

Adventist Health Hanford & Selma 2020 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Hanford & Selma and is respectfully submitted to the Office of Statewide Health Planning and Development on May 28, 2021 reporting on 2020 results.

Executive Summary

Introduction & Purpose

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

Prioritized Health Needs – Planning to Address

Health Priority #1: Access to Care

Health Priority #2: Obesity/Healthy Eating Active Living (HEAL)/Diabetes

Health Priority #3: Mental Health

Health Priority #4: Economic Security/Homelessness

Health Priority #5: Maternal Infant Health

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities that define the well-being of people.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Adventist Health Hanford & Selma 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. The criteria listed below recognize the need for a combination of information types (e.g., health indicators and primary data) as well as consideration of issues such as practicality, feasibility, and mission alignment. These health needs were prioritized according to a set of criteria that included:

1. Addresses disparities of subgroups
2. Availability of evidence or practice-based approaches
3. Existing resources and programs to address problems
4. Feasibility of intervention
5. Identified community need
6. Importance to community
7. Magnitude
8. Mission alignment and resources of hospitals
9. Opportunity for partnership
10. Opportunity to intervene at population level
11. Potential Health Need Score
12. Severity
13. Solution could impact multiple problems

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

Adventist Health Hanford & Selma and Adventist Health

Adventist Health Hanford & Selma 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:

1. 23 hospitals with more than 3,600 beds
2. 290 clinics (hospital-based, rural health and physician clinics)
3. 15 home care agencies and eight hospice agencies

4. Three retirement centers & one continuing care retirement community
5. 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 Hanford & Selma Implementation Strategy

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

Health Need 1: Access to Care

- Transportation to Clinic Appointments
- Provider Recruitment

Health Need 2: Obesity/ Healthy Eating Active Living (HEAL)/Diabetes

- Diabetes Among Friends Classes
- Athletic Training with Hanford Joint Union High School District
- Healthy Eating Education at Outreach Events

Health Need 3: Mental Health

- Hosting educational sessions for providers (Resilience Documentary & Social Media Luncheons)
- Hosting education sessions for local school districts (Resilience Documentary & Social Media Luncheons)
- Addiction Medicine

Health Need 4: Economic Security/Homelessness

- Recuperative Board and Care (Kings Gospel Mission)
- Project Homeless Connect/Point in Time Count
- Landlord and Property Manager Quarterly Networking Lunch and Learns Student Internships
- Inspire Hope resource distributions to community partners for those in need.

Health Need 5: Maternal & Infant Health

- Overall wellbeing

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Hanford & Selma 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 Hanford & Selma is committed to serving the community by adhering to its mission, and using its skills, expertise and resources to provide a range of community benefit programs. This Implementation Strategy does not include specific plan to address the following significant health needs identified in the 2019 CHNA.

Significant Health Needs – NOT Planning to Address

Climate Change: We feel that this is not what our area of expertise is in and while we are willing to partner with organizations who are engaging in activities to address Climate Change, this is not our top priority at this time.

Substance Abuse/Tobacco- will be addressed through Mental Health, Access to Care, HEAL
Oral Health – will be addressed through Access to Care.

Asthma – will be address through Access to Care.

CVD/Stroke – will be addressed through Access to Care and HEAL

HIV/AIDS/STI's – Will be addressed through Access to Care and Maternal/Infant Health

Cancer – will be address through Access to Care and HEAL

Violence/Injury Prevention – will be address through Economic Security/Homelessness, Access to Care and Maternal/Infant Health

COVID 19 Considerations

The 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 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 FY20, Adventist Health as a system took the following actions in response to the needs created or exacerbated by COVID-19:

1. Adventist Health as a system directed “Community Strength Fund grants” to each hospital to support community partners’ immediate response to COVID-19.
2. Adventist Health as a system directed “Community Integration Catalyst” funds to each hospital to support internal new or expanded community wellbeing programming and innovation as an immediate response to COVID-19.
3. Began offering more virtual health care visits to keep community members safe and healthy.
4. 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.

5. Partnered with Mask Up, a collaboration of 100 leading health systems representing thousands of hospitals across the U.S. joining to create messages for the betterment of the communities they serve.
6. Was part of a communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus.

Adventist Health Hanford & Selma Implementation Strategy Action Plan

PRIORITY HEALTH NEED: ACCESS TO CARE						
GOAL STATEMENT: IMPROVE THE OVERALL HEALTH AND WELLNESS OF OUR COMMUNITIES THROUGH PROVISIONS OF SERVICES, COMMUNITY COLLABORATION AND INNOVATION.						
Mission Alignment: Well-being of People						
Strategy 1: Improving access to care through increased health awareness and access to needed services.						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Transportation to clinic appointments	Number of roundtrips provided	379	Increased transportation services to clinics in high health disparity areas		Improved access to care as reported by patient satisfaction survey	
Activity 1.2 Provider recruitment	Number of providers recruited	5	Increased services provided in clinics in high health disparity areas		Improved overall HEDIS measures in rural health clinics	
Additional Resources 1. Mobile Medical Unit 2. Pop-up clinics 3. Education Outreach	1. Number of events 2. Number of Community Members impacted					
Source of Data:						
1. Transportation Data Set 2. Internal Adventist Health Data Set 3. AHPS Quality Report/Tableau						
Target Population(s):						
Underserved, rural populations in Kings, Tulare, Fresno, Madera, and Kern Counties						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
4. Staff & Financial Support						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
5. Kings United Way (211) 6. Kings Area Rural Transit 7. Life Hope Centers of California						

PRIORITY HEALTH NEED: ACCESS TO CARE**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

A- Community Health Improvement

Strategy Results 2020:

Due to COVID-19, in person clinic appointments decreased significantly, as did the requirement for transportation. Telehealth visits increased which allowed patients the opportunity to receive care in the comfort of their own home to protect their safety and well-being. This increased our access to care efforts and allowed our providers the ability to reach patients throughout our network. Telehealth visits continued throughout the remainder of 2020 and are expected to become a permanent access to care option for our patients into the future.

PRIORITY HEALTH NEED: OBESITY/HEALTHY EATING ACTIVE LIVING (HEAL)/DIABETES

GOAL STATEMENT: TO CREATE HEALTHY COMMUNITIES THROUGH EXPANSION OF PREVENTATIVE PROGRAMS AND CHRONIC DISEASE SUPPORT.

Mission Alignment: Well-being of people

Strategy 1: Through a focus on educational activities, work to empower communities to understand the importance of healthy eating and exercise to live a healthier life.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Diabetes self- management classes	Number of people participating in DSME activities	0	% improvement in pretest vs post-test score		Decreased HEDIS quality measure of HgA1c>9% year over year	
Additional Activities: 1. Education Session 2. Outreach Events	1. Number of sessions 2. Number of community interactions					

Source of Data:

- AH Internal Data Sets

Target Population(s):

- All people who live in communities served by AHCVN.

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

- Staff and financial support.

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

- Scripps Whittier Diabetes Institute
- Kings Partnership for Prevention
- Hanford Joint Union High School District
- Kings County Commission on Aging

Strategy Results 2020:

Due to COVID-19, all outreach and education events planned for 2020 during and after March were postponed indefinitely.

Due to staffing shortages and COVID-19, all diabetes self-management education classes were placed on hold indefinitely in 2020. A new virtual offering of classes will be offered to our patients and communities starting in 2021.

PRIORITY HEALTH NEED: MENTAL HEALTH						
GOAL STATEMENT: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR VULNERABLE POPULATIONS.						
Mission Alignment: Well-being of people						
Strategy 1: Enhance provider and community partners' knowledge of factors influencing behavioral health to support referrals to appropriate behavioral health resources.						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Provide mental health education to external AH partner organizations and community members	Number of educational sessions offered and attendance	0	Increase number of community partner agencies engaged in mental health services and support		% learning as indicated in event pretest vs post-test	
Source of Data: 5. AH Internal Data						
Target Population(s): 1. Anyone in our service areas needing access to mental health education, services, or support.						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) 2. Staff & Financial Support						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) 3. Kingsview 4. Kings County Behavioral Health 5. Westcare 6. Kings Partnerships for Prevention (Kings and Tulare Suicide Prevention Task Forces) 7. California Health Collaborative						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) 8. A- Community Health Improvement						

Strategy Results 2020:

Due to COVID-19, all events planned for 2020 during and after March were postponed indefinitely. It is our intention to restart education events and outreach once the COVID-19 surges are under control and vaccination efforts have reached a safe level to ensure ongoing safety of participants and our community.

PRIORITY HEALTH NEED: ECONOMIC SECURITY/ HOMELESSNESS						
GOAL STATEMENT: TO ADDRESS SOCIAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH, TO ALLOW FOR A HEALTHY FOUNDATION FOR COMMUNITIES TO BUILD A HEALTHY LIFE.						
Mission Alignment: Well-being of people & Equity						
Strategy 1: Partner with county and local programs to have a greater impact on creating access to shelter and housing.						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Recuperative Board and Care (Kings Gospel Mission)	Number of homeless members accepting discharge to the recuperative Board and Care Program	16	Increase % of homeless patients being discharged to recuperative board and care program versus back to homeless status.		Increase % of recuperative board and care participants who discharge from Kings Gospel Mission into permanent supportive housing or reunite with family/friends.	
Additional Activities: 1. Student Externships & Internships 2. Inspire Hope resource distribution	Number of student externships and internships Number of distribution events	88				
Source of Data:						
<ul style="list-style-type: none"> • AH Internal Data • Kings Gospel Mission Data 						
Target Population(s):						
<ul style="list-style-type: none"> • Low income, homeless, and/or at risk of homelessness 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> • Staff & Financial Support 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> • Kings Whole Person • Proteus • Kings Tulare Homeless Alliance • Episcopal Church of the Savior • World Vision 						

PRIORITY HEALTH NEED: ECONOMIC SECURITY/ HOMELESSNESS**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

A- Community Health Improvement

Strategy Results 2020:

Due to COVID-19, all outreach and education events planned for 2020 during and after March were postponed indefinitely.

Due to Project Room Key, implemented by California to address COVID risk in the homeless population, most homeless individuals found temporary housing in local hotels. Therefore, there were fewer homeless hospital admissions requiring a recuperative room and board program.

Student internship and externship opportunities within our network were greatly reduced due to safety protocols and different school program restrictions. A total of 88 students were still able to complete their academic requirements and provided much needed support within departments across our network.

As part of the CARES Act, Adventist Health partnered with the USDA Farmers to Families Food Box Program to distribute food boxes throughout our Hanford and Reedley communities. Through our partnership with World Vision our Inspire Hope program continued to provide distributions as the need in our communities continued and increased due to the pandemic.

PRIORITY HEALTH NEED: MATERNAL AND INFANT HEALTH

GOAL STATEMENT: INCREASE OVERALL HEALTH AND WELLNESS.

Mission Alignment: Well-being of People

Strategy 1: Provide educational materials and host educational sessions.

Programs/ Activities	Process Measures	Results Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Provide free car safety seat checks to the community	Number of car safety seat checks performed	0	Number of car safety seats preplaced or provided to community free of charge		Number of certified car safety seat technicians in network to provide free car safety seat checks	
Additional Activities: Birth and Breastfeeding Classes	Number of classes Number of class participants	30				

Source of Data:

AH Internal Data

Target Population(s):

Mothers, children and families living in communities that AHCVN serves.

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

Staff & Financial Support

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

Safe Kids Kings County- Car Safety Seat Checks

California Health Collaborative- Kings County Maternal Wellness Coalition

Champions Recovery Alternative- Parenting Classes

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

A- Community Health Improvement

Strategy Results 2020:

Due to COVID-19, all events planned for 2020 during and after March were postponed indefinitely. Staff that were due to be trained (and re-trained) as car seat safety technicians in 2020 with the intent to offer this resource across our network were not able to be trained and certified. All 2020 training opportunities were cancelled due to COVID. It is our goal to engage

training classes for our staff starting in 2021 and will be offering this service at our hospital birth centers across our network by the end of 2021.

Birth classes were initially cancelled at the start of the pandemic and then transitioned to a virtual format for the safety and well-being of program participants. A total of 30 people participated in classes in 2020. Both virtual and in person classes will continue into 2021.

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 diseases of despair including suicide, substance abuse, mental health and chronic illnesses plaguing the communities in which we have a significant presence in. That is why we have focused our work around addressing behavior and the systems keeping the most vulnerable people in cycles of poverty and high utilization.

In an effort to heal these communities, we have strategically invested in our communities by partnering with national leaders in community well-being. We believe the power of community transformation lies in the hands of the community. Our solution for transformation is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

2020 saw the acquisition of Blue Zones by Adventist Health as the first step toward reaching that goal. By partnering with Blue Zones, we are 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. Blue Zones widens our impact from only reaching our hospitals’ communities in four states to a global mission practice.