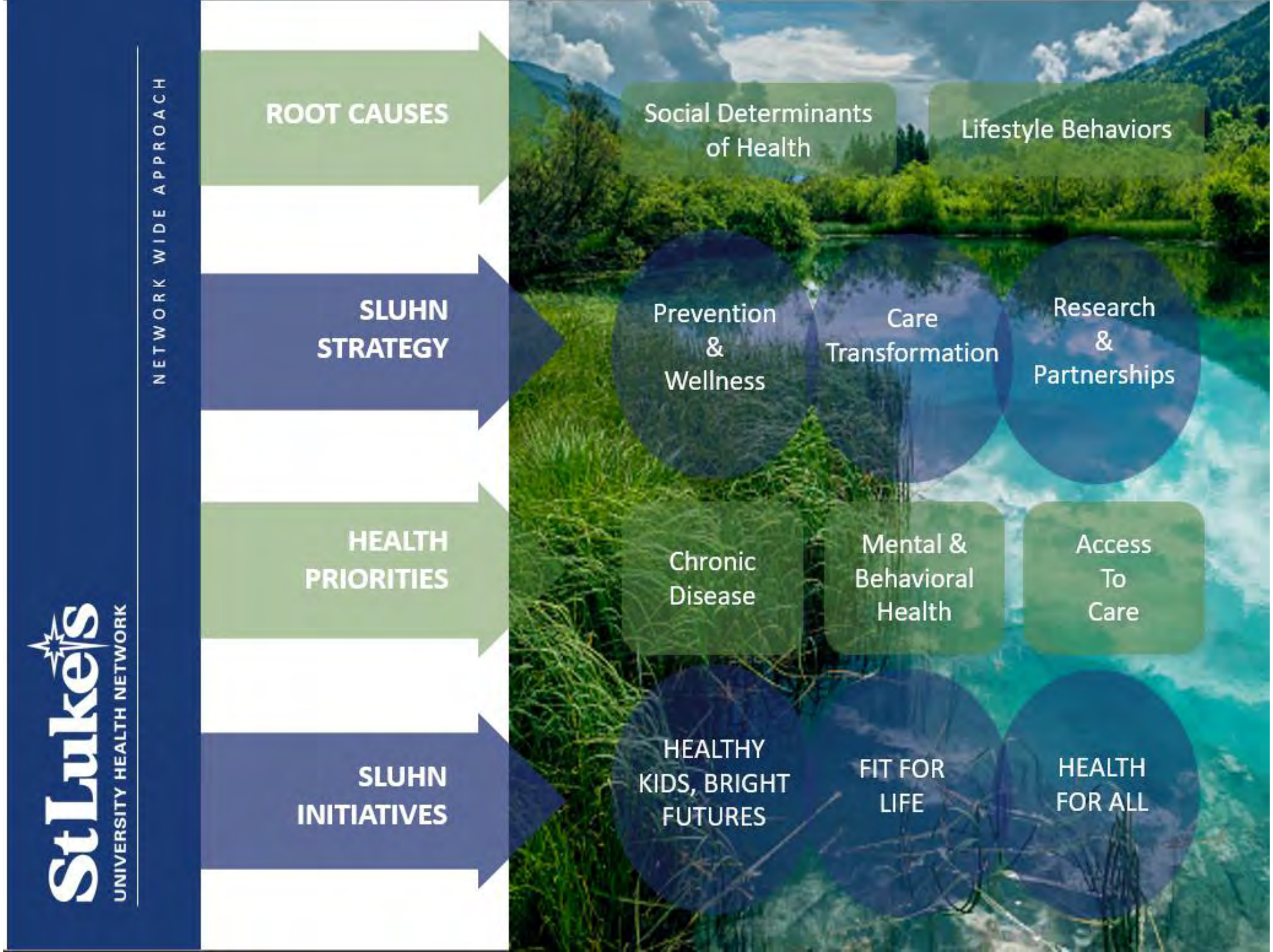
Implementation Plan Update 2019-2020

St. Luke's University Health Network

Community Health and Preventive Medicine (CHPM)

End of Year Report

Fiscal Year 2020


NETWORK WIDE APPROACH
St Luke's
UNIVERSITY HEALTH NETWORK
ROOT CAUSES
SLUHN STRATEGY
HEALTH PRIORITIES
SLUHN INITIATIVES
Social Determinants of Health
Lifestyle Behaviors
Prevention & Wellness
Care Transformation
Research & Partnerships
Chronic Disease
Mental & Behavioral Health
Access To Care
HEALTHY KIDS, BRIGHT FUTURES
FIT FOR LIFE
HEALTH FOR ALL

1.

Healthy Living and Chronic Disease Prevention

The Fit for Life initiative addresses CHNA goals related to Improving Access to Care and Reducing Health Disparities, Preventing Chronic Disease, Improving Mental and Behavioral Health.

CHNA: Promote Healthy Lifestyles and Prevent Chronic Disease

Outcome Report 2020

The goals for the promotion of healthy lifestyles and prevention of chronic disease included increasing physical activity, increasing fruit and vegetable consumption and providing lifestyle medicine services. The implementation strategy was based on these goals with focused programming and action steps.

Community-Centered Health Home (CCHH) Model Programs

The Community Centered Health Home (CCHH) model was developed by the Prevention Institute and endorsed by the Centers for Disease Control and Prevention (CDC). The main goals of the model are:

- Strengthen neighborhoods through systematic changes at the community level
- Improve health, equity and safety, in communities that a health network is serving
- Leverage resources already out in the community, which will reduce cost and demand for service

St. Luke's initiated CCHH programming at the HOPE Easton Clinic in 2018 with full expansion into South Bethlehem in 2019. Through 2020, the CCHH in Bethlehem served patients at the HOPE Bethlehem Clinic, Diabetes Education Program Participants and Hispanic Senior Citizen Center. An additional achievement of 2020 was to market programming to the community to promote wellness and lifestyle modifications. Programming includes: Nutrition- farm to fork, cooking, grocery store tours, and edible experiments; Exercise- total body flexibility, strength training, back to health, wellness walks and Walk with a Doc (WWAD); and Mindfulness and Mental Health-- spirituality group, support groups and social events.

Successful communication was continued during the COVID-19 pandemic, in which 230 community members were sent virtual newsletters by email.

The table on the next page shows how many people the CCHH programs reach each year. These newsletters, created in English and Spanish, included items such as: physical activity resources, nutrition resources, mindfulness and stress reduction resources, sexual health information, Virtual Walk with a Doc video links, and contact information for health coaches.

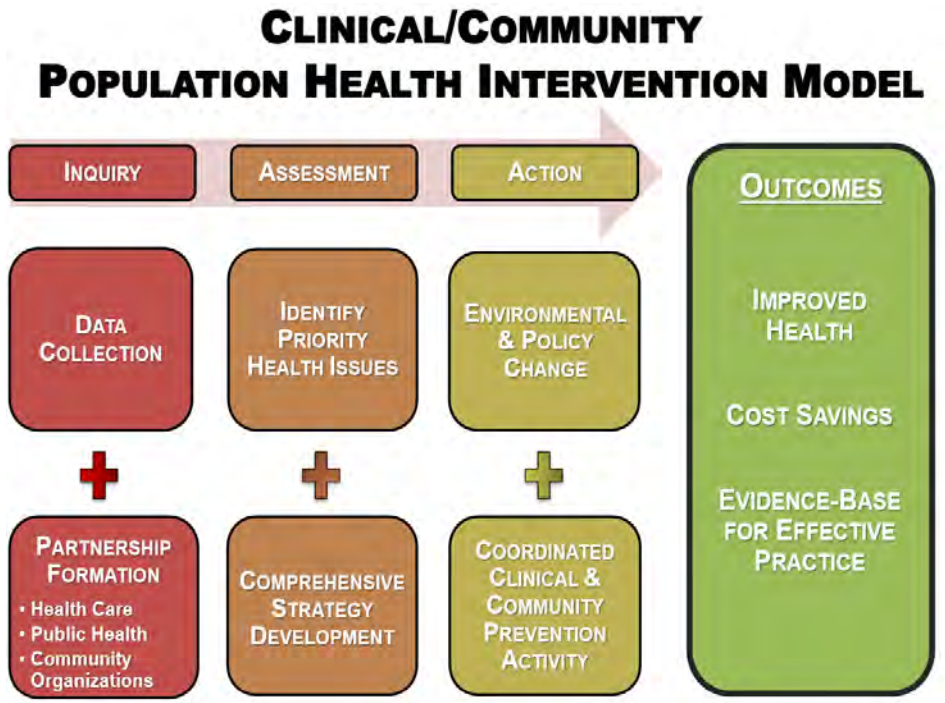


Figure. CCHH model provided by the Prevention Institute

Year	2019	2020
Unique Participants	100	116
*Total # of Encounters	1400	1090

Table. CCHH model programs outcomes by year

*Note, the 2020 volumes run through the end of March 2020. Due to the COVID-19 pandemic, the CCHH centers had to be closed; a monthly newsletter was created to and mailed/emailed to program participants.

Fit for Life: Nutrition Initiatives

Promoting healthy eating through nutrition education has been a priority, focusing on the development of skills to make healthy behavior changes, leading to improved diet and nutritional well-being. Through hands-on and virtual educational programs, community participants learn to grow and prepare nutrient-rich food and how to shop for nutritious foods on a budget. As part of the Adopt a School Model, St. Luke's has created a Healthy Kids Bright Futures Garden Program, partnering with the Kellyn Foundation to provide resources for classroom visits, school garden preparation and maintenance, and fresh produce distribution throughout the community. The program is operational in the following school districts: Allentown, Bethlehem, Bangor, Panther Valley, and Phillipsburg. This year the Kellyn Foundation partnership visited 64 unique classrooms for 64 visits in which 1600 students were reached. In addition, the Marvine Elementary and Donegan Elementary school gardens were planted and maintained, providing the opportunity for free vegetables for the elementary school families.

St. Luke's Healthy Kids Bright Futures Garden Program provided garden resources for the school-aged population. These resources included seed packets with planting instructions, recipes for utilizing fresh produce and a weekly Healthy Living Tracker to record and monitor physical activity, sleep and fruit/vegetable consumption.

COVID-19 Impact: Garden Education

There were plans to provide garden education to third and fourth graders, following New Jersey and Pennsylvania state learning standards. However, with COVID-19, it was not possible to provide this face to face, hands on experience. To accommodate for the COVID-19 pandemic, virtual education resources including the Rodale Garden Curriculum, and list of garden-themed books were provided. There was also distribution of seeds from the St. Luke's Rodale Institute Organic Farm with directions for planting and a recipe. Schools participating included those listed above and Palisades, Pocono Mountain, Quakertown, and Upper Perkiomen.

Summer Food Service Program (SFSP)

The St. Luke's Quakertown and Sacred Heart Campuses served as sponsors for the United States Department of Agriculture's (USDA's) Summer Food Service Program (SFSP), managed by the Pennsylvania Department of Education. The program was held Monday through Friday and provided a daily healthy lunch, weekly produce, and a bag of weekend food, daily activities and educational programming.

Summer 2019 Feeding Program

Program Start Date	Program End Date
June 17	Aug 30

Backpacks Provided	Meals Served
306	1,358

2019 Summer Feeding Outcome Report:

The Summer Food Service Program (SFSP) received funding from Penn Community Bank and West Side Hammer Electric as the primary donors. Through their generous support, a total of $18,150 was spent on Community Supported Agriculture (CSA) shares, to promote fruit and vegetable consumption, food for backpacks, activity supplies and operational costs for Public Health Interns who served as site supervisors. St. Luke's is appreciative of all the support provided to this program from our primary and individual sponsors.

St. Luke's has members serving on the Lehigh Valley Food Policy Council Steering Committee as well as several work groups. The Lehigh Valley Food Policy Council allows for a coordinated, collaborative effort when addressing issues related to food security across the Lehigh Valley. St. Luke's has developed partnerships with multiple agencies to promote food access and nutrition information throughout the network.

Diabetes Programs

The St. Luke's Miners Diabetes Education Center expanded the Diabetes Accreditation Program (DEAP) throughout the network by offering programs at eight sites. This hospital-based program provides diabetes education with 1:1 assessment, Diabetes Medical Nutrition Therapy (MNT), Diabetes Self-Management Education & Support Classes (DSMES), and programming through the Community-Centered Health Home (CCHH) for support group, cooking classes and social events. The goal for 2020 to increase program referrals was successful with 323 referrals. This reflected a 74% increase from last year. Aggregate data showed participant improvements in program metrics: Body Mass Index (BMI), Hemoglobin A1C, weight, total cholesterol, low-density lipoproteins (LDL) and triglycerides. These metrics represent known risk factors and indicators of diabetes and pre-diabetes.

Total Referrals	323
Unique Providers Referring	110

Table. Diabetes Self-Management Education & Support Classes (DSMES) Outcomes FY2020 Data

A performance improvement study was completed this year in the South Bethlehem Community with CCHH programs of physical activity, nutrition, diabetes education, support group, social events, and free produce vouchers to a local fruit and vegetable mobile market.

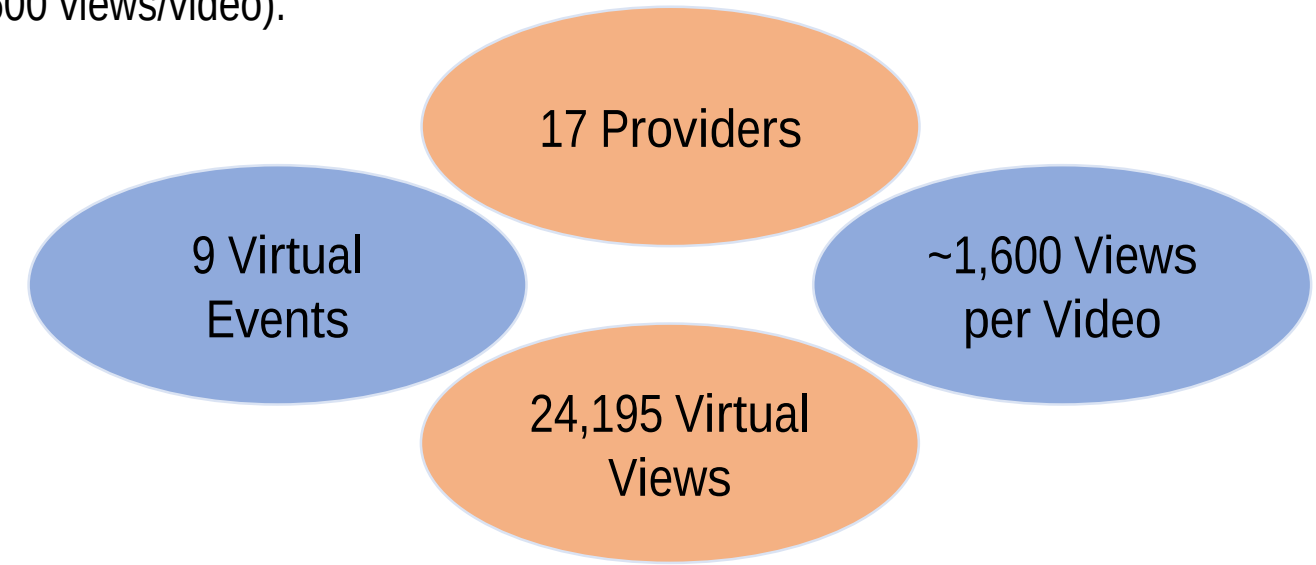
Fit for Life: Physical Activity Initiatives

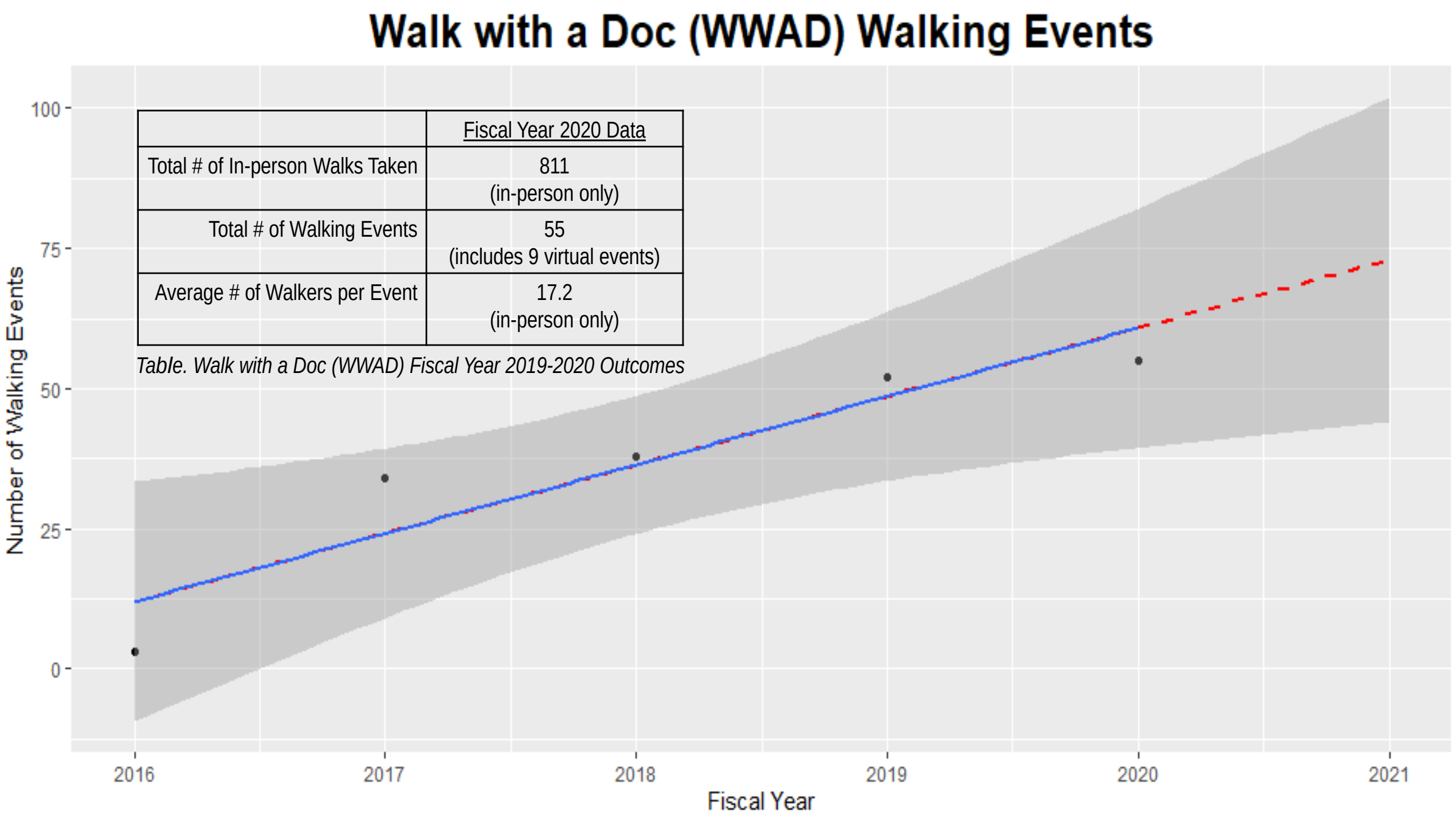
People who are physically active have a higher life expectancy and a lower risk for heart disease, stroke, Type 2 Diabetes, depression, some cancers and obesity. St. Luke's works with partners to create safe places for physical activity throughout schools and communities. Patients are encouraged to become more physically active through programs such as Get Your Tail on the Trail (TOT) and Walk with a Doc (WWAD).

The WWAD program allows community members to engage with local providers, who participate in walking events, while getting physically active. It has been active with walks occurring in each region served by St. Luke's University Health Network. This year we expanded our WWAD program with providers from multiple service lines and St. Luke's Physician Group (SLPG) practices.

In April 2020, we began creating virtual WWAD videos and shared them on our St. Luke's website, social media, Tail on the Trail (www.Tailonthe trail.org) and through local partners and businesses. These videos, provided in both English and Spanish, to this date have engaged 17 providers with views of 24,195 (~1,600 views/video).

<u>Virtual Walk with a Doc (WWAD)</u>
<u>Outcomes since April 2020</u>





	Fiscal Year 2020 Data
Total # of In-person Walks Taken	811 (in-person only)
Total # of Walking Events	55 (includes 9 virtual events)
Average # of Walkers per Event	17.2 (in-person only)

Table. Walk with a Doc (WWAD) Fiscal Year 2019-2020 Outcomes

Figure. Walk with a Doc (WWAD) number of events per year

This was the seventh year for the Get Your Tail on the Trail Program; a partnership St. Luke's maintains with the Delaware & Lehigh Corridor (D & L) to encourage overall physical activity among community residents in order to promote enjoyment of nature and reduce obesity. This year, the program was incorporated into internal service lines and external marketing and community events. A Healthy Kids Bright Futures School-Based Tail on the Trail Program was created to promote activity and healthy behaviors among school staff and children. The program, initiated during COVID-19, has six school districts currently participating. Throughout the SLUHN network, there are multiple partnerships with local organizations and businesses to promote the program. Additionally, a boy/girl scout patch was created for participants completing 165 miles of physical activity; these organizations have their own grouping for the program.

Total Miles for FY2020	780,767
Active Users for FY2020	3047
Total Enrolled Users	8819

Table. Tail on the trail Fiscal Year 2019-2020 Outcomes

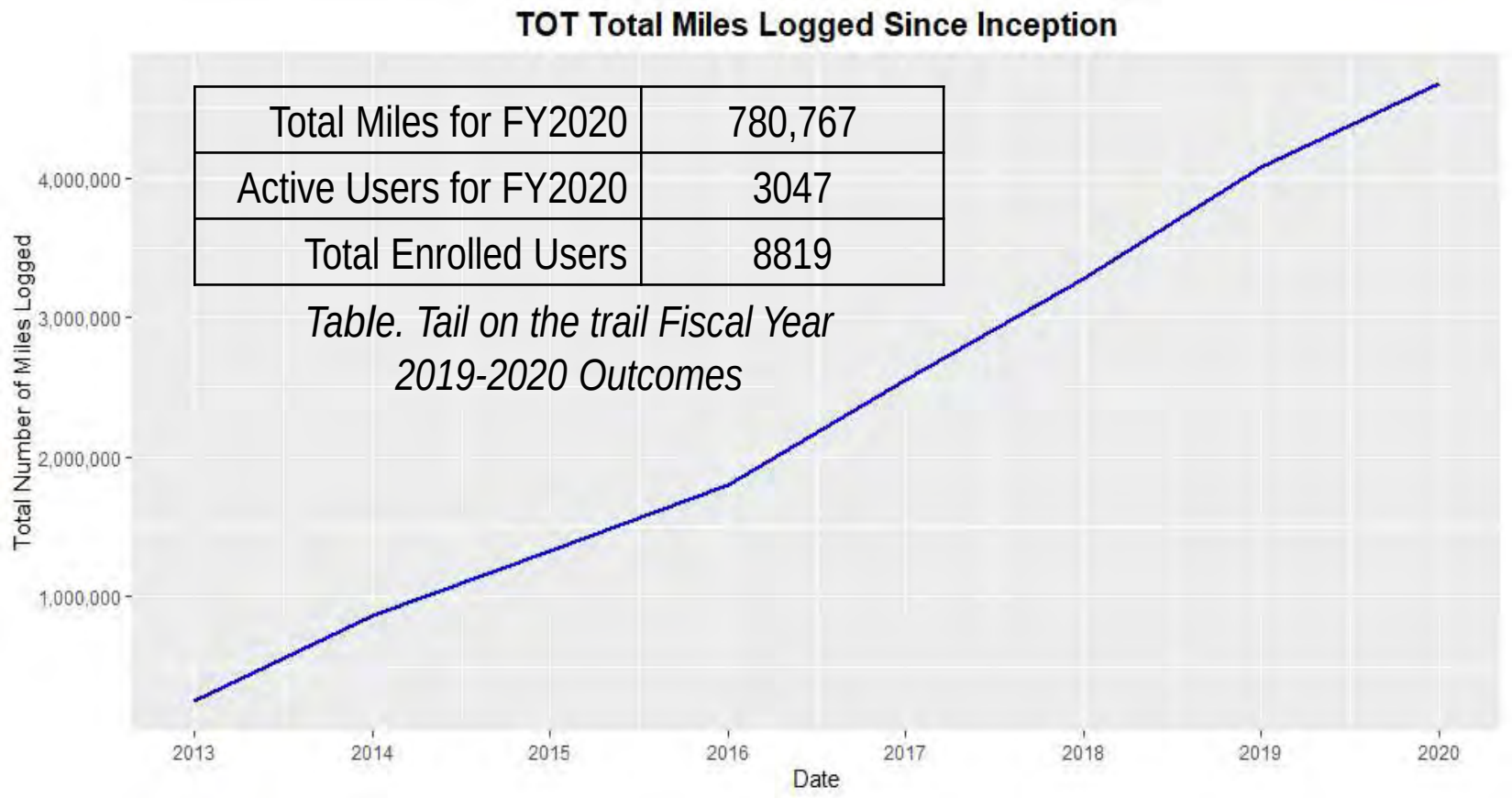
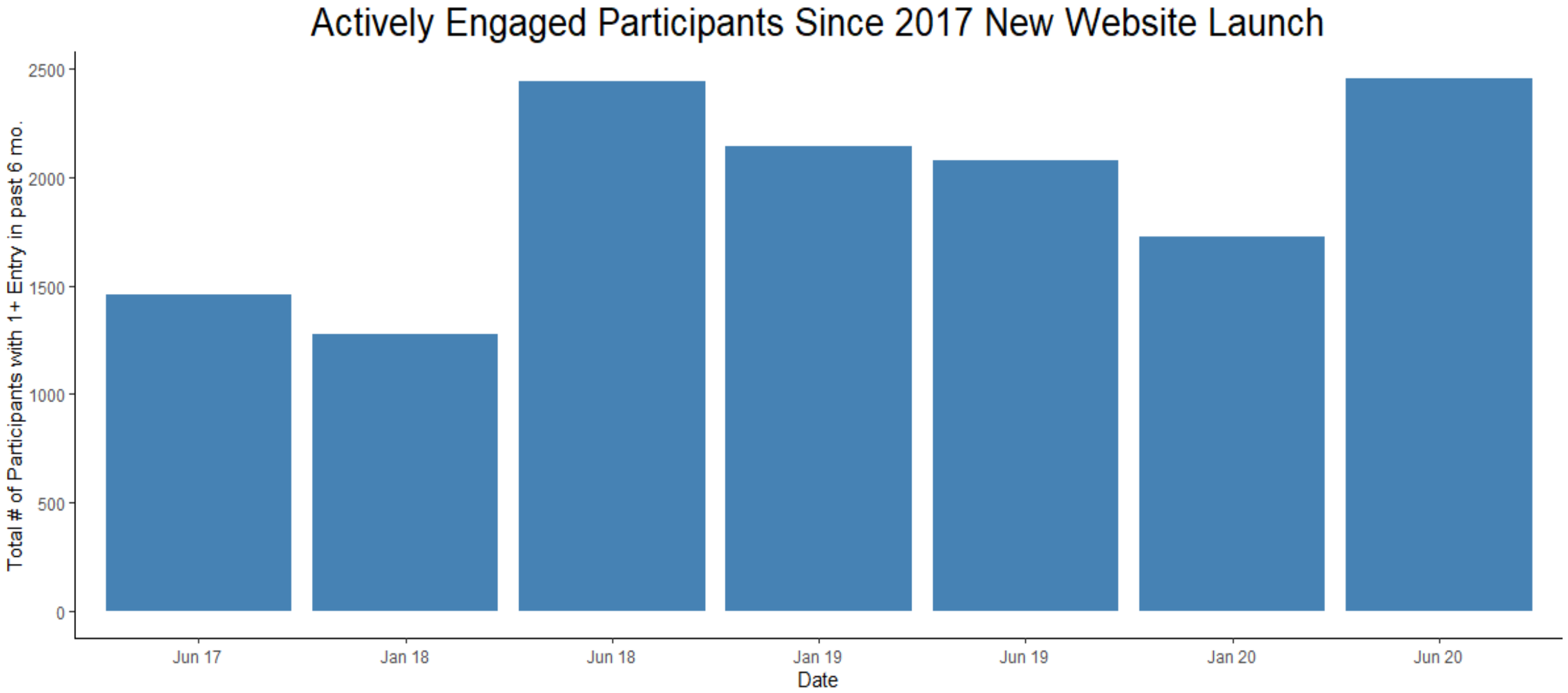


Figure. Tail on the Trail (TOT) total miles logged since inception

Tail on the Trail (TOT)



[1+ Entry in the past 6 months] = Actively Engaged User

Figure. Tail on the Trail (TOT) actively engaged participants over time

Tail on the Trail (TOT)

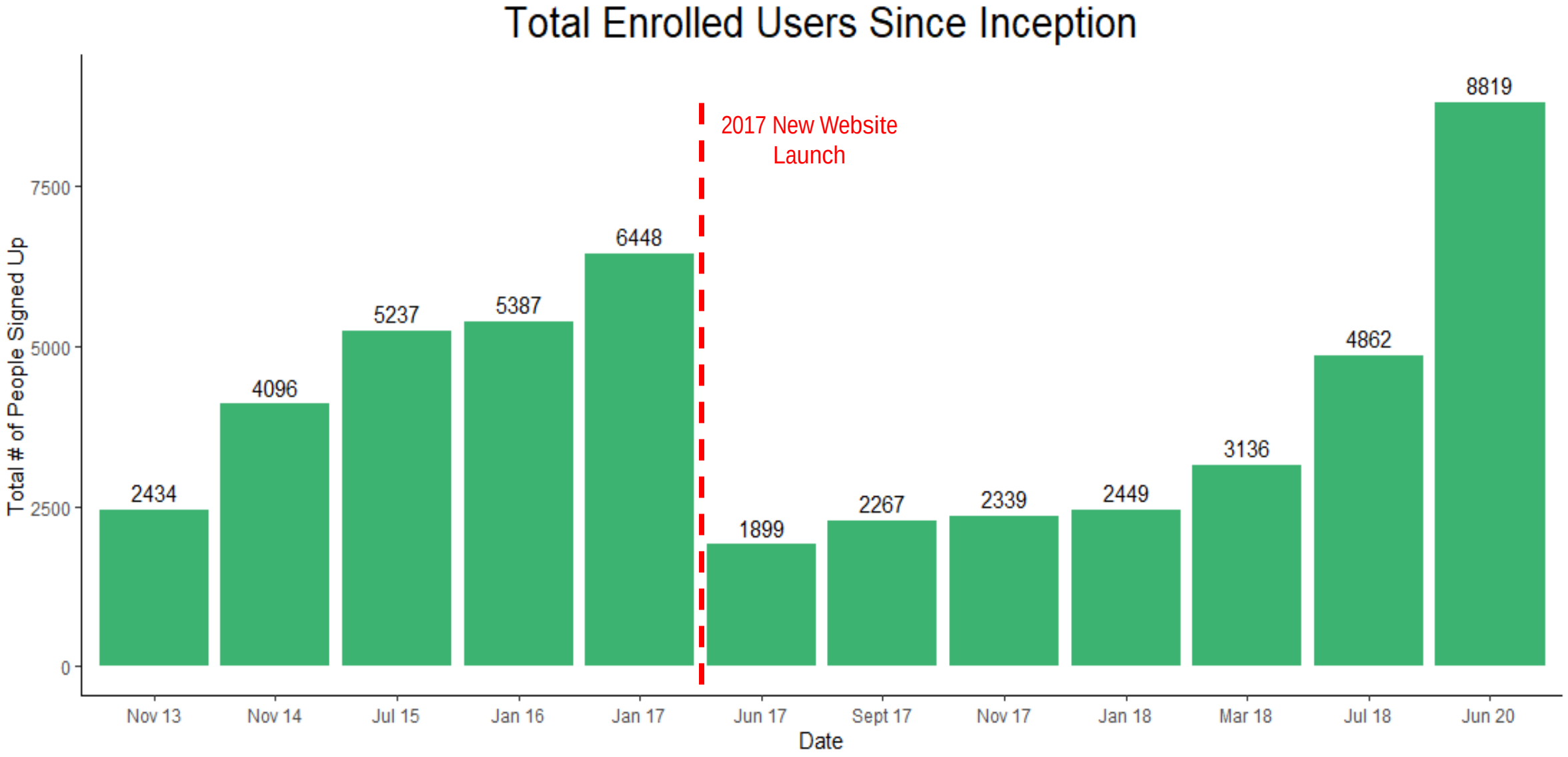


Figure. Tail on the Trail (TOT) total enrolled users since inception

Vaping Education and Smoking Cessation Program

In FY 2020, a Smoking Cessation team was created and trained with the following purpose: provide tobacco dependence treatment to tobacco users for the promotion of healthier, tobacco-free lives. CHNA results showed that 11% of our community identified themselves as tobacco users (14% adults in US and 18% in PA).

This year, in response to the health concerns associated with Vaping, the Department of Community Health & Preventive Medicine partnered with the Pulmonology Service Line to create a presentation on Vaping. “The Truth about Vaping” was developed to meet the following learning objectives: list symptoms of EVALI (E-cigarette, or Vaping, product Associated Lung Injury); discuss the relationship between vaping and EVALI; identify similarities between big tobacco tactics used to market and advertise cigarettes to strategies used today with electronic cigarettes; list at least 3 or more chemicals frequently vaped; name one reason why JUUL is different from other vapes; and recognize the short-term and long-term risks associated with vaping. The education was provided to 17 local schools, two local colleges as well as on the “Talk with Your Doctor” television show. There were a total of 23 presentations with an estimated 7,000 people in attendance. The program was also recorded and shared virtually.

<u>Vaping Education Outcomes</u>
<u>Fiscal Year 2019-2020</u>

SLUHN was preparing to initiate a Smoking Cessation Program with a small group of offices as the pilots. Baseline data showed that 43,577 patients across the network identified themselves as smokers. With the COVID-19 pandemic, there was an urgency to initiate the program. Therefore, the program started with virtual visits with the trained providers across the network and expanded to face to face as offices re-opened. From April through June 2020, there were 96 patients referred to the program.

Employee Wellness Healthy Living Initiatives

To assess and address the health needs of St. Luke's University Health Network (SLUHN) employees and spouses, SLUHN has an established employee wellness initiative called *Caring Starts with You (CSWY)* that serves employees and their spouses. We now meet or exceed 7 Healthy People 2020 benchmarks, and for the first time have seen a decrease in the rates of prediabetes in our employee population.

In October of 2019, four members of the Employee Wellness Care Team completed the requirements and exam to become board certified in Lifestyle Medicine. The core pillars of this evidence-based specialty area are what SLUHN Employee Wellness programming is based on.

The SLUHN Employee Wellness Health Education Team maintains the WellNOW website (Wellnow.SLUHN.ORG), and our Facebook and Pinterest social media pages, posting evergreen content to increase awareness about how lifestyle can affect health. Our Pinterest boards average 1,500-2,500 monthly views.

<u>Flu Vaccines</u>

According to the CDC, thousands of people in the United States die from flu each year with an overall mortality of 0.1%, and many more are hospitalized. The flu vaccine can help keep you from getting flu, make flu less severe if you do get it and keep you from spreading flu to your family and other people. While flu shots are mandatory for SLUHN employees, spouses aren't impacted by that policy. To improve access to flu vaccines for spouses, SLUHN offers free flu shots to spouses of our employees. In 2019, we provided 448 doses at 12 clinics throughout the Network.

Free Spousal Flu Vaccine

Fiscal Year 2019-2020

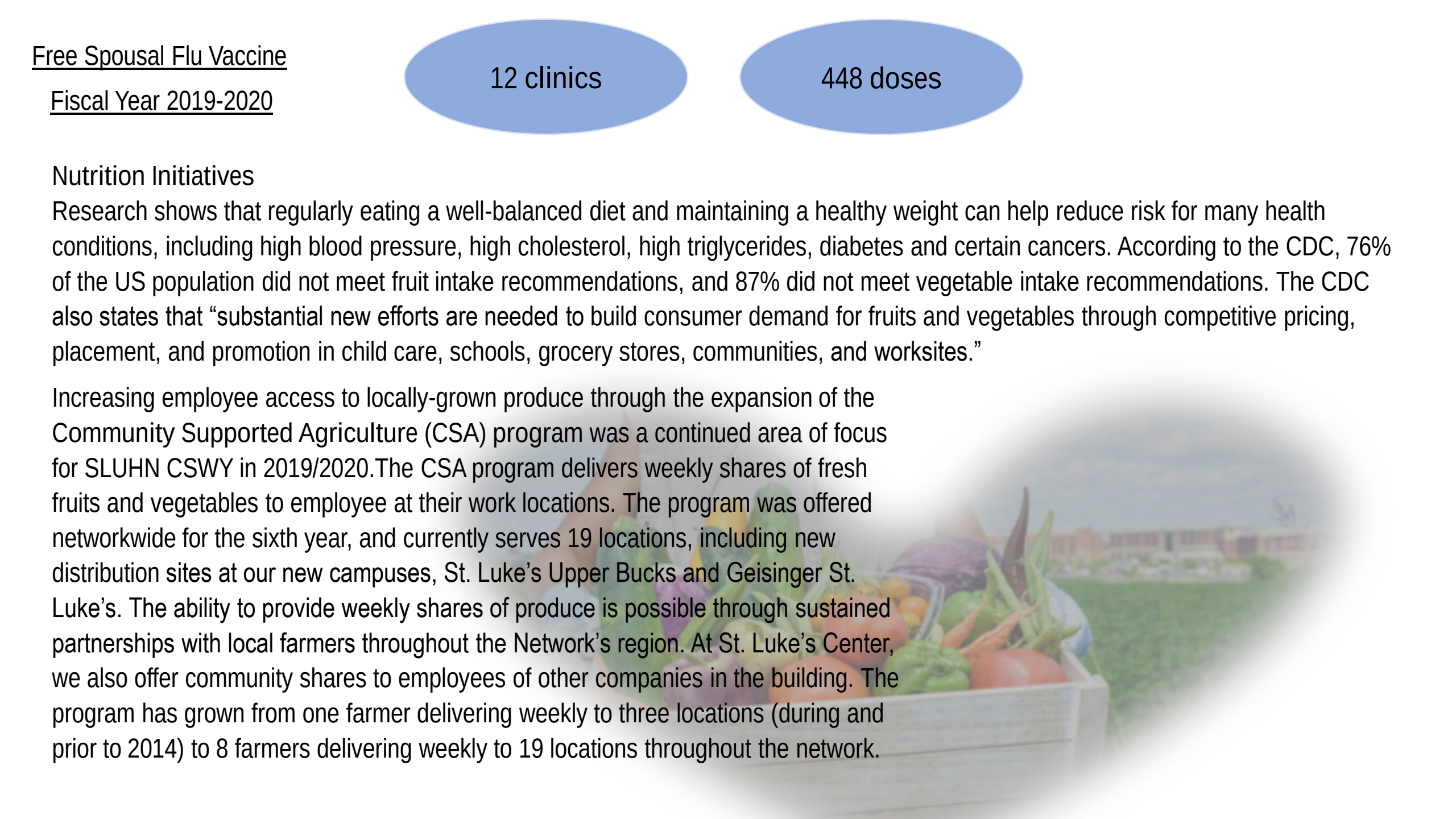
12 clinics

448 doses

Nutrition Initiatives

Research shows that regularly eating a well-balanced diet and maintaining a healthy weight can help reduce risk for many health conditions, including high blood pressure, high cholesterol, high triglycerides, diabetes and certain cancers. According to the CDC, 76% of the US population did not meet fruit intake recommendations, and 87% did not meet vegetable intake recommendations. The CDC also states that “substantial new efforts are needed to build consumer demand for fruits and vegetables through competitive pricing, placement, and promotion in child care, schools, grocery stores, communities, and worksites.”

Increasing employee access to locally-grown produce through the expansion of the Community Supported Agriculture (CSA) program was a continued area of focus for SLUHN CSWY in 2019/2020.The CSA program delivers weekly shares of fresh fruits and vegetables to employee at their work locations. The program was offered networkwide for the sixth year, and currently serves 19 locations, including new distribution sites at our new campuses, St. Luke’s Upper Bucks and Geisinger St. Luke’s. The ability to provide weekly shares of produce is possible through sustained partnerships with local farmers throughout the Network’s region. At St. Luke’s Center, we also offer community shares to employees of other companies in the building. The program has grown from one farmer delivering weekly to three locations (during and prior to 2014) to 8 farmers delivering weekly to 19 locations throughout the network.



CSA membership growth has increased year over year since 2013. This year, due to COVID-19, access to healthy food was even more important. Farms and farm stands were deemed essential, and safety protocols following state and local guidelines were put in place. Despite the pandemic, the 2020 SLUHN CSA program had over 500 members. Locally grown produce was provided to 548 people at 18 network locations in Pennsylvania and NJ. Over $223,000 was generated and returned into the pockets of 8 local farmers, and in 2020 the program's all-time revenue surpassed $1 million. We used interns, residents and volunteers at distribution sites to aid with staffing. In 2019, 903 shares were donated to local soup kitchens and food pantries.

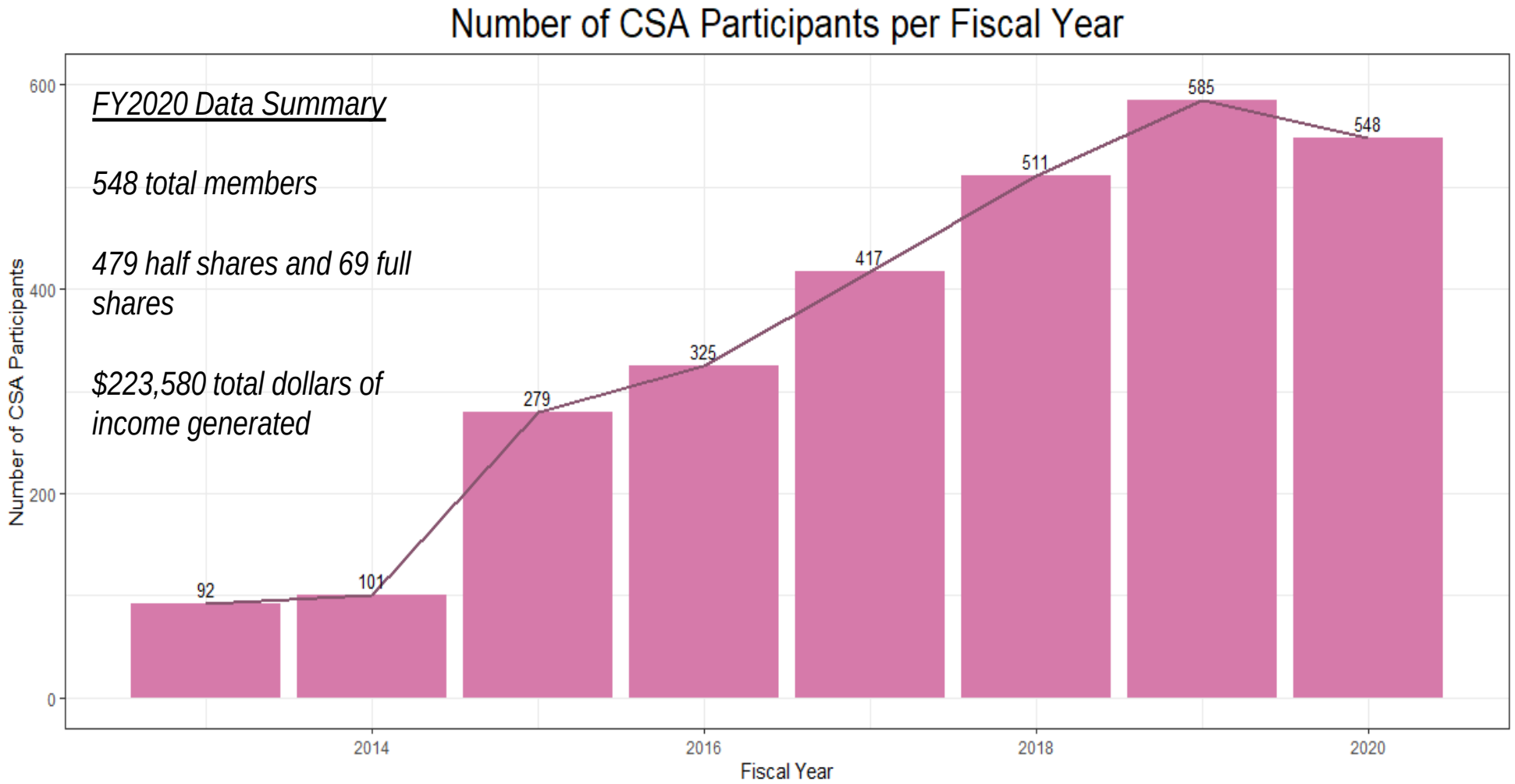


Figure. CSA participants by fiscal year since 2013 inception

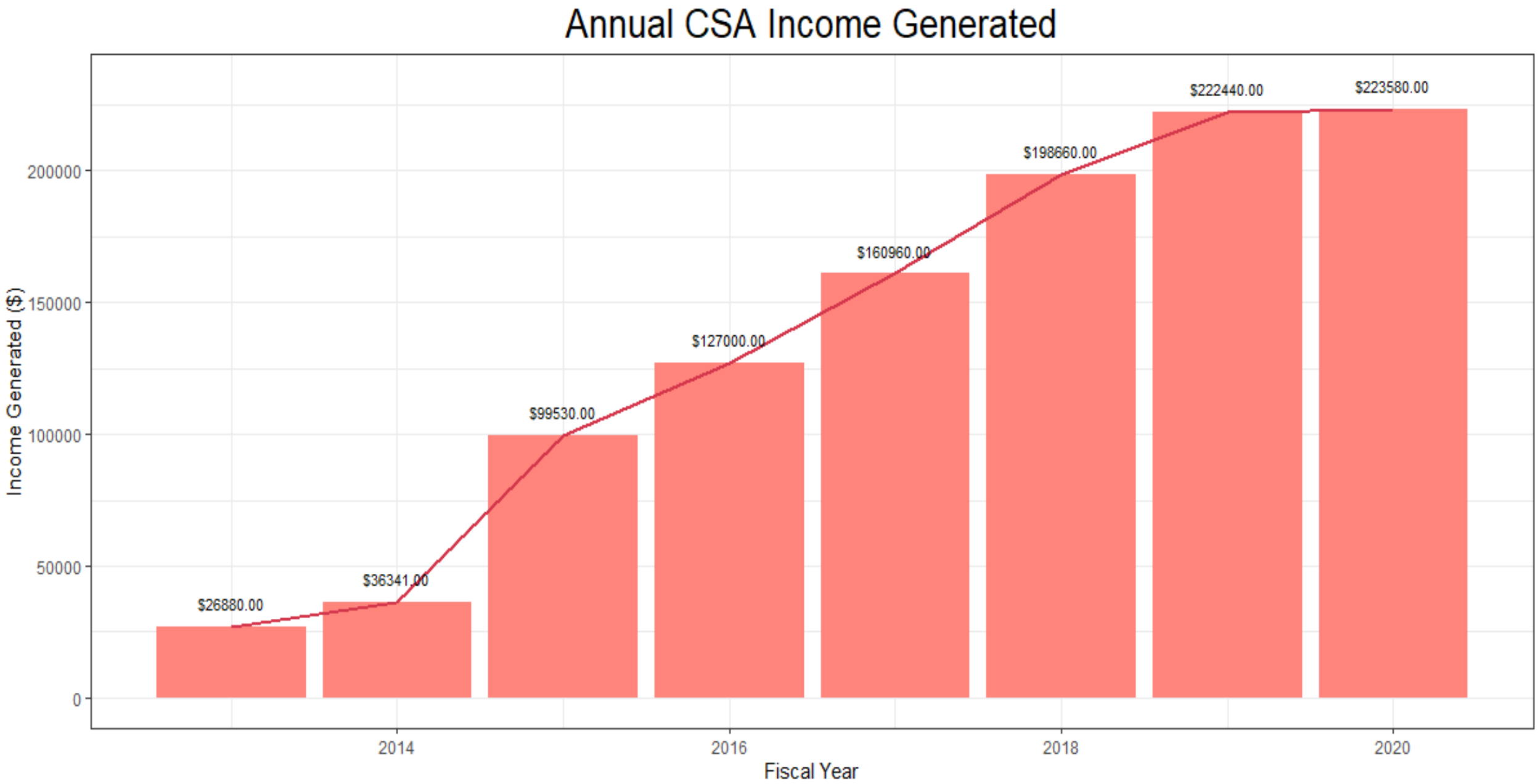


Figure. CSA income by fiscal year since 2013 inception

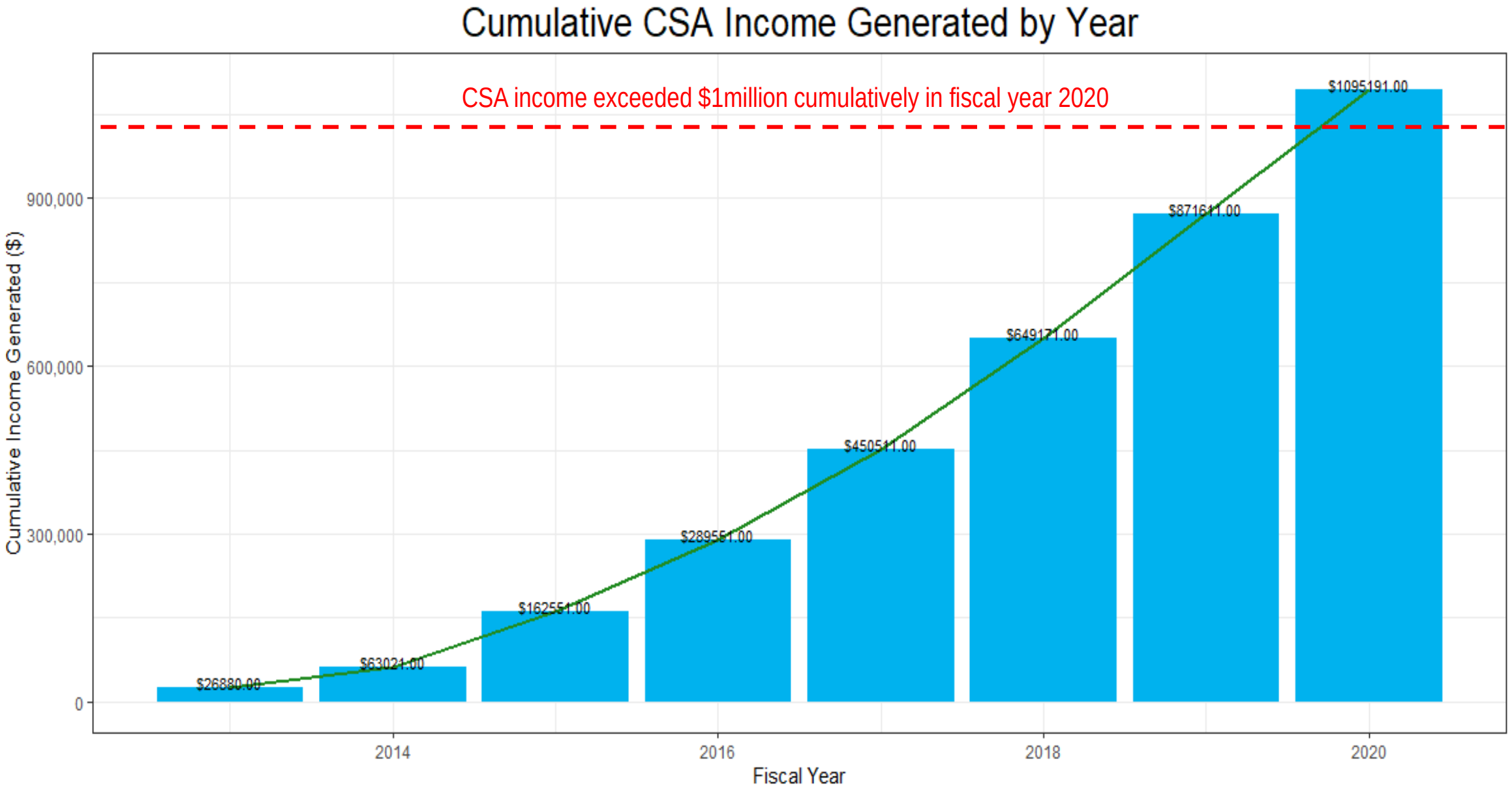


Figure. CSA cumulative income by fiscal year since 2013 inception

SLUHN offers Whole Food, Plant-Based Eating classes for employees. The Employee Wellness Team includes a plant-based dietitian who leads the classes, supported by several additional health education staff. The 6 week sessions include weekly classes consisting of a didactic component, recipe demonstrations, food sampling, group support, learning objectives, behavioral goals and weekly ingredient bags so participants' can prepare class recipes at home. Evaluations show high levels of participant satisfaction, increases in knowledge, and positive changes in health behaviors (reductions in processed foods, and increases in fruits, vegetables and whole, plant-based foods). A Level 2 class has been developed, and alumni are invited to regular reunion events to support long term behavior change and connectedness amongst plant-strong, like-minded people.

Good Food Healthy Hospitals is a grant-funded initiative aimed at improving the food environment in hospitals, at all venues where food is served (cafeterias, patient meals, vending, catering, and purchasing). SLUHN is the first health system outside Philadelphia to sign the Good Food, Healthy Hospitals pledge, and baseline scans have been performed at each of our 10 campuses.

<u>COVID Response for SLUHN Employees</u>

In the Spring of 2020, the Employee Wellness team transitioned or suspended several programs due to COVID-19, and developed a Critical Event Employee Care Schedule.

- Behavioral Health, Employee Wellness, Pastoral Care, and Mindfulness Coordinator collaborated to develop an Employee Care Page on our intranet COVID resources site. It offers self-access to resources from each department including a behavioral health hotline email, the Employee Assistance Program (EAP), online support groups, substance use assistance, mental health crisis support and crisis phone hotline.

- In-Person Wellness Rounds/Debriefings with Palliative Care and Pastoral Care staff while stay at home orders were placed.
- Safe spaces and Quiet Rooms on all campuses with soft music, diffusers, snacks, hydration beverages for breaks are available for staff members
- Go-Live for Virtual Wellness Rounds/Defusing Calls on 4/8 – 5/15. We had 64 calls and over 1275 participants. Calls were 2x/day (7:30am/7:30pm) M-F and 1x/day (7:30pm) Sa/Su. General content included normalizing emotional responses and physical responses, making space for participants to share their experiences, as well as identifying stressors and helpful coping mechanisms to reduce and mitigate long-term impact of trauma
- Online Cognitive Behavioral Therapy (SilverCloud) with specific content for Challenging Times, supported by MSW. Anonymous and confidential, free for employees and spouses.
- Online Mindfulness Based Stress Reduction sessions by our Mindfulness Coordinator
- Free Meals for all workers, including vegetarian option
- Free Virtual Nutrition Support sessions
- Free Virtual Tobacco Cessation
- Social media targeting self care during a crisis – Pinterest and Facebook (SLUHNWellNOW)
- 2020 Community Supported Agriculture program modified to ensure employee access to fresh food during this crisis, and to support our local farmers. Guidelines for farmers and farmers markets are being followed to ensure food, farmer and member safety.
- Level 2 Whole Food Plant-Based eating class piloted in virtual format.

2. Mental and Behavioral Health

Our goal is to improve the mental and behavioral health for residents in our region through prevention and access to appropriate, quality mental and behavioral health services while building infrastructure across our St. Luke's University Heath Network (SLUHN) communities through the Department of Community Health & Preventive Medicine (CHPM) and network service lines.

In order to address the mental and behavioral health outcomes of residents, our first step was to assess the mental health needs of the community using the CHNA and identify major challenges. Our 2019 CHNA revealed that approximately one third of our population experiences one or more poor mental health days when asked about the last 30 days. The 2017 PA Youth survey independently reported elevated rates of mental health issues among adolescents. 38% of all students felt depressed or sad most days in the past twelve months, with Monroe County having the highest rate (44%) in the network. Adolescents have also seen an increase in vaping. There has been a 900% increase in e-cigarette usage among high school students nationally from 2011 to 2015. The highest rate of electronic vapor product usage (8%) was found for the young adult 18-24 age group. In 2016, the Surgeon General declared youth usage of vapor products to be a significant public health concern. There has been a 600% increase in synthetic opioid (fentanyl) deaths in the U.S. since 2013.

Public health research has effectively indicated that changing the environment for communities can create effective behavior change. We have built infrastructure to support this as we continue to collaborate to include antibullying, mindfulness and yoga practices for staff and students into the behavioral health component of our Adopt a School Model at Bethlehem, Allentown, Bangor and Panther Valley School Districts. Districts such as Bethlehem and Allentown School are embarking on trauma informed care models with community partners such as SLUHN, the United Way and Schuylkill County VISION.

St. Luke's Sports Medicine has assembled a team of highly qualified licensed athletic trainers that work within our schools setting a new standard for comprehensive training and sports medicine services. These services include 18 local high schools, 12 school districts, 5 Colleges, and over 28 youth organizations. Over 100 of the St. Luke's Athletic Trainers have been trained in Mental Health First Aid (MHFA). MHFA is an evidence based training operated under The National Council for Behavioral Health that provides the skills to identify and respond to someone who is experiencing a mental health crisis. MHFA is endorsed by the US Department of Health and Human Services Substance Abuse and Mental Health Service Administration (SAMHSA). CHPM works closely with the Sports Medicine Department and is planning on expanding MHFA trainings through our collective efforts and programs.

100+ Athletic Trainers trained in Mental Health First Aid (MHFA)

Trainers provide training and sports medicine services to schools

Employee Wellness Mental Health Initiatives

Employee Wellness launched SilverCloud across SLUHN. SilverCloud is an online behavioral health program for employees and their spouses, providing supported cognitive behavioral therapy content relating to anxiety, depression and stress. To date there are 3,028 SilverCloud users, and the program has demonstrated results and cost-effectiveness for the Network. The program was awarded a 1st place SLUHN Quality Award in 2019 based upon the outcome data from the 2-year pilot (2017-2019). In 2019/2020 the program was expanded into 2 patient populations as a pilot. In spring of 2020, additional content on “Challenging Times” was added as additional support for COVID-19 stress, anxiety and depression.

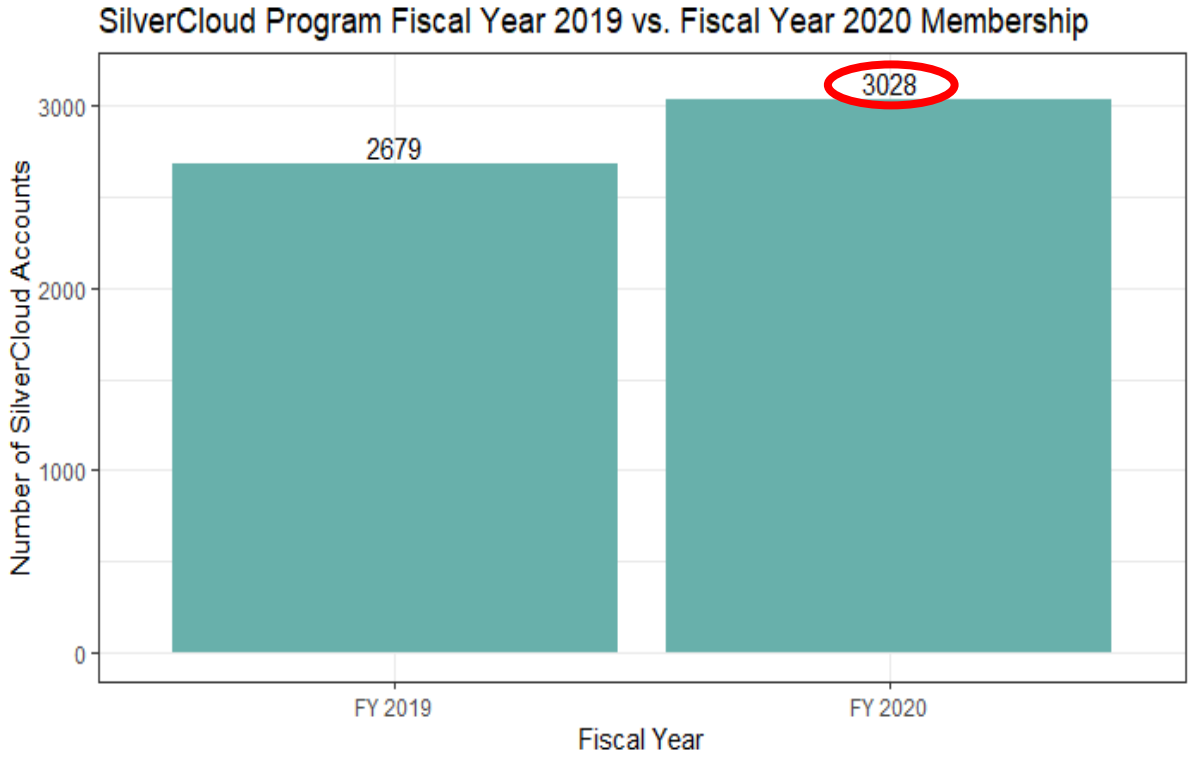


Figure. SilverCloud Membership by year

The Employee Wellness Care Team includes an MSW who is primarily responsible for implementing SilverCloud. In 2020, he became certified as QPR (Question, Persuade, Refer) Suicide Prevention Gatekeeper Instructor.

Mindfulness Based Stress Reduction (MBSR) is a ground-breaking, scientifically researched program that offers intensive mindfulness training proven to reduce stress, anxiety and burnout. In 2019, SLUHN hired a Mindfulness Coordinator who offered in person and virtual MBSR info sessions and courses. In year one, 65 people completed the course, the majority of whom are SLUHN employees.

Mental Health and Substance Use Disorder Initiatives

Mental Health and SUD Response during COVID-19 Response: Highlights

SLUHN is committed to identifying new models of care to more effectively address mental health, including routine screening of all patients for behavioral health issues through PHQ-2/9, using Integrated Behavioral Health models, and through collaboration with other community agencies throughout the year and during COVID-19 Response. In order to enhance the nature and scope of mental health interventions to fill gaps, improve effectiveness, reduce stigma, and identify and address problems early behavioral health services are being offered on the mobile vans.

Each student seen on the Mobile Health Van is screened for behavioral health issues and services are provided by a licensed clinical social worker (LCSW), in partnership with Pinebrook Family Answers and United Way of the Greater Lehigh Valley. In the rural region, the Rural Health Center LCSW provides services on the Mobile Health Van and in the District. This service is offered in four different school districts (Allentown, Bethlehem, and Panther Valley). These programs are offered in conjunction with the schools and guidance counselors who are an integral part of care delivery. During COVID-19, our school based teams worked closely with our school and student leaders to ensure that access to mental health services, resources and messaging continued. In Rural Panther Valley, the school based coordinators and students leaders started weekly “Mental Health Messaging” for students, staff and parents through the schools website and social media platforms. The following depicts the mental health connection rates on the mobile health youth vans.

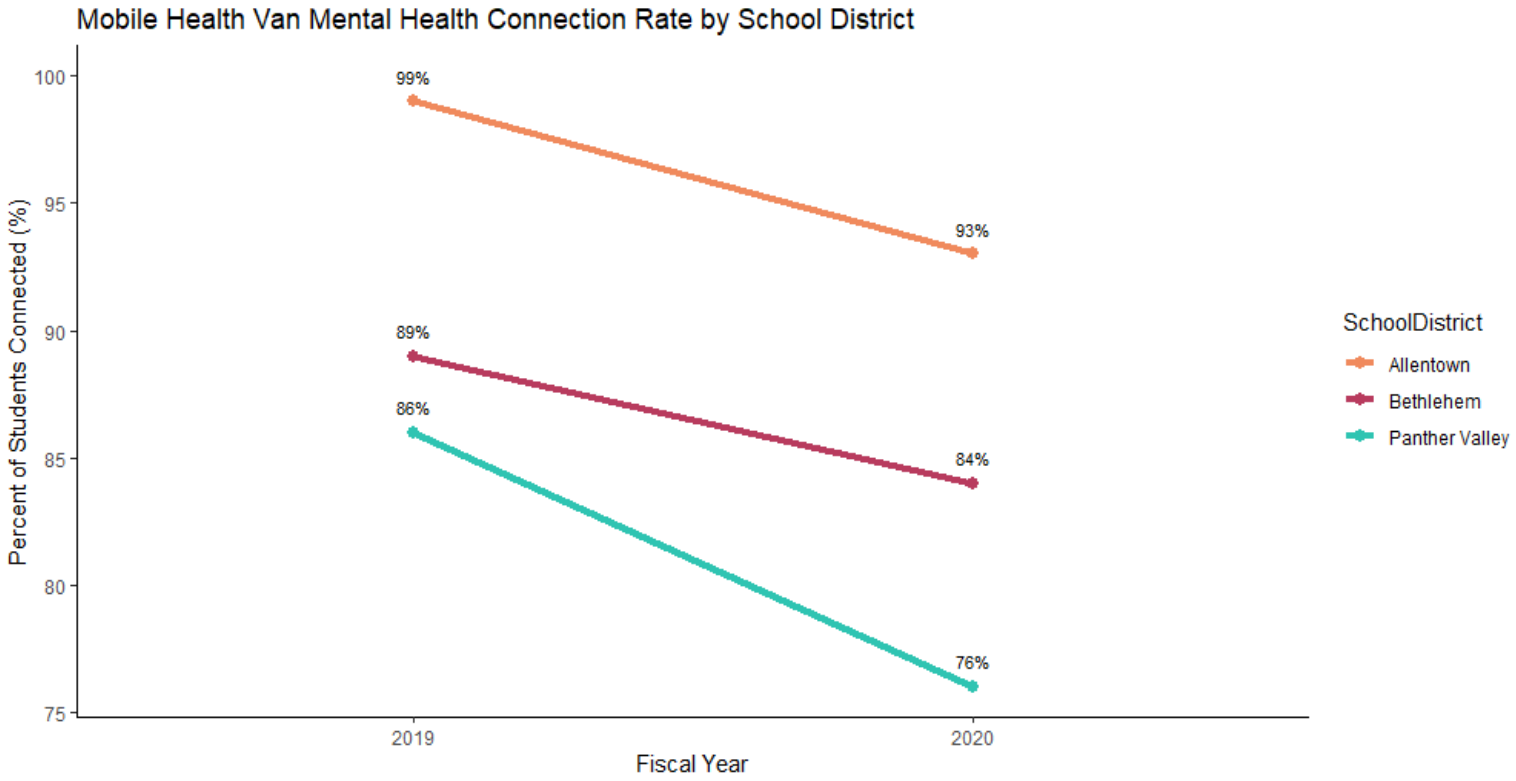


Figure. Mobile health van mental health connection rate over time by school district

*Please note, the mobile health vans have been suspended since March 2020 due to COVID-19

Additionally, efforts have begun across SLUHN to increase the proportion of primary care facilities that provide mental health treatment through a collaborative care model or medical home/case management model. We have also increased depression screenings by primary care providers for adolescents and adults and are working towards building capacity for communitywide approaches to addressing mental health needs in the local communities served by SLUHN through a psychiatric residency program and with our behavioral health department and community partners. In 2018, we partnered with the Northampton Suicide Task Force with the bold goal to reduce Suicide Rates in Northampton County by 20%. The multidisciplinary team highlighted how partnering and engaging the community assists in reducing these rates and improving collaboration and coordination which is vital for overall impact and sustainability. Additionally the task force partners with Northampton Community College to provide Question, Persuade, Refer trainings "train the trainer" trainings. The Master trainers will then be asked to hold 6 trainings during the year in Northampton County which can include SLUHN staff, community members and/or schools partners. In 2018 there were 53 suicides reported in Northampton County. In 2019, since partnering with the Suicide Task Force, that number has decreased to 40 suicides– an almost 25% reduction.
https://www.mcall.com/health/mc-hea-northampton-county-suicide-numbers-fall-20200609-2lm57k3mz5cexarr3e4jfndgni-story.html

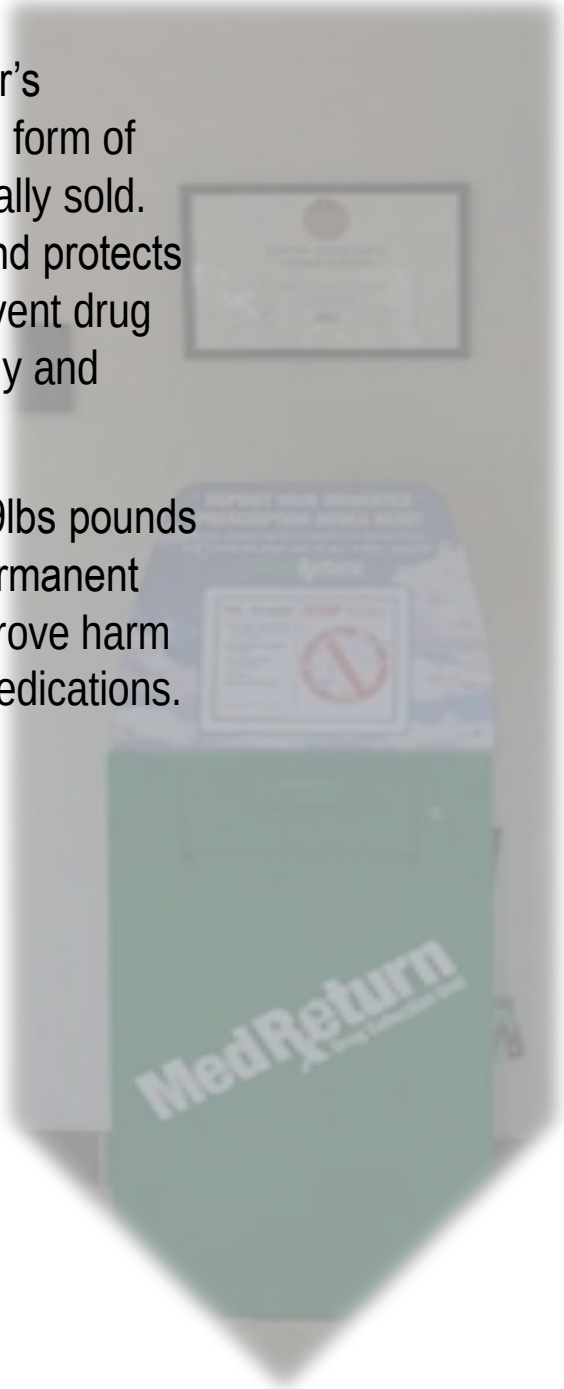
National Prescription Drug Takeback Days

This past year all St. Luke's Campuses participated in the Drug Enforcement Administration's (DEA) 18th National Prescription Drug Take Back Days. The National Prescription Drug Take Back Day addresses a crucial public safety and public health issue by providing everyone with a safe method to dispose of unwanted prescription medications.

According to the 2015 National Survey on Drug Use and Health, 6.4 million Americans misuse controlled prescription drugs. The study shows that a majority of misused prescription drugs were obtained from family and friends, often from the home medicine cabinet. The majority of teenagers misusing prescription drugs get them from family and friends – and the home medicine cabinet. In addition to overdose and abuse, unused or expired prescription medications are also a leading cause of accidental poisoning. Too often, unused prescription drugs find their way into the wrong hands and can lead to dangerous and tragic situations.

Pharmaceutical drugs can be just as dangerous as street drugs when taken without a prescription or a doctor's supervision. The non-medical use of prescription drugs ranks second only to marijuana as the most common form of drug misuse in America. Unused prescription drugs thrown in the trash can be retrieved and misused or illegally sold. Unused drugs that are flushed contaminate the water supply. Proper disposal of unused drugs saves lives and protects the environment. National Drug Take Back Day provides everyone an opportunity to do your part to help prevent drug addiction and overdose deaths. It is also a method for everyone to clean out your medicine cabinet and safely and anonymously turn in your old prescription drugs.

In 2019, St. Luke's campuses participated in the both the spring and fall Take Back Days and collected 698.9lbs pounds of unwanted medications. To further improve Harm Reduction, the St. Luke's Quakertown has installed a permanent drug take back box and additional campus permanent drug take back boxes are being ordered. This will improve harm reduction measures as we look to continue services during COVID-19 thereby reducing access to unused medications.



Substance/Opioid Use Disorder Response Description, Evidence, Baseline Data

In 2017, the states with the highest rates of death due to drug overdose were West Virginia (57.8 per 100,000), Ohio (46.3 per 100,000) and Pennsylvania (44.3 per 100,000).1 The drug-related overdose death rate in Pennsylvania improved to 35 per 100,000 people in 2018 according to a Drug Enforcement Administration (DEA) report. The report states overdose rate decreased in 41 counties, increased in 23, and remained unchanged in three. The ten highest overdose death rates were concentrated in eastern and central Pennsylvania counties in 2018, compared to southwestern Pennsylvania counties in 2017. Counties served by our hospitals continue to have high rates of drug overdose deaths, necessitating the development of a coordinated approach. Our three rural and urban counties with the highest identified need are our target population and where we are piloting comprehensive strategies.

Our vision is a safe, supportive, and healthy community that cultivates a continuum of care for opioid and substance use disorder including prevention, treatment and recovery. The mission of the Community Opioid Response Consortium is to assess regional needs, expand life skills, provide evidence-based resources and to improve comprehensive treatment services in an environment that supports and values recovery. The goal is to reduce the morbidity and mortality of SUD, including OUD, in our high-risk community through our consortium and community partners by implementing prevention, treatment, and recovery services using evidence-based interventions.

During the last 2016-2019 CHNA cycle, each county within the network saw increases in the rate of opioid overdose deaths. Out of all admissions, 66.2% of those who received treatment were unemployed, compared to 15.3% who worked full-time and 6.5% who worked part-time. An overwhelming 37.8% of admitted individuals listed heroin as their primary drug of use, followed by 29.5%using alcohol, 12% using marijuana, and 11.2% using other opiates and synthetics. These percentages of heroin and alcohol usage have seemed to switch since initial 2009-10 data, wherein 38.66% listed alcohol and 20.9% listed heroin as their primary drug of use. When comparing demographic data in the Department of Drug and Alcohol Program (DDAP) data dashboard, it was found that men used alcohol more than women, and women used heroin more than men. People who identified as Black used marijuana more than those who identified as White, and those who identified as White used heroin more than those who identified as Black. Similarly, those who identified as Hispanic used marijuana more than those who identified as non-Hispanic, and those who identified as non-Hispanic had a higher rate of using opiates.

The hospital counties most affected are Carbon, Schuylkill (rising from the 39th highest rate of drug-related overdose deaths in 2017 to the 6th highest in 2018) and Lehigh. These counties are the pilots for comprehensive SUD coordination of evidence based, integrated healthcare and community trainings and programs. According to data from the National Center for Health Statistics, through the CDC, Schuylkill County had 19 total deaths from opioid overdoses between 2007 and 2018. This equates to 3.9 opioid deaths per 100,000 residents over that time. Between 2012 and 2016, this rate rose to 24.5 per 100,000 residents, equaling 109 opioid overdose deaths. Carbon County had 16 total deaths from opioid overdoses between 2007 and 2011, and 32 between 2012 and 2016. This changes the rate from 7.6 per 100,000 residents to 18.1 per 100,000 residents. The state and national averages were 15.9 and 14.1, respectively.

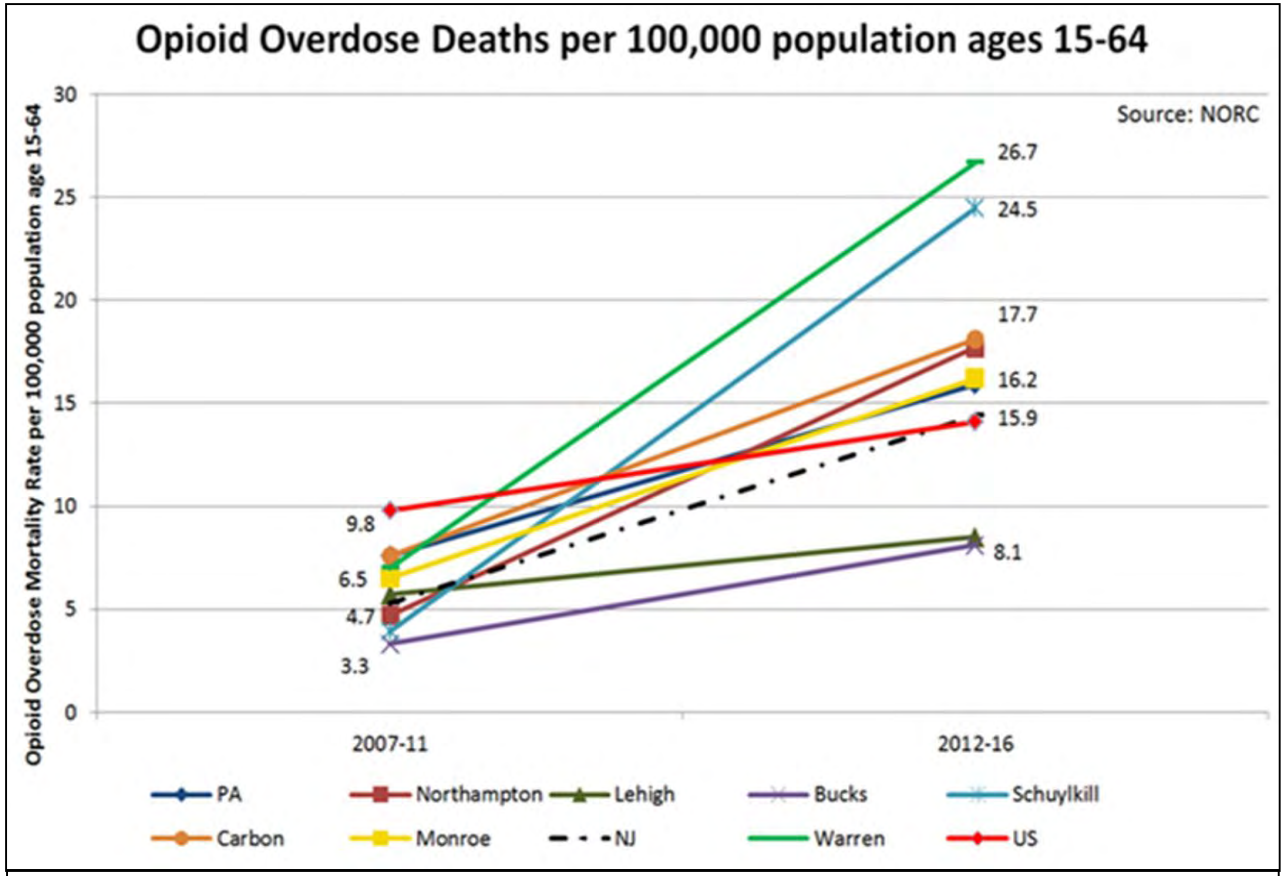


Figure. Opioid Overdose Deaths per 100,000 in SLUHN Service Area

The Emergency Medical Service (EMS) serving Allentown reported (Lehigh County Heroin Task Force, January, 2020) that our network's urban hospital saw the most fatal and non-fatal overdoses in 2019, that number was 291 cases; of those 104 were referred to the Warm Hand Off (WHO) Program. County WHO data reports outs shared in 2017 that there were 200 WHO's in our Lehigh County hospitals. In 2019, the WHO improved to 1,027 which demonstrates an over 500 percent increase in connections. This coordinated response is strategically being reviewed as part of network substance use disorder (SUD) response to measurably improve connection to treatment and recovery services. The WHO is an example of the network strategy to improve connection to care at each campus working with county and local organizations.

Intervention of National, State and Regional Strategies

In 2018, the network's rural hospital applied for and was awarded a $200,000 Federal Office of Rural Health Policy, Health Resource Service Administration (HRSA) Rural Community Opioid Response Planning (RCORP) grant to work within a consortium to improve OUD prevention, treatment and recovery response. The deliverables consisted of an assessment, strategic, workforce and sustainability plans. This grant allowed the opportunity for the hospital system to align with best practices as part of the Department of Health and Human Services five-point strategy and the Surgeon General's Report call to action on opioids and substance use disorder. Following successful completion and progress of the planning grant, in 2019, the rural hospital applied for and was awarded a 3 year, $1 million implementation grant to measurably improve OUD/SUD prevention, treatment and recovery services. Partnering on a national, state and local level utilizing best practices to measurable improve outcomes: In order to gain progress and quality standards, our network aligned with effective partners and models. On a federal level, we applied and received a HRSA grant planning to improve prevention, treatment and recovery response and services. During this time we brought together a SUD network team to review best practices and decide how to best partner to improve and operationalize network and hospital campus efforts.

<u>Naloxone Education and Distribution and SUD Response Pilots</u>

As part of the HRSA planning and implementation grants, we began piloting naloxone education and distribution in September 2019 in rural. Additional Lehigh County Drug and Alcohol funding allowed us to continue to implement this program at the urban campus with high SUD and overdose rates.

<u>Rural Pilot</u>

Local CHNAs have identified that this rural, medically undeserved service area is at high risk for substance use disorder (SUD). The prevalence rate of opioid use disorder (OUD), opioid overdoses and opioid overdose mortality are all higher than national rates and population to provider ratios are worse than the state and nation. Stigma, transportation, and cost of treatment prevent most from accessing treatment and recovery.

The Rural Residency Medical Director and Resident Champion, along with community health team, lead the SUD response within the healthcare system and the consortium to reduce the morbidity and mortality of SUD/OUD. This includes Medication Assisted Treatment (MAT), Screening, Brief Intervention and Referral to Treatment (SBIRT) and stigma reduction trainings for residents and staff. Additionally, the physicians work with the network toxicologist to pilot the SUD/MAT response to improve connection to care.

The rural SUD steering committee guides the comprehensive interventions and consists of local and grassroots partners, including those with lived experience.Together, their efforts provide energy to our rural community and the healthcare network in improving our continuum of care model. This includes integrating SUD response as a standard of comprehensive quality care while working with schools, head start and local faith partners to improve life skills, trainings and education as identified through our strategic and sustainability planning. Strategic planning objectives include increasing individuals screened for OUD/SUD9, healthcare and community trainings and education and patients received SUD services including MAT.

Urban Pilot

Understanding and gaining the trust of the community is imperative to the SUD response in the network. Therefore, Family Medicine Residents from the urban Campus have worked very closely with the community. They are not just treating patients inside the clinical setting but have made it a priority to get out into the community to educate and deliver naloxone*. "I would estimate 15% of the people we met said they have already used naloxone on an acquaintance and needed a new supply"* Hospitalist who does community outreach and distributes naloxone while educating individuals on how to use it. Urban Family Medicine Residents have been actively involved in the MAT waiver trainings and are partnering with community and local grass root organizations such as a laundromat frequented by those in need and Certified Recovery Specialists (CRS's) who are employed by a local Center of Excellence (COE) treatment centers. As part of our urban SUD pilot, we are responding to the identified need around addiction, but we also understand how working on other Social Determinants of Health that have been identified in the CHNA will have an impact on the SUD rates in the community.

Evidence Based Trainings including Naloxone Education and Distribution:

Urban Trainings

In 2018, over 500 community members were educated and trained to use intranasal naloxone, and over 300 Naloxone rescue kits were distributed. From October 2019 to February 2020, an additional 230 community members were educated and trained to use intranasal naloxone. The data shows that there has been a reduction in overdose deaths in the county since 2018 and anecdotally we know the program is working.

Rural Trainings

Family Medicine Rural Resident Medical Director and Champion Resident lead the naloxone education and distribution program and overall SUD Response. They encourage healthcare and community engagement and collaborations. Evidence Based Practices and Trainings (EBP) include:

- ✓ Question, Persuade, Refer (QPR)
- ✓ Stigma Reduction Survey and Education
- ✓ Medication Assisted Treatment (MAT)
- ✓ Screening, Brief Intervention, Referral to Treatment (SBIRT)
- ✓ Naloxone Education and Distribution
- ✓ Community Health Worker (CHW)

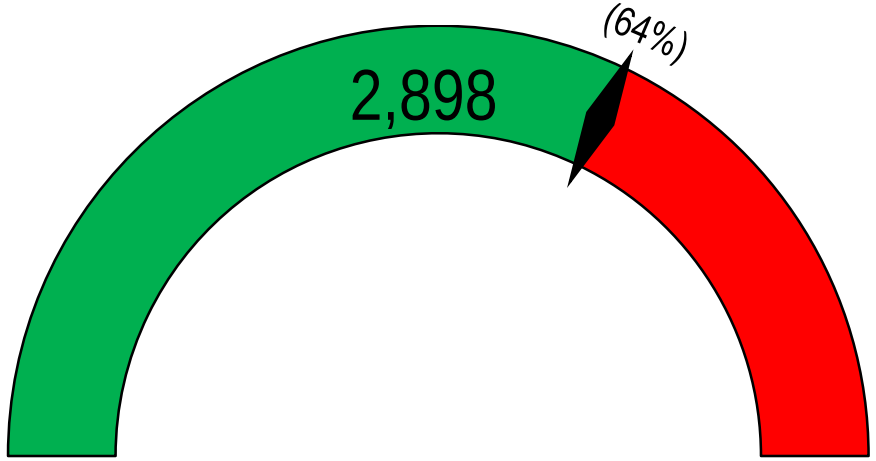
Campus	Naloxone Education/Distribution Sites and Events	#Naloxone Education/Distributed
Rural Campus Pilot 2019-2020 (SLUHN Miners Campus)	Drug and alcohol expo, opioid symposium, food pantry in high overdose area, mock bedroom in community center, Recovery Walk	142
Urban Campus Pilot 2017-2020 (SLUHN Sacred Heart Campus)	Soup kitchens, laundromat ministries, community center, street outreach	730

Table. Naloxone Education and Distribution Pilots

Network Trainings

In fall 2019, a stigma reduction survey was sent to all the campuses to employees directly related to SUD as part of the Opioid Stewardship Program. Nearly 3,000 network staff completed the survey including medical doctors, advanced practitioners, nurses, support staff, educators and front staff. Community health and paTechnical assistance for MAT and SBIRT trainings and integrating with the network Electronic Health Records System for improved outcomes tracking and reporting, has been successful in identifying barriers, opportunities and progress.

2898 inpatient and outpatient network providers, nurses, and support staff completed the anonymous survey out of the 4500 who received the survey in October 2019



4,500 Providers Received Survey

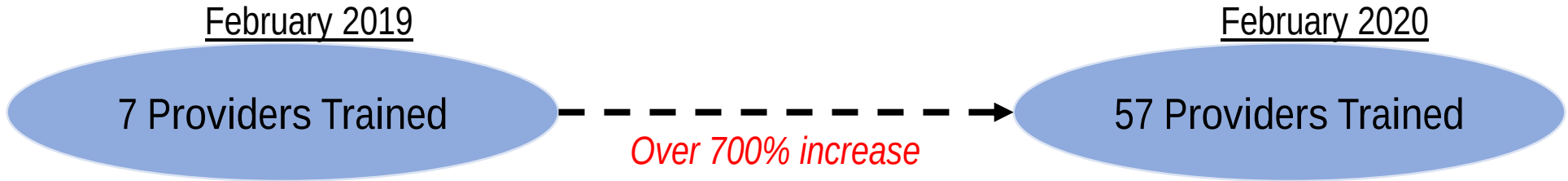
Stigma Reduction Survey Respondents by Role

Physician or Resident	Advanced Practioner*	Nurse	Assistive Personnel*	Administration*	Educator	Other*
9.9% (287)	7.4% (213)	51.2% (1479)	30.5% (880)	0.4% (11)	0.3% (10)	0.2% (7)

Medication Assisted Treatment (MAT) Trainings

The hospital network has aligned with the rural HRSA grant MAT objectives to: Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT. This also allows provision of opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers and increase the number of support staff with the training and education to provide activities and services to complement MAT. The Rural Family Medicine Residency Program Director has been trained in addictions since 2008. In 2018 this physician started providing MAT trainings in our hospital system as part of the SUD response interventions through the Providers Clinical Support System (PCCS) quarterly at no cost to providers. Whereas other hospitals chose to incentivize this training, having this provider, as well as other provider ambassadors, has increased engagement. Whereas other hospitals chose to incentivize this training, having this provider, as well as other provider ambassadors, has increased engagement. They have been able to change the culture through effectively communicating that “these are our patients, our families, and our friends” and furthermore reiterated “this needs to become part of our standard quality of care.” Initially trainings were 8 hours; however, after receiving feedback from providers the trainings were changed to be 4 hours live and 4 hours on-line.

In February 2019, there were 7 known network providers waivered. After implementing the in-house MAT waiver trainings, this number has increased 57 by February 2020, demonstrating over a 700% increase. Residency Programs have aligned to assure trained Primary Care Providers (PCP’s) are available across the network for MAT referral. More importantly, these providers were engaged without an incentive and have led the network in providing presentations to each outpatient provider location in the months of February to April 2020. The first MAT waiver training was held March 2019 where over 35 providers and residents attended including the entire maternal child health team whom has since gone to implement MAT process and wrap around connections for pregnant women. Since COVID-19, our physician champion has trained an additional 69 residents and provider trained.



In 2019, our network joined the Hospital Association of PA Opioid Learning Action Network (LAN) and we have successfully linked with our state colleagues in collecting and reviewing key data points for Opioid Use Disorder (OUD) encounters, overdoses, MAT in emergency departments, prescriptions for home inductions, patients engaged by a certified peer specialist and naloxone prescriptions upon discharge. This aligns with our network toxicology hub and spoke model expanding inpatient detox for patients along with connection to care. Referrals are coordinated internally with our departments and externally with our COE's, treatment centers and local organizations with the goal to encourage, support and sustain recovery.

Strategic planning utilizing evidence-based trainings and best practices are being integrated into the hospital system and the communities we serve. This includes increasing the providers waivered for Medication Assisted Treatment (MAT), while working in tandem with counseling and support, and increasing trainings for stigma reduction in healthcare and in the community. Screening, Brief Intervention, Referral to Treatment (SBIRT); Question, Persuade, Refer (QPR); naloxone education and distribution; school and Community Health Worker (CHW) connection to care and resources are also being successfully implemented. In addition to our national HRSA partner, our state partners include The University of Pittsburgh School of Pharmacy Program Evaluation and Research Unit (PERU) and the Hospital Association of Pennsylvania. Regional opioid task forces and coalitions work closely with our Single County Authorities (SCA) and Center of Excellences (COE), local Drug and Alcohol and with those with lived experience to inform planning and effective response. On a network level we developed a SUD Response Committee that meets monthly to operationalize and communicate efforts throughout our network and with our partners to measurable improve outcomes and impact.

Additionally, collaborations with area institutions of higher education to build a strong provider base continue to grow and develop with Lehigh University, DeSales University and the Lewis Katz School of Medicine at Temple University. CHPM and Behavioral Health at SLUHN have been actively involved in county and health bureau suicide and opioid taskforces to combat the opioid epidemics currently being faced by our communities. There are opioid task forces in communities serving Bethlehem, Allentown, Anderson, Lehighton, Quakertown, Miners, Monroe, Warren, and Quakertown campuses. The intent is to build better collaboration between systems and measurably improve and sustain outcomes and impact.

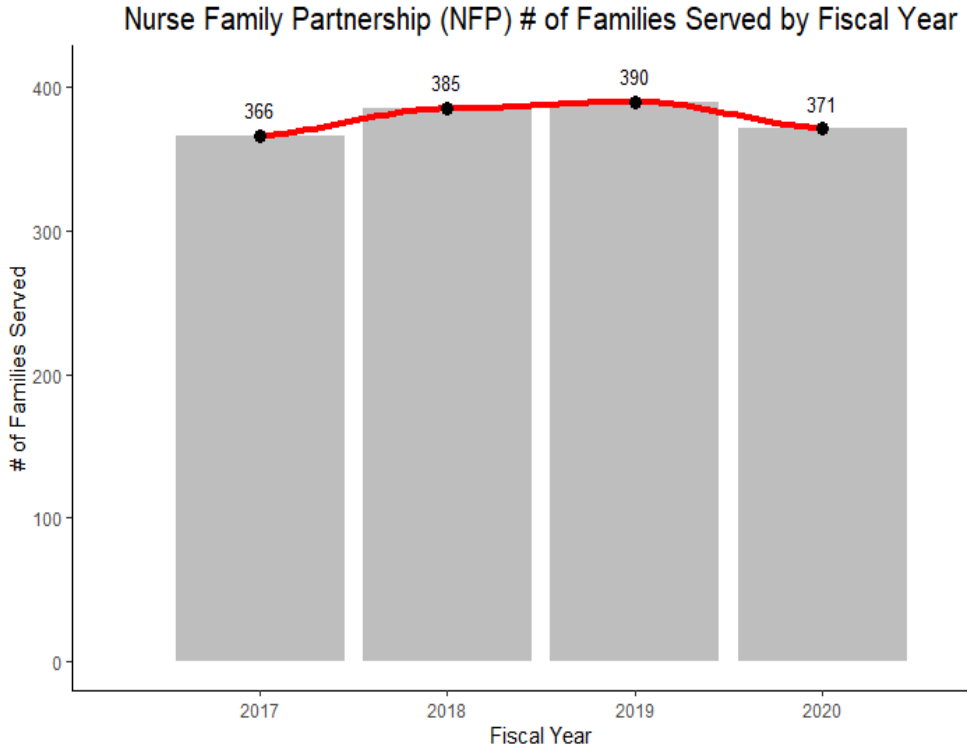
3. Access to Care and Reducing Health Disparities

The Health For All initiative addresses CHNA goals related to Improving Access to Care and Reducing Health Disparities, Preventing Chronic Disease, Improving Mental and Behavioral Health, Improving Child and Adolescent Health and Improving Elder Health.

The Healthy Kids, Bright Futures initiative addresses CHNA goals related to Improving Access to Care and Reducing Health Disparities, Preventing Chronic Disease, Improving Mental and Behavioral Health and Improving Child and Adolescent Health.

Maternal Child Health Initiatives

The Maternal Child Health initiatives consist of two distinct programs: the Nurse-Family Partnership (NFP) and the Visiting Nurse Advocates of the County (VNAC). These community health programs are implemented through the Visiting Nurse Association of St. Luke's and work to address child health issues by working with families in their home and community.



# of Families Served	371
# of Visits Completed	4,242
Graduation Rate	76.0%
Employment Rate @ 24mo.	80%

Table. NFP Fiscal Year 2020 Data

Figure. Number of Families Served Each Year by the NFP Program

Please note, Nurse-Family Partnership (NFP**) and Visiting Nurse Association of St. Luke's (**VNAC) programs went virtual from March, 2020 to the remainder of Fiscal Year 2020 due to COVID-19.

Nurse-Family Partnership (NFP)

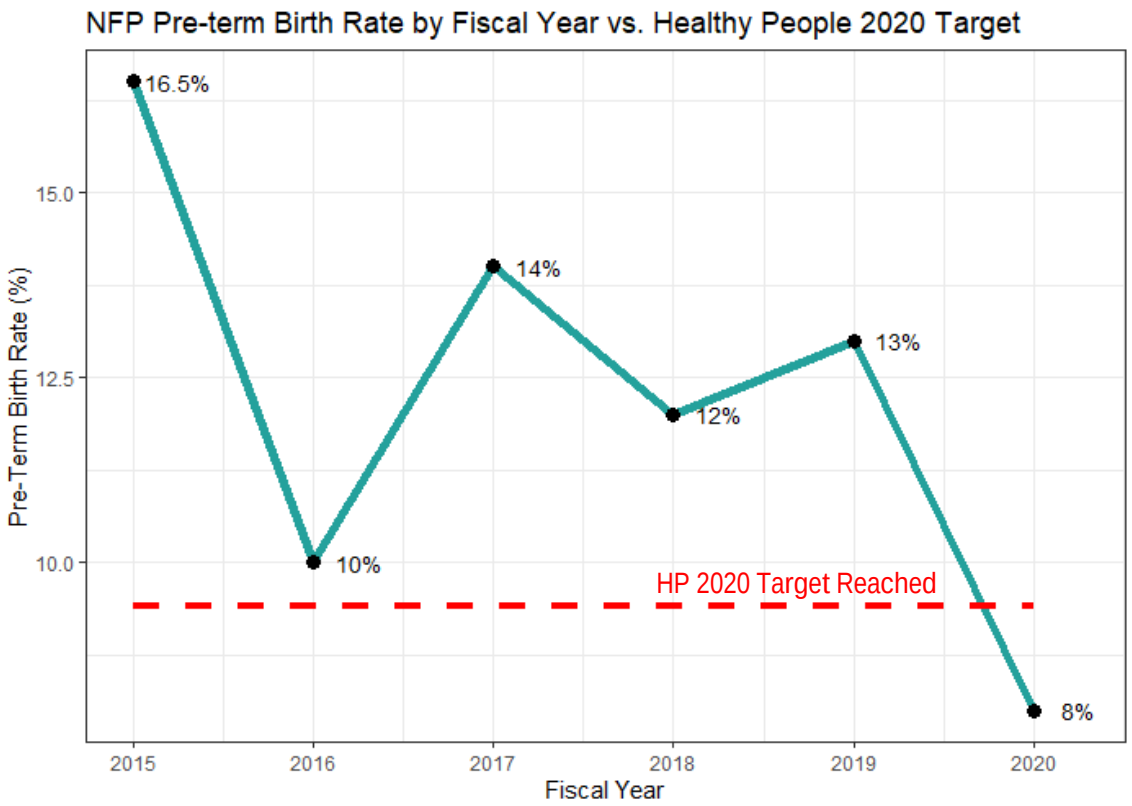


Figure. NFP Pre-term Birth Rates by Year

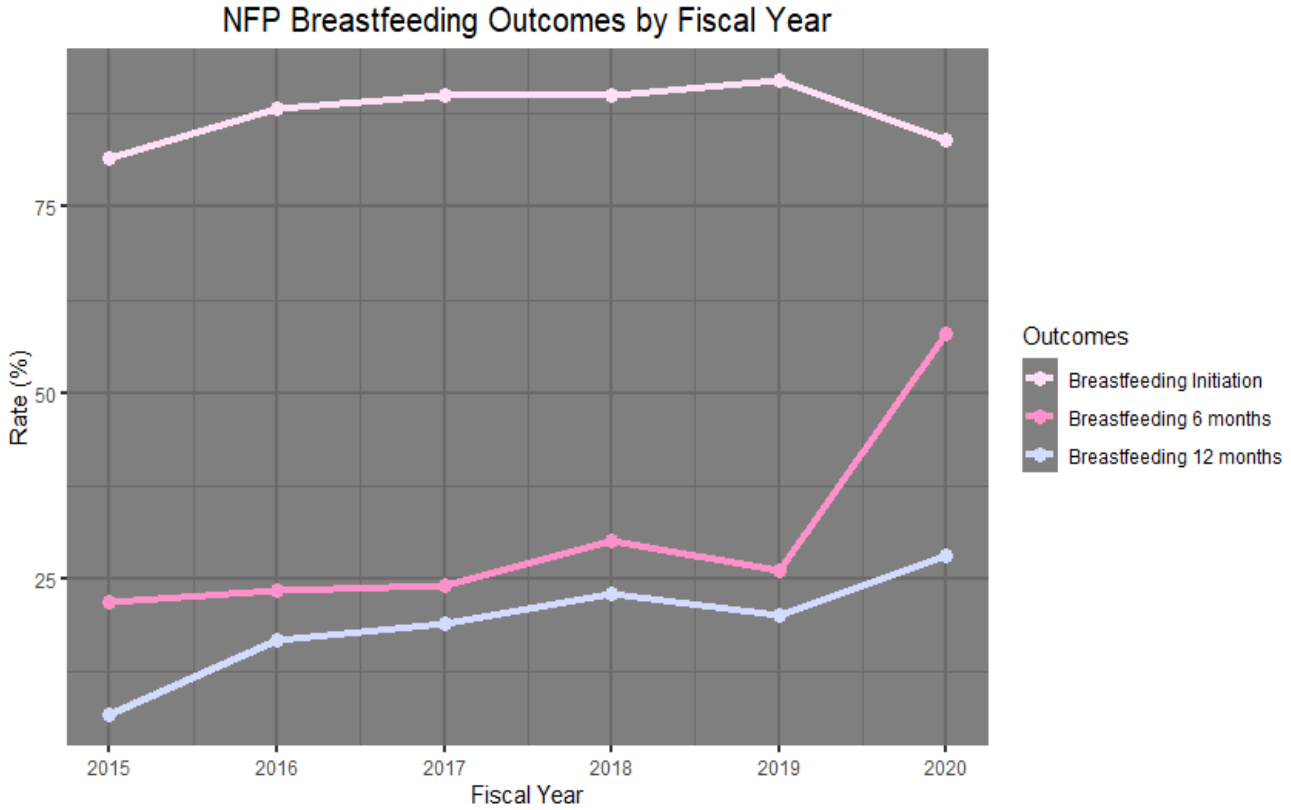


Figure. NFP Breastfeeding Outcomes by Year

Breastfeeding Rate @ Initiation	84%
Breastfeeding Rate @ 6mo.	58%
Breastfeeding Rate @ 12 mo.	28%
Pre-tern Birth Rate	8%

Table. Nurse Family Partnership (NFP) Fiscal Year 2020 Data

Visiting Nurse Advocates of the County (VNAC)

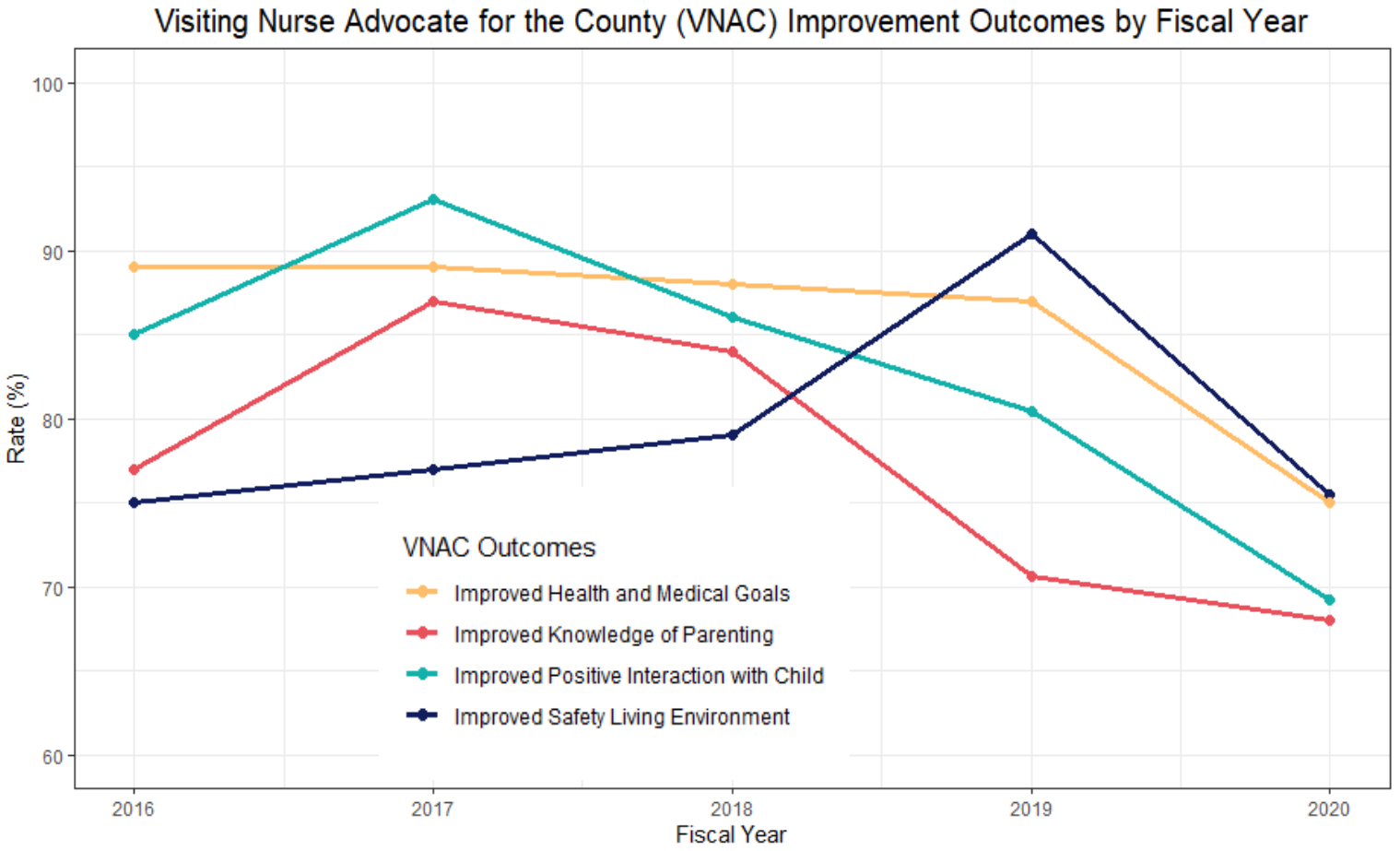


Figure. VNAC Improvement Outcomes by Year

Improved Safe Living Environment	76%
Improved Pos. Interaction with Child	69%
Improved Knowledge of Parenting	68%
Improved Health and Medical Goals	75%

Table. Visiting Nurse Advocate of the County (VNAC) Fiscal Year 2020 Data

Please note, Nurse-Family Partnership (NFP**) and Visiting Nurse Association of St. Luke's (**VNAC) programs went virtual from March, 2020 to the remainder of Fiscal Year 2020 due to COVID-19.

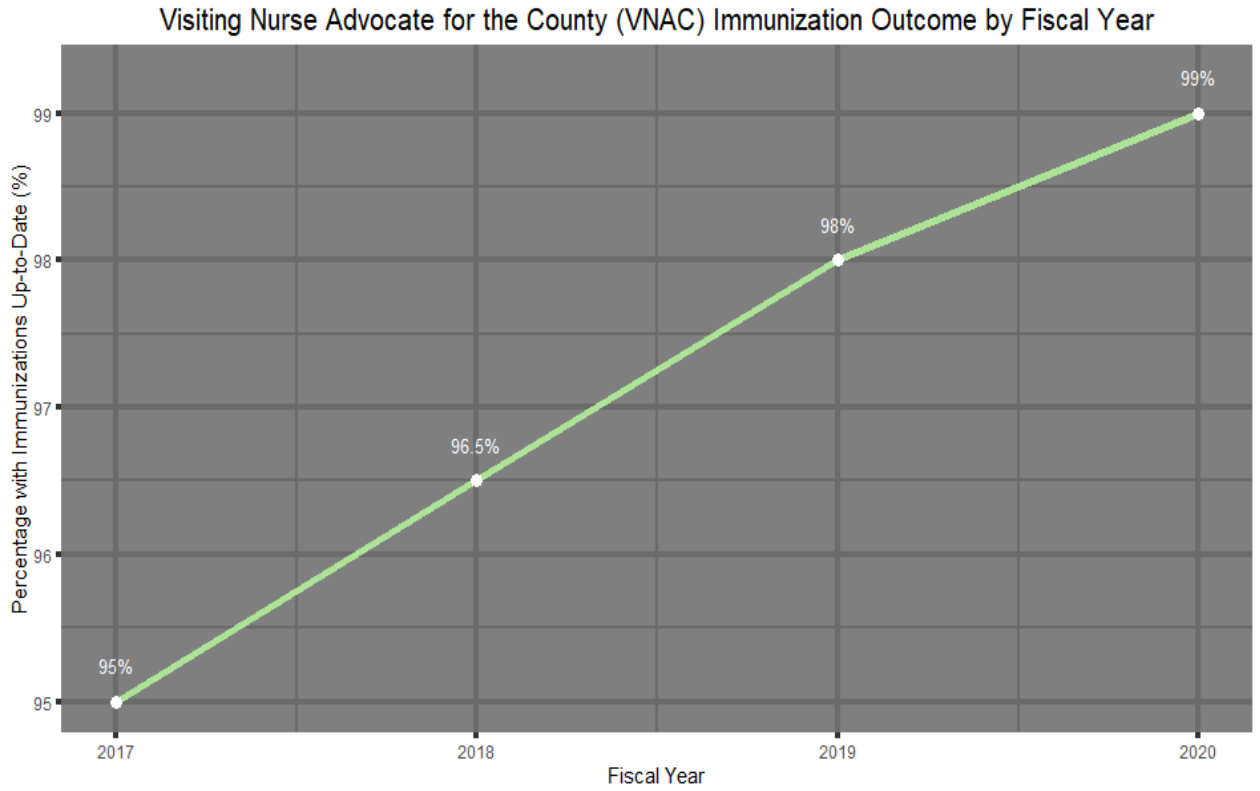


Figure. VNAC Percent of Immunizations Up-to-Date by Year

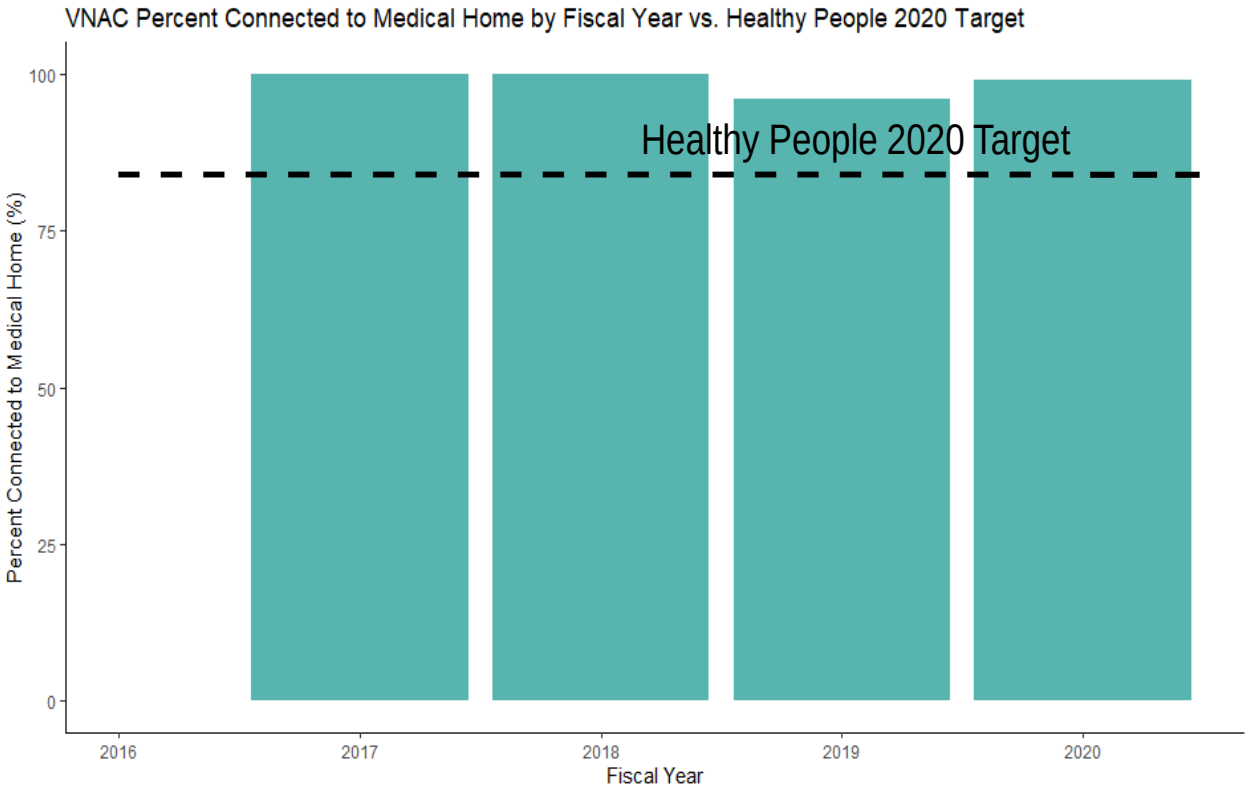


Figure. VNAC Percent Connected to Medical Home by Year

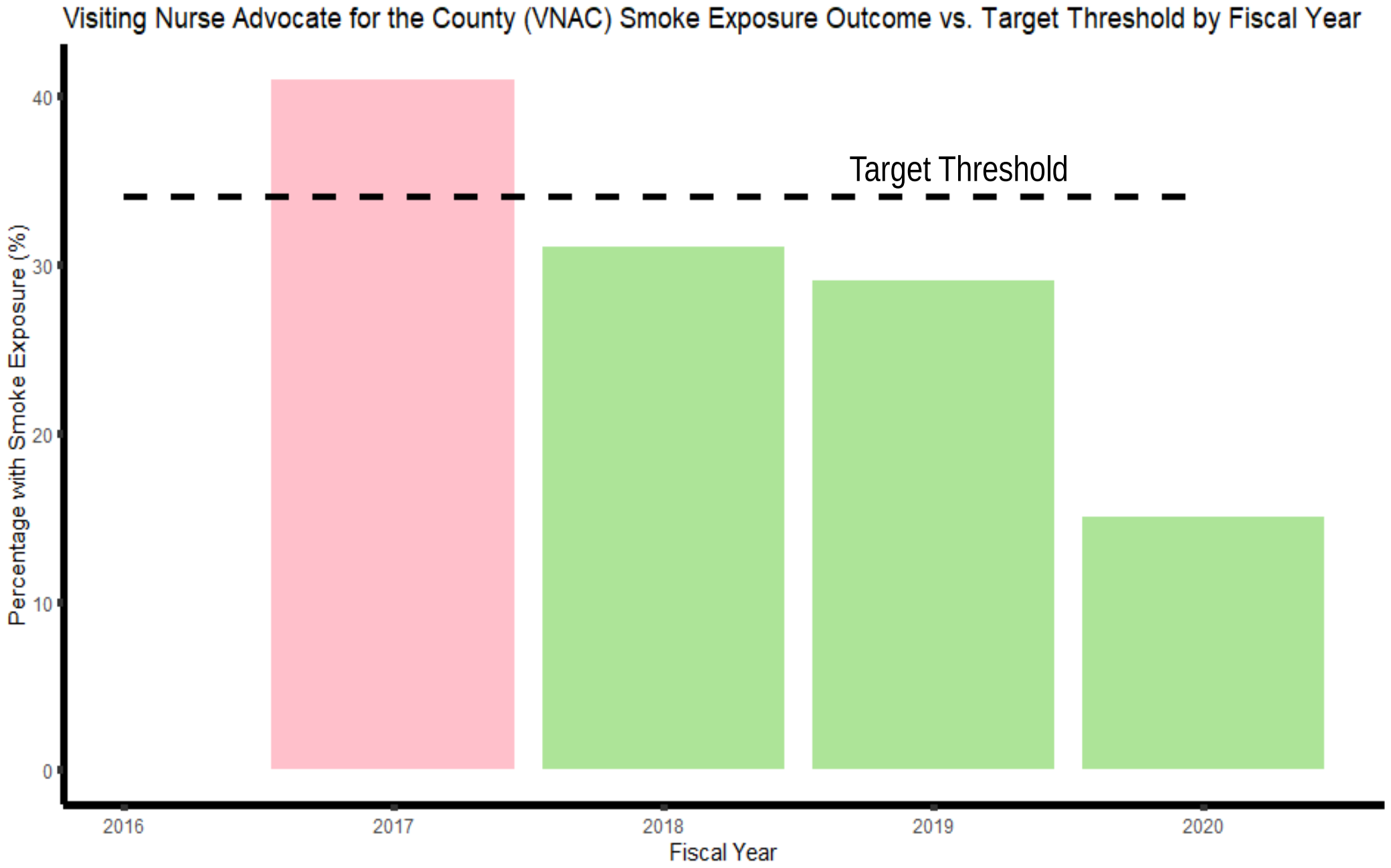


Figure. VNAC Percent Exposed to Smoke by Year

Literacy Initiatives

A multitude of research has linked low literacy to poorer outcomes related to health and life course development. Literacy and exposure to books needs to occur early as a child's brain develops rapidly with approximately 80% of an individuals brain architecture set by the age of three. Reading interactions affect children's cognitive, language, and social-emotional development. The American Academy of Pediatrics reported that fewer than half (48%) of young children are not read to daily. Additionally, minority and low-income children are less likely to be read to daily compared to non-minority, higher income peers. This inequity impacts a child's school success, and long term health as social determinates have a major role in both a person's quality and length of life. In an effort to close this literacy gap, SLUHN has taken on multiple strategies to promote access to books, reading interactions, and community partnerships to help promote literacy throughout the community and across the lifespan.

SLUHN Book Drive

Little Free Libraries

6 SLUHN Campus libraries and 7 partner libraries

Dr. Seuss Day

SLUHN Volunteer Readers met with **over 4,600** Kids in **234** Classrooms across our region during our Dr. Seuss Day Event. Every classroom also received a Book!

School Based Initiatives

Adopt-a-school Model

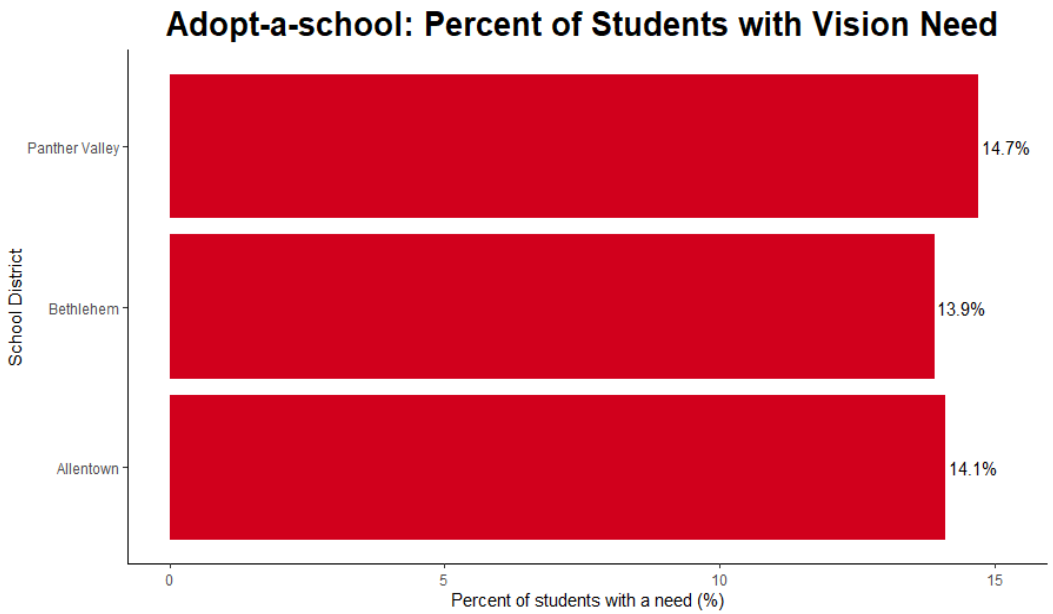


Figure. Adopt-a-school vision need by school district

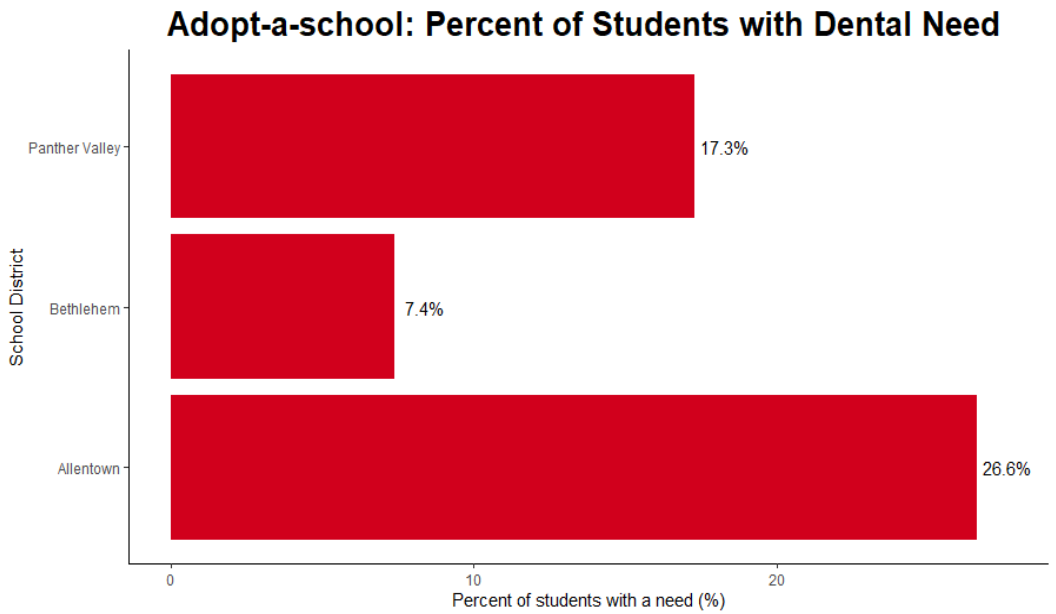
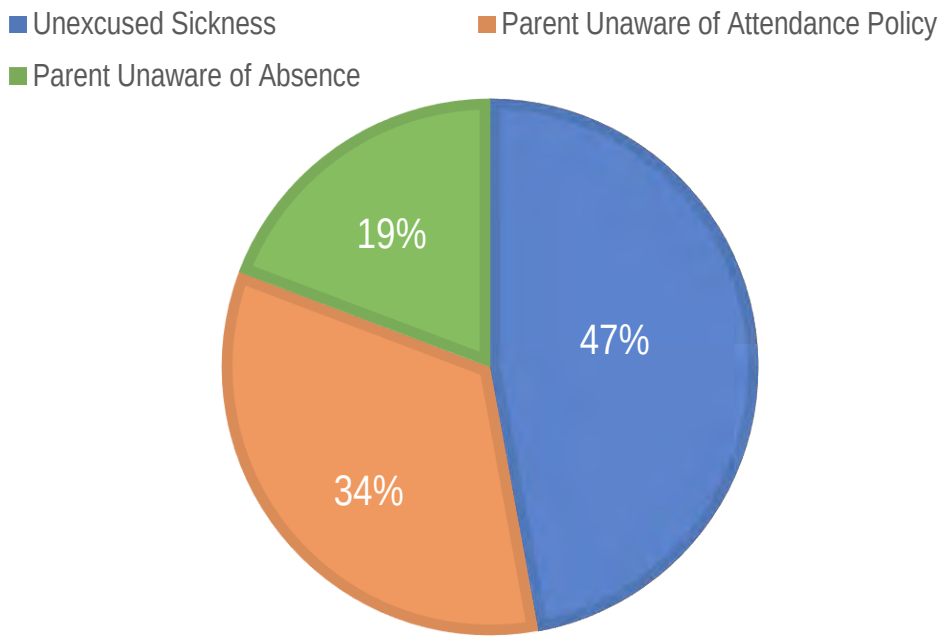


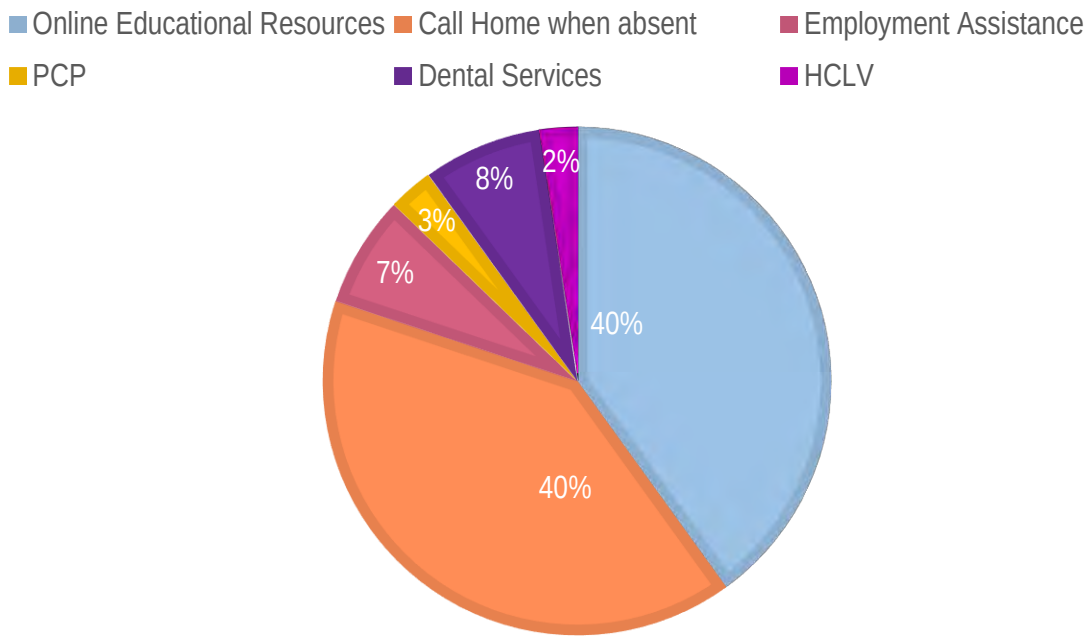
Figure. Adopt-a-school dental need by school district

Youth Succeeding in School (YSS) Donegan

YSS DONEGAN COMMON BARRIERS TO ATTENDANCE



YSS DONEGAN COMMON SERVICES/ REFERRALS



# of Students Enrolled in the Program	63
Enrollment Rate (#enrolled/ # with need)	91%
# of non-YSS Students helped	34
Attendance Improvement Rate	67%

Table. YSS Donegan FY 2020 Outcomes Data

Youth Succeeding in School (YSS) Donegan is a program designed to reduce chronic student absenteeism by identifying and addressing barriers to attendance faced by students and families. They are connected to a variety of community resources including health/ dental services, employment assistance and the Hispanic Center of Lehigh Valley (HCLV).

*Please note, the attendance monitoring has been suspended since March 2020 due to COVID-19

Mobile Health Vans

St. Luke's Mobile Youth Vans travel to Allentown, Bethlehem and Panther Valley school districts. This year, due to COVID-19, the van's activities at schools were suspended in March. Fiscal year 2020 numbers, thus, only reflect the work done by the van team up until March, 2020.

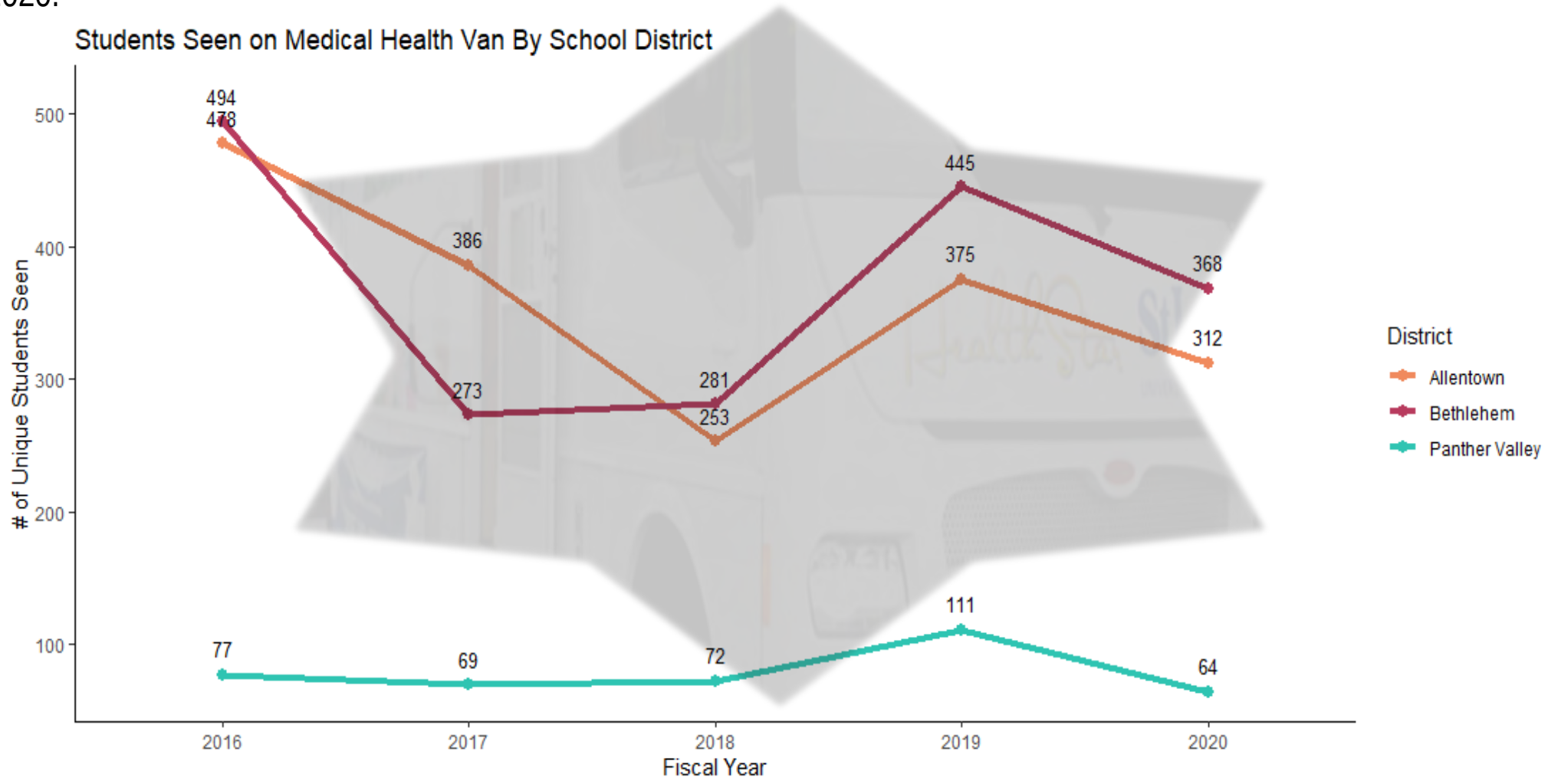


Figure. Mobile Youth Health Van Students Served in each School District by Year

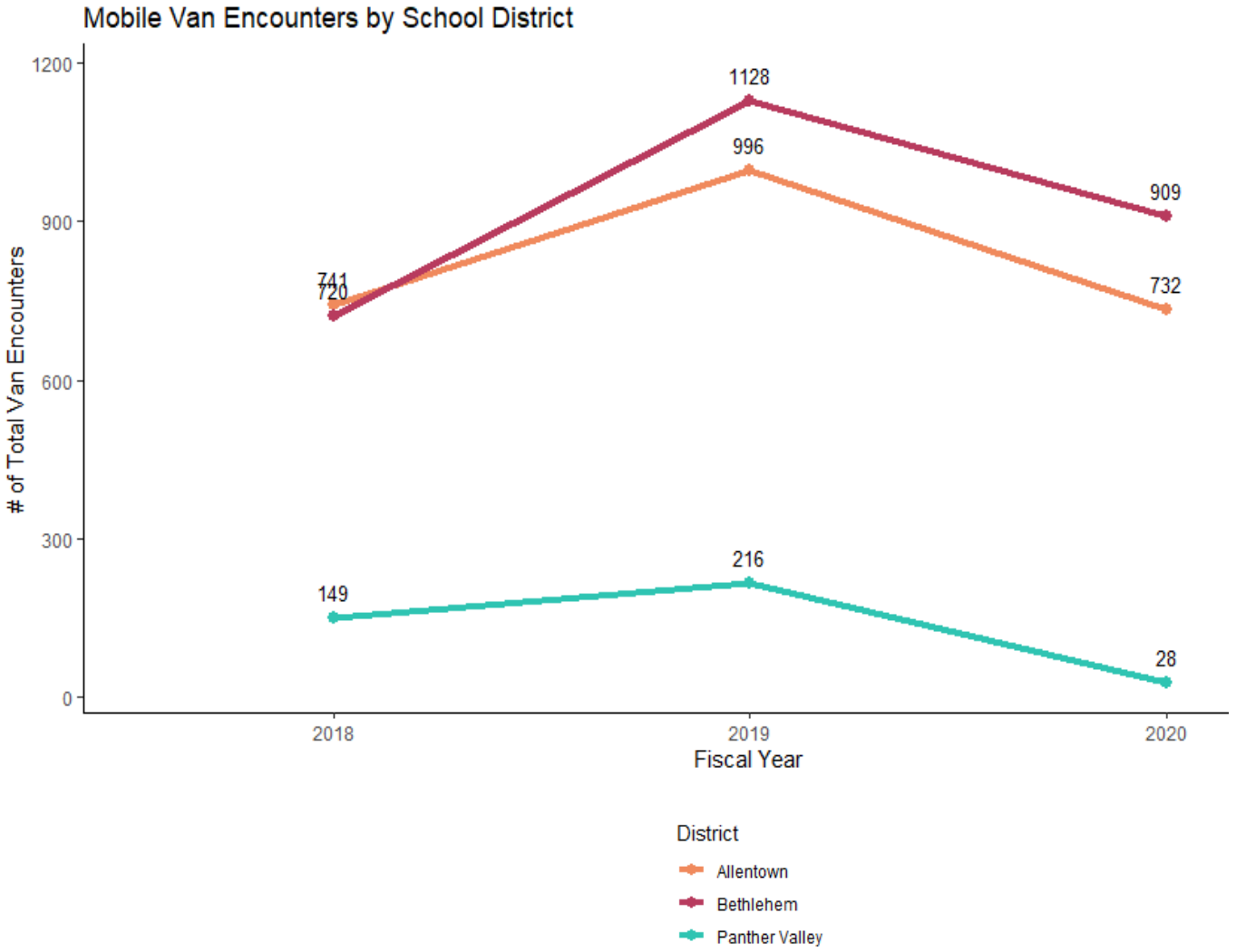
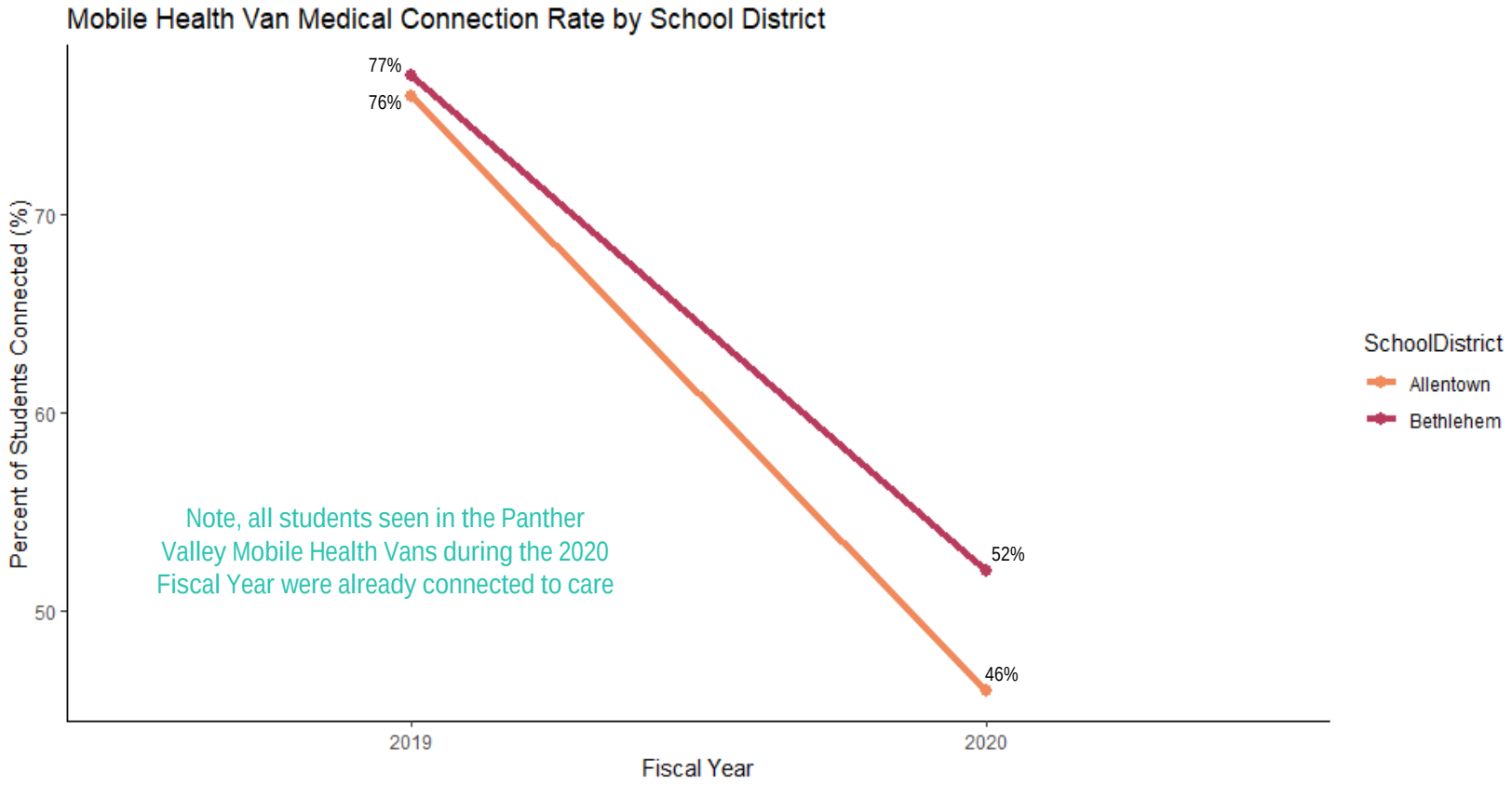


Figure. Mobile Youth Health Van Encounters in each School District by Year

*Please note, the mobile health vans have been suspended since March 2020 due to COVID-19

Medical Connection: Many students in the school districts served are ineligible for Medical Insurance which creates challenges when connecting students to medical care. In the last two years we have seen so many Allentown students from Central and South America, as well as Syria and Africa. We attempt to find Medical Homes that will provide services to our students, but if we are unable, we will do their PE (Physical Exam) on the medical van. This exam is required by the state in K/1st, 6th and 11th grade. We also refer students that do not have insurance/ are ineligible to sites for immunization (Allentown Health Bureau). St Luke's is currently taking the lead on a vaccine program in conjunction with the Allentown School District and Allentown Health Bureau that will provide vaccines to students via VFC (Vaccines for children).

Figure. Mobile Youth Health Medical Connection Rate in each School District by Year



*Please note, the mobile health vans have been suspended since March 2020 due to COVID-19

Vision Connection: If a child cannot see…they cannot learn. Dr. Bruce Hillman volunteers his time to go out on the ASD vision van roughly once a month and Four Eyes provides the children with amazing glasses they can pick out on their own during a school day appointment. Children not seen on the van can also receive a vision voucher that provides a free eye exam and glasses once referred from Health Room Nurses in the Allentown school district or the St Lukes Medical Van. Services are covered by St Lukes with no cost to families.

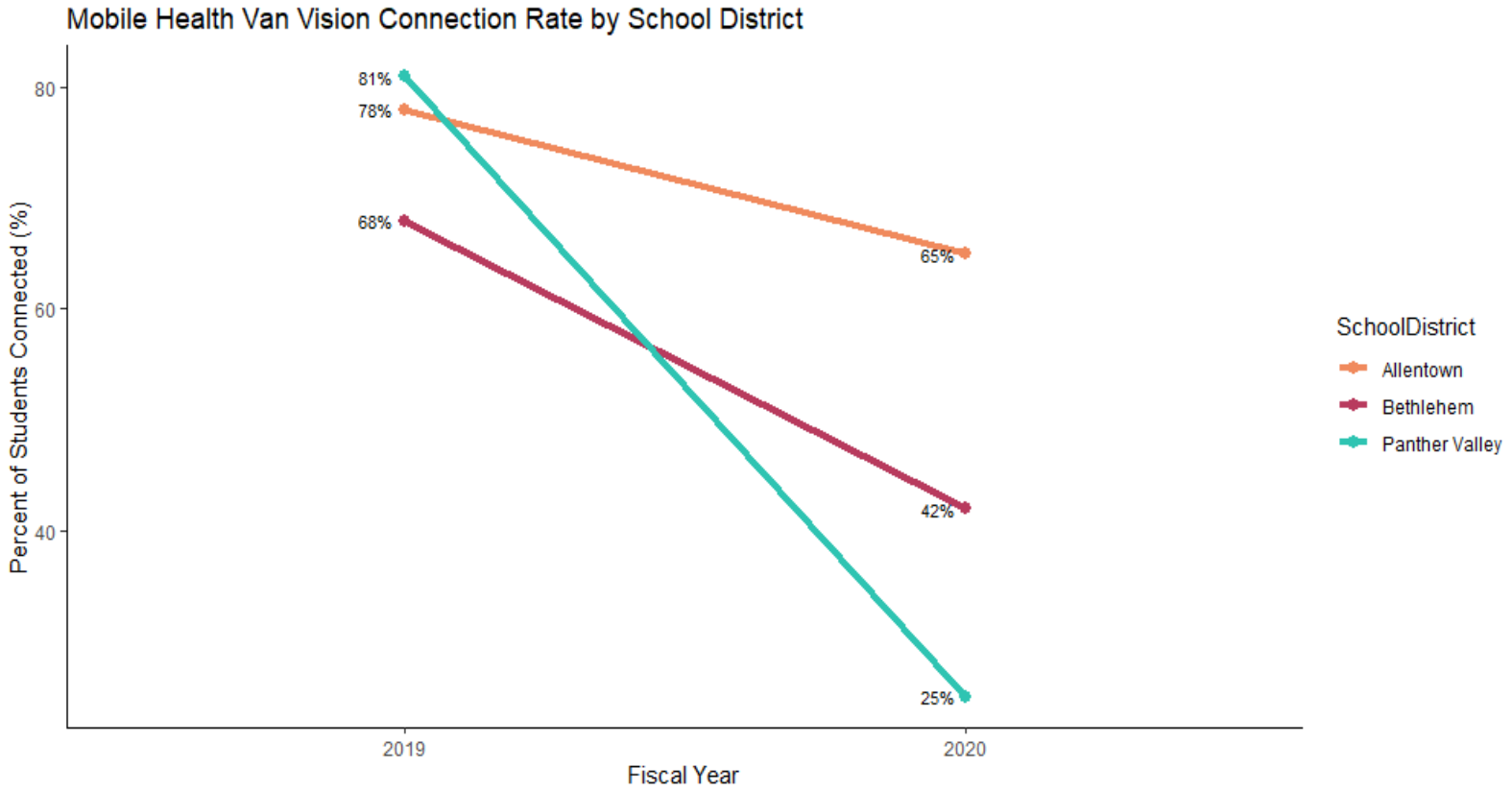


Figure. Mobile Youth Health Van Vision Connection Rate in each School District by Year

*Please note, the mobile health vans have been suspended since March 2020 due to COVID-19

Adolescent Career Mentoring Initiatives

Adolescent Career Mentoring Initiatives provides career mentoring programming for in-school and out-of-school youth in Lehigh, Northampton, and Warren (NJ) counties, through a combination of hospital rotations, professional development sessions, and/or work experience. Initiatives include the School-To-Work Program, Health Career Exploration Program, Next Step Program, and the CareerLinking Academy programs in Bangor, Bethlehem, Allentown, and Phillipsburg (NJ).

The programs focus on increasing 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 keeping and job seeking skills and diversifying the healthcare workforce.

During fiscal year 2019-2020, St. Luke's Adolescent Career Mentoring Initiatives served a total of 78 high school students, with a high school graduation rate of 99%.

COVID Impact

In March 2020, due to the Covid-19 Pandemic, the observational programs ended earlier than scheduled, however programming was almost completed for the academic year. For the work experience programs, HCEP and Next participants were not allowed to return to work, however development sessions continued on a virtual platform, and program staff provided cases management services.

The School-To-Work Program (STW) 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. This year, STW served 20 students, with a high school graduation of 95%.

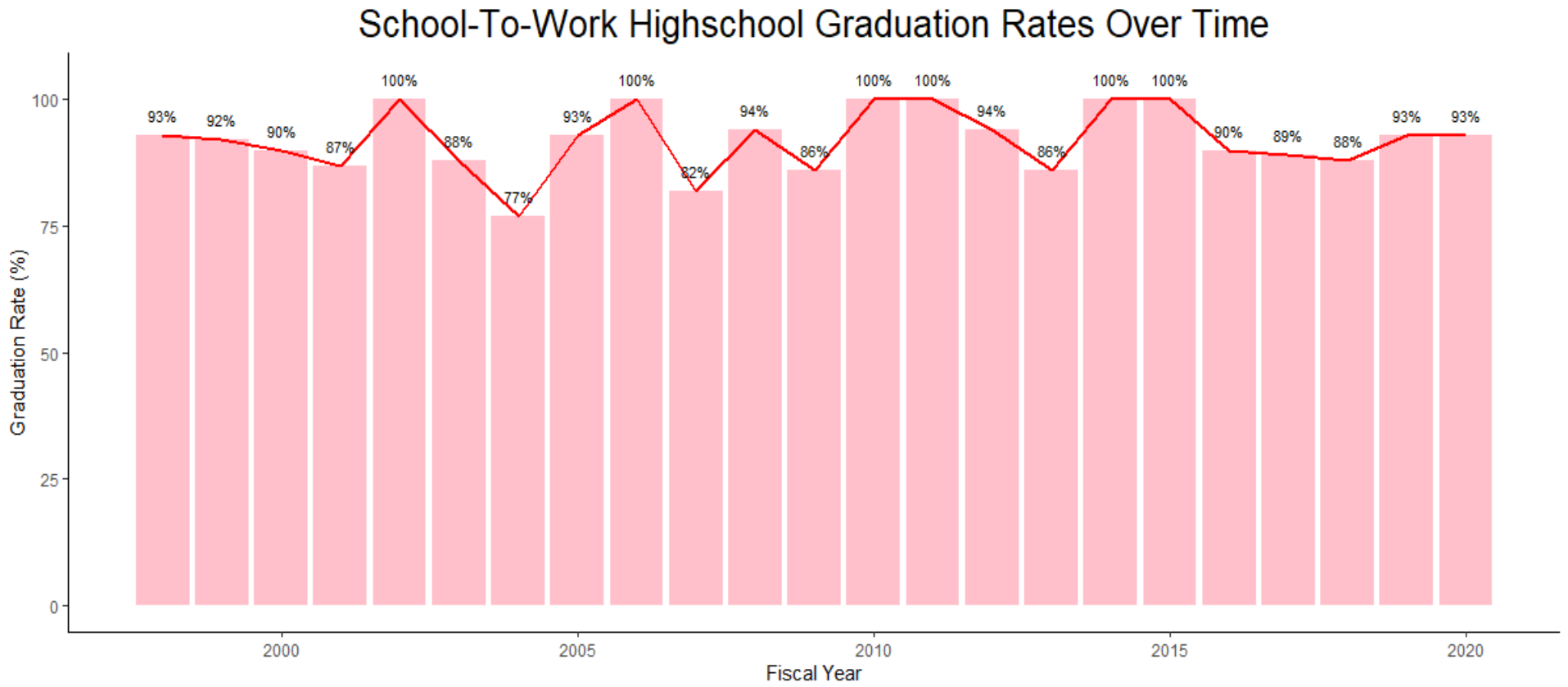


Figure. STW Highschool Graduation Rates

FY 2020 Enrolled Cohort Size	20
Target Enrollment Rate	100%
Completion Rate	95%
Highschool Graduation Rate	93%
Post-Secondary Education Enrollment Rate	36%

Table. School-to-work program Fiscal Year 2019-2020 Outcomes

Health Career Exploration Program (HCEP) provides employability skills training and unsubsidized work experiences in support roles at St. Luke's hospitals. This year, HCEP served 39 students, with 100% graduated from high school, and 97% enrollment in post-secondary education.

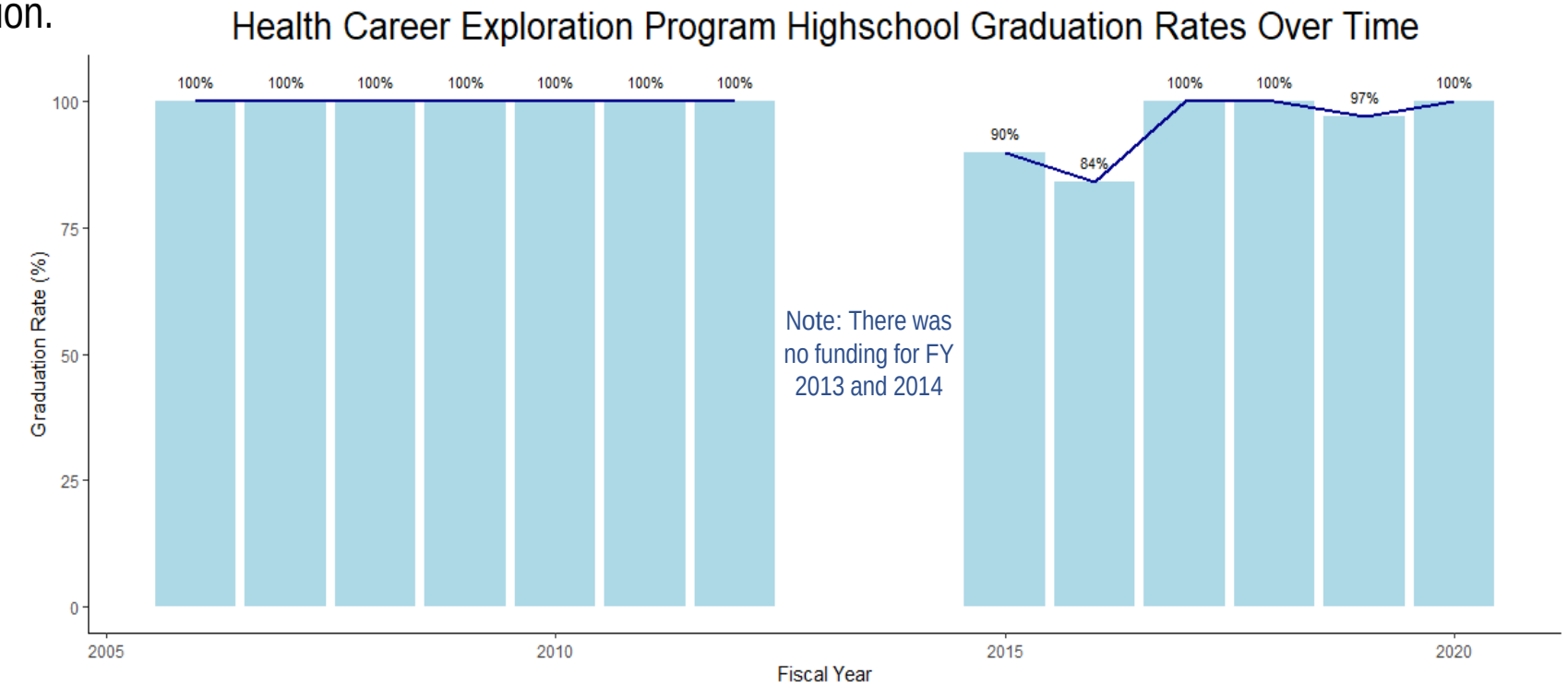


Figure. HCEP Highschool Graduation Rates

Six students have been hired by St. Luke's Hospital as Patient Care Assistants at Bethlehem, Allentown and Sacred Heart campuses.

FY 2020 Enrolled Cohort Size	39
Target Enrollment Rate	98%
Completion Rate	100%
Highschool Graduation Rate	100%
Post-Secondary Education Enrollment Rate	95%

Table. HCEP Fiscal Year 2019-2020 Outcomes

CareerLinking Academy Programs (CLA) combines observational learning experiences and professional development sessions focusing on exposure to healthcare careers with job readiness skills training. This year, the program served 39 students, with a high school graduation rate of 100%.

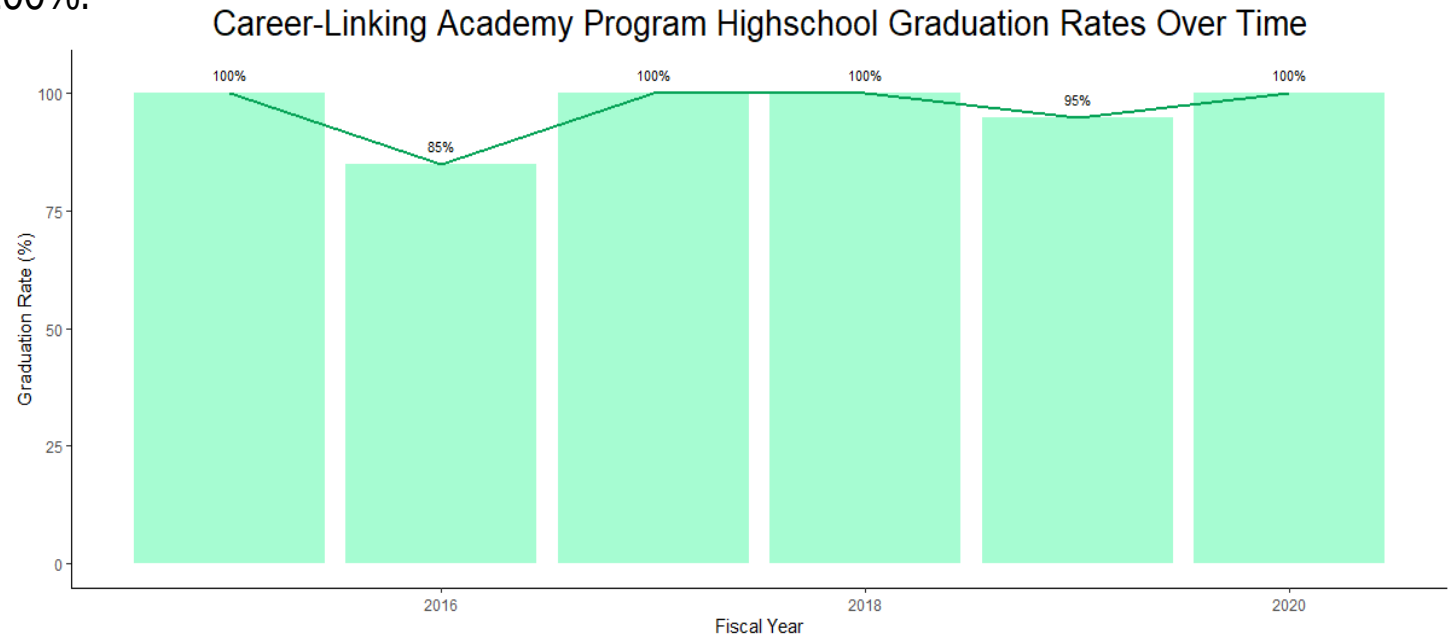


Figure. CLA Highschool Graduation Rates

Another success of fiscal year 2020 was that one of the past participants was hired at St. Luke's Anderson Campus as a PCA, while he attends Northampton Community College for his nursing pre-requisites.

FY 2020 Enrolled Cohort Size	39
Target Enrollment Rate	95%
Completion Rate	100%
Highschool Graduation Rate	100%
Post-Secondary Education Enrollment Rate	100%

Table. Career-linking Academy (CLA) program Fiscal Year 2019-2020 Outcomes

Next Step Program (NSP) provides employability skills training and subsidized work experience for out-of-school youth aged 17 to 24 years old at the Bethlehem & Allentown Campuses, and various St. Luke's Physician Group locations. This program places youth in entry-level positions available at St. Luke's University Health Network (SLUHN) for a total of 520 hours of work experience. This year, the Next Step Program served 20 participants, 44% gaining employment in the community or St. Luke's network.

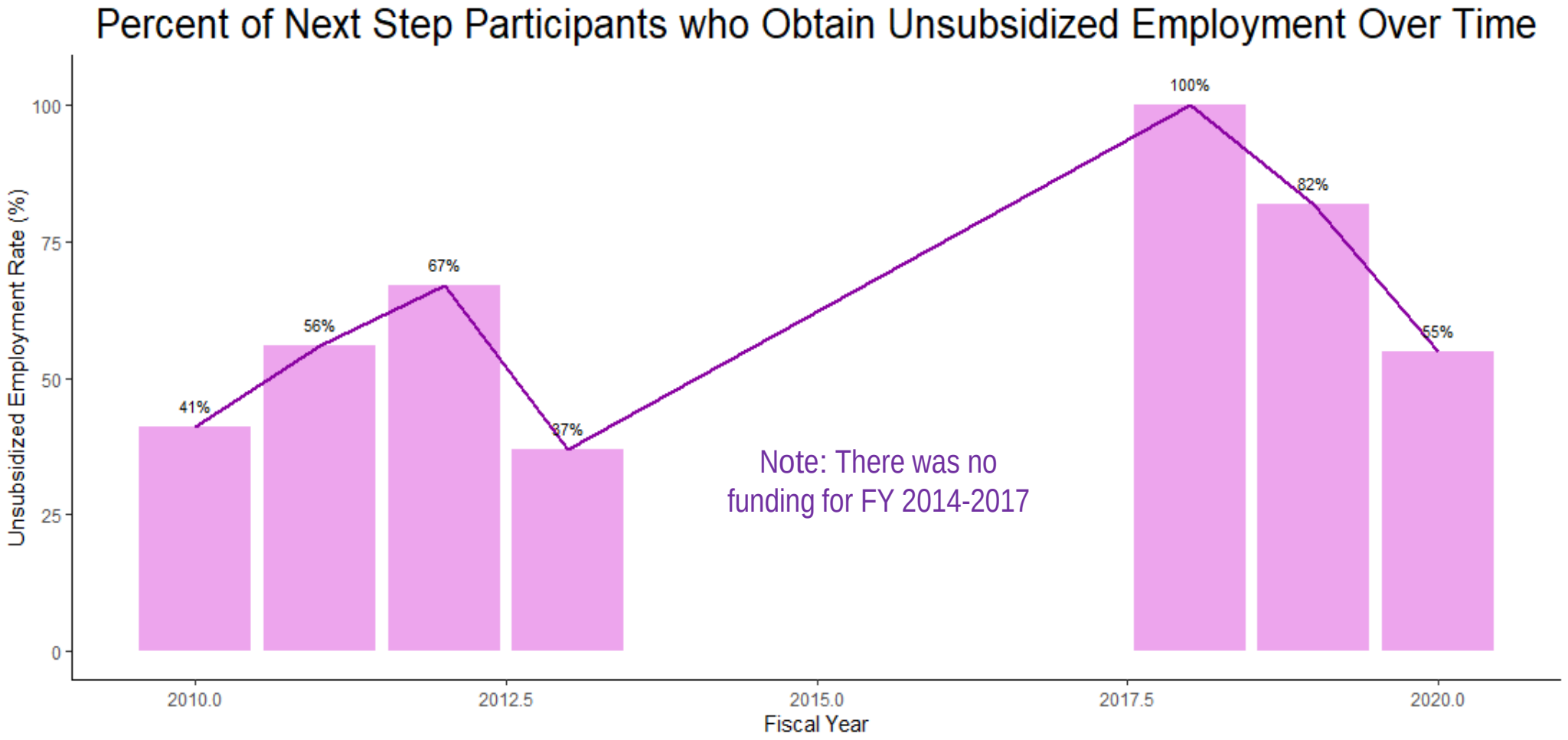
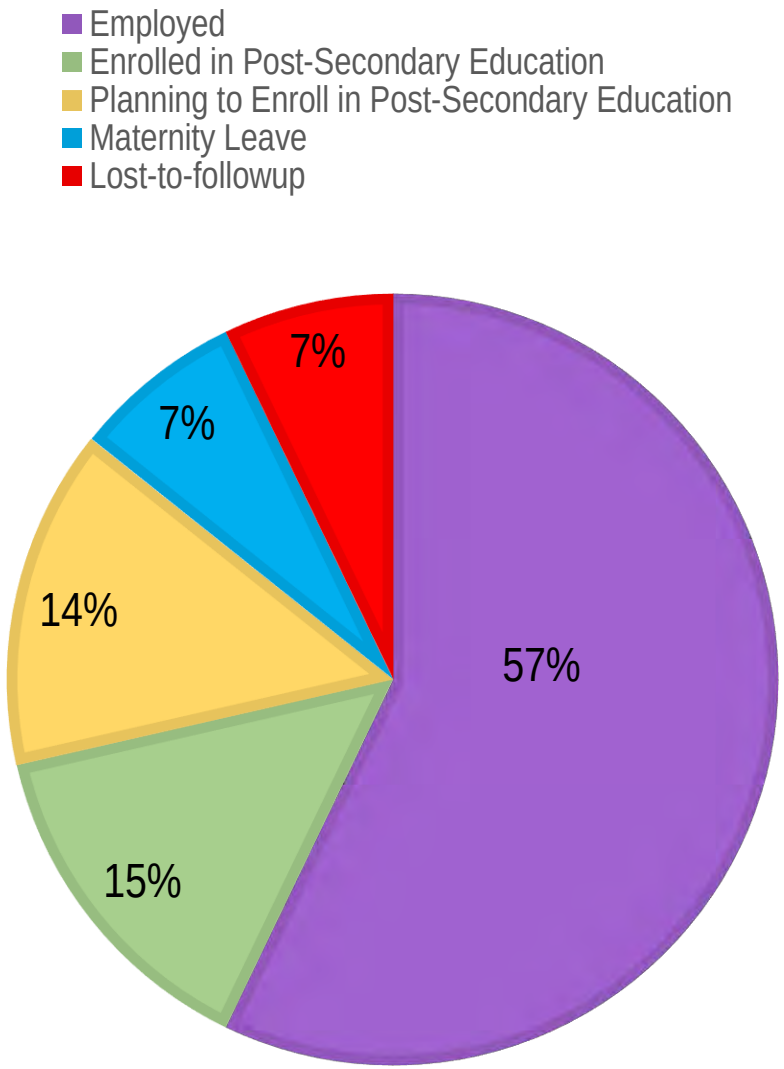


Figure. Next-Step Unsubsidized Employment over Time

NEXT STEP COHORTS 5 & 6: POST-PROGRAM OUTCOMES FOR FY 2019-2020



NEXT-STEP COHORT 5

FY 2020 Enrolled Cohort Size	8
Target Enrollment Rate	80%
Completion Rate	75%
Employment Rate	50%
Post-Secondary Education Enrollment Rate	17%

Table. Next-Step Program Cohort 5 (Fall of 2019) Outcomes

NEXT-STEP COHORT 6

FY 2020 Enrolled Cohort Size	10
Target Enrollment Rate	77%
Completion Rate	80%
Employment Rate	63%
Post-Secondary Education Enrollment Rate	13%

Table. Next-Step Program Cohort 6 (Spring of 2020) Outcomes

Hispanic Center of Lehigh Valley (HCLV)

For 52 years, Hispanic Center Lehigh Valley (HCLV) has worked diligently to support low-income community members in Bethlehem's Southside neighborhood and throughout Northampton County. HCLV's mission works to improve the quality of lives of families (Hispanic and non-Hispanic) by empowering them to become more self-sufficient, while promoting an intercultural understanding in the Lehigh Valley. Programs and services connect residents in times of crisis to community resources, English classes, and employment training.

Programs Successes

Basilio Huertas Senior Center: Provides seniors 60 years of age and older with resources to stay active and independent, including: nutritious breakfast and lunch, social and educational activities, health screenings, and assistance navigating health and human services.

Outcomes 2019-2020:

- *70* unduplicated seniors served.
- *4,970* culturally appropriate meals served at the Senior Center Program.
- *41* seniors received monthly Second Harvest SUNShine nutritional boxes
- In addition, seniors also participated on socialization, educational, enrichment and entertainment activities, with a total of *15,059* activities.

Due to the COVID-19 Pandemic, to ensure the safety of the seniors enrolled in the Basilio Huertas Senior Center (BHSC) and as advised by Northampton County on March 16, 2020, the Basilio Huertas Senior Center closed its facilities. Closing the Senior Center meant there would be a gap in services provided to those seniors enrolled in the Senior Center at HCLV.

Community Empowerment Program: Services focus on personal growth and financial independence; staff connects clients to community resources as well as the co-located Bethlehem Employment and Training Center.

Outcomes 2019-2020:

- *460* unduplicated clients served
  - *207* clients were assisted with Job Readiness
  - 296 clines were assisted with Life Skills Education
  - *432* clients were assisted with Information Referral
- *32* clients participated on computer classes
- *52* clients participated on an ESL source

Key events:

- Annual Back to School Drive – Distributed *500* backpacks to low-income students from the local school districts in collaboration with LA Mega Radio Station.
- Thanksgiving turkey distribution – Distributed *100* turkeys to low-income residents of Southside Bethlehem in collaboration with La Mega.
- Winter Coat Drive – Distributed *165* coats in collaboration with St. Luke's University Health Network HEARTS clinic.
- Christmas Holiday Celebration – Distributed Christmas gifts to *90* families in collaboration with local business and St. Luke's University Health Network physicians.

Food Pantry: Once a month, a three-day emergency supply of food is provided to individuals residing in Northampton County; clients are also connected to broader case management services, as applicable.

Outcomes 2019-2020:

- *2,530* total clients from *425* distinct households served including:
  - *299* seniors
  - *1254* adults
  - 977 children

During the COVID-19 crisis it was apparent that food pantry services were needed more than ever as schools closed, and high unemployment rates, HCLV adjusted operations to an appointment only basis and adjusted the amount of food clients received from a 3-day supply to a 2-week supply, once a month. During the Covid-19 Pandemic, HCLV served *995* individuals from *175* households.

Women, Infants, Children (WIC): To ensure parents are equipped with tools to promote their child's healthy early development, WIC provides individualized nutrition services for families of infants and children—from conception up to age five.

Outcomes 2019-2020

- *17,069* total, duplicated annual intakes (1,433 monthly average)
- Open to families at or below 185% federal poverty income level
- Key activities: Education on infant and child feeding, child development information and assessments, food vouchers for grocery and local farmers' markets

Due to the COVID-19 pandemic, HCLV's WIC office had a decrease in clients served in the program. HCLV continued to provide services in a limited capacity by providing services via phone only.

Bethlehem Employment and Training Center: For the third year since the Lehigh Valley Workforce Investment Board established its first satellite center at HCLV, PA CareerLink © continues to work closely with Community Empowerment Program referrals to provide job fairs and employer information sessions, job training workshops and skills training, and assistance with online job research and applications.

Outcomes 2019-2020:

- 369 new clients served
- 759 returning clients served
- 2,286 information sessions/workshops provided
- 132 full-time jobs secured, with an average hourly rate of $16.98
- 8 job fairs hosted with 197 clients attending and 27% (54) obtaining employment.

Due to the pandemic, the Bethlehem Employment and Training Center closed its doors, and has continued to provide services remotely only.

Additional Key Successes: Initiatives and Collaborations

Vision for Renaissance Capital Campaign:

- Launched in 2014, the Capital Campaign earned *$3 million* in pledges and funds to benefit HCLV and the communities served for decades to come.

2020 Radiothon:

- $*27,025.50* raised in partnership with La Mega 99.5 Radio for Puerto Rican relief efforts following winter 2020 earthquakes. All proceeds benefitted Puerto Rico American Red Cross.

Health Equity Summit – Census 2020:

- In collaboration with the Lehigh Valley Community Foundation, HCLV hosted its 2nd Health Equity Summit on Census 2020. The summit focused on the impact of a complete and accurate count on the health of the Lehigh Valley community, as well as the nonprofit sector as a whole. The summit featured breakout sessions for nonprofit staff to learn about hands-on strategies to implement in order to ensure a complete and accurate count for the Lehigh Valley. *100* nonprofit leaders from the Lehigh Valley attended the event, and HCLV raised *$7,500.*

FIESTA 2020:

- Despite the need to cancel the joyous annual gala due to COVID-19—and with the generous support of dedicated sponsors and partners—HCLV raised *$41,962.00* in unrestricted funds to support operations and programming.

Donations, Grants

HCLV secured - $404,000.00 on County and State Grants
- $103,021.00 on Local Grants
- $32,740.50 on Individual Donations
- $25,497.54 on United Way Donations
- $53,550.00 on Corporate Donations

COVID-19 Crisis Impact on Programs and Services:

HCLV programs have transitioned to contactless services, including coordinating, packaging, and delivering bimonthly meal kits and educational materials for Senior Center clients, virtual case management assistance for CEP, and appointment-only food pick-ups for Food Pantry services as aligned with health and safety guidelines. Census 2020 outreach efforts have also transitioned to fully-remote activities. Forecasts for WIC and PA CareerLink © participation trend towards lower participant counts due to the nature of social distancing and capacity requirements—despite the increase in need. HCLV remains committed to adapting and serving the community throughout the pandemic.

Transportation Initiatives

Case management booked a total of 1,904 rides equaling $39940.73, as part of the Lyft program.

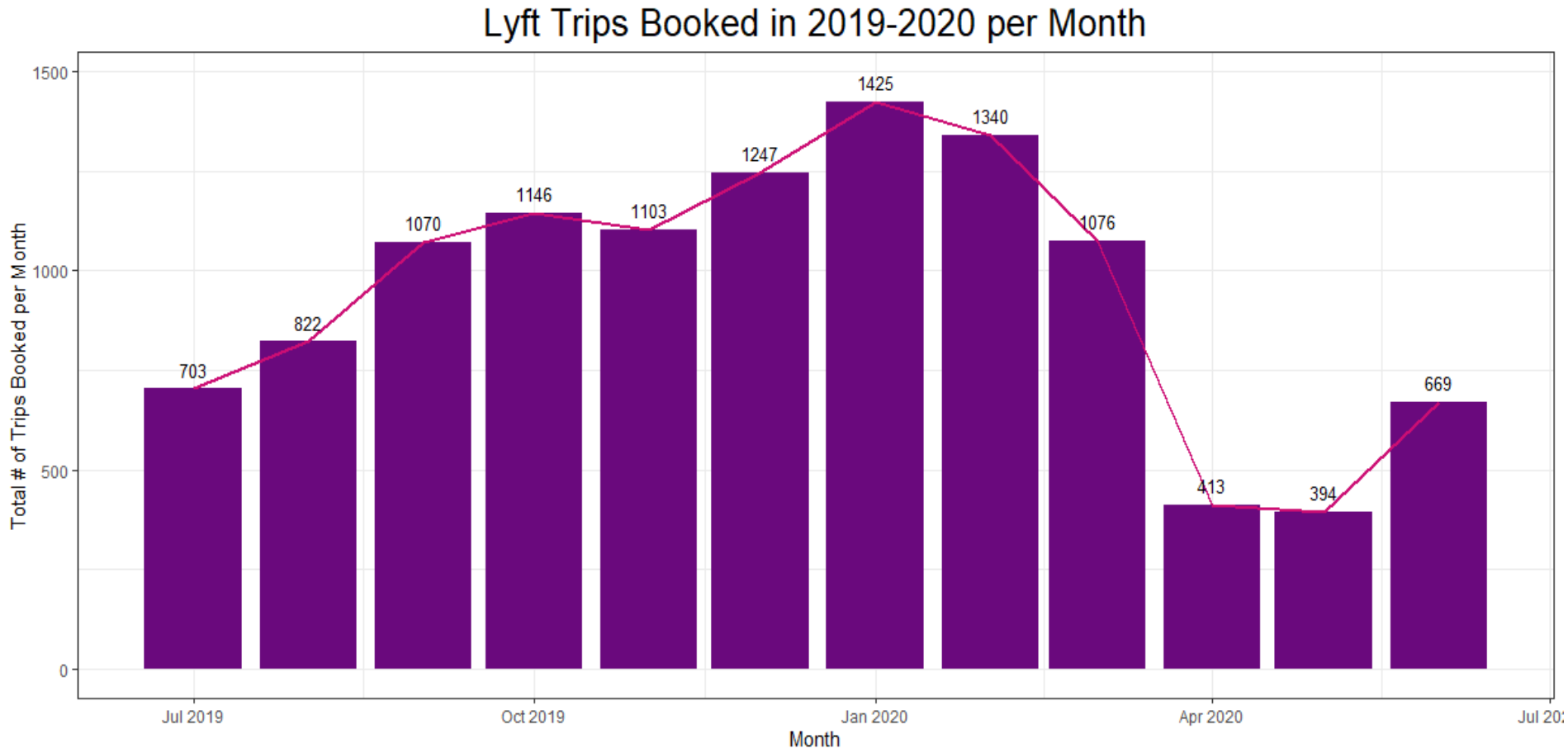


Figure. FY2020 Lyft Trips Booked per Month

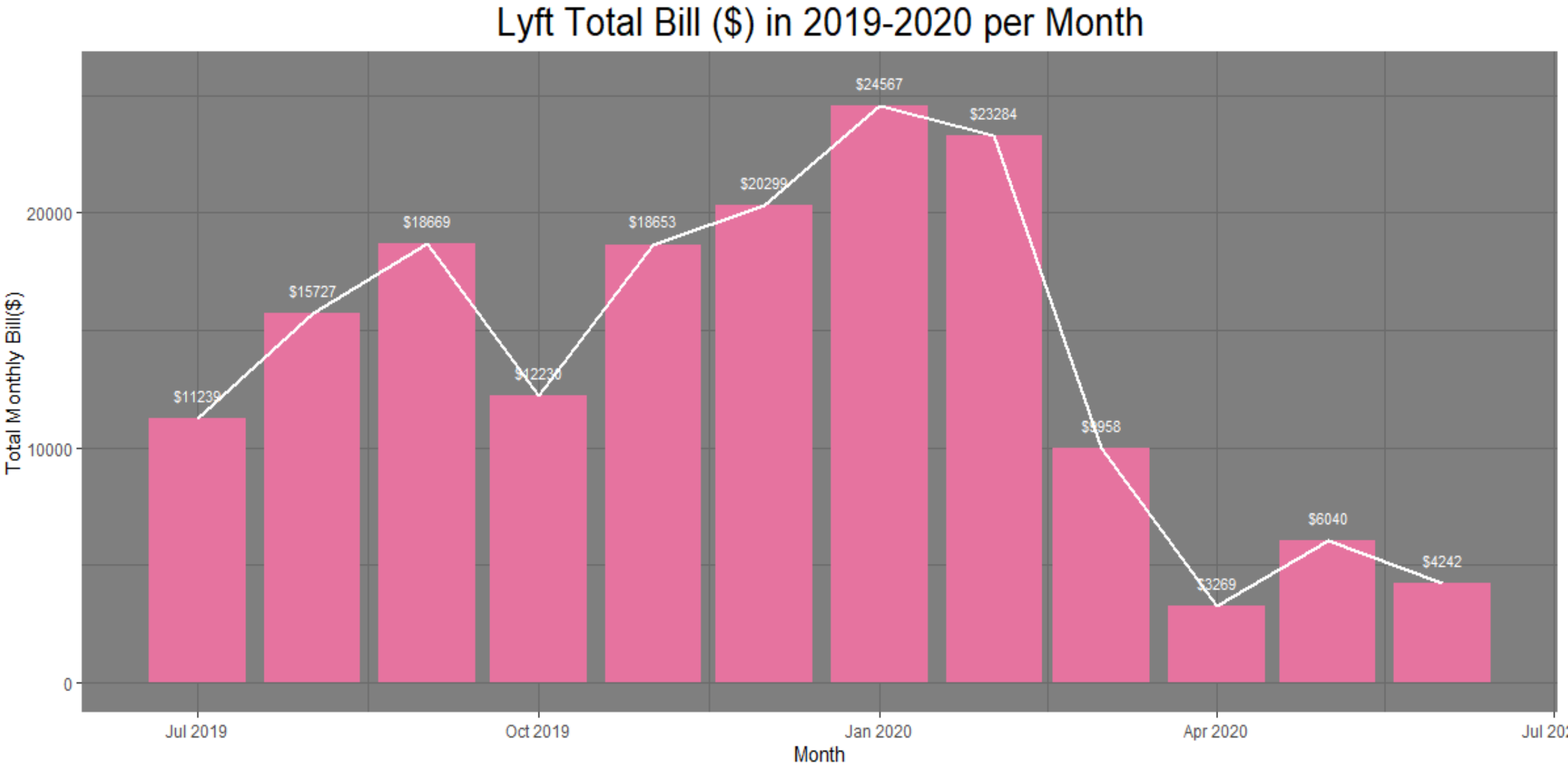


Figure. FY2020 Lyft Total Bill per Month

Parish Nursing/ Community Outreach Initiatives

Parish Nursing/Community Outreach Department continues to be a primary point of entry to access to care in the lives of the vulnerable populations with whom we work. We meet our clients in community centers, churches, soup kitchens, face to face, by distance contact methods. We work to help each individual who consents to first establish their self-determined plan of care, and then walk beside them for the length of time that they determine to assist them to meet their healthcare goals. These goals could be to connect to a family or mental health doctor, refer for screenings or find housing, food or and employment. Each person is as unique as their fingerprints and they are treated that way by the team.

The goal of Parish Nursing under the Trexler Trust grant has been to meet 1300 unduplicated individuals, of which 750 are new; assist them to create their self-determined healthcare goals; provide resources and referrals to be able to meet those goals; reduce the cost of healthcare to the patient and the community.

# of Unique Individuals Served	813
# of face-to-face Encounters	4040
# of Referrals Made	897
# of Resources Provided	2167
# of Educational Programs	63

Average Bright Hope Monthly Attendance	11/ month
# of Mammograms and Pap Smears	239
# of Behavior Health Appts	46
# of Arizona Self-Sufficiency Matrix Surveys Completed	80
# of Volunteers	116

Table. Parish Nursing Fiscal Year 2020 Outcomes

In the assessment of each client, we determined not only the needs body, mind and spirit (parish nurses give intentional care of the spirit) but also social, using the Arizona Self-Sufficiency Matrix survey to be able to pinpoint the clients' specific needs according to their perspective. With this information we were able to establish and walk through the steps to provide care for them according to what they are willing to focus upon. Many times, the client needs began with the identification from Pennsylvania. This enabled them to enter the housing, employment, insurance, and provider queues which were the actual stated goals of the clients. Often this process was not easy because it required multiple phone calls and other component parts of the leg work that took many hours for each person.

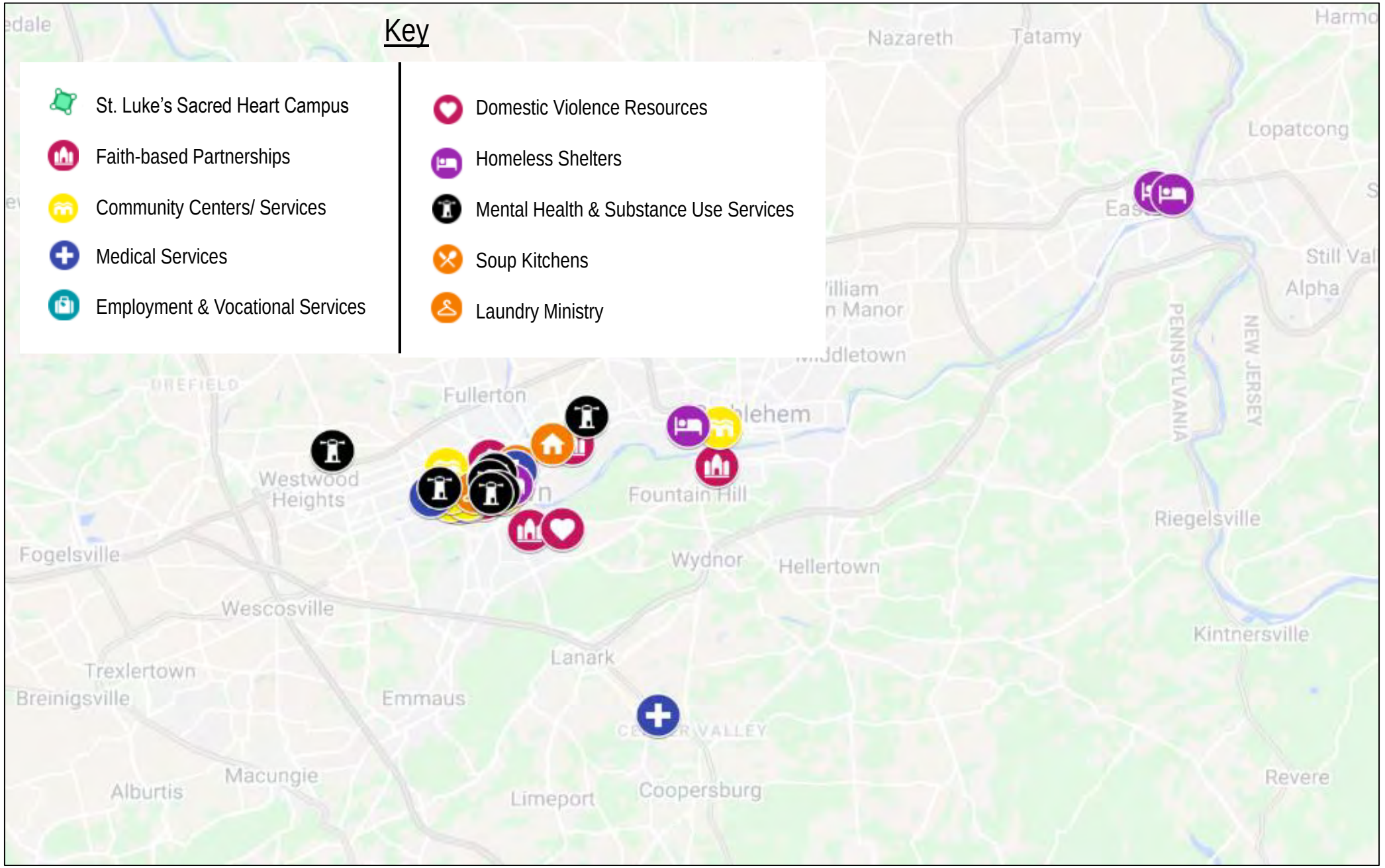
The lives of approximately 25% of our clients are chaotic in nature. Because of the chaos, it has been difficult to follow many clients through to their ultimate goal. Therefore, we celebrated each success in order to encourage the client to move forward to the next intervention. For example, we were able to make appointments with mental health providers for 21 new clients.

Each person went to the first appointment. As listed in the highlight outline, we made approximately 767 appointments for our clients, indicating the vital need for assistance in access to care in this group of clientele.

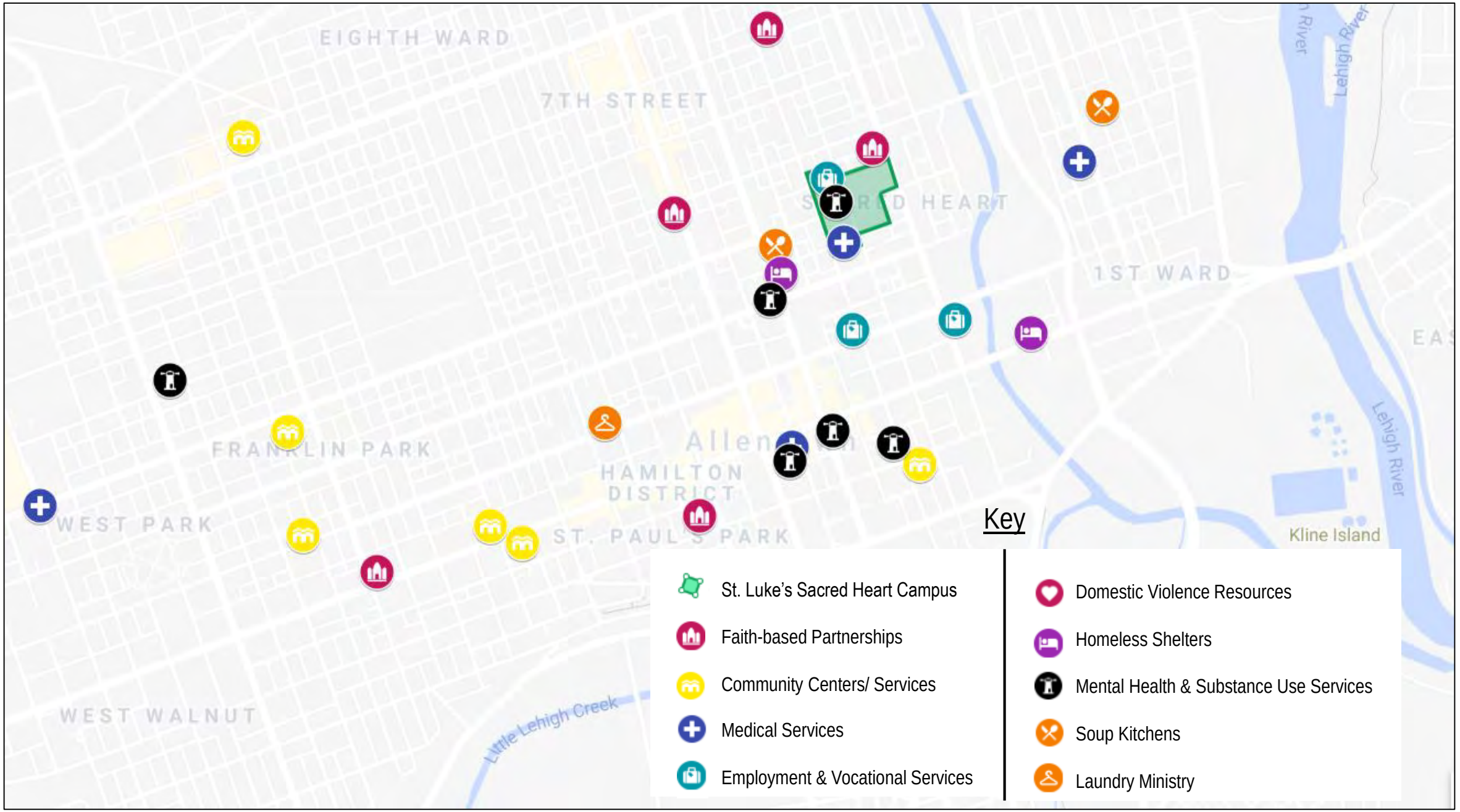
The Women's 5K dedicated team contacted 762 unduplicated women and made 237 screening appointments for them, 79% of which were completed. All the women were educated in the need for and care of their gynecological health, with the reminder that the care they give themselves directly impacts their families in a positive way. It is also excellent role modelling for their daughters. This year we added several network clinics through which we were able to schedule the ladies who qualified.

Network and community partnerships help our clients to meet their goals. We calculated that we interact with over 75 partners outside of the network throughout the Lehigh Valley. This includes those involved with health: mental and physical, housing, employment, safety, government agencies and representatives and insurance. Network partners also proved to be vital in the lives of our clients' care.

The following maps depict Parish nursing community partnerships in the Lehigh Valley.



Map. Parish Nursing Community Partners – overview



Map. Parish Nursing Community Partners – closeup of Allentown/ Sacred Heart

The goal for the Community Outreach team under the Women's 5 K has been to provide culturally appropriate breast and gynecological health information, screening and support to underserved women in Allentown. The two facets of the team: the Trexler Team and the Women's 5 K team refer to and consult with each other in the care of the clients on a daily basis to give the best care available to each community member no matter where they enter our system.

Highlights and Successes

The successes and highlights of our team efforts can be quantified through the following categories:

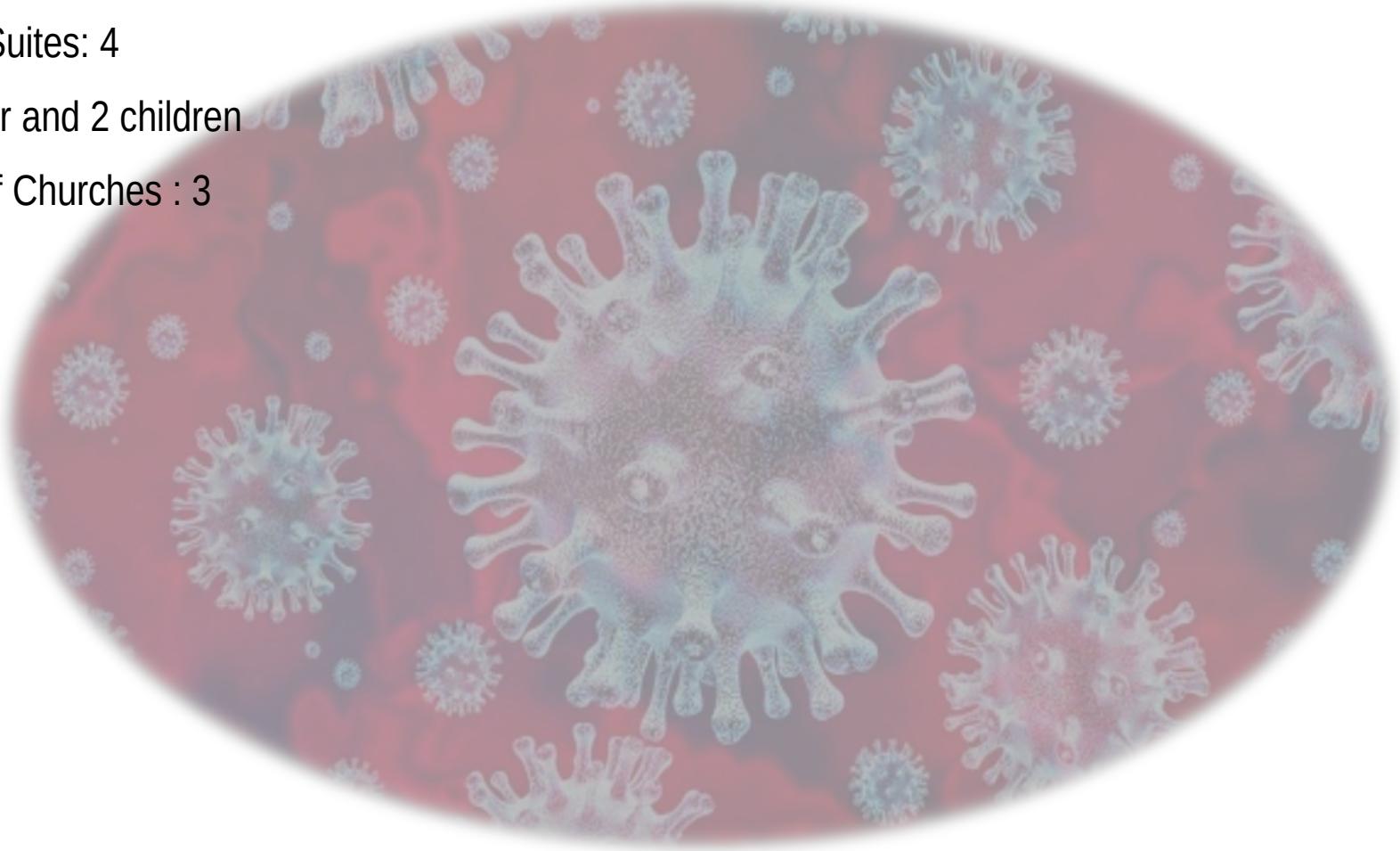
1. Unduplicated/new clients helped: 780/629=1409
2. Face to face and alternate contacts: 8,197
3. Referrals facilitated: 767
4. Resources (physical) given: 2087 (approximate)
5. Bridging the Gap resources: $6000

    A: PA identifications: 81
    B. Birth Certificates: 5
    C. Temporary Housing: 5
    D. Eviction Prevention: 3
    E. Employment assistance: (not included under bus tickets): 1
    F. Utility bill assistance: 5
    G. Medications purchased: 134
    H: Bus tickets: 261- given for work and appointments with health providers.

COVID-19 Impact and Response

The Parish Nursing team and liaison for St. Luke's Sacred Heard and St. Luke's Allentown, were instrumental in assembling the key players in the community to come together to house the unsheltered individuals who were tested for or were ultimately positive for COVID-19. The parish nursing team cared for them at a distance with calls, and in person as the medical monitors for 13 out of 18 who were placed in the hotels. In addition to monitoring them for COVID-19 symptoms, we worked with each person as they required and requested to get them transitional or permanent housing. With our assistance we were able to place:

1. Transitional housing in Bethlehem at Comfort Suites: 4
2. Transitional housing with Turning Point : Mother and 2 children
3. Transitional housing with Lehigh Conference of Churches : 3
4. Rescue Mission placement: 3
5. Facilitated returning to home: 2
6. Rehab: 2



REACH (Resources, Education and Advocacy in Community Health)
REACH is the outreach arm of parish nursing. This year, 42 outreach events were held, serving 203 unique clients.

Outreach Events	42
# of Unique Individuals Served	203
# of Unique Volunteers Engaged	12

Table. REACH Fiscal Year 2020 Data

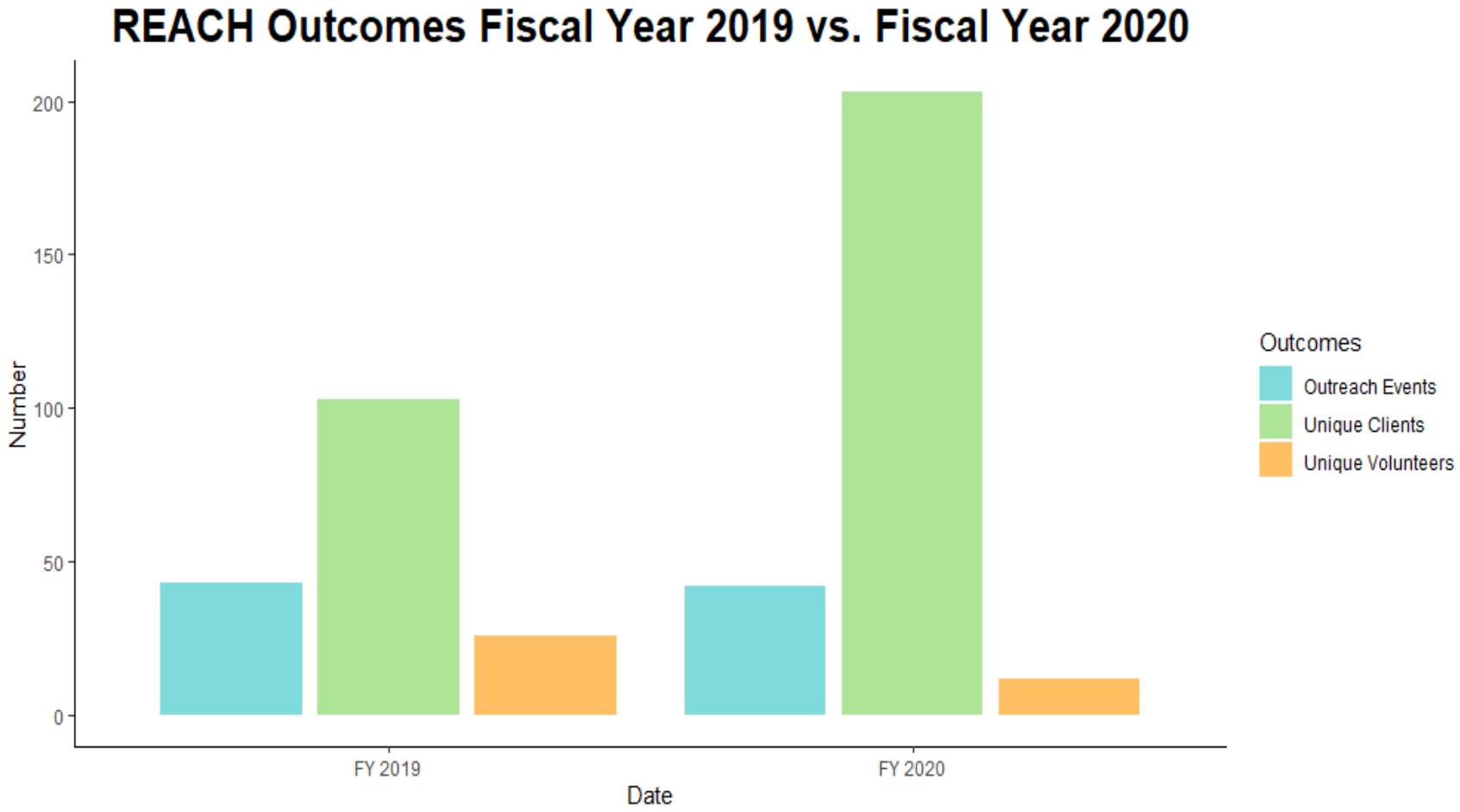


Figure. FY2019 vs. FY2020 REACH Outcomes

Re-Bra Program

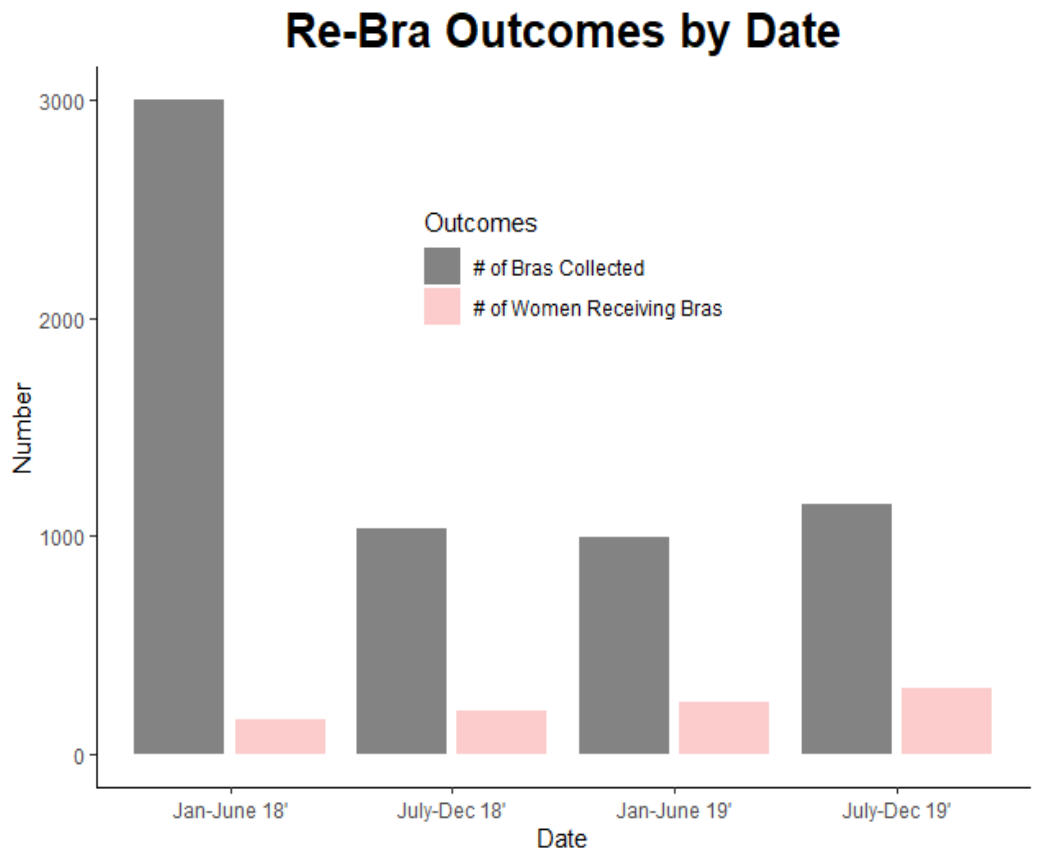


Figure. Re-bra Program bras collected and donated

# of Bras Collected	1145
# of Women Receiving Bras	203

Table. Re-Bra Fiscal Year 2020 Data

1,145 additional bras were collected this year as part of the Re-bra program, with 203 women receiving bras in the first two quarters of Fiscal Year 2020.

Please note, the Re-Bra Program activities did not continue during quarters 3 and 4 of this fiscal year due to COVID-19.

HOPE Clinic

HOPE @ St. Luke's saw the greatest growth in our clients served this past fiscal year with an increase of 37 total patients in our clinical and case management services from FY2018-19 and also, at 436 clients, is the largest number of clients served compared to the previous six years. This highlights both the program's efforts to promote and expand our presence in the community but also improvements made in our prevention services to diagnose and link new or lost to care patients. The program continues to see high rates of viral load suppression at 92%, emphasizing the quality of care provided through all our service lines to help patients reach and sustain viral load suppression.

The most significant project this past fiscal year has working towards the goal of improving HIV screening rates network wide. In order to achieve this, multiple steps were taken this past year including: 1) educational sessions at regional provider meetings to increase knowledge on HIV and HIV screening processes, 2) development of a health maintenance activity in Epic for HIV screening to be used at primary care offices, 3) improvement and promotion of TigerText availability for offices to communicate directly with HOPE for HIV-related care and questions, and 4) electronic referral built in Epic for providers to refer to HOPE.

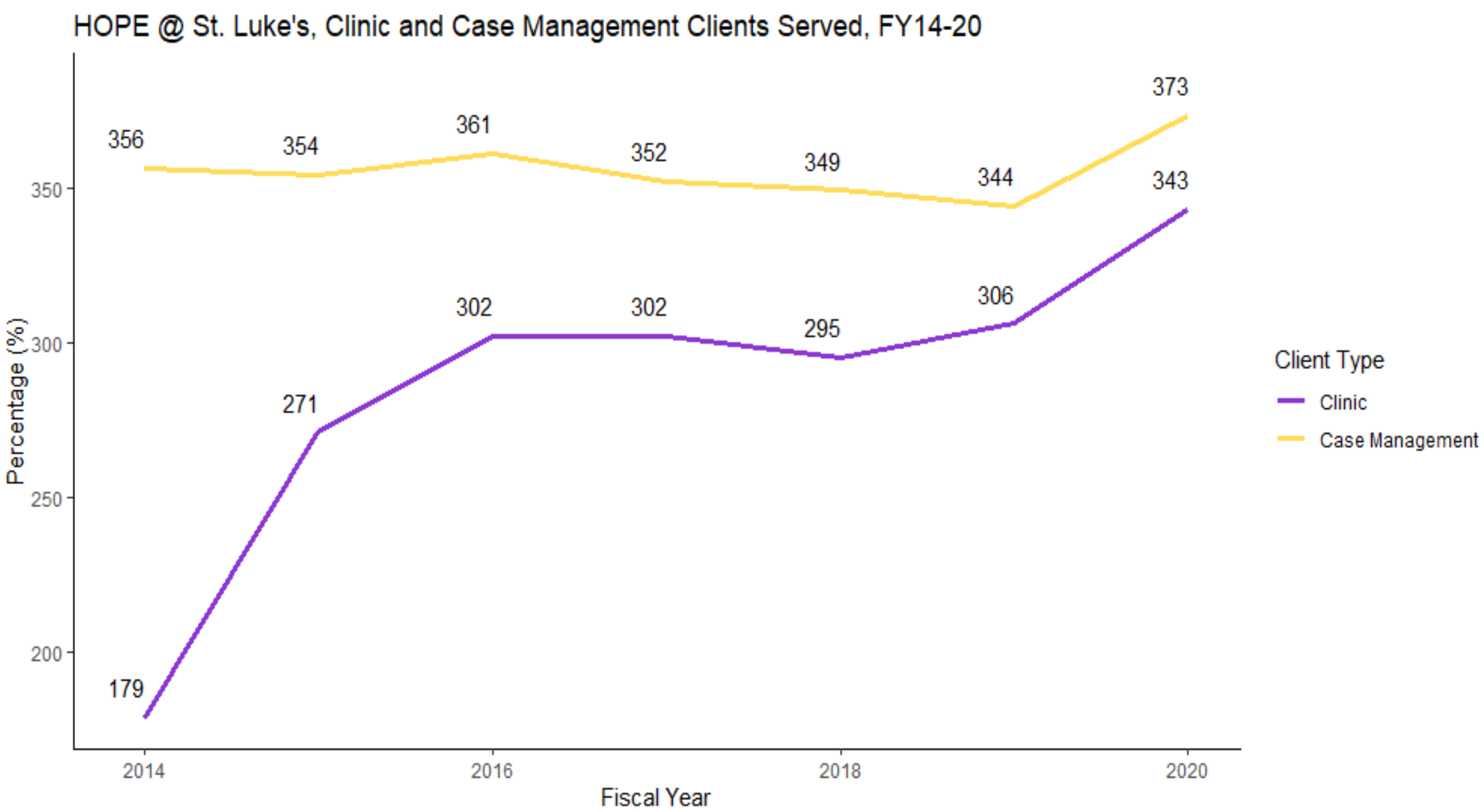


Figure. HOPE Clinic Clients Served per Fiscal Year by Client Type

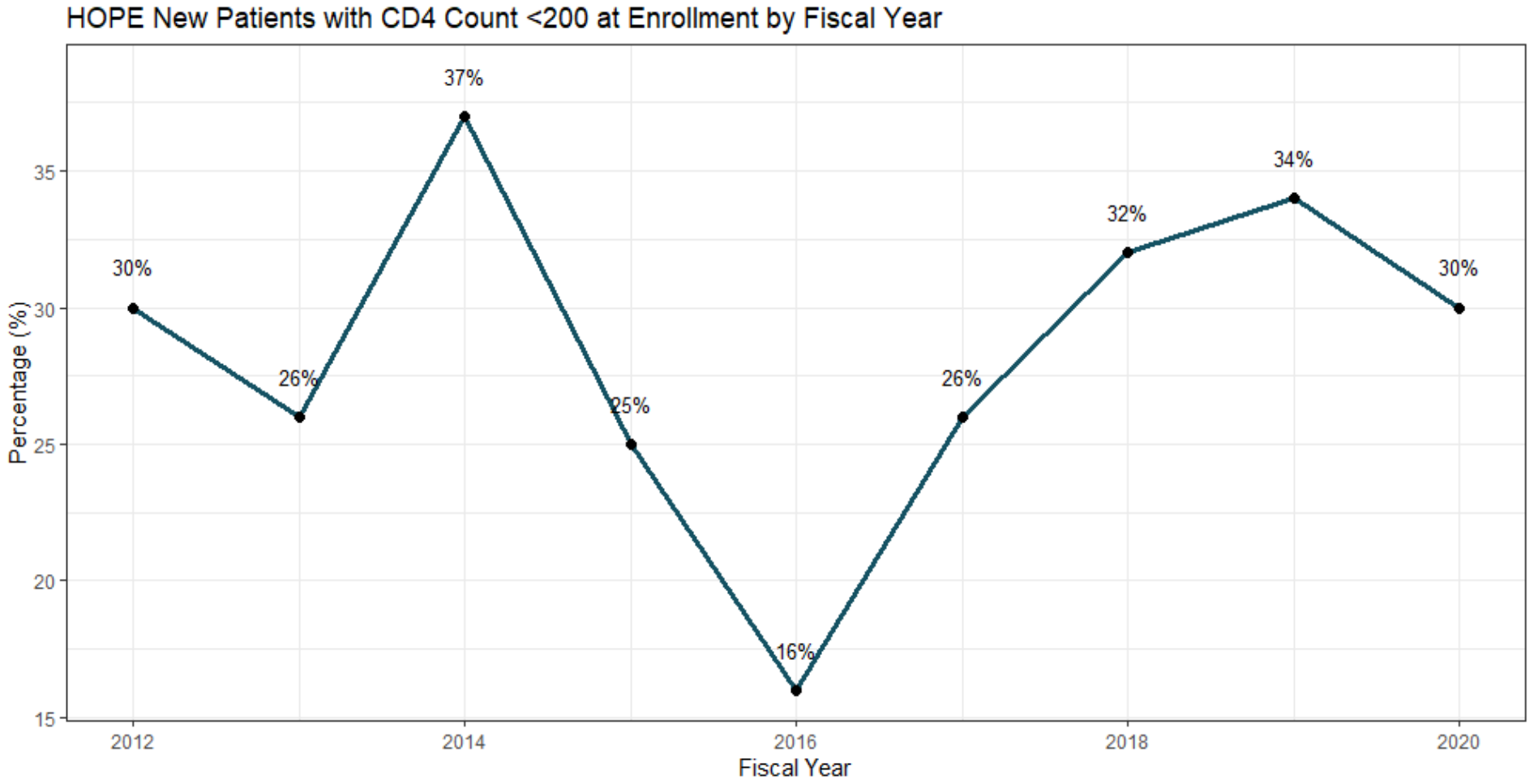


Figure. HOPE Clinic New Patients with CD4 Count <200 by Fiscal Year

The main response to adapt to the COVID-19 pandemic was transitioning all services to a virtual platform including clinical, case management, behavioral health, nutrition, pastoral care, and prevention services. Prevention staff was also able to provide additional support to case management clients through an agreement with our funding agency. Additionally, HRSA awarded the program additional COVID-19 relief funding that was budgeted to both improve program-level access to virtual platforms, especially from a remote setting, as well as provide essential items to patients to help improve their access to personal care and protective items.

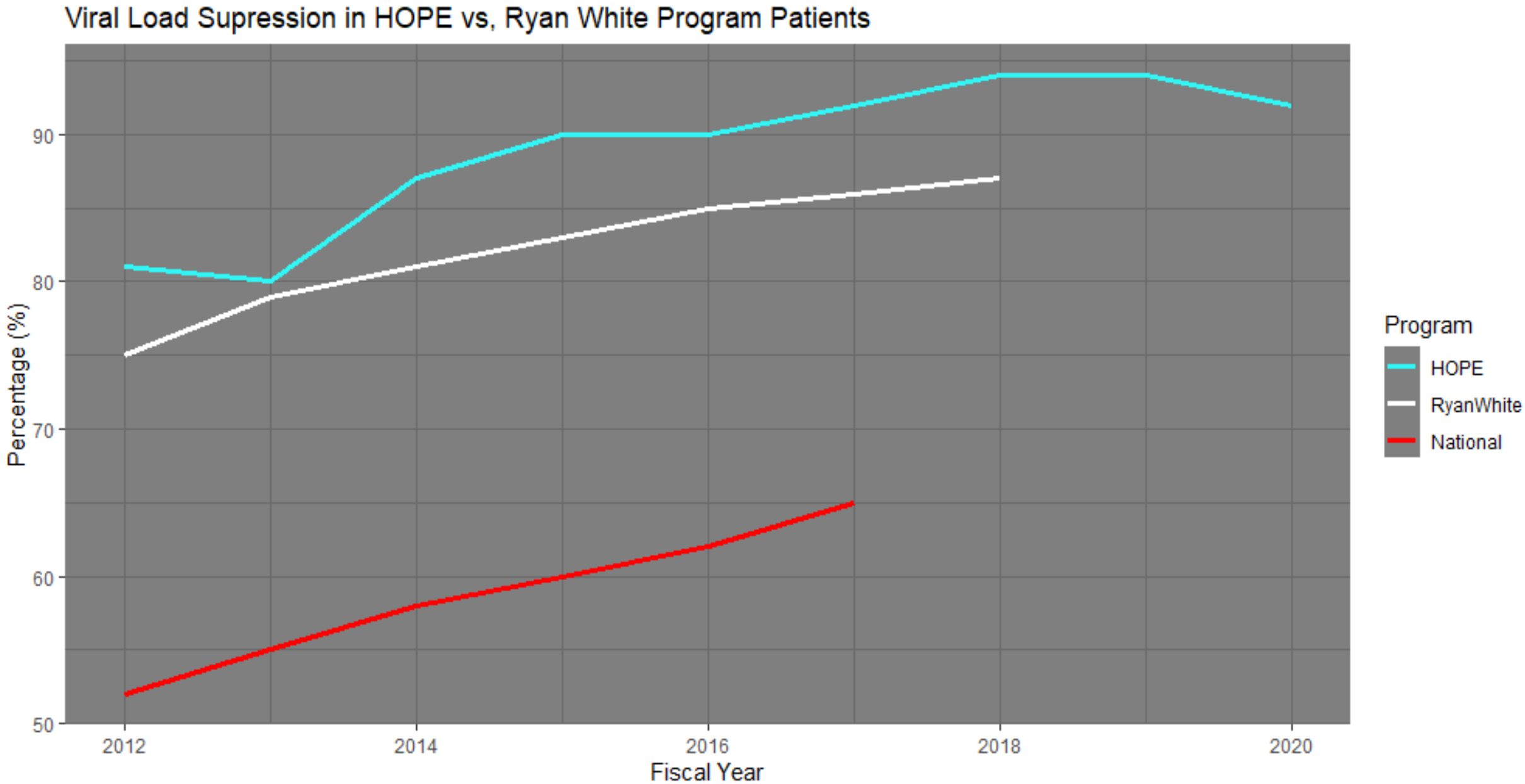


Figure. Patient Viral Load Suppression by Program

4. Campus-specific Reports

Allentown and Sacred Heart Campus Report

Summary

FY 2020 has been a busy year for the Allentown Service Area. The year started with the first annual Summer Lunch Program at Sacred Heart Campus. Meals were served to any child 0-18 years of age, Monday-Friday's from June 14th to August 30th. July 1st saw the opening of the first in state career office on the Sacred Heart Campus in partnership with Workforce Lehigh Valley. In September, we hosted the inaugural Social Determinants of Health Symposium. Guest speakers were invited to talk about social determinants in the Allentown community and State and National guest speakers spoke about initiatives taking place in other regions. The symposium led to the creation of 5 action committees that focused on 5 social determinants of health; Chronic Disease Prevention, Substance Use Disorders, Housing, Education and Workforce Development. Each of the committees are chaired by community leaders. Apart from new development and projects the Allentown Service area also continued with established programs as the medical vans visiting 2 middle schools and William Allen High School on a weekly basis, Reading Rocks Tutoring Program, the annual book drive and Dr. Seuss Day.

Highlights and Successes

- Sacred Heart held the 1st annual Summer Lunch Program in the summer of 2019 from June 14th to August 30th. The hospital served 762 meals to any child 0-18 years old during this time. The meals were also accompanied with 182 CSA shares given out and over 170 backpacks with non-perishable goods for families. The program was supported by generous donations from West Side Hammer Electric ($10,000), Wells Fargo($2,000) and other community partners such as Baum School of Art, Crayola Factory, Star Wellness and the Second Harvest Food Bank.
- On July 1st in partnership with Workforce LV, Sacred Heart became the first ever hospital campus in the state to open a full-service Career Link office. Since the opening the Career Link office has served over 1000 community members and provides services such as job placement, resume building, job and skill trainings, incentives for employers and case management. This partnership as also created the opportunity to develop a pipeline for jobseekers to get into the St. Luke's Network. In October 2019, there was a grand opening that was attended by the Secretary of Education and the Secretary of Human Services as well as other local government officials and community leaders
- On September 20th Sacred Heart Campus hosted the inaugural SDOH Symposium. The goal of the symposium was to hear from national and state leaders and local community leaders on how they are addressing the SDOH in their work and how we can continue to over come those barriers. Over 100 community partners attended the symposium.
- Five action committees were formed around 5 priority areas; Housing, Workforce, Education, Chronic Disease and SUD prevention, treatment and recovery. Each action committee is chaired by a pair or trio of community partners who are experts in their field and the committees have community members and organizations participating. Each committee meets once a month and has set goals and action steps to be completed throughout the 2020 calendar year (due to covid, all committees had to be put on hold for 3 months).
- A Naloxone Distribution and Education contract was granted through Lehigh County Drug and Alcohol in October of 2019. CHPM was awarded $22,000 dollars in fee for service to distribute naloxone out into the community with education materials. CHPM partnered with the Family Medicine Residents at the Siegal Center and Dr. Cahill to distribute naloxone into the community.

- The CHPM Medical Van Team was deployed through out the year, meeting the needs of students in the Allentown School District. Although the year was cut short, the team still completed 689 medical visits in Allen High School, Raub Middle School, Trexler Middle School and Newcomer Academy. The team also provided 102 vision services to students. The school year was cut short in the middle of March due to Covid-19, but this did not stop the mobile health team to continue to serve students. Students and families were connected to very important services including getting connected to health insurance and
- CHPM ran the annual Reading Rocks program at Union Terrace and McKinley Elementary Schools Fall of 2019. 26 children and volunteers participated over the 6-week program. 1st and 2nd graders were matched with volunteers who helped tutor the children in reading to improve their reading scores.
- CHPM and the Family Medical Residents hosted 3 Walk with the Doc events at Raub Middle School in the Fall of 2019. An average attendance of 30 students and teachers participated and met with a Family Medicine Doctor to discuss health issues that related to adolescents.

Addressing Covid in our Community

- CHPM and our Parish Nurse Team worked closely with Lehigh and Northampton Counties, Allentown and Bethlehem cities and LVHN's Street Medicine Team to design and implement a process to house COVID + patients who were homeless. Sharing the process with our inpatient care management and outpatient care management teams we were able to place Covid + patients into a hotel where they could quarantine for 14 days, they were monitored by SLUHN Parish Nurse Team and provided food by Meals on Wheels. 19 patients were placed and the majority either transitioned into more permanent housing or moved to inpatient Rehabs to address addictions. We will continue to work through this process as we move into the Fall and Winter months.
- CHPM Staff worked with the marketing department and community partners to distribute over 5000 flyers and posters in 4 different languages to spread the message about social distancing and staying safe during the Pandemic.

- CHPM Allentown Staff have been integral members of Community Covid response committees including the United Ways' weekly community response & core Strategic Response Team, Housing Prevention Committee, and the Allentown Hunger Task Force and Lehigh Food Policy committees. All the committees focused efforts on serving the community during the pandemic

- CHPM's School Coordinator and After School Coordinator at Raub Middle School continued to serve their students and families even when the schools were closed. They served as vital members of the school team, making sure their families were getting food and supplies that they needed. They have served approximately 200 families receive additional food, they gave out 400 boxes of food and 200 bags of hygiene products and other necessities and have connected over 30 families to additional EBT benefits.

- Mobile Youth Health Team continued to serve students and families during covid, including connecting families to health insurance and vision care. The Mobil Youth Health Team and CHPM staff have also partnered with Allentown Health Bureau and Allentown School District to host a vaccine clinic at the end of the summer. The goal is vaccine students who are at risk of not being allowed in school due to not getting vaccines in time. Last year over 1000 ASD students were not permitted in school due to lack of vaccines. This year its even more critically important because of COVID national rates of vaccines for children is down by 30%.

Anderson Campus Report

Summary

St. Luke's Anderson Campus (SLRA) partners with the Bangor Area School District and surrounding communities to improve the health of students through our Adopt-a-School Program and improve the health of all residents through other community programs and collaborations. These programs support the Community Health Needs Assessment priority areas that were identified at SLRA through collecting and analyzing data from community input and other reliable aggregate sources.

Based on the identified needs, priorities, and local resources, SLRA and community partners developed plans and programs to improve the health of those in the community. Through our partnerships with the local schools and organizations, we have helped provide health services, such as medical, mental health, vision, and dental, healthy living programs, such as Get Your Tail on the Trail, Walk with a Doc, and school gardens, literacy programs such as Little Free Libraries and Dr. Seuss Day, and youth development programs, such as our adolescent career mentoring programs. Our initiatives are continually assessed and modified in order to provide measurable and effective health outcomes, including the social determinants of health.

The three priority areas were:

1. Improving access to care and reducing health disparities
2. Reducing chronic disease and promoting healthy living
3. Improving mental and behavioral health

The priority areas and their associated programs and projects are funneled into three initiatives:

1. Health For All: Ensuring the priority areas are applied to all community members
2. Fit For Life: Promoting healthy living to reduce chronic disease
3. Healthy Kids, Bright Futures: Projects and programs targeted specifically at children

Highlights

- HOPE Easton Wellness Center – This community wellness center provided free programming around healthy living such as yoga classes, strength training classes, and our Farm to Fork program where participants volunteer at a local urban farm and then enjoy a cooking class based on the plants they harvested. Each month an average of 15 unique individuals came a total of 89 times, totaling 1,061 visits overall during the year.
- Adolescent Career Mentoring – Our Career Linking Academy program at the Bangor High School connected 15 students to a year-long program consisting of general job skills training such as resume writing and giving employment interviews. Due to the COVID-19 pandemic, the job shadowing rotations at the hospital had to be cancelled, as was the final group presentation to the community. The 11 seniors in the program all graduated and went on to pursue higher education. The four juniors all rose to seniors.

- Community fitness programs – As a network, our Get Your Tail on the Trail program encourages community members to get out and get active by rewarding physical activity with small outdoor-friendly incentives such as hats, gloves, and safety items. Get Your Tail on the Trail was ready-made for the COVID-19 pandemic as the program has always been a self-paced virtual one. This past year 1,102 people completed the 165-mile challenge logging a combined 497,999 miles. A total of 838 people completed the winter mini-challenge, with a combined 61,697 miles logged by program participants. The total miles accumulated over the life of the program also went over four million total miles. SLRA also hosts a Walk with a Doc program every week between April and September, where a St. Luke's provider gives a short educational talk, followed by a group walk, open to all community members. The Walk with a Doc program during the first half of the fiscal year was normal and in person, whereas the second half of the year had only one in person walk at the Easton-Phillipsburg YMCA. For the first part of the fiscal year (July through October) a total of 28 unique providers led 14 events at the Anderson campus and four events at Jacobsburg State Park in the Hike for Health program in partnership with the PA Department of Conservation and Natural Resources. The Walk with a Doc events at Anderson averaged 7.8 walkers each, while the Hike for Health events attracted around 25 hikers each time. The second half of the fiscal year (April through June), a virtual pre-recorded video version of Walk with a Doc was very popular and had 14 unique providers and over 1,000 viewers across the entire network.

- Older Adult Meal – The SLRA campus offers an affordable, healthy meal for seniors every weeknight in the hospital cafeteria, often featuring produce from the SLRA-Rodale Institute Organic Farm. The program is designed to promote both healthy eating and social connectedness. The cafeteria is run by our partner in Metz Culinary Management using St. Luke's employees. In the past fiscal year, a total of 7,838 meals were served, for an average of 29.8 meals per day. However, these numbers include almost four months of closure due to the COVID-19 pandemic. Prior to ceasing the meals in mid-March, 7,427 meals were served with an average of 42.4 meals per day. This is nearly double the totals from the previous year.
- Community and School Gardens – The SLRA campus supports school gardens with our partner Kellyn Foundation at two of the Bangor schools, including eight raised beds at Five Points and three at Washington school. These gardens are part of a larger program designed to teach valuable nutrition information to all students in grades three through five, including strategies to make the best choices and produce tastings. Unfortunately, much of the program had to be suspended due to the COVID-19 pandemic.
- Employee Wellness – Our Caring Starts with You employee wellness program aims to target the health and wellness outcomes of our employees and their families. Our CSA program (Community Supported Agriculture) allows employees to buy fresh, local produce, each week, through payroll deduction, and pick up the produce right at the hospital. This past year, 75 people participated, which was the max allowed, and has grown every year since inception. An added benefit is that the roughly $30,880 total cost went to local farmers.

Bethlehem Campus Report

Summary

St. Luke's partnered community services and programs have continued to expand at Bethlehem campus during the 2020 fiscal year. New, unprecedented challenges have arisen during this year due to the COVID-19 pandemic. Programs and services have evolved to meet these new challenges and provide more virtual and social distancing opportunities to engage and serve the Bethlehem community.

In summary, we continue to expand resources and services for the Bethlehem HIV+ population with the expansion of the HOPE Clinic; we continue to serve the BASD with services provided through the adopt-a-school model, incorporating more mental/ behavioral health practices; the community centered health home (CCHH) was piloted in Bethlehem with a mobile market diabetes project; suicide task forces are serving Bethlehem residents; and, the Hispanic Center of Lehigh Valley (HCLV) continues to partner in providing invaluable resources to the Southside Bethlehem community.

Highlights and Successes

- The opening of the HOPE Bethlehem clinic marked the expansion of the St. Luke's HOPE Clinic program into the southside Bethlehem community. A total of 207 patients were served at the Bethlehem clinic and their VLS rate was 93% during the 2020 fiscal year.
- The Bethlehem Area School District (BASD) has continued to be served through the St. Luke's Adopt-a-school model. Among the 9 schools served in the BASD, the screening rates were as follows: 93% for vision, 12% for dental and 8% for medical at school.
- The Mobile Youth Health Vans traveled to the BASD, serving 368 unique students and having a total of 909 van visits during the 2019-2020 school year. In addition, 84% of students seen on the van with a mental health need were connected to mental health services in the 2019-2020 school year.
- The Healthy Kids Bright Futures Garden Program, in partnership with Kellyn Foundation provided gardening education and produce distribution to the Bethlehem school district.
- A performance improvement study was completed this year in the South Bethlehem Community with Community Centered Health Home (CCHH) programs of physical activity, nutrition, diabetes education, support group, social events, and free produce vouchers to the mobile market. The chart on the next page analyzes individual A1C level changes of each participant.

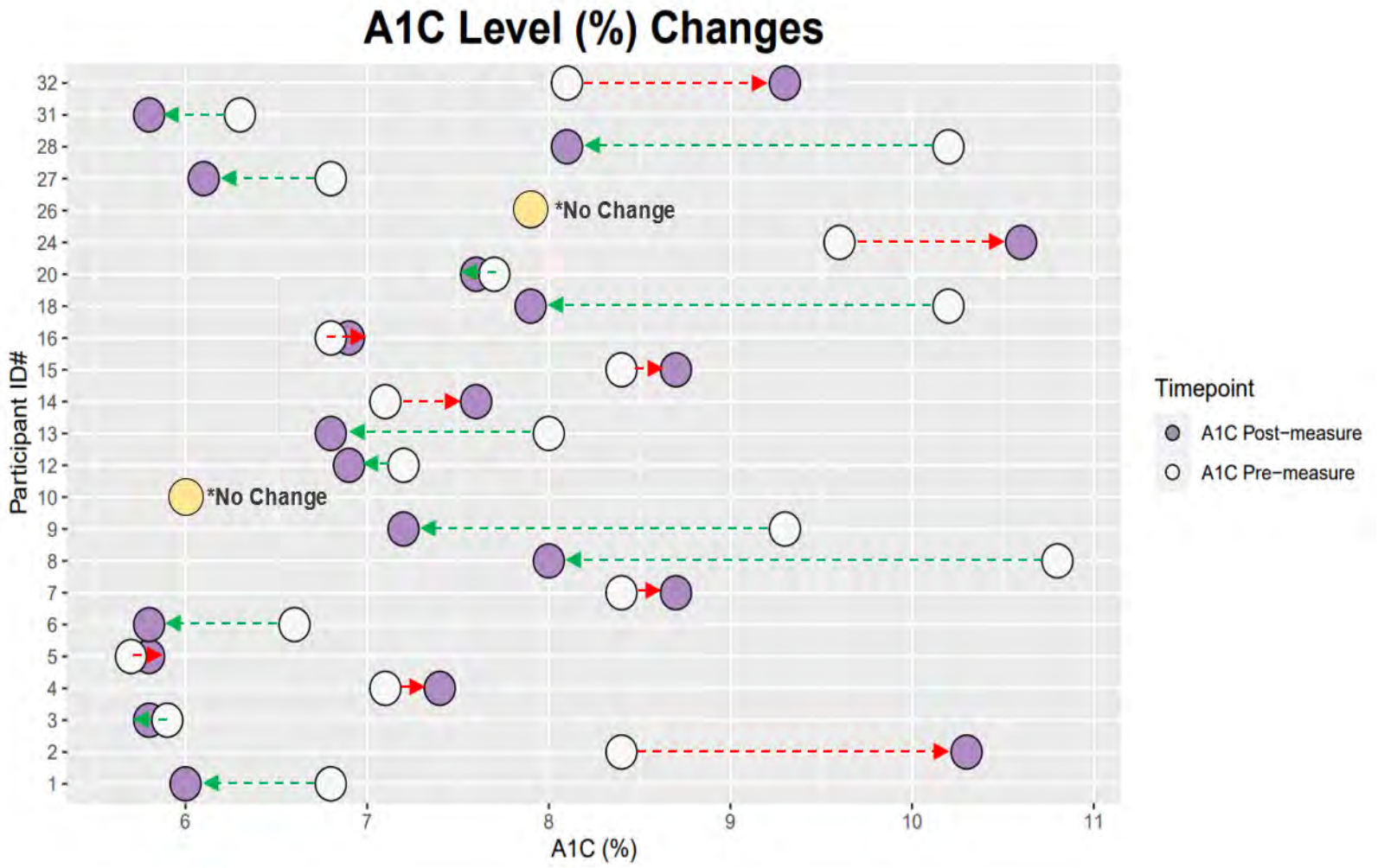


Figure. Performance Improvement Diabetes Mobile Market Project: Individual Differences in A1C level change

Study Participants: N=29
69% female
48% ages 55 to 64,
69% Hispanic

Interventions: Mobile Market, Cooking Class, Walk with a Doc

Outcome: Average 0.34 point reduction in A1C Levels

- St. Luke's partnered with the Northampton suicide task force in 2018. Since 2018, there has been a nearly 25% reduction in suicides among Northampton county residents, which includes the Bethlehem community.
- Hispanic Center of the Lehigh Valley (HCLV), located in the southside of Bethlehem, continues to provide a variety of resources and services to Bethlehem community members and beyond. On Thanksgiving of 2019, HCLV distributed 100 turkeys to low-income southside residents.
- HCLV's Bethlehem Employment and Training Center has served 369 new clients and 759 returning clients in the 2020 fiscal year, securing a total of 132 full-time jobs for Bethlehem residents.

COVID-19 Impact and Response

- HCLV's Bethlehem Employment and Training Center has provided virtual services only since the COVID-19 pandemic. Nevertheless, the center continued to operate and serve the local community, adapting to the current crisis in order to continue providing employment services while prioritizing the health and safety of the population served.
- The St. Luke's CHPM team responded quickly to the needs of homeless community members by working with local hotels to house community members that tested positive with COVID-19 and had nowhere to stay in order to quarantine and recover. The CHPM team secured transitional housing for 4 Bethlehem community members at Comfort Suites during the pandemic.

Monroe Campus Report

Summary

St. Luke's Hospital Monroe Campus (SLMC) partners with Pocono Mountain School District, especially the West side, and surrounding communities to improve the health of students through our Adopt-a-School Program and the health of all residents through other community collaborations. These programs support the Community Health Needs Assessment priority areas that were identified at SLMC through collecting and analyzing data from community input and other reliable aggregate sources.

Based on the identified needs, priorities, and local resources, SLMC and community partners developed plans and programs to improve the health of those in the community. Through our partnerships with local schools and organizations we have provided health services, such as medical, vision, and dental, healthy living programs, such as Get Your Tail on the Trail, Walk with a Doc, and school/community gardens, and literacy programs such as Little Free Libraries and Dr. Seuss Day. Our initiatives are continually assessed and modified in order to provide measurable and effective health outcomes, including addressing the social determinants of health. The SLMC Community Health & Preventive Medicine program is now in its second full year as the hospital is finishing its third full year in operation.

The three priority areas are:

1. Improving access to care and reducing health disparities
2. Reducing chronic disease and promoting healthy living
3. Improving mental and behavioral health

The priority areas and their associated programs and projects are funneled into three initiatives:

1. Health For All: Ensuring the priority areas are applied to all community members
2. Fit For Life: Promoting healthy living to reduce chronic disease
3. Healthy Kids, Bright Futures: Projects and programs targeted specifically at children

Highlights

- The Mountain Center – This community center is a hub for residents to overcome many of the social determinants of health all under one roof. This converted elementary school continues to see an estimated five- to seven thousand unique individuals per year across the numerous agencies that both reside in the building and utilize the facility for programs. SLMC has identified this as a key partner due to its geographic location within a lower socio-economic area and due to the potential to create a comprehensive Community Centered Health Home (CCHH). We received funding through the county's Local Share Account grant program to begin installation of the CCHH medical clinic.
- Adopt-a-School and school-based partnership – SLMC looked at the four school districts in the area and chose to work with Pocono Mountain School District based on several factors including third grade reading levels, the percentage of students on free and reduced-price school lunches, and other related indicators. Recently the partnership with the school district was deepened and will include sports medicine services and integrated behavioral health, among other program and services.

- Community fitness programs – SLMC hosted a Walk with a Doc program at the campus where local providers gave a short educational talk and then joined community members for a walk on the beautiful wooded walking trail at the hospital. A total of four unique providers led or participated in four events in September. Due to the COVID pandemic, the 12 additional scheduled walks in the spring went virtual across the St. Luke's network, with over 1,000 viewers watching the video education talks. Our Get Your Tail on the Trail program encourages community members to get out and get active by rewarding physical activity with small outdoor-friendly incentives such as hats, gloves, and safety items. This past year 1,102 people completed the 165-mile challenge logging a combined 497,999 miles, and 838 people completed the winter mini-challenge logging a combined 61,697 miles. Of these program totals, 72 people from the Northeast PA (NEPA) chapter of Get Your Tail on the Trail finished the 165-mile challenge, and 76 NEPA members completed with winter challenge. The total miles accumulated over the life of the program also went over four million total miles.
- Older Adult Meal – SLMC offers and affordable, healthy meal for seniors every night of the year including weekends and holidays. A total of 2,197 meals were served for an average of 8.5 meals per day for the year, designed to promote healthy eating and social connections. Due to the COVID pandemic, the Older Adult Meal program was paused in mid-March. During the eight full months of activity, the 2,197 meals averaged to 12 meals per day.
- Employee Wellness – Our Caring Starts with You employee wellness program aims to target the health and wellness outcomes of our employees and their families. Our CSA program (Community Supported Agriculture) allows employees to buy fresh, local produce, each week, through payroll deduction, and pick up the produce right at the hospital. This past year, 28 people participated, resulting in $12,000 going to local farmers.

Successes

- Community Centered Health Home at The Mountain Center – As mentioned previously, we were awarded Local Share Account (LSA) funds to help with the establishment of a medical clinic at The Mountain Center. The LSA funds come from a pool of money created by local gaming revenue, and will help defray the startup costs of the clinic. The St. Luke's Hospital Monroe Campus will use a combination of hospital funds, grants, donations, and fundraiser revenue to build and operate the clinic. The clinic will help improve access to care in this vulnerable and underserved area within our community.
- Literacy Initiatives – To avoid the potential weather delays in the winter and spring, 20 SLMC staff dressed in red and white came to Clear Run Elementary Center in November to read to around 450 first and second grade students. In addition to another successful Dr. Seuss Day, two additional sustainable literacy-promoting programs were continued. The Little Free Library was conceived as part of the Eagle Scout requirements. The library is kept stocked by hospital staff with books for all ages. At one of our adopted schools, Clear Run Elementary Center, we created a process to provide books for the students as they wait for the nurse or sit through medical treatment, which continues to be a very popular program with students and staff alike.
- Integrated Behavioral Health – Mental health issues have been identified as one of the top three priority areas in the community, and within the Pocono Mountain School District as well. As part of a comprehensive agreement between the hospital and the school district, St. Luke's will staff a full time behavioral health staff member within the school district to provide services to students
- Community and School Garden expansion – Through a grant provided by Pocono Mountains United Way, SLMC, Pocono Mountain School District, and The Mountain Center partnered to implement a community and school garden and nutrition education program.

In the previous fiscal year at The Mountain Center, over 50 individuals from 12 different agencies and families, including roughly half children and half adults, all came together to build eight extra tall raised bed gardens, to add to the existing four raised beds already there through a previous grant to St. Luke's and The Mountain Center. The garden was designed to serve both young and old alike by encouraging programs that combine the students from Head Start with the seniors from the Monroe County Area Agency on Aging adult day center. This past fiscal year, a fall community dinner was held to promote and celebrate the garden and healthy eating. A total of 85 community members attended the meal, with presentations and demonstrations provided by SLMC, the school district, and East Stroudsburg University. We also purchased a green house to add to the outdoor garden area in order to extend the growing season. Due to the COVID pandemic, the schedule spring community dinner was cancelled, and the funds will be redirected to other healthy living programs at The Mountain Center.

Challenges

- COVID-19 – The virus situation disrupted all normal functions across the country. In this next year, SLUHN and the community will together face a variety of unknown issues stemming from business closures and slowdowns, changes to schools, loss of income and possible increases in nutrition security, housing issues, mental and physical abuse, mental health and substance use, and so many other areas we are only beginning to understand. In short, life as we know is fundamentally changing, so everything we do will have to adapt accordingly.
- Opioids, substance abuse, and mental health – This was already a priority prior to the COVID-19 pandemic. The societal changes due to the virus are only adding to the need. Everything from stress due to loss of income to a lack of social outlets has already contributed to a rise in substance use and abuse, and to those seeking treatment. We have indications that a potential surge is building up in the need for treatment and are therefore preparing for the future need despite the many unknowns.

Quakertown & Upper Bucks Campus Report

Summary/Overview

The St. Luke's Upper Bucks and Quakertown Campuses create and maintain meaningful partnerships with local organizations to improve the health of all residents through community programming and collaboration. These programs support the Community Health Needs Assessment priority areas that were specifically identified based on the identified needs, priorities, and local resources. Through partnerships with the local schools and organizations, unique services have been provided to the community. These initiatives, which incorporate root causes such as Social Determinants of Health and Lifestyle Behaviors, are continually assessed and modified to provide measurable and effective health outcomes.

Top Three Priority Areas Identified:

1. Improve Access to Care and Reduce Health Disparities
2. Promote Healthy Lifestyles and Prevent Chronic Disease
3. Improve Mental and Behavioral Health

Strategy Areas of Focus:

1. Health for All: Ensuring the population has access to resources and services; addressing the social determinants of health.
2. Fit for Life: Promoting healthy living for disease prevention and chronic disease management; Improving Mental and Behavioral Health
3. Healthy Kids, Bright Futures: Projects and programs targeted specifically at maternal and child health programs.

Highlights & Successes

Medical Career Pathways Program: The Quakertown and Upper Bucks Campuses provided an Adolescent Mentoring Program for high school students interested to pursue a career in the health care field. There were 24 students from Quakertown and Palisades High Schools who participated in Monday lectures/interactive sessions and Wednesday Clinical Site Rotations. This was the seventh year for the program, which was forced to end earlier than scheduled due to COVID-19.

Summer Food Service Program (SFSP): The Quakertown campus served as an open site for the United States Department of Agriculture's (USDA's) program to provide summer meals for children in Quakertown. In addition to a healthy meal, the program was created to provide activities, crafts, education sessions, CSA shares and backpacks with food for week-end meals.

The program received funding from Penn Community Bank and miscellaneous donors. A total of $8,491 was spent on Community Supported Agriculture (CSA) produce, activity supplies, food for week-end backpacks. Money was also allocated to support a public health intern who served as the site supervisor. A balance of $7,301 remains that will be utilized for the 2020 Summer Feeding Program.

Oral Health Services/Dental Van: Dental services were provided to children in the Quakertown School District with the Star Wellness Dental Van. A total of 24 children are receiving services for cleanings, sealants and fillings.

Community Fitness Programs: The Fit for Life Strategy supports the promotion of a minimum of 150 minutes of exercise per week. The two primary programs designed to promote community engagement in physical activity include Get your Tail on the Trail (a program in partnership between SLUHN & the D & L) and Walk with a Doc (WWAD). Across the network communities, the total miles accumulated under this program has surpassed four million total miles. At the end of this fiscal year a School-Based Get Your Tail on the Program was initiated with Palisades, Quakertown Community, and Upper Perkiomen School districts all participating from the regions surrounding the Quakertown and Upper Bucks Campuses. A Walk with a Doc Summer Series was held at the Park at 4th where fresh produce was provided on a Sharing Table. A monthly WWAD was initiated in March 2020 at the Upper Perkiomen YMCA. There were 11 in-person WWAD events this year led by 10 unique providers. Since April 2020, all formal walking events have been changed to virtual due to COVID-19. In April 2020, we began creating virtual WWAD videos and shared them on our St. Luke's website, social media, Tail on the Trail (www.Tailonthe trail.org) and through local partners and businesses. These videos, provided in both English and Spanish, to this date have engaged 17 providers with views of ~24,195 (~1,600 views/video).

Healthy Living Presentations and Programs: St. Luke's Healthy Kids Bright Futures Garden Program provided garden resources for the school- aged population. These resources included seed packets with planting instructions, recipes for utilizing fresh produce and a weekly Healthy Living Tracker to record and monitor physical activity, sleep and fruit/vegetable consumption. With COVID-19 and the closing of schools, virtual education resources including the Rodale Garden Curriculum, and list of garden-themed books were provided to Palisades, Quakertown, and Upper Perkiomen School Districts.

There were several healthy living programs supported at Quakertown Elementary School including their monthly educational breakfast and Family Service Association of Bucks County's evening family program.

Older Adult Meal Program: The Upper Bucks Campus offers a senior meal program to community members. For a flat rate of $5.00, participants can obtain a meal in the cafeteria. Periodically, there are information sessions and activities to supplement the program. For the Quakertown Campus there were 83 participants. Since January 2020, at the new Upper Bucks Campus, there have been 20 participants. * The program was put on hold in March 2020 due to COVID-19.

Literacy Programs: A book drive was completed with donation sites at Quakertown Campus, the Regional Breast Center, and Coopersburg Center Valley Family Practice. A total of 1,912 books were collected and distributed to the Quakertown Free Library, Quakertown Elementary School. Quakertown Christian School, Southern Lehigh Public Library, St. Michael the Archangel School, Upper Perkiomen School District, Upper Bucks YMCA, Upper Perkiomen Valley YMCA and the Free Library at the Quakertown Campus. There was a 212% increase in books collected and distributed this year in comparison to FY19.

Read Across America, or Dr. Seuss Day is a National literacy initiative we participated in with the Palisades, Quakertown and Upper Perkiomen School Districts. A total of 24 volunteers went to individual classrooms and read a Dr. Seuss Book entitled “Happy Birthday to You”; discussed the importance of daily reading and distributed individual bookmarks and a book for the classroom to keep. A total of 26 classrooms were visited with a total of 534 students.

Vaping Education and Smoking Cessation: This year, in response to the health concerns associated with Vaping, the Community Health & Preventive Medicine partnered with the Pulmonology Service Line to create a presentation, “The Truth about Vaping”. In the Quakertown/Upper Bucks Service area there were a total of seven presentations with ~1,100 participants. This total does not include participants who viewed the filmed presentation through the Palisades School District. There were additional scheduled presentations that were cancelled with transition to virtual classes due to COVID-19.

Education sessions planned for the Free Fall Energy Center were also put on hold during the pandemic. St. Luke's also participated in a "Clear the Air" panel presentation on the risks of vaping held at Quakertown High School. Quakertown High School was participating in a Bucks County Health Improvement Partnership (BCHIP) program with a Vaping App called "2-morrow". The program was live for several weeks when schools were closed. The program will resume in September 2020 with extension to June 2021. SLUHN was preparing to initiate a Smoking Cessation Program with a small group of offices as the pilot. With COVID-19, virtual visits were initiated to provide the program throughout the network. There are currently two Quakertown/Upper Bucks providers trained as Smoking Cessation Champions. The St. Luke's Park Avenue Campus serves as a site for the BCHIP Smoking Cessation Program.

Warm Hand Off Processes: St. Luke's has partnered with the Buck's County Drug & Alcohol Commission to provide the Bucks County Connect, Assess, Refer, Engage and Support (BCARES) program for substance use patients. Through this program, The Penn Foundation provides Restorative Specialists for initial patient connection referred ED or inpatients. A total of 78 patients were referred in FY 19. In FY20, there were a total of 105 patients referred, reflecting a 26% increase. It should be noted that during the beginning of the COVID-19 pandemic, from April through June, there was only one referral. BCARES Family Connect provided support to family and friends of patients of the program. The Upper Bucks Campus, in partnership with the Bucks County Drug & Alcohol Commission, has been finalizing a program to provide Naloxone in the emergency department. There are also plans for Medications for Addiction Treatment (MAT).

Employee Wellness: The Caring Starts with You Program for employees and spouses is a wellness program established to promote well ness and to help reduce the risk for chronic disease. Screenings and health coaching are key components for the program.

Promotion of the Community Supported Agriculture (CSA) Program was offered at Quakertown Bone & Joint, Park Avenue, and the Upper Bucks Campus with a total of 24 participants. In addition to the employee wellness benefits, the program provided revenue to our local farmers which was $9,460 for this year at the Quakertown and Upper Bucks Campuses.

Employee Wellness launched SilverCloud across SLUHN. SilverCloud is an online behavioral health program for employees and their spouses, providing supported cognitive behavioral therapy content relating to anxiety, depression and stress. The program was awarded a 1st place SLUHN Quality Award in
2019 based upon the outcome data from the 2-year pilot (2017-2019). In spring of 2020, additional content on “Challenging Times” was added as additional support for COVID-19 stress, anxiety and depression.

In the Spring of 2020, the Employee Wellness team transitioned or suspended several programs due to COVID-19 and developed a Critical Event Employee Care Schedule.

- The Behavioral Health, Employee Wellness, Pastoral Care, and Mindfulness Coordinator collaborated to develop an Employee Care Page on our intranet COVID resources site; providing self-access to resources from each department including a behavioral health hotline email, EAP, online support groups, substance use assistance, mental health crisis support and crisis phone hotline.
- In-Person Wellness Rounds/Debriefings with Palliative Care and Pastoral Care staff while stay at home orders were placed.
- Safe spaces and Quiet Rooms on all campuses with soft music, diffusers, snacks, hydration for breaks are available for staff members

- Go-Live for Virtual Wellness Rounds/Defusing Calls: General content included normalizing emotional responses and physical responses, making space for participants to share their experiences, as well as identifying stressors and helpful coping mechanisms to reduce and mitigate long-term impact of trauma
- Online Cognitive Behavioral Therapy (Silver Cloud) with specific content for Challenging Times; Anonymous and confidential, free for employees and spouses.
- Online Mindfulness Based Stress Reduction sessions
- Free Meals for all workers, including vegetarian option
- Free Virtual Nutrition Support sessions
- Free Virtual Tobacco Cessation
- Social media targeting self-care during a crisis – Pinterest and Facebook (SLUHNWellNOW)
- Level 2 Whole Food Plant-Based eating class piloted in virtual format.

Select Quakertown/Upper Bucks Community Liaison Memberships:

Bucks County Health Improvement Partnership (BCHIP) Collaboration: Many of the strategic initiatives for St. Luke's are congruent with the key priorities for BCHIP; the Community Health Liaison is a member of the BCHIP Wellness Partnership.

Nature-Based Placemaking Executive Committee: The Community Health Liaison is a member of this committee representing St. Luke's University Health Network. This committee provides structure and leadership for the grant provided by the Pennsylvania Downtown Center aimed to "create a total quality experience and support local community and economic development". This committee supports the Walk with a Doc, Tail on the Trail and CSA Programs.

Upper Bucks Chamber of Commerce: The Community Health Liaison serves on the Executive Board as President.

Upper Perkiomen YMCA: The Community Liaison serves on the Advisory Board as a member.

Pennsylvania Downtown Center: The Community Health Liaison serves as a member of the Board of Directors. During COVID-19 there was also a Resiliency Task Force as well as subcommittees.

Additional COVID-19 Community Outreach

St. Luke's Community Liaison meetings were held to promote communication, provide resources, and ensure active participation throughout the COVID-19 pandemic. There were consistent meetings and two-way communication organized by the Department Housing Services in Bucks County and Department Health and Human Services in Montgomery County. The three major priorities covered were food access, homelessness, and mental and behavioral health. Initial activities included distribution of information related to 211 services and distribution of COVID signs and information provided in multiple languages. St. Luke's worked closely with multiple partners from the Quakertown/Upper Bucks Campus Community; dominant ones included Advocates for Homelessness of Bucks County (AHUB), Bucks County Health Improvement Partnership (BCHIP), Bucks County Opportunity Council (BCOC), Helping Upper Bucks be Universally Better (HUBBUB), local Chamber of Commerce's, local Health Departments, Palisades School District, Quakertown Community School District, Quakertown Food Pantry, Quakertown Parks & Recreation, St. Vincent de Paul, The Open Link, United Way of Bucks County, and Upper Perkiomen School District.

Multiple action steps were taken to date, throughout the COVID pandemic, to enhance food access, address housing concerns and promote mental and behavioral health; highlights include participation in the Quakertown Community Food Drive (> 10,000 pounds of food secured); volunteering for distribution of food from Defense Logistics distributed by Fresh Connect; site for United Way's Bucks County Knocks Out Hunger Drive (5,000 pounds of food collected at the Upper Buck's Campus); assistance with wash stations at food distribution sites; hygiene kits provided to Upper Bucks YMCA, The Open Link and United Way of Bucks County (total 400); development of patient discharge housing protocols; thermometer distribution; virtual fitness and classes and additional community programming.

One community program shared was the Creating Calm, Together Mindfulness and Social-Emotional Learning (SEL) lessons and resources. This program was a collaborative between United Way of the Lehigh Valley, Lehigh University, Shanthi Project, Resilient Lehigh Valley, Colonial IU 20, Colonial IU 21 and Wildlands Conservatory

This program was shared with the local school districts and community groups. Another program, "Culture of Health", was a virtual presentation presented through the Upper Bucks Chamber of Commerce. "Preparing your Business to Re-Open" was presented throughout the Community. St. Luke's also partnered with other Bucks County Hospitals, through BCHIP, to send the message, "We are Safe to Open". There were multiple distribution lists for sharing information throughout Bucks and Montgomery County and the St. Luke's website with COVID information was posted on local organization web sites.

Western Rural Campuses Report

Summary

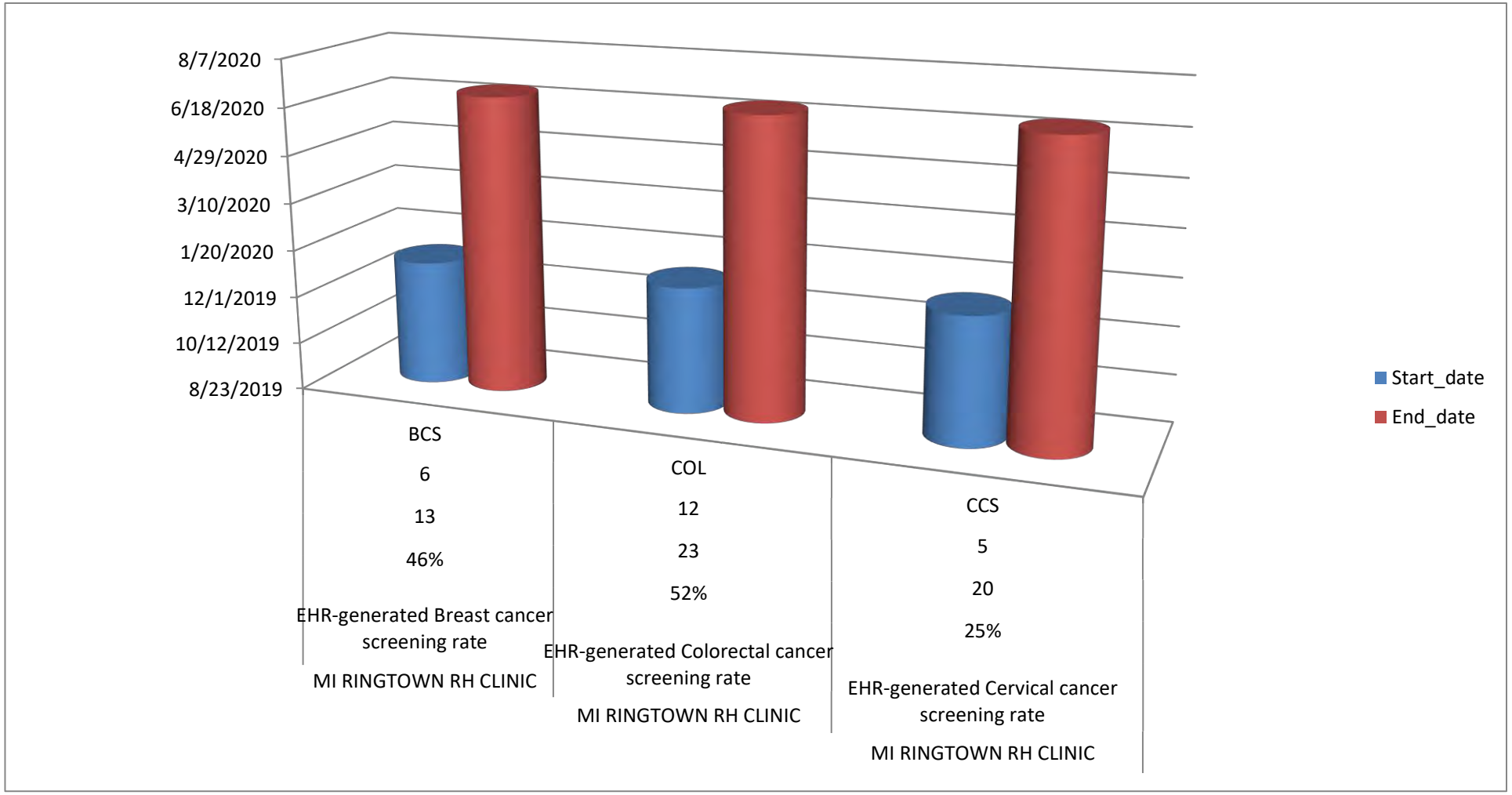
The Western Rural Campuses include Geisinger St. Luke's, St. Luke's Miners and St. Luke's Lehighton Campus (formally Gnaden Huetten), located within Schuylkill and Carbon Counties in northeastern Pennsylvania. The following community health Initiatives and programs align with our department and network strategies reflective of the St. Luke's rural service area. The three main priorities identified in our 2019 CHNA include: improving access to care; preventing chronic disease; and improving mental and behavioral health, including improving Substance Use Disorder (SUD) prevention, treatment and recovery services.

Western Rural Campuses:

- Geisinger St. Luke's Campus (GSL) Orwigsburg, Schuylkill County: Opened in the Fall 2019,: Geisinger St. Luke's opened a new, fully licensed, 80-bed hospital that includes an Emergency Department and a full range of specialties and services. The GSL campus offers an extended range of healthcare services in the community that offers easy access so patients receive the care they need, right where they live. To learn more, please visit: https://geisingerstlukes.org/
- St. Luke's Miners (SLM), Coaldale, Schuylkill County (SLM): St .Luke's Miners features advanced inpatient and outpatient services along with specialty services in the Hospital and surrounding Outpatient and Care Now locations. To learn more, please visit:https://www.slhn.org/miners
- St. Luke's Lehighton (SLL), Carbon County: St. Luke's Lehighton Campus (formerly the Gnaden Huetten Campus) features advanced inpatient and outpatient services along with specialty services in the Hospital and surrounding Outpatient and Care Now locations. To learn more, please visit: https://www.slhn.org/lehighton

Highlights and Successes

•*Screenings:* St. Luke's CHPM partnered with the Pennsylvania Department of Health, Breast and Cervical Cancer Early Detection Program Bureau of Health Promotion and Risk Reduction to improve breast and cervical cancer screening in Schuylkill County. Objectives included utilizing Community Health Worker (CHW) and practice process improvement strategies to improve screening rates. Barriers to care such as transportation and education were addressed. From September 2019 to June 2020, we were able to demonstrate measurable and sustainable quality improvements and connection to care:



- *Literary:* Dr. Seuss Day 2020 in Rural Region: Over 40 St. Luke's Volunteers read to more than 1,600 (3rd grade) students in more than 84 elementary classrooms as follows:
  St. Luke's Miners: Panther Valley, Tamaqua Area, Shenandoah Valley, St. Jerome's)
  St. Luke's Lehighton: Lehighton, Palmerton, Jim Thorpe, St. John Newman, Carbon County Head Start
  Geisinger St. Luke's: Blue Mountain - East/West, J.S. Clarke (Pottsville), North Schuylkill, Schuylkill Haven

- *Oral Health Literacy:* Carbon and Schuylkill Counties are located in a Dental Health Provider Shortage Area (HPSA). During a 2017-18 Federal Dental Planning grant, we assessed and strategized to work with partners to improve access and value for oral health in our rural region. To increase value, we began the evidence based Reach Out and Read and the American Academy of Pediatrics Brush, Book and Bed program in 2018-present through a generous donation from the Carbon County Community Foundation. This program is offered at St. Luke's Nesquehoning Health Center and Primary Care, Lehighton Family Practice, Palmerton Pediatrics and now Palmerton Primary Care where providers and staff are trained on how to engage families and young children ages 6 months – 5 years on the importance of talking, singing, reading, playing during each well visit and leaves with an age appropriate book and resources to build healthy routines.
- *Community Health Worker (CHW) rural training:* In June 2020, seven St. Luke's employees and one community member who either live or work in one of the northern tier rural counties, attended the 100-hour evidence based best training to learn how best to understand and connect the rural region to services and resources. The training included Mental Health First Aid, Motivational Interviewing, Question, Persuade and Refer, CPR, Opioid and oral health modules as specific learning objectives and lessons based on the northern tier CHNA data and measurable objectives to increase connection to care while addressing barriers and strengthening local prevention, treatment and recovery response. This training was in partnership with Area Health Education Center, Lehigh County Community College, St. Luke's and local funders such as the All One Foundation, Pocono United Way and national grants.
    - *St. Luke's Rural CHW Community and School Coordinators:* Two CHW's, one for Carbon and one for Schuylkill, work throughout the year with the school districts, non-profit partners and the community to promote health lifestyles through the Walk with a Doc, Tail on the Trail programs, improving access and consumption of local Leiby's Farm and Foothill Farms Produce, School Wellness Committee support and physical and mental health connection to care linkage including evidence based QPR and trauma trainings.

- *Adopt a School Program:* SLM adopted Panther Valley (PV) School District in 2014 in the evidence based community school model where the school district is the hub of the community for physical and mental health and wellness.
  - The Medical Need at PV Elementary School (ES) was reduced from 43%-21% in 2018-19 and 9% in 2020, at PV Intermediate School (IS) from 78% to 51% in 2018-19 and 66%In 2020 and at PV High School (HS) from 48% to 35% in 2018-19 to 26% in 2020.
  - Vision Need reduced in 2018-19: PVES 32%-27%, PVIS 24%-21%, PVHS 19%-18% and 2019-20: PVES 36% post; PVIS 9% post; PVHS 4% post; pretest need not available at this time
  - Vision Shuttle Program, where students who failed their vision exam and have identified barriers to care, transported to a local optometrist 5 times until 2/26/20 when remaining dates were cancelled due to COVID-19. 26 students were seen for exams, 23 vouchers were redeemed, and 23 students received corrective eyewear.
  - Mental Health and SUD Response: Every student seen on the St. Luke's medical van also visited with the Licensed Clinical Social Worker who was available as a support to students on and off the van. Student leadership and a Adopt a School committee of school-based coordinators reviewed PAYS Data Results 2017 vs 2019 to strategize on how to promote healthy messages and events to reduce the risk factors, build the resiliency of students and staff and transform the environment to be action and goal oriented led by students positive visions for the future and partnerships consortiums, resources and programs.

Addressing Covid-19 in our rural Communities:

- *Healthy Living:* First Virtual Tail on the Trail and Walk with a Doc during the pandemic was kicked off in rural on Saturday, May 2 with Dr. Joanne Calabrese. The "Get Your Tail on the Trail" program, offered by St. Luke's University Health Network and the Delaware & Lehigh National Heritage Corridor (D&L), is off and running for its seventh year. The program challenges participants to log 165 miles of exercise such as walking, hiking, running, biking or paddling from May 1 to November 2, 2020. Dr. Calabrese's first virtual provided step by step guidance on how to keep our body and minds health during COVID-19 by continuing to walk practicing social distancing. This walk provided reassurance to our rural neighbors, our network and our partners as we learned how to adjust, adapt and maintain safe, self-care.
- *Substance Use Disorder Response:* The Rural Community Opioid Response Program Steering Committee met monthly throughout COVID-19 to ensure SUD Response and connection to prevention, treatment and recovery was communicated and facilitated through partners throughout the rural region. Each month, 25-30 partners, including those with lived experience, attended virtual meetings and shared resources and strategies to reduce the morbidity and mortality of the SUD/OUD in rural during the COVID-19 pandemic. Throughout the 2019-20 year, the committee worked with the St. Luke's Miners Rural Family Medicine Program for Naloxone Education and Distribution as well as with county and local partners.

- *Education:* CHPM Staff worked with the marketing department and community partners to distribute over 5000 flyers and posters in 4 different languages to spread the message about social distancing and staying safe during the Pandemic as well as how to identify and report abuse.
- *Collective Impact*: CHPM rural staff have been integral members of Community COVID-19 response committees including the United Ways' community response, Nurse Family Partnership, Child Development and PathStone Head Start, Local Chamber, Salvation Army, Family Promise as well as many other local non-profits leading and supporting coordinated responses. All the committees focused efforts on serving the community during the pandemic

- *Rural Community Health Team*: CHPM's Rural Community Health Team and School Coordinators continued to serve their students and families even when the schools were closed. They served as vital members of the school team, making sure their families were getting food and supplies that they needed.
    - *Adopt a School*: During these challenging times of COVID-19 stay-at-home orders and measures, our AAS services have continued to assist the staff, students and families at Panther Valley providing support and services via weekly Microsoft TEAMS meetings, phone calls, district-wide updates and social media messaging. We continue distributing resources and hygiene products - and have even delivered eye glasses - through the 'grab and go' lunch distribution sites that the school-based coordinators help. In addition, Mental Health Monday's began April 2020 and was made available to all students and staff, as well as posted on websites and social media (Panther Valley Athletic Director and School Based Coordinator has 893 followers on Twitter and posts these messages weekly) were consistent "you are not alone' messages and local resources including United Way 211 and crisis lines were shared.

St. Luke's Rural Community Health Programs partner on a national, state, county and local level to measurably improve outcomes and would like to thank our partners for their consistent support and engagement.

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 a 3 year award totaling $1,000,000 (implementation grant) with 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."

Warren Campus Report

Highlights and Successes

- Adopt a school garden provided education on gardening and fresh produce to 40 classrooms, serving 662 students at Philipsburg Elementary school. This year, the garden fence was completed with help from the New Jersey Youth Corps.
- St. Luke's Sports Medicine serves 5 schools in Warren County: Philipsburg High School, Warren Tech, Warren Hills, Belvidere High school, and Steele Hill Bulldogs. Additionally, the St. Luke's Sports Medicine REACH Program enrolled 25 students from Philipsburg Middle School.
- Opioid task forces were operational during the 2020 fiscal year in Warren county, utilizing a Warm Hand Off Process.
- There is continued participation in the Walk with a Doc program. The Walk with a Doc program moved to Walters Park, Philipsburg in 2019 and has gone virtual since March 2020.
- CSA shares were distributed to low-income patients in need of fresh produce at the Coventry Family Practice.
- Warren participated in the Dr. Seuss Day as part of initiatives to promote literacy among Warren county students. The Little Free Library also continues to provide students with books.