

## **Adventist Health Castle 2020 Community Health Implementation Strategy**



## 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 Hawai'i led by the Healthcare Association of Hawai'i.

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:

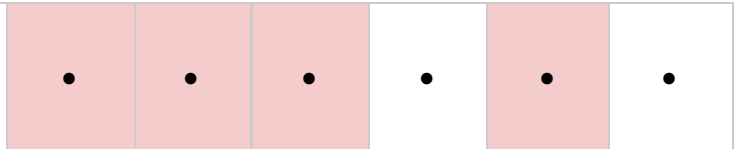
1. A lack of foundation for health that includes the basic things that every human being needs;
2. Loss of community, including the aspects of place values, culture, and practices;
3. A poor relationship to the healthcare system, which is seen as lacking in humanity, empathy, and availability.

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
<b>GOAL 1 - FOUNDATIONS</b> : Provide the basic foundations so that people can have more control over their own health						
1.1 <b>Address financial insecurity.</b> 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 <b>Work together for equality and justice.</b> Work alongside affected populations to address inequitable treatment and opportunity.	•	•			•	•
1.3 <b>Strengthen families.</b> 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 <b>Prepare for emergencies.</b> 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 <b>Build good food systems.</b> Establish access to nutritious food so that it is available to all.	•			•	•	•
<b>GOAL 2 - COMMUNITY</b> : Preserve, nurture, expand, and employ the healing properties of community						
2.1 <b>Restore environment and sense of place.</b> 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 <b>Nurture community identity and cohesiveness.</b> 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 <b>Invest in teenagers and healthy starts.</b> 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 <b>Shift kūpuna care away from "sick care."</b> 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.		•	•	•		
<b>GOAL 3 - HEALTHCARE</b> : Improve the relationship between people and the healthcare system						
3.1 <b>Strengthen trust in healthcare.</b> 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 houselessness, 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 Hawai’l’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 facilities Include:

- 21 hospitals with more than 3,284 beds
- More than 273 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and volunteers.

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 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.

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**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.

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## Adventist Health Castle Implementation Strategy Action Plan

**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**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
<b>Activity 1.1 Increase healthy lifestyles (The Daniel Plan, CHIP)</b>	# attended  # enrolled, if applicable  % completed program, if applicable		Improvement in healthy lifestyles: food, fitness, friends, faith, focus		Reduction in body fat  Reduction in weight  Reduction in metabolic age  Improvement in lab results, if applicable	

**Source of Data:** AHC participant survey, and AHC bioimpedance scale readings

**Target Population(s):**

Community residents including vulnerable populations

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, supplies, meeting space

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- Hale Kokua O' Manoa
- First Presbyterian of Honolulu
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**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) **A1, A2, E3**

**PRIORITY HEALTH NEED: Nurture community identity and cohesiveness**

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**Strategy 1: Promote healthy lifestyles and behavior**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
<b>Activity 1.2 Youth Well-being</b>	# attended # classes		Greater resiliency, lower levels of risky behaviors improved -Emotional Safety -Sense of Belonging -Recognition		% of total truancy rates for 8 <sup>th</sup> grade  % of total completing 8 <sup>th</sup> grade	

**Source of Data:** Boys & Girls National Survey Tool NYOI (National Youth Outcomes Initiative)

**Target Population(s):** Youth

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, supplies

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- \* Boys and Girls Club Windward Oahu
- \*UFC Gym
- \*Windward Community College
- 

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) **A1,**

**PRIORITY HEALTH NEED: Nurture community identity and cohesiveness**

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<b>Programs/ Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Outcomes</b>	<b>Results: Year 2</b>	<b>Medium Term Outcomes</b>	<b>Results: Year 3</b>
<b>Activity 1.3 Healthy Weight and Your Child</b> family based lifestyle change program for youth with high BMI	# attended # cohorts		Increased knowledge including 20+ health topics		Reduced BMI Avg change in BMI	

**Source of Data:** YMCA

**Target Population(s):**

Community residents including vulnerable populations

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, meeting space

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- \* Hawaii Pacific Health
- YMCA of Honolulu
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**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) **A1, A2, E3**

**PRIORITY HEALTH NEED: Nurture community identity and cohesiveness**

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<b>Programs/ Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Outcomes</b>	<b>Results: Year 2</b>	<b>Medium Term Outcomes</b>	<b>Results: Year 3</b>
<b>Activity 1.4 Expanded Food and Nutrition Program “Life Skills”</b> family based lifestyle change program for low income families	# attended  # cohorts		Increased knowledge on budgeting, shopping, and meal prep and movement		% Motivation: makes small changes  % increase in physical activity  % eat more food/vegetables  % drink fewer sugary drinks	

**Source of Data:** University of Hawaii

**Target Population(s):**

Community residents which meet low income criteria

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, meeting space

**Collaboration Partners:** (place a “\*” by the lead organization if other than Adventist Health)

- \* University of Hawaii Expanded Food & Nutrition Program

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) **A1, A2, E3**

**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**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
<b>Activity 1.5 Community Events</b> exposing and inviting community members to experience healthy lifestyles, screening	# attended # events # of screenings conducted and referrals if applicable # meals served, if applicable		# of meals served per day (Habilitat)		Increased # of attributed lives	

**Source of Data:** AH Castle- Castle Health Network

**Target Population(s):**

Community residents in primary and secondary service areas

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, meeting space

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- VegFest Oahu: \* Vegetarian Society
- I Love Kailua Town Party: \* Outdoor Circle, Lanikai
- 6 Pillar of Brain Health Symposium; \* Hawaii Pacific Neuroscience
- Blue Zones Summit; \* Blue Zones
- Christmas morning: \* Institute for Human Services
- Convoy of Hope: \* First Assembly of God
- Habilitat (Residential Recovery Treatment Program) \* Food Preparation 1,000 meals per day

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

**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 2: Support people and their families living with chronic diseases**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
<b>Activity 2.1 Support Groups</b>	# attended  # sessions offered by group		Increased knowledge as applicable and increase in positive outlook		% Improved in CMS Accountable Health Communities (AHC). Health-Related Social Needs (HRSN) Screening, or equivalent assessment tool	

**Source of Data:** AHC participant survey, and AHC scale readings

**Target Population(s):**

Community residents including vulnerable populations

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, supplies, meeting space

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- Alzheimer’s Caregivers Group: \* Alzheimer’s Association Hawaii, Aloha Chapter
- Grief Support
- Hospice Hawai’i support for those grieving a loss: Navian Hawaii
- Mamma Hui (lactation consultation for infants 0-12 months and mothers)
- Mental Health: \* NAMI (National Association for Mental Illness)
- Parkinson’s people with the disease and their caregivers: \*
- Aloha Kidney people at risk or with the disease: \* Dr. Ramona Wong
- Tobacco Treatment current and ex-smokers support
- Bariatric Back on Track Program
- In Sickness in Health – free health talks for the community
- Eat Well for Life – Vegan cooking demonstration available to the community

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) **A1, A2, E3**



**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 3: Youth Education and Outreach to Develop Hawai'i's Workforce**

<b>Programs/ Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Outcomes</b>	<b>Results: Year 2</b>	<b>Medium Term Outcomes</b>	<b>Results: Year 3</b>
<b>Activity 3.1</b>  Increase pathways to health careers with community serving community	# enrolled  # high school aged enrolled  # cohorts		% attended hospital shifts		# COPE Scholars placed in jobs'  # COPE scholars enrolled /graduated in accredited college/university	

**Source of Data:**  
COPE Health Solutions

**Target Population(s):**  
80% from Oahu, with an emphasis on the primary service area, Windward Oahu

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, supplies, meeting space

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

COPE Health Solutions

- UCLA Health Policy & Management

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) **A1, A2, E3**

**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**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
<b>Activity 1.1 Provide urgent care services in Kailua</b>	# encounters		# urgent care visits # patients utilizing extended primary care hours at AHC employed clinics # community primary care clinics offering extended hours		Reduced # emergency department sick visits and increased urgent care sick visits (ratio)  Reduced # of hospitalizations by providing more access to PCP hours measured by per 1,000 attributed lives	
<b>Activity 1.2 Expand primary care hours</b>	Extend with 1 hour earlier/1 hour later, 1 half day per weekend		% patients who have seen their PCP more than once in 3 years		Reduced # emergency department sick visits	
<b>Activity 1.3 Expand specialists' clinic hours</b>	open 7a to 6:30p		# specialist hours		Reduced # emergency department sick visits	
<b>Activity 1.4 Provide telehealth program</b>	# telehealth encounters		# telehealth hours with specialists for rural community clinic # telehealth hours off-site		Reduced # emergency department sick visits	
<b>Activity 1.5 Expansion of</b>			# behavioral health encounters		Decrease % of avoidable	

<b>PRIORITY HEALTH NEED: Provide accessible, proactive support for those with high needs.</b>						
behavioral health clinic services						admissions related to behavioral health
<b>Source of Data:</b> Castle Health Group						
<b>Target Population(s):</b>						
<ul style="list-style-type: none"> <li>Community residents in our primary service area including 135, 345 people</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> <li>Staff, Supplies, Services, Telehealth staff</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> <li>Castle Health Group</li> </ul>						
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) A2, A3, G1, G3						

**PRIORITY HEALTH NEED: Provide accessible, proactive support for those with high needs.**

**GOAL STATEMENT: Reduce nicotine use among disparate population**

**Mission Alignment: Well-being of People**

**Strategy 2: Deliver nicotine reduction services in the community as opposed to traditionally hospital focused patient populations in order to proactively reach disparate populations**

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
<b>Activity 2.1 Behavioral Health Inpatient Visits</b>	# nicotine users reached # enrolled in program % who are from priority population		% use stop-smoking medication  % 24 hour quit rate		% 30 day quit rate	
<b>Activity 2.2 Onsite support groups</b>	See above and  # attended  # sessions offered by group		See above		See above	
<b>Activity 2.3 Community based groups</b>	See above and  # attended  # sessions offered by group		See above		See above	

**Source of Data:** PDA

**Target Population(s):**

- 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 Moms who use nicotine

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, Supplies, Services

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

Hawaii Community Foundation

**PRIORITY HEALTH NEED: Provide accessible, proactive support for those with high needs.**

Windward Community College  
Habilitat  
Hawaii State Hospital  
Castle Health Group

- Ko'olau Clubhouse

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

## Connecting Strategy and Community Health

Community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Community well-being is not just the overall health of a population but also includes the distribution of health equity. Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes

Improving community health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the care continuum

Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God's love by inspiring health, wholeness and hope. We will advocate for and lead change in healthcare and social policy to benefit the under privileged and the disenfranchised in the diverse communities to which we have been called.



Together we will create lasting impact in people's whole lives and affect profound improvement in the well-being of the entire community.



## 2020 Community Health Implementation Strategy approval

This Community Health Implementation Strategy was adopted on April 29, 2020 by the Adventist Health System/West Board of Directors. The Adventist Health Board of Directors has approved this Community Health Improvement Strategy during COVID-19, a worldwide pandemic. The Board anticipates and supports necessary adjustments to this strategy document to allow Adventist Health hospitals to address emerging community needs and/or shifting priorities related to the pandemic and recovery. The final report was made widely available on

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit/>