Adventist Health

Together Inspired

Adventist Health Bakersfield
2022 Community Health Plan

The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Bakersfield and is respectfully submitted to the Office of Statewide Health Planning and Development on May 19th, 2023 reporting on 2022 results.

Executive Summary

Introduction and Purpose

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

Prioritized Health Needs – Planning to Address

- Housing and homelessness
- Economic insecurity
- Chronic diseases
- Food insecurity
- Preventive practices
- Overweight and obesity

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 Bakersfield 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. The health needs were prioritized according to a set of criteria that included:

- The perceived severity of a health issue or health factor as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

Secondary Data Collection
Secondary data were collected from a variety of local, county and state sources to present a community profile, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets were presented in the context of Kern County and California to help frame the scope of an issue, as it relates to the broader community.

Sources of data included: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Kern County Public Health Department, Healthy Kern County, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

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

Adventist Health Bakersfield and Adventist Health

Adventist Health Bakersfield 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 Includes:

- 23 hospitals with more than 3,393 beds

- 370 clinics (hospital-based, rural health and physician clinics)
- 14 home care agencies and eight hospice agencies
- 3 retirement centers & 1 continuing care retirement community
- A workforce of 37,000 including medical staff physicians, allied health professionals and support services

We owe much of our heritage and organizational success to the 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 the 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 Bakersfield Implementation Strategy

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

- Health Need 1: Housing and Homelessness
  - Financial/Volunteer support of the Homeless Point in Time Count
  - Data/Program Analytics as part of the Homeless Action Planning Committee
- Health Need 2: Economic Insecurity
  - Homeless Workforce Development
  - Tattoo Removal
- Health Need 3: Chronic Diseases
  - Cancer Outreach/Screening
  - Heart Disease Outreach/Screening
- Health Need 4: Food Insecurity
  - Waste Hunger Not Food
- Health Need 5: Preventative Practices
  - Childhood Mobile Immunization Program
- Health Need 6: Overweight and Obesity
  - Mobile Kitchen Project

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Bakersfield will implement to address the health needs identified though the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each

activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

No hospital can address all the health needs identified in its community. Adventist Health Bakersfield 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

These needs are being addressed by others:

- Mental health access to health care
- Sexually transmitted infections
- Dental care/oral health
- Alzheimer's disease

The hospital does not have the expertise or resources to effectively address these needs:

- Substance use and misuse
- Environmental pollution
- Violence and injury
- Birth indicators
- Unintentional injuries

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

Additionally, Adventist Health Bakersfield took the following actions to support COVID-19 efforts:

- Hospital COVID vaccines for employees, families, children, and friends
- Mobile vaccine efforts in rural areas with no access to healthcare
- Partnered with large employer groups to bring vaccines to their workforce

Adventist Health + Blue Zones Project Bakersfield

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 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 2020, Adventist Health acquired Blue Zones as a 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 health and wholeness – changing the way communities live, work and play.

Across the globe lie blue zones areas – places where people are living vibrant, active lives well into their hundreds at an astonishing rate—and with higher rates of well-being. Attaining optimal well-being means that our physical, emotional, and social health is thriving. Blue Zones Project works with communities to make sustainable changes to their environment, policies, and social networks to support healthy behaviors. Instead of a focus on individual behavior change, it is an upstream solution focused on making healthy options easy in all the places people spend most of their time. Blue Zones Project is committed to measurably improving the well-being of community residents and through proven programs, tools and resources. Blue Zones Project deploys rigorous metrics to inform strategies and track progress throughout the life of the project. This includes well-being data, community-wide metrics, sector-level progress and outcome metrics. Through this data focus, we can transform community well-being by making changes to environment, policy, worksites and social networks that create healthy and equitable opportunities for all.

In late 2021, Bakersfield and Kern County were still reeling from the COVID-19 pandemic. According to Kern County Department of Public Health COVID-19 data, by the end of 2021, there were a total of 108,879 cases in Bakersfield and 1,399 deaths. Of those deaths, there were 1,781 existing comorbidities (this total is greater than the number of total deaths due to individuals having more than one comorbidity). Approximately 29 percent of those who died had hypertension and/or diabetes, and 8 percent were obese. Even prior to the pandemic, the community's health statistics were grim. The county had the most residents in the state die from diabetes, the fourth-highest death rate related to heart disease, and nearly 78 percent of Kern adults were either obese or overweight. Bakersfield and Kern were prime for a change.

California Resources Corporation (CRC) approached Adventist Health Bakersfield in late 2021 with a prospective investment and a question: How could they develop a partnership to best approach community well-being systematically CRC and Adventist Health shared a vision to promote community health, safety, and well-being, with a keen focus on health and wellness in underprivileged communities. Around the same time, the City of Bakersfield was looking for a way to best leverage American Rescue Plan Act (ARPA) funds to improve the quality of life for residents while, at the same time, uplifting the health of the community. The three organizations began in-depth discussions, engaging a variety of key stakeholders and community organizations.

Community members who met with Adventist Health representatives and members of the Blue Zones Project® central team expressed a desire to make Bakersfield a better place to live, work, and play, and, more importantly, they were ready to commit to the work to create community-wide improvements for the many generations of families who call Bakersfield home. The spirit of collaboration and determination among Bakersfield residents, combined with commitments from leaders in the school system, policy arena, business community, food-retail environment, and faith-based and civic communities demonstrate a city primed for transformation and improved well-being.

Equity is a strategic priority woven throughout the Blueprint and programs. Policies and initiatives are developed in a way that honors the local culture that is focused on reaching out to all populations. Each year BZP Bakersfield sector leads come together to evaluate and update the Blueprint to ensure community alignment.

2022 Blue Zones Project Bakersfield Update

During the Discovery Phase from July 2022 to March 2023, Blue Zones Project team members conducted background research, focus groups, and individual meetings with community members to assess the current state of well-being and readiness for change in Bakersfield. A key component of this phase includes engaging community leaders and residents to identify and understand existing initiatives, strengths, and opportunities that will help design the strategy for well-being transformation in the community. A built environment policy expert walked the streets of Bakersfield, identifying traffic flow and streetscape infrastructure that could be improved in the downtown corridor. He met with members of the city's public works department and representatives from the Boys & Girls Club of Kern County to discuss how the speed of cars on an adjacent one-way street affects the walkability to the facility for nearby youth. A food policy expert visited edible gardens at Bakersfield College and CSU Bakersfield, experiencing how on-campus fresh produce production helps the campus's pantries mitigate food insecurity. She also spent time with the Community Action Partnership of Kern Food Bank, exploring how that organization tackles hunger for a broad swath of the city. Tobacco policy experts connected with an existing coalition to explore why Bakersfield's tobacco retail licensure policy is more lenient than surrounding Kern County cities.

A Blue Zones Project Bakersfield steering committee was formed in November 2022. The individuals on this committee as well as committee co-chairs collectively informed the creation of a strategic plan known as the Blueprint, drawing upon Blue Zones Project's Discovery Phase findings. The Blueprint was finalized at the end of April 2023.

In early May 2023, sector committees—comprised of community members focused on each of the sector areas of schools, worksites, community policy, restaurants & grocery stores, faith-based organizations, and individual engagement—were set to create an implementation plan for achieving the strategies outlined in this Blueprint.

These sector committees—led by committee co-chairs who together compose the leadership team—will play an important role in improving community well-being by engaging organizations and individuals, advocating for policy change, and increasing community awareness and engagement.

Blue Zones Project Bakersfield Steering Committee and Leadership Team Members:
Jason Wells, President, Adventist Health Central California Network
Christian Clegg, City Manager, City of Bakersfield
Shawn Kerns, Executive Vice President and Chief Operating Officer, CRC
Gabriela Gonzales, External Affairs Officer, CRC
Traco Matthews, Chief Health Equity Officer, Kern Health Systems
Nick Hill, Chief Executive Officer, Kern County Black Chamber of Commerce
Dr. Lynnette Zelezny, President, California State University, Bakersfield
Kristen Beall Watson, Chief of Staff, California State University, Bakersfield
Dr. Mary Barlow, Kern County Superintendent, Kern County Superintendent of Schools
Amanda Frank, Coordinator, Kern County Superintendent of Schools
Brynn Carrigan, Director, Kern County Public Health
Derek Jeffrey, Vice President and General Manager, KGET
Lynne Ashbeck, Senior Vice President and Chief Community Impact Officer, Valley Children's Healthcare
Richard Chapman, President and CEO, Kern Economic Development Corporation
Maybelle Liquigan, Senior Vice President, Kaiser Permanente Kern County
Alesha D. Brown, Manager, Community Health, Kaiser Permanente Kern County
Anastasia Lester, Program Officer, First 5 Kern
RJ Valentino, President, Grimm Family Education Foundation
Norma Rojas-Mora, Executive Director, Government Relations and Development, Bakersfield College
Raji Brar, Chief Operating Officer, Countryside Market & Restaurants
Ken Keller, President and CEO, Dignity Health
Dr. Sonya Christian, Chancellor, California Community Colleges
Jay Tamsi, Chief Executive Officer, Kern County Hispanic Chamber of Commerce
John Paul Lake, Executive Director, B3K Prosperity

Leadership Team

Built Environment
Rick Anthony, Director of Recreation and Parks, City of Bakersfield
Steph Thisius-Sanders, Planning and Construction Director, North of the River Recreation & Park District
Food Policy
Jaclyn Allen, Manager and President, Hens Roost and Apple Core Project Inc.
Raj Cheshire, Director of Community Engagement & Development, Grimm Family Education Foundation
Worksites
Natasha Felkins, Vice President, Bitwise
Holly Godden, Director, Associate Wellbeing, Blue Zones
Schools
Amanda Frank, Coordinator, Kern County Superintendent of Schools
Grocery Stores & Restaurants
Chelsey Hall, Owner, Modern Grub
Engagement
Maritza Jimenez, Marketing and Public Affairs, Kern Health Systems
Heather Pennella, Director of Corporate and Foundation Relations, California State University, Bakersfield

We deployed the RealAge Test survey to Bakersfield residents in November 2022, to establish a well-being baseline before Blue Zones Project Bakersfield implementation begins. We will survey the community in subsequent years to track progress over time. The results will be shared with the Blue Zones Project Bakersfield committee members and sponsors once they are compiled. The table below highlights the key WBI metrics that the Project tracks as they are most related to Blue Zones Project people, places, and policy strategies.

Well-Being Index – Measures Most Impacted by Blue Zones Project – Real Age Test	2023 Baseline
Overall	
Life evaluation (% Thriving)	64.8%
Purpose Well-Being Score	
You learn or do something interesting every day. (% Agree)	51.3%
You like what you do every day. (% Agree)	61.8%
Social Well-Being Score	
Your friends and family give you positive energy every day. (% Agree)	63.0%
Someone in your life always encourages you to be healthy. (% Agree)	65.1%
Community Well-Being Score	
In the last 12 months, you have received recognition for helping to improve the city or area where you live. (% Agree)	19.3%
The city/area where you live is a perfect place for you. (% Agree)	35.6%
Physical Well-Being Score	
% with high blood pressure	18.3%
% with high cholesterol	6.7%
In the last seven days, you have felt active and productive every day. (% Agree)	54.5%
% who use tobacco	8.0%
% who exercised for 30+ minutes 3+ days in last week	54.5%
% who had 5+ servings of fruits and vegetables 4+ days in last week	49.6%
% Obese adults	39.2%

The local Blue Zones Prokect Team coordinated a Community Kickoff event in 2023 to spread awareness throughout the greater Bakersfield metro. The event at Yokuts Park drew close to 1,000 people and included vendors focused around the Blue Zones Power 9 principles. For instance, representatives from Bike Bakersfield gave cycling demonstrations on the 'Move Naturally' zone, while representatives from a food as medicine initiative performed live cooking demnstrations to help teach residents to "Eat Wisely" through a plant-slant diet.

In 2023, full iplemtnation of the Bluepprint is anticipated. Early work includes the reestablishment of a food policy council and working with staff in the city of Bakersfield to incorporate built environment projects like a Complete Streets program. Several policy changes were also contemplated, including a tobacco retail ordinance to prevent underage residents from purchasing vaping and similar products at area stores.

Adventist Health Bakersfield Implementation Strategy Action Plan

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS						
GOAL STATEMENT: WORK HAND-IN-HAND WITH COMMUNITY PARTNERS TO DELIVER A METRIC-DRIVEN STRATEGY TO REDUCE CHRONIC HOMELESNESS ACROSS THE COUNTY.						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people, Equity						
Strategy: Partner with existing organizations in the Kern County to support accurate homeless counts, data sharing and grant funding opportunities						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 AH to provide financial and volunteer support for the annual Point in Time Count	-# of homeless and unsheltered counted in PIT	2,338	-Identify community resources to assist in sheltering. -# individuals entered into HMIS -# of individuals receiving social services	Previous report available upon request	-# of Individuals sheltered at new low-barrier shelter.	See Narrative Below
Activity 1.2 County of Kern Emergency Solutions Homeless Care Coordination Grant	screen patients for program acceptance in Homeless Prevention or Rapid Rehousing Program (in partnership with Bakersfield Homeless Center)	Awarded contract in 2020.	-Establish direct partnerships with Bakersfield-Kern-Regional Homeless Collaborative and Bakersfield Homeless Center. -Staff HMIS training via Kern Behavioral Health and Recovery Services.	Previous report available upon request	-directly connect patients who are homeless with supportive services and housing.	See Narrative Below
Source of Data: Health Management Information System (HMIS), Kern Homeless Collaborative Data						
Target Population(s): Individuals and families experiencing homelessness, sleeping in vehicles, on the streets, or sleeping in other places not meant for habitation.						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • Financial, staff, volunteers						

PRIORITY HEALTH NEED: HOUSING AND HOMELESSNESS
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) 1.1 Bakersfield-Kern Regional Homeless Collaborative 1.2 Bakersfield-Kern Regional Homeless Collaborative*, Bakersfield Homeless Center*, Kern Behavioral Health and Recovery Services*
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; E2 – Grants; **F -** Community Building; **G -** Community Benefit Operations) • E-1 Cash Donations/Not-for-profit Community Organizations

Strategy Results 2022:

1.1 The Bakersfield-Kern Regional Homeless Collaborative (BKRHC) in partnership with Adventist Health once again sponsored the Annual "Point in Time Count." Through this collaborative, there were a total of 1,948 unduplicated persons sleeping in shelters and unsheltered on January 27, 2022. The PIT Count resulted in 931 persons who were sleeping in shelters and 1,017 who were unsheltered. Adventist Health was a proud supporter of this effort both financially through sponsorship, as well as making associates available to participate in survey.

1.2 Through the Emergency Solutions Health and Homeless Grant, the Access to Care Coordinator screened 446 people who identified as being homeless. Seventeen (3.8 percent) were veterans, 145 (32.5 percent) were women, and 28 (6.3 percent) were youth/under age 25. Five were fleeing domestic violence and 78.5 percent had zero income dollars. Twenty-one percent had disabilities and 20% had mental health disorders. Through a subcontract with The Open Door Network, 22 patients were eligible for Rapid Rehousing. Adventist Health assisted six patients with emergency lodging and two patients with Homeless Prevention funding to retain their housing and not become homeless.

PRIORITY HEALTH NEED: ECONOMIC INSECURITY

GOAL STATEMENT: IMPROVE THE ECONOMIC SECURITY OF THE COUNTY, IMPROVE THE SOCIAL AND PHYSCIAL WELL-BEING OF ITS RESIDENTS BY DECREASING BARRIERS TO EMPLOYMENT.

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

Strategy: Partner in the community to address employment barriers for homeless and those recently released from incarceration.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Deploy a Homeless Workforce Development Initiative in partnership with Bakersfield College, Bakersfield Homeless Center and the Mission at Kern County and employ graduates at the hospital.	-# of homeless graduates employed	Reduced due to COVID-19	-# of program graduates who promote to other roles or maintain employment	Previous report available upon request	-# of program graduates obtained employment	See Narrative Below
Activity 1.2 Provide administrative and volunteer staff for a medical tattoo removal program with Garden Pathways to reduce barriers to employment for those recently released from incarceration	-# of mentorship participants who have tattoos removed	16	-# of mentees who gain employment post program participation	Previous report available upon request	-% of mentees employed 2 years post program participation	See Narrative Below.

Source of Data:

- Adventist Health HP, Bakersfield College, Garden Pathways Program Data, Kern Economic Development Corporation

Target Population(s):

- Recently Incarcerated, Homeless

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

- In-Kind, Financial

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

PRIORITY HEALTH NEED: ECONOMIC INSECURITY
• Bakersfield College, Mission at Kern County, Bakersfield Homeless Center, 1.2 *Garden Pathways
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) • F8-Workforce Development

Strategy Results 2022:

1.1 Adventist Health partnered with Garden Pathways, a local non-profit organization, to align recently released inmates to job retraining programs locally. The goal of the program was to reduce the unemployment rate of inmates released into our local communities.

1.2 In addition, AH Bakersfield also partnered with Garden Pathways to provide over 200 tatoo removals through a tatoo removal program/partnership to remove employment barriers and stigma around tattoos for local community members.

PRIORITY HEALTH NEED: CHRONIC DISEASES						
GOAL STATEMENT: REDUCE THE IMPACT OF CHRONIC DISEASES, INCREASE PREVENTION AND AWARENESS						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people						
Strategy: Target education and screening activities to high-risk zip codes. **Strategy 1.1: Provide screening for cholesterol, blood glucose, BMI, blood pressure at various health fairs, including the American Heart Association Community Block Party** **Strategy 1.2: Provide cancer-related screenings and preventative practice information at a variety of health fairs and community events.**						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Provide screening for cholesterol, blood glucose, BMI, blood pressure at various health fairs, including the American Heart Association Community Block Party	-# of people screened at community events -# of people referred for follow-up care	Diabetes and heart disease education was provided to approx. 10,600+ individuals.	-Raise awareness of heart disease/stroke in critical zip codes.	Previous report available upon request	-Increase the number of people in critical zip codes who know their heart health numbers.	See Narrative Below
Activity 1.2 Provide cancer-related screenings and preventative practice information at a variety of health fairs and community events	-# of people screened at community events -# of people referred for follow-up care	Cancer education was provided to over 20,000 people. At least 26 received screenings. Numbers are reduced due to COVID.	-Raise awareness of cancer and its prevention in critical zip codes.	Previous report available upon request	-Increase the number of people who receive PAP smear, FIT test kit in critical zip codes.	See Narrative Below
1.3 Equity and diversity inclusion for health screenings	# of people served in focused areas of disparate health needs	Focused breast cancer screenings were provided to both Punjabi and African American women.		Previous report available upon request		See Narrative Below

PRIORITY HEALTH NEED: CHRONIC DISEASES
Source of Data: • American Heart Association, AIS Cancer Center, County of Kern Public Health Department
Target Population(s): • Rural zip codes, Zip codes with abnormally high rates of heart disease or cancer
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • Financial, supplies, in-kind
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • American Heart Association, American Cancer Society, Sikh Women's Association
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) • A2-Community Based Clinical Services

Strategy Results 2022:

1.1 In 2022, Adventist Health continued collaboration and partnership with the American Heart Association for education and prevention outreach on the topic of cardiovascular desises and exercise.

1.2 The AIS Cancer Center, a service of Adventist Health, provided several free community cancer screening events focusing on prevention and education around breast, colon, and other types of common cancers. In addition, these services elevated awareness and community partnerships with other local non-profits such as the American Cancer Society in providing resources and services to the community. Nurse educator Jacqui Engstrand taught breast cancer basics during a seminar for 59 California State University, Bakersfield students. During a breast screening event October 14, 2022, the AIS Cancer Center coordinated with the Every Woman Counts program and Omni Family Healthcare to target the uninsured. 26 women received clinical breast exams, of which, 22 women needed imaging. 20 women were scheduled for imaging, while 2 declined. Of them, 18 had begnin/negative findings, and one needed biopsy which resulted in negative findings.

PRIORITY HEALTH NEED: FOOD INSECURITY						
GOAL STATEMENT: REDUCE SURPLUS FOOD WASTE AND IMPROVE DISTRIBUTION TO THOSE IN NEED						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people						
Strategy 1.1: Partner with Waste Hunger Not Food program to take edible, surplus food to distribute to those in need						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Partner with Kern Public Health 'Waste Hunger Not Food' to recover leftover hospital café food and transport/redirect to local churches for distribution.	-# of people served by program -# of lbs. of food recovered from hospital -#of church partners distributing food	AHBD donated 3,900 pounds of food resulting in 3,245 meals for people who are vulnerable in Kern County.	-Raise awareness of food insecurity in the community -Create workflow and knowledge plan to successfully donate food to program.	Previous report available upon request	- Expansion of program to other Adventist Health market hospitals/service areas.	See Narrative Below
Activity 1.2 Community Garden in partnership with edible schoolyard Kern County and CSUB		Delayed due to COVID-19		Previous report available upon request		See Narrative Below
Source of Data: • Kern County Public Health						
Target Population(s): • Food insecure families, adults						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • In-kind – Adventist Health Bakersfield Nutrition Services gifted 3,894 pounds of food to Waste Hunger Not Food. This equates to 3,245 meals.						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • *Kern County Public Health, City Serve Kern County						
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) • E3-In-kind Donations						

Strategy/Narrative Results 2022:

1.1 Food from the hospital café was donated to the Kern County Public Health's program Wasting Hunger, Not Food. Over 3,000 people were served through the donated food. The program donations paused during the pandemic through 2022.

1.2 AHBD financially supported the creation of the edible gardens at California State University, Bakersfield campus. The garden provides food to students on campus to reduce the hunger and burden of food insecurity. A study of students found 40 percent of the CSUB student on campus were food insecure at least once within the past year. In 2022, the garden had a yield of 3,000 pounds of free fresh fruit and vegetables for the students on campus. The healthier food options also reduce the health risks of high fat and sodium enriched foods commonly found in a college student's diets. Additionally, Bakersfield College launched a community garden sponosored by Adventist Health to feed students at risk of food insecurity. The garden was set to produce enough healthy food options to prepare 2,500 meals through the on-campus food bank. A survey conducted in 2019 of nearly 40,000 students from 57 community colleges found that a combined 52% of students said they either couldn't afford to eat balanced meals or worried whether their food would run out before having to buy more. From those same results, 41% of respondents said they skipped meals or ate smaller portions for financial reasons and 12% had not eaten for an entire day the previous month due to not having enough money.

The garden also offers educational opportunities to the public, free of charge. The Edible Education Garden Certificate of Completion covers the fundamentals of edible gardening to advanced garden management practices. The six interactive hands-on classes are an enjoyable and educational way to get into the garden, improve your skills, commune with nature, grow healthy foods or explore career opportunities.

PRIORITY HEALTH NEED: PREVENTATIVE PRACTICES

GOAL STATEMENT: REDUCE THE RATE OF UNVACCINATED AND UNDERVACCINATED KIDS AGES 0-5 AND DECREASE THE RISK FOR OUTBREAKS OF VACCINE-PREVENTABLE DISEASES.

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

Strategy 1: Utilize grant funding to provide free flu and childhood immunizations to Kern County residents through a specially equipped mobile unit.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results : Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Mobile Immunization Van	-# of kids, ages 0-5 immunized each year. -# of vaccines administered	Over 14,000 immunizationsfo r children, and 424 immunizations for adults	-Raise awareness of the importance of childhood vaccinations and flu shots.	Previous report available upon request	-Increase percentage of kids who are vaccinated at area schools to 96%.	See Narrative Below
Activity 1.2 Mobile Immunization Van COVID adults	-# of vaccines administered	Mobile COVID vaccine program was developed and is expected to launch in 2021.		Previous report available upon request		See Narrative Below

Source of Data:

- Children's Mobile Immunization Program, County of Kern Public Health

Target Population(s):

- Children, especially those ages 0-5
- Adults

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

- Financial, supplies, in-kind, staff support

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

- County of Kern, State of California, First 5 Kern, CAPK

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

- A2-Community Based Clinical Services

Strategy/Narrative Results 2022:

1.1 Over 2,300 children immunizations were provided at no cost to the local community through the immunizations mobile program expanding access to care.

1.2 The mobile COVID-19 vaccine program sunset at the conclusion of 2021 due to re-direction of resources and substantial access to vaccines through community based pharmacies.

PRIORITY HEALTH NEED: OVERWEIGHT AND OBESITY						
GOAL STATEMENT: USE THE MOBILE KITCHEN CONCEPT TO ADDRESS DIABETES AND ADOLESCENT OBESITY BY TRANSFERRING PREVENTATIVE KNOWLEDGE AND PROVIDING FARM-TO-TABLE EXPERIENCES THAT WILL INCREASE STUDENT FAMILIARITY, RECOGNITION, AND TASTING OF FRUITS AND VEGETABLES.						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people						
Strategy 1: Utilize the mobile kitchen unit to provide a unique hands-on experience to 800 students at 8 locations during the first year with opportunities in year 2 to expand outreach to other Boys and Girls Club sites.						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1	-# events attended -# students served	See narrative below	- Change in attitude towards healthy foods and food identification as identified in post-program survey.		-Incremental increase in program participation by 30 percent. -Expansion of program to two new schools/centers over 2 years.	See Narrative Below
Source of Data: • Grimm Family Education Foundation, County of Kern Public Health						
Target Population(s): • Children, ages 5-17						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • Financial, staff						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • *Grimm Family Education Foundation, Boys and Girls Club of Kern County, local school districts, Kaiser Permanente Kern County						
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) • A1-Community Health Education						

Strategy/Narrative Results 2022:

1.1 The mobile teaching kitchens sunset in 2021 due to COVID and repeated damage to the van used to transport the mobile kitchen unit to remote locations. The partnership between Grimm Family Education Foundation and AH Bakersfield continues on through the establishment of edible gardens at CSU Bakersfield and Bakersfield College. Also, Adventist Health financially supported the Grimm Education Foundation's Plant Sale Event, which expands access to gardening and food education to the general community.