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 that included magnitude of the problem, severity of the problem, need among vulnerable ‰}‰μo š]}vU }uuµv]šÇ[• ‰ Á þaðibityttoPharver• š }]šÇ V š}v šZ measurable impactor the issue, availability of ospital and community resources, existing interventions focused on the issue, whether the issue is a root cause of other problems and the trending health concerns in the community decision tree discussion further analyzedw acute the need iswhether Adventist Health White Memorial already provides services in this area and what rolehe hospital wouldfulfill in addressing the needer further information about the process to identify and prioritize significant health needs, please refeativentist Health White MemoriaCHNA report at the following link:

https://www.adventisthealth.org/documents/community/enefit/2019chna/WhiteMemorial_2019_CommunityHealthNeedsAssessment.pdf

Adventist Health White Memorial and Adventist Health

Adventist Health White Memorias an affiliate of Adventist Health, a failbased, nonprofit integrated health system serving more more and 80 communities on the West Coast and Hawaii.

Vision

Adventist Health will be a recognized leademissionfocus, quality care and fiscal strength.

Mission Statement

>]À]vP'} [• o}À Ç]v•‰]Œ]vPZ ošZU ÁZ}o v •• v Z}‰ X

Adventist Health Includes:

- { 23 hospitals with more than 3,393 beds
- { 370 clincs (hospitabased, 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 SedagtAdventist 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 physicatal and spiritual

Together Inspired

The Action Plan presented below outlines in detail indevidual strategies and activities Adventist Health White Memorial

COVID 19 Considerations

The COIVD9 global pandemic has caused extraordinangllenges 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 patie 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 urg82.5 77 (s)

Adventist Health White Memorial Implementation Strategy Action Plan

PRIORITY HEALTH NEED: CHRONIC DISEASE

GOAL STATEMENT: IMPROVE HEALTH OUTCOMES IN PATIENTS AND COMMUNITY MEMBERS WITH DISEASE

	# of referrals to resources	Conference calls was the best way to communicate with the members since many do not know how to use technological devices. # of participants in health ed. Classes: 286 # of participants in fitness classes: 732 # of referrals to resources: 3 mental health referrals. 55, food distribution referrals.			referral resources -# of total participation in exercise classes	
Activity 1.3 Blue Zones	(N/A, started in 2021)		Complete readiness assessment	Community listening meetings started from Aug 2021 Dec 2021	Complete Foundation Phase and create Blueprint	

Strategy Results 2022:

Diabetes CenterOur strategy for 2022 was focused on building our referral base and increasing the number of Diabetes Sell Management Education referrals for our outpatient education program which saw a decline uring the pandemic Additionally, we were focused on increasing our virtual education. As a rest he impact included the following:

- Ø 294 total participantswere educated
- Ø 86 participants were provided diabet**ee**lf-management education.
 - o 70% of participants were checking their blood sugar at least 1 time per day.
 - o 75% of the participants lowered their Hemoglobin A1c level.
- Ø 83 total GDM (Gestational Diabetes Mellitus)ceived diabetes selfhanagement education using the Sweet Success model.

o 86% ofour GDM participants delivered normal weight babies.

- Ø Increased our virtual education by 47% from 2021.
 - o 61 participants in the Healthy Eating Lifestyle Prog(blineLP) were educated/irtually.
 - o 1 participant in the Living with Diabetessogramwas educated/irtually.

Vive Bien In January 2022 programming was paused duantion crease COVIDI9 cases. April September the Community Resource Center wethtough a transition phase to a new locath. Classes we temporarily hosted inhospital meeting rooms and programming resumed at a limited capacity Also, due to spaceonstraintsmany of the exercise classes were pause the new center opened in September 20202 d clases resumed at full capacity.

- Ø A total of 1,532 participantstook part in the exercise classes.
- Ø A total of 145 participantstook part in the health education classes.

Implementation Strateg#0

Source of Data:

• Referral to mental health services, mental health assessments, pre and post surveys

Target Population(s):

• Patients and community members

Adventist Health Resource \$financial, staff, supplies, ikind etc.)

• Welcome Baby Program Staff, Community Information Center, space for education workshops

Collaboration Partners:~ ‰ o	^Ž_	Ç	šΖ	0	} 0E P	v]Ì	š]}v] (} š Z	Œ	šΖ	V	À	vš]∙
 First 5 LA, Los Angeles County Department of Mental Heal Indexican American Opportunity Foundation 														

CBISA Categor(A - Community Health Improvement) - Cash and InKind; F - Community Building - Community Benefit Operations)

• A - Community Healthimprovement

Strategy Results 2022:

Community Information CenterDue to COVID9, the Community Information Center had a soft reopening in MidJuly 2021. The soft reopening consisted of a combination-**péis**on services and overhe-phone services 2022 was the year to do outreach and breild relationships with the community and partnersonce again. The pandemic raised mental health needs and awareness in the community, in which many community members were in search safe spaces that offeres upport groups.

- Ø 4 individuals were referred to Wellnest by the CIC
- Ø 10 mental health classes were offered at the CIC through the Vive Bien Program

Collaboration Partners:~‰o ^Ž_ ÇšZ o }0EP v]Ìš]}v](}šZ 0E šZ v À vš]•

 Department of Public Social ServiceApplied General AgencyCovered Californta MexicanAmerican Opportunity Foundationt, outpatient clinic offices

CBISA Categor(A - Community Health Improvemente - Cash and Kind; F - Community Building - Community Benefit Operations)

• A - Community Health Improvement

Strategy Results 2022:

Community Information CenterDue to COVID9, the Community Information Center had a soft reopening inMid-July2021. The soft reopening consisted of a combination operson services and overhe-phone services Most of the community members preferred in person services but still hadanxiety attendingue to the pandemic2022 was the year to do outreach and rebuild relationships with the community once again.

- Ø 567 on site enrollment/ assistance to health care
- Ø 45 referrals via Referral Pad for services and resources
- Ø 1673 services, resources, referred and coordinated (Total Visits for the Year)
- Ø 12 new enrollments for Vive Bien referred through the Referral Pad

The Adventist Health + Blue Zones Solution

Our desire to improve community webleing grew out of not only our mission at Adventist Health- \check{s} o] \dot{A} '} [• o } \dot{A} \dot{C}] v • ‰] OE] v P Z t bušt $\exists I \pm b \pm f \oplus c = 0$ as seen across our system of 23 hospitals. Overwhelming layer we sures 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 **being** that measurably impacts the webleing of people, wellbeing of places and equity.

In 2020, Adventist Health acquired Blue Zones as the first step toward ingaour solution. By partnering with BlueZones, we will be able to gain ground in shifting the balance from healthcare t treating people once they are ill to transformative wellbeing t changing the way communities live, work and play. In 2021, Adventist Health committed to launching six Blue Zone Projects within our community footprint, and as we enter 2022 these projects are active. Blue Zone Projects are bringing together local stakeholders and internationabeined experts to introduce evidence