Adventist Health Tehachapi Valley
2020 Community Health Implementation Strategy

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 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 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 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 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

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		-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		-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: • **AIS Cancer Center, County of Kern Public Health Department**						
Target Population(s): • **Rural zip codes, Zip codes with abnormally high rates of heart disease or cancer**						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • Financial, supplies, in-kind						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • 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**						

PRIORITY HEALTH NEED: FOOD INSECURITY						
GOAL STATEMENT: REDUCE SURPLUS FOOD WASTE AND IMPOVE DISTRIBUION 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 hose 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/redire ct to local churches for distribution.**	-# of people served by program -# of lbs. of food recovered from hospital -#of church partners distributing food		-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: • **Kern County Public Health**						
Target Population(s): • **Food insecure families, adults**						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • In-kind						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • *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**						

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: 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 Unit	-# of kids, ages 0-5 immunized each year. -# of vaccines administered		-Raise awareness of the importance of childhood vaccinations and flu shots.		-Increase percentage of kids who are vaccinated at area schools to 96%.	
Source of Data: • **Children's Mobile Immunization Program, County of Kern Public Health**						
Target Population(s): • **Children, especially those ages 0-5.**						
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, 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**						

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 QPR training	-# events held - # of people trained -# students served		- Increase knowledge about depression and suicide -Change in attitudes regarding depression and suicide		-Increase in referrals for suicidality	

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

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS						
GOAL STATEMENT: WORK HAND-IN-HAND WITH COMMUNITY PARTNERS TO DELIVER A METRIC-DRIVEN STRATEGY TO REDUCE CHRONIC HOMELESNESS 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 Heath to provide financial and volunteer support for the annual Point in Time Count.	-# of homeless and unsheltered counted in PIT		-Identify community resources to assist in sheltering. -# individuals entered HMIS -# of individuals receiving social services		-# of Individuals sheltered at new low-barrier shelter.	
Activity 1.2 Data to be used to apply for state and federal funds, drive work of Kern Homeless Collaborative in shelter formation, delivery of care and social services, respite care, and placement into permanent housing.	-development of process measures -development of strategic plan		-increase in federal/state/grant funding		-# of Individuals sheltered at new low-barrier shelter.	
Activity 1.3 Participation in Kern County	-development of data sharing platform		-Identify high-utilizers of care and resources		-reduction of care utilization through targeted,	

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS						
Homeless Task Force, with Adventist Health Bakersfield focus on sharing of data and metrics.					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) **A1-Community Health Education**						

PRIORITY HEALTH NEED: ECONOMIC INSECURITY

GOAL STATEMENT: IMPROVE THE SOCIAL AND PHYSCIAL 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

Support efforts to reduce barriers to employment for 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 Provide administrataive and volunteer staff for a medical tattoo removal program with Garden Pathways	-# of mentorship participants who have tattoos removed		-# of mentees who gain employment post program participation		% of mentees employed 2 years post program participation	

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)

- *Garden Pathways

CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations)
F8-Workforce Development

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 under privileged and the disenfranchised in the diverse communities to which we have been called.

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