Fiscal Years FY26–28

Trinity Health
Mid-Atlantic

Community Health Needs Assessment (CHNA) Implementation Strategy

THMA-E12091-2508

Trinity Health Mid-Atlantic (THMA) (PA) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 12, 2025. THMA 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 influences 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 trinityhealthma.org/chna or printed copies are available at our hospital locations:

Mercy Fitzgerald Hospital, 1500 Lansdowne Avenue, Darby, PA 19023
Nazareth Hospital, 2601 Holme Avenue, Philadelphia, PA 19152
St. Mary Medical Center, 1201 Langhorne-Newtown Road, Langhorne, PA 19047

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

In addition to its acute care and rehabilitation hospitals, Trinity Health Mid-Atlantic includes Trinity Health Mid-Atlantic Medical Group, Quality Health Alliance (ACO/CIN), wound healing centers, outpatient rehabilitation services, LIFE (Program of All-inclusive Care for the Elderly), 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 is medicine & food insecurity initiatives, durable medical equipment and prevention programs—DPP, tobacco cessation, prenatal education, safe sleep and infant passenger safety.

Our Community

Trinity Health Mid-Atlantic 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: St. Mary Medical Center and St. Mary Rehabilitation Hospital (88 percent), Nazareth Hospital (79 percent), and Mercy Fitzgerald Hospital (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

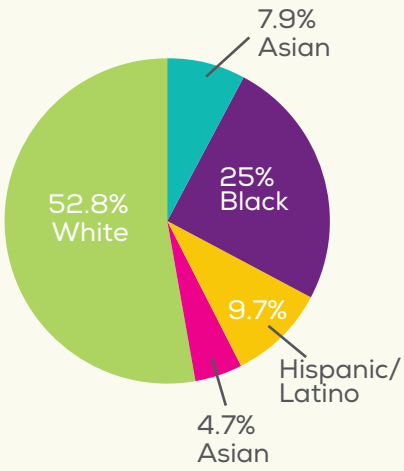
Service Area Demographics

Estimated Population
1,084,779

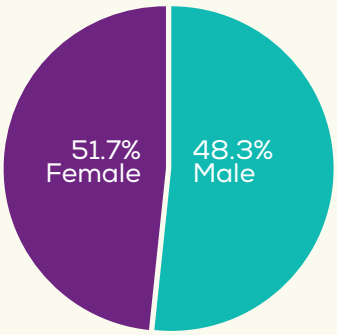
Median Household Income
$75,943

Not Fluent in English
2.4%

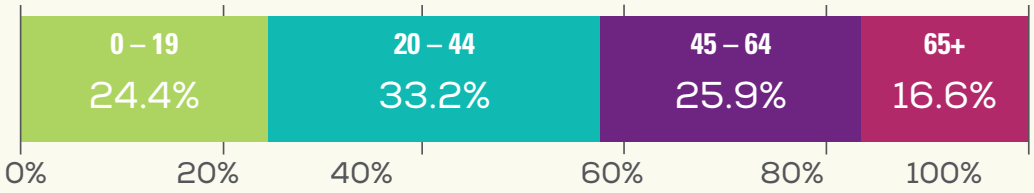
Racial Compostion



Sex



Age Distribution



Mercy Fitzgeral Hospital

- 183 HOSPITAL BEDS
- 106,126 OUTPATIENT VISITS
- 7,230 ADMISSIONS
- 38,750 ED VISITS
- 319 PHYSICIANS

Nazareth Hospital

- 189 HOSPITAL BEDS
- 75,813 OUTPATIENT VISITS
- 6,667 ADMISSIONS
- 43,578 ED VISITS
- 450 PHYSICIANS

St. Mary Medical Center

- 373 HOSPITAL BEDS
- 205,125 OUTPATIENT VISITS
- 16,023 ADMISSIONS
- 50,109 ED VISITS
- 746 PHYSICIANS

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 and well-being work. Community health and well-being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity—"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

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

Health and Social Needs of the Community

The CHNA conducted in June 2024 – April 2025 identified the significant needs for health and social drivers of health within the Bucks County, Delaware County & 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. Trust and Communication
   - National surveys indicate declining patient trust in health care institutions, often due to provider burnout, high turnover, disparities in treatment, and financial barriers, which disproportionately affect uninsured and minoritized communities. Community conversations reinforced this issue in the region.
   - Challenges in Provider-Patient Communication: Patients feel rushed during short appointments and unheard by providers, leading to concerns about potential medical errors, particularly with conflicting prescriptions.
   - Emergency Room (ER) Communication Gaps: ER staff have the most pronounced communication issues, which are closely linked to long waiting times and patient frustration.
   - Administrative & Customer Service Concerns: Poor front-desk interactions, including last-minute appointment cancellations and unprofessional behavior, contribute to negative patient experiences and decreased trust.

2. Racism and Discrimination in Health Care
   - People of color, immigrants, people with disabilities, people with mental illness, people with substance addiction, LGBTQ+ individuals, and other minority groups continue to experience discrimination and institutional barriers to health care.
   - Insufficient health care staff from diverse and representative backgrounds play a major role in this issue—people do not see themselves reflected in the health care workforce; can lead to not "feeling seen."
   - Intersecting identities lead to exponential impacts on discrimination and racism, and subsequent trauma.
   - The political climate in the United States contributes to feelings of vulnerability within marginalized communities.

3. Chronic Disease Prevention & Management
   - Community gyms and recreation spaces that are well maintained and free/affordable, were recognized as desirable neighborhood resources, along with safe neighborhoods, and support disease prevention and management.
   - Limited access to healthy food options and limited food education were noted as some of the greatest barriers to maintaining health and preventing or improving health conditions.
   - Some participants shared knowledge of and experiences with Long COVID, while a significant number were unfamiliar with the condition. Millions of adults in the U.S. have been affected by Long COVID. Participants are still generally concerned about acute COVID-19 infection.
   - People with disabilities, who are not all older adults, face barriers to disease prevention and management due to accessibility issues and require greater advocacy.

4. Access to Care (Primary & Specialty)
   - Prevailing barriers in accessing care include: inadequate health insurance coverage (insurance not accepted, high out-of-pocket costs, no dental coverage), limited transportation/accessibility of offices/hospitals (primarily an

issue in non-urban settings and amongst older adults), extended wait times for appointments (prompting use of ER and urgent care more often), closures of local hospitals, and specialists not covered by insurance or not available for appointments/too far.

- In addition to hospital closures, pharmacy closures present challenges related to obtaining prescriptions, resulting in increased utilization of prescription deliveries.
- Some pandemic-era changes to access have persisted, including more pervasive telehealth services, increased interaction with health portals, and virtual health-related programming.

5. Health Care & Health Resources Navigation

- Community members' lack of awareness of resources is reflective of both community needs and a lack of knowledge.
- The perception of a lack of resources where some might exist is indicative of a need to improve information dissemination and methods of accessing that information. Participants frequently felt compelled to share resources and experiences with one another, when needs and complaints arose about health services among the focus group members.
- Navigating insurance policies, coverages, web platforms, related resources and health care costs prove challenging—especially for older adults who feel less confident with technology use and the transition to Medicare.
- Mentorship for medical decision-making, particularly for older adults who live alone, can promote social support, advocacy and safety.

6. Mental Health Access

- Community members shared the quantity and availability of mental health providers are insufficient to meet ever increasing needs (particularly post-pandemic).
- Additionally, health insurance coverage for mental health services and providers is inadequate.
- Stigma around this topic was cited as a barrier—especially in ethnic minority communities.
- The intersection of mental illness, substance abuse, and/or homelessness was recurring concern.
- The general population expressed significant concerns related to youth mental health—which is reflected in the youth prioritization.
- Mental health needs for older adults focus on grief support and opportunities for community-based social engagement.

7. Substance Use & Related Disorders

- Community members shared concerns about substance use in their communities, co-occurring mental illness, the potential implications on youth, and the association with poor neighborhood safety.
- Drug overdose rates continue to be high due to opioid epidemic.
- Community-based services to treat substance abuse are perceived as insufficient in number by some, and/or are not well-known by others.
- Prevention and education measures can serve as protective factors against misuse and abuse; questions arose regarding the usefulness and impact of policing related to substance use.

8. Healthy Aging

- Community members raised concerns about older adult isolation, impacting mental health, food access and health care interactions. Senior centers and community services were frequently mentioned.
- Transportation barriers contribute to food insecurity and limited community engagement. Free ride programs often involve long waits, indirect routes and lengthy travel.
- Limited digital literacy and unfamiliarity with technology restrict older adults' access to health care and social services.
- Medicare transitions are often confusing, causing missed benefits.

9. Culturally & Linguistically Appropriate Services

- Language barriers are the greatest contributing factor to health care access issues for immigrants and ASL speakers. Language issues lead to misunderstandings between patients and health care providers or can dissuade patients from attending appointments altogether.
- Provision of high-quality language services (oral interpretation and written translation) is critical for providing equitable care to these communities; inquiring patients at the time of appointment-setting about interpreter needs is ideal.
- Beyond language access, cultural and religious norms influence individual beliefs about health; stigma can make seeking help objectionable, particularly mental health services.
- Fear and not having health insurance discourage undocumented individuals from seeking medical help.

10. Food Access

- Maintaining diets consisting of fresh produce and healthy foods is consistently difficult and cost prohibitive. Cheaper fast food and corner store options are also more convenient, readily accessible, and more prevalent—particularly in urban neighborhoods. Likewise, large grocery stores may require transportation to access them.
- A lack of food literacy and longevity of poor dietary habits over time also contribute to food choices.
- Local food banks/pantries serve as an indispensable community resource. When available, community gardens offer neighbors opportunities to grow their own food in the company of neighbors.
- Older adults have enjoyed meal delivery services, as a part of their benefits.
- Immigrants and ethnic minorities face challenges with finding foods that are culturally relevant to them.

11. Housing

- Homelessness was indicated to be a concern at 17% of the qualitative community meetings. The overall health of homeless individuals was also of concern to community members, feeling as though resources were not readily available and that homeless individuals contributed to sentiments around neighborhoods being unsafe.
- A growing lack of affordable housing has led to a year's long waiting list for subsidized housing, as well as evictions, and individuals sleeping in places not meant for human dwelling (e.g., cars, outdoors). This phenomenon is pervasive across counties, but particularly in Philadelphia.
- Housing for certain sub-groups, such as older adults and veterans, was also noted as priorities.

12. Neighborhood Conditions

- The availability of green spaces, dog parks, libraries and health centers (with parks, walking trails, gyms, pools) contribute significantly to positive perceptions about neighborhood conditions; named as desired neighborhood features.
- Lack of overall neighborhood safety, caused by criminal activity, community violence, or road conditions, are risk factors for poor mental health and limited physical activity outside.
- Uncollected trash build-up and littered streets negatively impact neighborhood morale and contribute to air pollution that can prevent some from opening their windows
- Community events were praised as opportunities to foster neighborly connections and cohesion.

Hospital Implementation Strategy

Significant health and social needs to be addressed

THMA, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

1. **Access to Care (Primary & Specialty)** —CHNA pages 306, 192.
2. **Trust & Communication with Health System**—CHNA pages 303.

Significant health and social needs that will not be addressed

Trinity Health Mid-Atlantic acknowledges the wide range of priority health issues emerged from the joint CHNA 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 joint CHNA Implementation Strategy, THMA does not plan to directly address the following needs, however, 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:

- Racism and discrimination in health care
- Health care and health resources navigation
- Substance use and related disorders
- Culturally and linguistically appropriate services
- Neighborhood conditions
- Chronic disease prevention and management
- Mental health access
- Healthy aging
- Food access
- Housing

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

1. Access to Care (Primary & Specialty)

Goal: Ensuring access to care by addressing root causes: eliminating barriers, addressing social needs and reducing health disparities.

CHNA Impact Measures	2026 Baseline	2028 Target
Provide Lyft rides across THMA PA hospitals for health services as needed	**1,200**	**1,400**
Increase social need screening rates in inpatient settings as reported in EPIC	**24%**	**75%**
Increase social need screening rates in ambulatory setting as reported in EPIC	**84%**	**95%**
Capture & increase social need resources provided for positive social need screenings as reported in EPIC	**2%**	**20%**
Reduce the disparity percentage of uncontrolled hypertension	**11%**	**5%**
Increase number of patients enrolled in food is medicine initiatives as needed	**50,306**	**52,000**
Increase resource connection for individuals who are unsheltered homeless as reported in REACH database	**50**	**250**

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Support patients transition to home setting with DME.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	CARES (Community Aide Refurbished Equipment)	Services
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Address patient health-related social needs, through screening, care team referrals and population health initiatives.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald Hospital	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	THMA Medical Group	Financial costs & staff in-kind
	x	x	x	FindHelp & PA Navigate	Services
	x	x	x	THMA care coordination	Staff in-kind
	x	x	x	THMA clinical colleagues	Staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients screening positive for social needs.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Scale and sustain community health workers as members of the care team.	x	x	x	St. Mary Medical Center Nazareth Hospital Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	FindHelp	Financial costs & staff in-kind
	x	x	x	PA Navigate Coalition Sharing	Financial costs & staff in-kind
	x	x	x	HRSI	Services
	x	x	x	THMA Medical Group, ACO & CIN	Financial costs & staff in-kind
	x	x	x	THMA care coordination	Financial costs & staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Reduce disparities in chronic diseases such as hypertension, congestive heart failure and diabetes.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	Pharmacy	Financial costs & staff in-kind
	x	x	x	THMA Medical Group (HTN Disparity project)	Financial costs & staff in-kind
	x	x	x	ACO/CIN (CHF)	Financial costs & staff in-kind
	x	x	x	DPP program	Services
	x	x	x	CARES (DME)	Financial costs & staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Black & brown patients experiencing chronic illness.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Improve accessibility of primary care.	X	X	X	St. Mary Medical Center	Financial costs & staff in-kind
	X	X	X	Nazareth Hospital	Financial costs & staff in-kind
	X	X	X	Mercy Fitzgerald	Financial costs & staff in-kind
	X	X	X	Mobile Services	Financial costs & staff in-kind
	X	X	X	Delaware County Health Department	Mobile services & primary care promotion
	X	X	X	Family Services Association	Mobile services
	X	X	X	THMA Medical Group	Financial costs & staff in-kind
	X	X	X	GME education & health centers	Financial costs & staff in-kind
				Focus location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Increase transportation assistance, including options for those with limited eligibility criteria for alternate benefits.	X	X	X	St. Mary Medical Center	Financial costs & staff in-kind
	X	X	X	St. Mary Rehab Hospital	Financial costs & staff in-kind
	X	X	X	Nazareth Hospital	Financial costs & staff in-kind
	X	X	X	Mercy Fitzgerald	Financial costs & staff in-kind
	X	X	X	Lyft	Services
	X	X	X	THMA care coordination	In-kind (staff time)
	X	X	X	FindHelp & PA navigate	Services
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center St. Mary Rehab Hospital Nazareth Hospital Mercy Fitzgerald	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Expanding & improving accessibility of Food is Medicine programming.	X	X	X	St. Mary Medical Center	Financial costs & staff in-kind
	X	X	X	Nazareth Hospital	Financial costs & staff in-kind
	X	X	X	Mercy Fitzgerald	Financial costs & staff in-kind
	X	X	X	THMA Medical Group/ACO/CIN	Financial costs & staff in-kind
	X	X	X	Lancaster Farm Fresh Cooperative	Produce resources/ Services
	X	X	X	Bucks County Opportunity Council	Community programming & connections
	X	X	X	Philabundance	Community programming & connections
	X	X	X	TH food and nutrition team	Manager in-kind/services
	X	X	X	United Way of Bucks	Community programming & connections
				Focus location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Achieve a systems change for resource navigation for those experiencing unsheltered homelessness.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	Merakey	Financial costs & staff in-kind
	x	x	x	Epiphany Community Services	Services
	x	x	x	Bucks County Opportunity Council	Services
	x	x	x	Family Service Association	Services
	x	x	x	United Way of Bucks	Services
	x	x	x	Delaware County Health Department	Services
	x	x	x	BenePhilly (Phila. Health Dept.)	Services
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Community members experiencing unsheltered homelessness.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Improve adherence to health care plan by providing pharmaceutical assistance when needed.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	Dispensary of Hope	
	x	x	x	Retail hospital pharmacies	Financial costs & staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center St. Mary Rehab Hospital Nazareth Hospital Mercy Fitzgerald	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Support patients transition to home setting with DME.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	CARES (Community Aid Refurbished Equipment)	Services
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

TogetherSafe

2. Trust & Communication with Health Care

Goal: Trinity Health Mid-Atlantic (PA) seeks to improve the trust & communication between health care settings and patients.

CHNA Impact Measures	2026 Baseline	2028 Target
Community members reporting mistrust with health care in CHNA survey	**6.4%**	**4.0%**
Number of community health education events	**2**	**10**
Increase number of poverty simulation participants	**25**	**75**
Increase patient-provider portal communication	**establish**	

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Providing education to Graduate Medical Education for health care in street outreach & community settings.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	THMA Medical Group/ACO/CIN	Financial costs & staff in-kind
	x	x	x	GME education & health centers	Financial costs & staff in-kind
	x	x	x	YWCA	Services
	x	x	x	Merakey	Financial costs & staff in-kind
	x	x	x	Family Service Association	Services
	x	x	x	Bucks County Opportunity Council	Services
	x	x	x	United Way of Bucks County	Services
	x	x	x	Delaware County Health Department	Services
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Build awareness of those experiencing poverty & their interaction with health care through simulation of poverty experience & social need screening.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	THMA Medical group/ACO/CIN	Financial costs & staff in-kind
	x	x	x	GME education & health centers	Financial costs & staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

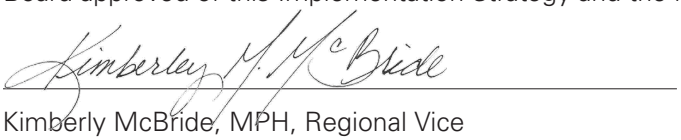
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Define, develop, test and scale models that support safety net health centers and mobile health services.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	THMA Medical Group/ACO/CIN	Financial costs & staff in-kind
	x	x	x	GME education & health centers	Financial costs & staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Improve health literacy through educational events, literature & quality initiatives such as TogetherSafe.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	St. Mary Rehabilitation Hospital	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	THMA Medical Group/ACO/CIN	Financial costs & staff in-kind
	x	x	x	GME education & health centers	Financial costs & staff in-kind
				GME education & health centers	**Financial costs & staff in-kind**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Enhancing patient-practice communication via patient portal promotion and MyChart initiatives.	x	x	x	St. Mary Medical Center	Financial costs & staff in-kind
	x	x	x	Nazareth Hospital	Financial costs & staff in-kind
	x	x	x	Mercy Fitzgerald	Financial costs & staff in-kind
	x	x	x	THMA Medical Group/ACO/CIN	Financial costs & staff in-kind
	x	x	x	GME education & health centers	Financial costs & staff in-kind
				Focus Location(s)	**Focus Population(s)**
				St. Mary Medical Center Mercy Fitzgerald Hospital Nazareth Hospital THMA Medical Group	Patients who are dually eligible, uninsured, on Medicaid or financial assistance.

Adoption of Implementation Strategy

On October 8, the Board of Directors for THMA met to discuss the 2026 – 2028 Implementation Strategy for addressing the community health and social needs identified in the 2025 Community Health Needs Assessment. Upon review, the Board approved of this Implementation Strategy and the related budget.



Kimberly McBride, MPH, Regional Vice President of Community Health & Wellbeing, Trinity Health Mid-Atlantic & Holy Cross Health Maryland

10/29/2025

Date