

# Adventist Health Reedley

2019 Community Plan Update/Annual Report



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## Adventist Health Overview

Adventist Health Reedley is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.



### **OUR MISSION:**

Living God's love by inspiring health, wholeness and hope

### **OUR VISION:**

We will transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.

Adventist Health entities include:

- 21 hospitals with more than 3,200 beds
- More than 280 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 includes associates, 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 other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care 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.



Dear Friends and Colleagues,

For more than 100 years, Adventist Health has provided faith-based, whole-person care to the more than 75 communities we serve in California, Hawaii, Oregon and Washington. Our mission of “Living God’s love by inspiring health, wholeness and hope” informs every plan we make and every action we take. Our efforts are guided by the understanding that our patients are our friends, family and neighbors, and we will care for them with dignity and respect.

The Community Health Plan is one way we put our mission into action. Each year, we review and update our Community Health Needs Assessment to ensure that our services at Adventist Health in Hanford, Selma, Reedley and more than 20 other rural communities across the San Joaquin Valley, meet the needs of our communities.

Because the people we serve are diverse and live within differing geographic areas, we depend on our communities and community partners to help us identify the most pressing health needs. By using existing resources and developing educational outreach that focuses on those needs, we can improve health outcomes for everyone.

Together, we can stop the root causes of preventable conditions, such as diabetes and obesity, and build healthier communities. We can also build relationships that support our communities in times of need.

We hope you’ll join us in creating a community that we can all be proud of.

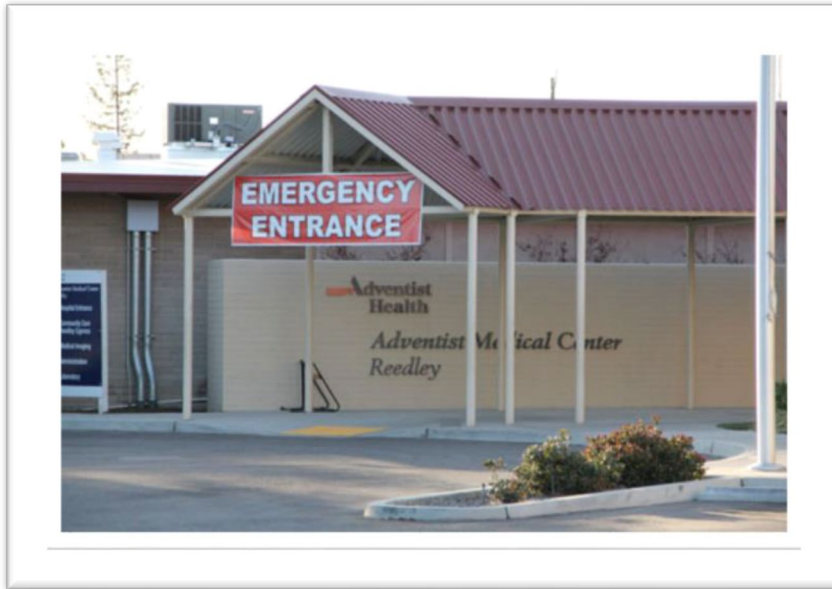
Sincerely,

Andrea Kofl

A handwritten signature in black ink that reads "Andrea Kofl". The signature is fluid and cursive.

President  
Adventist Health in the Central Valley

## Hospital Identifying Information



Adventist Health Reedley

Number of Beds: 49

Mailing Address: 372 Cypress Ave, Reedley, CA 93654

Contact Information: Andrea Kofl, President

Existing healthcare facilities that can respond to the health needs of the community:

35 Rural Health Clinics in 25 Communities spanning  
5 counties (Fresno, Kings, Tulare, Kern and  
Madera)

24-hour Emergency Services

Cardiopulmonary Services

Chaplain Services

Family Birthing Center

Family Medicine Residency Programs

Inpatient and Outpatient Imaging

Inpatient and Outpatient Laboratory

Inpatient and Outpatient Surgery

Intensive Care Services

Medical/Surgical Nursing Care

Physical Therapy

Social Services

## Community Health Development Team



Rebecca Russell, MPH, RD

Community Integration Director



Samantha Gomez, MPH

Community Integration Manager

### CHNA/CHP contact:

Rebecca Russell, MPH, RD

Community Integration Director

450 North Greenfield Ave., Hanford CA 93230

RusselRA@ah.org

Request a paper copy from Administration/President's office. To provide comments or view electronic copies of current and previous community health needs assessments go to: <https://www.adventisthealth.org/about-us/community-benefit/>

## Invitation to a Healthier Community

### Fulfilling the Adventist Health Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must take into account health behaviors and risks, the physical environment, the health system, and social determinants of health. Each component influences the next and through strategic and collective action, improved health can be achieved.

The Community Health Plan marks the second phase in a collaborative effort to systematically investigate and identify our community's most pressing needs. After a thorough review of health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address through the use of our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, "Living God's love by inspiring health, wholeness and hope."

### Identified Community Needs

The results of the CHNA guide the creation of this document and aided us in how we can best provide for our community and the most vulnerable among us. In 2018, we updated our focus areas in response to the preliminary data from our 2019 CHNA. As a result, Adventist Medical Center-Reedley have focused on the following priority areas for our community health investments 2019:

- Access to Care
- Obesity/ Health Eating Active Living (HEAL)/ Diabetes
- Mental Health
- Economic Security/Homelessness
- Maternal & Infant Health

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

- Do our interventions make a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population's health status?

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 though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.

## Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficacy of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution;
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors.
- 2) Improve care quality and patient safety.
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is Living God's love by inspiring health, wholeness and hope. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.





## 2019 Community Benefit Inventory

In 2018, Adventist Health Reedley started working on our 2019 Community Health Needs Assessment and identified the need to shift focus to new priority areas. These new areas are explained in more detail in the 2019 CHNA. However, based on our continuous feedback and quality improvement efforts, we shifted our 2019 focus areas to reflect our new information. The prioritized needs were chosen based on community health data and the voices of our community. Working together with our community is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of interventions supporting the health of our communities.

### Priority Need – Access to Care

Intervention: Adventist Health contracts with transportation vendors to provide round trip transportation to our clinics for patients that do not have transportation and would otherwise not be able to attend their necessary medical appointments. These rides help prevent appointment no-shows and increase access to care for our patients. Services are provided to the following Adventist Health Medical Offices: Hanford, Healthy Beginning, Hanford Residency, Hanford Specialty, Hanford Dentistry, Hanford Behavioral Health, Home Garden, Lemoore, Dinuba, Dinuba Plaza, Dinuba West, Orosi, Reedley, Reedley Children's, Reedley Cypress, Reedley Jefferson, Reedley Women's Selma Campus and Selma Central.

- Number of round trips provided in 2019: 13,551

Intervention: Access to care is limited in our region due to a shortage of healthcare providers, including physicians, nurse practitioners and physician assistants. Recruitment of providers and specialists is critical to meeting the healthcare needs of our patients and rural communities.

- Number of providers added in 2019: 28

Intervention: Across our Central Valley Network, we partner with local junior colleges and universities to allow nursing students to come to our hospitals for their clinical rotations. These program partnerships allow LVN and RN nursing students to gain hands-on experience close to home, making it easier for many students to complete their education and become licensed providers.

- Number of nursing students in 2019: 162

### Partners

- **Central Valley Transportation Services**
- **West Hills Community College**
- **College of the Sequoias**
- **California State University, Fresno**



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**2019 Evaluation Metrics**

Objective	2018	2019	Indicator	Data Source
Improve perception of access to care for our patients.	77.2%	78.2%	Patients stating positive responses to Access to Care questions on patient satisfaction survey.	HCAAPS patient satisfaction surveys.

**Priority Need – Obesity/ Healthy Eating Active Living (HEAL)/ Diabetes**

Intervention: Diabetes Among Friends, a five-week diabetes self-management education (DSME) curriculum in English and Spanish from Scripps University, debuted in our rural health clinics in July 2017. This program is approved as a (DSME) Program by the American Diabetes Association and covers all diabetes self-management topics including understanding blood sugars, nutrition, physical activity, medication management, stress management, foot care, ongoing screening tests and exams, etc.

- Number of program graduates in 2019: 42

Intervention: Adventist Health provides healthy eating and active living education at free public outreach events, often partnering with community organizations and school districts. The goal is to Increase awareness of how to incorporate healthy eating and active living behaviors into daily life in an economical and practical way.

**Partners**

- Scripps Whittier Diabetes Institute
- Life Hope Education Events
- Hanford Joint Union School District
- Kings Partnership for Prevention
- Kings County Action Organization

**2019 Evaluation Metrics**

Objective	2018	2019	Indicator	Data Source
Decreasing trend year-over-year of patients with HgbA1c ≤ 9%	24.7%	22.6%	% of patients with a HgbA1c indicating controlled diabetes	HEDIS measure

### Program Highlight

One of our newly diagnosed Spanish speaking patients took our Diabetes Among class. This young adult had acquired some bad eating habits in addition to a sedentary lifestyle. This participant not only attended all the classes but brought their family to all the classes too. Throughout the class, he grew more confident. He was interactive in class, asked questions and set SMART goals that helped implement lifestyle changes that once seemed impossible into doable everyday activities. By the time the course came to an end, this individual was living a healthier life and feeling much better. Since graduating from this class, his blood sugar control continues to improve and has seen a significant decrease in his HgA1c levels.

### Priority Need– Mental Health

Intervention: Adventist Health partners with Kings United Way for promoting 2-1-1 and the 2-1-1 Intelliful® mobile app in our Kings and Tulare County clinics and patient care areas. 2-1-1 connects people in need to resources in the community available to them—including mental health, substance abuse and homelessness resources. Anybody can access 2-1-1 by phone in any of our service areas. In Kings and Tulare counties, the Intelliful app as well as text to chat options are available.

Intervention: Hosting education sessions for providers and community partner agencies on topics including Adverse Childhood Experiences (ACEs) and on the dangers of social media to our youth to highlight potential risk factors that children and young adults are facing, as well as offer solutions to providers to intervene, provide appropriate support for victims and to prevent abuse.

### Partners

- **Kings United Way**
- **Kings Partnership for Prevention**
- **Hanford Joint Union School District**
- **Tulare Health and Human Services Agency**
- **Whole Person Care Kings County (Formerly KARELink)**
- **Kings County District Attorney's Office**

### Priority Need – Economic Security/ Homelessness

Intervention: The homeless discharge planning process, as required by SB 1152, ensures that all homeless patients who come to the hospital for care are provided with and connected to any and all needed resources. This includes providing meals, clothing, and connections with local case management programs and shelters.

- Number of homeless patients connected with services: 49

Intervention: UCSF- Fresno Doctors Academy in collaboration with our hospital and clinic providers, offers opportunities for local and at-risk high school students to shadow a physician in the healthcare setting. The



goal is to inspire these high school students to engage with STEM studies and focus towards a career in healthcare.

- Number of student participants: 4

Intervention: Bringing Broken Neighborhoods Back to Life is a partnership with local Selma faith and community-based organizations. Monthly events include connection with local resources for addressing the social determinants of health, health education and food bank distributions.

- Number of community members served: 150

Intervention: Partnering with Reedley Community College, we offered two events for students called "A Day in The Life". This program allows local students from Reedley College to come into our Reedley campus facility and meet a variety of healthcare professionals including nurses, doctors, respiratory therapists, occupational therapists, nutritional services management, marketing managers and volunteer coordinators. Students could ask questions about the various educational pathways and learn how they can pursue these different healthcare careers.

- Number of Community Members Served: 60

Intervention: As part of the annual Point in Time Survey to identify and count all homeless individuals, Kings and Tulare Counties host Project Homeless Connect. This annual event provides services for the homeless including medical care, hygiene, dog vaccinations, bike repair, haircuts, state ID and social services, food, resource tables etc. Our AH team provides medical services from our Residency clinic, supplies to the Kings County event.

- Number of Community Members Served: 171

### Partners

- **Bringing Broken Neighborhoods Back to Life**
- **Reedley Community College**
- **UCSF- Fresno Doctors Academy**
- **Kings Gospel Mission**
- **Kings Tulare Homeless Alliance**



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**Priority Need – Maternal and Infant Health**

Intervention: Through a partnership with the California Healthcare Collaborative, our Comprehensive Perinatal Health Workers (CPHW), under the Comprehensive Perinatal Service Program (CPSP) are able to screen participants for perinatal and postpartum mood disorders and make referrals for free mental health care as appropriate.

Intervention: Champions Young Parent Program is a referral source for young transitional age youth parents who would benefit from support and education. Adventist Health partners with Champions and refers patients to this program in Kings County.

**Partners**

**California Health Collaborative**

**Champions Recovery Alternatives**

**Program Highlight**

One of our CPSP participants was addicted to illicit drugs. She knew that if she did not stop using, her baby would be taken away from her at birth. However, after months of working with her CPHW at her OB clinic, she agreed to enter an inpatient rehabilitation program. She was able to sober up and be clean by the time her baby was born. She was able to keep her baby and worked with the program so that her CPHW could deliver her a breast pump so that she could continue to breastfeed her baby.

**Other Community Benefits**

Intervention: Inspire Hope, a partnership with World Vision, allows us to distribute new-returned merchandise from Costco to community-based organizations that can utilize the items to improve the health and lives of those who live in our communities. Each month, a semi-truck delivers goods to the hospital storage area and items delivered are distributed to community partner agencies as appropriate. Items include everything from diapers, food, furniture, clothing, appliances, and more. Items on the manifest of each delivery is a surprise, but our community partners are always happy to receive and distribute what we can share.

- Number of Community Members Served: 5,361

**Partners**

- **Community Youth Ministries**
- **Kings Canyon Unified School District**
- **Lifeshouse Valley Church**
- **Mendota Pentecostal Church of God**
- **Reedley Fire Department**
- **Reedley High School**
- **St. Anthony Catholic Church**
- **World Vision**



## Changes in 2020

While 2020 is our first year of implementation of community benefit strategy around our most recent Community Health Needs Assessment (CHNA), COVID 19 has changed our world in ways that our community never imagined possible. Unemployment has skyrocketed, leading to an increased risk of homelessness, increase food insecurity and increased mental health challenges. The closure of gyms and locations for physical activity and sheltering inside has led to decreased activity levels and increased weight for so many. And all hospitals had to halt elective surgeries and transition outpatient visits to telehealth, leading to an increased gap in access to care for those who lack online access at home and who were waiting for elective surgeries to improve quality of life. COVID has brought immediate needs and changes to the challenges that were already facing our communities. 2020 and possible 2021 community benefit activities have shifted to addressing immediate needs of our communities. We continue to partner with local agencies to identify needs and find meaningful solutions as quickly as possible. This will be documented in great detail in our 2020 Annual report.



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## Community Benefit

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low-income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.