Adventist Health

Together Inspired

Adventist Health St. Helena & Adventist Health Vallejo 2021 Community Health Plan

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

Executive Summary

Introduction & Purpose

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

Prioritized Health Needs

- Health Priority #1: Mental and Behavioral Health
- Health Priority #2: Access to Healthcare
- Health Priority #3: Chronic Diseases
- Health Priority #4: Housing

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 St. Helena and Adventist Health Vallejo 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
- Community assets and internal resources for addressing needs
- 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
- Severity
- Solution could impact multiple problems

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

Adventist Health St. Helena & Vallejo and Adventist Health

Adventist Health St. Helena and Adventist Health Vallejo are affiliates 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 St. Helena & Adventist Health Vallejo Implementation Strategy

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

- Health Need 1: Mental and Behavioral Health
  - Mentis
  - Healthy Minds Healthy Aging
  - Teens Connect
  - Youth Mental Health First-aid Training
  - This is My Brave
  - Aldea Children & Family Services
- Health Need 2: Access to Healthcare
  - Mobile Health Program
  - Operation Access
  - Stop Falls -
  - Collabria Care – Honoring Choices and Palliative Care
- Health Need 3: Chronic Diseases
  - AHEAD Genetic Cancer
  - Awaken Education and Support Program for Cancer
  - Diabetes Education and Management Program
  - Dare to C.A.R.E Venous Disease Screening
  - Calistoga Senior Lunch & Learn
  - Turkey Trot
  - ZERO Prostate Cancer
  - Leukemia and Lymphoma Walk
  - Park Rx
  - Spring Health Challenge for RLS Middle School
  - Nuestra Salud – Spanish Zumba Classes
  - Walk & Roll to School
- Health Need 4: Housing and Homelessness

- Catholic Charities Nightingale House
- Napa Valley House Share Program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health St. Helena & Vallejo will implement to address the health needs identified through the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

No hospital can address all the health needs identified in its community. Adventist Health St. Helena & Vallejo are 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
• Access to healthy foods – Need being addressed by many others in the community • Sexually transmitted diseases – Need being addressed by others in the community

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 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 St. Helena & Adventist Health Vallejo took these additional actions:

In support of our county's public health department, our mobile health program launched a testing initiative to reach agricultural workers and vineyard/winery support staff on a biweekly basis meeting them where they were – in the vineyards and wineries. This allowed us to develop relationships, build trust and provide education on safety precautions to keep themselves and their families safe.

Adventist Health

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Adventist Health St. Helena Implementation Strategy Plan

<table>
<tr><td colspan="5">Priority Health Need: Mental and Behavioral Health</td></tr>
<tr><td colspan="5">Goal Statement: Reduce stigma of mental health for youth and seniors through education and engagement in the communities served by AH St. Helena & Vallejo</td></tr>
<tr><td colspan="5">Mission Alignment: Well-Being of People</td></tr>
<tr><td colspan="5">Strategy 1: Stigma reduction through increased education and awareness.
Strategy 1.2: Advance existing peer and professional counseling to struggling youth focused on (are they focused on something in particular?)
Strategy 1.3: Increase awareness and resources for seniors to live safely in home.</td></tr>
<tr><td>Program/Activity</td><td colspan="4">Metrics</td></tr>
<tr><td rowspan="4">Activity 1.1- Teens Connect</td><td></td><td>Year 1 2020</td><td>Year 2 2021</td><td>Year 3 2022</td></tr>
<tr><td>Process Measure:
Number of youth participating in Teens Café

Number of youth referred to professional counseling services

Pre-Survey</td><td>Previous report available upon request</td><td rowspan="3">See Narrative Below</td><td></td></tr>
<tr><td>Short Term Outcomes
Increased awareness of mental health

Increased participation by 10% through Boys & Girls Club accessibility

Post- Survey</td><td>Previous report available upon request</td><td></td></tr>
<tr><td>Medium Term Outcomes
Percentage of youth who demonstrate:
• Increase in coping skills and stress management rating
• Decrease in stress level rating
• Reduction in depression/anxiety rating</td><td>Previous report available upon request</td><td></td></tr>
<tr><td rowspan="3">Activity 1.2- Aleda Children & Family Services at Boys & Girls Clubs</td><td></td><td>Year 1 2020</td><td>Year 2 2021</td><td>Year 3 2022</td></tr>
<tr><td>Process Measure
Number of youth engaged at Boys & Girls Clubs of St. Helena & Calistoga

Number of education classes

Number of counseling sessions</td><td>27(AHSH)
111(Calistoga)

6

9
(1-day/week)</td><td rowspan="2">See Narrative Below</td><td></td></tr>
<tr><td>Short & Medium Term Outcomes</td><td>74%</td><td></td></tr>
</table>

	Percentage of youth receiving peer counseling who report reduced feeling of depression, anxiety and/or substance abuse.			
Activity 1.3- Healthy Minds Healthy Aging		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure Number of screening for cognitive, behavioral and psychosocial health issues Number of 65+ receiving in-home health services	49 N/A	See Narrative Below	
	Short Term Outcomes Number of referrals of services Increase number of cognitive screening & behavioral screening	5		
	Medium Term Outcomes Reduced ED visits for mental health crisis for 65+	N/A		
Source of Data: **Teens Connect, Aldea Children & Family Services, Healthy Minds Healthy Aging**				
Target Population(s): **Broader community, vulnerable population – seniors, youth, low-income**				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) Financial, in-kind				
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) Teens Connect*, Aldea Children & Family Services*, Healthy Minds Healthy Aging*				
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) **A, E**				

Strategy Results 2021:

Due to the impact of COVID-19, our Teens Connect, Aldea Children & Family Serivces, and our Healthy Minds Healthy Aging programs have been placed on hold for the duration of 2021. Our hope is to revisit these programs in 2022.

Priority Health Need: Access to Healthcare and Health				
Goal Statement: Increase access to quality, culturally competent healthcare and health to underinsured, uninsured and vulnerable in the community served by AH St. Helena and Vallejo.				
Mission Alignment: Well-Being of People				
Strategy 1: Identify and screen vulnerable community members providing education and resources for referrals to ongoing health management. **Strategy 1.2: Maintain and/or increase referrals for necessary diagnostic and surgical procedures for under or uninsured population**				
Program/Activity	**Metrics**			
Activity 1.1- Mobile Health Program		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure: Number of patients served Number of encounters at events Number of people referred to additional resources Number of educational topics	Previous report available upon request	See Narrative Below	
	Short Term Outcomes Number of mobile screenings for farm workers and 65+ Percentage of persons with high blood pressure Percentage of persons with high cholesterol Percentage of persons with high blood sugar	Previous report available upon request		
	Medium Term Outcomes Percentage of ambulatory sensitive readmissions	Previous report available upon request		
Activity 1.2- Operation Access		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure Number of Specialist Evaluations Number of Diagnostics Procedures Number of surgical Procedures Performed	2 2 1	Active Program. In 2021, there were no Operation Access Patients.	
	Short Term Outcomes Percentage of patients reporting improved health Percentage of patients reporting improved ability to work	95% 95%		

	Medium Term Outcomes Percentage of patients reporting improved quality of life	95%		
Activity 1.3- Farm to Family Food Boxes		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure Number of boxes distributed Pounds of food distributed	20,254+ 810,160lbs. +	Program ended in May 2021	
Source of Data: **Adventist Health St. Helena, Operation Access, Area on Aging Agency**				
Target Population(s): **Vulnerable community members – seniors, low-income and farmworker population**				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) Financial, staff, supplies, in-kind				
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) Adventist Health St. Helena, St. Helena Hospital Foundation, Operation Access*, Napa County				
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) **A, E**				

Strategy Results 2021:

Mobile Health

Our Mobile Health program was actively engaged within our community throughout 2021. As we seek to improve the health and well-being of our communities, bringing healthcare to the consumer and meeting people where they are at is crucial. Due to the pandemic our focus included providing flu and COVID-19 vaccination clinics throughout Napa County. During 2021, our Mobile Health program provided more than 43,000 COVID-19 vaccine doses and targeted our seniors, farmworkers, teachers and essential workers including employees and patients from other hospitals, clinics and health plans. We look forward to continuing our mobile health program in 2022 and hope to increase our impact to those who need it most.

Operation Access

Due to the impacts of COVID-19 and the high surges in early 2021, the Operation Access program was not able to serve patients in 2021. It is our hope that we will continue outreach and collaboration in 2022, to get much needed services to those who need them.

Blue Zones

Additionally with Blue Zones coming into our community we have been able to start the foundation of bring awareness to Access to Healthcare and Health through the following activities:

- We have set the goal of creating an environment in the Upper Napa Valley where healthy foods and beverages are embraced, universally accessible, and locally produced, with emphasis on food and nutrition insecure households. Our specific targets are for each city/town to adopt 4 policy/systems/ environmental changes, complete 3 capacity building initiatives, and implement 1 marquee project.
- Another objective is to increase healthy food and beverage access with an emphasis on underserved community members. Our strategies to accomplish this are to:
    - Establish comprehensive adoption and use of food benefit programs at Calistoga farmers market, including universal SNAP/WIC acceptance, pilot produce Rx and market match. Ensure timing of the farmers market works for the community, and that the community feels comfortable attending the market. (Calistoga)
    - Create a pilot Produce Rx program at St. Helena Farmers Market. Ensure timing of the Farmer's Market events works for the community, and that the community feels comfortable attending the event. (St. Helena)
    - Establish food insecurity screening and referral through relevant healthcare providers and community-based programs. (Regional)
    - Establish accessible transportation to existing hunger relief sites, including free food pantries and churches, and/or expand mobile market access/delivery. Explore the expansion of public growing space such as vineyards and community gardens. (Calistoga, Regional)
- We've also included the objective of reducing the availability of and access to tobacco products, focusing on flavors. We plan to advocate for the implementation a Tobacco Retail Licensing program, including:
    - Prohibiting the retail sale of tobacco within a specified distance from youth areas.
    - Prohibiting the retail sale of flavored tobacco products. (Calistoga, St. Helena, Yountville)
- Additionally, we will also advocate for zoning reform to prohibit the retail sale of tobacco within a specified distance from youth areas (Calistoga, St. Helena, Yountville), as well as advocate for the passage of a flavor ban (Calistoga, St. Helena, Yountville).

Priority Health Need: Chronic Diseases – Heart Disease, Obesity/Diabetes, Cancer				
Goal Statement: Increase community's knowledge and ability to self-manage their disease.				
Mission Alignment: Well-Being of People				
Strategy 1: Local education and screening capacity addressing heart disease, obesity/diabetes and cancer through mobile screening program, local events and disease specific screening opportunities. **Strategy 1.2: Educate community on prevention of chronic diseases.**				
Program/Activity	**Metrics**			
Activity 1.1- Dare to C.A.R.E		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process & Short Term Outcomes Number of participants screening	36	Currently on Hold	
	Medium Term Outcomes Percentage of increase in number of participants screened			
Activity 1.2- 4-Week Diabetes Education Course		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process & Short Term Outcomes Number of participants Nubmer of Classes	Program on hold due to COVID-19	9	
	Medium Term Outcome Percentage of A1C decrease for participants enrolled in the program		N/A	
Activity 1.3- AHEAD Hereditary Cancer Screening		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure Number of participants screened Number of participants affected Number of participants unaffected	1,263 166 1,097	1,455 171 1,284	
	Short Term Outcomes Number of high risk (eligible for genetics) Number of patients tested - Results Pending - High Risk Negative - Pathogenic Mutations	412 369 197 72 40	411 354 105 51 30	
	Medium Term Outcomes Number of prophylactic surgeries recommended Number of cancer diagnosis	N/A N/A	26 N/A	
		Year 1	**Year 2**	**Year 3**

<table>
<tr><td rowspan="4">Activity 1.4- Blue Zones</td><td></td><td>2020</td><td>2021</td><td>2022</td></tr>
<tr><td>Process Measure
Complete Readiness Assessment</td><td>Readiness assessment completed</td><td rowspan="3">See Narrative Below</td><td></td></tr>
<tr><td>Short Term Outcomes
Complete foundation phase and identify programs for transformation phase</td><td>N/A</td><td></td></tr>
<tr><td>Medium Term Outcomes
Create Blueprint for transformation phase</td><td>N/A</td><td></td></tr>
<tr><td colspan="5">Source of Data:
Adventist Health Heart & Vascular Institute, Adventist Health St. Helena, Adventist Health Martin O'Neil Cancer Center</td></tr>
<tr><td colspan="5">Target Population(s):
Broader community – Seniors and at-risk individuals</td></tr>
<tr><td colspan="5">Adventist Health Resources: (financial, staff, supplies, in-kind etc.)
Staff, financial, supplies</td></tr>
<tr><td colspan="5">Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)
Adventist Health</td></tr>
<tr><td colspan="5">CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</td></tr>
</table>

Strategy Results 2021:

Dare to CARE

Due to the COVID-19 pandemic, Dare to CARE was put on hold back in early 2020 and currently remains on hold throughout 2021.

4-week Diabetes Program

With COVID-19 still actively present in 2021, there were limited number of community outreach and education classes. Total number of persons served in 2021: 9

Blue Zones:

Additionally with Blue Zones coming into our community we have been able to start the foundation of bring awareness to our Chronic Disease – Heart Disease, Obesity/Diabetes and Cancer priority through the following activities:

- Working to decrease Childhood obesity (Baseline, BMI) by increasing access to healthy fruits and vegetables, increasing walkability and physical activity opportunities in the community. This will effectively decrease the rates of all above diseases.

- One of the key points of Blue Zones is that they have lower rates of chronic diseases and a higher quality of life, but this is due to the collective intervention and is difficult to attribute to just one thing. Optimizing food, tobacco, and built-environment policy is a high-impact, cost-effective strategy to reduce chronic disease and improve well-being.

Priority Health Need: Housing and Homelessness				
Goal Statement: Community Collaboration to provide goods to individuals experiencing housing insecurity				
Mission Alignment: Well-Being of People or Equity				
Strategy 1: Community Building Initiatives (CBI)				
Program/Activity	**Metrics**			
*Activity 1- Inspire Hope/World Vision**		**Year 1 2020**	**Year 2 2021**	**Year 3 2022**
	Process Measure Number of individuals served in program	>300		
	Short &Medium Term Outcomes Percentage in number of individuals served			
Source of Data: **Adventist Health**				
Target Population(s): **Homeless/ vulnerable population**				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) In-kind				
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) TBD				
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) **F**				

Strategy Results 2020:

*AH St. Helena is in the early stages of identifying what our role is around housing. Once we have identified out partners within the community, we will have more concrete short and medium term measures.

Inspire Hope

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 through the following outlets:

- Community members who have experienced big life changes due to the Pandemic.
- Community members who have been impacted/displaced by local wildfires.
- Community members who are homeless and need basic essentials to survive.

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 25 active partners that worked collectively to get resources out to our community members.

Blue Zones

Additionally with Blue Zones coming into our community we have been able to start the foundation of bring awareness to Housing and Homeless priorities through the following activities:

- Engaging in strategic conversations with the Sate around Veterans Home Workforce Housing Development and ADA/multimodal accessibility.

- Adopt policies or plans that will further the development of affordable and accessible housing to service Upper Napa Valley community needs by updating the Housing Elements of General Plans as required for each community, while addressing the regional housing need projections for each and utilizing innovative housing solutions that best suit respective communities. We will also develop policies to require affordable and missing-middle housing, with a focus on workforce housing.

- We plan to activate the old fairgrounds to accommodate the community’s need for additional green space, a community center, further parks programming, open multimodal connectivity, and access, and offer developable land for housing solutions.

- One way we will measure success is by the number of planned or contracted affordable and missing middle housing units (at x% AMI to align with city housing elements).

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.