ADVENTIST HEALTH
ST. HELENA

2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY

APPROVED APRIL 27, 2023

2022

Adventist Health
St. Helena

Table of Contents

Purpose & Summary

Non-profit health systems, community-based organizations, and public health agencies across the country all share a similar calling: to provide public service to help improve the lives of their community. To live out this calling and responsibility, Adventist Health St. Helena conducts a Community Health Needs Assessment (CHNA) every three years, with our most recent report completed in 2022. Now that our communities' voices, stories, and priority areas are reflected in the CHNA, our next step is to complete a Community Health Improvement Plan (CHIP), or as we refer to it in this report, a Community Health Implementation Strategy (CHIS).

The CHIS consists of a long-term community health improvement plan that strategically implements solutions and programs to address our 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 St. Helena intentionally developed a strategic plan to address the needs of our community.

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

Access to Care

Health Conditions – Physical Health

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.

Blue Zones Project Upper Napa Valley

Across the globe lie blue zones areas – places where people are living vibrant, active lives well into their hundreds at an astonishing rate—and with higher rates of well-being. Attaining optimal well-being means that our physical, emotional, and social health is thriving. Blue Zones Project works with communities to make sustainable changes to their environment, policies, and social networks to support healthy behaviors. Instead of a focus on individual behavior change, it is an upstream solution focused on making healthy options easy in all the places people spend most of their time. Blue Zones Project is committed to measurably improving the well-being of community residents and through their proven programs, tools and resources, utilizes rigorous metrics to inform strategies and track progress throughout the life of the project. This includes well-being data, community-wide metrics, sector-level progress and outcome metrics, transforming community well-being by making changes to environment, policy, worksites and social networks that create healthy and equitable opportunities for all.

Adventist Health St. Helena proudly sponsors Blue Zones Project Upper Napa Valley (BZPUNV). The BZPUNV team wakes up each morning focused on partnering and collaborating with community leaders and organizations active in the sectors of built environment, education, economic and workforce development, mental and physical well-being, policy and public health. Together the BZPUNV team and sector leaders develop a community Blueprint that strategically aligns and leverages the actions and resources of the sectors where we live, learn, work and play to help advance the efforts around the community's biggest Social Determinant of Health challenges while connecting them to Health-Related Social Needs organizations.

Equity is a strategic priority woven throughout the Blueprint and programs. Policies and initiatives are developed in a way that honors the local culture that is focused on reaching out to all populations. Each year BZPUNV sector leads come together to evaluate and update the Blueprint to ensure community alignment.

To learn more about Blue Zones Project Upper Napa Valley and how to get involved visit: uppernapavalley.bluezonesproject.com

What if . . .

It's not a prescription that changes your health?

Instead, it's a collaboration between you and your care providers?

And it's community-based organizations working together to support you?

Getting to know our CHNA St. Helena service area*

The Adventist Health St. Helena service area exemplifies diversity and is known for beautiful vineyards, a culinary scene with renowned dining, and a popular tourist destination that brings visitors from across the country. Just over 196,000 residents call our service area home now, and the growth continues as the tranquility of this beautiful place becomes known.

Household income levels are slightly higher than the California average, with 54% of annual income going towards housing and transportation. Age ranges are consistent, with children ages 0 to 4 being the smallest population group at 5.3%, to age 65, the largest community group by age is those 65 and older, 19.7% of the population. The largest groups by population are Caucasian, followed by LatinX and Black.

For a more detailed look into community member comments, facts and numbers that are captured in the CHNA, please visit adventisthealth.org/about-us/community-benefit. The following pages provide a closer look into our community demographic as well as our approach to the CHIS.

*This service area represents Adventist Health St. Helena's primary service areas (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve, creating the Adventist Health St. Helena CHNA service area.

What if our community worked together and made life all-around better? What if we offered various pathways to meet our diverse needs, so every member of our community experienced better health, prosperity and longevity?

Who We Serve

DEMOGRAPHIC PROFILE

The following zip codes represent Adventist Health St. Helena's primary service area (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve.

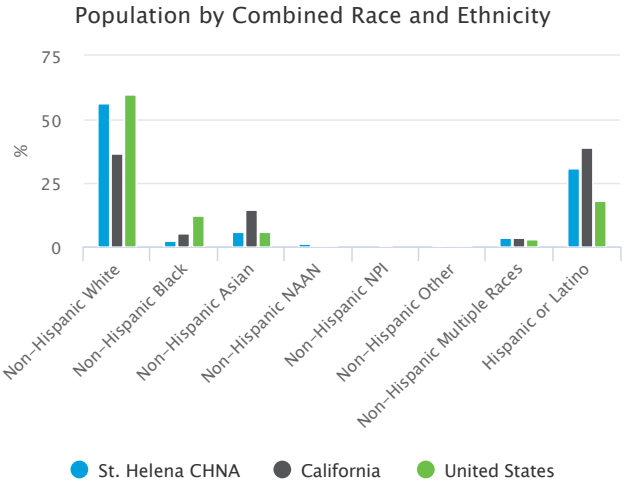
The Adventist Health St. Helena CHNA market has a total population of 196,116 (based on the 2020 Decennial Census). The largest city in the service area is Napa city, with a population of 76,987. The service area is comprised of the following zip codes: 94567, 95423, 95467, 94515, 94576, 94508, 95451, 94599, 94574, 95457, 95453, 94503, 94559, 94558, 95422, 95443, 95461.

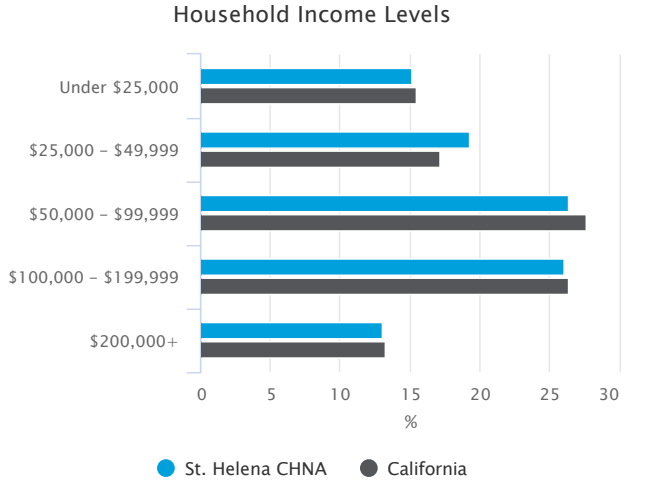
Total Population

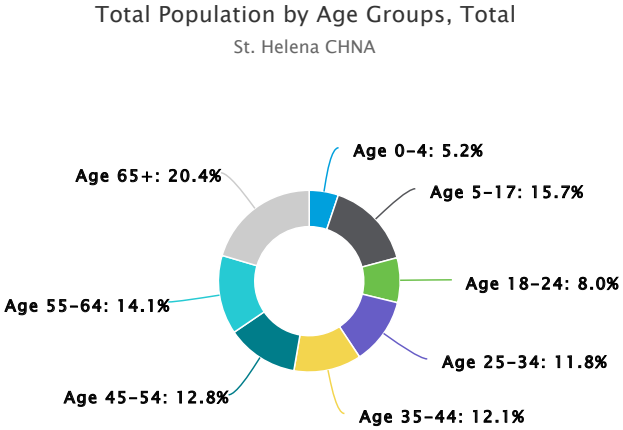
196,116

65.40%
of the population owns their home

34.60%
of the population rents their home







About Us

Adventist Health St. Helena

Located in the beautiful Napa Valley, Adventist Health St. Helena is a 151-bed acute-care hospital with key service areas including 24-hour emergency care, Adventist Heart and Vascular Institute, Coon Joint Replacement Institute, Martin O'Neil Cancer Center and Behavioral Health units. We are proud to serve a rural area that ordinarily would not have access to many of the advanced medical services we offer.

Adventist Health

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. 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

Adventist Health prioritizes well-being in the communities we serve across our system. We use an intentional, community centered approach when creating our hospital CHNA's to understand the health needs of each community. After the completion of the community assessment process, we address health needs such as mental health, access to care, health risk behaviors, and others through the creation and execution of a Community Health Implementation Strategy (CHIS) for each of our hospitals and their communities.

The following pages highlight the key findings the Adventist Health St. Helena CHNA Steering Committee (see page 18 for a list of CHNA Steering Committee sector participants) identified as their top priority health needs, or as we refer to them in this report, their 'High Priority Needs'. The High Priority Needs are addressed in this Community Health Implementation Strategy.

High Priority Needs

The following pages highlight the High Priority Needs that will be addressed in this Community Health Implementation Strategy.

Access to Care

COMMUNITY VOICES

- People noted that a lot of people are reluctant to take the ambulance because they don't have transportation to get back.
- "Rural areas are difficult to get transportation access."
- "No Lyft, afraid to drive too medical appointments."
- "People don't want to travel out of town for services."

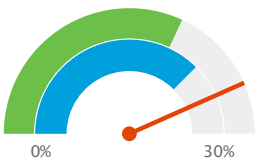
The ability to access health care services is critical for any healthy community, and residents in our service area face challenges here. Community members note that residents are reluctant to take an ambulance because they are afraid they won't have transportation back. The uninsured rate is higher than that of California and some racial groups, such as Pacific Islanderers, have an even higher insured rate. Overall, 14.5 percent of residents 25 and older don't have a high school diploma and 12 percent of people have limited English proficiency, limiting their opportunity to access resources to learn about health matters, schedule appointments or get test results.

Public data shows that just 16.6% of St. Helena's population lives within a half mile of public transit. During focus groups, seniors noted that the lack of sidewalks makes it difficult to get to where they need to go, and inconvenient bus routes limit their ability to participate in their community.

Data spells out concerns. Human engagement improves lives.

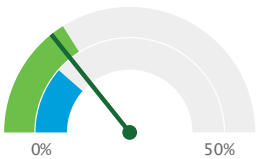
SECONDARY DATA

Percentage of Population Living in an Area Affected by a HPSA



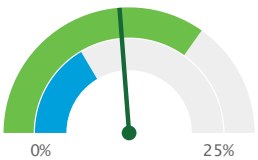
- Adventist (26.01%)
- California (19.15%)
- United States (22.50%)

Population Age 25+ with No High School Diploma, Percent



- Adventist (14.26%)
- California (16.08%)
- United States (11.47%)

Population Age 5+ with Limited English Proficiency, Percent



- Adventist (11.89%)
- California (17.41%)
- United States (8.25%)

Health Conditions – Physical Health

COMMUNITY VOICES

- "It is important to recognize that while bringing many benefits to our community the wine and grape growing industry also brings impacts of industrial agriculture including substantial use of synthetic pesticides, herbicides and other contaminants that can get into our water supplies, soils and air, and unless managed in a considered way may not be consistent with long term public health goals of the community."
- "The younger that people are getting diagnosed, it affects their journey on healthcare systems."
- "There is a lack of nutritional education."

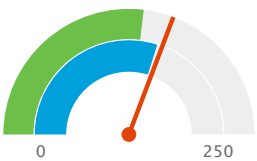
A community with a higher-than-average burden of major health conditions, especially chronic conditions, poses social, environmental, and healthcare concerns, and the Adventist Health St. Helena service area faces some noteworthy challenges. Nearly 30 percent of the St. Helena population is obese, and cancer risk (7.3%) and cancer mortality rates (152 per 100,000) are higher than in California and the United States.

Residents believe that nine out of 10 people who are unhoused have a medical condition that prevents them from working. Families need physicals for their children, but clinics are too far away, and the costs are a barrier to care. Vaping is of concern, even knowing that youth may be vaping without any parental awareness.

Death due to liver disease is higher here than in California and the United States, and chronic conditions in general are drivers of lower quality of life and higher healthcare expenditures. Knowing which conditions are driving reduced health and well-being is key to improving overall health.

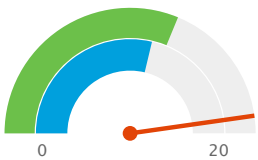
SECONDARY DATA

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



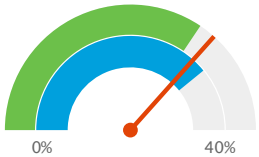
- Adventist Health (153.8)
- California (134.5)
- United States (149.4)

Liver Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



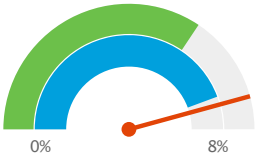
- Adventist Health (19.1)
- California (12.5)
- United States (11.5)

Percentage of Adults Obese (BMI ≥30.0 kg/m²)



- Adventist (29.28%)
- California (27.54%)
- United States (31.30%)

Percentage of Adults with Cancer



- Adventist Health (7.32%)
- California (5.50%)
- United States (7.10%)

Mental Health

COMMUNITY VOICES

- "It's hard for people with depression and anxiety to talk about or admit that they are having difficulties around mental wellbeing."
- People shared that mental health services are extremely hard to get in Napa.
- We heard from community members there are not enough mental health providers to meet the needs, especially Spanish-speaking providers.
- People noted that the mental health crises, and the lack of crisis services, are impacting access to medical care in local emergency rooms

A recent survey showed that 50% of respondents see mental health as a top concern. They voiced fears that there is a shortage of mental health providers to meet needs – particularly those who are Spanish-speaking.

Residents shared fears of a future where, if mental health isn't addressed, rates of anxiety, depression and suicide in their community may increase.

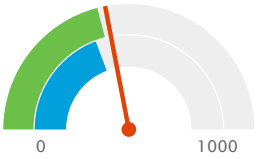
In our Adventist Health St. Helena service area, 13.5% of adults report having poor mental health and 30% of Medicare beneficiaries have mental health and substance use conditions. Also among Medicare recipients, 4.6% have a substance use disorder, while 17.6% of the overall adult population binge drink.

Unemployment and high cost of living contributes to increased stress by creating financial instability and barriers to basic needs like health services, food and housing. The suicide rate in our community (14.8 per 100,000) is higher than in California overall (10.5 per 100,000).

Through education, collective engagement, and community-driven changes, residents have the potential to experience mental well-being and a newfound sense of purpose.

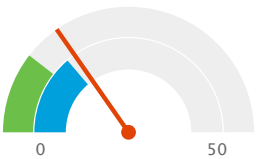
SECONDARY DATA

Violent Crime
Rate per 100,000 Pop.



Adventist Health (439.5)
California (419.4)
United States (385.6)

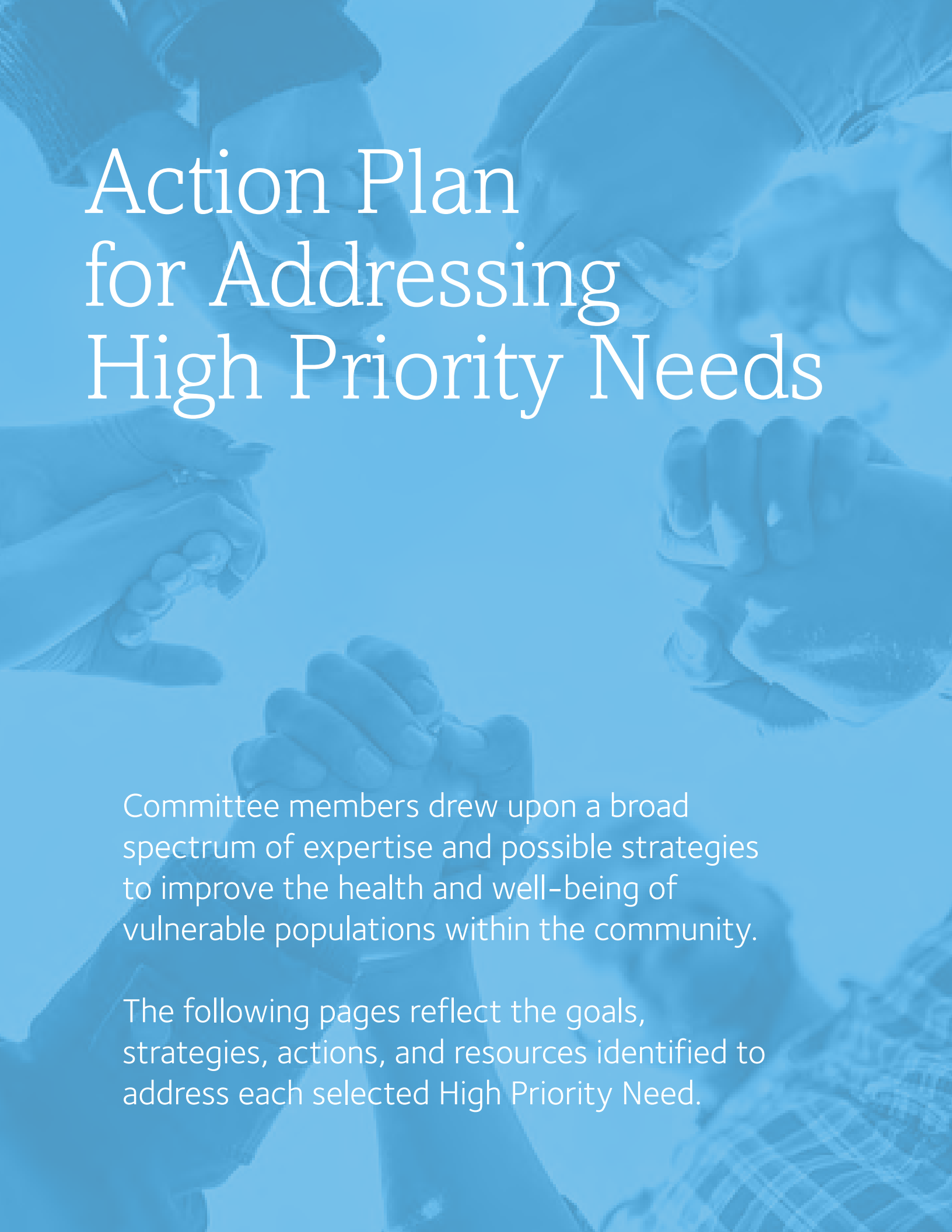
Suicide,
Age-Adjusted Death Rate
(Per 100,000 Pop.)



Adventist Health (15.3)
California (10.5)
United States (13.8)

Violent Crime Rate

Report Area	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Adventist Health St. Helena	901	**439.5**
Lake County, CA	343	535.5
Napa County, CA	566	397.7
Sonoma County, CA	1,845	367.9
California	327,327	419.4
United States	2,445,671	385.6



Action Plan for Addressing High Priority Needs

Committee members drew upon a broad spectrum of expertise and possible strategies to improve the health and well-being of vulnerable populations within the community.

The following pages reflect the goals, strategies, actions, and resources identified to address each selected High Priority Need.

ADDRESSING HIGH PRIORITY: ACCESS TO CARE

GOAL	Collaborate to reduce transportation barriers.

Priority Area:	Access to Care	Sub-Category:	Barriers-Transportation	Defining Metric:	Expanded Options to lessen barriers

Strategy 1:	Work with St. Helena Hospital Foundation to market the Lyft ride program.
Population Served:	Vulnerable Populations
Internal Partners:	Emergency Room Director and staff, St. Helena Hospital Foundation
External Partners:	Lyft, UpValley Family Centers

Actions: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Create marketing materials that inform patients that there are resources available to help get them to/from their appointments/ED. Hang flyers in apartment complexes, mobile home parks, markets, and bring them to Mobile Health events.	Adventist Health - Clinics	Troy McGilvra
	Adventist Health – ED	Melissa Davis, RN
	UpValley Family Centers	Jenny Ocon
	St. Helena Hospital Foundation	Glen Newhart
	Mobile Health	Noemi Mauricio Jimenez, RN

YEAR ONE	YEAR TWO	YEAR THREE
Distribute marketing materials, use Lyft reports from 2022 as baseline.	Assess Lyft usage from year one, determine if barriers in utilizing the service was due to unavailable drivers or if it wasn't marketed.	Refresh the marketing of the program.

Strategy 2:	Collaborate with partners at Napa Valley Transit Authority (NVTA) and Molly's Angels to connect transportation resources to community members who need to access to healthcare.
Population Served:	All people experiencing transportation needs, specifically low income, seniors, and those with disabilities.
Internal Partners:	Emergency Room and Clinic managers
External Partners:	Napa Valley Transit Authority, Molly's Angels

Actions: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Collaborate with Molly's Angels to actively recruit drivers in Calistoga and St. Helena, including engaging volunteers through Rianda House and Blue Zones Project.	Adventist Health	Dr. Steve Herber
	NVTA	Libby Payan
	Molly's Angels	Devereaux Smith
	Rianda House	Maury Robertson
	Blue Zones Project	Joaquin Razo

YEAR ONE	YEAR TWO	YEAR THREE
Review results of NVTA's Accessibility Survey and see where the need was identified for seniors and those with disabilities in our service area. Recruit volunteers and market.	Assess if usage of Molly's Angels services and public transit have increased.	Stay connected to the need for volunteers and help to distribute/communicate available transportation method materials to our service areas.

ADDRESSING HIGH PRIORITY: HEALTH CONDITIONS - PHYSICAL HEALTH

GOAL	Reduce behaviors that lead to chronic health conditions.

Priority Area:	Health Conditions	Sub-Category:	Tobacco Physical Inactivity	Defining Metric:	Health Condition metrics

Strategy 1:	Create an environment that discourages commercial tobacco and nicotine use, provides healthy tobacco-free spaces and places, supports prevention, cessation, and enforcement efforts, and limits/regulates the retail of tobacco products.
Population Served:	Total Population
Internal Partners:	Marcia Lynn Beauchamp, Martin O'Neil Cancer Center
External Partners:	Blue Zones Project, St. Helena and Calistoga School Districts

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Develop and promote a cessation directory of all available tobacco cessation resources/services. Support healthcare tobacco screening and referral systems.	Blue Zones Project	Joaquin Razo
	Calistoga Joint Unified School District	Audra Pittman
	Martin O'Neil Cancer Center	Marcia Lynn Beauchamp
	St. Helena Unified School District	Ruben Aurelio

YEAR ONE	YEAR TWO	YEAR THREE
Increase in number of public spaces and corridors that are enforced or messaged as smoke-and-tobacco free.	Decrease in number of tobacco-related incidents within the middle and high schools.	Maintain or decrease youth e-cigarette and cigarette use rate, maintain or decrease adult smoking rate.

Strategy 2:	Encourage healthy behaviors that reduce preventable diseases by making programs/spaces affordable, accessible, and attractive to both English and Spanish speaking individuals.
Population Served:	Total Population
Internal Partners:	Community Well-being Committee
External Partners:	Blue Zones Project, Parks & Recreation, Boys & Girls Clubs

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Promote and partner with free events that provide healthy food education, and opportunities to engage in physical activity and socialize with others.	Blue Zones Project	Joaquin Razo
	Calistoga Parks & Recreation	Rachel Melick
	St. Helena Parks & Recreation	Dave Jahns
	UpValley Family Centers	Jenny Ocon
	Napa Valley Vine Trail	Chuck McMinn
	Rianda House	Maury Robertson
	Boys & Girls Clubs of St. Helena & Calistoga	Trent Yaconelli

YEAR ONE	YEAR TWO	YEAR THREE
Establish a plan to help the above organizations market their programs, whether on social media or within the hospital clinics and facilities.	Increased number of walking Moai participants, volunteers, and engagement with parks and recreation programs and Boys and Girls Clubs.	Assess Vine Trail usage through trail counters.

Strategy 3:	Provide chronic disease and cancer screenings.
Population Served:	Total Population
Internal Partners:	Dr. Candace Westgate of the AHEAD program, Mobile Health, Martin O'Neil Cancer Center
External Partners:	N/A

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Education and screening for Chronic disease and Cancer through AHEAD hereditary screening program and Martin O'Neil Cancer Center, promoted through events like Zero Prostate Cancer Walk, Thanksgiving Turkey Trot, and Mobile Health Van engagements.	Adventist Health St. Helena	Dr. Candace Westgate
	St. Helena Hospital Foundation	Glen Newhart
	Martin O'Neil Cancer Center	Janice Peters
	Mobile Health	Noemi Mauricio Jimenez, RN

YEAR ONE	YEAR TWO	YEAR THREE
Build on the current successes of years past and assess opportunities for growth.	Monitor number of referrals to Cancer Center for treatment.	Monitor number of referrals to Cancer Center for treatment.

ADDRESSING HIGH PRIORITY: MENTAL HEALTH

GOAL	Work with Mental Health Partners to provide additional treatment and programs to our service area while stimulating an environment that increases mental well-being.

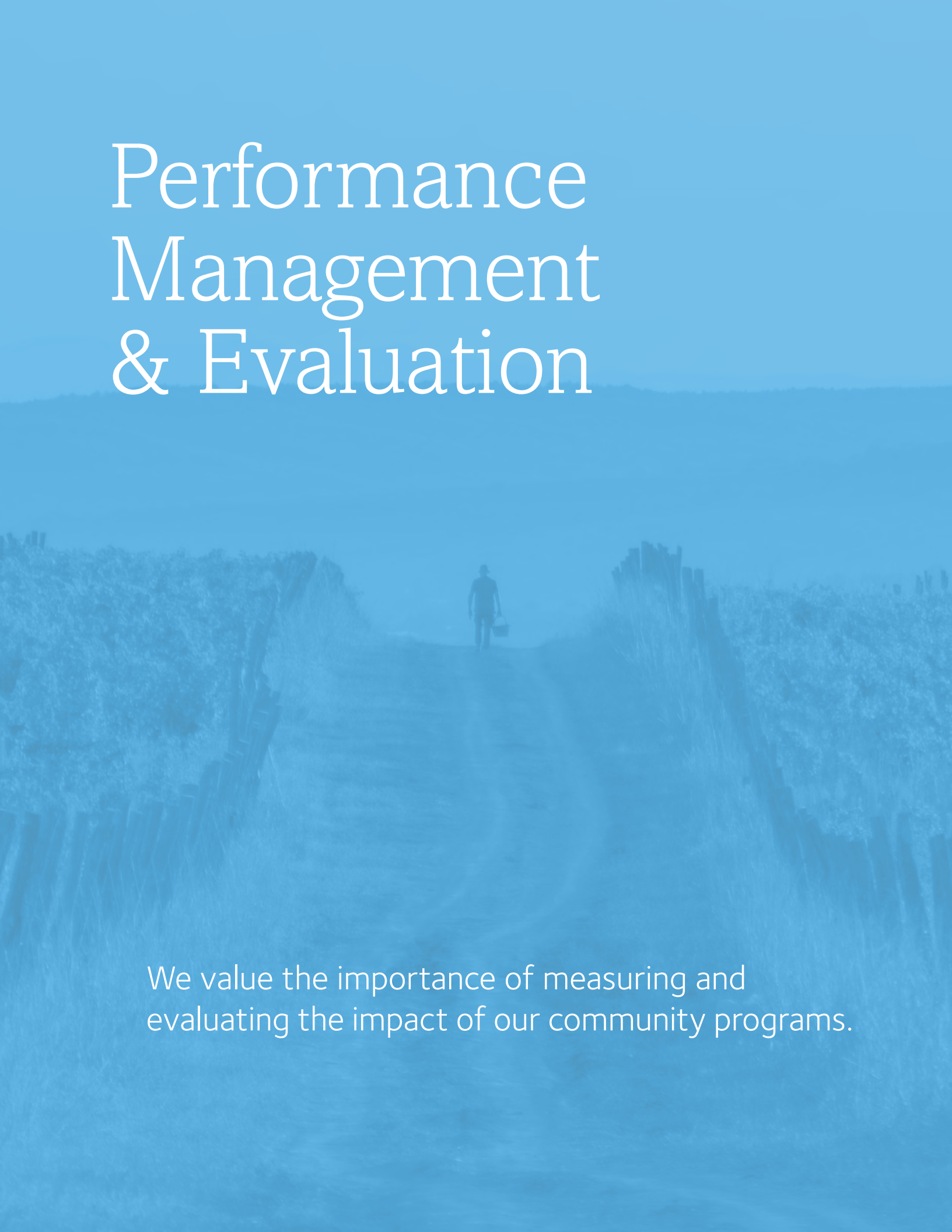
Priority Area:	Mental Health	**Sub-Category:**	Health Outcomes - Anxiety & Depression	**Defining Metric:**	Poor Mental Health (days)

Strategy:	To connect the people of Upper Napa Valley to opportunities that impact individual well-being through engagement, education, and inspiration.
Population Served:	Total Population
Internal Partners:	Mental & Behavioral Health Unit (St. Helena) and facility (Vallejo)
External Partners:	Blue Zones Project, UpValley Family Centers, Mentis, Napa County Health and Human Services

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Promote and encourage free resources provided by MENTIS, Rianda House, LHNC, and Blue Zones Project Purpose Workshops available in Spanish and English. Support Promotoras Program with UpValley Family Centers to build trust with individuals who may not seek care because of stigma, fear, or the unknown.	Adventist Health	Jack Lungu
	Mentis	Rob Weiss
	Rianda House	Maury Robertson
	UpValley Family Centers	Jenny Ocon
	Blue Zones Project	Joaquin Razo
	Live Healthy Napa Co	Jennifer Yasumoto

YEAR ONE	YEAR TWO	YEAR THREE
Connect existing programs to folks who seek care and may not have knowledge of opportunities.	Compare baseline of "Thriving in Life" measurement that Blue Zones Project measures through community participation in RealAge Test.	Identify the gaps and see where further funding can support expansion (for Mentis, Rianda House, or UpValley Family Centers).

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, where appropriate, evaluation activities designed to measure the overall strength and success of this work at the community level will be incorporated into performance management tracking.

CHIS Development

The development of the CHIS was directly built from the CHNA, whose goal focused on leveraging community stakeholders and data to address the most significant health needs of our community over the next three years. Members of the CHNA Steering Committee—comprised of healthcare, civic, public, and business leaders—led the process of identifying and addressing health needs for a healthier community, completing the final report in fall of 2022.

Collaborating with CHNA Steering Committee members again in early 2023, Adventist Health Community Well-Being Directors facilitated a multi-step process to outline goals and strategies for the CHIS that foster change and positive impact in each of the High Priority Need areas. Each community relied on existing programs and services, and, where necessary, identified new opportunities to pursue collectively.

Once an approach received a consensus, the Community Well-Being Directors worked with Adventist Health leadership and expert consultants to set major annual milestones for each approach, generating outputs and outcomes that allow for ongoing performance management of this work. For further information on how success will be tracked refer to the Performance Management and Evaluation section above.

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

Scan the QR code for the full Secondary Data Report

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. Using a community health framework developed for this purpose, 12 significant health needs were initially considered. The list of significant needs are as follows:

- Access to Care
- Community Safety
- Community Vitality
- Education
- Environment & Infrastructure
- Financial Stability
- Food Security
- Health Conditions
- Health Risk Behaviors
- Housing
- Inclusion & Equity
- Mental Health

From this group of 12, several high priority health needs were established for Adventist Health St. Helena. High priority health needs were chosen as they had demonstrated the greatest need based on severity and prevalence, intentional alignment around common goals, feasibility of potential interventions, and opportunities to maximize available resources over a three-year period.

Using the criteria mentioned above, we were able to determine which needs were high priority, as compared to those that were significant needs. The High Priority Needs are the focus of this CHIS. The remaining significant health needs are not addressed directly but will likely benefit from the collective efforts defined in this report. The following table provides additional information on all the significant health needs that were considered.

TABLE OF SIGNIFICANT IDENTIFIED HEALTH NEEDS

High Priority Needs	
Access to Care	**See Sections III.C - E**
Health Conditions-Physical Health	**See Sections III.C - E**
Mental Health	**See Sections III.C - E**
Lower Priority Needs	
Financial Stability 211bayarea.org/napa/income-expenses/	Community members noted having to choose between rent and other household expenses, and that the high cost of living is a major burden. 83% of surveyed community members indicated that financial stability is a major health problem.
Health Risk Behaviors 211bayarea.org/napa/substance-abuse/	This area has higher smoking and substance use disorder rates than the rest of the state, and more than one in five adults is physically inactive.
Housing 211bayarea.org/napa/housing/	68% of surveyed community members said housing costs are a top health need. Interviewees noted the high cost of housing and limited housing stock as major concerns.
Food Security 211bayarea.org/napa/food/	The percent of students receiving free and reduced-price school meals is higher than the national average, and interviewees said that reasonably priced health food is difficult to find.
Environment & Infrastructure 211bayarea.org/napa/transportation/	Limited public transportation, long drives to services, and an environment designed for cars were seen as problems by residents. 17% said this was a health need.
Homelessness 211bayarea.org/napa/housing/	Nearly 60% of residents said homelessness was a health need. The limited housing options and relatively few services for the unhoused have lead this to be a chronic problem in the area.
COVID 211bayarea.org/napa/health-care/	48% of surveyed residents identified COVID as a community health need.
Education 211bayarea.org/napa/education/	69% of 4th grader students are not proficient in Language Arts. 62% of the population is without any type of college degree. 24% of surveyed residents identified this as a community health need.

Scan the QR code for the full Secondary Data Report

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 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 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.

Steven Herber, MD, FACS
Adventist Health St. Helena

Adventist Health
St. Helena