

Adventist Health and Rideout 2020 Community Health Plan



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

Executive Summary

Introduction & Purpose

Adventist Health and Rideout 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 the 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 and Rideout to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health and Rideout has adopted the following priority areas for our community health investments.

Prioritized Health Needs – Planning to Address

- [Health Priority #1: Access to Mental/Behavioral/Substance Abuse Services](#)
- [Health Priority #3: Access to Basic Needs Such as Housing, Jobs and Food](#)
- [Health Priority #5: Access to Quality Primary Care Health Services](#)

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 and Rideout’s 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. These health needs were prioritized according to a set of criteria. Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. After these were identified, PHNs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs, if any, beyond those 10 PHNs identified in previous CHNAs. For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health and Rideout CHNA report at the following link: <https://www.adventisthealth.org/about-us/community-benefit/>

Adventist Health and Rideout and Adventist Health

Adventist Health and Rideout 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 & 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 this 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 and Rideout Implementation Strategy

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

- **Health Need #1: Access to Mental/Behavioral/Substance Abuse Services**
 - Behavioral Health Collaborative
 - ED Bridge Program
- **Health Need #3: Access to Basic Needs Such as Housing, Jobs and Food**
 - Food Insecurity Program
 - Partnership with Yuba-Sutter Food Bank
- **Health Need #5: Access to Quality Primary Care Health Services**
 - Street Nursing Program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health and Rideout will implement to address the health needs identified though 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 and Rideout 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 strategic plans to address the remaining significant health needs identified in the 2019 CHNA, which are addressed in other ways (see below).

Significant Health Needs – NOT Planning to Address

- Health Need #2: Prevention of Disease and Injury through Knowledge, Action, and Access to Resources: Adventist Health and Rideout focuses on wellness and prevention through health education classes and programs. AHRO will continue providing classes and programs to the community.
- Health Need #4: Access and Functional Needs: Access to transportation services is a large need in the primary service area. AHRO currently addresses this need by offering free transportation to and from the hospital, Cancer Center and clinics. In addition to this transportation service, we also provide bus passes, gas cards and food cards to low-income patients to help with travel needs.
- Health Need #6: Access to Specialty and Extended Care: Adventist Health and Rideout is consistently recruiting specialty providers to increase access for the community. We plan to continue these efforts.
- Health Need #7: Active Living and Healthy Eating: Adventist Health and Rideout currently offers free classes on diabetes and other health issues in addition to encouraging healthy lifestyles.
- Health Need #8: Safe and Violence-Free Environment: Adventist Health and Rideout agrees that this is a huge need throughout the community, but at this time, we feel addressing this need will require dedicated effort from many other community organizations. We cannot tackle this community need on our own.

At this time, we believe we can focus efforts and resources on the other prioritized health needs to make a larger impact.

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:

- Adventist Health as a system directed “Community Strength Fund grants” to each hospital to support community partners’ immediate response to COVID-19
- Adventist Health as a system 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

Locally, Adventist Health and Rideout would like to send a special thanks to our community and our community partners for all they did to assist us in our time of need. Adventist Health and Rideout reached out to our community requesting PPE and the response from our community was overwhelming. The love and support we were shown during these unknown

times was expansive and extraordinary. We thank our local Yuba Sutter area, from the bottom of our hearts.

Adventist Health and Rideout Implementation Action Plan

PRIORITY HEALTH NEED: ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES

GOAL STATEMENT: TO RAISE AWARENESS AND IMPROVE ACCESS TO SUBSTANCE USE AND MENTAL HEALTH SERVICES IN THE EMERGENCY DEPARTMENT

Mission Alignment: Well-being of People

Strategy 1: Expand Emergency Department SUD and BH Initiatives

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Continue Behavioral Health Collaborative in Rideout ER	Number of patients treated for behavioral health needs in ED	See narrative below	Overall decrease of hours for each patient's LOS		Increase the amount of discharges from ED to home (decrease number of patients transferred to psychiatric facility)	
Implement ED Bridge Program	Number of patients referred for substance use treatment in the ED;	See narrative below	Increase Suboxone education and treatment #Suboxone		Decrease in patients presenting to ED with substance use disorders; Increase in patients completing treatment	

Source of Data:

- Cerner, ED Referral Logs

Target Population(s):

Behavioral Health Patients as well as patients with substance use

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

- ED Staff
- County Behavioral Health crisis counselors
- Tele-Psychiatry Equipment
- Substance Abuse Navigator
- X-Waivered Physicians

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

- Sutter-Yuba Behavioral Health, CEP America, Pathways, Local FQHCs, Aegis Treatment Center

PRIORITY HEALTH NEED: ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES**CBISA Category:**

A - Community Health Improvement

Strategy/Narrative Results 2020:

Behavioral Health Collaborative: The volume of behavioral health patients in the Adventist Health and Rideout Emergency Department has steadily increased in recent years due to the lack of funding for behavioral health services and lack of facilities/providers in our rural area. In order to deliver the highest quality of care for behavioral health patients in the Emergency Department, Adventist Health and Rideout partnered with county resources to imbed county-paid crisis counselors in the Emergency Department 24 hours a day. In 2020, AHRO's Emergency Department saw 2,396 patients with behavioral health complaints. Using tele-psychiatry services and clear clinical pathways the team worked together to see 100 percent of the patients with a behavioral health diagnosis. Medications are started or resumed, safety plans designed, and follow up appointments are arranged by the team. As a team, the county and hospital have created a process to provide high quality care to the psychiatric patient in the ED. By working together, we have safely discharged back into our community approximately 54% of the patients seen. This ability to discharge patient's home is made possible through the creation of a robust safety program and discharge plans by our county worker's and tele-psychiatry services. Every patient receives true psychiatric care while they are in the ED and this includes the same type of assessment, medication recommendations, and discharge and safety plans performed by behavioral health experts.

ED Bridge Program: In order to address the growing opioid problem in the area, Adventist Health and Rideout and Vituity applied for and was awarded a \$175,000 grant in 2019 from the California Bridge Program. Funding was received in 2019 for ED staff training, physician X-waiver credentialing, and used to hire a Substance Use Navigator. Through this grant, we were able to support 32 ED providers to do the extensive X-Waiver training program to build a MAT program from the ground up. In 2020 Adventist Health and Rideout applied for and was awarded an additional \$100,000 from DHCS to continue the ED Bridge Program. The Substance Use Navigator works to identify people with opioid use disorder in the emergency room. Patients are then able to immediately receive treatment for their withdrawal symptoms with the medication buprenorphine (suboxone), and are linked from the ED into continued outpatient treatment in the community clinics. In 2020 this program served 723 unique individuals.

PRIORITY HEALTH NEED: EXPAND SCREENING AND PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE ACCESS TO FOOD RESOURCES

GOAL STATEMENT: IMPROVE ACCESS TO FOOD RESOURCES IN THE COMMUNITY

Mission Alignment: Well-being of People

Strategy 1: Expand screening with community organizations to increase food resources

Programs/ Activities	Process Measures	Results: Year 1 2020	Short Term Outcomes	Results: Year 2 2021	Medium Term Outcomes	Results: Year 3 2022
1.A. Expand Food Security Program	Number of patients referred to community pantries Number of patients served in the community	See narrative below	Expand screening program to Clinics and Cancer Center		Reduce number of readmitted patients identifying as food insecure	

Source of Data:

- AHRO Cerner Data, Referrals

Target Population(s):

- Patients identified as food insecure at Rideout Memorial Hospital

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

- Nursing (screenings), Case Management (referrals), Patient Care Coordinator

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

- Yuba-Sutter Food Bank, St. Andrew Presbyterian Church Mother Hubbard's Cupboard, Hillhaven, Joseph & Co, Carmichael Church

CBISA Category:

- A – Community Health Improvement

Strategy/Narrative Results 2020:

Food Security Program: Food insecurity is a nation-wide issue. In California, one in ten people are food insecure. Food insecurity means that someone has uncertain or limited availability or access to nutritionally adequate foods. Food insecurity triggers behaviors that exacerbate poor health and lifestyles. Research connects food insecurity with chronic disease, hospitalizations, poor disease management, developmental and mental health problems. All of this leads to an increase in health care

spending. Due to the demographics and low socio-economic status of the Yuba-Sutter population, we frequently see food insecure patients at Adventist Health and Rideout. To address this need, AHRO initiated a food security program, which begins with a screening process for all patients that are seen by Adventist Health and Rideout. If a patient is identified as food insecure, a referral is submitted to the Patient Care Coordinator who then follows up with the patient and provides person specific community resources, a connection to a local food pantry, and food upon discharge. In 2020, Adventist Health and Rideout identified 301 patients as food insecure. This number includes the patient population at The Rideout Cancer Center, which this program was expanded into in 2020. Of these individuals, 54% were considered homeless, 25% of the individuals who were identified as food insecure are 55 years of age or older and 20% are 65 years of age or older. All individuals served in the Food Security program are vulnerable, lack the resources necessary to obtain food or proper nutrition, and are underserved. Adventist Health and Rideout’s Medical Staff donated \$10,000 to our partner, The Yuba-Sutter Food Bank. The Rideout Foundation donated \$22,000 in matching funds to provide Christmas dinner to 3,500 individuals in the Yuba-Sutter community. During the early months of the COVID-19 pandemic Adventist Health donated \$10,000 in Community Strength grant funding to the Yuba-Sutter Food Bank. The funding was used to help serve over 3,881 families directly from the Food Bank. Food was also purchased and then distributed throughout the Yuba and Sutter Counties and support services were provided to our partner agencies to serve 5,517 households with approximately 10,654 people within Yuba County and 936 households with approximately 2,422 people in Sutter County. With the assistance of Adventist Health and Rideout and the partnership between the Food Security Program and The Yuba-Sutter Food Bank, The Yuba-Sutter Food Bank was able to increase the number of individuals served, ensure the needs of hi-risk individuals were met, and add more resources to the Yuba-Sutter Community.

PRIORITY HEALTH NEED: ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES

GOAL STATEMENT: TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR THE COMMUNITY

Mission Alignment: Well-being of People

Strategy 1: Street Nursing Program

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
1.A. Establish and expand Street Nursing Program	Establish minimum of 2 sites utilizing the coordinated entry centers	See narrative below	Operationalize Street Telemedicine		Reduction in ED visits/Utilization (Decrease in number of patients sent to	

PRIORITY HEALTH NEED: ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES

			Program by end of 12/31/2019 Increase Street Nurse Hours/Number of days		ED from Street Nurse)	
1.B. Address social determinants of health	Create referral database for managing social determinants of health and initiate referrals	See narrative below	Add substance use resources/counselors to Street Nurse program		Increased number of substance use counseling interactions	

Source of Data:

- Cerner, Street Nurse Log

Target Population(s):

- Individuals experiencing Homelessness

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

- Community Outreach Nurse
- Community Outreach Social Worker
- Tele-health – Vituity
- ED Substance Use Navigator
- Supplies

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

- Coordinated Entry Sites, Yuba and Sutter County, Local churches, 14 Forward, Better Ways, Harmony Village, Habitat for Humanity, REST, Marysville PD, Yuba City PD, Yuba and Sutter County Sheriff department

CBISA Category:

A - Community Health Improvement

Strategy Results 2020:

Street Nursing Program: Adventist Health and Rideout initiated a street nursing program in response to the growing population experiencing homelessness. According to the 2019 Point-in-Time Count, 721 total individuals were identified as experiencing homelessness in the region. A further 251 people were precariously sheltered, staying in hospitals, jails hotels, sheltering with friends or family, or were couch surfing. In January 2019, AHRO officially started the Street Nursing Program. The Street Nursing Team consists of a Community Outreach Street Nurse and two Community Outreach Social Workers. This team provides medical screenings, case management services, and housing navigation to the homeless population in the Yuba and Sutter Communities. In 2020 The Adventist Health Street Nurse Team saw 324 new patients out in the field. New patients means, unique encounter to the program. The Street

Nurse team conducted 1,320 follow up visits on the 324 identified individuals, meaning each patient experienced several encounters with our team due to the trust and relationship that was built. The Street Nurse Team also reaches out to individuals experiencing homelessness where they are and provides items such as hygiene products and non-perishable food. The Street Nurse Team had 1,530 outreach visits. Total encounters for the Street Nurse Team in 2020 including new patients, follow visits, and outreach, was 3,174. In 2020 the program showed significant growth, in staff, in days per week, and in outreach locations made possible by several different awarded grant dollars. The Street Nurse Team now functions 5 days per week with one Nurse, two Social Workers, and several nursing interns. The Street Nurse team does outreach with several of the above identified partner agencies in the streets and river bottoms of the Yuba Sutter Communities. Other outreach locations include Hands of Hope, The Life Building Center, Better Ways, and Harmony Village.

In 2020 the Street Nurse Program applied for and was awarded \$347,555 in grant funding.

- \$38,000 To outfit the mobile clinic with medical supplies as well as vehicle maintenance including fuel.
- \$75,000 to hire a Social Worker for Housing Navigation
- \$121,320 to assist with Temporary Shelter and or Permanent Housing
- \$75,500 to hire an additional Community Outreach Nurse
- \$27,735 to partner with the Emergency Room Substance Use Navigator to provide resources and recovery options to the homeless population on the streets
- \$10,000 to deliver hygiene products, water, and nutritional supplements during street outreach

Program Outcomes to note:

- 62 clients established care with a Primary Care Doctor
- The Nurse attended 23 PCP appointments to assist in a warm hand off and help alleviate fear
- 133 individuals were given food and food resources
- 109 prescriptions were assisted with included 31 being paid for by the Street Nursing Team
- 95 individuals moved from homelessness and were entered into temporary housing such as a shelter
- 9 individuals were moved from homelessness and were interned into permanent housing
- 136 individuals were seen by the tele medicine doctor out in the field
- 105 were referred to the Substance Use Navigator for resources and referrals to substance use treatment and recovery

The Adventist Health + Blue Zones Solution

Our desire to improve community well-being grew out of not only our mission at Adventist Health – to live God’s love by inspiring health, wholeness and hope – but also by the sheer need as seen across our system of 23 hospitals. Overwhelmingly, we see diseases of despair including suicide, substance abuse, mental health and chronic illnesses plaguing the communities in

which we have a significant presence in. That is why we have focused our work around addressing behavior and the systems keeping the most vulnerable people in cycles of poverty and high utilization.

In an effort to heal these communities, we have strategically invested in our communities by partnering with national leaders in community well-being. We believe the power of community transformation lies in the hands of the community. Our 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.

2020 saw the acquisition of Blue Zones by Adventist Health as the first step toward reaching that goal. By partnering with Blue Zones, we are able to gain ground in shifting the balance 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 a global mission practice.

Community Benefit Programs:

Meds-to-Beds:

Adventist Health and Rideout is among many hospitals nationwide that has a “Meds-to-Beds” program, in which prescription drugs are given directly to patients just before they are sent home from the hospital or emergency room. This program serves as more than just a convenience; for some patients, this is the only way they will obtain necessary medications for chronic medical conditions and other required treatments. AHRO is not allowed to bill for medications that will be used at home; these drugs must come from an outpatient pharmacy. In order to bridge this gap, AHRO partnered with the Sutter Pharmacy for both discharge counseling and dispensing medications. In situations where the patient is unable to pay for the critical medications, Adventist Health and Rideout will pay for the medications.

Number of Community Members Served: 95

Homeless Discharge Planning:

In addition to the action already being taken to combat homelessness and assist this vulnerable population, SB 1152 requires hospitals to include plans for coordination of services to shelters, medical care, and behavioral health care in their homeless patient discharge policy. Specifically, hospitals must discharge homeless patients to a social service agency, a nonprofit social services provider, or a governmental service provider. Hospitals must also ensure that these agencies are prepared to accept the patient and the patient has agreed to the placement. Homeless patients may also be discharged to their “residence” (the principal dwelling place of the patient) or an alternative destination. Under SB 1152, hospitals must ensure and document the following before discharging a homeless patient: Patient must have food and water unless there is a medical reason, Patient must have weather-appropriate

clothing, Patient must have a source of follow up care, Patient must have a supply of medications, Patient must have necessary medical durable equipment, Patient must be offered screening for infectious diseases, Patient must be offered vaccination, Patient must be alert and oriented to person, place, and time, Patient must be assisted to enroll in eligible, affordable health insurance coverage, Patient must have transportation to the discharge destination. The hospital must also maintain a log of homeless patients discharged and locations to which they were discharged.

Number of Community Members Served: 1,615

Rideout Healthy Kids:

We offer our free Adventist Health and Rideout Healthy Kids School Assemblies for K-8th grade students in Yuba, Sutter and Colusa counties. Due to COVID-19 these efforts went virtual. This program provides health education to elementary and middle school children in an interactive musical theater performance. Since Spring 2014, Adventist Health and Rideout Healthy Kids has performed every fall and spring in 11 tours, over 200 performances for over 68,000 students, faculty, staff and community members at public and private schools, community health fairs and other events, service clubs, banquets and many other community activities, bringing the message of good health, wellness and encouragement to audiences young and old. Due to COVID-19 it is unclear on the specific number of individuals impacted however the videos were casted online, and sent to every educator grade K-6 in the Yuba and Sutter area to be shared with all of the families teaching their children from home.

Number of Community Members Served: Estimated cast, 10,000

Smoking Cessation Education:

Adventist Health and Rideout provides a free smoking cessation program for the community. This program teaches the “Freedom from Smoking Course” from the American Lung Association.

Number of Community Members Served: 52

Bariatric Support Group:

Bariatric support groups were offered, in person, until March of 2020. When COVID-19 hit and the stay-at-home order was delivered these support groups continued virtually. Our bariatric surgery support group is offered at no charge to people who have had or plan to have bariatric surgery. The group is a wonderful way for patients to gain knowledge and network with each other.

Number of Community Members Served: 73

Cancer Support Group: Adventist Health and Rideout offers multiple programs for Cancer patients and survivors. Typically, included in the offerings are a weekly support group for individuals and caregivers. Unfortunately, due to COVID-19 these support groups were placed on hold. These sessions help those in need of emotional support, loss of life transition, and other stressors. AHRO also offered a “Chemotherapy and You” weekly class, prior to COVID-19. This class was designed to help prepare patients and caregivers for treatment. This class also educates on side effects, management, and central

line access. AHRO offers a peer navigation program and a wig bank program, which connects patients who lose their hair with wigs through the American Cancer Society.

- Number of Community Members Served: 102
- Number of wigs provided: 7

Transportation after Discharge:

Adventist Health and Rideout contracts with SP+ to provide transportation services to patients upon hospital discharge, transportation to and from primary care and oncology appointments. This service is provided at no cost to the patients. In addition to the contract with SP+, the Adventist Health and Rideout Foundation assists cancer center patients, senior care and other patients with transportation needs and more by providing provisions such as gas cards, bus passes and food cards to help indigent or low-income patients with their travel needs. A new passenger van was donated to Adventist Health and Rideout by the Geweke Caring for Women Foundation. The van offers offer patients free transportation to and from the hospital and the cancer center.

Number of Community Members Served: 6,567

Community Education Fairs and Events:

Typically, Adventist Health and Rideout participates in a number of community events where staff volunteered to provide education to the community. Due to COVID-19 these events were limited. In 2020 Adventist Health and Rideout had the privilege to participate in the Love Your Heart Health Fair which offered Heart Healthy activity options, healthy food samples and fitness demos for both staff and community invited to attend.

Community Members Served: 200

Community Sponsorship Donations:

Adventist Health and Rideout is a not-for-profit health system with a long-standing history of providing philanthropic support for projects and programs offered within the communities we serve. As a part of the Adventist Health and Rideout mission, support for community benefits and community initiatives are sponsored annually. As a non-profit organization, the ability to deliver financial support for community organizations is tied directly to Adventist Health and Rideout's operating performance and aligned with the mission and Community Health Needs Assessment.

Total Community Sponsorship Donations: \$46,700

- Yuba-Sutter Arts Council Youth Programs
- The Salvation Army Red Kettle Kick-off
- Adventure Church of Yuba City, King and Country Concert
- Thirteenth Annual Turkey Trot fundraiser for Hands of Hope
- Concert Event-Tyler Rich Concert
- Pink October Walk/Run for awareness, held virtually due to Covid
- Yuba Sutter Trauma Intervention Program
- BMLC Charity Golf Tournament

- Regional Emergency Shelter-Winter Shelter Program
- Sponsor for City of Marysville Fireworks
- Yuba Sutter Jr. Livestock Show
- Rotary Club of Yuba City Crab Feed
- YS Children with Type 1 Diabetes Support Group Bike Around the Buttes
- Yuba City Education Foundation Have a Heart for Kids 5K
- Newspapers in Education
- Yuba Sutter Lodi Pink October Girls Night Out
- Alzheimer's Association Walk to End Alzheimer's
- eCenter Reveling by the River
- Alpha Sigma Iota Chapter Mountain Run
- YS United Way Elegant Soiree
- Harmony Health Medical Clinic Wild & Scenic Film Festival
- American Cancer Society Relay for Life
- Gala 2020 Dinner