

Adventist Health Sonora 2021 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Sonora and is respectfully submitted to the Office of Statewide Health Planning and Development on May 27th, 2022 reporting on 2021 results.

Executive Summary

Introduction & Purpose

Adventist Health Sonora 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 and approved by the Adventist Health Board of Directors on October 17, 2019.

After a thorough review of the health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address using our resources, expertise and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission of “living God’s love by inspiring health, wholeness and hope.”

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the vulnerable among us. This Implementation Strategy summarizes the plans for Adventist Health Sonora to develop and collaborate on community-benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Sonora has adopted the following priority areas for our community health investments.

Prioritized Health Needs – Planning to Address

1. **Health Priority #1: Access to Health Care**
2. **Health Priority #2: Mental and Behavioral Health**
3. **Health Priority #3: Housing and Homelessness**
 1. The County of Tuolumne has taken the lead in providing initiatives, services and resources in addressing this community need; therefore, Adventist Health Sonora is no longer planning to address this directly. However, AHSR will continue to provide support and resources as appropriate.
4. **Health Priority #4: Chronic Disease**

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 Sonora's service area and guide the 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 primary and secondary data sources. Secondary sources include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across Calaveras and Tuolumne counties are included. A significant portion of the data for this assessment was collected through a custom report generated through CARES Engagement Network CHNA (<https://engagementnetwork.org/assessment/>). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Adventist Health Sonora worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. On August 26, 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the 2019 Community Health Needs Assessment Steering Committee to review the results of the CHNA and determine the top four priority needs that the Adventist Health Sonora will address over the next three years. To aid in determining the priority health needs, the 2019 Community Health Needs Assessment Steering Committee agreed on the criteria considered when deciding. The criteria listed recognize the need for a combination of information types (e.g., health indicators and primary data) as well as consideration of issues such as practicality, feasibility, and mission alignment. For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health Sonora CHNA report at the following link:

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

Adventist Health Sonora and Adventist Health

Adventist Health Sonora 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:

1. 23 hospitals with more than 3,600 beds
2. 290 clinics (hospital-based, rural health and physician clinics)
3. 15 home-care agencies and eight hospice agencies
4. Three retirement centers and one continuing-care retirement community
5. A workforce of 37,000, including 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 21 hospital facilities in the Adventist Health System were invited to participate in a Mission Integration Summit on September 26 and 27, 2019. During these two day-long events, 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 Sonora Implementation Strategy

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

1. **Health Need 1: Access to Health Care**
 - Screenings and School-Based Sports Physicals
 - Tuolumne County Health Fair
 - Life Hope Centers
 - Physician Recruiting
2. **Health Need 2: Mental and Behavioral Health**
 - Opioid Safety Coalition
 - Addiction Therapy Clinic
 - Prescription Drug Take-Back Days
 - Drug Store Project
 - Mental Health First Aid (MHFA) Trainings
 - TeenWorks Mentoring
 - Spiritual Roads
3. **Health Need 3: Housing and Homelessness**
 - (See Narrative)
4. **Health Need 4: Chronic Disease**
 - Freedom from Smoking Classes
 - Better Breathers Club
 - Pulmonary Rehabilitation Phase 3
 - Heart Walk
 - Ladies Night Out

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Sonora 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 Sonora 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 a specific plan to address the following significant health needs identified in the 2019 CHNA.

Significant Health Needs – NOT Planning to Address

1. Poverty: Adventist Health Sonora will not be addressing poverty directly as many aspects of poverty will be addressed in our current CHNA priorities.

COVID 19 Considerations

The COVID-19 global pandemic has caused extraordinary challenges for Adventist Health hospitals and healthcare 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 healthcare 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 to 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 FY21, Adventist Health as a system took the following actions in response to the needs created or exacerbated by COVID-19:

1. Began offering more virtual healthcare visits to keep community members safe and healthy
2. 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
3. Was part of a community-wide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus

Additionally, Adventist Health Sonora took the following steps:

1. Worked within CDPH and CDC guidelines to create processes for screening staff, patients and visitors and also developed ways for families to stay connected with their loved ones who were being treated in our facilities.
2. Provided outpatient monoclonal antibody treatments for COVID-positive patients at our infusion center, using dedicated entrances and spaces to keep non-COVID patients safe.
3. Established processes for regularly testing staff and providing COVID tests for inpatients, surgery patients and symptomatic community members.

Adventist Health Sonora Implementation Strategy Action Plan

PRIORITY HEALTH NEED: ACCESS TO CARE						
GOAL STATEMENT: INCREASE ACCESS TO LOCAL HEALTH CARE THROUGH AN INCREASED NUMBER OF PROVIDERS AND REMOVING BARRIERS TO MEDICAL CARE.						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people						
Strategy 1: Increase number of access points to medical services and social services						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Retiring: Physician Recruiting	% growth of net new primary care physicians # of specialty services for elderly	See narrative below	Increase in primary care visits	See narrative below	Ratio of physicians to population	
New: Community Info Center	Define populations served Establish stakeholders Define services offered	Vulnerable populations	Secure location Funding Staffing Marketing	Partnered with First 5 Tuolumne County to launch Unite Us	# Individuals connected with: AH services Behavioral/ mental health services Benefits	
New: COVID CLINICS	# of individuals vaccinated % of total community vaccinated			9,700 does administered		
New: Project HOPE	# of qualifying # of qualifying community partner referrals	Vulnerable populations	Create online referral form Engage recipients in sharing story of success Follow up call for status update	See Narrative Below	% of graduates who let us share their story # of graduate referrals to program	

PRIORITY HEALTH NEED: ACCESS TO CARE						
						# of individuals who don't need to come back
Source of Data:						
<ul style="list-style-type: none"> AH Sonora, Tuolumne County Transportation and Discover Life Adventist Church 						
Target Population(s):						
<ul style="list-style-type: none"> Broader community; vulnerable populations 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> Financial, staff, supplies, in-kind 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> Schools Life Hope Centers, County of Tuolumne 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
<ul style="list-style-type: none"> AEFG 						

Strategy Results 2021:

Restrictions on gatherings along with distancing guidelines brought a halt to school sports (and, thus, to school-based sports physicals), and events including the Tuolumne County Health Fair and Life Hope Centers.

Project HOPE (which stands for Health, Outreach, Prevention and Education) is a charitable fund administered by AHS's Community Well-being Department. Due to the pandemic, Project HOPE's outreach component has grown in scope to assist community members facing financial hardship. Project HOPE has provided applicants with payment of medical bills, purchases of medical equipment, transportation and lodging for patients, and other health-supporting assistance.

In 2021, 11 providers were onboarded. Providers were added into the following areas; gastroenterology, occupational medicine, physical medicine & rehabilitation, primary care, radiation oncology, urology, and wound care.

The Community Information Center, a project of the County of Tuolumne and still in its planning stages, will be a walk-in resource hub of community well-being information and assets. Our primary focus is partnering with First 5 Tuolumne County on launching Unite Us as a "no wrong door of entry" and data dashboard for all existing social services in the county.

PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH						
GOAL STATEMENT: INCREASE ACCESS TO CLASSES AND CARE PERTAINING TO MENTAL AND BEHAVIORAL HEALTH						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people						
Strategy 1: Raise awareness of substance misuse and increase efforts in mental health screening creating more opportunities for healthful choices						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Retiring: Opioid Safety Coalition	# meetings	See narrative below	Decrease prescriptions of opioids	Launch of Red Feather Opioid Coalition	Reduction in OD deaths	
On hold: Drug Store Project	# 8 th grade students attending	See narrative below	Increase in knowledge of risky behaviors through survey	See Narrative below	Reduction in teen smoking and drug use or decrease in ED drug-related visits for children under 18	
New: ACEs Pilot Program	Establish workgroup and site teams Readiness assessment for alignment Readiness assessment for resources		Gaps Analysis for network of care	See Narrative Below	# of child referrals # of child screenings	
Source of Data: YES! Partnerships, Tuolumne County Superintendent of Schools, Tuolumne County Sheriff's Office, Tuolumne County Public Health, TeenWorks Mentoring						
Target Population(s): Broader community						
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)						

PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH

YES! Partnerships, Tuolumne County Public Health, TeenWorks Mentoring, Tuolumne County Superintendent of Schools

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

AEFG

Strategy Results 2021:

The Opioid Safety Coalition restarted as the Red Feather Opioid Coalition under the leadership of Dr. Kimberly Freeman of the Mathiesen Memorial Health Clinic.

The Drug Store Project, an anti-substance abuse program aimed at eighth graders, currently is on hold due to gathering restrictions and distancing requirements but will be reinstated in the future.

The ACEs Pilot Program is new to AHS’s strategy to improve access to mental and behavioral health. AHS pediatricians screen children for adverse childhood experiences (ACEs), resulting in a score that can prompt referrals to mental and behavioral health care and other support services for children and their families.

Prescription Drug Take-back Days are ongoing. The most recent, hosted by the U.S. Drug Enforcement Administration, was held April 24, 2021. Additionally, AHS has drug take-back containers in its pharmacies.

Tuolumne County Behavioral Health has instituted a new service, Mobile Triage Response, to divert individuals in mental health crisis from going to the hospital emergency department to obtain outpatient services and provide brief case management and outreach to at-risk youth and adults such as homeless persons.

AHS continues to sponsor TeenWorks Mentoring, a program that provides faith-based mentoring to at-risk youth, and Spiritual Roads, a faith-based recovery program.

PRIORITY HEALTH NEED: Housing and Homelessness

GOAL STATEMENT: INCREASE ACCESS TO SHELTERS, TINY HOMES, AND AFFORDABLE HOUSING THROUGH STRATEGIC PARTNERSHIPS

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

Strategy 1: Partner with county and local programs to have a greater impact on creating access to shelter and housing.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Resiliency Village Project Move to narrative	Partner with County and Resiliency Village. # partners #meetings	See narrative below	Establishment of a subcommittee for the building out of tiny homes #meetings of subcommittee	See narrative below	Building of first tiny home	
Camp Hope Project Add to narrative	Sponsor Give Someone A Chance to provide clean water. # socks #field kits #hygiene kits	See narrative below	# of homeless referrals to social services	See narrative below	Decrease in PIT homeless count	

Source of Data:

Give Someone A Chance, Resiliency Village, Tuolumne County Sheriff's Office, Tuolumne County Public Health

Target Population(s):

Vulnerable 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)

Give Someone A Chance, Resiliency Village, Tuolumne County Sheriff's Office, Tuolumne County Public Health

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

AEFG

Strategy Results 2021:

Adventist Health Foundation representatives are in the process of meeting with County of Tuolumne representatives to discuss the need for more affordable housing for families and vulnerable populations in the community. County of Tuolumne has secured a State Housing and Community Development Grant in the amount of \$500,000 through the No Place Like Home (NPLH) Program. These funds can be used in conjunction with other affordable housing financing to build an affordable housing rental complex in Tuolumne County. County staff will issue a Request for Proposals to select a qualified affordable housing developer who is interested in building affordable rental housing in the unincorporated area of Tuolumne County and utilizing the NPLH grant.

Adventist Health supports efforts to increase the amount of affordable rental housing for families in the community and owns an approximately 6.7-acre vacant parcel at the intersection of Greenley Road and Cabezut Road, APN 044-420-037, that is close to services and amenities.

Adventist Health hereby agrees to sell said parcel to a qualified affordable housing developer selected through the County's Request for Proposal process for the sole purpose of building affordable rental housing. The sale is contingent upon said developer and Adventist Health entering into a mutually agreeable Purchase and Sale or other binding Agreement.

Housing and Homelessness

The County of Tuolumne has taken the lead in providing initiatives, services and resources in addressing this community need; therefore, Adventist Health is no longer planning to address this directly. However, Adventist Health Sonora will continue to provide support and resources as appropriate.

Resiliency Village

Resiliency Village spent countless hours at the beginning of the 2021 looking at property, putting in bids, and being disappointed for various reasons with the results – Resiliency Village was turned down, or had to pull out of proposed deals when previously undisclosed issues were exposed. At the same time, they worked to build support by meeting with public officials and speaking to a variety of service clubs, community meetings, potential partners, and funders.

In February Resiliency Village was awarded a contract to work with Tuolumne County to manage the Room Key Program, which eventually led to housing and case managing 49 of the most medically vulnerable unsheltered people in the county. They were tasked with being a lead agency in clearing people out of Camp Hope. Adventist Health Sonora and Resiliency

Village partnered to organize and support COVID-19 testing and vaccination clinics for people living outdoors as part of the effort to keep the community safe.

In May, with the help of sponsorship support from Adventist Health, Resiliency Village closed escrow on a permanent home. By December of 2021 and Resiliency Village has 10 Villagers with a roof over their heads for the holidays. They've been here for nearly four months and as pioneers in this new project to address a community need they have been working out what it takes to make the change from chronic, long-term homelessness to a sense of place and healing. They are improving their health, maintaining sobriety, completing high school graduation requirements, enrolling in Columbia College, strengthening literacy skills, applying for jobs, going to work, working out day-to-day problems, and maintaining a large household.

PRIORITY HEALTH NEED: CHRONIC DISEASE

GOAL STATEMENT: REDUCE INCIDENCES OF CHRONIC DISEASE THROUGH EDUCATION

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

Strategy 1: Increase support for local education addressing smoking, diabetes, asthma and cancer.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Retired due to COVID: Freedom from Smoking Classes	# of classes # of participants Paused due to COVID	See narrative below	Increase in knowledge based on survey	See narrative below	Decrease hospital readmissions for smoking-related respiratory illness	
Retired due to COVID: Better Breathers Club	# of classes # of participants Paused due to COVID	See narrative below	Increase in knowledge based on survey	See narrative below	Decrease hospital readmissions for chronic lung disease. (Decrease ED visits for uncontrolled asthma)	
Retired due to COVID: Ladies Night Out	Partner with local businesses to raise awareness for women’s health Paused due to COVID	See narrative below	Increase knowledge of breast cancer symptoms and behaviors	See narrative below	Increase participation for mammogram screenings for women over 40 of	
Blue Zones	% Readiness assessment completion # Roadshow attendees % Implementation of Blue Zones roadmap		Blueprint development Hire BZ positions	See narrative below	Implementation of Blueprint	

Source of Data:

Tuolumne County Public Health, Adventist Health Sonora, American Red Cross

Target Population(s):

Broader community

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

Financial, staff, supplies, and in-kind

PRIORITY HEALTH NEED: CHRONIC DISEASE**Collaboration Partners:** (place a "*" by the lead organization if other than Adventist Health)

Diana J. White Cancer Center, American Red Cross

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)**AEFG****Strategy Results 2021:**

Chronic-disease-related activities that have been paused due to COVID restrictions include Freedom from Smoking classes, the Better Breathers Club, Ladies Night Out and Heart Walk. Pulmonary Rehab Phase 3 is ongoing.

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 issues related to health risk behaviors, mental health and chronic illnesses throughout the communities we serve. That is why we have focused our work around addressing behavior and the systems preventing our communities from achieving optimal health.

In an effort to meet these needs, our solution is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

In 2020, Adventist Health acquired Blue Zones as the first step toward reaching our solution. By partnering with Blue zones, we will be 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. In 2021, Adventist Health committed to launching six Blue Zone Projects within our community footprint, and as we enter 2022 these projects are active. Blue Zone Projects are bringing together local stakeholders and international well-being experts to introduce evidence-based programs and changes to environment, policy, and social networks. Together, they measurably improve well-being in the communities we serve.