNAP benefits, compared to 19 percent of white households. Focus group participants expressed appreciation for food stamps and food pantries but also voiced concerns about declining benefit values and the vulnerability of these programs to federal cutbacks, highlighting the ongoing uncertainty families face when relying on safety-net supports.

Figure 6: Households Receiving SNAP Benefits

	Total		White		Black		Latino	
	Count	%	Count	%	Count	%	Count	%
Hartford	17,615	38%	1,342	19%	5,740	32%	10,461	53%
Connecticut	160,416	11%	62,974	6%	34,132	24%	57,456	30%

Source: Hartford 2023 Equity Profile

Residents’ experiences suggest that improving nutrition security requires more than proximity to food outlets. It depends on food systems that are responsive to community needs, designed in partnership with residents, and grounded in trust. Participants emphasized the importance of culturally relevant food options and the role of neighborhood organizations and food pantries as reliable sources of support, even as these resources face increasing strain. Together, these insights reflect how food insecurity is shaped not only by individual circumstances but by broader structural conditions (transportation, affordability, federal policy, and neighborhood investment) that influence families’ daily lives.

Access to Physical, Mental, and Behavioral Healthcare

Access to healthcare emerged as a major concern across the 2025 community focus groups. Residents described barriers at every point in the system: finding providers, scheduling appointments, navigating referrals, securing transportation, and receiving coordinated follow-up. These experiences illustrate how fragmented systems, rather than individual choices, shape families’ daily interactions with healthcare.

Barriers to Accessing Medical Care

Residents across the 2025 focus groups described persistent challenges accessing primary and specialty care. Participants reported difficulty scheduling appointments due to long wait times, provider shortages, and the limited availability of services within Hartford. Many noted that key services are concentrated in suburban locations, requiring transportation that residents often lack. As one participant explained, “Many people can’t access services like these because they don’t have access to transportation.” These experiences are reflected in quantitative data: 29 percent of Hartford households do not have access to a vehicle, compared to 8 percent statewide (Figure 7), making even routine appointments difficult to reach.

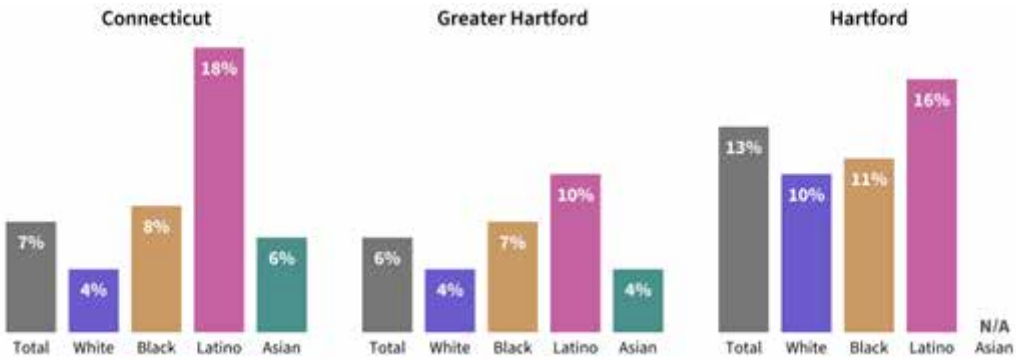
Figure 7: Households With No Vehicle at Home by Race/Ethnicity of Head of Households

	Total	White	Black	Latino
Households without a vehicle				
Hartford	29 %	19 %	33 %	30 %
Connecticut	8 %	5 %	19 %	16 %

Source: Hartford Equity Profile 2023

Insurance and affordability were also major concerns. Residents described challenges paying for care, obtaining insurance coverage, or navigating changes in coverage, factors that contribute directly to delays in seeking care. Figure 8 highlights disparities in uninsured rates by race and ethnicity, reinforcing how economic and structural barriers compound access challenges for Hartford families.

Figure 8: Uninsured Rate Among Adults Ages 19–64 By Race/Ethnicity, 2023



Source: Hartford 2023 Equity Profile

Residents also described language barriers, inconsistent communication, and gaps in care coordination. Participants noted being discharged without proper follow-up, difficulty securing clear instructions, and frequent provider turnover. As one resident shared, “Patients are being discharged from services without proper follow-up.”

Several also raised concerns about receiving incomplete guidance about medications or navigating prescriptions. Several groups emphasized the need for services that better accommodate people with special healthcare needs—including LGBTQ+ residents, individuals at risk of substance use disorder, and families managing chronic or complex conditions. Access to dental care was also cited repeatedly as a challenge, particularly for routine preventive services.

Across focus groups, residents described how limited access to reliable, coordinated healthcare can lead to worsening chronic health conditions and increased stress for parents and caregivers. These experiences show how fragmented systems, not individual decisions, shape health outcomes for families in Hartford.

Telehealth and Digital Access

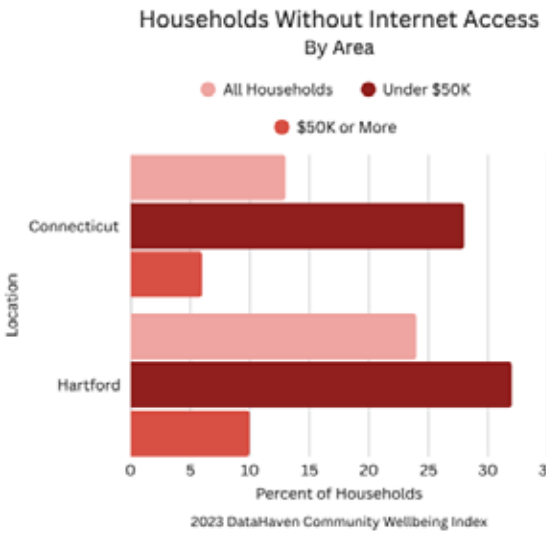
Residents described both opportunities and challenges with telehealth during the 2025 focus groups. Several participants noted that virtual visits made it easier to connect with specialists located outside Hartford and reduced the need for transportation—an important benefit in a city where many families do not have access to a vehicle. Some parents shared that video visits helped their children communicate more comfortably with providers, particularly for specialized care.

At the same time, residents emphasized that telehealth is only effective when families have the digital resources required to participate. Limited internet access, lack of reliable devices, and difficulty navigating online platforms created barriers for many households. Residents described challenges using MyChart, joining video appointments, or uploading documents when internet service was inconsistent or unavailable. These experiences align with population-level data showing significant disparities in broadband access across Hartford (Figure 9).

Participants also noted that telehealth cannot replace all forms of care, and digital barriers often reflect broader inequities in the healthcare system. Families already navigating language barriers, inconsistent communication, or changing providers reported that the shift to telehealth sometimes added complexity rather than reducing it.

These findings suggest that while telehealth can expand access to care, its impact depends on reliable digital infrastructure, clear communication, and systems designed to meet families’ varying technological needs. Without these elements, virtual care may widen gaps in access for those already facing significant barriers.

Figure 9: Internet Access



Mental and Behavioral Health Access

Mental and behavioral health concerns appeared across nearly every 2025 focus group. Residents described high levels of stress, anxiety, and substance use, alongside significant barriers to timely and appropriate care.

Participants noted long wait lists for counseling and psychiatric services, limited availability of in-person appointments, and difficulty accessing consistent treatment. One resident explained, “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.” Others described repeated disruptions in continuity of care due to staff turnover. As one participant shared, “Who is really the mental health doctor, because this is like the fourth one now.”

Population-level data reflect similar patterns. As shown in **Figure 10**, rates of anxiety and depression among Hartford adults exceed statewide averages, with notable disparities across racial and ethnic groups. These indicators align with residents’ descriptions of high stress and limited access to timely mental health support.

Residents also discussed the prevalence of alcohol and tobacco use, the risks associated with fentanyl, and challenges accessing accessible, community-based treatment for substance use. Many described difficulties obtaining counseling or follow-up support, particularly for individuals managing co-occurring behavioral health needs.

Families highlighted gaps in culturally competent and bilingual mental health services, especially for Latino residents and children. Participants noted how language accessibility and cultural responsiveness influence comfort, trust, and care engagement. Several also raised concerns about limited behavioral health support in schools, including delays in behavioral evaluations and a lack of consistent resources for children with emerging mental health needs.

Figure 10: Select Mental Health Indicators, Share of Adults

Select Mental Health Indicators, Share of Adults				
	Total	White	Black	Latino
Experiencing Anxiety				
Hartford	18%	10%	17%	23%
Connecticut	13%	11%	15%	19%
Bothered by Depression				
Hartford	15%	11%	14%	19%
Connecticut	9%	8%	10%	14%

Source: Hartford 2023 Equity Profile

Fear and Safety as Barriers to Care

For some residents, particularly immigrants, fear of interacting with institutions was a major barrier to accessing care. One resident explained, “With ICE raids, there are so many people afraid to leave their homes.” Participants described worries about retaliation from landlords or employers, and several shared that they avoid appointments unless absolutely necessary due to safety concerns.

Source: Hartford Equity Profile 2023

Prenatal Care and Child Health

Access to timely prenatal care remains an important concern for Hartford families. Population-level data show persistent disparities in birth outcomes for parents of color, which have long-term implications for child health and development.

As shown in **Figure 11**, parents in Hartford experience higher rates of late or no prenatal care compared to state-wide averages, with notable variation across racial and ethnic groups. Black parents in Hartford, for example, experience higher rates of low-birthweight births (14.2 percent) compared to white parents (8.9 percent) and to statewide averages (12.4 percent). Infant mortality also remains disproportionately high among Black infants in Hartford (10.8 deaths per 1,000 live births), underscoring the cumulative impact of delayed care, chronic stress, and structural inequities.

Figure 11: Select Birth Outcomes by Race/Ethnicity of the Parent Giving Birth

Select Birth Outcomes by Race/Ethnicity of Parent Giving Birth						
	Total	White	Black	Latina (Overall)	Latina (Puerto Rican)	Latina (Other)
Late or No Prenatal Care						
Hartford	4.30%	5.70%	5.30%	3.50%	3.00%	4.70%
Connecticut	3.40%	2.50%	5.20%	4.40%	3.00%	5.60%
Low Birthweight						
Hartford	11.30%	8.90%	14.20%	9.70%	10.90%	6.70%
Connecticut	7.90%	6.40%	12.40%	8.40%	10.00%	7.00%
Infant Mortality (per 1,000 Live Births)						
Hartford	8.70%	N/A	10.80%	8.10%	N/A	N/A
Connecticut	5.00%	3.00%	9.10%	5.40%	N/A	N/A

Source: Hartford 2023 Equity Profile

System Implications

Across the focus groups, residents described a healthcare system that feels difficult to navigate and often unresponsive to the realities they face: transportation limits, inconsistent communication, wait lists, language barriers, and safety concerns. These experiences suggest that improving access to care requires more than increasing the availability of providers; it requires systems designed for connection rather than navigation, coordination rather than fragmentation, and trust rather than fear. Together, these findings highlight where care systems can strengthen consistency, communication, and responsiveness to support Hartford families more effectively.

Educational and Occupational Opportunities

Educational attainment and employment opportunity are powerful determinants of lifelong health. Families who participated in focus groups repeatedly linked schooling, job prospects, and income to their children's future well-being, emphasizing that educational and economic opportunities shape whether young people can thrive.

Student Outcomes and School Experience

Residents described education as a critical pathway to stable employment, while expressing concern that Hartford students face structural barriers to success. Participants noted challenges related to school quality, behavioral health needs, and the pressures families face in supporting learning when basic needs such as housing, food, and childcare are not consistently met.

Population-level data mirror these concerns. As shown in **Figure 12**, Hartford students have lower English Language Arts (ELA) proficiency and higher suspension rates than their peers statewide, with notable disparities by race and ethnicity. Graduation rates in Hartford lag behind state averages, particularly for Black and Latino students. These patterns underscore that academic and disciplinary outcomes are influenced not only by individual effort but also by broader conditions within schools and communities.

Residents also highlighted the importance of supports surrounding the school day. Focus group participants described the high cost of childcare and the difficulty affording before- and after-school programs that allow parents to work while ensuring children are safe and engaged. Families noted that stress related to housing, food, and transportation often spills over into school attendance and readiness to learn.

At the same time, residents pointed to community assets that help buffer these pressures, including youth sports leagues, scouting activities, public libraries with after-school programs, and parent support groups. These resources were viewed as critical for keeping children safe, connected, and supported outside of school hours.

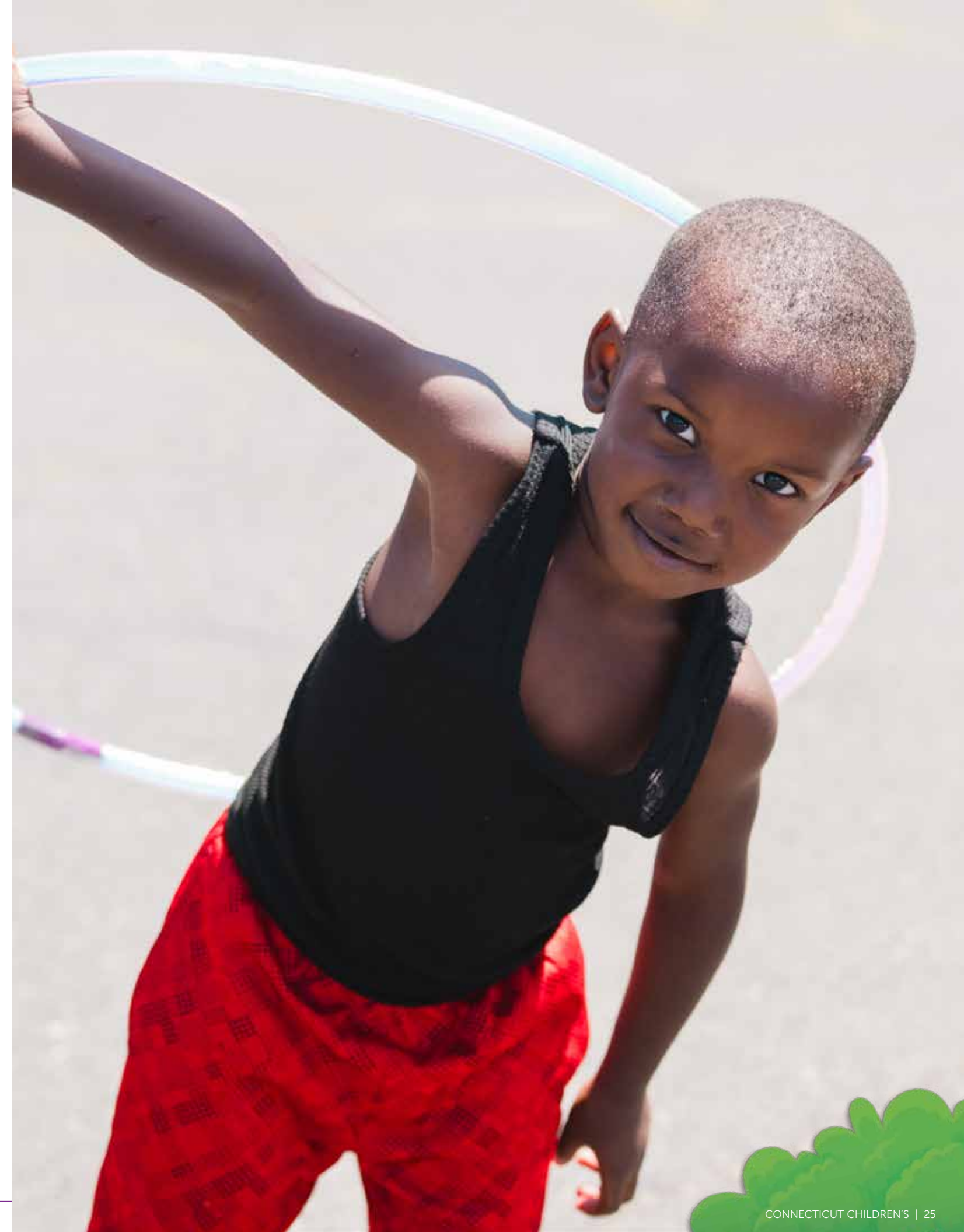


Figure 12: Select Academic and Disciplinary Outcomes by Student Race/Ethnicity

Select Academic and Disciplinary Outcomes by Student Race/Ethnicity				
	Total	White	Black	Latino
SBAC ELA Passing Rate				
Hartford	20%	45%	22%	13%
Connecticut	48%	62%	29%	29%
Suspensions Per 1,000 Students				
Hartford	12%	5%	15%	12%
Connecticut	6%	4%	12%	9%
Graduation Rates				
Hartford	72%	91%	74%	65%
Connecticut	90%	94%	82%	82%

Access to Information, Adult Learning, and Digital Connectivity

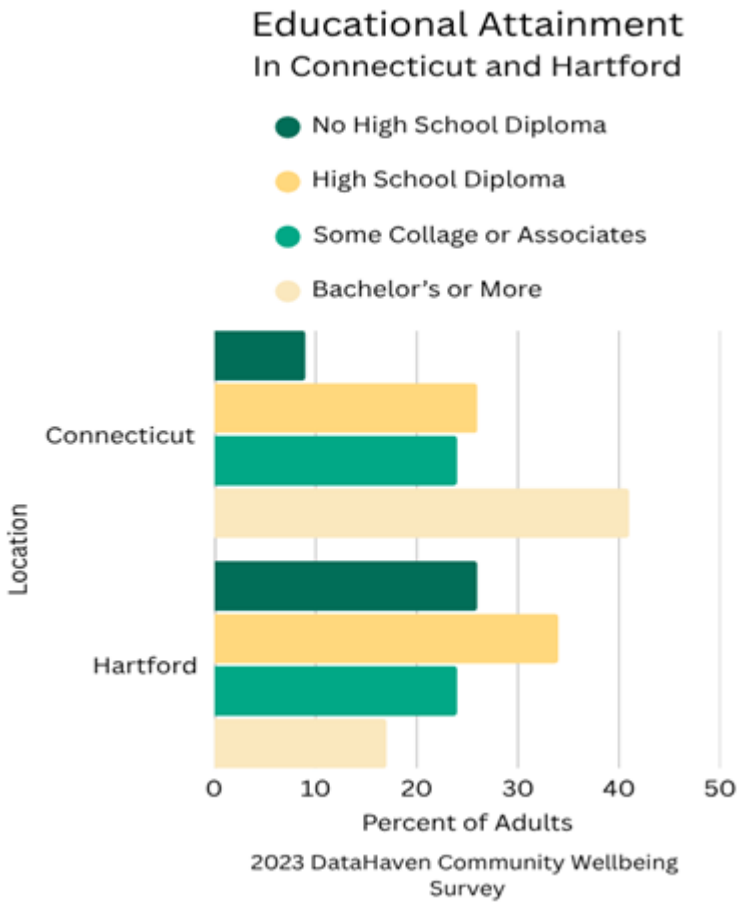
Focus group participants frequently described how difficult it can be to locate clear, timely information about educational, health, and social services. Residents observed that some families lack the knowledge, time, or tools to navigate complex systems and may need advocates to help them understand options or complete applications. This topic also encompassed health literacy, with residents noting that some community members do not always know how to manage their health, secure services for their children, or respond to crises without support.

The digital divide emerged as a significant barrier, particularly for older adults and families without reliable internet access. As shown in Table 7, Hartford households are more likely than households statewide to lack broadband internet at home, with Black and Latino residents disproportionately affected. These conditions limit access to online job applications, virtual learning, telehealth, and other services that increasingly depend on digital connectivity.

Residents also identified local strengths. Some noted the presence of websites and community center bulletin boards that help residents learn about available services. Others highlighted adult education opportunities as important assets. One focus group participant observed that “there are resources such as schools for adults that help residents learn to speak English,” underscoring the value families place on adult learning as a tool for both employment and engagement in their children’s education.

Figure 13 compares educational attainment between adults in Hartford and across Connecticut who participated in the 2023 DataHaven Wellbeing Survey.

Figure 13: Education Attainment, Connecticut vs Hartford



Employment, Income, and Economic Stability

Across focus groups, residents described the difficulty of finding stable, well-paying jobs that can support a family in the context of rising costs for rent, food, childcare, and transportation. Participants raised concerns about the lack of high-paying jobs, the challenge of affording a car and insurance, and the limitations of relying on an unreliable transportation system to reach employment opportunities.

Data from the Hartford 2023 Community Profile (Figure 14) show that nearly three in ten Hartford residents live below the federal poverty level, compared to one in ten residents statewide. Poverty rates are substantially higher for Black and Latino residents than for white residents. These disparities help explain the financial strain described in focus groups, where residents reported that even working full-time, income is often not enough to cover rent, groceries, and childcare.

Residents also highlighted the specific barriers faced by undocumented residents, people returning from incarceration, individuals with disabilities, and those living with mental health challenges. They emphasized the need for better access to training programs, including online job training, GED classes, and English language courses, to help community members secure more stable employment.

At the same time, residents recognized community assets that support economic advancement, such as local entrepreneurship centers, adult education centers, and city sports and recreation programs. These resources were viewed as important for building skills, fostering connection, and creating pathways to work.

Figure 14: Poverty Level

Poverty Level										
	Total		White		Black		Latino		Asian	
	Count	%	Count	%	Count	%	Count	%	Count	%
Population Living Below Poverty Level										
CT	351,476	10%	139,246	6%	64,472	17%	1,247,775	21%	14,134	9%
Hartford	32,602	28%	2,553	19%	10,298	24%	19,143	35%	N/A	N/A
Population Without Broadband Internet at Home										
CT	269,234	8%	159,553	7%	38,465	10%	61,883	10%	5,334	3%
Hartford	18,081	16%	2,193	17%	7,172	17%	8,224	15%	N/A	N/A

Source: 2023 Hartford Community Profile

The qualitative insights and local data show that educational and occupational opportunities for Hartford families are tightly linked to other systems such as housing, transportation, childcare, digital access, and social support. Families are not simply facing isolated challenges in school or the labor market; they are navigating interconnected barriers that shape whether children can attend school regularly, complete their education, and enter stable employment.

These findings suggest that advancing educational and economic opportunity will require systems designed with, rather than for, families by aligning schools, workforce programs, community organizations, and health systems around shared goals, coordinated supports, and the aspirations and capacities of the communities they serve.

Safe Neighborhoods and Violence Prevention

Neighborhood safety emerged as a major concern across the 2025 community focus groups. Residents described living in neighborhoods shaped by long-term disinvestment and limited access to essential goods and services. Participants noted the absence of nearby grocery stores with healthy food choices, pharmacies, and safe recreational spaces for children. They emphasized that limited transportation options make it difficult to reach needed services, particularly for families without access to a car.

Residents across multiple groups described how safety concerns affect daily life—restricting children’s ability to play outdoors, limiting use of local parks, and contributing to social isolation. Many reported that the visibility and accessibility of guns, including “military-grade weapons,” created a constant backdrop of fear and contributed to trauma within households and neighborhoods. Concerns also extended to environmental conditions: abandoned buildings, empty lots, and air and water quality issues were mentioned as ongoing stressors.

Some residents also highlighted traffic safety as a major issue. One participant shared: “Where I live, I see fatal crashes every other week; something needs to be done to educate on the dangers of distracted driving.” Residents explained that unsafe driving behaviors—speeding, recklessness, and distracted driving—compound the daily risks families already face.

Hospital-based nurses and social workers emphasized similar concerns, noting that safety is a daily issue in many neighborhoods. They described how exposure to violence, whether direct or indirect, affects children’s mental health, school attendance, and overall well-being.

Despite these challenges, residents identified neighborhood-level assets. Participants pointed to community centers, gyms, and safe walking areas (particularly in suburban neighborhoods) as important protective spaces. Some also noted that community cohesion itself is an asset: neighbors looking out for each other, informal watchfulness, and local organizations fostering belonging.

Population-level data reinforce residents’ experiences. Hartford residents report far lower levels of perceived neighborhood safety and far higher exposure to gun violence than statewide averages (Figures 15–18). Hartford also records higher rates of pedestrian injuries and fatal traffic crashes per capita. Emergency Department data from 2021–2024 further show that injuries remain a top driver of pediatric ED visits in Hartford, underscoring the health implications of unsafe environments (Figure 19).

Figure 15: Gun Violence in Connecticut vs. Hartford

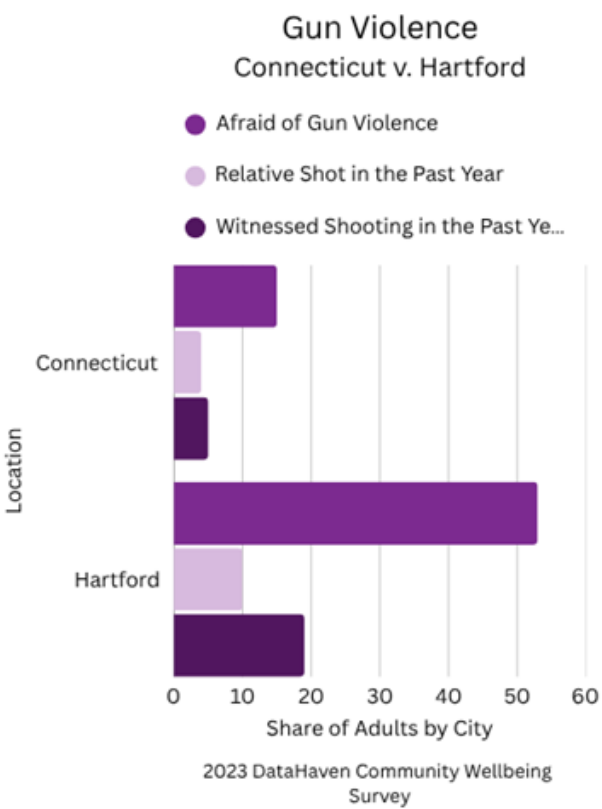


Figure 16: Levels of Public Safety

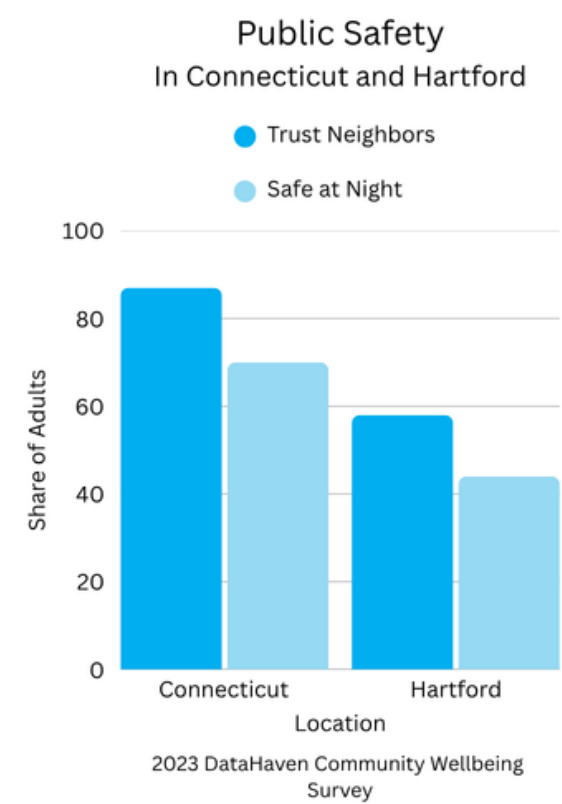


Figure 17: Traffic Crashes Connecticut v Hartford

	Pedestrian	Cyclist	Driver
Percentage of Traffic Crashes with Fatality or Possible Injuries			
Hartford	88%	83%	15%
Connecticut	85%	82%	14%

Source: Hartford Equity Profile 2023

Figure 18: Neighborhood Safety Connecticut vs. Hartford (CT in Purple, Hartford in Green).

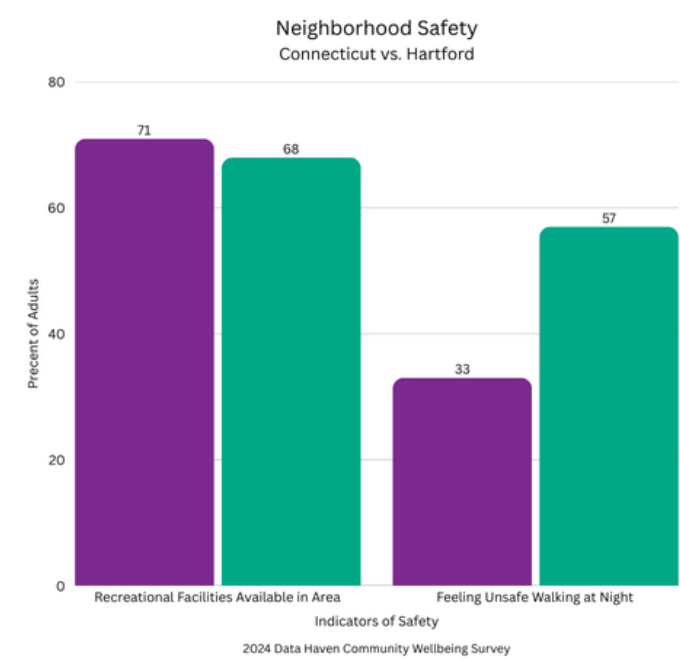
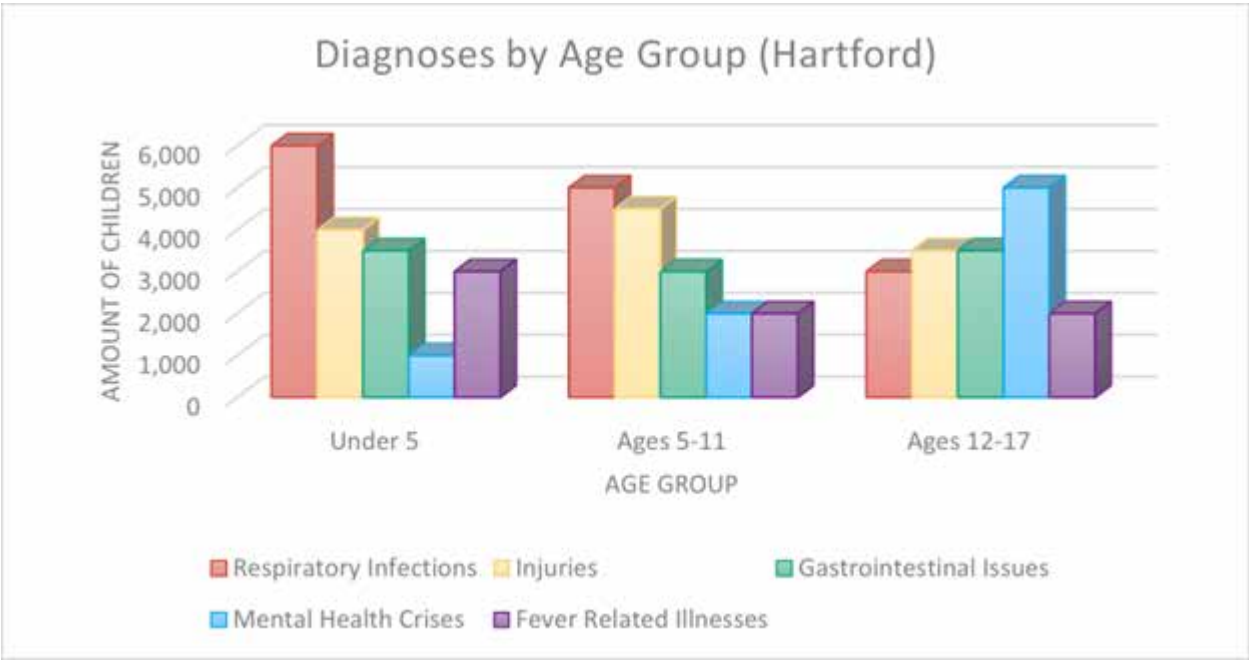


Figure 19: Emergency Department Visits in Hartford 2021-2024



Source: Connecticut Hospital Association ChimeData

These findings highlight that neighborhood safety is shaped not only by crime, but by the broader environment, including transportation, infrastructure, community cohesion, and access to services. Improving safety will require coordinated strategies that strengthen physical environments, expand trusted community spaces, and build the protective factors that help children and families thrive.

Cross-Cutting Insights: What the Findings Reveal About System Function

The 2025 Community Health Needs Assessment identifies persistent challenges in housing, food access, healthcare, education, and neighborhood safety. Yet beneath these surface needs lies a deeper story about how systems operate: how well they coordinate, earn trust, and invite families and communities into the work of creating change.

The following cross-cutting insights summarize what the findings collectively reveal about the current state of system function across Hartford and surrounding communities.

1. Fragmented Systems and Coordination Gaps

Across all need areas, families described a system that feels fragmented, where multiple programs exist, but they are often disconnected or difficult to navigate. Residents shared that they can access a service for one problem but are unsure where to turn next or how to maintain support over time. This fragmentation underscores the importance of building integrated systems of care that connect housing, health, and social services into a coherent network.

2. Trust, Cultural Relevance, and Relationship Infrastructure

Community members repeatedly pointed to experiences of mistrust (long waits, limited follow-up, language barriers, and fear of institutions) as barriers equal to affordability or access. These narratives highlight that trust is not a soft outcome but a measurable system condition. Building relationship infrastructure (providers who listen, services that reflect cultural identity, and consistent feedback loops with residents) is essential to participation and sustained impact.

3. Voice, Agency, and Co-design

Focus groups and youth discussions revealed a strong interest among residents to be part of shaping solutions, not just recipients of services. This readiness signals a shift from engagement to co-design, which is an approach where beneficiaries become contributors to system innovation. Incorporating family and youth leadership in program design, evaluation, and governance helps ensure that future interventions reflect the lived expertise of those most affected.

4. Strengths and Protective Factors

While the data describe significant disparities, they also reveal sources of strength that help families and neighborhoods endure and adapt. Focus group participants and youth highlighted the importance of mutual support among neighbors, faith-based organizations, and local advocacy efforts that foster belonging and connection. Residents also pointed to community centers, schools, and informal networks that help families navigate challenges and create safe spaces for children. Recognizing these protective factors is essential for moving beyond a deficit narrative. They represent the social infrastructure (relationships, trust, and local leadership) that enables resilience even in the face of systemic barriers.

5. Shared Goals and Tailored Strategies

The conditions identified in this CHNA vary by neighborhood, culture, and circumstance. A universal goal (optimal health and well-being for every child) requires tailored, place-based strategies that honor local context. Applying a targeted universalism lens enables partners to pursue shared outcomes through differentiated approaches, ensuring that fairness and effectiveness advance together.

Taken together, these insights suggest that improving child and family well-being depends as much on the quality of system relationships as on the availability of services.



RECOMMENDATIONS TO ADDRESS KEY FINDINGS

The findings of this Community Health Needs Assessment reinforce that improving child and family well-being depends on strengthening the systems that shape daily life, not only on expanding individual programs or services. Connecticut Children’s advances this work through a population health lens that unites clinical care, community partnership, and system innovation. This approach is supported through Connecticut Children’s Office for Community Child Health, which provides the infrastructure that connects programs, partners, and policies across the system.

The following recommendations outline broad system-level opportunities informed by the CHNA findings. They highlight how Connecticut Children’s and its partners can align around shared functions that make systems work: integration and coordination; trust, engagement, and co-design; and protective factors and resilience.

Each opportunity includes annotations indicating which significant community needs identified in this CHNA it addresses, maintaining clear traceability between the findings and the opportunities identified for future action. Together, these recommendations form the foundation for the next phase of work, when Connecticut Children’s will develop a new Community Health Improvement Plan that translates these insights into concrete strategies.

Integration and Coordination

The CHNA findings show that many of the most pressing needs stem from disconnected systems that make it difficult for families to navigate services or sustain support over time. Families described working with multiple agencies and providers that rarely communicate with one another, resulting in repeated intakes, inconsistent follow-up, and a sense that supports are episodic rather than continuous. Strengthening integration across sectors is essential for families to experience the community as a coordinated network of care.

Recommended Opportunities

- **Enhance cross-sector infrastructure** that links health, housing, and social-service systems through shared referral and coordination processes (Addresses: Housing, Healthcare, Safety).
- **Promote alignment among clinical, community, and policy systems to advance population health priorities**, including partnerships that promote housing stability, economic opportunity, early care and education, and safe, healthy neighborhoods (Addresses: All Needs).
- **Strengthen coordinated-care models** through navigation; preventive, and behavioral-health initiatives such as the Center for Care Coordination, Newborn Screening Network, and universal suicide screening to ensure seamless, family-centered care transitions (Addresses: Healthcare, Education, Safety).
- **Develop shared accountability systems** that align data, funding, and policy across health, housing, education and other partners, thus improving coordination, tracking outcomes, and reinforcing shared responsibility for family stability (Addresses: All Needs).
- **Leverage Connecticut Children’s established infrastructure**, including the Office for Community Child Health, to convene partners, reduce redundancies, and sustain shared accountability across systems (Addresses: All Needs).

Strengthening integration and coordination will allow Connecticut Children’s and its partners to move beyond parallel efforts toward a unified system that anticipates family needs, connects existing assets, and measures success through shared outcomes rather than isolated achievements.

Trust, Engagement and Co-design

Across the CHNA focus groups, families and community members described barriers that extend beyond affordability or availability of services. Many pointed to experiences that eroded trust in systems: long wait times, lack of follow-up, language barriers, and fear of institutions. Others expressed a desire to contribute their ideas and lived experience to shaping programs that affect them. Building trust and creating authentic opportunities for engagement are, therefore, essential to both access and impact.

Recommended Opportunities

- **Embed culturally responsive, relationship-centered practices** across clinical and community settings so that every family interaction reinforces respect, reliability, and trust (Addresses: Healthcare, Food, Safety).
- **Expand community-based opportunities for positive connection between families and institutions**, such as early literacy programs like the Imagination Library, that foster belonging, cultural identity, and welcoming, nonclinical entry points into supportive systems (Addresses: Education, Housing, Healthcare).
- **Use continuous-learning and co-design approaches** such as human-centered design and real-time family feedback to ensure programs evolve with community experience and insight (Addresses: Healthcare, Education, Food, Safety).
- **Partner with community organizations and resident leaders** to co-develop strategies for improving food access, behavioral health supports, and neighborhood safety (Addresses: Food, Healthcare, Safety).

Building trust and engaging families as partners in design shifts systems from doing for communities to working with them. This posture strengthens relevance, improves outcomes, and reflects Connecticut Children’s belief that the expertise of families and residents is essential to achieving equitable health and opportunity.

Protective Factors and Resilience

While the CHNA findings highlight persistent challenges, they also reveal strong community assets that help families adapt and thrive despite adversity. Residents described trusted relationships with neighbors, faith-based organizations, parent groups, and local advocacy networks that provide emotional, social, and practical support. These protective factors form the foundation of resilient communities and represent essential partners in improving child and family well-being.

Recommended Opportunities

- **Sustain and strengthen Connecticut Children’s broad portfolio of programs that provide concrete supports to families and youth across all identified community needs.** From Healthy Homes and Building for Health (safe and stable housing) to Start Childhood Off Right (nutrition supports), the Center for Care Coordination and Newborn Screening Network (healthcare continuity), North Hartford Ascend and Imagination Library (education and opportunity), and the Hospital-Based Violence Intervention Program and Injury Prevention Center (safety and violence prevention), these initiatives illustrate how concrete supports build the foundation for family stability, resilience, and long-term well-being (Addresses: All Needs).
- **Recognize and strengthen community assets**, including schools, faith institutions, youth leadership groups, and resident-led organizations as essential components of the region’s protective system, fostering belonging, mentorship, and connection (Addresses: Education, Safety, Housing).
- **Integrate protective-factor frameworks** into program planning and evaluation to ensure that systems measure and invest in resilience alongside risk reduction (Addresses: All Needs).
- **Advance trauma-informed and violence-prevention approaches** that address the root causes of trauma, strengthen social cohesion, and foster healing and trust between healthcare and communities (Addresses: Safety, Healthcare, Education).

Recognizing and amplifying protective factors strengthens the conditions that make families and neighborhoods more resilient. By aligning institutional resources with community strengths, Connecticut Children’s and its partners can create a system that promotes health not only by addressing problems but by nurturing the relationships and environments that sustain well-being.

Looking Ahead

Taken together, these recommendations outline how Connecticut Children’s and its partners can translate the insights of this Community Health Needs Assessment into collective learning and coordinated action. They emphasize that progress in child and family well-being depends on the quality of relationships among systems—how they connect, build trust, and draw strength from community assets. These system-level opportunities will inform the development of Connecticut Children’s next Community Health Improvement Plan, which will define shared goals, measures, and strategies to strengthen the region’s network of care and advance equitable outcomes for every child and family.

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APPENDIX

Hospital Input Survey

The focus groups used for community input to drive the CHNA findings were not solely pediatric focused. This data limitation sparked the team to gain input from the source – Connecticut Children’s employees. We created a digital survey on Google Forms that was sent to leaders in care coordination, social work, and emergency department nursing and asked the leaders to send the survey to their frontline staff. It is through their responses, we are able to validate the findings our focus groups provided us for our pediatric population. The main targeted questions we asked are the following:

1. What do you believe are the biggest health and well-being priorities for children in Hartford today?
(Choices - not a priority, somewhat a priority, priority, high priority)
 - Asthma
 - Smoking, drugs, and alcohol use
 - Access to mental health services
 - Violence/interpersonal/community
 - Self-harm/suicide
 - Untreated trauma
 - Access to healthcare
 - Sexually transmitted diseases
 - Access to dental health
 - Lead poisoning
 - Injury
 - Access to nutritious foods
 - Access to safe transportation
 - Access to safe housing
 - Social media
2. Prioritize these barriers that prevent children in Hartford from getting the healthcare/mental healthcare they need?
(Choices - not a priority, somewhat a priority, priority, high priority)
 - Uninsured/don’t know how to apply
 - High cost of medical care
 - Access to timely appointments to medical care
 - Access to transportation
 - Access to services within the local area
 - Access to healthy foods and physical outlets
 - Access to stable housing
 - Employment
 - Financial fluency/capacity
 - Child care costs/availability
 - Community safety/neighborhood security
 - Care navigation/connecting to providers
 - Accessing/connecting to needed service
 - Availability of support services to families

After collecting responses from 13 frontline nurses, care coordinators, and social workers, we analyzed the data and compared the results to the focus group findings. The responses we received were comparable to the focus group feedback and solidified our top five pediatric community health needs for this CHNA.

Appendix ii ReadyCT | Hartford Public School top priorities

“What Needs to be Fixed in the Community”

Responses were gathered from 40 teens in the greater Hartford area

- Substance abuse
- Community events (need more/better advertise)
- Littering/blight
- Education, fair access support
- Gun violence
- Homelessness
- Roads (are not repaired fix)
- Funding (more funding to support Hartford teens education/career advancement)

“Solutions”

- Turn abandoned buildings into low-income housing
- Enhance Hartford’s first time home buyer programs
- Farmers markets that provide affordable food to the community right at their doorsteps.
- Enhance legislation on the top needs
- Build recreational facilities near lower income areas using abandoned buildings
- Partner with local groups to open public facilities for after school hours
- Create watch groups to keep neighborhoods safe at night
- Open shelters and group homes that primarily focus on improving mental health
- Partner with local universities to provide mental health support
- Anonymous emotional support phone booths throughout the city
- Create free or lower cost bus routes throughout the community
- Implement carpooling programs among neighbors or employees of the same company
- Low cost Uber/Lyft/taxi transportation services for people who need special accommodations.



By: Natalie, Noah, Kevin, Asusena, Sergio, Anastasia, & Yency

Appendix iii Hartford 2023 Equity Profile, Data Haven

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Appendix IV

Community Wellbeing Index 2023

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Appendix V 2025 Community Health Needs Assessment (CHNA)
Greater Hartford Community Focus Groups Summary Report

The North Hartford Triple Aim Collaborative (NHTAC) Community Health Needs Assessment (CHNA) Workgroup convenes representatives from Connecticut Children’s, DataHaven, Hartford HealthCare, 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.

The Foucs group Summary Report can be found here:
https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven2025_CHNA_Greater_Hartford_FocusGroups.pdf

