Adventist Health Tillamook
2020 Community Health Plan

The following report reflects the 2020 results for
Adventist Health Tillamook's Implementation Strategy.

May 28, 2021

Executive Summary

Introduction & Purpose

Adventist Health Tillamook 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."

Adventist Health Tillamook, through a collaborative partnership with Tillamook County Community Health Centers, Rinehart Clinic & Pharmacy and Tillamook Family Counseling Center, conducted the 2019 CHNA. Adventist Health Tillamook assessed the health needs identified in the CHNA and directly aligned community programs and outcome measures with the Columbia Pacific Coordinated Care Organization's (CCO) 2020 community health plan. This collaboration and alignment allowed for the prioritization of community health programs which best provide for our community and the vulnerable among us.

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

Prioritized Health Needs – Adventist Health Tillamook will address in our Community Health Plan

- Health Priority #1: Housing and Homelessness
- Health Priority #2: Mental Health
- Health Priority #3: Access to Health Care
- Health Priority #4: Prevention and Management of Chronic Diseases

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

The significant health needs were identified through an analysis of primary and secondary data and community input. These health needs were prioritized according to a set of criteria that included the following twelve items: identified community need, addressing the disparities of subgroups, availability of evidence or practice-based approaches, community assets and internal resources for addressing needs, existing resources and programs, feasibility of intervention, importance to the community, magnitude, mission alignment and resources of the hospital, opportunity to intervene at population level, severity and whether the solutions could impact multiple problems.

For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health Tillamook CHNA report at the following link: https://www.adventisthealth.org/about-us/community-benefit/

Adventist Health Tillamook and Adventist Health

Adventist Health Tillamook 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

We will transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.

Mission Statement

Living God's love by inspiring health, wholeness and hope.

Adventist Health Includes:

(as of July 1, 2020)

- 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 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 Tillamook Implementation Strategy

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

- Health Need 1: Housing and Homelessness
  - Contribute staff time, direct and in-kind resources through community partnerships to increase the number of affordable and attainable dwelling units in Tillamook County.
  - Conduct closed-loop referrals to help low-income individuals access support for housing and other basic social determinants of health.
- Health Need 2: Mental Health
  - Provide telehealth mental health services though our medical offices.
  - Increase education on mental health services for people with substance use disorder (SUD) and / or opioid use disorder (OUD).
  - Work with community partners to further develop mental health services.
  - Develop a comprehensive medication assisted treatment (MAT) program.
- Health Need 3: Access to Health Care
  - Explore and create a mobile integrated healthcare team.
  - Identify and employ Health Promoters (Community Health Workers) as part of our mobile integrated healthcare team.
  - Prioritize and implement secure, closed-loop referral platform.
  - Screening and referrals for early childhood developmental needs.
- Health Need 4: Prevention and Management of Chronic Disease
  - Deploy mobile integrated care team to improve follow-up and health behavior maintenance among chronically ill and discharged patients.
  - Expand delivery of shared medical appointments via Lifestyle Medicine program.
  - Continue our partnership with Tillamook County Wellness programs.

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Tillamook will implement to address the health needs identified though 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 Tillamook 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. When developed in 2019, this Implementation Strategy did not include specific plans to address the following significant health needs identified in the 2019 CHNA.

Significant Health Needs – Activities NOT included in the 2020 Community Health Plan

Physical Environment, Safety, Access to Parks and Recreation

- We are currently partnered with the Tillamook YMCA which provides free services to community members, including offering programming to seniors age 60 and over and people with disabilities at no charge. Examples include: Tai Chi: Moving for Better Balance, Enhance Fitness, Qigong, and a pool-based arthritis class.
- Oregon Coast Visitors Association and Tillamook Coast Visitors Association have had good results facilitating investment in outdoor recreation facilities that promote activities such as hiking, biking, kayaking, boating and camping, among others.
- AH Tillamook will continue to partner with Tillamook County Wellness to provide collaboration to increase safe access to physical built environments, including coordination and promotion of detailed, interactive recreational maps.

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 to 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 2020, 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.
- Active participation in a countywide, collaborative effort to vaccinate eligible community members to help stop the spread of the virus.

Locally, Adventist Health Tillamook (AHTM) took these additional actions:

- Formally organized an Incident Command Team in response to COVID-19.
- Provided coordination, staffing and facilities for a remote COVID testing site.
- Market President conducts daily COVID-related status reports, including case counts, local and regional response capacity.
- Hospital leadership participated in weekly community COVID strategic planning and public outreach, including weekly radio broadcasts.
- Market Philanthropy facilitated COVID grant allocations to community-based partners from AH and regional funding sources.
- Weekly, and sometimes daily, meetings with Tillamook County vaccine collaborative to plan, coordinate and execute vaccination distribution throughout Tillamook County. This included serving specific populations, including in-home vaccination distribution for medically fragile, home-bound individuals. As a result of those efforts, Tillamook County had the second highest rate in the state of vaccinations for this population.

Adventist Health Tillamook Strategy Action Plan

PRIORITY HEALTH NEED: HOUSING & HOMELESSNESS						
GOAL STATEMENT: PARTNER ACROSS SECTORS TO REDUCE THE IMPACT THAT HOUSING INSECURITY HAS ON HEALTH AND WELLBEING FOR ALL INDIVIDUALS IN TILLAMOOK COUNTY.						
Mission Alignment: Well-being of People						
Strategy 1: Partner to support community action programs, and community-based organizations that provide shelter/transitional housing supports in the region.						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Housing Commission Appointment	Create Communication plan: # of Media touches related to housing	See narrative below	Acres of developable land		Number of available dwelling units	
Activity 1.2 Referrals for housing assistance	Closed-loop referral process in place for housing assistance (CARE, Helping Hands)		Increased # of AHTM referrals for housing		# of individuals who safely transition into housing programs	
Source of Data: • AHTM EMRs for housing referrals and/or Unite Us reports for housing referrals • CARE, Inc. and/or Helping Hands • Tillamook County Housing Commission and Oregon Housing Alliance						
Target Population(s): Individuals with housing insecurities and / or homelessness						
Adventist Health Resources: • Financial • Staff • Cash & In-Kind Donations						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • *Tillamook County Housing Commission • CARE, Inc. • Helping Hands						

PRIORITY HEALTH NEED: HOUSING & HOMELESSNESS
• Tillamook Seventh-day Adventist Church • AH Tillamook • Media Partners (Headlight-Herald, Tillamook County Pioneer, KTIL Radio, etc.)
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations)

Strategy Results 2020:

Partnership with CARE, Inc.: Adventist Health Tillamook donated $10,000 from the Community Strength and Catalyst Fund to CARE, Inc., the local anti-poverty agency. Funds were used to extend rent, utility and emergency services in response to financial difficulties caused by the COVID-19 pandemic. CARE provided, $8,536.24 in rental assistance to 18 households and $1,463.76 in utility assistance to 9 households. One impacted business owner was in a position of paying her personal rent or that of her business, facing either eviction or closure of her business, due to lack of income during the pandemic-related shutdown. CARE's assistance allowed her to pay her personal rent and keep her business afloat during that period of time.

Whenever possible, AHTM refers patients with housing insecurities to CARE, Inc. which has six tiny homes for transitional housing and offers tents, tarps and other essential items for the homeless. CARE, Inc. also coordinate with Helping Hands, a faith-based, drug and alcohol-free transitional housing program. Often, those in need of housing assistance do not meet the necessary eligibility criteria for the options available to them or there simply are not enough open beds to meet demand.

Serving Up Hope Meals: In partnership with Tillamook Seventh Day Adventist Church, AHTM volunteers served weekly meals to 2,319 low-income and homeless individuals, also contributing $28,964 for meal ingredients and supplies.

Homeless Connect: AHTM Care coordinators volunteered at the annual Homeless Connect event, serving 104 individuals, providing health assessments, basic necessities and service referrals.

Housing Commission Representation: In 2020, AHTM's new Community Well-Being Director, Michelle Jenck, was appointed to serve on the Tillamook County Housing Commission. The commission conducted a Housing Needs Assessment in 2019 to address the chronic lack of affordable and available housing in Tillamook County. Accounting for projected population growth and pent-up demand, Tillamook County needs 230-260 new net dwelling units per year for the next 20 years. With a vacancy rate of 1% and rapidly rising housing prices/rents, lack of affordable housing is directly contributing to homelessness, poverty and poor health outcomes in Tillamook County. For these reasons, clinical referrals for housing assistance have not been successful. The Commission is working on multiple upstream solutions, including legislative advocacy around zoning and development policies as well as public support for innovative solutions (i.e. accessory dwelling units, multi-plex's and clusters,) in addition to apartment complexes. Public perception of low-income housing or changes to neighbor

aesthetics has contributed to an unhospitable climate for development in Tillamook County. AHTM's involvement in the commission's effort will largely center on increasing public understanding of housing as a social determinant of health and how collaborative problem-solving can improve community livability, economic viability and individual health and well-being.

PRIORITY HEALTH NEED: MENTAL HEALTH						
GOAL STATEMENT: ALLOW ACCESS TO AND CAPACITY FOR ANY INDIVIDUAL SEEKING MENTAL HEALTH SERVICES						
Mission Alignment: Well-being of People						
Strategy 1: Increase access to mental and behavioral health and treatment for substance use disorders through new services, education and partnerships.						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Increase education and trainings related to SUD and / or OUD through O.U.R. Tillamook	Create messaging campaign, informational website and provider trainings	See narrative below	Number of AH behavioral health providers who have completed training		10% increase in AH provider trainings (initial or continuing education)	
Activity 1.3 Develop comprehensive medication assisted treatment (MAT) program	Development of a comprehensive model which supports MAT programs	See narrative below	Number of AH behavioral health providers who complete training		10% increase in AH behavioral health provider trainings (initial or continuing education)	
Source of Data: • AH Tillamook • O.U.R. Tillamook						
Target Population(s): Anyone seeking mental health services						
Adventist Health Resources: Financial Staff In-kind donations						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • AH Tillamook • O.U.R. Tillamook (HRSA funded grant)						
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations)						

Strategy Results 2020:

Telehealth: Mental/behavioral health telehealth contract negotiations underway, including procurement of necessary equipment during 2020.

Opioid Use Response: September 2020, was the beginning of a three year, $1M, Opioid Use Response grant, (O.U.R. Tillamook) This is a collaborative effort to increase provider and community education around opioid use/overuse/overdose, as well as prevention and treatment for opioid and substance use disorders.

Accomplishments include:

- 52 medical and behavioral health providers from throughout Tillamook County attended Grand Rounds for O.U.D.
- Substance Use Disorder Stigma training for providers and staff. Training our providers to treat the person and create addiction as a medical disease instead of a moral failing and destigmatize getting treatment.
- 27 Naloxone kits provided to Tillamook County Law enforcement agencies. It has already been used 2 times in the field by law enforcement to save people's lives.

Grief Support: AHTM was able to lead no-cost in-person, and later virtual, grief support classes for 31 individuals during 2020.

PRIORITY HEALTH NEED: ACCESS TO HEALTH CARE						
GOAL STATEMENT: ELIMINATE BARRIERS TO PRIMARY CARE, INCLUDING, GEOGRAPHIC AND TRANSPORTATION INCONVENIENCES, LACK OF KNOWLEDGE, AND LACK OF INSURANCE COVERAGE.						
Mission Alignment: Well-being of People						
Strategy 1: Increase access to primary care through programs that seek to address barriers by engaging in the community.						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Explore and create a mobile integrated healthcare team	Develop and implement program	See narrative below	# of people served (meals, other services…)		10% increase in the number of people served	
Activity 1.2 Connect Oregon Network (UniteUs)	Prioritize and implement integration of a secure community-referral platform	See narrative below	# of trained staff with program access		# of referrals for community-based services and programs	
Activity 1.3 Screening for early childhood developmental delays	All providers seeing children (especially ages 0-5) are screening for developmental delays	See narrative below	# of trained staff # of screenings # of PTOT/Speech encounters		# of closed loop referrals for developmental and pediatric behavioral health services Revenue generated from increase in encounters	
Source of Data: • AH Tillamook • UniteUs Reports • Early Intervention Services/Northwest Regional ESD						
Target Population(s): • Individuals in need of increased access to healthcare, community programs and social services						

PRIORITY HEALTH NEED: ACCESS TO HEALTH CARE
Adventist Health Resources: • Financial • Staff • Supplies • in-kind donations
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • AH Tillamook • Tillamook County Wellness • UniteUs (funding through Columbia Pacific CCO) • TSD9 • Approx. 30 Community-Based Organizations (CBOs)
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations)

Strategy Results 2020:

Health Insurance Enrollment: AHTM enrollment assistance helped 1,798 people access health insurance through the Oregon Health Plan (Medicaid) in 2020.

Free/Discounted Prescription Drugs Program: AHTM provided more than 306 individuals in need with $138,759 free and discounted prescription medications.

Telehealth: Despite the challenges and pressures of the COVID-19 pandemic on the healthcare system, several efforts to increase access to care were able to be pursued during 2020. Through gifts and grants, AHTM fully funded a specialty unit for $13,000 which will be used for dermatology telehealth services.

Community-Based Care: AHTM Care Coordinators began providing care in non-traditional settings, including in people's homes and at community meal sites. Grant funding allowed AHTM to secure an outreach vehicle, supplies and equipment needed to perform mobile health screenings, care coordination and treatment where people are most ready to receive them. Of the 7,620 lives touched during 2020, 276 home or street visits were conducted by our mobile care team members. Stories of impact examples:

- Mobile care team members, LCSW's, AHTM Chaplain and other staff regularly attend and volunteer at weekly Serving Up Hope meals for homeless/low-income community members. During meals, members of the care team informally check-in with attendees to assess needs and provide assistance as needed. The program is helping build trusting relationships between community members and clinical care providers in a non-traditional setting.
- Two AHTM rural healthcare clinics are in communities that have lost their local pharmacies. Our mobile team was able to pick up several medications from a neighboring community and deliver them to homeless individuals who would otherwise not have access to their medications.

- An older adult couple lives in a remote area and have transportation issues that make traveling to town a burden for them. They called needing assistance with their TENS Unit. A quick trip and a moment later, our team was able to have their TENS working great. They were so pleased to receive such a prompt response.

Closed-Loop Referrals: AHTM collaborated with Tillamook County partners to engage with and attract UniteUs to provide a web-based, closed-loop referral platform for connecting clinical care with community services that address social determinants of health. The "Connect Oregon Network" stakeholder group convened in late 2020 and AHTM leaders and decision makers were on-boarded during this time. With the network launch on February 23, 2021, AHTM will continue to explore steps necessary for care integration.

Early Childhood Developmental Screenings: Discussions began between providers at AHTM Women's & Family Clinic and early childhood development service providers to assess current practices and potential improvements for screening and referrals. It came to light that, although multiple providers see children at all ages, during 2020 only 2 providers are screening and referring children for developmental needs. Next steps are to engage clinic directors to operationalize screening and referrals systemwide.

In addition, AHTM led the annual, collaborative early childhood screening fair, which served a total of 52 preschoolers and resulted in 97 referrals.

Children & Youth: AHTM provided 60 annual adolescent exams/sports physicals at no charge to area youth. Additionally, despite reduced athletics activities due to the covid pandemic, AHTM's athletic trainer provided assessments and treatment for 9,506 student athlete encounters during 2020, through a no-cost program partnership with Tillamook School District 9.

Faith in Action: Prior to the onset of the pandemic, Faith in Action offered assistance and support to 69 people challenged with chronic illness, mental illness or disabilities through: in-home volunteer services such as light chores and friendly visiting; and Wellspring, an adult respite day care center offering 6 hours of group respite care under the supervision of a licensed nurse. There is no charge for in-home volunteer services, and only a nominal $30.00 daily fee for Wellspring services. Financial assistance is available.

Education: Increasing Access to Care requires a ready workforce. In 2020, AHTM proctored/mentored a total of 795 students for future careers in medicine, radiology, physical therapy, nursing and other healthcare occupations.

PRIORITY HEALTH NEED: PREVENTION AND MANAGEMENT OF CHRONIC DISEASES						
GOAL STATEMENT: DECREASE CHRONIC DISEASE PREVALENCE THROUGH FOCUS ON REDUCING CHRONIC DISEASE RISK FACTORS.						
Mission Alignment: Well-being of People						
Strategy 1: Provide follow up care to high-risk individuals and partner to increase lifestyle management programs targeted to those with chronic disease.						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Follow up process for critically ill and discharged patients	# of patients recently discharged or at high risk receiving visits from mobile integrated healthcare team.	See narrative below	Decrease in: emergency room visits, urgent care visits, and readmissions, specifically level 4 and 5		Decrease in: emergency room visits, urgent care visits, and readmissions, specifically level 4 and 5	
Activity 1.2 Screen for prediabetes	Interally operationalize pre-diabetes screening: - Communication - Clinician buy-in		Increased # of at-risk patients screened for prediabetes		# of closed loop referrals to NDPP (National Diabetes Prevention Program)	
Activity 1.3 Lifestyle Medicine	Number of patients enrolled in Lifestyle Medicine program		# of participants who are diagnosed with: - Diabetes - Hypertension - Obesity - Cholesterol		# of participants referred to community lifestyle programs # of continuing participants with: - Diabetes - Hypertension - Obesity - Cholesterol	
Activity 1.4 Develop comprehensive medication	Development of a comprehensive model which		Number of AH healthcare providers who complete training		10% increase in AH healthcare provider trainings (initial or	

PRIORITY HEALTH NEED: PREVENTION AND MANAGEMENT OF CHRONIC DISEASES						
assisted treatment (MAT) program	supports MAT programs				continuing education)	
Source of Data: • AH Tillamook • County Health Rankings • Unite Us Reports • Community program participation data (National Diabetes Prevention Program, Walking groups, Cooking Matters, etc)						
Target Population(s): • People at risk for or with chronic diseases						
Adventist Health Resources: • Staff • Supplies • In-kind						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • AH Tillamook • Tillamook County Wellness • Tillamook YMCA • OSU Extension • NWSDS						
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations)						

Strategy Results 2020:

Opioid Addiction Treatment/MAT: In an effort to treat the chronic condition of opioid addiction, AHTM began implementation of a Medication Assisted Therapy program, training 19 medical providers (to date), which involved getting our providers x-waiver training so that they can prescribe buprenorphine. This program is part of a much larger and more comprehensive effort to reduce stigma and bias around substance use disorders.

Reducing Readmissions: Representatives from Northwest Senior & Disability Services, AHTM, Home Health & Hospice, Columbia Pacific CCO and other partners convene on a bi-monthly basis, hosted by AHTM, to discuss and strategically problem solve recurring emergency room admissions for critically ill and discharged patients. In addition to reducing readmission rates through improvements in self-management and in-home support, this process facilitates wrap-around care to reduce stress and improve outcomes for patients and their families. During 2020, the collaborative served 120 individuals.

Lifestyle Medicine: In January 2020, AHTM began offering shared medical appointments under a Lifestyle Medicine model, a relatively new specialty that focuses on using lifestyle habits to treat and prevent medical conditions and issues. The six-week program features hands-on nutrition education as well as an emphasis on physical activity, stress management, sleep and avoidance of tobacco and harmful substances. Two cohorts (17 patients total) convened prior to the onset of the COVID-19 pandemic, which forced the program to be paused for the remainder of 2020. Efforts were made during 2020 to determine the viability of offering a virtual/hybrid option. This program will be relaunched in 2021 and will integrate the new Connect Oregon (Unite Us) referral network for closed-loop referrals to community-based programs that promote positive lifestyle behaviors.

Chronic Disease & Self-Management Education: A total of 56 individuals participated in free programming offered by AHTM prior to the pandemic-related shutdown. 2020 programs include: Doc Talks, diabetes education, nutrition counseling, and fall prevention.

Access to Nutrition/Food Security: In 2020, AHTM facilitated a $20,000 award of AH resources to Food Roots to build capacity to support increased access to healthy foods. These funds helped create partnerships with several community organizations to distribute fresh, locally-produced food to community members in need using their FarmTable local food storefront infrastructure. Partner organizations included Oregon Food Bank – Tillamook County Services, Northwest Senior and Disability Services, Nestucca Valley School District and The Rinehart Clinic.

Food Roots' added staff capacity also enabled new partnerships with Portland Area CSA Coalition (PACSAC) and Oregon Food Bank (state network). Through the partnership with PACSAC, they expanded the availability of CSA (Community Supported Agriculture) weekly produce box shares from North Coast farms to local SNAP recipients. These shares were provided at a $200 discount to SNAP participants and could be paid for over the course of the approximately 20-week share period through SNAP installment payments.

This donation also supported implementation of a Bounty Box project which provided $40 worth of fresh food for $20 spent in SNAP/EBT through our Double Up Food Box partnership with the OFB grocery store pilot. They also expanded SNAP Match incentive program to provide a $2 match on every $1 spent in SNAP benefits at FarmTable, up to $20 total in matching incentives provided on $10 in benefits spent on SNAP-eligible food. This significantly expanded SNAP sales through the FarmTable storefront, providing more fresh and healthy local food to community members in need.

In total, 90 families were served with $5,586 in SNAP/EBT benefits spent on locally grown food and an additional $5,073 in Double Up Food Bucks and SNAP Match incentives. Eight families used their SNAP benefits to purchase 11 discounted Community Supported Agriculture shares through FarmTable

partner farms, which provide weekly boxes of produce throughout the summer growing season for up to 20 weeks. These CSA shares were provided at up to a 50% discount through the Double Up Food Bucks program. These families received a total of $6,143 worth of fresh produce for just $3,246 spent in their SNAP/EBT benefits. Finally, $428 in Farm Direct Nutrition Program checks were distributed by the State to low-income seniors and Women, Infant Children which were spent on locally grown fresh produce at Food Roots FarmTable.

AHTM staff volunteered to serve 840 low-income children lunch during school shutdowns caused by the covid pandemic.

Tillamook County Wellness Coalition: Since 2015, AHTM has been a leading member of the Tillamook County Wellness (TCW) coalition. A program of Tillamook County Public Health, TCW is a population health improvement initiative focused on reducing the number of people at risk for developing type 2 diabetes. AHTM leadership are appointed to the 20-member TCW Advisory Council by the Tillamook County Board of Commissioners. There are five action committees and several workgroups, working collectively and strategically to deliver upstream interventions that address social determinants of health. Between 2015 and 2020, Tillamook County rose from a county health ranking of 26th to 10th.

In 2020, AHTM hired a Director of Community Well-Being. This individual had previously been the TCW Coordinator. To optimize community resources and maintain momentum of existing work, a partnership agreement was created between AHTM, Tillamook County Public Health, Oregon Health & Sciences University and Oregon State University, to continue TCW, with the new AHTM Community Well-Being as coordinator.

AHTM is actively involved in the TCW Connect & Screen committee, supporting its goals to improve rates of preventive health screenings and referrals to programs and services that address risk factors for chronic disease. Three major activities include: 1) Increasing rates of prediabetes screenings and referrals to the National Prediabetes Prevention Program for those who qualify, 2) Implementing and integrating the Connect Oregon (Unite Us) Network to facilitate closed-loop referrals between community and clinical partners and vice versa, and 3) exploration and implementation of Community Health Workers to expand care delivery.

In addition to the Advisory and Connect & Screen committees, AHTM associates serve on many of the TCW committees to further TCW goals and intervention strategies in multiple domains, including access to Healthy Food, access to Physical Activity, Health Promotions and Workplace Wellness. In total, AHTM leaders and staff provided approximately 188 hours in meeting attendance, planning and implementation of TCW-led initiatives during 2020.

While Physical Environment was identified as a priority in our CHNA, activities to address this need were not specifically identified in the 2019-2022 CHIS. At the time this document was created, TCW was the

driving force in this domain and this work was occurring outside of AHTM's involvement. However, in August 2020, AHTM's newly hired Community Well-Being Director, brought this work with her. During 2020, AHTM facilitated meetings and project work related to GIS mapping all Tillamook County recreational amenities and facilities for inclusion in a user-friendly, web-based platform for increasing access to local places to engage in physical activity. Additionally, AHTM supports and facilitates volunteer-led walking groups throughout Tillamook County.

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.