

Adventist Health Tehachapi Valley 2020 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Tehachapi Valley 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 Tehachapi Valley 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 Tehachapi Valley to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Tehachapi Valley has adopted the following priority areas for our community health investments.

Prioritized Health Needs – Planning to Address

- Chronic diseases
- Food insecurity
- Preventive practices
- Overweight and obesity
- Unintentional Injury: Suicide Intervention
- Housing and homelessness
- Economic insecurity

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 Tehachapi Valley 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.

Primary Data Collection

For the CHNA, information was obtained through community surveys and interviews with individuals who are leaders and/or representatives of medically underserved, low income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community.

Interviews

Interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared community areas, area hospitals worked together to conduct the interviews. Forty-one (41) interviews were completed from October 2018 through March 2019.

The area hospitals and collaborators developed a list of key influencers who have knowledge of community health and social needs. They were selected to cover a wide range of communities within Kern County, represent different age groups, racial/ethnic populations and

underserved populations. The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Interview participants were asked to share their perspectives on several topics related to the identified preliminary health needs in the community area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in a community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs.
- Services, programs, community efforts, resources available to address the health needs.
- Special populations or groups that are affected by a health need.
- Health and social services missing or difficult to access in the community.
- Other comments or concerns.

Community Survey

Hospital partners collaborating on the CHNA developed a plan for distribution of a survey to engage community residents. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from November 2018 to January 2019 and during this time, 1,114 usable surveys were collected.

Members of the hospitals distributed the surveys to their clients, in hospital waiting rooms and service sites, and through social media, including posting the survey link on hospital Facebook pages. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

The survey asked for respondents' demographic information. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Greatest needs facing children and families.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.

- What would make it easier to obtain care?
- Types of support or services needed in the community.
- Safety concerns in the community

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

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

Adventist Health Tehachapi Valley and Adventist Health

Adventist Health Tehachapi Valley 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:

(as of July 1, 2020)

- 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 Tehachapi Valley Implementation Strategy

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

- **Health Need 1: Chronic Diseases**
 - Cancer Outreach/Screening
 - Heart Disease Outreach/Screening
- **Health Need 2: Food Insecurity**
 - Waste Hunger Not Food
- **Health Need 3: Preventative Practices**
 - Childhood Mobile Immunization Program
- **Health Need 4: Violence and Injury**
 - Suicide Intervention Program
- **Health Need 5: 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 6: Economic Insecurity
 - Tattoo Removal

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Tehachapi Valley 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 Tehachapi Valley 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

- Mental health-Need being addressed by others
- Access to health care-Need being addressed by others
- Substance use and misuse- Hospital does not have expertise to effectively address the need
- Environmental pollution-Hospital does not have expertise to effectively address the need
- Sexually transmitted infections-Need being addressed by others
- Unintentional injury-Hospital does not have expertise to effectively address the need
- Dental care/oral health-Need being addressed by others
- Birth indicators- Insufficient resources (financial and personnel) to address the need
- Alzheimer’s disease-Need being addressed by others
- Overweight and Obesity-Need being addressed by others

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 Tehachapi Valley took these additional actions:

- Partnered with Kern County Public Health to provide free COVID-19 testing to the community.
- Donated over twenty-three thousand face masks to local and rural community-based organizations, senior centers, and school districts.
- Initiated a COVID-19 vaccination program and expanded the effort to the community.

Adventist Health Tehachapi Valley Implementation Strategy Action Plan

PRIORITY HEALTH NEED: CHRONIC DISEASES

GOAL STATEMENT: REDUCE THE IMPACT OF CHRONIC DISEASES IN AT RISK COMMUNITIES., INCREASE PREVENTION AND AWARENESS

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

Strategy: Increase prevention and awareness activities in targeted zip codes.

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 a senior health and wellness fair on the AH Tehachapi campus and at the Tehachapi Downtown Farmers Markets	-# of people screened at community events -# of people referred for follow-up care	See narrative below	-Raise awareness of heart disease and stroke.		-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	-# of people screened at community events -# of people referred for follow-up care	See narrative below	-Raise awareness of cancer and its prevention.		-Increase the number of people who receive PAP smear, FIT test kit in critical zip codes.	

PRIORITY HEALTH NEED: CHRONIC DISEASES						
community events.						
Source of Data:						
<ul style="list-style-type: none"> 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. 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
A2-Community Based Clinical Services						

Strategy Results 2020:

- Due to COVID – screenings and events were paused but will continue in 2021 and 2022 as allowed with approval of local public health guidance and allowances.
- Participated in Farmer’s Market discussing the need to practice social distancing, wearing masks, and hand hygiene. Adventist Health Tehachapi Valley staff discussed the programs for a healthy lifestyle during the current pandemic and the need to seek medical care.

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 Kern Public Health ‘Waste Hunger Not Food’ 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.	
Source of Data:						
<ul style="list-style-type: none"> • Kern County Public Health 						
Target Population(s):						
<ul style="list-style-type: none"> • Food insecure families, adults 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> • In-kind 						
Collaboration Partners: (place a “*” by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> • *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 Results 2020:

We are re-engaging our community partners to donate food to our local facilities providing a soup kitchen which is re-opening in 2021 following COVID-19 guidelines.

Adventist Health Tehachapi Valley participated in delivering food boxes to economically challenged senior citizens in the community. Adventist Health was involved in boxing and sorting food items and delivering the food to the homes of seniors.

PRIORITY HEALTH NEED: PREVENTATIVE PRACTICES						
GOAL STATEMENT: REDUCE THE RATE OF UNVACCINATED AND UNDER VACCINATED KIDS AGES 0-5 AND DECREASE THE RISK FOR OUTBREAKS OF VACCINE-PREVENTABLE DISEASES THROUGHOUT THE COMMUNITY						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-Being of People						
Strategy: Utilize grant funding to provide free flu and childhood immunizations to Kern County residents through a specially equipped mobile unit and provide COVID and Flu vaccinations to Kern County residents through a specially equipped mobile van						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Mobile Unit	-# of kids, ages 0-5 immunized each year. -72 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 Unit	# COVID Vaccination	Not active in 2020 (started in 2021)				
Source of Data:						
<ul style="list-style-type: none"> Children's Mobile Immunization Program, County of Kern Public Health 						
Target Population(s):						
<ul style="list-style-type: none"> Children, especially those ages 0-5. 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> Financial, supplies, in-kind, staff support 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> County of Kern, State of California, First5 Kern, CAPK, Kern Health Systems 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
A2-Community Based Clinical Services						

Strategy Results 2020:

The mobile unit was in the City of Tehachapi in September of 2020 to provide flu vaccines to adults and children. Due to the COVID-19 pandemic, outreach was limited, and community involvement was lower. At the end of 2020 plans were developed to launch a mobile and hospital based COVID-19 vaccination program. As of April 2021, more than 9,000 vaccines have been provided to rural communities of Kern County.

PRIORITY HEALTH NEED: VIOLENCE AND INJURY

GOAL STATEMENT: IMPLEMENT RESEARCH-INFORMED COMMUNICATION EFFORTS DESIGNED TO PREVENT SUICIDE BY CHANGING KNOWLEDGE, ATTITUDES, AND BEHAVIORS.

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

Strategy 1.1: Hold *Question, Persuade, refer (QPR)* Training to provide common suicide myths and facts; warning signs of suicide, tips for asking the suicide question, methods for persuading suicidal individuals to get help, and how to refer at-risk people for help.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Behavioral Health Integration Incentive Program	# of patients enrolled into the behavioral health program. Goal of 100 patients in year one.	Not active in 2020 (started in 2021)	-# patients referred to BH programs		-# patients with closed-loop referrals	

Source of Data:

- Kern County Behavioral Health & Recovery Services, Kern County Public Health

Target Population(s):

- General Population

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

- Financial, staff

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

- *Kern County Behavioral Health & Recovery Services

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

- **A1-Community Health Education**

Strategy Results 2020:

Due to the COVID-19 all in-person QPR training was paused. There were difficulties hosting virtual training with access to the internet and other issues arising from the pandemic. The Behavioral Health Integration Incentive Program (BHIIIP) will focus on identifying behavioral health concerns and refer patients to resources and help education the community about the resources available.

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 Adventist Health 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 HMIS -# of individuals receiving social services		-# of Individuals sheltered at new low-barrier shelter.	
Activity 1.3 Participation in Kern County Homeless Task Force, with Adventist Health Bakersfield focus on sharing of data and metrics.	-development of data sharing platform	See narrative below	-Identify high-utilizers of care and resources		-reduction of care utilization through targeted, collaborative intervention.	

Source of Data:

- Kern County Behavioral Health & Recovery Services, Kern County Public Health

Target Population(s):

- Vulnerable population

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

- Financial, staff

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

- *Kern County Behavioral Health & Recovery Services

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

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS

• **A1-Community Health Education**

Strategy Results 2020:

1. The 2020 Point In Time Count determined –
 - o 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.
 - o 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
 - o 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
2. Grant retained from the County of Kern. Program implementation underway in May 2021.

PRIORITY HEALTH NEED: ECONOMIC INSECURITY						
GOAL STATEMENT: 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 1: Support efforts to reduce barriers to employment for those recently released from incarceration. Strategy 2: Align community work to include well-being related to economic security						
Programs/ Activities	Process Measures	Results : Year 1	Short Term Outcomes	Results : Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Provide administrative and volunteer staff for a medical tattoo removal program with Garden Pathways	-# 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	
Source of Data:						
<ul style="list-style-type: none"> Adventist Health HP, Bakersfield College, Garden Pathways Program Data, Kern Economic Development Corporation 						
Target Population(s):						
<ul style="list-style-type: none"> Recently Incarcerated, Homeless 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> In-Kind, Financial 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> *Garden Pathways 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
F8-Workforce Development						

Strategy Results 2020:

Due to the COVID-19 pandemic, non-essential programs we paused to follow the COVID-19 guidelines. Will re-launch program in 2021.

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 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.