

St Luke's

UNIVERSITY HEALTH NETWORK

Implementation Plan Update



Department of Community Health
Fiscal Year 2022

Executive Summary

From our analysis of primary and secondary data, as well as the Community Health Needs Assessment (CHNA) key informant interviews and our work 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. 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:

| | |
|-----------------------------------------------|------------------------------------------------------------|
| | |
| Connection to Care | Workforce Development |
| Transportation and Housing | Food Insecurity |
| 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 Public Health Guidance |
| COVID-19 Health Education | COVID-19 Prevention and Mitigation |

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, especially within our most vulnerable populations.

The needs related to the priority areas outlined in the CHNAs served as our guide in creating the Network Implementation Plan to best address the needs of the St. Luke’s University Health Network service areas. Results from the 2022 CHNA found access as the main barrier facing our community, particularly within the four main priority areas.

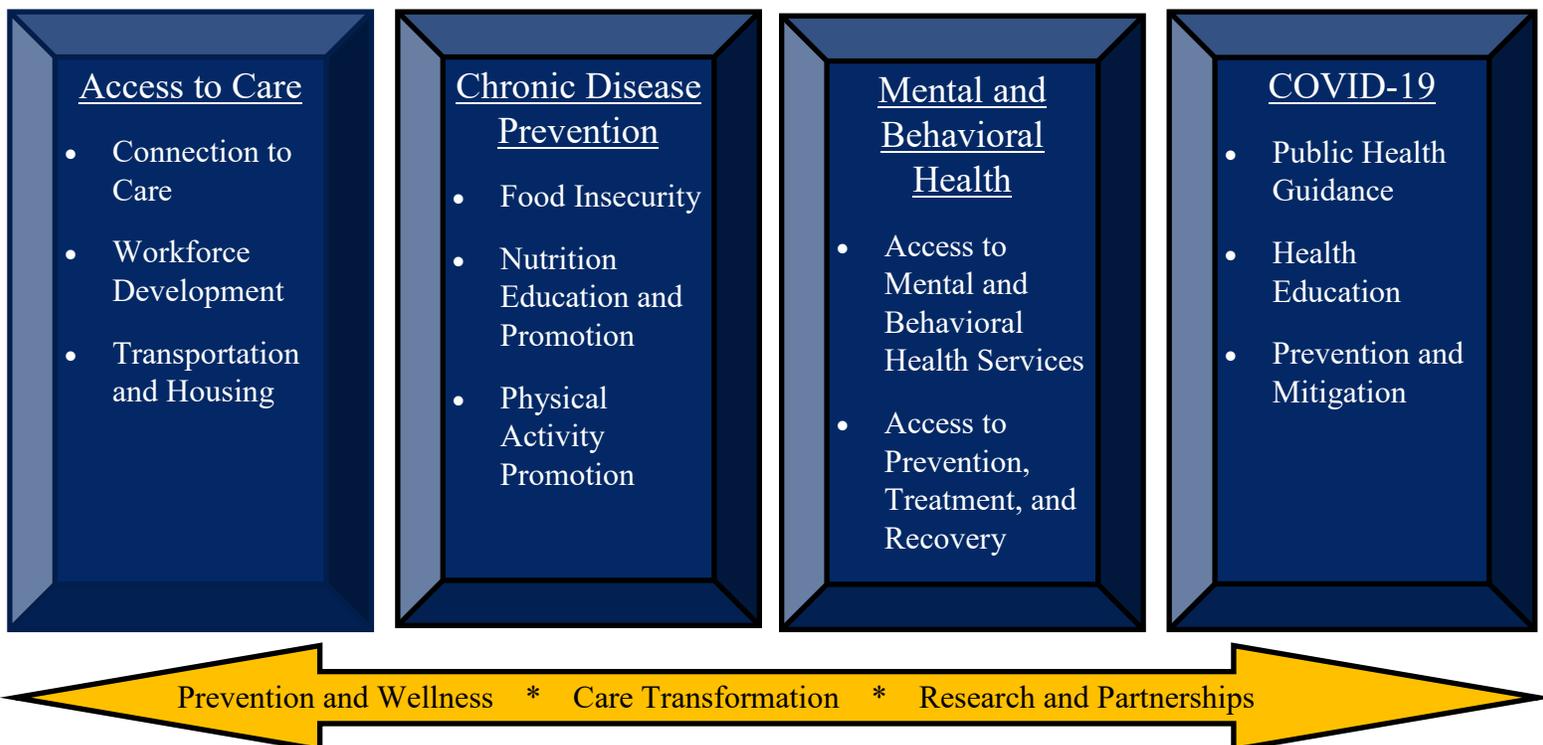


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ACCESS TO CARE

St. Luke's prioritizes access to primary care, mental health, dental care, and other services for underserved communities. Strategies to target vulnerable populations include a comprehensive approach in our rural communities and school-based efforts in high-need schools/districts, as schools serve as a hub in the community and allow for reach to students, families, and the surrounding community. Access to care is addressed through initiatives based on the following categories:

Connections to Care: Initiatives such as Parish Nursing, Mobile Youth Health Centers, Community Schools, and Maternal-Child health programs provide connections to care and resources for vulnerable populations in need. This includes homeless or near homeless, children, and families. St. Luke's partners with Find Help, a free self-navigating online portal, and United Way's 2-1-1 to provide community members in need with the ability to identify services and connect to care, education, and resources in their local community at low or no-cost. To access Find Help, download the St. Luke's mobile app or go to sluhn.findhelp.com. Additionally, the HOPE (Health, Outreach, Prevention, Education) Program provides clinical, case management, and prevention services to persons living with HIV. St. Luke's has also created collaborative processes with community partners, such as Hispanic Center Lehigh Valley, to meet individuals where they are and promote connections and access to care.

Transportation and Housing: St. Luke's transportation services, in conjunction with Lyft rideshare, ensures access by supporting rides. 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 CHNA data shows access to health resources is different depending on income and medical insurance coverage. St. Luke's supports workforce development initiatives for adults and school-aged populations. Adolescent career mentoring provides programs for in-school and out-of-school youth in Lehigh, Northampton, Monroe, Bucks and Montgomery counties through a combination of hospital rotations, professional development sessions, and work experience. Additionally, the On-the-Job Training program builds competencies and skills needed to successfully secure and retain employment within the St. Luke's University Health Network.

Literacy: This multipronged initiative focuses on literacy starting at birth and continuing throughout childhood. Literacy is supported Network-wide by Little Free Libraries, the Read Across America initiative, and by promoting the United Way's Talk, Sing, Read, Play messaging. Efforts also include the American Academy of Pediatrics Reach out and Read and Brush, Book, and Bed programs.

Initiatives

Connections to Care

Parish Nursing and Outreach Services

School-based Programs

Mobile Youth Health Centers

Find Help

COVID-19

Maternal and Child Health

Transportation and Housing Initiatives

Workforce Development

Adolescent Career Mentoring

On the Job Training

Literacy Initiatives

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 want to be connected to care at St. Luke’s. The team works with clients that are unstably housed at several sites in the core of Allentown and at the St. Luke’s Sacred Heart Hospital campus.

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, housing options for COVID-19 patients in isolation, and connection to COVID-19 testing for community members in shelters.

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).
- The team consistently met with clients at Ripple Community, Inc. (biweekly), Daybreak, and the Center for Recovery (bimonthly).
- Clients were connected to Star Community Health’s Sigal Center for primary care and other services.
- The team continues to medically monitor clients who are experiencing homelessness and are also diagnosed with COVID-19. Through the CARES-funded program by Lehigh and Northampton Counties, clients shelter in a local hotel during isolation and recovery.
- Through the Bridging the Gap fund, Parish Nursing supports clients throughout the St. Luke’s Network referred by case managers and community partners. Gap funding is provided for needs such as medications, identification documents, medical equipment, employment, and housing needs. By providing this support, the funding allows the Parish Nursing team to promote positive health outcomes through a holistic approach to services targeted at the social determinants of health.

OUTCOMES

Fiscal Year 2022 Goal: Connect 25 homeless or near homeless individuals to primary care.

Outcome: A total of 115 patients completed primary care visits based on Parish Nursing referrals. Additionally, Parish Nursing served 369 unique patients with an estimated total of 1,145 encounters.

| Fiscal Year 2022 Outcomes | Total | Unique Individuals |
|---------------------------------------------|----------|--------------------|
| Encounters | 1,145 | 369 |
| Referrals Completed | 115 | 115 |
| Resources | Varied | 199 |
| COVID-19 clients supported during isolation | 100+ | 100+ |
| Bridging the Gap Funds | \$10,214 | 116 |

Connections to Care School-Based Programs: Family Development Specialists

Summary: Family Development Specialists (FDS) provide services to students and families in the Allentown, Bethlehem Area, and Panther Valley School Districts. The FDS is part of the national evidence-based community school model supported by the United Way of the Greater Lehigh Valley. The FDS targets chronically absent or at-risk students and provides comprehensive family support.

Alignment with Community Health Strategic Plan: Considering the link between education and health outcomes, targeting students and families is critical to improving our community’s health. The FDS supports the secondary areas of activity in Community Health’s strategic plan by addressing chronic school absence and working to reduce health disparities through connections to care and resources that address the social determinants.

HIGHLIGHTS

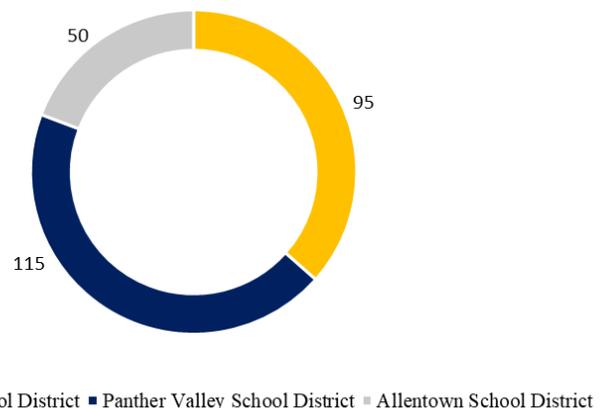
Prior to Fiscal Year 2022, Family Development Specialist services were only provided at Donegan Elementary School (Bethlehem Area School District). During FY 2022, the role expanded to include Allentown and Panther Valley School Districts and increased capacity at three local elementary schools. In Panther Valley, the role demonstrated such a critical need that collaboration with the United Way of the Greater Lehigh Valley allowed St. Luke’s to secure funding to add a second FDS to the district in FY 2023.

Each school directly benefits from the support and services provided by the Family Development Specialist. The FDS at Donegan played a critical role in FY 2022 by supporting improved attendance rates for chronically absent students, demonstrated by 76% of students receiving FDS services showing improved attendance. At Panther Valley, the FDS played an instrumental role bringing a food pantry to the school in partnership with Second Harvest Food Bank. This was vital as transportation is the main barrier impacting ability to access services in the rural region. The FDS integrated at Union Terrace and Washington Elementaries in Allentown School District began mid-way through the academic year but still successfully built relationships with 50 students/families and connected them to medical, behavioral health, and other social services.

OUTCOMES

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, 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” and awards, to name a few. Overall, in fiscal year 2022, 260 students and families benefited from the services provided through the Family Development Specialists. Please note the Allentown School District’s Family Development Specialist began in February 2022 and only provided services for the final 5 months of the year.

Students/Families Served by Family Development Specialists



Connections to Care School-Based Programs: Community School Model

Summary: St. Luke’s is the lead partner implementing the national evidence-based community school model at Raub Middle School (Allentown) and Marvine Elementary School (Bethlehem) in collaboration with school districts and the United Way of the Greater Lehigh Valley. Initiatives include assessments, partnerships, and coordination to improve access and connections to care, services, and resources for students, families, and the community.

Alignment with Community Health Strategic Plan: Community schools comprehensively align with Community Health’s strategic plan as they improve access to service/resources across both primary and secondary areas of activity. Key efforts include promoting access to healthcare (primary care for youth), implementing career mentoring programs that promote workforce development, literacy initiatives, addressing absenteeism, and improving food access.

HIGHLIGHTS

A Community School Coordinator (CSC) at each school collaborates with school administration to identify student, family, and community needs and addresses barriers to improve access. Through partnerships, education, care, services, and resources are brought directly to the school community.

Raub Middle School

- Established monthly Mobile Food Pantry, which comes directly to the school, starting in March 2022 in partnership with Second Harvest. The pantry reaches 50-100 households each month.
- Piloted *CareerLinking Academy*; six students completed the program and learned skills to find and keep a job, were exposed to healthcare careers, and visited St. Luke’s Allentown Campus to meet with the President and tour the pharmacy.

Marvine Elementary School

- Official opening of the Marvine Family and Community Center, the school’s hub for student, family, and community access and engagement, in May 2022. The Center houses the CSC’s office along with the food pantry, clothing closet, Parents as Teachers program, Pre-K Counts, and has computer stations available for families.
- Efforts to improve attendance, school engagement, and literacy– in one instance, 148 students met a literacy challenge (reading two books and completing a related activity) and were awarded free entry to the Marvine Community Festival.

OUTCOMES

Marvine Elementary and Raub Middle Schools are identified as high-need schools based on a variety of factors, including free or reduced lunch rates. Based on 2020-21 academic year data, 94.1% of Marvine students and 99.7% of Raub students qualified for free or reduced lunch. Community School Coordinators work with internal and external partners to bridge identified gaps for the school community. Across both schools this year, in-kind donations from various local partners and businesses brought in approximately \$105,000 worth of services/resources to students, faculty, and the community.

Community Schools support district and community-wide efforts to address social determinants of health

Community School Coordinators collaborate with partners to build capacity that support student, family, and community connections to services, supports, and resources aligning with the four pillars of community schools.



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: One of Community Health’s primary area of activity is to connect youth to primary care, which the MYHC model directly impacts. 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

In Fiscal Year 2022, the MYHC model for school-based care (below) was developed. It emphasizes the partnerships between St. Luke’s, the school districts, local providers and clinicians, and the community.



Additionally, during Fiscal Year 2022, the Mobile Youth Health Center:

- Began documenting in St. Luke’s electronic health record (Epic) to promote continuity of care, support of evidence-based practices, and enhance reporting opportunities.
- Focused on connection to primary care appointments, vaccines, and specialty services, including mental health while also promoting connections to community resources, programs, and medical insurance.
- Maintained partnerships with schools providing services and education for staff, students, and the community.

OUTCOMES

Goal: During Fiscal Year 2022, the primary goal was to connect 100 youth seen by the MYHC to primary care if they did not already have one. This was measured by the total count of completed primary care visits for students referred.

Outcome: In total, 116 students completed a visit with a primary care provider as a result of a MYHC referral.

Additional Outcomes and Data:

- During Fiscal Year 2022, MYCH served 836 students with 2,627 encounters at the following schools:
 - *Allentown School District:* William Allen High School, Newcomer Academy, Raub Middle School
 - *Bethlehem Area School District:* Freedom High School, Liberty High School, Broughal Middle School
 - *Panther Valley School District:* PV Intermediate School, PV High School
- Vision vouchers were provided to eligible students to cover a vision exam and one pair of glasses (if prescribed).
 - During FY 2022, 135 students were served from Allentown, Bangor, and Bethlehem Area School Districts. In total, vision services totaling \$13,315 were provided to students in need.

Connections to Care Maternal and Child Health (MCH)

Summary: The Visiting Nurses A 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).

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 opportunity for students at the St. Luke’s School of Nursing.

NFP and VNAC HIGHLIGHTS

NFP is a prevention model that partners low-income, pregnant women with their own personal nurse during pregnancy and they continue to support them until their child turns 2 years old. Our 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 FY22 the VNA of St. Luke’s NFP Program received 656 referrals for services and served 422 families through 4,115 visits. 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, so the children’s ages vary greatly. The VNAC team supported 91 families during FY22 and provided 504 hours of Nurse Consultation services to the Northampton County Office of Children Youth and Families.

Goals of NFP Program

| | |
|----------------------------|--------------------------------------|
| Improve Pregnancy Outcomes | Improve Child Health and Development |
|----------------------------|--------------------------------------|

Improve Economic Self-Sufficiency of Families

Goals of VNAC Program

| | |
|---------------------------------------------------|-----------------------------------------|
| Increase Safety of the Child’s Living Environment | Increase Parenting Knowledge and Skills |
|---------------------------------------------------|-----------------------------------------|

Ensure that the Child’s Health/Medical Needs are Met

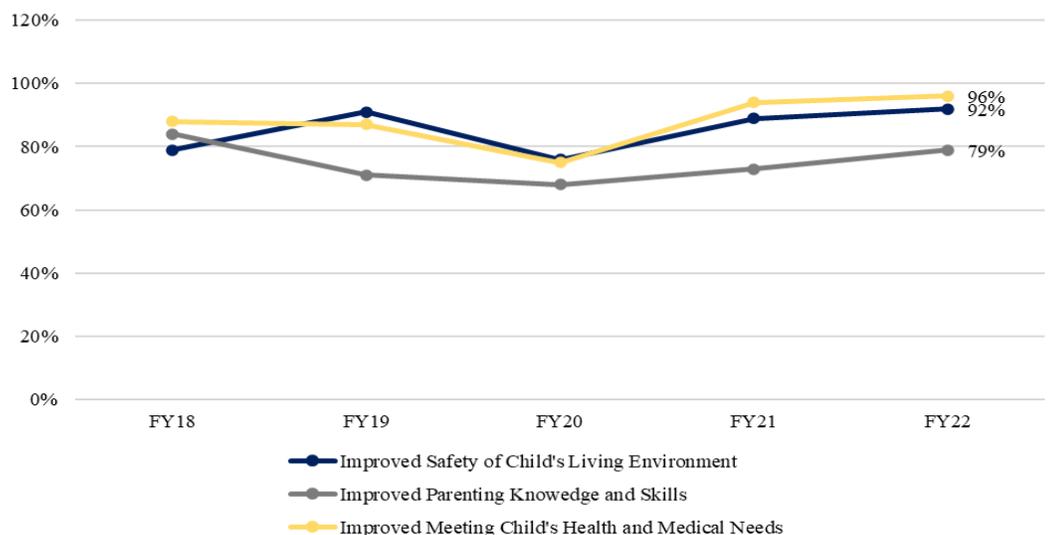
OUTCOMES

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.

VNAC Outcomes: The VNAC program saw increased success in all their program goal during FY22.

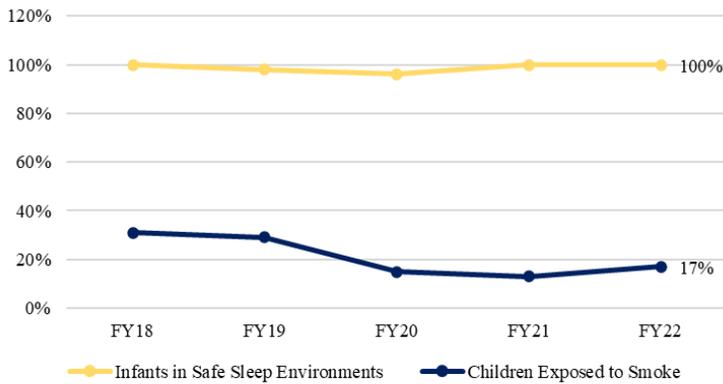
88% of VNAC Client Satisfaction Survey respondents stated they felt more confident in meeting their child’s health and medical needs and that their parenting knowledge and skills had increased at discharge from the program.

VNAC Program Goals

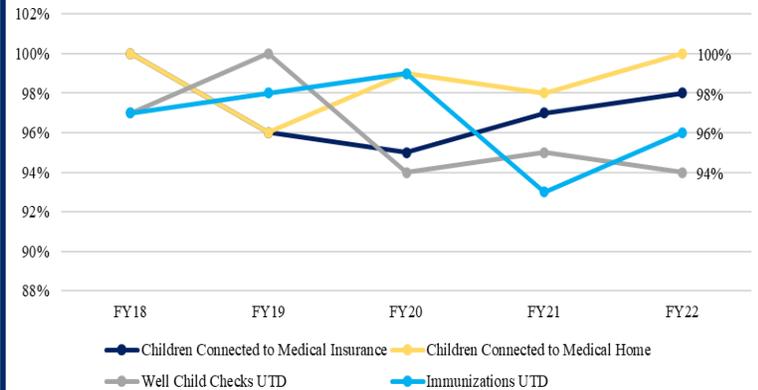


Connections to Care Maternal and Child Health (MCH)

VNAC Discharge Outcomes

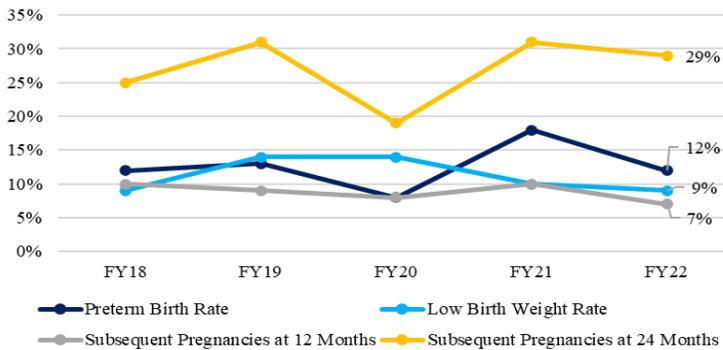


VNAC Discharge Outcomes

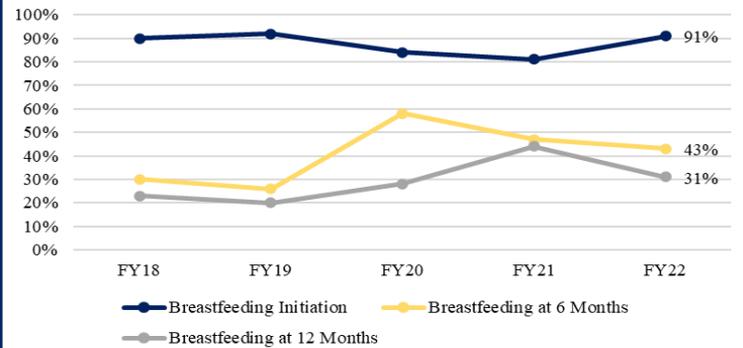


NFP Program Outcomes: At the beginning of FY22 the NFP program began reintroducing in-person visits which accounted for 66% of encounters (virtual programming was required during COVID-19 lockdowns).

NFP Pregnancy Outcomes



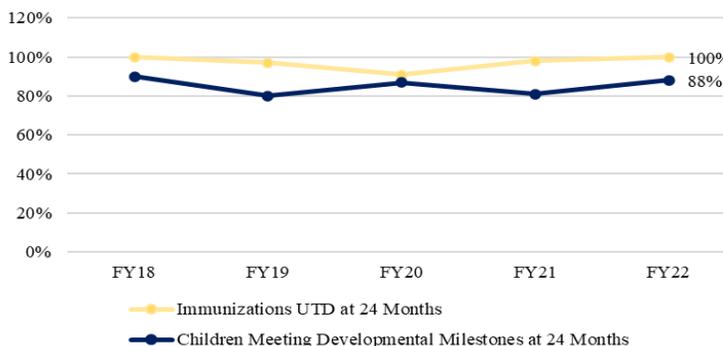
NFP Breastfeeding Outcomes



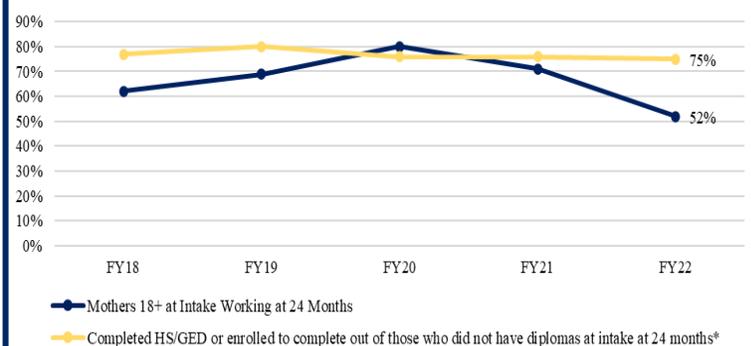
“There is a magic window during pregnancy...it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse.” – David Olds, Ph.D., Founder, Nurse-Family Partnership



NFP Child Outcomes



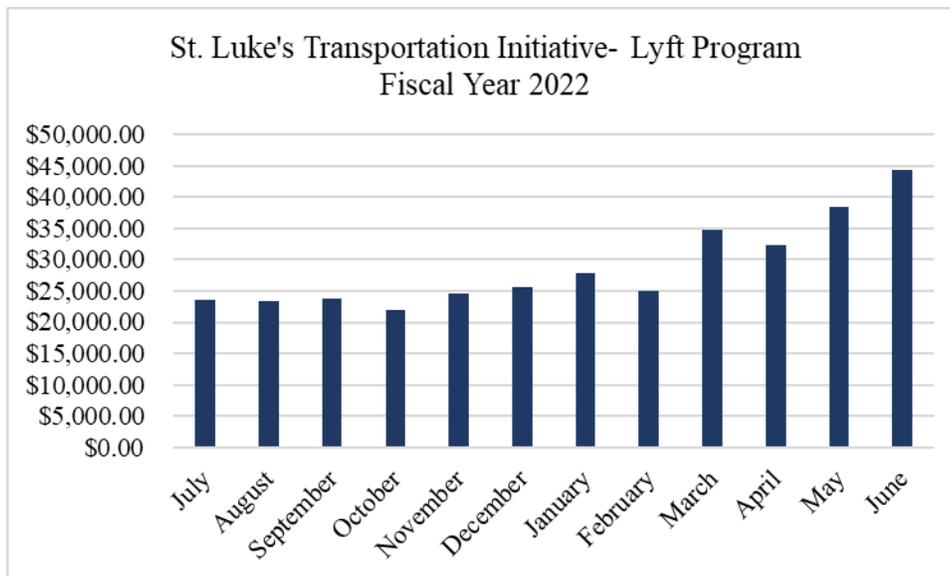
NFP Life Course Outcomes



Connections to Care Transportation and Housing Initiatives

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 existing patients to receive routine care in a timely manner, with the added goal of reducing the frequency and overuse of Emergency Department resources.



Housing Initiatives

The housing shortage crisis has affected many families and individuals throughout the Lehigh Valley. St. Luke's Sacred Heart Hospital, Habitat for Humanity Lehigh Valley, and other local organizations are teaming up to build a healthy community. The Housing Action Committee, a collaboration between St. Luke's Sacred Heart Hospital, Habitat for Humanity, and Community Action Lehigh Valley have completed, or are in the process of completing, renovations on 16 homes and 4 homes have received lead abatement services from the City of Allentown. For more information please see the YouTube video [here](#).



Community Partners

Connections to Care Find Help, Food Access

St. Luke's University Health Network has partnered with Find Help since 2020 to address social needs and health inequities in Pennsylvania and New Jersey. Together, we provide a [free online platform](#) that allows anyone to easily find and connect with local free and reduced-cost programs. Through the extraordinary efforts of local community organizations, this platform makes it easy for Pennsylvanians to find programs that help them stay in their homes, feed their families, and assist with other needs like employment,

Find Help

Food Access

Addressing lifestyle behaviors related to physical activity and diet can influence and prevent chronic disease.

St. Luke's University Health Network is committed to raising awareness about the importance of healthy eating and the impact of food choices on overall health and well-being. In partnership with Rodale Institute, SLUHN is helping to create a "farm to hospital" operation, growing organic produce for our patients, visitors, employees and community. The farm is 14 acres at St. Luke's Anderson Campus in Bethlehem Township. Certified Organic, the farm produces 70 varieties of 30 types of produce, vegetables and fruit, that contribute to St. Luke's cafeterias and the Community Supported Agriculture (CSA) program for St. Luke's employees.

Additionally, St. Luke's Community Health staff is partnering with Second Harvest, local food banks, non-profit organizations, and funders to improve access to local foods where the Network Community Health Needs Assessment identified need. During Fiscal Year 2022, school food pantries at Raub Middle School, Panther Valley School District, Pocono Mountain West and East High Schools were established to meet that need and improve capacity to address food insecurity with students, staff, and local community members. St. Luke's Marvine Food Pantry continues to be an example of how a school-based food pantries can increase access, and more than 150 families at Marvine were supported throughout the year by the food pantry.

St. Luke's Quakertown and Sacred Heart Campuses provided summer meals to the local community to address food insecurity during the months of June-August serving 4,417 meals during Summer 2022.

"Second Harvest Food Bank of the Lehigh Valley and Northeast PA has seen a 60% increase in need since the beginning of the year. As pandemic-related government assistance ends and the prices of goods increase, it has become more difficult for community members to properly feed their families. We are here to be a resource for the community so that no one has to worry about when their next meal will be."

- Second Harvest Food Bank

Workforce Development Adolescent Career Mentoring: School-to-Work Program

Summary: The School-to-Work Program gives English Language Learners from 10th to 12th grade the opportunity to experience and explore a wide variety of careers in health care. This experience will not only help them practice their English more, but also give the students something to work towards, encourage them to stay in school, receive their high school diploma, and continue on to higher education.

Alignment with CH Strategic Plan: The School-to-Work Program aims to improve graduation rates, lower absenteeism, and encourage English Language Learners toward post-secondary education by exposing students to healthcare while providing an opportunity to learn valuable career and life skills.

HIGHLIGHTS

To start off the year, students had a trip to the Rodale Organic Farm where they learned about organic gardening and had the opportunity to sample some new foods. The students also learned the importance of St. Luke’s culture. They toured the Sim Lab where they learned about advances in technology for healthcare and were able to use some of the equipment. Human Resources spoke to the students about jobs after high school and the difference in education requirements. Dr. Claros, Bariatric Surgeon, spoke to them about his path to becoming a surgeon and answered questions about robotic surgery. The students visited The Mütter Museum in Philadelphia, the Da Vinci Science Center in Allentown and the FabLab at Northampton Community College in Bethlehem where they had the opportunity to build and learn about the human brain.

The students participated in department job shadowing at the beginning of February. Departments that participated were the Department of Community Health, Acute Rehab Center, Ambulatory Surgery Center, Short Stay Center, Cardiology, GI Lab, Cardiac Surgery, Operating Room, Emergency Department, Infusion, Physical Therapy, Oncology, Pediatric Intensive Care Unit, Neurology and Orthopedics.

OUTCOMES

In Fiscal Year 2022, 18 students were enrolled in the School-to-Work program in the Bethlehem Area School District. Of those students, 15 graduated from high school with an overall graduation rate of 91% . Of the seniors in the program in FY 2022, 8 of the 11 students graduated, and the three that did not withdrew from the school, with a total graduation rate for FY 2022 at 72%. In total, there have been 383 students served by the School-to-Work program.



| # of Enrolled | # of Completed | Total Program High School Graduation | Partners | Campus | Overall # Served |
|---------------|----------------|--------------------------------------|--------------------------------|-----------------------------|------------------|
| 18 | 15 | 91% | Bethlehem Area School District | St. Luke’s Bethlehem Campus | 383 |

Workforce Development Health Career Exploration Program

Summary: The Health Career Exploration Program (HCEP) provides employability skills training and unsubsidized work experiences at St. Luke’s Bethlehem, Allentown, and Sacred Heart Campuses for high school juniors and seniors (ages 16-18) during the academic year. It is a paid experience where students work in support roles within the hospital after school for 10-15 hours per week. This program is a collaboration with the Bethlehem Area School District, Allentown School District, and the Workforce Board Lehigh Valley.

Alignment with Community Health Strategic Plan: The programs focuses on the Community Health strategic plan to increase graduation rates in high-risk populations, improving English language skills for English Language Learners, and providing work experience in the healthcare field while teaching job seeking and job keeping skills while diversifying the healthcare workforce.

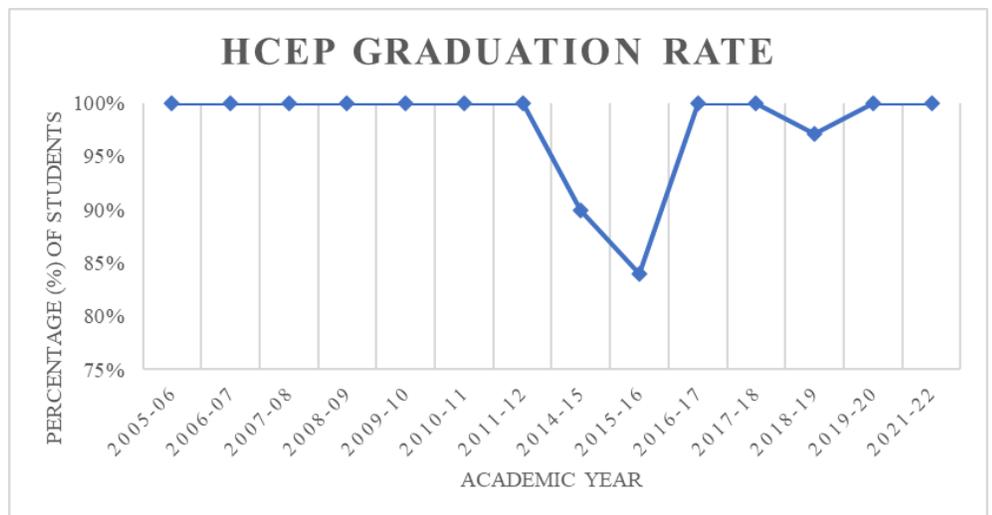
HIGHLIGHTS

For the first time in more than five years, recruitment for the HCEP program focused on high school juniors and seniors, providing an opportunity to younger students. Ten different Network departments partnered with program staff to offer the work experience component of the program. In Fiscal Year 2022, six of the seven development sessions occurred virtually, which provided insight into future development sessions and how these are delivered.

OUTCOMES

In FY 2022, 10 students completed the HCEP, with a 100% graduation rate from high school and a 100% enrollment rate in post-secondary education. Overall, 210 students have been served by HCEP since the program began.

Graduation rates for the program across academic years starting in 2005 were between 85%-100%. Note that the program was not run in academic year 2020-21 due to COVID-19 restrictions and funding availability.



Fiscal Year 2022 Outcomes

| # of Enrolled | # of Completed | High School Graduation | Partners | Campus | Total Served (Year to Date) |
|--------------------|----------------|------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|
| 15 (10 seniors) | 10 | 100% | Bethlehem Area School District Allentown School District Workforce Board Lehigh Valley | St. Luke’s Bethlehem St. Luke’s Allentown | 210 HCEP |

Workforce Development On the Job Training

Summary: On-the-Job Training (OJT) is a hands-on, skill-building, and knowledge training program aimed at building competencies needed to perform specific job requirements and expectations within the workplace. OJT utilizes existing workplace tools, machines, documents, equipment, and knowledge to teach an employee how to effectively perform at their highest potential.

Alignment with Community Health Strategic Plan: OJT aims to improve diversity, health equity, and make strides towards breaking the cycle of poverty in our communities. The initiative was created to meet community needs by providing employability and career development for low-income or minority populations. This directly aligns with Community Health's primary area of activity addressing workforce development in low income communities.

HIGHLIGHTS

To address high turnover rates, specifically in Phlebotomy and the Sterile Processing Department (SPD), OJT was piloted during Fiscal Year 2022 to explore the efficacy of the OJT program in these healthcare professions. Given the importance of appropriate staffing to provide the highest quality care, the Bethlehem Campus President, Community Health, Human Resources, Sterile Processing, and Outpatient Lab Services collaborated to plan and implement the OJT Program pilot. Consisting of several core components (i.e., on-the-job practical training, employability skills training and 1:1 coaching, wrap-around case management), OJT is an innovative approach to workforce development. This model provides vital soft skills training, which are skills that are necessary for employment and career development but often not taught in typical education or training settings. St. Luke's partnered with CareerLink Lehigh Valley (through the Workforce Board Lehigh Valley) to provide wage reimbursement for the participants.

OUTCOMES

Goal: The goal for Fiscal Year 2022 was to hire, train, develop, and retain a total of 9 employees from low income communities to grow as employees at St. Luke's. Completion of the program is defined as being hired by St. Luke's University Health Network.

Progress: During the first half of FY 2022, six participants were already hired through the program and by April 2022, two more phlebotomy school graduates were added as Network employees. A ninth participant enrolled and was interviewed and met eligibility prior to the end of the fiscal year but did not begin until July 2022. This participant will therefore be included in the 2022-23 fiscal year cohort.

Outcome: The model proved to be successful, with 8 of the 9 participants now hired and retained as SLUHN employees.

INDICATORS

OUTCOME

TARGET

St. Luke's University Health Network

| | | |
|------------------------------------------------------------------------|----|---|
| Number of Participants Enrolled | 10 | 9 |
| Number of Participants Completing the Program | 8 | 9 |
| Number of Participants Hired by St. Luke's Hospital | 8 | 9 |
| Number of Participants Still Employed 6-Months Post-Program Completion | 8 | 9 |

Workforce Development Literacy Initiatives

Summary: St. Luke's University Health Network supports literacy initiatives including Reach Out and Read (ROR) and Brush, Book, & Bed (BBB). These evidence-based programs promote healthy lifestyles and behaviors, and engage families in providing tools and resources to integrate reading into their daily lives. ROR is integrated into our pediatric practices to provide families with books and strategies to read aloud as part of their daily routines. BBB, a program to educate families on the importance of a regular bedtime routine for children that includes brushing their teeth and reading a book, is also supported through our pediatric practices and other community outreach. The Dolly Parton Imagination Library is another literacy initiative supported in the Rural West region with funding from the Carbon County Community Foundation. Together these efforts have reached more than 900 local children ages 5 and under and their families.

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

Little Free Libraries

To further promote literacy in all the counties we serve, St. Luke's has Little Free Libraries located at many of the St. Luke's campuses and at several partner schools.



Little Free Library at St. Luke's Easton Hospital

Read Across America

St. Luke's celebrated Read Across America Day on March 2, 2022. St. Luke's representatives including nurses, medical assistants, providers, and staff, recorded and read books to create a virtual showcase that was shared with all our local schools and includes over 40 readers reaching more than 12,000 students: <https://vimeo.com/showcase/9245737>.



St. Luke's employees support Read Across America

Connections to Care COVID-19

Summary: The COVID-19 pandemic continued to impact St. Luke's Network service areas in unpredictable ways during the 2022 Fiscal Year. The Delta and Omicron variants surged in different ways, with the Delta variant showing higher mortality rates and the Omicron spreading to a larger population, but less deadly. Although vaccinations were widely available, only * percent of Pennsylvanians were fully vaccinated by June 30, 2022. SLUHN efforts to mitigate the spread of COVID-19 continued from FY 2021 through health education and other mitigation efforts (e.g., masking, isolation protocols). Additionally, SLUHN participated on panels for school districts and community-based organizations to provide clarity on guidance, worked with local and state health departments, and other health networks to meet the needs of the community.

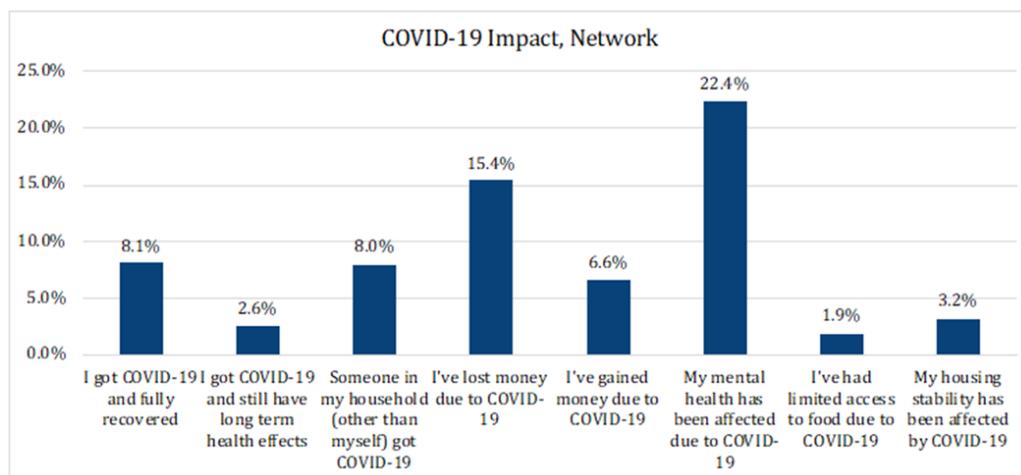
Alignment with CH Strategic Plan: The efforts related to COVID-19 prevention as well as COVID-19 vaccine promotion align with the secondary areas of activity, including:

- Reducing health disparities by providing education and guidance to school districts and other community partners for COVID-19 prevention to help stop the spread.
- Reducing health disparities by providing education and guidance related to COVID-19 vaccines

Although the COVID-19 pandemic appeared to be waning toward the end of FY22, the impact of the pandemic was shown through the Community Health Needs Assessment (CHNA) survey. The survey, conducted from September 2021-March 2022, showed that the effects of the pandemic continued to impact the overall health and well-being of the community.

Of those who indicated they had been impacted by COVID-19, the highest number of respondents say their mental health has been affected (22.4%). Additionally, 8.1% say they got COVID-19 and fully recovered, while 2.6% say they got COVID-19 and are still having long term effects. Regarding household infections, 8% say someone else in their household got COVID-19.

Related to the social determinants of health, 1.9% have had limited food access and 3.2% have had housing instability due to the pandemic. Additionally, 6.6% have gained money while 15.4% of respondents say they have lost money due to the pandemic.



We continue to maintain the partnerships built before and during the COVID-19 pandemic and will provide assistance related to the pandemic as necessary in both the short and long term.

PREVENTING CHRONIC DISEASE

St. Luke’s prioritizes preventing chronic disease through promoting healthy lifestyles and behaviors, including diet and physical activity. Preventing chronic disease is addressed through initiatives based on the following categories:

Food Insecurity

To further address food access, St. Luke’s implements a Summer Feeding Service Program 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. St. Luke’s partners with the Kellyn Foundation to increase access to fruits and vegetables across the Lehigh Valley.

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 (TOT) aims to engage community members in outdoor physical activity through challenges and events. TOT is implemented in partnership with D&L National Heritage Corridor to promote physical activity while engaging in nature-based activities. WWAD promotes physical activity paired with education from local physicians or advanced providers on various health topics.

| Initiatives | |
|---------------------------------------|-----------------------------|
| Food Insecurity | |
| Access to Fresh Fruits and Vegetables | Summer Meal Initiatives |
| Community Supported Agriculture (CSA) | Food Insecurity Initiatives |
| Nutrition and Education Promotion | |
| Smoking Cessation Initiative | Diabetes Initiative |
| Physical Activity Promotion | |
| Get your Tail on the Trail | Walk with a Doc |

Food Insecurity Access to Fresh Fruits and Vegetables

Summary: Access to fresh fruits and vegetables can help promote healthy eating habits, support physical and cognitive development in children, and help to decrease rates of many diseases. Healthy People 2030 initiatives include increasing fruit and vegetable consumption in the American population ages 2 and older. St. Luke’s partners with the Kellyn Foundation and their “Healthy Neighborhood Immersion Strategy” to support increased access to fruits and vegetables in the Network’s high-need communities.

Alignment with Community Health Strategic Plan: Promoting access to fresh fruits and vegetables aligns with Community Health’s overall strategy to support healthy lifestyles through reducing preventable diseases and chronic conditions (e.g., obesity, diabetes) and promoting health behaviors (e.g., physical activity promotion).

HIGHLIGHTS

- SLUHN and the Kellyn Foundation partnered in Fiscal Year 2022 to provide voucher sales for our Diabetes CARES program in Allentown, the Star Community Health Sigal Center in Allentown, and the HOPE clinic in Easton. Vouchers provide access to fresh fruits and vegetables and encourage patients to choose healthy food to promote healthy lifestyles. The voucher program is supported through external grant and special funds and managed by St. Luke’s.
- The “Eat Real Food Mobile Market”, a Kellyn Foundation mobile food pantry that brought produce to high-need locations, served several SLUHN sites to support high-need households with voucher and discount programs that provide convenient, reasonably-priced healthy foods.

OUTCOMES

During the 2022 Fiscal Year, the St. Luke’s and Kellyn Foundation partnership grew to include the newly renovated Star Community Health Sigal Center in Allentown.

- The “Eat Real Food Mobile Market” visited Star Community Health Sigal Center on 31 different occasions during Fiscal Year 2022, with a total of 25 unique voucher customers.

| Voucher Sales Location | Total Sales (FY 2022) | Voucher Customer Count |
|------------------------|-----------------------|------------------------|
| SLUHN– Diabetes | \$14,090.85 | 23 |
| SLUHN– HOPE | \$13,086.63 | 57 |
| Sigal Center | \$8,264.75 | 25 |



Employee Wellness



Summary: To assess and address the health needs of SLUHN employees and spouses, the Network has an established 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. The program has continued to see positive trends in the rates of high blood pressure, poorly controlled diabetes, well controlled diabetes, and prediabetes.

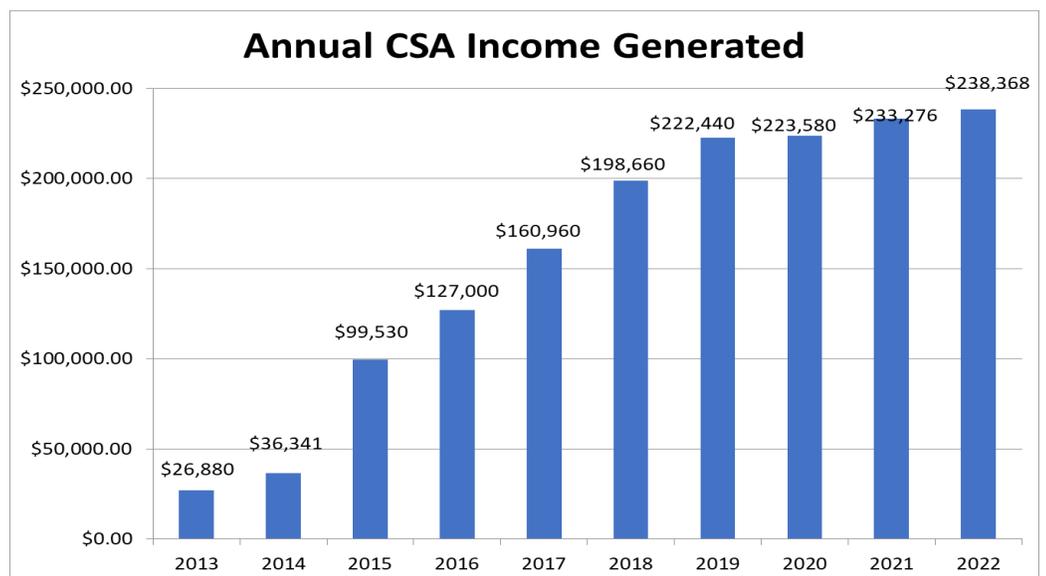
Alignment with Community Health Strategic Plan: The health and wellbeing of our employee and spouses is imperative as they live and work within the communities SLUHN serves.

HIGHLIGHTS

- Since its inception, SilverCloud has demonstrated success through satisfaction scores and costs savings related to improved mental health outcomes. While this is still an employee benefit, the success has shifted focus to the SLUHN patient population.
- Starting in January 2022, the Employee Wellness team has relaunched the massage program for employees.
- The Employee Wellness team continues to offer the Plant-Based Eating Series and health coaching in a virtual format. This has offered more flexibility for participants and has provided an opportunity to reach more interested people throughout the Network.

OUTCOMES

- 3346 SLUHN employees and spouses in total have utilized SilverCloud
- 558 one-on-one health coaching sessions
- 184 plant-based participants
- 569 spouse flu shots administered
- 541 CSA members spanning across 19 sites, 6 local farmers
- 991 half shares donated to food pantries in communities in which St. Luke's serves



Food Insecurity Summer Meal Initiative

Summary: In 2022 the Quakertown and Sacred Heart Campuses served as an open site 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 CH 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 the family on weekends. Additionally, the program reduced health disparities by addressing education and literacy through handouts, activities, and giveaways.

HIGHLIGHTS

Fiscal Year 2022 marked the third year St. Luke’s Community Health served as a sponsor for the SFSP program. With COVID-19 waivers still in place, Quakertown Community School District (QCSD) was able to continue serving meals throughout the summer and Grab & Go meals were distributed at the St. Luke’s Quakertown Campus. While the Allentown School District (ASD) also served meals at multiple sites in Allentown through the Allentown Health Bureau and the Food Policy Council. The Sacred Heart Hospital location filled the gap for meals (3 days per week) due to high demand and convenient location.

Funding was secured from Penn Community Bank (Quakertown) and West Side Hammer Electric (Sacred Heart) to enhance the SFSP program at QCSD/Quakertown Campus, Sacred Heart, as well as The Open Link which served children in the Upper Perkiomen School District. Enhancements to the program included weekly resource handouts with health information, activities, giveaways, fresh fruits and vegetables (CSA shares), and non-perishable weekend bag foods.

In Quakertown, a partnership was created with Rolling Harvest Food Rescue, United Way of Bucks County, and the Bucks County Opportunity Council (BCOC) to supply fresh produce throughout the week to families attending SFSP. This partnership continued through the school year, holding weekly “Free Famers Markets” in Quakertown. The Free Farmers Market supports approximately 200 families in Upper Bucks.

OUTCOMES

The program supported locations at St. Luke’s Sacred Heart Hospital, St. Luke’s Quakertown Hospital, as well as supplementary support to the Quakertown Area School District and the Open Link. In total the program provided 4,417 meals, 280 CSA shares, 638 weekend bags, and 3,500 activities and giveaways.

St. Luke’s Sacred Heart Hospital

St. Luke’s Quakertown

| | | |
|--------------------------|--------|--------|
| Meals Served | 2,882 | 1,535 |
| CSA Shares Distributed | 100 | 180 |
| Family Weekend Bags | 353 | 285 |
| Activities and Giveaways | 1,000+ | 2,500+ |

Nutrition and Education Promotion Smoking Cessation Program

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. The program includes provider visits, community education, and weekly support group.

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. Cessation services were made more accessible during Fiscal Year 2022 due to increased referrals resulting from efforts to educate patients and providers. Recently, given the drastic increase in vaping and the effects of COVID-19 on the smoking population, this program has expanded its reach and proven vital in additional capacities beyond traditional smoking cessation programs.

HIGHLIGHTS

- In efforts to standardize tobacco treatment across the Network, education on the evidence-based program was provided to all certified providers. To provide the highest quality care, the program continually aligns with current best practices.
- St. Luke’s Smoking Cessation Coordinator provided staff trainings and support for Nicotine Replacement Therapy (NRT) purchasing and disbursement for high-risk tobacco use populations.
- The Smoking Cessation Program expanded internally but also provided support to community partners:
 - Clients at Treatment Trends, an in-patient substance use disorder facility, were provided virtual tobacco cessation visits.
 - Through partnership with Bucks County Health Improvement Partnership, a referral system was created for St. Luke’s patients to be connected to additional grant-funded evidence-based group treatment classes with distribution of NRT.
- The Smoking Cessation Program became a component of St. Luke’s Penn Foundation’s Certified Community Behavioral Health Clinic model. As part of their federal planning grant funded by the Substance Abuse Mental Health Service Administration, the cessation team’s objective is to expand tobacco screening and treatment amongst this population. This is a key strategy to improving outcomes for clients being treated for behavioral health and/or substance use disorders.

OUTCOMES

- More than 20 providers are certified and participate in the Smoking Cessation Program. The providers represent the following disciplines: Primary Care (St. Luke’s Physician Group and Star Community Health), Pulmonary, Thoracic Surgery, Vascular Surgery, and the Surgical Optimization Clinic. Additional staff are trained to provide patient education with cardiac rehabilitation specialists, athletic trainers, community health workers, oncology navigators, and medical assistants.
- Our community partner, Treatment Trends, supported 10 patient referrals and connections to SLUHN Pulmonary services.
- Weekly smoking cessation support group sessions were held virtually on TEAMS. These sessions were published on St. Luke’s active calendar and free for anyone who attends.
- During FY 2022 1,276 referrals were made and 232 smoking cessation appointments were completed, an increase of 63% from FY 2021.

Top Referrals

| Location | Referrals |
|--------------------------|-----------|
| Allentown Operating Room | 117 |
| Bethlehem Operating Room | 100 |
| Star Community Health | 77 |
| Sigal Center | |

Nutrition and Education Promotion Diabetes Program

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. With a national average of 11%, St. Luke’s recognizes the high rates of diabetes and the importance of utilizing a Network approach to meet the needs of people with diabetes in our communities.

Alignment with Community Health Strategic Plan: St. Luke’s Network Diabetes Performance Improvement Committee focuses on diabetes prevention and management. One of CH’s primary strategic goals aligns with this focus and aims to address patients with poor control (i.e., HgbA1C >9) of their diabetes. Throughout Fiscal Year 2022, key external partners included the Diabetes Coalition of the Lehigh Valley, United Way, Lehigh Valley Food Policy Council, YMCA, Kellyn Foundation, and Air Products.

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. Through Community Health, Endocrinology, and Maternal Fetal Medicine, these programs are implemented to serve patients across the Network.

- The Community Health DEAP program provides 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 or virtually.
- Community Health, in partnership with residents at St. Luke’s Sacred Heart (i.e., Star Community Health Sigal Center) and St. Luke’s Fitness and Sports Performance, ran a quality improvement project to target patients at Sigal Center who had poor control of their diabetes. This CARES (Clinical Assessment Referral, Education and Self-Care) project enrolled a total of 102 participants. Efforts included a clinical diabetes visit, diabetes education with a dietitian, physical activity opportunities, and weekly fresh produce.

OUTCOMES

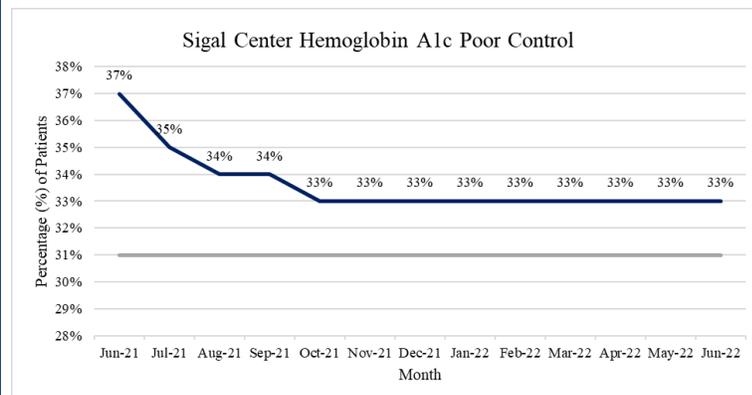
During FY 2022, a total of 1,109 participants completed one of SLUHN’s DEAP programs (i.e., DSMES, Diabetes & Pregnancy Program) across the Network.

Outcomes for DSMES

- Community Health
 - 71 patients completed the program and aggregate HgbA1C decreased from 9.7 to 8.0
- Endocrinology
 - 120 patients completed the program and aggregate HgbA1C went from 8.9 to 7.0

Goals and Outcomes for CARES Project

The CARES project goal at Sigal Center was to decrease the clinic-wide rate of poorly control diabetes from 37% to 31%. At the end of FY 2022, the rate decreased to 33%.



Physical Activity Promotion

Get your Tail on the Trail and Walk with a Doc

Summary: To promote physical activity, Get Your Tail on the Trail and Walk with a Doc aim to engage community members in outdoor physical activity through challenges and events. Ultimately, efforts to promote and engage the community in physical activity address 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 and Walk with a Doc address the strategic plan's 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

Get Your Tail on the Trail (TOT) and Walk with a Doc (WWAD) provide communities with free, safe, and fun physical activity programming. TOT is implemented in partnership with Delaware & Lehigh National Heritage Corridor to promote physical activity while engaging in activities in nature. WWAD provides physical activity paired with education from local physicians or advanced providers on various health topics.

More than 45 walking events for WWAD occurred throughout the Network in Fiscal Year 2022 and new partnerships were established for walks and special events.

TOT had four challenges during FY 2022, two of which were created in partnership with ArtsQuest to further increase participation and encourage physical activity.



OUTCOMES

Get Your Tail on the Trail

During FY 2022, TOT served 12,490 individuals. Since the program's inception in 2013, 4.2 million miles have been logged through the online platform.

Challenges completed:

- 815 users completed the Winter Challenge 2022
- 1,329 users completed the 165 Mile Challenge 2021
- 95 users completed the Musikfest Walking Challenge 2021
- 317 users completed the Christkindlmarkt 25 Miles to Christmas Challenge 2021

Walk with a Doc

During the height of the COVID pandemic, in-person events were put on hold and Walk with a Doc videos were published to various social media platforms. Due to its success, virtual Walk with a Doc videos were continued through FY 2022 in addition to resuming in-person walks.

Throughout FY 2022:

- 45 in-person walks were held across the Network service area
- More than 25 Walk with a Doc videos were shared on social media and internally to St. Luke's staff
- More than 65 providers participated in Walk with a Doc events engaging hundreds of community members and over 20,000 video views.

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 age 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 the 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/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 the mental and behavioral space.

In addition to Network services, the Department of Community Health works with community-based organizations and partners to support the mental and behavioral needs in our communities. The Network was awarded a psychostimulant grant in 2021 from the Health Resources and Services Administration (HRSA) to support the behavioral health needs of our communities. 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.

Initiatives

Access to Mental Health and Behavioral Health Services and Resources

Suicide Prevention Partnerships
Question, Persuade, Refer (QPR) Trainings

Substance Use Disorder Services and Response

Prevention, Treatment, and Recovery Initiatives

Substance Use Disorder Prevention Partnerships
Harm Reduction Initiatives

HOPE Program

Access to Mental Health and Behavioral Health Services and Resources

Summary: St. Luke’s University Health network is committed to addressing mental and behavioral health and substance use disorder (SUD) through collaboration with community agencies to implement evidence based best practices. These initiatives provide support to our rural and urban communities and improve our continuum of care model for improved access to prevention, treatment, and recovery services and resources.

Alignment with Community Health Strategic Plan: The 2022 Community Health Needs Assessment identifies the need to improve access to providers and resources. The Network SUD Committee implements comprehensive and sustainable models that include integrating evidence-based best practices and trainings through the hospital network and the communities we serve while leveraging national, state, and local partners, including those with lived experience, to measurably improve response, outcomes, and impact.

HIGHLIGHTS

St. Luke’s has invested in behavioral and mental health services as well as partnered with numerous treatment and recovery organizations to increase capacity and services. This includes the opening of the Easton Adolescent Behavioral Health Unit this past January, partial program expansion for both adults and adolescents, large-scale primary care practice integration, psychiatry resident program implementation, school-based therapy services, introduction of a virtual care platform, the St. Luke’s Penn Foundation merger, the 4.0 Detox Unit opening at the Sacred Heart campus, and the debut of a 24-hour crisis walk-in center in Lehighton.

St. Luke’s inpatient behavioral health services spans four regions: Lehighton, Sacred Heart in Allentown, Easton and the Quakertown campus. All of the units have been either newly built or renovated over the last four years to “create a more aesthetically soothing and environmentally healing environment,” said Vice President of Patient Care Services for St. Luke’s Sacred Heart Hospital Christina Zelko Bennick, DNP, RN.

The Network also established the St. Luke’s S.H.A.R.E program (integrated medical practice) that provides medication-assisted treatment and counseling services and continues to work with local partners to link patients to community-based programs. Additionally, St. Luke’s Sacred Heart Campus partnered with Lehigh County and Treatment Trends in opening the Allentown Center for Recovery. The recovery center provides resources and services to individuals recovering from substance use disorders.

OUTCOMES

Network Warm Hand Off (WHO) for those that present with Opioid and Substance Use Disorder during Fiscal Year 2022:

- Number of Patients Identified with a SUD through Screening tools such as Screening, Brief Intervention, Referral to Treatment (SBIRT) process: 1519
- Number of Patients Referred to a Warm Handoff partner agency: 1321
- Number of Patients That Accessed SUD Treatment Directly from Hospital: 766
- Number of Units of Narcan Provided: 424

St. Luke’s Quakertown, Monroe, Lehighton, Carbon, Miners and Geisinger St. Luke’s have installed safe medication disposal boxes through our Rural Community Opioid Response Program (RCORP), Pocono Mountains United Way, and All One partnerships and funding. These boxes allow for medications to be safely disposed and help to support

HHS Overdose Prevention Strategy



Access to Substance Use Services and Response Prevention, Treatment, and Recovery Initiatives

Summary: Fiscal Year 2022 marked significant growth for the St. Luke's University Health Network (SLUHN) Psychiatric Service line, improving access to Behavioral Healthcare for residents in our communities and beyond the traditional borders of our service area. Expansion occurred in our school-based, outpatient, partial hospital, and integrated programs to cover more geographic areas and expand age ranges treated. The first integrated Medication Assisted Therapy (MAT) clinic in the Lehigh Valley was successfully opened, bringing together psychiatry and toxicology professionals in one treatment space (also known as the S.H.A.R.E. clinic). Due to the SLUHN/Penn Foundation merger, SLUHN Behavioral Health expanded the continuum of substance use disorder care to provide all levels of treatment for SUD (substance use disorder) and co-occurring disorders. Our psychiatric residents grew to 18 and were active in community-based offices (e.g., Parish Nursing, laundromat ministries). The third-year resident doctors provided free psychotherapy sessions in the Bethlehem clinic and the first adolescent partial hospital program was opened in center city Allentown, serving people ages 14-17 with acute mental illness.

Alignment with Community Health Strategic Plan: The partnerships with SLUHN Behavioral Health support the Department of Community Health's strategic plan through supporting access to care for youth and supporting the overall health and wellness of our communities.

HIGHLIGHTS

- Opening of the S.H.A.R.E. Clinic (i.e., MAT clinic)
- Adolescent Partial Hospital Program opening
- YESS (Your Emotional Strength Supported)! Program
 - During FY 2022, the YESS! program successfully added or maintained licenses at a total of 52 schools spanning 11 school districts and completed 35,077 psychotherapy visits.
 - The No-Show rate was 4% for the school-based therapy sessions; significantly lower than the national average.
- PGY Resident embedded in Parish Nursing and Primary Care
- St. Luke's Penn Foundation merger (July 2021)

The CCBHC (Certified Community Behavioral Health Clinic) opened in Sept 2021 to transform access to mental health care and remove barriers to treatment. SLUHN trained 50 staff members in care management, veterans mental health initiatives, and QPR (question, persuade, refer) suicide assessment protocols. Additionally, SLUHN developed an advisory council for the CCBHC comprised of 51% consumer membership. We have exceeded our initial goal of serving 176 patients in our first year of care and have completed year one with 254 consumers assisted.

OUTCOMES

- CCBHC – Expansion to include five additional intake and medical receptionist employees and offering access to a self-paced mental health program (e.g., Silver Cloud) to consumers in CCBHC.
- SLUHN will implement a screening and identification program for transition-age youth for 1st episode psychosis.
- SLUHN was able to update referral letter agreements and exceed metric goals.
- Psychiatric services offered increased access during FY 2022 to mental health services, which included SUD.
- St Luke's Psychiatric Associates Outpatient
 - Total Visits FY 2022
 - 64,144 (Psychiatric and Psychotherapy)
 - 6% No Show rate for Psychiatry OP (Outpatient Program)
 - 4% No Show rate for Psychotherapy

Access to Substance Use Services and Response HOPE Program

Summary: HOPE at St. Luke's University Health Network's mission is to be recognized as a premier program for the Health, Outreach, Prevention, and Education for persons living with HIV and those at risk for HIV, with a focus on the uninsured and underinsured. It provides comprehensive, high quality patient care through reduction of disparities and integration of community partnerships to achieve overall health for those it serves. Program priorities encompass a holistic approach, leading patients to a life free from stigma and discrimination. The priority populations are men who have sex with men (MSM), transgender individuals, and intravenous drug users (IDU).

HIGHLIGHTS

HOPE had a 6% increase in total patient volume between Fiscal Year 2021 and 2022. This significant increase was due to monthly community education and testing events and collaboration between St. Luke's Physician Group, St. Luke's Hospital campuses, and HOPE by linking newly diagnosed patients into care. There was a 38% increase in patient referrals to HOPE during FY 2022, and of those referrals 64% were successfully linked into HIV care at HOPE. All newly diagnosed patients follow a rapid start protocol, linking them into care and starting them on medication within seven days of HIV diagnosis. During FY 2022, the clinics began implementing the use of Cabenuva, a long-acting injectable HIV treatment for patients who meet the criteria. This was a significant advancement in care services, as patients using Cabenuva receive two injections per month instead of an oral medication every day.

During FY 2022 HOPE significantly expanded its HOPWA (Housing Opportunities for People with AIDS) and Case Management footprint and staff. In July 2022, per the request of AIDSNET and the PA DOH, HOPE officially opened a new location in the St. Luke's Sacred Heart Campus, allowing the program to serve patients in Lehigh County. HOPE hired five Housing Coordinators and two additional case managers to meet the growing needs of the community. HOPE continues to be a leading HIV care and medical case management provider for Lehigh, Monroe, and Northampton counties. HOPE is the only HOPWA provider in those counties.

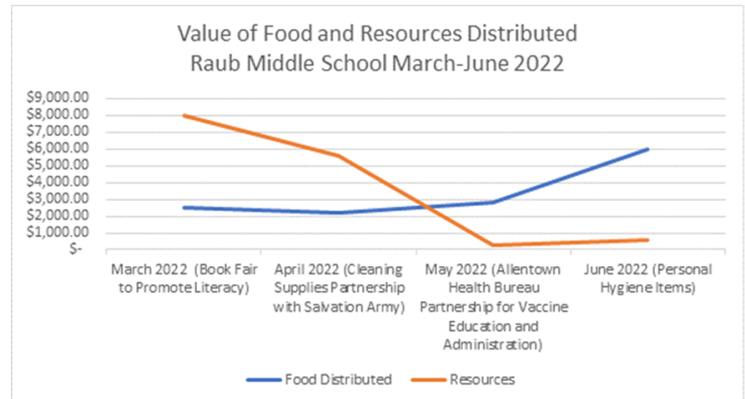
OUTCOMES

Despite increases in patient volume, locations, and services, HOPE continues to provide high-quality care to its patients by supporting patients to achieve optimal health outcomes and gain access to services that help them overcome socioeconomic barriers. Currently, HOPE has 366 active patients receiving HIV care and/or primary care. A main goal for people living with HIV is to be virally undetectable so there is effectively no risk of transmitting the virus to sexual partners. HOPE has a viral load suppression rate of 93% overall and 409 active patients receive medical case management services. Of those 409 patients, 55 receive housing services and 381 have medical insurance.

St. Luke's Allentown and Sacred Heart Hospitals Service Area Report Strategic Plan Alignment

St. Luke's Community Health's mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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. An evidence-based best practice is to align Community Health Workers (CHWs) 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 Sacred Heart 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.

These partners meet consistently throughout the year to measurably improve access to families and community members in need. In January 2022, a Family Development Specialist was onboarded and has directly connected over fifty students and families to care services. In March 2022, school-based staff worked with Second Harvest and related partners to bring a mobile food pantry to the Raub Middle School Community where they served up to 94 families through June 2022. Through Mobile Youth Health Center services over 250 students were seen through 780 encounters.



Sacred Heart Action Committees

Housing Action Committee

Goal: Complete home repairs on 73 homes in the next 3-5 years in the Sacred Heart neighborhood.

FY22 Outcome: Habitat for Humanity and Community Action Lehigh Valley have completed (or currently in process) renovations on 16 homes and 4 homes received lead abatement services from the City of Allentown. To date, \$850,000 has been raised in support of this initiative.

Education Action Committee

Goal: Screen Pediatric patients for preschool plans.

FY22 Outcome: In collaboration with Star Community Health, 46 patients were screened at their 30 month well visit for preschool/pre-k readiness. Community Services for Children is currently embedded in the Star Community Health clinic on Tuesday afternoons and has connected 54 households to early education resources.

Workforce Action Committee

Goal: Reach 30 high school students and get them connected to jobs and training programs.

FY22 Outcome: St. Luke's Community Health received \$63,000 dollars from Workforce Lehigh Valley to run the Health Career Exploration Program and Career Linking Academy which reached 10 high school and 14 middle school students in Spring of 2022 and aims to reach 30 more high school students for Fall 2022.

Substance Use Disorder Action Committee

Goal: Open Allentown Center for Recovery.

FY22 Outcome: Allentown Center for Recovery opened their new site at 315 W Linden Street in March 2022. Sacred Heart opened a detox unit in 2021 and a Certified Recovery Specialist was hired for the Sacred Heart and Allentown Emergency Departments.

Chronic Disease Action Committee

Goal: Enroll 120 patients to the Diabetes CARES program.

St. Luke’s Allentown and Sacred Heart Hospitals Service Area Report

Improving Access to Care

Allentown School District Partnership

- St. Luke’s University Health Network (SLUHN) school-based staff provide services to families and students at Union Terrace Elementary School, Washington Elementary School, and Raub Middle School.
- The Mobile Health Youth Clinic (MYHC) provides care and services to students and connects them to medical insurance, a medical home, vision and dental services, and additional community resources as identified through MYHC providing services at Raub Middle School, William Allen High School, and Newcomer School.
- Food access continues to be supported at Raub Middle in partnership with Second Harvest Food Bank.

Preventing Chronic Disease

- 20,000+ views (Network-wide) Walk With A Doc Virtual Videos
- Get Your Tail on the Trail; 987 participants Network-wide
- Community Supported Agriculture (CSA)
- School Gardens at Union Terrace Elementary School
- Sacred Heart Hospital (SHH) Sigal Center Diabetes Community Health Program
 - 71 patients completed the program and aggregate HgbA1C went from 9.7 to 8.0
 - Endocrinology program 120 patients completed the program and aggregate HgbA1C went from 8.93 to 6.97.
 - The program goal is to decrease the percentage of poor control diabetes from 37% to 31% (33% at end of FY 22).
- SHH summer lunches for children from the ages of 0-18 years. Summer lunch was provided 5 days a week pre-COVID and 2 days a week during COVID for children with food insecurity. Through grant funds, St. Luke’s also provides families with fresh vegetables every week from local farmers and weekend bags of non-perishable items.

Improving Mental and Behavioral Health

- School Based Mental Health
- Substance Use Disorder Response (SUD) (including harm reduction):
- Warm Hand Off (WHO) program with Lehigh County Task Force and Treatment Trends to connect patients to substance use disorder (SUD) to treatment and recovery services
- Narcan education and distribution in the community and in the Emergency Department for those that present with Opioid Use Disorder (OUD) and/or overdose
- Safe Medication Disposal on campus
- Healthcare and community stigma presentations
- Allentown Center for Recovery grand opening in partnership with Lehigh County, Treatment Trends, and local recovery support organizations
- Sacred Heart Hospital Detox Center, Certified Recovery Support, support in emergency departments and in-patient floors, SHARE Clinic for Medication Assisted Treatment



**Family Development Specialist (FDS)
FY22 Annual Report
Allentown School District**

50+

Students/Families directly served in the 2021-2022 academic year

Referrals and connections to care to address social determinants of health:

- ✓ Food
- ✓ Housing
- ✓ Resources/supplies
- ✓ Transportation
- ✓ Access to healthcare
- ✓ Financial support
- ✓ Childcare
- ✓ Education
- ✓ Employment
- ✓ Legal

St. Luke's Allentown and Sacred Heart Hospitals Service Area Report Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling program
- Substance Use Disorder Network Committee and harm reduction including safe medication disposal boxes, drug take back day, naloxone education and distribution, stigma reduction
- Penn Foundation mental and behavioral health outreach, education, messaging
- Sports Medicine (Athletic Trainers) trained as Community Health Workers (CHW) partnering with Community Health on physical activity promotion and activities
- Trauma Departments with Injury Prevention Outreach
- Case Management with Community Health Worker referrals and connections to community organization and services
- Warm Hand Off (WHO) Initiatives for Substance/Opioid Use Disorder Connection to Treatment with County Drug and Alcohol
- Certified Recovery Support (CRS) in emergency departments and on in-patient floors
- SHARE Clinic for MAT and counseling
- Narcan Distribution with Lehigh County and Treatment Trends Allentown Center for Recovery through the Family Medicine Residency Program



CareerLink Academy at Raub Middle School

External Partnerships/Collaboration

- Star Community Health connection to services, education and resources including dental, pediatrics, and family medicine
- Greater Lehigh Valley United Way partnership
- SUD Response and Warm Hand Off with Treatment Trends and Lehigh County
- Suicide Prevention Task Force
- CareerLink, located on the SHH Campus, connects neighborhood residents to jobs in and outside of the network
- Social Determinants of Health Committees – Sacred Heart has 5 action committees that include over 75 community partner volunteers from local organizations and non-profits. These coordinated responses include housing, education, chronic disease, workforce development, and substance use disorder.
- FIND HELP: St. Luke's self-navigation online platform with local established community-based organizations



Mobile Food Pantry at Raub Middle School

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

St. Luke's Community Health's mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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, high school graduation and social associations outcomes. An evidence-based best practice is to align Community Health Workers (CHWs) 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 ProJeCt of Easton, have strengthened and coordinated processes to further connect families to social services, financial literacy, career mentoring, and workforce development opportunities.



St. Luke's Anderson and Easton Hospitals Service Area Report

Improving Access to Care

Bangor Area School District

- Community Health Vision Voucher Program with Optometrist Dr. Mary Eck & Bangor Area School District

Easton Area School District

- St. Luke's Family Medicine: Easton and Star Community Health KidsCare in Easton connection to vaccinations, physicals, and care process
- Paxinosa Elementary School: Think First Injury Prevention through helmet and bike safety resources and St. Luke's Trauma Department

Wilson Area School District

- Wilson Area School District Education Foundation "Wilson Warrior Challenge". The Wilson Area LINCS (Linking Individual Needs with Community Services) Family Center: Communities that Care Coalition and Key Leadership Partner

Find Help

- Connection to care through St. Luke's self-navigation online platform with local established community-based organizations sluhn.findhelp.com

Literacy Initiatives

- Little Free Libraries
 - 2 Little Free Libraries at Anderson Campus and 1 Little Free Library in Bangor Area School District
- Cops 'n' Kids Partnership for book drives and medical provider library book carts
- Read Across America virtual book readings to local schools on Vimeo: <https://vimeo.com/showcase/9245737>

Preventing Chronic Disease

- Get Your Tail on the Trail: 1,822 participants network-wide
- Walk with a Doc (WWAD): 25 virtual WWAD videos with over 20,000 views network-wide
- April-June 2022 Anderson Walk with a Doc Series with Family & Lifestyle Medicine Residents
- HOPE Easton Wellness Center transitioned out of Community Health into a hospital service, virtual cooking classes viewed by over 700 HOPE patients and community members.
- Older Adult Meals Program: Served 5,342 meals at the Anderson Campus
- Community Supported Agriculture (CSA)

Improving Mental and Behavioral Health

Mental Health Trainings

- Question, Persuade, Refer (QPR) Suicide Prevention Training

Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling

- Bangor Area School District
- Easton Area School District

Substance Use Disorder Response (SUD) (including harm reduction)

- Partnership with Northampton County Heroin & Opioid Overdose Task Force
- Emergency Department Warm Hand Off (Northampton County, Treatment Trends and recovery centers)
- 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 Anderson and Easton Hospitals Service Area Report Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health and the Your Emotional Strength Supported (YESS) school-based counseling
 - Bangor Area School District
 - 2021-2022 school year/summer: 102 district-wide students
 - Easton Area School District:
 - 2021-2022 school year/summer: 99 elementary school students
- Substance Use Disorder Response (SUD) (including harm reduction):
- Partnership with Northampton County Heroin & Opioid Overdose Task Force
- Emergency Department Warm Hand Off (Northampton County, Treatment Trends and recovery centers)
- Substance Use Disorder Network Committee and harm reduction including safe medication disposal boxes, drug take back day, naloxone education and distribution, stigma reduction
- Penn Foundation with mental and behavioral health outreach, education, messaging
- Sports Medicine (Athletic Trainers) trained as Community Health Workers (CHW) partnering with Community Health on physical activity promotion and activities
- Trauma Departments with Think First Injury Prevention Outreach
- Case Management with Community Health Worker referrals and connections to community organization and services



Ask A Question,
Save A Life.
QUESTION. PERSUADE. REFER.



69 school district personnel



34 healthcare professionals



31 community partner workers

130+

Northampton County members trained in QPR during the 2021-2022 fiscal year

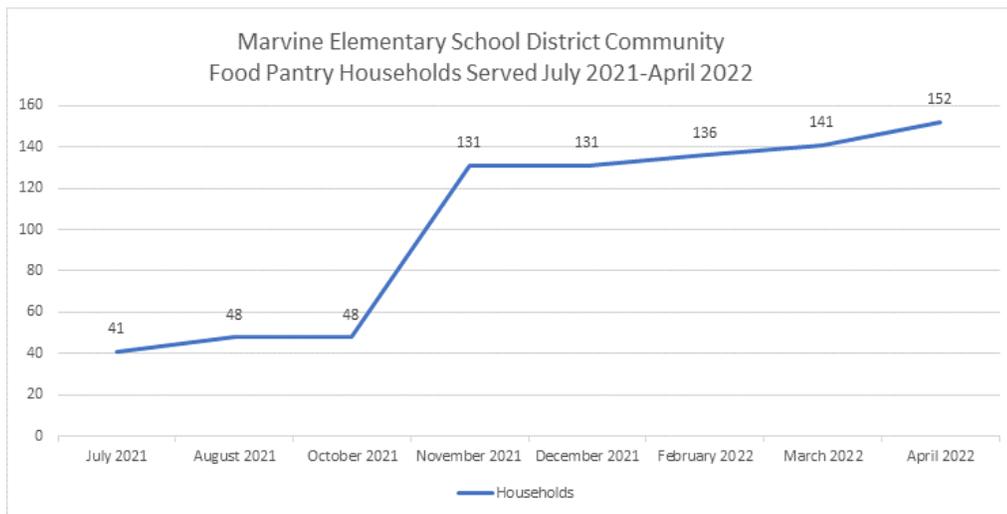
External Partnerships/Collaboration

- Star Community Health connection to services including dental
- Northampton County Suicide Prevention Task Force & School/Community Sub-Committees
- Northampton County Heroin & Opioid Overdose Task Force
- Substance/Opioid Use Disorder Connection to Treatment
- Northampton County & St. Luke’s Anderson and Easton
- Warm Hand Off (WHO) Initiatives
- 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
- Slater Family Network Board Meetings
- Greater Easton Development Partnership: Main Street Initiative and Easton West Ward Initiative including Equity & Inclusion, Community Health, and Housing Work Groups
- United Way of the Greater Lehigh Valley & 2-1-1
- COVID Response: Safe Harbor & Third Street Alliance, Homeless and Food Access connection to improve 211 connections and strategized process for our partners and vulnerable community members to access resources and assistance
- Pennsylvania State Trooper community affairs outreach partnership: over 172 Paxinosa Elementary School and ProJeCt of Easton families attended St. Luke’s Community Day at Blue Mountain Resort with complimentary tickets and Easton Coach transportation
- Cops n Kids of Easton & over 220 books to Star Community Health Bethlehem for the library cart
- ProJeCt of Easton & St. Luke’s Family Medicine – Easton connection to care through lifestyle medicine resources and vitals for community members at the Food Pantry

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

St. Luke’s Community Health’s mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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, high school graduation, and social associations outcomes. An evidence-based best practice is to align Community Health Workers (CHWs) 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. Bethlehem Community Health School Based Staff works directly with the 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.

During the 2021-22 school year, the Family Development Specialist directly connected over ninety-five students and families to care and services. The Community School Coordinator served up to 152 households in partnership with Second Harvest and local organizations to bring food pantry and related services to the Marvine School Community.



On the Job Training (OJT) is a new work experience program in partnership with the Workforce Board Lehigh Valley and CareerLink; 6 participants have been hired to work in the areas of Phlebotomy and Sterile Processing for hands on learning.

St. Luke's University Hospital (Bethlehem) Service Area Report

Improving Access to Care

Bethlehem Area School District Partnership

- Community School Coordinator services at Marvine Elementary School including serving up to 152 households through the Marvine Food Pantry
- Family Development Specialist Services at Donegan Elementary School directly serving more than 95 families
- Mobile Health Youth Clinic (MYHC) services at Broughal Middle School, Freedom High School, and Liberty High School
- Literacy promotion through Read Across America: <https://vimeo.com/showcase/9245737>.
- Career mentoring and workforce initiatives: School-To-Work, Healthcare Explorations Program, and CareerLinking Academy

Preventing Chronic Disease

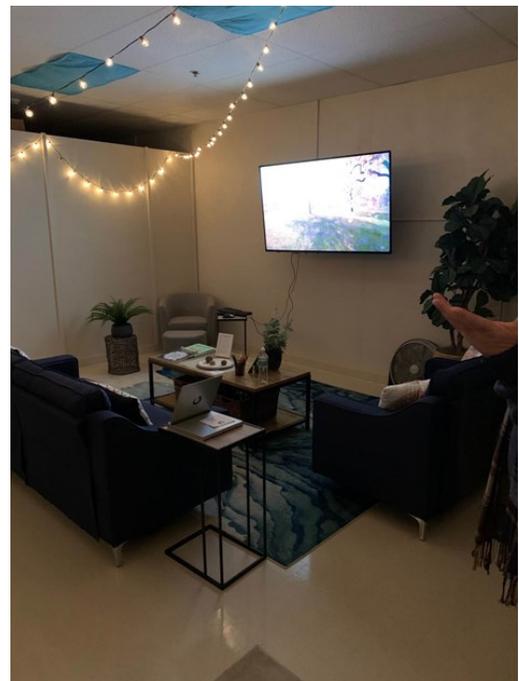
- Walk With A Doc (WWAD) Virtual Videos– 20,000+ views Network-wide
- Get Your Tail on the Trail- 987 participants Network-wide
- Community Supported Agriculture (CSA) with shares donated to local community organizations including Trinity Episcopal Soup Kitchen and Valley Youth House



Hispanic Center Partnership: Last fiscal year the Food Pantry at the Hispanic Center assisted 246 families for a total of 859 visits. This translates to 2,850 people who received 62,064.91 pounds of food.

Improving Mental and Behavioral Health

- School Based Mental Health Services
- Substance Use Disorder Response (SUD) Warm Hand Off (WHO) partnership with Northampton County Task Force and Treatment Trends including Narcan education and distribution
- Suicide Prevention Task Force with Northampton County and local partners including St. Luke's Master's Trainers for community Question, Persuade, Refer (QPR) trainings



Donegan Elementary School Zen Room

St. Luke's University Hospital (Bethlehem)

Service Area Report

Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Behavioral Health Your Emotional Strength Supported (YESS) school-based counseling
- Substance Use Disorder (SUD) network committee including harm reduction safe medication disposal boxes, naloxone education and distribution, stigma reduction
- Penn Foundation mental and behavioral health outreach, education, messaging
- Certified Recovery Support (CRS) support in emergency departments and in-patient floors
- S.H.A.R.E. Clinic for Medication Assisted Treatment (MAT) and designated detox center
- Sports Medicine (Athletic Trainers) trained as Community Health Workers (CHW)
- Case Managers trained as Community Health Workers (CHW)
- Trauma Department Injury Prevention Outreach
- Family Medicine Residency Program Community Health Partner Rotations
- 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

External Partnerships/Collaboration

- Star Community Health connection to services, education and resources including dental, pediatrics, family medicine
- Greater Lehigh Valley United Way partnership for coordinated non-profit alignment
- Northampton County SUD Response and Warm Hand Off to treatment and recovery
- Northampton County Suicide Prevention Task Force and Question, Persuade, Refer trainings
- FIND HELP: St. Luke's self-navigation online platform with local established community-based organizations
- Lehigh Valley Workforce Investment Board and Bethlehem Area School District School-To-Work, Healthcare Explorations Program, and Career Linking Academy partnership for career mentoring and workforce initiatives.



Ask A Question,
Save A Life.

QUESTION. PERSUADE. REFER.



69 school district
personnel



34 healthcare
professionals



31 community
partner workers

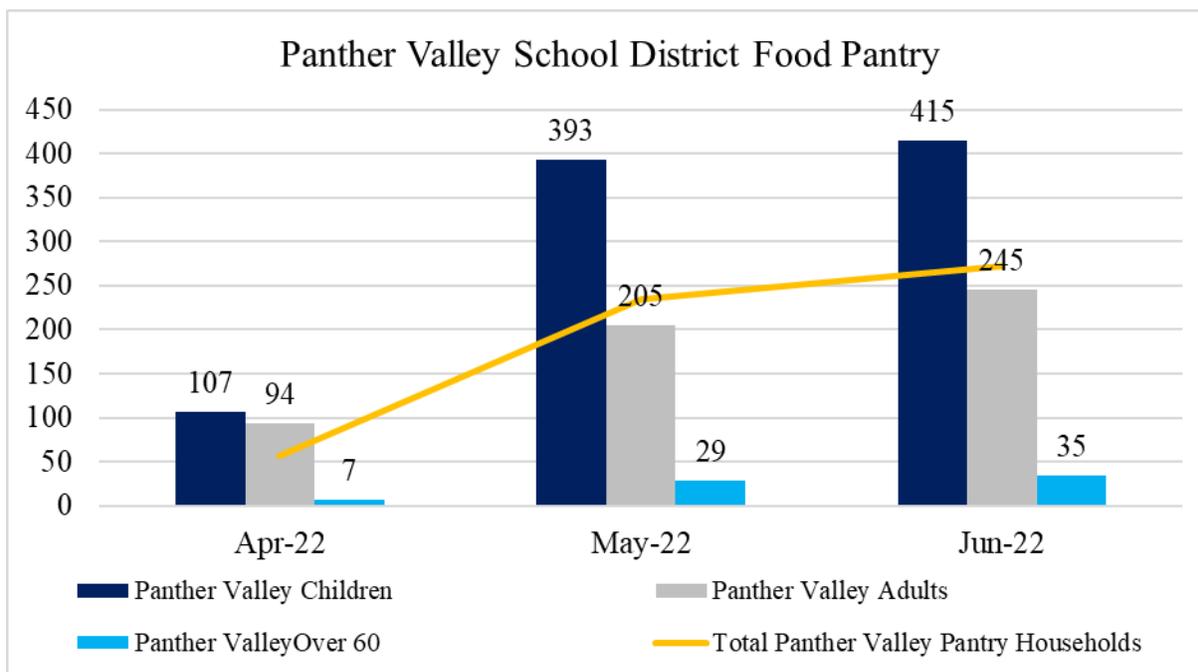
130+

Northampton County members
trained in QPR during the
2021-2022 fiscal year

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

St. Luke’s Community Health’s mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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 Carbon and Schuylkill County at or worse than state standards for food insecurity, mental health, children in poverty, high school graduation, and social associations outcomes. An evidence-based best practice is to align Community Health Workers (CHWs) with key partner 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. Panther Valley School District serves as a hub in the community where CHWs can build trust to improve access to care, services, and resources.

This partnership measurably improved access for PVSD families in need and provided services and support to all students and their families since being established in 2013. Through student and family outreach, mobile medical van visits, and school-based referrals, we work to connect to care. During the COVID-19 pandemic, we implemented Mental Health Mondays, a weekly reminder that people were not alone and that St. Luke’s was available to help and provided information regarding other community resources. In 2021, a Family Development Specialist was assigned to the Panther Valley Elementary School, working with over 115 families referred by staff to address barriers to student attendance and improve parent engagement. We also began a school based community food pantry to address food insecurity.



Geisinger St. Luke's Hospital St. Luke's Miners Hospital Service Area Report

Improving Access to Care

Panther Valley School District (PVSD) partnership

- Connect to medical home, vision, dental, behavioral health services, other social services (including hygiene) through medical van visits and consistent connection to care with school-based coordinators
- Food access through food pantry distribution at Panther Valley Elementary available to PVSD families and surrounding community and provide support and the Tamaqua Hunger Coalition partnership

Tamaqua Area School District partnership

- School-based coordinators identify and connect students with physical, behavioral or social service needs.
- Schuylkill Child Development Head Start partnership, support services for 8 centers.
- Consistent connection to care with St. Luke's Community Health Worker (CHW).

Find Help

- Connection to care through St. Luke's self-navigation online platform with local established community-based organizations sluhn.findhelp.com

COVID- 19 Response

- Provide update information and guidelines, Vaccine Clinics in Carbon and Schuylkill, promoting vaccine confidence

Literacy Initiatives

- Little Free Libraries (1 Little Free Library at Miners Campus), Dolly Imagination Library, and Reach out and Read in the Panther Valley area
- Read Across America virtual book readings to local schools on Vimeo (Spanish & English); more than 2,500 bookmarks distributed with health education resources: <https://vimeo.com/showcase/9245737>

Preventing Chronic Disease

Walk With A Doc (WWAD)

- More than 25 virtual Walk with a Doc Videos; over 20,000 views Network-wide
 - Miners Walk With a Doc Series with Rural Family Medicine Residents, GSL Breast Cancer Awareness Walk

Get Your Tail on the Trail; 1,822 participants Network-wide

Community Supported Agriculture (CSA); 31 Miners employees, 9 GSL employees. Leftover shares donated to Child Development (GSL), Infusion Center (Miners) and Panther Valley families (Miners)

Improving Mental and Behavioral Health

- School-based Mental Health
- School-based therapy through the YESS program at PVSD and Weatherly School District (Miners)
- Mental Health Monday – weekly newsletter distributed via school email blasts and social media (followers: Instagram- 322, Facebook – 1,059, Twitter – 1,042)
- Social Worker support services for students, families, community members that have documented barriers to getting mental/behavioral health services at Hometown, Lansford, and Ringtown Rural Health Centers.
- Substance Use Disorder Response (SUD) (including harm reduction):
 - Partnership with Carbon Substance Use Task Force and Schuylkill REACH (Recovery Education Advocacy Community Health)
 - Narcan Education and Distribution in the community (345 in Carbon and Schuylkill County) and Emergency Department
 - Emergency Department Warm Hand Off
 - Safe Medication Disposal and Dispose RX (approximately 1,383 packets distributed in Carbon and Schuylkill County)
 - Community Stigma Presentation in Carbon and Schuylkill County (62 healthcare providers and 584 in the community)

Geisinger St. Luke's Hospital St. Luke's Miners Hospital Service Area Report Community Initiatives and Partnerships

Internal Partnerships/Collaboration

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

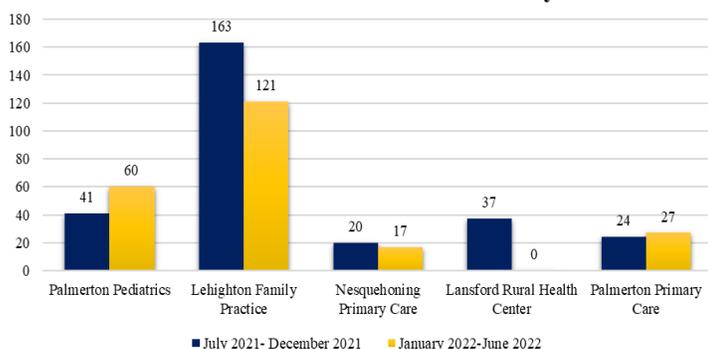


External Partnerships/Collaboration

- Panther Valley Community Food Pantry
- Greater Lehigh Valley United Way partnership
- Schuylkill United Way partnership
- Carbon, Monroe, Pike Drug and Alcohol and Schuylkill Drug and Alcohol
- Clinical Outcomes Group Warm Hand Off (WHO) Initiatives
- Carbon, Monroe, Pike Mental Health and Developmental Services and Schuylkill Mental Health
- Carbon Substance Use Task Force
- Schuylkill REACH
- Carbon County Veterans Affairs
- Star Community Health connection to services including dental vans at local schools
- Schuylkill Suicide Prevention Task Force
- Carbon County Interagency Council
- East Central Area Health Education Council (AHEC)
- Pathstone Head Start
- Schuylkill Child Development
- Carbon County Kid Zone for Injury Prevention
- Tamaqua Community Partnership (including Tamaqua Hunger Coalition, Hope and Coffee, Tamaqua Community Arts Center)



Reach Out and Read Well Visit 0-5 years



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 \$1,000,000 (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 Hospital Service Area Report Strategic Plan Alignment

St. Luke's Community Health's mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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. An evidence-based best practice is to align Community Health Workers (CHWs) with key partner 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.

This partnership has measurably improved access to PMSD families in need and has served 100 students and their families since established in March 2022. These partnerships will provide an opportunity to further improve access by expanding impact and reach to the newly opened 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 multiple services and helps reduce the hassles associated with them. The PSFC objective is to provide resources for the evolving needs of our community's children and families. Their plan is twofold: to meet the needs of the community today and help them reach their goals tomorrow.



St. Luke's Monroe Hospital Service Area Report

Improving Access to Care

Pocono Mountain School District (PMSD)

- Sanofi partnership to improve Community Health Needs Assessment (CHNA) identified need by developing food and hygiene pantries while promoting positive mental health messaging

Monroe County School Districts

- Connections to school physicals and vaccinations

The Mountain Center

- Connections to physical and social services

Find Help

- Connections to care through St. Luke's self-navigation online platform with local established community-based organizations sluhn.findhelp.com

Literacy Initiatives

- Little Free Libraries, Read Across America virtual book readings to local schools on Vimeo (Spanish & English); over 2,700 bookmarks distributed with health education resources: <https://vimeo.com/showcase/9245737>

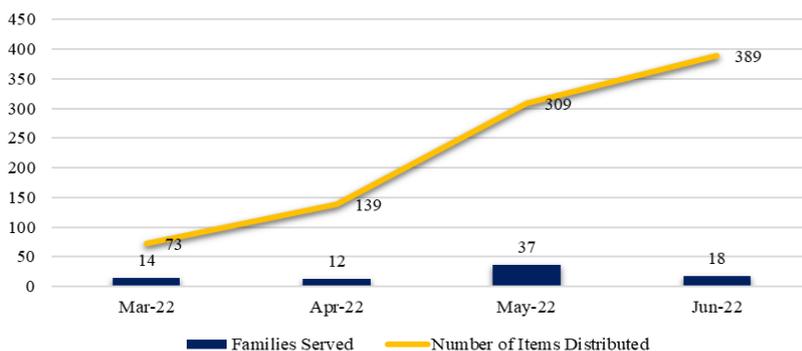
Preventing Chronic Disease

- Walk With A Doc (WWAD)
- Virtual Walk with a Doc Videos; 20,000+ views Network-wide
- Monroe Walk with a Doc Series with Family and Lifestyle Medicine Residents
- Get Your Tail on the Trail; 1,822 participants Network-wide
- Community Supported Agriculture (CSA); 26 Monroe employees
- Leftover shares donated to Feeding Families Ministry, Cancer Support Community
- Older Adult Meals Program; 632 meals at Monroe campus

Improving Mental and Behavioral Health

- School Based Mental Health
- Pocono Mountain School District Aavidum program
- School based therapy through the YESS! program
- Substance Use Disorder Response (SUD) (including harm reduction):
- Partnership with Opioid Task Force and Pocono Mountain United Way
- SilverCloud Platform throughout Monroe Practices
- Narcan Education and Distribution in the community and Emergency Department
- Emergency Department Warm Hand Off
- Safe Medication Disposal and Dispose RX- 13 boxes, 40 gallons each of drug disposal boxes
- Certified Recovery Specialist (CRS) Training

Pocono Mountain West HS Food Pantry Usage



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

Internal Partnerships/Collaboration

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

External Partnerships/Collaboration

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



Don Seiple, President of Monroe Campus and Peter Hlavinka, Director Network Pharmacy Services with the Safe Medication Disposal Box outside the SLMO campus



Dana Stebelski, Rosemarie Lister, and Katey Ruppert with Sanofi U.S. CSR & Community Relations, Lead, Phillip St. James and Director of Philanthropy at Pocono Services for Family and Children, Peter Alasty.

St. Luke's Quakertown and Upper Bucks Hospitals Service Area Report Strategic Plan Alignment

The Community Health mission statement is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. Our vision is that everyone in our community has access to exceptional healthcare built on a foundation of trust and compassion. 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, reducing chronic school absence, increasing opportunities for physical activity, increasing availability of healthy food options, and increasing smoking cessation.

Both our internal and external partnerships have focused on both these primary and secondary activities. Connection to primary care has been facilitated through partnerships. Health physicals, vaccines, and COVID-19 testing are additional services provided. Protocols were developed to provide housing opportunities for patients discharged following an inpatient hospitalization. The Quakertown/Upper Bucks Campuses have participating as sites for local schools' career development programs. The Quakertown Campus serves as a site for diabetes education. During Fiscal Year 2022, virtual options were also available as well as physical activity and healthy eating programs.

Public health education was supported through community health activities with students in medical school, public health, nursing (community health), and residencies.

Physical activity programs included both regional and local initiatives. The Community Health Liaison served on the Nature-Based Placemaking and Walk Works Committees as well as the Pennsylvania Downtown Center Board of Directors. During FY 2022 St. Luke's received the Pennsylvania Recreation and Park Society's Community Champion Award for Community Partnership for our programs including Get Your Tail on the Trail, Walk with a Doc, YMCA Programming, Summer Meals, and Free Farmers Market.

The Smoking Cessation Program is a component of the Penn Foundation's Certified Community Behavioral Health Clinic grant with the objective to expand tobacco screening and treatment, which is a key challenge in behavioral health. The funding is allocated for nicotine replacement therapy products for patients.

St. Luke's Quakertown and Upper Bucks Hospitals Service Area Report

Improving Access to Care

- During Fiscal Year 2022 there was a focus on assisting community partners in claiming their services in the Find Help directory, initially focusing on transportation and food access. There was also work done with partners for program referrals such as Bucks County Health Improvement Partnership's (BCHIP's) Quit Smoking Program.
- COVID-19 resources to the community through education continued in FY 2022, providing supplies (e.g., hygiene products, hand sanitizer, thermometers), protocol guidance, testing, and vaccinations.
- The Star Community Health dental van served Quakertown Elementary School one day/month. In FY 2022 there were 20 active consents with a total of 46 visits.

Preventing Chronic Disease

- The summer meals program was held in partnership with Quakertown Community School District, The Open Link, and Quakertown Park & Rec's Camp in a Bag. A total of 475 meals were served for the last week in August 2021. Throughout the summer 400 CSA shares were provided, 618 weekend bags and boxed meals, and 3,500+ activities and giveaways. The program expenses were approximately \$14,400 with funding from Penn Community Bank, SLUHN medical staff, and miscellaneous donors.
- The SLUHN Smoking Cessation Program ended its third year with 1,276 referrals, a 46% increase from FY 2021, and a 63% increase in completed appointments. Both the Pulmonology and Surgical Optimization Clinic served Quakertown/Upper Bucks with virtual visits available. BCHIP held its Quit Smoking class at the Quakertown Campus and virtually, providing free nicotine replacement therapy to participants. Weekly smoking cessation support group was held virtually.
- Physical activity was promoted through Walk with a Doc and Tail on the Trail programs with a 20% increase in participants and a total of 4,157,365 miles logged since program inception in 2013.

Improving Mental and Behavioral Health

- Bucks County Drug and Alcohol Commission, Inc. for substance-use disorder (SUD) warm hand off program at Bucks County Connect, Assess, Refer, Engage, Support (BCARES).
 - During FY 22 there were 264 SUD patients identified through screening
 - 134 patients referred to BCARES
 - 80 patients who accessed SUD treatment
 - 40 units of Naloxone administered in the Emergency Department.
 - Tipping the Pain Scale program served 88 individuals.
- Quakertown Helping Opportunities for Prevention, Education and Support (Q-HOPES) programs provided to reduce stigma in the community and create lasting change
- Mental Health Mondays (May) at the Bucks County libraries
- Bucks County Suicide Prevention Task Force: Awareness, Suicide Prevention Walk
- Pennridge Community Partnership: Programs to mitigate COVID-19 anxiety

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

School-based

The Medical Career Pathways Program (MCP) was in its eighth year, providing adolescent mentoring programming for high school students interested in a career in healthcare. There were 25 students from Quakertown, Palisades, and Upper Perkiomen School Districts that participated in FY 2022.

Literacy: Virtual Read Across America had 42 readings across the Network. For Quakertown/Upper Bucks there were four school districts participating with 16 schools and more than 3,200 students. Multiple book drives provided 880 books for students in the Quakertown School District and the Little Free Library at the Park Avenue Campus provided youth and adult books. Virtual newsletters were distributed to school districts with health information and resources.

Internal Partnerships/Collaboration

- Pulmonary, Thoracic, Primary Care and Surgical Optimization Clinic (SOC) for smoking cessation
- Penn Foundation and Behavioral Health Service Line
- Marketing for Get Your Tail on the Trail, Walk with a Doc and Community Programs
- Pediatrics for Healthy Kids, Bright Futures initiatives
- Substance Use Disorder Program
- Athletic Trainers and Sports Medicine
- Endocrinology for Diabetes Education programs
- Case Management and Community Health Workers
- Trauma for Injury Prevention Programs
- Food Service and Development for Summer Meals Program
- SLPG for referral connections and community-based priorities
- Star Community Health for student dental services

External Partnerships/ Collaboration

- Free Farmers Market in partnership with Bucks County Opportunity Council, Rolling Harvest Food Rescue, Quakertown Borough Parks & Recreation and Quakertown School District serves approximately 200 families.
- Bucks County Health Improvement Partnership (BCHIP) with a collaborative focus on health education, health promotion and screening activities. FY 2022 priorities included COVID protocols, 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 United Way of Bucks County; Bucks County Health Department; Indian Valley, Upper Bucks, and Upper Perkiomen Chamber of Commerce; Upper Bucks and Upper Perkiomen YMCA; Family Service Association of Bucks County; Advocates for Homelessness of Bucks County (AHUB); Bucks County Opportunity Council (BCOC); Quakertown Alive; Pennsylvania State Police; Quakertown Food Pantry; Freefall Energy Center; The Open Link and local school districts.



St. Luke's Carbon and Lehighton Hospitals Service Area Report Strategic Plan Alignment

St. Luke's Community Health's mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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 Carbon County and the surrounding area. St. Luke's Lehighton campus 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. Based on the identified needs and priorities, each campus develops plans and programs to improve the health of those in the communities.

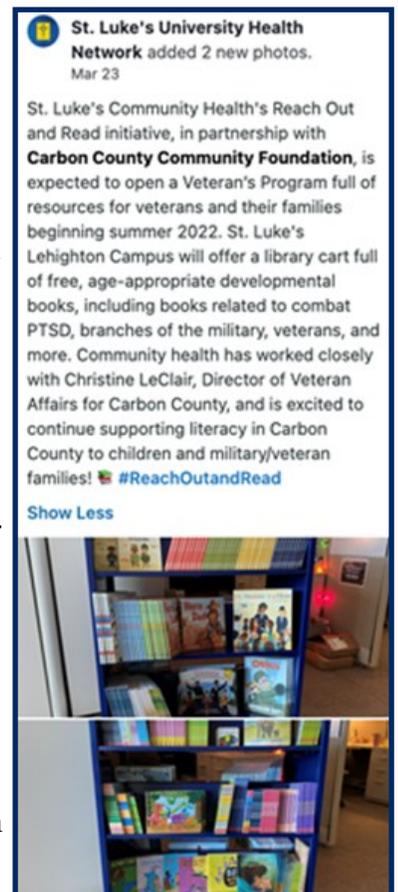
St. Luke's promotes literacy in Carbon County through the evidence-based Reach Out and Read (ROR) program in partnership with Carbon County Community Foundation. In addition, Brush, Book, and Bed (BBB), a program to instruct families on the importance of a regular bedtime routine for children that includes brushing their teeth and reading a book, is integrated to promote oral health along with literacy. In addition, the Dolly Parton Imagination Library (DPIL) has become available to Carbon County families as a way for children ages 5 and under to receive developmentally appropriate books to build their at-home libraries. Combined, these efforts offer evidence-based best practices for Carbon County families to have access to books and education on the importance of reading while also incorporating health education and resources.

The team worked diligently to prepare for the opening of the Veteran's Office at the St. Luke's Carbon Campus. The team has worked closely with Christine LeClair, Director of Veterans Affairs in Carbon County, to identify appropriate children's books related to PTSD and military themes to stock the library book cart purchased for the center. Fifteen (15) different books were ordered that relate to PTSD, veterans, the different military branches, and other related themes. The aim is to incorporate these along with typical developmental books as a way for families to educate and connect on more personal topics in a developmentally appropriate way. Integrating these military and veteran specific books also aims to reduce stigma as it normalizes topics such as PTSD in a way for children to easily understand.

To further promote literacy in Carbon County, the county and participating practices were engaged in St. Luke's initiative to celebrate Read Across America Day on March 2, 2022. St. Luke's representatives including administration, providers, and staff, recorded and read books to create a virtual showcase.

The ROR program has served 239 families since July 2021 through children's well visits at the participating practices through 244 encounters for children under the age of 5. From November 2021-February 2022, the surge in COVID cases significantly impacted Carbon County and through speaking with the participating practices, the team identified that many well-visits were rescheduled during the reporting timeframe. Through this time, the team continued making an impact by ensuring books were available for children and families and the practices were supported. Regarding Dolly Parton Imagination Library, 879 total Carbon County children and their families have been engaged since July 2021; 110 of those children have graduated from the program (i.e., reached age six).

Community Health staff conducts monthly site visits at each practice to identify successes and challenges to implementing the program so they can be addressed. Upcoming site visits will be focused on identifying needs for books and other related program supplies.



St. Luke's Carbon and Lehighon Hospitals Service Area Report

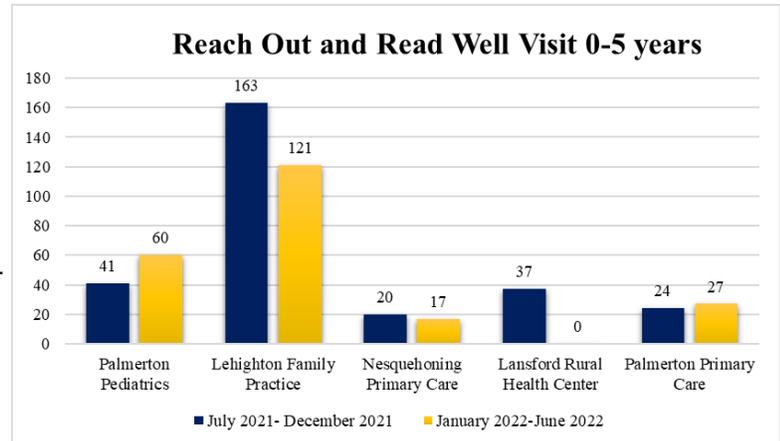
Improving Access to Care

Find Help

- Connection to care through St. Luke's self-navigation online platform with local established community-based organizations sluhn.findhelp.com

Literacy Initiatives

- Evidence based Reach Out and Read with Brush, Book, Bed, Military/Veteran Library Cart, and Read Across America components, Little Free Libraries at Lehighon Primary Care, Dolly Parton Imagination Library County partnership and initiative
- Scholastic virtual book readings to local schools on Vimeo (Spanish & English); over 2800 bookmarks distributed with health education resources: <https://vimeo.com/showcase/9245737>



Preventing Chronic Disease

- Walk With A Doc (WWAD)
- Virtual Walk with a Doc Videos; More than 20,000 views Network-wide
- Carbon Walk With a Doc Series with Family and Lifestyle Medicine Residents
- Get Your Tail on the Trail; 1,822 participants Network-wide
- Community Supported Agriculture (CSA); 23 Lehighon employees

Improving Mental and Behavioral Health

School Based Mental Health

- School based therapy through the YESS program

Substance Use Disorder Response (SUD) (including harm reduction)

- Emergency Department Warm Hand Off
- Safe Medication Disposal and Dispose RX
- Narcan Education and Distribution in the community and ED
- Rural Community Opioid/Substance Response Steering Committee
- Carbon County Substance Use Collaborative
- Carbon Opiate Task Force
- Suicide Prevention Taskforce

St. Luke's Carbon and Lehighon Hospitals Service Area Report Community Initiatives and Partnerships

Internal Partnerships/Collaboration

- Panther Valley, Lehighon, Palmerton, Jim Thorpe and Weatherly Community partnerships for health education and wellness committee support including increased food access and mental health messaging, resources, and support
- Houser Newman Vision Vouchers at Panther Valley with plans to expand to Carbon County schools
- PathStone HeadStart partnership since 2014 for health education and wellness support including mental and behavioral health resources, lice kits, fresh produce, winter clothing.
- Adolescent Career Mentoring, CareerLinking Academy planning and sub-committee development
- Literacy Initiatives: Evidence based Reach Out and Read with Brush, Book, Bed, Military/Veteran Library Cart, and Read Across America components, Little Free Libraries at Lehighon Primary Care, Dolly Parton Imagination Library County partnership and initiative
- Scholastic virtual book readings to local schools on Vimeo (Spanish & English); over 2800 bookmarks distributed with health education resources: <https://vimeo.com/showcase/9245737>



SLM and SLL Trauma Coordinators and CH join partners for Car Seat Check

External Partnerships/Collaboration

- Carbon County Interagency Council and steering committee secretary
- Carbon County Children Connection to Care, Education, and Services Subcommittee
- Carbon County KidZone for injury prevention and education
- Carbon County Veteran Affairs collaboration
- Blue Mountain Ski Resort Community Day (Winter 2022, Spring 2022)



Carbon County Community Foundation's September 21st "Community Growth for Future Generations" Nonprofit Forum. Dana Stebelski and Rosemarie Lister presented key takeaways from the Interagency Collaborative and the CHNA Forum with Joe Guardiani and Micah Gursky

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

St. Luke's Community Health's mission is to create pathways for measurable health equity outcomes through advocacy, access, and navigation of resources for underserved communities and partners. 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. An evidence-based best practice is to align Community Health Workers (CHWs) with key partner 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.



St. Luke's Warren Hospital Service Area Report

Improving Access to Care

Phillipsburg School District

- St. Luke's Sports Medicine, connection to Community Health resources, vaping/smoking cessation resources, etc.
- Phillipsburg Early Childhood Learning Center: Star Community Health connection to services including dental

Belvidere School District

- St. Luke's Sports Medicine, connection to Community Health resources, vaping/smoking cessation resources, etc.

Improved Patient Navigation for improved access to care: Horizon Value Access Narrow Network Insurance Plan

Mental Health Trainings

- Question, Persuade, Refer (QPR) Suicide Prevention Training
 - 134 Northampton County Community Members trained (e.g., school district employees)

Find Help

- Connection to care through St. Luke's self-navigation online platform sluhn.findhelp.com

Literacy Initiatives

- Read Across America virtual book readings to local schools on Vimeo (Spanish & English); over 2,130 bookmarks distributed with health education resources: <https://vimeo.com/showcase/9245737>

Preventing Chronic Disease

- 1,822 participants (Network-wide) for Get your Tail on the Trail
- 45 participants for Walk with a Doc and more than 25 videos with over 20,000 views Network-wide
- Food Access Inventory English/Spanish (e.g., food pantries, farmers markets, farm stands, summer feeding)
- Produce Distribution
 - Norwescap Food Bank & Coventry Family Practice weekly fresh produce (average 100 pounds/week)
 - Community Supported Agriculture
- Norwescap Family Success Centers Future SHE Club (Successful Honorable Empowered)

Improving Mental and Behavioral Health

- Substance Use Disorder Response (SUD) (including harm reduction):
- Emergency Department Warm Hand Off (Warren County, Family Guidance Center, and recovery centers)
- 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

Substance Use Disorder Response

- Emergency Department Warm Hand Off
 - Warren County, Family Guidance Center, and recovery centers
- Substance Use Disorder Network Committee and harm reduction
 - Safe medication disposal boxes, 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
- Case Management and Community Health Workers
 - Referrals and connections to community organization and services

External Partnerships/Collaboration

- 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 Mental Health Board
- Warren County Traumatic Loss Coalition
- Warren County Coalition for Healthy & Safe Communities
- Warren County Department of Human Services (DHS) Children's Interagency Coordinating Council (CIACC) & Educational Partnership Subcommittee
- Warren County Hispanic Coalition
- United Way of Northern NJ United in Care Steering Committee
- United Way of Northern NJ & 2-1-1
- Zufall Health Center SNAP-ED Warren County Hunger Coalition
- Star Community Health connection to services including dental



400+

Pounds of fresh produce donated from Norwescap Food Bank to St. Luke's Coventry Family Practice Warren County patients in the first month.



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