PROVIDENCE
Regional Medical Center
Everett

Community Health Needs Assessment

And Implementation Strategies

December 2013

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Providence Regional Medical Center Everett welcomes written comments on the Community Health Needs Assessment and Implementation Strategies on an ongoing basis. The Community Health Needs Assessment work group is responsible for reviewing each comment and taking appropriate action.

Please send written comments to:

Providence Regional Medical Center Everett
Attention: Administration
1321 Colby Avenue
Everett, WA 98201

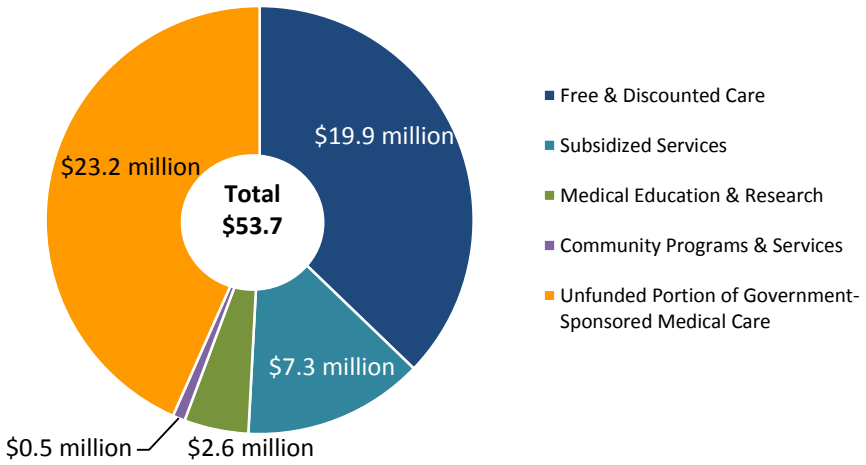
Overview

Providence Regional Medical Center Everett (PRMCE) is part of Providence Health & Services, a not-for-profit network of hospitals, care centers, physicians, clinics, health plans, home health services and affiliated programs and services. As a not-for-profit Catholic health care ministry, we embrace our mission to provide for the needs of the communities we serve, especially the poor and vulnerable.

As the largest medical center serving northwest Washington, PRMCE is a regional referral center for Snohomish, Skagit, Whatcom, San Juan and Island counties. It is a fully accredited, 491 bed acute-care and outpatient medical center located on multiple campuses in Everett.

Community benefit is the contribution made to improve the overall health and well-being of our local communities with particular concern for the poor and vulnerable persons. The poor and the vulnerable in our communities are the primary beneficiaries of community benefit programs. However, our entire community wins when the health of our community as a whole is improved. By working in collaboration with our partners to provide community benefit services, we continue the work and tradition of the Sisters of Providence as well as all who have built this heritage of creating healthier communities together.

In 2012, Providence in Northwest Washington provided almost $20 million in free and discounted care to patients in need, as part of a total community benefit of $53.7 million.



As part of our Mission, every three years we conduct a Community Health Needs Assessment (CHNA) and develop implementation strategies. The CHNA was conducted using a compilation of various sources as a means to guide Providence with prioritizing resources and decision making to address the significant healthcare challenges facing our community. The objectives of our CHNA are to understand and prioritize the greatest needs in our community, determine how Providence is best positioned to respond to those needs and develop implementation strategies that will lead to measureable health improvements.

The information that follows provides details of the Snohomish county demographics and healthcare landscape identified by Providence and other community agencies. This information is then used to develop and refine the implementation strategies that address the prioritized health needs.

I. Summary

Completion Date	December 2013
Hospital	Providence Regional Medical Center Everett
Sponsor	Preston Simmons, Chief Executive Officer, Providence Health & Services, Northwest Washington Region
Authorizing Body	The Providence Northwest Washington Region Community Ministry Board is the authorized body that adopts the community health needs assessment and implementation strategies. The Community Ministry Board adopted the plan on November 21, 2013.
Work Group Participants	The Providence Senior Leadership team serves as the Community Health Needs Assessment (CHNA) work group and has accountability for the ongoing planning, budgeting, implementation and evaluation of the community benefit activities in addition to strategy development and organizational ethics. Members include: • Carolyn Black, Executive Director Foundation • Tom Brennan, VP and Chief Strategy Officer (co-owner) • Rebekah Couper-Noles, VP Operations, Providence Medical Group • DW Donovan, VP Mission and Spiritual Care (co-owner) • Sheri Feeney, Chief Financial Officer • Barbara Hyland-Hill, Chief Nursing Officer • DeAnne Okazaki, Manager Strategic Services • Mitesh Parikh, VP Service Line Development • Darren Redick, VP Support Services • Joanne Roberts MD, Chief Medical Officer • Preston Simmons, Chief Executive Officer • Ken Stone, VP Professional Services • Lori Vocca, Chief Human Resource Officer • Kim Williams, Chief Operating Officer • Thomas Yetman MD, Chief Executive Officer, Providence Medical Group
Plan Development	To conduct the assessment, data about the demographics and health factors of the community were analyzed to determine Providence's focus and plan to address the identified needs. The primary sources of health indicators and comparative/best practice information used to inform our community health needs assessment include published material from Snohomish Health District, Thomson Reuters Community Needs Index and the U.S. Census Bureau. Providence Regional Medical Center adopted the Snohomish Health District's approach to determining the significant health needs of the community. A two-phased approach was used to develop the Health District's "Health of Snohomish County Community Report Card". The first phase included creating risks scores for approximately 80 health indicators using a comparison of local data to state and national data, review of trends compared to baseline and an assessment against the Healthy People 2020 goals or other goals as identified. The second phase evaluated the indicators with the worst risk scores based on the size, seriousness, community value, and effective interventions. The Snohomish County Public Health Advisory Council, led by the Health District, evaluated that information and identified the six top scoring health issues for the community. The quantitative data was then presented to the community through various venues including a public forum, media releases, posting on the Snohomish Health District web page and distribution through community leaders.

Plan Input

The Providence Mission Committee of the Board, which has broad representation from the community, provides guidance to the CHNA work group as the assessment is developed. Providence is also an active participant in community partnerships in order to create healthier communities together. Four of the noteworthy partnerships that enable Providence to obtain information and input to help formulate the community needs assessment are identified below.

Group	Frequency	Purpose	2012-2013 Participants
Providence Regional Medical Center Everett CHNA Work Group (Senior Leadership Team)	Weekly Meeting, 2013 to current	Planning, budgeting, implementation and evaluation of community benefit activities for NWR	• Carolyn Black, Executive Director Foundation • Tom Brennan, VP and Chief Strategy Officer (co-owner) • Rebekah Couper-Noles, VP Operations, Providence Medical • DW Donovan, VP Mission and Spiritual Care (co-owner) • Sheri Feeney, Chief Financial Officer • Barbara Hyland-Hill, Chief Nursing Officer • DeAnne Okazaki, Manager Strategic Services • Mitesh Parikh, VP Service Line Development • Darren Redick, VP Support Services • Joanne Roberts MD, Chief Medical Officer • Preston Simmons, Chief Executive Officer • Ken Stone, VP Professional Services • Lori Vocca, Chief Human Resource Officer • Kim Williams, Chief Operating Officer • Thomas Yetman MD, Chief Executive, Providence Medical
Providence Mission Committee of the Board	Monthly Meeting 2013 to current	Study and participate in community needs assessment and make recommendations to improve community health status	• Dora Alcorta (St. Mary Magdalen Parish) • Margaret Bavasi (Bavasi Sports) • Susie Borovina (Providence Medical Group) • Tom Brennan (Providence Regional Medical Center Everett) • Maribeth Carson, SP (Seattle Nativity School) • DW Donovan (Providence Regional Medical Center Everett) • Van Dinh-Kuno (Refugee/ Immigrant Forum) • Robert Farrell (Community Health Center of Snohomish County) • J.J. Frank, Vice Chair (YMCA Minority Achievers) • Tina Gilson (Providence General Foundation) • Kathleen Gutierrez (Everett School District, retired) • Gail Larson (Healthcare Executive, retired) • Robert Leach (D.A. Davidson & Co.) • Jeanne Metzger (Journalist, retired) • DeAnne Okazaki (Providence Regional Medical Center Everett) • Ken Reid (Public Administration, retired) • Susan Reis, MD (Primary Care Physician) • Preston Simmons (Providence Regional Medical Center Everett) • Bo Tunestam (Snohomish County Government) • Wendy Turner (PRMCE Volunteer Services) • Kim Williams (Providence Regional Medical Center Everett)

	Snohomish County Health Leadership Coalition	Quarterly Meeting 2013 to current	Foster community vitality, competitiveness and prosperity through better health and healthcare value	• Economic Alliance Snohomish County • The Everett Clinic • Everett Public Schools • Premera Blue Cross • Providence Regional Medical Center Everett • Snohomish County Senior Services • Snohomish Health District • United Way of Snohomish County • Verdant Health Commission • YMCA
	Snohomish County Public Health Advisory Council	Monthly Meeting May 2012 to current	Serve as the steering committee to develop a community wide community health assessment	• Brent Hackney Designs • Community Health Center of Snohomish County • Community Transit • The Everett Clinic • Emergency Services Coordinating Agency • Everett School District • Fire District 1 (EMS) • Lakewood School District • Little Red School House • Pilchuck Audubon Society • Providence Regional Medical Center Everett • Snohomish Regional Drug Task Force • Snohomish County Planning & Development • Senior Services of Snohomish County • Snohomish Health District • Snohomish County PUD #1 • Tulalip Tribes • United Way of Snohomish County
	Snohomish County Health Policy Group	Quarterly Meeting Sept 2012 to current	Improve access to care, improve health outcomes and reduce avoidable costs	• Amerigroup • Community Health Plan of Washington • Coordinated Care Corporation • Molina Healthcare • North Sound Mental Health Administration • Providence Regional Medical Center Everett • Snohomish County Human Services • Snohomish Health District • Swedish Edmonds • United Healthcare • Verdant Health Commission

Geographic Definition of Community Served	As a tertiary referral center, Providence Regional Medical Center Everett serves patients from the surrounding region consisting of Skagit, Whatcom, Island, San Juan and Snohomish counties. However, the primary demographic area from which the majority (more than 75%) of PRMCE's patient population resides is Snohomish County. Therefore, the geographic definition for the CHNA is Snohomish County.
Targeted Subpopulation	Geographic subpopulations are identified through the Community Need Index (CNI) which uses demographic and economic statistics to identify the severity of health disparities within specific geographic areas in the community. The tool was developed jointly by Thomson Reuters and Catholic Healthcare West. According to Thomson Reuters, the CNI score is strongly linked to variations in community healthcare needs and is an indicator of the community's demand for various healthcare services. For each zip code, the CNI uses five socioeconomic barriers to healthcare to determine the zip code ranking: 1. Income: Families and elderly in poverty 2. Culture: Minority population and limited to no English

	3. Education: Population over 18 without a high school diploma 4. Insurance: Population without employment and population without health insurance 5. Housing: Households renting their home Zip codes within Everett (98201, 98203, 98204) and Darrington (98241) have an overall CNI score greater than 4, representing the areas with the greatest overall gap. The zip codes with specific socioeconomic barriers include: 1. Income: Everett (98201), Darrington (98241) and Gold Bar (98251) 2. Culture: Lynnwood (98037, 98087) and Everett (98204) 3. Education: Everett (98201, 98204) and Darrington (98241) 4. Insurance: Everett (98201) and Darrington (98241) 5. Housing: Lynnwood (98036, 98037, 98087), Mountlake Terrace (98043), and Everett (98201, 98203, 98204) As the implementation strategies are fully developed, the Community Need Index will be used to provide a focus for identifying zip codes with health disparities and socioeconomic barriers to healthcare.
Issues/Needs Identified within the Community	The significant community health needs identified in the "Health of Snohomish County Community Report Card"* for Snohomish County include: 1. Physical Abuse (Youth) 2. Obesity (Youth and Adults) 3. Suicide (Youth and Adults) 4. Dental (Youth Dental Decay) 5. Access (Primary Care) 6. Prenatal Care (First Trimester) **Report card can be accessed via the internet: http://www.snohd.org/Shd_HS/ReportCard.aspx*
Providence Focus	In addition to the community benefit work that is already underway within Providence (see Section VII. Providence Community Benefit Activity Summary), Providence will focus specific efforts on 1. Access (Primary Care) 2. Prenatal Care (First Trimester)
Actions Providence intends to take to address the significant health needs	The recommended implementation strategies to address Access (Primary Care) and Prenatal Care (First Trimester) provide funding, assistance with finding the services and facilitating the care. In addition, Providence will further study the variances within zip codes to identify disparities. Focus groups may be used to identify barriers to accessing primary care and prenatal care. A review of patient characteristics such as age, cultural differences, health literacy, work status, transportation, socioeconomic status, etc. will be conducted for a targeted approach. <u>Access (Primary Care):</u> *Funding:* 1. Patient Services Representatives initiate financial assistance paperwork and care coordinators directly assist qualified patients with obtaining health insurance. 2. Financial Counseling screening prior to first scheduled visit to Providence Medical Group or post Providence Regional Medical Center visit. 3. Support for Project Access Northwest to provide coordination and referral services for uninsured or underinsured. 4. Providence Everett Healthcare Clinic accepts all patients regardless of their ability to pay. *Finding:* 5. Community forum with providers to revise structure for patients arriving in the emergency department without an assigned primary care provider. 6. In-person Assistors in collaboration with Whatcom Alliance for Healthcare Advancement

	to assist the community to learn about, apply for, and enroll in health insurance coverage on the Exchange, including Medicaid, subsidized and non-subsidized qualified health plan. 7. Community Health Fairs to educate the community on value of connecting with a primary care provider. *Facilitating:* 8. Providence Medical Group Pacific Clinic provides primary care services with a primary focus on Medicaid, uninsured and low-income patients. 9. Providence Everett Healthcare Clinic provides primary care services with a primary focus on the uninsured or underserved. 10. Develop medical home model for Providence Everett Health Care Clinic and Providence Medical Group. <u>Prenatal Care (First Trimester):</u> *Funding:* 1. Support to DSHS participants to attend Birth/Family education. 2. Support to March of Dimes for "39 Weeks" media campaign. *Finding:* 3. Centering pregnancy program group based prenatal care. 4. Birth and family education classes. 5. Community education on importance of early prenatal care, how to determine signs of pregnancy, and wellness care processes to help prepare and educate women for timely entry into prenatal care before pregnancy. *Facilitating:* 6. Providence Maternal Fetal Medicine program provides specialized services for evaluation of high risk pregnancies. 7. Providence Obstetrics and Gynecology provides traditional, routine and high-risk obstetrical services to women of all ages with all forms of insurance. Providence Midwifery Clinic provides prenatal care, including maternity care for underprivileged women.
Why Providence Selected these Projects and Programs	Providence Regional Medical Center Everett chose to focus on Access (Primary Care) and Prenatal Care (First Trimester). These community health indicators were selected because they directly relate to the most frequently identified community need, other community resources dedicated to these topics are minimal, and they are consistent with our Mission and Core Values. Physical Abuse, Obesity, Suicide and Dental Decay are not areas of emphasis and focus for Providence during this cycle as there are other community organizations focusing on these issues, although Providence is an engage partner with other community led collaborative efforts. In addition, Providence has several programs it will continue to support that are intended to improve the health of our community in these areas
Significant Issues/Needs that Are Not Addressed by Providence	The Snohomish County Public Health Advisory Council, led by the Health District, has identified Physical Abuse (Youth), Obesity (Youth and Adults), and Suicide (Youth and Adults) as the areas of immediate focus. The Health District will engage the broader community in actively developing community health improvement plans for these three priority areas. In addition, the Snohomish County Health Leadership Coalition is leading a community wide initiative focusing on youth obesity and palliative care. Providence will be an engaged partner in these collaborative efforts. Physical Abuse, Obesity, Suicide and Dental Decay are not areas of emphasis and focus for Providence during this cycle due to funding and resource availability, although Providence will be

	an engage partner with other community led collaborative efforts. In addition, Providence has several programs it will continue to support that are intended to improve the health of our community in these areas, for example, the Providence Intervention Center for Assault and Abuse (see section VII. Providence Community Benefit Activity Summary).
Goals and Objectives	Providence actively engages with the communities in which we serve to understand the needs and to foster lasting partnerships to improve the health of the Snohomish County community. Each of the health needs identified have a metric and measureable goal that will be used as an indicator of community progress (See Snohomish Health District "Health of Snohomish County Community Report Card" which can be access via the internet at www.snohd.org). Providence will develop internal metrics to gauge the effectiveness of our implementation strategies. However, the community metrics and goals for the two Providence focus areas are as follows:

Focus Area	Primary Metric	Actual	Healthy People 2020 Goal
Access (Primary Care)	Have primary care provider	79.2%	83.9%
Prenatal Care (1st Trimester)	No prenatal care first trimester	20.6%	22.1%

The Providence community benefit implementation strategies are evaluated yearly during the strategic plan and budget cycle. At that time, Providence will evaluate the effectiveness of community benefit activity to determine if any modifications and/or additional areas of emphasis are necessary.

II. Process

It is vital to our Mission that we remain committed to ensuring that community benefit planning is done appropriately and reflects the assessed needs of the community in which we serve. The Providence Senior Leadership Team, serving as the CHNA work group, has accountability for the ongoing planning, budgeting, implementation and evaluation of the community benefit activities in addition to strategy development and organizational ethics. Outcomes of the CHNA and implementation strategies are integrated into the overall strategic planning and budgeting process.

The final plan is adopted by the Providence Northwest Washington Region Community Ministry Board which serves as the hospital's governing body. The Providence Mission Committee of the Board, which has broad representation from the community, provides guidance to the CHNA work group as the assessment is developed. Providence is also an active participant in community partnerships in order to create healthier communities together. Four of the noteworthy partnerships that enable Providence to obtain information and input to help inform the community needs assessment are identified in Table 1.

To conduct the assessment, data about the demographics and health factors of the community were analyzed to determine Providence's focus and plan to address the identified needs. The primary source of health indicators and comparative/best practice information used to inform our community health needs assessment include published material from the Snohomish Health District, Thomson Reuter Community Needs Index and the U.S. Census Bureau.

Table I

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Group	Frequency	Purpose	2012-2013 Participants
			• Little Red School House • Pilchuck Audubon Society • Providence Regional Medical Center Everett • Snohomish Regional Drug Task Force • Snohomish County Planning & Development • Senior Services of Snohomish County • Snohomish Health District • Snohomish County PUD #1 • Tulalip Tribes • United Way of Snohomish County
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III. Definition and Demographics of Community Served

A. *Geographic Definition*

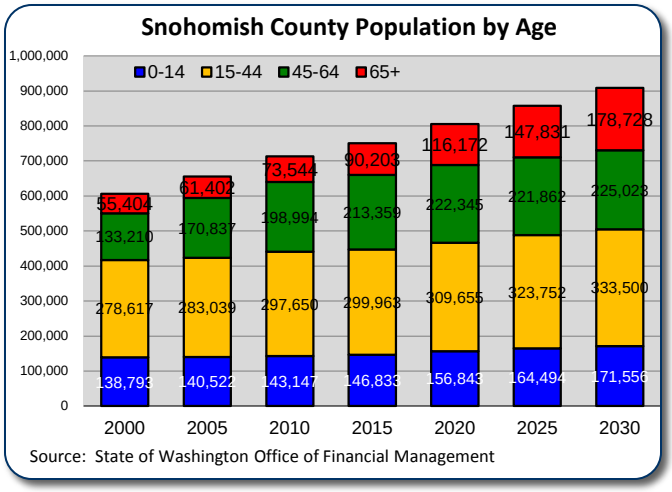
The primary geographic area in which the majority (more than 75%) of Providence Regional Medical Center Everett's patient population resides is Snohomish County. However, as a tertiary referral center, PRMCE serves patients from the surrounding region consisting of Skagit, Whatcom, Island, San Juan and Snohomish counties. Therefore, the geographic definition for this plan is Snohomish County.

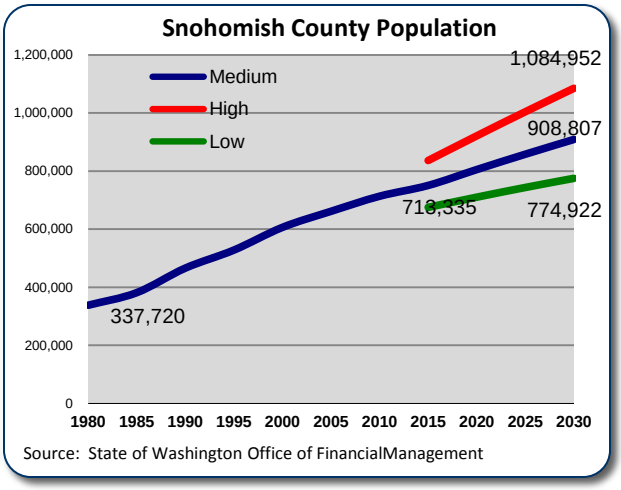
Snohomish County is located in northwest Washington State between Puget Sound on the west and the Cascade Mountains on the East, between Skagit County to the north and King County to the south. Sixty-eight percent of the county land area is forest land, 18% is rural, 9% is urban/city and 5% is agricultural.[1]

[1] Snohomish County http://www1.co.sohomish.wa.us/county_information

B. Population

Snohomish County has experienced significant population increases in the last 30 years. The April 1, 2012 total population estimate was 722,900[2]. Snohomish County ranks third in total population in the state of Washington. During the 10 year period from 2002 to 2012 Snohomish County experienced a 15% growth, adding 94,900 additional people. The age distribution is varied but primarily concentrated in the 15-44 age group with the over 65 age group growing at the fastest rate.





C. Social and Economics

Race/Ethnicity. ***Snohomish County is a racially diverse county and the population with minority origins is increasing.*** According to the Kaiser Family Foundation, racial or ethnic minority groups rate their overall health worse than non-Hispanic whites. While poor or low-income people of all races report worse health status than higher income people, differences in overall health status by race/ethnicity persist even within income groups. Minority Americans frequently report higher prevalence of specific health problems such as diabetes or obesity[3].

Table 2: Snohomish County Race/Ethnicity

Race/Ethnicity	2000	2010	Trend
White	88%	85%	Down
Asian & Pacific Islander (API)	6%	8%	Up
Black	2%	2%	Unchanged
American Indian and Alaska Native (AIAN)	1%	2%	Up
Two or more races	3%	3%	Unchanged
Hispanic Origin (of any race)	5%	7%	Up

Source: State of Washington Office of Financial Mgmt

Language. ***The percentage of residents in Snohomish County who speak a language other than English in the home is increasing.*** Studies conducted by the Agency for Healthcare Research and Quality show that language barriers have a demonstrable negative impact on communication, satisfaction, and appropriate health care utilization. Inadequate communication can have negative consequences on individual health from delayed care, misinterpretation of information, increased risk of non-adherence to medication and/or medical instructions resulting in adverse outcomes. Access to language appropriate materials and interpretation services play a vital role in meeting the needs of the population.

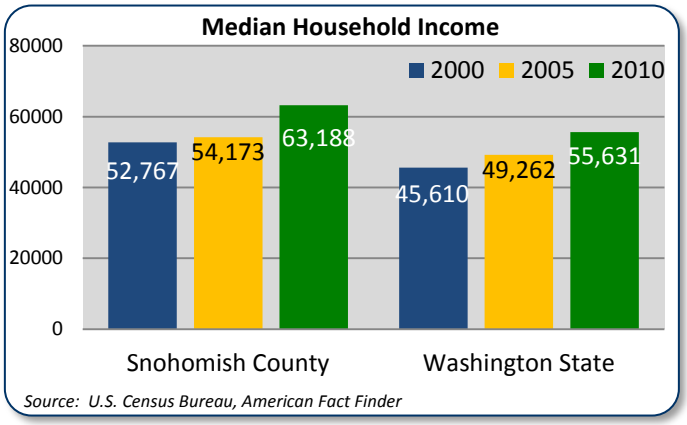
[2] State of Washington Office of Financial Management
[3] The Henry J. Kaiser Family Foundation; Key Facts: Race, Ethnicity and Medical Care, Jan 2007

Table 3: Snohomish County Language

Language	2000	2010*	Trend
English Only	87.8%	82.4%	Down
Spanish	3.4%	6.0%	Up
Other Ind. European Language	3.6%	3.9%	Up
Asian and Pacific Islander	4.7%	6.7%	Up
Other	0.5%	1.0%	Up

Source: U.S. Census Bureau, American Community Survey

Income/Poverty Levels. ***Median household income in Snohomish County is higher than in Washington State. Still, 7.4% of the county residents are living below the poverty level.*** People with family incomes below 100% of the federal poverty level are more likely to rate their health as fair or poor compared to the non-poor.[4] This provides challenges for a large number of people who, because of their economic status, will have difficulty accessing the healthcare delivery system.



Source: U.S. Census Bureau, American Fact Finder

Table 4: Snohomish County Poverty

Year	% Individuals Living below Poverty Snohomish County	% Individuals Living below Poverty Washington State	Federal Poverty Threshold Family of 3
2000	6.9%	10.6%	$14,150
2005	8.7%	11.9%	$16,090
2010	7.4%	9.2%	$18,310

Source: U.S. Census Bureau, American Fact Finder

Education. ***Snohomish County has a high percentage of well-educated, high school graduates. Individuals with a bachelor's degree or higher has increased since 2000.*** Snohomish County has several higher education institutions available for career development including Everett Community College, Edmonds Community College, University of Washington Bothell, ITT Technical Institute as well as other technical and trade institutions. In addition, the University Center of North Puget Sound provides baccalaureate and graduate degrees in partnership with other four year colleges and universities.

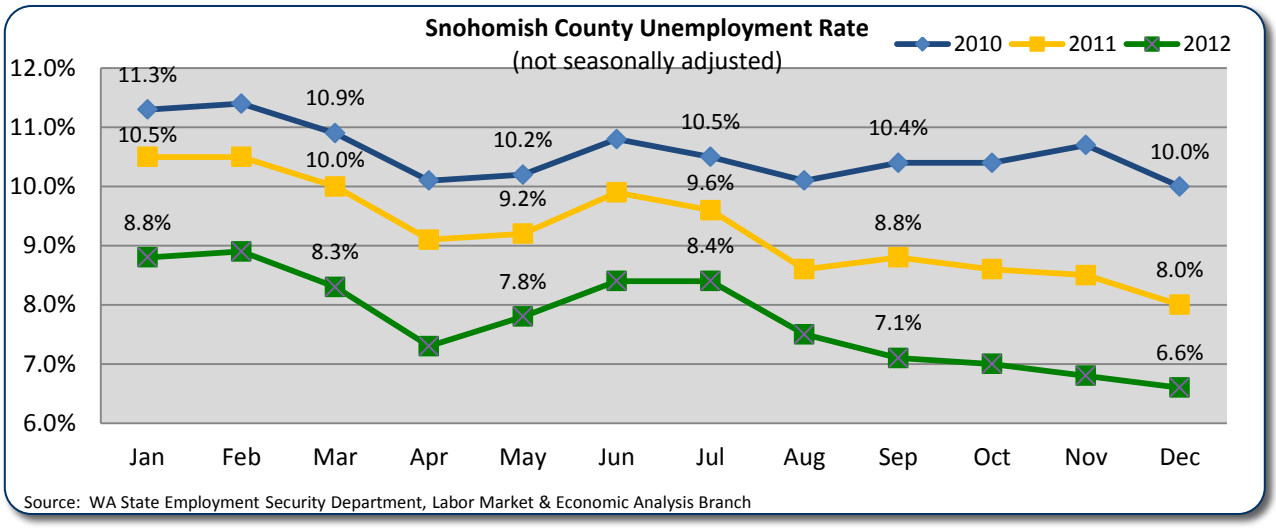
Table 5: Snohomish County Education

Year	% High School Graduate or Higher	% Bachelor's Degree or Higher
2000	89.2%	24.4%
2005	89.1%	26.7%
2010	90.3%	28.5%

Source: U.S. Census Bureau, American Fact Finder

Employment. ***Since mid-2012, the county unemployment rate has seen a steady drop.*** With the significant global economic changes, Snohomish County saw a steep rise in the unemployment rate from 2007 to 2010. It was at its lowest in April 2007 at 3.8% and highest in February 2010 at 11.4%.

[4] United States Government Accountability Office, Poverty in America Consequences for Individuals and the Economy



D. Geographic Sub-Markets

Community Need Index. Geographic subpopulations are identified through the Community Need Index (CNI) which uses demographic and economic statistics to identify the severity of health disparities within specific geographic areas in the community. The tool was developed jointly by Thomson Reuters and Catholic Healthcare West. According to Thomson Reuters, the CNI score is strongly linked to variations in community healthcare needs and is an indicator of the community's demand for various healthcare services. For each zip code, the CNI uses five socioeconomic barriers to healthcare to determine the zip code ranking:

6. Income: Families and elderly in poverty
7. Culture: Minority population and limited to no English
8. Education: Population over 18 without a high school diploma
9. Insurance: Population without employment and population without health insurance
10. Housing: Households renting their home

A score is then assigned to every zip code, indicating the relative need in comparison to national norms. The score is based on a scale of 1.0 to 5.0 with 1.0 indicating the least need and 5.0 the most need (see Table 6).

Zip codes within Everett (98201, 98203, 98204) and Darrington (98241) have an overall CNI score greater than 4, representing the areas with the greatest overall gap. The zip codes with specific socioeconomic barriers include:

1. Income: Everett (98201), Darrington (98241) and Gold Bar (98251)
2. Culture: Lynnwood (98037, 98087) and Everett (98204)
3. Education: Everett (98201, 98204) and Darrington (98241)
4. Insurance: Everett (98201) and Darrington (98241)
5. Housing: Lynnwood (98036, 98037, 98087), Mountlake Terrace (98043), Everett (98201, 98203, 98204)

As the implementation strategies are fully developed, the Community Need Index will be used to provide a focus for identifying zip codes with health disparities and socioeconomic barriers to healthcare.

Table 6: Snohomish County Community Need Index

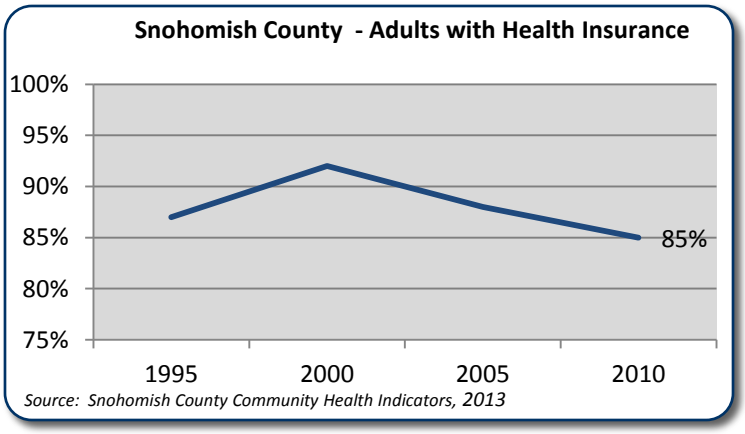
Zip	City	2013 Population	2013 CNI Score	2012 CNI Score	2013 Income Quintile	2013 Culture Quintile	2013 Education Quintile	2013 Insurance Rank	2013 Housing Quintile
98012	Bothell	57,814	2	2	1	4	1	1	4
98020	Edmonds	18,695	2	2	1	3	1	2	4
98021	Bothell	27,578	2	2	1	4	1	1	3
98026	Edmonds	36,587	2	2	1	4	1	2	4
98036	Lynnwood	36,341	3	3	3	4	2	3	5
98037	Lynnwood	26,643	3	3	2	5	2	3	5
98043	Mountlake Terr.	19,998	3	3	2	4	2	3	5
98087	Lynnwood	30,680	3	3	2	5	2	3	5
98201	Everett	30,987	4	4	4	4	4	5	5
98203	Everett	35,575	4	3	2	4	3	4	5
98204	Everett	40,691	4	4	3	5	4	4	5
98205	Everett	12,517	2	2	2	4	2	1	2
98208	Everett	53,096	3	3	3	4	2	3	4
98223	Arlington	42,210	3	3	2	3	2	2	4
98241	Darrington	2,204	4	4	4	3	4	5	4
98251	Gold Bar	4,931	3	2	4	3	2	3	2
98252	Granite Falls	9,050	3	3	2	3	3	3	3
98258	Lake Stevens	32,151	2	2	2	3	2	1	3
98270	Marysville	47,585	3	3	2	4	2	2	4
98271	Marysville	27,883	3	3	3	4	3	3	3
98272	Monroe	28,677	3	3	3	4	2	2	4
98275	Mukilteo	20,268	3	3	3	4	1	1	4
98290	Snohomish	33,603	3	2	3	3	2	2	3
98292	Stanwood	21,549	3	2	2	3	3	2	3
98294	Sultan	7,238	3	2	1	3	2	3	4
98296	Snohomish	25,819	2	2	1	4	1	1	1

Source: Thomson Reuters, 2013

IV. Health Assessment

A. Access to Care

Health Insurance Coverage. ***The number of uninsured in Snohomish County has been increasing since 2000.*** Without insurance, gaining access to healthcare can be challenging. Insurance coverage for the uninsured or underinsured is expected to improve over the next few years with the implementation of the federally mandated affordable care act.



Source: Snohomish County Community Health Indicators, 2013

Dental Care Access. ***The number of adults and children in Snohomish County that have had a dental visit within the last year is stable and just slightly lower than Washington State. However, dental decay for third graders is increasing.*** Maintaining good oral health is an essential part of maintaining overall health and productivity. According to the Center for Disease Control and Prevention, tooth decay is the most common infectious, chronic disease of childhood in the United States and can lead to other health problems. In the United States, almost one-third of adults have untreated tooth decay and one in seven ages 35-44 have gum disease[5].

Primary Care Access. ***The number of adults with a primary care provider in Snohomish County is decreasing, one indicator that residents are facing access challenges. Not having health insurance, no medical visit due to cost and no health care exam in the past two years are also indicators that access to primary care is a concern in our community.*** Individuals that have a primary care provider are more likely to receive preventive care, chronic disease management, and medication management which lead to better health outcomes. For those without access to a primary care provider, they may choose to receive care in an emergency department for non-emergent conditions because they feel they have nowhere else to go or they go without care until the illness progresses.

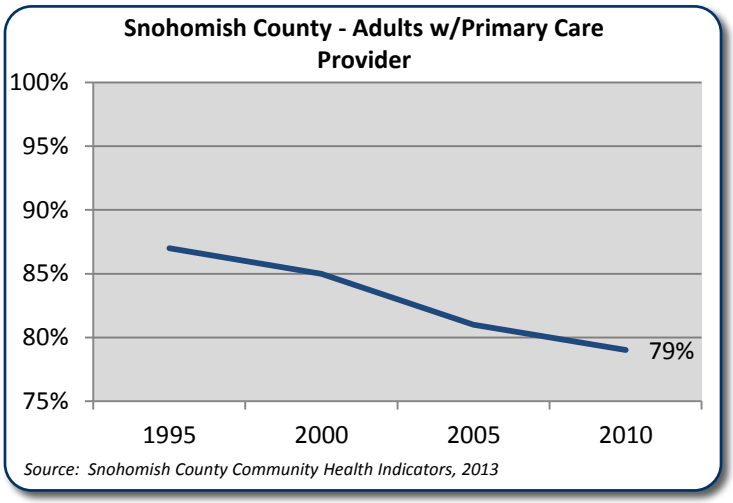


Table 7: Access to Care

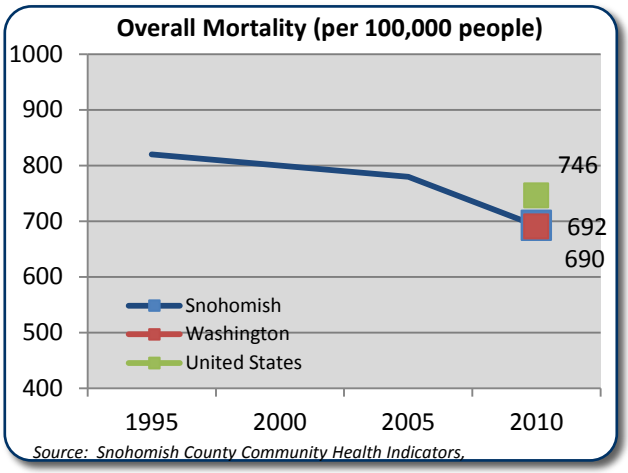
Indicator	Snohomish County (SC)	Washington State	United States	SC Trend	SC Actual Impact	SC Potential Impact	At Risk	Goal
Have health insurance	85.1%	85.0%	85.0%	Down	458,830	539,168 (18+)	Low income and/or uninsured	HP 2020 100.0%
No medical visit due to cost	13.3%	12.9%	14.7%	Up	71,710	539,168 (18+)	Low income and/or uninsured	NA
Have primary care provider	79.2%	78.5%	79.7%	Down	427,020	539,168 (18+)	Uninsured and older adults	HP 2020 83.9%
No health care exam past 2 yrs (adults)	23.6%	22.0%	___	Up	127,240	539,168 (18+)	Adults	NA
Dental decay (3rd grade)	62.7%	57.9%	56.3%	Up	29,509	47,060 (5-9)	Children	HP 2020 49% (6-9)
Adult dental visit past year	70.6%	71.6%	61.1%	Unchanged	380,652	539,168 (18+)	Adults	NA
Youth dental visit past year	75.2%	75.7%	____	Unchanged	130,974	174,167 (0-17)	Youth	NA

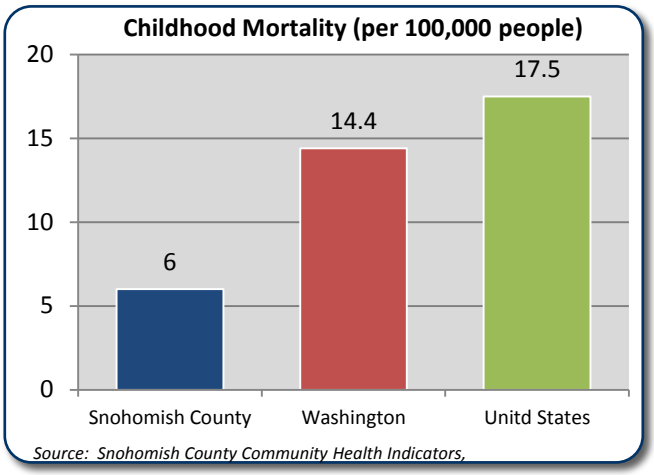
Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

[5] Center for Disease Control and Prevention

B. General Health

Mortality. ***Overall mortality for Snohomish County is decreasing for all ages and childhood mortality is well below Washington State and the United States.*** The overall mortality rate in the County has dropped to a low of 692 deaths per 100,000 people, below that of the United States. Childhood mortality is 6 per 100,000 people compared to 14.4 for Washington State and 17.5 for the United States.





Leading Cause of Death. ***Heart Disease and Cancer continue to be the top two leading causes of death in Snohomish County which is consistent with that of the United States.*** Stroke represented the third leading cause of death in 1990 and has since dropped from 7.7% of all deaths to the sixth leading cause or 4.7% of all deaths in the County.

Table 8: Snohomish County Leading Cause of Death - % of Deaths

Cause	1990	Cause	2000	Cause	2010
Heart Disease	30.3%	Heart Disease	25.1%	Cancer	24.7%
Cancer	24.7%	Cancer	24.3%	Heart Disease	22.1%
Stroke	7.7%	Stroke	8.7%	Alzheimer's Disease	6.0%
Unintentional Injury	6.2%	Chronic Lower Respiratory Dis.	5.7%	Chronic Lower Respiratory Dis.	6.0%
Chronic Lower Respiratory Dis.	4.6%	Unintentional Injury	4.9%	Unintentional Injury	5.5%
Pneumonia & Influenza	3.8%	Alzheimer's Disease	3.9%	Stroke	4.7%
Diabetes	2.8%	Diabetes	2.8%	Diabetes	3.3%
Suicide	2.3%	Pneumonia & Influenza	2.4%	Infectious & Parasitic Disease	3.1%
Infectious & Parasitic Disease	1.8%	Suicide	2.2%	Suicide	2.4%
Alzheimer's Disease	1.2%	Infectious & Parasitic Disease	2.0%	Chronic Liver Disease/Cirrhosis	1.7%

Source: Snohomish Health District

Hospital Visits. ***For residence of Snohomish County that had an outpatient visit to the PRMCE Emergency Department (ED)[6] in 2012, the most frequently occurring visits was for esophagitis (DRG 392).*** These accounted for nearly 11% of all outpatient ED visits. Although individual cases vary, several of the top 10 reasons outlined in Table 9 such as Otitis Media, Headaches and Dental Disease may be able to be treated in a less costly setting such as a primary care office (assuming no major complications or comorbidities).

[6] Data is specific to PRMCE and not inclusive of the entire county population as data for Emergency Department visits is not publicly available.

Table 9: PRMCE Outpatient ED Visits

DRG	Description	2012 Cases	% of Total
392	Esophagitis	3,544	10.6%
605	Trauma to the Skin	1,926	5.7%
552	Medical Back Problems W/O MCC MS	1,845	5.5%
153	Otitis Media & URI W/O MCC MS	1,840	5.5%
313	Chest Pain MS	1,810	5.4%
563	FX Sprn Strn & Disl Except Femur HIP Pelvis & Thigh W/O MCC MS	1,707	5.1%
603	Cellulitis W/O MCC MS	1,032	3.1%
103	Headaches W/O MCC MS	1,028	3.1%
159	Dental & Oral Diseases W/O CC/MCC MS	940	2.8%
203	Bronchitis & Asthma W/O CC/MCC MS	788	2.4%

Source: HPM

Hospital Visits – Inpatient Admits. ***The top ten diagnosis related group of all Snohomish County residents that had an inpatient hospital stay in 2012 included deliveries/neonates, joint replacements, septicemia, psychoses, pulmonary, and alcohol/drug abuse.***

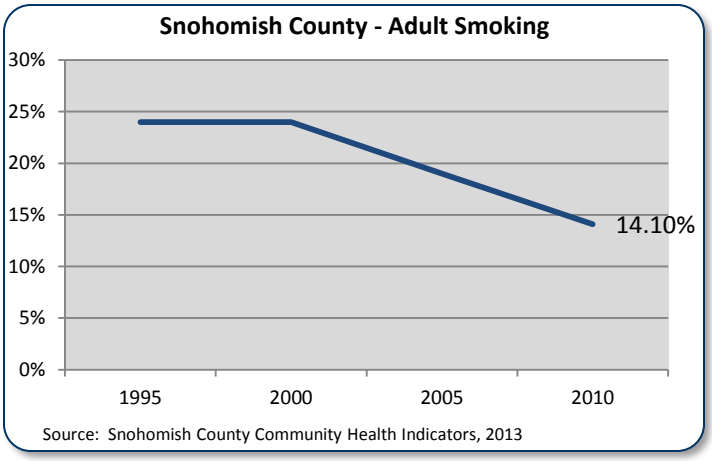
Table 10: Snohomish County Inpatient Admits

DRG	Description	2012 Cases	% of Total
775	Vaginal delivery w/o complicating diagnoses	4,739	8.3%
470	Major joint replacement or reattachment of lower extremity w/o MCC	2,318	4.0%
871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	1,634	2.8%
766	Cesarean section w/o CC/MCC	1,589	2.8%
885	Psychoses	1,333	2.3%
794	Neonate w other significant problems	1,256	2.2%
189	Pulmonary edema & respiratory failure	1,016	1.8%
765	Cesarean section w CC/MCC	1,016	1.8%
897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	1,012	1.8%
774	Vaginal delivery w complicating diagnoses	1,009	1.8%

Source: Thomson Market Expert

C. Risk Behaviors

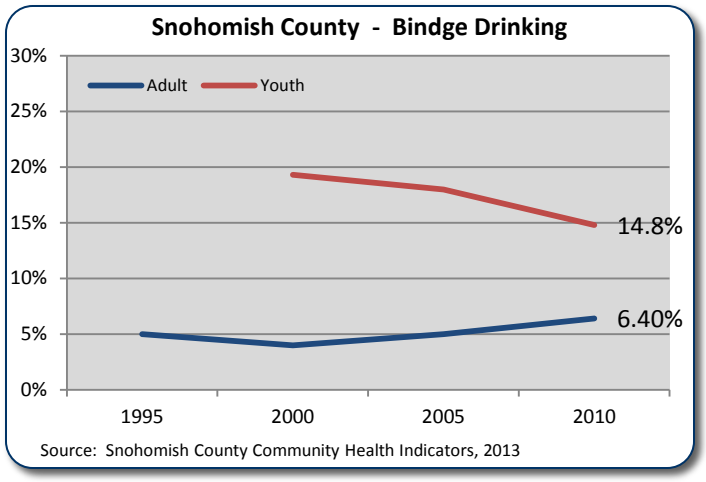
Tobacco Use. ***Adult and youth smoking in Snohomish County is decreasing.*** Smoking is an avoidable risk factor associated with illness and death and is listed as a risk factor for many chronic diseases. Tobacco use can take many forms – chewing, cigar smoking, pipe smoking and cigarettes. Another emerging trend for tobacco use among the 18 – 24 age group is water pipes or hookahs. Evidence suggests that water pipe smoking carries the same or similar health risks as cigarette smoking.[7]



Alcohol Use. ***In Snohomish County youth binge drinking is decreasing while adult binge drinking is increasing.*** According to the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps, excessive drinking is a risk factor for a

[7] American Lung Association, Tobacco Policy Trend Alert

number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, violence and motor vehicle crashes.



Drug Abuse. ***In Snohomish County, youth prescription drug abuse is decreasing while illegal drug use is unchanged.*** According to the National Institute on Drug Abuse, prescription and over-the-counter medications are one of the most commonly abused substances by youth. When abused, they can be addictive and put abusers at risk for other adverse health effects. Adolescents who abuse drugs often act out, do poorly academically, and drop out of school. They are at risk of unplanned pregnancies, violence, and infectious diseases. This is a treatable disease and, like other chronic diseases, can be managed successfully.

Table 11 – Smoking and Drug Abuse

Indicator	Snohomish County	Washington State	United States	Snohomish County Trend	Goal
Adult smoking	14.1%	13.7%	19.3%	Down	HP 2020 12%
Youth cigarette use	9.9%	8.4%	12.8%	Down	NA
Youth Smoking (10th and 12th)	16.3%	15.9%	19.5%	Down	HP 2020 16%
Smoking during pregnancy	7.1%	9.2%	9.3%	Down	HP 2020 1.4%
Youth illegal drug use	14.6%	12.6%	18%	Unchanged	HP 2020 16.5%
Youth prescription drug abuse	6.7%	6.6%	----	Down	NA

Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

Table 12: Alcohol Use

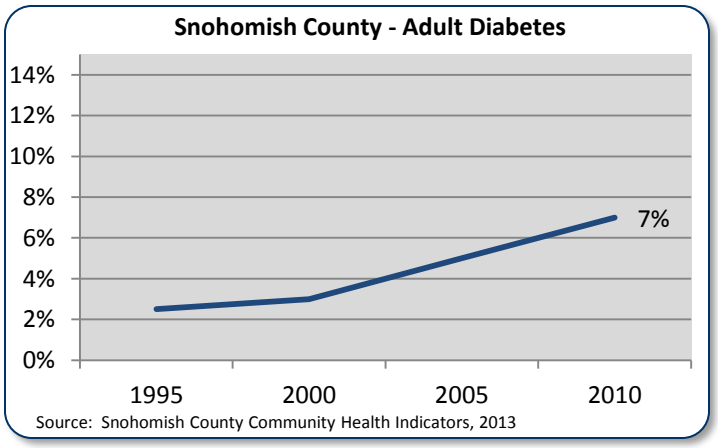
Indicator	Snohomish County (SC)	Washington State	United States	SC Trend	SC Actual Impact	SC Pop Potential Impact	At Risk	Goal
Youth binge* drinking (within 2 wks)	14.8%	15.0%	14.9%	Down	11,800	79,724 (10-17)	Youth	HP 2020 8.50%
Adult binge* drinking (within 2 weeks)	15.6%	15.4%	17.1%	Up	84,110	539,168 (18+)	Adults	HP 2020 24.40%
Adult heavy drinking**	6.4%	5.5%	4.9%	Up	34,510	539,168 (18+)	Adults	NA

**Binge drinking: number of drinks during a single occasion: 4 or more for women, 5 or more for men*
***Heaving drinking: consumption of more than 2 drinks per day for males, or more than 1 drink per day for females.*
Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

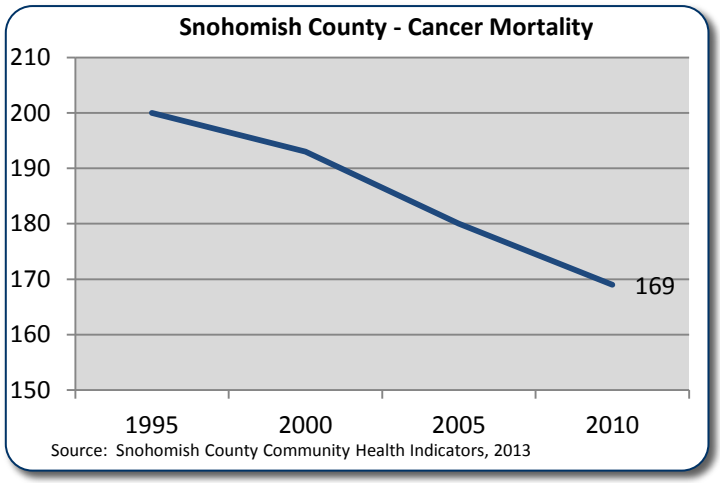
D. Chronic Disease

Diabetes. ***Diabetes in Snohomish County is increasing and is the seventh leading cause of death.*** Uncontrolled, diabetes can lead to heart disease, stroke, blindness, kidney failure, pregnancy complications, lower extremity complications and death. Death rates are 2 to 4 times higher for adults with diabetes than for those without the disease. Diabetes has the greatest impact on older adults, women and certain racial and ethnic groups. African American, Hispanic, and American Indian adults are

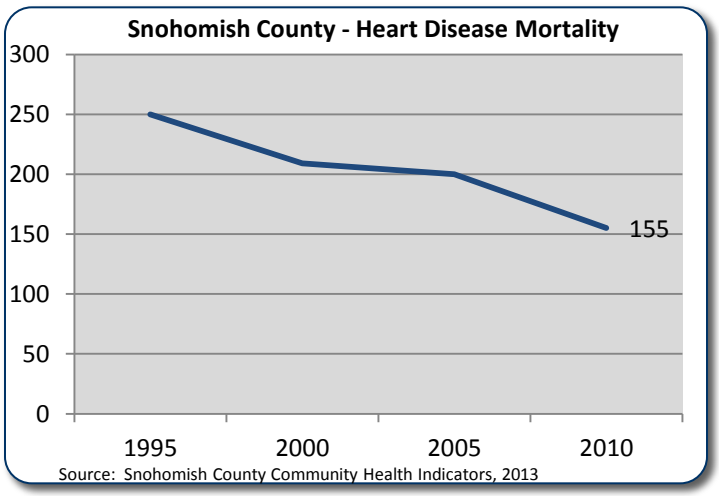
twice as likely as white adults to have diabetes.[8] Lifestyle changes that include moderate weight loss and exercise can prevent the onset of diabetes among adults at high risk. For individuals living with diabetes, better education about self-management such as controlling blood sugar, blood pressure and cholesterol levels can have a significant impact.



Cancer. ***Cancer mortality per 100,000 people in Snohomish County is declining.*** Cancer risks could be lessened by making healthy choices like not smoking, staying at a healthy weight, eating right, and keeping active. In addition, routine health screenings provided by a health care professional can assist with cancer diagnosis at an early stage, which may improve the prognosis of the patient.



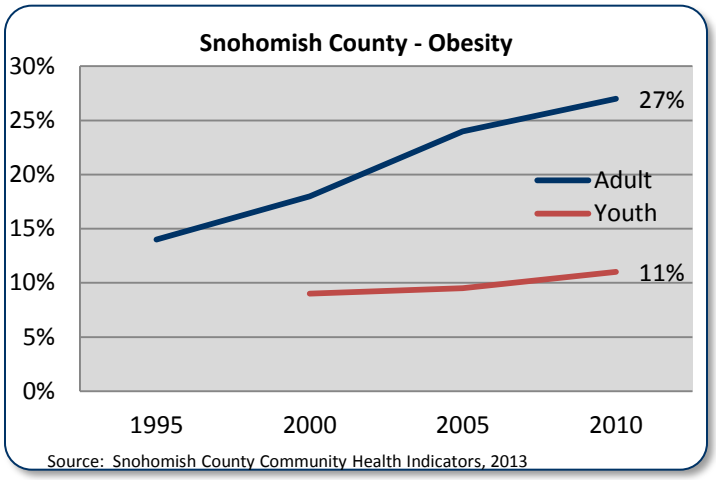
Heart Disease. ***Heart Disease mortality per 100,000 people in Snohomish County is declining.*** In the United States, the most common type of heart disease is coronary artery disease, which can lead to heart attack. The risks can be reduced through lifestyle changes and, in some cases, medication. According to the Center for Disease Control and Prevention, 1 in 4 deaths in the United States are due to heart disease.



Obesity. ***Adult obesity doubled in Snohomish County between 1994 and 2010. Youth obesity is also on the rise.*** Being overweight puts you at greater risk for serious issues like diabetes, heart disease, stroke, sleep apnea, high blood pressure and even some types of cancer. Obesity is defined as a Body Mass Index equal to or greater than 30. Recently, the American Medical Association classified obesity as a disease.

[8] Center for Disease Control, 'Diabetes, Disabling Disease to Double by 2050" , 2007

More than one-third of U.S. adults are obese and about seven in 10 are overweight[9]. Nearly 20% of premature adult deaths in the United States are associated with being overweight or obese.[10] According to the Center for Disease Control and Prevention, childhood obesity in the United States has more than doubled in children and tripled in adolescents in the past 30 years. Youth who are obese and are more likely to remain overweight as adults.



Only 22% of Snohomish County youth received adequate physical activity. 51% of adults received adequate physical activity which is above the goal, but decreasing overall. Most individuals don't get enough regular exercise or eat properly fueling the obesity problems. Educating our communities about healthy habits and providing tools to manage healthier lifestyles can be a catalyst to curbing the growing obesity challenge.

Table 13: Chronic Disease

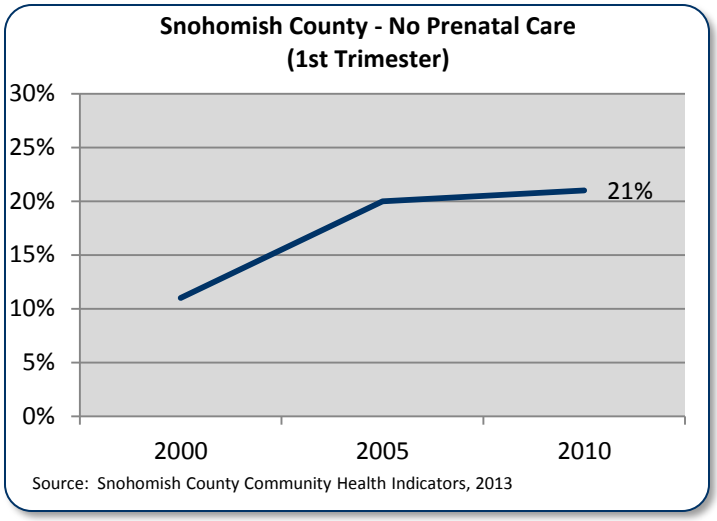
Indicator	Snohomish County (SC)	Washington State	United States	SC Trend	SC Actual Impact	SC Potential Impact	At Risk	Goal
Diabetes	6.8%	7.5%	8.4%	Up	36,660	539,168 (18+)	All ages	SC 5%
Pap test past 3 years (18+)	84.1%	80.8%	81.0%	Down	228,130	271,256 (18+)	Women	HP 2020 93% (21+)
Mammogram past 2 years (40+)	76.5%	75.0%	75.2%	Unchanged	128,480	167,943 (40+)	Women	HP 2020 81.1% (50+)
Cancer mortality per 100,00 people	168.5	171.0	172.5	Down	1,200	713,334 (all ages)	All ages	25% decrease since '93
Heart disease mortality Adult (per 100,000 people)	154.6	150.5	178.5	Down	830	539,168 (18+)	Adults	HP 2020 100.8
Youth obesity	10.7%	10.5%	13.0%	Up	18,640	174,167 (0-17)	Youth	HP 2020 14.5% (2-19)
Adult obesity	26.7%	25.8%	27.2%	Up	143,960	539,168 (18+)	Adults	HP 2020 30.6% (20+)
Adult adequate physical activity – moderate/ vigorous	50.5%	53.6%	50.6%	Down	272,280	539,168 (18+)	Adults	HP 2020 47.9% (20+)
Youth physical activity	22.0%	24.5%	18.4%	Unchanged	38,320	174,167 (0-17)	Youth	HP 2020 20.2%
Youth adequate (5+ servings) fruit & vegetables	24.7%	25.2%	_____	Unchanged	19,690 (10-17)	174,167 (0-17)	Youth	SC 28%

Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

[9] Center for Disease Control and Prevention
[10] American Journal of Public Health

E. Maternal and Child Health

In Snohomish County, women who receive no prenatal care during the first trimester of pregnancy is increasing. Prenatal care is a critical component of health care for pregnant women and a key step towards having a healthy pregnancy and baby.



Early prenatal care is especially important because screenings can identify babies or mothers at risk for complications. Women who receive prenatal care have consistently shown better outcomes than those who did not receive prenatal care. Women who do not receive any prenatal care are three times more likely to deliver a low birth weight baby than mothers who received prenatal care, and infant mortality is five times higher[11]. Adverse birth outcomes can have a long-term impact on a child's health. Early prenatal care also allows health care providers to identify and address health conditions and behaviors such as substance abuse, smoking, and nutrition in order to reduce ill effects on the fetus.

Table 14: Maternal Health

Indicator	Snohomish County (SC)	Washington State	United States	SC Trend	SC Actual Impact	SC Potential Impact	At Risk	Goal
No prenatal care (1st trimester)	20.6%	19.9%	27.9%	Up	1,627	9,001	Women child-bearing age	HP 2020 22.1%
Low birth weight	4.8%	4.8%	8.1%	Up	543	9,001	Women child-bearing age	HP 2020 7.8%
Premature births	9.6%	10.0%	12.0%	Up	855	9,001	Women child-bearing age	HP 2020 11.4%
Infant mortality (per 1,000 live births)	4.2	4.5	6.1	Down	38	9,001	Infants	HP 2020 6.0
Smoking during pregnancy	7.1%	9.2%	9.3%	Down	640	9,001	Women child-bearing age	HP 2020 1.4%
Alcohol during pregnancy	4.5%	7.3%	7.1%	Unchanged	405	9,001	Women child-bearing age	NA

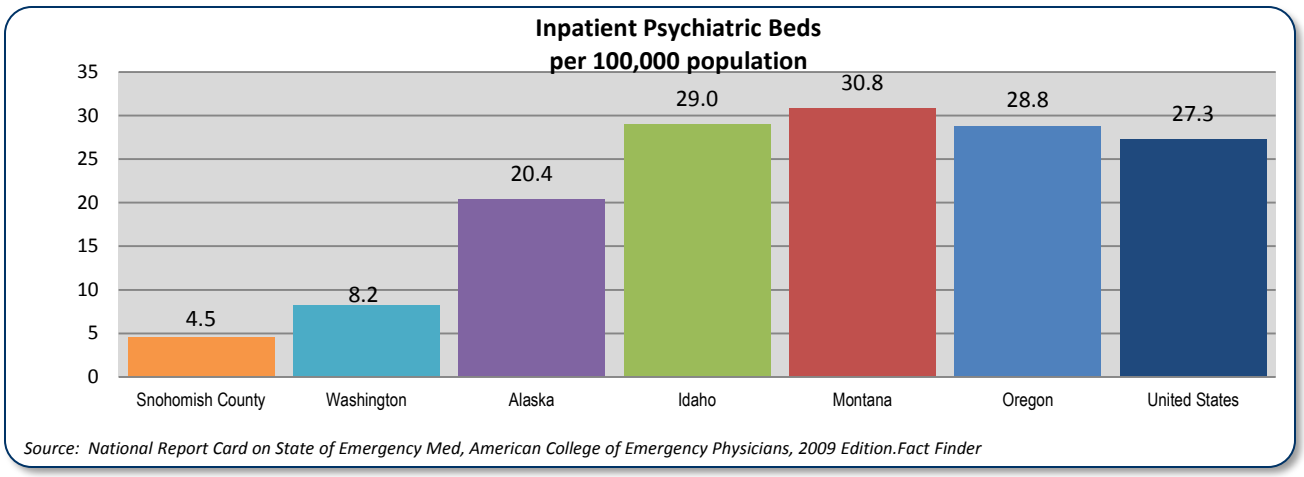
Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

F. Mental Health.

Snohomish County and Washington State overall have a significant deficit in the number of inpatient psychiatric beds compared to neighboring States as well as the United States. Mental disorders can take many forms such as suicide, depression, bereavement, anxiety, phobias, panic disorder, obsessive-compulsive disorder, schizophrenia, drugs, alcohol, eating disorders, spouse and child abuse and sexual abuse. Almost half of those with mental illness suffer from more than one disorder. The severity and

[11] Berg CJ. Pregnancy-related mortality in the United States

impact they have on people's lives vary, but nearly one in four Americans will experience mental illness during their lifetime[12].



Source: National Report Card on State of Emergency Med, American College of Emergency Physicians, 2009 Edition.Fact Finder

Suicide is a tragic consequence of undiagnosed, untreated or under-treated mental illness. ***Incidence of suicide in Snohomish County is above that of Washington State and the United States.***

Table 15: Mental Health

Indicator	Snohomish County (SC)	Washington State	United States	SC Trend	SC Actual Impact	SC Potential Impact	At Risk	Goal
Suicide Incidence (per 100,000)	14.6	13.8	11.9	Unchanged	107	713,335 (all ages)	Youth & Adults	HP 2020 10.2
Youth depression symptoms	28.4%	27.8%	_____	Unchanged	49,460	174,167 (0-17)	Youth	NA

Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

G. Injury

Unintentional poisoning mortality and fall mortality are increasing in Snohomish County. Regardless of sex, race, or economic status, violence and injuries affect everyone. According to the Center for Disease Control and Prevention, in the first half of life, more Americans die from violence and injuries—such as motor vehicle crashes, falls, or homicides—than from any other cause, including cancer, HIV, or the flu.

Table 16: Injury

Indicator	Snohomish County (SC)	Washington State	United States	SC Trend	SC Actual Impact	SC Potential Impact	At Risk	Goal
Fall hospitalizations (per 100,000)	292.0	309.7	263.4	Unchanged	1,901	713,335 (all ages)	Older adults	NA
Fall mortality (per 100,000 people)	9.8	11.2	7.9	Up	67	713,335 (all ages)	Older adults	HP 2020 7.0
Unintentional poisoning mortality	12.6	10.8	9.9	Up	93	713,335 (all ages)	All ages	HP 2020 13.1
Households w/children that contain loaded, unlocked firearm	3%	2.50%	___	___	4,300 kids	174,167 (0-17)	All ages	SC 0%

Source: Snohomish Health District: Snohomish County Community Health Indicators, 2013

[12] Grading the States 2009: A Report on America's Health Care System for Adults with Serious Mental Illness. NAMI

V. Prioritized Description of Significant Health Needs

Providence Regional Medical Center adopted the Snohomish Health District's approach to determining the most significant health needs for the Snohomish County community. A two-phased approach was used to develop the Health District's "Health of Snohomish County Community Report Card". The first phase included creating risks scores for approximately 80 health indicators using a comparison of local data to state and national data, review of trends compared to baseline and an assessment against the Healthy People 2020 goals or other goals as identified. The second phase evaluated the indicators with the worst risk scores based on the following considerations:

- Size: Actual population affected and the potential population;
- Seriousness: Death, hospitalizations, premature illness or death, disability, issue increasing/trend worsening over time, economic or social burden, consequences if not addressed;
- Community value: what is the value to the community;
- Effective Interventions: evidence-based, best practices, community based or promising practices.

The Snohomish County Public Health Advisory Council, led by the Health District, evaluated that information and identified the following six as the top scoring health issues for the Snohomish county community: ***Physical Abuse (Youth), Obesity (Youth and Adults), Suicide (Youth and Adults), Dental Decay (Youth), Access (Primary Care), and Prenatal Care (First trimester).*** The quantitative data was then presented to the community through various venues including a public forum, media releases, posting on the Snohomish Health District web page and distribution through community leaders.

The Snohomish County Public Health Advisory Council has identified three areas for immediate focus: Physical Abuse (Youth), Obesity (Youth and Adults), and Suicide (Youth and Adults). The Health District will engage the broader community in actively developing community health improvement plans for these three priority areas. In addition, the Snohomish County Health Leadership Coalition is leading a community wide initiative focusing on youth obesity.

Providence Regional Medical Center Everett chose to focus on ***Access (Primary Care) and Prenatal Care (First Trimester).*** These community health indicators were selected because they directly relate to the most frequently identified community need, other community resources dedicated to these topics are minimal, and they are consistent with our Mission and Core Values. Physical Abuse, Obesity, Suicide and Dental Decay are not areas of emphasis and focus for Providence during this cycle as there are other community organizations focusing on these issues, although Providence is an engage partner with other community led collaborative efforts. In addition, Providence has several programs it will continue to support that are intended to improve the health of our community in these areas, for example, the Providence Intervention Center for Assault and Abuse (see section VII Providence Community Benefit Activity Summary).

VI. Implementation Strategies

The recommended implementation strategies to address Access (Primary Care) and Prenatal Care (First Trimester) provide funding, assistance with finding the services and facilitating the care. In addition, Providence will further study the variances within zip codes to identify disparities. Focus groups may be used to identify barriers to accessing primary care and prenatal care. A review of patient characteristics such as age, cultural differences, health literacy, work status, transportation, socioeconomic status, etc. will be conducted for a targeted approach.

A. Access (Primary Care)

Individuals with an ongoing enduring relationship with a primary care provider are more likely to receive preventive care, chronic disease management, and medication management which leads to better health outcomes overall. For those without access to a primary care provider, they may choose to receive care in an emergency department for non-emergent conditions because they feel they have nowhere else to go or they go without care until the illness progresses.

Funding:

1. Patient Services Representatives initiate financial assistance paperwork and care coordinators directly assist qualified patients with obtaining health insurance.
2. Financial Counseling screening prior to first scheduled visit to Providence Medical Group or post Providence Regional Medical Center visit.
3. Support for Project Access Northwest to provide coordination and referral services for uninsured or underinsured.
4. Providence Everett Healthcare Clinic accepts all patients regardless of their ability to pay.

Finding:

5. Community forum with providers to revise structure for patients arriving in the emergency department without an assigned primary care provider.
6. In-person Assistors in collaboration with Whatcom Alliance for Healthcare Advancement to assist the community to learn about, apply for, and enroll in health insurance coverage on the Exchange, including Medicaid, subsidized and non-subsidized qualified health plan.
7. Community Health Fairs to educate the community on value of connecting with a primary care provider.

Facilitating:

8. Providence Medical Group Pacific Clinic provides primary care services with a primary focus on Medicaid, uninsured and low-income patients.
9. Providence Everett Healthcare Clinic provides primary care services with a primary focus on the uninsured or underserved.
10. Develop medical home model for Providence Everett Health Care Clinic and Providence Medical Group.

B. Prenatal Care (First Trimester)

Prenatal care is a critical component of health care for pregnant women and a key step towards having a healthy pregnancy and baby. Early prenatal care is especially important because screenings can identify

babies or mothers at risk for complications. Early prenatal care also allows health care providers to identify and address maternal medical conditions and behaviors such as substance abuse, smoking and nutrition in order to reduce ill effects on the fetus. Mothers who don't seek care until the second trimester have a higher likelihood of low birth weight infants, higher incidence of still birth and higher incidence of neonatal death.

Funding:

1. Support to DSHS participants to attend Birth/Family education.
2. Support to March of Dimes for "39 Weeks" media campaign.

Finding:

3. Centering pregnancy program group based prenatal care.
4. Birth and family education classes.
5. Community education on importance of early prenatal care, how to determine signs of pregnancy, and wellness care processes to help prepare and educate women for timely entry into prenatal care before pregnancy.

Facilitating:

6. Providence Maternal Fetal Medicine program provides specialized services for evaluation of high risk pregnancies.
7. Providence Obstetrics and Gynecology provides traditional, routine and high-risk obstetrical services to women of all ages with all forms of insurance.
8. Providence Midwifery Clinic provides prenatal care, including maternity care for underprivileged women.

C. Goals and Objectives

Providence actively engages with the communities in which we serve to understand the needs and to foster lasting partnerships to improve the health of the Snohomish County community. Each of the community health needs identified have a metric and measureable goal that will be used as an indicator of community progress (see Snohomish Health District "Health of Snohomish County Community Report Card" which can be accessed via the internet at www.snohd.org.). Providence will develop internal metrics to gauge the effectiveness of our implementation strategies. However, the community metrics and goals for the two Providence focus areas are as follows:

Table 17: Providence Focus Area Metrics

Focus Area	Primary Metric	Actual	Healthy People 2020 Goal
Access (Primary Care)	Have primary care provider	79.2%	83.9%
Prenatal Care (1st Trimester)	No prenatal care first trimester	20.6%	22.1%

The Providence community benefit implementation strategies are evaluated yearly during the strategic plan and budget cycle. At that time, Providence will evaluate the effectiveness of community benefit activity to determine if any modifications and/or additional areas of emphasis are necessary.

VII. Providence Community Benefit Activity Summary

Providence Northwest Washington Region (Providence Regional Medical Center Everett, Providence Medical Group and Providence Hospice and Home Care of Snohomish County) gives back to the community through the Mother Gamelin Service lines, named after our founder, Mother Emilie Gamelin of the Sisters of Providence. These services are comprised of programs that operate at an expected financial loss, yet are offered as an integral part of our services because they meet needs in the community that would otherwise go unmet. Those services include:

- **The Providence Children's Center.** The center provides physical therapy, speech-language therapy and other services to children who have developmental delays.
- **The Providence Everett Healthcare Clinic**. The clinic serves patients of all ages who have trouble accessing healthcare because of costs. The clinic provides primary care, preventative care, immunizations, help with dental and mental health services and more.
- **The Providence Intervention Center for Assault and Abuse.** The center helps victims of sexual and physical violence heal. It provides a 24-hour crisis line, medical exams, advocacy, support groups and other services.
- **The Providence Medical Group Midwifery Clinic and Providence Regional Medical Center Labor and Delivery Services**. Providence provides prenatal, labor and delivery services to help women in our community have healthy pregnancies and births.
- **Cardiac Rehabilitation.** The program provides education and exercise therapy to those who have had recent heart attacks or other cardiac events – helping to reduce the impact of cardiovascular and pulmonary disease in our community.
- **The Carousel Program**. The Hospice and Home Care team provides services for infants, children and teens with life-threatening illnesses – and helps to meet the physical, counseling and spiritual needs of these patients and their families.
- **Providence Drug and Addiction Services.** The program offers detoxification, physical, mental and emotional support to help those struggling with alcoholism and drug dependencies.
- **Palliative Care.** Providence teams partner with others in the community to ease the pain and suffering of patients who are living with complex medical conditions, promoting quality of life for all.
- **Wound and Ostomy Clinic.** The clinic provides wound and ostomy care to complex patients, many of whom are financially in need.

In addition to the programs noted above, some of the other community benefit activity that Providence has in place or will be evaluating to improve the specific health indicators identified by the Public Health Advisory Council and the Snohomish Health District[13] are noted below.

[13] The Snohomish Health District "Health of Snohomish County Community Report Card" can be accessed via the internet: http://www.snohd.org/Shd_HS/ReportCard.aspx.

Table 18: Providence Community Benefit Activity Summary

Indicator	Indicator	Providence Program / Services
Access to Care: Primary Care	• Have primary care provider* • No health care exam past 2 years (adults)	• Medical Home model for Providence Medical Group and Providence Everett Healthcare Clinic patients • Providence Everett Healthcare Clinic • Providence Medical Group Pacific Clinic • Community forum with providers to revise medical staff 'No Doc' structure to enable patients to get care closer to home
Access to Care: General	• Have health insurance • No medical visit due to cost	• In-person Assistors in collaboration with Whatcom Alliance for Healthcare Advancement • Financial counseling screening prior to first scheduled visit to Providence Medical Group or post Providence Regional Medical Center Everett visit • Patient Service Representatives initiate financial assistance paperwork and care coordinators directly assist qualified patients with obtaining health insurance • Providence Everett Healthcare Clinic accepts all patients regardless of ability to pay • Providence General Foundation Patient Assistance Program • Providence Medical Group specialists donate clinical services to Project Access Northwest
Maternal Health	• No prenatal care (1st trim.)* • Low birth weight • Premature births	• Centering Pregnancy Program • Pregnancy Birth & Beyond education • Providence Midwifery program • Providence OB/GYN Clinic • Providence Maternal Fetal Medicine program for evaluation of high risk pregnancies • Support for March of Dimes '39 Weeks' media campaign • Providence Children's Center • Fetal Alcohol Syndrome Diagnostic Clinic • High Risk Infant Assessment Program / Neonatal Intensive Care Unit • Pediatric Interim Care Program
Dental Care	• Dental decay (3rd grade)*	• Providence Everett Healthcare Clinic oral education during office visit including all well child visits • Support for Northwest Medical Team mobile dental van • Support for Project Access Northwest to arrange for advanced dentistry appointments • Referral for all children without established dentist to Snohomish County Dental Resource line • Providence Everett Healthcare Clinic recruitment of volunteer dental providers to accept referrals for minimal to no cost to patients

Indicator	Indicator	Providence Program / Services
Access to Care: Health Screenings	• Pap test past 3 years (18+) • Mammogram past 2 years (40+)	• Providence Everett Healthcare Clinic • Providence Medical Group OB/GYN Clinic • Providence Comprehensive Breast Center • High risk breast clinic • Genetic screening program • Satellite mammography services • Providence Regional Cancer Partnership services and support groups • Providence Everett Healthcare Clinic uninsured patients referred to Citrine Program to obtain financial assistance for screenings • Breast Cancer Support groups • Resource library • Patient and family education • Wellness assessments and education • Community Health Fairs
Access to Care: Immunizations	• Pertussis incidence (per 100,000) • Flu shot last 12 months (65+) • Influenza Hospitalizations	• Providence Medical Group immunization clinics • Employee flu shot clinic • Providence Everett Healthcare Clinic immunizations to all patients and children • Collaborate with Snohomish Health District to administer immunizations
Chronic Disease	• Diabetes • Adult and Youth obesity*	• Diabetic services integrated into Providence Medical Group and Providence Everett Healthcare Clinic • Providence Wound Healing and Hyperbaric Medicine Center • Wound education to Assisted Living Facilities • Partnership with YMCA Diabetes Prevention Program • Providence Medical Group Endocrinology
		• Providence Children's Center nutrition services for at risk children • Nutritional education for cardiac patients • Community education on weight loss • Providence funding and participation with Snohomish County Leadership Coalition – Gear up and Go program • Providence Weight Loss Surgery program education and options for long-term weight loss
Injury - Abuse	• Youth physical abuse*	• Providence Intervention Center for Assault and Abuse • Community education and referrals - distribute material at annual Snohomish County Night Out against crime • Dawson Place Child Advocacy Center support • Support group services • 24-hour crisis line • Providence prevention programs in community settings (Denny Youth Center, Cedar House Crisis Residential Center, Cocoon House, area high schools) to decrease sexual and physical abuse

Indicator	Indicator	Providence Program / Services
Injury - Falls	• Fall hospitalizations (per 100,000) • Fall mortality (per 100,000)	• Increase use of bed and chair alarms and introduction of Posey beds • Revitalized purposeful rounding on patients • Education of staff on Confusion Assessment Method to help identify delirium • Providence Lifeline
Injury - Firearms	• Households (with children) that contain loaded or unlocked firearm	• Education to parents and guardians about location, safety, loaded, unloaded firearms at each well child visit • Coordination of Safe Kids Snohomish County
Injury - Poisoning	• Unintentional poisoning mortality (per 100,000)	• Education to parents/guardians about poison control at each well child visit • Coordination of Safe Kids Snohomish County
Mental Health	• Suicide Incidence (cases per 100,000 people)*	• Fairfax Inpatient facility at Pacific Campus • Providence Everett Healthcare Clinic Mental Health Psychiatric Nurse Practitioner and integrated mental health program • Spiritual Care Grief Support Program • Providence Hospice and Home Care bereavement programs • Mental Health patient and family advisory committee • Camp Erin • Standing Together support group • School Crisis Team
Substance Abuse	• Youth & Adult binge drinking • Adult heavy drinking	• Providence Drug and Alcohol Addiction services • Providence sponsor American Society of Addiction Medicine conference • Community health fairs (Snohomish County Recovery Fair, Camp Patterson Recovery Reigns) • Mental Health Patient and Family Advisory Council • Counselor for inpatients admitted for other conditions with co-occurring overdose/addiction issues • SAFE program for patients with a history of IV drug use • Pediatric Interim Care • Fetal Alcohol Syndrome Diagnostic Clinic • Individual and group therapy and education • Employee education program • Chemically using pregnant women program

**Significant community health need identified in "Health of Snohomish County Community Report Card"*