



**ADVENTIST HEALTH  
DELANO**

2022 COMMUNITY HEALTH  
IMPLEMENTATION STRATEGY

APPROVED APRIL 27, 2023



# Table of Contents

---

<b>I. PURPOSE &amp; SUMMARY .....</b>	<b>3</b>
---------------------------------------	----------

---

<b>II. GETTING TO KNOW US .....</b>	<b>5</b>
Our CHNA Service Area .....	5
Community Served .....	6
Demographics	
Map	
Adventist Health .....	7
Adventist Health’s Approach to CHNA and CHIS .....	7

---

<b>III. HIGH PRIORITY NEEDS .....</b>	<b>8</b>
Access to Care .....	9
Financial Stability .....	10
Health Conditions .....	11

---

<b>IV. IMPLEMENTATION STRATEGY .....</b>	<b>12</b>
High Priority: Access to Care .....	13
High Priority: Financial Stability .....	15
High Priority: Health Conditions .....	16

---

<b>V. PERFORMANCE MANAGEMENT &amp; EVALUATION .....</b>	<b>19</b>
CHIS Development .....	19
2022 Community Health Needs Assessment .....	19
Link to CHNA – Link to Secondary Data	

---

<b>VI. SIGNIFICANT IDENTIFIED HEALTH NEEDS .....</b>	<b>20</b>
------------------------------------------------------	-----------

---

<b>VII. COMMUNITY HEALTH FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY CARE COMMITMENT .....</b>	<b>21</b>
-------------------------------------------------------------------------------------------------	-----------

---

<b>VIII. GLOSSARY OF TERMS .....</b>	<b>22</b>
--------------------------------------	-----------

---

<b>IX. APPROVED BY GOVERNING BOARD .....</b>	<b>23</b>
----------------------------------------------	-----------

# Purpose & Summary

Non-profit health systems, community-based organizations, and public health agencies across the country all share a similar calling: to provide public service to help improve the lives of their community. To live out this calling and responsibility, Adventist Health Delano conducts a Community Health Needs Assessment (CHNA) every three years, with our most recent report completed in 2022. Now that our communities' voices, stories, and priority areas are reflected in the CHNA, our next step is to complete a Community Health Improvement Plan (CHIP), or as we refer to it in this report, a Community Health Implementation Strategy (CHIS).

The CHIS consists of a long-term community health improvement plan that strategically implements solutions and programs to address our health needs identified in the CHNA. Together with the Adventist Health Well-Being team, local public health officials, community-based organizations, medical providers, students, parents, and members of selected underserved, low-income, and minority populations, Adventist Health Delano intentionally developed a strategic plan to address the needs of our community.

In this CHIS, you will find strategies, tactics, and partnerships that address the following health needs identified in the 2022 Adventist Health Delano CHNA:

## **Access to Care**

## **Financial Stability**

## **Health Conditions**

We hope this report is leveraged by all local partners and community members, empowering them to own the potential of healthy living for all. This report was reviewed and approved by our Hospital Board as well as the Adventist Health System Board on April 27, 2023. The entire report is published online and available in print form by contacting [community.benefit@ah.org](mailto:community.benefit@ah.org).



# What if ...

It's not a prescription that changes your health?

Instead, it's a collaboration between you and your care providers?

And it's community-based organizations working together to support you?

# Getting to know our Delano CHNA service area\*

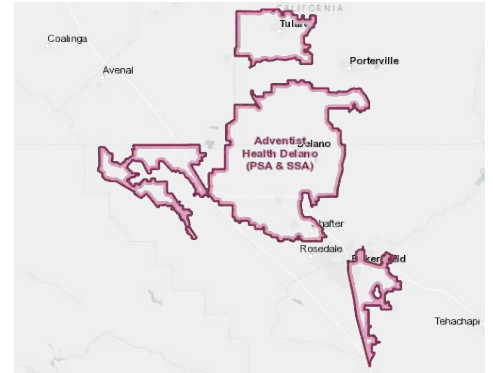
The greater Delano area is recognized as one of the largest grape-growing regions in the nation, yet the unique community with a total population of 402,651 in the area offers more: it's a youthful community, with 72% of the population being younger than 44 as well as diverse with Hispanics representing 75.91% of the population.

Among this population, 33.82% of children live in poverty, and 3.23% of students are unhoused, compared to the state average of 4.25% and a national average of 2.77%. While residents spend 55.97% of their income on housing and transportation, on average, Delano offers families many opportunities to play and learn together, including

activities like fishing and boating at Lake Woollomes and attending a variety of academy classes like college prep and language courses.

For a more detailed look into community member comments, facts and numbers that are captured in the CHNA, please visit [adventisthealth.org/about-us/community-benefit](http://adventisthealth.org/about-us/community-benefit). The following pages provide a closer look into our community demographic as well as our approach to the CHIS.

*\*This service area represents Adventist Health Delano's primary service areas (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve, creating the Delano CHNA service area.*



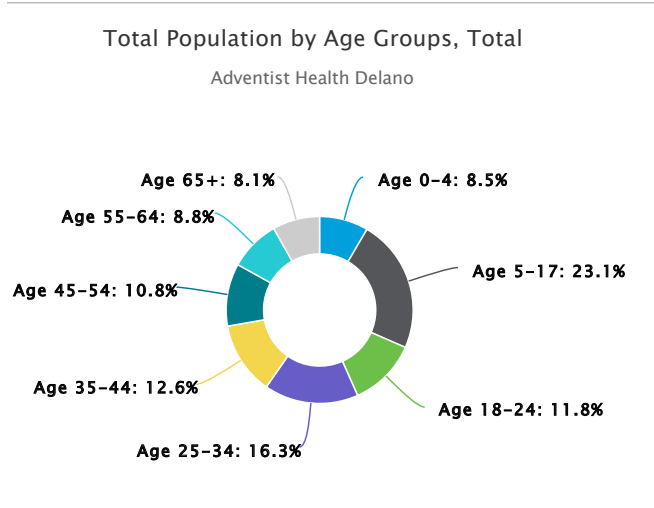
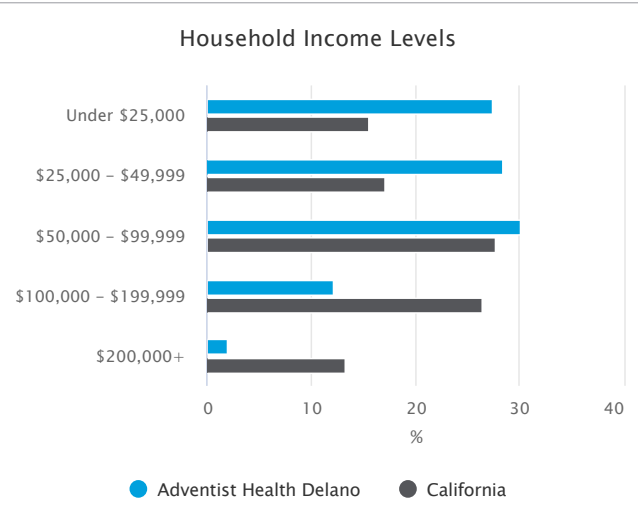
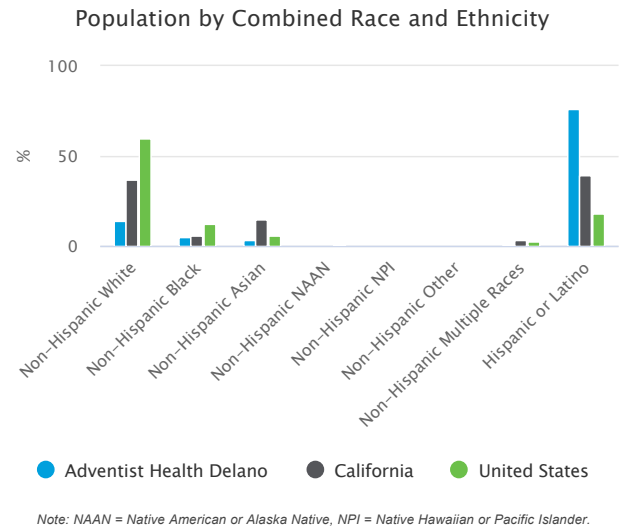
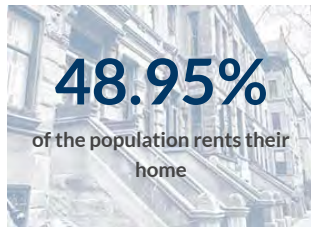
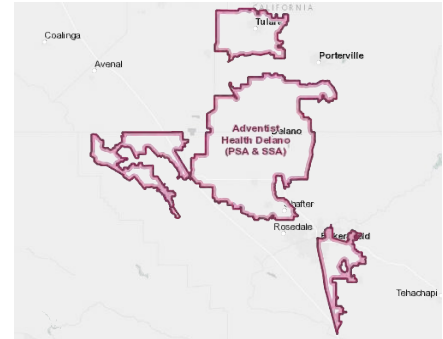
What if our community worked together and made life all-around better? What if we offered various pathways to meet our diverse needs, so every member of our community experienced better health, prosperity and longevity?

# Who We Serve

## DEMOGRAPHIC PROFILE

The following zip codes represent Adventist Health Delano’s primary service area (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve.

The Adventist Health Delano CHNA market has a total population of 402,651 (based on the 2020 Decennial Census). The largest city in the service area is Tulare, with a population of 59,312. The service area is comprised of the following zip codes: 93263, 93256, 93250, 93261, 93280, 93249, 93304, 93305, 93270, 93201, 93215, 93274, 93307, 93219.



# About Us

## Adventist Health Delano

Adventist Health Delano is a not-for-profit, full-service community and regional teaching hospital that serves 10 rural central California towns and is committed to providing an exceptional patient experience. With a total of 156 beds, Adventist Health Delano offers services including an Intensive Care Unit, a Sub-Acute Care Unit, a Medical Surgical Unit, a dedicated Surgical Pavilion and an Obstetrics/ Gynecology Unit.



## Adventist Health

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 34,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God’s love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing to support community well-being.

## Adventist Health’s Approach to CHNA & CHIS

Adventist Health prioritizes well-being in the communities we serve across our system. We use an intentional, community centered approach when creating our hospital CHNA’s to understand the health needs of each community. After the completion of the community assessment process, we address health needs such as mental health, access to care, health risk behaviors, and others through the creation and execution of a Community Health Implementation Strategy (CHIS) for each of our hospitals and their communities.

The following pages highlight the key findings the Adventist Health Delano CHNA Steering Committee (see page 19 for a list of CHNA Steering

Committee sector participants) identified as their top priority health needs, or as we refer to them in this report, their ‘High Priority Needs’. The High Priority Needs are addressed in this Community Health Implementation Strategy.

# High Priority Needs

The following pages highlight the High Priority Needs that will be addressed in this Community Health Implementation Strategy.



# Access to Care

## COMMUNITY VOICES

- People noted it can take months to see a primary care doctor, and specialty care is viewed as extremely difficult to arrange.
- Some residents don't attend scheduled doctor's appointments because they may need to wait hours at the doctor's office, interviewees stated.
- Some residents believe financial struggles require people to choose which priorities they can pay for.
- The Central Valley has difficulty recruiting adequate physician coverage- that includes behavioral health, medical services, and specialty areas, community leaders said.



Healthcare provider shortages, the inability to access primary health care, an uninsured population, adults without a high school diploma — these are challenges facing Delano.

A survey showed 23% of participants identified Access to Care as a top health concern. Residents expressed worry regarding the shortage of providers in rural areas. Specialty care is difficult to access, and residents face frustration when it takes months to reach a primary care provider. Delano has fewer intensive care unit hospital

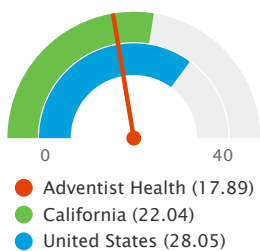
beds available compared to state and national numbers, so patients may have to leave the community to receive care.

Residents faced barriers in accessing public transportation. And a third of the population age 5 and older has limited English proficiency, which makes accessing services more difficult.

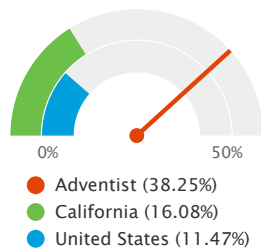
Voices were heard and there is much work to do, but Delano remains a proud city with common goals and strong work ethic.

## SECONDARY DATA INFOGRAPHIC STATS:

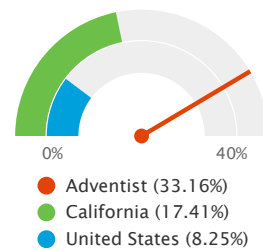
Intensive Care Unit Hospital Beds, Rate per 100,000 Population



Population Age 25+ with No High School Diploma, Percent



Population Age 5+ with Limited English Proficiency, Percent



# Financial Stability

## COMMUNITY VOICES

- Focus group participants said low wages for hourly jobs make it very difficult for many to afford to live in the area.
- Daily expenses like food, gas, car, and clothing items are seen as difficult for many to afford.
- Limited employment opportunities, and higher unemployment, leave residents feeling hopeless, they said.
- One of the things that key informants see as affecting healthcare is the high poverty rate. One in three kids is believed to live below the poverty level.
- Poverty makes it harder to access healthcare and healthy food options, community leaders who were interviewed stated.



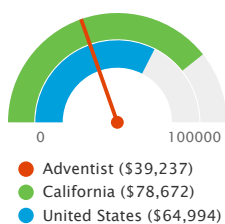
Quality of life is a term that can be understood in many ways. For the Delano CHNA service area, the quality of community can be seen in its diverse activities, but beneath the healthy activities are children in poverty and family members who struggle to meet the family’s needs. Thirty-three percent of children in Delano ages 0 to 17 live in poverty. Fifty-three percent of Black children live in poverty. Seventy-six percent of those surveyed consider the

cost of living a top health concern. And 44% of families spend more than 30% of their income on housing – a sign of financial risk. And over a third of the population has debt in collections.

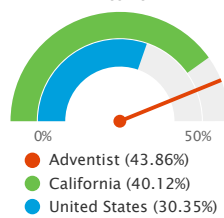
Residents noted daunting costs such as transportation, food and gas costs. However, working together leads to thriving communities with the keys to brighter futures.

## SECONDARY DATA INFOGRAPHIC STATS:

Median Household Income



Percentage of Households where Housing Costs Exceed 30% of Income



## Employment – Unemployment

Report Area	Labor Force	Number Unemployed	Unemployment Rate
Adventist Health Delano	162,021	17,157	<b>10.59%</b>
Kern County, CA	381,634	34,847	9.13%
Tulare County, CA	204,090	20,214	9.90%
California	19,875,973	1,229,079	6.18%
United States	164,759,496	8,870,516	5.38%

# Health Conditions

## COMMUNITY VOICES

- The large number of fast-food restaurants in the community is seen as a driver toward unhealthy eating.
- Obesity is seen as a leading factor in other health issues and the rate is seen as high in Kern County.
- Increased cancer screening opportunities are viewed as important.
- The lack of easily accessible public exercise spaces was identified as a major barrier for many in the community.
- “If I were to pick one disease that affects our community most, it would be diabetes. I think there’s a need for comprehensive diabetes centers as opposed to individual primary care doctors. We have very few endocrinologists in our community, we are very understaffed, but if we were to comprehensively deal with it, you could cut the amputations rate by 50%, cut heart disease, cut blindness. There’s a limited relationship to cancer but a huge relationship to heart disease.”



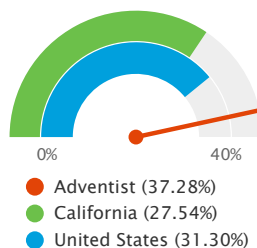
For some, health is a sweet gift that carries through a lifetime with few bumps. For others, health is a daily challenge of medications and doctor appointments. Those appointments are more challenging than ever, as the population grows and health needs expand. A survey showed that 23% of participants identified Access to Care as a top concern, yet specialty care is difficult to access due to the shortage of providers.

Delano residents commented that they commonly observe the high rate of obesity, death due to diabetes, and a high blood pressure rate, all of which lead to additional health concerns that require specialized care.

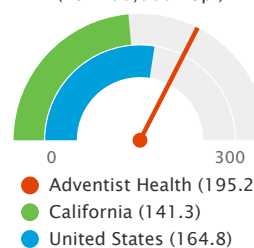
Fortunately, there are partners and organizations in Delano working to make the healthy choice the easy choice and to help community members enjoy the gift of life.

## SECONDARY DATA INFOGRAPHIC STATS:

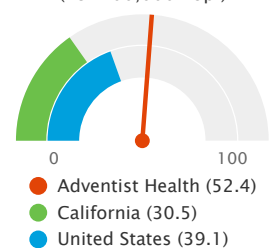
Percentage of Adults Obese (BMI  $\geq 30.0$  kg/m<sup>2</sup>)



Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)





# Action Plan for Addressing High Priority Needs

Committee members drew upon a broad spectrum of expertise and possible strategies to improve the health and well-being of vulnerable populations within the community.

The following pages reflect the goals, strategies, actions, and resources identified to address each selected High Priority Need.

**ADDRESSING HIGH PRIORITY: Access to Care**

<b>GOAL</b>	Advocate and collaborate with internal and external partners to identify community members experiencing burdens with respect to obtaining access to care.				
<b>Priority Area:</b>	Access to Care	<b>Sub-Category:</b>	Vulnerable Populations	<b>Defining Metric:</b>	Total population
<b>Strategy 1:</b>	Utilize stakeholders' existing intake processes to identify those experiencing access to care challenges and enroll and direct them to existing services and programs.				
<b>Population Served:</b>	Total Population				
<b>Internal Partners:</b>	Director of Health Information Management; Mobile Clinic Manager & Patient Registration Manager; AH Board Members; Community Well-Being Committee; Hospital Board & Chief Medical Officer				
<b>External Partners:</b>	School District, Federally Qualified Health Centers (FQHCs), Public Health & Head Start programs, Community Benefit Organizations (CBOs)				
<b>Actions:</b>	Program/Activity/Tactic/Policy		<b>Organization</b>		
Integrate school and CBO partnerships around health equity initiatives, and coordinate referrals to appropriate health care providers (when applicable) to obtain medical services or establishment of care. Leverage participation in health fairs and other community events.			Adventist Health - Clinics		
			Adventist Health – ED		
			Delano Elementary School District		
			FQHCs		
			Public Health		
		Community Action Partnership of Kern (CAP-K)			
<b>YEAR ONE</b>	<b>YEAR TWO</b>		<b>YEAR THREE</b>		
Hardwire question <i>'When was the last time you visited a medical provider?'</i> into partners' initial intake process and refer parent to identified organization(s).	Track responses to the proposed question quarterly and report out to all stakeholders. Collaborate with the organization offering services or programs to track referrals and troubleshoot referral process where needed.		Connect quarterly with internal, external and identified community benefit organizations (CBOs) to submit and review data collected by the collaborative and identify ways to streamline communications.		

<b>Strategy 2:</b>	Collaborate with internal and external partners to identify and engage existing public and community-based services, while leveraging Adventist Health’s platform to enroll families into existing programs that decrease barriers to access to care.
<b>Population Served:</b>	Total Population
<b>Internal Partners:</b>	Mobile Clinic Manager, AH Board Members, Community Well-Being Committee, Hospital Board and Chief of Pediatrics, HIM Manager, AH Referral Associates
<b>External Partners:</b>	CASA, Food Bank, School District, FQHC Clinic, Public Health

<b>Actions:</b> Program/Activity/Tactic/Policy	<b>Organization</b>
Partner with local transportation agencies, health partners, and government assistance agencies to minimize transportation and other burdens for community members accessing medical services at clinics or hospital. Collaborate with Community Based Organizations to develop a resource guide for members of community.  Programs include but are not limited to: Delano Dial-A-Ride Kern Regional Transit CSE Transportation	Adventist Health - Clinics
	City of Delano
	School District
	Kern Regional Transit
	Kern Family Health Care
	Health Plans

<b>YEAR ONE</b>	<b>YEAR TWO</b>	<b>YEAR THREE</b>
Identify local CBOs that offer resources, programs or activities that benefit families and engage CBOs to partner with collaborative and add them to resource guide for referrals.	Meet with all stakeholders and CBOs to review shared data and discuss opportunities to streamline and expand collaborative base.	Meet with all stakeholders and CBOs to review shared data and identify new CBOs to expand offered services or programs for families.

**ADDRESSING HIGH PRIORITY: Financial Stability**

<b>GOAL</b>	Advocate for and collaborate with internal and external partners to connect community members to resources that improve financial literacy, lessen financial burden, and/or promote economic development.
-------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Priority Area:</b>	Financial Stability	<b>Sub-Category:</b>	Employment	<b>Defining Metric:</b>	Unemployment
-----------------------	---------------------	----------------------	------------	-------------------------	--------------

<b>Strategy:</b>	Leverage pipeline programs for healthcare careers to develop clinical workforce.
<b>Population Served:</b>	Total Population
<b>Internal Partners:</b>	Director of Finance, Director of HR, Clinical Education Team, Patient Care Executive, and Manager of COPE Health Scholars
<b>External Partners:</b>	California State University, Bakersfield; Bakersfield College; Kern Medica;, Kern County Bank of America; Clinica Sierra Vista, & Dignity Health

Actions: Program/Activity/Tactic/Policy	Organization
Create a school-to-work pipeline for healthcare careers, focusing on high school and college students. A multidisciplinary committee includes vocational and nursing college leadership, industry partners, and interested parties who may assist in underwriting the work.	Adventist Health
	CSU Bakersfield
	Bakersfield College
	Kern Medical
	KC Bank of America
	Clinica Sierra Vista
	Dignity Health

YEAR ONE	YEAR TWO	YEAR THREE
Identify enrollment baseline and track program enrollment for year one.	Record enrollment changes from baseline over the course of two years. Report to internal and external stakeholders and troubleshoot enrollment process as needed.	Transition program participants in year three into local residency vacancies within Adventist Health.

**ADDRESSING HIGH PRIORITY: Health Conditions**

<b>GOAL</b>	Reduce chronic health conditions through education and support services in community.
-------------	---------------------------------------------------------------------------------------

<b>Priority Area:</b>	Health Conditions	<b>Sub-Category:</b>	Obesity & Diabetes	<b>Defining Metric:</b>	Obesity, Diabetes
-----------------------	-------------------	----------------------	--------------------	-------------------------	-------------------

<b>Strategy:</b>	Expand partnerships to promote health education resources and support.
<b>Population Served:</b>	Total Population
<b>Internal Partners:</b>	Rural Health Clinics, Ancillary Services, Education Team, Retail Pharmacy
<b>External Partners:</b>	School Districts, FQHCs, Public Health

Action: Program/Activity/Tactic/Policy	Organization
Provide opportunities for educational resources and support to reduce common health conditions related to social determinants and/or family health history. Partner with Kern County Public health on health promotion programs in North Kern areas including but not limited to: Know Your Numbers, Grounded in Health, and cooking demonstrations.	School Districts
	FQHCS
	Kern County Public Health
	Community Based Organizations

YEAR ONE	YEAR TWO	YEAR THREE
Participate in partnership opportunities to raise awareness of chronic health conditions and lifestyle changes as contributing factors.	Increase community participation % in health promotion programing through strategic partnerships and outreach.	Increase total number of programs offered to community residents through community-based organizations and partnerships.



**ADDRESSING HIGH PRIORITY: Health Conditions**

<b>GOAL</b>	Reduce chronic health conditions through education and community support services.
-------------	------------------------------------------------------------------------------------

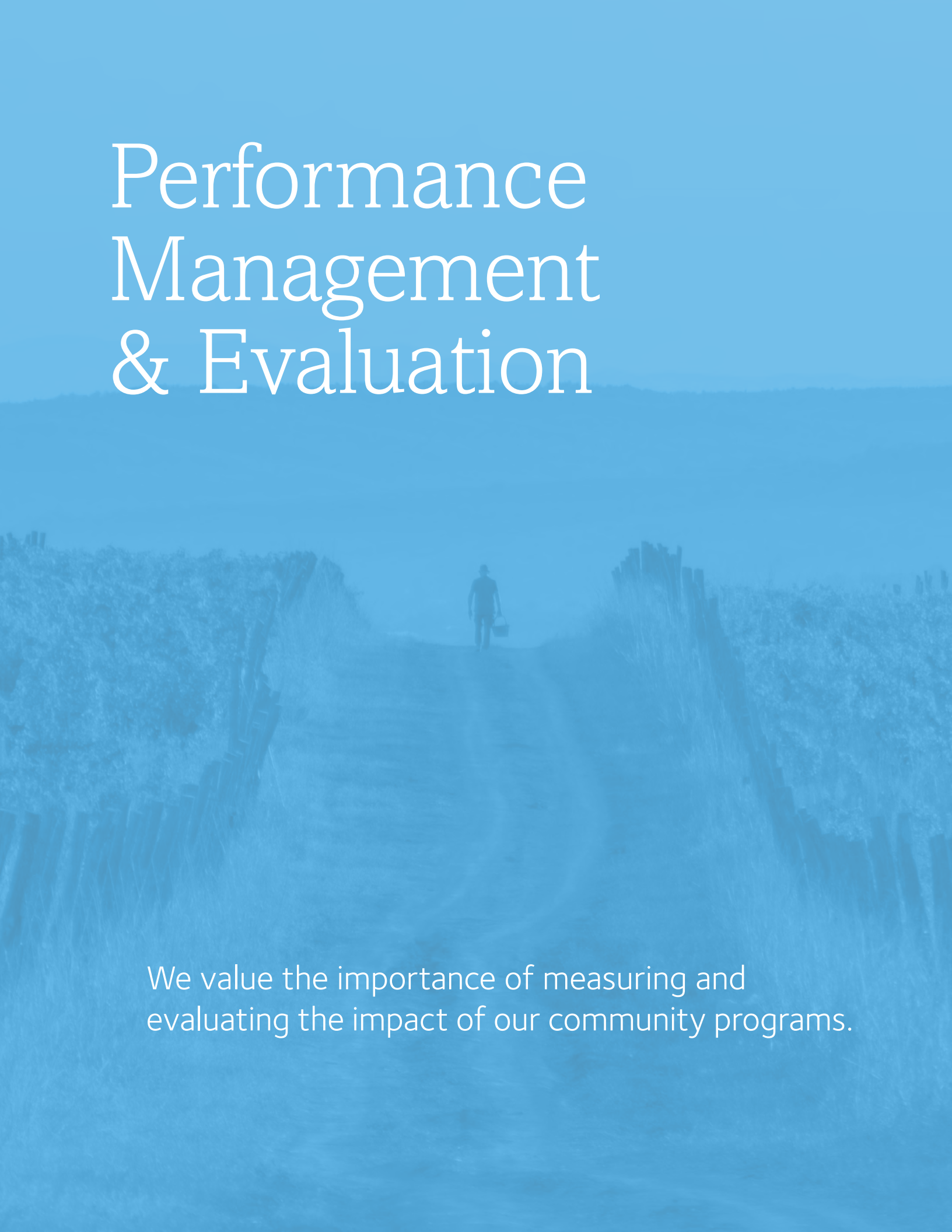
<b>Priority Area:</b>	Health Conditions	<b>Sub-Category:</b>	Obesity & Diabetes	<b>Defining Metric:</b>	Obesity & Diabetes
-----------------------	-------------------	----------------------	--------------------	-------------------------	--------------------

<b>Strategy:</b>	Expand access to healthy foods through community programs.
<b>Population Served:</b>	Total Population
<b>Internal Partners:</b>	Rural Health Clinics, Ancillary Services, Education Team, Retail Pharmacy
<b>External Partners:</b>	School Districts, FQHCs, Public Health

Action: Program/Activity/Tactic/Policy	Organization
Utilize Delano Community Garden as a resource to provide local families access to fresh produce, while expanding educational programming around wellbeing and healthy eating.	School Districts
	FQHCs
	Kern County Public Health
	Grimm Family Education Foundation
	Wonderful Prep Academy
	Meals on Wheels

YEAR ONE	YEAR TWO	YEAR THREE
Establish regular quarterly cadence of gardening and healthy eating programming in partnership with community benefit organizations.	Grow community garden program participation with expansion of plots that are available to community and educational partners.	Partner with local school districts to establish outdoor laboratory and educational programming available to entire community.

# Performance Management & Evaluation

A person is walking away from the viewer on a dirt path that leads into a field of tall, dry grass. The person is carrying a basket and is wearing a hat. The entire scene is overlaid with a semi-transparent blue filter. The path is the central focus, leading the eye towards the person in the distance.

We value the importance of measuring and evaluating the impact of our community programs.

# Performance Management & Evaluation

Adventist Health will support the High Priority Need action plans identified in this CHIS by monitoring progress on an ongoing basis and adjusting the approach as needed over the course of the next three years. There are several resources in place to aid in this. All CHIS programs and initiatives will include a completed logic model to identify intended activities, outputs, and short and long-term outcomes. Establishing core metrics for each program or initiative will allow for the ongoing collection of

performance management data. Actively tracking metric performance leads to the identification of strengths and challenges to the work, the local hospital, the Adventist Health Community Benefit team, and external consultants. Together, we will work to share successes and create performance improvement plans when necessary.

In addition, Adventist Health hospitals where High Priority Needs are shared will have the opportunity

to join a collaborative held by the Adventist Health Well-Being team. The collaborative will be centered on building a common approach that aligns and maximizes community benefit, thus reducing the need to manage this work independently at each hospital. Along with that, where appropriate, evaluation activities designed to measure the overall strength and success of this work at the community level will be incorporated into performance management tracking.

## CHIS Development

The development of the CHIS was directly built from the CHNA, whose goal focused on leveraging community stakeholders and data to address the most significant health needs of our community over the next three years. Members of the CHNA Steering Committee—comprised of healthcare, civic, public, and business leaders—led the process of identifying and addressing health needs for a healthier community, completing the final report in fall of 2022.

Collaborating with CHNA Steering Committee members again in early

2023, Adventist Health Community Well-Being Directors facilitated a multi-step process to outline goals and strategies for the CHIS that foster change and positive impact in each of the High Priority Need areas. Each community relied on existing programs and services, and, where necessary, identified new opportunities to pursue collectively.

Once an approach received a consensus, the Community Well-Being Directors worked with Adventist Health leadership and expert consultants to set major

annual milestones for each approach, generating outputs and outcomes that allow for ongoing performance management of this work. For further information on how success will be tracked, refer to the Performance Management and Evaluation section above.

Finally, the CHIS was presented to Adventist Health local Hospital Boards for review and feedback. In addition to this collaborative effort, we also welcome feedback at [community.benefit@ah.org](mailto:community.benefit@ah.org).



Scan the QR code for the full Secondary Data Report



# Significant Identified Health Needs

The Adventist Health Community Well-Being team and community partners collectively reviewed all relevant significant health needs identified through the CHNA process. Using a community health framework developed for this purpose, 12 significant health needs were initially considered. The list of significant needs are as follows:

- Access to Care
- Community Safety
- Community Vitality
- Education
- Environment & Infrastructure
- Financial Stability
- Food Security
- Health Conditions
- Health Risk Behaviors
- Housing
- Inclusion & Equity
- Mental Health

From this group of 12, several high priority health needs were established for Adventist Health Delano. High priority health needs were chosen as they had demonstrated the greatest need based on severity and prevalence, intentional alignment around common goals, feasibility of potential interventions, and opportunities to maximize available resources over a three-year period.

Using the criteria mentioned above, we were able to determine which needs were high priority, as compared to those that were significant needs. The High Priority Needs are the focus of this CHIS. The remaining significant health needs are not addressed directly but will likely benefit from the collective efforts defined in this report. The following table provides additional information on all the significant health needs that were considered.

**TABLE OF SIGNIFICANT IDENTIFIED HEALTH NEEDS**

High Priority Needs	
<b>Access to Care</b>	See Sections III.C - E
<b>Financial Stability</b>	See Sections III.C - E
<b>Health Conditions</b>	See Sections III.C - E
Lower Priority Needs	
<b>Community Vitality</b> <a href="http://211kerncounty.org/category/income-employment/">211kerncounty.org/category/income-employment/</a>	Fiscal challenges, especially in home ownership, decrease economic and civic engagement. High crime and rates of substance use problems are also seen as factors limiting community vitality.
<b>Housing</b> <a href="http://211kerncounty.org/category/housing/">211kerncounty.org/category/housing/</a>	The limited housing stock, and high housing costs, push many into an unstably housed environment. Service needs for this group are very high, and the overall cost of living makes stable housing unrealistic for some community residents.
<b>Food Security</b> <a href="http://211kerncounty.org/category/food/">211kerncounty.org/category/food/</a>	With 74% of students receiving free or reduced-priced lunches, and nearly 20% of the community living in low food access neighborhoods, food security is an ongoing problem for many.
<b>Mental Health</b> <a href="http://211kerncounty.org/category/mental-health/">211kerncounty.org/category/mental-health/</a>	49% of surveyed residents identified mental health issues as community health need.
<b>Public Safety</b> <a href="http://211kerncounty.org/category/government/">211kerncounty.org/category/government/</a>	Key informants noted that there has been an increase in crime in the area during COVID, especially among youth.
<b>Health Risk Behaviors</b> <a href="http://211kerncounty.org/category/mental-health/">211kerncounty.org/category/mental-health/</a> <a href="http://211kerncounty.org/category/substance-abuse/">211kerncounty.org/category/substance-abuse/</a>	The area has smoking and substance use disorder rates higher than state averages. Key informants note that illicit drug use is prevalent and service needs exceed availability.
<b>Education</b> <a href="http://211kerncounty.org/category/education/">211kerncounty.org/category/education/</a>	24% of the community has an associates degree or higher. Focus group members said there are inadequate childcare options, both in quantity and quality.
<b>COVID</b> <a href="http://211kerncounty.org/category/health-care/">211kerncounty.org/category/health-care/</a>	46% of surveyed residents identified COVID as a community health need.

\*The data presented to the local Steering Committee for prioritization was Kern County data, which is reflected in this table. Throughout the CHNA you'll see hospital-specific data included.



Scan the QR code for the full Secondary Data Report



## Community Health Financial Assistance for Medically Necessary Care Commitment

Adventist Health understands that community members may experience barriers in paying for the care they need. That is why we are committed to providing financial assistance to those who may need support in paying their medical expense(s).

Community members can find out if they qualify for financial aid in paying medical bills by completing a financial assistance application. Applications can be filled out at the time care is received or after the bill has been administered. To access the financial assistance policy for more information or contact a financial assistant counselor, please visit <https://www.adventisthealth.org/patient-resources/financial-services/financial-assistance/>.



# Glossary of Terms

**COMMUNITY ASSET**

refers to community organizations, programs, policies, activities or tactics that improves the quality of community life.

**DEFINING METRIC**

this is the metric used to define the extent of the problem faced by the target population.

**FUNDING**

can be provided by (but not limited to) government agencies, public organizations, grants and philanthropic giving.

**GOAL**

there may be several overarching goals to address each prioritized health need. This is the overarching impact we want to achieve.

**PARTNERS**

describe any planned collaboration between the hospital and other facilities or organizations in addressing health needs.

**POPULATION SERVED**

who is included within the group to receive services of the program.

**PRIORITIZED HEALTH NEED/  
PRIORITY AREA/SIGNIFICANT  
HEALTH NEEDS**

a health need that was identified in a community health needs assessment and was then selected by committee as a high priority need to be addressed.

**STAKEHOLDER- INTERNAL**

colleagues and or board members who work for or with the hospital.

**STAKEHOLDER- EXTERNAL**

community members or organizations who regularly collaborate with the hospital.

**STRATEGY**

a specific action plan designed to achieve the expected outcome.

**SUB-CATEGORY**

if needed, a more granular focus within the identified priority area may be called out.

# Approval Page

## 2023 CHIS Approval

In response to the 2022 Community Health Needs Assessment, this Community Health Implementation Strategy was adopted on April 27, 2023 by the Adventist Health System/West Board of Directors.

The final report was made widely available on May 31, 2023.

1401 Garces Hwy. Delano, CA 93215  
Lic #120000180  
adventisthealth.org



Thank you for reviewing our 2023 Community Health Implementation Strategy. We are proud to serve our local community and are committed to making it a healthier place for all.

**Jason Wells, MBA, CMPE, FACHE**  
President, Adventist Health Central California Network

