

## **Adventist Health Lodi Memorial 2020 Community Health Plan**



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Lodi 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 Lodi Memorial 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 Lodi Memorial to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Lodi Memorial has adopted the following priority areas for our community health investments.

#### Prioritized Health Needs – Planning to Address

- [Mental Health](#)
- [Economic Security](#)
- [Obesity/Healthy Eating and Active Living \(HEAL\)/Diabetes](#)

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 Lodi Memorial 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 the following criteria:

- It fits the definition of a “health need” as described above.
- It was confirmed by multiple data sources (i.e., identified in both secondary and primary data).
- Indicator(s) related to the health need performed poorly against a defined benchmark (e.g., state average).
- It was chosen as a community priority. Prioritization was based on the frequency with which key informants and focus groups mentioned the need. The final list included only those that at least three key informants and focus groups identified as a need.

For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health Lodi Memorial’s CHNA report at the following link:

<https://www.adventisthealth.org/about-us/community-benefit/>

## Adventist Health Lodi Memorial and Adventist Health

Adventist Health Lodi Memorial 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 Lodi Memorial Implementation Strategy

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

- **Health Need 1: Mental Health**
  - Applying for behavioral health grant, which if awarded will provide a behavioral health professional in the emergency department.
  - Child Abuse Prevention Council (CAPC) partnership to address patient ACEs
- **Health Need 2: Economic Security**
  - Partnership with HealthForce Partners
  - Support Healthy Lodi Initiative through our work with the American Heart Association
- **Health Need 3: Obesity/Healthy Eating and Active Living (HEAL)/Diabetes**
  - Free health education classes offered to the community
  - Help all ages get more physical activity, including programs that meet language/culture needs.

Under the health need of economic security, you will note, that AHLM is collaborating with partners to improve career pathways and prepare skilled workers to meet the demand of healthcare organizations. Additionally, we are trying to improve workplace health in our local businesses. When employees are healthy, absenteeism decreases, productivity increases, and both employer and employee benefit. These initiatives can be indirectly linked to homelessness. If we create opportunities for our students to succeed and prepare them to meet the needs of the workforce, and improve the health and well-being of our employers, then we are setting our community up for economic stability. Additionally, AHLM has donated funds to organizations such as the Salvation Army which provides shelter and resources for individuals in need.

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Lodi Memorial 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 Lodi Memorial 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

- Violence/Injury Prevention: Need is being addressed by others
- Access to Care – Need is being addressed by others
- Substance Abuse/Tobacco: Need is currently being addressed by others, however, if we are awarded the Behavioral Health Pilot Project grant, we will be able to address this need through hiring a Substance Use Navigator
- Asthma: AHLM does not have the resources necessary at this time to address this need
- Oral Health: Need is being addressed by others
- Climate and Health: Hospital does not have expertise to effectively address the need

## 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:

- Adventist Health as a system directed “Community Strength Fund grants” to each hospital to support community partners’ immediate response to COVID-19
- 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
- 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
- Partnered with MaskUp, 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
- 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 Lodi Memorial took these additional actions:

Adventist Health Lodi Memorial conducted four phases of COVID-19 testing outreach specifically to our Latino community members in both Lodi and Stockton. This was in response to the disproportionate incidences of COVID-19 rates amongst the Latino community. The first outreach event was held in a Lodi location considered a “hot spot” for COVID-19 cases. AHLM partnered with Rancho San Miguel on Friday, July 3rd and administered 355 COVID tests outside of the grocery store in Lodi. The second outreach event was held at the parking lot of the First Baptist Church in Lodi. Free meals were provided, as well as education on disease prevention. 105 people were tested at the First Baptist Church. The third testing event was held at a migrant farmworker's apartments site. Approximately 80 individuals were tested at this event.

The fourth COVID-19 testing event was done in partnership with the City of Stockton. The City of Stockton awarded AHLM with a grant to conduct testing. Testing was held at the SJC Fairgrounds from September 18th through September 20<sup>th</sup>. AHLM also partnered with Dameron Hospital, as well as other hospitals and agencies such as Community Medical Centers, Dignity Health St. Joseph's Medical Center, Sutter Tracy Hospital, United Way, Catholic Charities, and many more. Together we sought to provide education to Latino farmworkers and their families on COVID-19 prevention and mitigation. COVID-19 testing was provided through TridentCare.

During the three-day event, families were also given food boxes from donations made by the Salvation Army and the United Way. United Way also donated kits which included masks and hand sanitizers. Health Plan of San Joaquin hosted a booth to provide individuals with information about Medi-Cal enrollment. A total of 617 community members were tested at the SJC Fairgrounds.

Adventist Health Lodi Memorial Implementation Strategy Action Plan

**PRIORITY HEALTH NEED: MENTAL HEALTH**

**GOAL STATEMENT: IMPROVE TRAUMA INFORMED CARE BY CREATING AWARENESS OF TRAUMA AND PROVIDING OR CONNECTING OUR PATIENTS WITH THE PROPER RESOURCES TO ADDRESS TRAUMA.**

**Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people**

**Strategy 1.1 Hire a substance use navigator in our emergency department**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Substance Use Navigator (SUN)	Behavioral Health Pilot Project grant application through the Department of Health Care Services	See narrative below	Being awarded the grant  # of ED/hospital encounters where a patient was seen by the SUN  # of ED/hospital encounters with MAT (buprenorphine) administered or prescribed  # of ED/hospital encounters where a patient was given an overdose diagnosis  # of ED/hospital encounters with a diagnosis of Opioid Use Disorder (OUD)		Hire a SUN with grant funds prior to July 1, 2021  # of patients that followed up with their Medication- Assisted Treatment (MAT) appointment in outpatient clinic within 30 days of having been discharged from the ED  # of post-ED visits for 3 months  # of total buprenorphine dose given in the ED	



**PRIORITY HEALTH NEED: MENTAL HEALTH**

			# of patients who accepted referrals for ongoing MAT as outpatient			
<b>Source of Data:</b>						
<ul style="list-style-type: none"> <li>AHLM Clinics &amp; ED</li> </ul>						
<b>Target Population(s):</b>						
High risk, individuals with substance use disorders						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> <li>Financial, staff, supplies, in-kind,</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)						
California Bridge Program						
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
F- Community Building						

**Strategy Results 2020:**

AHLM applied for funds under the Behavioral Health Pilot Project (BHPP) to support a substance use navigator (SUN) in our emergency department (ED). This initiative is an important step toward reducing the severity of behavioral health issues impacting AHLM’s service area, with a focus on substance use disorders (SUD) and specifically opioid use disorders (OUD). AHLM’s 2019 Community Health Needs Assessment identified mental health disorders and SUD as priority health issues affecting all populations, which are also linked to higher levels of poverty, homelessness, and community violence. Deaths by suicide, drug overdose and alcohol poisoning per 100,000 residents are significantly higher in San Joaquin County (46) when compared to the state (34). Additionally, 29% of San Joaquin County residents reported insufficient resources for social and emotional support related to behavioral health issues, compared with 25% of California residents. Specific outcomes to be achieved under this pilot project will include: decreasing deaths from opioid-related overdoses, combat stigma surrounding opioid and other substance use disorders, and to improve the quality of care provided to patients with SUD/OUD.

The SUN’s role will be to evaluate and assess individuals in the emergency department (ED) who may have a substance use disorder. The SUN will establish a referral network within the community with the different available resources for persons with substance use disorder, including outpatient medication-assisted treatment (MAT), residential care, housing/shelter

needs, etc. The SUN will work closely with ED staff to support the comprehensive care of individuals with substance use disorders, including working with ED providers, nurses, case managers, social workers, and others. Through counseling and discussion with the individual and evaluation of their health insurance status, the SUN will determine what outpatient treatment option will work best for each individual's specific needs. If the individual is on buprenorphine in the Emergency Department, the SUN will work with the ED provider to assure that the patient has a prescription for a sufficient amount of buprenorphine to last until their outpatient treatment clinic appointment.

Other work around mental health included webinars through AHLM's collaboration with the American Heart Association and the Lodi Chamber of Commerce. These webinars included "Supporting Mental Resilience for Good Heart Health During COVID-19" and "Transitioning Back to Work Amid COVID-19." Presenters for the "Transitioning Back to Work Amid COVID-19" webinar included speakers from Adventist Health, Child Abuse Prevention Council of San Joaquin, San Joaquin Regional Transit District and Trincherro Family Estates. Participants learned education such as: tips on how to manage stress and prevent spread of infection while returning to work, behavioral health resources for employers and employees and managing work-life balance.

"Supporting Mental Resilience for Good Heart Health During COVID-19" included topics such as the science behind stress, tips on coping with feelings of isolation and lack of human connection and incorporating physical activity as a healthcare provider.

Furthermore, in 2019 the Reinvent South Stockton Coalition and Dignity Health invited AHLM to participate in a countywide trauma informed care coalition called San Joaquin County Trauma Communities for Healing (SJCTCH). The pandemic slowed the progress of the re-established coalition, but efforts picked up again in mid to late 2020. SJCTCH includes various sub-committees whose ultimate goals are to offer the community a trauma informed care symposium, a resource list of service providers who provide trauma informed services, and a train the trainer type of service for those dealing with clients who've experienced trauma.

Finally, in 2020 AHLM signed on to become a funding partner of the Unite Us platform to participate in San Joaquin County's Connected Community Network (CCN).

"The CCN is built around a network of community partners working together to coordinate communication and implement processes to provide referrals and track outcomes for vulnerable populations. A key element of the CCN is Unite Us, a technology solution which streamlines the coordination of care in the community by electronically linking health care providers to organizations that provide direct services to their communities. A Community Advisory Group was also established that meets regularly to review utilization, discuss

challenges, and decide how best to improve processes.” CCN is essentially a social determinants of health referral system within our county. This platform can help connect our patients with mental health services, housing, food, and employment, which helps to address our top three 2019 Community Health Needs.

**PRIORITY HEALTH NEED: ECONOMIC SECURITY**

**GOAL STATEMENT: IMPROVE THE ECONOMIC SECURITY IN OUR COUNTY BY IMPROVING CAREER OPPORTUNITIES FOR OUR RESIDENTS, INCREASING THE SUPPLY OF QUALIFIED WORKERS TO MEET THE NEEDS OF THE HEALTHCARE INDUSTRY, AND IMPROVE THE OVERALL HEALTH OF OUR LOCAL BUSINESSES.**

**Mission Alignment:** (Well-being of People; Well-being of Places; Equity) Well-being of people, Equity

**Strategy 1.1** AHLM has partnered with HealthForce Partners to improve career pathway opportunities for community residents and to increase the supply of skilled workers to meet the needs of a dynamic healthcare industry in the Northern San Joaquin Valley.

**Strategy 1.2** AHLM is also collaborating with the American Heart Association and the Lodi Chamber of Commerce’s Health Value Action Team to provide our local businesses with a nationally successful program, the Workplace Health Solutions. The program will offer local businesses a suite of science-based, evidence-informed tools and services to help build a workplace culture of health.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Participation in the HOPE pilot program	# of participants enrolled in the Helping Our People Elevate (HOPE) pilot program	See narrative below	# of participants that successfully complete the program		# employed in a new position	
Activity 1.2 Health Careers Academy	# of high school students that graduate from Health Careers Academy	See narrative below	# of students that enter the ADN program		# of ADN graduates that complete student externs at AHLM	
Activity 1.3 Partnership with American Health Association	# of employers recruited for the AHA’s Workplace Health Solutions	See narrative below	Train at least 10 champions, one from each organization		Self-assessed health state of organization  % Decrease in employee absenteeism	

**Source of Data:**

- AHLM, HealthForce Partners, the American Heart Association

**Target Population(s):**

**PRIORITY HEALTH NEED: ECONOMIC SECURITY**

- Incumbent workers, low income, local businesses

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

- Financial, staff

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

- HealthForce Partners, the American Heart Association, the Lodi Chamber of Commerce

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

Category B – Health Professions Education and F- Community Building

**Strategy Results 2020:**

AHLM launched its first cohort of HOPE (Helping Our People Elevate) Pilot Program students in January 2020. The first cohort consists of 11 students who are set to complete the program in May 2021. 10 new students started in January 2021 – 3 from Dameron and 7 from AHLM.

The HOPE Pilot Program has two parts. The first is that Adventist Health has taken incumbent workers who have met all requirements for Delta’s RN program and placed them into the 18-month accelerated ADN Program. The hospital provides the clinical instructor as well as an optional cost of living stipend for participants.

The second part to the HOPE program is working with the Health Careers Academy to have a pilot fast track program for high school students. The students begin taking classes that count toward their AA degree and RN program prerequisite courses in their junior year of high school, and then continue classes through the summer. When they graduate their senior year of high school, they are nearly done (or are done) with their RN prerequisite and can enter the ADN program. The hospital is providing the clinical instructor and employment as a student extern. The student commits to work at the hospital for a certain amount of time after that.

Due to COVID, there has been a delay to this second part of the HOPE Pilot Program. The goal would be to have the high school students who have successfully completed their respective courses begin their externship in Fall 2021.

In addition to partnering with Health Careers Academy on the HOPE Pilot Program, AHLM seeks to promote health careers in San Joaquin County through participation in mock interviews with Adventist Health employees and Health Careers Academy students. Due to the pandemic in 2020, however, we were not able to participate in mock interviews.

Other work around economic security includes AHLM’s successful collaboration with the Lodi Chamber of Commerce’s Healthy Lodi Initiative and the American Heart Association. Together we worked with local HR Directors, Workplace Wellness Champions and other organizational leaders to help their employees learn more about working towards cardiovascular health. In 2020, 12 companies were recruited to the Workplace Health Solutions, 7 companies submitted 2020 data, 9 champions were trained, and a total of 3 webinars were offered. We are working to elevate a culture of health for the 4,100 employees covered under Workplace Health Solutions. “The American Heart Association's Workplace Health Solutions offers a suite of science-based, evidence-informed tools and services to help you build and maximize an effective workplace culture of health. Our unique web-based portal fuses health content, personal health data and consumer engagement opportunities, to take your workplace and workforce on a journey toward improved health.” Building a healthy work environment and promoting a healthy workforce can lead to improved efficiency, reduced absenteeism, and cost savings for both workers and employers.

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

**GOAL STATEMENT: INCREASE PHYSICAL ACTIVITY FOR ALL AGES AND ESTABLISH PROGRAMS IN HIGH-RISK NEIGHBORHOODS**

**Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people, Well-being of places**

**Strategy 1: Engage businesses and community organizations to improve facilities and offer programs for physical activity**

<b>Programs/Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Outcomes</b>	<b>Results: Year 2</b>	<b>Medium Term Outcomes</b>	<b>Results: Year 3</b>
Activity 1.1 Convene a Community Faith Summit in 2020 to encourage cross-sector collaboration and improve parks/neighborhoods	Recruit 10 community leaders to join Faith Summit Advisory Board  Hold 6 Advisory Board meetings beginning in May of 2020	See narrative below	# of Advisory Board members recruited  #of Advisory Board Meetings held		Increase cross-sector collaboration and improve parks/neighborhood utilization through awarding 5 mini grants to faith-based organization (each grant at \$1,000)	
Activity 1.2 Diabetes Among Friends	# of classes # of participants	See narrative below	Increased awareness of diabetes		Increased awareness of diabetes	

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

			management through pre and post survey		management through pre and post survey	
			Self-assessed healthier food choices through post survey results		Self-assessed healthier food choices through post survey results	
<b>Source of Data:</b>						
<ul style="list-style-type: none"> <li>Parks and Recreation; Participant surveys</li> <li></li> </ul>						
<b>Target Population(s):</b>						
<ul style="list-style-type: none"> <li>Low income, high risk</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> <li>Financial, staff, supplies, in-kind</li> <li></li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> <li>County Health Collaborative</li> <li></li> </ul>						
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
<ul style="list-style-type: none"> <li>Category A</li> </ul>						

**Strategy Results 2020:**

In addition to the initiatives mentioned above, AHLM planned to continue participating in events, health fairs and sponsorships related to our health priorities, however, much of these efforts were halted in 2020 due to the pandemic.

The 2019 Community Health Needs Assessment (CHNA) addressed the top 10 priority needs in SJC. Obesity, healthy eating/active living and diabetes was defined as one of the top three most pressing priorities. As part of the CHNA county collaborative team, we distributed surveys to community members in both Spanish and English. The survey results indicated that the community wished to address physical activity by helping all ages get more physical activity, including programs that meet language/culture needs.

The Community Faith Summit which was originally planned for 2020, got pushed to a virtual event in March 2021. This event served to gather faith-based organizations, school and city leaders to encourage cross-sector collaboration to impact our neighborhoods. The goal is that through inspiration and financial support through mini grants, these entities would create projects/initiatives in parks and neighborhoods that would target obesity/diabetes, as well as mental health and economic security/education.

In 2020 we were able to continue our diabetes prevention and self-management education class, Diabetes Among Friends.

Diabetes Among Friends is a four-week class series, which runs from 5:30-7:30 p.m.

Topics covered: Getting to Know Diabetes, Healthy Eating, Healthy Coping and Physical Activity, Diabetes Medications and Staying Healthy with Diabetes.

Healthy Choices did not take place in 2020 due to the size of the class and technical challenges experienced by participants who would be required to join a virtual class. AHLM will be partnering with English Oaks Seventh-day Adventist Church to hold the class in 2021 in the church's Wellness Center.

All events where blood pressure and blood glucose screenings are normally performed were cancelled in 2020. We hope to begin screenings at events as restrictions are lifted in 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.