

Adventist Health Castle 2020 Community Health Implementation Strategy





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 hopsitals across Hawai'l led by the Healthcare Association of Hawai'i.

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.

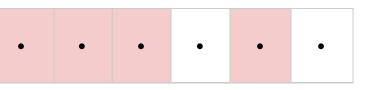


STATEWIDE PRIORITIES	Hawaiʻi	Maui	Moloka'i	Lānaʻi	Oʻahu	Kauaʻi
GOAL 1 - FOUNDATIONS : Provide the basic foundations so that	t people can l	nave more c	control over the	eir own healt	h	
1.1 Address financial insecurity. Create coordinated and systemic opportunities for communities and families to make 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 p	roperties 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.		•			٠	•
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 peo	ple and the h	ealthcare sy	vstem			
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.	•	•	•			



Together Inspired

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 Hawai'l's economy, many households are one unexpected emergency away from being in financial turmoil. Wtihin 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 facilities Include:

- 21 hospitals with more than 3,284 beds
- More than 273 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, 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 patietn 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 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 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.



Adventist Health Castle Implementation Strategy Action Plan

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

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Increase healthy ifestyles (The Daniel Plan, CHIP)	 # attended # enrolled, if applicable % completed program, if applicable 		Improvement in healthy lifestyles: food, fitness, friends, faith, focus		Reduction in body fat Reduction in weight Reduction in metabolic age	
	HC participant survey, a				Improvement in lab results, if applicable	

Source of Data: AHC participant survey, and AHC bioimpedance scale readings

Target Population(s):

Community residents including vulnerable populations

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

• Staff, supplies, meeting space

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

- Hale Kokua O' Manoa
- First Presbyterian of Honolulu

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CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) A1, A2, E3



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

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Strategy 1: Promote healthy lifestyles and behavior

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 1.2	# attended		Greater resiliency,		% of total truancy	
Youth Well- being	# classes		lower levels of risky behaviors		rates for 8 th grade	
			improved -Emotional Safety -Sense of		% of total completing 8 th	
			-Sense of Belonging -Recognition		grade	
Source of Data: B	oys & Girls National Surv	ey Tool NYC	I (National Youth Out	comes Initia	ative)	
Target Population	n(s): Youth					
Adventist Health	Resources: (financial, sta	ff, supplies,	in-kind etc.)			
 Staff, supp 	olies					
Collaboration Par	tners: (place a "*" by the	lead organi	zation if other than A	dventist Hea	alth)	
 * Boys and 	d Girls Club Windward Oa	ahu				
 *UFC Gym 	า					
 *Windwar 	rd Community College					
•						
CBISA Category: (Operations) A1,	A - Community Health Im	provement;	E - Cash and In-Kind;	F - Commu	nity Building; G - Comn	nunity Benefit



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

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Strategy 1: Promote healthy lifestyles and behavior

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 1.3 Healthy Weight and Your Child family based lifestyle change program for youth with high BMI	# attended # cohorts		Increased knowledge including 20+ health topics		Reduced BMI Avg change in BMI	
Source of Data: YN	ИСА					
Target Population						
Community reside	nts including vulnerable	populations				
Adventist Health I	Resources: (financial, sta	ff, supplies,	in-kind etc.)			
 Staff, mee 	ting space					
	t ners: (place a "*" by the	e lead organi	zation if other than A	dventist He	alth)	
 * Hawaii P 	acific Health					
 YMCA of H 	Ionolulu					
•						
CBISA Category: (A	A - Community Health Im	provement;	E - Cash and In-Kind;	F - Commu	nity Building; G - Comn	nunity Benefit
Operations) A1, A	2, E3					



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

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 1.4	# attended		Increased		% Motivation:	
Expanded Food	# cohorts		knowledge on		makes small	
and Nutrition			budgeting, shopping, and		changes	
Program "Life Skills" family based lifestyle			meal prep and movement		% increase in physical activity	
change program for low income families					% eat more food/vegetables	
					% drink fewer sugary drinks	
Source of Data: Un	niversity of Hawaii	·		·		
Target Population	(s):					
Community reside	nts which meet low inco	ome criteria				
Adventist Health I	Resources: (financial, sta	iff, supplies,	in-kind etc.)			
 Staff, mee 	ting space					
Collaboration Part	t ners: (place a "*" by the	e lead organi	zation if other than	Adventist He	alth)	

• * University of Hawaii Expanded Food & Nutrition Program

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) A1, A2, E3



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Mission Alignment: Well-being of People; Well-being of Places = sense of belonging to a community

Strategy 1: Promote healthy lifestyles and behavior

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 1.5 Community Events exposing and inviting community members to experience healthy lifestyles,	<pre># attended # events # of screenings conducted and referrals if applicable # meals served, if applicable</pre>		# of meals served per day (Habilitat)		Increased # of attributed lives	
screening	 H Castle- Castle Health N	etwork				
Target Population						
Community reside	nts in primary and secon	dary service	areas			
Adventist Health F	Resources: (financial, sta	ff, supplies,	in-kind etc.)			
 Staff, meet 						
	ners: (place a "*" by the		zation if other than A	dventist Hea	alth)	
-	ahu: * Vegetarian Societ	•				
	ua Town Party: * Outdoo	-				
	Brain Health Symposium	; * Hawali Pa	acific Neuroscience			
	Summit; * Blue Zones					
	morning: * Institute for Hope: * First Assembly o		iles			
•	• •		ram) * Food Bronarat	ion 1 000 m	voals por day	
	Residential Recovery Tre A - Community Health Im					munity Benefit
Operations) A , E		provement,		F - Commu	nity Bunuing, G - COII	munity benefit



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 2: Support people and their families living with chronic diseases

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 2.1	# attended		Increased		% Improved in CMS	
Support Groups	# again offered by		knowledge as		Accountable Health	
	# sessions offered by		applicable and		Communities (AHC).	
	group		increase in		Health-Related	
			positive outlook		Social Needs	
					(HRSN) Screening, or equivalent	
					assessment tool	
Source of Data: A	HC participant survey, ar	d AHC scale	readings		assessment tool	
Target Population			i leaulings			
• •	nts including vulnerable	nonulations				
	Resources: (financial, sta					
	plies, meeting space	n, supplies,				
	tners: (place a "*" by the	lead organi	zation if other than Δ	dventist He	alth)	
	's Caregivers Group: * Al					
Grief Supp	e 1					
• •	awai'i support for those	prieving a lo	ss [.] Navian Hawaii			
•	lui (lactation consultation			thers)		
	ealth: * NAMI (National A			circity		
	's people with the diseas		•			
	ney people at risk or with		-	r		
	reatment current and ex		-)		
	ack on Track Program	Sinokers su	pport			
	s in Health – free health 1	alks for the	community			
	or Life – Vegan cooking d		•	nmunity		
	A - Community Health Im				nity Building: G - Comm	unity Benefit
Operations) A1, A	-	provenient,		. commu		anty benefit



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 3: Youth Education and Outreach to Develop Hawai'i's Workforce

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 3.1 Increase pathways to health careers with community serving community	# enrolled # high school aged enrolled # cohorts		% attended hospital shifts		 # COPE Scholars placed in jobs' # COPE scholars enrolled /graduated in accredited college/university 	
Source of Data: COPE Health Solut Target Population 80% from Oahu, w		primary serv	ice area, Windward C	Dahu		
	Resources: (financial, sta blies, meeting space	iff, supplies,	in-kind etc.)			

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

COPE Health Solutions

UCLA Health Policy & Management

CBISA Category: (**A** - Community Health Improvement; **E** - Cash and In-Kind; **F** - Community Building; **G** - Community Benefit Operations) **A1, A2, E3**



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

Programs/	Process Measures	Results:	Short Term	Results:	Medium Term	Results:
Activities		Year 1	Outcomes	Year 2	Outcomes	Year 3
Activity 1.1	# encounters		# urgent care		Reduced #	
Provide urgent			visits		emergency	
care services in			# patients utilizing		department sick	
Kailua			extended primary		visits and increased	
			care hours at AHC		urgent care sick	
			employed clinics		visits (ratio)	
			# community			
			primary care		Reduced # of	
			clinics offering		hospitalizations by	
			extended hours		providing more	
					access to PCP hours	
					measured by per	
					1,000 attributed	
					lives	
Activity 1.2	Extend with 1 hour		% patients who		Reduced #	
Expand primary care hours	earlier/1 hour later, 1		have seen their PCP more than		emergency	
care nours	half day per weekend				department sick visits	
Activity 1.3	open 7a to 6:30p		once in 3 years # specialist hours		Reduced #	
Expand	open 7a to 0.50p		# specialist nours		emergency	
specialists' clinic					department sick	
hours					visits	
Activity 1.4	# telehealth		# telehealth hours		Reduced #	
Provide	encounters		with specialists for		emergency	
telehealth			rural community		department sick	
program			clinic		visits	
			# telehealth hours			
			off-site			
Activity 1.5			# behavioral		Decrease % of	
Expansion of			health encounters		avoidable	



PRIORITY HEALTH NEED: Provide accessible, proa	ctive support for those with high needs.
behavioral health clinic services	admissions related to behavioral health
Source of Data: Castle Health Group	
Target Population(s):	
Community residents in our primary service are	a including 135, 345 people
Adventist Health Resources: (financial, staff, supplies, i	n-kind etc.)
• Staff, Supplies, Services, Telehealth staff	
Collaboration Partners: (place a "*" by the lead organiz	ation if other than Adventist Health)
Castle Health Group	
CBISA Category: (A - Community Health Improvement;	E - Cash and In-Kind; F - Community Building; G - Community Benefit
Operations) A2, A3, G1, G3	



PRIORITY HEALTH NEED: Provide accessible, proactive support for those with high needs.

GOAL STATEMENT: Reduce nicotine use among disparate population

Mission Alignment: Well-being of People

Strategy 2: Deliver nicotine reduction services in the community as opposed to traditionally hospital focused patient populations in order to proactively reach disparate populations

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 2.1 Behavioral Health Inpatient Visits	 # nicotine users reached # enrolled in program % who are from priority population 		% use stop- smoking medication % 24 hour quit rate		% 30 day quit rate	
Activity 2.2 Onsite support groups	See above and # attended # sessions offered by group		See above		See above	
Activity 2.3 Community based groups	See above and # attended # sessions offered by group		See above		See above	

Source of Data: PDA

Target Population(s):

• 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.)

• Staff, Supplies, Services

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



PRIORITY HEALTH NEED: Provide accessible, proactive support for those with high needs.

Windward Community College Habilitat Hawaii State Hospital Castle Health Group

Ko'olau Clubhouse

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



Connecting Strategy and Community Health

Community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Community well-being is not just the overall health of a population but also includes the distribution of health equity. Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes

Improving community health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health

behaviors,

2) Improve care quality and patient safety and

3) Advance care coordination across the care continuum

Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God's love by inspiring health, wholeness and hope. We will advocate for and lead change in healthcare and social policy to benefit the under privileged and the disenfranchised in the diverse communities to which we have been called.



Together we will create lasting impact in people's whole lives and affect profound improvement in the well-being of the entire community.



2020 Community Health Implementation Strategy approval

This Community Health Implementation Strategy was adopted on April 29, 2020 by the Adventist Health System/West Board of Directors. The Adventist Health Board of Directors has approved this Community Health Improvement Strategy during COVID-19, a worldwide pandemic. The Board anticipates and supports necessary adjustments to this strategy document to allow Adventist Health hospitals to address emerging community needs and/or shifting priorities related to the pandemic and recovery. The final report was made widely available on

CHNA/CHIS contact:

Tracie Ann Tam Tjapkes, Wellness Director Adventist Health Castle 642 Ulukahiki Street, #105 Kailua, HI 96734

Phone: (808) 263-5050 Email: tjapketm@ah.org

To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at https://www.adventisthealth.org/ about-us/community-benefit/