



**ADVENTIST HEALTH
TEHACHAPI VALLEY**

2022 COMMUNITY HEALTH
IMPLEMENTATION STRATEGY

APPROVED APRIL 27, 2023

Table of Contents

I. PURPOSE & SUMMARY	3
---------------------------------------	----------

II. GETTING TO KNOW US	5
Our CHNA Service Area	5
Community Served	6
Demographics	
Map	
Adventist Health	7
Adventist Health’s Approach to CHNA and CHIS	7

III. HIGH PRIORITY NEEDS	8
Access to Care	9
Health Conditions	10
Health Risk Behaviors	11

IV. IMPLEMENTATION STRATEGY	12
High Priority: Access to Care	13
High Priority: Health Conditions	14
High Priority: Health Risk Behaviors	15

V. PERFORMANCE MANAGEMENT & EVALUATION	17
CHIS Development	17
2022 Community Health Needs Assessment	17
Link to CHNA – Link to Secondary Data	

VI. SIGNIFICANT IDENTIFIED HEALTH NEEDS	18
--	-----------

VII. COMMUNITY HEALTH FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY CARE COMMITMENT	19
---	-----------

VIII. GLOSSARY OF TERMS	20
--------------------------------------	-----------

IX. APPROVED BY GOVERNING BOARD	21
--	-----------

Purpose & Summary

Non-profit health systems, community-based organizations, and public health agencies across the country all share a similar calling: to provide public service to help improve the lives of their community. To live out this calling and responsibility, Adventist Health Tehachapi Valley conducts a Community Health Needs Assessment (CHNA) every three years, with our most recent report completed in 2022. Now that our communities' voices, stories, and priority areas are reflected in the CHNA, our next step is to complete a Community Health Improvement Plan (CHIP), or as we refer to it in this report, a Community Health Implementation Strategy (CHIS).

The CHIS consists of a long-term community health improvement plan that strategically implements solutions and programs to address our health needs identified in the CHNA. Together with the Adventist Health Well-Being team, local public health officials, community-based organizations, medical providers, students, parents, and members of selected underserved, low-income, and minority populations, Adventist Health Tehachapi Valley intentionally developed a strategic plan to address the needs of our community.

In this CHIS, you will find strategies, tactics, and partnerships that address the following health needs identified in the 2022 Adventist Health Tehachapi Valley CHNA:

Access to Care

Health Conditions

Health Risk Behaviors

We hope this report is leveraged by all local partners and community members, empowering them to own the potential of healthy living for all. This report was reviewed and approved by our Hospital Board as well as the Adventist Health System Board on April 27, 2023. The entire report is published online and available in print form by contacting community.benefit@ah.org.



What if ...

It's not a prescription that changes your health?

Instead, it's a collaboration between you and your care providers?

And it's community-based organizations working together to support you?

Getting to know our Tehachapi Valley CHNA service area*

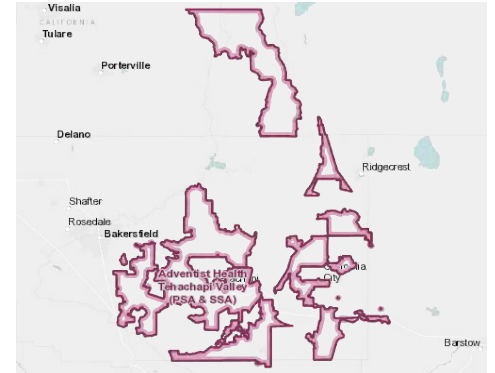
Nestled in the Tehachapi Valley, the city of Tehachapi is surrounded by mountains and scenery on all sides, with a significant and meaningful history of Native American tribes. Its high elevation, desert landscape, and near by popular Pacific Crest Trail attract the ultimate adventurer. Our geographically distinctive Tehachapi Valley service area consists of a population of 122,230. Of those, about 54% are non-Hispanic.

Part of what makes the community of Tehachapi Valley unique is the diverse age group of its residents, with 12.3% of people being over 65 and 36.7% being younger than 35. Of this population, 31.2% of

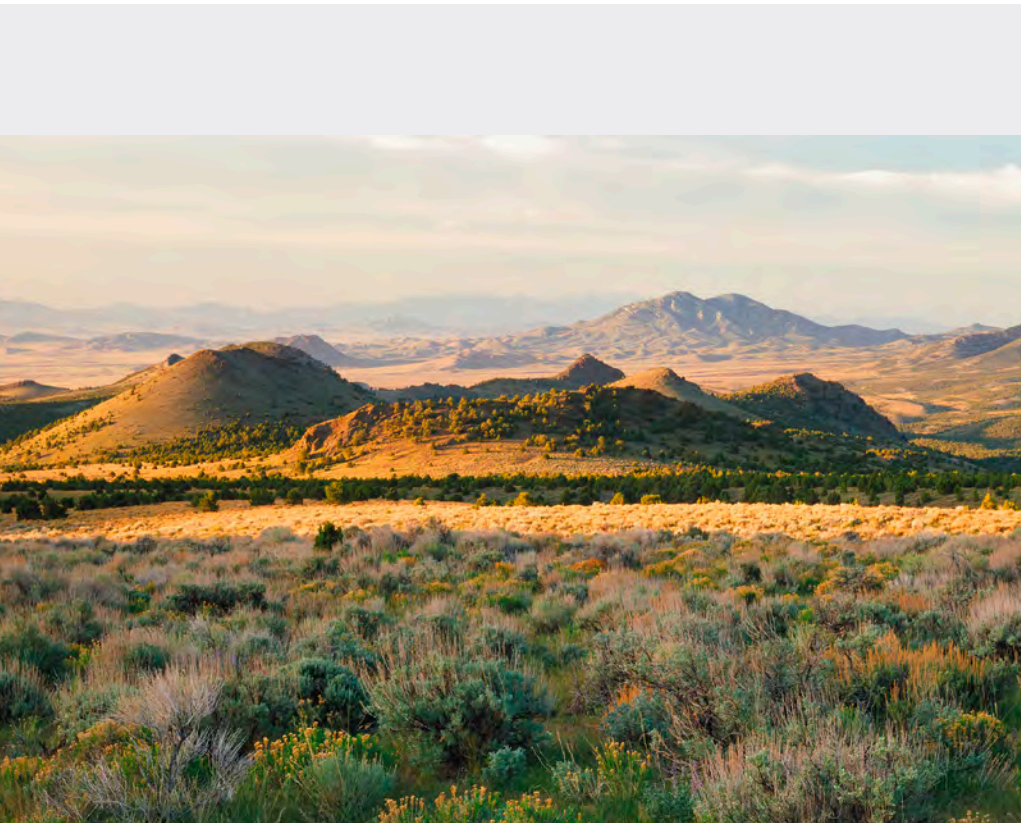
children live in poverty and 4.24% of students are unhoused, compared to the state average of 4.25% and national average of 2.77%.

This small, rural community is known for being family-friendly and unique for living outside regular suburbia conventions. Residents spend 57.68% of their income on housing and transportation.

For a more detailed look into community member comments, facts and numbers that are captured in the CHNA, please visit adventisthealth.org/about-us/community-benefit. The following pages provide a closer look into our community demographic as well as our approach to the CHIS.



**This service area represents Adventist Health Tehachapi Valley's primary service areas (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve, creating the Tehachapi Valley CHNA service area.*



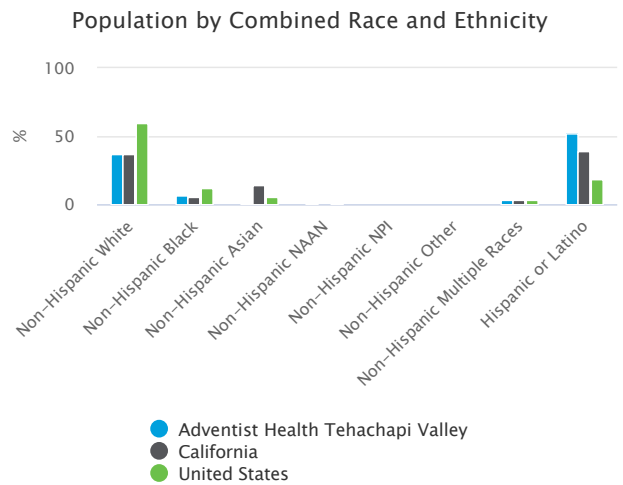
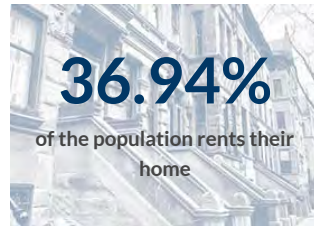
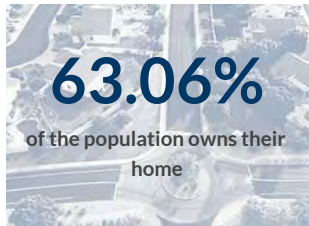
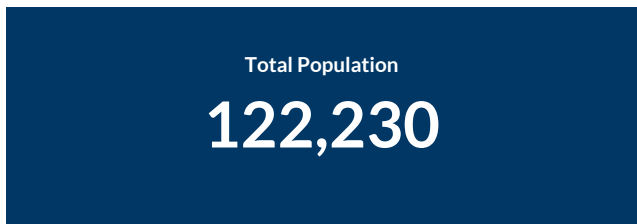
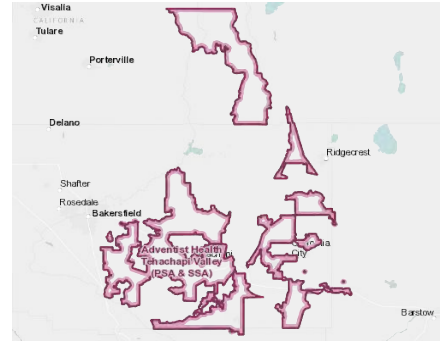
What if our community worked together and made life all-around better? What if we offered various pathways to meet our diverse needs, so every member of our community experienced better health, prosperity and longevity?

Who We Serve

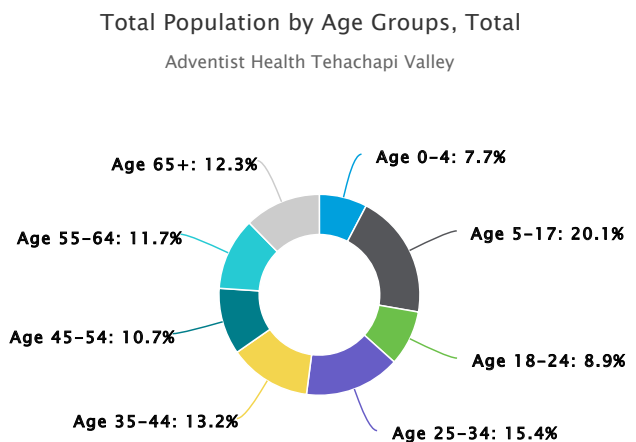
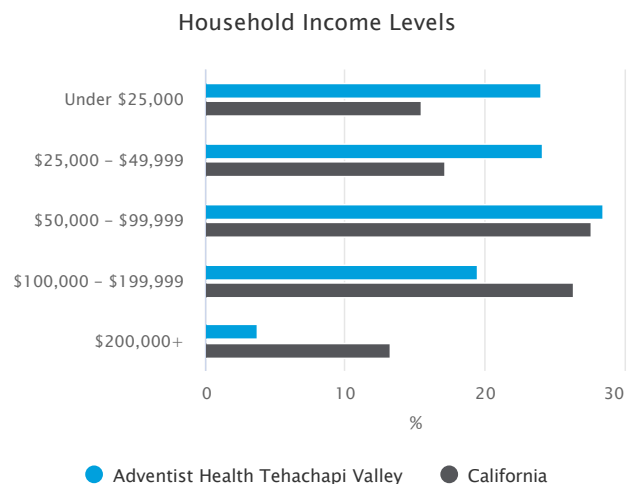
DEMOGRAPHIC PROFILE

The following zip codes represent Adventist Health Tehachapi Valley’s primary service area (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve.

The Adventist Health Tehachapi Valley CHNA market has a total population of 122,230 (based on the 2020 Decennial Census). The largest city in the service area is Arvin, with a population of 19,304. The service area is comprised of the following zip codes: 93528, 93558, 93501, 93519, 93518, 93516, 93531, 93554, 93241, 93560, 93561, 93203, 93505, 93523, 93527, 93524.



Note: NA/AN = Native American or Alaska Native, NPI = Native Hawaiian or Pacific Islander.



About Us

Adventist Health Tehachapi Valley

As a critical access hospital, Adventist Health Tehachapi Valley is designed to provide the healthcare services needed right here in our community, and we stand at the ready when you need them. With nearly 11,000 visits last year, many of our Tehachapi Valley neighbors chose the hospital's emergency department and each day more are discovering all we have to offer.

Today it is easier than ever to keep your family well with our 25-bed hospital, wide range of outpatient services, 24/7 emergency department, three rural health clinics and our Adventist Health Physicians Network Tehachapi medical office.

Adventist Health

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 34,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing to support community well-being.



Adventist Health's Approach to CHNA & CHIS

Adventist Health prioritizes well-being in the communities we serve across our system. We use an intentional, community centered approach when creating our hospital CHNA's to understand the health needs of each community. After the completion of the community assessment process, we address health needs such as mental health, access to care, health risk behaviors, and others through the creation and execution of a Community Health Implementation Strategy (CHIS) for each of our hospitals and their communities.

The following pages highlight the key findings the Adventist Health Tehachapi Valley CHNA Steering Committee (see page 17 for a list

of CHNA Steering Committee sector participants) identified as their top priority health needs, or as we refer to them in this report, their 'High Priority Needs'. The High Priority Needs are addressed in this Community Health Implementation Strategy.

High Priority Needs

The following pages highlight the High Priority Needs that will be addressed in this Community Health Implementation Strategy.

Access to Care

COMMUNITY VOICES

- People noted it can take months to see a primary care doctor, and specialty care is viewed as extremely difficult to arrange.
- Some residents don't attend scheduled doctor's appointments because they may need to wait hours at the doctor's office, interviewees stated.
- Some residents believe financial struggles require people to choose which priorities they can pay for.
- The Central Valley has difficulty recruiting adequate physician coverage, which includes behavioral health, medical services, and specialty areas, community leaders said.



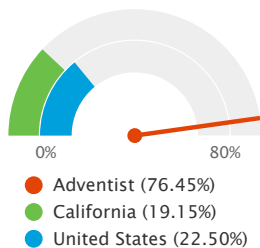
Residents in Tehachapi were surveyed recently and shared that Access to Care is a top health concern for their community. They explained that it can take months to see a primary care doctor, and some residents don't attend scheduled doctor appointments because of the long wait – the result of a severe shortage. The rate of uninsured residents in this area is 7.71% compared to 7.23% in California and 8.73% across the county.

There are fewer than half as many primary care providers in Tehachapi as compared to other regions - 37

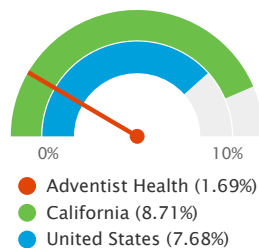
providers compared to 100 for every 100,000 people in California. Less than 2% of the population live within a mile of a hospital with an emergency room and there are fewer intensive care unit beds compared to state and national numbers. 18% of residents have easy access to public transportation, compared to 63% of Californians and 35% of Americans, increasing the challenges community members face in accessing health care.

SECONDARY DATA INFOGRAPHIC STATS:

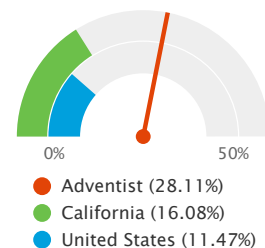
Percentage of Population Living in an Area Affected by a HPSA



Percentage of Population Living Within 1 Mile of a Hospital with ER



Population Age 25+ with No High School Diploma, Percent



Health Conditions

COMMUNITY VOICES

- The large number of fast-food restaurants in the community is seen as a driver towards unhealthy eating.
- Obesity is seen as a leading factor in other health issues and the rate of obesity is seen as high in Kern County.
- Residentes noted there is a need for more cancer screening opportunities.
- The lack of easily accessible, public exercise spaces was identified as a major barrier for many in the community.



Spectacular views, hiking, camping and fishing are a few of the attractions that draw visitors to Tehachapi. Visitors bring their gear and enjoy a get away from work. But for many people who live in the Tehachapi communities, life is a challenge – residents face chronic diseases and health care access challenges.

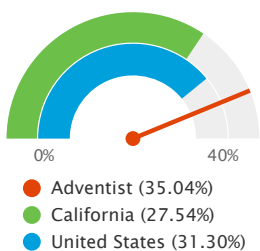
Residents turn to unhealthy but affordable foods because they are cheap, convenient and accessible. Heart, lung and liver disease mortality rates are higher in Tehachapi compared to California and the United States.

Community members shared their concerns, noting that obesity leads to other health issues, and the area has a high rate of mortality due to heart disease. There was a concern among community members about a large percentage of the population having prediabetes and being at risk for additional health problems as a result.

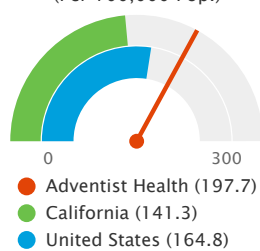
Helping residents choose wisely and seek education can lead to brighter futures.

SECONDARY DATA INFOGRAPHIC STATS:

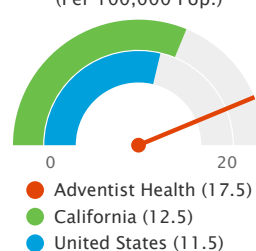
Percentage of Adults Obese (BMI ≥ 30.0 kg/m²)



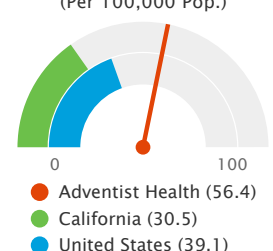
Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Liver Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Health Risk Behaviors

COMMUNITY VOICES

- Interviewees called out that parent medical appointments are impacted by lack of childcare.
- People identified the need for needle disposal sites and increased lighting in parks.
- Heat and air quality during the summer make it hard to go out and exercise, people said, and gyms require transportation and memberships.
- People noted that children may be at danger of being exposed to drugs on playgrounds.
- Adults don't have regular check-ups and don't realize they are at risk, it was stated.



The Tehachapi Valley community is family-friendly and offers residents an unconventional lifestyle with its desert landscape, nearby popular Pacific Crest Trail and surrounding national and state parks to explore.

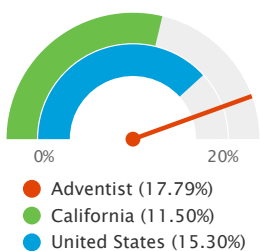
Such an environment nudges individuals to engage in positive activities, helping residents' well-being stay in the higher ranks. However, some behaviors can threaten better health, such as smoking, substance use and higher rates of HIV/

AIDS infections.

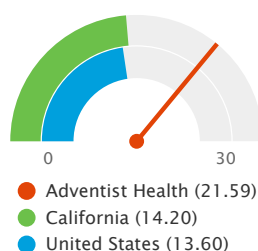
Community members have expressed concern about the future of their families, friends and coworkers' overall well-being, sharing concerns about finding drugs on playgrounds and the prevalence of adults binge drinking. Yet, despite these genuine concerns, residents are eager to roll up their sleeves and find solutions to reduce the health risk behaviors in their community.

SECONDARY DATA INFOGRAPHIC STATS:

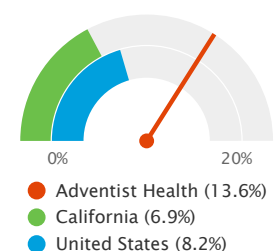
Percentage of Adults who are Current Smokers



HIV / AIDS Infections, Rate per 100,000 Pop.



Percentage of Infants with Low Birthweight: %





Action Plan for Addressing High Priority Needs

Committee members drew upon a broad spectrum of expertise and possible strategies to improve the health and well-being of vulnerable populations within the community.

The following pages reflect the goals, strategies, actions, and resources identified to address each selected High Priority Need.

ADDRESSING HIGH PRIORITY: Access to Care

GOAL	Collaborate with community partners to provide access to care to underserved communities.				
Priority Area:	Access to Care	Sub-Category:	Stability	Defining Metric:	Underserved Populations
Strategy 1:	Provide and partner with organizations to promote access to care via mobile health units.				
Population Served:	Total population				
Internal Partners:	Mobile Health Initiatives Team, Rural Health Clinic leadership and team				
External Partners:	School Districts, Public Health, Head Starts, and community partners				
Actions: Program/Activity/Tactic/Policy	Organization				
Provide opportunities to reach underserved populations through utilization of primary care and children’s immunization mobile health units in eastern Kern County.	Adventist Health - Clinics				
	School Districts				
	Health Net				
	AH Mobile Health Team				
	Public Health				
	Kaiser Permanente				
YEAR ONE	YEAR TWO		YEAR THREE		
Initiate quarterly mobile health unit events and participation.	Increase awareness of the importance of primary care services among rural areas of eastern Kern County.		Identify strengths of mobile health initiatives, and leverage opportunities for mission expansion and advanced services.		

ADDRESSING HIGH PRIORITY: Health Conditions

GOAL	Reduce chronic health conditions by providing education and support services in the community.				
Priority Area:	Health Conditions	Sub-Category:	Obesity & Diabetes	Defining Metric:	Obesity & Diabetes
Strategy:	Expand and leverage existing partnerships to promote health education and support for Tehachapi community.				
Population Served:	Total Population				
Internal Partners:	Rural Health Clinic Team; AHTV Clinical Team, Mobile Health Services				
External Partners:	Public Health, Greater Tehachapi Economic Development, School Districts (Tehachapi, Boron) Chamber of Commerce. Tehachapi Hospital District				
Actions: Program/Activity/Tactic/Policy			Organization		
Partner with Kern County Public Health and community partners on opportunities for resources/support services to reduce common health conditions related to social determinants and/or family health history. Programs include but are not limited to: Know your Numbers, Grounded in Health, etc.			Adventist Health - Clinics		
			AH Tehachapi Valley		
			School District(s)		
			City of Tehachapi		
			Public Health		
			Community Action Partnership of Kern Food Bank		
YEAR ONE	YEAR TWO		YEAR THREE		
Participate in partnership opportunities to raise awareness of chronic health conditions and lifestyle changes as contributing factors at the Tehachapi Farmers Market events.	Increase community participation in health promotion programing through strategic partnerships and outreach.		Establish regular cadence of health promotion programing throughout the year in eastern Kern County.		

ADDRESSING HIGH PRIORITY: Health Risk Behaviors

GOAL	Partner with local organizations on education and resources contributing to health risk behaviors.
-------------	--

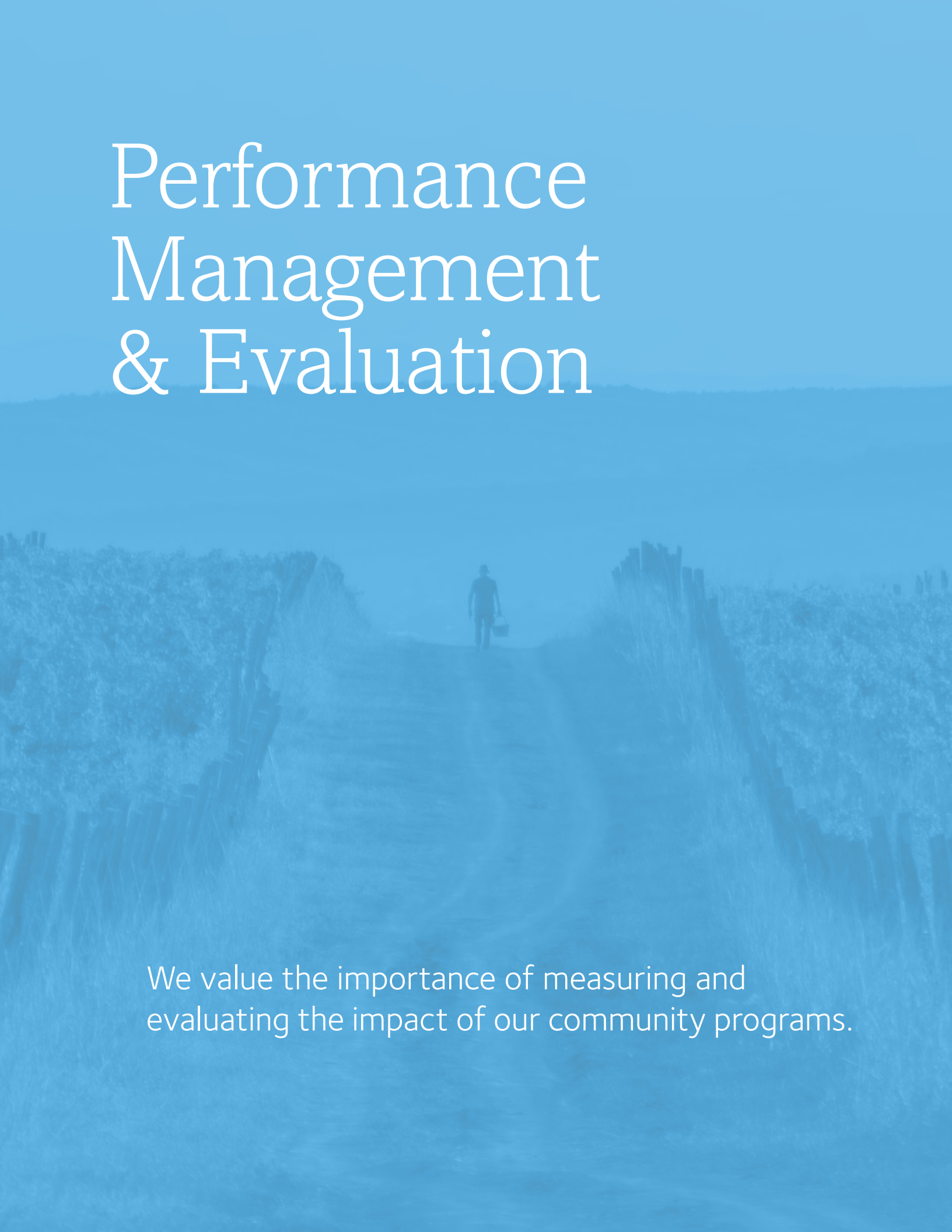
Priority Area:	Health Risk Behaviors	Sub-Category:	Heart Disease & Stroke	Defining Metric:	Heart Disease and Stroke
-----------------------	-----------------------	----------------------	------------------------	-------------------------	--------------------------

Strategy:	Participate in local community programs to educate people about lifestyle changes contributing to health risks.
Population Served:	Total Population
Internal Partners:	Adventist Health Tehachapi Valley, Rural Health Clinics
External Partners:	Public Health, Greater Tehachapi Economic Development, School Districts (Tehachapi, Boron) Chamber of Commerce. Tehachapi Hospital District.

Action: Program/Activity/Tactic/Policy	Organization
Expand partnership with local community gardens to provide platform on health education and resources (i.e. Fresh produce, healthy eating, exercising).	Adventist Health - Clinics
	AH Tehachapi Valley
	School Districts
	City of Tehachapi
	Public Health
	Community Action Partnership of Kern Food Bank

YEAR ONE	YEAR TWO	YEAR THREE
Provide partnership and support to local community gardens to expand resources provided to the community.	Provide opportunities for Adventist Health Clinical/Nutritional Team to facilitate educational workshops for participants of garden projects.	Identify opportunities to scale community gardens to other areas of eastern Kern County, for greater reach.

Performance Management & Evaluation

A person is walking away from the camera on a dirt path that leads through a field of tall, dry grass. The person is carrying a basket and is positioned in the center of the frame. The entire image is overlaid with a semi-transparent blue filter. The path leads towards a hazy horizon.

We value the importance of measuring and evaluating the impact of our community programs.

Performance Management & Evaluation

Adventist Health will support the High Priority Need action plans identified in this CHIS by monitoring progress on an ongoing basis and adjusting the approach as needed over the course of the next three years. There are several resources in place to aid in this. All CHIS programs and initiatives will include a completed logic model to identify intended activities, outputs, and short and long-term outcomes. Establishing core metrics for each program or initiative will allow for the ongoing collection of

performance management data. Actively tracking metric performance leads to the identification of strengths and challenges to the work, the local hospital, the Adventist Health Community Benefit team, and external consultants. Together, we will work to share successes and create performance improvement plans when necessary.

In addition, Adventist Health hospitals where High Priority Needs are shared will have the opportunity

to join a collaborative held by the Adventist Health Well-Being team. The collaborative will be centered on building a common approach that aligns and maximizes community benefit, thus reducing the need to manage this work independently at each hospital. Along with that, where appropriate, evaluation activities designed to measure the overall strength and success of this work at the community level will be incorporated into performance management tracking.

CHIS Development

The development of the CHIS was directly built from the CHNA, whose goal focused on leveraging community stakeholders and data to address the most significant health needs of our community over the next three years. Members of the CHNA Steering Committee—comprised of healthcare, civic, public, and business leaders—led the process of identifying and addressing health needs for a healthier community, completing the final report in fall of 2022.

Collaborating with CHNA Steering Committee members again in early

2023, Adventist Health Community Well-Being Directors facilitated a multi-step process to outline goals and strategies for the CHIS that foster change and positive impact in each of the High Priority Need areas. Each community relied on existing programs and services, and, where necessary, identified new opportunities to pursue collectively.

Once an approach received a consensus, the Community Well-Being Directors worked with Adventist Health leadership and expert consultants to set major

annual milestones for each approach, generating outputs and outcomes that allow for ongoing performance management of this work. For further information on how success will be tracked, refer to the Performance Management and Evaluation section above.

Finally, the CHIS was presented to Adventist Health local Hospital Boards for review and feedback. In addition to this collaborative effort, we also welcome feedback at community.benefit@ah.org.



Scan the QR code for the full Secondary Data Report



Significant Identified Health Needs

The Adventist Health Community Well-Being team and community partners collectively reviewed all relevant significant health needs identified through the CHNA process. Using a community health framework developed for this purpose, 12 significant health needs were initially considered. The list of significant needs are as follows:

- Access to Care
- Community Safety
- Community Vitality
- Education
- Environment & Infrastructure
- Financial Stability
- Food Security
- Health Conditions
- Health Risk Behaviors
- Housing
- Inclusion & Equity
- Mental Health

From this group of 12, several high priority health needs were established for Adventist Health Tehachapi Valley. High priority health needs were chosen as they had demonstrated the greatest need based on severity and prevalence, intentional alignment around common goals, feasibility of potential interventions, and opportunities to maximize available resources over a three-year period.

Using the criteria mentioned above, we were able to determine which needs were high priority, as compared to those that were significant needs. The High Priority Needs are the focus of this CHIS. The remaining significant health needs are not addressed directly but will likely benefit from the collective efforts defined in this report. The following table provides additional information on all the significant health needs that were considered.

TABLE OF SIGNIFICANT IDENTIFIED HEALTH NEEDS

High Priority Needs	
Access to Care	See Sections III.C - E
Health Risk Behaviors	See Sections III.C - E
Health Conditions	See Sections III.C - E
Lower Priority Needs	
Community Vitality 211kerncounty.org/category/income-employment/	Fiscal challenges, especially in home ownership, decrease economic and civic engagement. High crime and rates of substance use problems are also seen as factors limiting community vitality.
Housing 211kerncounty.org/category/housing/	The limited housing stock, and high housing costs, push many into an unstably housed environment. Service needs for this group are very high, and the overall cost of living makes stable housing unrealistic for some community residents.
Food Security 211kerncounty.org/category/food/	With 74% of students receiving free or reduced-priced lunches, and nearly 20% of the community living in low food access neighborhoods, food security is an ongoing problem for many.
Mental Health 211kerncounty.org/category/mental-health/	49% of surveyed residents identified mental health issues as community health need.
Public Safety 211kerncounty.org/category/government/	Key informants noted that there has been an increase in crime in the area during COVID, especially among youth.
Financial stability 211kerncounty.org/category/income-employment/	High rates of children living in poverty (28%) and very low median family incomes (more than \$20,00 less than the California average per year) make financial security a problem for many in this area. Interviewees noted these problems are exacerbated by the high cost of living.
Education-Childcare 211kerncounty.org/category/children-families/	24% of the community has an associate's degree or higher. Focus group members said there are inadequate childcare options, both in quantity and quality.
COVID 211kerncounty.org/category/health-care/	46% of surveyed residents identified COVID as a community health need.

*The data presented to the local Steering Committee for prioritization was Kern County data, which is reflected in this table. Throughout the CHNA you'll see hospital-specific data included.



Scan the QR code for the full Secondary Data Report



Community Health Financial Assistance for Medically Necessary Care Commitment

Adventist Health understands that community members may experience barriers in paying for the care they need. That is why we are committed to providing financial assistance to those who may need support in paying their medical expense(s).

Community members can find out if they qualify for financial aid in paying medical bills by completing a financial assistance application. Applications can be filled out at the time care is received or after the bill has been administered. To access the financial assistance policy for more information or contact a financial assistant counselor, please visit <https://www.adventisthealth.org/patient-resources/financial-services/financial-assistance/>.



Glossary of Terms

COMMUNITY ASSET

refers to community organizations, programs, policies, activities or tactics that improves the quality of community life.

DEFINING METRIC

this is the metric used to define the extent of the problem faced by the target population.

FUNDING

can be provided by (but not limited to) government agencies, public organizations, grants and philanthropic giving.

GOAL

there may be several overarching goals to address each prioritized health need. This is the overarching impact we want to achieve.

PARTNERS

describe any planned collaboration between the hospital and other facilities or organizations in addressing health needs.

POPULATION SERVED

who is included within the group to receive services of the program.

**PRIORITIZED HEALTH NEED/
PRIORITY AREA/SIGNIFICANT
HEALTH NEEDS**

a health need that was identified in a community health needs assessment and was then selected by committee as a high priority need to be addressed.

STAKEHOLDER- INTERNAL

colleagues and or board members who work for or with the hospital.

STAKEHOLDER- EXTERNAL

community members or organizations who regularly collaborate with the hospital.

STRATEGY

a specific action plan designed to achieve the expected outcome.

SUB-CATEGORY

if needed, a more granular focus within the identified priority area may be called out.

Approval Page

2023 CHIS Approval

In response to the 2022 Community Health Needs Assessment, this Community Health Implementation Strategy was adopted on April 27, 2023 by the Adventist Health System/West Board of Directors.

The final report was made widely available on May 31, 2023.

1100 Magellan Dr. Tehachapi, CA 93561
Lic #120000188
adventisthealth.org



Thank you for reviewing our 2023 Community Health Implementation Strategy. We are proud to serve our local community and are committed to making it a healthier place for all.

Jason Wells, MBA, CMPE, FACHE
President, Adventist Health Central California Network

