

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

MAY 2025



**DataHaven**



# Background and Methodology

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

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

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

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

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

# Topline Findings:

## Key Topics

Using the methodology described above, we generated a set of 13 topics (12 topics related to community needs, plus 1 topic that capture discussions of community assets). To help illustrate the relative importance of each topic among residents, we provide a percentage that represents the proportion of total coded notes that correspond to each topic during the initial phase of qualitative analysis in which all notes were analyzed by DataHaven. Because many of these topics overlap and contain multiple sub-themes, this list should not be treated as a definitive ranking or prioritization of region-wide concerns. However, it may be one way to understand residents' perceptions of relative needs in the Hartford area.

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

# Descriptive Findings by Topic

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



**1. AFFORDABLE, STABLE, AND HIGH-QUALITY HOUSING.** Housing was top of mind for residents. Sub-themes that emerged from the community focus groups included the need for affordable housing; problems with housing quality; housing instability, evictions, and homelessness; housing discrimination and negative or harmful landlord-tenant relationships; and high utility costs. In every focus group, residents repeatedly brought up the high cost of renting or purchasing a place to live in the Greater Hartford area. They felt that the limited supply of apartments for rent, combined with rental prices and security deposit requirements doubling in recent years, are making it difficult for many people to find stable housing and are a contributing factor to escalating levels of homelessness, especially within the City of Hartford. Some residents noted that rising rents are pushing even middle-income workers into homelessness, and a relatively large number also expressed personal experiences with housing instability or evictions. Additionally, many residents described their experiences with poor-quality rental housing and shelters, contributing to health issues like asthma and anxiety. Residents noted that not everyone is treated in the same way when attempting to secure housing, as landlords use credit checks and other means to discriminate against individuals who were formerly incarcerated, had a record of eviction, have a poor credit score, or have children. In addition, several residents noted rising costs for electricity and heat.

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



**2. ACCESS TO CARE.** Within this topic, we grouped multiple sub-themes related to the many crucial dimensions of access to care originally defined by Penchansky and Thomas in 1981 (availability, accessibility, accommodation, affordability and acceptability, sometimes known as the “Five A’s of Access”). Across all of the focus groups, residents discussed the challenges they have when getting to appointments at convenient times due to a shortage of providers, a lack of reliable transportation to provider locations in suburban areas, difficulty making appointments, being able to pay for care or have the insurance necessary to cover the cost of appointments, language barriers, care coordination and quality (e.g., people being discharged without proper follow up, too few healthcare staff to provide good service, constantly changing providers, concerns about the quality of prescriptions, mistakes made by health care providers), and accommodation of persons with special healthcare needs, such as members of the LGBTQ+ community or persons at risk of substance use disorder. The cost and accessibility of routine dental care was also mentioned several times. Residents noted how a lack of good access to healthcare contributes to chronic health conditions, such as higher risks from diabetes and heart attacks.



**ASSETS:** Many residents also described how some healthcare services in the area are a community asset, noting how satisfied they were with the care that they had been receiving over time from their physician or healthcare provider. Residents noted the close proximity of some services within Hartford, as it is a major hub for medical care. In particular, residents who felt that they could receive more comprehensive care through one location such as InterCommunity or the Reentry Welcome Center, especially if they had access to helpful care coordinators, as well as residents who had a longstanding medical home, often noted their satisfaction with that service.



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- 3. GOVERNMENT OR INSTITUTIONAL RESPONSIVENESS.** Across many focus groups, residents expressed dissatisfaction with the responsiveness of local government and institutions to their needs. For example, a number of residents said they had been involved in focus groups or advocacy efforts in the past but that they felt like their voices had not been heard by decision makers. Some residents noted that it was difficult to reach leaders or staff who might be able to address a problem, and also that services like safety net benefits were difficult or time-consuming to access. Additional sub-themes within this topic included cultural competency and language barriers (such as the failure to engage ethnic or sexual/gender minorities, persons who do not speak English, or persons with limited education levels, in positive ways).

**ASSETS:** Residents generally recognized the need for their neighbors to get more involved and advocate for better conditions in their communities, and felt that existing community organizations, such as faith-based organizations and neighborhood groups, were positive assets in this regard. Some residents expressed hope that their communities would mobilize to engage politicians.



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- 4. SERVICES AND SUPPORT FOR CHILDREN AND YOUNG ADULTS.** Residents frequently noted the challenges of raising children in the Greater Hartford area. Challenges that were noted by several participants included lack of time for parents and caregivers because of the stress of working multiple jobs or other issues, the high cost of childcare, the high cost of supplying food and diapers to children, the availability and/or cost of after school programs that enable parents to work and ensure their kids are safe, the lack of support for youth facing mental health challenges, youth drug use (tobacco, vaping, alcohol, cannabis), negative peer pressure, the quality of schools, and concerns about how children were affected by gun violence or were not allowed to leave their homes because of safety concerns. Additionally, participants mentioned that many parents or caregivers are not informed about the importance of providing preventive healthcare to children.

**ASSETS:** Several residents mentioned community assets related to youth, such as youth sports leagues, scouting activities, parent support groups, and public libraries with after school activities. Residents also discussed the availability of programs that support mothers and/or maternal health needs.



**5. NEIGHBORHOOD ENVIRONMENT AND SAFETY.** Focus group participants from Hartford frequently brought up the challenges of living in neighborhoods that have been historically impacted by redlining and disinvestment. Chief among these was the feeling that neighborhoods did not have adequate goods and services, especially grocery stores with healthy foods and fresh produce, pharmacies, and activities for children (such as game rooms and other entertainment). Residents noted that a lack of transportation options made it difficult for them to access a wide variety of services, depending on where they lived in the city and whether they had access to a car when needed. Residents expressed isolation could be a concern due to the lack of community services and gathering places. Many residents expressed concerns about the availability of guns, including “military-grade weapons,” which cause firearm injuries during robberies or instances of intimate partner violence. Safety concerns often disrupt residents’ ability to make use of parks, go for walks, or access other services. Additional sub-themes within this topic included risks from air and water pollution and the presence of many abandoned buildings and empty lots.

**ASSETS:** Residents mentioned services in their neighborhoods, such as gyms and community centers, that they enjoy accessing and would recommend to their neighbors. Some residents felt that there were many safe places to walk, particularly in suburban areas.



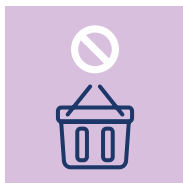
**6. MENTAL HEALTH AND SUBSTANCE USE DISORDER.** Focus group participants often noted that mental health challenges and addiction were widespread within the community. Many residents talked about how everyday stress, such as the inability to pay for extremely high housing costs, can lead to depression or drug use. While some participants described a lack of providers and issues around accessibility for mental and behavioral health services (such as counseling and smoking cessation). Most concerns related to substance use centered around alcohol and tobacco use, particularly the ease of accessing tobacco, or around the impact of fentanyl overdoses. Some residents noted that healthcare providers could partner with faith-based communities to be better equipped to respond to such widespread mental health challenges.

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



**7. TRANSPORTATION ACCESS.** While no single group explored this topic in depth, transportation barriers were mentioned repeatedly in every community focus group. Many residents agreed with the frequent comments that the transportation system was unreliable, especially outside of Hartford. These challenges made it difficult for children and adults to get to services, access jobs, or find social and recreational opportunities. Some residents noted that “dial a ride” or taxi services were an asset in allowing them to access health care, food, and other services, while others felt that they were extremely unreliable. Participants noted that transportation barriers were particularly pronounced for seniors and individuals with disabilities. A few residents also raised the cost of bus tickets as a concern.

**ASSETS:** Several residents praised the many bus routes in the city center, as well as the ease of walking to destinations within their neighborhoods.



**8. FOOD INSECURITY.** In some focus groups, residents noted that food costs have been rising, making it difficult for people to afford nutritious foods on a regular basis, and contributing to obesity and poor cardiovascular health. Similar to housing insecurity, residents noted that food insecurity makes it difficult for families and children to focus on other needs such as getting health care or studying for school. Frequently, this topic was also raised as an issue involving the locations of stores (including the lack of a grocery store in North Hartford) and the lack of transportation access to get to stores that sell high-quality food, as noted above.

**ASSETS:** Access to food stamps and the abundance of food pantries were frequently noted as a community asset, although residents who made these comments often expressed concerns that the value of food stamps had been declining and that food stamps and food pantries are both severely threatened by cutbacks at the federal level, which could lead to lower quality services. Some residents noted the importance of having grocery stores and ethnic foods nearby.



**9. IMPACTS OF CHANGING FEDERAL OR POLICY LANDSCAPE.** One topic that emerged across focus groups was a general concern that services have been severely impacted, or would be impacted, by changes at the federal level in 2025. Residents mentioned that programs like Meals on Wheels, STI testing, food pantries, and services for LGBTQ+ individuals have already been cut back. In addition, issues related to immigration enforcement and ICE raids, potentially impacting many immigrants and people of color, emerged as an important sub-theme in many discussions, especially in focus groups with immigrants and Spanish-speaking residents. A number of participants said that they had personally experienced or feared retaliation by landlords and employers, and that they might feel too anxious or unsafe to leave their homes to access healthcare appointments or other services at this time, unless leaving was absolutely necessary. Other residents expressed concerns about how these changes would impact their neighbors, and that levels of racism and hate crimes might be rising in general given an environment that seems to empower racist attitudes or actions. Additionally, some participants noted that prices for basic goods would be rising due to tariffs.

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



**10. SOCIAL SUPPORT.** Many residents spoke about the importance of mechanisms that provide social support, both as a community asset (supporting access to information, encouraging exercise and socializing, and building a sense of community) and as a need experienced by their communities. Some residents felt isolated, or that they did not know their neighbors. Residents mentioned a need for more facilities for social gatherings, especially for youth, seniors, and persons with disabilities or other special needs. Some residents felt that these types of facilities could become more important over time if the social safety net becomes more frayed.

**ASSETS:** A number of residents described the high value of peer support groups, community-based organizations, senior centers, and community navigators, such as outreach specialists within non-profit agencies or faith-based organizations who can help connect individuals to housing, care, and other supports. Many residents also discussed the value of the informal support they receive from their family and friends, including help with childcare or housing. Some cautioned that support beyond family is still crucial to have, however, because family members can be limited in what help they can reasonably provide over time.



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**11. ACCESS TO INFORMATION AND EDUCATION.** Residents often expressed that information is difficult to find or not readily available when needed. This topic also encompasses health literacy. There was a general perception that some residents do not understand how to take care of their health, how to find services for their children, how to secure employment or basic goods and services, or how to deal with a variety of crisis situations, and who may need advocates to be able to speak on their behalf. Advertising and outreach were mentioned as approaches that could be valuable for sharing information, but they currently tend to be ineffective due to limited funding. The digital divide was mentioned as a potential barrier to accessing information, particularly for older adults.

**ASSETS:** Some residents mentioned the presence of websites and community center bulletin boards as assets that allow residents to access resources that they otherwise wouldn't be able to. Furthermore, residents participating in these community focus groups often shared information with each other about where to find specific services or supports.



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**12. OTHER ISSUES.** Other issues mentioned less frequently, but still on a number of occasions, included the lack of high-paying jobs, difficulty in finding adequate work opportunities, difficulty being able to access places to exercise (like gyms and specialized facilities for disabled persons), the need to do more to engage older adults, and others.

**ASSETS:** Residents mentioned a number of community assets that correspond to some of these concerns, such as the availability of local entrepreneurship centers to help residents start small businesses, private gyms or other facilities that have yoga classes, public parks, adult education centers, city sports and recreation programs, and the ability to find jobs located within easy walking distance of their homes.



# Summary of Individual Focus Groups

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

## Hispanic Health Council

HARTFORD, CT

**MARCH 21, 2025, 2PM**

**INTENDED POPULATION:  
MEMBERS OF THE  
LATINO AND HISPANIC  
COMMUNITY IN  
HARTFORD AREA**

**DESCRIPTION:**  
In-person group conducted in  
English and Spanish, mixed  
age/gender.

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

# Women's League

HARTFORD, CT

**MARCH 28, 2025, 11AM**

INTENDED POPULATION:

**CHILDREN AND  
FAMILIES IN HARTFORD  
AREA**

DESCRIPTION:

In-person group conducted in English with 8 participants, mixed race/age/gender, predominantly parents of children age 0-3.

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

# Caribbean American Society

HARTFORD, CT

**APRIL 4, 2025, 11AM**

INTENDED POPULATION:

**MEMBERS OF THE  
WEST INDIAN AND  
AMERICAN CARIBBEAN  
COMMUNITIES IN  
HARTFORD AND  
BLOOMFIELD**

DESCRIPTION:

In-person group conducted in English with 12 participants, mixed gender, predominantly Black/Caribbean American, approximate ages 18 to 75.

- Participants discussed the importance of community organizations in providing support for residents of the neighborhoods.
- "There is a long waiting list for mental health services, and a lot of referrals to online providers with unproven success rates about whether that kind of care is effective."
- "I think we need more facilities for social gathering, where elderly people can go to the gym or a senior center."
- "People want to age in place, but it is very difficult for them to do so if they need extra care and don't have those kinds of wraparound services where they are."

# The Health Collective

HARTFORD, CT

**APRIL 8, 2025, 1PM**

**INTENDED POPULATION:  
MEMBERS OF THE  
LGBTQIA+ COMMUNITY  
IN HARTFORD AREA**

**DESCRIPTION:**  
In-person group conducted in  
English with agency staff and  
participants

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

# Women’s Ambulatory Health Services

HARTFORD, CT

**APRIL 10, 2025, 5PM**

**INTENDED POPULATION:  
LATINA WOMEN IN  
HARTFORD AREA**

**DESCRIPTION:**  
In-person group primarily  
conducted in Spanish with 13  
participants, predominantly  
Latina women.

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

# InterCommunity

EAST HARTFORD, CT

**APRIL 14, 2025, 2:30PM**

**INTENDED POPULATION:  
ADULTS RECOVERING  
FROM SUBSTANCE USE  
DISORDER IN HARTFORD  
AREA**

**DESCRIPTION:**  
In-person group conducted in  
English with 11 participants,  
mixed race/gender,  
approximate ages 18 to 75.

- “When you don’t have a place to stay you can’t just go to a shelter anymore. You have to wait a long time to get a bed, over a month. Any amount of time is a long time when you’re homeless, especially in the wintertime.”
- “There are so many programs but if they aren’t spoken of, we just don’t know [about them]. One of the programs I was looking at was for car donations for people with their license that are trying to go back to work.”
- “If you get your food needs met, your housing needs met, that is good but that doesn’t mean you aren’t lonely, that you don’t have a sense of purpose or feel like there is nothing to do.”

# Riverfront Recapture

HARTFORD, CT

**APRIL 15, 2025, 2PM**

**INTENDED POPULATION:  
VETERANS WITH  
DISABILITIES**

**DESCRIPTION:**  
In-person group conducted  
in English with 2 program  
participants and 2 support staff  
focused on access for persons  
with disabilities.

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

# Community Partners in Action

REENTRY WELCOME CENTER, EAST HARTFORD, CT

**APRIL 17, 2025, 11:30AM**

**INTENDED POPULATION:  
REENTRY POPULATION**

**DESCRIPTION:**  
In-person group conducted in English with 12 participants, predominantly Black/Latino, approximate ages 18 to 75.

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

# CT Harm Reduction Alliance

HARTFORD, CT

**APRIL 18, 2025, 11:30AM**

**INTENDED POPULATION:  
ADULTS RECOVERING  
FROM SUBSTANCE USE  
DISORDER AND/OR WHO  
ARE UNHOUSED**

**DESCRIPTION:**  
In-person group conducted in English with 9 participants, predominantly Black women, approximate ages 25 to 60.

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



# Urban Hope

HARTFORD, CT

**APRIL 30, 2025, 6PM**

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**INTENDED POPULATION:  
FAITH-BASED COMMUNITY  
LEADERS**

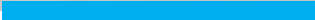
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**DESCRIPTION:**

Virtual group hosted on Zoom and conducted in English with 9 participants, predominantly Black, mixed gender, approximate ages 35 to 75.

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



**For more information about  
this summary report, please  
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