

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



## Executive Summary

### Introduction & Purpose

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

#### Prioritized Health Needs – Planning to Address

- [Health Priority #1: Access to Health Care](#)
- [Health Priority #2: Mental and Behavioral Health](#)
- [Health Priority #3: Housing and Homelessness](#)
- [Health Priority #4: Chronic Disease](#)

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 Sonora’s service area and guide the 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 that included primary and secondary data sources. Secondary sources include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across Calaveras and Tuolumne Counties are included. A significant portion of the data for this assessment was collected through a custom report generated through CARES Engagement Network CHNA (<https://engagementnetwork.org/assessment/>). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Adventist Health Sonora worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. On August 26, 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the 2019 Community Health Needs Assessment Steering Committee to review the results of the CHNA and determine the top four priority needs that the Adventist Health Sonora will address over the next three years. To aid in determining the priority health needs, the 2019 Community Health Needs Assessment Steering Committee agreed on the criteria considered when deciding. 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. For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health Sonora CHNA report at the following link:

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

## Adventist Health Sonora and Adventist Health

Adventist Health Sonora 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 21 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 Sonora Implementation Strategy

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

- **Health Need 1: Access to Health Care**
  - Screenings and School Based Sports Physicals
  - Tuolumne County Health Fair
  - Life Hope Centers
  - Physician Recruiting
- **Health Need 2: Mental and Behavioral Health**
  - Opioid Safety Coalition
  - Addiction Therapy Clinic
  - Prescription Drug Take Back Days
  - Drug Store Project
  - Mental Health First Aid (MHFA) Trainings
  - TeenWorks Mentoring
  - Spiritual Roads
- **Health Need 3: Housing and Homelessness**
  - Affordable Housing Project
  - Resiliency Village Project
  - Camp Hope Project
- **Health Need 4: Chronic Disease**
  - Freedom from Smoking Classes
  - Better Breathers Club
  - Pulmonary Rehabilitation Phase 3
  - Heart Walk
  - Ladies Night Out

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

- Poverty: Adventist Health Sonora will not be addressing poverty directly as many aspects of poverty will be addressed in our current CHNA priorities.

## Adventist Health Sonora Implementation Strategy Action Plan

### PRIORITY HEALTH NEED: ACCESS TO CARE

### GOAL STATEMENT: INCREASE ACCESS TO LOCAL HEALTH CARE THROUGH AN INCREASED NUMBER OF PROVIDERS AND REMOVING BARRIERS TO MEDICAL CARE.

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

#### Strategy 1: Increase number of access points to medical services

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Physician Recruiting	% growth of net new primary care physicians # of specialty services for elderly		Increase in primary care visits		Ratio of physicians to population	
School sports physicals at AH Sonora	# of referrals to primary care for medical services as needed		# referrals for underdiagnosed or non-diagnosed conditions of asthma		Decrease in uncontrolled asthma ED visits for children	
Life Hope Centers vision, dental, medical and hygiene	# participants		Increase in opportunities for doctors and staff to volunteer Increase participants coming to program		Increase in health homes for vulnerable populations	

#### Source of Data:

- AH Sonora, Tuolumne County Transportation, Discover Life Adventist Church, County Health Rankings

#### Target Population(s):

Broader community; Vulnerable Population

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

- Financial, staff, supplies, in-kind

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

- Discover Life Adventist Church, Tuolumne County Superintendent of Schools

**PRIORITY HEALTH NEED: ACCESS TO CARE**

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

**AEFG**



**PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH**

**GOAL STATEMENT: REDUCE DRUG AND ALCOHOL ABUSE AND INCREASE ACCESS TO CLASSES AND CARE**

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

**Strategy 1: Raise awareness of alcohol and drug abuse and creating more opportunities for healthful choices**

<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>
Opioid Safety Coalition	# meetings		Decrease prescriptions of opioids		Reduction in OD deaths	
Drug Store Project	# 8 <sup>th</sup> grade students attending		Increase in knowledge of risky behaviors through survey		Reduction in teen smoking and drug use or decrease in ED drug-related visits for children under 18	
Teen Works Mentoring	# participants #classes		Participant satisfaction rates or knowledge		Reduction in teen smoking and drug use	

**Source of Data:**

- YES! Partnerships, Tuolumne County Superintendent of Schools, Tuolumne County Sheriff Department, Tuolumne County Public Health, Teen Works Mentoring

**Target Population(s):**

- Broader Community

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

- Financial, staff, supplies, in-kind

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

- YES! Partnerships, Tuolumne County Public Health, Teen Works Mentoring, Tuolumne County Superintendent of Schools, Teen Works Mentoring

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

**AEFG**

**PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS**

**GOAL STATEMENT: INCREASE ACCESS TO SHELTERS, TINY HOMES, AND AFFORDABLE HOUSING THROUGH STRATEGIC PARTNERSHIPS**

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

**Strategy 1: Partner with county and local programs to have a greater impact on creating access to shelter and housing.**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Resiliency Village Project	Partner with County and Resiliency Village. # partners #meetings		Establishment of a subcommittee for the building out of tiny homes #meetings of subcommittee		Building of first tiny home	
Camp Hope Project	Sponsor Give Someone A Chance to provide clean water. # socks #field kits #hygiene kits		# of homeless referrals to social services		Decrease in PIT homeless count	

**Source of Data:**

- Give Someone A Chance, Resiliency Village, Tuolumne County Sheriff's Office, Tuolumne County Public Health

**Target Population(s):**

- Vulnerable Population

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

- Financial, Staff, Supplies, In-kind

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

- Give Someone A Chance, Resiliency Village, Tuolumne County Sheriff's Office, Tuolumne County Public Health

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

- AEEFG

**PRIORITY HEALTH NEED: CHRONIC DISEASE**

**GOAL STATEMENT: REDUCE INCIDENCES OF CHRONIC DISEASE THROUGH EDUCATION**

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

**Strategy 1: Increase support for local education addressing smoking, diabetes, asthma and cancer.**

<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>
Freedom from Smoking Classes	# of classes # of participants		Increase in knowledge based on survey		Decrease hospital readmissions for smoking related respiratory illness	
Better Breathers Club	# of classes # of participants		Increase in knowledge based on survey		Decrease hospital readmissions for chronic lung disease. (Decrease ED visits for uncontrolled asthma	
Ladies Night Out	Partner with local businesses to raise awareness for women's health		Increase knowledge of breast cancer symptoms and behaviors		Increase participation for mammogram screenings for women over 40 of	

**Source of Data:**

- Tuolumne County Public Health, Adventist Health Sonora, American Red Cross

**Target Population(s):**

- Broader Community

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

- Financial, Staff, Supplies, and In-kind

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

- Diana J. White Cancer Center, American Red Cross,

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

- AEEG

## NARRATIVE:

### Priority Health Need: Housing

Adventist Health Foundation representatives are in the process of meeting with County of Tuolumne representatives to discuss the need for more affordable housing for families and vulnerable populations in the community. County of Tuolumne has secured a State Housing and Community Development Grant in the amount of \$500,000 through the No Place Like Home (NPLH) Program. These funds can be used in conjunction with other affordable housing financing to build an affordable housing rental complex in Tuolumne County. County staff will issue a Request for Proposals to select a qualified affordable housing developer who is interested in building affordable rental housing in the unincorporated area of Tuolumne County and utilizing the NPLH grant.

Adventist Health support efforts to increase the amount of affordable rental housing for families in the community and owns an approximately 6.7-acre vacant parcel at the intersection of Greenley Road and Cabezut Road, APN 044-420-037, that is close to services and amenities.

Adventist Health hereby agrees to sell said parcel to a qualified affordable housing developer selected through the County's Request for Proposal process for the sole purpose of building affordable rental housing. The sale is contingent upon said developer and Adventist Health entering into a mutually agreeable Purchase and Sale or other binding Agreement.

### 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

### CHNA/CHIS contact:

Matthew Rose, Director of Community Integration  
Adventist Health Sonora  
100 Greenley Road, Sonora, CA 95370

Phone: (209) 536-6672  
Email: RoseMT@ah.org

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/>