

Adventist Health Ukiah Valley 2020 Community Health Implementation Strategy



Executive Summary

Introduction & Purpose

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

Prioritized Health Needs – Planning to Address

- **Health Priority #1: Mental Health**
- **Health Priority #2: Substance Abuse**
- **Health Priority #3: Workforce Development**

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 Ukiah Valley'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 that included quantitative and qualitative data from multiple sources, woven together to provide a comprehensive picture of the health of county residents. Using MAPP methodology, the community themes and strengths assessment was conducted using a community health survey with a total of 1,324 responses, 34 key informant interviews and 56 key leader surveys. Many community members, key formal and informal leaders, and community partners shared their wisdom, knowledge, experiences, and perceptions about the health of residents and the capacity of the health care system to provide essential public health services.

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

Adventist Health Ukiah Valley and Adventist Health

Adventist Health Ukiah 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 transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.

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 7 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 Ukiah Valley Implementation Strategy

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

- **Health Need 1: Mental Health**
 - Mental health coalition

- Planning for a mental health crisis residential facility
- **Health Need 2: Substance Abuse**
 - Safe Rx Coalition
 - Safe Haven
- **Health Need 3: Workforce Development**
 - High school summer internships
 - Collaboration with Mendocino College to create the Physical Therapy Assistant Program

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

- Domestic Abuse – Insufficient funding and staff time to address the need
- Housing and Homelessness – Need is being addressed by others

Adventist Health Ukiah Valley Implementation Strategy Action Plan

PRIORITY HEALTH NEED: MENTAL HEALTH						
GOAL STATEMENT: BUILD COMMUNITY PARTNERSHIPS TO ADDRESS CRITICAL MENTAL HEALTH NEEDS						
Mission Alignment: Well-being of People, Well-being of Places, Equity						
Strategy 1: Collaborate with partners to create a mental health crisis residential facility						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Participate in mental health collaborative to address mental health needs	# of meetings per year		Regular monthly meetings to design a plan to address critical mental health needs		Identify resources that can be shared to address critical mental health needs	
Activity 1.2 Support creation of a mental health crisis residential facility	Identify partners Develop action plan to create facility		Secure funding and location		Begin construction/open facility	
Source of Data: Mental Health Collaborative						
Target Population(s): All Mendocino County residents experiencing a mental health crisis						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) Staff to attend meetings Funding/in-kind for the creation of a mental health crisis residential facility						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) Measure B Committee Mendocino County Behavioral Health Advisory Board Mental Health Collaborative*						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) A - Community Health Improvement E – Cash and In-kind						

PRIORITY HEALTH NEED: SUBSTANCE ABUSE

GOAL STATEMENT: PROVIDE SOBERING SUPPORT IN A COMMUNITY WITH HIGH SUBSTANCE ABUSE

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

Strategy 2: Create policies and spaces for safe sobering

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 2.1 Participate in monthly Safe Rx Mendocino Coalition meetings to design a plan to reduce substance abuse in Mendocino County	Serve as subject matter expert on substance abuse treatment		Increase distribution of drug safety materials to 5 new neighborhoods		Decrease in overdose diagnosis in ED	
Activity 2.2 Provide a safe sobering facility for community members to be known as Safe Haven Wellness Center	Identify a project lead to define and manage implementation		Locations identified as possible sites for a safe sobering facility		Sites open and serving community	

Source of Data:

Safe Rx Mendocino
AH Safe Haven project lead

Target Population(s):

All community members needing substance abuse information and support
SB 1152 patients

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

Staff time to participate in Safe Rx Mendocino Coalition
\$250,000 from AH

PRIORITY HEALTH NEED: SUBSTANCE ABUSE

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

Safe Rx Mendocino

Redwood Community Services

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

A – Community Health Improvement

E – Cash and In-Kind

PRIORITY HEALTH NEED: WORKFORCE DEVELOPMENT

GOAL STATEMENT: CREATE CAREER EXPLORATION OPPORTUNITIES FOR YOUTH

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

Strategy 3A: Work with Ukiah High School to provide summer internships for student

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 3.A.1 High School Summer Internship Program	Identify staff mentors		Increase staff mentors and student participation by 10% over first year		Increase student participation by 20% over first year	

Source of Data:

Ukiah High School, Adventist Health Ukiah Valley departments, Adventist Health Human Performance

Target Population(s):

Ukiah High School junior and senior students enrolled in the Scrubs Program

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

Staff from various departments to provide internships

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

Ukiah High School*

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

F-Community Building

PRIORITY HEALTH NEED: WORKFORCE DEVELOPMENT

GOAL STATEMENT: CREATE EDUCATIONAL PATHWAYS FOR ENTRY INTO HEALTH CARE ENVIRONMENT

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

Strategy 3B: Work with Mendocino College to create the Physical Therapy Assistant Program

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 3.B.1 Create Physical Therapy Assistant Program (PTAP)	Help shape curriculum		Host 2 students for externships at AH facilities in Ukiah AH PT staff working as teachers at Mendocino College PTAP		Graduation of first cohort of PTAP students	

Source of Data:

Mendocino College, Adventist Health Physical Therapy Department, Adventist Health Talent Acquisition

Target Population(s):

Local community members

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

Staff to attend advisory council
Staff working with students on externships

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

Mendocino College*

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

A - Community Health Improvement

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.