

Stevens County Community Health Needs Assessment 2016



Providence Mount Carmel Hospital
Colville, Wash.

Providence St. Joseph Hospital
Chewelah, Wash.

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Executive summary

2016 Community Health Needs Assessment

Providence Mount Carmel Hospital
Providence St. Joseph Hospital
Eastern Washington

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with many organizations, we are committed to addressing the most pressing needs in communities we serve. This assessment helps us develop collaborative solutions and guides our community benefit investments, not only for our own programs but also for our many partners. This year, we worked with the Northeast Tri County Health District, Empire Health Foundation and Eastern Washington University to develop a plan that will be aligned with a communitywide assessment beginning in 2018.

Extensive community feedback informs assessment

Dozens of participants provided feedback through community focus groups in locations throughout Stevens and Pend Oreille counties. Locations included: Northport, Colville, Hunters, and Ione. A detailed list is available starting on page 17 of this CHNA.

How we identified top health priorities

We began with the data used in the 2013 Stevens County Community Health Needs Assessment. The data was updated to reflect any changes and was presented to four community focus groups. We used that input along with current data on hospital trends to establish current community needs and then establish priorities for our hospitals. Prioritization criteria included evaluating scale and scope, gaps in service, community recognition of need, and measurement. All criteria are detailed on page 18.

Providence top priority health needs for 2017-2019

Early childhood support
Basic food/nutrition
Behavioral health
Access to care

Our starting point: Community health measures in 2016

Prioritized need	Stevens County measures for 2016
Early childhood support	<ul style="list-style-type: none">• 28 percent of children live in poverty¹• 81 percent of expecting mothers receive prenatal care in the first trimester• 25 percent of expecting mothers smoke• 5 percent of babies born have a low birth weight• 4.8 infants for every 1,000 population in the county will die
Basic foods/nutrition	<ul style="list-style-type: none">• 21 percent of adult eat five or more fruit/vegetables per day• 7 percent of adults have diabetes• 26 percent of adults are obese• 24 percent of youth are overweight• 71 percent of adults get some form of physical activity
Behavioral health	<ul style="list-style-type: none">• 15 percent of adults report poor mental health in the past month• 28 percent of teens report feelings of sadness or hopelessness• 18 percent of adults drink five or more alcoholic beverages in one sitting• 35 percent of teens use alcohol
Access to care	<ul style="list-style-type: none">• 61 percent of residents get a regular dental check up• 22.1 percent of adults are uninsured• 78 percent of adults have a personal health care provider• 59 percent of adults get an annual breast screening exam

Each of the needs identified had specific areas identified. Taking these concrete actions will result in larger, societal needs being addressed. We also worked to define those actions, for example “addressing early childhood support.” For Providence, primary ways to respond to this larger need are: minimizing adverse childhood experiences; the importance of education and early childhood learning; increasing the acceptance and knowledge of breastfeeding and lactation; and decreasing the rates of maternal smoking. While there are other ways to address early childhood support that we will continue to support, these focused actions will define our major areas of work to address these larger needs.

Partnering for change: Results from our 2013 Community Health Improvement Plan

This report also evaluates results from our most recent community health improvement plan that was designed in response to our CHNA. In 2013, identified prioritized needs were:

¹ County Health Rankings website all other data provided by Eastern Washington University Department of Public Policy and Economic Analysis.

Family mental health and chemical dependency	Baseline	Current CHNA
Adults reporting poor mental health in the past month	9%	15%
Deaths by adults determined to be suicide by the medical examiner.	0.57/1,000	0.44/1,000
Promoting healthy behaviors		
Child receiving immunizations on time	29%	49%
Adults diagnosed as overweight	29%	26%
Poverty & difficult life circumstances		
Grants obtained by the Hunger Coalition	0	
Child abuse rates as reported by Child Protection Services	46.2/1,000	44.7/1,000
Adults eating five fruits or vegetables per day	29%	21%

Providence responded by making investments of time, resources and funding to programs that were most likely to have an impact on these needs. The summary below includes just a few highlights from pages 22-26 of this CHNA.

Name	Type of program	Outcomes	Our support
Rural Resources	Trauma training	Total of 1030 people served	Grant funding
Northport School District	Family and student mental health para-education program	Served 140 students and 20 families	Grant funding
Wolfe Project	Immunization clinics	Served 197 people including veterans	Funding given
Hunger Coalition	Collaboration between area food banks	8,518 clients received 435,000 pounds of food	Funding given

Assessment Overview

Representatives from Providence Health Care met with staff from the Northeast Tri County Health District, Empire Health Foundation and Eastern Washington University to begin planning for the 2016 needs assessment. The group reviewed data tracked from the Northeast Washington Trends website, county health rankings, and Providence Emergency Department care. This data describes more than 45 health measures on access, infant and maternal health, mental and behavioral health, smoking, healthy behaviors, outcomes, and dental access. Participants then participated in one of the four focus group discussions and explored data that most reflected their organization’s mission or vision and concern in the community.

Prioritized need #1 – Early childhood support

Minimize adverse childhood experiences and break the continuing cycle by addressing parenting skills and whole family care.

Data point	Previous CHNA	Current CHNA
Percentage of children living in poverty	22%	28%
Percentage of expecting mothers who have a prenatal visit with a doctor in their first trimester	73%	81%
Percentage of expecting mothers who smoke	24%	25%
Percentage of babies born with a low birth weight	6%	5%
Number of infant deaths per 1,000 population of the county	10.3/1,000	4.8/1,000

Prioritized need #2 – Basic foods/nutrition

Better nutrition and availability of basic foods can lead to better health outcomes that can in turn affect all other identified needs.

Data point	Previous CHNA	Current CHNA
Percentage of adults eating five or more fruits and vegetables per day	29%	21%
Percentage of adults diagnosed with diabetes	8%	7%
Percentage of adults diagnosed as overweight	29%	26%
Percentage of youth diagnosed as overweight	24%	24%
Percentage of adults getting some form of physical activity per day	63%	71%

Prioritized need #3 – Behavioral health

Increase access to mental health and substance abuse services while also responding to child abuse.

Data point	Previous CHNA	Current CHNA
Percentage of adults reporting poor mental health in the past month	9%	15%
Percentage of teens feeling sad or hopeless	30%	28%
Percentage of adults consuming five or more alcoholic	16%	18%

beverages in one sitting		
Percentage of teens using any alcohol	34%	35%

Prioritized need #4 – Access to care

Increase access for the rural population to receive needed and basic health services.

Data point	Previous CHNA	Current CHNA
Percentage of residents getting a regular dental check up	64%	61%
Percentage of adults who are uninsured	15.4	11.6%
Percentage of adults who have a personal health care provider	81%	78%
Percentage of adults who get an annual breast screening exam	70%	59%

Acknowledgements

Summary of community input

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent community health implementation plan. Many attendees may have joined more than one meeting or community presentations. For a full list of attendees please refer to page 13.

We would also like to express our appreciation for the following partners who helped collaborate and plan for the needs assessment in Stevens County:

About our partners in the Community Health Needs Assessment

- **Northeast Tri County Health District**
The district works with other entities to assess, protect, preserve and promote the health of the tri-county area and establishes local policy relating to population-based services in Ferry, Pend Oreille and Stevens counties.
- **Empire Health Foundation**
The foundation's vision is to transform Eastern Washington into the state's healthiest region, and every investment it makes goes toward creating measurable, sustainable health improvements. It believes that health is about more than just medicine; health outcomes are influenced by external factors such as the availability of resources to meet daily needs like food and shelter, access to quality education and job training, and access to job opportunities. The foundation's work is aimed at addressing these problems upstream, investing in sustainable systems change that results in healthier, more vibrant communities for all.
- **Eastern Washington University Institute for Public Policy and Economic Analysis**
The institute is a program within EWU's College of Business and Public Administration. The institute gathered the statistical data and developed the content of Northeast Washington Trends website. Northeast Washington Trends exists to give the communities in Ferry, Pend Oreille, and Stevens Counties a way to assess how they are doing in key quality-of-life areas, such as education, health, and the environment. The institute also seeks to improve local, public decision making by providing relevant data in an easily navigable website. The data are offered as neutral information for all parties involved in public policy issues.

Summary of written comments

No written comments were received prior to the community health needs assessment.

Providence Mount Carmel Hospital
982 E. Columbia Avenue
Colville, Wash. 99114

Providence St. Joseph Hospital
500 E. Webster
Chewelah, Wash. 99109

Introduction

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, and minority populations or individuals.

This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$951 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2015.

Serving Northeastern Washington

During 2015, our region provided \$103.4 million in community benefit in response to unmet needs and to improve the health and well-being of those we serve in eastern Washington. Our region includes:

- Two Providence hospitals in Spokane County recognized nationally for quality care:
 - Providence Sacred Heart Medical Center & Children's Hospital
 - Providence Holy Family Hospital
- Two critical access hospitals in Stevens County:
 - Providence Mount Carmel Hospital
 - Providence St. Joseph Hospital and Long-Term Care Unit
- Providence Medical Group: a network of primary care and urgent care, and specialty physicians located in clinics throughout Spokane and Stevens counties.
- Two home service providers:
 - Providence VNA Home Health in Spokane
 - Providence DominiCare in Chewelah
- Long-term care, assisted living and adult day centers:
 - Providence St. Joseph Care Center & Transitional Care Unit
 - Providence Emilie Court Assisted Living
 - Providence Adult Day Health
- Inland Northwest Health Services, a not-for-profit affiliate with a variety of health care divisions and services:
 - St. Luke's Rehabilitation Institute, the largest standalone physical medicine and rehabilitation hospital west of the Mississippi and the region's only Level I trauma rehabilitation hospital
 - Eastern Washington Center for Occupational Health & Education
 - Northwest TeleHealth
 - Services include information resource management, community wellness and health training

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 600 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its family of partner organizations employ more than 82,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started 160 years ago when they answered a call for help from a new pioneer community in the West.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Values

Respect, Compassion, Justice, Excellence, Stewardship

Our Vision

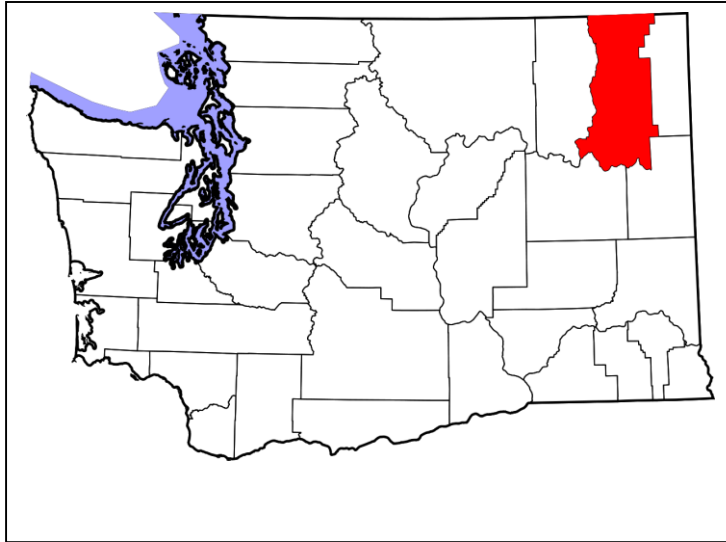
Simplify health for everyone

Our Promise

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way. ®

Description of community

This section provides a definition of the community served by the hospital, and how it was determined. It also includes a description of the medically underserved, low-income and minority populations.



Community profile

Providence Mount Carmel Hospital and Providence St. Joseph Hospital are located in Stevens County, which has the third-highest poverty rate in Washington state. Geographically, the county is located on the eastern side of the state between Ferry and Pend Oreille counties, making up the Tri County region.

Population and age demographics

Total population is about 44,030, with an annual growth rate of about 0.3 percent in 2015. The growth rate for Washington state was 1.3 percent. Age demographics are fairly evenly distributed, with the young adult age group comprising the smallest proportion of the population. In 2014 the population comprised:

- 21.5 percent youth (0-17 years)
- 16.9 percent young adults (18-39 years)
- 41.1 percent older adults (40-64 years)
- 20.5 percent seniors (65 years and older)

Ethnicity

Among Stevens County residents in 2013, 90.8 percent were white, 4.4 percent African American, 0.6 percent Native American, 0.4 percent Asian/Pacific Islander, and 3.8 percent were of two or more races.

Income levels and housing

In 2014, the median household income for Stevens County was \$43,876, and the county's unemployment rate was 9.3 percent. The Washington state median household income was \$58,686 with an unemployment rate of 5.7 percent. The share of those with incomes below the federal poverty line for all ages in Stevens County was 19.3 percent in 2014. In 2013, 26.9 percent of Stevens County youth under age 18 were living below the federal poverty level. This represents an increase of 3.1 percent since 2009, and is higher than the state average.

Health care and coverage

In Stevens County during 2014, residents ages 64 and younger who were uninsured comprised 11.6 percent of the population. The state average was 8.3 percent. The top four causes of death in Stevens County that year were: cancer at 22.2 percent; heart disease at 21.4 percent; stroke at 6.8 percent; and Alzheimer's disease at 4.8 percent. Trending is up for incidences of cancer and stroke, but is down for heart disease and Alzheimer's. Out of all hospital admissions in Stevens County, avoidable admissions were calculated at 13 percent while the Washington state average was 9.1 percent².

Health and well-being

In Stevens County, 24 percent of students and 30 percent of adults are overweight or obese. This trend is worsening and is also worse than the Washington state average of 27 percent for adults.

² Sources: Northeast Washington Trends Website

Process, participants and health indicators

This section provides a description of the processes and methods used to conduct the assessment; this section describes data and other information used in the assessment, the methods of collecting and analyzing the information, and any parties with whom we collaborated or contracted with for assistance. This section also provides a summary of how we solicited and took into account input received from persons who represent the broad interests of the community. This description includes the process and criteria used in identifying the health needs as significant.

Assessment process

Every three years, Providence Health Care conducts a community health needs assessment for Stevens County. The CHNA is an evaluation of key health indicators of the northeast Washington area.

In December 2015 representatives from Providence Health Care met with staff from the Northeast Tri County Health District, Empire Health Foundation and Eastern Washington University to begin planning for the 2016 needs assessment. A plan was established to engage the community in a thought-provoking process during a one-month period. The group reviewed data tracked available from the Northeast Washington Trends Website, County Health Rankings, and Providence Emergency Department care. This data describes more than 45 health measures on access, infant/maternal health, mental and behavioral health, smoking, healthy behaviors, outcomes, and dental. Participants then participated in at least one of the four focus group discussions and explored data that most reflected the mission or vision of their organization and concern in the community.

Participants

Over 100 email and personal invitations were sent to targeted organizations and individuals, including local city government, county government, school districts, the Chewelah Tribe, and various social service agencies. Announcements were placed in local newspapers and posted in community centers.

Northport, Wash. community focus group participants

Colville Stake, LDS	Northport School District
Northport Branch, LDS	Rescare
Northport Food Bank	Rural Resources
Northport School	

Colville, Wash. community focus group participants

Aging and Long Term Care of Eastern Washington	Northeast Washington Hunger Coalition
CCSC	OPD Social Worker
City of Colville	Providence Mount Carmel Hospital
Colville, LDS	Providence Health Care Board
Colville School District	Resident
Cook Apts, LLC	Rural Resources
Libraries of Stevens County	Senior Center
Northeast Tri County Health District	

Hunters, Wash. community focus group participants

Colville Food Bank
Fruitland Resident
Hunger Coalition
Hunters Food Bank

NEW ESD 101
Springdale Resident
Tum Tum Resident

lone, Wash. community focus group participants

Cusick Food Bank
Home Health
lone Rood Bank
Northeast Washington Providence
Board

NHC
Resident
Rural Resources

Data collection

Primary Data (new)

Four focus groups were held in various locations throughout Stevens and Pond Oreille Counties. A facilitator presented data and asked questions to encourage the groups to come to a consensus on three top priority health issues based on the data and their experience as an organization and working with clients in their communities. Focus groups were used due to the rural nature of the region and the limited quantitative data available. It is essential to get the voice of those in the community to give more depth to the data.

Secondary Data (existing)

The following data is what was presented to the focus group participants:

- The County Health Rankings is sourced from the University of Wisconsin through a partnership with the Robert Wood Johnson Foundation to rank all counties across the nation on specific indicators.
- The Examination of Key Measures of Health in Ferry, Stevens, and Pend Oreille counties pulled specific indicators measured in various forms, including the Healthy Youth Survey, BRFSS, Census data and others. This is amalgamated by the Eastern Washington University, Institute for Public Policy and Economic Analysis. These indicators were used in the previous needs assessment, and we continue to monitor them for any trend movement.
- The Stevens County Homeless and Low-Income Emergency Room Usage data was pulled from Providence Mount Carmel Hospital and Providence St. Joseph Hospital electronic medical records.

See Appendix I for all health indicators and trends and Appendix II for a summary of community input.

Community and stakeholder input

Summary of Northport, Wash. Focus Group – April 13, 2016

The top three health priorities reported for this group after reviewing the data were:

- 1) Poverty
- 2) Poor choices
- 3) Access to services

The community rationale for the listed priorities:

- There is an unhealthy negative correlation between income and health which leads to unfit living conditions, doubled-up households, lack of electricity and water, and limited access to fresh fruits and vegetables.
- There is no school counselor due to a lack of funding. It costs approximately \$750 a day for a counselor to come from Colville.
- Educational resources are needed to promote healthy behaviors.
- Jobs are available; however, people are not passing drug tests to gain employment.
- There is a lack of access to services which include:
 - Medical care
 - Dental care
 - Counselors
 - Rural transportation
 - Limited amount of jails and police services

Summary of Colville, Wash. Focus Group – April 19, 2016

The top three areas of need identified by this group were:

- 1) Behavioral health (mental health, substance abuse, and poverty)
- 2) Senior citizens (access, continuum of care, poverty)
- 3) Early childhood support (ACES, parenting_skills, breastfeeding/lactation, poverty, home visits, and whole family care)

The rationale for listed priorities:

- Addressing housing issues will transform lives by creating job opportunities and it will address homelessness and poverty issues.
- There are not any services for Physical Therapy patients after being discharged to ensure their safety and to prevent falls.
- Allocating finances to raise the social welfare of senior citizens by developing programs and activities to decrease feelings of loneliness.
- The issues can be grouped into broader categories identifying more than one issue.
- There is a lack of educational resources for lactation. Increasing education around this issue will provide a focus on family connection, parenting, participation from both parents, and increase immunizations.
- There is an excessive amount of access to prescription drugs that are being sold on the streets.

Summary of Hunters, Wash. Focus Group – April 27, 2016

The top three areas of need reported for this group after reviewing the data were:

- 1) Basic foods
- 2) Exercise
- 3) Nutrition

The rationale for the listed priorities:

- Data around the demographics of those who utilize food banks include the following:
 - 95% low income
 - 37% children
 - 15% vets
 - 26% seniors
 - 26% disabled
 - 10% full-time employees

- 16% part-time employees
- 85% of Steven's County is in a food desert
- 95% of food bank clients are in extreme poverty
- The food being provided at food banks is the same processed food found in regular grocery stores. There is a lack of fresh foods that in turn causes nutritional problems.
 - Provide educational services to improve healthy behaviors and to reduce diabetes, obesity, and cardiovascular disease by informing those using the food banks about what they are actually eating.
 - Focus on expanding refrigerated trailers for mobile food banks.
- Exercise services are limited, especially in the winter season.
- There is a communication gap due to no cell phone service and no newspapers.

Summary of Ione, Wash. Focus Group – April 28, 2016

The top three areas of need identified were:

- 1) Elderly (food, transportation and safe living)/younger generation (jobs, behaviors, access to health care, drug usage, and affordable housing)
- 2) Fresh fruits and vegetables focusing on gleanings
- 3) Low-income housing (retirement housing, and the transitioning retirement community)

The rationale for the listed priorities:

- There is a large population of senior citizens who are living on a limited income. There is no assisted living and no low-income housing and many households make only \$500 - \$600 a month.
 - The food banks are an important supplement for the elderly and retired community.
 - Many retired grandparents are taking care of their grandchildren, straining their limited social security checks.
 - It is important to acknowledge two separate age groups: the elderly and the younger generation.
- The issues are connected and can be grouped together.
- Fresh produce comes in once every other month from Northwest Harvest.
- Any means of connectivity are lost.
 - There is no access to basic needs such as food, shelter, or clothing.
 - There is no access to basic services such as internet, DSL, cell-phones, or landlines.

Identification of significant health needs

Top priorities identified by community focus groups

After reviewing all available data, each group identified its top three priorities, listed in order of priority.

Each group was asked to vote on its top three areas of concern. When the four focus group votes were totaled together, 72 individuals cast a total of 216 votes. The results and the number of votes received for each health issue are found on the following page.

Top concerns of focus groups	Total votes
Elderly/senior citizens	47
Basic foods/ fresh fruits and vegetables/Nutrition	47
Behavioral health	21
Promoting healthy behaviors	21
Exercise	16
Parenting skills	13
Low-income housing	9
Poverty	6
Poor choices	6
Access to services	6
Others	24
<ul style="list-style-type: none"> • Transportation • Jobs • Central resource distribution • Preventing abuse and violence • Access to services • Substance abuse • Lactation • Criminal behaviors 	

Identified priority health needs

This section describes the significant priority health needs that were identified during the CHNA. This section also describes the process and criteria used to prioritize the needs. Potential resources in the community to address the significant health needs are also described in the section.

Prioritization process and criteria

The community was asked to prioritize the current identified needs to reduce duplication and community burnout. After the focus groups, through an email survey, respondents were asked to prioritize the same criteria they were asked to prioritize in 2013. This information was brought to an internal Providence work group to review and identify the top needs Providence should address within the community.

The top health priorities were prioritized based on the following criteria:

- Does the community need align with Providence’s core values and vision for creating healthier communities, together?
- How many people will benefit from the project/program? Are the poor and vulnerable more affected by the need?
- Are there potential resources outside of Providence that can be leveraged to help more people?
- Is there a gap that needs to be filled to address this need?
- Does the community recognize this issue as a need? Would community members welcome our involvement?
- Is there a way to measure the outcome of our involvement?

The results of the survey were, in order of highest priority:

- Behavioral health 61%
- Access to services 56%
- Early childhood support 39%
- Low income housing/poverty 28%
- Younger generation Issues 22%

After prioritizing the top issues from the needs assessments, community surveys and gaps, Providence Mount Carmel Hospital and Providence St. Joseph Hospital chose to focus on the following areas in the health improvement plan:

Priority health issues and baseline data

Priority health Issue	Rationale/contributing factors
Early childhood support	Children in poverty 28% ³ First trimester prenatal rate 81% Maternal smoking rates 25% Low birth weight 5% Infant mortality rate 4.7/1,000

³ County Health Rankings website all other data provided by Eastern Washington University Department of Public Policy and Economic Analysis.

Priority health Issue	Rationale/contributing factors
Basic food/nutrition	Adult fruit/vegetable consumption 21% Diabetes in adults 7% Obesity in adults 26% Overweight youth 24% Physical activity in adults 71%
Behavioral health	Poor mental health in adults 15% Teen sadness or hopelessness 28% Adult binge drinking 18% Teen alcohol use 35%
Access to care	Dental check-up 61% Uninsured adults 22.1% Adults with personal health care provider 78% Adult preventative cancer screening – breast 59%

Addressing identified needs

This section describes how Providence will develop and adopt an implementation strategy (i.e. community health improvement plan) to address the prioritized community needs.

Plan development

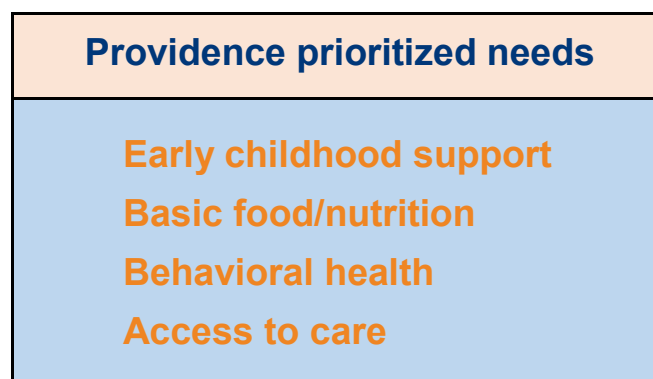
Providence will consider the prioritized health needs identified through this community health needs assessment and develop a strategy to address each need. Strategies will be documented in a community health improvement plan. The CHIP will describe how Providence plans to address the health needs. In cases where Providence does not intend to address a need, the CHIP will explain why⁴.

The CHIP will describe the actions Providence intends to take to address the health need and the anticipated impact of these actions. Providence will also identify the resources the hospital plans to commit to address the health need. Because community partnership is important to addressing health needs, the CHIP will describe any planned collaboration between Providence and other facilities or organizations in addressing the health need.

The improvement plan will be approved by the Providence Community Ministry Board in September 2016. When approved, the CHIP will be attached to this community health needs assessment report in Appendix V.

Providence prioritized needs

The group of Providence stakeholders felt that the struggles of the younger generations were largely resulting from economics and lack of jobs, which could be addressed with better access to care through infrastructure efforts. Elderly/senior citizen issues could be addressed by addressing basic foods, nutrition, behavioral health and access to care.



⁴Reasons may include resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to address the need, the need being a relatively low priority, and/or a lack of identified effective interventions to address the need.

Early childhood support

- Minimize adverse childhood experiences and break the cycle that continues by not addressing these experiences
 - Parenting skills
 - Whole family care
- Emphasize the importance of education and early childhood learning.
- Increase the acceptance and knowledge around breastfeeding and lactation.
- Decrease the rates of maternal smoking.

Basic food/nutrition

- Create more access to fresh fruits and vegetables through both availability and costs.
- Education on how to prepare healthy food and the importance of nutrition.
- Increase diabetes education.

Behavioral health

- Increase access to mental health and substance abuse services.
- Address the rates of child abuse that stem from mental health and substance abuse issues.

Access to care

- Increase the available workforce and interest in the health care sector.
- Address the issues around infrastructure that prevent rural communities having access to various modes of care:
 - Emergency transport service
 - Connectivity (broadband)
- Increase the access to specialty care.

Evaluation of impact from 2013 Community Health Improvement Plan

This section evaluates the impact of actions that were taken to address the significant health needs identified in the prior community health needs assessment and associated implementation strategy (i.e. community health improvement plan).

Following the 2013 CHNA, Providence collaborated with community partners to develop a community health improvement plan to address the needs identified below. The top health issues for the 2013 CHNA/CHIP were:

- Family mental health and chemical dependency
- Promoting healthy behaviors
- Poverty and difficult life circumstances

The following is an overview, evaluating the CHIP and its impact on the identified needs.

Prioritized Need #1

Family mental health and chemical dependency

Data Point	Previous CHNA	Current CHNA
Share of adults with poor mental health	15%	9%
Suicide rates – Female	0.21/1,000	0.04/1,000
Suicide rates – Male	0.43/1,000	0.36/1,000

*Northeast Washington Trends Data: <http://www.northeastwashingtontrends.edu>.

** Some data points are self-reported

Community investment funding support

Often there are organizations that provide local services that address community needs. Rather than duplicate services, Providence partners with these organizations to best serve community needs. Organizations that have received community investments and funding support from Providence to address family mental health and chemical dependency include:

Rural Resources behavioral health support

2015 outcomes:

- 1,000 people from across Stevens County
- Four school assemblies

Rural Resources Victim Services sought to bring anti-bullying education and outreach to youth and those who care about youth. They contracted with Tom Thelen, author of Victimproof, who is one of America's top anti-bullying speakers. He has spoken at over 500 schools, colleges, and youth organizations teaching students how to break free from the victim mindset and how to stand up to bullying. He is best known for the Victimproof Bullying Prevention Program that serves as a year-round follow up to his live events. As a youth speaker, Tom's message takes students on a journey through his own life story – a normal "face in the crowd" kid who never struggled with drugs or alcohol, but instead lived with a victim mindset. Thankfully one teacher stepped in and helped him break free from the bullying cycle. Today, Tom travels America showing students how to stand up to bullying and how to "BE THE CHANGE" on their campus.

Overall Tom came in contact with about 1000 people across Stevens County and delivered a message of hope on the topic of anti-bullying. Tom brought a positive message of how to break free from bullying at assemblies at four Stevens County schools: Wellpinit Middle School, Mary Walker Jr. and Senior High (Springdale), Valley Middle School and Colville Jr. High School.

Rural Resources trauma training funding

2014 outcomes:

- Total of: 1030+ people served through training
 - Victim Aware Medical Care—175 people
 - 45- Medical personnel (25%)
 - 60- Criminal justice/law enforcement professionals (34%)
 - 70- Other service providers (40%)
 - SPHYR: 100 unique individuals
 - 67- SPHYR Facebook group members
 - 60- participants in training/workshops for youth
 - 60- trained with In Their Shoes activity
 - 60- Screening and discussion of “Brenda’s Story” teen dating violence film
 - Shred Event: 100 people, 3.7 tons of shredded paper, 3 communities
 - Last Will & Embezzlement: 140 participants
 - S.T.O.P. Coalition: 500 families, 15 coalition members

The project was designed to educate and inform our Stevens County communities. Our target areas of education were purposefully selected with outcomes that would: 1. prevent violence and abuse directed at the poor and vulnerable, 2. respond to victims with compassion and help when it does occur, 3. and improve that response by training a variety of providers. We feel that we have begun to move the dial in improving responses to trauma while improving the health of our communities.

As the body of research grows concerning the critical connection between traumatic events and negative long-term health impacts, we are building a broad understanding of what has been learned, what can be done and how to appropriately respond. Traumatic events happen to everyone – it is how the personal response that makes a difference.

Our very specific sub-projects are listed below with a brief synopsis of the work that was done within each project.

Victim Aware Medical Care featured expert speakers on domestic violence, child abuse, and elder abuse with a focus on creating trauma-informed services. In order to take advantage of the expertise of our Neurobiology of Trauma speaker, Chris Wilson, M.D., we expanded the scope of the training to reach law enforcement and criminal justice system providers. Feedback was very positive and we are slated to provide follow up trainings to Providence caregivers (employees) in the coming months.

Education topics:

- Screening for domestic violence
- Billing/coding for domestic violence screening
- Neurobiology of trauma
- Trauma and the brain (for criminal justice system)
- Elder and child abuse intervention

SPHYR stands for Students Promoting Healthy Youth Relationships. We've partnered with Jenkins High School students to create this student-led club. With the guidance of Family Support Center, the group meets regularly to discuss issues of violence in their community. Through awareness campaigns and prevention activities, the group is making the change they wish to see in the world. Club members facilitated a teen dating violence prevention activity called "In Their Shoes" to the entire freshman class. The group is planning to organize a variety of events in honor of Teen Dating Violence Awareness Month in February. The club uses the Speak Act Change curriculum.

Shred Event: Identity theft is the fastest growing crime in America, but shredding sensitive materials reduces the risk of becoming a victim. That's why Family Support Center partnered with AmericanWest Bank to provide a free shredding event on September 26. A total of 2000 lbs. was shredded in Kettle Falls; 2880 lbs. in Colville; and 2520 lbs. for Chewelah. The total shredded was 7400 lbs. or 3.7 tons!

Last Will & Embezzlement was an event in Chewelah which featured the screening of a film starring Mickey Rooney discussing elder financial fraud. Vendors set up booths and a nutritious lunch was served. Chewelah Chief of Police Troy Anderson served as the event MC and a panel of experts answered audience questions. The panel included Cindy Burgess (Providence Long Term Care), James Caruso (Stevens County Sheriff's Department), Sharon Cording (Family Support Center Victim Advocate), Dan Cleghorn (Chewelah Police Department Chaplain), Jeff Michaelson (Rural Resources Aging & Disability Resource Connection), Lech Radzimski (Deputy Prosecuting Attorney).

S.T.O.P. Coalition, or Springdale Together on Prevention, is a coalition of community members and service providers working to end underage drinking and drug use in the Mary Walker School District. The coalition works to address the underlying causes of substance abuse (including violence) through community events, education and awareness.

Northport School District grant funding

2015 outcomes:

- 140 students served
- 20 families through family nights.

All students in the Northport School District benefited from working with the person hired for this program. She was in charge of K-12 programs and met with other subgroups as well. All students enjoyed the time with Ms. Cleaver and we are on the way to changing behaviors to be healthier for all students. We have Lifeskills curriculum and Washington State prep healthy choices curriculum that will also be fully implemented next school year. A healthy young girls group was held throughout the year in the middle school. They worked with younger students on Character Counts, made posters that focused on self-esteem, courage, etc. They also put together and ran an all-school staff versus student end-of-the-year softball game to focus on positive relationships. The middle school boys groups did many of the same things with the K-5 students. Their biggest project was putting together an end-of-the-year assembly for all K-12 students that focused on being a good student, being a role model and good choices.

Prioritized Need #2

Promoting healthy behaviors

Data Point	Previous CHNA	Current CHNA
Immunization rates	30%	39%
Adult obesity rates	29%	26%

*Northeast Washington Trends Data: <http://www.northeastwashingtontrends.edu>.

Community investment funding support

Organizations that have received community investments and funding support from Providence to address promoting healthy behaviors include:

Wolfe project flu vaccine support

2014 outcomes:

- 197 people, including veterans, were connected to services

Stevens County is rural and many do not have the funds for gas, services or cannot afford to take time off to see a physician or even go to a nearby pharmacy. Making flu vaccines available in food banks does reach the poor in an efficient way. In addition, the vaccine was late this year and not available to veterans during the yearly “Stand-down.” For veterans living outside the Interstate 395 corridor, these vaccines were greatly needed.

Prioritized Need #3

Poverty and difficult life circumstances

Data Point	Previous CHNA	Current CHNA
Grants obtained by the Hunger Coalition	0	5
Child abuse rates	46.2%	44.7%
Fruit & vegetable consumption	29%	21%

*Northeast Washington Trends Data: <http://www.northeastwashingtontrends.edu>.

** Some data points are self-reported

Community investment funding support

Organizations that have received community investments and funding support from Providence to address poverty and difficult life circumstances include the following.

Hunger Coalition, Agriculture and Food Center Program

2014 outcomes:

- The initial study identified available land, community interest/commitment, and Rural Resources has expressed a willingness to be an anchor tenant

The funds were used to explore the option of a Food Hub that would provide a year-long farmers’ market for the community as well as refrigeration, freezing and canning capacity to help the poor provide for winter provisioning. The study has energized partners towards a shared goal. The Food Hub is in the process of securing property from the city and is now assessing costs needs, funding sources, and a timeline. Organizations and people are coming together in a new and positive way.

Hunger Coalition, Children Summer Food Program

2014 outcomes:

- 137 children fed

Children who are receiving free or reduced lunches during the school year were provided “lunches” over the summer. Every two weeks, they were invited to pick up a box of food that was screened for nutritional benefit and included protein, milk products, fresh vegetables and fruit. Each child was also given a book as part of an ongoing partnership with the local library to keep the children interested in reading over the summer.

In speaking with Father Barnett, pastor at the St. Mary of the Rosary Catholic Church, this program is so successful that he is exploring partnerships in Kettle Falls, Northport, and Republic to extend the service. The Hunger Coalition will help him identify stakeholders and support.

Hunger Coalition, Hunger Initiative

2014 outcomes:

- 8,518 total clients served in Stevens County and surrounding areas
- 435,000 pounds of food delivered
 - 244,000 in additional lbs. of food in a 12 month period
 - 17,679 pounds from new local farmers

The Rotary First Harvest Vista Volunteer coordinated the gleaning of 1200 pounds of cherries from a local farm for area food banks. The Hunger Coalition with funds from Rotary First Harvest was able to provide payment (\$.50 per pound) to the farmer. Vista Volunteers gathered volunteers for the gleaning and over a week the cherries were picked. As they finished on the last day, the farmer and his wife thanked the volunteers. The wife with tears in her eyes said that they were now too old to do the picking and without the volunteers, the cherries would have died on the trees. They were also very grateful for the payment provided for the cherries; truly a win for everyone.

In November, a veteran outreach was organized in Orient. The Hunger Coalition truck took 9,600 pounds to the event and arranged for flu vaccines to be given. The local communities came for food and a barbeque. One veteran attended who is known to live in isolation and avoid communicating with anyone. For a long time he stayed on the far side of the street and would not join the activities. One of the veterans (who helped set up the event) crossed the street, engaged him in conversation, and brought him over for a hamburger. The isolated vet was given information about services available; and he now knows that caring people are nearby and he can reach out when in need.

Resources potentially available to address the significant needs identified through the CHNA

This section inventories community partners that are addressing the identified needs in the CHNA. This table begins to outline our strategy of creating healthier communities together.

Providence and partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. This list outlines community resources potentially available to address identified community needs

Organization or program	Description	Associated community need
Rural Resources	Headstart and ECEAP	Early childhood support
Stevens Co Library	Rotary Reading Program	Early childhood support
Eastern Washington University	Early Headstart	Early childhood support
NE Tri County Health District	Woman, Infant Child (WIC)	Early childhood support
ESD 101/ Schools	Birth – 3 education	Early childhood support
Northport School District	Para-counselor	Early childhood support
Daycare Centers	Department of Early Learning	Early childhood support
Le Lache	Lactation Programs	Early childhood support
Stevens County Breast Feeding Coalition	Coalition Network	Early childhood support
Hunger Coalition	Coalition Network of food banks	Basic food/nutrition
NE Tri County Health District	Woman, Infant Child (WIC)	Basic food/nutrition
Farmer’s Markets	Senior Farmers Market Nutrition Program, Fresh Bucks Program, WIC Farmers Market, Kids Farmers Market	Basic food/nutrition
Eastern Washington University	Early Headstart	Basic food/nutrition
ESD 101/ Schools	Birth – 3 education	Basic food/nutrition
Washington State University	Food Sense	Basic food/nutrition
Rural Resources	Senior Nutrition	Basic food/nutrition
Churches	Food Kitchens	Basic food/nutrition
New Alliance	Various	Behavioral health
ESD 101/Schools	School counselors	Behavioral health
Private Counselors	Various	Behavioral health
ADEPT		Behavioral health
Veterans Administration	Veterans Service Coordinator	Behavioral health
Behavioral Health Organization	Evaluation & Treatment Center	Behavioral health
Hospice of Spokane	Bereavement Support	Behavioral health

Northport School District	Para-counselor	Behavioral health
Dr. Barry Bacon	Oxford House	Behavioral health
NE Tri County Health District	Woman, Infant Child (WIC)	Access to care
Northport School District	Para-counselor	Access to care
Federally Qualified Health Center	New Health Programs	Access to care
Columbia Medical Associates		Access to care
TEDD	Mobility Coordinator	Access to care
Veterans Administration	Outreach	Access to care
Tribes	Spokane Tribe Bus, Tribe Ambulance	Access to care
Medicaid (DSHS)	Vocational Rehab	Access to care
Catholic Charities	Various	Access to care
Rural Resources	Weatherization, various	Access to care
Pinewood Terrace	Various	Access to care
Academic Association of University Women	Advocacy	Access to care
High Schools	Graduation programs	Access to care
Community Colleges	Workforce readiness	Access to care

2016 CHNA approval

This community health needs assessment was adopted on September 23, 2016 by the Providence Health Care Community Ministry Board. The final report was made widely available⁵ on October 31, 2016.



Elaine Couture
Region Chief Executive
Providence Health Care



Joel Gilbertson
Senior Vice President, Community Partnerships
Providence Health & Services



Ron Rehn
Chief Executive
Providence Stevens County Ministries



Marian Durkin
Chair
Providence Health Care Community Ministry Board



Sandy Perkins
Community Health Director
Northeast Washington Tri County Health District

CHNA/CHIP contact:

Sara Clements-Sampson
Community Benefit Manager
Providence Health Care
101 W 8th Avenue
Spokane, WA 99204

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <http://washington.providence.org/hospitals/mount-carmel-hospital/about-us/> or <http://washington.providence.org/hospitals/st-josephs-hospital/about/>

⁵ Per § 1.501(r)-3 IRS Requirements

Appendices

Appendix I – Health indicators and trends

Data Category A Data presented to the community

Figure 1: County Health Rankings

Stevens (ST)

Health Outcomes	Stevens County	Error Margin	Top U.S. Performers [^]	Washington	Rank (Of 39)
Length of Life					30
Premature death	7,800	6,700-8,800	5,200	5,500	34
Quality of Life					25
Poor or fair health**	15%	15-16%	12%	16%	
Poor physical health days**	3.8	3.7-4.0	2.9	3.9	
Poor mental health days**	3.8	3.7-4.0	2.8	3.7	
Low birthweight	6%	5-7%	6%	6%	
Health Factors					35
Health Behaviors					31
Adult smoking**	17%	16-18%	14%	15%	
Adult obesity	30%	26-35%	25%	27%	
Food environment index	6-.3		8.3	7.5	
Physical inactivity	23%	19-27%	20%	18%	
Access to exercise opportunities	52%		91%	88%	
Excessive drinking**	19%	18-20%	12%	19%	
Alcohol-impaired driving deaths	32%	23-41%	14%	37%	
Sexually transmitted infections	300.9		134.1	361.8	
Teen births	33	29-36	19	28	
Clinical Care					30
Uninsured	19%	17-21%	11%	16%	
Primary care physicians	1,450:1		1,040:1	1,190:1	
Dentists	1,980:1		1,340:1	1,290:1	
Mental health providers	4,20:1		370:1	380:1	
Preventable hospital stays	41	36-46	38	36	
Diabetic monitoring	84%	78-91%	90%	86%	
Mammography screening	53%	47-59%	71%	61%	
Social & Economic Factors					30
High school graduation	78%	52-63%	93%	78%	
Some college	58%		72%	68%	
Unemployment	9.4%	22-35%	3.5%	6.2%	
Children in poverty	28%		13%	18%	
Income inequality	4.1	3.7-4.5	3.7	4.5	
Children in single-parent households	29%	24-34%	21%	29%	
Social associations	11.5		22.1	9.1	
Violent crime	104		59	301	
Injury deaths	100	87-113	51	59	
Physical Environment					37
Air pollution - particulate matter	11-.3		9.5	11.0	
Drinking water violations	Yes		No		
Severe housing problems	17%	15-18%	9%	18%	
Driving alone to work	75%	72-77%	71%	73%	
Long commute - driving alone	45%	40-49%	15%	33%	

[^] 10th/90th percentile, i.e. only 10% are better.
 Note: Blank values reflect unreliable or missing data
 ** Data should not be compared with prior years due to changes in definition/methods

Figure 2 Examination of key measures in Ferry, Pend Oreille & Stevens counties

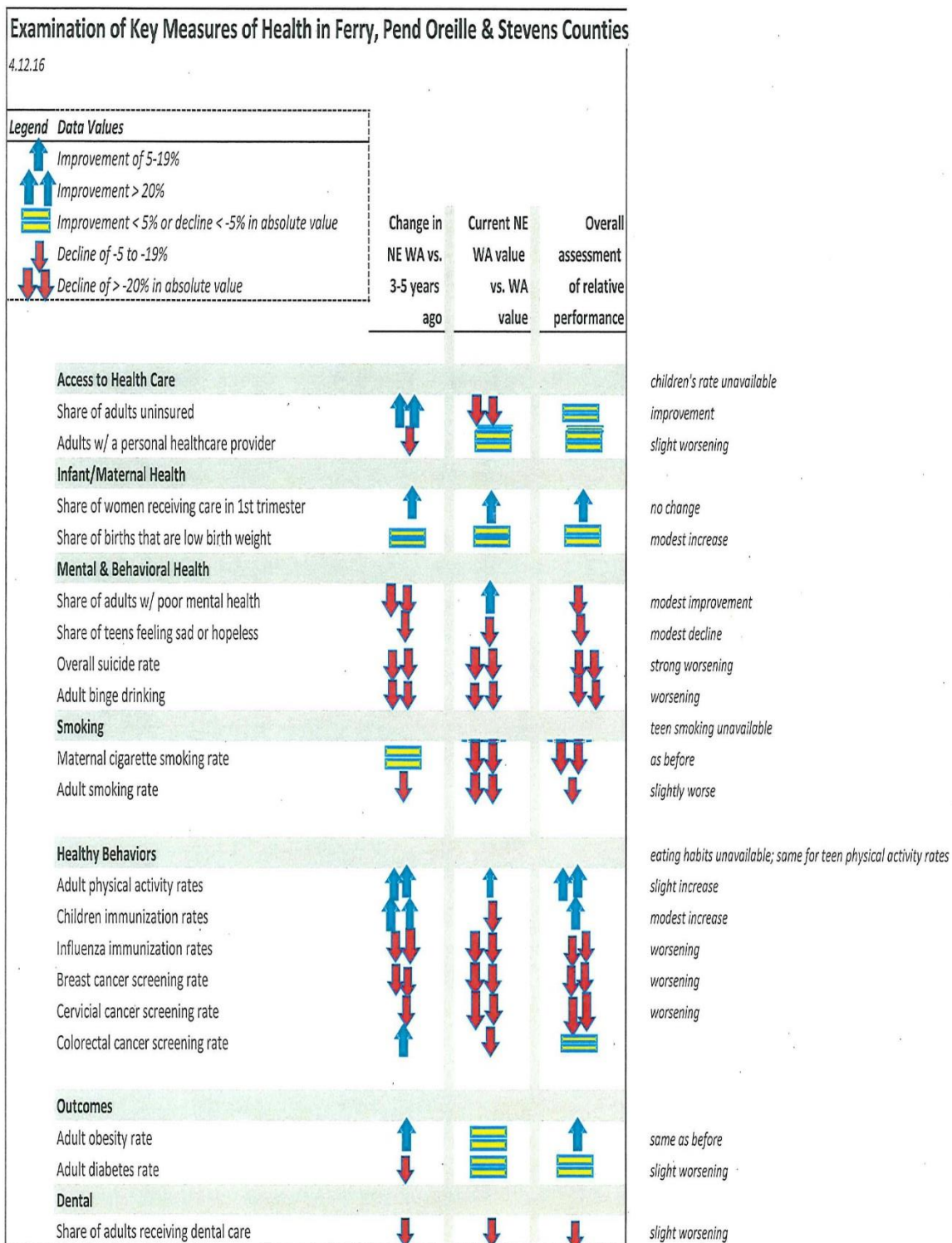


Figure 3: Hospital Homeless and Low Income Emergency Room Usage

Stevens County Hospital Emergency Room usage for those identified as homeless or very low income: Hospital data was compiled from ICD-9 codes for homeless, Medicaid and charity care patients' reasons for visits to the emergency department in 2015. These ICD-9 codes were then grouped into similar categories.

Providence Mt. Carmel Hospital and Providence St. Joseph Hospital	
Top reasons for ED visits by homeless and vulnerable patients	
Primary diagnoses	Occurrences
Pregnancy	12
Trauma	10
Infection	5
Mental Health	4

Appendix II – Stevens County Community Partners Assessment Report



Stevens County Community Partners Community Health Needs Assessment

2016

Introduction:

Every three years, Providence Health Care is required as a result of the Patient Protection and Affordable Care Act to conduct a comprehensive community health assessment. This year, the Community Health Needs Assessment for Stevens County was conducted in collaboration among Providence Health Care (PHC), North East Washington Health District (NEWHD), Eastern Washington University (EWU), and the Empire Health Foundation (EHF). The purpose was to prioritize health care needs, especially among the most poor and vulnerable populations, and look for collaborative opportunities to improve the health of the community. Our goal for the needs assessment was to:

- Review data describing our community's demographics; health behaviors, status, and outcomes; and populations with health disparities.
 - Compare this data to previous assessment indicators.
- Obtain community input on health issues affecting our residents.
- Identify 3-4 priority health issues that Providence and its partners can act on.
- Assist Providence in meeting the federal non-profit hospital requirement for conducting a community health needs assessment, including the implementation of an action plan.

Plan

A plan was established to engage the community in a thought provoking process over a one-month period. The data tracked for the Northeast Washington Trends Website, County Health Rankings, and Providence Emergency Room data was reviewed. This data describes more than 45 health measures on access, infant/maternal health, mental and behavioral health, smoking, healthy behaviors, outcomes, and dental. Participants then participated in one of the four focus group discussions and explored data that most reflected their organization and concern in the community.

Meeting (2 hours): April 13 – April 28, 2016

- Overview of community health needs assessment process
- Review of quantitative data
- Discussion of issues
- Vote for top 3
- Discussion on action steps

Four focus groups were held in various locations throughout Stevens and Pond Oreille Counties. A facilitator asked questions to encourage the groups to come to a consensus on three top priority health issues based on the data and their experience working with clients and their organizations.

(Data Attachment A)

Results and write-ups for each meeting:

The following are the results for each focus group and identify the key priorities.

Northport, WA Top Priorities

Stevens County's top health priorities reported for this group after reviewing the data were (1) poverty, (2) poor choices and (3) access to services. The community rationale for the listed priorities was based on the following issues:

- There is an unhealthy negative correlation between income and health which leads to unfit living conditions, doubled up households, lack of electricity and water, and limited access to fresh fruits and vegetables.
- There is not a school counselor due to a lack of funding. It costs approximately \$750 a day for a counselor to come from Colville.
- Educational resources are needed to promote healthy behaviors.
- Jobs are available however, people are not passing drug tests to gain employment.
- There is a lack of access to services which include:
 - Medical care
 - Dental care
 - Counselors
 - Rural mobility
 - Limited amount of jails and police services

Colville, WA Top Priorities

The top three areas of need identified by this group were (1) behavioral health (mental health, substance abuse, and poverty), (2) senior citizens (access, continuum of care, poverty) and (3) early childhood support (ACES, parenting skills, breastfeeding/lactation, poverty, home visits, and whole family care). The rationale for listed priorities was:

- Addressing housing issues will transform lives by creating job opportunities and it will address homelessness and poverty issues.
- There are not any services for Physical Therapy patients after being discharged to ensure their safety and to prevent falls.
- Allocating finances to raise the social welfare of senior citizens by developing programs and activities to decrease feelings of loneliness.
- The issues can be grouped into broader categories identifying more than one issue.
- There is a lack of educational resources for lactation. Increasing education around this issue will provide a focus on family connection, parenting, participation from both parents, and increase immunizations.
- There is an excessive amount of access to prescription drugs that are being sold on the streets.

Hunters, WA Top Priorities

The top three areas of need reported for this group after reviewing the data were (1) basic foods, (2) exercise and (3) nutrition. The rationale for the listed priorities was:

- Data around the demographics of those who utilize food banks include the following:
 - 95% low income
 - 37% children
 - 15% vets
 - 26% seniors
 - 26% disabled

- 10% full-time employees
 - 16% part-time employees
 - 85% of Steven's County is in a food desert
 - 95% of food bank clients are in extreme poverty
- The food being provided at food banks are the same processed foods found in regular grocery stores. There is a lack of fresh foods causing nutritional problems.
 - Provide educational services to improve healthy behaviors and to reduce diabetes, obesity, and cardio vascular disease by informing those utilizing the food banks what they are actually eating.
 - Focus on expanding refrigerated trailers for mobile food banks.
 - There is a limited availability for services around exercise especially in the winter time.
 - There is a communication gap due to no cell-phone service and no newspapers.

lone, WA Top Priorities

The top three areas of need identified were (1) elderly (food, transportation and safe living)/younger generation (jobs, behaviors, access to health care, drug usage, and affordable housing), (2) fresh fruits and vegetables focusing on gleaming and (3) low income housing (retirement housing, and the transitioning retirement community). The rationale for the listed priorities was:

- There is a high population of senior citizens that are living off of a limited income. There is no assisted living and no low income housing and many households make up to \$500 - \$600 a month.
 - The food banks are an important supplement for the elderly and retired community.
 - Many retired grandparents are taking care of their grandchildren straining their limited social security checks.
 - Acknowledge two separate age groups the elderly and the younger generation.
- The issues are connected and can be grouped together.
- Fresh produce comes in once every other month from Northwest Harvest.
- Any means of connectivity are lost.
 - There is no access to basic needs such as food, shelter, or clothing.
 - There is no access to basic services such as internet, DSL, cell-phones, or landlines.

The twelve areas identified by the focus groups meeting were:

- Poverty
- Poor choices
- Access to services
- Behavioral health
- Senior citizens
- Early childhood support
- Basic foods (2)
- Exercise

- Nutrition
- Younger generations
- Low income housing

The group was asked to vote on their top 3 areas of concern. Seventy-two individuals cast a total of 216 votes. The results and the number of votes received for each health issue are:

- Elderly/Senior Citizens (47)
- Basic Foods (25)
- Behavioral Health (21)
- Promoting healthy behaviors (21)
- Exercise (16)
- Parenting Skills (13)
- Fresh Fruits and Vegetables (13)
- Nutrition (9)
- Low Income Housing (9)
- Poverty (6)
- Poor choices (6)
- Access to Services (6)
- Other
 - Transportation
 - Jobs
 - Central resource distribution
 - Preventing abuse and violence
 - Access to services
 - Substance Abuse
 - Lactation
 - Criminal behaviors
 - Homelessness

Conclusion:

The partners in this needs assessment see continued opportunities for partnership. There are opportunities for further research to fill the data gaps from this analysis due to the information not being available. We would like to see more community education in these areas and bring about more awareness to the issues. We see the next steps as an analysis of who is doing what in the community and what the issues in these areas are. Action plans will be developed around this needs assessment.

We see a great opportunity to work on system changes and collaborations that would address many of these issues together. For example, access to basic food, the needs of the elderly population, and behavioral health are related health issues. Considering policies to improve the system would have a cross-cutting impact. To have the greatest success, we should work to coordinate efforts around the larger holistic issues. Many organizations stated there are resources in the community but a lack of education around the availability of those resources. Working on outreach to highlight these services could be valuable for this community.

Through collaboration, this community has the opportunity to focus resources, improve communication and work toward making measurable change to address the needs. In these times of reduced funding and need for increase in services to cover the poor and vulnerable populations, collaboration is not an option, but a necessary component to provide access to services, improve quality of care and reduce costs to the community. Many organizations are likely already collaborating and many more could if there was an increase in communication of services, availability to share successes and failures with each other and focus on what is best for the community.

Appendix III – Partners in the Community Health Needs Assessment

Community participants in 2016 community health needs assessment

Community Health Needs Assessment Stevens County 2016

Attendees

Allan Maruji
Ann Lawson
Ann Miller
Barb Carlin
Barry Bacon, MD
Becky Droter
Bertha Matteson
Bill Pifer
Carla Coleman
Carol Atwood
Cynthia Curtis
D Coleman
David Windom
Dennis Piedlow
Diane Conenelly
Don Baribault
Don Lince
Donna Russell
Dorothea D
Gael Tressio
Gloria Williams
Gretchen Bynum
Helen Noga
Ian Speare
Jan Degroat
Jeri Rathbun
Joyce Broussard
Kathie Holden
Kathy Bodner
Kathy Mondich
Kitty Buntin
Krista Owtman
Kyle Rattray, MD
Laura Hewes
Lesly Waters, MD
Linda Hansen

Organization

Senior Center
City of Colville
Senior Center
OPD Social Worker
Northeast Washington Health Programs &
Tri-county Community Health Fund
Colville School District
Northport Food Bank
City of Colville
Community Member
Community Member
Northport and Colville Latter Day Saints
Church
Ione Food Bank Rural Resources
Northeast Tri-County Health District
Community Member
Community Member
Northport School District
Community Member
Hunger Coalition
Rural Resources
Hunger Coalition
Cusick Food Bank
Community Member
Cusick Food Bank
Rural Resources
Community Member
Empire Health Foundation
Hunters Food Bank
Community Member
Colville Food Bank
Ione Food Bank
Hunger Coalition
Libraries of Steven's County
Providence Northeast Washington Medical
Group
Senior Center
Providence Northeast Washington Medical
Group
Hunger Coalition

Linda Mae Piedlow	Community Member
Linda Pittman	Senior Center
Lisa Wolfe, RN	Providence Northeast Washington Medical Group
Marge Newkirk	Community Member
Marileen Heatt	Food Bank
Mary Selecky	Providence Health Care Board Member
Matt Morse	Community Member
Nikki Parker	Ione Food Bank & Rural Resources
Pat Lince	Community Member
Pat Neal	Northport Food Bank
Pattie Grable	Hunters Food Bank
Pete Lewis	Colville School District
Rae Newkirk	Community Member
Ray Williams	Cusick Food Bank
Rob Anderson	Community Colleges of Spokane County
Robert S. Butt	Community Member
Ron Buchanan	Community Member
Samantha Cleaver	Northport School District
Sandy Perkins	Northeast Tri-County Health District
Shannon K	Home Health Nurse
Susan Chalcraft	Providence Mount Carmel Hospital
Tony Bodner	Colville Food Bank
Tresa Hendricks	Cooks Apt LLC
Yolanda Lovaty	Aging and Long-Term Care

Appendix IV – Invited community participants

Addy Rescue Mission
Aging and Long Term Care of Eastern Washington
Providence Health Care Board Member
Chewelah City Council
Chewelah Food Bank
Chewelah School District
Columbia School District
Colville Chamber of Commerce
Colville Community Church
Colville Confederated Tribes
Colville Food Bank
Colville School District
Community Colleges of Spokane
Community Outreach Mental Health & Wellness Program
Stevens County Commissioners
Colville City Council
Cusick Food Bank
Cusick School District
Department of Social and Human Services (DSHS)
DSHS-Colville Branch
Empire Health Foundation
ESD 101 Health Specialist
Feeding on the Spot (Fords)
Ford Food Pantry
Hunters Chamber of Commerce
Hunters Food Bank
Immaculate Conception Church
Interested Citizen
lone Food Bank
Kettle Falls Chamber of Commerce
Kettle Falls City Council
Kettle Falls Food Bank
Kettle Falls School District
Lake Spokane Chamber of Commerce
Libraries of Stevens County
Loon Lake Chamber of Commerce
Loon Lake Food Bank
Loon Lake School District
Mary Walker School District
Mercy Ministries
Ministerial Association
N.E. Washington Health Programs
New Alliance
NEW Gleaners
NEWMG
Northeast Tri County Health District
Northport Chamber of Commerce
Northport Food Bank
Northport Lions Club

Northport School District
Orient Food Bank
Parkview
Providence Dominicare
Providence Mount Carmel Hospital
Providence St. Joseph Hospital
Republic Food Bank
Rotary
Rural Resources
Selkirk School District
Senior Center Colville
Springdale Chamber of Commerce
Steven County Library-Manager
Stevens County Commissioners
The Center-A Place for Youth
The Children's Alliance
Tri County Economic Development
Tri County Health District
Tum Tum Community Food Bank
Valley Food Bank
Vets Stand Down
WSU Stevens County Extension

Community Health Improvement Plan 2016

Providence Mount Carmel Hospital
Colville, Wash.

Providence St. Joseph's Hospital
Chewelah, Wash.

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Providence Mount Carmel Hospital
982 E. Columbia Avenue
Colville, Wash. 99114

Providence St. Joseph's Hospital
500 E. Webster
Chewelah, Wash. 99109

Executive Summary

2016 Community Health Improvement Plan

Providence Mount Carmel Hospital
Providence St. Joseph’s Hospital
Eastern Washington

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with many organizations, we are committed to addressing the most pressing needs in communities we serve. This assessment helps us develop collaborative solutions and guides our community benefit investments, not only for our own programs but also for our many partners. This year, we worked with the Northeast Tri County Health District, Empire Health Foundation and Eastern Washington University to develop a plan that will be aligned with a communitywide assessment beginning in 2018.

Extensive community feedback informs assessment

Dozens of participants provided feedback through community focus groups in locations throughout Stevens and Pend Oreille counties. Locations included: Northport, Colville, Hunters, and Ione.

How we identified top health priorities

We began with the data used in the 2013 Stevens County Community Health Needs Assessment. The data was updated to reflect any changes and was presented to four community focus groups. We used that input along with current data on hospital trends to establish current community needs and then establish priorities for our hospitals. Prioritization criteria included evaluating scale and scope, gaps in service, community recognition of need, and measurement.

Providence top priority health needs for 2017-2019

- Early childhood support
- Basic food/nutrition
- Behavioral health
- Access to care

Our starting point: Community health measures in 2016

Prioritized need	Stevens County measures for 2016
Early childhood support	<ul style="list-style-type: none"> • 28 percent of children live in poverty¹ • 81 percent of expecting mothers receive prenatal care in the first trimester • 25 percent of expecting mothers smoke • 5 percent of babies born have a low birth weight • 4.8 infants for every 1,000 population in the county will die
Basic foods/nutrition	<ul style="list-style-type: none"> • 21 percent of adults eat five or more fruit/vegetables per day • 7 percent of adults have diabetes • 26 percent of adults are obese • 24 percent of youth are overweight • 71 percent of adults get some form of physical activity
Behavioral health	<ul style="list-style-type: none"> • 15 percent of adults report poor mental health in the past month • 28 percent of teens report feelings of sadness or hopelessness • 18 percent of adults drink five or more alcoholic beverages in one sitting • 35 percent of teens use alcohol
Access to care	<ul style="list-style-type: none"> • 61 percent of residents get a regular dental check up • 22.1 percent of adults are uninsured • 78 percent of adults have a personal health care provider • 59 percent of adults get an annual breast screening exam

Needs Providence is not directly addressing

Our plan does not include specific steps to accelerate toward low-income housing. There is a lack of housing resources in Stevens County without building more housing Providence would not be in a position to help address this need. By addressing the current stated needs, we hope we can indirectly address low income housing by helping people stay stably housed, or acquire the skills to obtain employment and the means to afford housing. There are many organizations in the community addressing low income housing. We work with many of these agencies to address social determinants of health that affect many different identified needs.

¹ County Health Rankings website all other data provided by Eastern Washington University Department of Public Policy and Economic Analysis.

Introduction

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$951 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2015.

Serving Stevens County

Providence Health Care is the northeastern Washington region of Providence Health & Services, the third largest not-for-profit health system in the United States. During 2015, our region provided \$103 million in community benefit in response to unmet needs and improve the health and well-being of those we serve in eastern Washington. Providence Health Care includes:

- Two Providence hospitals in Spokane County recognized nationally for quality care:
 - Providence Sacred Heart Medical Center & Children’s Hospital
 - Providence Holy Family Hospital
- Two critical access hospitals in Stevens County:
 - Providence Mount Carmel Hospital
 - Providence St. Joseph’s Hospital
- Providence Medical Group: a network of primary care and urgent care, and specialty physicians located in clinics throughout Spokane and Stevens counties.
- One home health provider:
 - Providence VNA Home Health in Spokane
- One supportive home services provider:
 - Providence DominiCare in Chewelah
- Long-term care, assisted living and adult day centers:
 - Providence St. Joseph Care Center & Transitional Care Unit
 - Providence Emilie Court Assisted Living
 - Providence Adult Day Health
- Inland Northwest Health Services, a not-for-profit affiliate which includes a variety of health care divisions and services:
 - St. Luke’s Rehabilitation Institute, the largest standalone physical medicine and rehabilitation hospital west of the Mississippi and the region’s only Level I trauma rehabilitation hospital
 - Northwest MedStar
 - Eastern Washington Center for Occupational Health & Education
 - Northwest TeleHealth
 - Services include information resource management, community wellness and health training

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 600 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its family of partner organizations employ more than 82,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started 160 years ago when they answered a call for help from a new pioneer community in the West.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Values

Respect, Compassion, Justice, Excellence, Stewardship

Our Vision

Simplify health for everyone

Our Promise

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way. ®

Purpose of this plan

In 2016 Providence Mount Carmel Hospital and Providence St. Josephs Hospital conducted a community health needs assessment. This community health improvement plan is designed to address key health needs identified in that assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community's overall health with significant opportunities for collaboration. These are:

Providence prioritized needs
EARLY CHILDHOOD SUPPORT
BASIC FOODS/NUTRITION
BEHAVIORAL HEALTH
ACCESS TO CARE

Our overall goal for this plan

As we work to create healthier communities, together, the goal of this improvement plan is to measurably improve the health of individuals and families living in the areas served by Providence Mount Carmel Hospital and Providence St. Joseph's Hospital. The plan's target population includes the community as a whole, and specific population groups including minorities and other underserved demographics.

This plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It is based on comments and involvement from our community partners, but will be facilitated by the hospital, through our mission services with assistance from key staff in various departments.

Community profile

Providence Mount Carmel Hospital and Providence St. Joseph Hospital are located in Stevens County, which has the third-highest poverty rate in Washington state. Geographically, the county is located on the eastern side of the state between Ferry and Pend Oreille counties, making up the Tri County region.



POPULATION AND AGE DEMOGRAPHICS

Total population is 44,030, with an annual growth rate of about 0.3 percent in 2015. Age demographics are evenly distributed, with the young adult age group comprising the smallest proportion of the population. In 2014 the population comprised:

- 21.5 percent youth (0-17 years)
- 16.9 percent young adults (18-39 years)
- 41.1 percent older adults (40-64 years)
- 20.5 percent seniors (65 years and older)

ETHNICITY

Among Stevens County residents in 2013, 90.8 percent were white, 4.4 percent African American, 0.6 percent Native American, 0.4 percent Asian/Pacific Islander, and 3.8 percent were of two or more races.

INCOME LEVELS AND HOUSING

In 2014, the median household income for Stevens County was \$43,876, and the county's unemployment rate was 9.3 percent. The Washington state median household income was \$58,686 with an unemployment rate of 5.7 percent. The share of those with incomes below the federal poverty line for all ages in Stevens County was 19.3 percent in 2014. In 2013, 26.9 percent of Stevens County youth under

age 18 were living below the federal poverty level. This represents an increase of 3.1 percent since 2009, and is higher than the state average.

HEALTH CARE AND COVERAGE

In Stevens County during 2014, residents ages 64 and younger who were uninsured comprised 11.6 percent of the population. The state average was 8.3 percent. The top four causes of death in Stevens County that year were: cancer at 22.2 percent; heart disease at 21.4 percent; stroke at 6.8 percent; and Alzheimer's disease at 4.8 percent. Trending is up for incidences of cancer and stroke, but is down for heart disease and Alzheimer's. Out of all hospital admissions in Stevens County, avoidable admissions were calculated at 13 percent while the Washington state average was 9.1 percent.

HEALTH AND WELL-BEING

In Stevens County, 24 percent of students and 30 percent of adults are overweight or obese. This trend is worsening and is also worse than the Washington state average of 27 percent for adults.

Summary of Providence prioritized needs and associated action plans

Early childhood support

- Minimize adverse childhood experiences and break the cycle that continues if not addressing these experiences
 - Parenting skills
 - Whole family care
- Emphasize the importance of education and early childhood learning
- Increase the acceptance and knowledge around breastfeeding and lactation
- Decrease the rates of maternal smoking

Basic foods/nutrition

- Access to fresh fruits and vegetables through both availability and costs
- Education on how to prepare food and the importance of nutrition
- Increase diabetes education

Behavioral health

- Increase access to mental health and substance abuse services
- Address the rates of child abuse that stem from mental health and substance abuse issues
- Prevention efforts to address healthy weights

Access to care

- Increase the available workforce and interest in the health care sector
- Address the issues around infrastructure that prevent rural communities from having access to various modes of care
 - Emergency Transport Service
 - Connectivity (Broadband)
- Increase the access to Specialty Care

Priority health need: Early childhood support

This section outlines Providence’s plan to address unmet childhood support needs in our community with measurable and achievable goals over a three-year period.

Community needs addressed

- Parenting skills
- Behavioral health
- Poverty

Goal(s)

Improve early childhood support by decreasing the percentage of children living in poverty, babies born with low birth weights, maternal smoking rates and the infant mortality rate, while increasing the number of pregnant mothers who have a prenatal visit in their first trimester that are in line with the Healthy People 2020 goals.

Objectives

Respond to early childhood support by addressing: adverse childhood experiences, the importance of education and early childhood learning, acceptance and knowledge around breastfeeding and lactation, and decreasing maternal smoking rates.

Action plan

Collaborate with community partners to provide health resources and services targeting early childhood support

Tactics

- Explore best practices and identify partners to address these goals
- Explore options for support of infant development
- Identify partners who support early childhood development
- Explore options and partners to identify and reduce child abuse and neglect
- Explore program to address and reduce maternal smoking rates
- Explore best practices to increase prenatal visits

Identified service providers

Daycares
ESD 101/Schools
Eastern Washington University
Lactation Programs

Department of Early Learning
Birth-3 education
Early Headstart
LaLeche Support Group

Northport School District	Paracounselor
Private Schools	
Rural Resources	Headstart and ECEAP
Stevens Co Library	Rotary Reading Program
Stevens County Breast Feeding Coalition	Coalition of several organizations
Tri-County Health District	Woman Infant & Children (WIC)

Measurement

Priority health issue	Rationale/contributing factors
Early childhood support	Decrease children in poverty (28% ²) Increase first trimester prenatal rate (81%) Decrease maternal smoking rates (25%) Decrease low birth weight (5%) Decrease infant mortality rate (4.7/1,000)

² County Health Rankings website all other data provided by Eastern Washington University Department of Public Policy and Economic Analysis.

Priority health need: Basic foods/nutrition

This section outlines Providence’s plan to address unmet basic foods/nutrition needs in our community with measurable and achievable goals over a three-year period.

Community needs addressed

- Basic foods/fresh fruits and vegetables/nutrition
- Promoting healthy behaviors
- Elderly/senior citizens
- Poverty
- Exercise

Goal(s)

Improve basic foods/nutrition by increasing adult fresh fruit and vegetable consumption and exercise and decreasing diabetes and obesity in adults and overweight youth that are in line with the Healthy People 2020 goals.

Objectives

Respond to basic foods and nutrition needs by addressing: access to fresh fruits and vegetables through both availability and costs, increase education on how to prepare and store food and the importance of nutrition, and diabetes education.

Action plan

Collaborate with community partners to provide resources and services targeting the need for basic food and nutrition.

Tactics

- Explore best practices and identify partners to address these goals
- Evaluate and understand the effectiveness of the Hunger Coalition
- Assess the sustainability plan for Hunger Coalition
- Explore options for education of nutrition with early child development partners

Identified service providers

Catholic Charities	Various programs
Churches	Ministerial Association
ESD 101/School	School meal programs and education
Eastern Washington University	Headstart

Farmer's Markets
Hunger Coalition
Rural Resources
Tri-County Health District
WSU

Senior Farmers Market Nutrition Program, Fresh Bucks Program, WIC Farmers Market, Kids Farmers Market Programs
Various food bank programs
Senior Nutrition
WIC
Food Sense

Measurement

Priority health issue	Rationale/contributing factors
Basic food/nutrition	Increase adult fruit/vegetable consumption (21%) Decrease diabetes in adults (7%) Decrease obesity in adults (26%) Decrease overweight youth (24%) Increase physical activity in adults (71%)

Priority health need: Behavioral health

This section outlines Providence’s plan to address unmet behavioral health needs in our community with measurable and achievable goals over a three-year period.

Community needs addressed

- Behavioral health
- Younger generation issues
- Elderly/senior citizens
- Promoting healthy behaviors
- Parenting skills
- Poverty
- Poor choices

Goal(s)

Improve behavioral health by decreasing poor mental health reported days in adults and feelings of sadness or hopelessness in teens, and also decreasing adult binge drinking and teen alcohol use to align with the Healthy People 2020 goals.

Objectives

Respond to behavioral health by addressing: access to mental health and substance abuse services, and child abuse that results from mental health and substance abuse issues.

Action plan

Collaborate with community partners to provide resources and services targeting behavioral health issues.

Tactics

- Explore best practices and identify partners to address these goals
- Evaluate and assess current partnership with Northport School District and explore partnerships with other school districts
- Evaluate and assess current partnership with Rural Resources
- Explore potential partnerships to address the needs

Identified service providers

Behavioral Health Organization	Evaluation and treatment center
ESD 101/Schools	School counselors and early childhood education
Hospice of Spokane	Bereavement support
New Alliance	Various

Northport High School
Oxford House
Private Counselors
Teen & Adult Challenge
Veterans Service Coordinator

Paracounselor
Substance abuse treatment house
Various
Substance abuse support
Service for veterans

Measurement

Priority health issue	Rationale/contributing factors
Behavioral health	Decrease poor mental health in adults (15%) Decrease teen sadness or hopelessness (28%) Decrease adult binge drinking (18%) Decrease teen alcohol use (35%)

Priority health need: Access to care

This section outlines Providence’s plan to address unmet access to care needs in our community with measurable and achievable goals over a three-year period.

Community needs addressed

- Elderly/senior citizens
- Behavioral health
- Promoting healthy behaviors
- Access to services
- Younger generation issues

Goal(s)

Improve access to care by increasing adults with a primary care provider, dental check-ups, and preventative cancer screenings, especially breast cancer screenings, and decreasing the uninsured adult population to align with the Healthy People 2020 goal.

Objectives

Respond to access to care by addressing: the available workforce in the health care sector, issues around infrastructure that prevent rural communities from having access to various modes of care, and the access to specialty care services.

Action plan

Collaborate with community partners to provide resources and services targeting access to care.

Tactics

- Explore best practices and identify partners to address these goals
- Explore and assess options for county ambulance service
- Explore options to expand and sustain ambulance service in Stevens County
- Explore support for and potential to expand Rural Residency Program
- Explore options for advocacy of expanded fiber optic and internet in the rural communities

Identified service providers

Academic Association of University Women	Advocacy
Catholic Charities	Access to food, transportation etc.
Columbia Medical Associates	Medical providers
Community Colleges	Education

Empire Health Foundation
 Federally Qualified Health Centers
 Goldline Bus
 High Schools
 Medicaid (DSHS)
 Northport High School
 Pinewood Terrace
 Rural Resources
 Tri County Economic Development District
 Tribes
 Tri-County Health Department
 Universities
 Veterans Association

Funding resources, programs
 New Health Programs
 Transportation to Spokane
 Education
 Vocational Rehabilitation
 Paracounselor
 Assisted living
 Access to food, weatherization, etc.
 Mobility Coordinator
 Spokane Tribe Bus, Tribal Ambulance
 Woman Infant & Children (WIC)
 Education
 Veteran outreach for food and services

Measurement

Priority health issue	Rationale/contributing factors
Access to care	Increase dental check-up (61%) Decrease uninsured adults (22.1%) Increase adults with personal healthcare provider (78%) Increase adult preventative cancer screening – breast (59%)

Healthier communities together

This section explains why Providence is not addressing a community need identified in the community health needs assessment.

Objectives

Our plan does not include specific steps to accelerate toward low-income housing. There is a lack of housing resources in Stevens County without building more housing Providence would not be in a position to help address this need. By addressing the current stated needs, we hope we can indirectly address low income housing by helping people stay stably housed, or acquire the skills to obtain employment and the means to afford housing. There are many organizations in the community addressing low income housing. We work with many of these agencies to address social determinants of health that affect many different identified needs.

Providence and partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. Below outlines a list of community resources potentially available to address identified community needs.

Organization or Program	Description	Associated community need
Academic Association of University Women	Advocacy	Access to care
Behavioral health organization	Evaluation & Treatment center	Behavioral health
Catholic Charities	Access to food, transportation etc.	Basic foods/nutrition Access to Care
Churches	Ministerial Association	Basic foods/nutrition
Columbia Medical Associates	Medical providers	Access to care
Community Colleges	Education	Access to care
Daycares	Department of Early Learning	Early childhood support
Eastern Washington University	Early Headstart	Early childhood support Basic foods/nutrition
Education School District 101/Schools	Birth-3 education	Early childhood support Basic foods/nutrition Behavioral health
Empire Health Foundation	Funding resources, programs	Access to care
Farmer's Markets	Senior Farmers Market Nutrition Program, Fresh Bucks Program, WIC Farmers Market, Kids Farmers Market Programs	Basic foods/nutrition

Federally Qualified Health Centers	New Health Programs	Access to care
Goldline Bus	Transportation	Access to care
High Schools	Education	Access to care
Hospice of Spokane	Bereavement support	Behavioral health
Hunger Coalition	Various	Basic foods/nutrition
Lactation Programs	LaLeche	Early childhood support
Medicaid (DSHS)	Vocational Rehabilitation	Access to care
New Alliance	Various	Behavioral health
Northport School District	Paracounselor	Early childhood support Behavioral health Access to Care
Oxford House	Substance abuse treatment house	Behavioral health
Pinewood Terrace	Assisted living	Access to care
Private Counselors	Various	Behavioral health
Private Schools	Education	Early childhood support
Rural Resources	Headstart and ECEAP Senior nutrition, access to food Weatherization, transportation, etc.	Early childhood support Basic foods/nutrition Access to care
Stevens County Breast Feeding Coalition	Coalition of several organizations	Early childhood support
Stevens County Library	Rotary Reading Program	Early childhood support
Teen & Adult Challenge	Substance abuse support	Behavioral health
Tri County Economic Development District	Mobility Coordinator	Access to care
Tri County Health District	Woman Infant & Children (WIC)	Early childhood support Basic foods/nutrition Access to care
Tribes	Spokane Tribe Bus, Tribal Ambulance	Access to care
Universities	Education	Access to care
Veterans Administration	Veteran outreach for food and services	Basic food/nutrition Access to care
Veterans Service Coordinator	Service for veterans	Behavioral health
Washington State University	Food Sense	Basic foods/nutrition

Plan approval



Elaine Couture
Regional Chief Executive
Providence Health Care

9/28/2016

Date



Ron Rehn
Chief Executive
Providence Stevens County Ministries

Date 9/20/2016



Marlan Durkin
Chair
Providence Health Care Community Ministry Board

Date 9/27/2016



Joel Gilbertson
SVP, Community Partnerships
Providence Health and Services

Date 5/1/17

This plan was adopted on September 23rd, 2016

CHNA/CHIP contact:

Sara Clements-Sampson
Community Benefit Manager
Providence Health Care
101 W 8th Avenue
Spokane, WA 99204

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <http://washington.providence.org/hospitals/mount-carmel-hospital/about-us/> or <http://washington.providence.org/hospitals/st-josephs-hospital/about/>