



Community Health Annual Report

Update to the 2022 Community Health Needs Assessment
Implementation Plan



Department of Community Health

Fiscal Year 2023

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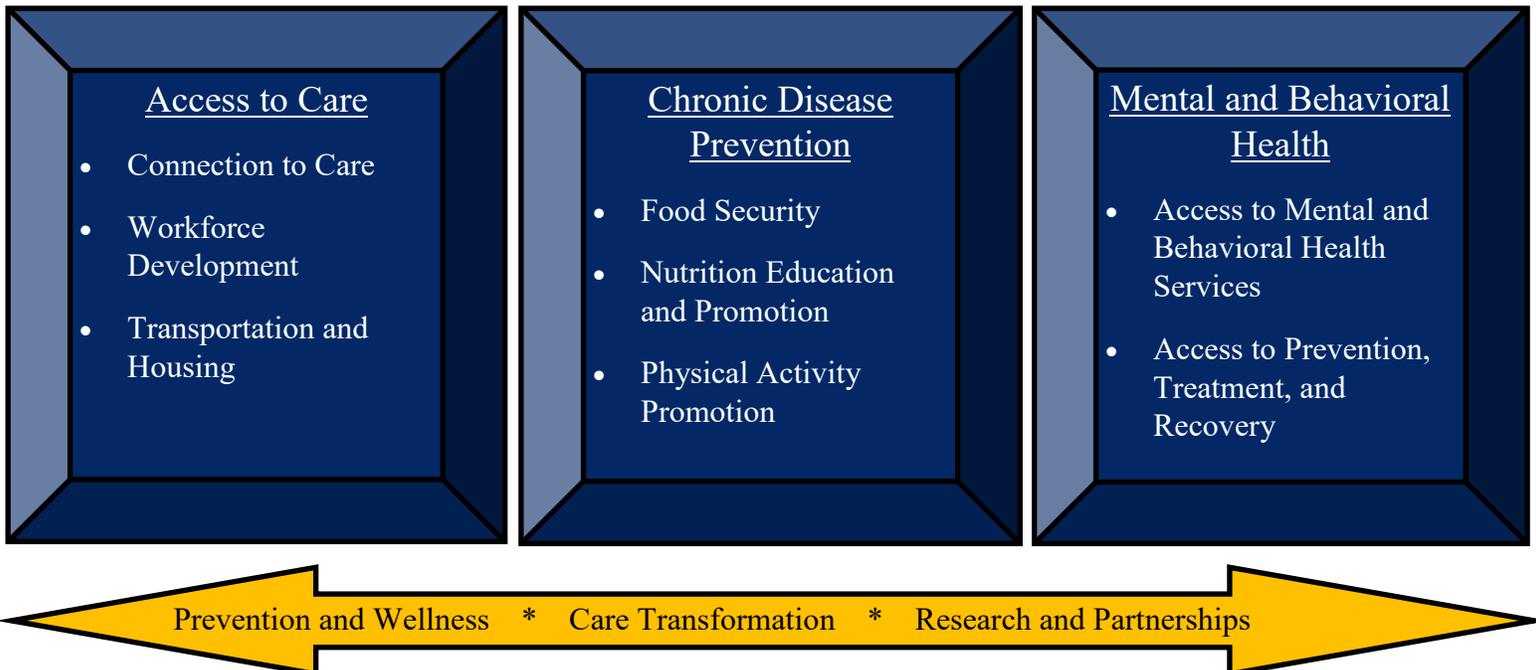
Executive Summary

During Fiscal Year 2023 (FY23), St. Luke’s University Health Network (SLUHN) continued efforts related to top priorities established through the 2022 Community Health Needs Assessment (CHNA). These priorities, outlined in the 2022 Implementation Strategy, are listed below and progress and initiative updates from FY23 are detailed in the report. Our efforts to implement sustainable initiatives that focus on a wide range of health and quality of life outcomes are a result of data-driven strategies to promote overall health and wellbeing. While there are many issues facing our communities, the results from the 2022 CHNA found the top priorities for the St. Luke’s Network include:

Top Priorities (Fiscal Year 2022)	
Connection to Care	Workforce Development
Transportation and Housing	Food Security
Nutrition Education and Promotion	Physical Activity Promotion
Access to Mental Health Services	Access to Opioid and other Substance Use Disorder Services
Access to Prevention, Treatment, and Recovery	COVID-19 <i>Removed as a priority (Fiscal Year 2023)</i>

The needs outlined in our implementation strategy serve as a guide to support strategic initiatives through the pillars of Prevention and Wellness, Care Transformation, and Research and Partnerships. Through collaborations with community and Network partners, we aim to promote a more equitable society with better health outcomes for all, with an emphasis on supporting the diverse needs of our most vulnerable populations.

The needs related to the priority areas outlined in this document served as our guide in creating this Network Implementation Plan to best address the needs of populations within the SLUHN service areas. Results from the 2022 CHNA found access to care as the main barrier facing our community, particularly within the four main priority areas. The updates to the Fiscal Year 2022 (FY22) implementation plan include removing the priority area of COVID-19. Given the end of the public health emergency and continued decline of the pandemic, COVID-19 was removed from the implementation strategy as a top priority for the upcoming Fiscal Year (2024), and continued monitoring will ensure that the Network is prepared to pivot and re-prioritize as necessary. Further updates for initiatives and campus-specific reports are detailed throughout, including information related to our community engagement in celebration of SLUHN’s 150th Anniversary.

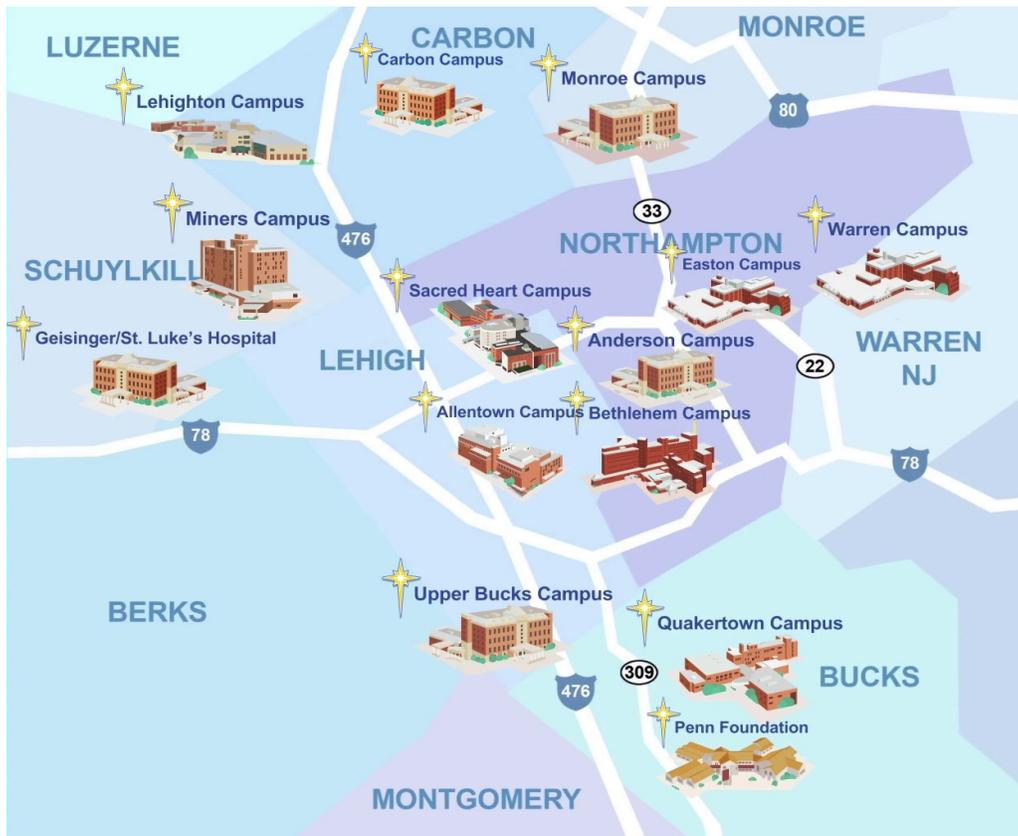


PREFACE

St. Luke’s University Health Network (SLUHN) conducts a Community Health Needs Assessment (CHNA) every three years as part of the Patient Protection and Affordable Care Act. Through our analysis of primary and secondary data, as well as the CHNA key informant interviews, forums, and surveys with community members, we see significant issues facing our communities that impede healthy lifestyles. Our efforts in prevention, care transformation, research, and partnerships help support our work to implement sustainable initiatives that focus on a wide range of health and quality of life outcomes.

SLUHN supports a Department of Community Health that utilizes CHNA results to inform its strategic plan and catalyze initiatives that address priority needs for underserved communities. The Department’s mission is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. The vision is for everyone in our community to have access to exceptional healthcare built on a foundation of trust and compassion. Through collaborations with community and Network partners, the Department of Community Health aims to promote a more equitable society with better health outcomes, especially within the Network’s most vulnerable populations. Community Health Liaisons and Community Health Workers (CHW) help to build trust to improve access to care, services, and resources. Pathways have been established and strengthened to connect families to primary care, social services, food access, financial literacy, career mentoring and workforce development.

St. Luke's University Health Network's Department of Community Health oversees the CHNA for the communities served by hospitals within the Network. The department is led by Vice President Rajika E. Reed, Ph.D., MPH, M.Ed., who has served the local community for more than 25 years in the field of public health. Analysis of information from the following sources is part of the department's ongoing health needs assessment process: Vital Statistics, Pennsylvania Department of Health data, hospital discharge data, the Robert Wood Johnson County Health Profiles, and other county data available from various other state agencies. In addition, the department collects ongoing data and outcomes from its comprehensive community-based programming initiatives and from established collaborative partnerships.



St. Luke’s University Health Network Service Area by County

ACCESS TO CARE

The overarching top priority that emerged from the results of the 2022 CHNA was Access to Care. This prioritizes access to primary care, mental health, dental care, and other services, with an emphasis on promoting connections to care for underserved communities. Strategies to target vulnerable populations include a comprehensive approach in our urban and rural communities and school-based efforts in high-need schools and school districts. Schools serve as a hub in the community and provide sustainable access points to connect with students, families, and the surrounding community.

Connections to Care: Initiatives such as Parish Nursing, Mobile Youth Health Centers, Community Schools, and Maternal-Child health provide connections to care and resources for vulnerable populations in need. This includes homeless or near homeless, children, families, and others facing hardships. St. Luke’s partnership with findhelp, a free self-navigating online platform, that continues to expand its reach to provide community members in need with connections to care, education, and resources in their local community at low or no-cost. Additionally, the HOPE (Health, Outreach, Prevention, Education) Program provides clinical, case management, and prevention services to persons living with HIV. St. Luke’s has established collaborative processes with community partners, such as Hispanic Center Lehigh Valley, to meet individuals where they are and promote connections and access to care. Star Community Health, a Federally-Qualified Health Center Look-Alike (FQHC-LA) affiliated with St. Luke’s, provides care and wraparound services to uninsured and underinsured individuals and families at little or no out-of-pocket cost.

St. Luke’s transportation services, in collaboration with Lyft rideshare, ensures access to care by supporting rides to and from care visits. Additionally, stable housing greatly impacts an individual’s ability to access and maintain regular medical care. St. Luke’s partners with local organizations to address the housing shortage through community partnerships at the campus-level to build capacity within the community.

Workforce Development: St. Luke’s 2022 CHNA results show that access to health resources differ based on income and medical insurance coverage. St. Luke’s supports workforce development initiatives for both adults and school-aged populations including the School-to-Work initiative, Health Career Exploration Program, On-the-Job training, and the new Cultural and Linguistic Workforce Centers. These opportunities promote education, experiential learning, and skills-based training to prepare individuals for the workforce and help them gain employment that provides them with a livable wage.

Initiatives	
Connections to Care	
Community Schools	findhelp
Health, Outreach, Prevention, and Education (HOPE) Program	Hispanic Center Lehigh Valley (HCLV)
Maternal and Child Health	Mobile Youth Health Centers
Parish Nursing and Outreach Services	Star Community Health
Student-Led Interprofessional Care Center (SLICC)	Transportation and Housing
Workforce Development	
Cultural and Linguistic Workforce Development Centers	Health Career Exploration Program
On-the-Job Training	School-to-Work Initiative

Connections to Care Community School Model

Summary: St. Luke's is the lead partner implementing the national evidence-based Community School Model at Raub Middle School (Allentown), Marvine Elementary School (Bethlehem), and district-wide in the Panther Valley School District (PVSD). The four pillars of the model include: Positive environment for wellness and learning, expanded learning times and enrichment opportunities, authentic family engagement, and community and neighborhood partnerships. St. Luke's works in collaboration with the Ametek Foundation, Just Born, Lehigh University, Moses Taylor Foundation, United Way of the Greater Lehigh Valley, and school districts. St. Luke's staff hold various roles and are embedded in the schools to support data-driven collaborations and partnerships that promote sustainable solutions to improve access and connections to care, services, and resources for students, families, and the community.

Alignment with Community Health Strategic Plan: The Community School Model aligns with the Department of Community Health's strategic plan for both primary and secondary areas of activity. Key efforts include establishing connections and access to healthcare (primary care for youth), implementing career mentoring programs that promote workforce development, literacy initiatives, addressing absenteeism, and improving food access.

Community School Coordinators

Community School Coordinators (CSC) are located at Raub Middle School, Marvine Elementary School, and Panther Valley Elementary School. CSCs collaborate internally with the Department of Community Health and other services (e.g., Maternal and Child Health), as well as external partners. School administrators also serve as key partners in identifying student, family, and community needs while addressing barriers in order to improve access to healthcare and other services. Education, care, services, and resources are brought directly to the school community in partnership with schools and community organizations. Across all schools during FY23, in-kind donations totaling more than \$400,000 helped to supplement services and resources to students, faculty, and the community.

Activities Coordinator/After School Coordinator

The Activities Coordinator/After-School Coordinator (ASC) works collaboratively with the CSC, school principal, staff, students, and families at Raub Middle School as well as with United Way and community-based organizations. The goal of the ASC is to identify students struggling with academic performance, school attendance, or behavior. The ASC assesses the student's needs and identifies potential positive youth development programs to help promote improved academic performance, attendance, behavior and/or social-emotional skills. During FY23, the ASC

Family Development Specialists

Family Development Specialists (FDS) provide services to students and families in the Bethlehem Area and Panther Valley School Districts. The FDS works one-on-one with chronically absent or at-risk students and their families to tailor interventions and support services to meet their specific challenges, reduce health disparities, and build connections to care and services.

The FDS role supports students and their families by making referrals and connections to care to address social determinants of health including food, housing, transportation, access to healthcare, financial support, childcare, education, employment, and legal services, among others. The FDS builds trusting relationships with the families to identify and address their specific needs. To address chronic absenteeism, the FDS serves as a key member on the school's attendance team. Activities to improve attendance include daily phone calls when a student is absent, education on school policy, and attendance challenges (i.e., positive behavior support) and awards.

At the start of FY23, there was one FDS at Donegan Elementary School, one at Panther Valley Elementary School, and a district-wide FDS also serving PVSD. Due to a shift in the district-wide implementation of the Community School Model, the FDS at Panther Valley Elementary School transitioned to the role of Community School Coordinator, which left one FDS at the district level. Additionally, due to funding restructuring including expanding the role of the ACS, the FDS position serving the Allentown School District was transitioned out in FY23.

Connections to Care
Community School Model

Allentown School District

Raub Middle School

- In collaboration with Second Harvest Food Bank, a monthly mobile food pantry was established during FY22 to meet the needs of students, their families, and the local community. During FY23, the pantry served between 300-400 households each month, a 200% increase from FY22.
- St. Luke’s Community School staff integrated additional programs and events throughout FY23 to enhance the school’s climate and culture including staff team-building activities and retreats, as well as school dances and other activities for students and families to celebrate and promote positive behavior and school performance.
- After-school programming not only rebounded to pre-COVID rates but grew to exceed previous engagement. There were 21 unique programs offered both on-site and at partner organizations, totaling 375 student encounters.
- Efforts to engage community members and partners were successful as 900 hours of volunteer work was provided to the school from local businesses, colleges, and more. This volunteer work translates to nearly \$30,000 worth of time or service donated to the school to implement initiatives.

Bethlehem Area School District

Marvine Elementary School

- Parent engagement increased during FY23 as a result of Community School Coordinator and school administration efforts for improvement. Engagement at school events increased by 169% compared to FY22.
- Efforts to engage community members and partners were successful as 575 hours of volunteer work was provided to the school from local businesses, colleges, and more. This volunteer work translates to over \$18,000 worth of time or service donated to the school to implement initiatives.

Donegan Elementary School

- Each student directly benefits from the support and services provided by the Family Development Specialist. The FDS at Donegan played a critical role in FY23 by supporting students’ academic performance and overall family stability, demonstrated by 90% of students and their families receiving connections to care, services, and resources based on their individual needs.

Panther Valley School District

Panther Valley Elementary School

- The FDS and CSC played an instrumental role to establish a food pantry during FY22 in collaboration with Second Harvest Food Bank. During FY23, the pantry expanded and currently serves 150 households per month.
- Efforts to engage community members and partners were successful as 624 hours of volunteer work was provided to the school from local businesses, colleges, and more. This volunteer work translates to nearly \$20,000 worth of time or service donated to the school to implement initiatives.

Panther Valley Junior-Senior High School

- During FY23, the FDS established a “Necessities Nook” to provide students with access to basic needs (e.g., hygiene supplies, clothes, non-perishable food items). This resource was accessed by students more than 200 times throughout the year.

Connections to Care Community School Model: Literacy Initiatives

Summary: St. Luke’s University Health Network supports evidence-based literacy initiatives Reach Out and Read (ROR) and Brush, Book, Bed (BBB) that promote healthy lifestyles and behaviors. ROR is integrated into Carbon County pediatric and family medicine practices, providing families with books and strategies to read aloud as part of their daily routines. BBB encourages a regular bedtime routine that includes tooth brushing and reading a book and is also supported through our pediatric practices and other community outreach. Additionally, the Rural West region partners with the Dolly Parton Imagination Library literacy initiative, with support from the Carbon County Community Foundation, to work with trained providers and staff that work with the families they serve to not only provide age appropriate books and resources, but also education related to the importance of talking, singing, reading and playing in child development. Between July 2021 and June 2023, participating practices completed 1,520 well-visits for children ages 0-5 years (an additional 321 children during FY23). Since July 2021, when the program was launched, 1,274 Carbon County children have engaged and received age-appropriate books each month. Of those children, 355 have “graduated,” meaning they aged-out of the program (i.e., reached age six).

Alignment with Community Health Strategic Plan: Literacy initiatives align with Community Health’s strategic plan by promoting youth literacy. Literacy is a critical component of overall health promotion. By targeting youth literacy promotion we aim to improve social determinants at a young age to ensure health promotion throughout the lifespan.

Read Across America

St. Luke’s celebrated Read Across America during February and March (2023). St. Luke’s nurses, medical assistants, providers, and staff read books to classrooms in 25 of our partner schools. There were 130 volunteers from community partners and student mentors from Raub Middle School.



St. Luke’s employees support Read Across America

Literacy Partners

To further promote literacy in all the counties we serve, the Department of Community Health works directly with St. Luke’s primary care and pediatrics practices along with local libraries and other non-profit partners to expand literacy opportunities and resources, including *Little Free Libraries* at many of our hospital campuses.



This year we included books from *First Book*, a non-profit focused on education equity for children in need. Themes included how to promote STEAM careers and careers in healthcare, how to ask for help when needed, how to be healthy both in body and mind, and how to celebrate what makes us all unique.

Connection to Care findhelp

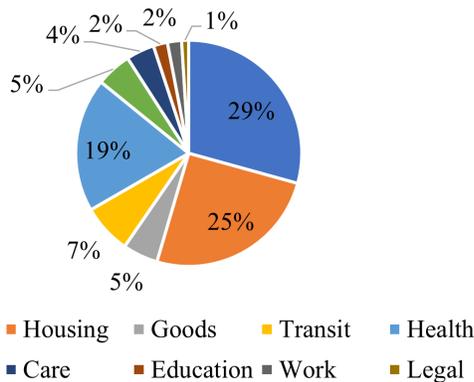
Summary: findhelp (sluhn.findhelp.com) is a social care network established to provide a comprehensive platform for people to find social services in their communities and for nonprofit and other community-based organizations to coordinate their service delivery and support services. St. Luke's University Health Network's Information Technology, Quality, Case Management, and Department of Community Health work collaboratively, especially with Star Community Health (see Annual Report pg. 17) and more than 200 established (i.e., claimed) community-based partners in the communities we serve. The self navigating online platform allows community members to search and connect to Social Determinants of Health (SDOH) support such as financial assistance, food pantries, medical care, transportation, among others. This platform, as well as United Way's 211, are tools that assist our community members, patients, and staff to connect to vital resources. Community Health continues to onboard priority partners to ensure accurate and up-to-date resources are available to our communities.

Highlights: findhelp connections support key partners and improve access to care and services for the communities we serve by:

- Educating, engaging, and connecting underserved communities to the findhelp platform through bilingual (i.e., Spanish, English) postcards containing an easy-to-use QR code. During FY23, the QR code (implemented in February 2023) was scanned 216 times
- Including resources and messaging at school-based food pantries, Rural Health Centers, and affiliated Federally Qualified Health Centers Look-Alike (FQHC-LA)
- Integrating resources and trainings with partners through collaborative meetings, newsletters, and presentations
- Enhancing points of access through existing evidence-based initiatives (e.g., literacy initiatives)

Top 10 Cities using findhelp (FY23)	
City	# of Searches
Allentown, PA	4,718
Bethlehem, PA	2,973
Easton, PA	2,494
Phillipsburg, NJ	1,064
Quakertown, PA	572
Lehigh, PA	571
East Stroudsburg, PA	475
Stroudsburg, PA	445
Whitehall, PA	340
Tobyhanna, PA	290

Most Searched Terms (FY23)



Most Referred to Programs FY23

Organization	Program
Meals on Wheels of the Greater Lehigh Valley	St. Luke's Staff Referral
Catholic Charities– Diocese of Allentown	Ecumenical Soup Kitchen
Meals on Wheels of the Greater Lehigh Valley	Delivered Meals
LANta	LANtaVan
Everlasting Life Ministries, Inc.	Food Distribution
Allentown Area Ecumenical Food Bank	Client Choice Pantry
Lasagna Love	Food Distribution
PA CareerLink	PA CareerLink
Grace Community Foundation	Grace Episcopal Church
Salem United Methodist Church	Food Pantry

Most Engaged Programs

Organization
Meals on Wheels of the Greater Lehigh Valley
Allentown School District
ProJeCt of Easton
PA CareerLink
Catholic Charities– Diocese of Allentown
Lasagna Love
Allentown Area Ecumenical Food Bank
Pennsylvania Department of Human Services



Connections to Care Hispanic Center Lehigh Valley (HCLV)

Summary: The mission of the Hispanic Center Lehigh Valley (HCLV) is to improve the quality of lives of families, Hispanic and non-Hispanic, by empowering them to become more self-sufficient, while promoting an intercultural understanding in the Lehigh Valley.

Alignment with Community Health Strategic Plan: The Department of Community Health aims to reduce health disparities. Partnership with HCLV provides additional resources and capacity to achieve this goal within undeserved communities by connecting them to a community-based non-profit providing community empowerment and unique assistance to address the social determinants of health.

SLUHN and HCLV Partnership

Approximately ten years ago, HCLV was facing numerous challenges that nearly caused the agency to close its doors, despite increased demand for services by community members. In 2014, SLUHN helped to launch the agency's first capital campaign, Vision for Renaissance. Through the leadership of SLUHN's President and CEO, Richard Anderson, the campaign secured nearly \$3 million. Since then, SLUHN has remained committed to HCLV and provided continued support to the agency through expertise and guidance from various departments including Community Health, Marketing, Planning and Construction Management, Finance, Accounting, Legal, and more. Most recently, SLUHN assisted HCLV in its second capital campaign, Confianza, which raised \$1.5 million for the agency. HCLV's construction projects as HCLV has grown and renovated their facilities; Materials Management provided HCLV with new furnishings for renovated spaces; St. Luke's media productions team assisted with countless design and visual assets, including videos for HCLV; the development team supported HCLV's highly successful capital campaigns and fundraising efforts; the print shop produced HCLV's annual report and other materials for years, at no cost to HCLV; and the real estate department assisted with leases, building maintenance and management for HCLV's three properties, market value analyses, and more. Vital contributions have also been made by the finance, marketing, human resources, Bethlehem Campus operations, St. Luke's School of Nursing, the Mail Room, and the legal department.

Additionally, SLUHN provided HCLV the services of Victoria Montero, MPH, a staff member of the Department of Community Health. Over the last five years, Ms. Montero served as HCLV's Executive Director and, with the assistance and guidance of St. Luke's Department of Community Health, provided strategic direction for the agency, including strategic planning and vision, programmatic concerns, data/information technology, staff accountability, finance, and agency visibility.

HCLV has seen transformative growth over the past decade in large part due to the leadership and guidance of SLUHN. Throughout this time, the support given by SLUHN has allowed HCLV to build capacity while remaining independent to sustainably serve low-income individuals throughout the Lehigh Valley. The agency has stabilized its finances through improved management of revenue and expenses, enhanced facilities, improved agency relations through enhanced marketing and development, and most importantly, increased the number of individuals receiving vital services.



Roberto Clemente Mural, Hispanic Center Lehigh Valley, Bethlehem PA

Connections to Care Hispanic Center Lehigh Valley (HCLV)

HIGHLIGHTS

- The Department of Community Health and HCLV co-presented at the PA Latino Convention on “A collaborative model for improving health equity through resource sharing and systemic change.” This highlighted the two organization’s partnership and ways to incorporate equity and self-efficacy into a systems transformation model.
- The Bethlehem Chamber of Commerce awarded HCLV their Strategic Partner Award for their efforts to enhance the Bethlehem Chamber with a spirit of volunteerism and/or comprehensive support.
- HCLV attended their first national conference during FY23, presenting at the American Public Health Association annual conference in Boston, MA. The presentation highlighted HCLV’s collaboration with St. Luke’s to successfully provide culturally appropriate, Spanish-language services and support to the Hispanic community during the COVID-19 pandemic.
- In FY23, HCLV received a second year of funding through the CDC Foundation’s P4VE grant to implement efforts related to vaccination outreach and reduction of health inequities among communities at higher risk due of being affected by the COVID-19 pandemic. This funding allowed HCLV to increase and/or strengthen community partnerships with local health bureaus, pharmacies, and healthcare facilities.
- During FY23, SLUHN and HCLV began a partnership to establish workforce development centers in South Bethlehem and Allentown through a \$450,000 grant from Senator Pat Browne. The Cultural and Linguistic Workforce Development Center aims to address unmet needs for local workers and their families while diversifying the Lehigh Valley’s workforce and strengthening the local economy.

OUTCOMES

Food Pantry Program: The Food Pantry Program served 1,820 households, including 546 first-time visits, for a total of 6,100 encounters. In addition, 397 volunteers from 25 companies provided 2,291.55 hours of service to the Food Pantry, equivalent to a monetary value of \$72,871.21.

Social Service Program: The social service program provided 156 encounters during FY23. Throughout the year, the primary concerns of individuals or families presenting to the program were food security and/or housing instability.

Senior Center Program: In FY23, 70 seniors, age 60 and older, participated at the Basilio Huertas Senior Center. Throughout the year, HCLV provided 6,674 lunches to our senior clients. Over 24 social events were held, 287 education activities conducted, and a total of 115 health screening opportunities were provided.

COVID-19 Efforts: HCLV has connected with hundreds of thousands of community members through culturally and linguistically relevant communication strategies – including television, radio, postcards, and social media – and through mobile vaccination clinics.

Co-Located Services at HCLV

WIC Program - The WIC program continues to see an increase in clients as normal operations have resumed, with an average of 1,153 appointments per month for benefits pick up. This fiscal year, staff conducted 14,582 encounters.

HOPE at St. Luke’s— HOPE’s Bethlehem site provided 227 individual with comprehensive HIV care and provided medical case management to 237 individuals living with HIV (see Annual Report pg. 12).



Basilio Huertas Senior Center Cinco de Mayo Celebration, 2023

Connections to Care HOPE at St. Luke's Hospital

Summary: HOPE at St. Luke's Hospital's mission is to be recognized as a premier program for the Health, Outreach, Prevention, and Education for Persons Living With HIV (PLWH) and those at-risk for HIV, with a focus on the un- and under-insured. HOPE provides comprehensive, high quality care with a focus on reducing disparities, as well as integrates community partnerships to promote overall health and wellbeing for clients, their families, and community members. The program takes a holistic approach to service delivery and aims to reduce stigma and discrimination for clients and PLWH. Priority populations include men who have sex with men, transgender individuals, and intravenous drug users.

Alignment with CH Strategic Plan: HOPE at St. Luke's expands access to care for underserved communities including PLWH or those at-risk for HIV, particularly those that are un- or under-insured. Additionally, the program aims to address social determinant of health barriers (e.g., housing, employment, healthcare navigation) for clients to improve their overall quality of life.

HIGHLIGHTS

HOPE's total patient volume has consistently increased over the past several years, including a 5% increase from FY22 to FY23. These increases are primarily due to monthly community education and testing events, as well as collaboration with St. Luke's Physician Group and St. Luke's campuses to link newly diagnosed patients to care. Of those referred to HOPE in FY23, 91% were successfully linked to HIV care at HOPE, a 27% increase from FY22. All newly diagnosed patients follow a rapid start protocol, which aims to connect them to care and start medication therapy within seven days of HIV diagnosis. This protocol was developed based on guidelines and best practices to optimally treat PLWH. During FY23, nine newly diagnosed patients were linked to care.

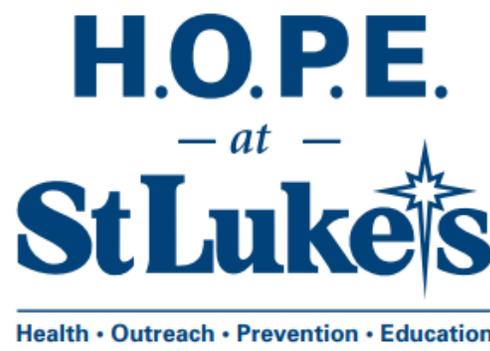
HOPE has seen an increase in patients with complex needs and/or barriers (e.g., medically compromised, homeless, uninsured, undocumented) over the past several years. To address these barriers, HOPE continues to expand its HOPWA (Housing Opportunities for People with AIDS) and Medical Case Management services. In collaboration with AIDSNET and the Pennsylvania Department of Health, HOPE opened an office at St. Luke's Sacred Heart Campus in 2022, expanding HOPWA services to Lehigh County. HOPE hired five Housing Coordinators and two additional Case Managers to meet the growing needs of those served.

As of FY23, 87 patients currently receive housing assistance through ongoing rental assistance, connection to public housing, or by actively working with a Housing Coordinator to identify housing opportunities. To achieve improved housing stability for clients, HOPE approved 192 authorizations during the year to expand housing services.

OUTCOMES

HOPE at St. Luke's continues to provide high quality care to its clients, helping them to achieve optimal health outcomes and access services that support overcoming barriers related to the social determinants of health. Currently, HOPE has 362 active patients receiving HIV care with many additionally receiving primary care. Currently, 439 active patients receive medical case management services, of which only 6% are uninsured.

The primary health indicator for PLWH is viral load suppression, which not only improves individual health outcomes but also supports HIV prevention by reducing the risk of HIV transmission to sexual partners. In FY23, HOPE achieved a 95% viral load suppression rate, an increase from 93% in FY22.

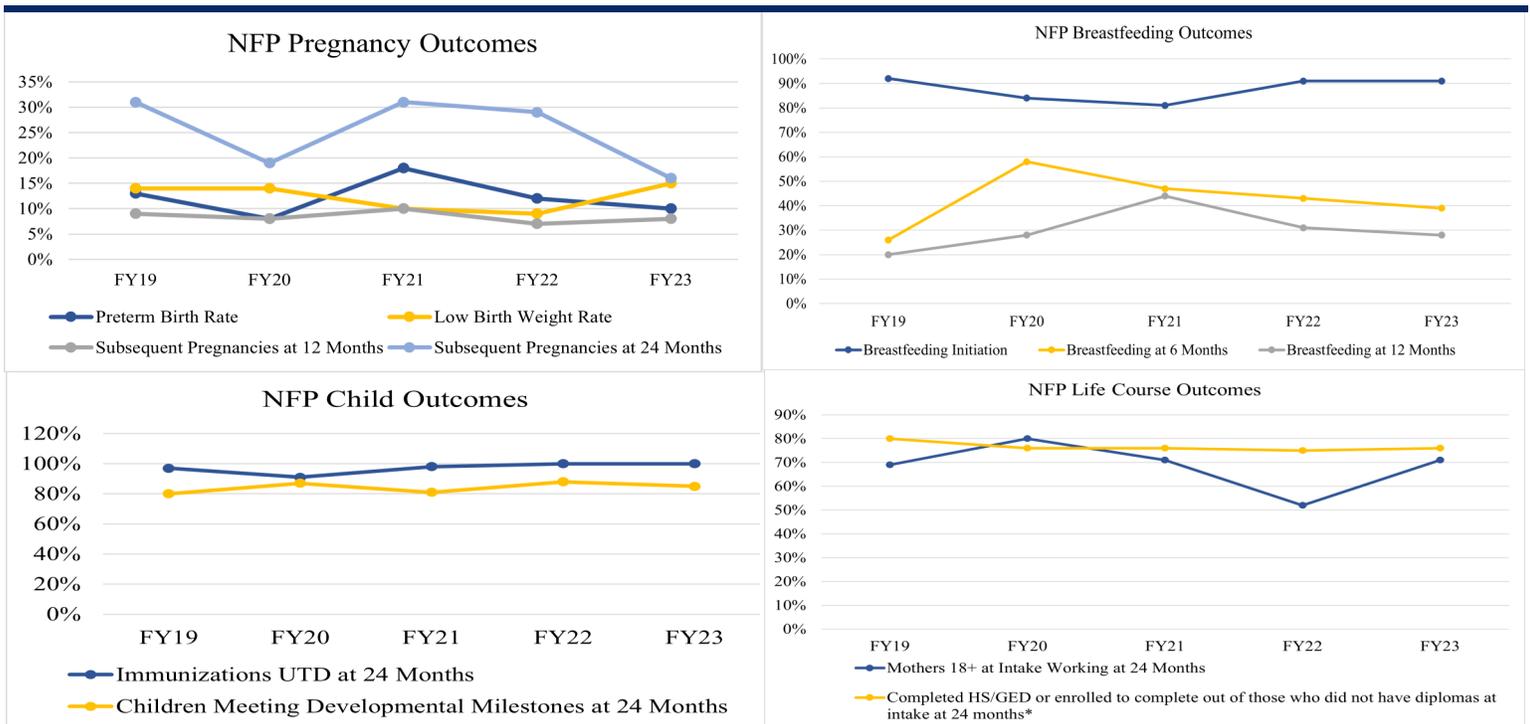


Connections to Care Maternal and Child Health

Summary: The VNA of St. Luke’s implements two nurse home visitation programs focused on improving the welfare of vulnerable children in Lehigh and Northampton Counties. These programs include Nurse Family Partnership (NFP) and the Visiting Nurse Advocate for the County (VNAC). The goals of NFP include improving pregnancy outcomes, improving child health and development, and improving the economic self-sufficiency of families. The goals of VNAC include increasing safety of the child’s living environment, increasing parenting knowledge and skills, and ensuring that the child’s health and medical needs are met.

Alignment with CH Strategic Plan: Both programs work to ensure that children’s health and development needs are being met and that parents have the appropriate knowledge and skills to care for them. NFP also has a significant focus on early literacy and improving the economic self-sufficiency of families enrolled in their program. Both programs also serve as a clinical observation site for students at the St. Luke’s School of Nursing.

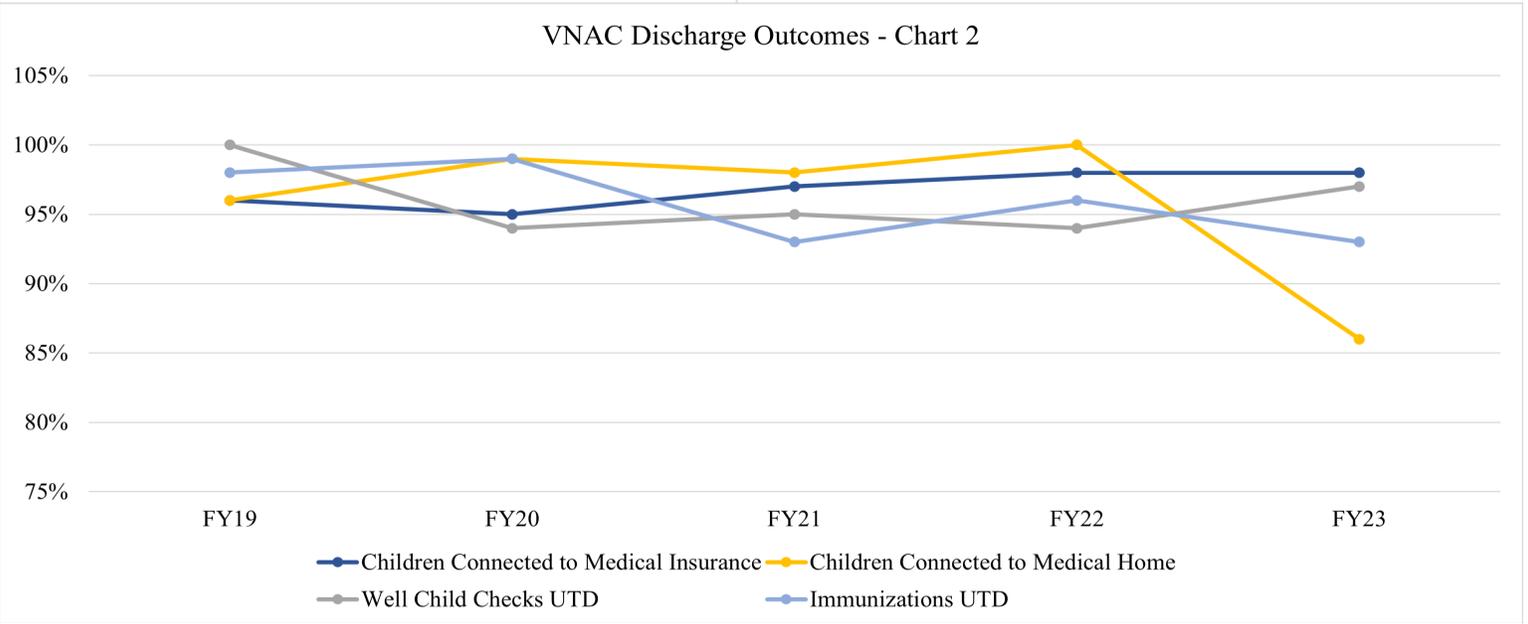
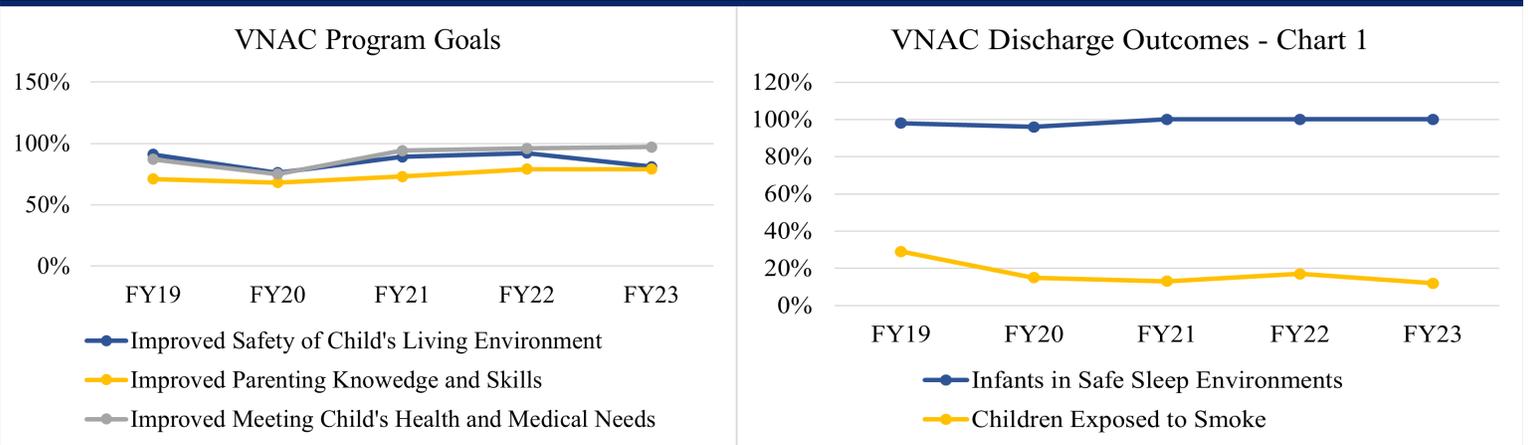
NFP HIGHLIGHTS: NFP is an evidence-based national prevention model that partners low-income, pregnant women with a personal nurse during pregnancy that supports them until their child turns 2 years old. The NFP program has special permissions to expand the standard eligibility requirements to be able to serve low-income, high-risk multiparous mothers and enroll late registrants. During FY23 the VNA of St. Luke’s NFP Program received 765 referrals for services and served 428 families through 4,406 visits. In FY23 nurses fully returned to pre-pandemic practices, which allowed additional face-to-face and virtual appointments for special circumstances. During FY22 66% of all completed visits were in-person compared to 85% during FY23. During FY23, NFP nurses made 288 referrals to mental health services for their clients.



NFP OUTCOMES: Pregnancy outcomes changed slightly between FY22 and FY23, with a decrease in subsequent pregnancies within 24 months (16%) and decreased preterm birth rate (10%). Both low birth weight (15%) and subsequent pregnancies within 12 months (8%) increased in FY23. Rates of breastfeeding initiation increased (91%), while breastfeeding at 6 months (39%) and 12 months (28%) decreased slightly from the previous fiscal year. Child outcomes during FY23 remained at high rates, with 100% of children up-to-date with their immunizations and 85% reaching developmental milestones at 24 months. Life course outcomes remained consistently high as in previous years, with 76% of mothers who did not have a high school diploma/GED at intake enrolled to complete their diploma. Additionally, 71% of mothers 18 years or older were working at 24 months after intake.

Connections to Care Maternal and Child Health

VNAC HIGHLIGHTS: The Visiting Nurse Advocate for the County (VNAC) is an intervention model that provides intensive supports to families who are involved with local Offices of Children and Youth services. The VNAC team supported 106 families during FY23. The VNAC team expanded Nurse Consultation services to also include both Northampton and Lehigh County Offices of Children and Youth, completing 764 hours of Nurse Consultation, an increase of 260 hours (52%) beyond FY22.



VNAC OUTCOMES: During FY23, the program goal outcomes increased from FY22 in improved meeting child’s health and medical needs (97%) and improved parenting knowledge and skills (79%), with a slight decrease in improved safety of child’s living environment (81%). VNAC program discharge outcomes also showed slight variation from FY22. For infants in safe sleep environments, the five-year trend remained between 96 % -100% of all infants sleeping in safe environments. Decrease rates of children exposed to smoke has also had a positive trend over time, with a 17% decrease from FY19 to FY23. Well check-ups have shown moderate variation over time, with high rates of children receiving well check-ups (94-100%). Most children receiving VNAC services are up-to-date on immunizations, with a slight decrease from 96% in FY22 to 93% in FY23. There was also a decrease in children connected to a medical home, from 100% in FY22 to 86% in FY23. Additionally, most children were connected to medical insurance (98%). Overall, the VNAC program continues to provide quality care and assistance to families.

Note: When interpreting the outcomes of the MCH programs it is important to understand the populations enrolled in these programs are already at and increased risk for negative outcomes compared to the general population due to many of the factors that make them eligible to participate.

Connections to Care Mobile Health Youth Centers (MYHC)

Summary: St. Luke’s Mobile Youth Health Center (MYHC) provides services to meet the health needs of secondary students in Allentown School District (ASD), Bethlehem Area School District (BASD), and Panther Valley School District (PVSD). Services include patient navigation, care coordination, and preventive care. Limited medical care is also provided, including well child physicals for eligible students, vision vouchers, and temporary mental health services.

Alignment with Community Health Strategic Plan: The MYHC directly impacts the Department of Community Health’s primary areas of activity to connect youth to primary care. Additionally, the services impact the secondary areas of activity of reducing health disparities through referrals to specialty services as indicated through our student encounters.

HIGHLIGHTS

The MYHC model for school-based care emphasizes the partnerships between St. Luke’s, the school districts, providers, clinicians, and the community. During FY23, the Mobile Youth Health Center:

- Enhanced features of St. Luke’s electronic health record (Epic) and Epic Care Link to promote continuity of care with school partners and to support evidence-based practices and data-driven decision making
- Focused on connection to primary care appointments, vaccines, mental health, and other specialty services
- Built connections to community resources, programs, and medical insurance
- Maintained partnerships with schools and school districts providing services and education for staff, students, and the community



OUTCOMES

Goal: During FY23, the primary goal was to connect 150 youth seen by the MYHC without a medical home to a primary care provider. This was measured by the total count of completed primary care visits for students referred.

Outcome: In total, 230 students completed a visit with a primary care provider as a result of a MYHC Community Health referral. For the MYHC, 440 unique students were seen in Allentown with a total of 1,104 encounters. For Bethlehem, 465 unique students were seen with a total of 1,219 encounters. In Panther Valley, 88 unique students were seen for a total of 95 encounters.

Additional Outcomes and Data:

- During FY23, MYHC served 1,041 students with 2,679 encounters at the following schools:
 - *Allentown School District:* Newcomer Academy, Raub Middle School, William Allen High School
 - *Bethlehem Area School District:* Broughal Middle School, Freedom High School, Liberty High School, Northeast Middle School
 - *Panther Valley School District:* Panther Valley High School, Panther Valley Intermediate School
- Vision vouchers were provided to eligible students to cover a vision exam and one pair of glasses (if prescribed).
- During FY23, 142 students were served from Allentown and Bethlehem Area School Districts. Vision services totaling \$15,010 were provided to students in need with support from For Eyes, Medoptic PC, Allentown Vision Center, Lions Club, and Fox Optical.

Connections to Care Parish Nursing and Outreach Services

Summary: The Parish Nursing team performs holistic (i.e., body, mind, spiritual, social) assessments of clients who agree to be connected to care at St. Luke's. The team works at several sites in the core of Allentown and at the St. Luke's Sacred Heart Campus with clients experiencing housing insecurity.

Alignment with Community Health Strategic Plan: Parish Nursing aligns with the primary area of activity to connect homeless and near homeless populations in Allentown to primary care. Additionally Parish Nursing provides support for connections to resources to address social determinants of health.

HIGHLIGHTS

- Parish Nursing was integrated into the St. Luke's electronic medical record platform (Epic) in September 2021 to appropriately reflect and report the work being done with homeless and near homeless populations (e.g., encounters, referrals, connections, resources). During FY23, these processes were refined and expanded to provide integrated care and support.
- The team consistently met with clients at Ripple Community, Inc., Daybreak, and Treatment Trends, Inc. The Center in Allentown to provide services and support to clients with substance use disorders as well as those attending the Student-Led Interprofessional Care Center (see Annual Report pg. 19).
- Clients were connected to Star Community Health's Sigal Center for primary care, case management, and other services as needed.
- Referrals were made to specialty services including mental health, cardiology, urology, gastroenterology, and Community Health's Diabetes and Smoking Cessation Programs.
- Through the Bridging the Gap fund, Parish Nursing supported clients throughout the St. Luke's Network referred by case managers and community partners. This fund supported needs such as medications, identification documents, medical equipment, employment, and housing. By providing this support, the team promoted positive health outcomes through a holistic approach to services targeted at the social determinants of health.

OUTCOMES

Fiscal Year 2023 Goal: Connect 125 homeless or near homeless individuals to primary care.

Outcomes: Parish Nursing and Outreach Services surpassed their target goal for FY23, and were able to provide connections to care, financial support, and other services to many of the individuals and families in our service area with high needs and vulnerabilities.

- There were a total of 1,386 encounters (e.g., calls, appointments, Follow ups) with 482 unique individuals during FY23
- A total of 138 patients completed primary care visits based on Parish Nursing referrals. An additional 67 referrals were made to various specialties including women's health, urology, gastroenterology, as well as preventative screenings (e.g., mammograms)
- A total of 575 resources (e.g., clothing, hygiene, bus passes) were provided to 190 unique individuals
- During FY23, \$8,085 Bridging the Gaps funds were distributed to 104 unique individuals in order to support their basic needs



Connections to Care Star Community Health

Summary: Star Community Health, a Federally Qualified Health Center-Look Alike (FQHC-LA) organization affiliated with St. Luke’s University Health Network, operates in Northampton and Lehigh Counties to provide medical and dental care to all patients, regardless of ability to pay and with a focus on compassionate care. They recognize the unmet need of local communities and provide healthcare to more than 40,000 patients, the majority of whom live with their families at or below 100% of the federal poverty level and with several barriers to physical and mental well-being. Since they opened their doors, they have provided care to approximately 7,000 patients, most of whom are undocumented and/or uninsured and would not have access to affordable healthcare, for a flat fee.

In an effort to continue to expand access to all patients, they have been working diligently to increase availability for preventive and acute visits by ensuring same day care at all of their locations, including dental, and by instituting walk-in acute care appointments at one pediatric and one family medicine site. They have 14 full-time referral specialists to help ensure their patients are receiving needed specialty care and evaluations, and they managed more than 25,000 referrals during FY23. Additionally, their patients can access many specialty services at their locations for little to no cost. Additionally, they will be transitioning an existing family medicine practice in Phillipsburg, NJ, to a FQHC-LA (anticipated Fall 2023), which will provide comprehensive care to an additional 6,000 patients.

Alignment with Community Health Strategic Plan: Star Community Health works hand in hand with SLUHN and various community-based organizations to make easy transitions for patients with the need for mental healthcare. They also have psychiatric treatment in conjunction with the psychiatric residency program integrated into one of their women’s health and one of their family medicine sites. Since January 2023, their staff has screened more than 27,000 patients for food, financial, and transportation insecurity (i.e., social determinants of health). They have intentionally budgeted and grown their care management department to include 27 employees from community health workers to social workers to nurse case managers to work with patients. Additionally, their collaboration with findhelp.com has resulted in several thousand patients utilizing this resource to locate free or low-cost services in the privacy of their own homes. They are also home-growing their ability to help patients with substance use disorder by strategically placing a Board Certified Addiction Medicine physician in one of their residency locations to educate young physicians and enhance their skills in this area of medicine.

Highlights: Star Community Health is proud to deliver high quality care to all of their patients, regardless of demographics. Their clinical quality is exceptional, with current performance in diabetes, hypertension, and preventive medicine currently ranking well above state and national averages. There is no difference in expected outcomes for their patients with diabetes, regardless of race or ethnicity, and Hispanic patients have documented better outcomes for control of their blood pressure than other demographic groups. This can be attributed to their mandate to provide culturally competent care without language barriers. Star Community Health has also intentionally grown their ambulatory pharmacy group to ensure that family medicine patients have dedicated and personalized care and attention to their medication regimen.

Star Community Health’s Benchmarking Quality (right) indicate outcomes compared to national FQHCs, national FQHC-LAs, and Pennsylvania (PA).

	Benchmarking Quality			
	Star Community Health	FQHC	FQHC-LA	PA
Immunization	44.0%	36.60%	37.90%	37.44%
Cervical Cancer Screening	69.8%	52.90%	45.37%	48.52%
Breast Cancer Screening	63.4%	46.20%	44.58%	48.73%
Children BMI	82.6%	68.70%	59.31%	64.87%
Adult BMI	38.3%	61.32%	47.43%	50.15%
Tobacco	91.2%	82.30%	74.76%	78.82%
Statin Use	79.3%	73.10%	69.25%	75.83%
Aspirin Use	78.2%	78.20%	72.35%	77.53%
Colorectal Cancer Screening	58.5%	41.90%	37.68%	43.62%
HIV Linkage	100%	82.70%	87.89%	80.16%
HIV Screening	55.1%	38.09%	30.02%	33.80%
Depression	78.5%	67.42%	53.92%	62.20%
Remission	15.8%	13.80%	15.21%	13.57%
Sealant App	45.2%	55.90%	37.79%	34.49%
Hypertension	64.2%	60.15%	57.03%	59.48%
Diabetes	13.8%	32.29%	33.28%	31.05%

Connections to Care Star Community Health Dental Vans

Summary: Star Community Health’s Dental Initiative’s primary goal is to promote oral health through prevention and to increase access to care and education. Dental disease is one of the most prevalent chronic illnesses that can affect the quality of life for many children and adults. Dental decay can be significantly reduced through the use of preventive measures, proper tooth brushing, the use of fluoride, nutritional awareness, sealants for children and regular dental check-ups. Star Community Health aims to reduce gaps in care for dental services in the communities they serve.

Alignment with Community Health Strategic Plan: Public health dentistry requires a team approach. Working with other Star Community Health practices, specialties, and the Department of Community Health not only improves dental outcomes but also overall dental health. Providing a dental home for our patient population improves dental health and assists with the reduction of overall health costs in the future.

HIGHLIGHTS

During FY23, the Star Community Health Dental Initiative has a wide scope of programs and initiatives to support dental health. The main areas of focus include:

- Mobile dental services expansion in Easton, Pennsylvania at Paxinosa and Cheston Elementary Schools
- External funding expanded mobile services to Monroe County at the Mountain Center and provided services for 56 patients
- Dental workforce retention and recruitment
- Working with Northampton Community College to provide access to dental training for dental assistants
- Two new dentists were hired to increase access to care at Sigal Center in Allentown, Pennsylvania

Outcomes: The dental vans visited four school districts during FY23, with a total of 29 schools, 4,055 visits, 5,847 sealants, and 1,299 restorations.

School District	Number of Schools	Number of Visits	Number of Sealants	Number of Restorations
Allentown	9	998	1,737	344
Bethlehem	9	1,075	933	463
Lehighton	10	1,936	3,170	478
Quakertown	1	46	7	14



Connections to Care Student-Led Interprofessional Care Center (SLICC)

Summary: The Student-Led Interprofessional Care Center (SLICC) was established to support the needs of our underserved communities in the Lehigh Valley and in the areas served by St. Luke's University Health Network (SLUHN). SLICC provides an innovative and sustainable solution to addressing the healthcare needs of underserved populations while providing educational enrichment for healthcare workers and students. The clinic provides opportunities for physicians, residents, and students from various schools (e.g., medical, physician assistants, nursing, pharmacy, social work) to collaboratively address healthcare inequities in the community, specifically targeting those with limited or no healthcare access. While staffed by healthcare professionals and physicians, the center is run by medical students, providing them first-hand experience to apply their clinical knowledge and promote their development as future care providers. In addition to providing medical services, SLICC aims to improve relationships between healthcare professionals and marginalized populations that may distrust, or have prior negative experiences with, the medical community. This opportunity will promote an ethical practice of medicine and ensure all healthcare workers, present and future, work respectfully with populations that deserve high-quality care and interpersonal relationship-building. SLICC's mission is to provide a highly accessible student run interprofessional center to all groups of people but especially to those who have limited access to care.

Alignment with Community Health Strategic Plan: This innovative approach to graduate and continuing medical education through place-based community medicine will not only provide care for underserved communities, but also highlight critical components of patient-physician relationships in service delivery. This aligns with the Department of Community Health's primary goals of promoting access to care, especially for our most vulnerable populations. It also aligns with additional goals of enhancing educational opportunities for our residents, medical and nursing students, and additional internal partners and providers.

HIGHLIGHTS

During FY23, the first year of the center, SLICC has made progress toward building a sustainable model for the care center. Major accomplishments include:

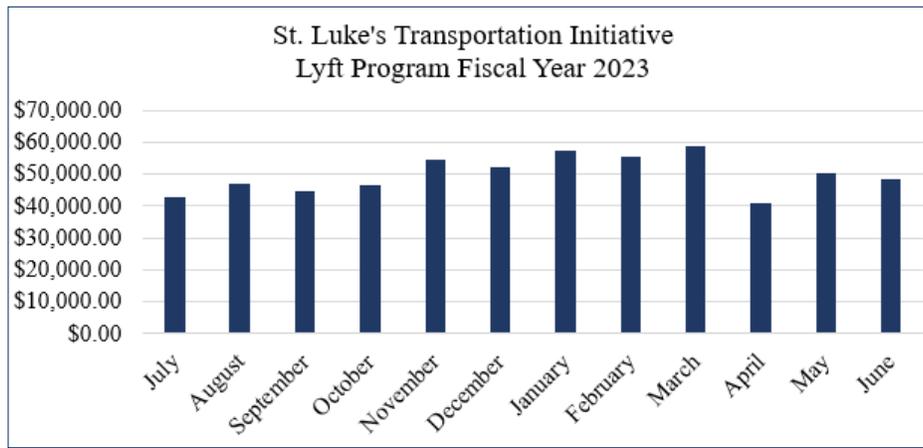
- Worked in collaboration with The Center (a Treatment Trends, Inc. recovery center) including the director, certified recovery specialists (CRS), and SLUHN Parish Nursing team (see Annual Report pg. 16)
- Recruited and oriented students for their role in the clinic, based on level of interest and level of clinical skill
- Built a sustainable model for the center that fosters collaboration, communication, and critical thinking skills for students
- Created an Epic (i.e., electronic health records) platform to ensure record keeping is streamlined and integrated into the Network



Connections to Care Transportation and Housing

Transportation Initiatives

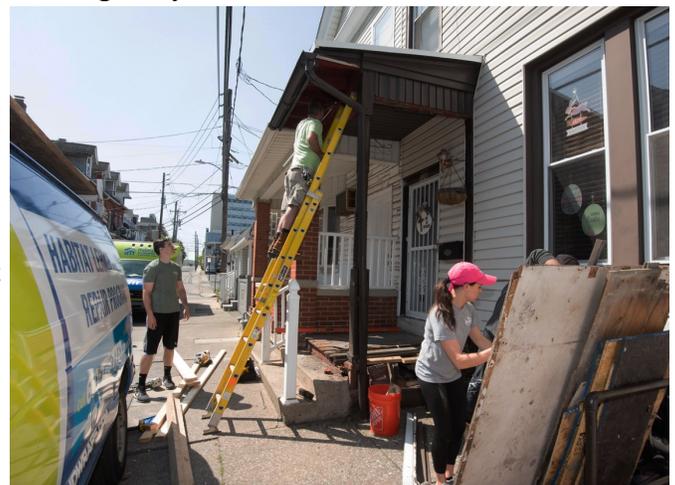
Transportation initiatives supported by SLUHN align with the primary goal of improving access to primary care for homeless and near homeless populations. By providing complimentary Lyft rides to and from appointments with primary care doctors and other specialists, this initiative allows patients to receive routine care in a timely manner, with the added goal of reducing the frequency and overuse of Emergency Department resources. During FY23 approximately 25,000 rides were provided at a cost of nearly \$600,000.



Housing Initiatives

St. Luke’s Department of Community Health continues to partner with Habitat for Humanity Lehigh Valley (HHLV) to better the lives and living conditions of Center City Allentown residents, which helps support their health and wellbeing. A group of St. Luke’s medical residents and practitioners regularly volunteer for HHLV’s home restoration and repair projects in the downtown area –

otherwise known as the “Heart of the City,” where people work together to improve their community and the lives of their neighbors. St. Luke’s collaborates with many partners, including Community Action of the Lehigh Valley and the City of Allentown to address these complexities. HHLV has proven to be an efficient and effective organization, highly focused on addressing housing, a key social determinant of health and working closely with more than 100 local families. Staff from St. Luke’s Sacred Heart Campus partner with HHLV to help its neighbors obtain exterior home repairs including painting, landscaping, weatherization and minor restores at little or no cost to the resident to preserve their safe space and revitalize their neighborhoods. For homes needing larger, more costly repairs, the partnership activates its network to assist. The Sacred Heart Housing Action Committee partnership provides the opportunity to connect area patients and residents to the services they need.



Workforce Development School-to-Work Initiative

Summary: The School-to-Work Program (STW) aims to improve graduation rates, lower absenteeism, and encourage English Language Learners in high school to pursue post-secondary education by exposing students to healthcare careers. This initiative also provides diverse opportunities to learn valuable career and life skills. STW was established in 1997 and is the longest running workforce development initiative in the Network.

Alignment with Community Health Strategic Plan: The School-to-Work Program aligns with the Department of Community Health’s strategic plan through the goal of reducing absenteeism, enhancing educational experiences, and providing healthcare workforce exposure for youth. According to Healthy People 2030, lack of a high school diploma and lack of experience in potential workforce opportunities is linked to a variety of factors that can negatively impact

HIGHLIGHTS

During FY23, the School-to-Work students participated in a range of program activities, including clinical and non-clinical rotations, college visits, education sessions from health care professionals, and educational fields trips to connect classroom learning to real-life experiences.

This program year, students participated in eleven clinical and non-clinical rotations at St. Luke’s Bethlehem Campus, including Medical Surgical Units, Central Transport, Radiology, Operating Room, Pediatrics, Pediatrics Intensive Care Unit (PICU), Medical Intensive Care Unit (MICU), and the Emergency Care Unit. The students also toured the St. Luke’s Simulation Lab to learn about advances in technology for healthcare providers. Students had the opportunity to utilize the same equipment medical students use during their clinical simulations.

One component of the initiative is to explore opportunities in the community by meeting with other companies, community-based organizations, and partners in the Lehigh Valley and beyond. During FY23, students visited the Mütter Museum in Philadelphia, the Da Vinci Science Center in Allentown, and the FabLab at Northampton Community College in Bethlehem.

At St. Luke’s, the STW students had the opportunity to build a resin cast and learn about the human brain. In addition, the STW students visited the St. Luke’s Rodale Institute Organic Farm at the Anderson Campus where they learned about organic farming and gardening. Dr. Leonardo Claros, St. Luke’s Section Chief of Bariatric Surgery, provided an educational session for the STW students where they learned from his experience how to become a surgeon and specialize in bariatric surgery. St. Luke’s Human Resources educated students on healthcare careers in the Network, the various educational requirements for each, and the basics of resume/cover letter writing and interview skills.

OUTCOMES

In FY23, 16 students from the Bethlehem Area School District were enrolled in the School-to-Work program. Of the 16 students, 14 completed the program. Forty-two percent (n=6) of this year’s School-to-Work students were seniors, of which, 100% graduated high school. There have been a total of 397 students served by the School-to-Work program since inception.



Workforce Development On-the-Job Training

Summary: On-the-Job Training (OJT) provides hands-on, skill-building, and knowledge training aimed at building competencies needed to perform specific job requirements and expectations within the workplace. OJT utilizes three components, including paid work experience with a SLUHN preceptor, employability skills training with one-on-one career coaching, and wrap-around case management services.

Alignment with Community Health Strategic Plan: OJT focuses on Community Health’s strategic plan by addressing workforce development for underserved communities. OJT further supports the Network by targeting roles with high turnover rates while also working towards diversifying the healthcare labor market.

HIGHLIGHTS

In an effort to reduce high turnover rates seen in FY22 at St. Luke’s campuses, On-the-Job Training emphasized experiential learning in Phlebotomy, Patient Care Assistant, and Sterile Processing Department (SPD) roles. The model provided vital soft skills training, which are skills necessary for employment and career development but often not taught in typical education or training settings. In addition, St. Luke’s partnered with CareerLink Lehigh Valley (through the Workforce Board Lehigh Valley) for the OJT implementation, which provided wage reimbursement for some participants. Lessons learned from the implementation of this model provided insight in the program development of the Cultural and Linguistic Workforce Development Centers (see Annual Report pg. 24).

OUTCOMES

During FY23, 18 participants were enrolled in the OJT, with 5 hired by the Network and 7 currently finishing up their 6-month training. Two additional participants that were not hired by St. Luke’s have secured employment at other healthcare facilities utilizing the skills learned during the OJT training period.

During FY23, the Network continued its partnership with Workforce Board Lehigh Valley, which resulted in \$15,136.16 in wage reimbursement for the Network. Through program referrals to Human Resources, six individuals have been hired, with 2 more starting in July (FY24).

The Department of Community Health identified additional solutions to achieve its goal of training, hiring, and retaining qualified candidates. During the pre-screening and interview process, program staff established criteria that would help identify candidates in need of pre-requisite job-seeking and job-keeping skills. Based on the outcomes and needs assessed, we partnered with ProJeCt of Easton, a nonprofit organization that provides advanced English as a Second Language Program and GED classes. Individuals successfully competing ProJeCt of Easton curricula were recruited for employment. Through the partnership with ProJeCt of Easton, six individuals were hired in FY23, with three additional candidates starting in July (FY24). Through one-on-one professional coaching, program staff provided these individuals with education and training to prepare them for interviews and potential employment in the Network. The combined efforts of OJT, ProJeCt of Easton, and program staff referrals resulted in a total of 18 new Network hires in FY23. Although the goal of training, hiring, and retaining 30 individuals was not achieved, the insight gained provided a foundation to strengthen the Department’s approach to workforce development.



Workforce Development Health Career Exploration Program

Summary: The Health Career Exploration Program (HCEP) provides unsubsidized work experience and employability skills training for high school juniors and seniors (ages 16-18) at St. Luke’s Anderson, Bethlehem, Allentown, and Sacred Heart Campuses. While students are working in supporti roles in the Network, hospital staff serve as mentors to assist in the development of career pathways. This program is a collaboration between the Bethlehem Area School District, Allentown School District, and the Workforce Board Lehigh Valley.

Alignment with Community Health Strategic Plan: The program focuses on the Department of Community Health’s goal of increasing graduation rates for high-risk populations and improving English Language skills for English Language learners. By providing work experience in the healthcare field, we promote job keeping and job seeking skills, especially for underrepresented populations in the healthcare workforce.

HIGHLIGHTS

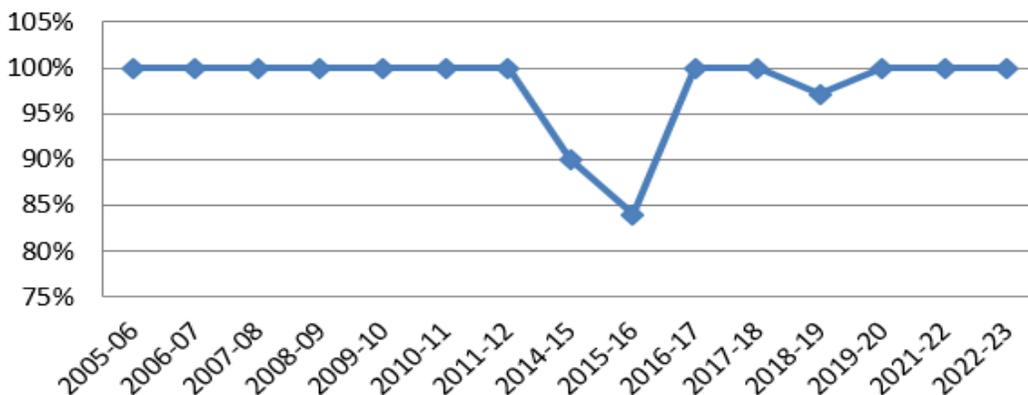
During FY23, HCEP provided unsubsidized work experiences and eleven development sessions to students from the Bethlehem Area and Allentown School Districts. Sessions focused on employability skills development, training, and professionalism. Development session topics included communication in the workplace, critical thinking, and interpersonal skills. Additionally, St. Luke’s Human Resources educated HCEP participants on resume, cover letter writing, and interview skills. The St. Luke’s School of Nursing spoke with participants about educational opportunities and career pathways in nursing. HCEP students also heard from Dr. Adnan Allan on their experience becoming a pediatrician and some key takeaways about the path toward becoming a physician.

HCEP students completed their work experience as support staff in more than 10 clinical departments at the St. Luke’s Allentown, Anderson, Bethlehem and Sacred Heart Campuses. The participating departments included the Operating Room, Medical Surgical Units, Radiology, Post Anesthesia Care Unit (PACU), Ambulatory Surgical Center, Emergency Care Unit, Inpatient Pharmacy, Clinical Inpatient Lab, Pediatrics, Medical Intensive Care Unit (MICU), Pediatric Intensive Care Unit (PICU), Intensive Care Unit (ICU), and Labor and Delivery.

OUTCOMES

In FY23, 25 students completed the HCEP program and 100% of participants graduated from high school. Since 2005, the HCEP program has served 235 students from the Allentown and Bethlehem Area School Districts. Graduation rates for the program across academic years since inception have consistently been between 85%-100%.

HCEP Graduation Rate



Workforce Development Cultural and Linguistic Workforce Development Centers

Summary: The Cultural and Linguistic Workforce Development Centers (Centers) will aid individuals at any stage of their career path to train for and access employment opportunities. This model will employ evidence-based practices to promote cultural competencies, support linguistic development, and provide equitable employment opportunities for participants.

Alignment with Community Health Strategic Plan: The Centers are a new and exciting addition to the Department of Community Health. Their focus on improving English language skills for English Language Learners, increasing job-seeking and job-keeping skills align with the Department’s strategic plan to provide opportunity and exposure for career pathways that will increase the overall health and wellbeing of the participants.

HIGHLIGHTS: St. Luke’s University Health Network worked in collaboration with Hispanic Center Lehigh Valley (HCLV) to develop and secure resources to improve infrastructure and expand capacity to advanced workforce development in underserved communities in the Lehigh Valley. The Network and HCLV secured nearly half a million dollars with support from Senator Patrick Browne to launch the new Cultural and Linguistic Workforce Development Centers in July 2023 (FY24).

The Cultural and Linguistic Workforce Development Centers will assist workers at any stage in their career path to train for and access employment opportunities that meet the demands of local employers while earning a living wage. The program will operate centers at HCLV in South Bethlehem and SLUHN’s Sacred Heart Campus in Allentown. Collaborations with Lehigh Carbon Community College, Northampton Community College, and The Literacy Center will support the diverse needs of participants and provide expanded areas of education and opportunity. Participants will work with bilingual (Spanish and English) counselors to identify career goals and barriers to employment, and will subsequently create individualized action plans to complete English as a Second Language (ESL) and/or General Education Development (GED) courses through partner organizations. Simultaneously, participants will receive individualized bilingual case management services to address employment barriers. Participants will then enroll in pre-approved skills-based training programs through partnering community colleges to achieve credentials for a high-priority occupation. The program’s initial focus will be healthcare careers with a plan to expand offerings to construction, manufacturing, automotive, and hospitality industries. Finally, the program will provide participants with employability skills training to increase and strengthen their job-seeking and job-keeping abilities.

The On-the-Job Training (OJT) Program (see Annual Report pg.23) will be incorporated into the Cultural and Linguistic Workforce Development Centers by referring qualified candidates to Human Resources. The new Centers will provide expanded capacity to further advance workforce development. Overall, by utilizing a strategic approach to workforce development, the Department of Community Health, HCLV, and additional partners can promote the development of local talent to the mutual benefit of those served and the communities where they live, work, and play.



CHRONIC DISEASE PREVENTION

More than half of all adults in the United States are currently living with a chronic disease, with one in four facing multiple chronic conditions. Results from the SLUHN Community health Needs Assessment (2022) showed that only 27% of respondents reported not having a chronic illness of some kind, and 80% of adults over 45 years old had at least one chronic disease. The most common chronic diseases include hypertension (i.e., high blood pressure), hypercalcemia (i.e., high cholesterol), and diabetes. St. Luke’s prioritizes preventing chronic disease through promoting healthy lifestyles and behaviors, including diet and community health.

Food Security: To further address food access, St. Luke’s implements a Summer Feeding Service Program (i.e., Summer Meals Initiative) through the Pennsylvania Department of Education in Allentown and Quakertown. A Community Supported Agriculture (CSA) program is available for employees throughout the Network to encourage fresh fruit and vegetable consumption while supporting local farmers. The Department of Community Health further supports local CSA programs by partnering to provide fresh produce to underserved populations through grants and special funds with additional support from the St. Luke’s-Rodale Institute Organic Farm at St. Luke’s Anderson campus.

Nutrition and Education Promotion: St. Luke’s implements two Diabetes Education Accreditation Programs governed by the Association of Diabetes Care and Education Specialists (i.e., Diabetes Self-Management Education and Support, Diabetes & Pregnancy) and a Diabetes Prevention Program. Additionally, the Network follows an evidence-based program model to address smoking that includes smoking cessation provider visits, community education, and weekly support groups. Smoking cessation services are offered for Network patients and additional support is provided to community partners.

Physical Activity Promotion: To promote physical activity, Get Your Tail on the Trail (GTOT) aims to engage community members in outdoor physical activity through challenges and events. By linking St. Luke’s healthy lifestyle expertise with the recreational and heritage leadership of D&L, members of our community can participate in ongoing challenges by entering exercise miles through an online trail tracker and can attend special community events held by GYTOT. All challenges and special events are free to participate in and incentives can be earned along the way to help people stay motivated to maintain healthy lifestyle habits with exercise and nutrition.

Initiatives	
Food Security	
Access to Fresh Fruits and Vegetables	Summer Meal Initiative
Community Supported Agriculture (CSA)	Food Access Initiatives
Nutrition and Education Promotion	
Smoking Cessation	Diabetes Initiatives
Physical Activity Promotion	
Get Your Tail on the Trail	

Chronic Disease Prevention Employee Wellness



Summary: To assess and address the health needs of SLUHN employees and spouses, the Network established an Employee Wellness program called *Caring Starts with You* (CSWY). The annual biometric screenings and health assessments drive the development and implementation of evidence-based lifestyle programming, health education, and both general and targeted outreach.

Alignment with Community Health Strategic Plan: The health and wellbeing of our employee and spouses is imperative as they live and work within the communities SLUHN serves. Employee Wellness aligns with the Department of Community’s Health’s goal of reducing health disparities by preventing chronic disease in the communities we serve.

HIGHLIGHTS

At the beginning of 2023, St. Luke’s invested in a new portal to further engage the health and wellbeing of the employees and eligible spouses. An Employee Wellness health coach became a certified Diabetes Prevention Program (DPP) instructor as an opportunity to improve HgbA1C values. Since November, two employee/spouse groups have launched to provide education and resources in an effort to prevent diabetes. Additionally, the Community Supported Agriculture (CSA) added two Network pick-up sites to make fresh, organic produce more accessible for employees.

OUTCOMES

In alignment with the Network CHNA top priorities (i.e., Access to Care, Chronic Disease Prevention, Mental and Behavioral Health), Employee Wellness takes a holistic approach to providing education and resources to our employees and their partners to ensure they have the tools and resources needed to live healthy and happy lives. During FY23, the following activities and resources were provided to support Employee Wellness:

- 106 chair massage events at 24 different Network sites
- 73 plant-based cooking class graduates
- 583 spouse flu shots administered
- 574 CSA members spanning across 21 Network sites supporting seven local farms
- Purchased CSA shares put \$285,000 back into the pockets of local, small-scale farms
- As of FY22, 5,674 CSA shares were donated to local community organizations



Chronic Disease Prevention Food Access

Summary: Addressing lifestyle behaviors related to physical activity and diet can influence and prevent chronic disease. St. Luke’s Community Health staff continues to partner with Second Harvest Food Bank (SHFB), other local food banks, non-profit organizations, and funders to improve access to local foods where the Network Community Health Needs Assessment identified gaps in food access.

Alignment with Community Health Strategic Plan: The food access initiatives align with our strategic goal to increase the availability of healthy food options and reduce health disparities related to food insecurity. Considering many chronic diseases (e.g., obesity, diabetes) are strongly related to healthy lifestyles, the Department focuses efforts on healthy food access as one strategy to prevent chronic disease in underserved communities.

HIGHLIGHTS

On-Site Pantries

On-site pantries are located at Marvine Elementary School, Panther Valley Elementary School, and Pocono Mountain East and West High Schools. Marvine and Panther Valley are both established Second Harvest Food Bank (SHFB) pantries and can benefit from the grants and funding of that agency to provide the food items. The Pocono Mountain School District pantries were established with products and funds from local organizations.

School Based

School-based staff at Raub Middle School (Allentown School District [ASD]) identified high rates of food insecurity amongst students and families, especially since the COVID-19 pandemic. Given space and facility constraints at the school, the team worked with SHFB to become an established mobile pantry. Additionally, the Summer Feeding Service Program is held within ASD and Quakertown Community School District to support food access for school-aged children during the summer months (see Annual Report p. 28).

Community Supported Agriculture Donations

The Department of Community Health works directly with Employee Wellness to distribute leftover or excess Community Supported Agriculture (CSA) shares, including shares from St. Luke’s Rodale farm at the Anderson Campus, to partner organizations.



Primary Care Produce Integration

Access to fresh produce has been integrated into the Rural Health Centers and Coventry Family Practice through partnerships with Boyer’s Food Market in the Pennsylvania rural region and NORWESCAP Food Bank in Phillipsburg, New Jersey. In the Spring of 2023, St. Luke’s Warren Campus and Community Health partnered with the Foodshed Alliance LocalShare to establish a popup produce stand in the Phillipsburg, NJ food desert.

Liaisons, Community Health Workers, School-Based Staff: Capacity Building and Connections

There are various positions throughout the network that support food access initiatives through referrals to government food assistance programs, other local food pantries, and case management. Additionally, the findhelp platform is encouraged to locate accessible food.

OUTCOMES



- Marvine Elementary School served an average of 40 families per month
- Panther Valley Elementary School served an average of 240 families per month
- Raub Middle School served an average of 214 families per month
- Pocono Mountain West High School served 300 families during the school year
- 1,191 CSA bags were donated throughout the Network
- Coventry Family Practice and partners served 140 families (430+ individuals)
- Rural Health Centers distributed 18 bags of fresh produce weekly in Tamaqua

Food Security Summer Meal Initiative



Summary: In 2023, St. Luke’s served as a sponsor for two open sites located within partner organizations for the USDA’s Summer Feeding Service Program (SFSP) through the Pennsylvania Department of Education (PDE). This program ensures children have access to nutritious meals and snacks when school is not in session.

Alignment with Community Health Strategic Plan: The Summer Meals Program aligned with our strategic goal to increase the availability of healthy food options. Through the program, children received well-balanced lunches, community supported agriculture (CSA) shares to increase fruit and vegetable consumption, and non-perishable food for families on weekends. Additionally, the program reduced health disparities by addressing education and literacy through handouts, resources, and activities.

HIGHLIGHTS

Fiscal Year 2023 marked the fifth year St. Luke’s Community Health served as a sponsor for the SFSP program. To ensure sustainability, St. Luke’s worked with two local partners (Catholic Charities in Allentown and Free Fall Action Sports in Quakertown) to serve as SFSP sites, while St. Luke’s remained the sponsor responsible for program oversight and administration of the program. Additionally, The Open Link (Upper Perkiomen School District) partnered with St. Luke’s as an external site, with funding and other resources provided to supplement their program.

Funding was secured from Penn Community Bank and the Drueding Foundation (Quakertown) and West Side Hammer Electric (Allentown) to enhance the SFSP program at Free Fall Action Sports, Catholic Charities, and The Open Link. Enhancements to the program included upgraded meal options including hot meals, fresh fruits and vegetables through St. Luke’s Community Supported Agriculture (i.e., CSA), non-perishable weekend food bags, and a backpack filled with school supplies. Funds were also used to provide parents, guardians, and caretakers with lunch (on request), which provided the opportunity to support the whole family while working toward closing gaps in food insecurity.

Throughout the summer, case management and care gap services were provided to families in need through our partner organizations, as well as St. Luke’s staff. Activities were planned throughout the summer including helmet distribution, dental education, and nutrition demonstrations. Additionally, all leftover food from the Allentown SFSP program was donated to a local non-profit, Hogar Crea, a residential substance use disorder treatment facility.

OUTCOMES

In total the program provided 5,456 meals to adults and children during the summer 2023 program. There were 1,418 total meals served to children and 560 meals to adults at the Sacred Heart site and 2,936 meals served to children and 464 meals to adults at the Quakertown site. Additionally, 150 CSA shares and 164 backpacks were distributed. A total of 1,928.66 pounds of food were distributed on Fridays to help supplement weekend food security, with an approximate value of \$4,688.72.



Nutrition and Education Promotion Smoking Cessation

Summary: St. Luke’s University Health Network’s Smoking Cessation Program is designed to promote healthier, tobacco-free lives. Following an evidence-based model, the program provides smoking cessation visits with certified tobacco treatment specialists, physicians, and/or advanced practitioners.

Alignment with St. Luke’s Community Health Strategic Plan: The Smoking Cessation Program aligns directly with Community Health’s secondary areas of activity by addressing chronic disease. Smoking Cessation services were made more accessible during Fiscal Year 2023 (FY23) through efforts to expand the program to more providers, residents, and staff, leading to an increase in smoking cessation visits across the Network.

HIGHLIGHTS

The Smoking Cessation Program focuses on evidence-based methods including pharmacology, behavioral modification, motivational interviewing, and stages of change progressions. In efforts to standardize tobacco treatment across the Network, education was offered to certified providers and staff through focused CME credit trainings. To ensure the highest quality of care, the program continually aligns with current best practices. Additionally, the program created focused alignment with departments that serve high risk smoking populations such as oncology, surgical optimization, cardiac rehabilitation, and pulmonary. SLUHN staff helped decrease access to care barriers by expanding to the Mountain Center, providing access for under/uninsured patients in the Monroe County catchment area for smoking cessation counseling and free nicotine replacement therapy (NRT). The SLUHN Smoking Cessation Program received Comprehensive Center of Excellence status by the Smoking Treatment Accreditation & Recognition (STAR) tobacco treatment initiative, funded by the Pennsylvania Department of Health and managed by the Health Promotion Council. STAR’s mission is to facilitate the integration of tobacco dependence treatment into existing healthcare workflow. The program received comprehensive accreditation, which indicates that the program provides services above and beyond the standard outlined requirements.

OUTCOMES

St. Luke’s Smoking Cessation Coordinator created and presented approved CME smoking cessation training to 59 new providers, SLUHN staff members, and residents. The newly approved training will continue through 2024, with a goal to educate 80% or more of SLUHN medical residents. St. Luke’s partnered with Bucks County Health Improvement Partnership (BCHIP), where 111 SLUHN patients received access to free, evidence-based smoking cessation treatment and free NRT. During FY23, a total of 1,429 referrals were made (13% increase from FY22). Of those referrals, 276 smoking cessation provider appointments at SLUHN campuses were completed (16% increase from FY22). Additionally, 387 total SLUHN patients received smoking cessation treatment (BCHIP + SLUHN smoking visits) as a direct result of the SLUHN Smoking Cessation Program.

Top Referrals	
Location	Referrals
Allentown Operating Room	77
Bethlehem Operating Room	73
Hematology/Oncology Specialists	72
Sigal Center (Star Community Health)	57
Thoracic Surgical Associates	52
Sacred Heart Operating Room	41
Women’s Health (Star Community Health)	36
Family Practice (Star Community Health)	31
Geisinger St. Luke’s Operating Room	30
Weight Management Center	30



Kristopher Novak, MPA, CTTS-M, NCTTP, smoking cessation coordinator and Amanda Getz, PA-C, Palmerton Pulmonary

Nutrition and Education Promotion Diabetes Initiatives

Summary: Diabetes is a chronic disease affecting more than 30 million Americans. In the St. Luke’s University Network, diabetes is a leading health issue, with 15.3% of respondents from the 2022 Community Health Needs Assessment indicating they have diabetes compared to the national average of 11%. St. Luke’s recognizes that this serious health issue must be addressed and takes a Network approach to meeting the needs of people with diabetes in our communities. This collaborative approach utilizes the resources within the Network as well as in partnership with local community organizations.

Alignment with Community Health Strategic Plan: St. Luke’s Network Diabetes Performance Improvement Committee focuses on diabetes prevention and management. One of the Department’s primary strategic goals aligns with this focus and aims to address patients with poor control (i.e., HgbA1C >9) of their diabetes. Throughout FY23, key external partners that collaborated on Diabetes initiatives included Air Products, Diabetes Coalition of the Lehigh Valley (United Way), Hispanic Center Lehigh Valley Food Pantry, Kellyn Foundation, Lehigh Valley Food Policy Council, and the YMCA.

HIGHLIGHTS

St. Luke’s has two Diabetes Education Accreditation Programs (DEAP) governed by the Association of Diabetes Care and Education Specialists. These programs include Diabetes Self-Management Education and Support (DSMES) and Diabetes & Pregnancy. These programs are implemented throughout the Network by Community Health, Endocrinology, and Maternal Fetal Medicine. The Community Health DEAP programs provide diabetes education to vulnerable populations at several Network locations and includes DSMES classes through one-on-one and group sessions, which are both offered in-person and virtually.

Community Health, in partnership with medical residents at Star Community Health (e.g., Sigal Center, Southside Bethlehem) and St. Luke’s Fitness and Sports Performance, implemented a quality improvement (QI) project focused on patients with poorly controlled diabetes (i.e., HgbA1C>9). This initiative included clinical diabetes visits, diabetes education with a registered dietitian, physical activity opportunities, and access to healthy food.

Community Health launched an employee-based National Diabetes Prevention Program (DPP) in November 2022. The goal for FY24 is to obtain full accreditation with the Centers for Disease Control (CDC) Diabetes Prevention Recognition Program (DPRP) as part of the National DPP. The pilot program was targeted to St. Luke’s employees identified as eligible through the St. Luke’s Employee Wellness Program.

OUTCOMES

DSMES

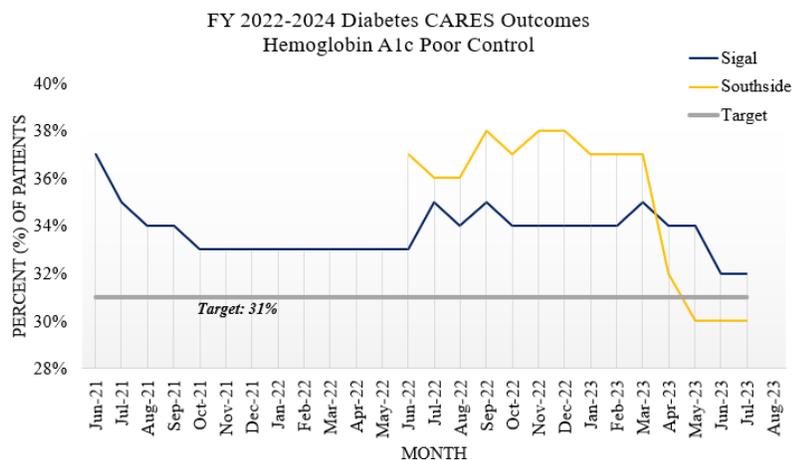
- Community Health
 - 230 patients served
 - Aggregate HgbA1C decreased from 9.8 to 8.0
- Endocrinology
 - 991 patients served
 - Aggregate HgbA1C decreased from 8.1 to 6.6

Goals and Outcomes for QI Project:

The project’s goal was to decrease the clinic’s overall Diabetes Poor Control to 31%; Star Community Health Southside Bethlehem achieved 30% and Sigal Center achieved 32%.

Outcomes for National Diabetes Prevention Program

Two classes were formed for a total of 19 participants. St. Luke’s is required to run the year-long program completely before being evaluated for preliminary or full recognition in November 2023.



Physical Activity Promotion Get Your Tail on the Trail

Summary: St. Luke’s University Health Network (SLUHN) and Delaware & Lehigh National Heritage Corridor (D&L) started a partnership in 2013 to bring the community a family fun initiative, Get Your Tail on the Trail (GYTOT). By linking St. Luke’s healthy lifestyle expertise with the recreational and heritage leadership of D&L, members of our community can participate in ongoing challenges by entering exercise miles through an online trail tracker and can attend special community events held by GYTOT. All challenges and special events are free to participate in and incentives can be earned along the way to help people stay motivated to maintain healthy lifestyle habits with exercise and nutrition. Ultimately, efforts to promote and engage the community in physical activity addresses the St. Luke’s Community Health Needs Assessment identified priority areas, particularly related to chronic disease prevention.

Alignment with Community Health Strategic Plan: Get Your Tail on the Trail addresses the Department’s strategic plan secondary areas of activity to increase physical activity. This strategy aims to prevent chronic conditions (e.g., diabetes, hypertension) in our community through healthy lifestyles and behaviors.

HIGHLIGHTS

The GYTOT program has been an instrumental tool for energizing the region about outdoor exercise and meeting national health standards in a convenient, fun, and cost-free way.

GYTOT had five challenges during FY23, two of which were created in partnership with ArtsQuest to further increase community participation in the arts while encouraging physical activity.



OUTCOMES

During FY23 14,000 individuals participated in GYTOT. Since the program’s inception in 2013, 5 million miles have been logged through the online platform.



Challenges Completed FY23:

- 1,091 users completed the Winter Challenge 2022
- 1,329 users completed the 165 Mile Challenge 2022
- 129 users completed the Musikfest Walking Challenge 2022
- 373 users completed the Christkindlmarkt 25 Miles to Christmas Challenge 2022
- 1,497 users completed the 15 for 150 challenge

MENTAL AND BEHAVIORAL HEALTH

Mental health has been an increasing issue during the last decade, even prior to COVID-19. Mental health disorders can affect people of all ages and racial groups, but some populations have disproportionately higher rates of diagnosis. Mental health disorders (e.g., anxiety, depression) can affect a person’s ability to take part in healthy behaviors and result in physical health problems making it harder for them to get treatment for mental health disorders. Goals related to improving mental health for Healthy People 2030 are to increase the proportion of people with substance use and mental health disorders who get treatment for both, increase the proportion of children and adolescents with symptoms of trauma who get treatment, increase quality of life for cancer survivors, reduce suicide rate, and increase the proportion of public schools with a counselor, social worker, and psychologist.

St. Luke’s is committed to addressing mental and behavioral health and substance use disorder (SUD) through collaboration with community agencies to implement evidence-based best practices. The Network takes an integrated approach to increase access by supporting mental and behavioral health services. The substantial growth seen in recent years related to patient care and services offered in the Network is indicative of our commitment to support the mental and behavioral needs of our communities. Additionally, with the integration of the Penn Foundation in 2021, the Network has the capacity and expertise to continue growing our services in mental and behavioral healthcare.

In addition to Network services, the Department of Community Health works with community-based organizations and partners to support the mental and behavioral needs of our communities. The Network was awarded a psychostimulant grant in 2021 from the Health Resources and Services Administration (HRSA) to support substance use prevention and the behavioral health need in the rural region. A Network-wide SUD Committee advocates for improved prevention, treatment, and recovery services. St. Luke’s utilizes the Community Health Worker model to improve connection to care, services, education, and resources that support a continuum of care model within our service area. The Department of Community Health team and liaisons belong to County suicide tasks forces to collaboratively improve messaging and connection to prevention, treatment, and recovery services.

We are proud to partner with our Department of Sports Medicine to improve positive behavioral health messaging and connection to care, education, and resources. More than 100 SLUHN athletic trainers are trained in Mental Health First Aid (MHFA), an evidence-based training designed to identify, understand, and respond in various situations and settings. MHFA is a skills-based training course that teaches participants about mental health and substance-use issues to increase knowledge of signs, symptoms, and risk factors related to mental health and substance use while decreasing stigma and improving essential communications skills to connect to vital resources. Additionally, in alignment with our county partners and committees, some of our campus liaisons are master trainers in the Question, Persuade, Refer (QPR) suicide prevention training. QPR is a suicide prevention training that offers individuals the opportunity to recognize the warning signs of suicide and support those at risk through conversations and connections to help and assistance.

Initiatives	
Access to Mental Health and Behavioral Health Services and Resources	
Question, Persuade, Refer (QPR) Trainings	
Substance Use Disorder Services and Response	
Prevention, Treatment, and Recovery Initiatives	Substance Use Disorder Prevention Partnerships and Harm Reduction Initiatives
St. Luke’s Penn Foundation	

Access to Mental Health and Behavioral Health Services and Resources Network Overview

Summary: Fiscal Year 2023 (FY23) marked significant growth for the St. Luke’s University Health Network (SLUHN) Psychiatric Service line. Expanded access to behavioral healthcare for residents in our communities through additional support services beyond the traditional borders of our service area allowed for increased access to mental and behavioral healthcare. We expanded our school-based, outpatient, partial hospital, and integrated programs to cover more geographic areas and expand treatment to additional age groups. The first integrated Medication Assisted Therapy clinic in the Lehigh Valley completed its first full year treating the community. A total of 948 new patient visits were completed during FY23. The 2021 merger with the Penn Foundation (see Annual Report pg. 34-35) allowed for additional expansion of services across the Network, and we completed our continuum of substance use disorder (SUD) care to provide all levels of treatment for SUD and co-occurring disorders. Our postgraduate year (PGY) psychiatric residents grew to include 28 physicians in training that were active in community-based offices such as Parish Nursing (see Annual Report pg. 16) and laundromat ministries. Additionally, third-year resident physicians provided free psychotherapy sessions in our Bethlehem clinic. The first adolescent partial hospital program was opened in center city Allentown, serving adolescents between 14-17 years old with acute mental illness.

Alignment with Community Health Strategic Plan: The 2022 Community Health Needs Assessment identified the need to improve access to mental health and behavioral health services and resources across the Network. In collaboration with the Department of Community Health, Network Mental and Behavioral Health services support access to care for all communities served by the Network, including our underserved and vulnerable populations.

HIGHLIGHTS

Adolescent Partial Hospital Program (Allentown): During FY23, there were a total of 139 admissions to Adolescent Partial services. The average daily census (i.e., ADC) was 5.6, and length of stay (i.e., LOS) was 10.3 days. There were 40% of patients on medical assistance and 60% held private insurance. There were 16% of patients that were in step down from inpatient units, 24% from the emergency department, and 23% from outpatient sites.

YESS (Your Emotional Strength Supported)!: During FY23, SLUHN successfully added or maintained licenses at a total of 62 schools spanning 13 school districts and completed 25,032 total psychotherapy visits. Our no-show rate for therapy sessions in this school-based program was 4%, significantly lower than the national average.

PGY Residency: The PGY residency program graduated its first six psychiatrists in June 2023 and welcomed 8 new residents (2 rural, 6 traditional) to its current class. There are currently 28 psychiatric residents learning and serving patients throughout SLUHN.

Adolescent Behavioral Health Unit (Easton): St. Luke’s Adolescent Behavioral Health team offers care and treatment to teens who face a range of mental health issues that impact their daily lives. The 16-bed hospital-based unit is designed to provide a therapeutic environment with individualized treatment plans for teens.

OUTCOMES

Overall, significant strides were made in expanding mental and behavioral health services throughout the Network. Psychiatric services offered have increased access to mental health services, including SUD. These efforts included the implementation of the Certified Community Behavioral Health Clinic (i.e., CCBHC) model of care at the St. Luke’s Penn Foundation Campus in Sellersville, PA.

St Luke’s Psychiatric Associates and St Luke’s Penn Foundation Mental Health Outpatient services had a total of 20,100 visits during FY23, with a 7% no-show rate for Psychiatry Outpatient Program and 7% no-show rate for Psychotherapy services.

Access to Substance Use Services and Response St. Luke's Penn Foundation: CHNA Top Priority Alignment

Overview: The work with St. Luke's University Health Network (SLUHN) Behavioral Health and St. Luke's Penn Foundation Campus (SLPF) contribute to 2022 Community Health Needs Assessment top priorities by improving access to mental and behavioral health care and substance use and recovery services, as well as collaborating through internal and external partnerships.

Improving Access to Care

- Implementation of the Certified Community Behavioral Health Clinic (CCBHC) model of care at the SLPF Campus increased access to care for all individuals in the community. Outreach was completed for 701 individuals.
- The Victory for Veterans program launched in January 2022 and served 18 veterans through suicide prevention efforts and connection to community supports in Carbon County.
- Warm Hand Off (WHO) programs are available in SLUHN emergency departments as well as Grand View Hospital, Doylestown Hospital, and Abington Hospital emergency departments.
- Expansion of the Navigation Program improved access to community-based programs and services and engaging with 419 unique individuals.
- During FY23, SLPF expanded Recovery Center admissions to 24/7 for patients seeking substance use care through a SLUHN emergency department.

Preventing Chronic Disease

Integrated care models that address the physical health needs of individuals receiving mental health or substance use services supported prevention of chronic disease at St. Luke's Penn Foundation by:

- Screening 93% of clients receiving substance use and recovery services for communicable diseases and referring them to care as needed
- Support of a community health worker and Mental Health Outpatient clinic nurse to address physical needs of mental health patients, with special focus on diabetes, hypertension, and social determinants of health
- Support of a care manager at the Recovery Center to support physical health needs and connect individuals to ongoing care

Improving Mental and Behavioral Health

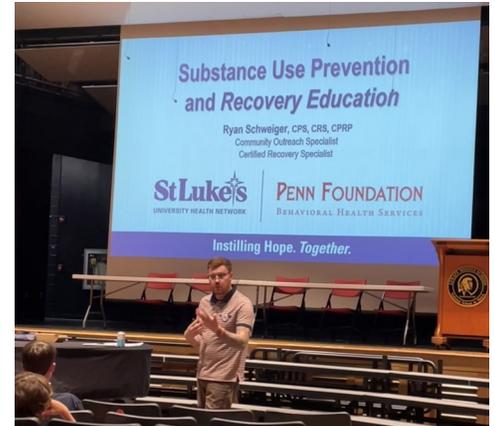
Addressing the mental health and substance use and recovery needs of our community are key in advancing overall community health. Specific areas of growth at SLPF in these initiatives include:

- CCBHC model of care continued efforts to transform access to behavioral health care and remove barriers to treatment. A total of 119 staff members and leaders were trained in care management, veterans mental health initiatives, trauma and QPR (question, persuade, refer) suicidal assessment protocols. The CCBHC Advisory Council grew to include 67% consumer membership. Project goals were exceeded, reaching a total of 701 individuals
- Recovery Center readmission rate of 2.1%
- The average PHQ-9 score during stay in the SLPF Recovery Center reduced by 53%
- Seven alumni groups supported individuals in remaining connected to support after treatment
- Camp Crossroads provided 4 camp weekends and two day camp events to children of families impacted by substance use
- Expansion of Employee Assistance Program locations to the Lehigh Valley to include more than 85 contracts with local corporations and non-profits
- Expansion of Mobile Engagement Services to lower Bucks County, focusing on engaging individuals/families challenged by substance use
- Expansion of Assertive Community Treatment team in Chester County
- The community tenure across Residential and Rehab Services (only mental health admissions) was 98.7% in which only 1.3% overall experienced a mental health inpatient stay during that time
- Twenty-four programs providing services at SLPF including mental health, substance use/recovery, community-based services for mental health, substance use, and psychiatric rehabilitation, as well as residential programs

Access to Substance Use Services and Response St. Luke's Penn Foundation: Community Initiatives and Partnerships

Internal Community Initiatives and Partnerships

- SLPF and St. Luke's Psychiatric Associates promoted behavioral health awareness across the Network through training and anti-stigma recovery education to multiple departments, nursing students, and staff
- SLPF collaborated with St. Luke's Psychiatry and Behavioral Health to host psychiatric residents in mental health and recovery services programs, including the Recovery Center



Presentation by SLPF for Substance Use Prevention and Recovery Education

External Community Initiatives and Partnerships

- Increased awareness of available mental and behavioral health services through campus tours for 20 community organizations
- Hosted 1st Annual *Recovery is for Everyone Walk*
- Partnered with 13 schools to provide 86 substance-use prevention/recovery education sessions to a total of 3,683 individuals
- 239 individuals received Substance Use Prevention/Recovery Education through 11 presentations to a variety of community organizations
- Hosted Pennridge Police Department for their award ceremony in May and highlighted Mental Health Awareness Month to 60 police officers and their families
- Partnership with National Alliance on Mental Illness (NAMI) by hosting space for NAMI Bucks County to provide teen and parent support groups twice per month
- Clergy and faith community event for 40 members of clergy, presented by Dave Eckert of Intersect with Access Services (*Facing Mental Health Needs in Your Congregation*)
- Quakertown Library Presentation on Mental Health/Substance Use Disorders in October for 30 librarians
- In observance of Veterans Day, hosted a Witting Tree ceremony open to the community. Twelve members of staff and the community attended, and a new tree was planted on campus as our designated Witting Tree.
- *Mental Health in the Workplace* presentation by SLPF Employee Assistance Program and Uninvest Insurance
- More than 60 haircuts provided to Recovery Center patients through collaborations with Modern Male and the Lansdale School of Cosmetology
- Behavioral health staff hosted four *Mental Health Mondays* at Upper Perkiomen YMCA, Free Fall Action Skate Park in Quakertown, Bucks County Community College, and Indian Valley Library
- Staff member represented on the Bucks County Opioid Advisory Committee



St. Luke’s Allentown and Sacred Heart Campuses Service Area Report: Strategic Plan Alignment

St. Luke’s Community Health’s **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. [St. Luke’s Community Health Needs Assessment](#) (CHNA) identified Lehigh County at or worse than state standards for food insecurity, mental health provider ratios and poor mental health days, children in poverty, high school graduation, and social associations outcomes. SLUHN Community Health Workers (CHWs) align with key partners to identify gaps and opportunities based on [Centers for Disease Control and Prevention \(CDC\) Healthy Schools](#), [Coalition for Community School](#) and [Community Health Worker \(CHW\)](#) models. Allentown School District and the St. Luke’s Sacred Heart Campus Action Committees work with partners to address these needs and to serve as a hub in the community to build trust for improved access to care, services, and resources. The St. Luke’s Sacred Heart and Allentown Campuses State of the Community CHNA findings meeting was held on October 31, 2022 and engaged 79 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

Sacred Heart Action Committees

Housing Action Committee: Habitat for Humanity Lehigh Valley, Community Action Lehigh Valley, City of Allentown, and other partners provided home repairs and lead abatement services in Allentown. To date, more than \$850,000 was raised to support this initiative.

Workforce Action Committee: A Cultural and Linguistic Workforce Development Center was established in collaboration with Hispanic Center Lehigh Valley in FY23 (see Annual Report p. 24). Lehigh Carbon Community College, Northampton Community College, and The Literacy Center are additional partners to support educational and workforce development services. Workforce Board Lehigh Valley is co-located at St. Luke’s Sacred Heart Campus and participants can be referred to the centers as needed. The centers offer English as a Second Language classes, General Education Development (i.e., GED), and specialized training in a number of healthcare positions beginning in FY24. Participants will work with bilingual (Spanish and English) Workforce Development Coordinators to identify career goals and barriers to employment. The program is funded by a \$450,000 grant from the Commonwealth of Pennsylvania and the Department of Community and Economic Development.

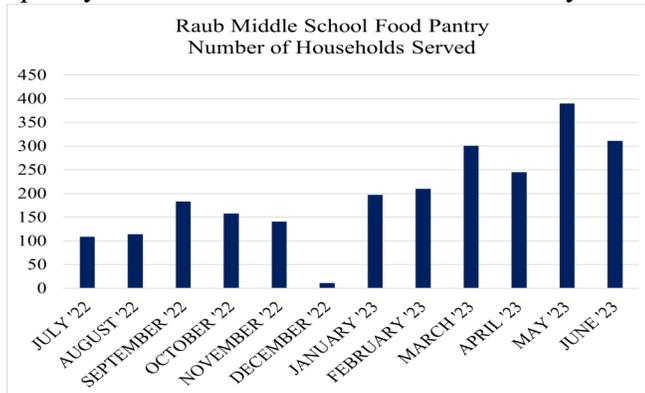
Education Action Committee: During FY23, a partnership with local preschool education providers was established to screen Star Community Health Sigal Center pediatric patients and engage families to enroll in preschool. Additionally, the committee brought together local partners for a round table discussion on the Childcare Workforce Crisis. This Community Meeting took place at Sacred Heart Campus Auditorium on December 7th, engaging more than 70 partners and community members.



St. Luke’s Physician Assistant working on home repairs in Allentown in partnership with Habitat for Humanity and the Housing Action Committee

St. Luke’s Allentown School-Based Partnerships

The Raub Middle School collaboration provides consistent and sustainable efforts with the goal of measurably improving access to services for families and community members in need. Beginning in March 2022, school-based staff worked with Second Harvest Food Bank and related partners to bring a mobile food pantry to the Raub Middle School community. Prior to FY23, the pantry served approximately 100 families per event. This number increased to an average of 350 households served each month during FY23 as a result of strengthened partnerships and community engagement. In addition to food insecurity initiatives, the school-based Community School Coordinator and After School Coordinator organized 21 diverse programs and initiatives resulting in 375 encounters (duplicated), as well as school-wide events available to all students. Through the Mobile Youth Health Center services, 440 unique students received services through 1,104 encounters. Additional school partnerships include Harrison Morton Middle School, Hays Elementary School, and Union Terrace Elementary School.



St. Luke's Allentown and Sacred Heart Campuses Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

St. Luke's University Health Network (SLUHN) school-based staff provide services to families and students at Raub Middle School. Raub is a Community School supported by SLUHN, in partnership with the United Way and other local organizations. Through a partnership with Second Harvest Food Bank, St. Luke's school-based staff also implement a monthly mobile food pantry at Raub for students, families, and the school community.

During FY23, the Mobile Health Youth Clinic (MYHC) provided care and services to 440 unique students in the Allentown School District through 1,104 encounters and connected them to medical insurance, a medical home, vision and dental services, and community resources as identified through MYHC providing services at Raub Middle School, William Allen High School, and Newcomer School. A total of 96 vision vouchers were provided to district students totaling \$10,070 (see Annual Report pg. 15).

Sigal Center (Star Community Health) provided connection to care and services. Star Community Health's Dental Van visited 9 schools and provided 988 visits, 1,737 sealants, and 344 restorations during FY23. Both Star Community Health and SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9).

St. Luke's Sacred Heart Family Medicine first-year medical residents participated in the evidence-based model "See the City You Serve" to provide residents with a better sense of the community and key partners that help promote overall health and wellbeing. Residents also rotate through the Department of Community Health during their first year, working with Allentown-based initiatives.

Career mentoring and workforce initiatives continued to expand during FY23, including the Health Career Exploration Program and On-the-Job Training initiatives in Allentown. Literacy promotion through Read Across America was implemented at Union Terrace Elementary School with the help of students from Raub Middle School.

Preventing Chronic Disease

St. Luke's Sacred Heart Campus provided daily meals (Monday-Friday) for food insecure children from the ages of 0-18 years (see Annual Report pg. 28). Through grant funds, families were provided fresh vegetables every week with shares from local farmers along with weekend bags of non-perishable items. These bags also included recipes, community resources, and education. Through St. Luke's Community Supported Agriculture (CSA), 243 shares were donated to a local church food pantry, 6th Street Shelter, Valley Youth House, Hogar Crea, and Star Community Health Sigal Center.



The Department of Community Health worked with Sigal Center to implement diabetes education programs and help promote healthy eating and increased physical activity for prediabetic and diabetic patients. Get Your Tail on the Trail held events in Allentown during FY23 and more than 14,000 individuals participated Network-wide (see Annual Report pg. 31).

Improving Mental and Behavioral Health

St. Luke's Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 in collaboration with Lehigh County Task Force and Treatment Trends Inc. to connect patients to SUD treatment and recovery. Narcan education and distribution was provided to the community and in the Emergency Department (including a Certified Recovery Specialist) for those that present with Opioid Use Disorder (OUD) and/or overdose. St. Luke's Sacred Heart Campus' Medical Detox Unit and SUD services (e.g., Medication Assisted Treatment (MAT), SHARE clinic, Behavioral Health Services) continued to expand during FY23. Partnerships with Treatment Trends Inc.'s The Center allowed for the establishment of the Student-Led Interdisciplinary Care Center (SLICC, see Annual Report pg. 19). Additionally, through our Community School partnerships, positive mental health messaging and support was provided to all Raub Middle School students, teachers, and staff.

St. Luke’s Allentown and Sacred Heart Campuses Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling program
- Case Management worked with Community Health Workers to provide referrals and connections to community organization and services
- Certified Recovery Specialist (CRS) support in Emergency Departments and inpatient floors
- Narcan Distribution with Lehigh County and Treatment Trends, Inc. The Center in collaboration with the Family Medicine Residency Program at Sacred Heart Campus
- SHARE Clinic for Medication Assisted Treatment (MAT) and counseling
- SLUHN Sports Medicine athletic trainers trained as Community Health Workers (CHW) partnering with Community Health on physical activity promotion and activities
- St. Luke’s Penn Foundation mental and behavioral health outreach, education, and messaging
- Substance Use Disorder Network Committee, harm reduction including naloxone education and distribution, and stigma reduction
- Trauma Departments supported injury prevention outreach
- Warm Hand Off (WHO) initiatives for substance/opioid use disorder connection to treatment with Lehigh County Drug and Alcohol



St. Luke’s employees consistently work together to provide Allentown School District students, staff, and families connection to vital resources

External Partnerships/Collaboration

- Allentown Health Bureau
- Allentown School District
- CareerLink (located on the Sacred Heart Campus) connects neighborhood residents to jobs in and outside of the network
- City of Allentown
- First Commonwealth Federal Credit Union at Raub Middle School
- findhelp: St. Luke’s self-navigation online platform with local established community-based organizations integrated into Electronic Medical Records
- Lehigh County Suicide Prevention Task Force
- Star Community Health connection to services, education, and resources including dental, pediatrics, family medicine
- Second Harvest Food Bank of the Lehigh Valley and Northeastern Pennsylvania
- SUD Response and Warm Hand Off with Treatment Trends and Lehigh County
- Social Determinants of Health Committees (see Annual Report pg. 33)
- United Way Greater Lehigh Valley partnership



CareerLinking Academy

St. Luke's Anderson and Easton Campuses Service Area Report: Strategic Plan Alignment

St. Luke's Community Health's **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. [St. Luke's Community Health Needs Assessment](#) (CHNA) identified Northampton County at or worse than state standards for poor mental health days, adult obesity and poor physical health days, and social associations outcomes. SLUHN Community Health Workers (CHWs) align with key partners to identify gaps and opportunities based on [Centers for Disease Control and Prevention \(CDC\) Healthy Schools](#), [Coalition for Community School](#) and [Community Health Worker \(CHW\)](#) models. Local school districts and primary care offices serve as hubs in the community where school-based staff and CHWs can build trust to improve access to care, services, trainings, and resources. Improved pathways have been developed to bring local, fresh produce to patients and families in need through trusted community partners. Additional partners, such as ProJeCt of Easton, have strengthened and coordinated processes to further connect families to social services, financial literacy, career mentoring, and workforce development opportunities. The St. Luke's Anderson and Easton Campuses State of the Community CHNA findings meeting was held on Thursday, September 22, 2022 and engaged more than 40 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

St. Luke's Career Mentoring and Workforce Development Community Health team and St. Luke's Anderson and Easton Campuses collaborate with ProJeCt of Easton to support their Student Success Programs, Adult Literacy, Workforce Development, and Career Placement.



St. Luke's "ESL Journey to the USA" success story shared by St. Luke's Dr. Israel Zigelboim and Registered Nurse Valeska Zigelboim to ProJeCt of Easton students.



ProJeCt of Easton and St. Luke's University Health Network Career Pathways and Connections

Indicators	Fiscal Year 2023 (11/2022-6/2023)
Number of participants hired by St. Luke's Anderson or Easton Campus	<ul style="list-style-type: none"> • 3 St. Luke's Anderson Campus (Environmental Service Aide, Housekeeping, and Medical Receptionist) • 6 St. Luke's Easton Campus (Patient Care Assistants, Environmental Service Aide, Housekeeping, Nutrition Services Aide, Hostess, Case Management Outreach Coordinator)

St. Luke's Anderson and Easton Campuses Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

The Department of Community Health partners with Easton and Wilson Area School Districts, St. Luke's Family Medicine, and KidsCare in Easton to help connect families to care. During the first half of FY23, 61 Easton and Wilson Area School District students were connected to primary care. Paxinosa Elementary School and the Easton Ferry Street Fire Response worked with volunteers from St. Luke's family practices, behavioral health, lifestyle medicine, sports medicine, and Community Health to support the Easton Olive & Grace Boutique and Food Pantry for the West Ward and Easton community members. In the Bangor Area School District, community schools provided connections to care for medical, dental, and vision services. The Community Health liaison worked with the Wilson Area School District Education Foundation Engagement and Impact Subcommittee to support initiatives in the district related to access to care and other services.

St. Luke's Anderson Campus first-year medical residents participated in the evidence-based model "See the City You Serve" to provide residents with a better sense of the community and key partners that help promote overall health and wellbeing. Residents also rotate through the Department of Community Health during their first year, working with Allentown-based initiatives (e.g., Parish Nursing— see Annual Report pg. 16).

Career mentoring and workforce initiatives continued to expand during FY23, including School-to-Work, Health Career Exploration Program, On-the-Job Training, and Wellness curriculum visits to the St. Luke's Anderson Campus Rodale Organic Farm. St. Luke's Community Health and St. Luke's Anderson and Easton Campuses partnered with ProJeCt of Easton to support their Student Success Programs, Adult Literacy, Workforce Development, and Career Placement. Literacy promotion through Read Across America was implemented at Star Community Health, Easton and Wilson Area School Districts, and St. Luke's Pediatrics. Little Free Libraries were also established at the Anderson Campus, Easton Campus, and Bangor Area School District.

Preventing Chronic Disease

The Older Adult Meals Program at the Anderson Campus is a program designed to provide subsidized meals to adults 65 and older at the Anderson Campus cafeteria. During FY23, the program served 8,800 meals. Community Supported Agriculture (see Annual Report p. 27) provided 241 donated shares to Slater Family Network (Bangor, PA), and Safe Harbor of Easton, PA from St. Luke's Anderson Rodale Organic Farm and St. Luke's Easton Clear Spring local farm. In the community, ProJeCt of Easton and St. Luke's Family Medicine Easton worked together on a "Food Rx" initiative, lifestyle medicine resources, and provided vital resources to key community partners and schools.

The Department of Community Health worked with Network and community partners to implement diabetes education programs and help promote healthy eating and increase physical activity for prediabetic and diabetic patients. Get Your Tail on the Trail held events in Allentown during FY23 and more than 14,000 individuals participated Network-wide (see Annual Report pg. 31). The smoking cessation program provided services for 387 patients Network-wide (see Annual Report pg. 29).

Improving Mental and Behavioral Health

St. Luke's Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 in the emergency departments at Anderson and Easton Campuses in collaboration with Northampton County, Treatment Trends Inc., and other recovery center partners. St. Luke's Easton Adolescent Behavioral Health Unit at the Easton Campus also provides connection to care and services for youth in need.

The Department of Community Health worked with the County Heroin and Opioid Task Force to connect patients to SUD treatment and recovery services as well as the Northampton County Suicide Task Force to provide mental health trainings, including Question, Persuade, Refer (QPR) Suicide Prevention. Through our Community School partnerships, Your Emotional Strength Supported (YESS!) school-based mental health counseling was implemented at Easton Area School District.

St. Luke’s Anderson and Easton Campuses Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling
- Case Management and Community Health Workers referrals and connections to community organization and services
- Emergency Department Warm Hand Off with Northampton County Drug and Alcohol, Treatment Trends, and recovery centers
- Substance Use Disorder Network Committee and harm reduction including drug Take-back day, naloxone education and distribution, stigma reduction
- St. Luke’s Penn Foundation mental and behavioral health outreach, education, messaging
- Sports Medicine (i.e., Athletic Trainers) trained as Community Health Workers partnering with Community Health on physical activity promotion and activities
- Trauma Department Think First Injury Prevention Outreach
- St. Luke’s Anderson Family Medicine Residents



St. Luke’s employees work together to provide ProJeCt of Easton students, staff, and families connection to vital resources.

External Partnerships/Collaboration

- American Red Cross
- Cops n Kids of Easton & more 220 books donated to Star Community Health
- Federally Qualified Health Centers, including Star Community Health, primary care, and pediatric connection to care, dental hygiene, and integrated behavioral health services
- Greater Easton Development Partnership: Main Street Initiative and Easton West Ward Initiative including Equity & Inclusion, Community Health, and Housing
- Lehigh Valley Domestic Violence Task Force
- Paxinosa Elementary & Cheston Elementary Schools
- Pennsylvania State Trooper community affairs outreach partnership with Paxinosa Elementary School and ProJeCt of Easton families
- ProJeCt of Easton & St. Luke’s Family Medicine
- School, career, and workforce development pathway and connections to Northampton Community College, ProJeCt of Easton, Hispanic Center Lehigh Valley, Pennsylvania Area Health Education Center (PA AHEC), and St. Luke’s Anderson, Easton & Bethlehem Human Resources
- Slater Family Network
- The Lafayette Experience Mentoring Program with Easton and Phillipsburg Area High School students creating a Healing Mural at the Easton Campus. Student Scholarships granted for future career and education pathway
- United Way of the Greater Lehigh Valley & United Way 211
- Wilson Area School District Education Foundation & Engagement Subcommittee
- Wilson LINC’S Family Center (Linking Individual Needs with Community Services) Communities that Care Coalition & Key Leadership Partner Board

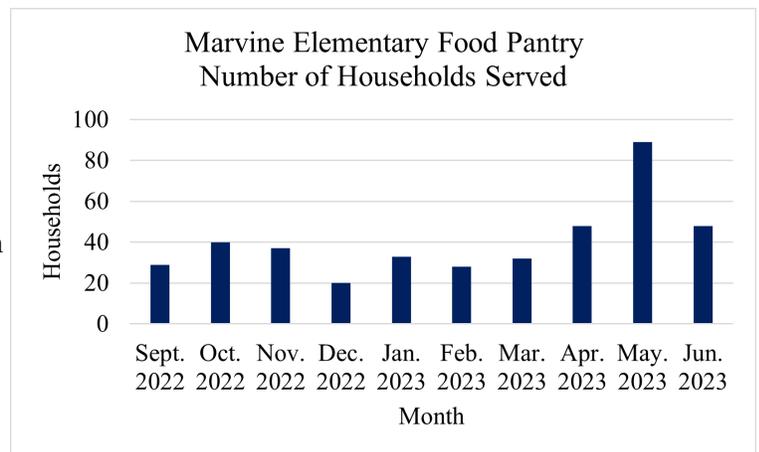


Families attend the Easton Boutique, a free shopping event for families in Easton including clothing, shoes, hygiene products and more ranging from toddler to adult

St. Luke’s University Hospital (Bethlehem) Service Area Report: Strategic Plan Alignment

St. Luke’s Community Health’s **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. St. Luke’s Community Health Needs Assessment (CHNA) identified Northampton County at or worse than state standards for poor mental health days, excessive drinking, and social associations outcomes. SLUHN Community Health Workers (CHWs) align with key partners to identify gaps and opportunities based on Centers for Disease Control and Prevention (CDC) Healthy Schools, Coalition for Community School and Community Health Worker (CHW) models. The Department of Community Health school-based staff in Bethlehem work directly with the school district and related partners to address these needs and to serve as a hub in the community to build trust for improved access to care, education, services, and resources. The St. Luke’s Bethlehem State of the Community CHNA findings meeting was held on October 25, 2022 and engaged 56 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

During the 2022-23 school year, the Family Development Specialist at Donegan Elementary School directly connected more than 95 students and families to care and services. The Community School Coordinator at Marvine Elementary School serves more than 300 households in the community. In addition, the partnership with Second Harvest Food Bank and other local organizations help to bring food and related services to the school community.



SLUHN’s adolescent career mentoring programs target both in-school and out-of-school youth between the ages of 15-24 years old who reside in Lehigh and Northampton Counties through a combination of hospital rotations, professional development sessions, and work experience. On-the-Job Training is a work experience program in partnership with the Workforce Board Lehigh Valley to promote healthcare careers through hands on learning.

The Health Career Exploration Program (HCEP) was established more than 15 years ago. Through HCEP, St. Luke’s provides experiential learning opportunities for students from diverse backgrounds to careers in the healthcare industry to help them gain insight into clinical and non-clinical roles, teach them job-keeping and job-seeking skills, help them understand future employment opportunities, and build confidence in their abilities.



The students spend approximately 15 hours each week working in their assigned department and receiving group instruction in key life skills including financial literacy, leadership, resume development and interviewing skills. Since program inception, 98% of students who participated in the Health Career Exploration Program have graduated from high school. During FY23, 25 HCEP students completed the program and shared a final presentation where they highlighted their experiences and the skills they learned (see Annual Report pg. 21).

St. Luke's University Hospital (Bethlehem) Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

St. Luke's University Health Network (SLUHN) school-based staff provided services to families and students at Marvine and Donegan Elementary Schools. Marvine Elementary School is supported by St. Luke's, the United Way of the Greater Lehigh Valley, and other community partners. Through a partnership with Second Harvest Food Bank, Marvine Elementary School provides a food pantry for students and families facing food insecurity. Literacy promotion through Read Across America was implemented at Marvine and Donegan Elementary Schools.

During FY23, the Mobile Youth Health Centers (MYHC) provided care and services to 465 unique students through 1,219 encounters. These encounters included connections to medical insurance, a medical home, vision and dental services, and additional community resources as identified. MYHC services were available at Broughal Middle School, Freedom High School, Liberty High School, and Northeast Middle School. A total of 46 vision vouchers were provided to the district students totaling \$4,940.

Star Community Health also provided services to the Bethlehem connections to care and service areas during FY23. The Star Bethlehem Dental Van visited 9 schools and provided 1,075 visits, 933 sealants, and 463 restorations during FY23 (see Annual Report pg. 9). Both Star Community Health and SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9).

Career mentoring and workforce initiatives continued to expand during FY23, including the Health Career Exploration Program, School-To-Work, and On-the-Job Training in Bethlehem.

Preventing Chronic Disease

The Department of Community Health worked with Star Community Health-Southside Bethlehem to implement diabetes education programs and promote healthy eating and physical activity for prediabetic and diabetic patients. Get Your Tail on the Trail held events in Bethlehem during FY23 and more than 14,000 individuals participated Network-wide (see Annual Report pg. 31).

St. Luke's Community Supported Agriculture (CSA) donated 260 shares to local community organizations including the cancer support community and local churches. Through our Community Schools partnerships, Marvine Elementary School supported students and families facing food insecurity with a food pantry. Hispanic Center Lehigh Valley also provided access to food for families in need through their pantry in Southside Bethlehem (see Annual Report pg. 10). During FY23, the Hispanic Center Lehigh Valley food pantry assisted families for a total of 859 visits and 62,064.91 pounds of food.

Improving Mental and Behavioral Health

St. Luke's Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 in the emergency departments at Bethlehem Campus in collaboration with Northampton County, Treatment Trends Inc., and other recovery center partners. The Department of Community Health worked with the Northampton County Task Force to connect patients to SUD treatment and recovery services as well as the Northampton County Suicide Task Force to provide mental health trainings, including Question, Persuade, Refer (QPR) Suicide Prevention. Through our Community School partnerships, Your Emotional Strength Supported (YESS!) established school-based mental health counseling at Bethlehem Area School District. Mindfulness rooms were created at Marvine Elementary School for staff, Donegan Elementary School for students, and Boys and Girls Club of Bethlehem for adults and children to support mental health and self-care.



Marvine Mustang Mindfulness Room

St. Luke's University Hospital (Bethlehem) Service Area Report: Community Initiatives and Partnerships

External Partnerships/Collaboration

- Boys and Girls Club Bethlehem
- Bethlehem Health Bureau
- Federally Qualified Health Centers, including Star Community Health, primary care, and pediatric connection to care, dental hygiene, and integrated behavioral health services.
- Hispanic Center Lehigh Valley
- Just Born
- Lehigh University
- New Bethany Ministries
- Northampton County SUD Response and Warm Hand Off to treatment and recovery
- Northampton County Suicide Prevention Task Force and Question, Persuade, Refer trainings
- Second Harvest Lehigh Valley
- United Way Greater Lehigh Valley
- Volunteer Center Lehigh Valley



St. Luke's employees consistently work together to provide Bethlehem Area School District students, staff, and families connection to vital resources.

Internal Partnerships/Collaboration

- Case Managers trained as Community Health Workers (CHW)
- Certified Recovery Support (CRS) support in emergency departments and in-patient floors
- Career Mentoring and Workforce Development: On-the-Job Training (OJT) Phlebotomy and Sterile Processing trainings, 1-1 career coaching, wrap around case management services, job-seeking and keeping skill trainings with career ladders for professional development and career advancement
- Behavioral Health Your Emotional Strength Supported (YESS) school-based counseling
- Family Medicine Residency Program Community Health Partner Rotations
- findhelp: St. Luke's self-navigation online platform with local established community-based organizations
- Penn Foundation mental and behavioral health outreach, education
- SHARE Clinic for Medication Assisted Treatment (MAT) and designated detox center
- Sports Medicine (Athletic Trainers) trained as Community Health Workers
- St. Luke's Infectious Disease
- St. Luke's Pediatrics
- Substance Use Disorder (SUD) network committee including harm reduction safe medication disposal boxes, naloxone education and distribution, stigma reduction
- Workforce Board Lehigh Valley and Bethlehem Area School District School-To-Work, Health Career Exploration Program, and On-the-Job Training for career mentoring and workforce initiatives



St. Luke's employees work together to provide Bethlehem Boys and Girls Club with a mindfulness space.

St. Luke’s Carbon and Lehighton Campuses Service Area Report: Strategic Plan Alignment

St. Luke’s Community Health’s **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. St. Luke’s partners with local schools, civic, and community organizations to improve the health of Carbon County residents and the surrounding area. St. Luke’s Carbon and Lehighton Campuses supports the Community Health Needs Assessment (CHNA) priority areas that are identified within the campus service area by collecting and analyzing data and community input. The St. Luke’s Lehighton and Carbon Campuses State of the Community CHNA findings meeting was held on November 16, 2022 and engaged 40 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

St. Luke’s promotes literacy in Carbon County through the evidence-based Reach Out and Read (ROR) program in partnership with Carbon County Community Foundation. ROR is integrated into our Carbon County pediatric and family medicine practices to engage families during each well visit. In addition, Brush, Book, Bed (BBB), an American Academy of Pediatrics initiative to engage families on the importance of a regular bedtime routine, is integrated to promote oral health, literacy, and healthy lifestyles and behaviors. The Dolly Parton Imagination Library initiative, also funded by the Carbon County Community Foundation, further supports literacy and provides age-appropriate books for all Carbon County children enrolled.



St. Luke’s Lehighton Family Practice patient receives his book during his well child visit from his doctor

During FY23, participating St. Luke’s Physician Group pediatrics and family medicine practices completed 1,520 well-visits for children ages 0-5 years in which trained providers and staff engaged families with messaging and resources vital for growth and development. The Dolly Parton Imagination Library initiative added 321 new children this past year. Since July 2021, when the program was launched, 1,274 Carbon County children have engaged and received age-appropriate books each month. Of those children, 355 have “graduated,” meaning they aged-out of the program (i.e., reached age six).



St. Luke’s Community Health partnership with local libraries to promote literacy

St. Luke’s Community Health partners with the Carbon County Interagency Collaborative to provide consistent communications and support. More than 100 Carbon County social service organizations and nonprofit partners are represented, with over 35 regularly contributing to collaborative meetings. The committee identifies gaps, barriers, and opportunities and prioritizes how to best align existing services and strengthen connections to care, education, and resources. Additionally, several subcommittees and initiatives are established to build capacity for key community needs (e.g., transportation, literacy, early childhood education, prevention efforts).

St. Luke's Carbon and Lehighton Campuses Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

St. Luke's University Health Network (SLUHN) school-based staff provide services to students and families in the Panther Valley School District (PVSD) and our Community Health Workers (CHW) help support programs and initiatives at Carbon County School Districts. St. Luke's staff also help to implement a food pantry for PVSD families facing food insecurity. While PVSD is primarily located in Schuylkill County, students served by the school district also live in Carbon County.

Carbon County Schools:

In collaboration with the St. Luke's Rural Health Centers and with support from CHWs, connections to care were established to improve access to school physicals, vaccinations, education, and resources. The Star Community Health Dental Van partnered with 10 local schools during FY23 providing 1,936 visits, 3,170 sealants, and 478 restorations.

Panther Valley School District (PVSD)

Priorities in PVSD aligned with the Community School Model (see Annual Report pgs. 6-8) to connect students and their families to a medical home, vision, dental, behavioral health services, and other social services. During FY23, through the Mobile Youth Health Centers, 88 unique students were provided care and services through 95 encounters and consistent connection to care with school-based coordinators.

PathStone Head Start and SLUHN CHWs partner to provide support services for young families in need. Both Star Community health and SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9). As the COVID-19 pandemic started to decline during FY23, the Department of Community Health continued to provide updated information and guidelines as well as provide vaccine confidence for local communities.

Literacy promotion through Read Across America was implemented at local schools and evidence-based Reach Out and Read with Brush, Book, Bed was provided at local Pediatrics and Family Medicine practices. Additional literacy initiatives include Veterans Books, Dolly Parton Imagination Library, and Little Free Libraries.

Preventing Chronic Disease

St. Luke's Community Supported Agriculture (CSA) donated 86 shares of fresh fruits and vegetables from the St. Luke's Anderson Rodale Organic Farm to PathStone Head Start families. The Panther Valley Community Food Pantry was held monthly at Panther Valley Elementary and parent outreach services were provided at the pantry. The Rural Health Center food access partnership was implemented to improve patient intake of fresh produce to help support healthy eating habits. The VALOR Foundation Stand Down Lansford quarterly food access support service was another food access location. Get Your Tail on the Trail held events across the Network, with more than 14,000 individuals participating Network-wide.

Improving Mental and Behavioral Health

St. Luke's Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 at the Carbon and Lehighton Campuses in collaboration with Carbon/Monroe Substance Use Task Force and Emergency Departments. The Department of Community Health worked with partners to deliver a Community Stigma Presentation for Carbon and Schuylkill Counties and 106 participants attended. Narcan Education and Distribution was provided during FY23 to 169 community members in Carbon and Schuylkill Counties. Safe Medication Disposal boxes continued to provide a space to dispose of unwanted medicines at the St. Luke's Carbon Campus. During FY23, 181.2 pounds of unused medication were safely disposed of in the boxes. St. Luke's Lehighton Campus provides access to mental health services through the walk-in behavioral health center as well as Veterans services through the County's Veterans Office.

Weekly positive messaging and resource newsletters were distributed via school email blasts and social media. A Rural Health Center Social Worker provided support services and connections to mental and behavioral health services for students, families, community members. Through our Community School partnerships, Your Emotional Strength Supported (YESS!) school-based mental health counseled 50 students at PVSD and 21 students at Weatherly School District.

St. Luke's Carbon and Lehighton Campuses Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health Your Emotional Strength Supported (YESS) school-based counseling
- Case Managers trained as Community Health Workers (CHW)
- Lehighton Behavioral Health Walk-in Center
- Pediatric and Family Medicine Carbon County Literacy partnerships
- Rural Family Medicine Residency Program Community Health Partner Rotations
- Sports Medicine (Athletic Trainers) trained as Community Health Workers (CHW)
- Substance Use Disorder (SUD) network committee including harm reduction safe medication disposal boxes, naloxone education and distribution, stigma reduction
- Trauma Department Coordinators injury prevention outreach and community support



St. Luke's employees consistently work together to provide Carbon County students, staff, and families connection to vital resources

External Partnerships/Collaboration

- Area Health Education Center (AHEC)
- Blue Mountain Ski Resort Community partnership
- Carbon County Area Agency on Aging
- Carbon County KidZone for injury prevention and education
- Carbon County Interagency Collaborative Council
- Carbon County Technical Institute, Lehigh County Community College and Carbon County CareerLink Career Mentoring Committee
- Carbon County Veteran Affairs collaboration
- Houser Newman Vision Vouchers at Panther Valley and Weatherly school districts
- Panther Valley, Lehighton, Palmerton, Jim Thorpe and Weatherly Community partnerships for health education and wellness committee support
- PathStone Head Start partnership since 2014 for health education and wellness support including physical and mental and behavioral health resources
- Pennsylvania State Police collaborative



St. Luke's Carbon County KidsZone engaging families at the Panther Valley Health Carnival

Geisinger St. Luke’s Campus St. Luke’s Miners Campus Service Area Report: Strategic Plan Alignment

St. Luke’s Community Health’s **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. St. Luke’s partners with local schools, civic organizations, and community resources to improve the health of the residents of Schuylkill and Carbon Counties and the surrounding area. Geisinger St. Luke’s and St. Luke’s Miners campuses support the Community Health Needs Assessment (CHNA) priority areas that are identified within the campus service area by collecting and analyzing data and community input. Based on the identified needs and priorities, each campus develops plans and programs to improve the health of those in the communities. The St. Luke’s Miners and Geisinger St. Luke’s State of the Community CHNA findings meeting was held on September 29, 2022 and engaged 38 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

The partnership between St. Luke’s Department of Community Health, Child Development Head Start, and Panther Valley School District (PVSD) began in 2013 in both Carbon and Schuylkill Counties through the St. Luke’s Miners Campus. When Geisinger St. Luke’s opened in 2019 we were able to further prioritize our partnership by embedding a Community Health Worker (CHW) at Child Development Head Start, which serves all school districts in Schuylkill County. These efforts have measurably improved access and services to families in need.

The partnership with PVSD helps to promote outreach and services including mobile medical visits, school-based referrals, and additional connections to care and services. In 2022, in partnership with St. Luke’s and the United Way of the Greater Lehigh Valley, PVSD adopted the Community School Model (see Annual Report pgs. 6-8). A Family Development Specialist (FDS) and Community School Coordinator work in partnership to support students and families district-wide. At Panther Valley Elementary School, the FDS worked with more than 70 families referred by staff and supported 600 elementary students to address barriers to student attendance and improve parent engagement. An additional FDS worked district-wide, including support at Panther Valley Junior/Senior High School supporting more than 50 families referred by staff and also coordinated a prosocial student activity group called *Step Up Panthers*. In partnership with the Department of Community Health and Second Harvest Food Bank, PVSD opened a monthly school-based community food pantry that supported up to 300 households per month.



Panther Valley National Honor Society students volunteering with the Community Food Pantry alongside St. Luke’s staff



Panther Valley Food Pantry, Number of Households served per month during FY23

Geisinger St. Luke's Campus St. Luke's Miners Campus Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

St. Luke's University Health Network (SLUHN) school-based staff provide services to students and families at Child Development Head Start, Panther Valley School District (PVSD), and Tamaqua Area School District (TASD). St. Luke's staff, including Community Health Workers (CHW) also help to implement a food pantry for PVSD families facing food insecurity.

School District Partnerships:

In collaboration with the St. Luke's Rural Health Centers and with support from CHWs, connections to care were established to improve access to school physicals, vaccinations, education, and resources. The Star Community Health Dental Van partnered with 10 local schools during FY23 providing 1,936 visits, 3,170 sealants, and 478 restorations.

Priorities in PVSD aligned with the Community School Model (see Annual Report pgs. 6-8) to connect students and their families to a medical home, vision, dental, behavioral health services, and other social services. Through the mobile youth medical clinic, during FY23 88 unique students were provided care and services through 95 encounters and consistent connection to care with school-based coordinators. School-based coordinators at TASD identified and connected students to care when they were in need of physical, behavioral or social services. Schuylkill Child Development Head Start and a SLUHN CHW embedded in the centers partnered during FY23 to provide support services for young families in need. Both Star Community Health and SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9). As the COVID-19 pandemic started to decline during FY23, the Department of Community Health continued to provide updated information and guidelines as well as provide vaccine confidence for local communities.

Literacy promotion through Read Across America was implemented at local schools evidence-based Reach Out and Read with Brush, Book, Bed at local Pediatrics and Family Medicine practices. Additional literacy initiatives include Veterans Books, Dolly Parton Imagination Library, and Little Free Libraries.

Preventing Chronic Disease

St. Luke's Community Supported Agriculture (CSA) donated 42 shares of fresh fruits and vegetables from Geisinger St. Luke's to Child Development and the Orwigsburg Food Pantry. Geisinger St. Luke's employees provided monthly volunteer support to the Orwigsburg Food Pantry. Eight CSA shares from the St. Luke's Miners Campus were donated to the St. Luke's Miners Infusion Center for patients receiving cancer treatments. The Panther Valley Community Food Pantry was held monthly at Panther Valley Elementary and parent outreach services were provided at the pantry. The Rural Health Center food access partnership was implemented to improve patient intake of fresh produce to help support healthy eating habits (the VALOR Foundation Stand Down Lansford and the Tamaqua Hunger Coalition partnership were additional food access points). Get Your Tail on the Trail held events across the Network, with more than 14,000 individuals participating Network-wide.

Mental and Behavioral Health

St. Luke's Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 at the Geisinger St. Luke's and Miners Campuses in collaboration with Carbon/Monroe Substance Use Task Force and Schuylkill REACH (i.e., Recovery, Education, Advocacy, Community Health). The Department of Community Health worked with partners to deliver a Community Stigma Presentation for Carbon and Schuylkill and 106 participants attended. Narcan Education and Distribution was provided during FY23 to 169 community members in Carbon and Schuylkill Counties. Safe Medication Disposal boxes continued to provide a space to dispose of unwanted medicines. During FY23, 103.1 pounds of unused medication at Geisinger St. Luke's and 226.3 pounds at the St. Luke's Miners Campus were safely disposed of in the boxes.

Weekly positive messaging and resource newsletter were distributed via school email blasts and social media:

* PVSD Sports followers: Instagram— 450, Facebook – 1400, Twitter – 1900

* Panther Valley Food Pantry Facebook—542 followers, Panthers Step Up Instagram 198 followers

A Rural Health Center Social Worker provided support services and connections to mental and behavioral health services for students, families, community members. Through our Community School partnerships, Your Emotional Strength Supported (YESS!) school-based mental health counseled 50 students at PVSD and 21 students at Weatherly School District.

Geisinger St. Luke’s Campus St. Luke’s Miners Campus Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling program
- Case Management with Community Health Worker referrals and connections to community organization and services
- HRSA (Health Resources Service Administration) RCORP (Rural Community Opioid Response Program) Steering Committee including other grassroots partner organizations
- Penn Foundation with mental and behavioral health outreach, education, messaging
- Rural Family Medicine and Psychiatric Residency Program
- Rural Health Centers
- Sports Medicine (Athletic Trainers) trained as Community Health Workers (CHW) partnering with Community Health on physical activity promotion and activities including career exploration and providing hygiene items and education
- Substance Use Disorder Network Committee and harm reduction including safe medication disposal boxes, drug take back day, naloxone education and distribution, stigma reduction
- Trauma Departments with Injury Prevention Outreach



St. Luke’s interdisciplinary department teams consistently work together to provide Panther Valley School District students, staff, and families connection to vital resources

External Partnerships/Collaboration

- Carbon County Interagency Collaborative
- Carbon County Kid Zone for Injury Prevention
- Carbon County Veterans Affairs
- Carbon, Monroe, Pike Drug and Alcohol and Schuylkill Drug and Alcohol
- Carbon, Monroe, Pike Mental Health and Developmental Services and Schuylkill Mental Health
- Clinical Outcomes Group (COGI)
- Carbon and Schuylkill Substance Use Task Force
- East Central Area Health Education Council (AHEC)
- Greater Lehigh Valley United Way
- Health Resources and Services Administration (HRSA)
- Lehigh Carbon Community College SHINE program
- Panther Valley School District
- Pathstone and Child Development Head Start
- Second Harvest Food Bank
- Schuylkill Child Development
- Schuylkill Suicide Prevention Task Force
- Schuylkill United Way
- Star Community Health connection to services including dental vans at local schools
- Tamaqua Community Partnership (including Tamaqua Hunger Coalition, Hope and Coffee, Tamaqua Community Arts Center)



Beginning in Fall, 2019, the St. Luke’s Miners Rural Health Centers partnered with HRSA’s National Health Service Corps (NHSC) to strengthen provider opportunities. This support has improved our impact to recruit, train, and retain five providers to serve our rural communities

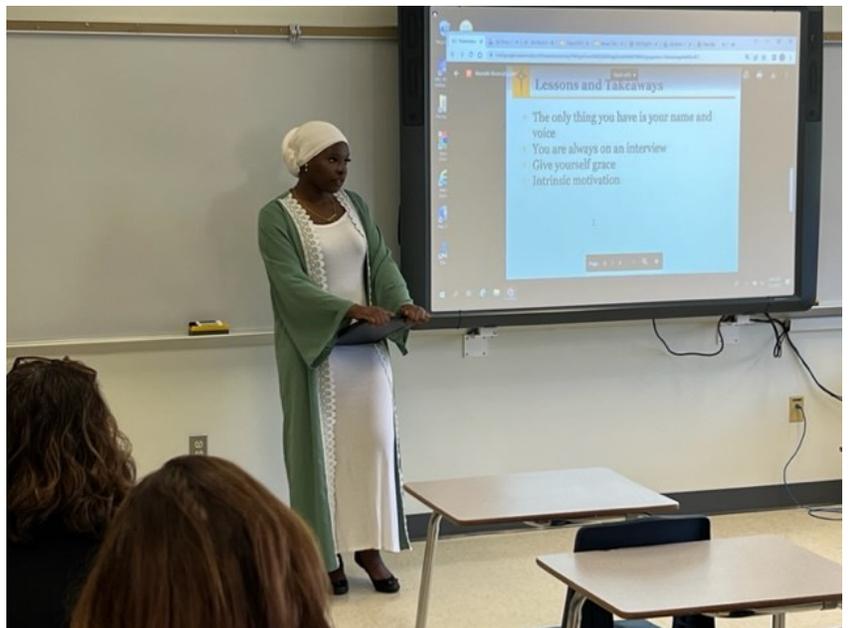
HRSA disclaimer: “This program was sponsored in part and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$500,000 (implementation grant) with approximately 50% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

St. Luke's Monroe Campus Service Area Report: Strategic Plan Alignment

St. Luke's Community Health's **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. St. Luke's Community Health Needs Assessment (CHNA) identified Monroe County at or worse than state standards for food insecurity, mental health, children in poverty, high school graduation, and social associations outcomes. SLUHN Community Health Workers (CHWs) align with key partners to identify gaps and opportunities based on Centers for Disease Control and Prevention (CDC) Healthy Schools, Coalition for Community School, and Community Health Worker (CHW) models. Pocono Mountain School District (PMSD) serves as a hub in the community where CHWs can build trust to improve access to care, services, and resources. The St. Luke's Monroe State of the Community CHNA findings meeting was held on November 14, 2022 and engaged 38 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

PMSD partnership has measurably improved access to families in need. Since the partnership was established in March 2022, nearly 300 students and their families have received support and services. These partnerships provide an opportunity to further improve access by expanding impact and reach to the Mountain Center in Tobyhanna, PA. The Mountain Center is home to Pocono Services for Family and Children (PSFC), a single resource for family assistance that connects people with services to help support and improve the social determinants of health (e.g., food, housing, education) in a centralized location. Additionally, connection to care, services, and resources related to the social determinants of health continue to be promoted through findhelp, a self-navigation online platform utilized by Star Community Health and St. Luke's to help community members connect with local partners (see Annual Report pg. 9). The most frequent searches include food pantries, outpatient treatment, waivers, and food delivery. This past year 64 partners were added, and 38 partners were officially "claimed" (i.e., vetted their organization's information on the site and are trained to update their listing moving forward as needed) across Monroe County including transportation and food access partners.

St. Luke's was proud partner with Monroe County CareerLink and Pocono Mountain West High School to have nine students learn more about healthcare careers through the CareerLinking Academy pilot in Spring of 2023. The CareerLinking Academy exposes students from diverse backgrounds to careers in the healthcare industry, helps them gain insight into clinical and non-clinical roles, teaches them job-keeping and job-seeking skills, helps them understand future employment opportunities, and builds confidence in their abilities.



Pocono Mountain West High School student discussing her lessons learned and takeaways during the Monroe CareerLinking Academy program presentations

St. Luke’s Monroe Campus Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

St. Luke’s University Health Network (SLUHN) worked in partnership with Pocono Mountain School District (PMSD) to improve access and connections to school physicals, vaccinations, education, and resources. St. Luke’s facilitated CareerLinking Academy, partnering with Monroe CareerLink and Pocono Mountain West High School to integrate observational learning experiences with career development sessions. The goal of the CareerLinking Academy is to provide high school students with exposure to a variety of career options in healthcare and maximize their future professional options. Nine students during FY23 completed the program.

The Mountain Center:

The Mountain Center is a hub in the community that provides social services to help improve the social determinants of health (e.g., food, housing), including a St. Luke’s Family Medicine practice, government services, and more. The Star Community Health mobile dental van partnership provided services at The Mountain Center five times during FY23 and engaged 56 patients in need of dental care. The St. Luke’s Family Practice located at The Mountain Center held community health trainings. The St. Luke’s Family Practice-Tobyhanna staff and providers were trained in the national oral health *Smiles for Life* curriculum to provide oral health assessments, education, and fluoride varnish as well as tobacco cessation services including Nicotine Replacement Therapy (NRT).

Both Star Community Health and SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9). As the COVID-19 pandemic started to decline during FY23, the Department of Community Health continued to provide updated information and guidelines as well as provide vaccine confidence for local communities.

Preventing Chronic Disease

St. Luke’s Community Supported Agriculture (CSA), in partnership with Josie Porter Farm, donated 116 shares of fresh fruits and vegetables to a cancer support community and Feeding Families Ministry food bank. The older adult meals program at St. Luke’s Monroe Campus provided 1,642 meals during FY23. Pocono Mountain High School and Middle School food pantries served nearly 300 students through more than 1,100 encounters. The high school food pantries are organized and staffed by our school-based athletic trainers who are also cross trained as Community Health Workers.



Evelyn, St. Luke’s Athletic Trainer and Community Health Worker at Pocono Mountain Food Pantry

Mental and Behavioral Health

St. Luke’s Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 at the St. Luke’s Monroe Campus in collaboration with Carbon/Monroe Substance Use Task Force. The Department of Community Health partnered with the Opioid Task Force and Pocono Mountain United Way to support harm reduction services. Narcan education and distribution was provided during FY23 and SilverCloud, an evidence-based wellbeing and behavioral health online platform with local social work support, was available through St. Luke’s Monroe County physician practices. During FY23, 808 pounds of unused medications were safely disposed of in Safe Medication Disposal boxes at St. Luke’s Monroe Campus.

Through our Community School partnerships, Your Emotional Strength Supported (YESS!) school-based mental health counseling and a student Avedium club provided messaging and support to student in need.

St. Luke's Monroe Campus Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling program
- Case Management with Community Health Worker referrals and connections to community organization and services.
- Monroe Campus Clinical Operations Bi-Monthly meetings
- Penn Foundation with mental and behavioral health outreach, education, messaging
- St. Luke's RN/EMT Pathways Program Subcommittee
- Sports Medicine (Athletic Trainers) trained as Community Health Workers (CHW) partnering with Community Health on physical activity promotion and activities
- Substance Use Disorder Network Committee and harm reduction including safe medication disposal boxes, drug take back day, naloxone education and distribution, stigma reduction
- Trauma Departments with Injury Prevention Outreach

St. Luke's employees work together to provide Pocono Mountain School District students, staff, and families connection to vital resources.



External Partnerships/Collaboration

- CareerLink partnership Career Mentoring and Workforce Development (On-the-Job Training expansion) to Pocono Mountain School District
- Carbon, Monroe, Pike Drug and Alcohol partnership
- Drug and Alcohol Prevention Coalition
- Homeless and Food Access committees including improving 211 connections and strategized process for our partners and vulnerable community members to access resources and assistance
- Meals on Wheels
- Monroe County School Districts
- Monroe County Interagency Council
- Monroe County Pathways Coalition (MCPC)
- Monroe Opioid Task Force
- Monroe Suicide Prevention Task Force
- Pocono Mountain United Way
- Pocono Services for Family and Children
- Star Community Health connection to services, including dental
- Substance/Opioid Use Disorder Connection to Treatment
- Substance Use Disorder (SUD) response and harm reduction
- The Mountain Center
- United Way COVID Response
- Warm Hand Off (WHO) Initiatives



The Mountain Center, "One Stop that Stops the Run-Around"

St. Luke’s Quakertown and Upper Bucks Campuses Service Area Report: Strategic Plan Alignment

St. Luke’s Community Health’s **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. [St. Luke’s Community Health Needs Assessment](#) (CHNA) identified Bucks County at or worse than state standards for excessive drinking, low birthweight, severe housing problems, and social associations outcomes. SLUHN Community Health Workers (CHWs) align with key partners to identify gaps and opportunities based on [Centers for Disease Control and Prevention \(CDC\) Healthy Schools](#), [Coalition for Community School](#) and [Community Health Worker \(CHW\)](#) models. Our strategic priorities include improving access to care and reducing health disparities, promoting healthy lifestyles, preventing chronic disease, and improving mental and behavioral health. Our primary areas of activity connect youth and the homeless or near homeless populations to primary care, provide targeted workforce development, and decrease the percentage of patients with poor control of their diabetes. Secondary areas include enhancing student public health education, supporting youth literacy, exposure to health career pathways, improving availability of healthy food and hygiene products, and increasing smoking cessation. The St. Luke’s Quakertown and Upper Bucks Campuses State of the Community CHNA findings meeting was held on October 11, 2023 and engaged more than 34 local partners. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve. Additionally, CHNA updates were provided to community partners at the Helping Upper Bucks Become Universally Better (HUBBUB) meeting in May, 2023.

Both our internal and external partnerships have focused on both these primary and secondary activities. Connection to primary care has been facilitated through these partnerships. Health physicals, vaccines, and health education are additional services provided. Protocols were developed to provide housing opportunities for patients discharged following an inpatient hospitalization. The Quakertown/Upper Bucks Campuses have participated as sites for local schools’ career development programs. The Quakertown Campus serves as a site for diabetes education. Public health education was supported through community health activities with students in medical school, public health, nursing (community health), and residencies. Access to healthy food and hygiene products were promoted through both internal and external partnerships. During Fiscal Year 2023 there was a focus on assisting community partners in claiming their services in the Find Help Directory, initially focusing on transportation and food access. SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9). As the COVID-19 pandemic started to decline during FY23, the Department of Community Health continued to provide updated information and guidelines as well as provide vaccine confidence for local communities.

St. Luke’s Upper Bucks Nurses Excellence Committee presents a check for student scholarships to partner organization, Free Fall Action Sports



St. Luke's Quakertown and Upper Bucks Campuses Service Area Report: CHNA Top Priority Alignment

Improving Access to Care

Quakertown Community School District Partnership (QCSD):

The Star Community Health dental van was located at Quakertown Elementary School one day/month during FY23, with 46 unique patients receiving care. Services in FY24 will expand to include Strayer Middle School. St. Luke's, Bucks County Health Improvement Partnership, Bucks County Health Department, and Little Big Health partnered to provide required vaccinations to students at QCSD, with 14 students receiving a total of 49 vaccines in FY23. This collaboration is supported through a partnership between QCSD and the Bucks County Health Department. A vision voucher process was established in QCSD for students to obtain vision exam and glasses at Quakertown Eye Associates through the Trumbauersville Lions Club. The Medical Career Pathways Program (MCP) continued in its ninth year, providing adolescent mentoring for high school students interested in a career in healthcare. During FY23 there were 22 students participating from Quakertown, Palisades, and Upper Perkiomen School Districts.

Both Star Community health and SLUHN utilize findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9). As the COVID-19 pandemic started to decline during FY23, the Department of Community Health continued to provide updated information and guidelines as well as provide vaccine confidence for local communities. Literacy promotion through Read across America in FY 23 was a partnership with First Book/Nonprofit focused on education equity for kids in need. At Quakertown and Upper Bucks Campuses, in person readings were held at two schools (31 classrooms and approximately 715 students). Resources were provided to two libraries and six school districts (16 schools).

Preventing Chronic Disease

Summer meals program in partnership with Free Fall Action Sports and Quakertown Community School District. A total of 3,652 meals were served in Quakertown for the summer with weekly distribution of weekend bags and 50 Community Supported Agriculture (CSA) shares. The program received funding from Penn Community Bank and the Drueding Foundation. The Open Link's Summer Meals Program for Upper Perkiomen School District was supported with 30 CSA shares. An additional 15 CSA shares were donated to the Open Link and Penn Foundation's Independent Living.

The SLUHN Smoking Cessation Program ended its third year with 1,429 referrals, a 13% increase from FY 2022, and a 16% increase in completed appointments. Both the Pulmonology and Surgical Optimization Clinic served Quakertown/Upper Bucks with virtual visits available. BCHIP held it's Quit Smoking class at the Quakertown Campus and virtually, providing free nicotine replacement therapy to participants. Through the BCHIP program 111 SLUHN patients were served. A weekly smoking cessation support group was held virtually for SLUHN patients and the community. During FY23 there were 45 students engaged in the Pennridge Community Partnership Vaping Program. For physical activity promotion, Get Your Tail on the Trail held events across the Network, with more than 14,000 individuals participating Network-wide.

Improving Mental and Behavioral Health

St. Luke's Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 at the St. Luke's Quakertown and Upper Bucks Campuses in collaboration with Bucks County Drug and Alcohol Commission and Bucks County Connect, Assess, Refer, Engage, Support (BCARES). During FY 23 there were 1,455 unduplicated patients with a SUD diagnosis, with 1,652 total patient encounters for SUD. The most common substances addressed included alcohol (734), marijuana (356), opioids (278) and psychostimulants (226). Through our Community School partnerships, Your Emotional Strength Supported (YESS!) school-based mental health counseling and a student Avedium club provided messaging and support to students in need.

The Penn Foundation Substance Use Prevention/Recovery Education was provided to a total of 2,440 middle and high school students. A total of 64 presentations took place at eight schools. Additionally, four "Mental Health Matters" community sessions were held with more than 100 participants in total. NAMI Bucks Teen/Parent Support Group was implemented to support families and the Bucks County Suicide Prevention Task Force created an Awareness, Suicide Prevention Wall to support stigma reduction.

St. Luke's Quakertown and Upper Bucks Campuses Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Athletic Trainers and Sports Medicine
- Case Management and Community Health Workers
- Endocrinology for Diabetes Education programs
- Food Service and Development for Summer Meals Program
- Marketing for Get Your Tail on the Trail and Community Programs
- Pediatrics for events and programs
- Penn Foundation and Behavioral Health Service Line
- Pulmonary, Thoracic, Medical Oncology, Primary Care, Surgical Optimization Clinic (SOC), Cardiac Rehabilitation, Residency Programs, and Clinics for smoking cessation
- SLPG for referral connections and community-based priorities
- Star Community Health for student dental services
- St. Luke's Baby & Me Support Center
- Substance Use Disorder Program
- Trauma for Injury Prevention Programs

St. Luke's partners with local elementary schools during Read Across America to promote literacy in the community



External Partnerships/Collaboration

- Free Farmers Market in partnership with Bucks County Opportunity Council, Fresh Connect, Rolling Harvest Food Rescue, Quakertown Borough Parks & Recreation and Quakertown School District serves approximately 240 families.
- Bucks County Health Improvement Partnership (BCHIP) with a collaborative focus on health education, health promotion and screening activities. FY 2023 priorities included food access, discharge housing processes, fall prevention, smoking cessation and Find Help.
- Helping Upper Bucks Be Universally Better (HUBBUB): working with local organizations and agencies with a common goal of assisting those in need.
- Additional key partnerships include Advocates for Homelessness of Bucks County (AHUB); A Woman's Place; Bucks County Health Department; Bucks County Suicide Task Force; Career Link; Head Start; Indian Valley, Upper Bucks, and Upper Perkiomen Chamber of Commerce; Family Service Association of Bucks County; Pennsylvania State Police; Maternity Care Coalition, Quakertown Alive; Quakertown Borough; Quakertown Food Pantry; United Way of Bucks County, Upper Bucks and Upper Perkiomen YMCA, and local school districts.

St. Luke's interdisciplinary department teams consistently work together to provide Quakertown Community School District students, staff, and families connection to vital resources



St. Luke's Warren Hospital Service Area Report: Strategic Plan Alignment

St. Luke's Community Health's **mission** is to create pathways for equity toward measurable health outcomes through advocacy, access, and navigation of resources for partners and underserved communities. We **envision** a community where everyone has access to exceptional healthcare built on a foundation of trust and compassion. St. Luke's Community Health Needs Assessment (CHNA) identified Warren County at or worse than state standards for food access, poor mental health days, adult obesity and poor physical health days, high school graduation, and social associations outcomes. SLUHN Community Health Workers (CHWs) align with key partners to identify gaps and opportunities based on Centers for Disease Control and Prevention (CDC) Healthy Schools, Coalition for Community School, and Community Health Worker (CHW) models. Local school districts and primary care offices serve as hubs in the community where school-based staff and CHWs can build trust to improve access to care, services, trainings, and resources. Improved pathways have been developed for bringing local, fresh produce to patients and families through trusted community partners. Additional partners, such as Norwescap, have strengthened and coordinated processes to further connect families to social services that provide wrap-around opportunities with local non-profit organizations. The St. Luke's Warren Campus Annual Report to the Community & CHNA findings meeting was held on December 5, 2022 and engaged more than 73 local partners. This important input and feedback are integrated into the strategy and response for implementing evidence-based community health initiatives. Partner input and feedback was integrated into the strategy and response for implementing evidence-based community health initiatives in the communities we serve.

SLUHN utilizes findhelp, a self-navigation online platform to help community members connect with local partners (see Annual Report pg. 9). As the COVID-19 pandemic started to decline during FY23, the Department of Community Health continued to provide updated information and guidelines as well as provide vaccine confidence for local communities.

Food Access initiative continued to expand in the Warren Campus service area. A partnership with Norwescap Food Bank provided critical food access points for community members facing food insecurity. Literacy initiative included Read Across America in partnership with Pediatrics, Star Community Health, and First Book Marketplace. In Phillipsburg School District, Phillipsburg Elementary School received support from nine St. Luke's Volunteers serving 205 students (3rd grade) and provided 200 literacy resources distributed to Phillipsburg Primary School.

Career Mentoring and Workforce Development was implemented in FY23 through the Lafayette Experience Mentoring Program with Phillipsburg & Easton Area High School students. The partnership worked to create a Healing Mural at the Easton Campus. Student Scholarships granted for future career and education pathways.



Students from Easton and Phillipsburg High Schools participated in the Lafayette Experience Mural Painting at Easton Hospital, receiving scholarships for their hard work and dedication

St. Luke’s Warren Hospital Service Area Report: CHNA Top Priority Alignment

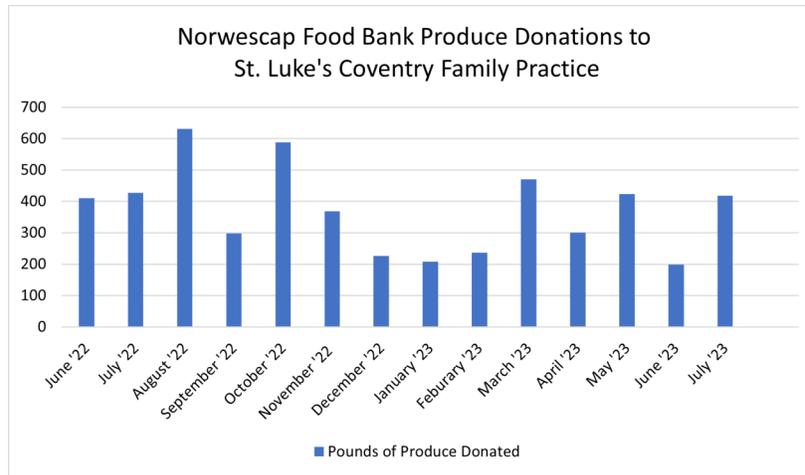
Improving Access to Care

School District Partnerships: St. Luke’s partnered with Phillipsburg School District to provide vaccinations, physicals, and care. St. Luke’s Sports Medicine worked with the Department of Community Health to implement vaping/smoking cessation education for Phillipsburg and Belvidere School District and Warren Technical School. Community Health assisted with reaching out to Patient Navigators to support improved access to care for community members. The St. Luke’s Warren Campus Inpatient and Outpatient Case Management “NJ Community Health Resources” Channel provided information for patients. The Norwescap NJ Family Success Centers Future SHE Club (Successful Honorable Empowered) partnership with Olive & Grace Boutique hosted a pop-up shop in partnership with St. Luke’s physicians.

Community Connections: Community Health and Outpatient Care Management staff worked with Warren County “Project Homeless Connect” National Point-in-Time County, engaging 35 community members facing homelessness. Staff also worked with the Phillipsburg Free Public Library partnership with educational and literacy resources.

Preventing Chronic Disease

Food Access: Several food access initiatives helped to support the community. Norwescap Food Bank donated 4,377 pounds of produce to St. Luke’s Coventry Family Practice for patients and Foodshed Alliance’s LocalShare free pop-up produce markets at the St. Luke’s Hillcrest Plaza served 212 families (648 individuals) with over 3,400 pounds of produce/ other goods and nearly 200 dozen farm fresh eggs in the first 2 months. St. Luke’s Community Supported Agriculture (CSA) donated 45 shares to Phillipsburg Housing Authority from Clear Spring Farm.



Physical Activity Promotion and Nutrition Education: Norwescap NJ Family Success Centers Future SHE Club and St. Luke’s “Get Your Tail on the Trail” partnered to work with adolescents to have conversations about healthy eating and healthy living, mental health, and access to primary care. For physical activity promotion, Get Your Tail on the Trail held events across the Network, with more than 14,000 individuals participating Network-wide.

Improving Mental and Behavioral Health

St. Luke’s Substance Use Disorder (SUD) Response Warm Hand Off (WHO) initiative was implemented during FY23 at the St. Luke’s Warren Campus in collaboration with Warren County Local Advisory Committee on Alcohol and Drug Abuse (LACADA). The Warren County Mental Health Board provided trainings, including Question, Persuade, Refer (QPR) Suicide Prevention. The Substance Use Disorder Network Committee and harm reduction including safe medication disposal boxes, drug take back day, naloxone education and distribution, stigma reduction.

St. Luke’s Warren Hospital Service Area Report: Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Case Management and Community Health Workers
 - Referrals and connections to community organization and services
- Emergency Department Warm Hand Off
 - Warren County, Center for Family Services, and recovery centers
- St. Luke’s Penn Foundation
 - Mental and behavioral health outreach, education, messaging
- Sports Medicine (i.e., Athletic Trainers)
 - Trained as Community Health Workers partnering with Community Health on physical activity promotion and activities
- Substance Use Disorder Network Committee including harm reduction
 - Safe medication disposal boxes, drug take back day, naloxone education and distribution, stigma reduction
- Trauma Department
 - Think First Injury Prevention Outreach



St. Luke’s interdisciplinary department teams consistently work together to provide Phillipsburg families and patients connection to vital resources, including access to fresh produce.

External Partnerships/Collaboration

- Federally Qualified Health Centers, including Star Community Health and Zufall Health Center, primary care, and pediatric connection to care, dental hygiene, and integrated behavioral health services.
- Firth Youth Center: Participates as a Board Member for the St. Luke’s Warren Campus and provides educational, recreational, and athletic opportunities for the vulnerable youth of Phillipsburg including food access, after-school care, and LEAD (Learn, Education, Advocate, Develop) Phillipsburg Drug Free Community Coalition to decrease underage drinking, tobacco, and marijuana use among youth.
- New Jersey Rural Health Advisory Council and Northern New Jersey Rural Health Advisory Council Sub-Committee
- North Jersey Health Collaborative Health Equity Symposium “Breaking Down Barriers and Building Bridges: Putting Equity at the Center of Community Health” partnership with SLUHN
- SNAP-Ed Warren County Hunger Coalition
- United Way of Northern NJ & United Way 211 connection to resources and United in Care Steering Committee
- Warren County Community Health Assessment Key Informant (St. Luke’s Community Health Epidemiologist and St. Luke’s Warren Campus Community Health Liaison)
- Warren County Community Health Initiatives Committee (CHIC) & Access to Care Sub-Group
- Warren County Collaborators Meeting
- Warren County Senior Services Provider Network Meeting
- Warren County Department of Human Services (DHS) Children’s Interagency Coordinating Council (CIACC) & Educational Partnership Subcommittee
- Warren County Hispanic Coalition