

Adventist Health Tehachapi Valley 2022 Community Health Plan

The following Implementation Strategy serves as the 2020

Executive Summary

Introduction & Purpose

Adventist Health Tehachapi Valley is pleased to share its Community Health Implementation Strategy. This

- The level of importance the hospital should place on addressing the issue.

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present a community profile, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets were presented in the context of Kern County and California to help frame the scope of an issue, as it relates to the broader community.

Sources of data included: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Kern County Public Health Department, Healthy Kern County, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Primary Data Collection

For the CHNA, information was obtained through community surveys and interviews with individuals who are leaders and/or representatives of medically underserved, low income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community.

Interviews

Interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared community areas, area hospitals worked together to conduct the

The area hospitals and collaborators developed a list of key influencers who have knowledge of community health and social needs. They were selected to cover a wide range of communities within Kern County, represent different age groups, racial/ethnic populations and underserved populations. The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Interview participants were asked to share their perspectives on several topics related to the identified preliminary health needs in the community area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in a community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs.
- Services, programs, community efforts, resources available to address the health needs.
- Special populations or groups that are affected by a health need.
- Health and social services missing or difficult to access in the community.

- Other comments or concerns.

Community Survey

Adventist Health Includes:

23 hospitals with more than 3,393 beds

370 clinics (hospital-based, rural health and physician clinics)

14 home care agencies and eight hospice agencies

3 retirement centers & 1 continuing care retirement community

A workforce of 37,000 including medical staff physicians, allied health professionals and support services

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 health care facility opened in Battle Creek, Michigan. There, dedicated pioneers

devoted to prevention as well as healing. They called it a sanitarium, a place where patients and their families could learn to

The implementation strategy outlined below summarizes the strategies and activities by Adventist Health Tehachapi

Shachapi Valley Implementation Strategy Action Plan

DISEASES

UNITIES., INCREASE

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areness activities in targeted zip codes.

Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
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PRIORITY HEALTH NEED: CHRONIC DISEASES

community events.

Source of Data:

- AIS Cancer Center, County of Kern Public Health Department

Target Population(s):

- Rural zip codes, Zip codes with abnormally high rates of heart disease or cancer

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

- Financial, supplies, in-kind

Collaboration Partners:

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PRIORITY HEALTH NEED: FOOD INSECURITY

GOAL STATEMENT: REDUCE SURPLUS FOOD WASTE AND IMPROVE DISTRIBUTION TO THOSE IN NEED

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

Strategy 1.1: Partner with Kern Public Health 'Waste Hunger Not Food' to take edible, surplus food to distribute to those in need

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
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Activity 1.1
Partner with Kern

Strategy Results 2022:

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- The pediatric immunization mobile program provided vaccine services to more than 2,300 children and young adults. Additionally, the COVID mobile vaccine program has provided over 5,000 vaccines.

PRIORITY HEALTH NEED: VIOLENCE AND INJURY

GOAL STATEMENT: IMPLEMENT RESEARCH-INFORMED COMMUNICATION EFFORTS DESIGNED TO PREVENT SUICIDE BY CHANGING KNOWLEDGE, ATTITUDES, AND BEHAVIORS.

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

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS

GOAL STATEMENT: WORK HAND-IN-HAND WITH COMMUNITY PARTNERS TO DELIVER A METRIC-DRIVEN STRATEGY TO REDUCE CHRONIC HOMELESSNESS ACROSS THE COUNTY.

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

Strategy: Partner with existing organizations in the Kern County to support accurate homeless counts, data sharing and grant funding opportunities

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Adventist Health to provide financial and volunteer support for the annual Point in Time Count.	-# of homeless and unsheltered counted in PIT	2,338	-1delP3.525 127.3 re			

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS

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PRIORITY HEALTH NEED: ECONOMIC INSECURITY

GOAL STATEMENT: IMPROVE THE SOCIAL AND PHYSICAL WELL-BEING OF ITS RESIDENTS BY DECREASING BARRIERS TO EMPLOYMENT.

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

The Adventist Health + Blue Zones Solution

Our desire to improve community well-being grew out of not only our mission at Adventist Health -to
8 but also by the sheer need as seen across our
system of 23 hospitals. Overwhelmingly, we see issues related to health risk behaviors, mental health
and chronic illnesses throughout the communities we serve. That is why we have focused our work
around addressing behavior and the systems preventing our communities from achieving optimal
health.

In an effort to meet these needs, our solution is to create a sustainable model of well-being that
measurably impacts q 007602m 0 6103.080 0 612 792 re W* n BT 0 gingbpeom-28 (e,)-25fo (c)-9 (o)4 (m)4 (m)4 (un)5 (