Living God’s love
by inspiring health,
wholeness and hope.

LOVE MATTERS

MISSION
Last year was filled with great opportunity and unique new challenges for Adventist Health. We continued our journey to transform care, business operations and our communities. As the year progressed, we celebrated extraordinary progress toward top-decile safety and high reliability. We also recommitted our entire organization to love. Yes, love. With God’s help, and through reflection of His love, we will become the agents of hope for a hurting world. Love matters, and it’s how and why we serve.

We pulled together as ONE Adventist Health to restore healthcare services and extend our mission to the community of Tulare, California, in record time. This beautiful central California community is now stronger because of our commitment to their well-being. A few months later we once again came together in support of our associates and community as Paradise, California, endured historic destruction from the Camp Fire. In both cases, we showed how strong our team is when we put our trust in God and in each other.

Looking forward we remain focused on successfully building a strong foundation for our future. We have intentionally disrupted Adventist Health over the past five years so we can be better positioned to deliver on our calling to transform communities in an evolving healthcare environment. By the end of next year, we will have nearly doubled the lives we serve: We must leverage our successes to become significant in the industry and, most importantly, in the lives of our community.

Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God’s love by inspiring health, wholeness and hope. With curiosity and an open mind, we will advocate for and lead change in healthcare and social policy to benefit the under privileged and the disenfranchised in the diverse communities to which we have been called.

Together we will create lasting impact in people’s whole lives and affect profound improvement in the well-being of the entire community.

Ricardo B. Graham
Chairman of the Board

Scott Reiner
Chief Executive Officer

Dear friends and colleagues:

The new Adventist Health headquarters in Roseville, California, opened in April 2019 and nurtures the lives of our associates. The 275,000-square-foot building is the work home to over 1,200 associates and is full of light and inspiration, with scripture and references to our mission built into the walls, literally. The spaces are designed for meaningful connections, so we can serve with our best selves. Here we can also set a vivid example of health and wholeness for our community as we welcome them to our Vitaliz Café, onto our beautiful 1-mile walking path, and into a better understanding of who we are as a leader in faith-based healthcare.

We incorporated two internationally recognized sets of standards into the design and construction of the campus. The LEED green building program focuses on buildings that are designed, constructed and operated for improved environmental performance which is vital to community health and sustainability. WELL standards are designed around the people who live, work and make use of the space, including how it is used, maintained and how people function within it. The building promotes both environmental sustainability and human health and well-being, another expression of the Adventist Health mission.

Ricardo B. Graham
Chairman of the Board

Scott Reiner
Chief Executive Officer
EVERY

COMMUNITY COUNTS
Faith forged from fire

On November 8, 2018, the Camp Fire roared through the Feather River Canyon and into the town of Paradise, California, leaving devastation and destruction in its wake. Adventist Health Feather River miraculously evacuated all 67 patients safely, many in the personal vehicles of associates who drove through the wind-whipped fire. It was dangerous and frightening for everyone and also a defining moment for Adventist Health associates. With courage, determination and grace, our mission was demonstrated in a profound and powerful way.

Critical parts of the hospital burned and more than 600 associates lost their homes, cars and possessions. Adventist Health has reopened clinics and relocated associates to other markets, while focusing their work on helping the community recover.

Ryan Ashock was the administrator on duty that day. “When our team received information that our campus was surrounded by flames and that no fire personnel was available, we made the quick decision that evacuating the Pentz Road campus was a necessity. Within 35 minutes, 67 inpatients, hundreds of employees, physicians and volunteers were safely evacuated out of the hospital. This incredible feat of evacuating in such a short period of time was only possible due to the outstanding teamwork by everyone involved. Each and every one of the associates involved that day is a hero. That day and throughout the recovery, the Feather River team lived the mission of Adventist Health like no one has before. In the scariest of times, we lived God’s love by inspiring each other, our community and our patients with health, wholeness and, most importantly, hope.”

Nurse Tamara Ferguson was working with other medical staff to evacuate patients in two ambulances with little time to spare. The ambulances were on a narrow road heading away from the fire, seeking a safe route out of town. They were about a mile from the hospital when the ambulance in front of Ferguson broke down and started to melt.

“We were behind them. There was nowhere we could go,” Tamara says. “We turned at the closest cul-de-sac, and we found the one house that was not on fire. We had to break into it.”

Ferguson says she was sure she was going to die. “I made phone calls to my family and said goodbye.”

But Paradise Fire Chief David Hawks found them and swiftly gave everyone orders, likely saving their lives. Some people climbed on the roof with hoses, others cleared pine needles from gutters.

(continued on next page)
“There was fire all around us, the house next door to us was on fire. He told us what to do. We all worked together,” says Hawks.

The group of 13 people, including three patients (one who had just delivered a baby by C-section), nurses and a paramedic, bunkered down in the garage for two hours, waiting for the last-moving flames to pass. Medical staff and firefighters continued to clear brush and try to keep the house safe. Finally, a sheriff’s van pulled up and the whole group piled in, heading to a different hospital several miles away. Everyone was safe.

The next day Tamara reflected, “I will forever be changed by yesterday as so many thousands have been changed by the Camp Fire. Many lost their homes, knew people who did not make it out and didn’t know if they still had a place to work. They never complained or felt sorry for themselves, but instead showed compassion, love and grace for our patients. We shared many tears of joy and sadness as news would come in. They focused on what was important — not the number of patients who had appointments scheduled and made sure that, though those appointments were canceled, we would do whatever we could to help them get their needs met. We’ve had employees from all over the organization and even from other hospitals come to help make those calls.”

— Jill Parish, lead training program associate

“The greatest impact for me was the group of staff from Adventist Health Feather River that got on a shuttle and came to Roseville day after day, working 10 hours plus the over two-hour drive each way. Many lost their homes, knew people who did not make it out and didn’t know if they still had a place to work. They never complained or felt sorry for themselves, but instead showed compassion, love and grace for our patients. We shared many tears of joy and sadness as news would come in. They remained strong and dedicated to the purpose.”

— Bekah Richey, senior training program analyst, Adventist Health Physician Services

“Answering dozens of calls each day was a life-changing experience for me. For many, everything they knew and had was gone, and for them to hear an actual person on the other line meant the world to them. To have someone to talk to provides a glimmer of hope. To know that Adventist Health was there for them, even in this disaster, was what people needed. I remember asking everyone, ‘Are you in a safe location and is there anything I can do for you?’ People were not expecting a phone call from us, especially to see if they were OK. For me, their heartfelt stories of survival were what kept my focus on what was important — not the number of calls, or the hours we put in — it was about being there for people who needed love. I truly felt that I was living our mission during my six weeks of working the Camp Fire call center. My perspective on how my living our mission has changed since then as well. It has opened my eyes to know that even at a desk in Roseville I can make a difference in our patients’ lives.”

— Stacey Mathison, data support analyst, Adventist Health Physician Services

**Camp Fire Call Center**

Immediately after the firestorm, the Roseville office of Adventist Health launched an emergency call center to provide immediate assistance to our Feather River clinic and hospital patients and community members. Over the next several weeks the call center logged about 1,000 calls a day. Some calls were simple prescription refills, and some were heartbreaking stories of loss, love, and grief. The Roseville team was led by Adventist Health Feather River, Adventist Health Lod Memorial and Adventist Health Sonora associates along with members of clinical informatics, IT Works (Corner), pharmacy and others. The experience impacted every person involved.

**“Working a call center was not easy, but it was emotionally tiring to hear some of the horror stories. I will never forget one woman crying to me as she recounted jumping to a nearby lake to save herself as the fire burned. But each patient, most of whom had just lost everything, simply felt grateful to be alive and gave thanks to God for that second chance and thanks to us for listening and helping with their medical and prescription needs. They took the time to ask me how I was and how their providers were. That level of human concern for a stranger after losing everything was truly remarkable. I reminded me that I am exactly where I want to be in life and that my personal values align with the work I do.”**

— Tiffanie Porter, senior training program analyst, Adventist Health Physician Services

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**“There was fire all around us, the house next door to us was on fire. He told us what to do. We all worked together,” says Hawks.”**
Surviving and Thriving

To see Jennifer Hennick today — young, vibrant, enjoying a milestone in her nursing career at Adventist Health Bakersfield and bringing together other young women for a “glam photo shoot” — you would never imagine the road she has traveled. At 28, she was a single mom of two children, doing her best to raise them and get herself through nursing school. She dreamed of graduating, finding a position as a registered nurse and planning her family’s future.

Then, she discovered a lump in her breast, which would eventually lead to those three words that would change her life’s path: You have cancer.

“My immediate gut feeling was terrible, and the alarms were sounding,” recalls Jennifer about first finding the lump. “But instead, I began to frantically search for another explanation.” At the time, she hoped it might be a seat belt injury resulting from a car accident a few months earlier.

She knew she had to be checked by a professional. However, this created yet another stressful crisis because she was uninsured. Like so many others, Jennifer was just trying to get by financially day-to-day and never imagined she would need health insurance.

Fortunately, Jennifer benefited from the Links for Life program that paid for her imaging and biopsy appointments, which confirmed she, in fact, did have breast cancer. She qualified for Medi-Cal coverage and underwent surgery for a left modified radical mastectomy in October 2005, followed by chemotherapy that lasted until January 2006.

Today, Jennifer remains cancer-free. Her dreams of working in oncology were realized when she was hired as the nurse practitioner for the Adventist Health Breast Center in Bakersfield. The perspective she brings as a breast cancer survivor — at such a young age, no less — is invaluable to prospective patients.

In fact, it’s because of Jennifer, that a Young Survival Coalition (YSC) chapter has returned to Bakersfield. During her breast cancer battle, she found great solace, comfort and kinship in this group of young women facing so many similar situations. However, over time, the local organization had dissolved — which was something she wanted to change.

“As soon as I started at the Adventist Health Breast Center, I knew that I needed to bring YSC back,” Jennifer says. “YSC’s mission is all about sisterhood, support and resources. We work with survivors, caregivers and the medical research, advocacy and legislation communities to increase quality and quantity of life for young women with breast cancer. “We are here to educate, empower and connect our local young ladies who have been diagnosed with breast cancer. We want them to know we are in this together.”

The gatherings offer the women opportunities for support, while also providing something fun to do as a group. After all, sometimes girls just want to have fun!

To inspire other young women going through breast cancer, Jennifer and her united sisters, some still at the beginning or the middle of their breast cancer journeys, gathered in downtown Bakersfield for a special “glam photo” session. Their gowns, donated by generous community members, empowered these ladies to show that cancer can’t steal their sense of style.

“Our portraits show beauty, grit and sisterhood … the very definition of the Young Survival Coalition Bakersfield,” Jennifer says.
Morning Mile for a healthy start

It’s a Friday morning at Blosser Lane Elementary School in Willits, California, and more than 100 students are running and walking laps around the basketball court, laughing and having fun. They’re part of a new before-school program called “Morning Mile” sponsored by Adventist Health Howard Memorial.

“It’s not just students who participate in the program. Parents and teachers are having fun and walking too. Six laps around the loop is exactly a mile, and students aim to get more than that. Each lap earns the prize of a straw, to be recorded and tracked for more incentives. Every participant receives a necklace and a charm for every 5 miles.”

Kaiden Oliver is a fifth grader who says he loves running, as he shows off the charms he’s earned around his neck. “I did 15 laps today! Tomorrow, I’ll be even better!”

Kaiden’s mother, Amy Buckingham, says the program has been a blessing for Kaiden. “He has a lot of energy. Now he has an outlet for all that energy, and he’s ready to learn and to pay attention to his studies. As a mom and a nurse, this program excites me. Running and exercise has been proven to offer many health benefits, including strengthening your lungs, relieving stress, improving your immune system and preventing high blood pressure.”

Before school starts, the kids hand in their straws to be tallied. By the end of the school year, nearly 200 students have put in their miles. Students, staff and guests have walked almost 1,700 miles.

Adventist Health Sonora’s Project Impact inspires health throughout the community with volunteer opportunities extending beyond traditional healthcare.

One of Project Impact’s most creative and meaningful community outreach activities occurred in September 2018, when 40 hospital associates, administrators and physicians visited Gold Rush Mobile Home Park in the nearby town of Columbia, California. They fixed and painted decks and stairs, repaired screens, trimmed trees, power-washed roofs, removed trash and delivered sack lunches, toilet paper, paper towels, and heaters for those with no heating source in their home. Nurses and techs, assisted by the chief medical officer, provided free health screenings and foot care, something many residents had not received in years. Those requiring follow-up care were given clinic appointments.

The visit had another important impact — helping to reconnect the mobile home park residents to each other and the community.

“They’ve faced so much difficulty that they were apprehensive of people trying to give them help with no strings attached,” explains Julie Kline, patient care executive. “So the team went door to door offering assistance. Residents were both amazed and appreciative.”

“I had lost faith in the medical community,” says one mobile home owner. “Coming to this event I feel like I am not just another number. This has restored my faith in the medical field.”

“One resident told me that in the past, people had always shunned him because of his appearance,” says chaplain Mario DeLise. “Knowing there are people who care about him meant more than all the things we fixed at his home.”

“It’s a powerful purpose that renews your faith in the purposeful work you’re going to find,” says Julie. “This is the most grassroots, meaningful and purposeful work you’re going to find, and I feel like I am not just another number. This has restored my faith in the medical field.”

Mario says the mobile home park visit exemplified what Project Impact is all about: making the community a better place because Adventist Health is there.

“I feel like I am not just another number. This has restored my faith in the medical field.”

“Apart from that, it was a blessing that we were able to do this in the community we serve.”

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“The visit had another important impact — helping to reconnect the mobile home park residents to each other and the community.”
It's often fatal.

A condition occurring when the inner layer of the aortic aneurysm and her brother died of an aortic dissection. She was terrified.

Aortic dissection. She was terrified.

But nurses at Adventist Health Tehachapi Valley wouldn't let her.

The dissection was caused by a combination of smoking, stress and heredity. Michelle had been a smoker for 35 years, ignoring family members when they asked her to quit. She would stress easily over little things. Her father had died of an aortic aneurysm and her brother died of an aortic dissection. She was terrified.

At a critical access hospital in a rural community, options for treatment are limited. The nurses called hospitals nearby to see if a cardiothoracic surgery she needed. They found just one — Adventist Health Tehachapi Valley opened a new, state-of-the-art hospital, ushering the region into a new era of healthcare while paying homage to the area’s roots. For many, the opening of the new hospital was a community celebration. During a time when hospitals in rural communities across the nation are shuttering, Tehachapi had achieved what seemed impossible.

Now, 50 years later, Adventist Health has picked up where the Schlotthausers left off. In November 2018, Adventist Health Tehachapi Valley opened a new, state-of-the-art hospital, ushering the region into a new era of healthcare while paying homage to the area’s roots. For many, the opening of the new hospital was a community celebration. During a time when hospitals in rural communities across the nation are shuttering, Tehachapi had achieved what seemed impossible.

For too long, residents in Tehachapi and east Kern County were forced to travel up to 90 minutes for care because their hospital lacked services. Some would forgo care altogether. But since opening, emergency department volumes have spiked, suggesting that those residents who used to travel are now staying local for care. The intensive care unit team has nursed critically ill patients back to good health, and they did it close to home where it is convenient for their families to visit.

A fighting chance

“I told her we would do what we could to give her a fighting chance,” Mateiro recalls. “She was going to make it — just as long as we got her the surgery she needed.”

Because of the smoke caused by wildfires blazing across Southern California, flying a helicopter into Loma Linda would be impossible.

“We can’t wait,” Mateiro told them. Within 30 minutes they had arranged an ambulance, inserted a breathing tube in Michelle’s throat and packed everything they needed to keep their patient alive.

Adams and Mateiro traveled alongside the ambulance for the two-hour drive into Loma Linda, and provided her daughter, Heather, with text updates.

“I remember them wheeling her out, and the nurses were right there with her. You wouldn’t expect going to work and then end up driving almost three hours with a patient. They didn’t even hesitate. I’m so thankful. They didn’t even think twice,” Heather says. “They were going to do whatever they had to do, and I felt she was in really good hands. If it weren’t for Michelle (Adams) and Rebecca (Mateiro), my mother would not be here. They saved her life.”

Michelle’s operation was successful, and the experience set her on a healthier path. She no longer smokes. She finds ways to reduce stress in her life, and she’s begun watching her diet and limiting her portions. She’s finding ways to be heart healthy so that she can be there for her five grandkids (and a new one on the way). When her daughter Heather Silva arrived, Mateiro cried with her, and then prayed for her mother.

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A heritage of community investment

Healthcare in Tehachapi, California, has always been a product of community investment. When Harold and Madge Schlotthauer, a husband-and-wife team of Seventh-day Adventist doctors trained at Loma Linda University Medical Center, came to Tehachapi in 1934, it was to provide healthcare to the underserved. They purchased and converted a two-story hotel to establish the first hospital the rural community had ever known.

They built clinics across the region, stressing preventive care and offering free well-baby clinics. They partnered with schools to offer vaccinations and provide nutritional information to parents. The couple practiced medicine until they sold their hospital and retired in 1969.

Now, 50 years later, Adventist Health has picked up where the Schlotthausers left off. In November 2018, Adventist Health Tehachapi Valley opened a new, state-of-the-art hospital, ushering the region into a new era of healthcare while paying homage to the area’s roots. For many, the opening of the new hospital was a community celebration. During a time when hospitals in rural communities across the nation are shuttering, Tehachapi had achieved what seemed impossible.

Most importantly, the hospital’s team of compassionate caregivers provides the highest quality of care because they love their community and know their friends and neighbors deserve nothing less.

Dr. Harold and Madge Schlotthauer would be proud.

Tehachapi’s first hospital in 1934 was operated out of a hotel, shown above. Almost 50 years later, community members were poids and thankful for Adventist Health Tehachapi Valley’s state-of-the-art facility.
Restoring hope and health in Tulare

It was the end of 110 days of furious activity that began when Tulare Local Healthcare District, in Tulare, California, agreed to partner with Adventist Health to reopen the local hospital. It was also the beginning of a new healthy chapter for the community.

“Opening day was one of the most special days I can remember. A lot of tears, a lot of joy, a lot of happy faces in the crowd for people that really wanted their healthcare system to come back to Tulare. For us to be a part of that was a high point I can remember. A lot of tears, a lot of joy, a lot of overwhelming ‘go Adventist Health!’ attitude leaders encountered a warm welcome and an overwhelming ‘go Adventist Health!’ attitude,” Randy says. “I couldn’t have asked for anything more satisfying than in seeing the people here and being able to help serve them.”

For the fourth year, the Southern California Region partnered with Armenia Fund for Compassion in Action — Mission Armenia, a medical mission delivering critical care, lifesaving surgeries and medical expertise. The 2018 mission was made possible by the generous support of donors and Mr. Hacop Baghdassarian’s wife, Hilda, and his family.

Men, women and children filled hallways at Noyemberyan Hospital and Stepanakert Republic Medical Center in Armenia. Among them, was a 48-year-old man with a brain aneurysm. Without emergency treatment, he may have died. Alice Issai, president of Adventist Health Glendale and Stepanakert Repub-Ministry of Karabakh removed the burden by covering the cost.

The seamless operation included a five-hour drive from Artahs. The cost was a devastating $30,000. Adventist Health Glendale and the Health Ministry of Karabakh removed the burden by covering the cost.

The team performed 270 procedures and major surgeries, from total knee replacements and hysterectomies to lifesaving cases in cardiology, neurology and endocrinology. Another 2,240 visits and consultations were given to primary care, oncology, gynecology and pediatric visits.

Another patient was diagnosed with a severe heart condition. His only option was open-heart surgery in Yerevan — a five-hour drive from Artahs. The cost was a devastating $30,000. Adventist Health Glendale and the Health Ministry of Karabakh removed the burden by covering the cost.

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Arby Nahapetian, MD, regional medical officer, Southern California Region. “To create sustainability, we educated and trained local physicians and nurses so they can provide the same care in exponential numbers.”

Building back on her experience in Armenia, Yi Shen, RN, Adventist Health Glendale, reflected, “I’ve learned to treat the emotional and spiritual needs of a patient. Mission work changes the lives of patients. In return, the lives of healthcare providers are also changed forever.”

Saving lives in Armenia

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Women’s health issues are heart-wrenching,” says Ramella Markarian, Adventist Health Southern California Region medical officer. "Women's health issues are heart-wrenching," says Ramella Markarian, Adventist Health Southern California Region medical officer. "Women's health issues are heart-wrenching," says Ramella Markarian, Adventist Health Glendale business development executive. Laurence Spencer-Smith, MD, Adventist Health White Memorial obstetrics/gynecology, performed numerous surgeries. “He ended the suffering of many women with uterine and bladder prolapses and disabling gynecologic disorders, which are easily treated in the U.S.”

The mission concluded with treating 305 patients in the villages of Hanes, Shaali and Knares in Artsakh. The seamless operation included a triage area, primary care physician consults, education and medication for the villagers.

“We helped develop the foundation of healthcare for future security and growth,” says Arby Nahapetian, MD, regional medical officer, Southern California Region. “To create sustainability, we educated and trained local physicians and nurses so they can provide the same care in exponential numbers.”

Looking back on her experience in Armenia, Yi Shen, RN, Adventist Health Glendale, reflected, “I’ve learned to treat the emotional and spiritual needs of a patient. Mission work changes the lives of patients. In return, the lives of healthcare providers are also changed forever.”
EVERY CONNECTION MATTERS
Getting AHEAD of cancer

The Adventist Health Early All-Around Detection (AHEAD) program enables patients to identify their risk of hereditary cancer syndrome and helps those who are at higher risk with options to reduce their risk or to actually prevent cancer.

Candace Westgate, DO, an obstetrician/gynecologist based at Adventist Health St. Helena, is the medical director of the AHEAD Program.

“My mission is to prevent cancer and save lives,” says Dr. Westgate. “Knowing and being aware of where we will end up, but it can influence where we come from does not necessarily mean we can’t save lives,” says Dr. Westgate. “Where we come from does not necessarily mean so uniquely.”

BRENDA’S STORY

When Brenda Munson visited Dr. Westgate for an exam, her family history revealed that Brenda’s paternal grandmother had breast cancer and her paternal aunt had ovarian cancer. Dr. Westgate recommended genetic testing with the AHEAD Program.

“It was positive for BRCA1 and I didn’t believe it. It took me about a year to deal with it because I was in quite a bit of denial,” says Brenda.

Brenda’s risk of having breast cancer was 87 percent and her risk of ovarian cancer was 40-60 percent. After professional counseling with Dr. Westgate, Brenda and her husband determined that a prophylactic double mastectomy was the best preventive option. “These numbers were just too high to live with. I am really lucky because I was able to make decisions based on having these statistics,” Brenda says.

Three months after Brenda’s double mastectomy, she had a hysterecomy and oophorectomy.

“It was a tough decision, but I made it because it was the best thing for me; it was the best thing for my family. I can live my life and I am at peace. And even more important is being a part of my family’s life and to be able to watch my two boys grow,” she says.

“I am 100 percent. I am as strong as before, if not stronger. Short term this can be very daunting, but in the long term I would do this 100 times over.”

TONI’S STORY

Cancer runs in Toni’s family, and she lived with the fear of ovarian cancer for decades. “I was very careful to monitor my ovaries; I had yearly sonograms and CA125 tests, but I never really worried about breast cancer,” says Toni. With the advancement in genetic testing, Toni was advised to test for genetic mutations and tested positive for BRCA2. She prophylactically had her ovaries and fallopian tubes removed.

In October of 2015, Toni saw Dr. Westgate for a clinical exam. Dr. Westgate was concerned that Toni had not considered a mastectomy, as people with her mutation have risks of up to 87 percent for developing breast cancer.

“I chose to have a double mastectomy with direct to implant reconstruction in January 2016,” Toni explains.

“Reducing the chance of cancer anytime you can is a smart move. I did not want my wife to have to worry about this any longer,” Toni’s husband says.

Smiling, Toni concurs, “It is a peace of mind that we all deserve to have.”

MARIA’S STORY

“My advice to anyone who has a family history of cancer is to be informed, talk to your doctor and find out what you can do.”

Maria was diagnosed with breast cancer when she was 35 years old. One month later, she was told she was BRCA1-positive. Maria’s high risk of developing breast cancer had already been realized. She had to face a 40-40 percent risk of ovarian cancer during her lifetime. Learning from Maria’s experience, her sister had genetic testing and tested positive for BRCA1. Considering the overwhelming odds of contracting breast cancer and ovarian cancer, she too opted have a double mastectomy and a hysterectomy. Maria has three daughters, and just recently her oldest, 19 years old, asked to be tested. The results were negative; she falls into the normal population, a great relief to Maria.

“Discovering that I am BRCA1-positive has been a great finding for me and my family. My sister’s discovery has made it possible for her to make informed choices. For my daughters, this information will be very helpful as well. They now have choices, not a sentence. Knowing your family history can save your life and the lives of those you love most.”

* A BRCA mutation is a mutation in either of the BRCA1 and BRCA2 genes, which are tumor suppressor genes. Hundreds of different types of mutations in these genes have been identified, some of which have been determined to be harmful and to increase risk of cancers.
Community Paramedics

On the north Oregon coast, Adventist Health Tillamook is living God’s love through the community paramedic program. Tillamook Ambulance, operated by Adventist Health, serves Tillamook County — 25,000 people in 1,100 square miles and up to 150,000 people on summer and holiday weekends. The community paramedic program serves patients who don’t qualify for home health services but still need someone to check and care for them. This service is at no cost to the patient. It’s simply one way Adventist Health extends its healing mission into the community.

In 2018, Nick Watts made 607 home visits, caring for 164 patients. Case managers provide referrals for patients at high risk for readmission and who they feel could use extra support. Nick may visit a patient in their home every day for two weeks, providing both medical and nonmedical care. He checks to make sure they are safe and have what they need to continue to recover. Nick also does a home safety check for fall hazards, making changes to reduce risk. He assesses the need for durable medical equipment and makes arrangements to get what his patients need. He checks medications and even for food safety, connecting patients with support agencies that can help as needed.

“Being a community paramedic means listening and caring,” says Nick. “A community paramedic is afforded the ability to spend time getting to know patients one on one in a personal way, to get involved in their lives and help them be engaged in their own wellness.

“One week I was sent to a gentleman who was just discharged from the hospital, and he was really worried about having a heart attack. When I got to his home, I talked to him, performed an EKG, and found he was having a STEMI (an ST elevation MI). We were able to fly him from about a block away from his house directly to definitive care, all very quickly. He would have likely died if I hadn’t gone there and helped him out.

“It’s been wonderful, and it’s also been sad. My patients are usually towards the end of life, so I help them navigate that, and you become their friend, and when they pass away, it really tears you up a little bit. But, what an honor to accompany them on their journey.

“Our care no longer stops at the hospital door, when we discharge a patient. Now they send me out, free of charge, to help patients in any way I can, to essentially keep them out of the hospital, and make our community healthier and happier. It’s a wonderful thing that we’re doing.”
A MIRACLE IN THE MAKING

Play to learn

At age 2, Aren wasn’t developing like other toddlers his age. Seemingly unaware of his surroundings, he was unable to walk, form words, chew his food or even drink through a straw. Aren was diagnosed with autism, apraxia of speech and dyspraxia, which limits speech ability and impairs fine and gross motor coordination.

Aren uses an iPad to communicate his thoughts.

Facing extraordinary challenges raising Aren, his parents were referred to Adventist Health Glendale’s Play to Learn Center — widely recognized for its success with developmentally disabled children. The Center’s team of skilled physical and occupational therapists and speech-language pathologists began working with Aren and his family.

Speech pathologist Marie Elena Barth discovered singing nursery rhymes was the magic that led to the first meaningful communication with Aren. Eager to find another medium for Aren to make his wants and needs known, Marie began experimenting with an iPad.

Meanwhile, occupational therapist Steven Bates worked relentlessly to improve Aren’s fine motor skills, crucial for using the keyboard. Progress was slow, but eventually Aren became proficient at using the picture icons and keyboard to connect with therapists and his parents, changing the course of his future.

When Aren was 7 years old, his parents discovered that by using his iPad, Aren could compute arithmetic problems and understand and read English, Armenian and French. He could finally answer questions, make requests and share his thoughts.

“Beneath Aren’s challenges and isolation from not being able to speak, his sweet, determined personality and analytical mind began to shine through,” explains Traci Martinez, DPT, Play to Learn Center manager. “With his iPad, Aren interacts with the world. For his parents, hearing the phrase ‘I love you’ brought tears of joy.”

Now a third-grader in public school, Aren is studying all the usual subjects and is using an iPad as his voice. He’s made friends and plays just like other kids.

“Aren faces challenges in his life, but his progress is a miracle in the making,” Traci adds. “I am immensely proud of our staff, whose skills and devotion to their work provide hope for the better future of our children and their families.”

As for Aren, he wants to become, in his own words, “a math teacher for kids like me who can’t talk but can think, because they deserve it. I want to teach them the value of numbers so that they can go to the store and order what they want, form words, chew their food or even drink through a straw. Aren was diagnosed with autism, apraxia of speech and dyspraxia, which limits speech ability and impairs fine and gross motor coordination.”

Liberty Rickman doesn’t know if she would have found the strength to survive without her nurse, Andreyia Hooks. But Andreyia found inspiration in Liberty, her patient who fought, even when she was unconscious, to stay alive for her newborn infant, her husband and three young children at home.

Liberty and her husband, Luke Rickman, were looking forward to the birth of their daughter. Baby Laina was born early, at 27 weeks due to preeclampsia, at Adventist Health Lodi Memorial. She was healthy and perfect.

Later that day, as doctors began anesthesia for a routine tubal ligation, Liberty went into malignant hypertension, a rare allergic reaction to anesthesia. They rushed her to the ICU, where she was intubated to help her breathe. She was on life support, frightened and struggling to understand what had happened to her. Anxiety and fear were taking over.

But then she met her ICU nurse, Andreyia Hooks.

“Every time I opened my eyes, she was there telling me it was going to be okay,” Liberty says. “If she wasn’t right beside me, she was talking to my husband, calming him down.”

But for Andreyia, it was Liberty’s determination that was inspiring. “While she was intubated, she was holding the baby and breastfeeding her. That is a will to live. That is being a part of something amazing.”

In the OB department her husband and baby could be by her side.” Andreyia says. “Every one had the same goal that night.”

Liberty was feeling more peaceful, but Luke was concerned. “My husband thought something was wrong, as I was struggling with my breathing,” Liberty says.

The OB charge nurse was worried too, and called a rapid response code. Andreyia rushed to find Liberty crying, “Please don’t take my baby away from me, please.”

“Tears were running down all of our faces because Liberty had already been so traumatized,” Andreyia recalls. Once stabilized, an OB nurse committed to staying in her room at all times.

Inspiring each other
Opioids and beyond: Working at the community level

Adventist Health Clear Lake is fighting this battle through the partnership of our Intensive Case Management Team, Live Well Program (which offers addiction and pain management treatment) and community organizations including Project Restoration, a case management and transitional housing program for medically fragile members of the community who are homeless. By identifying patients in the emergency room who present with opioid dependence and are homeless or approaching homelessness, Adventist Health Clear Lake can offer options for treatment and a chance at an addiction-free future.

Marylin Wakefield, PhD, LCSW, Care Management manager, shares a story of a typical client of the program whom she met recently. Ryan, in his late 20s, lived in the garage of an abandoned home without running water or electricity and he had no personal support system. Ryan was in an accident that resulted in prescribed opioids for pain management, leading to a dependence on the drug. As he began to heal, he tapered off the prescription but became frightened without the opioid, so he turned to street heroin. He was seen in the emergency department for symptoms of withdrawal several times. On one of those visits he was referred to Marylin for intensive case management and to Restoration House, a transitional home funded by a grant from Adventist Health.

The work between Marylin and Ryan began with a reverse planning priority-setting session, also known as “backwards planning.” The goal is for the client to share their vision for their future, and to accept Marylin’s help to achieve that vision. The resulting journey is a partnership of trust and hard work. In Ryan’s case, he saw himself clean to live. The resulting journey is a partnership of trust and hard work. In Ryan’s case, he saw himself clean to live.

The Adventist Health Clear Lake Intensive Care Management Team started making calls and requests for placements into treatment centers, both residential and outpatient. Roadblocks emerged. MediCal won’t cover residential treatment, Behavioral Health doesn’t have the resources to cover inpatient treatment, and space is always hard to find. Marylin worked with community partners and found a local treatment center to get Ryan on suboxone, a prescription medication that allowed him to be gradually weaned off the pre-existing opioid/heroin addiction while minimizing the withdrawal symptoms. They began a program of therapy to address the addiction and give Ryan tools to use in the days to come. Together with the Adventist Health Clear Lake physician team, they also created an alternative pain management approach and began focusing on Ryan’s general health by connecting him with a primary care physician. Everyone acknowledges that the healing process will be ongoing.

Today Ryan has been clean for more than four months. He lives in a stable housing situation with friends. He has received a job offer for a position he will start when he reaches six months clean.

Shannon Kimbell-Auth is a member of the Community Integration team at Adventist Health Clear Lake, and the coordinator of Project Restoration, a support program for medically fragile homeless members of the community. Shannon is passionate about Lake County’s homeless population and works to offer a whole-person approach to case management for her clients that is centered around four tenets: Life Saving — Life Changing — Life Sustaining — Life Going.

After Adventist Health Clear Lake raised funds to purchase a shower trailer, Shannon galvanized the Lake County Continuum of Care’s Interfaith Council to manage its use and make it available in communities around the county. When the original warming shelter closed, Shannon secured a new location. With Adventist Health Clear Lake’s leadership and Shannon’s time and energy, an additional $100,000 grant was secured for sustained operations for Hope House, the new site. Thirty-seven volunteers were trained to serve at the center, including four paid intern positions for Project Restoration clients, funded by Adventist Health Clear Lake.

Shannon says, “It’s not just about being present to the challenge of the moment, but catching the vision of a world where people are helped and housed and reaching for it like it’s already in your grasp. That is one of the things we can offer to our clients, hope for a future they can reach. It’s attainable.”
Surrounded by mountain ranges and nestled in the citrus-growing region of Mexico lies Montemorelos, home to one of the preeminent Seventh-day Adventist universities. The University of Montemorelos promotes research, selfless service and a missionary vision with the Adventist hope of a new world.

**1,000 miles and 1,000 hours: MISSION TRIP TO MONTEMORELOS**

Two groups faced with similar challenges created a perfect opportunity for sharing and collaboration. In November 2018 the team set out from Los Angeles to partner with the university in their mission to serve the Montemorelos community.

“I’ve always felt a calling to do missionary work,” says Patricia Stone, RN, MSN, patient care executive, Adventist Health White Memorial. Montemorelos University’s focus on nursing education in addition to community service was a perfect fit for Pat. Her goal is to help foster the ongoing relationship with the university through education and work exchange opportunities.

The joint team of students and volunteers reached out to Montemorelos elementary school children to educate them on good health practices. The entire community was invited to a health fair featuring healthy diabetic diet cooking demos and exercise classes. Many who lined up for health screenings and diabetic foot care appreciated the opportunity to talk with a healthcare professional. “People need someone to listen to them when they’re feeling vulnerable,” says Nestor Mondragon, a university medical graduate and a member of the mission trip team.

One of the most dynamic events of this trip was the Shark Tank–like event held at the university. The students pitched their community service projects to a very receptive audience. More than $10,000 in funding was granted. One of the winning projects is to build greenhouses to grow fruit and vegetables, serving as a community educational lab for student-led teaching. Another project will construct stair steps for the hillside homes, allowing residents access even in heavy rain.

The benefits of this mission trip will be felt by the people of Montemorelos for years to come, and the bond between Adventist Health White Memorial and the university was further strengthened. “Mission work is an investment in your spiritual life,” Nestor says, “You are more blessed than those you serve. The feeling you get from their smile and a thank you — that can’t be gotten anywhere else.”

However, beyond the campus lies much poverty. Many families live in primitive dwellings with no indoor plumbing. Hillside homes can be impossible to reach after heavy rains turn dirt trails to mud. Although Montemorelos is an agricultural area, the communities have little access to fruits and vegetables for a healthful diet. Diabetes is widespread for those living on starchy foods.

More than 1,000 miles away, the medical campus of Adventist Health White Memorial resides in a densely populated neighborhood alongside downtown Los Angeles. The residents of this neighborhood have a high rate of diabetes, and many suffer from its complications. Adventist Health White Memorial has become highly skilled in diabetes management and treatment, offering programs featuring diet, exercise and a multi-disciplinary approach to treating patients at risk of foot and leg amputation.

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Rico Fernandez found more than just a job at Adventist Health Selma. He found a work environment that encouraged him to freely express his love for God and his passion for music.

Rico provides desktop support to the clinical staff at the hospital. One day he overheard staff discussing concerns about a patient who seemed to be growing more agitated and confused as the days passed. They were worried and were looking for a way to comfort her.

Rico asked Jennifer Gomez, RN, “Do you think music would help?”

Rico is a musician who plays the saxophone and the Irish flute — he calls it a “tin” flute — among other instruments, in his church. His instruments were in his car and he wondered if their patient would enjoy hearing him play. Jennifer agreed it would be worth a try.

The patient and her husband didn’t speak English, so their son translated the request for his father, who agreed to let Rico play for her. He ran to his car to get his instruments.

Rico began by playing “Amazing Grace” for the woman. She gradually became calmer. He moved on to “Bless the Lord,” and after a few more songs she was resting easily.

“He was so happy to do it,” Yolanda Andrews, RN, says. “He even prayed with her.”

As the notes drifted down the hall, other patients began searching for the source of the music, asking if Rico could play for them. “He played for at least three more patients,” Jennifer recalls.

Rico has been playing music for more than 30 years. When he was a youth living in Southern California, he and his brother would take their instruments to skid row in downtown Los Angeles and play for the homeless. He says he has found music can almost always break through the toughest exterior.

On that day, however, he says he just wanted to try to help the patient relax. “I could hear her making sounds like she was in pain. I felt concern for the family and wanted to help,” Rico says. “I like that we’re encouraged to pray at work, and I’m glad that her husband said I could pray with her.”

In the days that followed, Jennifer says, patients would come to the nurses’ station and ask the staff, “What time does the music happen?” When does the music happen?

A couple who volunteers together stays together, as Jan and Larry Moberg will tell you. They recently celebrated 55 years of marriage, and they credit their weekly volunteer work at Adventist Health Sonora with keeping their relationship strong.

“We have a fun time talking about our day,” says Jan Moberg. She and her husband spend a combined 10 hours weekly working separately at the hospital, but come together at the end of the day at their Copperopolis, California, home.

And of course, there are the dogs, a mutual love that Jan and Larry share. “The dogs help us stay together,” says Larry Moberg, with his companion, Tank, by his side. “Tank became Larry’s companion when he was having melanoma.”

Jan found Tank at the Humane Society of Tuolumne County in Jamestown. “Tank walked right up and leaned against Larry,” she says with tears in her eyes. The dog stayed with Larry throughout his treatments, even accompanying him to doctor’s appointments.

“The things that help you heal are family, medication and dogs,” says Jan, a retired psychotherapist. She cites studies that show interaction with dogs has real impact on people’s health — lowering blood pressure, heart rate and stress levels.

The Mobergs have witnessed the power of canines firsthand, and now they spend time each week sharing it with others.

As the couple walks the third floor of the hospital with Tank and Jan’s dog, Sani, the staff greet the dogs by name, sometimes stopping to offer a good scratch.

Larry Moberg and his dog, "Tank," and Jan Moberg with her dog, Sani, taking a break from visiting patients and staff for a photo at Adventist Health Sonora.

“Love matters,” says Jamie, recovering from two major surgeries. She begins to cry as Tank lays his head in her lap. “That’s when you know you can get better. And I didn’t know if I was going to, but now I know.”

Jamie recalls one day that was especially hard, but being with a dog raised her spirits and carried her through. “This place saved my life, and those dogs were part of it,” she says. “I love to chat with the people,” Jan says. “We don’t talk about their ailment, but we talk about dogs or something else. It’s somebody different for them to look at and talk to other than the same personnel and doctors they see every day.”
EVERY PERSON IS VALUED
A young life saved

On a routine Friday morning, Mikayel Grigoryan, MD, an interventional neurologist at Adventist Health Glendale, could not imagine how quickly his day would change.

A fellow neurologist from a San Gabriel Valley hospital was on the phone; a story of a life in danger was unfolding. His patient, Brandon Stott, lay nearly motionless and unable to speak in his hospital’s emergency department. Images of his brain revealed this robust young man was experiencing a life-threatening stroke. A large clot in a major vessel was blocking blood flow to the left side of Brandon’s brain.

“The patient was not a candidate for tPA, the clot-busting medicine given through an IV,” Dr. Grigoryan explains. “And the imaging studies suggested that it was too late to do an intervention — attempting to undo the vessel. Few hospitals in the Los Angeles area have that capability.”

That’s when Dr. Grigoryan received the call. “The emergency room doctor and neurologist felt that Brandon deserved an aggressive treatment — he was only 33 years old,” Dr. Grigoryan says. “But his only chance was being rushed to another hospital that could do the procedure.”

Adventist Health Glendale is known as one of Southern California’s leading Comprehensive Stroke Centers, skilled in advanced lifesaving procedures performed by Dr. Grigoryan and neurosurgeon Yaser Badr, MD.

“Thrombectomy is the medical term for removing clots from the brain, which unblocks the vessels. A tiny catheter with a wire inside is delicately guided through blood vessels from the leg to the brain, where it penetrates the clot and removes it by retrieval or suction.”

“Dr. Grigoryan explains, “and the imaging studies showed nearly 4½ inches long.”

By late afternoon a stroke team led by Dr. Grigoryan successfully extracted a blood clot nearly 4½ inches long.

Durin the next four days in the ICU, Brandon was up and walking.

“Few hospitals in the Los Angeles area have that capability,” Dr. Grigoryan says. “And so it was, that if a light bulb clicked on in his brain, Brandon remembered that his daughter, Jayden, was turning 5 years old. With tears streaming down his face, he quietly sang ‘Happy Birthday.’”

“I cried,” Penny says. “Everyone cried. It was a miracle.”

Within a few days, Brandon was up and walking. And on discharge day from the medical center’s hallways, he and his wife, Nora, were walking briskly down the halls.

“Brandon continues to improve, his wife, Nora, reports. “Aside from saving Brandon’s life, the impact on a patient’s hospital experience. Josh Mederos, facilities manager at Adventist Health in California’s Central Valley, realized that, even though he’s not a caregiver in title, he can still have an impact on a patient’s hospital experience.

Josh and his co-workers needed to manually change all of the clocks at Adventist Health Hanford one hour ahead, due to daylight saving time. They challenged each other to see who could finish the task first. Josh decided to have a little extra fun, and noticed sanitizing wipes and plastic hand gloves, instead of flowers and cards from family on shelves he had previously installed.

“I realized she didn’t want to talk to me, she just wanted to talk to somebody,” says Josh. “Josh knew what to do. He visited the hospital gift shop and purchased a card and flowers. He went back to the patient’s room and told her he noticed her shelf was being misused. He removed the gloves and sanitizing wipes, placed the flowers on the shelf and gave her the card.

“She started to break down,” says Josh. “She said nothing like this ever happens to her. She reacted as if she had won the lottery or won some kind of prize.”

“I might come unclog your sink and replace your lightbulbs or a ceiling tile and go home at the end of the day and think, ‘I’m just a maintenance guy,’ but it’s nice to know we have an impact on patient care too.”

“Josh sat with the woman for about 10 minutes, understanding he had changed her whole hospital experience.”

“Brandon deserves an aggressive treatment — he’s only 33 years old,” Dr. Grigoryan says. “But his only chance was being rushed to another hospital that could do the procedure.”

“There was no guarantee, but he was actually going to do something.”

Brandon was transported to Adventist Health Glendale, and by late afternoon a stroke team led by Dr. Grigoryan successfully extracted a blood clot nearly 4½ inches long.

The next four days in the ICU, Brandon was transported to Adventist Health Glendale, and by late afternoon a stroke team led by Dr. Grigoryan successfully extracted a blood clot nearly 4½ inches long.

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High school students in Portland, Oregon, are introduced to healthcare careers through the innovative Student Healthcare Leaders program developed by Terry Johnson, Adventist Health’s Pacific Northwest Region executive director of mission integration, and funded by the Adventist Health Portland Foundation. This program is designed to inspire hope for youth who are contemplating career pathways. More than 50 students have participated in three 10-week sessions so far. All student applicants are accepted into the after-school program and provided with scholarships. They meet weekly to visit and learn about a specific department at Adventist Health Portland. The students have explored information technology, security, food services and clinical areas.

“The program has made me consider fields that I didn’t previously know existed in the healthcare world.”
— Ben Kruger-Blehm, student

“I really like healthcare and being there with the patients. I’ve also had a calling to ministry, so I was wondering where I can do both ministry and healthcare! And I realized that chaplainry would be a great option. And actually, Uncle Terry is a chaplain, so he said, ‘You need to do this. You need to see the healthcare part of it.’”
— Alyssa Fresne, student

“We got to play a game of Operation on an operating table with the Da Vinci robot. It’s a tool that they use in surgery, and we got to hear Dr. Rippey show us how to use it.”
— Jolie Brown, student

“Besides exploring the healthcare field, something we did over the course of the program was finding our ‘strengths’ or predominant leadership talents. By finding my strengths, I was able to think on the brighter side of things and think about things I was good at rather than things I needed to fix. With the combination of exploring the healthcare field and finding my strengths, I am certain I am prepared to pursue a career in healthcare but most of all, to pursue it as a leader.”
— Ari Strauss, student

Student healthcare leaders

Meet Dalia Branch, the daughter of Diana Branch, who works in Adventist Health White Memorial’s pediatric rehabilitation and cleft palate program. For her seventh birthday, Dalia wished for a lemonade stand. To her delight, her wish came true. It was perfect — a green and yellow awning with dressed poles connecting to a beautiful “Fresh Lemonade” marquee. Dalia’s lemonade service debuted at a car show on Father’s Day weekend and earned $150. What’s a 7-year-old girl to do with all that money? Toys? Games? She sought the advice of her mother, Diana, who replied, “You can buy anything you want, you can even donate some.” Dalia had watched her mom work with a group of dedicated caregivers to help cleft palate patients — children born with severe deformity of the mouth and/or nose. She had heard stories of children who suffered cruel bullying simply for looking different and learned of the bravery of these patients to endure multiple surgeries. She also knew that many who needed help couldn’t afford it. So rather than spending the money on herself, she decided to donate all of it to the cleft palate program.

And she didn’t stop there. Dalia has dedicated her lemonade stand to raise even more money for the program. She set up her stand at every car racing event her parents went to. She even hosted her stand at the Adventist Health White Memorial Foundation Gala and the City Gala in Los Angeles. In 2018, Dalia raised more than $3,700. In addition, friends and family from all over the country have donated more than $5,000. So far, Dalia has donated over $8,000 to the cleft palate program. Dalia is inspiring hope everywhere she goes, and knows that her lemonade, and her love, make a difference.

Dalia’s lemonade, served with love
Don Damp recalls when roles were reversed, “I know how it feels to be homeless. I spent 12 years isolated and homeless in the woods of Mendocino County. I needed help and medical attention and was reluctant to get it. That was until Buddy Eller helped me. Buddy started by building trust and forming a relationship with me — human to human. He kept me focused every day until soon I realized there was another, better way to live. It took a year and a half for me to quit drinking, secure housing and obtain financial stability. A large part of my journey to wellness included volunteering full-time, helping those I felt needed the most support.”

Don’s personal experience with homelessness and addiction positions him well for his role with the Adventist Health Ukiah Valley Street Medicine team. “It’s so important to have someone who has ‘lived it’ to connect with the people we are trying to help,” shares Joel Soinila, a colleague of Don’s who also works with the team. “Don sees himself in the lives of the local homeless men and women we serve, and it is the relationship he builds with them that allows us all to make a bigger impact.”

Don is now the homeless representative for the Mendocino County Continuum of Care Coalition and takes pride in being the voice for those who historically have not had a seat at the table. He continues to volunteer, serving meals to the homeless, collecting data for the Point-in-Time Count and wherever else a helping and loving hand is needed.

It is clear to everyone that Don’s love of helping others has no boundaries. Because of this, we’ve been able to serve hundreds of patients who otherwise may not have access to the treatment they need.

When Lawrence Nagasawa Jr. had his left knee replaced at Adventist Health Castle in 2018, then his right knee in 2019, he received more than just pain relief and restored joint function. Weighing in at 390 pounds prior to the surgeries on his knees, Lawrence has lost 90 pounds following the low-carb diet his physician, Linda Rasmussen, MD, puts all her joint patients on prior to surgery.

Lawrence says, “I lost weight, my blood work came back much better, and not only is my primary care physician happy, my wife believes in the program and won’t let me stray off the diet!”

“I got to know the nurses on Ho’okipa pretty well,” he says, “since I had both knees replaced and had the same nurses each time. I am so grateful to them for putting up with me and my sense of humor. I love them, they were so attentive, very gentle and courteous, and so pleasant.”

Lawrence is a farmer, and before his surgeries he was having trouble with his daily routine that involved getting onto the tractor or mower, or climbing up a ladder. “Now I’m happy and doing great,” he says.

“I have a new lease on life, not just because of the surgery, but because the diet has made me healthier on so many levels,” Lawrence says. “I guess I’ve been sentenced to life on the diet and I couldn’t be happier!”
Soothing a child’s pain

No available appointments,” is the last thing a mother wants to hear when she’s trying to find someone to help her suffering child. Amy Gallegos’ daughter, Emma, had a painful rash, but her primary care doctor wasn’t available to see her, and an urgent appointment was hours away.

When Amy first saw Emma’s rash, it had already covered much of her body. “I tried not to panic and focused on getting her the most appropriate care as soon as possible,” she says.

Amy’s colleague, Mary Ann Carousso, works at Kings Canyon Unified School District in Reedley, California, and recommended they try the Adventist Health school-based clinic that partners with the school district. Adventist Health Medical Office – Reedley Jefferson is a full-service medical office that was built on the Jefferson Elementary campus in 2013 and cares for hundreds of patients each month.

The school-based medical site provides primary care and specialty care and same-day visits for children and families from the school district and surrounding area. Adventist Health also provides health and nutrition education for students, parents and district staff.

The team at Reedley Jefferson quickly made an appointment for Emma and told Amy how they could relieve her child’s pain before the appointment for Emma and told Amy how they could relieve her child’s pain before the appointment.

Their kindness continued at the medical office. “They gave her medication to treat her flare-up and cared for her until symptoms started to subside,” says Amy. “They were very reassuring and we didn’t leave until she showed signs of improvement.”

What could have turned into hours of unnecessary pain for a young child, turned into a pleasant experience easily accessible to Amy and Emma. “The whole mission statement behind Adventist Health has really served people,” Amy says. “I’ve seen it with other people but having lived it was a whole different experience.”

With her condition under control, Emma was able to return to the things she loves most: playing soccer and football and pursing her dreams of becoming a cheerleader.

Their question was finally answered. Chantel Allen, the emergency department charge nurse, met Sebastian’s mother through a school event. Discovering their connection, Mireya asked how she could thank those who were responsible for saving her son’s life.

In 2015, young Sebastian tumbled into the family pool and remained face-down, in the water until his cousin and sister found him. The family began CPR and called 911, but when the ambulance arrived, he was not breathing and had no heartbeat. The team rushed him to Adventist Health Simi Valley, where the emergency department worked tirelessly to restore his heartbeat and get him breathing again.

Sebastian’s aunt, Liliana Rodriguez, says the nurses’ determination made all the difference. “The nurses didn’t stop working on him,” she recalls. “They knew he was gone, but they could not let themselves stop, and that made all the difference in the world. God’s got a plan for this little boy.”

Once stabilized, Sebastian was transferred by air to a pediatric facility for specialized care. However, the team who answered his family’s urgent call for help wondered if their tiny patient survived his ordeal. There was little time to process the event or to grieve, as each of the first responders went on with their day — and weeks, and year — coming to the aid of others in need.

On December 7, 2018 — one day short of three years since Sebastian’s tragic accident — he and his mother returned to the hospital to thank the men and women who had saved his life. Now 4 years old, Sebastian arrived in his “snug seat,” a special transport chair. His sparkling brown eyes and wide smile lit up the room and touched the hearts of the caregivers who had carried the image of a toddler barely clinging to life.

The day was particularly emotional because the first responders only learned of Sebastian’s survival when they received an invitation to the event. Rachel Stanley, an officer with the Simi Valley Police Department, remembered responding to Sebastian’s accident. “You want closure, but you don’t want to reach out to the family if it was bad — so we didn’t know if he had survived. I’m so happy to see him thriving.”

“This is living proof of why we do what we do,” says Kristen Shorts, one of the nurses who helped to save Sebastian’s life.

“A joyful reunion

The first responders who helped Sebastian Fernandez after he nearly drowned gathered at Adventist Health Simi Valley for a joyful reunion with the boy. Three years after the eventful day “He had no heartbeat for 46 minutes,” recalled Mireya Rodriguez, Sebastian’s mother. “So, he’s our little miracle.”

The first responders who helped Sebastian Fernandez after he nearly drowned gathered at Adventist Health Simi Valley for a joyful reunion with the boy. Three years after the eventful day “He had no heartbeat for 46 minutes,” recalled Mireya Rodriguez, Sebastian’s mother. “So, he’s our little miracle.”

Four-year-old Sebastian, pictured here with his mother Mireya during their visit back to Adventist Health Simi Valley, brings nothing but smiles to the faces of those who cared for him after his accident three years ago.
Meeting patients where they are

Adventist Health and Rideout in Marysville, California, are integrating healthcare into the community through a street nursing program serving the homeless population.

"Nurses head to the river bottoms or homeless entry locations twice a week with backpacks containing basic medical supplies. We hope to one day soon bring virtual care in order to start triage from our emergency department team, and bring patients into the ER when appropriate," says Teri Howard, Adventist Health and Rideout’s Director of Case Management, who helps lead the program.

The team is combining healthcare with social work, assisting the various government and volunteer organizations in helping the homeless integrate back into the community.

"We noted a 25-year-old diabetic, pregnant female not taking insulin or keeping doctor’s appointments," Teri says. "She didn’t know her due date. We looked at her, treated her, and evaluated her at the ER. After five days in the hospital, we released her with insulin. We saw her later at a local homeless shelter and coordinated entry point, and her blood sugars were better and her significant other was engaged and looking for work. Ashten Phillips, our patient care coordinator, found them housing after the baby was born. She is currently staying with the Regional Emergency Shelter Team, a church-based organization focused on helping homeless families."

"We have a registered nurse from our emergency department and our patient care coordinator out every Tuesday and Thursday. The nurse’s primary function is to take vital signs, identify key medical issues, educate the patient and connect them to care. The patient care coordinator connects people to benefits, resources, housing, food and transportation. We’ve also picked up the costs of some medications because they were non-compliant and needed the care."

The team saw 165 patients in coordinated locations in January 2019, including 65 who came in as a result of a one-day Point-In-Time Count conducted with Yuba and Sutter counties.

Teri adds, "Our vision is to take it out to the river bottoms to bring healthcare with a nurse practitioner, social worker, etc., as well as a virtual visit with a doctor, to assess whatever is going on, to take a look at the patient in the field and help us make a decision about what to do."
Adventist Health is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Founded on Seventh-day Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 35,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God’s love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing.

Together inspired.
Adventist Health's mission statement of “living God’s love by inspiring health, wholeness and hope” is coupled with a vision to transform the health experience of our communities by improving health, enhancing interactions and making care more accessible. We are inspired by healing ministry as represented by the life of Jesus Christ and believe we are called to live out our mission intentionally in the communities we serve. In the small towns, suburbs and inner cities we serve, we continue our journey to provide quality healthcare until every person made in God’s image has experienced the best health today, hope for tomorrow and God’s love that endures forever.

2018 Adventist Health community benefit totals

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free and discounted care</td>
<td>$45,189,009</td>
</tr>
<tr>
<td>Community health improvement</td>
<td>$23,731,866</td>
</tr>
<tr>
<td>Education and research</td>
<td>$29,080,520</td>
</tr>
<tr>
<td>Aid to the poor</td>
<td>$98,568,219</td>
</tr>
<tr>
<td>Aid to the elderly</td>
<td>$259,863,670</td>
</tr>
<tr>
<td>Subsidized community healthcare</td>
<td>$88,528,206</td>
</tr>
</tbody>
</table>

**TOTAL** $544,961,490
2018 Selected Facts and Statistics

**WORKFORCE**
- Associates | 25,000
- Physicians | 5,000
- Volunteers | 1,800

**Emergency Department Visits**
- 2018: 723,987

**Outpatient Visits**
- 2018: 1,518,813

**Home Health Visits**
- 2018: 217,326

**Clinic Visits**
- 2018: 2,032,342

**Admissions**
- 2018: 152,499

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**Financial Summary**

For year ended December 31, 2018

As a nonprofit organization, all net revenue over expenses is channeled back into our hospitals and health system. Unlike for-profit healthcare organizations (where money becomes dividend checks to investors), this money funds capital improvement, enhanced patient care, new hospital programs and community outreach.

- Net revenue received from patient care and other sources of income: $4,434,000,000
- Expenses incurred in rendering patient care and other services: $4,317,000,000
- Margin available for equipment, plant and property improvement, working capital needs, and repayment of long-term debt: $117,000,000

---

**Clinic Visits**

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>2,032</td>
</tr>
<tr>
<td>2017</td>
<td>1,747</td>
</tr>
<tr>
<td>2016</td>
<td>2,060</td>
</tr>
<tr>
<td>2015</td>
<td>2,247</td>
</tr>
<tr>
<td>2014</td>
<td>2,124</td>
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</table>

**Admissions**

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>152,499</td>
</tr>
<tr>
<td>2017</td>
<td>149,124</td>
</tr>
<tr>
<td>2016</td>
<td>153,417</td>
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<td>2015</td>
<td>145,848</td>
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<tr>
<td>2014</td>
<td>139,240</td>
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</table>

**Emergency Department Visits**

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>800</td>
</tr>
<tr>
<td>2017</td>
<td>724</td>
</tr>
<tr>
<td>2016</td>
<td>697</td>
</tr>
<tr>
<td>2015</td>
<td>686</td>
</tr>
<tr>
<td>2014</td>
<td>649</td>
</tr>
</tbody>
</table>

**Operating Margin**

<table>
<thead>
<tr>
<th>Year</th>
<th>Margin (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>8.7%</td>
</tr>
<tr>
<td>2017</td>
<td>10.0%</td>
</tr>
<tr>
<td>2016</td>
<td>10.1%</td>
</tr>
<tr>
<td>2015</td>
<td>8.0%</td>
</tr>
<tr>
<td>2014</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

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**EBIDA Dollars**

<table>
<thead>
<tr>
<th>Year</th>
<th>Dollars (millions)</th>
</tr>
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<tbody>
<tr>
<td>2018</td>
<td>$280.5</td>
</tr>
<tr>
<td>2017</td>
<td>$345.3</td>
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<tr>
<td>2016</td>
<td>$395.9</td>
</tr>
<tr>
<td>2015</td>
<td>$414.1</td>
</tr>
<tr>
<td>2014</td>
<td>$354.0</td>
</tr>
</tbody>
</table>

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**EBIDA Margin**

<table>
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<td>8.0%</td>
</tr>
<tr>
<td>2014</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

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**Total Operating Revenue**

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue ($ in billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$3.3</td>
</tr>
<tr>
<td>2017</td>
<td>$3.6</td>
</tr>
<tr>
<td>2016</td>
<td>$4.1</td>
</tr>
<tr>
<td>2015</td>
<td>$4.4</td>
</tr>
<tr>
<td>2014</td>
<td>$3.9</td>
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</tbody>
</table>
Board of Directors

(LEFT TO RIGHT) John Freedman, Andrew Davis, Scott Reiner, Velino Salazar, Rich Reiner, Marc Woodson, Bill Wing, Ricardo Graham, David Banks and Larry Innocent

Not pictured: Robert Cherry, MD, and Kerry Heinrich

Executive Cabinet

(LEFT TO RIGHT) Bill Wing, President; Jeff Eller, President, Northern California Region; JoAline Olson, Chief Human Performance Officer; Wayne Ferch, President, Central California Region; Joe Reppert, Chief Financial Officer; John Beaman, Chief Business Officer; Hoda Asmar, MD, Chief Clinical Officer; Mark Ashlock, President, Ambulatory and Post-Acute; Scott Reiner, Chief Executive Officer; Joyce Newmyer, President, Pacific Northwest Region; Andrew Jahn, President, Southern California Region.