Adventist Health Tulare
2022 Community Health Plan

The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Tulare and is respectfully submitted to the Office of Statewide Health Planning and Development on May 19th, 2023 reporting on 2022 results.

Executive Summary

Introduction & Purpose

Adventist Health Tulare 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 Tulare to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Tulare 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 Tulare service area and guide the hospital's planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. These health needs were prioritized according to a set of criteria that included:

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Existing resources and programs to address problems
- Feasibility of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Potential Health Need Score
- Severity
- Solution could impact multiple problems

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

Adventist Health Tulare and Adventist Health

Adventist Health Tulare 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:

- 23 hospitals with more than 3,393 beds
- 370 clinics (hospital-based, rural health and physician clinics)

- 14 home care agencies and eight hospice agencies
- 3 retirement centers & 1 continuing care retirement community
- A workforce of 37,000 including medical staff physicians, allied health professionals and support services

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 Tulare Implementation Strategy

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

Health Need 1: Access to Care

Life Hope Centers
Mobile Medical Unity
Provider Recruitment
Transportation to clinic appointments starting in 2020

Health Need 2: Obesity/ Healthy Eating Active Living/ Diabetes

Diabetes Self-Management Classes
Health Eating Education at Outreach Events
Health Education at School Districts

Health Need 3: Mental Health

Addictions Medicine- Telehealth
Hosting Educational Sessions for Adventist Health Providers & Community Organizations.
Hosting Educational Sessions for Local School Districts
Maternal Health Screenings

Health Need 4: Economic Security/ Homelessness

Recuperative Board & Care
Project Homeless Connect
Student Externships & Internships
World Vision/ Inspire Hope

Health Need 5: Maternal & Infant Health

Childbirth & Breastfeeding Classes
Children's Car Safety program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Tulare 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 Tulare 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 COIVD-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, 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 effort

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:

- Began offering more virtual health care visits to keep community members safe and healthy.
- 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.
- 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 Tulare 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**			
Activity 1.1- Transportation to clinic appointments		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Roundtrips Provided	379	667	See Narrative Below
	Short Term Outcomes: Increased transportation services to clinics in high health disparity areas	↓28% (-144)	↑76% (+288)	See Narrative Below
	Medium Term Outcomes: Improved access to care as reported by patient satisfaction survey	N/A	N/A	See Narrative Below
Activity 1.2- Provider Recruitment		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Providers Recruited	5	2	See Narrative Below
	Short Term Outcomes: Increased services provided in clinics in high health disparity areas	N/A	N/A	See Narrative Below
	Medium Term Outcomes: Improved overall HEDIS measures in rural health areas	N/A	N/A	See Narrative Below
Additional Resources				
Mobile Medical Unit		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Community Events Number of Community Members Impacted	On Hold Due to COVID-19	See Below	See Narrative Below
Pop-Up Clinics		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Community Events		On Hold Due to	See Narrative Below

	Number of Community Members Impacted	On Hold Due to COVID-19	COVID-19	See Narrative Below
Education Outreach		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Community Events Number of Community Members Impacted	On Hold Due to COVID-19		See Narrative Below

Source of Data:

1. Transportation Data Set
2. Internal Adventist Health Data Set
3. AHPS Quality Report/Tableau

Target Population(s):

1. Underserved, Rural Populations in Kings, Tulare, Fresno, Madera, and Kern Counties

Adventist Health Resources: (Financial, Staff, Supplies, In-Kind, etc.)

1. Staff & Financial support

Collaborating Partners: (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

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 2022:

Adventist Health understands that health outcomes are often directly linked to access to care. Therefore, Adventist Health CVN utilizes and invests in various models of providing care to their community members. In July of 2022, an additional Mobile Care Clinic was obtained. The Mobile Care Clinics provide high-quality, primary care services for the entire family in low-income neighborhoods. In 2022, the Mobile Care Clinics recorded serving communities such as Laton, Alpaugh, Tulare, Hanford, Earlimart, Avenal, Five Points, Selma and Reeley, and provided care to over 300 patients. Overall, 1,567 COVID-19 vaccines, 420 flu vaccines, 180 sports physicals, and 764 point of care testings were completed in 2022. These patients expressed gratitude for the services received as they may not have been able to see a provider or receive these services otherwise.

Adventist Health understands that individuals who have access to care and medical services when young are healthier later in life than individuals who did not have access. Therefore, Adventist Health provided free medical screenings and back to school immunizations to over 200 school aged children in Orange Cove, Tulare, and Reedley during Health & Wellness Fairs in 2022. We also provided health education about mental wellness and access to care at various locations and events throughout the community

including school fairs, baseball games, and run/walk events which ultimately reached 5,000 community members across three counties.

Another model involving the use of transportation to increase access to care that was used was the Central Valley Health Transport Services. The Central Valley Health Transport Service provides rides to and from clinic appointments and other health care services, free of charge. The total number of round trips provided in 2022 was recorded at 625. The service increased access to care and decreased the number of no-shows for appointments due to lack of transportation. Additionally, with the use of telehealth, patients were able to receive care in their own homes, and not worry about transportation. Patients appreciated the various options made available to them and allowed them to choose the option to protect their safety and well-being, specifically during the pandemic.

While we aimed to ease the transportation barriers patients faced when accessing care, we still struggled with the shortage of healthcare providers in the area. In 2022 we successfully added 27 physicians, nurse practitioners, and physician assistants to the region. Increasing the number of available healthcare providers means community members could decrease travel times to receive care, and ultimately lead to healthier communities.

Adventist Health Tulare Implementation Strategy Action Plan

Priority Health Need: Obesity/Healthy Eating Active Living (HEAL)/Diabetes				
Goal Statement: To create healthy communities through expansion of preventative programs and chronic disease support.				
Mission Alignment: Well-Being of People				
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.				
Program/Activity	**Metrics**			
Activity 1.1- Diabetes Self-Management (DSME) Classes		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of people participating in DSME activities	On Hold Due to COVID-19	On Hold Due to COVID-19	See Narrative Below
	Short Term Outcomes: Percentage improvement in pretest vs post-test score			See Narrative Below
	Medium Term Outcomes: Decreased HEDIS quality measure of HgA1c>9% year over year			See Narrative Below
Additional Resources				
Education Sessions		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Sessions Number of Community Interactions	On Hold Due to COVID-19	On Hold Due to COVID-19	See Narrative Below
Outreach Events		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of Sessions Number of Community Interactions	On Hold Due to COVID-19	On Hold Due to COVID-19	See Narrative Below
Source of Data: 1. Adventist Health Internal Data Sets				
Target Population(s): 1. All people who live in communities served by Adventist Health Central Valley Network.				
Adventist Health Resources: (Financial, Staff, Supplies, In-Kind, etc.) 1. Staff and Financial Support				

Collaborating Partners: (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 2022:

While we continued to focus on the well-being of our providers, patients, and overall communities, we revised some of the normal programming provided. Due to staffing shortages and the continuation of COVID-19 fluctuations, all diabetes self-management education classes were placed on hold. However, we believed it was still necessary to provide community members with services and education surrounding diabetes management, healthy eating and active living. Mobile Care Clinics were able to provide A1C testing, educational materials, and support to very vulnerable populations. In October 2020, Adventist Health partnered with Nurtrible, a food program aimed at providing nutritional meals for patients who meet the requirements. This program has seen great success and we are looking at expanding the program to other clinics in 2023.

As we understand that obesity and diabetes often are from the habits formed throughout our childhood and young adult years, Adventist Health partnered with Hanford Joint High Schools and Tulare Joint High Schools to provide free school physicals. We were able to provide physicals to over 1,200 students over the course of two months. During these physicals students received counseling and educational materials about hydration and healthy eating, specifically while participating in sports.

Adventist Health Tulare Implementation Strategy Action Plan

Priority Health Need: Mental Health				
Goal Statement: Increase access to behavioral health services for vulnerable populations.				
Mission Alignment: Well-Being of People				
Strategy 1: Enhance provider and community partners' knowledge of factors influencing behavioral health to support referrals to appropriate behavioral health resources.				
Program/Activity	**Metrics**			
Activity 1.1- Provide mental health education to external Adventist Health Partners organizations and community members.		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of educational sessions offered and attended	On Hold Due to COVID-19	On Hold Due to COVID-19	See Narrative Below
	Short Term Outcomes: Increase number of community partner agencies engaged in mental health services and support			See Narrative Below
	Medium Term Outcomes: Percentage learning as indicated in event pretest vs post-test evaluations			See Narrative Below
Source of Data: 1. Adventist Health Internal Data				
Target Population(s): 2. All people who live in communities served by Adventist Health Central Valley Network needing access to mental health education, services, or support.				
Adventist Health Resources: (Financial, Staff, Supplies, In-Kind, etc.) 1. Staff and Financial Support				
Collaborating Partners: (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				
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 2022:

To increase the knowledge and referral to appropriate services, Adventist Health partnered with the Tulare County Behavioral Health Department to create a behavioral health collaborative. The collaborative also includes Fresno and Kings County. Meetings are scheduled into 2023, and focus on developing strategies to address the mental health crisis all three counties are experiencing.

Virtual Mental Health visits were also made available in 2022. Patients were able to experience faster access to care and decreased wait times when using the virtual option.

Individuals suffering from substance misuse are often present in our emergency departments. We have continued the California Bridge Program, which helps connect individuals who are currently misusing substances to recovery efforts. A Substance Use Navigator (SUN) is in the emergency departments and ready to coordinate referrals to treatment and provide educational materials to ensure the safety of the individual until they are ready to receive treatment.

Adventist Health began employing community health workers with funding provided by a literacy grant. The community health workers are used to educate the community on available resources. Many of our community health workers are predominantly located in communities with language barriers. The community health workers act as a translator and connector to available services that individuals were unaware of due to the language barrier. As the community is currently facing a mental health crisis, many of the resources provided are focused on the individual's mental well-being.

Adventist Health Tulare Implementation Strategy Action Plan

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

In 2022, Adventist Health continued the work with Kings Gospel Mission to provide recuperative room and board to homeless individuals who present to emergency departments. Due to continued COVID-19 efforts California provided, like Project Room Key & Project Home Key, the number of homeless individuals looking for temporary housing declined. The total number of individuals who utilized Kings Gospel Mission services was 12.

In 2022, Adventist Health joined the Kings County Homeless Collaborative, which aims to address and provide support and resources to the homeless community in Kings County, while also discussing and implementing resources to address the crisis. As part of the collaboration, Adventist Health used our Mobile Care Clinic to provide monthly medical screenings to the homeless in Kings County. The Individuals who had access to the monthly mobile care clinic decreased the need for emergency care, thus decreasing wait times and crowding in our emergency departments. Similarly, Adventist Health also partnered with the City of Tulare to provide medical care to the homeless population in the city. Care was provided twice a month with the intent to help rehabilitate and revive the encampments within the city.

In 2022, Adventist Health also provided support to individuals experiencing economic insecurity through the Inspire Hope Program. The Inspire Hope Program aims to provide needed items such as home goods, appliances, furniture, personal hygiene items, shelf stable foods, and more to community members in need. The program partners 250 non-profit organizations and allows for these organizations to identify families and the basic needs that are needed. The program was able to donate items to over 3,500 families in the hospital service area.

Adventist Health Tulare Implementation Strategy Action Plan

Priority Health Need: Maternal and Infant Health
Goal Statement: Increase overall health and wellness.
Mission Alignment: Well-Being of People
Strategy 1: Provide educational materials and host educational sessions.

Program/Activity	**Metrics**			
Activity 1.1- Provide free car safety seat checks to the community		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of car safety seat checks performed	N/A	N/A	See Narrative Below
	Short Term Outcomes: Number of car safety seats replaced or provided to community free of charge	N/A	N/A	See Narrative Below
	Medium Term Outcomes: Number of certified car safety seat technicians in network to provide free car safety seat checks	N/A	3	See Narrative Below
Additional Activities:				
Birth and Breastfeeding Classes		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of classes			See Narrative Below
	Number of participants	30	33	

Source of Data:
1. Adventist Health Internal Data

Target Population(s):
1. Mothers, children and families living in communities that Adventist Health Central Valley Network serves.

Adventist Health Resources: (Financial, Staff, Supplies, In-Kind, etc.)
3. Staff and Financial Support

Collaborating Partners: (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

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 2022:

With Maternal and Infant health being a top priority, Adventist Health offered multiple programs for expecting and new parents. The Car Seat Safety Check Program, in partnership with Crossroads Pregnancy Center, continued in 2022. Participation was reduced due to COVID-19, but our hospital network was still able to certify three associates. Car seat education and safety checks were offered and provided to families that needed the resource.

Birthing classes also continued to be offered in 2022. Initially, all classes were offered online due to COVID surges. After the surge had passed, we were able to move to providing the classes in person for small cohorts. A total of 75 couples participated in classes throughout 2022.

Along with classes, a lactation nurse was hired to assist new families with beginning breast feeding with their newborn. The nurse provides materials and support to mothers who are interested in receiving these services and starting their breast-feeding journey.

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.