

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-AHTM-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
Community Infrastructure
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:

Education, Financial Stability, 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



Access to Care**Population(s)**

All Tillamook County residents, focusing on those experiencing health inequities.

Root Cause(s) of High Need:

- *Limited local career pathways in health and social services.*
- *Shortage of trained Community Health Workers (CHWs) to deliver culturally responsive care.*
- *Barriers to higher education access (cost, awareness, transportation) in a rural county.*
- *Lack of workforce housing.*

OBJECTIVE:

Improve community awareness, remove barriers to care, and increase access to preventive services, screenings, and education to help prevent and better manage type 2 diabetes.

ACTIONS:

- Work with local network partners to establish a community resource directory and train departments on CBOs and directory.
- Implement and/or increase distribution of ConnectWell promotional materials to drive participation in screenings and promote use of community resource directory.
- Continue to strengthen diabetes screenings and referrals for patients and community members.
- Increase and track closed-loop referrals for social determinants of health.
- Expand Otago fall prevention program impact through home safety assessments and referrals for social determinants of health services.

AIM STATEMENT:

Over the next three years, work with community partners to strengthen type 2 diabetes awareness, care coordination, and community engagement to improve health outcomes through increased screenings.

**Existing Initiatives/
Projects**

- SDOH Screening
- Rural Health Partner Network
- Connect Well chronic disease prevention and self-management programming
- OTAGO

Data Source(s)

community outreach events
or % of diabetes screenings
at AHTM year over year

**Partners
Internal**

- AHTM Clinics, care teams, providers and staff
- AHTM hospital RNs, Case Managers, and Quality Resources
- AHTM Rehab/OT and Home Health

**Tillamook County
Healthcare Network Partners**

- Nehalem Bay Health Center & Pharmacy
- Tillamook County Family Counseling Center
- Tillamook County Community Health Center
- Tillamook County YMCA

PRIORITY NEED

Community Infrastructure

Population(s)

All Tillamook County residents, especially those experiencing lack of access to childcare, physical activity, and transportation.

Root Cause(s) of High Need:

- *Lack of available and/or affordable childcare.*
- *Workforce shortages.*
- *Lack of connectivity and safe, walkable/bikeable routes.*
- *Social isolation, especially among seniors and individuals lacking reliable transportation options.*

OBJECTIVE: *Strengthen countywide health education efforts to support multilingual communication, education, and services by creating a digital resource directory that improves referrals for at-risk patients.*

ACTIONS:

- *Work with local network partners to create comprehensive digital resource directory from existing directories.*
- *Orient internal and external care coordinator teams/partners on the resource directory.*
- *Develop a care coordination plan to streamline referral workflows between healthcare agencies and community partners.*

AIM STATEMENT:

Over the next three years, work with community partners to strengthen multilingual community wide care coordination referrals to improve community engagement and health outcomes.

Existing Initiatives/ Projects

- *Efforts to seek funding opportunities for certified interpreter training*
- *Formation of a Community Health Worker hub to augment care coordination*

Data Source(s)

*# of resources included in the final directory
of agencies distributing the directory on websites
of participants enrolled in the terminology course
of internal orientation sessions*

Partners Internal

- *AHTM Clinics, care teams, providers and staff*
- *AHTM hospital Emergency Dept., RNs, Case Managers, and Quality Resources*

Tillamook County Wellness Coalition Partners

- *Nehalem Bay Health Center & Pharmacy*
- *Tillamook County Family Counseling Center*
- *Tillamook County Community Health Center*
- *Multiple CBOs*

PRIORITY NEED

Housing

Population(s)

Low-income, housing-insecure, and housing cost burdened residents of Tillamook County.

Root Cause(s) of High Need:

- Lack of housing stock.
- Lack of affordable housing options.
- High cost of living,
- Tillamook County coastal weather conditions, heavy rain, & wind.
- Housing cost burden reduces disposable income for home repairs and maintenance.
- Low wages/high cost of living; landlords keep rents as low as possible, reducing ability to reinvest in building repairs and maintenance.

OBJECTIVE : *Increase support for healthy homes by helping healthcare providers screen for unmet housing needs and strengthen community engagement in efforts to address homelessness.*

ACTIONS:

- Engage with annual Homeless Connect and Point-in-Time (PIT) count.
- Hold workforce trainings to reduce stigma around homelessness, behavioral health and substance use.
- Train service providers to utilize resource directory for referrals to housing assistance programs.
- Increase screening and tracking of closed-loop referrals for social determinants of health related to housing needs.
- Referrals to Habitat for Humanity's Critical Repairs program.

AIM STATEMENT:

Over the next three years, strengthen support for healthy homes by equipping healthcare providers with tools for screening and referring patients with unmet housing needs, and work with community partners to mobilize communities to take a stronger role in addressing homelessness.

Existing Initiatives/ Projects

- Workforce development training
- SDOH Screening
- Tillamook County Houseless Action Network
- Habitat for Humanity Critical Repairs Program

Data Source(s)

of workforce trainings
Resources provided to Habitat to Humanity
% increase in people screened for housing needs year over year
meals served by AHTM/ staffing at Homeless Connect

Partners Internal

- AHTM Clinics, care teams, providers, and staff
- AHTM hospital Emergency Dept., RNs, Case Managers, and Quality Resources

Tillamook County Wellness Coalition Partners

- Nehalem Bay Health Center & Pharmacy
- Tillamook County Family Counseling Center
- Tillamook County Community Health Center
- CARE, Inc., Helping Hands, Tides of Change
- Habitat for Humanity

PRIORITY NEED

Mental Health

Population(s)

All Tillamook County residents, focusing on those experiencing health inequities.

Root Cause(s) of High Need:

- *Limited local career pathways in health and social services.*
- *Shortage of trained Community Health Workers (CHWs) to deliver culturally responsive care.*
- *Barriers to higher education access (cost, awareness, transportation) in a rural county.*
- *Lack of workforce housing.*

OBJECTIVE:

Increase community capacity to meet social needs and treat people impacted by Substance Use Disorder (SUD) by training local workforce and growing assisted recovery pathways (deflection).

ACTIONS:

- Adventist Health Tillamook employees will receive on-going SUD training to expand substance use disorder services in the community.
- Host two continuing medical education events for providers that increase awareness, knowledge and skills.
- Distribute Narcan kits throughout Tillamook County via training, assisted recovery pathways and Naloxboxes.
- Present and participate in SUD community awareness outreach events and harm reduction activities for opioid use response throughout Tillamook County.

AIM STATEMENT:

Over the next three years, increase knowledge and skills for Substance Use Disorders (SUD) response and treatment.

**Existing Initiatives/
Projects**

- OUR Tillamook
- Tillamook County/ Behavior Health Resource Network
- Workforce development training
- Harm reduction events

Data Source(s)

- # Narcan kits distributed
- # naloxboxes
- # of trainings
- # persons served through assisted recovery pathways (deflection)

Partners

Internal

- Philanthropy & grants
- AHTM Clinics, care teams, providers and staff
- AHTM hospital Emergency Dept., RNs, Case Managers, and Quality Resources

Tillamook County

Healthcare Network Partners

- Nehalem Bay Health Center & Pharmacy
- Tillamook County Family Counseling Center
- Tillamook County Community Health Center
- OUR Tillamook Partners
- BHRN Partners

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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