

Adventist Health Castle 2021 Community Health Plan Update



The following Implementation Strategy serves as the 2020-2022
Community Health Plan for Adventist Health Castle,
reporting on 2021 results.

May 27th, 2022

Executive Summary

Introduction & Purpose

Adventist Health Castle 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. The 2019 CHNA was a coordinated collaboration across 19 not-for-profit hospitals across Hawaii led by the Healthcare Association of Hawaii.

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. Three major issues inhibit people’s abilities to achieve a truly healthy life:

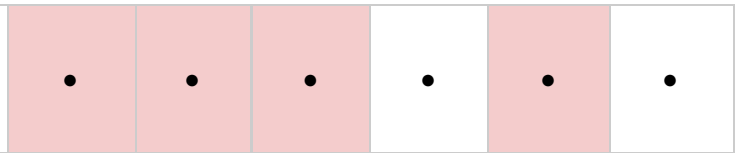
1. A lack of foundation for health that includes the basic things that every human being needs;
2. Loss of community, including the aspects of place, values, culture, and practices;
3. A poor relationship to the healthcare system, which is seen as lacking in humanity, empathy, and availability.

Through the CHNA, three goals and 11 priorities were identified, along with a new “community prescription for health”. People studied identified 12 factors that make up health: security, justice, love, hope, time, food, place, community, healthy keiki, healthy kupuna, care, and available healthcare.

This Implementation Strategy summarizes the plans for Adventist Health Castle to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health Castle has adopted the following two of the 11 priority areas for our community health investments. Next, is a table summarizing all 11 statewide priorities from the CHNA.

STATEWIDE PRIORITIES	Hawai'i	Maui	Moloka'i	Lāna'i	O'ahu	Kaua'i
GOAL 1 - FOUNDATIONS : Provide the basic foundations so that people can have more control over their own health						
1.1 Address financial insecurity. Create coordinated and systemic opportunities for communities and families to make good food and housing realistically accessible, develop workforce skills, create new economic opportunities, build financial assets, and reestablish active lifestyles.	•	•	•	•		
1.2 Work together for equality and justice. Work alongside affected populations to address inequitable treatment and opportunity.	•	•			•	•
1.3 Strengthen families. Create the conditions and opportunities for families to be healing forces for its own members, including addressing financial stress that will enable more healthy time together.		•	•		•	•
1.4 Prepare for emergencies. Mitigate future health impacts by engaging people, increasing understanding of the most vulnerable populations, building food systems, and strengthening relationships and community cohesion.			•			
1.5 Build good food systems. Establish access to nutritious food so that it is available to all.	•			•	•	•
GOAL 2 - COMMUNITY : Preserve, nurture, expand, and employ the healing properties of community						
2.1 Restore environment and sense of place. Better protect Hawai'i's natural resources, prepare adequately for climate change, develop good design and integration of the built environment, and reduce the negative environmental impacts of the visitor industry.		•			•	•
2.2 Nurture community identity and cohesiveness. Support community led efforts through shared activities and events, active organizing around shared purposes, and instilling community pride to foster greater trust and connectivity.	•	•	•	•	•	
2.3 Invest in teenagers and healthy starts. Invest in health and education at the earliest stages of life. Support school-based structures, community-based activities, and youth empowerment for pre-teens and teens.	•	•	•			•
2.4 Shift kūpuna care away from "sick care." Build a new paradigm of aging so that healthy aging is available to more. Combat the grave threats of boredom, loneliness, purposelessness, inactivity, and other social and emotional hardships of aging.		•	•	•		
GOAL 3 - HEALTHCARE : Improve the relationship between people and the healthcare system						
3.1 Strengthen trust in healthcare. Rebuild and strengthen trust through listening, empathy, compassion, and treating the whole person, while also paying attention to the use of language and cultural nuances.	•	•	•			

3.2 **Provide accessible, proactive support for those with high needs.** Identify, develop, and strengthen outreach, early intervention, free healthcare services, mental health, and oral health for those who are struggling with houselessness, mental illness, and addiction.



Important island priorities marked with “●”

Highest need areas on island in RED

Note: *all* statewide priorities are significant on all islands

Prioritized Health Needs – Planning to Address

- Health Priority #1:** Nurture community identity and cohesiveness.
 Within our community working age adults face the common challenge of working more than 1 job and caring for their keiki and kupuna. Therefore, it is essential to promote and support activities and relationships that create opportunities to preserve well-being, healing, and recovery from illness, allowing people and families to be healing forces for themselves.
- Health Priority #2:** Provide accessible, proactive support for those with high needs.
 In Hawaii's economy, many households are one unexpected emergency away from being in financial turmoil. Within the community, people with great needs live with challenges with regard to housing, mental illness, and addiction. We are working to provide proactive outreach and preventative services ranging from medical, oral, mental and financial assistance.

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 the Adventist Health Castle 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 the following:

- Alignment with the Adventist Health Mission
- Use of services which provide meaningful impact based on our resources and expertise
- Opportunities to collaborate with community partners to extend beyond healthcare to address root causes

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

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

Adventist Health Castle and Adventist Health

Adventist Health Castle 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 3,600 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.

Adventist Health Castle was founded 65 years ago through a grassroots collaboration by local Windward O’ahu residents, concerned physicians, benefactors, and the Seventh-day Adventist Church. It became the first hospital located on the Windward side of O’ahu, which is separate from Honolulu by the Ko’olau Range. It was from these humble beginnings that Castle was born to care for its community. Today, Castle is known for its commitment to its community through patient care that is delivered with compassion deeply rooted in our spiritual heritage while engaging in a constant quest for clinical quality and performance excellence.

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 Castle Implementation Strategy

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

- **Health Need 1: Nurture community identity and cohesiveness**
 - Strategy 1 Promotion of Healthy Lifestyles**
 - 1.1** Healthy Lifestyles (The Daniel Plan, CHIP)
 - 1.2** Youth Well-being (Boys and Girls Club)
 - 1.3** Healthy Weight and Your Child family based lifestyle change program for high BMI youth

1.4 Expanded Food and Nutrition Program “Life Skills” family based lifestyle change program for low income families

1.5 Community Events Promoting Healthy Lifestyles

Strategy 2 Support People and Their Families Living with Chronic Diseases

2.1 Support Groups for Chronic Illness and Caregiving

Strategy 3 Youth Education and Outreach to Develop Hawai’i’s Workforce

3.1 Cope Scholars

3.2 Career Days

- **Health Need 2: Provide accessible, proactive support for those with high needs**

Strategy 1 Expanded Clinic Access to Increase Health Prevention and Improve Treatment to Prevent Avoidable Admissions and Readmissions

1.1 Provide Urgent Care Services

1.2 Educate Community on When to Use Urgent Care Services

1.3 Extend Primary Care Clinic Hours

1.4 Extend Specialists’ Clinic Hours

1.5 Telehealth Program

1.6 Provide Behavioral Health Clinic

Strategy Develop Standard Guidelines for Primary Care Offices to Risk Stratify Patients’ Risk Level

2.1 Provider Education Using ICD-10 Codes for Accurate Risk Adjusted Scoring

2.2 Payor Contracts to Fund Community Resources Based on Risk Adjusted Scores

2.3 Develop a Case Management Program to Support Patients Outside of the Hospital Setting

Strategy 3 Deliver Nicotine Reduction Services in the Community in Addition to Hospital Patients to Proactively Reach Disparate Populations

3.1 Behavioral Health Inpatient Visits

3.2 Onsite Support Groups at the Hospital

3.3 Community Based Groups

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

Significant Health Needs – NOT Planning to Address

Other needs identified in the CHNA and listed in the above table yet not specifically addressed did not meet the criteria of the Implementation Strategy.

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 to 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
- 18,744 COVID drive through tests
- 70,896 COVID vaccinations

Adventist Health Castle

Priority Health Need: Nurture community identity and cohesiveness.					
Goal Statement: Adventist Health Castle will work with community members, groups and organizations to inspire hope, provide education and skills to promote well-being as well as ways to prevent avoidable admissions and readmissions.					
Mission Alignment: Well-Being of People; Well-being of Places = sense of belonging to a community					
Strategy 1: Promote Healthy Lifestyles and Behavior					
Strategy 2: Support People and Their Families Living with Chronic Disease					
Strategy 3: Youth Education and Outreach to Develop Hawaii's Workforce					
Program/Activity	Strategy 1 Metrics				
<i>Activity 1.1- Increase healthy lifestyles. A- Daniel Plan, B- CHIP, C- Healthy Lifestyles.</i>	PROGRAM A- DANIEL PLAN		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			See Narrative Below	
	Number of people enrolled		46		
	Percentage of people completing program		76%		
	Percentage of reduction in body fat		↓1.1 %		
	Reduction in weight		μ 2.1lbs.		
	Reduction in metabolic age		↓1.4 yrs.		
	Improvements in lab results, if applicable		N/A		
	PROGRAM B- CHIP		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			See Narrative Below	
	Number of people enrolled		17		
	Number of people attended		15		
	Percentage of people completing program		82%		
	Average Blood Pressure		N/A		
	Average Weight		N/A		
	Improvements in lab results, if applicable		N/A		
	PROGRAM C- HEALTHY LIFESTYLES		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:				
	Number of people enrolled		15		

	Percentage of people completing program	73%	See Narrative Below	
	Percentage of people who would refer a friend/family member	90%		
	Percentage of people who had improvement in overall health	12%		
	Percentage of people who had improvement in healthy eating	13%		
<i>Activity 1.2- Youth Well-Being</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:		Due to COVID-19, this program was placed on hold.	See Narrative Below
	Number of classes			
	Number of participants attended			
	Short Term Outcomes:			
Greater resiliency and lower levels of risky behaviors that are improved:				
	- Emotional Safety			
	- Sense of Belonging			
	- Recognitions			
	Medium Term Outcomes:			
	Percentage of total truancy rates for 8 th grade			
	Percentage of students completing 8 th grade			
<i>Activity 1.3- Healthy Weight and Your Child. * Family-based lifestyle change from for high BMI youth.</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:		Due to COVID-19, this program was placed on hold.	See Narrative Below
	Number of classes			
	Number of participants attended			
	Short Term Outcomes:			
Increased knowledge including 20+ health topics				
	Medium Term Outcomes:			
	Reduced BMI			
	Avg change in BMI			
<i>Activity 1.4- Expanded Food and Nutrition Program. "Life Skills" family</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:		See Narrative Below	
Number of classes		N/A		

<i>based lifestyle change program for low income families.</i>	Number of participants attended	N/A		
	Short Term Outcomes: Increased knowledge on budgeting, shopping, and meal prep and movement	N/A	See Narrative Below	
	Medium Term Outcomes: Percentage of motivation of making small changes	N/A		
	Percentage of increased physical activity	N/A		
	Percentage of those who are eating more fruits/vegetables	N/A		
	Percentage of those who are drinking fewer sugary drinks	N/A		
<i>Activity 1.5- Community events exposing and inviting community members to experience healthy lifestyles and screening</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Undefined Measure	Due to COVID-19, this program has been placed on hold.	See Narrative Below.	
	Short Term Outcomes: Number of meals served per day			
	Medium Term Outcomes: Increased number of attributed lives			
Program/Activity	Strategy 2 Metrics			
<i>Activity 2.1- Support Groups for Chronic Illness and Caregiving</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of session offered by group	Due to COVID-19, this program has been placed on hold.	See Narrative Below	
	Number of participants attended			
	Short Term Outcomes: Increased knowledge as applicable and increase in positive outlook			
Medium Term Outcomes: Percentage improved in CMA Accountable Health Communities (AHC) & Health-Related Social Needs (HRSN), or equivalent assessment tool				
Program/Activity	Strategy 3 Metrics			
<i>Activity 3.1- COPE Scholars</i>		Year 1 2020	Year 2 2021	Year 3 2022

	<p>Process Measure: Increased pathways to health careers with community serving community.</p>	Active	Active	
	<p>Short Term Measure: Number of participants enrolled in program</p>	86	106	
	Number of High School Ages Participants & Number of 18+ Participants.	10; 76	30; 76	
	Number of Cohorts	4	4	
	Number of Hospital Shifts & Number of hours worked	1,359; 8,128	3,859; 8,917	

Source of Data:

- Adventist Health Castle Health Network
- COPE Health Solutions

Target Population(s):

- Community residents including vulnerable populations
- Community residents in primary and secondary service areas
- Oahu residents in recovery seeking employment
- Youth Population

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

- Staff, Supplies, & Meeting Space

Collaboration Partners: (place a "*" if lead by Adventist Health)

- Cope Health Solutions: UCLA Health Policy & Management
- The Institute for Human Service Hawaii (HIS)
- Dynamic Compassion in Action
- Hui Mai'ai
- Susan G Komen
- National Alliance on Mental Illness (NAMI)
- Habilitat
- Hope Center
- Kalaheo High School
- St. John Vianney
- Adventist Malama Elementary
- Hawaiian Mission Academy Ka Lama Iki
- Hawaiian Mission Academy Windward Campus
- Shelter
- Alzheimer's Association
- Boys and Girls Club Windward
- Drug Free Hawaii

- HOME Project with UH
- Teach for America
- Camp Waianae
- Second Helpings
- Read to Me
- Windward Artist Guild
- Hawaiian Mission Academy
- Christmas morning: Institute for Human Services
- * Grief Support
- * Mamma Hui (lactation consultation for infants 0-12 months and mothers)
- * Bariatric Back on Track Program

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

Strategy1 – Promotion of healthy lifestyles.

Activity 1.1 – Activity 1.4

- Due to the impact of COVID-19, many of our community programs are no longer offered by Adventist Health Castle. We continue to support and collaborate with community partners to address our selected health priorities, as our programs have been outsourced and will be addressed by other community based organizations.

Activity 1.5

- Due to COVID, the events offered to our community changed and many events were cancelled. Of those that occurred, below is a description of key activities.
 - Hawaii Foodbank supplies food to the Waimanalo community and Castle provided 144 volunteer hours helping to pack groceries for 3,000 households.
 - Castle tree lighting virtual with 1,648 people reached
 - Castle remains a member of the Compassionate Ko’olaupoko group which is a coalition for community partners working to strengthen a culture of caring to ensure communities are trauma informed and responsive. The ultimate goal is to help kids and families be resilient and compassionate so they can care for themselves and others. Compassionate Ko’olaupoko began by bringing together educators and staff from the K-12 and community college, along with other community agencies including Castle. The group has created an online asset map and focused on the provision of equipping and skill building.

Strategy 2- Support people and their families living with chronic diseases.

Activity 2.1

- All in-person support groups for chronic illnesses have been placed on hold in following public health safety precautions related to the impact of COVID. As the community continues to slowly re-open our hope is to reconvene in-person services once it's safe to do so.

Strategy 3- Youth Education And outreach to develop Hawaii's workforce.

Activity 3.1

- The COPE Health Scholars program provides an immersive opportunity for high school aged youth, young adults, and career transitioning adults to gain insight and direction into various healthcare career pathways. Health Scholars at Adventist Health Castle Hospital are able to perform hands-on patient care tasks, assist with administrative work, learn leadership skills, observe procedures, take vital signs, facilitate communication between staff, and network with a wide variety of patients and healthcare professionals. Following the onset of the pandemic in 2020, the program strongly reopened in 2021 with a total of 9 different departments with Behavioral Health Services as their newest addition. The COPE Health Scholars program continues to expand to various areas of the hospital to accommodate its rising number of participants each year.
- Additionally, our workforce development program with underserved Hope Center residents in recovery program is still active. Kailua residents who are in recovery and seeking housing and employment opportunities are actively engaged. Castle employs candidates in entry level positions with career pathways. For 2021, a total of 16 Hope Center clients became part of the Adventist Health Castle workforce. Our vision for 2022 is to scale other community resident homes, identify partners and increase volunteer and internship opportunities for at-risk youth.

Adventist Health Castle

Priority Health Need: Provide accessible, proactive support for those with high needs.					
Goal Statement: Increase community member's access to care.					
Mission Alignment: Well-Being of People					
Strategy 1: Expanded clinic access to increase health prevention and improve treatment to prevent avoidable admissions and readmissions.					
Strategy 3: Deliver nicotine reduction services in the community in addition to hospital patients to proactively reach disparate populations.					
Program/Activity	Strategy 1 Metrics				
<i>Activity 1.5- Provide Telehealth Programs</i>	Year 1 2020	Year 2 2021	Year 3 2022		
	Process Measure:				
	Number of telehealth encounters				
	15,345	7,322			
	Short Term Measures:				
Number of telehealth hours with specialist for rural community clinic					
Number of telehealth hours conducted off-site					
Medium Term Outcomes:					
Reduced number of emergency department "sick" visits					
<i>Activity 1.6- Expansion of behavioral health clinic services</i>	Year 1 2020	Year 2 2021	Year 3 2022		
	Process Measures:				
	Number of behavioral health encounters				
	910	105			
Medium Term Outcomes:					
Decreased percentage of avoidable admissions related to behavioral health					
Program/Activity	Strategy 3 Metrics				
<i>Activity 3.1- Deliver Nicotine Reduction Services during Behavioral Health Inpatient Visits</i>	Year 1 2020	Year 2 2021	Year 3 2022		
	Process Measure:				
	Number of nicotine users reached				
	25	See Narrative Below			
	Number of participants enrolled in program				
	3				
Percentage of those who are from priority population					
100%					
Short Term & Medium Term Measure:					
Percentage of those who use stop smoking medication					
32.7% (n=30%)					
Percentage of those who have a 24-hour quit rate					
81.6% (n=90%)					

Activity 3.2- Deliver Nicotine Reduction Services via support groups originating from castle		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			
	Number of sessions offered by group	16	See Narrative Below	
	Number of participants attended	14		
	Number of encounters	68		
	<i>Virtual groups</i>			
	Number of virtual sessions	N/A		
	Number of participants attended	17		
	Number of encounters	130		
	Short Term & Medium Term Outcomes:			
	Percentage of those who use stop smoking medication	Same as Activity 1.1		
Percentage of those who have a 24-hour quit rate	Same as Activity 1.1			
Activity 3.3- Deliver Nicotine Reduction Services via community based groups		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure			
	Number of sessions offered by group	2	See Narrative Below	
	Number of participants attended	15		
	Number of encounters	20		
	<i>Virtual groups</i>			
	Number of virtual sessions	20		
	Number of participants attended	10		
	Number of encounters	94		
	Short Term & Medium Term Outcomes:			
Percentage of those who use stop smoking medication	Same as Activity 1.1			

	Percentage of those who have a 24-hour quit rate	Same as Activity 1.1		
Source of Data: <ul style="list-style-type: none"> Castle Health Group Adventist Health Castle and Professional Data Associations (PDA) Interim Year 2 Evaluation Report, April 2021 				
Target Population(s): <ul style="list-style-type: none"> Community residents in our primary service area Priority population: primarily low-income, low-education, or unemployed (important, vulnerable groups who have higher tobacco use prevalence and may face additional barriers to quitting tobacco), expectant Moms who use nicotine 				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> Staff, Supplies, Services, Telehealth staff 				
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> Castle Health Group Castle Health Group: Ko'olau Clubhouse Hawaii Community Foundation Windward Community College Habilitat Hawaii State Hospital 				
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) A, F, G				

Strategy 1 – Expanded clinic access to increase health prevention and improve treatment to prevent avoidable admissions and readmissions.

Activity 1.5 & Activity 1.6

- Due to COVID-19 all urgent, primary and specialty services regarding our community facing programs were reviewed, and are currently on hold. Care was continued by the addition of telehealth visit options to supplement in-person visits.

Strategy 3 – Deliver nicotine reduction services in the community as opposed to traditionally hospital focused patient populations in order to proactively reach disparate populations

Activity 3.1 – Activity 3.3

- Adventist Health Castle no longer provides this service. We continue to support and collaborate with community based organizations to address our selected health priorities. It is our hope to continue to increase and improve the the health and well-being of our community.

The Adventist Health + Blue Zones Solution

Our desire to improve community well-being grew out of not only our mission at Adventist Health -to live God's love by inspiring health, wholeness and hope – but also by the sheer need as seen across our system of 23 hospitals. Overwhelmingly, we see issues related to health risk behaviors, mental health and chronic illnesses throughout the communities we serve. That is why we have focused our work around addressing behavior and the systems preventing our communities from achieving optimal health.

In an effort to meet these needs, our solution is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

In 2020, Adventist Health acquired Blue Zones as the first step toward reaching our solution. By partnering with Blue zones, we will be able to gain ground in shifting the balance from healthcare – treating people once they are ill – to transformative well-being – changing the way communities live, work and play. In 2021, Adventist Health committed to launching six Blue Zone Projects within our community footprint, and as we enter 2022 these projects are active. Blue Zone Projects are bringing together local stakeholders and international well-being experts to introduce evidence-based programs and changes to environment, policy and social networks. Together, they measurably improve well-being in the communities we serve.