



Bethlehem Health Bureau

Community Health Improvement Plan 

Community Health Improvement Plan Overview

Health Priorities

Based on a Community Health Needs Assessment conducted by the Bethlehem Health Bureau and its key stakeholder group in 2019, we have identified the following health priorities for 2020 - 2022





Health Priorities

2020-2022



Key Priorities

- PRIORITY 1: REDUCE DISPARITIES IN HEALTHCARE ACCESS AND IMPROVE OUTCOMES FOR VULNERABLE POPULATIONS.

- PRIORITY 2: IMPROVE THE SOCIAL DETERMINANTS OF HEALTH.

- PRIORITY 3: INCREASE HEALTHY LIFESTYLES.

- PRIORITY 4: IMPROVE COVID-19 COMMUNITY READINESS, RESPONSE, MITIGATION AND RESILIENCE.

SEXUALLY TRANSMITTED DISEASES

To decrease STD infections:

- Decrease gonorrhea by 5% from baseline.
- Decrease chlamydia by 5% from baseline.
- Decrease syphilis by 2% from baseline.

MATERNAL AND INFANT HEALTH DISPARITIES

To decrease low birthweight babies among disparate populations by 2% from baseline.

Priority 1 Key Objectives

SENIORS AND OLDER ADULTS

To decrease non-transport causes of death by 5%.

ADOLESCENT HEALTH

- To decrease by 2% from baseline, the percentage of students who feel depressed or sad most days in the past 12 months.
- To decrease by 1% from baseline, the percentage of students who consider suicide.



Priority 1: **Key Initiatives**

KEY INITIATIVES

MATERNAL AND INFANT HEALTH DISPARITIES

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Continue to implement Partners for a Healthy Baby evidence-based home visiting program with precision home visiting components for at risk families.
- Assess current home visiting model and ways to customize interventions.
- Promote health bureau breastfeeding support and education services.

COMMUNITY PARTNERS LEAD INITIATIVES

- Provide breastfeeding support and education for Partners for a Healthy Baby clients.
- Educate at least one new provider in referring pregnant and new moms in the Partner for a Healthy Baby program each year.

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Participate on the Bethlehem Area School District Health Advisory Committee.
- Lead the school subcommittee of the Northampton County Suicide Prevention Task Force.

COMMUNITY PARTNERS LEAD INITIATIVES

- Implement the Bethlehem Area School District's health and behavioral health strategic plan.
- Increase access to mental health services for children, youth and adults.
- Create a resource guide for families who had a loved one die by suicide.
- Work with schools to include suicide hotline information on school IDs.
- Create a resource guide for schools for suicide prevention related activities.
- Work with health care providers to ensure that appropriate systems are in place to screen and refer patients who are at high risk of suicide.
- Provide Question, Persuade, Refer (QPR) trainings to schools, worksites and community groups.

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Continue to implement the community paramedicine pilot and measure outcomes to determine if the program should be replicated.
- Create a proactive referral process with providers for the Matter of Balance fall prevention program.
- Enhance the fall prevention component in Healthy Homes through collaborating with the community paramedicine and project lifesaver programs to refer eligible participants.

COMMUNITY PARTNERS LEAD INITIATIVES

- Northampton Regional EMS to provide referrals for the Community Paramedicine Program.
- Moravian College to provide referrals for the Matter of Balance program.
- Healthy Homes program to refer participants to programs.

KEY INITIATIVES

SEXUALLY TRANSMITTED DISEASES

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Map STD data in order to more effectively target geographic areas with high infection rates.
- Analyze STD data by race, ethnicity and age groups.
- Develop and implement programming based on data.

COMMUNITY PARTNERS LEAD INITIATIVES

- Share data at local healthcare infection control meetings.
- Add/develop an STD dashboard on health bureau website.
- Increase STD screening for high school students attending the SLUHN mobile Family Planning van clinics.

HOUSING

To improve to 75 % in each measured housing hazard category, within the housing health and safety rating system, to remediate safety/health issues in Bethlehem homes.

TRANSPORTATION

To increase by 2% from baseline, accessibility/connectivity for alternate modes of transportation to life sustaining needs.

Priority 2 Key Objectives

VIOLENCE

To decrease crimes against family (intimate partner violence) and/or child(ren) (child abuse) by 1% from baseline.





Priority 2: **Key Initiatives**

HOUSING

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Utilize the blight study to target specific areas for the Lead and Healthy Homes program.
- Fund lead inspection and remediation programs.
- Expand household interventions to neighborhood level interventions.

COMMUNITY PARTNERS LEAD INITIATIVES

- Prioritize applications for Housing Rehabilitation located in identified target areas.

TRANSPORTATION

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Expand the bike share program.
- Work with the Lehigh Valley Planning Commission to increase connectivity to trails.
- Advocate for better access to public transportation.
- Improve safety for alternate modes of travel.

COMMUNITY PARTNERS LEAD INITIATIVES

- Implement Walk/Roll LV plan initiatives.
- Update the Traffic Safety Plan to assure safer modes of travel.
- Provide alternate modes of travel education.

VIOLENCE

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Utilize police department incident data on Part 2 crimes-“crimes against family/child” to determine baseline and elevated incident areas.
- Attend MultiDisciplinary Team and Act 33 meetings.
- Conduct Intimate Partner Violence screening with STD, Family Planning clinic patients and Home Visiting clients.

COMMUNITY PARTNERS LEAD INITIATIVES

- Assist in creating a plan to reduce Inter Partner Violence and child abuse in elevated incident areas.
- Implement neighborhood level interventions/programs.
- Create neighborhood level interventions around Inter Partner Violence and Child Abuse issues.

UNINTENTIONAL INJURIES

To decrease unintentional injuries by 2% from baseline.



Priority 3 *Key Objectives*

CHRONIC DISEASE RISK FACTORS

To decrease chronic diseases:

- Decrease the rate of diabetes by 2% from baseline.
- Decrease the rate of heart disease by 2% from baseline.
- Decrease the rate of asthma by 2% from baseline.
- Decrease the rate of obesity by 2% from baseline.
- Decrease the rate of chronic lower respiratory disease by 2% from baseline.
- Decrease the rate of stroke by 2% from baseline.
- Increase servings of fruit and vegetables per day by 1 serving a day.

SUBSTANCE ABUSE

To decrease the rate of opioid deaths and overdoses
by 2% from baseline.



Priority 3: **Key Initiatives**

UNINTENTIONAL INJURIES

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Continue to lead Vision Zero initiatives in communities with high fatality rates.
- Lead the review team process and assess causes of death.
- Create initiatives based on causes of death.

COMMUNITY PARTNERS LEAD INITIATIVES

- Continue to assist with implementation of the Vision Zero Initiatives.
- Review child deaths and partner to implement initiatives.

CHRONIC DISEASE RISK FACTOR

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Conduct programs aimed at improving healthy lifestyles such as: improving heart health, decreasing stroke risk, decreasing risk of diabetes, improving obesity rates, decreasing tobacco and alcohol use, improving healthy eating behaviors.
- Lead initiatives to improve healthy lifestyles.

COMMUNITY PARTNERS LEAD INITIATIVES

- Provide a venue to conduct programming.
- Lead community-wide advisory boards.

SUBSTANCE ABUSE

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Create models to enhance connectivity to substance abuse treatment programs for individuals with substance use disorder.
- Distribute naloxone to community members and first responders.
- Conduct a media campaign aimed at reducing stigma associated with substance abuse disorder.
- Analyze overdose data and overdose death data and compile an annual report for community wide distribution.
- Lead the connection to services initiative.
- Lead the initiative to provide naloxone to the public and first responders.
- Lead the initiative to survey the community and create messaging for a media campaign.

COMMUNITY PARTNERS LEAD INITIATIVES

- Partner to implement programming and/or systems change for identifying avenues for early treatment.
- Participate on Northampton County Opioid Task Force.

VACCINATIONS AND TESTING

To conduct a minimum of one vaccination and/or testing clinic for COVID-19 and/or school vaccinations.

MITIGATION AND RESILIENCE

To provide support to all businesses, health care facilities and the school district who request assistance to prevent and/or mitigate the spread of COVID-19.

Priority 4 Key Objectives

INVESTIGATION/ CONTACT TRACING

To conduct case investigations and contact tracing on all confirmed positive residents.

EDUCATION AND AWARENESS

To provide accurate, up to date and consistent COVID-19 information to the community as it becomes available and/or is updated.



Priority 4: Key Initiatives

VACCINATION AND TESTING

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Plan, staff and implement mass vaccination/testing clinics.

COMMUNITY PARTNERS LEAD INITIATIVES

- Assist in planning and staffing mass vaccination/testing clinics.

MITIGATION AND RESILIENCE

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Be the established resource center for credible up to date information.
- Assist partners with prevention, mitigation and recovery plans.

COMMUNITY PARTNERS LEAD INITIATIVES

- Execute preparedness plan.
- Identify gaps in services and/or resources.

AWARENESS AND EDUCATION

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Provide the most current information via social media and website.
- Provide data information via the dashboard.

COMMUNITY PARTNERS LEAD INITIATIVES

- Assist disseminating the information accurately to their patrons.

INVESTIGATION/CONTACT TRACING

BETHLEHEM HEALTH BUREAU LEAD INITIATIVES

- Conduct case investigations and contact tracing.
- Collect and analyze data related to COVID-19.

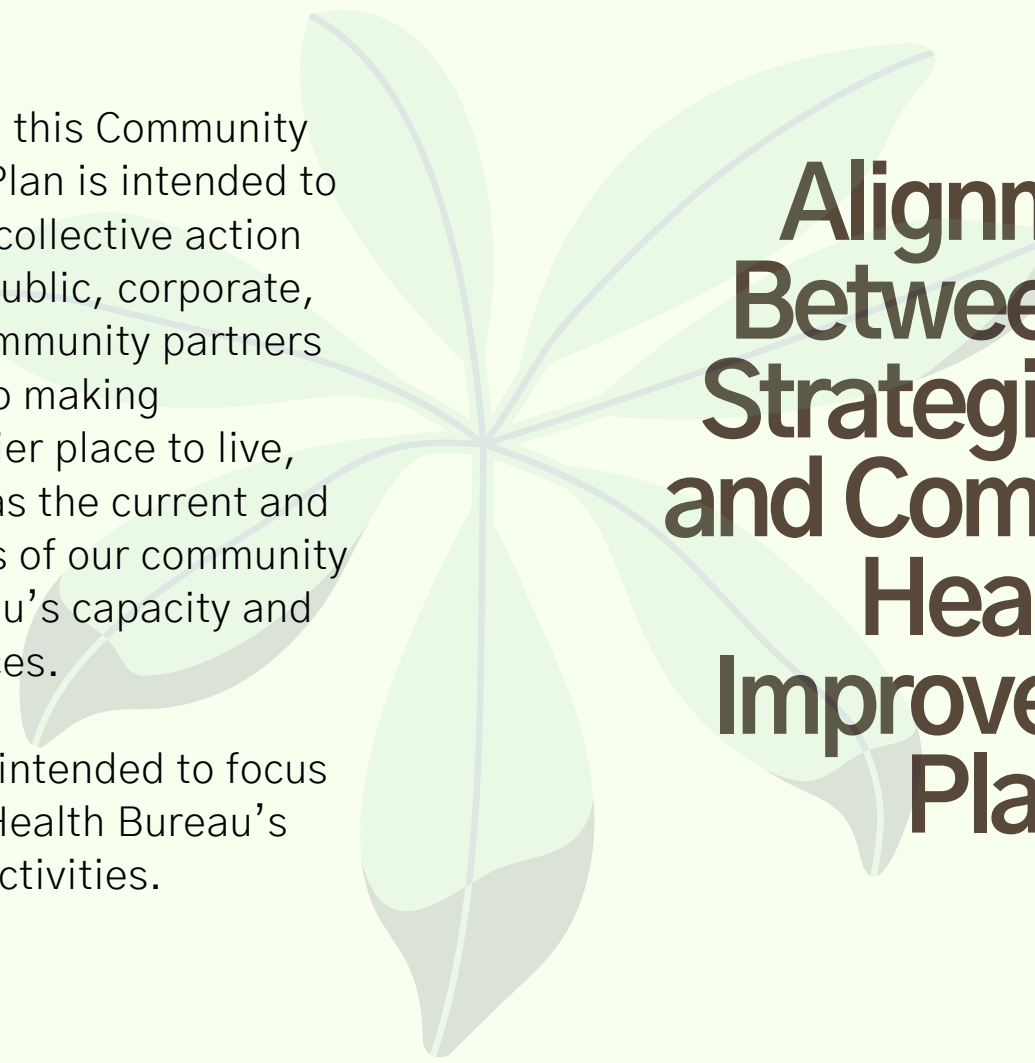
COMMUNITY PARTNERS LEAD INITIATIVES

- Assist with contact tracing.

The key initiatives in this Community Health Improvement Plan is intended to engage and inspire collective action from a broad set of public, corporate, philanthropic and community partners committed to making

Bethlehem a healthier place to live, work, learn and play as the current and emerging health needs of our community far exceed the Bureau's capacity and resources.

The Strategic Plan is intended to focus on the Bethlehem Health Bureau's operational activities.



Alignment Between the Strategic Plan and Community Health Improvement Plan

Community Partners





*Together we will create a
healthy community*