

Adventist Health St. Helena & Adventist Health Vallejo 2020 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health St. Helena & Adventist Health Vallejo and is respectfully submitted to the Office of Statewide Health Planning and Development on May 28, 2021 reporting on 2020 results.

Executive Summary

Introduction & Purpose

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

Prioritized Health Needs

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

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 St. Helena and Adventist Health Vallejo 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:

- Addresses disparities of subgroups
- Availability of evidence or practice-based approaches
- Community assets and internal resources for addressing needs
- Feasibility of intervention
- Identified community need
- Importance to community
- Magnitude
- Mission alignment and resources of hospitals
- Opportunity for partnership
- Opportunity to intervene at population level
- Severity
- Solution could impact multiple problems

For further information about the process to identify and prioritize significant health needs, please refer to the Adventist Health St. Helena and Adventist Health Vallejo CHNA report at the following link:

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

Adventist Health St. Helena & Vallejo and Adventist Health

Adventist Health St. Helena and Adventist Health Vallejo are affiliates 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 Includes:

- 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 this two day-long event, 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 St. Helena & Adventist Health Vallejo Implementation Strategy

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

- **Health Need 1: Mental and Behavioral Health**
 - Mentis
 - Healthy Minds Healthy Aging
 - Teens Connect
 - Youth Mental Health First-aid Training
 - This is My Brave
 - Aldea Children & Family Services
- **Health Need 2: Access to Healthcare**
 - Mobile Health Program
 - Operation Access
 - Stop Falls -
 - Collabria Care – Honoring Choices and Palliative Care
- **Health Need 3: Chronic Diseases**
 - AHEAD Genetic Cancer
 - Awaken Education and Support Program for Cancer
 - Diabetes Education and Management Program
 - Dare to C.A.R.E Venous Disease Screening
 - Calistoga Senior Lunch & Learn
 - Turkey Trot
 - ZERO Prostate Cancer
 - Leukemia and Lymphoma Walk
 - Park Rx
 - Spring Health Challenge for RLS Middle School
 - Nuestra Salud – Spanish Zumba Classes
 - Walk & Roll to School
- **Health Need 4: Housing and Homelessness**
 - Catholic Charities Nightingale House
 - Napa Valley House Share Program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health St. Helena & Vallejo 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 St. Helena & Vallejo are 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

- Access to healthy foods – Need being addressed by many others in the community
- Sexually transmitted diseases – Need being addressed by others in the community

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 FY20, 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
- Was part of a communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus

Locally, Adventist Health St. Helena & Adventist Health Vallejo took these additional actions:

In support of our county’s public health department, our mobile health program launched a testing initiative to reach agricultural workers and vineyard/winery support staff on a biweekly basis meeting them where they were – in the vineyards and wineries. This allowed us to develop relationships, build trust and provide education on safety precautions to keep themselves and their families safe. This outreach and interaction greatly decreased their anxiety and we were able to have honest conversations about the pandemic and improve their overall mental health. We also conducted mass community events in the Upper Valley averaging around 350-500 individuals per event – in total we conducted upwards of 10,000 COVID-19 tests. Adventist Health St. Helena also conducted drive-thru COVID-19 testing open to the public on our physical campus.

Food insecurity in Napa County rose significantly in response to COVID-19 pandemic. Adventist Health St. Helena joined the Community Organizations Active in Disaster Food Security Subcommittee to identify strategies to meet the growing need for access to food in our community. In partnership with CityServe, AHSN was awarded a contract to accept the Farm to Family food box government initiative. AHSN initiated cross-sector partnerships throughout the county to distribute the food boxes to families and individuals experiencing food insecurity. From June 2020 – December 2020, AHSN, along with our partners, distributed over 20,000 food boxes, totaling more than 810,000lbs of food. This program will run through May 2021 and we will seek alternative sources to continue meeting the food insecurity in our community after that.

Adventist Health St. Helena Implementation Strategy Plan

PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH

GOAL STATEMENT: REDUCE STIGMA OF MENTAL HEALTH FOR YOUTH AND SENIORS THROUGH EDUCATION AND ENGAGEMENT IN THE COMMUNITIES SERVED BY AH ST. HELENA & VALLEJO

Mission Alignment: Well-being of People

Strategy 1: Stigma reduction through increased education and awareness.

Strategy 1.2: Advance existing peer and professional counseling to struggling youth focused on (are they focused on something in particular?)

Strategy 1.3: Increase awareness and resources for seniors to live safely in home.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Teens Connect	<p># of youth participating in Teens Café</p> <p># of youth referred to professional counseling services</p> <p>Pre-survey</p>	<p>37 total RLS Middle School: Spring 2020: 12 SH High School: Spring 2020: 10 Boys and Girls Clubs: Fall 2020: 15</p> <p>2 referred to professional counseling services</p>	<p>Increase awareness of mental health</p> <p>Post-survey</p> <p>Increase participation by 10% through Boys & Girls Club accessibility</p>		<p>Percentage of youth who demonstrate:</p> <ul style="list-style-type: none"> Increase in coping skills and stress management rating Decrease in stress level rating Reduction in depression/anxiety rating 	<p>90% of youth who participated reported that they now have a better understanding of how many teens have mental health struggles. 96% of youth who participated reported that they learned at least one new coping tool or strategy to reduce stress and improve mental health 85% of youth who participated reported that they learned</p>

PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH

						one new resources they can go to get help when they are feeling anxious or sad. 92% of youth who participated reported that they have at least one adult in their life they can talk to.
Aldea Children & Family Services @ Boys and Girls Clubs	# of youth engaged at Boys & Girls Clubs of St. Helena & Calistoga # education classes # counseling sessions	27 @ St. Helena 111 @ Calistoga 6 mindfulness & mental health trainings 9 counseling (3.6 month period, 1 day per week)	% of youth receiving peer counseling who report reduced feeling of depression, anxiety and/or substance abuse	74%	% of youth receiving peer counseling who report reduced feeling of depression, anxiety and/or substance abuse	
Healthy Minds Healthy Aging	# of screening for cognitive, behavioral and psychosocial health issues # of 65+ receiving in-home health services	49	# referrals of services Increase # of cognitive screening & behavioral screening	5	Reduce ED visits for mental health crisis for 65+	

Source of Data:

- Teens Connect, Aldea Children & Family Services, Healthy Minds Healthy Aging

Target Population(s):

PRIORITY HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH

Broader community, vulnerable population – seniors, youth, low-income

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

- Financial, in-kind

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

- Teens Connect*, Aldea Children & Family Services*, Healthy Minds Healthy Aging*

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

A, E

Aldea Children & Family Services

Aldea leadership was able to redeploy staff strategically offering more prevention and intervention support to school’s up valley. Through the pandemic, staff worked very hard to pivot and find ways to identify students in need and provide them the help that was wanted. There was more effort placed on direct communications to teachers and administrative staff in the schools to make the connections faster about which students were vulnerable and in need of intervention and/or further therapeutic services. Due to shelter in place, Aldea had to utilize Zoom to provide support and education to children and residents up valley. Aldea was not able to have a staff person imbedded at Boys & Girls Club as planned but were able to reach the children through other outreach activities, other agencies, and direct school contact.

The Outreach and Education focused on building relationships with underserved communities through Family Fun and Wellness Nights. By being available and engaged in the community, Aldea has built the social capital necessary to provide the needed mental health and SUDS treatment. These activities facilitate community interaction and wellness and increase the community’s trust in services and staff. Mental Health will include the use of support groups and individual therapy and support. Support Groups are designed to support and improve understanding of the illness, develop stress and symptom management techniques, and enhance communication and problem-solving skills. Additionally, this naturally led to a network with other peers and family members who are experiencing similar things and provide on-going natural support once the group has ended. Substance Use Disorder Prevention and Treatment includes educational and support groups provided by substance abuse counselors, as well as individual treatment services.

Aldea was successful in building a stronger relationship in Calistoga and St. Helena High School. One of the counselors is a graduate of St. Helena High School which gives her direct insight to the culture and needs of that community. Our expanding staff and services to the upper valley of Napa County has increased the availability of mental health services to all the low-income residents who need behavioral health services. By removing the barrier of location which dissuades many from following through on utilizing the services in their community Aldea has been instrumental in reaching more children and parents. Because of efforts in those schools, Aldea was contacted by Pope Valley and Howell Mt school districts to help after the fires of October 2020 coupled with the pandemic with their mental health needs that were not being addressed. They were grateful Aldea deployed staff and services to them without delay. Aldea also provided Trauma Informed Training requested by both the St. Helena Unified School District and Calistoga Unified School District teachers and administrators. This is an effort to “help the helpers” as they also experience the pandemic.

Teens Connect

37 students/youth participated in Teen Wellness Café in 2020

RLS Middle School: Spring 2020 : 12

SH High School: Spring 2020: 10

Boys and Girls Clubs: Fall 2020 : 15

Grade levels

6th: 6

7th: 5

8th: 3

9th: 9

10th: 3

11th: 10

12th: 1

Ethnicity

Caucasian: 17

Latinx: 17

Unspecified: 3

of youth referred to professional counseling services : 2 (these students were from Calistoga, as our Wellness Café at the Boys and Girls Club included both St Helena and Calistoga)

Our Mentis therapist, Will Nesbit, spent time at the St Helena Boys and Girls Club site several times a month from July through December 2020, spending 1-2 hours in the milieu each time - doing check ins, hanging out with the kids, etc.

90% of youth who participated reported that they now have a better understanding of how many teens have mental health struggles.

96% of youth who participated reported that they learned at least one new coping tool or strategy to reduce stress and improve mental health

85% of youth who participated reported that they learned one new resources they can go to get help when they are feeling anxious or sad.

92% of youth who participated reported that they have at least one adult in their life they can talk to.

PRIORITY HEALTH NEED: ACCESS TO HEALTHCARE AND HEALTH

GOAL STATEMENT: INCREASE ACCESS TO QUALITY, CULTURALLY COMPETENT HEALTHCARE AND HEALTH TO UNDERINSURED, UNINSURED AND VULNERABLE IN THE COMMUNITY SERVED BY AH ST. HELENA & VALLEJO

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

Strategy 1: Identify and screen vulnerable community members providing education and resources for referrals to ongoing health management.
Strategy 1.2: Maintain and/or increase referrals for necessary diagnostic and surgical procedures for under or uninsured population

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Mobile Health Program	# of patients served # of encounters Events # referral to additional resources # of educational topics	See narrative below	# of mobile screenings for farm workers and 65+ % of persons with high blood pressure % of persons with high cholesterol % of persons with high blood sugar		% Ambulatory sensitive readmissions # of mobile screenings for farm workers and 65+	
Operation Access	# of specialist evaluations # of diagnostic procedures # of surgical procedures performed	1 surgical procedure 2 diagnostic procedures 2 specialist evaluations	% of patients reporting improved health % of patients report improved ability to work	95% report improved health 95% report improved ability to work	% of patients reporting improved quality of life	95% report improved quality of life

PRIORITY HEALTH NEED: ACCESS TO HEALTHCARE AND HEALTH

		See narrative below				
Farm to Family Foodboxes	# of boxes distributed	More than 20,254	# of boxes distributed		# of boxes distributed	
	Lbs of food distributed	More than 810,160 lbs	Lbs of food distributed		Lbs of food distributed	
Source of Data:						
<ul style="list-style-type: none"> Adventist Health St. Helena, Operation Access, Area on Aging Agency 						
Target Population(s):						
<ul style="list-style-type: none"> Vulnerable community members – seniors, low-income and farmworker population 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> Financial, staff, supplies, in-kind 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> Adventist Health St. Helena, St. Helena Hospital Foundation, Operation Access*, Napa County 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
A, E						

Strategy Results 2020:

Operation Access

Due to COVID-19 pandemic in March of 2020, elective surgical procedures were put on hold. This was further exacerbated by the two evacuations of our hospital during the LNU and Glass fires. We will again ramp up our partnership with Operation Access in 2021 as the pandemic allows.

Mobile Health

Due to COVID-19, the mobile health program pivoted from our initial strategy of providing preventative medicine and education for our most vulnerable populations – which are our seniors and our farm workers. In support of our county’s public health department, mobile health launched a testing initiative to reach agricultural workers and vineyard/winery support staff on a biweekly basis meeting them where they were – in the vineyards and wineries. This allowed us to develop relationships, build trust and provide education on safety precautions to keep themselves and their families safe. This outreach and interaction greatly decreased their anxiety and we were able to have honest conversations about the pandemic and improve their overall mental health. We also conducted mass community events in the Upper Valley averaging around 350-500 individuals per event – in total we conducted upwards of 10,000 COVID-19 tests. Our time spent in the vineyards also allowed us to identify a food security issue that we have been able to integrate our Farm to Family Food boxes to reach our farm workers that would not otherwise have access.

On January 12th, mobile health became the first mass COVID vaccine clinic to support our county. We have further cemented our relationship with our more vulnerable populations providing them with education and support about the vaccine. We were highly intentional about our strategy to ensure equity and access to the vaccine – we have inoculated more than 29,000 individuals – 30% Latino population and 50% were seniors aged 65+ in January and February which mirrors the demographics of Napa County.

In between the pandemic response, we also had multiple mass fires that greatly impacted our community and caused our hospital to evacuate twice. Mobile health was able to provide disaster response and care for our community while the hospital was closed. We mobilized immediately and set up a clinic in Yountville to provide limited primary care services, prescription refills and COVID-19 testing along with connections to further resources for the community and evacuees. We also supported our evacuation shelters with COVID-19 testing to ensure evacuees were as safe as possible. While serving our community we started to gain an understanding of the needs that were arising, and the most common basic need was access to food and drinking water. With this information our team instituted a cross-sector collaboration with city officials and local supervisors, restaurants, funding sources, our Farmers Market and many more local non-profits, to set up drive-thru distribution sites in Yountville, Calistoga and Angwin where we provided more than 5k hot meals, 3,000lbs of fresh produce, 15k gallons of drinking water, personal hygiene kits, backpacks full of activities for kids and a connection to free mental health support over a two week period.

While we were late to receive our flu vaccine allotment last year, we were still able to administer 370 flu vaccines. Over 200 of these were during our Thanksgiving food drive event where we served more than 550 families with meals and grocery gift cards totaling over \$30k. We also vaccinated seniors at the Chateau mobile home park, during community COVID-19 testing events, as well as in the vineyards we were conducting COVID-19 testing.

Farm to Family Food Boxes

Food insecurity in Napa County rose significantly in response to COVID-19 pandemic. Adventist Health St. Helena joined the Community Organizations Active in Disaster Food Security Subcommittee to identify strategies to meet the growing need for access to food in our community. In partnership with CityServe, AHSB was awarded a contract to accept the Farm to Family food box government initiative. AHSB initiated cross-sector partnerships throughout the county to distribute the food boxes to families and individuals experiencing food insecurity. From June 2020 – December 2020, AHSB, along with our partners, distributed over 20,000 food boxes, totaling more than 810,000 lbs of food. This program will run through May 2021 and we will seek alternative sources to continue meeting the food insecurity in our community after that.

PRIORITY HEALTH NEED: CHRONIC DISEASES – HEART DISEASE, OBESITY/DIABETES, CANCER

GOAL STATEMENT: INCREASE COMMUNITY’S KNOWLEDGE AND ABILITY TO SELF-MANAGE THEIR DISEASE.

Mission Alignment: Well-being of People

Strategy 1: Local education and screening capacity addressing heart disease, obesity/diabetes and cancer through mobile screening program, local events and disease specific screening opportunities.

Strategy 1.2: Educate community on prevention of chronic diseases.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Dare to C.A.R.E	# of participants screened	36 individual s screened	# of participants screened		% increase in number of participants screened	
4-week Diabetes Education Course	# of participants # of classes	See narrative below	# of participants # of classes		A1C % decrease for participants enrolled in the program	
AHEAD Hereditary Cancer Screening	# of participants screened - 1,263 # Affected – 166 # Unaffected – 1,097	1,263 # Affected – 166 # Unaffected – 1,097	# High risk (eligible for genetics) # Tested Testing breakdown: # Results pending # High risk negative # Pathogenic mutations	412 high risk eligible for genetics 369 total tested 197 results pending	# of patients that completed genetic testing # of patients with pathogenic mutations # of prophylactic surgeries recommended # of cancer diagnosis	

PRIORITY HEALTH NEED: CHRONIC DISEASES – HEART DISEASE, OBESITY/DIABETES, CANCER

				72 high risk negative 40 with pathogenic mutations		
Blue Zones	Complete readiness assessment	Readiness assessment completed	Complete Foundation Phase and identify programs for transformation phase		Create Blueprint for transformation phase	
Source of Data:						
<ul style="list-style-type: none"> Adventist Health Heart & Vascular Institute, Adventist Health St. Helena, Adventist Health Martin O’Neil Cancer Center 						
Target Population(s):						
<ul style="list-style-type: none"> Broader community – Seniors and at-risk individuals 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> Staff, financial, supplies 						
Collaboration Partners: (place a “*” by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> Adventist Health 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						

Strategy Results 2020:

Dare to CARE

Due to the COVID-19 pandemic, Dare to CARE was put on hold after February 2020. In January of 2020, the program screened 36 individuals in the community.

4-week Diabetes Program

Due to the COVID-19 pandemic, the in-person diabetes program was put on hold after February of 2020. In January the program had ___ participants and our dietitian pivoted her focus to begin developing video education short films in English and Spanish.

AHEAD Cancer Screening

In addition to the metrics captured in the table above, Dr. Candace Westgate provided physician education on the latest HPV vaccine research and guidelines as well as brief, evidence-based communication strategies to discuss with adolescent patients. The virtual event included 15 providers from throughout the county.

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS						
GOAL STATEMENT: COMMUNITY COLLABORATION TO PROVIDE GOODS TO INDIVIDUALS EXPERIENCING HOUSING INSECURITY						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being or People or Equity.						
Strategy 1: Community Building Initiatives (CBI)						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Hope Inspired/World Vision	# of individuals served in program	> 300 Individuals served	% increase in # individuals served		% increase in # individuals served	
*AH St. Helena is in the early stages of identifying what our role is around housing. Once we have identified the partners in our community who are working on housing, we will have more concrete short- and medium-term measures. *						
Source of Data: <ul style="list-style-type: none"> Adventist Health 						
Target Population(s): <ul style="list-style-type: none"> Homeless/ vulnerable population 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> In-kind 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> TBD 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) <ul style="list-style-type: none"> F 						

Strategy Results 2020:

Hope Inspired

During the evacuations and immediate recovery period for fire survivors, we learned that many of the people that were impacted the heaviest were those that were renting – which ultimately doubles the impact of loss because we have now have home owners that lost their properties, have insurance and will need to determine if rebuilding is an option and then we have home renters that lost their physical living space – many who had zero insurance and were already precariously housed, living paycheck to paycheck, that lost everything.

Our team listened in to the coalitions and county strategies to understand what the needs were, where we could have the most influence, and where our resources would make the greatest impact.

After seeing our efforts, World Vision, a multi-billion dollar Christian humanitarian aid, development and advocacy organization that spans nearly 100 countries providing emergency relief efforts and breaking down barriers for access to progressive community improvement initiatives, chose Adventist Health to partner with to bring resources to our communities in need. In 2020, we managed over \$500,000 in in-kind donations for fire survivors and beyond. To date, we have served over 200 fire survivors helping to refurnish their new living space. Beyond fire survivors, we have partnered with dozens of community non-profits to furnish transitional housing for our homeless as they reintegrate in the community, given relief to mothers and children that are getting out of harsh, unstable living environment to restart their lives and we've given furniture to provide added comfort to the Child Welfare Receiving Center for Napa County.

We have more than 25 community partners that visit our warehouse space, that space was graciously donated by the Trinchero Family where they not only welcomed us to the space, their staff and location allow us to receive these 53-foot trucks and their team offloads the pallets with forklifts so we can focus on sorting and scheduling our partners that serve the most vulnerable populations in our community and beyond – including Lake and Solano Counties. Through COAD, our team will now chair and participate in the long-term recovery steering committee for in-kind donations as we navigate next steps for recovery.

In addition to the programs mentioned in the Action Plan above, Adventist Health St. Helena and Adventist Health Vallejo participate in many events and partner with community leaders to implement necessary programs carrying forward our commitment to addressing the top needs identified in our CHNA, such as:

1. **Mentis** - Mentis Bilingual Mental Health Clinic, treating individuals with depression, anxiety and trauma.
2. **Catholic Charities Nightingale House** - Adventist Health St. Helena is proud to support and be a part of Catholic Charities Shelter and Housing Department's initiative to operate the Nightingale Center, a medical respite center for patients from Queen of the Valley and Adventist Health St. Helena Hospital. The center is designed to help patients who have no place to go to continue with their recovery. The Nightingale House will help patients to be released to a safe and stable environment to minimize recidivism. This facility will have 11 beds to provide temporary on-site residential medical care.

During the COVID-19 Public Health Emergency, maximum bed capacity has temporarily been reduced to six (6) beds in March 2020 to allow a minimum 6-ft. distance between beds. In August 2020, Napa Nightingale was able to increase the number of beds to seven (7), still maintaining the necessary distance. Catholic Charities developed a Site Specific (Napa Nightingale) COVID-19 Plan, COVID-19 Health and Safety Protocols including handwashing, sanitation checklist, face coverings, COVID-19 screening of new clients, daily employee health screening, individual packaging of meals, and more. The 180-day maximum length of stay was also not enforced during the COVID-19 pandemic, if there are no safe, temporary housing available at the time the client is ready to be discharged from Napa Nightingale.

Below are some Napa Nightingale data for CY 2020:

Referrals and Services

- Number of unduplicated clients_served during the period: 27
- Number of respite bed nights provided: 1304 nights
- Number of clients provided case management: 27
- Number of clients connected to mental health services: 16
- Average number of beds for clients: 4
- Number of meals: 3912 (1304 x 3 meals/day) *Note: Some clients may occasionally skip breakfast or lunch, so this is an estimated number.*
- Average length of stay: 59 days

Demographics (out of 27)

- Insured: 26 (96%) Uninsured: 1 (4%)
- Experiencing Homelessness: 27 (100%) Chronic Homelessness 20 (74%)

- Gender: Female: 1 (4%) Male: 26 (96%)
- Age: 17 (63%) are 55 years and older
- Ethnicity: 24 (89%) Non-Hispanic 3 (11%) Hispanic
- Health Conditions: 20 (74%) have 3 or more health conditions:
 - Mental Health: 21 (78%)
 - Physical Disability (temporary, short-term and long-term): 21 (78%)
 - Chronic Health Condition: 19 (70%)
 - Drug Abuse: 10 (37%)
 - Alcohol Abuse: 5 (19%)
 - Both Drug and Alcohol Abuse: 5 (19%)

Exit Destinations (out of 20 exits)

- Permanent Housing: 6 (30%)
- Safe, Temporary Destination: 7 (35%)
 - Shelter: 4 (20%)
 - Temporary stay with family or friends: 2 (10%)
 - Hotel: 1 (5%)
- Temporary Destination Not Meant for Habitation (vehicle, tent): 7 (35%)
- Other exits excluded in Homeless Management Information System (HMIS) from count:
 - Hospital: 1
 - Death: 1

3. **Calistoga Lunch and Learn** is a free monthly workshop series for Calistoga seniors which includes an educational topic, a healthy lunch, and interactive activities that increase physical and social wellness. This workshop series is offered through a collaborative effort of UpValley Family Centers, Rianda House Senior Activity Center, and City of Calistoga Recreational Services Department. The workshops are regularly held at the Calistoga Community Center the third Wednesday of each month. Promotoras Program - Promotoras are local community
4. **Nuestra Salud** – free Zumba class in Spanish for low-income Spanish speaking adults
5. **Safe bike & roll to school days**
6. **Park Rx** – A clinic based strategy to “prescribe” qualifying individuals to utilize our open spaces, parks and walking/running/biking trails to improve their mental, physical and social health.
7. **ZERO Prostate Cancer Run**
8. **Leukemia & Lymphoma Walk**

9. **Promotoras** - Promotores de Salud (Health Promoters in Spanish) are grassroots community members who have been trained in health-related topics. They build trust and reach isolated community members. Promotores are powerful advocates for individual and community transformation. They connect people with resources and advocate for needs they see in their community.
10. **Collabria Care** – Honoring Choices, an initiative to provide assistance to adults 18+ to have an advanced directive. Palliative Care Conference for medical providers.

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.