Adventist Health St. Helena & Adventist Health Vallejo
2020 Community Health Implementation Strategy
Executive Summary

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

<table>
<thead>
<tr>
<th>Prioritized Health Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Priority #1: Mental and Behavioral Health</td>
</tr>
<tr>
<td>Health Priority #2: Access to Healthcare</td>
</tr>
<tr>
<td>Health Priority #3: Chronic Diseases</td>
</tr>
<tr>
<td>Health Priority #4: Housing</td>
</tr>
</tbody>
</table>

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 St. Helena and Adventist Health Vallejo 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 that included:

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Community assets and internal resources for addressing needs
- Feasability of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Severity
- Solution could impact multiple problems

For further information about the process to identify and prioritize significant health needs, please refer to the Adventist Health St. Helena and Adventist Health Vallejo CHNA report at the following link: https://www.adventisthealth.org/about-us/community-benefit/

Adventist Health St. Helena & Vallejo and Adventist Health

Adventist Health St. Helena and Adventist Health Vallejo are affiliates 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 facilities include:

- 21 hospitals with more than 3,284 beds
- More than 273 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, 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 St. Helena & Adventist Health Vallejo Implementation Strategy
The implementation strategy outlined below summarizes the strategies and activities by Adventist Health St. Helena & Vallejo to directly address the prioritized health needs. They include:

- **Health Need 1: Mental and Behavioral Health**
  - Mentis
  - Healthy Minds Healthy Aging
  - Teens Connect
  - Youth Mental Health First-aid Training
  - This is My Brave
  - Aldea Children & Family Services

- **Health Need 2: Access to Healthcare**
  - Mobile Health Program
  - Operation Access
  - Stop Falls - ?
  - Collabria Care – Honoring Choices and Palliative Care

- **Health Need 3: Chronic Diseases**
  - AHEAD Genetic Cancer
  - Awaken Education and Support Program for Cancer
  - Diabetes Education and Management Program
  - Dare to C.A.R.E Venous Disease Screening
  - Calistoga Senior Lunch & Learn
  - Turkey Trot
  - ZERO Prostate Cancer
  - Leukemia and Lymphoma Walk
  - Park Rx
  - Spring Health Challenge for RLS Middle School
  - Nuestra Salud – Spanish Zumba Classes
  - Walk & Roll to School

- **Health Need 4: Housing and Homelessness**
  - Catholic Charities Nightingale House
Napa Valley House Share Program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health St. Helena & Vallejo 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 St. Helena & Vallejo are 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.

<table>
<thead>
<tr>
<th>Significant Health Needs – NOT Planning to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Access to healthy foods – Need being addressed by many others in the community</td>
</tr>
<tr>
<td>• Sexually transmitted diseases – Need being addressed by others in the community</td>
</tr>
</tbody>
</table>
Adventist Health St. Helena Implementation Strategy Plan

**PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH**

**GOAL STATEMENT:** REDUCE STIGMA OF MENTAL HEALTH FOR YOUTH AND SENIORS THROUGH EDUCATION AND ENGAGEMENT IN THE COMMUNITIES SERVED BY AH ST. HELENA & VALLEJO

**Mission Alignment:** Well-being of People

**Strategy 1:** Stigma reduction through increased education and awareness.
- **Strategy 1.2:** Advance existing peer and professional counseling to struggling youth focused on (are they focused on something in particular?)
- **Strategy 1.3:** Increase awareness and resources for seniors to live safely in home.

<table>
<thead>
<tr>
<th>Programs/Activities</th>
<th>Process Measures</th>
<th>Results: Year 1</th>
<th>Short Term Outcomes</th>
<th>Results: Year 2</th>
<th>Medium Term Outcomes</th>
<th>Results: Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens Connect</td>
<td># of youth</td>
<td>Pre-survey</td>
<td>Increase awareness</td>
<td></td>
<td>Percentage of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>participating in</td>
<td></td>
<td>of mental health</td>
<td></td>
<td>youth who</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teens Café</td>
<td></td>
<td>Post-survey</td>
<td></td>
<td>demonstrate:</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of youth referred to</td>
<td>Increase participation</td>
<td></td>
<td></td>
<td>• Increase in coping skills and stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>professional counseling services</td>
<td>by 10% through Boys &amp; Girls Club accessibility</td>
<td></td>
<td></td>
<td>management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-survey</td>
<td></td>
<td>Increase awareness of mental health</td>
<td></td>
<td>• average stress level rating</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Post-survey</td>
<td></td>
<td>Reduction in depression/anxiety</td>
<td></td>
</tr>
<tr>
<td>Aldea Children &amp; Family Services @ Boys and Girls Clubs</td>
<td># of youth engaged at Boys &amp; Girls Clubs of St. Helena &amp; Calistoga</td>
<td>Increase participation by 10% through</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># education classes</td>
<td>Increase participation by</td>
<td></td>
<td></td>
<td>% of youth receiving peer counseling who report reduced feeling of depression, anxiety and/or substance abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td># counseling sessions</td>
<td>10% through</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Minds Healthy Aging</td>
<td># of screening for cognitive, behavioral and psychosocial health issues</td>
<td># referrals of services available</td>
<td>Reduce ED visits for mental health crisis for senior population</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Implementation Strategy 7
### PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th># of seniors receiving in-home health services</th>
<th>Increase # of cognitive screening &amp; behavioral screening</th>
</tr>
</thead>
</table>

**Source of Data:**
- Teens Connect, Aldea Children & Family Services, Healthy Minds Healthy Aging

**Target Population(s):**
**Broader community, vulnerable population – seniors, youth, low-income**

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

**Collaboration Partners:** (place a “*” by the lead organization if other than Adventist Health)
- Teens Connect*, Aldea Children & Family Services*, Healthy Minds Healthy Aging*

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)
A, E
# PRIORITY HEALTH NEED: ACCESS TO HEALTHCARE

## GOAL STATEMENT: INCREASE ACCESS TO QUALITY, CULTURALLY COMPETENT HEALTHCARE TO UNDERINSURED, UNINSURED AND VULNERABLE IN THE COMMUNITY SERVED BY AH ST. HELENA & VALLEJO

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

| Strategy 1: Identify and screen vulnerable community members providing education and resources for referrals to ongoing health management. |
| Strategy 1.2: Maintain and/or increase referrals for necessary diagnostic and surgical procedures for under or uninsured population |
| Strategy 1.3: Determine feasibility and strategy for community collaborative addressing Stop Falls to provide in-home assessment and modifications to reduce fall incidents and ED readmissions. |

<table>
<thead>
<tr>
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<th>Medium Term Outcomes</th>
<th>Results: Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Health Program</td>
<td># of patients served; # of encounters</td>
<td></td>
<td>Increase education on cardiac and metabolic disease prevention</td>
<td>Linked to medical home</td>
<td>% decrease of ED use for preventative health concerns by those linked to medical home</td>
<td></td>
</tr>
<tr>
<td>Operation Access</td>
<td># of diagnostic and surgical procedures performed</td>
<td>% of patients reporting improved health</td>
<td>% reduction in ER use</td>
<td>% of patients reporting improved quality of life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop Falls</td>
<td># of participants assessed</td>
<td>Identify community partners to determine feasibility of</td>
<td></td>
<td>Number of home assessments and install appropriate equipment to</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PRIORITY HEALTH NEED: ACCESS TO HEALTHCARE**

<table>
<thead>
<tr>
<th>Source of Data:</th>
<th>robust and sustainable program</th>
<th>reduce falls and readmission to ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adventist Health St. Helena, Operation Access, Area on Aging Agency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Target Population(s):**

- Vulnerable community members – seniors, low-income and farmworker population

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

- Financial, staff, supplies, in-kind

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

- Adventist Health St. Helena, St. Helena Hospital Foundation, Operation Access*, Napa County

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

A, E
**PRIORITY HEALTH NEED: CHRONIC DISEASES – HEART DISEASE, OBESITY/DIABETES, CANCER**

**GOAL STATEMENT: INCREASE COMMUNITY’S KNOWLEDGE AND ABILITY TO SELF-MANAGE THEIR DISEASE.**

Mission Alignment: Well-being of People

**Strategy 1:** Local education and screening capacity addressing heart disease, obesity/diabetes and cancer through mobile screening program, local events and disease specific screening opportunities.

**Strategy 1.2:** Educate community on prevention of chronic diseases.

<table>
<thead>
<tr>
<th>Programs/Activities</th>
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<th>Medium Term Outcomes</th>
<th>Results: Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dare to C.A.R.E</td>
<td># of participants screened</td>
<td>Increase capacity of screening through clinics and mobile unit</td>
<td>Increase by 10% number of participants screened</td>
<td>% decrease in hospital admissions for emergency aortic aneurysms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-week Diabetes Education Course</td>
<td># of participants</td>
<td>A1C % decrease for participants enrolled in the program</td>
<td></td>
<td>% decrease of ED visits due to unstable glucose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AHEAD Hereditary Cancer Screening</td>
<td># of participants screened</td>
<td># referrals to cancer center for treatment</td>
<td># of patients that completed genetic testing</td>
<td></td>
<td># of patients with pathogenic mutations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of prophylactic surgeries</td>
<td></td>
<td># of cancer diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

**Source of Data:**
- Adventist Health Heart & Vascular Institute, Adventist Health St. Helena, Adventist Health Martin O’Neil Cancer Center
### PRIORITY HEALTH NEED: CHRONIC DISEASES – HEART DISEASE, OBESITY/DIABETES, CANCER

<table>
<thead>
<tr>
<th>Target Population(s):</th>
<th>Broader community – Seniors and at-risk individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adventist Health Resources:</strong></td>
<td>financial, staff, supplies, in-kind etc.</td>
</tr>
<tr>
<td>• Staff, financial, supplies</td>
<td></td>
</tr>
<tr>
<td><strong>Collaboration Partners:</strong></td>
<td>place a “*” by the lead organization if other than Adventist Health</td>
</tr>
<tr>
<td>• Adventist Health</td>
<td></td>
</tr>
<tr>
<td><strong>CBISA Category:</strong></td>
<td>(A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</td>
</tr>
</tbody>
</table>
## PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS

## GOAL STATEMENT: INCREASE PATHWAYS TO SAFE AND AFFORDABLE HOUSING TO REDUCE HOMELESSNESS

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

### Strategy 1: Community Building Initiatives (CBI)

<table>
<thead>
<tr>
<th>Programs/Activities</th>
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<th>Medium Term Outcomes</th>
<th>Results: Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up Valley Leadership Coalition</td>
<td># attend and support partners working on homeless initiatives</td>
<td>Develop an action plan for advocacy on homeless initiatives</td>
<td>Implement the action plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*AH St. Helena is in the early stages of identifying what our role is around housing. Once we have identified the partners in our community who are working on housing, we will have more concrete short- and medium-term measures.*

**Source of Data:**
- Adventist Health

**Target Population(s):**
- Homeless/ vulnerable population

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

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

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

In addition to the programs mentioned in the Action Plan above, Adventist Health St. Helena and Adventist Health Vallejo participate in many events and partners with community leaders to implement
necessary programs carrying forward our commitment to addressing the top needs identified in our CHNA, such as:

1. **Mentis** - Mentis Bilingual Mental Health Clinic, treating individuals with depression, anxiety and trauma.
2. **Youth Mental Health First-aid Training** – Teens and Young Adults are often first responders to peers in crisis. Through this training led by Teens Connect, youth in the upper valley are taught how to identify someone experiencing a mental health or substance use problem, and how to form an action plan to help.
3. **This is My Brave Napa Valley Youth** – This Is My Brave works to end the stigma surrounding mental health issues by sharing personal stories of individuals overcoming mental health issues in a live theater performance through essay, comedy, dance, poetry, and original music. Through the sharing of stories and experiences of those in recovery, this program creates a sense of community and hope, and encourages others to share their stories.
4. **Catholic Charities Nightingale House** - Adventist Health St. Helena is proud to support and be a part of Catholic Charities Shelter and Housing Department’s initiative to operate the Nightingale Center, a medical respite center for patients from Queen of the Valley and Adventist Health St. Helena Hospital. The center is designed to help patients who have no place to go to continue with their recovery. The Nightingale House will help patients to be released to a safe and stable environment to minimize recidivism. This facility will have 11 beds to provide temporary on-site residential medical care.
5. **Calistoga Lunch and Learn** is a free monthly workshop series for Calistoga seniors which includes an educational topic, a healthy lunch, and interactive activities that increase physical and social wellness. This workshop series is offered through a collaborative effort of UpValley Family Centers, Rianda House Senior Activity Center, and City of Calistoga Recreational Services Department. The workshops are regularly held at the Calistoga Community Center the third Wednesday of each month. Promotoras Program - Promotoras are local community
6. **Nuestra Salud** – free Zumba class in Spanish for low-income Spanish speaking adults
7. **Safe bike & roll to school days**
8. **Park Rx**
9. **ZERO Prostate Cancer Run**
10. **Leukemia & Lymphoma Walk**
11. **Passport to Health – RLS Middle School** - This month long program launches with a motivational speaker - an adaptive athlete - to encourage middle school students to take their health into their own hands. We have engaged 10 different community partners to offer free or reduced cost services to the students throughout the month long challenge. Some of these include free admission to state parks and guided hikes, free boxing class, reduced gym membership and safe routes to school to encourage riding bikes or walking. Students will have opportunities during school to earn stamps on their passport, such as run a mile each day during access class, in-class education like Mindfulness for Healthy Social Media and Screen time.
12. **Promotoras**
13. **Preschool for All** – in kind donation support to provide scholarships to extremely low-income families in need of preschool.

14. **Collabria Care** – Honoring Choices, an initiative to provide assistance to adults 18+ to have an advanced directive. Palliative Care Conference for medical providers.

**Connecting Strategy and Community Health**

Community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Community well-being is not just the overall health of a population but also includes the distribution of health equity. Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1) The distribution of specific health statuses and outcomes within a population;
2) Factors that cause the present outcomes distribution; and
3) Interventions that may modify the factors to improve health outcomes

Improving community health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2) Improve care quality and patient safety and
3) Advance care coordination across the care continuum
Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God’s love by inspiring health, wholeness and hope. We will advocate for and lead change in healthcare and social policy to benefit the underprivileged and the disenfranchised in the diverse communities to which we have been called.

Together we will create lasting impact in people’s whole lives and affect profound improvement in the well-being of the entire community.
2020 Community Health Implementation Strategy approval

This Community Health Implementation Strategy was adopted on April 29, 2020 by the Adventist Health System/West Board of Directors. The Adventist Health Board of Directors has approved this Community Health Improvement Strategy during COVID-19, a worldwide pandemic. The Board anticipates and supports necessary adjustments to this strategy document to allow Adventist Health hospitals to address emerging community needs and/or shifting priorities related to the pandemic and recovery. The final report was made widely available on

**CHNA/CHIS contact:**

Karla Newton, Community Health Program Manager

Adventist Health St. Helena & AH Vallejo
10 Woodland Road St. Helena, CA 94574

Phone: (707) 363-3589
Email: NewtonKS@ah.org

To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at https://www.adventisthealth.org/about-us/community-benefit/