

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-AHSL-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

Housing

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:

Financial Stability, Food Security, Health Conditions, and Health Risk Behaviors – 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)

*All community residents
Underserved population in County
Farm Worker Population*

Root Cause(s) of High Need:

- High cost of living
- Difficulty finding doctor
- Long wait times for appointments
- Doctor-to-patient ratio in county
- High rate of migrant farm workers

OBJECTIVE of the clinic is to increase access to essential health services for uninsured and underinsured individuals in our community once a year with our clinic. It aims to provide free, immediate care and supportive resources to help improve overall wellness for children and adults.

ACTIONS:

- Provide point-of-care services for dental needs, such as but not limited to: cleanings, extractions, root canals, fillings, oral cancer screenings, and gum disease screenings.
- Vision testing and glasses prescriptions.
- Mental Health Screenings and resources.
- Preventative Screenings (oral cancers, oral care, vision, blood pressure, vitals)
- 50+ lbs of Fresh produce for each family
- Free Haircuts by barbers.
- Spiritual Care Counseling by chaplains.

Aim Statement Our aim in this program is to improve access to care by removing insurance and financial barriers so our community can access dental, vision, and whole-person healthcare through a free, inclusive wellness clinic. We hope to impact 250+ people each year with our Free Health Clinics.

PROGRAM:
Free Health Clinic

Champion:
*Director of Mission
and Spiritual Care*

Existing Initiatives/Projects

- Free Skin Cancer Screenings
- Free Stroke Screenings
- Free Cancer Survivor Events
- Indigenous Language Translation

Data Source(s)

- # Health Screenings
- # Hair Cuts
- # Dental Patients
- # Spiritual Counseling Sessions
- # Community Partners
- # Vision Tests
- # Pairs of Glasses fitted

Partners

INTERNAL

- Mission Department
- Adventist Health Global Missions

EXTERNAL

- SLO Food Bank
- Transitions Mental Health Alliance (TMHA)
- Bienestar Foods
- MICOP Translation (Mixteco Indigenous Community Organizing Program)
- Local Barbers
- Templeton Hills Church
- 15 Local Dentists
- 5+ local hygienists

Available Resources

- Sponsors:
- Moca Foundation
 - Banc of California

PRIORITY NEED

Housing

Population(s)

- Low-income
- People transitioning between homelessness into housing
- Patients with nowhere to safely discharge

Root Cause(s) of High Need:

- High cost of living
- Lack of affordable housing options
- Lack of shelters
- Shelter options for those using drugs
- Discharging 145 inpatients to shelters and 503 ED patients to shelters in 2025

Existing Initiatives/Projects

- Sponsorship of ECHO Homeless Shelter
- Working with HASLA (Housing Authority of San Luis Obispo) to place unhoused patients upon discharge

Data Source(s)

- # of people served at ECHO
- # of housing initiatives supported
- # of new CBO partnerships
- # of new housing partnerships
- # of housing organizations supported

Partners

Internal

- Case Management
- Emergency Dpt.

External

- Echo Homeless Shelter
- Prado Shelter
- Paso Robles Homeless Services
- SLO County

OBJECTIVE: To be a supportive partner to agencies who are active in ensuring safe and affordable housing to our community.

ACTIONS:

- Partnering with ECHO homeless shelter- serving food and haircuts 1x per quarter.
- Advocate and support annually ECHO homeless shelter
- Advocate and support housing initiatives and programs.
- Identify and develop relationships with local shelters/homes to refer patients.
- Working to develop designated beds with PRADO homeless shelter exclusively for patients who need them for discharge.
- Financially Supported Housing or Housing adjacent organizations:
 - Jack's Helping Hand-
 - Santa Maria Adventist Church
 - SLO Community Foundation
 - Lumina Alliance
 - Court Appointed Special Advocates (For foster children housing)

Aim Statement: To have a streamlined process by 2028 for assisting our unhoused patients with housing options and applications as well as partnering with agencies who are assisting people in transitional housing.

PROGRAM:
Housing in SLO County

Champion:

- Case Management
- Foundations Team

PRIORITY NEED

Mental Health

Population(s)

Community members experiencing mental health crisis and clinical staff delivering mental health services

Root Cause(s) of High Need:

- *County cut back on psych services to our patients because of budget cuts, so we had to fill the void by contracting telepsych services.*

High census of 5150 psych holds for suicidal ideation, mental health concerns, and/or awaiting prescriptions.

OBJECTIVE: To expand timely access to high-quality mental health and social care through telepsychiatry, supporting safe discharges and the development of ethical, patient-centered plans of care allowing for safe transitions and in-house prescribing as needed.

ACTIONS: *Partnering with Sierra Wellness Clinic, Vituity Telepsych , and filling in the gap that was left when the county cut back telepsych evaluations and interventions.*

Vituity Telepsych services for consultations and prescribing medication(s) for psych patients (suicidal ideation, depression, homicidal, manic, etc).

Survivor Services for Cancer Survivors and Stroke survivors along with education and support

24/7 On Call Social Worker and Chaplain

Aim Statement: Our aim is to support the emotional/mental well-being of our community by offering two or more survivor and preventative education events each year. We also want to reduce our hold times and remove barriers to care by partnering with telepsychiatry. This also allows us to prescribe psych medicines while the patient is here at our hospital rather than having to refer them out.

PROGRAM: TELEPSYCH SERVICES

Champion:

- Case Management & Social Work
- Vituity

Existing Initiatives/Projects

- 24/7 Social Worker on call
- 24/7 Chaplain on call
- Trauma Debriefing for first responders, partner agencies, EMS workers, etc.
- Grief Counseling referrals to Adventist Health Grief Counseling (for patients and families of patients)

Data Source(s)

- # of telepsych evaluations
- # of new mental health partners
- # of survivors educated
- # of support group attendees
- # of calls to chaplain and SW

Partners

Internal

Case Management
Emergency Department

External

Transitions Mental
Health Association
Sierra Wellness Clinic
Vituity Telepsych
Services
Sherriff's Department

Available Resources

Tele Psych Services
ThriveWorks
Compassion with Grace- Trauma
Debriefing

PRIORITY NEED

Food Insecurity

Population(s)

Those in our county experiencing food insecurity

Root Cause(s) of High Need:

- High cost of living
- Lack of grocery stores in North County
- High cost of food

OBJECTIVE: To reduce food insecurity in our community by distributing nutritious food monthly to approximately 300 families, directly responding to a priority need identified in our Community Health Needs Assessment.

ACTIONS:

- Supporting the giveaway of perishable and non-perishable foods one Sunday per month.
- Marketing the giveaway through social media, our community board, local news, etc.
- Utilize volunteers from the hospital (employees) to serve 5+ hours at each giveaway.
- Partnering with SLO County Food Bank
- Providing patients in need with no-cook bags at discharge
- Seek community sponsorship for event.

Aim Statement: Our aim is to reduce food insecurity and its health impacts by providing consistent, dignified access to nutritious food, strengthening stability, and well-being for families in our community.

PROGRAM:

Neighborhood Food Distribution

Data Source(s)

- # of monthly giveaways
- # of people served
- # of community PSA's
- # of volunteer hours
- # of partnering events with food banks
- # of community events
- # of no-cook bags

Partners

Internal

- Mission Team
- Volunteers/employees

External

- Bienestar is Wellbeing
- Templeton Hills Church
- SLO Food Bank

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.

Adventist Health Sierra Vista
1010 Murray Avenue
San Luis Obispo, CA 93405