

Adventist Health Castle 2022 Community Health Plan Update



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Castle, is respectfully submitted on May 19th, 2023 reporting on 2022 results.

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 hospitals across Hawaii led by the Healthcare Association of Hawaii.

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:

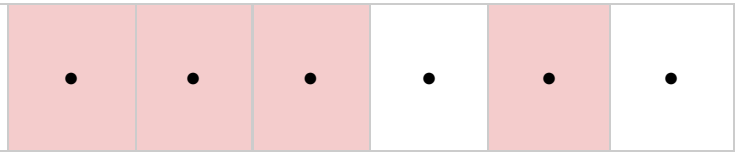
1. A lack of foundation for health that includes the basic things that every human being needs;
2. Loss of community, including the aspects of place, values, culture, and practices;
3. A poor relationship to the healthcare system, which is seen as lacking in humanity, empathy, and availability.

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	Hawai'i	Maui	Moloka'i	Lāna'i	O'ahu	Kaua'i
GOAL 1 - FOUNDATIONS : Provide the basic foundations so that people can have more control over their own health						
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 properties 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.		•			•	•
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 people and the healthcare system						
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.	•	•	•			

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 homelessness, 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 Hawaii's economy, many households are one unexpected emergency away from being in financial turmoil. Within 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 Includes:

- 23 hospitals with more than 3,393 beds
- 370 clinics (hospital-based, rural health and physician clinics)
- 14 home care agencies and eight hospice agencies
- 3 retirement centers & 1 continuing care retirement community
- A workforce of 37,000 including medical staff physicians, allied health professionals and support services

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 patient 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 2 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 through 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.

COVID 19 Considerations

The COVID-19 global pandemic has caused extraordinary challenges for Adventist Health hospitals and health care systems across the world including keeping front line workers safe, shortages of protective equipment, limited ICU bed space and developing testing protocols. They have also focused on helping patients and families deal with the isolation needed to stop the spread of the virus, and more recently vaccine roll out efforts.

Adventist Health, like other health care systems, had to pivot its focus to meet the most urgent healthcare needs of its community during the pandemic, as well as reassess the ability to continue with some community health strategies due to public health guidelines for social distancing. Adjustments have been made to continue community health improvement efforts as possible, while ensuring the health and safety of those participating. The Strategy Action Plan Grids on the following pages reflect updated activities for each strategy.

In FY21, Adventist Health as a system took the following actions in response to the needs created or exacerbated by COVID-19:

- Began offering more virtual health care visits to keep community members safe and healthy
- Developed an online symptom tracker to help community members determine if they may have COVID-19 or some other flu type illness and what steps to take
- Was part of a communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus
- 18,744 COVID drive through tests
- 70,896 COVID vaccinations

Adventist Health Castle

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
Strategy 2: Support People and Their Families Living with Chronic Disease
Strategy 3: Youth Education and Outreach to Develop Hawaii's Workforce

Program/Activity	Strategy 1 Metrics				
<i>Activity 1.1- Increase healthy lifestyles. A- Daniel Plan, B- CHIP, C- Healthy Lifestyles.</i>	PROGRAM A- DANIEL PLAN	Year 1 2020	Year 2 2021	Year 3 2022	
	Process Measure:				
	Number of people enrolled	46	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.	
	Percentage of people completing program	76%			
	Percentage of reduction in body fat	↓1.1 %			
	Reduction in weight	μ 2.1lbs.			
	Reduction in metabolic age	↓1.4 yrs.			
	Improvements in lab results, if applicable	N/A			
	PROGRAM B- CHIP		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:				
	Number of people enrolled	17	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.	
	Number of people attended	15			
	Percentage of people completing program	82%			
	Average Blood Pressure	N/A			
Average Weight	N/A				
Improvements in lab results, if applicable	N/A				
PROGRAM C- HEALTHY LIFESTYLES		Year 1 2020	Year 2 2021	Year 3 2022	
Process Measure:					
Number of people enrolled	15		Due to COVID-19, program		

	Percentage of people completing program	73%	Previous report available upon request	was discontinued in 2021.
	Percentage of people who would refer a friend/family member	90%		
	Percentage of people who had improvement in overall health	12%		
	Percentage of people who had improvement in healthy eating	13%		
<i>Activity 1.2- Youth Well-Being</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:	Due to COVID-19, this program was placed on hold.	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Number of classes			
	Number of participants attended			
	Short Term Outcomes:			
	Greater resiliency and lower levels of risky behaviors that are improved:			
	- Emotional Safety			
	- Sense of Belonging			
	- Recognitions			
	Medium Term Outcomes:			
	Percentage of total truancy rates for 8 th grade			
	Percentage of students completing 8 th grade			
<i>Activity 1.3- Healthy Weight and Your Child. * Family-based lifestyle change from for high BMI youth.</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:	Due to COVID-19, this program was placed on hold.	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Number of classes			
	Number of participants attended			
	Short Term Outcomes:			
	Increased knowledge including 20+ health topics			
	Medium Term Outcomes:			
	Reduced BMI			
	Avg change in BMI			

Activity 1.4- Expanded Food and Nutrition Program. "Life Skills" family based lifestyle change program for low income families.		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			
	Number of classes	N/A	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Number of participants attended	N/A		
	Short Term Outcomes:	N/A		
	Increased knowledge on budgeting, shopping, and meal prep and movement			
	Medium Term Outcomes:		Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Percentage of motivation of making small changes	N/A		
	Percentage of increased physical activity	N/A		
	Percentage of those who are eating more fruits/vegetables	N/A		
	Percentage of those who are drinking fewer sugary drinks	N/A		
Activity 1.5- Community events exposing and inviting community members to experience healthy lifestyles and screening		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			
	Undefined Measure			
	Short Term Outcomes:			
	Number of meals served per day	Due to COVID-19, this program has been placed on hold.	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Medium Term Outcomes:			
	Increased number of attributed lives			
Program/Activity	Strategy 2 Metrics			
Activity 2.1- Support Groups for Chronic Illness and Caregiving		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure:			
	Number of session offered by group			
	Number of participants attended	Due to COVID-19, this program has been	Previous report available	Due to COVID-19, program was
	Short Term Outcomes:			
	Increased knowledge as applicable and increase in positive outlook			

	Medium Term Outcomes: Percentage improved in CMA Accountable Health Communities (AHC) & Health-Related Social Needs (HRSN), or equivalent assessment tool	placed on hold.	upon request	discontinued in 2021.
Program/Activity	Strategy 3 Metrics			
<i>Activity 3.1- COPE Scholars</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Increased pathways to health careers with community serving community.	Active	Active	Active
	Short Term Measure: Number of participants enrolled in program	86	106	208
	Number of High School Ages Participants & Number of 18+ Participants.	10; 76	30; 76	54; 154
	Number of Cohorts	4	4	4
	Number of Hospital Shifts & Number of hours worked	1,359; 8,128	3,859; 8,917	11,563; 2302
Source of Data:				
<ul style="list-style-type: none"> Adventist Health Castle Health Network COPE Health Solutions 				
Target Population(s):				
<ul style="list-style-type: none"> Community residents including vulnerable populations Community residents in primary and secondary service areas Oahu residents in recovery seeking employment Community youth population 				
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)				
<ul style="list-style-type: none"> Staff, supplies, and meeting spaces 				
Collaboration Partners: (place a "*" if lead by Adventist Health)				
<ul style="list-style-type: none"> <i>Cope Health Solutions</i> <i>The Institute for Human Service Hawaii (IHS)</i> <i>Dynamic Compassion in Action</i> <i>Hui Mai'ai Aina</i> <i>Susan G Komen</i> <i>National Alliance on Mental Illness (NAMI)</i> <i>Habilitat</i> <i>Hope Center</i> <i>Shelter</i> <i>Alzheimer's Association</i> <i>Boys and Girls Club Windward</i> 				

- *Drug Free Hawaii*
- *Camp Waianae*
- *Second Helpings*
- *Read to Me*
- *Windward Artist Guild*
- *Hawaiian Mission Academy*
- *Christmas morning: Institute for Human Services*
- ** Grief Support*
- ** Mamma Hui (lactation consultation for infants 0-12 months and mothers)*
- ** Bariatric Back on Track Program*

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

Strategy1 – Promotion of healthy lifestyles

Activity 1.1 – Activity 1.4

Due to the impact of COVID-19, many of our community programs are no longer offered by Adventist Health Castle. We continue to support and collaborate with community partners to address our selected health priorities, as our programs have been outsourced and will be addressed by other community based organizations.

Activity 1.5

Due to COVID, the events offered to our community were reduced and/or cancelled. However, as we progressed into the year, we began to transition into participating in community events.

Adventist Health Castle maintained care for COVID through the following services:

- COVID Vaccine Clinic:
- COVID Drive Through: 5,599 encounters

Adventist Health Castle staff and volunteers were an active participant in serving with the Hawai'i Food Bank to distribute food to the Waimanalo community twice a month.

Adventist Health Castle strengthened it's partnership with KEY Project, a non-profit that serve the communities of Kaneohe to Kahuku, from keiki to kūpuna, through a variety of programs and services in collaboration with other community organizations.

Adventist Health Castle returned the annual Christmas Tree Lighting Event and hosted it on campus. Family activities and available community resources were offered to approximately 2,000 people.

Adventist Health Castle remains a member of the Compassionate Ko'olaupoko group which is a coalition for community partners working to strengthen a culture of caring to ensure communities are trauma informed and responsive. The ultimate goal is to help kids and families be resilient and compassionate so they can care for themselves and others. Compassionate Ko'olaupoko began by bringing together educators and staff from the K-12 and community college, along with other community agencies including Castle. The group has created an online asset map and focused on the provision of equipping and skill building.

Strategy 2- Support people and their families living with chronic diseases.

Activity 2.1

In September 2022, Adventist Health Castle acquired 'Ekahi Wellness Center. 'Ekahi Wellness is focused on helping people manage their chronic conditions with the support of an entire healthcare team, including patients' physicians.

Strategy 3- Youth Education And outreach to develop Hawaii's workforce.

Activity 3.1

The COPE Health Scholars program provides an immersive opportunity for high school aged youth, young adults, and career transitioning adults to gain insight and direction into various healthcare career pathways. Health Scholars at Adventist Health Castle Hospital are able to perform hands-on patient care tasks, assist with administrative work, learn leadership skills, observe procedures, take vital signs, facilitate communication between staff, and network with a wide variety of patients and healthcare professionals.

In October 2022, Adventist Health Castle was awarded \$200,000 grant by the City and County of Honolulu to focus on workforce development in the Windward Community. The proposed program targets at-risk youth and vulnerable adults based on community need for workforce development.

Adventist Health Castle

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.				
Strategy 3: Deliver nicotine reduction services in the community in addition to hospital patients to proactively reach disparate populations.				
Program/Activity	Strategy 1 Metrics			
<i>Activity 1.5- Provide Telehealth Programs</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of telehealth encounters	15,345	7,322	2,149
	Short Term Measures: Number of telehealth encounters with specialist for rural community clinic			286
<i>Activity 1.6- Expansion of behavioral health clinic services</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measures: Number of behavioral health encounters	910	105	1,862
Program/Activity	Strategy 3 Metrics			
<i>Activity 3.1- Deliver Nicotine Reduction Services during Behavioral Health Inpatient Visits</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of nicotine users reached	25	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Number of participants enrolled in program	3		
	Percentage of those who are from priority population	100%		
	Short Term & Medium Term Measure: Percentage of those who use stop smoking medication	32.7% (n=30%)		
Percentage of those who have a 24-hour quit rate	81.6% (n=90%)			
<i>Activity 3.2- Deliver Nicotine Reduction Services via support groups originating from castle</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure: Number of sessions offered by group	16		
	Number of participants attended	14		

	Number of encounters	68	Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	<i>Virtual groups</i>			
	Number of virtual sessions	N/A		
	Number of participants attended	17		
	Number of encounters	130		
	Short Term & Medium Term Outcomes:			
	Percentage of those who use stop smoking medication	Same as Activity 1.1		
	Percentage of those who have a 24-hour quit rate	Same as Activity 1.1		
<i>Activity 3.3- Deliver Nicotine Reduction Services via community based groups</i>		Year 1 2020	Year 2 2021	Year 3 2022
	Process Measure		Previous report available upon request	Due to COVID-19, program was discontinued in 2021.
	Number of sessions offered by group	2		
	Number of participants attended	15		
	Number of encounters	20		
	<i>Virtual groups</i>			
	Number of virtual sessions	20		
	Number of participants attended	10		
	Number of encounters	94		
	Short Term & Medium Term Outcomes:			
	Percentage of those who use stop smoking medication	Same as Activity 1.1		
	Percentage of those who have a 24-hour quit rate	Same as Activity 1.1		

Source of Data:

- Castle Health Group
- Adventist Health Castle and Professional Data Associations (PDA) Interim Year 2 Evaluation Report, April 2021

<p>Target Population(s):</p> <ul style="list-style-type: none"> • Community residents in our primary service area • 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 mothers who use nicotine
<p>Adventist Health Resources: (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> • Staff, Supplies, Services, Telehealth staff
<p>Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)</p> <ul style="list-style-type: none"> • Castle Health Group • Castle Health Group: Ko’olau Clubhouse • Hawaii Community Foundation • Windward Community College • Habilitat • Hawaii State Hospital
<p>CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) A, F, G</p>

Strategy 1 – Expanded clinic access to increase health prevention and improve treatment to prevent avoidable admissions and readmissions.

Activity 1.5 & Activity 1.6

In September 2022, Adventist Health Castle acquired Central Medical Clinic which expanded our footprint into the Honolulu area.

While Adventist Health Castle acquired Urgent Care facilities in 2021, we opened an additional Urgent Care location in Waikiki.

In total, Adventist Health Castle hired six primary care physicians to expand scope of services and care to patients in the community.

Strategy 3 – Deliver nicotine reduction services in the community as opposed to traditionally hospital focused patient populations in order to proactively reach disparate populations

Activity 3.1 – Activity 3.3

Adventist Health Castle no longer provides this service. We continue to support and collaborate with community based organizations to address our selected health priorities. It is our hope to continue to increase and improve the the health and well-being of our community.

In May 2022, Adventist Health Castle was awarded a \$125,000 grant by Harold K.L. Foundation to be a part of the Ko’olau Housing Hui. The main purpose of this grant was to work within our community in

addressing housing stability and prevent homelessness with the support of the rent and utility relief program and other community resources. The Adventist Health Castle Housing Hui serviced 160 families and facilitated \$153,000 of financial support through partnering organizations and will continue this work into 2023.

The Adventist Health + Blue Zones Solution

Our desire to improve community well-being grew out of not only our mission at Adventist Health -to live God's love by inspiring health, wholeness and hope – but also by the sheer need as seen across our system of 23 hospitals. Overwhelmingly, we see issues related to health risk behaviors, mental health and chronic illnesses throughout the communities we serve. That is why we have focused our work around addressing behavior and the systems preventing our communities from achieving optimal health.

In an effort to meet these needs, our solution is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

In 2020, Adventist Health acquired Blue Zones as the first step toward reaching our solution. By partnering with Blue zones, we will be able to gain ground in shifting the balance from healthcare – treating people once they are ill – to transformative well-being – changing the way communities live, work and play. In 2021, Adventist Health committed to launching six Blue Zone Projects within our community footprint, and as we enter 2022 these projects are active. Blue Zone Projects are bringing together local stakeholders and international well-being experts to introduce evidence-based programs and changes to environment, policy and social networks. Together, they measurably improve well-being in the communities we serve.