

Adventist Health Glendale 2021 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Glendale and is respectfully submitted to the Office of Statewide Health Planning and Development on May 27th, 2022 reporting on 2021 results.

Executive Summary

Introduction & Purpose

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

Prioritized Health Needs – Planning to Address

1. **Health Priority #1: Poverty & Homelessness Including Mental Health & Substance Abuse**
2. **Health Priority #3: Access to Medical Care**
3. **Health Priority #4: Cardiovascular Diseases Including Stroke**
4. **Health Priority #5: Preventive Wellness Including Diabetes**
5. **Health Priority #6: Geriatric Support**

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 Glendale 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 that included severity, change over time, resources available to address the need and community readiness to support action on behalf of any health need. 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 Los Angeles County is included. Data for this assessment was collected through US Bureau of Census, Nielsen Clarita's, California Disease Control and Prevention, California Department of Education, United States Department of Health and Human Services, California Office of Statewide Health Planning and Development, California Department of Public Health, County Health Rankings & Roadmaps, Los Angeles Homeless Service Authority, American Heart Association, National Cancer Institute, Centers for Disease Control, World Health Organization. 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 Glendale 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. 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 the Adventist Health Glendale CHNA report at the following link:

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

Adventist Health Glendale and Adventist Health

Adventist Health Glendale (AHGL) is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

AHGL began as the Glendale Sanitarium opened in 1905, a year before Glendale was founded as a city. By the 1920s, it expanded its medical, surgical, and maternity services, and offered the most advanced medical equipment of the day. Given its growth, a 30-acre hillside was selected

for a new hospital location. Overlooking Wilson Avenue, the new and expanded facility opened in the mid-1920s. The current hospital remains on this location today.

In the 1970s, the hospital's name changed to Glendale Adventist Medical Center (GAMC) and in the early 2000s, GAMC began a \$220-million renovation and building project, which included the West Tower, the Emergency Department and the Lee Hughes Medical Building. In 2017, the hospital's name was changed to Adventist Health Glendale (AHGL).

AHGL employs 800 physicians, 2,600 associates and 1,100 volunteers. Currently, AHGL is also recognized as:

6. A Community Hospital Comprehensive Cancer Program Joint Commission's Gold Seal of Approval for its joint replacement program (knee and hip) by the American College of Surgeons' Commission on Cancer.
7. A hospital specially equipped and staffed for the rapid, quality care of heart attack patients by Los Angeles County's Emergency Medical Services

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 Includes:

(as of July 1, 2020)

8. 23 hospitals with more than 3,600 beds
9. 290 clinics (hospital-based, rural health and physician clinics)
10. 15 home care agencies and eight hospice agencies
11. Three retirement centers & one continuing care retirement community
12. 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 Healthy Communities Institute to further develop and refine their implementation strategy.

Adventist Health Glendale Implementation Strategy

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

Health Need 1: Poverty & Homelessness Including Mental Health & Substance Abuse

- AHGL Navigator for Homelessness
- AHGL Navigator for Substance Abuse Disorder

Health Need 3: Access to Medical Care

- Family Practice Residency Program

Health Need 4: Cardiovascular Diseases Including Stroke

- Community Education and Screening
- Community Lifestyle Activities
- Community Resources Network

Health Need 5: Preventive Wellness Including Diabetes and Obesity

- Exercise Classes
- Education Classes including Nutrition and Smoking Cessation

Health Need 6: Geriatric Support

- Exercise/Fitness Classes

- Education classes
- Clinical Support

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

13. Dental Health- Adventist Health Glendale does not have the resources to address this priority at this time

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 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 FY21, Adventist Health as a system took the following actions in response to the needs created or exacerbated by 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.

Locally, Adventist Health Glendale took these additional actions in 2021:

- Partnered with the City of Glendale and Glendale Community College to implement a mass vaccination initiative for eligible community members to help stop the spread of the virus.
- Partnered with the American Heart Association and Glendale Unified School District on a 16-week fresh produce distribution event, which delivered over 16,000 pounds to over 700 families experiencing economic struggles.
- Secured two new grants to expand services for high priority health needs.
- Began a partnership with the public school district to support mental health and well-being for students, families, and teachers.

Realignment of strategies, programs, and activities:

The nature and ongoing duration of the pandemic brought unprecedented challenges through the end of 2020, which required a more comprehensive shift in approach across all programs going into 2021. This also presented an opportunity to align efforts with the rollout of Adventist Health's system-wide Community Well-Being strategy, which intentionally invests and coordinates resources to deliver long-term, sustained improvements in population health.

Going forward, Adventist Health Glendale will keep its focus on the same health need priority areas listed, while adapting by both revising ongoing programs and implementing new programs to address those needs in the current and future environment. These strategies, programs, and activities are described in the tables that follow, each of which includes both process and outcomes measures to evaluate progress and success.

Adventist Health Glendale Implementation Strategy Action Plan

PRIORITY HEALTH NEED: Poverty & Homelessness Including Mental Health & Substance Abuse				
GOAL STATEMENT: From 2020-022 Adventist Health Glendale will work to prevent and reduce homelessness and substance use disorder for patients requiring complex care and follow up.				
Mission Alignment: Well-being of People				
Strategy 1: The AHGL Homeless Care Navigator will support Behavioral Medicine services for patients who are homeless and at-risk for homelessness, and patients with Substance Use Disorder (SUD).				
Program/Activity	Metrics			
<i>Activity 1.1- Assist individuals who are homeless and/or at-risk in connecting with community resources</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of individuals screened and consulted about participating in program.	Data Pending	224	
	Short Term Outcomes: Number of individuals who elect to participate in program	106	98	
	Medium Term Outcomes: Number of individuals placed in housing and/or prevented from experiencing homelessness	74	67	
<i>Activity 1.2- Connect individuals with SUD to treatment services in community</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of individuals screened and consulted about participating in program	Program to start in 2021	Program delayed due to pandemic (expected to launch early 2022)	
	Short Term Outcomes: Number of individuals who elect to participate in the program			
	Medium Term Outcomes: Percentage of treatment success rate Number of readmissions to Emergency Department			
Source of Data:				
<ul style="list-style-type: none"> Adventist Health Glendale; Glendale Free Health Clinic; Loaves and Fishes; Adult Recreation Center 				
Target Population(s):				
<ul style="list-style-type: none"> At-risk for homelessness, homeless general population, SMI homeless, SUD patients 				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)				
<ul style="list-style-type: none"> Full time homeless care navigator and social workers, case workers, and discharge planners from Behavioral Health and Emergency Department 				
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)				

<ul style="list-style-type: none"> Glendale Homeless Continuum of Care partners include Ascencia, City of Glendale, YWCA, Family Promise of the Verdugos, Armenian Relief Society, All for Health, Glendale Free Health Clinic, Adventist Health Glendale Foundation, Glendale Youth Alliance, Loaves and Fishes (Catholic Charities), The Salvation Army, Adult Recreation Center, Glendale Police Department, Glendale Fire Department EMS, Cedar House (AFH)
<p>CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</p> <ul style="list-style-type: none"> A- Community Health Improvement

Strategy Results 2021:

Activity 1.1

This program serves individuals experiencing some of the most difficult health and social challenges; and program participation varies significantly. In 2021 a new grant was secured to hire an additional full-time staff member who will extend services and outreach outside of the hospital, while building networks of community-based resources and reducing barriers to access. The program will launch in early 2022.

Activity 1.2

A Cal Bridge grant was secured to hire a full-time Substance Use Navigator who will work with the Emergency Department clinical teams to help patients in need access community treatment resources. Due to the pandemic, the program was delayed through 2021 and is expected to launch in early 2022.

Adventist Health Glendale Implementation Strategy Action Plan

PRIORITY HEALTH NEED: Access to Medical Care				
GOAL STATEMENT: From 2020-022 Adventist Health Glendale will increase access to primary care for vulnerable populations.				
Mission Alignment: Well-being of People				
Strategy 1: Develop a team of physicians who become more knowledgeable of health care disparities and an increase in medical knowledge of problems that disproportionately affect the underserved				
Program/Activity	Metrics			
<i>Activity 1.1- Family Residency Program</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of students enrolled in program	24	24**	
	Short Term Outcome: Number of students who complete 3-year program	7	8	
	Medium Term Outcome: Percentage of students who stay in community to practice family medicine	N/A	N/A	
Source of Data:				
<ul style="list-style-type: none"> • AH Data 				
Target Population(s):				
<ul style="list-style-type: none"> • Underserved adults 				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)				
<ul style="list-style-type: none"> • Financial, staff, supplies 				
Collaboration Partners: (place a “*” by the lead organization if other than Adventist Health)				
<ul style="list-style-type: none"> • Loma Linda University 				
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)				
<ul style="list-style-type: none"> • A- Community Health Improvement 				

Strategy Results 2021:

Throughout 2021, our Family Residency Program continued to increase capacity for much needed services within the community. **Rolling over from last year, there are currently 24 students annually that are in enrolled at one given time. In 2021 a total of 8 new students entered the program and 7 students completed their assignments.

Adventist Health Glendale Implementation Strategy Action Plan

PRIORITY HEALTH NEED: Cardiovascular disease including stroke				
GOAL STATEMENT: Increase awareness of health risks, symptoms, and resources for prevention and disease management for cardiovascular disease including stroke.				
Mission Alignment: Well-being of People				
Strategy 1: Reduce cardiovascular disease risk factors and improve health outcomes for adults ages 40+ by providing lifestyle education, support, and access to a network of related resources and services.				
Program/Activity	Metrics			
<i>Activity 1.1- Provide community education sessions and screenings</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of community education and screening sessions presented	Currently on hold due to COVID-19	Remained on hold due to pandemic (program launched April 2022)	
	Short Term Outcome: Number of participants in sessions			
	Medium Term Outcome: Percentage of participants reporting knowledge and awareness change results of classes			
<i>Activity 1.2- Provide group lifestyle activities (nutrition, physical activity, stress reduction, etc.)</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of services and sessions offered	Program to start in 2021	Remained on hold due to pandemic (expected to launch early 2022)	
	Short Term Outcome: Number of participants in sessions			
	Medium Term Outcome: Percentage of participants reporting lifestyle behavior change outside of group sessions			
<i>Activity 1.3- Connect individuals to a network of lifestyle resources and services in the community</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of active resources and partnerships (clinical & lifestyle)	Program to start in 2021	Remained on hold due to pandemic (expected to launch early 2022)	
	Short Term Outcome: Number of individuals utilizing resources and services			
	Medium Term Outcome: Improved health outcomes (heart events, hospital admissions/utilization) and underlying risks factors			
Target Population(s):				

<ul style="list-style-type: none"> Seniors and other community members at risk for cardiovascular disease, and adults ages 40+
<p>Adventist Health Resources: (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> Educational materials Live Well Senior Center Screening equipment RN program manager, Registry data RN, Cardiac catheterization team, Telemetry unit nurses
<p>Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)</p> <ul style="list-style-type: none"> Heart and Vascular Institute, Live Well Senior Center, American Heart Association, American Stroke Association, Boston Scientific
<p>CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</p> <ul style="list-style-type: none"> A- Community Health Improvement

Strategy Results 2021:

For all activities above: AHGL planned to launch a new program for heart and whole-person health, promoting wellness and lifestyle activities for adults median age 40 years. Program launch was delayed due to pandemic-related issues. Foundational work for that program continued through 2021, which further assessed community needs and built a network of partners who will collaborate on the program. The program is expected to launch in 2022.

Adventist Health Glendale Implementation Strategy Action Plan

PRIORITY HEALTH NEED: Preventive Wellness including diabetes and obesity				
GOAL STATEMENT: From 2019-2022 Adventist Health Glendale will educate children and families about the risks of tobacco and the health benefits of exercise and good nutrition.				
Mission Alignment: Well-being of People				
Strategy 1: Engage our community through preventive wellness classes and grassroots organizing around public health policy.				
Program/Activity	Metrics			
<i>Activity 1.1- Provide community education and screening sessions</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			
	Number of sessions presented	33	175	
	Short Term Outcome:			
Number of participants in sessions	1170	5569		
Medium Term Outcome:				
Percentage of participants reporting knowledge and awareness change	N/A	N/A		
<i>Activity 1.2- Provide lifestyle group activities (nutrition, physical activity, etc.)</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			
	Number of sessions offered	59	170	
	Short Term Outcome:			
	Number of participants in session	912	6616	
Medium Term Outcome:				
Percentage of participants reporting lifestyle behavior change outside of group sessions	N/A	N/A		
Improved health outcomes (BMI, smoking rates, etc.)	N/A	N/A		
Source of Data:				
<ul style="list-style-type: none"> • Public Health, AH Glendale, Glendale Unified School District, other schools 				
Target Population(s):				
<ul style="list-style-type: none"> • Elementary schoolchildren • Families of elementary schoolchildren • Youth and families 				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)				
<ul style="list-style-type: none"> • Educational materials • Staff, CINCO center • Marketing Department 				
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)				

- Pacific Clinics Head Start locations (Glendale, Lexington, and Verdugo), coalition members, L.A. County Department of public health, city councils, community-based organizations, grassroots community members, Glendale YMCA, La Canada YMCA

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

- A- Community Health Improvement

Strategy Results 2021:

Activity 1.1 & Activity 1.2

In 2021 these programs offered both virtual and in-person sessions. That mix allowed more sessions to be offered, and greater participation.

AHGL also launched a new partnership with the Glendale Unified School District and American Heart Association to address mental health – a need for which the US Surgeon General declared a public health crisis in 2021. The initial implementation involved education on mental health topics across the district, while planning began with two high schools for new interventional programs to start in 2022.

Adventist Health Glendale Implementation Strategy Action Plan

PRIORITY HEALTH NEED: Geriatric (Senior) Support Services				
GOAL STATEMENT: Provide health education/promotion resources that improve health and well-being for seniors.				
Mission Alignment: Well-being of People				
Strategy 1: Adventist Health Glendale will provide geriatric support through educational, lifestyle, fitness and nutrition classes, and preventative clinical services.				
Program/Activity	Metrics			
<i>Activity 1.1- Educational Classes (Lifestyle, Finance, & Clinical)</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of sessions offered	26	76	
	Short Term Outcome: Number of participants in sessions	749	2583	
	Medium Term Outcome: Percentage of participants reporting knowledge change	N/A	N/A	
<i>Activity 1.2- Clinical Supports (Vaccine Clinics, Medication Checks, Glucose Checks, etc.)</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of services and sessions offered	On hold due to COVID-19	1	
	Short Term Outcome: Number of participants in sessions		203	
	Medium Term Outcome: Number of participants receiving more than 1 clinical service		N/A	
<i>Activity 1.3- Group Lifestyle Activities (Exercise, Nutrition, Social Support)</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of sessions offered	72	184	
	Short Term Outcome: Number of participants in sessions	2381	4641	
	Medium Term Outcome: Percentage of participants reporting lifestyle behavior change outside of group sessions	N/A	N/A	
Source of Data:				
<ul style="list-style-type: none"> • Live Well Senior Center 				
Target Population(s):				
<ul style="list-style-type: none"> • Seniors 				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)				
<ul style="list-style-type: none"> • Educational materials • Staff, Live Well Senior Center 				

<ul style="list-style-type: none"> • Demonstration kitchen
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> • Local physicians and nutritionists
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) <ul style="list-style-type: none"> • A- Community Health Improvement

Strategy Results 2021:

Activity 1.1 & 1.3

After a period of learning and adoption by program members, the pivot to virtual sessions allowed both more offerings and increased participation.

Activity 1.2

As the status of the pandemic ebbed and flowed through the year, it was possible to safely offer one vaccination clinic, which was valued and well-attended by program members.

Other Community Benefit Strategy Results 2021:

Another set of strategies, in addition to those in prior sections, was outlined in the 2020 implementation plan and referenced again in the 2020 update. Those strategies were planned prior to the pandemic and became unfeasible due to the emerging and evolving conditions.

Adventist Health Glendale used the pandemic period extending into 2021 in two main ways. The first was expanding opportunities provided by increased adoption of virtual tools across program strategies and demographics. The second was intentional planning and building resources that will be valuable for in-person programs to be launched as the pandemic slows down, and it becomes safer to gather and participate in-person. Combined, these address all health need priority areas in ways with the potential to be both impactful and scalable.

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 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 the well-being of people, well-being of places and equity.

In 2020, Adventist Health acquired Blue Zones as the first step toward reaching our solution. By partnering with Blue Zones, we will be 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. 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 international well-being experts to introduce evidence-based programs and changes to environment, policy and social networks. Together, they measurably improve well-being in the communities we serve.