



## Adventist Health and Rideout 2020 Community Health Implementation Strategy



## Executive Summary

### Introduction & Purpose

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

#### Prioritized Health Needs – Planning to Address

- [Health Priority #1: Access to Mental/Behavioral/Substance Abuse Services](#)
- [Health Priority #3: Access to Basic Needs Such as Housing, Jobs and Food](#)
- [Health Priority #5: Access to Quality Primary Care Health Services](#)

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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 and Rideout's service area and guide the hospital's planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. These health needs were prioritized according to a set of criteria. Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. After these were identified, PHNs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs, if any, beyond those 10 PHNs identified in previous CHNAs. For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health and Rideout CHNA report at the following link: <https://www.adventisthealth.org/about-us/community-benefit/>

## Adventist Health and Rideout and Adventist Health

Adventist Health and Rideout 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 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 and Rideout Implementation Strategy

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

- **Health Need #1: Access to Mental/Behavioral/Substance Abuse Services**
  - Behavioral Health Collaborative  
ED Bridge Program
- **Health Need #3: Access to Basic Needs Such as Housing, Jobs and Food**

- Food Insecurity Program
- Partnership with Yuba-Sutter Food Bank
- **Health Need #5: Access to Quality Primary Care Health Services**
  - Street Nursing Program

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

- Health Need #2: Prevention of Disease and Injury through Knowledge, Action, and Access to Resources: Adventist Health and Rideout focuses on wellness and prevention through health education classes and programs. AHRO will continue providing classes and programs to the community.
- Health Need #4: Access and Functional Needs: Access to transportation services is a large need in the primary service area. AHRO currently addresses this need by offering free transportation to and from the hospital, Cancer Center and clinics. In addition to this transportation service, we also provide bus passes, gas cards and food cards to low income patients to help with travel needs.
- Health Need #6: Access to Specialty and Extended Care: Adventist Health and Rideout is consistently recruiting specialty providers to increase access for the community. We plan to continue these efforts.
- Health Need #7: Active Living and Healthy Eating: Adventist Health and Rideout currently offers free classes on diabetes and other health issues in addition to encouraging healthy lifestyles.
- Health Need #8: Safe and Violence-Free Environment: Adventist Health and Rideout agrees that this is a huge need throughout the community, but at this time, we feel addressing this need will require dedicated effort from many other community organizations. We cannot tackle this community need on our own.

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At this time, we believe we can focus efforts and resources on the other prioritized health needs to make a larger impact.

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## Adventist Health and Rideout Implementation Action Plan

**PRIORITY HEALTH NEED: ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES**

**GOAL STATEMENT: TO RAISE AWARENESS AND IMPROVE ACCESS TO SUBSTANCE USE AND MENTAL HEALTH SERVICES IN THE EMERGENCY DEPARTMENT**

**Mission Alignment: Well-being of People**

**Strategy 1: Expand Emergency Department SUD and BH Initiatives**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Establish and expand Behavioral Health Collaborative in Rideout ER	Number of patients treated for behavioral health needs in ED	2,148 BH visits	Overall decrease of hours for each patient's LOS		Increase the amount of discharges from ED (decrease number of patients transferred to psychiatric facility)	
Implement ED Bridge Program	Number of patients referred for substance use treatment in the ED;	TOTAL SEEN: 138 (as of August 2019) Total Referred: 17	Increase Suboxone education and treatment #Suboxone		Decrease in patients presenting to ED with substance use disorders; Increase in patients completing treatment	

**Source of Data:**

- Cerner, ED Referral Logs

**Target Population(s):**

Behavioral Health Patients

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

- ED Staff
- County Behavioral Health crisis counselors
- Tele-Psychiatry Equipment
- Substance Abuse Navigator

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

**PRIORITY HEALTH NEED: ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES**

- Sutter-Yuba Behavioral Health, CEP America, Pathways, Local FQHCs, Aegis Treatment Center

**CBISA Category:**

A - Community Health Improvement



**PRIORITY HEALTH NEED: EXPAND SCREENING AND PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE ACCESS TO FOOD RESOURCES**

**GOAL STATEMENT: IMPROVE ACCESS TO FOOD RESOURCES IN THE COMMUNITY**

**Mission Alignment: Well-being of People**

**Strategy 1: Expand screening with community organizations to increase food resources**

<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>
1.A. Establish and expand Food Insecurity Program	Number of patients referred to Y-S Food Bank		Expand screening program to Clinics and Cancer Center		Reduce number of readmitted patients identifying as food insecure	
1.B. Partner with Yuba-Sutter Food Bank	Number of hours donated to Y-S Food Bank Increase partnership by sponsoring Executive Director of Yuba-Sutter Food Bank position by June 30, 2020		Increase number of hours donated to Y-S Food Bank by AH employees		Increase community accessibility of Yuba-Sutter Food Bank	

**Source of Data:**

- AHRO Cerner Data, Referrals

**Target Population(s):**

- Patients identified as food insecure at Rideout Memorial Hospital

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

- Nursing (screenings) and Case Management (referrals)

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

- Yuba-Sutter Food Bank

**CBISA Category:**

- A – Community Health Improvement

**PRIORITY HEALTH NEED: ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES**

**GOAL STATEMENT: TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR THE COMMUNITY**

Mission Alignment: Well-being of People

**Strategy 1: Street Nursing Program**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
1.A. Establish and expand Street Nursing Program	Establish minimum of 2 sites utilizing the coordinated entry centers	3 sites (Hands of Hope, Lifeskills Center, Park/River Bottoms)	Operationalize Street Telemedicine Program by end of 12/31/2019 and expand to Salvation Army Facilities  Increase Street Nurse Hours/Number of days		Reduction in ED visits/Utilization ( Decrease in number of patients sent to ED from Street Nurse)	
1.B. Address social determinants of health	Create referral database for managing social determinants of health and initiate referrals	296 referrals (133 PC appts., 183 community referrals)	Add substance use resources/counselors to Street Nurse program		Increased number of substance use counseling interactions	

**Source of Data:**

- Cerner, Street Nurse Log

**Target Population(s):**

- Homeless

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

- Street Nurse, case manager
- Tele-health equipment

**PRIORITY HEALTH NEED: ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES**

- Supplies

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

- Coorinated Entry Sites, Salvation Army, Yuba and Sutter County Homeless, Local churches

**CBISA Category:**

A - Community Health Improvement

## 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.



## 2020 Community Health Implementation Strategy approval

This Community Health Implementation Strategy was adopted on April 29, 2020 by the Adventist Health System/West Board of Directors. The Adventist Health Board of Directors has approved this Community Health Improvement Strategy during COVID-19, a worldwide pandemic. The Board anticipates and supports necessary adjustments to this strategy document to allow Adventist Health hospitals to address emerging community needs and/or shifting priorities related to the pandemic and recovery. The final report was made widely available on

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit/>