

## Adventist Health Hanford & Selma 2021 Community Health Plan



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

## Executive Summary

### Introduction & Purpose

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

### Prioritized Health Needs – Planning to Address

**Health Priority #1: Access to Care**

**Health Priority #2: Obesity/Healthy Eating Active Living (HEAL)/Diabetes**

**Health Priority #3: Mental Health**

**Health Priority #4: Economic Security/Homelessness**

**Health Priority #5: Maternal Infant Health**

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 Hanford & Selma 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 criteria listed below 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. These health needs were prioritized according to a set of criteria that included:

1. Addresses disparities of subgroups
2. Availability of evidence or practice-based approaches
3. Existing resources and programs to address problems
4. Feasibility of intervention
5. Identified community need
6. Importance to community
7. Magnitude
8. Mission alignment and resources of hospitals
9. Opportunity for partnership
10. Opportunity to intervene at population level
11. Potential Health Need Score
12. Severity
13. Solution could impact multiple problems

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

## Adventist Health Hanford & Selma and Adventist Health

Adventist Health Hanford & Selma 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 & one continuing care retirement community
5. A workforce of 37,000 including associated, medical staff physicians, allied health professionals and volunteers.

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of all faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates to 1866 when the first Seventh-day Adventist healthcare facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

## Summary of Implementation Strategies

### Implementation Strategy Design Process

Stakeholders from the 19 hospital facilities in the Adventist Health System were invited to participate in a Mission Integration Summit on September 26 and 27, 2019. During this two day-long event, participants were introduced to the 2019 Adventist Health Implementation Strategy Template. After the summit, each hospital was invited to participate in a series of technical assistance calls and consultation sessions with representatives from Adventist Health Community Integration and Conduent Health Communities Institute to further develop and refine their implementation strategy.

### Adventist Health Hanford & Selma Implementation Strategy

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

#### Health Need 1: Access to Care

- Transportation to Clinic Appointments

- Provider Recruitment

### Health Need 2: Obesity/ Healthy Eating Active Living (HEAL)/Diabetes

- Diabetes Among Friends Classes
- Athletic Training with Hanford Joint Union High School District
- Healthy Eating Education at Outreach Events

### Health Need 3: Mental Health

- Hosting educational sessions for providers (Resilience Documentary & Social Media Luncheons)
- Hosting education sessions for local school districts (Resilience Documentary & Social Media Luncheons)
- Addiction Medicine

### Health Need 4: Economic Security/Homelessness

- Recuperative Board and Care (Kings Gospel Mission)
- Project Homeless Connect/Point in Time Count
- Landlord and Property Manager Quarterly Networking Lunch and Learns Student Internships
- Inspire Hope resource distributions to community partners for those in need.

### Health Need 5: Maternal & Infant Health

- Overall wellbeing

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Hanford & Selma 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 Hanford & Selma 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

Climate Change: We feel that this is not what our area of expertise is in and while we are willing to partner with organizations who are engaging in activities to address Climate Change, this is not our top priority at this time.

Substance Abuse/Tobacco- will be addressed through Mental Health, Access to Care, HEAL  
Oral Health – will be addressed through Access to Care.

Asthma – will be address through Access to Care.

CVD/Stroke – will be addressed through Access to Care and HEAL

HIV/AIDS/STI's – Will be addressed through Access to Care and Maternal/Infant Health

Cancer – will be address through Access to Care and HEAL

Violence/Injury Prevention – will be address through Economic Security/Homelessness, Access to Care and Maternal/Infant Health

### COVID 19 Considerations

The COVID-19 global pandemic has caused extraordinary challenges for Adventist Health hospitals and health care systems across the world including keeping front line workers safe, shortages of protective equipment, provider turnover and staffing issues, limited ICU bed space and developing testing protocols. They have also focused on helping patients and families deal with the isolation needed to stop the spread of the virus, and more recently vaccine roll out efforts.

Adventist Health, like other health care systems, had to pivot its focus to meet the most urgent healthcare needs of its community during the pandemic, as well as reassess the ability to continue with some community health strategies due public health guidelines for social distancing. Adjustments have been made to continue community health improvement efforts as possible, while ensuring the health and safety of those participating. The Strategy Action Plan Grids on the following pages reflect updated activities for each strategy.

In 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 health care 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 communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus.

## Adventist Health Hanford & Selma Implementation Strategy Action Plan

Priority Health Need: Access to Care				
Goal Statement: Improve the overall health and wellness of our communities through provisions of services, community collaboration and intervention				
Mission Alignment: Well-Being of People				
Strategy 1: Improving access to care through increased health awareness and access to needed services.				
Program/Activity	Metrics			
		Year 1 2020	Year 2 2021	Year 3 2022
<i>Activity 1.1- Transportation to clinic appointments</i>	<b>Process Measure:</b> Number of Roundtrips Provided	379	667	
	<b>Short Term Outcomes:</b> Increased transportation services to clinics in high health disparity areas	↓28% (-144)	↑76% (+288)	
	<b>Medium Term Outcomes:</b> Improved access to care as reported by patient satisfaction survey	N/A	N/A	
<i>Activity 1.2- Provider Recruitment</i>	<b>Process Measure:</b> Number of Providers Recruited	5	2	
	<b>Short Term Outcomes:</b> Increased services provided in clinics in high health disparity areas	N/A	N/A	
	<b>Medium Term Outcomes:</b> Improved overall HEDIS measures in rural health areas	N/A	N/A	
<b>Additional Resources</b>				
<i>Mobile Medical Unit</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of Community Events Number of Community Members Impacted	On Hold Due to COVID-19	See Below	
<i>Pop-Up Clinics</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of Community Events		On Hold Due to	



	Number of Community Members Impacted	On Hold Due to COVID-19	COVID-19	
<i>Education Outreach</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of Community Events Number of Community Members Impacted	On Hold Due to COVID-19		
<b>Source of Data:</b> 1. Transportation Data Set 2. Internal Adventist Health Data Set 3. AHPS Quality Report/Tableau				
<b>Target Population(s):</b> 1. Underserved, Rural Populations in Kings, Tulare, Fresno, Madera, and Kern Counties				
<b>Adventist Health Resources:</b> (Financial, Staff, Supplies, In-Kind, etc.) 1. Staff & Financial support				
<b>Collaborating Partners:</b> (Place a "*" by lead organization if other than Adventist Health) 1. Kings United Way (211) 2. Kings Area Rural Transit 3. Life Hope Centers of California				
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) 1. A- Community Health Improvement				

### Strategy Results 2021:

Although COVID-19 was still highly active during 2021, our transportation program continued to support patients that do not have transportation and would otherwise not be able to attend their necessary medical appointments. These rides help prevent appointment no-shows and increase access to care for our patients. Additionally, telehealth visits continued and allowed patients the opportunity to receive care in the comfort of their own home to protect their safety and well-being. Total number of round trips provided in 2021: 667

Additionally, our access to care is limited in our region due to the shortage of healthcare providers including physicians, nurse practitioners and physician assistants. Total number of providers added in 2021: 2

All mobile health van activities and pop-clinics were limited and sourced to provide COVID-19 services to our community members.

## Adventist Health Hanford & Selma Implementation Strategy Action Plan

<b>Priority Health Need: Obesity/Healthy Eating Active Living (HEAL)/Diabetes</b>				
<b>Goal Statement: Improve the overall health and wellness of our communities through provisions of services, community collaboration and intervention</b>				
<b>Mission Alignment: Well-Being of People</b>				
<b>Strategy 1: Through a focus on educational activities, work to empower communities to understand the importance of healthy eating and exercise to live a healthier life.</b>				
<b>Program/Activity</b>	<b>Metrics</b>			
<i>Activity 1.1- Diabetes Self-Management (DSME) Classes</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of people participating in DSME activities	On Hold Due to COVID-19	On Hold Due to COVID-19	
	<b>Short Term Outcomes:</b> Percentage improvement in pretest vs post-test score			
	<b>Medium Term Outcomes:</b> Decreased HEDIS quality measure of HgA1c>9% year over year			
<b>Additional Resources</b>				
<i>Education Sessions</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of Sessions Number of Community Interactions	On Hold Due to COVID-19	On Hold Due to COVID-19	
<i>Outreach Events</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of Sessions Number of Community Interactions	On Hold Due to COVID-19	On Hold Due to COVID-19	
<b>Source of Data:</b> 1. Adventist Health Internal Data Sets				
<b>Target Population(s):</b> 1. All people who live in communities served by Adventist Health Central Valley Network.				
<b>Adventist Health Resources:</b> (Financial, Staff, Supplies, In-Kind, etc.) 1. Staff and Financial Support				
<b>Collaborating Partners:</b> (Place a "*" by lead organization if other than Adventist Health) 1. Scripps Whittier Diabetes Institute				

2. Kings Partnership for Prevention
3. Hanford Joint Union High School District
4. Kings County Commission on Aging

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

1. A- Community Health Improvement

### Strategy Results 2021:

Due to the ongoing impact of COVID-19, all outreach and education events planned for 2021 were postponed indefinitely.

Due to staffing shortages and COVID-19, all diabetes self-management education classes were placed on hold indefinitely.

## Adventist Health Hanford & Selma Implementation Strategy Action Plan

<b>Priority Health Need: Mental Health</b>				
<b>Goal Statement: Increase access to behavioral health services for vulnerable populations.</b>				
<b>Mission Alignment: Well-Being of People</b>				
<b>Strategy 1: Enhance provider and community partners' knowledge of factors influencing behavioral health to support referrals to appropriate behavioral health resources.</b>				
<b>Program/Activity</b>	<b>Metrics</b>			
<i>Activity 1.1- Provide mental health education to external Adventist Health Partners organizations and community members.</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of educational sessions offered and attended			
	<b>Short Term Outcomes:</b> Increase number of community partner agencies engaged in mental health services and support	On Hold Due to COVID- 19	On Hold Due to COVID- 19	
	<b>Medium Term Outcomes:</b> Percentage learning as indicated in event pretest vs post-test evaluations			
<b>Source of Data:</b> 1. Adventist Health Internal Data				
<b>Target Population(s):</b> 2. All people who live in communities served by Adventist Health Central Valley Network needing access to mental health education, services, or support.				
<b>Adventist Health Resources:</b> (Financial, Staff, Supplies, In-Kind, etc.) 1. Staff and Financial Support				
<b>Collaborating Partners:</b> (Place a "*" by lead organization if other than Adventist Health 1. Kingsview 2. Kings County Behavioral Health 3. Westcare 4. Kings Partnership for Prevention (Kings and Tulare Suicide Prevention Task Forces) 5. California Health Collaborative				
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) 1. A- Community Health Improvement				

### Strategy Results 2021:

Due to COVID-19, all events planned for 2021 have been postponed indefinitely. It is our intention to restart education events and outreach once the COVID-19 surges are under control and vaccination efforts have reached a safe level to ensure ongoing safety of participants and our community.

## Adventist Health Hanford & Selma Implementation Strategy Action Plan

<b>Priority Health Need: Economic Security/Homelessness</b>				
<b>Goal Statement: Address social needs and social determinants of health, to allow for a healthy foundation for communities to build a healthy life.</b>				
<b>Mission Alignment: Well-Being of People &amp; Equity</b>				
<b>Strategy 1: Partner with county and local programs to have a greater impact on creating access to shelter and housing.</b>				
Program/Activity	Metrics			
<i>Activity 1.1- Recuperative Board and Care (Kings Gospel Mission)</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of homeless members accepting discharge to the Recuperative Board and Care Program	16	9	
	<b>Short Term Outcomes:</b> Increase % of homeless patients being discharged to Recuperative Board and Care Programs and care program versus back to homeless status.	N/A	N/A	
	<b>Medium Term Outcomes:</b> Increase % of Recuperative Board and Care participants who discharge from Kings Gospel Mission into permanent supportive housing or reunite with family/friends.	N/A	N/A	
<b>Additional Resources</b>				
<i>Student Externships &amp; Internships</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of student externship and internships	88	618	
<i>Inspire Hope Resource Distribution</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of Distribution Events	N/A	N/A	
<b>Source of Data:</b> 1. Adventist Health Internal Data 2. Kings Gospel Mission Data				
<b>Target Population(s):</b> 1. Low income, homeless, and/or at risk of homelessness				
<b>Adventist Health Resources:</b> (Financial, Staff, Supplies, In-Kind, etc.) 2. Staff and Financial Support				

**Collaborating Partners:** (Place a "\*" by lead organization if other than Adventist Health)

1. Kings Whole Person Care
2. Proteus
3. Kings Tulare Homeless Alliance
4. Episcopal Church of the Savior
5. World Vision

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

1. **A-** Community Health Improvement

### Strategy Results 2021:

Due to COVID-19, all outreach and education events planned for 2021 were postponed indefinitely.

Due to Project Room Key & Project Home Key, implemented by California to address COVID risk in the homeless population, most homeless individuals found temporary housing in local hotels. Therefore, there were fewer homeless hospital admissions requiring a recuperative room and board program. Total number of persons served through Kings Gospel Mission: 9

The homeless discharge planning process, as required by SB 1152, ensures that all homeless patients who come to the hospital for care are provided with and connected to any and all needed resources. This included providing meals, clothing, and connections with local case management programs and shelters. Total number of persons served and connected with services: 1,421

Student internship and externship opportunities within our network increased. A total of 618 students were able to complete their academic requirements and provide much needed support within departments across our network.

Through our partnership with World Vision our Inspire Hope program continued to provide distributions as the need in our communities continued and increased due to the pandemic.

## Adventist Health Hanford & Selma Implementation Strategy Action Plan

<b>Priority Health Need: Maternal and Infant Health</b>				
<b>Goal Statement: Increase overall health and wellness.</b>				
<b>Mission Alignment: Well-Being of People</b>				
<b>Strategy 1: Provide educational materials and host educational sessions.</b>				
<b>Program/Activity</b>	<b>Metrics</b>			
<i>Activity 1.1- Provide free car safety seat checks to the community</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of car safety seat checks performed	N/A	N/A	
	<b>Short Term Outcomes:</b> Number of car safety seats replaced or provided to community free of charge	N/A	N/A	
	<b>Medium Term Outcomes:</b> Number of certified car safety seat technicians in network to provide free car safety seat checks	N/A	3	
<b>Additional Activities:</b>				
<i>Birth and Breastfeeding Classes</i>		<b>Year 1 2020</b>	<b>Year 2 2021</b>	<b>Year 3 2022</b>
	<b>Process Measure:</b> Number of classes			
	Number of participants	30	33	
<b>Source of Data:</b> 1. Adventist Health Internal Data				
<b>Target Population(s):</b> 1. Mothers, children and families living in communities that Adventist Health Central Valley Network serves.				
<b>Adventist Health Resources:</b> (Financial, Staff, Supplies, In-Kind, etc.) 3. Staff and Financial Support				
<b>Collaborating Partners:</b> (Place a "*" by lead organization if other than Adventist Health 1. Safe Kids Kings County – Car Safety Seat Checks 2. California Health Collaborative – Kings County Maternal Wellness Coalition 3. Champions Recovery Alternative – Parenting Classes				
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) 1. A- Community Health Improvement				

### **Strategy Results 2021:**

Car Safety Checks: Although program participation was reduced or limited due to COVID-19, during 2021 our hospital network was able to certify 3 associates and in return provided car seat education and car seat safety checks to families that needed them.

Birthing Classes: Birthing classes were initially offered either offered virtually or in small cohorts due to the COVID surge. A total of 33 couples participated in classes throughout 2021. Both virtual and limited in-person sessions are expected to continue in 2022.



## 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.