

Adventist Health and Rideout 2021 Community Health Plan



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

Executive Summary

Introduction & Purpose

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

Prioritized Health Needs – Planning to Address

- [Health Priority #1: Access to Mental/Behavioral/Substance Abuse Services](#)
- [Health Priority #3: Access to Basic Needs Such as Housing, Jobs and Food](#)
- [Health Priority #5: Access to Quality Primary Care Health Services](#)

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 and Rideout’s service area and guide the hospital’s planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. These health needs were prioritized according to a set of criteria. Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. After these were identified, PHNs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs, if any, beyond those 10 PHNs identified in previous CHNAs. For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health and Rideout CHNA report at the following link: <https://www.adventisthealth.org/about-us/community-benefit/>

Adventist Health and Rideout and Adventist Health

Adventist Health and Rideout 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 3,600 beds
- 290 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and eight hospice agencies
- Three retirement centers & one continuing care retirement community
- 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 and Rideout Implementation Strategy

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

- **Health Need #1: Access to Mental/Behavioral/Substance Abuse Services**
 - Behavioral Health Collaborative
 - ED Bridge Program
- **Health Need #3: Access to Basic Needs Such as Housing, Jobs and Food**
 - Food Insecurity Program
 - Partnership with Yuba-Sutter Food Bank
- **Health Need #5: Access to Quality Primary Care Health Services**
 - Street Nursing Program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health and Rideout 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 and Rideout 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 strategic plans to address the remaining significant health needs identified in the 2019 CHNA, which are addressed in other ways (see below).

Significant Health Needs – NOT Planning to Address

- Health Need #2: Prevention of Disease and Injury through Knowledge, Action, and Access to Resources: Adventist Health and Rideout focuses on wellness and prevention through health education classes and programs. AHRO will continue providing classes and programs to the community.
- Health Need #4: Access and Functional Needs: Access to transportation services is a large need in the primary service area. AHRO currently addresses this need by offering free transportation to and from the hospital, Cancer Center and clinics. In addition to this transportation service, we also provide bus passes, gas cards and food cards to low-income patients to help with travel needs.
- Health Need #6: Access to Specialty and Extended Care: Adventist Health and Rideout is consistently recruiting specialty providers to increase access for the community. We plan to continue these efforts.
- Health Need #7: Active Living and Healthy Eating: Adventist Health and Rideout currently offers free classes on diabetes and other health issues in addition to encouraging healthy lifestyles.
- Health Need #8: Safe and Violence-Free Environment: Adventist Health and Rideout agrees that this is a huge need throughout the community, but at this time, we feel addressing this need will require dedicated effort from many other community organizations. We cannot tackle this community need on our own.

At this time, we believe we can focus efforts and resources on the other prioritized health needs to make a larger impact.

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, 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 to public health guidelines for social distancing. Adjustments have been made to continue community health improvement efforts as possible, while ensuring the health and safety of those participating. The Strategy Action Plan Grids on the following pages reflect updated activities for each strategy.

In FY21, Adventist Health as a system took the following actions in response to the needs created or exacerbated by COVID-19:

- 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

Locally, Adventist Health and Rideout would like to send a special thanks to our community and our community partners for all they did to assist us in our time of need. Adventist Health and Rideout reached out to our community requesting PPE and the response from our community was overwhelming. The love and support we were shown during these unknown times was expansive and extraordinary. We thank our local Yuba Sutter area, from the bottom of our hearts.

Adventist Health and Rideout Implementation Action Plan

PRIORITY HEALTH NEED: ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES

GOAL STATEMENT: TO RAISE AWARENESS AND IMPROVE ACCESS TO SUBSTANCE USE AND MENTAL HEALTH SERVICES IN THE EMERGENCY DEPARTMENT

Mission Alignment: Well-being of People

Strategy 1: Expand Emergency Department SUD and BH Initiatives

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Continue Behavioral Health Collaborative in Rideout ER	Number of patients treated for behavioral health needs in ED	See narrative below	Overall decrease of hours for each patient’s LOS	See narrative below	Increase the amount of discharges from ED to home (decrease number of patients transferred to psychiatric facility)	
Implement ED Bridge Program	Number of patients referred for substance use treatment in the ED;	See narrative below	Increase Suboxone education and treatment #Suboxone	See narrative below	Decrease in patients presenting to ED with substance use disorders; Increase in patients completing treatment	

Source of Data:

- Cerner, ED Referral Logs

Target Population(s):

Behavioral Health Patients as well as patients with substance use

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

- ED Staff
- County Behavioral Health crisis counselors
- Tele-Psychiatry Equipment
- Substance Abuse Navigator
- X-Waivered Physicians

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

- Sutter-Yuba Behavioral Health, CEP America, Pathways, Local FQHCs, Aegis Treatment Center

CBISA Category:

A - Community Health Improvement

Strategy Results 2021:

- Behavioral Health Collaborative: The volume of behavioral health patients in the Adventist Health and Rideout Emergency Department has steadily increased in recent years due to the lack of funding for behavioral health services and lack of facilities/providers in our rural area. In order to deliver the highest quality of care for behavioral health patients in the Emergency Department, Adventist Health and Rideout partnered with county resources to imbed county-paid crisis counselors in the Emergency Department 24 hours a day. In 2021, AHRO's Emergency Department saw 2,341 patients with behavioral health complaints. Using tele-psychiatry services and clear clinical pathways the team worked together to see 100 percent of the patients with a behavioral health diagnosis. Medications were started or resumed, safety plans designed, and follow up appointments were arranged by the team. As a team, the county and hospital have created a process to provide high quality care to the psychiatric patient in the ED.
- ED Bridge Program: In order to address the growing opioid problem in the area, Adventist Health and Rideout and Vituity applied for and was awarded a \$175,000 grant in 2019 and another grant was awarded in 2020 for an additional \$100,000. These grants have afforded the program the opportunity to hire a Substance Use Navigator, provide ED staff training, and provide 32 ED physician X-waiver credentialing to build the MAT Program. The Substance Use Navigator works to identify people with opioid use disorder in the emergency room. Patients are then able to immediately receive treatment for their withdrawal symptoms with the medication buprenorphine (suboxone), and are linked from the ED into continued outpatient treatment in the community clinics. In 2021, Although no additional grant funding was not received, the program continues to support 32 ED providers and a substance use navigator. In 2021, the program provided services to 179 individuals.

Other Community Benefit Programs include the following:

- **Meds-to-Beds:** Adventist Health and Rideout is among many hospitals nationwide that has a "Meds-to-Beds" program, in which prescription drugs are given directly to patients just before they are sent home from the hospital or emergency room. This program serves as more than just a convenience; for some patients, this is the only way they will obtain necessary medications for chronic medical conditions and other required treatments. AHRO is not allowed to bill for medications that will be used at home; these drugs must come from an outpatient pharmacy. In order to bridge this gap, AHRO partnered with the Sutter Pharmacy for both discharge counseling and dispensing of medications. In situations where the patient is unable to pay for the critical medications, Adventist Health and Rideout will pay for the medications at no cost to the patient.

Number of Community Members Served: 140

PRIORITY HEALTH NEED: EXPAND SCREENING AND PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE ACCESS TO FOOD RESOURCES

GOAL STATEMENT: IMPROVE ACCESS TO FOOD RESOURCES IN THE COMMUNITY

Mission Alignment: Well-being of People

Strategy 1: Expand screening with community organizations to increase food resources

Programs/ Activities	Process Measures	Results: Year 1 2020	Short Term Outcomes	Results: Year 2 2021	Medium Term Outcomes	Results: Year 3 2022
1.A. Expand Food Security Program	Number of patients referred to community pantries Number of patients served in the community	See narrative below	Expand screening program to Clinics and Cancer Center	See narrative below	Reduce number of readmitted patients identifying as food insecure	

Source of Data:

- AHRO Cerner Data, Referrals

Target Population(s):

- Patients identified as food insecure at Rideout Memorial Hospital

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

- Nursing (screenings), Case Management (referrals), Patient Care Coordinator

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

- Yuba-Sutter Food Bank, St. Andrew Presbyterian Church Mother Hubbard's Cupboard

CBISA Category:

- A – Community Health Improvement

Strategy/Narrative Results 2021:

Food Security Program: Food insecurity is a nation-wide issue. Food insecurity means that someone has uncertain or limited availability or access to nutritionally adequate foods. Food insecurity triggers behaviors that exacerbate poor health and lifestyles. Research connects food insecurity with chronic disease, hospitalizations, poor disease management, developmental and mental health. All of this leads to an increase in health care spending. Due to the demographics and low socio-economic status of the Yuba-Sutter population, we frequently see food insecure patients at Adventist Health and Rideout. To

address this need, AHRO initiated a food security program, which begins with a screening process for all patients that are seen by Adventist Health and Rideout. If a patient is identified as food insecure, a referral is submitted to the Food Coordinator who then follows up with the patient and provides person specific community resources, a connection to a local food pantry, and food upon discharge. In 2021, Adventist Health and Rideout identified 280 admitted patients as food insecure. This number includes the patient population at The Rideout Cancer Center. Of these individuals, 54% were considered homeless, 15% of the individuals who were identified as food insecure are 55 years of age or older and 20% are 65 years of age or older. All individuals served in the Food Security program are vulnerable, lack the resources necessary to obtain food or proper nutrition, and are underserved. In collaboration with the Yuba-Sutter Food Bank and Yuba-Sutter Behavioral Health, Adventist Health and Rideout delivered 282 meals to patients 65 and over. 524 non-perishable food bags were provided to individuals experiencing homelessness through outreach from our Street Medicine Team. In March 2021-May 2021, as part of the response to the Coronavirus, Adventist Health and Rideout partnered with the USDA-Farmers to Families Program and distributed 1825 food boxes to families throughout the Yuba-Sutter area.

In 2021, The Food Security Program was awarded a grant in the amount of \$20,000. This funding has provided the ability to purchase food for the most vulnerable patients and has helped serve families directly associated with our partner agencies. The partnership between the Food Security Program and The Yuba-Sutter Food Bank has increased the number of individual's served and has added more resources to the Yuba-Sutter community.

In 2021, A grant in the amount of \$80,000 was awarded to hire a Registered Dietitian to help expand the Food Secure Program and assist in providing medically tailored meals as well as develop an on-site food pantry. This program is expected to roll out in 2022.

Other Community Benefit Programs include the following:

Bariatric Support Group:

Bariatric support groups were offered, in person, until March of 2020 due to Covid-19. AHRO developed a way to still deliver these support groups virtually and is still in use as of 2021. Our bariatric surgery support group is offered at no charge to people who have had or plan to have bariatric surgery. The group is a wonderful way for patients to gain knowledge and network with each other and support one another in the community.

Number of Community Members Served: 17

PRIORITY HEALTH NEED: ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES

GOAL STATEMENT: TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR THE COMMUNITY

Mission Alignment: Well-being of People

Strategy 1: Street Nursing Program

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
1.A. Establish and expand Street Nursing Program	Establish minimum of 2 sites utilizing the coordinated entry centers	See narrative below	Operationalize Street Telemedicine Program by end of 12/31/2019 Increase Street Nurse Hours/Number of days	See narrative below	Reduction in ED visits/Utilization (Decrease in number of patients sent to ED from Street Nurse)	
1.B. Address social determinants of health	Create referral database for managing social determinants of health and initiate referrals	See narrative below	Add substance use resources/counselors to Street Nurse program	See narrative below	Increased number of substance use counseling interactions	

Source of Data:

- Cerner, Street Nurse Log

Target Population(s):

- Individuals experiencing Homelessness

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

- Community Outreach Nurse
- Community Outreach Social Worker
- Tele-health – Vituity
- ED Substance Use Navigator
- Supplies

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

- Coordinated Entry Sites, Yuba and Sutter County, Local churches, 14 Forward, Better Ways, Harmony Village, Habitat for Humanity, REST, Marysville PD, Yuba City PD, Yuba and Sutter County Sheriff department

PRIORITY HEALTH NEED: ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES**CBISA Category:**

A - Community Health Improvement

Strategy Results 2021:**Street Medicine Program:**

- In 2019, Adventist Health and Rideout initiated a street nursing program in response to the growing population experiencing homelessness. The Street Nursing Team consists of two Community Outreach Nurses, two Community Outreach Social Workers, a group of tele-docs and a Community Outreach Associate. This team provides medical screenings, case management services, and housing navigation to the individual's experiencing homelessness in the Yuba and Sutter Communities. In 2021, The Adventist Health Street Nurse Team saw 381 new patients out in the field. The team conducted 2561 follow up visits meaning each patient experienced several encounters with our team due to the trust and relationship that was built. The Street Medicine Team reaches out to individuals experiencing homelessness where they are and provides items such as hygiene products and non-perishable food. The Street Medicine Team had 533 outreach visits, which is when the team is out providing supplies and connecting with individual's. The total encounters for the Street Medicine Team in 2021 including new patients, follow visits, and outreach, was 3,477. In 2021, the program showed significant growth, in staff, in days per week, and in outreach locations made possible by several different awarded grant dollars. The Street Nurse team does outreach with several partner agencies in the streets and river bottoms of the Yuba Sutter Communities. Other outreach locations include Hands of Hope, The Life Building Center, Better Ways, Harmony Village and Prosperity Village.

Program Outcomes to note for 2021:

- 56 clients established care with a Primary Care Doctor
- The Nurse attended 35 PCP appointments to assist in a warm hand off and help alleviate fear
- 140 prescriptions were paid through our 340B program.
- 157 individuals moved from homelessness and entered into temporary housing such as a shelter
- 43 individuals were moved from homelessness and were entered into permanent housing
- 314 individuals were seen by the tele medicine doctor out in the field
- 37 were referred to the Substance Use Navigator for resources and referrals to substance use treatment and recovery.

Homeless Discharge Planning:

In addition to the action already being taken to combat homelessness and assist this vulnerable population, SB 1152 requires hospitals to include plans for coordination of services to shelters, medical care, and behavioral health care in their homeless patient discharge policy. Specifically, hospitals must discharge homeless patients to a social service agency, a nonprofit social services provider, or a governmental service provider. Hospitals must also ensure that these agencies are prepared to accept the patient and the patient has agreed to the placement. Patients experiencing homelessness may also

be discharged to their “residence” (the principal dwelling place of the patient) or an alternative destination. Under SB 1152, hospitals must ensure and document the following before discharging any homeless patient: The patient must have food and water unless there is a medical reason, they must have weather-appropriate clothing, have a source of follow up care, have a supply of medications, they must have necessary medical durable equipment, they must be offered screening for infectious diseases, must have been offered vaccination, the patient must be alert and oriented to person, place, and time, they must be assisted to enroll in eligible, affordable health insurance coverage, and the patient must have transportation to the discharge destination. The hospital must also maintain a log of homeless patients discharged and locations to which they were discharged.

Number of Community Members Served: 904

PRIORITY HEALTH NEED: OTHER COMMUNITY BENEFIT PROGRAMS**GOAL STATEMENT: TO IMPROVE THE WELL-BEING OF PEOPLE WITHIN OUR COMMUNITY****Mission Alignment: Well-being of People****Strategy Results 2021:****Rideout Healthy Kids:**

We offer our free Adventist Health and Rideout Healthy Kids School Assemblies for K-8th grade students in Yuba, Sutter and Colusa counties. Due to COVID-19 these efforts went virtual. This program provides health education to elementary and middle school children in an interactive musical theater performance. Since Spring 2014, Adventist Health and Rideout Healthy Kids has performed every fall and spring in 11 tours, over 200 performances for over 68,000 students, faculty, staff and community members at public and private schools, community health fairs and other events, service clubs, banquets and many other community activities, bringing the message of good health, wellness and encouragement to audiences young and old. Due to COVID-19 it is unclear on the specific number of individuals impacted however the videos were casted online, and sent to every educator grade K-6 in the Yuba and Sutter area to be shared with all of the families teaching their children from home.

Number of Community Members Served: Approximately 75,000 have been served

Smoking Cessation Education:

Adventist Health and Rideout provides a free smoking cessation program for the community. This program teaches the “Freedom from Smoking Course” from the American Lung Association. The class will offer participants a step-by-step plan for quitting smoking and will help assist smokers gain control over their behavior.

Number of Community Members Served: 52

Cancer Support Group: Adventist Health and Rideout offers multiple programs for Cancer patients and survivors. In addition to treating the body when a patient has cancer, Adventist Health looks for ways to help the emotional healing of our patients as well. Adventist Health and Rideout offers cancer support groups to help play a role in supporting our patients and their loved ones. Unfortunately, due to COVID-19 these support groups were placed on hold. AHRO also offered a “Chemotherapy and You” weekly class, prior to COVID-19. This class was designed to help prepare patients and caregivers for treatment. This class also educates on side effects, management, and central line access. AHRO offers a peer navigation program and a wig bank program, which connects patients who lose their hair with wigs through the American Cancer Society.

Number of wigs provided: 18

Transportation after Discharge:

Adventist Health and Rideout contracts with SP+ to provide transportation services to patients upon hospital discharge, transportation to and from primary care, and to and from oncology appointments. This service is provided at no cost to the patients. In addition to the contract with SP+, the Adventist Health and Rideout Foundation assists cancer center patients, senior care and other patients with transportation needs and more by providing provisions such as gas cards, bus passes and food cards to help low-income patients with their travel needs. A new passenger van was donated to Adventist Health and Rideout by the Geweke Caring for Women Foundation. The van offers patients free transportation to and from the hospital and the cancer center.

Number of Community Members Served: 4,724

Community Education Fairs and Events:

Adventist Health and Rideout regularly participates in a number of community events where staff volunteers to provide education to the community. However, due to COVID-19, these events were limited. In 2021, Adventist Health and Rideout participated in the BEFAST campaign event where two Stroke RN's participated in two community events handing out flyers on stroke education and prevention.

Community Members Served: 157

Community Sponsorship Donations:

Adventist Health and Rideout is a nonprofit health system with a long-standing history of providing philanthropic support for projects and programs offered within the communities we serve. As a part of the Adventist Health and Rideout mission, community benefit sponsorships are designed to support community-based programs, activities or events that align with the mission and address community needs.

Inspire Hope/World Vision:

The Inspire Hope Program is a community-based initiative designed to respond to the growing financial, housing and economic needs within our community. Throughout 2021, our local Inspire Hope program met people where they are at and provided support. Some of the smallest donations are making a huge impact to those we are serving. There is a sense of gratitude with the ability to bring dignity to those who may be at their lowest. Over 2021, we had an average of at least 43 partners that worked collectively to get resources out to our community members with at least 500 people served.

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.