

MORE

COMMUNITY VOICES





Adventist Health

Adventist Health is a faith-based, nonprofit, integrated health system serving more than 100 communities on the West Coast and Hawai'i, with over 440 sites of care, including 27 acute care facilities. 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 more than 38,000 includes employees, physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Guided by our mission, Adventist Health supports purposeful work to address the social drivers of health, with a special focus on underserved members of the communities in which we operate. Together, we are transforming the healthcare experience of our communities with a whole-person focus on physical, mental, spiritual and social healing to support well-being.

2026 Community Health Implementation Strategy

Building upon the communities' voices, stories, and priority areas shared in the 2025 Community Health Needs Assessment (CHNA), in the following pages you will find the 2026 Community Health Implementation Strategy (CHIS).

This CHIS is a long-term community health improvement plan that strategically implements programs to address the high priority health needs identified in the CHNA.

We welcome collaboration with all local partners and community members, empowering our community to own the potential of healthy living for all.

Scan QR code or visit

<https://www.adventisthealth.org/documents/community-benefit/2025-AHCS-CHNA.pdf> to read about the latest findings and high priority needs identified in the 2025 CHNA.



High Priority Health Needs That Will Be Addressed

After conducting our CHNA, we identified priority areas where our resources, expertise, and partnerships can make a meaningful impact.

In partnership with community stakeholders, our hospital has strategically prioritized efforts to address:

- **Financial Security**
- **Mental and Behavioral Health**
- **Equitable Access**

Needs Hospital Plans Not To Address

Concentrating our resources on the above health needs will strengthen our ability to deliver effective interventions that are aligned with our operational capacity. The remaining lower identified health needs:

Housing and Food Insecurity – will not be addressed but are expected to benefit from the existing community partnerships and organizations who are currently addressing the need.

Scan QR code to learn more about our collaborative approach for selecting our high needs for the 2025 CHNA:

Section V. Process And Methods To Conduct The CHNA

H. Criteria & Process Used for Identification & Prioritization of Health Needs



Financial Security

Population(s)

Low-income, housing-insecure, those transitioning from homelessness or domestic violence wanting to establish a stable home, high school, college students, community residents.

Root Cause(s) of High Need:

- *Limited local career pathways in healthcare.*
- *Barriers to higher education access.*
- *Barriers to access to workforce developmental programs.*

OBJECTIVE: Provide workforce development opportunities to build local, healthcare career pathways for residents in our community. Extend our opportunities into the high school and college setting.

ACTIONS:

- Develop and implement Compass Healthcare Program.
- Provide training programs for community residents.
- Provide community education courses to residents.
- Engage with community partners and community events.
- Provide opportunities for clinical externships from other educational institutions.

Aim Statement: 2026- 2028: Expand healthcare opportunities for community residents by creating a healthcare career pathway pipeline.

PROGRAM:
Workforce
Development
Training
Programs

Compass
Healthcare
Program

Existing Initiatives/Projects

- Compass Healthcare Program
- Training Programs
 - Nurse Aide
 - Mental health tech
 - Surgical tech
 - Medical assistant
 - Sterile processing
- Community Education Courses

Data Source(s)

- # of school presentations
- # of school students recruited
- # of under-employed presentations
- # of students complete courses
- # of mentorships provided by hospital
- # employed in healthcare position
- # of clinical externships

Partners

Internal

- Compass Healthcare
- Education & Training
- Talent Acquisition

External

- Harold K.L. Castle Foundation
- Takitani Foundation
- Healthcare Association of Hawaii
- Hawaii Workforce Pipeline
- Local high school and colleges

Mental and Behavioral Health

Population(s)

Patients and visitors in emergency department, outpatient and inpatient patients, community members.

Root Cause(s) of High Need:

- Lack of awareness about available community resources.
- Fragmented service delivery across multiple agencies.
- Shortage of Mental Health Professionals.
- Inadequate Community Infrastructure.
- Stigma in getting counseling services
- Environmental Factors and History.
- Lack of Health Insurance Coverage.
- Stressors of living to make financial ends meet.

OBJECTIVE: Expand mental health services to our rural areas and engage community partners to create more tailored mental health services for discharged patients.

ACTIONS:

- Engage with community partners to host mental health educational sessions.
 - National Alliance for Mental Illness (NAMI) and Adventist Health Castle Behavioral Health services host Family Mental Health support groups
 - Participate and support National Alliance for Mental Illness Walk and Conference through hosting an educational booth and forming a walking team.
- Explore Co-occurring Substance Abuse Day Treatment with community partners.
- Engage with discharged patients and insurance companies to follow-up on appointment attendance, feedback, and partner with community resources for housing, medication management, and case management services.

Aim Statement: 2026-2028: Develop stronger community collaboration and culturally relevant treatment options. Expand access to treatment referrals, and therapeutic and psychiatric supports for individuals with behavioral and substance use disorders.

Existing Initiatives/Projects

- Mental health tech training program
- Family and individual support and education groups
- Collaborative medication follow-up pilot programs for outpatient care
- Inpatient Alcoholics Anonymous meetings
- Inpatient medication education

Data Source(s)

- # of mental health staff hired
- # of mental health tech training programs
- # community partners for mental health services
- # individuals connected to substance use disorder treatment
- # of educational presentations
- # of community mental health education outreaches

Partners

Internal

- Inpatient Behavioral Health Services
- Outpatient Behavioral Services
- Community Outreach
- Marketing

External

- NAMI (National Alliance on Mental Illness)
- Institute for Human Services
- Alcoholics Anonymous
- Community Empowerment Resources

PRIORITY NEED
Equitable Access

Population(s)

Community residents

Root Cause(s) of High Need:

- Growing demand for Primary Care services within the community.
- Advance scheduling patterns for routine and preventive care.
- Need to further improve timely evaluation for urgent or acute needs.
- Limited workforce capacity to meet patient demand for timely appointments.
- Transportation, work schedules, and caregiving responsibilities that can affect appointment access.
- Lack of program awareness and/or difficulties in making an appointment

OBJECTIVE: Leverage community events as gateways to establish primary care relationships and improve appropriate use of urgent care services.

ACTIONS:

- Increase availability of appointments for those that need our services for primary care and urgent care services.
- Increase number of providers available to serve our community members for primary care and urgent care services.
- Increase access for same day appointments for primary care and urgent care services
- Be proactive in our community centered approach by developing a clear understanding of the support needed to navigate their healthcare services.
- Collaborate and expand first aid support to community organizations.
- Expand community partner relationships to support community engagement efforts that provide access to physician services.

Aim Statement: 2026-2028: Improve equitable access to primary and urgent care by using community touchpoints to connect residents to ongoing care and guide them to the appropriate care setting in a timely manner.

Existing Initiatives/Projects

- Integration with community outreach and supporting community initiatives
- Integrating providers into community education opportunities

Data Source(s)

- # of Health Screenings
- # of School Physicals
- # of First Aid Community Events
- # of Community Education Events
- # of Community listening sessions

Partners

Internal

- Primary Care and Multispecialty services
- Urgent Care services

External

- Local high schools in our community

APPROVAL PAGE

2026 CHIS Approval

In response to the 2025 Community Health Needs Assessment, this Community Health Implementation Strategy was reviewed and approved by our Hospital Board as well as the Adventist Health System Board on April 23, 2026.

The entire report is published online and available in print form by contacting community.benefit@ah.org.

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