

# **Adventist Health Reedley 2020 Community Health Implementation Strategy**



## Executive Summary

### Introduction & Purpose

Adventist Health Reedley 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 Tulare to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Reedley 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 Reedley 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 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:

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Existing resources and programs to address problems
- 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
- Potential Health Need Score
- Severity
- Solution could impact multiple problems

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

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

## Adventist Health Reedley and Adventist Health

Adventist Health Tulare 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 facilities Include:

- 21 hospitals with more than 3,284 beds
- More than 273 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 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 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 these two day-long events, 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 Reedley Implementation Strategy


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

- **Health Need 1: Access to Care**
  - Transportation to Clinic Appointments
  - Provider Recruitment
  - Mobile Medical Unit
  - Pop-Up Education/Clinics at Community Events
- **Health Need 2: Obesity/ Healthy Eating Active Living (HEAL)/ Diabetes**
  - Diabetes Self-Management Classes
  - CREATION Health
  - Healthy Eating Education at Outreach Events
- **Health Need 3: Mental Health**
  - Hosting Educational Sessions for AH Providers and Community Partners
  - Hosting Educational Sessions for School Districts
  - Maternal Health Screening & Referrals for Perinatal Mood Disorders
  - Addiction Medicine- Telehealth
- **Health Need 4: Economic Security/Homelessness**
  - Student Externships & Internships
  - World Vision/ Inspire Hope Project
- **Health Need 5: Maternal & Infant Health**
  - Breastfeeding Classes
  - Children's Car Seat Safety Program

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

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- 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 currently.
  - 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
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## Adventist Health Reedley 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 Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<b>Activity 1.1</b> Transportation to clinic appointments	Number of roundtrips to clinic appointments provided		Increase transportation services to clinics in high health disparity areas		Improved access to care as reported by patient satisfaction survey	
<b>Activity 1.2</b> Provider Recruitment	Number of providers recruited		Increased services provided in clinics in high health disparity areas		Improved overall HEDIS measures in rural health clinics	
<b>Additional Activities:</b> <ul style="list-style-type: none"> <li>Mobile Medical Unit</li> <li>Pop up clinics</li> <li>Education outreach</li> </ul>		<b>Process Measures:</b> <ul style="list-style-type: none"> <li>Number of events</li> <li>Number of community members impacted</li> </ul>				
<b>Source of Data:</b> <ul style="list-style-type: none"> <li>Transportation Data Set</li> <li>Internal Adventist Health Data Set</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>Underserved, rural populations in Kings, Tulare, Fresno, Madera, and Kern Counties</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Staff &amp; Financial Support</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>Kings Canyon Unified School District</li> <li>Life Hope Centers</li> </ul>						

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

- A- Community Health Improvement



## Adventist Health Reedley Implementation Strategy Action Plan

<b>PRIORITY HEALTH NEED: OBESITY/ HEALTHY EATING ACTIVE LIVING (HEAL)/ DIABETES</b>						
<b>GOAL STATEMENT: TO CREATE HEALTHY COMMUNITIES THROUGH EDUCATION AND SUPPORT</b>						
<b>Mission Alignment: Well-being of people</b>						
<b>Strategy 1: Through a focus on educational activities, work to empower community to understand the importance of health eating and exercise to living a healthier life</b>						
Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<b>Activity 1.1</b> Diabetes Self-Management Education	Number of classes and number of people attending.		% improvement in pretest vs posttest score		Decreased HEDIS quality measure of HgA1c > 9% year over year	
<b>Additional Activities:</b>		<b>Process Measures:</b>				
<ul style="list-style-type: none"> <li>CREATION Health</li> <li>Education Sessions</li> <li>Outreach Events</li> </ul>		<ul style="list-style-type: none"> <li>Number of sessions</li> <li>Number of community interactions</li> </ul>				
<b>Source of Data:</b>						
<ul style="list-style-type: none"> <li>AH Internal Data</li> </ul>						
<b>Target Population(s):</b>						
<ul style="list-style-type: none"> <li>All people who live in communities served by AHCVN</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> <li>Staff &amp; Financial Support</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> <li>Scripps Whittier Diabetes Institute</li> <li>Kings Canyon Unified School District</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>A- Community Health Improvement</li> </ul>						

## Adventist Health Reedley Implementation Strategy Action Plan

<b>PRIORITY HEALTH NEED: MENTAL HEALTH</b>						
<b>GOAL STATEMENT: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR VULNERABLE POPULATIONS.</b>						
<b>Mission Alignment: Well-being of people</b>						
<b>Strategy 1: Decrease stigma associated with seeking behavioral health services</b>						
Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<b>Activity 1.1</b> Provide mental health education to external AH partner organizations and community members	Number educational sessions offered and attendance		Increase number of community partner agencies engaged in mental health services and support		% learning as indicated in event pretest vs. posttest	
<b>Source of Data:</b> <ul style="list-style-type: none"> <li>AH Internal Data</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>Anyone in our service areas needing access to mental health education, services, or support.</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Staff &amp; Financial Support</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>California Health Collaborative</li> <li>Kings Partnership for Prevention</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>A- Community Health Improvement</li> </ul>						

## Adventist Health Reedley Implementation Strategy Action Plan

<b>PRIORITY HEALTH NEED: ECONOMIC SECURITY/ HOMELESSNESS</b>						
<b>GOAL STATEMENT: TO ADDRESS SOCIAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH, TO ALLOW FOR A HEALTHY FOUNDATION FOR COMMUNITIES TO BUILD A HEALTHY LIFE.</b>						
<b>Mission Alignment: Well-being of people &amp; Equity</b>						
<b>Strategy 1: Partner with county and local programs to have a greater impact on creating access to shelter and housing.</b>						
Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<b>Activity 1.1</b> Respite Care and/or Recuperative Board and Care (TBD)	Number of homeless patients accepting discharge to a recuperative Board and Care Program		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.	
<b>Additional Activities:</b> <ul style="list-style-type: none"> <li>Student Externships &amp; Internships</li> <li>Inspire Hope resource distributions</li> </ul>		<b>Process Measures:</b> <ul style="list-style-type: none"> <li>Number of student externships and internships</li> <li>Number of distribution events</li> </ul>				
<b>Source of Data:</b> <ul style="list-style-type: none"> <li>AH Internal Data</li> <li>TBD Board &amp; Care Data</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>Low income, homeless, and/or at risk of homelessness</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Staff &amp; Financial Support</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>Proteus</li> <li>World Vision</li> <li>Fresno County Homelessness Taskforces?</li> </ul>						

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

- A- Community Health Improvement

## Adventist Health Reedley Implementation Strategy Action Plan

**PRIORITY HEALTH NEED: MATERNAL 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 Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<b>Activity 1.1</b> Provide free car safety seat checks to the community	Number of car safety seat checks performed.		Number of car safety seats replaced or provided to community free of charge.		Number of certified car safety seat technicians in network to provide free car safety seat checks.	
<b>Additional Activities:</b> <ul style="list-style-type: none"> <li>Birth and Breastfeeding Classes</li> </ul>		<b>Process Measures:</b> <ul style="list-style-type: none"> <li>Number of classes</li> <li>Number of class participants</li> </ul>				
<b>Source of Data:</b> <ul style="list-style-type: none"> <li>AH Internal Data</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>Mothers, children and families living in communities that AHCVN serves.</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Staff &amp; Financial Support</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>California Health Collaborative</li> <li>Safe Kids Kings County</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>A- Community Health Improvement</li> </ul>						

## Connecting Strategy and Community Health

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 efficiency 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.

Community well-being is not just the overall health of a population but also includes the distribution of health equity. 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; and
- 3) Interventions that may modify the factors to improve health outcomes

Improving community 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 and
- 3) Advance care coordination across the care continuum

Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God's love by inspiring health, wholeness and hope. We will advocate for and lead change in healthcare and social policy to benefit the under privileged and the disenfranchised in the diverse communities to which we have been called.

Together we will create lasting impact in people's whole lives and affect profound improvement in the well-being of the entire community.