

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION STRATEGY FISCAL YEARS FY23-25



Trinity Health Mid-Atlantic Pennsylvania hospitals completed a comprehensive regional Community Health Needs Assessment (rCHNA) which was adopted by the Trinity Health Mid-Atlantic Board on May 26, 2022. Trinity Health Mid-Atlantic performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at <u>https://www.trinityhealthma.org/community-benefit/chna/</u> or printed copies are available at each health ministry's administrative office.

OUR MISSION

All Trinity Health Mid-Atlantic hospitals and Trinity Health serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR HOSPITALS

Trinity Health Mid-Atlantic is a Regional Health System that includes Mercy Fitzgerald Hospital in Darby, Pa.; Nazareth Hospital in Northeast Philadelphia; Saint Francis Hospital in Wilmington, Del.; St. Mary Medical Center & St. Mary Rehabilitation Hospital in Langhorne, Pa. and home health and LIFE programs. Trinity Health Mid-Atlantic is a member of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation.

OUR COMMUNITY BASED SERVICES

Trinity Health Mid-Atlantic in addition to its acute care and rehabilitation hospitals, Trinity Health Mid-Atlantic includes ambulatory services including Medical Groups, ACO & CIN, Wound Healing Center, Outpatient Rehabilitation Services, LIFE [All-inclusive Care for the Elderly (PACE)], Safety-Net Health Centers, Behavioral health services, Home Health and various imaging and multi-specialty medical offices. Trinity Health Mid-Atlantic's commitment to health equity is reflected in robust Community Health & Wellbeing services and community partner engagement in services such as Mobile Health, Community Health Worker Network, Community Resource directory, Food insecurity initiatives, Durable Medical Equipment and Prevention Programs – DPP, Tobacco Cessation, Prenatal education, Safe Sleep & Infant Passenger Safety.

OUR COMMUNITY

Trinity Health Mid-Atlantic PA defines its service area in the PA metro region as the ZIP codes from which the following percents of inpatient discharges are derived from each facility: <u>St. Mary Medical Center</u> and <u>St. Mary Rehabilitation Hospital</u> (88 percent), <u>Nazareth Hospital</u> (79 percent), and <u>Mercy Fitzgerald Hospital</u> (84 percent).

Bucks County: 18940, 18954, 18966, 18974, 18976, 18977, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, 19067

Delaware County: 19018, 19023, 19026, 19036, 19050, 19079, 19082

Philadelphia County: 19111, 19114, 19115, 19116, 19135, 19136, 19139, 19142, 19143, 19149, 19152, 19153

THMA PENNSYLVANIA HOSPITALS

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION HOSPITAL



NAZARETH HOSPITAL



HOSPITAL SERVICE AREA DEMOGRAPHICS

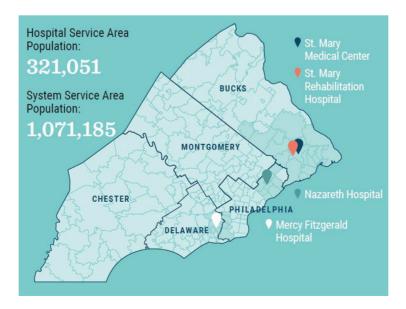


MERCY FITZGERALD HOSPITAL



HOSPITAL SERVICE AREA DEMOGRAPHICS





OUR APPROACH TO HEALTH EQUITY

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



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

Trinity Health Mid-Atlantic's approach to addressing the needs of the community has been in collaboration with community partners, community members, patients, internal and external stakeholders in which an investment of finances, staffing and in-kind support has given rise to transformational outcomes in food access & access to care. THMA will continue to support & build on these past objectives and goals ensuring the sustainability of this work. Although this implementation strategy is for three years, THMA will take a four year comprehensive approach to addressing behavioral health needs of the community through a transformative lens and a root cause strategy. To accomplish the goals set forth, THMA will require collaborations encompassing community guidance, subject matter experts, advocacy, Diversity Equity Inclusion council and community partners across multisectors working together to ensure policy, system and environmental lasting change.

HEALTH NEEDS OF THE COMMUNITY

The CHNA conducted in July 2021 through March 2022 identified the significant health needs within the Bucks County, Delaware County & Far Northeast Philadelphia County communities. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

- 1. Mental Health Conditions
- 2. Access to Care (Primary and Specialty)
- 3. Chronic Disease Prevention and Management
- 4. Substance Use and Related Disorders
- 5. Healthcare and Health Resources Navigation
- 6. Racism and Discrimination in Health Care
- 7. Food Access
- 8. Culturally and Linguistically Appropriate Services
- 9. Community Violence
- 10. Housing
- 11. Socioeconomic Disadvantage
- **12. Neighborhood Conditions**



THMA PENNSYLVANIA HOSPITALS IMPLEMENTATION STRATEGY

Significant health needs to be addressed

Trinity Health Mid-Atlantic, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following health needs:

Mental Health Conditions – CHNA pages 229.
Food Access – CHNA pages 235
Access to Care – CHNA pages 230.

For the purposes of this rCHNA Implementation Strategy, St. Mary Rehabilitation Hospital will focus on Mental Health Conditions and does not plan to directly address the needs of Food Access and Access to Care because of duplication of efforts.

Significant health needs to be addressed

Trinity Health Mid-Atlantic acknowledges the wide range of priority health issues emerged from the rCHNA process and determined it could effectively focus on only those health needs which are the most pressing, under- addressed and within its ability to influence. For the purposes of this rCHNA Implementation Strategy, THMA does not plan to directly address the following needs, however, THMA Community Health and Well-Being continues to be supportive as needed in ambulatory, clinical and community services avoiding duplication of resources".

Trinity Health Mid-Atlantic does not intend to address the following:

- Chronic Disease Prevention and Management
- Substance Use and Related Disorders
- Healthcare and Health Resources Navigation
- Racism and Discrimination in Health Care
- Culturally and Linguistically Appropriate Services
- Community Violence
- Housing
- Socioeconomic Disadvantage

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

MENTAL HEALTH CONDITIONS



Trinity Health Mid-Atlantic CHNA reference pages: 229

Brief description of need:

Significant mental health needs across the region are indicated by:

- High rates of depression among youth and adults (1 in 5 adults report diagnosed depressive disorders, and many more are undiagnosed)
- Across the 5 counties, 15 percent of residents report frequent mental distress.
- Suicide mortality and suicide attempts/ ideation rates among youth (particularly among those who identify as LGBTQ+) that persist and are likely to show increases when more recent data is made available.
- These concerning trends were exacerbated by the social isolation, stress, and fear experienced due to the COVID-19 pandemic.
- Pandemic-related trauma is particularly compounded for those communities also contending with trauma associated with high levels of poverty, community violence, and racism.
- If left undiagnosed or untreated, there is increased likelihood of serious issues that result in increased health care (especially emergency department) utilization and co-occurring substance use disorders.
- Populations particularly affected include youth, older adults, immigrant communities, LGBTQ+ communities, those experiencing homelessness and housing insecurity.
- There continues to be a significant lack of community-based, integrated mental health treatment options and a particular dearth of resources for youth with mental health needs and Trauma results from experiencing physically or emotionally harmful or lifethreatening events or circumstances that overwhelm a person's ability to cope over time. 8 These experiences cause lasting adverse effects on a person's functioning and mental, physical, social, emotional, or spiritual wellbeing. 8 Trauma may arise from a host of challenging experiences, many of which are connected to multiple priority needs identified in the 2022 regional Community Health

Needs Assessment. 2 Trauma and traumatic stress may be connected to individual or interpersonal experiences (such as Adverse Childhood Experiences, medical trauma, or experiencing stressful social needs such as food insecurity, housing insecurity, or socioeconomic disadvantage); community and societal factors (such as community or neighborhood violence and pervasive crises such as COVID-19); or accumulated trauma resulting from historical, interpersonal, and systemic racism and discrimination. History of trauma is widespread and affects health care system staff, patients, and broader communities.

Equitable and Inclusive SMART Objective(s):

- 1. Increase the percentage of BIPOC & LTGBQ+ youth diagnosed with a mental health condition receiving treatment once identified in school or in safety net clinics. by 2% annually over next 3 years.
- 2. Increase the number of school & primary care facilities integrating mental health services with co-location especially within BIPOC and LGBTQ+ communities by 10 in 3 years.
- **3.** Reduce the proportion of students in crisis through school-based mental health counseling and community initiatives by reducing Ohio Functioning scores by 20% upon discharge.
- 4. Increase the number of referrals to the community medication assisted treatment program from 10 to 25 by 2025.
- 5. Increase the number communitybased organizations, ambulatory and clinical staff serving BIPOC & LGBTQ+ community members certified in Mental Health First Aid &/or Trauma informed care to 200 individuals
- 6. Increase awareness of 988 behavioral health resources and services in 100 community organizations by 2025.

Actions the hospital facility intends to take to address the health need:

STRATEGY	TIMELINE			HOSPITAL	COMMITTED RESOURCES	PARTNER	FOCUS	FOCUS											
	Y1	Y2	Y3		HOSPITAL/ PARTNER		POPULATION	LOCATION											
Co-locate prevention and behavioral health services in community settings ("one stop shop") where families live, work, learn, and socialize	X	X	X	Mercy Fitzgerald	In-kind (Staff time)	TBD	BIPOC adults	19023, 19050 19143, 19153											
				Nazareth hospital	In-kind (Staff time) TCI funding	Merakey Positive Recovery Solutions	BIPOC Youth & Older adults	19149, 19152, 19153											
				St. Mary Medical Center	\$11,500.00 annually	Family Services Association	Youth School-based Those in recovery.	19020,19053, 19054,19055, 19056,19057, 19067											
				St. Mary Rehabilitation	In-kind (Staff time)	Positive Recovery Solutions	Rehabilitation Hospital Patients	19047											
Develop an integrated care model co-locating	Х	X	Х	Mercy Fitzgerald	In-kind (Staff time)	Merakey Positive Recovery Solutions	Homeless BIPOC incarcerated	19023, 19050 19143, 19153											
behavioral health in safety nets and mobile services				Nazareth hospital	In-kind (Staff time) TCI funding	Merakey Positive Recovery Solutions	BIPOC Youth & older adults	19149, 19152, 19153											
with a referral network				St. Mary Medical Center	In-kind (Staff time)	Merakey Positive Recovery Solutions	BIPOCLGBTQ Youth & adults Maternal	19020											
				St. Mary Medical Rehabilitation	In-kind (Staff time)	Merakey Positive Recovery Solutions	Rehabilitation Hospital Patients	19047											
Provide education and marketing of	x	Х	X	Mercy Fitzgerald	\$13,500 annually	Delaware county Health Department	focus on all youth	19023, 19050 19143, 19153											
988 services											Nazareth hospital	\$13,500 annually & TCI funding	Phila. Health Department Merakey	focus on all youth	19149, 19152, 19153				
				St. Mary Medical Center	\$13,500 annually	Bucks County Health Department	Youth & adults	19020,19053, 19054,19055, 19056,19057, 19067											
				St. Mary Rehabilitation	\$3,500 annually	Bucks County Health Department	Rehabilitation hospital staff	19047											
Provide training for healthcare providers, community- based organizations and others in Mental Health First Aid, trauma- informed care, and cultural competence/ sensitivity	x	Х	x	Х	Х	Х	Х	Х	Х	Х	X	X	X	x x	Mercy Fitzgerald	In-kind (Staff time)	SEPA AHEC Global Lakeside Alliance DEI council	Home Care GME Ambulatory services	19023, 19050 19143, 19153
					Nazareth hospital	In-kind (Staff time) TCI funding	SEPA AHEC Global Lakeside Alliance Merakey DEI council	Home Care GME Ambulatory services	19149, 19152, 19153										
				St. Mary Medical Center	In-kind (Staff time)	SEPA AHEC Global Lakeside Alliance DEI council	Home Care GME Ambulatory services	19020,19053, 19054,19055, 19056,19057, 19067											
								St. Mary Medical St. Mary Rehabilitation	In-kind (Staff time)	SEPA AHEC Global Lakeside Alliance DEI council	Rehabilitation hospital staff	19047							

Anticipated impact of these actions:

IMPACT MEASURES	BASELINE	TARGET	PLAN TO EVALUATE THE IMPACT
Percentage of BIPOC & LGTBQ+ youth identified in school or safety nets with a mental health condition receiving treatment	Establish baseline in 2023	Increase 2% annually by over next 3 years	Monitor referral completion, among those who are BIPOC/ LGTBQ+ to community mental health services through EHR yearly
Functional Scores (Ohio Scales) for students in crisis receiving school- based mental health services. (Ohio Scales are a primary measure of psychological impairment and social functioning)	Establish functional scores baseline in school year 2023 (Students were virtual in 2021-2022 school year)	20% improvement in functional score on average for students receiving intervention upon discharge	Ohio functional scores for students in school-based treatment will be evaluated quarterly
The number of primary care facilities & schools integrating mental health services onsite through co-location	1 co-location sites	11 co-location sites by 2025	Monitor number of integrative services
The number of persons receiving treatment in the community with medication assisted treatment program	10 individuals	25 individuals by 2025	Monitor number of individuals receiving treatment from mobile & community services
The number of persons in community organizations, ambulatory and clinical staff educated and certified on Mental Health First Aid &/or Trauma informed care	40 individuals	200 individuals by 2025	Number of individuals in certified in Mental Health First Aid &/or Trauma Informed Care will be tracked annually
Increase awareness of 988 behavioral health resources and services available	0 organizations	100 Community organizations reached	Track number of community organizations reached with educational materials

2 FOOD ACCESS



Trinity Health Mid-Atlantic CHNA reference pages: 235

Brief description of need:

- Issues of food access focus primarily on food security, defined as having reliable access to enough affordable, nutritious food. Many community members experience challenges with obtaining sufficient food of any kind, as well as report issues with accessing healthy food more specifically.
- The financial challenges brought on by the COVID-19 pandemic has led to an increase in rates of food insecurity across all counties and sharply rising demand for emergency food assistance. Nearly a quarter of Philadelphia households are receiving Supplemental Nutrition Assistance Program (SNAP) benefits.
- Access to food is related to other priority needs, including socioeconomic disadvantage and neighborhood conditions. These needs present barriers to equitable food access including high cost of foods, limited food options within a neighborhood, and limited ability to navigate via transportation to food resources. Inconsistent food access also contributes to other priority health needs, including mental health conditions and chronic disease prevention and management.
- Black and Hispanic/Latino communities are disproportionately impacted by food insecurity, as are older adults and immigrant communities.

Equitable and Inclusive SMART Objective(s):

- Decrease the number of food insecure community members in the black & brown neighborhoods with limited or no access to healthy food by 10% by the year 2025.
- 2. Participate with collaborating health systems and community-based partners in shared learning around implementation strategies through the COACH Food Security workgroup to increase cross-sector organizational partners to 20 by 2025.
- Increase number of trusted food network partners within the community resource directory accepting food resource referrals by 10 by 2025.



	TIMELINE			HOSPITAL	COMMITTED RESOURCES		FOCUS	FOCUS		
STRATEGY	Y1	(1 Y2 Y3		HUSFILL	HOSPITAL/ PARTNER	PARTNER	POPULATION	LOCATION		
Provide services which distribute food directly to people where they live, especially in neighborhoods with limited or no access to healthy food. Ensuring more equitable access to food assistance programs and resources throughout the region	x	×	x	Mercy Fitzgerald	In-kind (staff time) and financial resources as needed	Lancaster Farm Fresh Coop Church of Christian Compassion Friendship Circle Eastwick	Seniors and those who are food insecure	19023, 19050 19143, 19153		
				Nazareth hospital	In-kind (staff time) and financial resources as needed	Lancaster Farm Fresh Coop	Seniors and those who are food insecure	19149, 19152, 19153		
				St. Mary Medical Center	In-kind (staff time) and financial resources as needed \$87,576 annually	United Way Bucks County Opportunity Council Lancaster Farm Fresh Coop Philabundance	Seniors and those who are food insecure	19020,19053, 19054,19055, 19056,19057, 19067		
Collaboration between hospital systems, food partners, community residents and local food systems to improve access points	×	x	X	Mercy Fitzgerald	In-kind (staff time) and financial resources as needed \$4,000 annually	Food and Nutrition Dept Ever Abundant Life Church Delco Life Center MFH Colleague COACH	Homeless, Colleagues, Community & patients approving referral for food resources	19023, 19082		
				Nazareth hospital	In-Kind (staff time) and financial resources as needed \$4,000 annually	COACH Philadelphia Health Department Resource task force	Homeless, Colleagues, Community & patients approving referral for food resources	19149, 19152, 19153		
									St. Mary Medical Center	\$4,000 annually \$20,000 annually
Using a relationship- centered approach, identify patients and community members who are interested in food resources and programs supporting access to healthy food	×	×	X	Mercy Fitzgerald Nazareth hospital St. Mary Medical Center	\$2,000 annually per HM for printing for community partners In-kind	Findhelp.org Faith leaders Delaware county Health Department Bucks County Health Department	Homeless, Colleagues, Community & patients approving referral for food resources	19023, 19050 19143, 19153 19149, 19152, 19020, 19053, 19054, 19055, 19056, 19057, 19067		

Anticipated impact of these actions:

IMPACT MEASURES	BASELINE	TARGET	PLAN TO EVALUATE THE IMPACT
Number of food insecure community members in black & brown neighborhoods	25% food insecurity rate in black & brown communities	Decrease by 10% by the year 2025	Monitor food insecurity data in Feeding America reports
Number of cross-sector organizational partners addressing food access	15 cross-sector organizational partners	20 cross-sector organizational partners by 2025	Track number of cross-sector organizational partners representing non-profit health systems, public health agencies, insurers, and community-based food access organizations participating in bi-monthly COACH Food Security workgroup
Number of trusted food network partners within the community resource directory accepting food resource referrals	2 trusted partners	10 trusted network CBOs by 2025	Monitor the referral usage and closure in Find help data



ACCESS TO CARE (PRIMARY, SPECIALTY & SUBSTANCE USE DISORDER)



Trinity Health Mid-Atlantic CHNA reference pages: 230

Brief description of need:

- The supply of primary care providers across the region compares favorably to national data and trends with uninsured rates are improving regionally, but challenges remain with increasing provider acceptance of new patients with Medicaid coverage.
- Barriers to access to primary care for communities are due to:
 - Lack of providers in neighborhoods (especially in NE/SW Philadelphia, rural areas in suburban counties)
 - Affordability (particularly among those who are uninsured, those with lower incomes unable to afford co-payments/deductibles)
 - Language/cultural barriers (notably among immigrant communities and English language learners)
- The above issues are exacerbated with specialty care, with added challenges posed by even more limited availability of appointments, high cost, and lack of care coordination/linkage with primary care.
- Impacts of the COVID-19 pandemic include:
 - Increased enrollment in Medicaid (increases ranging from 11% to 20% in 5 counties, 2020-2021)
 - Longer wait times for appointments, especially for specialty care
 - Gaps in access to preventive services, including immunizations for children/youth, health screenings/ diagnostic testing for adults (e.g., chronic diseases, breast/colon/ prostate cancer)

Equitable and Inclusive SMART Objective(s):

- Increase the number of uninsured and underinsured persons receiving mobile health & social care to 150 by 2025.
- Increase community health worker integration into ambulatory and community settings with high volume of uninsured or underinsured from 1 to 11 in three years.
- Increase number of Lyft rides to healthcare services & appointments for patients identified by THMA Care Coordination team by 2% annually.
- 4. Increase the number of translation and interpreter services used in ambulatory and community settings with high concentration of immigrant and refugee populations by 10% from baseline annually through 2025.



Actions the hospital facility intends to take to address the health need:

STRATEGY	TIMELINE		INE	HOSPITAL COMMITTED		PARTNER	FOCUS	FOCUS				
STRATEGT	Y1	Y1 Y2 Y3			RESOURCES	FARINER	POPULATION	LOCATION				
Embed Community Health Workers in primary care practices & community partner's SIOH resource sites.	Х	X	×	Mercy Fitzgerald	Grant funding	Broad Street Ministries Church of Christian Compassion Abiding Truth Ministries	Homeless and under or unsured	19143 19141				
				Nazareth hospital	In-kind (staff time) and financial resources as needed	Merakey Community Aid Refurbished Equipment Center	Homeless and under or unsured	19149, 19152, 19153				
				St. Mary Medical Center	In-kind (staff time & mobile unit) and financial resources as needed \$30,000	Bucks County Opportunity Council Family Services Association Community Aid Refurbished Equipment Center	HELP Center Guests Homeless	19020, 19053, 19054, 19055, 19056, 19057, 19067				
Provide health and social services directly to underserved communities via mobile social & health services	Х	X	x	Mercy Fitzgerald	In-kind & Grant funding	Broad Street Ministries Church of Christian Compassion Abiding Truth Ministries	Homeless and under or uninsured	19143 19141				
				Nazareth hospital	In-kind (staff time) and financial resources as needed	Community Aid Refurbished Equipment Center	under or uninsured	19149, 19152, 19153				
					St. Mary Medical Center	In-kind (staff time) and financial resources as needed Mobile Unit	Bucks County Opportunity Council Family Services Association Community Aid Refurbished Equipment Center	Homeless and under or uninsured	19020, 19053, 19054, 19055, 19056, 19057, 19067			
				St. Mary Medical Center	\$150,000 annual	Community Aid Refurbished Equipment Center	Seniors Uninsured, underinsured	19020, 19053, 19054, 19055, 19056, 19057, 19067				
Provide on- site language interpreters by certifying colleagues for in person translation and health education materials in diverse languages.	Х	×	x x	Mercy Fitzgerald	In-kind (staff time)	Language Testing International Cyracom Translation services	Low or Non-English Speaking patients Immigrant/refugee pop	19143, 19141				
				Nazareth hospital	In-kind (staff time)	Language Testing International Cyracom Translation services	Low or Non-English Speaking Immigrant/ refugee pop	19149, 19152, 19153				
				St. Mary Medical Center	In-kind (staff time)	Language Testing International Cyracom Translation services	Low or Non-English Speaking Immigrant/ refugee pop	19020, 19053, 19054, 19055, 19056, 19057, 19067				
Increase transportation assistance, including adding options for those not eligible for certain benefits.	х	×	x	Mercy Fitzgerald	\$6,000 annually	Lyft THMA Care coordination team	Safety-nets patients, ACO/CIN	19143 19141				
								Nazareth hospital	\$6,000 annually	Lyft THMA Care Coordination team	Safety-nets patients, ACO/CIN	19149, 19152, 19153
					St. Mary Medical Center	\$6,000 annually	Lyft THMA Care Coordination team	Safety-nets patients, ACO/CIN	19020, 19053, 19054, 19055, 19056, 19057, 19067			

Anticipated impact of these actions:

IMPACT MEASURES	BASELINE	TARGET	PLAN TO EVALUATE THE IMPACT	
Number of Community health workers integrated into High SIOH needs in ambulatory and community settings	1 CHW	11 CHWS	Monitor the growth of CHW workforce with community partners and ambulatory settings	
Number of rides provided by LYFT	Establish baseline in 2023	Increase by 2% annually	Track rides provided monthly by safety nets and ACO/ CIN to healthcare services & appointments in Lyft	
The number of un or under insured persons receiving health & social care through mobile services	Establish Baseline in 2023	150 individuals served by 2025	Track utilization of mobiles services by individuals	
Number of interpreter services requested	Establish Baseline in 2023	Increase by 10% from baseline annually through 2025	Track interpreter & translation services usage in Cyracom & Language Testing International	



ADOPTION OF IMPLEMENTATION STRATEGY

On 10/25/2022, the Board of Directors for Trinity Health Mid-Atlantic voted after review of the 2023-2025 Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

James Woodward, CEO Trinity Health Mid-Atlantic

10/25/2022



