

MORE

COMMUNITY VOICES



AdventistHealth
St. Helena

AdventistHealth
Vallejo



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-AHSH-AHVO-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:

Access to Care

Food Security

Mental Health

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:

Climate & Natural Environment, Financial Stability, Health Conditions, Health Risk Behaviors, and Housing – 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



PRIORITY NEED

Access to Care

Population(s)

- Rural residents of the Upper Valley
- Agricultural and migrant farmworkers
- Low-income and uninsured/underinsured individuals
- Seniors and individuals with chronic conditions
- Spanish-speaking and limited-English-proficient populations

Root Cause(s) of High Need:

- Lack of available primary care resources in upper valley.

OBJECTIVE: Improve access to care and culturally competent coordinated health services for Upper Napa Valley

ACTIONS:

Expand Mobile Health Efforts:

- Expand mobile health clinics for health screening, school physicals, flu, and vaccination clinics at no cost to the community.
- Expand mobile health education for primary care resources as well as MH Services.
- Partner with community organizations to host pop-up clinics for underserved and at-risk population.
- Partner with community organizations to help improve insurance enrollment and affordability.
- Enhance referral pathways between clinics, hospital, behavioral health, and partner organizations.

Shuttle for Cancer Center Patients:

- Continue to provide a shuttle from Lake County to AHSN for Cancer Center patients to ensure they can receive care.

Aim Statement: Within three years expand and sustain mobile health services and education across the Upper Napa Valley and create a stronger referral process between community partners.

PROGRAM:
Mobile Health & Expansion of Primary Care

Champion:
Steven Herber, MD,
President

Existing Initiatives/Projects

- Mobile Health Unit
- Cancer Center Shuttle Service
- \$1 lease of AHSN facility for CommuniCare- Ole Health

Data Source(s)

- # of Health Screenings
- # of School Physicals
- # Flu Clinics
- # Vaccine Clinics
- # Pop-Up Clinics
- # Reoccurring Clinics
- # Partners
- # Refs to other partners
- # of patients transported to AHSN from AHCL (Cancer Center)

Partners

Internal

- Foundation
- MarCom
- Community Benefit
- Clinics

External

- Farmworker Foundation
- Napa Valley Vintners
- Community based organizations serving at risk populations
- Senior and Youth Community Organizations

Available Resources

- Foundation
- Grants

PRIORITY NEED

Food Security

Population(s)

- Rural Upper Valley residents
- Agricultural and migrant farmworkers and their families
- Low-income and food-insecure households
- Seniors and individuals with chronic conditions
- Spanish-speaking and limited-English-proficient populations

Root Cause(s) of High Need:

- Geographical isolation
- Limited transportation options
- High cost of living
- Seasonal and unstable employment (Ag workers / hospitality majority)
- Language barriers

OBJECTIVE: Increase access to affordable, nutritious, and culturally appropriate food for residents of the rural Upper Valley to improve health outcomes and reduce food-related health disparities.

ACTIONS:

Expand Community Based Food Access

- Support regular consistent food distribution events as well as pop up events
- Partner with local food bank, farms, and community organizations to increase fresh food availability
- Coordinate food distribution at schools, clinics, community centers and agricultural business.

Expand nutrition education through workshops, cooking demos, etc.

- Provide and distribute bilingual healthy recipes

Connect and refer individuals with partner organizations for food assistance programs (bilingual support).

Aim Statement: Increase and sustain annually, access to healthy food for agriculture workers, low-income families, and seniors across the upper Napa Valley.

PROGRAM:
**Food
Distribution**

Champion:

Foundation/CB/Mobi

Existing Projects

Mobile Unit
Nutritional Services Team
Foundation / Philanthropy:
Neighborhood Table
Partnerships with CANV
Partnership w/Puertas Abiertas

Data Source(s)

of regular food distro
of pop-up distros
of Cooking Demonstrations
of recipes provided in Spanish
pounds of fresh produce provided to community
of families served
of community distribution partners
locations for distribution

Partners

Internal

- AHS Foundation
- Administration
- MarCom
- Community Benefit

External

- CANV
- Up Valley Family Centers
- Cliff Family Foundation
- Senior & Youth Community partners
- Puertas Abiertas

Available Resources

- Mobile Unit distribution infrastructure
- Foundation
- Grants
- Data and evaluation support

PRIORITY NEED

Mental Health

Population(s)

- Rural residents of the Upper Valley
- Agricultural and migrant farmworkers
- Low-income and uninsured/underinsured individuals
- Seniors and individuals with chronic conditions
- Spanish-speaking and limited-English-proficient populations

Root Cause(s) of High Need:

- Provider shortage
- Low-income individuals/families
- Rural Residents
- Agriculture workers
- Language/cultural barriers
- Transportation

OBJECTIVE: Expand and sustain education for mental health services throughout the upper valley.

ACTIONS:

- Sustain and expand Behavior and Mental Health Integration in existing programs.
 - Continue partnering w/UpValley Family center & Mentis to provide Senior Lunch & Learns
- Sustain the leasing agreement for UpValley & Mentis to provide services out of the building.
- Exploring partnerships with community-based organizations that are tailored to youth.
- Expand Community Behavioral Education – Partnering on the Suicide Prevention Walk
- Expand Mobi referrals to community behavioral health services (focus on farmworkers/bilingual).

Aim Statement: Over the next three years, sustain and expand mental health education and resources across the Upper Valley.

PROGRAM:
Senior Lunches &
Mental Health
Education
Expansion

Existing
Initiatives/Projects

- Senior Lunches

Data Source(s)

- # of Senior Lunches
- # of Seniors who feel their mental health is better due to lunches
- # community events participate in related to Mental Health (MH)
- # of community events MH education attended
- # of referrals from Mobi to MH services

Partners

- Internal
- AHSH Foundation
 - Administration
 - MarCom
 - Community Benefit

- External
- Kaiser
 - Mentis
 - UpValley Family Centers
 - Community Based Organizations

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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