



**ADVENTIST HEALTH
CASTLE**

2022 COMMUNITY HEALTH
IMPLEMENTATION STRATEGY

APPROVED APRIL 27, 2023

Table of Contents

I. PURPOSE & SUMMARY	3
2022 Community Health Needs Assessment	4

II. GETTING TO KNOW US	5
Our CHNA Service Area and Community Served	5
Adventist Health Castle	6
Adventist Health Castle’s Approach to CHNA and CHIS	6

III. HIGH PRIORITY NEEDS	7
Access to Care	8
Financial Stability	9
Housing	10
Mental Health	11

IV. IMPLEMENTATION STRATEGY	12
High Priority: Access to Care	13
High Priority: Financial Stability	14
High Priority: Housing	17
High Priority: Mental Health	18

V. PERFORMANCE MANAGEMENT & EVALUATION	21
CHIS Development	21

VI. SIGNIFICANT IDENTIFIED HEALTH NEEDS	22
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VII. COMMUNITY HEALTH FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY CARE COMMITMENT	23
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VIII. GLOSSARY OF TERMS	26
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IX. APPROVED BY GOVERNING BOARD	27
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Purpose & Summary

Adventist Health Castle is pleased to share its Community Health Implementation Strategy (CHIS). This follows the development of its 2021 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 April 20, 2023. The 2021 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 the creation of this document and aided us in how we could best provide for our community and the vulnerable among us. From the 2021 CHNA, five goals and other significant health needs were identified.

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 2021 CHNA. Adventist Health Castle has adopted the following four priorities — financial security, mental health, housing, trust and equitable access. There are significant health needs that were previously identified in the prior CHNA, which are still relevant today (i.e., the importance of strong families, emergency preparedness, environment, kūpuna care, healthy starts, community cohesiveness and food security).

The CHIS consists of a long-term community health improvement plan that strategically implements solutions and programs to address the health needs identified in the CHNA. Together, with the Adventist Health Well-Being team, local public health officials, community-based organizations, medical providers, students, parents, and members of selected underserved, low-income and minority populations, Adventist Health Castle intentionally developed a strategic plan to address the needs of the community.

In this CHIS, you will find strategies, tactics, and partnerships that address the following health needs that were identified in the 2022 Adventist Health Castle CHNA:

- **Access to Care**
- **Financial Stability**
- **Housing**
- **Mental Health**

We hope this report is leveraged by all local partners and community members, empowering them to own the potential of healthy living for all. This report was reviewed and approved by our Hospital Board, as well as the Adventist Health System Board on April 27, 2023. The entire report is published online and available in print form by contacting community.benefit@ah.org.

2021 PRIORITIES

Roots - Significant Health Needs
The 2018 priorities remain urgent and are now referred to as "significant health needs."

Stream - 2021 Priorities
These five needs were identified priorities for 2021. They are pervasive and flow like water, uniting communities and healthcare systems, and nourishing positive outcomes.

Branches - Strategy Concepts
Suggested strategies for hospitals and communities to collaborate on upstream social determinants of health.

Leaves - Positive Health Outcomes
Consist of the good health outcomes that can be accomplished throughout communities.

POSITIVE HEALTH OUTCOMES

STRATEGIES

SIGNIFICANT HEALTH NEEDS

STRONG FAMILIES | EMERGENCY PREPARED | ENVIRONMENT
KŪPUNA CARE | HEALTHY STARTS | COMMUNITY COHESIVENESS
FINANCIAL SECURITY | FOOD SECURITY | MENTAL HEALTH
HOUSING | TRUST & EQUITABLE ACCESS

HAWAII
Community Health Needs Assessment

2021 PRIORITIES

FINANCIAL SECURITY
FOOD SECURITY
MENTAL HEALTH
HOUSING
TRUST & EQUITABLE ACCESS

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 Hawai'i and work with us to find solutions to create communities that embody well-being.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Adventist Health Castle's 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 that extends beyond healthcare to address root causes.

For further information about the process to identify and prioritize significant health needs, please refer to the Adventist Health Castle CHNA report at the following link: 2021CHNA-Castle.pdf at [adventisthealth.org/about-us/community-benefit](https://www.adventisthealth.org/about-us/community-benefit)

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 Hawai'i. Vision Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

City & County of Honolulu (O'ahu)

As would be expected of an urban center, the stresses of long commute times, driving alone on a long commute, and other urban lifestyle indicators are clear in the secondary data. Another example is air quality, which is much worse on O'ahu than on the Neighbor Islands. Insufficient sleep, defined as seven hours or less per 24-hour period, was much higher on O'ahu (45% of adults, contrasted to 38-40% on the Neighbor Islands).

Certain data for health outcomes, however, are generally better for residents on O'ahu than for those on the Neighbor Islands, likely due

to greater access to screening and preventive care. With breast cancer, for example, the incidence is the highest in the state yet the death rate from breast cancer ranks among the lowest, which likely reflects greater access to care. The birth rate, which has fallen on O'ahu and almost everywhere in the past several years, remains the highest in the state, while the teen birth rate is among the lowest. Data for teens show levels of fruit/vegetable consumption and sufficient sleep to be lower on O'ahu than on the Neighbor Islands. However, the percentage of

teens who reported being bullied or cyberbullied is lowest on O'ahu, as is the percentage who reported at least one suicide attempt in the 12 months prior to being surveyed (as part of the Hawai'i Department of Health Youth Risk Behavior Surveillance System). Levels of teen vaping and alcohol use are reportedly the lowest on O'ahu, as well. This data may be a reflection of the highest median household income in the state and the proliferation of private schools on the island.



About Us

Adventist Health Castle

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 Memorial Hospital was born to care for its community. Fast forward to today, the hospital is now named Adventist Health Castle and is known for its commitment to the community through patient care that is delivered with compassion deeply rooted in spiritual heritage, while engaging in a constant quest for clinical quality and performance excellence.

A full-service medical center offering a wide range of inpatient, outpatient and home-based services, Adventist Health Castle is a 160-bed facility with more than 1,000 employees and staffed by more than 300 physicians. Located in Kailua, Adventist Health Castle serves all of O'ahu and is the primary healthcare facility for the Windward side of the island. Adventist Health Castle is owned and operated by Adventist Health, a Seventh-day Adventist healthcare system.



Adventist Health

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawai'i. 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 34,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing to support community well-being.

Adventist Health's Approach to CHNA & CHIS

The research team has had the opportunity to engage with over 200 people across the island who care deeply about Hawai'i. Social workers, teachers, farmers, doctors, policy advocates, mothers and fathers, sons and daughters, survivors, students, and healthcare providers all shared their thoughts regarding the communities they reside in, the clients they serve, and the people they love.

With a charge of updating the 2018 Community Health Needs Assessment (CHNA) and adding the lens of the pandemic effects on the social determinants of health, the 2021 CHNA research team sought out a wide range of perspectives to understand the unique and significant health needs facing Hawai'i's communities.



*We need to stop just pulling
people out of the the river.*

*We need to go upstream
and find out ...*

WHY THEY'RE FALLING IN.

DESMOND TUTU

High Priority Needs

Access to Care



Both community members and hospitals highlighted various forms of access issues throughout the assessment process. Underserved communities are often so because there are barriers to accessing, understanding, or being aware of those services and offerings. Focusing on equitable access becomes an opportunity for hospitals to meet people where they are, apply trauma-informed care principles, and help build meaningful relationships with those communities. In doing so, trust can be built, or in some cases rebuilt, to allow communities to try to gain meaningful access and better address the population's needs.

Investments into building systems that will increase access to healthcare can also have a leveraging effect to increase access beyond healthcare and in support of addressing upstream determinants. For example, as will be discussed in more detail in Section III. B., hospitals' inclusion of community health workers can help people navigate the healthcare system and also be connected to existing services, programs and organizations.

Throughout the assessment, community organizers emphasized their interest in supporting connectivity between hospitals and community service providers.

Hospitals can be seen as an important entry point to existing services and programs beyond healthcare. Developing and improving direct relationships to support warm handoffs during discharge can help make meaningful progress in increasing access beyond healthcare.

When discussing access to medical care or the broader healthcare system with neighbor island, rural, marginalized ethnic populations or kūpuna, consistent themes emerged around the following areas of systemic barriers:

- Transportation
- Language Access
- Cultural Competence
- Stigma & Bias
- Safety
- Digital Literacy & Access
- Insurance
- Trust

Financial Stability



“While many of Hawai‘i’s households have been severely impacted by the 2020 COVID-19 pandemic, understanding the economic environment before the pandemic paints a picture of a slowly recovering state, but one still in financially dire straits. Hawai‘i’s financially struggling families found it difficult to afford basic needs, such as housing, food, childcare, healthcare, transportation, taxes, and, as seen from the pandemic, technology. The high cost of living in Hawai‘i outweighs their salary, which often leads to being forced to make difficult choices for their ‘ohana. The struggle of local families to survive on low-income, job instability, and limited access to build any financial cushion has caused many to fall into the ALICE category. Although only one indicator, financial stability is interconnected with community health through access and other barriers.

ALICE is defined as Asset Limited, Income Constrained, Employed households that earn more than the Federal

Poverty Level (FPL) but less than the basic cost of living for the county (the ALICE Threshold). ALICE workers are an essential part of our society, from teacher assistants to health aides to hairstylists to sales clerks. These are residents who are employed but do not earn enough to provide basic needs for their families.

When you factor in ALICE with the poverty level, Hawai‘i was reported to have 148,771 ALICE households (33%) and nearly 9% (more than 41,619 people) living in poverty in 2018. Hawai‘i County (48%) continued to lead other counties in the proportion of ALICE households and those living below the federal poverty level. Estimates for 2020 are that ALICE households comprised 59% of Hawai‘i’s households post-shutdown, a shocking 17-point increase.”

Source: 2021 Community Health Needs Assessment, Healthcare Association of Hawai‘i

Housing



According to the 2020 U.S. Census, 41.1% of Hawai'i residents (about 2 in 5) live in renter-occupied housing units; the City and County of Honolulu registered the highest among all counties, at 43.8%. The pandemic has brought more individuals to rethink their current living conditions, from living in the congested urban core to living in a less dense or even rural area.

Low interest rates and the ability to work remotely have made Hawai'i's housing market even more competitive among local and out-of-state buyers, often purchasing above market price.

Housing stability has an important upstream impact on mental and physical health. Instability and poor housing conditions lead to greater stress, increased exposure to unhealthy environments, and less access to healthy food

options. A recent study illustrated that "poverty and poor housing together are implicated in high rates of chronic diseases."

An estimated 25% of persons experiencing homelessness on O'ahu live with a mental health problem, 28% live with a physical or developmental disability, and 17% are survivors of domestic violence, 4% of whom are actively fleeing.

Going into the pandemic, in January 2020, the Point-in-Time Count performed by Partners in Care identified 6,458 individuals as homeless, with 3,650 of them unsheltered. Hawai'i's homeless rate leads the nation in dramatic numbers, at 45.5 per 10,000 (HI) vs. 17.3 (nation).

Source: 2021 Community Health Needs Assessment, Healthcare Association of Hawai'i

Mental Health



"In 2018, 10.3% of adults in Hawai'i lived with a mental health illness. This included residents who experienced stress, depression, and emotional problems, which lasted for more than 14 days during the past month. While the national figure had decreased from 2016 (15.0% to 13.0%).

Hawai'i's population continued to see a moderate increase across the state. At 13.4%, Hawai'i County was slightly higher than the national average of 13.0%, while Honolulu County had the greatest percentage point increase of 2.5 points (from 8.5% to 11.0%).

As stress and other emotional issues increased, substance abuse has increased, as well. Locally, heavy alcohol usage continues to outpace the national level,

8.3% and 6.5%, respectively. Maui County saw the highest percentage at 11.9% reporting heavy alcohol consumption, whereas Hawai'i County decreased to 9.3%." The daily stresses, addiction, and despair have led to the steady rise in adult suicides from 12.9 to 14.8 per 100,000 Hawai'i residents since it was last reported in 2019. Among those interviewed, there was an overwhelming agreement that the mental and behavioral health challenges that existed in Hawai'i before the pandemic have only been exacerbated by the COVID-19 experience. Overall, communities across the state saw a decrease in the accessibility to mental health resources.

Source: 2021 Community Health Needs Assessment, Healthcare Association of Hawai'i



Action Plan for Addressing High Priority Needs

These high priority needs were selected based on criteria such as severity and prevalence of need, intentional alignment around common goals, feasibility of potential interventions, and opportunities to maximize available resources over a three-year period

ADDRESSING HIGH PRIORITY: ACCESS TO CARE - OUTPATIENT STRATEGY

Goal	Collaborate with outpatient healthcare providers to increase access to healthcare for patients with any type of insurance.
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Priority area:	Access to care	Sub-category:	Availability - Primary care	Defining metric:	Primary care providers
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Strategy:	Identify primary care physicians and specialists, which includes behavioral health providers that accept all insurances
Population served:	Patients within primary service area
Internal partners:	Employed Adventist Health Castle providers, Director of Outpatient Clinics and Castle Health Group
External partners:	Non-employed physicians in Castle Health Group or in primary service area

Action: Program/Activity/Tactic/Policy	Organization	Lead
<ul style="list-style-type: none"> Implement intake process for gathering information on primary care providers and specialists regarding: <ul style="list-style-type: none"> <i>Accepting new patients</i> <i>Insurance policies</i> <i>Office hours and after hours protocol</i> Establish database for the public to access information. Distribute public-facing material about which providers are accepting new patients and the insurance policies they accept. 	Castle Health Group	Tiffany Attwood, Castle Health Group Director
	Adventist Health Castle	Ryan Lown, Physician and Outpatient Services Administrative Director
	Adventist Health Castle	Janel Len, Marketing and Communications Manager

Year one	Year two	Year three
<ul style="list-style-type: none"> Gather all intake process data from primary care providers and specialists to build a database. Go live with website and public-facing material about provider data to increase access to services. 	<ul style="list-style-type: none"> Optimize intake process to ensure databases and public-facing material is up-to-date and relevant to the population. 	<ul style="list-style-type: none"> Build an interactive "Contact Us" if you need help finding a new primary care providers or specialist.

ADDRESSING HIGH PRIORITY: FINANCIAL STABILITY

Goal	<ul style="list-style-type: none"> Meeting the strategic workforce needs in a dynamic labor market and environment to deliver high quality care. Becoming an integral part of the community as an employer, providing entry points into the workforce, and fostering career and growth opportunities to Hawai'i residents.
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Priority area:	Financial stability	Sub-Category:	Employment	Defining metric:	Labor force participation rate
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Strategy 1:	Build an external talent pipeline.
Population served:	Hawai'i residents seeking employment opportunities
Internal partners:	Human Resources, Talent Acquisition, Hiring Managers, Clinical Education and Community Outreach
External partners:	Healthcare Association of Hawaii, Chamber of Commerce and Hawai'i educational institutions

Action: Program/Activity/Tactic/Policy	Organization	Lead
Build strategic partnerships including, but not limited to: <ul style="list-style-type: none"> Healthcare Association of Hawai'i Hawai'i Chamber of Commerce: Building integrated programs Windward Community College: Acute Care Nursing Assistant program Leeward Community College: Patient Access Representative program COPE Health Scholars: Medical Assistant and Training and Career Pathway program 	Adventist Health Castle	Tim Pflingsten, Human Resources Director
	Healthcare Association of Hawai'i	Janna Hoshide, Workforce Development Director
	Hawai'i Chamber of Commerce	Keala Peters, Vice President of Education and Workforce Development
	Winward Community College	Lead Faculty
	Leeward Community College	Lead Faculty
	COPE Health Scholars	Dynaka Merino, COPE Health Scholars Program Coordinator

Year one	Year two	Year three
<ul style="list-style-type: none"> Establish the workforce need and forecast capacity demands, starting with entry-level positions. Build partnerships with external stakeholders and implement pilot programs. Begin increasing the footprint as an employer of choice in Hawai'i. 	<ul style="list-style-type: none"> Establish and hardwire internal career paths. Expand external collaborations. Focus on promoting employees internally to open entry-level positions for existing talent. 	<ul style="list-style-type: none"> Evaluate promotions and entry-level hires. Solidify established programs with external partners and further adjust the curriculum.

Strategy 2:	Create an internal talent pipeline.
Population served:	Healthcare professionals in Hawai'i
Internal partners:	Clinical education and clinical leaders
External partners:	Educational institutions and hospitals in Hawai'i

Action: Program/Activity/Tactic/Policy	Organization	Lead
<ul style="list-style-type: none"> • Build a clear career progression within a field and in-between fields. • Expand Registered Nurse Resident program. • Establish Transfer into Specialty (TIP) programs. • Revise compensation structure. 	Adventist Health Castle	Erik Anderson, Chief Nursing Officer
	Adventist Health	Director of Nursing Education
	University of Hawaii	Director of Nursing Education

Year one	Year two	Year three
<ul style="list-style-type: none"> • Establish the workforce need and forecast capacity demands for clinical professionals. • Identify potential educational partners. • Participate in existing external programs provided to Adventist Health Castle employees. 	<ul style="list-style-type: none"> • Promote the curriculum of existing programs to focus on increasing employment eligibility. • Influence educational institutions to create more integrated learning on-the-job opportunities. • Begin internal programs in specific areas. 	<ul style="list-style-type: none"> • Design Adventist Health Castle's own program with external partners. • Build an internal cascading development model for registered nurse specialties.

Strategy 3:	Develop an employer of choice footprint
Population served:	Hawai'i residents
Internal partners:	Marketing, Communication, Human Resources and Talent Acquisition
External partners:	Department of Education

Actions: Program/Activity/Tactic/Policy	Organization	Lead
Career Awareness through participation in: <ul style="list-style-type: none"> • High school teacher externship pilot • High school career fairs • Windward Mall farmer's market • Opportunity awareness • Military collaborations • Kaka'ako job fair • Social media campaigns 	Department of Education	Workforce Development Coordinator
	Adventist Health Castle	Mike Glemser, Talent Acquisition Manager
	Adventist Health Castle	Kylee Tano, Marketing and Communications Manager

Year one	Year two	Year three
<ul style="list-style-type: none"> • Engage hiring managers to be Adventist Health Castle brand ambassadors. • Provide Adventist Health Castle community presence through farmer's markets, military collaboration and high schools. • Expand Castle's social media presence. 	<ul style="list-style-type: none"> • Integrate Adventist Health Castle's marketing strategy as a healthcare provider and employer. • Receive "Best Place to Work" recognition. 	<ul style="list-style-type: none"> • Adventist Health Castle is an integrated part of the community.

ADDRESSING HIGH PRIORITY: HOUSING

Goal	Establish partnerships utilizing community healthcare coordinators to connect the homeless community with existing services and programs that lessen financial burden and facilitate available resources between client and organization.
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Priority area:	Housing	Sub-Category:	Homelessness	Defining metric:	Point in time (PIT) estimates
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Strategy 1:	Collaborate through community partnerships that focus on efforts to assist in housing stability. The existing efforts will engage in resources available to assist in disparities that include but are not limited to financial assistance, government assistance, workforce development, access to care and food security services.
Population served:	Those experiencing financial hardship
Internal partners:	Adventist Health Castle Case Management and Castle Health Group
External partners:	Castle Foundation, Council of Native Hawaiian Advancement, Partners in Care, Institute of Human Services and Waimānalo Health Center

Actions: Program/Activity/Tactic/Policy	Organization	Lead
<ul style="list-style-type: none"> Integrate services with case management and external community partners. Maintain and track responses and direct them to identified community resources as appropriate. 	Adventist Health Castle	Paul Oshiro, Care Management Manager
	Castle Foundation	Terry George, President
	Castle Health Group	Tiffany Attwood, Castle Health Group Director
	Council of Native Hawaiian Advancement	Outreach Coordinator
	Partners in Care	Veronica Perreira, Intake Specialist
	Institute of Human Services	Outreach Coordinator
	Catholic Charities	Naia Turner, Outreach Coordinator
	Waimānalo Health Center	Dani Arias, Outreach Coordinator

Year one	Year two	Year three
<ul style="list-style-type: none"> Utilize community health coordinators for existing intake processes to identify those experiencing financial burden and enroll or direct them to available services and programs. 	<ul style="list-style-type: none"> Maintain data of clients assisted. Collaborate with partners offering services or programs to track referrals and troubleshoot referral processes where needed. 	<ul style="list-style-type: none"> Review data collected by community healthcare coordinators to evaluate collaborative efforts.

ADDRESSING HIGH PRIORITY: MENTAL HEALTH

Goal	Provide access for community and state of Hawai'i mental health needs.				
Priority area:	Inpatient mental health	Sub-Category:	Access to care	Defining metric:	Access to mental health providers
Strategy:	Optimize and grow inpatient behavioral health services				
Population served:	State of Hawai'i with a primary focus on Windward O'ahu				
Internal partners:	Adventist Health Castle Chief Nursing Officer, Chief Medical Officer, Chief Finance Officer, Medical Directors of Emergency Department and Behavioral Health, Castle Health Group leadership and Adventist Health Castle clinic leadership				
External partners:	Hawai'i Department of Health, neighborhood boards, State Mental Health Emergency Worker (MHEW) workgroup, Kaiser Permanente Moanalua Medical Center, Kahuku Medical Center and Wahiawā General Hospital				
Action: Program/ Activity /Tactic/Policy	Organization	Lead			
<ul style="list-style-type: none"> Improve the transfer process — making Adventist Health Castle the first call for transferring hospitals. Track transfer data and performance related goals of increasing speed and number of cases accepted to Adventist Health Castle Behavioral Health services unit. Data tracking has already started with Kaiser Permanente Moanalua Medical Center. Expand data tracking to Kahuku Medical Center and Wahiawā General Hospital. 	Adventist Health Castle	Dr. Robert Smitson, Chief Medical Officer and Erik Anderson, Chief Nursing Officer			
	Kaiser Permanente Moanalua Medical Center Emergency Department	Rayne Soriano, Regional Director of Operations and Nursing Practice			
	Kahuku Medical Center Emergency Department	Andrea Moralez, Chief Nursing Officer			
	Wahiawā General Hospital Emergency Department	Tammy Kohrer, Chief Nursing Officer			
	State of Hawai'i Mental Health Emergency Worker (MHEW) Workgroup	Kellie Pucan, Adventist Health Castle MHEW Representative			
	Hawai'i Department of Health	Michael Champion, Medical Director			
Year one	Year two		Year three		
<ul style="list-style-type: none"> Identify barriers to the transfer process by working with local healthcare facility leaders and work to systematically remove or minimize challenges with transfer workflow. 	<ul style="list-style-type: none"> Plan-Do-Check-Act or "PDCA" process - Establish workflows and transfer processes through collaboration with community partnerships and continuing to track performance metrics. 		<ul style="list-style-type: none"> Plan-Do-Check-Act or "PDCA" process - Optimize workflows and transfer processes through collaboration with community partnerships and continuing to track performance metrics. 		

ADDRESSING HIGH PRIORITY: MENTAL HEALTH

Goal	Evaluate additional behavioral health services that are not limited to detoxification and telehealth psychiatric services.
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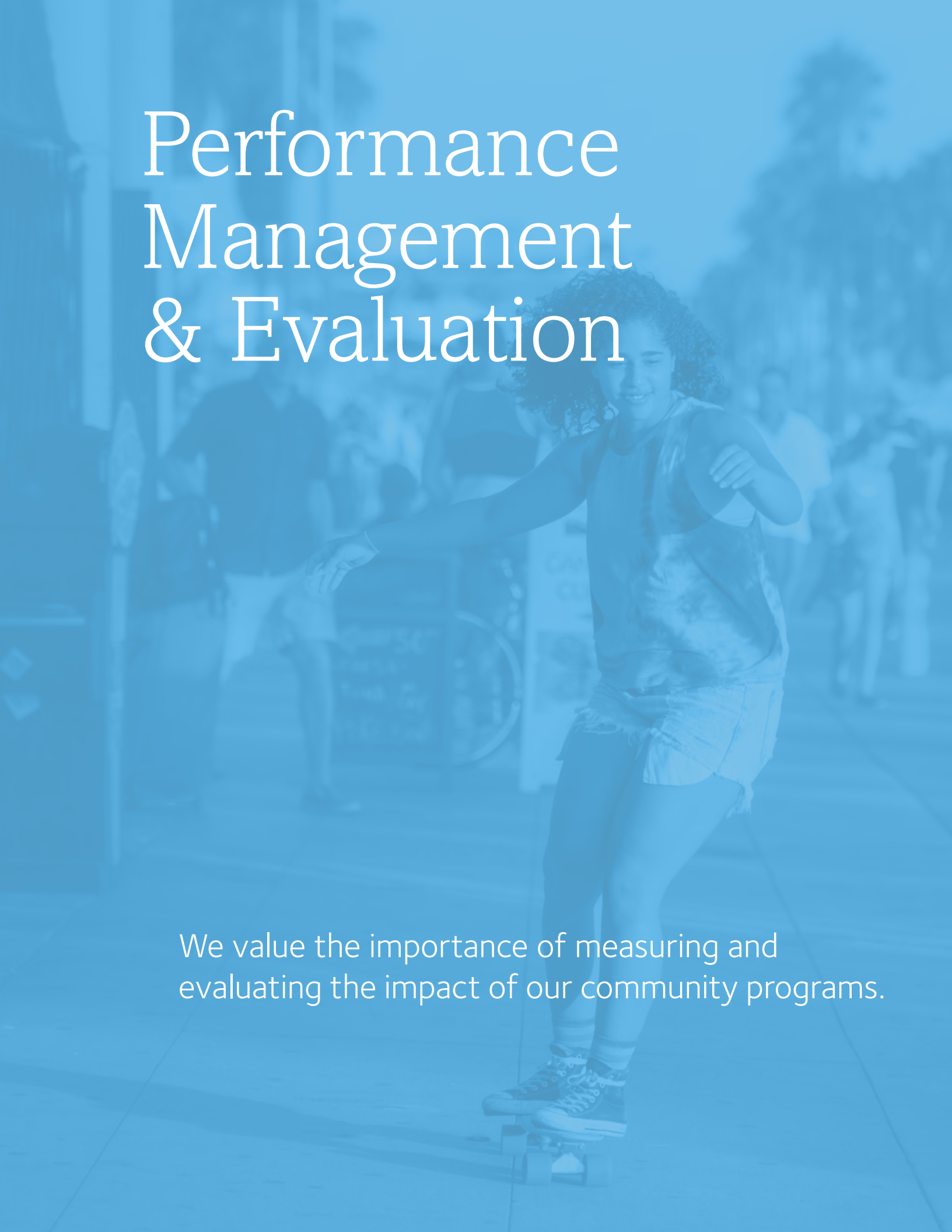
Priority area:	Mental health	Sub-Category:	Access	Defining metric:	Patients served
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Strategy:	Optimize and grow inpatient behavioral health services
Population served:	State of Hawai'i with the primary focus on Windward O'ahu
Internal partners:	Adventist Health Castle Chief Medical Officer, Chief Nursing Officer, Chief Finance Officer and Adventist Health Castle Business Development Director
External partners:	Insurance payors, service providers and other unidentified partners

Action: Program/Activity/Tactic/Policy	Organization	Lead
<ul style="list-style-type: none"> Evaluate potential needs, abilities to provide services, and sustainability of additional services. Telehealth psychiatric services and alcohol or opioid detoxification services are not currently available at Adventist Health Castle and have potential as additional services within the behavioral health service line. Other strategies may also benefit the community but are not identified. Telehealth psychiatric services for adolescent consults at Adventist Health Castle have recently been deployed within our Emergency Department to address potential adolescent needs we do not have the capability for. 	Adventist Health Castle	Dr. Robert Smitson, Chief Medical Officer and Erik Anderson, Chief Nursing Officer
	Adventist Health Castle	Derek Dickard, Business Development Director

Year one	Year two	Year three
<ul style="list-style-type: none"> Evaluate needs assessment of additional behavioral health services. 	<ul style="list-style-type: none"> Work to deploy identified additional services. 	<ul style="list-style-type: none"> Continue work to deploy and optimize additional services.

Performance Management & Evaluation



We value the importance of measuring and evaluating the impact of our community programs.

Performance Management & Evaluation

Adventist Health will support the High Priority Need action plans identified in this CHIS by monitoring progress on an ongoing basis and adjusting the approach as needed over the course of the next three years. There are several resources in place to aid in this. All CHIS programs and initiatives will include a completed logic model to identify intended activities, outputs, and short and long-term outcomes. Establishing core metrics for each program or initiative will allow for the ongoing collection of

performance management data. Actively tracking metric performance leads to the identification of strengths and challenges to the work, the local hospital, the Adventist Health Community Benefit team, and external consultants. Together, we will work to share successes and create performance improvement plans when necessary.

In addition, Adventist Health hospitals where High Priority Needs are shared, will have the opportunity

to join a collaborative held by the Adventist Health Well-Being team. The collaborative will be centered on building a common approach that aligns and maximizes community benefit, thus reducing the need to manage this work independently at each hospital. Along with that, evaluation activities designed to measure the overall strength and success of this work at the community level will be incorporated into performance management tracking when appropriate.

CHIS Development

The Community Health Implementation Strategy (CHIS) summarizes the strategies and activities to address prioritized health needs identified through the Community Health Needs Assessment (CHNA). The following components are outlined in detail below: 1) strategy and actions the hospital intends to take to address health needs identified in the CHNA, 2) identification of stakeholders and any planned collaboration to

support the work outlined, and 3) anticipated impact as reflected in Year 1 – Year 3 outcomes. Approval of this improvement strategy marks the beginning of a three-year process where Adventist Health will engage with a full spectrum of community partners to actively support the programs and activities outlined in this document. Adventist Health has a long history of using community engagement to improve community health. This improvement cycle

allows all vested partners another opportunity to work closely together on our shared commitments through our established coalitions and CHNA Steering Committee.

Finally, the CHIS was presented to Adventist Health Castle Hospital Board for review and feedback. In addition to this collaborative effort, we also welcome feedback at community.benefit@ah.org.



Significant Identified Health Needs

The Adventist Health Community Well-Being team and community partners collectively reviewed all relevant significant health needs identified through the CHNA process. The 2018 CHNA identified 11 priorities across three goals. Throughout the process of research and input gathering for the 2021 CHNA, five priorities emerged and have been explored in depth above. However, the remaining 2018 priorities were identified by community members and leaders as critical to address. These continued needs are referred to as the “Significant Health Needs” by the IRS in Section 501(r)(3). Below is a brief update of key themes for each of the 11 priorities from 2018. The table below provides brief themes and summaries taken from the statewide interviews and community conversations regarding each of the 11 Significant Health Needs.

SIGNIFICANT HEALTH NEED	2021 SUMMARY
<p>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.</p>	<p>Respondents felt that financial insecurity had increased dramatically. Housing prices are higher, inflation has impacted the cost of household items, and unemployment has touched many families. The most financially vulnerable said that unemployment and the Child Tax Credit had helped them significantly but those with more means had little recourse, and many faced food scarcity or eviction.</p>
<p>Work together for equity and justice. Work alongside affected populations to address inequitable treatment and opportunity.</p>	<p>Most respondents commented that not much had been done to shift systemic racism, gender equity, income disparities, or bias, but they felt that most people were now aware of the issues that had been present all along. This narrative shift and understanding was seen as the first step towards addressing the issue. Discussions highlighted that access, resources, and challenges were not experienced equally by all genders.</p>
<p>Strengthen safe 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.</p>	<p>Respondents largely commented that while communities had, at times, grown stronger due to COVID-19, families were less safe and under greater strain than in 2018. Many highlighted the increase in intimate partner violence and child abuse due to sheltering at home, doubling up households, and the lack of resources or contact with educators who could report abuse.</p>
<p>Prepare for emergencies. Mitigate future health impacts by engaging people, increasing understanding of the</p>	<p>This priority was seen as having made the most progress of the foundational goals. Folks largely credited the collaboration of agencies and</p>

<p>most vulnerable populations, building food systems, and strengthening relationships and community cohesion.</p>	<p>organizations that are traditionally siloed as the genesis of this progress. COVID-19 caused such an overwhelming emergency that traditional stakeholders had to get out of their comfort zone just to address basic needs of the community.</p>
<p>Build good food systems. Establish access to nutritious food so that it is available to all.</p>	<p>The public is now aware of how many keiki and kūpuna are food insecure and Hawai'i's reliance on imported foods. Many pointed to how folks began growing their own food, the creation of food hubs, and farmers' markets as positive steps forward. Increased usage of SNAP and "Da Bux" program, which partners with grocers to provide half off local produce, helped mitigate impacts.</p>
<p>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.</p>	<p>Respondents commented that the biggest impact they had seen on this issue was when Hawai'i shut down tourism, and our natural spaces were given room to heal. Many pointed to Hanauma Bay and other parks that were in better shape now. Most did not feel the current reliance on tourism is tenable or that enough is being done to mitigate the harm that tourism and climate change is having on our state. Over 80% of respondents to a 2021 health and well-being survey indicated the health of the land and ocean was important to their own well-being, with 63% of Native Hawaiians stating it was extremely important.²⁸</p>
<p>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.</p>	<p>Two situations were regularly commented on with regard to this priority. The first was COVID-19 and how organizations and neighbors banded together to meet basic needs and support the most vulnerable. The second was the efforts to protect Mauna Kea, and the growth of a shared identity and purpose among some of the Native Hawaiian population working together.</p>
<p>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.</p>	<p>Respondents were frequently distressed by this priority, with some commenting that it had regressed seriously in the last three years. Concerns were raised about increase in child neglect and the need for more training to identify signs. Teens no longer had access to their peers or after-school programs. Teen vaping and suicide rates rose. Access to early childhood care and</p>

²⁸ 'Imi Pono Hawai'i Well-Being Survey 2021, *see*: <https://marzanoresearch.shinyapps.io/HawaiiDashboard2/>.

	<p>support was similarly scarce and unreliable. Outcomes for homeless youth and youth identifying as LGBTQIA are especially disparate.²⁹ Those that have 4+ childhood traumas are 17 times more likely to experience substance abuse.</p>
<p>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.</p>	<p>Respondents commented that while much attention was given to the needs of kūpuna and things like “kūpuna shopping hours” were helpful; the lack of congregated, in-person activities, closure of adult daycares and senior centers had done serious damage to the population. Many died in isolation without their family around them.</p>
<p>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.</p>	<p>Respondents commented that at the beginning of the pandemic, some subpopulations had a lot of trust in the healthcare system while other communities routinely felt bypassed or judged by the healthcare system and providers. This was exacerbated after the COVID-19 vaccine mandates. Most respondents were wholly distressed by the breakdown of trust and concerned about effective strategies. Many examples were highlighted to build stronger relationships between hospitals and community organizations.</p>
<p>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.</p>	<p>Responses to this question varied greatly from island to island and among different ethnic, linguistic, and marginalized communities. A few common issues were: lack of mental health resources, especially for youth or LEP individuals; telehealth and mobile clinics were two innovations that were universally seen as progress, but access to broadband and/or familiarity with technology were barriers; and the complexity of the healthcare system was routinely noted as especially difficult to overcome.</p>

²⁹ The inaugural Hawai‘i Sexual and Gender Minority Health Report, produced by the State Department of Health, is an invaluable resource for a more in-depth exploration of health needs impacting this community. *Available at:* <https://health.hawaii.gov/surveillance/files/2017/05/HawaiiSexualandGenderMinorityHealthReport.pdf>.

Community Health Financial Assistance for Medically Necessary Care Commitment

Adventist Health understands that community members may experience barriers in paying for the care they need. That is why we are committed to providing financial assistance to those who may need support in paying their medical expense(s).

Community members can find out if they qualify for financial aid in paying medical bills by completing a financial assistance application. Applications can be filled out at the time care is received or after the bill has been administered. To access the financial assistance policy for more information or to contact a financial assistant counselor, please visit <https://www.adventisthealth.org/patient-resources/financial-services/financial-assistance/>.



Glossary of Terms

COMMUNITY ASSET

refers to community organizations, programs, policies, activities or tactics that improves the quality of community life.

DEFINING METRIC

this is the metric used to define the extent of the problem faced by the target population.

FUNDING

can be provided by (but not limited to) government agencies, public organizations, grants and philanthropic giving.

GOAL

there may be several overarching goals to address each prioritized health need. This is the overarching impact we want to achieve.

PARTNERS

describe any planned collaboration between the hospital and other facilities or organizations in addressing health needs.

POPULATION SERVED

who is included within the group to receive services of the program.

**PRIORITIZED HEALTH NEED/
PRIORITY AREA/SIGNIFICANT
HEALTH NEEDS**

a health need that was identified in a community health needs assessment and was then selected by a committee as a high priority need to be addressed.

STAKEHOLDER - INTERNAL

colleagues and or board members who work for or with the hospital.

STAKEHOLDER - EXTERNAL

community members or organizations who regularly collaborate with the hospital.

STRATEGY

a specific action plan designed to achieve the expected outcome.

SUB-CATEGORY

if needed, a more granular focus within the identified priority area may be called out.

Approval Page

2023 CHIS Approval

In response to the 2022 Community Health Needs Assessment, this Community Health Implementation Strategy was adopted on April 27, 2023 by the Adventist Health System/West Board of Directors.

The final report was made widely available on May 31, 2023.

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Thank you for reviewing our 2023 Community Health Implementation Strategy. We are proud to serve our local community and are committed to making it a healthier place for all.

Ryan Ashlock CPA, MBA
Adventist Health Castle President

