

Adventist Health Bakersfield 2020 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Bakersfield and is respectfully submitted to the Office of Statewide Health Planning and Development on May 28, 2021 reporting on 2020 results.

Executive Summary

Introduction and Purpose

Adventist Health Bakersfield is pleased to share its Community Health Implementation Strategy. This follows the development of its 2019 Community Health Needs Assessment (CHNA) in accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements and approved by the Adventist Health Board of Directors on October 17, 2019.

After a thorough review of the health status in our community through the community health needs assessment (CHNA), we identified areas that we could address using our resources, expertise and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission of “Living God’s love by inspiring health, wholeness and hope.”

The results of the CHNA guided this creation of this document and aided us in how we could best provide for our community and the vulnerable among us. This Implementation Strategy summarizes the plans for Adventist Health Bakersfield to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Bakersfield has adopted the following priority areas for our community health investments.

Prioritized Health Needs – Planning to Address

- Housing and homelessness
- Economic insecurity
- Chronic diseases
- Food insecurity
- Preventive practices
- Overweight and obesity

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities that define the well-being of people.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Adventist Health Bakersfield service area and guide the hospital's planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. The health needs were prioritized according to a set of criteria that included:

- The perceived severity of a health issue or health factor as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present a community profile, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets were presented in the context of Kern County and California to help frame the scope of an issue, as it relates to the broader community.

Sources of data included: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Kern County Public Health Department, Healthy Kern County, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health Bakersfield CHNA report at the following link:

<https://www.adventisthealth.org/about-us/community-benefit/>

Adventist Health Bakersfield and Adventist Health

Adventist Health Bakersfield is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

Vision

Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Mission Statement

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

Adventist Health Includes:

- 23 hospitals with more than 3,600 beds
- 290 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and eight hospice agencies
- Three retirement centers and one continuing care retirement community
- A workforce of 37,000 including associated, medical staff physicians, allied health professionals and volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of all faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates to 1866 when the first Seventh-day Adventist healthcare facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Summary of Implementation Strategies

Implementation Strategy Design Process

Stakeholders from the 19 hospital facilities in the Adventist Health System were invited to participate in a Mission Integration Summit on September 26 and 27, 2019. During the two-day-long event, participants were introduced to the 2019 Adventist Health Implementation Strategy Template. After the summit, each hospital was invited to participate in a series of technical assistance calls and consultation sessions with representatives from Adventist Health

Community Integration and Conduent Health Communities Institute to further develop and refine their implementation strategy.

Adventist Health Bakersfield Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities by Adventist Health Bakersfield to directly address the prioritized health needs. They include:

- **Health Need 1: Housing and Homelessness**
 - Financial/Volunteer support of the Homeless Point in Time Count
 - Data/Program Analytics as part of the Homeless Action Planning Committee
- **Health Need 2: Economic Insecurity**
 - Homeless Workforce Development
 - Tattoo Removal
- **Health Need 3: Chronic Diseases**
 - Cancer Outreach/Screening
 - Heart Disease Outreach/Screening
- **Health Need 4: Food Insecurity**
 - Waste Hunger Not Food
- **Health Need 5: Preventative Practices**
 - Childhood Mobile Immunization Program
- **Health Need 6: Overweight and Obesity**
 - Mobile Kitchen Project

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Bakersfield will implement to address the health needs identified through the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

No hospital can address all the health needs identified in its community. Adventist Health Bakersfield is committed to serving the community by adhering to its mission, and using its skills, expertise and resources to provide a range of community benefit programs. This Implementation Strategy does not include specific plan to address the following significant health needs identified in the 2019 CHNA.

Significant Health Needs – NOT Planning to Address

These needs are being addressed by others:

- Mental health access to health care
- Sexually transmitted infections
- Dental care/oral health
- Alzheimer's disease

The hospital does not have the expertise or resources to effectively address these needs:

- Substance use and misuse
- Environmental pollution
- Violence and injury
- Birth indicators
- Unintentional injuries

COVID 19 Considerations

The COVID-19 global pandemic has caused extraordinary challenges for Adventist Health hospitals and health care systems across the world including keeping front line workers safe, shortages of protective equipment, limited ICU bed space and developing testing protocols. They have also focused on helping patients and families deal with the isolation needed to stop the spread of the virus, and more recently vaccine roll out efforts.

Adventist Health, like other health care systems, had to pivot its focus to meet the most urgent healthcare needs of its community during the pandemic, as well as reassess the ability to continue with some community health strategies due public health guidelines for social distancing. Adjustments have been made to continue community health improvement efforts as possible, while ensuring the health and safety of those participating. The Strategy Action Plan Grids on the following pages reflect updated activities for each strategy.

In FY20, Adventist Health, as a system, took the following actions in response to the needs created or exacerbated by COVID-19:

- Directed “Community Strength Fund grants” to each hospital to support community partners’ immediate response to COVID-19
- Directed “Community Integration Catalyst” funds to each hospital to support internal new or expanded community wellbeing programming and innovation as an immediate response to COVID-19
- Began offering more virtual health care visits to keep community members safe and healthy
- Developed an online symptom tracker to help community members determine if they may have COVID-19 or some other flu type illness and what steps to take
- Partnered with MaskUp, a collaboration of 100 leading health systems representing thousands of hospitals across the U.S. joining to create messages for the betterment of the communities they serve
- Was part of a communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus

Adventist Health Bakersfield Implementation Strategy Action Plan

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS

GOAL STATEMENT: WORK HAND-IN-HAND WITH COMMUNITY PARTNERS TO DELIVER A METRIC-DRIVEN STRATEGY TO REDUCE CHRONIC HOMELESSNESS ACROSS THE COUNTY.

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people, Equity

Strategy: Partner with existing organizations in the Kern County to support accurate homeless counts, data sharing and grant funding opportunities

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 AH to provide financial and volunteer support for the annual Point in Time Count	-# of homeless and unsheltered counted in PIT	See narrative below	-Identify community resources to assist in sheltering. -# individuals entered into HMIS -# of individuals receiving social services		-# of Individuals sheltered at new low-barrier shelter.	
Activity 1.2 County of Kern Emergency Solutions Homeless Care Coordination Grant	screen patients for program acceptance in Homeless Prevention or Rapid ReHousing Program (in partnership with Bakersfield Homeless Center)	Awarded contract in 2020.	-Establish direct partnerships with Bakersfield-Kern-Regional Homeless Collaborative and Bakersfield Homeless Center. -Staff HMIS training via Kern Behavioral Health and Recovery Services.		-directly connect patients who are homeless with supportive services and housing.	

Source of Data:

HMIS, Kern Homeless Collaborative Data

Target Population(s):

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS

Individuals and families experiencing homelessness, sleeping in vehicles, on the streets, or sleeping in other places not meant for habitation.

Adventist Health Resources: (financial, staff, supplies, in-kind etc.)

- Financial, staff, volunteers

Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)

1.1 Bakersfield-Kern Regional Homeless Collaborative 1.2 Bakersfield-Kern Regional Homeless Collaborative*, Bakersfield Homeless Center*, Kern Behavioral Health and Recovery Services*

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; E2 – Grants; F - Community Building; G - Community Benefit Operations)

- **E-1 Cash Donations/Not-for-profit Community Organizations**

Strategy/Narrative Results 2020:

1.1 The 2020 Point In Time Count determined –

- 2,338 individuals experienced homelessness (via special PIT Count by HMIS only, vs. in person, due to COVID-19); 24.3-percent of individuals experiencing homelessness (569 persons) had shelter, while 75.7-percent (1,769 persons) were unsheltered, sleeping in parks, empty buildings, cars and other places not meant for human habitation.
- Of the 1,872 homeless adults included in the subpopulations, such as those who are chronically homeless or veterans, fewer than 1% (0.1%, 1 adult) was chronically homeless. This represents a sustained and committed effort by homeless service providers to engage and prioritize this subpopulation for housing. In January 2021, BKRHC was recognized by Community Solutions, a nationwide organization that works to address homelessness, for achieving Functional Zero for Chronic Homelessness
- Eight homeless shelters provide services in Kern
 - 60 are sheltered at the “new” M Street Navigation Center;
 - 99 are sheltered at the “new” Brundage Lane site

1.2 Grant retained from the County of Kern. Program implementation underway in May 2021.

PRIORITY HEALTH NEED: ECONOMIC INSECURITY

GOAL STATEMENT: IMPROVE THE ECONOMIC SECURITY OF THE COUNTY, IMPROVE THE SOCIAL AND PHYSICAL WELL-BEING OF ITS RESIDENTS BY DECREASING BARRIERS TO EMPLOYMENT.

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of Places, Equity

Strategy: Partner in the community to address employment barriers for homeless and those recently released from incarceration.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Deploy a Homeless Workforce Development Initiative in partnership with Bakersfield College, Bakersfield Homeless Center and the Mission at Kern County and employ graduates at the hospital.	-# of homeless graduates employed	See narrative below	-# of program graduates who promote to other roles or maintain employment		-# of program graduates obtained employment	
Activity 1.2 Provide administrative and volunteer staff for a medical tattoo removal program with Garden Pathways to reduce barriers to employment for those	-# of mentorship participants who have tattoos removed	See narrative below	-# of mentees who gain employment post program participation		-% of mentees employed 2 years post program participation	

PRIORITY HEALTH NEED: ECONOMIC INSECURITY

recently released from incarceration

Source of Data:

- Adventist Health HP, Bakersfield College, Garden Pathways Program Data, Kern Economic Development Corporation

Target Population(s):

- Recently Incarcerated, Homeless

Adventist Health Resources: (financial, staff, supplies, in-kind etc.)

- In-Kind, Financial

Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)

- Bakersfield College, Mission at Kern County, Bakersfield Homeless Center, 1.2 *Garden Pathways

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- F8-Workforce Development

Strategy/Narrative Results 2020:

- 1.1 The HIRE Program was a huge success:
 - 6 Trainees were facilitated at Adventist Health Bakersfield in positions in 2020.
 - The program was slowed during the COVID response, but Adventist Health Bakersfield has plans to re-engage in 2021.

- 1.2 Garden Pathways Tattoo Removal Program:
 - 16 clients served in the program in 2020 during 2 days of operation prior to COVID. Program relaunched May 2021 and has begun seeing clients again.

PRIORITY HEALTH NEED: CHRONIC DISEASES

GOAL STATEMENT: REDUCE THE IMPACT OF CHRONIC DISEASES, INCREASE PREVENTION AND AWARENESS

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people

Strategy: Target education and screening activities to high-risk zip codes.

Strategy 1.1: Provide screening for cholesterol, blood glucose, BMI, blood pressure at various health fairs, including the American Heart Association Community Block Party

Strategy 1.2: Provide cancer-related screenings and preventative practice information at a variety of health fairs and community events.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Provide screening for cholesterol, blood glucose, BMI, blood pressure at various health fairs, including the American Heart Association Community Block Party	-# of people screened at community events -# of people referred for follow-up care	See narrative below	-Raise awareness of heart disease/stroke in critical zip codes.		-Increase the number of people in critical zip codes who know their heart health numbers.	
Activity 1.2 Provide cancer-related screenings and preventative practice information at a variety of health fairs and community events	-# of people screened at community events -# of people referred for follow-up care	See narrative below	-Raise awareness of cancer and its prevention in critical zip codes.		-Increase the number of people who receive PAP smear, FIT test kit in critical zip codes.	
1.3 Equity and diversity	# of people served in focused areas of					

PRIORITY HEALTH NEED: CHRONIC DISEASES

inclusion for health screenings	disparate health needs					
Source of Data:						
<ul style="list-style-type: none"> American Heart Association, AIS Cancer Center, County of Kern Public Health Department 						
Target Population(s):						
<ul style="list-style-type: none"> Rural zip codes, Zip codes with abnormally high rates of heart disease or cancer 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> Financial, supplies, in-kind 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> American Heart Association, American Cancer Society, Sikh Women’s Association 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
A2-Community Based Clinical Services						

Strategy/Narrative Results 2020:

- 1.1 Diabetes and heart disease education was provided to over 10,600 people
- 1.2 Cancer education was provided to over 20,000 people; 26 received cancer screening (reduced annual norms due to COVID-19)
- 1.3 A focused event was held providing breast cancer screening for Punjabi women; and a second event took place screening African American women (in memory of a prominent black businesswoman). Three women were referred in the latter event for additional mammography and follow-up, one woman was diagnosed with active breast cancer.

PRIORITY HEALTH NEED: FOOD INSECURITY

GOAL STATEMENT: REDUCE SURPLUS FOOD WASTE AND IMPROVE DISTRIBUTION TO THOSE IN NEED

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people

Strategy 1.1: Partner with Waste Hunger Not Food program to take edible, surplus food to distribute to those in need

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Partner with Kern Public Health ‘Waste Hunger Not Food’ to recover leftover hospital café food and transport/redirect to local churches for distribution.	-# of people served by program -# of lbs. of food recovered from hospital -#of church partners distributing food	See narrative below	-Raise awareness of food insecurity in the community -Create workflow and knowledge plan to successfully donate food to program.		- Expansion of program to other Adventist Health market hospitals/service areas.	
Activity 1.2 Community Garden in partnership with edible schoolyard Kern County and CSUB						

Source of Data:

- Kern County Public Health-

Target Population(s):

- Food insecure families, adults

Adventist Health Resources: (financial, staff, supplies, in-kind etc.)

- In-kind – Adventist Health Bakersfield Nutrition Services gifted 3,894 pounds of food to Waste Hunger Not Food. This equates to 3,245 meals.

Collaboration Partners: (place a “*” by the lead organization if other than Adventist Health)

PRIORITY HEALTH NEED: FOOD INSECURITY

- *Kern County Public Health, City Serve Kern County

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- E3-In-kind Donations

Strategy/Narrative Results 2020:

- 1.1 AHBD donated 3,900 pounds of food resulting in 3,245 meals for people who are vulnerable in Kern County.
- 1.2 The community garden project at CSUB was delayed due to COVID-19. Garden is now set for launch in June 2021.

PRIORITY HEALTH NEED: PREVENTATIVE PRACTICES

GOAL STATEMENT: REDUCE THE RATE OF UNVACCINATED AND UNDERVACCINATED KIDS AGES 0-5 AND DECREASE THE RISK FOR OUTBREAKS OF VACCINE-PREVENTABLE DISEASES.

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-Being of People

Strategy 1: Utilize grant funding to provide free flu and childhood immunizations to Kern County residents through a specially equipped mobile unit.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Mobile Immunization Van	-# of kids, ages 0-5 immunized each year. -# of vaccines administered	See narrative below	-Raise awareness of the importance of childhood vaccinations and flu shots.		-Increase percentage of kids who are vaccinated at area schools to 96%.	
Activity 1.2 Mobile Immunization Van COVID adults						

Source of Data:

- **Children’s Mobile Immunization Program, County of Kern Public Health**

Target Population(s):

- **Children, especially those ages 0-5. Adults**

Adventist Health Resources: (financial, staff, supplies, in-kind etc.)

- Financial, supplies, in-kind, staff support

Collaboration Partners: (place a “*” by the lead organization if other than Adventist Health)

- County of Kern, State of California, First 5 Kern, CAPK

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- **A2-Community Based Clinical Services**

Strategy/Narrative Results 2020:

1.1 Over 14,000 immunizations were provided to children and 424 immunizations were provided for adults

1.2 A mobile COVID vaccine effort was developed in 2020 (for 2021 launch)

PRIORITY HEALTH NEED: OVERWEIGHT AND OBESITY

GOAL STATEMENT: USE THE MOBILE KITCHEN CONCEPT TO ADDRESS DIABETES AND ADOLESCENT OBESITY BY TRANSFERRING PREVENTATIVE KNOWLEDGE AND PROVIDING FARM-TO-TABLE EXPERIENCES THAT WILL INCREASE STUDENT FAMILIARITY, RECOGNITION, AND TASTING OF FRUITS AND VEGETABLES.

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people

Strategy 1: Utilize the mobile kitchen unit to provide a unique hands-on experience to 800 students at 8 locations during the first year with opportunities in year 2 to expand outreach to other Boys and Girls Club sites.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1	-# events attended -# students served	See narrative below	- Change in attitude towards healthy foods and food identification as identified in post-program survey.		-Incremental increase in program participation by 30 percent. -Expansion of program to two new schools/centers over 2 years.	

Source of Data:

- Grimm Family Education Foundation, County of Kern Public Health

Target Population(s):

- Children, ages 5-17

Adventist Health Resources: (financial, staff, supplies, in-kind etc.)

- Financial, staff

Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)

- *Grimm Family Education Foundation, Boys and Girls Club of Kern County, local school districts, Kaiser Permanente Kern County

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- A1-Community Health Education

Strategy/Narrative Results 2020:

1.1 Funds for the mobile initiative were redirected to transforming 95,800 square feet of the Buena Vista Edible Schoolyard Garden into production space for produce to combat food insecurity. 4,000 pounds of produce were donated to the CSUB pantry. 8,000 students and faculty in need at CSUB were provided seasonal veggies and recipes. 1,000 plants were donated to three community gardens, including the Boys and Girls Club and Apple Core Project.

The Adventist Health + Blue Zones Solution

The desire to improve community well-being grew from our Adventist Health mission – to live God’s love by inspiring health, wholeness and hope – and also from the sheer need, as seen across the Adventist Health system of 23 hospitals. Overwhelmingly, diseases of despair including suicide, substance abuse, mental health and chronic illness plagues the communities we serve. We commit to continuing to focus our work around systemic practices that continue to keep those most vulnerable in cycles of poverty and high utilization.

To promote prevention and healing Adventist Health has strategically invested in our communities by partnering with national leaders in community well-being. The power of community transformation lies in the hands of the community. The solution for transformation is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

The year 2020 saw the acquisition of Blue Zones by Adventist Health as the first step toward reaching that goal. By partnering with Blue Zones, we shifting the balance of our focus from healthcare – treating people once they are ill – to transformative well-being- changing the way communities live, work and play. Blue Zones widens our impact, from only reaching our hospitals’ communities in four states, to an expansive global mission practice promoting wellbeing worldwide.