PROVIDENCE
Health & Services

Community Health Needs Assessment
2015

Providence Holy Family Hospital
Spokane, Washington

Table of contents

2015 Community Health Needs Assessment

Executive summary

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Providence Holy Family Hospital

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 community organizations, 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 and guides our community benefit investments, not only for our own programs but also for many partners.

In 2015, we began with baseline data gathered in a 2013 communitywide needs assessment conducted by Priority Spokane. Working with that group and with the Spokane Regional Health District, Providence developed a plan to enhance that data and solicit input that would be aligned with a communitywide assessment in 2018.

Extensive community feedback informs assessment

Dozens of participants provided feedback. Significant contributors include Priority Spokane, a civic leadership group made up of local government, businesses, nonprofit organizations and local funders; the Spokane Regional Health District; and the Spokane Homeless Coalition. A detailed list is available on pages 15 and 16 of this CHNA.

How we identified top health priorities

We began with the five priorities identified in the 2013 Priority Spokane assessment: accelerate to a high-performing economy; ensure that all our children are ready for kindergarten; increase the accessibility, resources, and attitudes regarding mental health; improve educational attainment; increase the percent of population with healthy weights. Providence then used results from 2015 surveys and data from the health district to establish current community needs and then create priorities for our hospital. Prioritization criteria included evaluating scale and scope, gaps in service, community recognition of need, and measurement. All criteria are detailed on page 14.

Providence top priority health needs for 2016-2018

Mental health
Dental
Diabetes
Immunizations
Stable housing

Our starting point: Community health measures in 2015

Prioritized need	Spokane County measures for 2015
Mental health	- Nearly 11 percent of adults self-report poor mental health 28.5 percent of youth suffer from depression 48 children out of every 100,000 are victims of child abuse
Diabetes	- One quarter of youth and adults are overweight 10 percent of adults have diabetes 55 percent of surveyed adults are regularly physically active
Dental	Nearly 30 percent of those surveyed do not receive regular dental check-ups
Immunizations	- Only 40 percent of preschoolers receive on-time immunizations - More than 6 percent of school-age children have vaccine exemptions
Stable housing	In 2014, Spokane County had 1,149 people who were homeless, including 146 families with children

Partnering for change: Results from our 2012 CHNA

This report also evaluates results from our most recent CHNA in 2012. Identified prioritized needs were: mental health and substance abuse; access to care and care coordination; and obesity and diabetes. Providence responded by making investments of time, resources and funding to programs that were most likely to have an impact on these needs. This summary includes just a few highlights from pages 19-30.

Name	Type of program	Outcomes	Our support
Christ Clinic	Low-cost clinic; behavioral health	5,813 patient visits 1,290 unique patients	Funding given
Community Detox Service of Spokane	Sobering services	577 total admissions from ED	Operated, fully funded by Providence
Partners with Families and Children/Child Advocacy Center	Child neglect/abuse, specialty exams	772 children served 547 caregivers served	Grant funding
Homeless Respite Program at House of Charity	Recuperative care for homeless after acute hospital care	195 homeless men and women served	Funding given
Spokane Prescription Access Network	No-cost, reduced-cost medications	351 patients served 259 refills	Funding given
Dental Emergencies Needing Treatment	Reduces ED visits for dental emergencies	1,160 patients referred 701 appointments	Funding given

Acknowledgements

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent health implementation plan. Appendix 4 includes a complete list of all invited participants. Many attendees may have participated more than once in various meetings and community presentations.

- Priority Spokane

- Community Health Assessment Board, led by the Spokane Regional Health District

- Spokane Homeless Coalition

Providence Holy Family Hospital
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Introduction

Who we are

Providence Health Care is the northeastern Washington region of Providence Health & Services, the third largest not-for-profit health system in the United States. 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.
- 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 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

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, 475 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington.

Mission, vision and values

When the Sisters arrived in the Pacific Northwest in 1856, they came to answer a call for help from a new pioneer community. What they found were many communities in need of service, and so with dedication to the Mission and collaboration with like-minded partners, their ministry grew to what is now a five-state health system. The cornerstone of our Mission is to provide compassionate care that is accessible for all.

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

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

Values
Respect, Compassion, Justice, Excellence, Stewardship

Our community health activities are rooted in the charitable work the sisters started nearly 160 years ago. Providence embraces its commitment of service to the poor and vulnerable, long before it was a requirement enacted through the Affordable Care Act.

As health care continues to evolve, Providence is responding with dedication to the Mission and a core strategy to *create healthier communities, together.* By conducting a formal community health needs assessment, we 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 spending to improving the health of entire populations. Through programs and donations, health education, charity care, medical research and more, Providence Health & Services provided $848 million in community benefit across Alaska, California, Montana, Oregon and Washington in 2014.

Description of community

This section provides a definition of the community served by the hospital including a description of the medically underserved, low-income and minority populations.

Providence Sacred Heart Medical Center & Children's Hospital and Providence Holy Family Hospital are located in Spokane County, the fourth-largest county in Washington state. Geographically, the county is located on the eastern side of the state bordering Idaho.

Population and age demographics

Total population is about 485,000, with an annual growth rate of about 0.9 percent in 2014. Age demographics are fairly evenly distributed, with the oldest age group comprising the smallest proportion of the population. In 2013 the population comprised:

- 22.9 percent youth (0-17 years)
- 24.6 percent young adults (18-39 years)
- 38.4 percent older adults (40-64 years)
- 14.1 percent seniors (65 years and older)

Ethnicity

Among Spokane County residents in 2013, 90 percent were white, 2.2 percent African American, 1 percent American Indian, 2.8 percent Asian/Pacific Islander, and 4.5 percent were of two or more races.

Income levels and housing

In 2013, the median household income for Spokane County was $47,576, and the county's unemployment rate was 7.8 percent. The share of those with incomes below the federal poverty line for all ages in Spokane County was 15.9 percent in 2012. In the same time frame, 19 percent of Spokane County youth under age 18 were living below the FPL. This represents an increase of 1.6 percent since 2009, and is higher than the state average but lower than the national average.

The ZIP codes with the lowest Community Needs Index are 99201, 99202, and 99207.

These all have a total CNI of four. Within these ZIP codes there is a high of 38.68 percent of youth in poverty and 60.55 percent of single parents in poverty. In this population area, 18.9 percent are unemployed, 42.99 percent are uninsured and 74.52 percent are renting. The 2014 Spokane Regional Point-in-Time Count found 1,149 homeless persons, including 146 families with children. The 2012-13 school year counted 3,148 school-aged children as homeless in Spokane County.

Health care and coverage

The share of Spokane county residents who are ages 64 and younger and uninsured was 16.5 percent in 2012. The top three causes of death in Spokane County were heart disease at 23 percent, cancer at 20.1 percent, and stroke at 4.4 percent. Heart disease and strokes are on a decreasing trend while cancer is increasing. Avoidable hospital admissions in Spokane County have decreased to 8.8 percent in 2012[1].

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[1] Sources: Spokane Community Indicators Website; Thomas Reuters Data 2013; Spokane Consolidated Plan 2015-2020; OSPI data.

Process and methods

This section provides a summary of the community and public health input, how it was obtained, and over what period of time. It also provides a description of the processes and methods used to conduct the assessment, including data and other information used in the assessment, and describes the methods of collecting and analyzing the information.

In September 2014 representatives from Providence Health Care met with staff from Priority Spokane and the Spokane Regional Health District to begin planning for the 2015 needs assessment. There is a significant desire for the community to come together for one communitywide needs assessment, in which health would be one factor. Priority Spokane had conducted a community needs assessment at the end of 2013 with many of the same participants and measures from our 2012 community health needs assessment. We agreed to use this data and enhance it with newer data including preliminary quality of life survey data, hospital homeless and marginalized patient data and the Spokane Counts report. Along with this data we solicited input from external and internal stakeholders (see page 13 for community feedback) in preparation for a communitywide assessment in 2018.

Providence Health Care partnered with Priority Spokane to conduct the 2013 community needs assessment using 2013 data. The purpose was to prioritize the needs of the community, especially among those living in poverty and with least access to resources, and to promote collaborative opportunities to improve health and well-being in Spokane County. Over 300 email invitations were extended to community members to participate in one of five task force committees: Healthy People; Education; Economic Vitality; Public Safety; and Environment.

Each task force was headed by members of Priority Spokane with expertise in that area. Each committee reviewed the community indicators initiative for their area. Committee members engaged in lively and thought-provoking conversations about how to prioritize their indicators. Participants were encouraged to consider root causes or closely correlating factors behind the indicators. Votes were tabulated and the top three priorities from each committee were forwarded to the final meeting. About 75 individuals and organizations from the 150 who participated in the committee process attended the task force assembly (see page 35 for invited participants). The 15 committee priorities were presented and thoroughly discussed. The three areas that received the most votes were: mental health, high quality jobs, and early intervention programs.
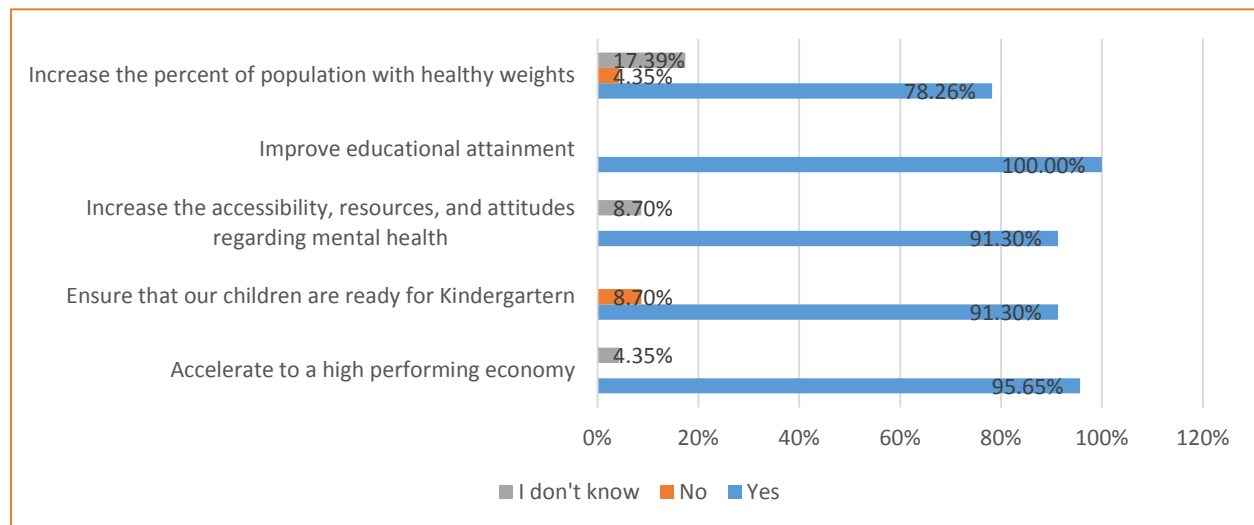
Using the results from the community vote and grouping similar areas of work, the final five priorities for the Priority Spokane CHNA are:

- Accelerate to a high-performing economy
- Ensure that all our children are ready for kindergarten
- Increase the accessibility, resources, and attitudes regarding mental health

- Improve educational attainment
- Increase the percent of population with healthy weights by among others, promoting walking, biking and transit use.

(See page 33 for Priority Spokane Needs Assessment Summary.)

To update this to 2015 data, representatives from Providence Health Care conducted a SurveyMonkey survey of those 75 individuals and organizations who participated in the task force vote of the top needs for the Priority Spokane CHNA. There was overwhelming support for all of the needs remaining as issues to continue to be addressed, as indicated in the chart below.

The Spokane Regional Health District also conducted a quality of life survey of Spokane County residents to supplement the 2013 data with current data. Over 1,600 residents responded with the push to Web model survey. The survey is yet to be published. However, the district released preliminary mental health data in mid-April 2015 to enhance currently-available data on mental health.[2]

Some of the findings for mental health were:
- The largest group with poor mental health are those ages 50-59, at 16.6 percent.
- Poor mental health is associated with household income: the lower the income, the higher the rates of mental health issues.
- The largest educational group with poor mental health are those with some college, but no degree at 13.2 percent.
- Those unable to work or out of work for less than one year have higher rates of poor mental health.

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[2] The Quality of Life survey was conducted from January – June 2015 of Spokane County residents. The Spokane Regional Health District released preliminary mental health data in mid-April to be used for this needs assessment. This information follows the implementation of the Accountable Care Act. http://qolspokane.org/

- Overall, 12 percent received treatment or counseling for mental health issues during the last 12 months.
- Of those not receiving treatment:
  - 50 percent indicated they did not need treatment.
  - 20 percent stated health insurance reimbursement rates and costs as the barrier to treatment.
  - Overall, 7 percent lacked any kind of health care coverage.
  - Among those with poor mental health who did not receive treatment, 12 percent stated it was due to a lack of any health care coverage.

Hospital data was compiled of ICD-9 codes for homeless, Medicaid and charity care patients' reasons for visits to the emergency department, urgent care, or admittance to the hospital in 2014. These ICD-9 codes were then grouped into similar categories. The top reasons for homeless and marginalized patients visiting one of our hospital or urgent care facilities were:

Leading Causes of Hospital Services for Low-income and Marginalized Population		
Infections	6,170	Health care
Abdominal/pelvic pain	2,460	Health care
Head injury	1,503	Injury/violence
Dental - tooth abscess	1,491	Health care
Mental health	1,398	Health status
Delivery C-section	672	Health care
Drug/prescription	619	Healthy behavior
Other general medical examination for administrative purposes	566	Health care
Back injury/NOS	219	Health care
Diabetes - juvenile	168	Health status
Chemotherapy	122	Health care
Chest pain	98	Health care
Stroke	3	Health care

Spokane Counts data points reviewed in the 2012 Spokane CHNA were compared to current data. The most recent data was given a color code[3] to indicate if the measure was improving or worsening from the previous measure.

Spokane Counts Indicator	2011	2013
Health care		
Dental check-up	73.7%	72.1%
Insured (adult)	85.0%	81.7%
Personal doctor (adult)	78.6%	78.4%
Health status		
Asthma (youth)	14.6%	16.4%
Depression (youth)	26.6%	28.5%
Diabetes (adult)	7.2%	10.0%
Obesity (Adult)	28.6%	26.0%
Overweight (youth)	23.2%	24.4%
Poor mental health (adult)	12.4%	10.9%
Healthy behavior		
Binge drinking (adult)	17.80%	16.10%
Illicit narcotic use (adult)	1.2%	0.3%
Maternal smoking	16.0%	15.9%
Physical activity (adult)	69.9%	55.7%
Injury and violence		
Adverse childhood experience	35.6%	29.9%
Bullied (youth)	26.5%	27.2%
Child abuse	40/100,000	48.1/100,000
Domestic violence	9.5/100,000	9.4/100,000
Physical abuse (youth)	17.5%	17.1%
Unintentional injury	726.4/100,000	717.7/100,000
Infectious disease		
Preschool immunizations	60.2%	40.0%
School-age immunization exemptions	7.3%	6.2%

[3] ** Color Key***
Red = Worsening trend from previous measurement
Yellow = Trend stayed the same from previous measurement
Green = Trend has improved from previous measurement

Prioritization process

This sub-section provides a description of the prioritized significant community health needs identified through the community health needs assessment, including a description of the process and criteria used in prioritizing these health needs.

The community was asked to prioritize the current identified needs to reduce duplication and community burnout. Through a SurveyMonkey survey, respondents were asked to prioritize with the same criteria they were asked to prioritize in 2013. This information was brought to an internal Providence work group for consideration and to identify the top needs Providence should address within the community.

Prioritization criteria

The Providence 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?

After prioritizing the top issues from the needs assessments, community surveys and gaps, Providence Sacred Heart Medical Center & Children's Hospital and Providence Holy Family Hospital chose to focus on the following areas in the health improvement plan:

Mental health

Dental

Diabetes

Immunizations

Stable housing

What we heard from the community

This section describes how the hospital took into account input from persons who represent the broad interests of the community. It includes names of organizations providing input along with a summary of what they said.

Prioritized needs were presented to the Community Health Assessment Board on May 8. This group consists of various agencies interested in coordinating a communitywide needs assessment. Many of the members in attendance agreed with the needs and Providence's involvement with the needs, especially for stable housing.

Community Health Assessment Board members:

Adams County Health Department
Better Health Together
Community Health Systems-Rockwood
Eastern Washington University
EWU Institute for Public Policy &
Economic Analysis

Empire Health Foundation
Gonzaga University
Spokane Regional Health District
Washington State University

Prioritized needs were presented to the Spokane Homeless Coalition on July 9. This group consists of various agencies interesting in addressing the needs of the homeless population within Spokane County. Many of the participants at this meeting were interested in how Providence would specifically respond to the need for stable housing. They were in agreement with many of the other needs, but as expected where interested in how Providence interpreted stable housing.

Spokane Homeless Coalition members:

Aging and Long Term Care of Eastern
Washington
Amerigroup
Center for Justice
Children's Administration
City of Spokane
City of Spokane – Public Defender
Community Health Plan of Washington
Family Promise of Spokane
Frontier Behavior Health – Homeless
Outreach
Gathering Place
House of Charity

Martin Luther King Jr. Center
Molina Health Care
NW Justice Project
Priority Spokane
Safe Families for Children
Spokane COPS
Spokane Police Department
Transitional Programs for Women - New
Leaf Bakery
Women's Hearth
Worksource
YWCA

Prioritized needs were presented to Priority Spokane Steering Committee July 15. This group consists of leaders developing and initiating a collective impact model to address a high priority need. Currently, they are focused on homeless and at-risk youth and how to increase graduation rates for this population. They were in agreement with the use of the community data and how Providence defines its role in addressing these overall community needs.

Priority Spokane Steering Committee participants:

Avista
Eastern Washington University – Institute of Public Policy
Whitworth University
ESD 101
Gonzaga University – Department of Education
Inland Northwest Community Foundation

Rogers High School
Spokane County
Spokane Housing Authority
Spokane Regional Health District
United Way
Washington State University

Prioritized health needs

This section describes the areas of significant health needs that Providence plans to address and illustrates how each one fits into the overall community identified health needs.

Mental health

- Substance abuse both as a cause of mental illness and a result of mental illness
- Access to services for dementia patients and the isolation associated
- Adverse childhood experiences
- Child abuse and child welfare
- Access to care including medication, treatment, both inpatient and outpatient

Dental

- Access issues with not enough providers who take low income patients, as well as costs and resources available
- Education around prevention needed.
- By addressing substance abuse we can address some of the dental issues.
- Often there is a mental health component to the dental issues.
- Better nutrition will help with better dental outcomes.

Diabetes

- Healthy weights can lead to better prevention efforts.
- Costs are a barrier around healthy foods, supplies, equipment and medication.
- Treatment is an issue along with medication management.

Immunizations

- Education to the health benefits of immunizations
- Access in rural and low income neighborhoods

Stable housing

- Stability of the family and home to aid in physical, mental and emotional health and healing

Comparison of prioritized needs

This chart explains how Providence prioritized needs can help address the larger community prioritized needs.

Community Prioritized Needs	Providence Prioritized Health Needs
Accelerate to a high performing economy	Mental health, dental, diabetes, immunizations, stable housing
Ensure that all our children are ready for kindergarten	Mental health, dental, immunizations, stable housing
Increase the accessibility, resources, and attitudes regarding mental health	Mental health, stable housing
Improve educational attainment	Mental health, dental, immunizations, stable housing
Increase the percent of the population with healthy weights, by among others, promoting walking, biking, and transit use.	Diabetes

Baseline measurements

This section describes the potential measures identified through the CHNA to address the significant health needs and to show a base line measurement for the data. It also describes the potential resources identified through the CHNA to address the significant health needs, which can be found in our Community Health Improvement Plan.

Leading Health Issues	Measure
Mental health	Poor mental health in adults 10.9% Depression in youth 28.5% Child abuse rates 48.1/100,000
Diabetes	Diabetes in adults 10% Obesity in adults 26% Overweight youth 24.4% Physical activity in adults 55.7%
Dental	Dental check-up 72.1%
Immunizations	Preschool immunizations 40% School-age immunizations exemptions 6.2%[4]
Stable housing	1,149 homeless persons (2014 Point-in-Time count)

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[4] Listed in Spokane Counts as School-age immunizations.

Results from 2012 CHNA

This section evaluates results from our most recent community health needs assessment.

The top health issues for the 2012 CHNA were:

- Mental health and substance abuse
- Access to care and care coordination
- Obesity and diabetes

Mental health and substance abuse

Mental Health Data Comparison:

Data Point	2011	2013
Poor mental health in adults	12.4%	10.9%
Depression in youth	26.6%	28.5%
Binge drinking in adults	17.8%	16.1%
Illicit narcotic use in adults	1.2%	0.3%
Child abuse as reported to CPS	40.0 per 100,000	48.1/100,000

*Spokane Counts Data: http://www.srhd.org/spokane-counts/
** Some data points are self-reported

Christ Clinic behavioral health support
2014 outcomes:
- 5,813 patient visits
- 1,290 unduplicated patients.

Christ Clinic is a medical clinic providing reduced cost-care to those without health insurance; it is partially funded by Providence. With the continuing implementation of the Affordable Care Act, 2014 was a year of tremendous change throughout our country's health care system. Washington state was an early adopter of Medicaid expansion, increasing eligibility to those with incomes from 100 percent to 138 percent of federal poverty level guidelines. Knowing this was on the health care horizon, the board of directors and leaders of Christ Clinic recognized the need to broaden services that were primarily available only to uninsured low-income patients. Hence, the clinic now serves Spokane's low-income residents who qualify for Medicaid as a result of the expansion, who are newly underinsured with private coverage from the state health insurance exchange and those who continue to be uninsured. Through collaboration with Empire Health Foundation's Better Health Together Program, the clinic was able to train a part-time staff member to assist our patients to navigate the sometimes difficult and confusing task of finding the most suitable health care insurance coverage in the new environment created by the ACA.

In addition, the clinic has been and continues to operate on the forefront of what is commonly known as a "health home model." Its mission is anchored in whole-personal healing of the body and soul, which is accomplished by incorporating behavioral health services and spiritual care along with excellent quality primary medical care. Living out our Mission and core values, clinic caregivers (all employees) embrace each patient as made "in the image of God" and therefore deserving of dignity and compassion. Although Christ Clinic is a smaller organization as compared to Community Health Association of Spokane or Unified Community Health, it continues to serve one of the most impoverished neighborhoods among west and north-central Spokane communities. The clinic also continues to offer affordable cash pay discounts to uninsured patients as another way of ensuring they can access sufficient services to sustain their health (both medical and behavioral) over time.

Community detoxification funding

2014 outcomes:

- 577 total admissions directly from Providence Sacred Heart Medical Center Emergency Department to treatment
- Of those admissions, 445 were referred to the sobering unit and 132 were referred to the sub-acute detoxification program

This program serves patients with primary substance abuse or mental health issues in the Emergency Department. It is fully sponsored by Providence and is designed to transport patients from ED treatment, as a direct result of substance abuse, to our sobering services. It includes further referrals that will redirect patients with chemical dependency issues from the ED to more appropriate care settings, reducing ED costs and ensuring emergent beds are available for the community. The biggest success stories have involved patients who have been using the ED on a weekly basis because of a substance abuse issue, usually intoxication or acute withdrawal. Once they are referred to the sobering unit they begin their journey into recovery. They are then fully stabilized and referred to a treatment agency that best suits their individual needs.

After the completion of inpatient treatment, patients with chemical dependencies are enrolled in an intensive outpatient program and discharged to a supportive living environment, whether that be a monitored residence or back home with family. This structured living greatly reduces patient needs to seek help from an ED for substance-related issues. This is what we strive for with every patient who enters into the sobering unit from the ED or any other referral source.

Partners with Families and Children grant funding

2014 outcomes:

- From January to November 2014, Partners with Families and Children has provided direct services to 422 children and 547 caregivers.
- During the same time period, the program's Child Advocacy Center served 350 children.

- Specialty medical examinations and diagnosis of physical, sexual abuse, neglect and drug exposure were provided for 207 children.
- The medical team provided 22 hospital consults to Providence Sacred Heart Children's Hospital.

In order to address multigenerational traumatic stress, our Child Advocacy Center, which is partially funded by Providence, provides specialty medical examinations, hospital consultations, forensic interviews, legal advocate services, care coordination, and other service access for child abuse victims and their non-offending family members. In addition to the services provided at the center, Partners also addresses child abuse and/or neglect by providing strength-based, family-centered services to public health recipients. These services include: mental health treatment; chemical dependency services; and services geared toward improving the overall financial health of the family.

According to research from the National Children's Advocacy Center, on average, there is a $1,047 savings in the prosecution of cases investigated through a children's advocate or center. As part of the research, a cost benefit analysis found that for every dollar spent on a child advocacy center, a benefit of $3.33 was provided to the community. In applying the cost analysis study of the child advocacy model to our program, the community saved $9,423 in judicial system costs. This was the result of nine cases that were accepted for prosecution in 2014 based upon an investigation coordinated by our child advocacy program.

The target populations served by this grant are children and families who present at Partners with Families and Children with concerns about any form of child maltreatment, including sexual/physical abuse, neglect and/or exposure to drugs and violence in their homes. Both parents and children in these families are usually experiencing multiple challenges, including poverty, substance abuse, mental health, family violence and traumatic stress. Children and their families are referred to Partners by law enforcement, public child welfare social workers, and community medical providers, including Providence Sacred Heart Children's Hospital.

Partners' intended outcomes and goals include: increased child safety; provision of specialty medical examinations to children believed to be victims of abuse and/or neglect; provision of medical consults for the determination of non-accidental trauma to children referred from the medical community, including Providence Sacred Heart Children's Hospital; decreased family violence, and parental stress; increased caregiver-child attachment; and referral/access to other community services/resources that can meet child and family needs.

Daybreak Rapid Response Program
2014 outcomes:
- Direct contact with 118 youth and additional screenings, using the CRAFFT tool, administered to 40 youth

This program serves youth who have been identified as users of harmful substances through the CRAFFT screening tool and also youth with alcohol and other drug use habits. Tracking is performed manually on all patients who have received a Daybreak consultation via CRAFFT screening, case management, assessment and/or referral for treatment. This program provide is available 24 hours a day, throughout the year for Providence clinicians to contact when they encounter youth who they believe have: substance use issues, been screened positive for use of substances, or have been admitted due to substance use within the last year. With informed and early intervention, we are able to assess the services that could benefit our youth patients and make recommendations for treatment and other services to get them help. These steps help decrease the need for continued ED services, lessening the overall cost to the hospital, the individual patient and the community. In addition, the earlier we can treat the individuals, the more hope there is for recovery and less adverse impact on our society, as often these youth are on a trajectory to become offenders in our legal system.

Northwest Autism Center funding
2014 outcomes:
The Intensive ABA Day Treatment Clinic served the following:

- 25 children received 48 days of prescribed treatment.
- 47 family members received a minimum of 36 hours of family training and support (parents, extended caregivers, and grandparents).
- Three master's-level students received supervised board-certified behavior analyst clinical hours towards the 1500 hours required for the national Behavior Analyst Certification Board exam eligibility.
- One clinical psychology master's-level student received supervised hours towards the 600-hour required internship.
- One speech and language master's-level student received supervised clinical hours towards a degree requirement.

The center was only the second program of its kind established in Washington state in 2014. The new state legislative mandates implemented in 2013 for the coverage of autism diagnosis and treatment were very exciting news for our families and providers. However, the development of new Washington administrative codes regulating the provision of those services – combined with an extremely limited provider pool for ABA treatment – contributed to a very slow response among related agencies in the creation of qualified and properly certified services.

Northwest Autism Center (see description below) participated in the work group responsible for development of the codes and continues to respond to questions from providers across the state regarding how to begin a clinic, how to get properly licensed, and how to proceed with billing and pre-approval processes.

In 2014, our intensive applied behavior analysis day treatment clinic, known as Northwest Autism Center, served clients residing in Spokane County and one family

traveling from Lincoln County. Northwest Autism Center is the only clinic between Spokane and Yakima, and we anticipate families from many eastern Washington counties will seek enrollment as they receive approval for prescribed treatment. The 2015 waitlist includes a family from a local tribe and another family diligently working to arrange transportation from outside Wenatchee. All clients have a diagnosis of autism spectrum disorder or another neurodevelopmental disability, are between the ages of 2 to 6 years, and have a medical prescription for applied behavior analysis.

Northwest Autism Center opened its first clinic session in January 2014. An afternoon clinic session was added in March 2014 which doubled the number of children treated. The center is working to establish a satellite site is at Whitworth University during 2015. This will increase much-needed treatment access through the intensive day clinic to about 50 children. Perhaps as importantly, it will also increase the number of supervised internship and clinical experiences available for students from a wide variety of disciplines. In brief summary, the center has improved care and access in the following ways:

- Inspired other organizations to develop similar treatment clinics for their respective communities
- Provides a critical resource to meet treatment referral needs in Spokane and the Inland Northwest
- Serves as a model for teaching and training research-supported treatment for autism and other neurodevelopmental disabilities
- Is a catalyst for the creation of university education tracks for behavior analysts and for specialty training across provider disciplines, such as speech, occupational therapy, physical therapy, psychology and more

Since our clinic began, two more clinics have been opened – one in Issaquah and one in Everett. We continue to work closely with Seattle Children's Hospital as they pursue the development of a clinic as well. Included in the transition planning and coordination of care, educators and providers in our community have the opportunity to review the aggregated data we collect on every aspect of a child's development during their enrollment period. This practice emphasizes the importance of analysis in determining the trajectory of skill acquisition for each child. Further, it provides evidence informing identification of strategies to meet individualized goals – significantly improving outcomes for the child and family.

We are proud of higher education's response to our community's need for a qualified provider pool, and honored to be in a position to help meet their respective goals to prepare students to enter the workforce equipped to meet the needs of the families and individuals they serve.

St. Joseph Family Center
2014 outcomes:
- Served 300 clients for 2,324 mental health counseling visits
- 17 percent of the clients were covered by state-sponsored insurance

This Providence community benefit funding helped individuals/families who sought mental health treatment but were uninsured, underinsured through private or public coverage, or could not afford insurance premiums and or/co-pays. During the period between Sept.1, 2013 – Aug. 31, 2014, 66 clients participated in a first or second administration of the brief symptom inventory. Analysis of the BSI data for those who took two administrations found positive statistical significance between the first and second inventory, evidence that clients made significant progress toward their counseling goals. Overall consumer satisfaction results showed an average of 3.6 on a 4-point scale; clients reported that they were satisfied or strongly satisfied with the services they received from the center.

YWCA of Spokane – Domestic violence advocate
2014 outcomes:
- 32 victims of domestic violence received therapeutic counseling for mental health from a licensed therapist
- 90 percent self-reported an improvement in mental health

The need for domestic violence victims to have access to mental health services has been firmly established. The addition of the Clinical Counseling for Victims of Domestic Violence Program augments the Alternatives to Domestic Violence Program Counseling Center's comprehensive service delivery model so that it reflects not only the social and advocacy needs of victims, but also the psychological needs of battered women and their children.

Access to care and care coordination

Data Comparison:

Data Point	2011	2013
Unintentional injury	726.4/100,000	717.7/100,000
Insured adults	85%	81.7%[5]

*Spokane Counts Data: http://www.srhd.org/spokane-counts/
** Data from the Washington State Department of Health

Sunset School-Based Health Center
2014 outcomes:
- Since the beginning of the 2014-2015 school year in the Cheney School District, the center has served 98 unique individuals through 123 patient visits. (This information is tracked through the electronic health record program that Community Health Association of Spokane uses to serve the students and siblings of Cheney School District.)

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[5] 2013 rate before implementation of Accountable Care Act in 2014.

The health center at Sunset Elementary has been a great help for the elementary school community, but has seen some challenges. In a district where the number of new families arriving each year nears 40 percent, getting the word out to parents is an annual hurdle. The school-based health center concept is not always easy to communicate and as a result, use of the clinic is lower than desired. However, this challenge has led to new awareness of the need for primary care services in all age groups within the Cheney School District, not just kindergarten through grade 5. CHAS and Cheney schools have responded by adjusting the Sunset health center model to include providing services at the middle school and high school one day per week. While this reduces the number of hours at the Sunset center, the cost is the same and the program is reaching more students. It is also creating more awareness among many more educators, students, and families about the importance of preventive and primary care, while creating new ways to access care.

Homeless Respite Program
2014 outcomes:
- 195 homeless men and women served

In 2014, the Homeless Respite Program provided recuperative care to almost 200 men and women who had been discharged from Providence hospitals and other local health care entities in Spokane, Wash., and were without a safe place to heal. This program ensures that providers no longer have to keep homeless patients in the hospital longer when they are ready to move to a less acute setting. The patients have better health outcomes because they are able to rest and recover, rather than return to life on the streets before they are completely well. With the program, post-hospitalization nursing care is delivered more consistently because there is a place to receive these services. During recovery, each patient is given health education and intensive case management. Mental health and housing needs are also addressed.

The respite program at the House of Charity, in just its first full year, showed that innovative housing solutions can create health care savings while also improving care and outcomes for a vulnerable population. According to hospital adjusted expenses for inpatient stays in Washington state, the average cost per night, per patient in the hospital is $3,063 (http://kff.org/other/state-indicator/expenses-per-inpatient-day/). There were 1,405 bed-nights of homeless respite care at House of Charity and Hope House in 2013 with just eight respite beds. The 1,405 bed nights of respite care, in just the first year, represent a possible savings to participating hospitals of $4,303,515. Even using the more conservative measure of approximately $800 per night in daily hospital costs, the total saved in our first year represents a reduction of $1,124,000. Another conservative estimate is that each respite client is discharged from the hospital three days sooner on average than non-respite homeless hospital patients for a savings of ($3,063 multiplied by 300) $918,900. The total number of bed nights for 2014 was 3,480.

Project Access funding

2014 outcomes:
- Total number of clients served year-to-date is 86

Project Access is a program partially funded by Providence to provide coordinated care for those without insurance. Approximately 40 percent of the referrals have been from individuals who are non-legal residents and 60 percent have been individuals who have not purchased health insurance on the exchange. The following chart shows progress toward the objectives established for the 2014 grant period through Dec. 23, 2014. This report also explains how a dramatic drop in individuals seeking access to health care has had an impact on Project Access and reaching the goals and objectives.

Goal	Measurements	Results as of 12/23/14
Provide services to at least 1000 clients in 2014	Internal case management records	About 86 clients served
Maintain volunteer provider count of at least 600	Internal case management records and provider communications	Provider network remains the same but qualifications are changing
Increase the return on community investment to at least $20 in 2014	First Choice Claims data for value of services / operating expenses	Not yet available
Maintain no show rate at 4% of below in 2014	Follow-up phone calls to providers after client appointments	No-show rate remains below 4% based on anecdotal information

The work of the Spokane County Medical Society changed significantly as a result of the Affordable Care Act. New client referrals in 2014 were about 9 percent of the average monthly referrals in 2013; about seven per month versus about 100 per month in 2013. As was hoped by many advocates, including Providence, the ACA has reduced by thousands the number of people who would have been Project Access clients but who are now enrolled in the expanded state Medicaid health insurance program. However, referrals from our community clinic partners dropped much more than we anticipated beginning in January 2014. The Community Health Association of Spokane clinic system, Riverstone Family Clinic and Spokane Falls Family clinic have enrolled thousands of people, and other clinics are also facilitating Medicaid health insurance enrollment. CHAS also indicated that thousands more of their patients have not yet enrolled in the new Medicaid coverage but are expected to enroll the next time they visit the clinic for services. This is a huge improvement in access to care for community residents resulting from the ACA. It is also a huge change in the work flow for Project Access. Community clinics continue to work on referrals for Project Access services for undocumented residents and individuals who opted out of the new Washington state

insurance exchange. These clients make up the new insurance gap that we anticipated.

Spokane Prescription Drug Assistance funding
2014 outcomes:
- 351 patient appointments
- 315 prescription assistance applications
- 259 prescription refills were completed

The Prescription Drug Assistance Foundation and the Spokane Prescription Access Network serves low- to moderate-income people who are uninsured or underinsured, including Medicare, and cannot afford their medications. The program helps people in need connect with prescription assistance programs and copay assistance foundations to secure no-cost or reduced-cost medications.

Of the 351 patient appointments in 2014, 104 of the patients were new to the program. Of that total, 85 percent of applications were to support unique, unduplicated individuals. This resulted in medications valued at nearly $2 million brought into our community from national sources, $560,000 of which supported patients served by Providence clinics.

In 2009, SPAN began helping uninsured and underinsured patients obtain prescription medicines at no cost or low cost. SPAN is the only organization offering access to medications and necessary support services on a communitywide basis. Many patients served have complex health issues including diabetes, respiratory, blood pressure, cholesterol and psychiatric diagnoses, among others.

The pharmaceutical prescription assistance programs have responded to the new health care environment resulting from the Affordable Care Act by developing more copay and deductible assistance programs. Since 2009, SPAN has brought more than $12 million in donated pharmaceuticals to our community. The return on investment is $29 in nationally-supplied pharmaceuticals for every $1 in local funding.

SPAN receives referrals from more than 55 sources, with a growing network. With the advent of the ACA, our scope of practice is evolving as well. While we have seen a decrease in the very low-income Medicaid population (under 138 percent FPL), there is a co-occurring increase in other types of patients asking for help and requesting copay assistance. Our scope of work has actually expanded from primarily low-income uninsured and underinsured individuals to include moderate income insured individuals (up to 500 percent of FPL). There is more complexity in fulfilling the requirements of prescription assistance programs and an increase in the number of patients being referred to SPAN for help in discerning their pharmaceutical benefits within their insurance plans. SPAN manages the increasing number of supporting documents assistance programs are requiring and coordinates with the patient, provider office and those programs to ensure the documentation is completed and successfully received.

SPAN brings together health care providers, clinics, hospitals and national pharmaceutical companies in an innovative way to support improved access to health care. The challenge of health care is to combine the promise of new treatments with the opportunity for everyone to benefit from those innovations. Prescription assistance is an important element to ensure treatment compliance. With our history of successfully integrating into multiple existing community organizations, SPAN presents a model for low cost, integrative and collaborative services.

Spokane Medical School support

Providence is in the process of developing a medical and psychiatric residency program. These residents will work on inpatient psychiatric units and provide consultative services to those units and to Emergency Departments. We have secured faculty and started recruiting for the first class. We are excited to begin development of a telepsychiatry service to benefit Providence ministries and the community in more rural locations who can consult with our medical residents while remaining close to home.

Catholic Charities – Inpatient Assisters Program

Outcome:
- More than 150 individuals served above the federal grant funding mandate

Many of the homeless have either never enrolled in Washington Apple Health or need help renewing their coverage. Since many people who are homeless do not have a phone or computer that can be used for an extended period of time, they can find it nearly impossible to sign up for health care coverage without the help of an in-person assister. This program helped enroll individuals at parishes and homeless shelters when federal grant-funded assisters could not cover those areas.

Dental Emergencies Needing Treatment

Outcome:
- 1160 patients referred to the DENT program
- Of those, 701 were able to schedule appointments with a dentist
- 27 dental providers committed to the network, up from 4
- Program capacity of 87 appointments per month

The DENT project was designed to reduce ED use for dental emergencies by coordinating a network of volunteer oral health care providers. During a two-year period, the network worked to improve access, health, and reduce costs for this population. Treatment includes care management and behavioral coaching, which supports positive patient behavior. Both have significantly reduced the "no-show" rate by patients and are repeatedly mentioned by dental providers as a significant factor in their willingness to participate in DENT. Continued emphasis on the value of behavioral coaching will be made through a sub-committee of the Spokane Regional Health District Oral Health Coalition, chaired by Karen Davis. The group will also address how to communicate the value of behavioral coaching to dental providers in 2015.

Hospice of Spokane
2014 outcomes:
- Hospice House North has served nearly 240 patient families, providing more than 2,500 days of care to terminally ill patients and their families.

Patients and families face special challenges in the final weeks of life, challenges that Hospice House was specifically designed to meet. Hospice care and support fills this specific, sacred, important niche in our community's health care network. With help from Providence funding, Hospice House offers a mix of public and private spaces for families, letting them easily transition between spending quiet time with their loved ones and having a cup of coffee in the courtyard. Hospice House welcomes families, with special spaces for kids to play and even a large dining table for those times when sitting down together brings healing and comfort like nothing else.

Since Providence helped open Northeast Washington's first Hospice House in 2007, thousands of families have called that peaceful sanctuary "home" for a special chapter in life. However, the number of people needing care was greater than the number of rooms available. It is to serve these patients and their loved ones that Hospice of Spokane built a second Hospice House on Spokane's north side, opening in April 2014.

Obesity and diabetes

Data Point	2011	2013
Obesity in adults	28.6%	26%
Diabetes in adults	7.2%	10%
Overweight youth	23.2%	24.4%
Illicit narcotic use in adults	1.2%	0.3%
Child abuse as reported to CPS	40.0 per 100,000	48.1/100,000

*Spokane Counts Data: http://www.srhd.org/spokane-counts/
** Some data points are self-reported

Women's and Children's Free Restaurant Nutritional Program
2014 outcomes:
- 26 women attended Providence Nutrition Essentials classes with their children

This program, which is supported by Providence, serves food-insecure women and children at risk for preventable health conditions. Through a nutrition essentials class, which teaches these moms about nutrition and healthy cooking on a budget with the goal of helping them become more independent and reduce their risk of nutrition-related conditions such as Type 2 diabetes and obesity.

The restaurant partnered with the Washington State University Food $ense program for eight weeks to fulfill the goals of Nutrition Essentials during 2015. Our students, while not large in number, were committed and fully engaged. In 2015, we added the second

eight-week phase of the program, which incorporates goal-setting, cooking demonstrations, meal planning, walking, food safety, budgeting, and the development of peer mentors. Continuing participation and returning for the second eight-week series shows interest and commitment to improved health. Participants were very willing to have their measurements taken and set goals for weight loss, add physical activity to their daily lives and make healthier food choices. We've seen a successful correlation between the mother's adoption of enduring healthy behavioral changes and that of her children. Additionally, information was made available to more than 500 individuals in the Women's and Children's Free Restaurant. We are currently connecting with other agencies, such as Transitions and YWCA to make Nutrition Essentials available to their program participants.

Coordination with our Educational Services Department and INHS
Internal meetings were held to identify gaps and resources.

Plan approval

Elaine Couture

Elaine Couture
Regional Chief Executive
Providence Health Care

8/26/15
Date

[signature]

Gary Livingston
Chair
Providence Health Care Community Ministry Board

8/26/15
Date

Joel McCullough

Joel McCullough, M.D.
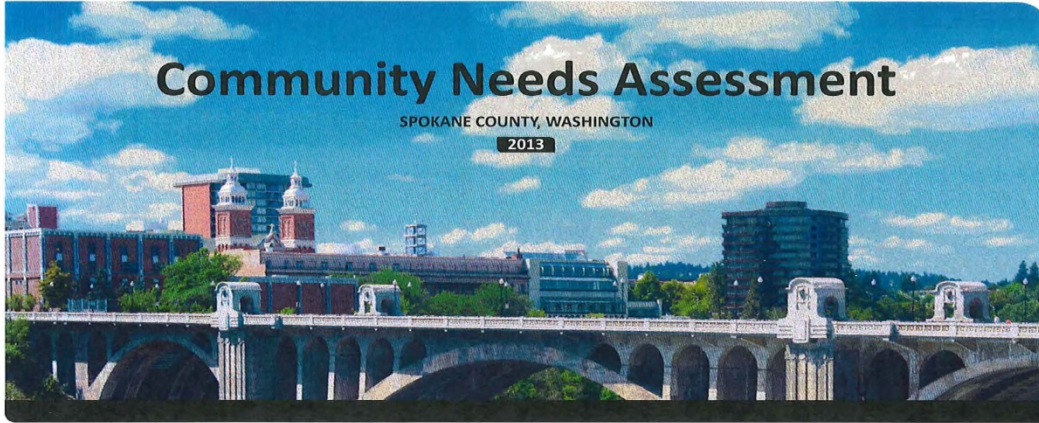Public Health Officer
Spokane Regional Health District

9/1/15
Date

CHNA/CHIP contact:

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

Appendix 1

Priority Areas of Steering Committee Agencies

City of Spokane	Empire Health Foundation	Eastern WA University	Greater Spokane Incorporated	Greater Spokane Valley Network	Inland NW Foundation	Priority Spokane	Providence Health and Services	Spokane Regional Health District	United Way of Spokane County
Public safety: Criminal justice delivery; fire and EMS model; police culture; citizen neighborhood safety; parks environment	Improve access and integrate services to achieve better health for everyone at less cost (2013)	Continue the development of Mental Health Professionals	**Education attainment:** By 2025, 60% of adults will have attained at least a 2 year degree/certificate (early learning, K-12 support; higher education)	**Food Insecurity** - back packs for students prior to holidays coordinated with Valley Partners	**Education** through middle school achievement	Accelerate to a high-performing economy	**Mental health and substance use**	**Reduce inequities** that contribute to health disparities	**Education:** Helping people achieve their potential (Children are ready for kindergarten; Students are successful in and out of the classroom; Students graduate from high school on time; Adults complete advanced training or college)
Jobs & economic growth: Infrastructure; high-wage job creation; customer service; federal investment in job growth; partnerships; shovel-ready development; Fair child; high-performing workforce	**Prevent Adverse Childhood Experiences** and mitigate long-term health effects of complex trauma (2012)	**Healthcare Education:** Through educational programs and experiences for students	**Healthcare:** Advocacy role for medical school, convener of healthcare committees, career awareness	**Health** - dental education	**Economic attainment** by eliminating intergenerational poverty and increasing education	Ensure that all our children are ready for Kindergarten	**Obesity and diabetes**	Develop a strategic health agenda to address emerging and ongoing public health issues	**Income:** Increasing financial stability & opportunity (People have income and resources adequate to meet basic needs; People acquire family sustaining employment; People gain and sustain assets)
Budget: Invest in direct services, partnerships, integration; program results; financial strength and stability	Reduce obesity, starting with school-aged children (2011)	**Providing Service:** School of Social Work effort with non-profits	**Raising Income:** Through economic development and workforce development	**Housing** - focused on homeless youth in CVSD, providing resources working identified by homeless school liaison		Increase the accessibility, resources, and attitudes regarding mental health	**Care coordination and access**	Selected in 2014	**Health:** Improving people's health (Children and youth are nurtured and safe; People make healthy choices; People can access quality health care; Vulnerable populations are included and not isolated)
Infrastructure: Integrated plan for investments; innovative operations models	Respond to immediate needs of the nonprofit sector (2010)	**Increased Community Engagement:** University strategic goal of more community engagement by all academic programs		**Resources and Networking** - working with Spokane Cares		Improve educational attainment (PS's current focus, w/ middle school emphasis)			Selected in 2009, revised in 2013
Quality of life: High quality, efficient services; engage citizens; social and housing services; citizen relationship with city	Build local capacity and leadership by attracting and leveraging outside resources (2010)			**Youth at-risk** - mentoring and advocacy		Increase the % of population w/healthy weights, by among others, promoting walking, biking & transit use			
Selected in 2014	Stimulate health workforce development (2012)					Selected in 2014			
	Reduce health disparities in Indian Country (2011)								
	Improve oral health outcomes and reduce tooth decay (2013)								
	Improve health outcomes and quality of life for rural aging populations (2014)								
	Increase collaboration, volunteerism and giving in the region (2014)								

Appendix 2

Community Needs Assessment
SPOKANE COUNTY, WASHINGTON
2013

Purpose

The 2013 Community Needs Assessment was conducted by Priority Spokane. The purpose was to prioritize the needs of the community, especially among those living in poverty and with least access to resources, and to promote collaborative opportunities to improve health and well-being in Spokane County.

Community Engagement Process

Step 1: Priority Spokane members served on the planning committee, headed by Dr. D. Patrick Jones, Executive Director, EWU Institute of Public Policy & Economic Analysis. Dr. Jones and his team maintain the Spokane Community Indicators Initiative (CII), a database intended to provide democratic access to information needed by individuals, organizations, and government for decision-making (communityindicators.ewu.edu).

Step 2: Over 300 email invitations were extended to community members, inviting them to participate in one of five taskforce committees: Healthy People, Education, Economic Vitality, Public Safety, and Environment. Each taskforce was headed by members of Priority Spokane having expertise in that area.

Step 3: Each committee reviewed CII indicators for their area, discussed which indicators were out-of-date and why, and suggested new indicators that reflected current needs. A viable metric had to be submitted with each suggestion, one that could be easily tracked annually by the EWU team.
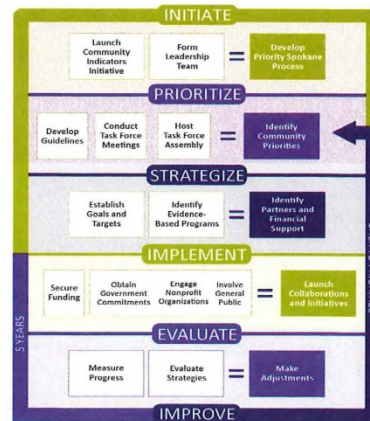
Step 4: Committee members engaged in lively and thought-provoking conversations about how to prioritize their indicators. Participants were encouraged to consider root causes or closely correlating factors behind the indicators; for example, the fact that most of those in the county jail have less than a high school education. Votes were tabulated and the top three priorities from each committee were forwarded to the final meeting.

priority Spokane
engaging community creating change

A unique collaboration of community leaders who endeavor to create a vibrant future for Spokane County by implementing community-defined goals.
We serve as a catalyst and convener for data-driven and focused improvements to economic vitality, education, the environment, health, and community safety.

Community Engagement Process *(continued)*

Step 5: About 75 individuals/organizations from the 150+ who participated in the committee process attended the taskforce assembly. The fifteen committee priorities were presented and thoroughly discussed. At the close of the meeting, each person could vote for their first, second, and third choices; the choices were weighted three, two, and one point respectively. The 3 areas that received the most votes were: mental health, high quality jobs, and early intervention programs.

Step 6: Using the results from the community vote and grouping similar areas of work, the final five priorities are listed below. After hearing from community content experts on the top 5 areas, PS determined to direct their work around **mental health issues.**

2013 Priority Areas for Spokane County

- Accelerate to a high-performing economy
- Ensure that all our children are ready for Kindergarten
- Increase the accessibility, resources, and attitudes regarding mental health
- Improve educational attainment (PS's current focus, with middle school emphasis)
- Increase the % of population w/ healthy weights, by among others, promoting walking, biking & transit use

Conclusion

Priority Spokane led a similar process in 2009 that resulted in educational attainment being the top priority. Since then high school graduation rates have improved because the community became aware and began to collaborate in new ways to accomplish a single priority that was based on data. We are beginning to see systems change, which is the only way to accomplish long-term results.

The many partners of this prioritization assessment process see opportunities for the same level of awareness, convening, catalyzing, and collaboration moving forward to build a true culture of health in Spokane County.

Next Step: Strategize

- Analyze issue further - define target population
- Compile community assets working on issue
- Identify gaps in services
- Identify model practice strategies
- Identify funds to implement strategies

November 2014

Guidelines in Community Prioritization

- An issue that affects the greatest number of residents in Spokane County, either directly or indirectly.
- A condition that is unambiguously below where we want it to be, via a comparison to a benchmark or its own trend.
- A condition that is unambiguously above a benchmark, and therefore one that we want to preserve.
- An issue that is predictive of other outcomes, as best as we can currently determine.
- An issue that appears to impact several aspects of community life.
- A condition that we, at the local level, have some opportunity to change.
- A proposed time horizon: 5 years

During 2012 in Spokane County

- The share of 10th graders who felt sad or hopeless for almost every day for two weeks or more in row was 29.0%, matching the 2006 share.
- The percent of adults who self-reported that their mental health was not good on 14 or more days in the last 30 days was 10.9% increasing form 10.6% in 2006.
- The local government expenditure on a per capita basis for mental health was $88.03, increasing from $35.27 in 2001.

priority Spokane
engaging community
creating change

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Appendix 3

Invited community participants in Spokane community needs assessment

Aging and Long Term Care of Eastern Washington
AHANA
American Red Cross, Spokane Chapter
Area Health & Education Center, WSU-Spokane
Avista
BDO Seidmans
Better Business Bureau
Board of Health - SRHD
Cascade Windows
Central Valley School District
Central Valley School District Board
Center for Environmental Law & Policy
Center for Justice
Cheney School District
Christ Clinic
City of Cheney Police Department
City of Spokane
City of Spokane, Department of Human Services
City of Spokane Municipal Court Judge
City of Spokane Plan Commission
Communities in Schools
Community Building Foundation
Community-Minded Enterprises
Daybreak Youth Services
Department of Social and Human Services
Downtown Spokane Partnership
Eastern Washington University
EWU, Sociology & Criminal Justice
Eco Building Guild
ESD 101
Empire Health Foundation
Empire Health Foundation Board
Excelsior Youth Center
Family Home Health Care
First Choice Health
Friends of the Falls
Frontier Behavioral Health

Futurewise

GeoEngineers

Gonzaga Prep

Gonzaga University Campus Public Safety & Security

Greater Spokane Inc.

Group Health

Haskins Steel Co, Inc.

Health Sciences & Services Association of Spokane County

Healthcare Management Services

Hospice of Spokane

Inland Empire Distribution Systems

Inland NW Association of General Contractors

Inland NW Community Foundation

Inland Northwest Health Services

Inland Northwest Land Trust

Inland Northwest Trails Coalition

Jim Kolva Associates

Kiemle Hagood

Lands Council

Life Services

Mead School District

Moloney O'Neill

Native Project

Nine Mile Falls School

Out There Monthly

Planned Parenthood of Eastern WA & N. Idaho

Prairieview Elementary, Mead

Premera Blue Cross

Project Access

Providence Health Care

Saint George's School

Spokane Alliance

Spokane City/County Emergency Management

Spokane County

Spokane County Commissioner

Spokane County Juvenile Court

Spokane County Public Defenders' Office

Spokane County Sheriff's Office

Spokane County United Way

Spokane District Dental Society Foundation

Spokane Falls Community College

Spokane Fire Department

Spokane Neighborhood Action Programs

Spokane Police Department

Spokane Public Schools

Spokane Public Schools, Safety/Security/Trans.
Spokane Public Schools School Board
Spokane Regional Health District
Spokane Regional Labor Council
Spokane Regional Solid Waste
Spokane River Forum
Spokane Schools
Spokane Tribe
Spokane Valley Police Department
The Spokesman Review
Transitional Programs for Women
United Way of Spokane Success by Six
YMCA of the Inland Northwest
Valley Hospital
Washington State University-Spokane
WA State Department of Ecology
WWAMI – Spokane
West Central Community Center
West Valley Alternative School
West Valley School District No. 363
Whitworth University
Yakima Valley Farm Workers Clinic
YWCA Spokane

Community Health Improvement Plan
2016-2018

Providence Holy Family Hospital
Spokane, Washington

Table of contents

Community Health Improvement Plan
2016-2018

Providence Holy Family Hospital
5633 N. Lidgerwood Street
Spokane, Washington 99208

Introduction

Who we are

Providence Health Care is the northeastern Washington region of Providence Health & Services, the third largest not-for-profit health system in the United States. Our services include:

- 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.

- 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 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

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, 475 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington.

Mission, vision and values

When the Sisters arrived in the Pacific Northwest in 1856, they came to answer a call for help from a new pioneer community. What they found were many communities in need of service, and so with dedication to the Mission and collaboration with like-minded partners, their ministry grew to what is now a five-state health system. The cornerstone of our Mission is to provide compassionate care that is accessible for all.

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

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

Values
Respect, Compassion, Justice, Excellence, Stewardship

Our community health activities are rooted in the charitable work the sisters started nearly 160 years ago. Providence embraces its commitment of service to the poor and vulnerable, long before it was a requirement enacted through the Affordable Care Act.

As health care continues to evolve, Providence is responding with dedication to the Mission and a core strategy to *create healthier communities, together.* By conducting a formal community health needs assessment, we 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 spending to improving the health of entire populations. Through programs and donations, health education, charity care, medical research and more, Providence Health & Services provided $848 million in community benefit across Alaska, California, Montana, Oregon and Washington in 2014.

Purpose and process

Providence Health Care has developed a community health improvement plan designed to address key health needs identified in our community health needs assessment. These are:

Mental health
Dental
Diabetes
Immunizations
Stable housing

In the community health needs 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.

The objective of this improvement plan is to measurably improve the health of individuals and families living in the communities served by Providence Sacred Heart Medical Center and Children'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 will be facilitated by the hospital, through our mission services with assistance from key staff in various departments.

Target population
Special emphasis is given to those who are underserved and low-income populations of Spokane County.

Prioritized health need: Mental health

This section outlines Providence's plan to address unmet mental health needs in our community.

Community needs addressed

- Increase the accessibility, resources, and attitudes regarding mental health
- Improve educational attainment
- Ensure that all our children are ready for kindergarten

Goal

Improve mental health by decreasing the self-reported poor mental health days in adults, depression in youth and child abuse rates.

Strategies

Respond to mental health needs by addressing: substance abuse; dementia; depression; adverse childhood experiences, including child abuse and child welfare; and access to care.

Action plan

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

Current tactics

- Enhanced statewide prescription monitoring program tracks medications prescribed for the past 12 months in an effort to decrease prescription drug abuse through Emergency Department visits.
- Support for Community Detox Services of Spokane and targeted effort focused on referrals with EDs.
- Support and identify sustainability path for Daybreak Youth Services Rapid Response Program.
- Support and identify sustainability path for Partners with Families and Children.
- Support Lutheran Community Services advocacy for victims of crime and sexual abuse.
- Psychiatric residency program.
- Support for Consistent Care Program to identify and find appropriate resources for high-utilizing patients.

Future tactics

- Explore options to enhance access to behavioral health services and the number of mental health beds available in our community.
- Explore partnership opportunities for a dementia respite program

- Explore the potential for a sexual assault nurse educators program.
- Expand the current volunteer model for the House of Charity clinic.

Baseline data

Leading Health Issues	Measure
Mental health	Poor mental health in adults 10.9% Depression in youth 28.5% Child abuse rates 48.1/100,000

Existing community resources

Aging and Long Term Care of Eastern Washington
Better Health Together
Catholic Charities—House of Charity
Child Protective Services Division of the Christ Clinic
Columbia Medical Associates
Community Health Association of Spokane
Department of Social and Health Services
Eastern State Hospital
Empire Health Foundation
Gonzaga University School of Nursing
Native Health
Regional Service Network

Spokane Addiction Recovery Centers
Spokane AIDS Network
Spokane Fire Department
Spokane Neighborhood Action Program
Spokane Police Department
Spokane School District
Spokane Transit Authority
The Salvation Army
Veterans Administration
Volunteers of America
WSU School of Nursing

Prioritized health need: Dental

This section outlines Providence's plan to address the unmet dental needs of those who are low-income and/or uninsured.

Community need addressed

- Improve educational attainment

Goal

Improve overall health by increasing dental check-ups for adults

Strategies

Improve access to providers and resources, prevention education and address substance abuse, nutrition and mental health

Action plan

Improve access by partnering with community organizations to address social determinants that contribute to poor dental care.

Current tactics
- Continue partnership with Dental Emergencies Needing Treatment with care coordination, helping patients establish a dental home, and providing access to other social services.

Future tactics
- Assess feasibility of dental residency program in Spokane to target gaps in specific populations without dental coverage.
- Expand Access to Baby and Child Dentistry program throughout pediatric clinics.
- Primary care provider education on dental exams for referrals.

Baseline data

Leading Health Issues	Measure
Dental	Dental check-up 72.1%

Existing community resources

Aging and Long Term Care of Eastern Washington

Better Health Together

Molina Health Care

NE Washington Health Programs

Operation Family Health

Columbia Medical Associates
Community Health Association of Spokane
Community Minded Enterprises
Delta Dental of Washington
Eastern Washington University
ECEAP
ESD 123
Empire Health Foundation
House of Charity
Indian Health Services/WDSF

Spokane District Dental Society
Spokane Public Library
Spokane Regional Health District
The Tooth Fairy Company
University of Washington Dentistry
RIDE Program
Vocational Technical Program
Washington State Board of Health
Washington State Dental Association
Washington Dental Services Foundation
Yakima Valley Farm Workers Clinic

Prioritized health need: Diabetes

This section outlines Providence's plan to address diabetes in our community.

Community need addressed

- Increase the percent of the population with healthy weights, by among others, promoting walking, biking, and transit use.

Goal

Improve overall health by decreasing the rates of adults with diabetes, the rates of obese adults, and the rates of overweight youth, and increasing physical activity in adults.

Strategies

Prevention, education, treatment and access

Action plan

Increase education and treatment opportunities

High-level tactics

- There are INHS diabetes educators in seven Providence Medical Group clinics. The family physician can directly refer or suggest education for patients and they can be scheduled to see an educator on a day that they are in the office. Currently educators are at every office once a week and are available to increase days as needed.
- A planned diabetes clinic for centralized diabetes education and seamless transition on discharge.

Medium-level tactics

- INHS also has pre-diabetes classes that are based on the diabetes prevention program curriculum held monthly at both the Community Wellness Center and Providence Medical Park. Those classes have a small fee of $30 and are great for those with metabolic syndrome, metabolic risks, high body mass index, or recognized pre-diabetes. This class meets twice over a two week period, is held in person or via telehealth to participating sites.
- Providence Anticoagulation Clinics continue to target diabetes management medications in our medical review appointments for high-risk discharged patients.

Lower-level tactics

- INHS has master trainers who are training peer-level leaders in the Stanford Model for chronic disease management, specifically for diabetes. These peer

leaders will hold workshops throughout the community and serve a population that may not be visiting a physician regularly, yet have diabetes. Our goal is to train 60-100 leaders during the next 18 months who then will hold workshops on a semi-regular basis.

- INHS provides worksite community education with a focus on diabetes prevention. This includes health screenings, health coaching, and pre-diabetes/nutrition education. We also hold regular lunch-time presentations on healthy weight, healthy food preparation, chronic disease prevention and other prevention topics for employees and businesses in our community.
- Providence offers outpatient nutrition therapy on several campuses: Providence Sacred Heart Medical Center and Children's Hospital; Providence Holy Family Hospital, multiple pediatric clinics and Providence Medical Park.
- Our Pediatric Endocrinology Department offers diabetes education to children.
- Providence Anticoagulation Clinics has a written collaborative practice to dose and titrate insulin and metformin for patients referred to our clinics.

Action plan

Prevention

Current tactics

- INHS is collaborating with business worksites to provide healthy vending and healthy cafeteria options through a grant with the Department of Health. We will work with four worksites this year, including worksites at INHS and Providence. In the next four years, we will work with 10 businesses to promote healthy cafeterias and vending in Spokane that support healthy weight messaging.
- The 85210 Program for obesity prevention is active within Spokane and surrounding areas. Currently 105 child care centers use this program to incorporate healthy living messages into the children's day. There are also three physician offices and 15 worksites that are actively using the 85210 message. Each month there are close to 20 downloads of toolkits designed for the community to use this prevention message.
- We are promoting physical activity in grade 5 students in Spokane Public Schools with the Sqord pilot project – featuring wearable technology that encourages physical action. There is potential to expand this program to other schools and districts in our area.

Future tactics

- Expand a diabetes clinic for centralized diabetes education and seamless transition for patients being discharged from acute care.
- Expand Sqord pilot project to all 5th graders in Spokane and Steven's County public schools.

Baseline data

Leading Health Issues	Measure
Diabetes	Diabetes in adults 10% Obesity in adults 26% Overweight youth 24.4% Physical activity in adults 55.7%

Existing community resources

Christ Clinic
Columbia Medical Associates
Community Health Association of Spokane
Community Colleges of Spokane
Empire Health Foundation
Mid-City Concerns-Meals on Wheels

Native Project
Second Harvest Food Bank
Spokane Public Schools
Spokane Regional Health District
Women's and Children's Free Restaurant
YMCA of Spokane

Prioritized health need: Immunizations

This section outlines Providence's plan to address poor immunization rates among Spokane children.

Community needs addressed

- Ensure that all our children are ready for kindergarten
- Improve educational attainment

Goal

To promote on-time immunizations by increasing the rates of preschool immunizations and decreasing the rates of school-age exemptions

Strategies

- Increase education about the health benefits of immunizations
- Increase access to immunizations in rural and low income populations

Action plan

Promote activities that increase education and access

Future tactics

- Partner with the Spokane Regional Health District to identify opportunities for intervention and collaboration within the community
- Participate in the Nurse Family Partnership Advisory Board through the Spokane Regional Health District to identify key opportunities for intervention

Baseline data

Leading Health Issues	Measure
Immunizations	Preschool immunizations 40%
	School-age immunizations exemptions 6.2%[1]

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[1] Listed in Spokane Counts as School-age immunizations.

Existing community resources

Aging and Long Term Care of Eastern Washington

Community Health Association of Spokane

Group Health

Media Partners

Safeway

Spokane School District

Spokane Regional Health District

State Child Profile

Walgreens

Prioritized health need: Stable housing

This section outlines Providence's plan to address unmet needs for stable housing among those who are low-income.

Community needs addressed

- Increase the accessibility, resources, and attitudes regarding mental health.
- Ensure that all our children are ready for Kindergarten.
- Improve educational attainment.

Goal

To improve the overall health and mental health through stable housing by decreasing the number of homeless residents

Strategies

Stability of family and home to aid in physical, mental and emotional health and healing

Action plan

Improve health and well-being by supporting programs that address homelessness

Current tactics
- Support House of Charity Respite Care Program for homeless patients.
- Support warming center efforts.
- Continue Priority Spokane representation to address homeless school aged youth and their families and identify further areas to partner in the community.
- Continue support of Community Court through funding and participation.

Future tactics
- House of Charity volunteer clinic expansion to provide primary care services for homeless and residents of Father Bach Haven III.

Baseline data

Leading Health Issues	Measure
Stable housing	1,149 homeless persons (2014 Point-in-Time count)

Existing community resources

Aging and Long Term Care of Eastern Washington

Catholic Charities—House of Charity

Catholic Charities—St. Margaret's Shelter

City of Spokane

Goodwill Industries

Habitat for Humanity

Housing Authority

Priority Spokane

Salvation Army

Salvation Army's Sally's House

School District Homeless Liaisons

Spokane County

Spokane Homeless Coalition

Spokane Neighborhood Action Network

Veterans Administration

Volunteers of America

Needs not directly addressed

This section explains how Providence is addressing an identified community need outside of the community health improvement plan. All other identified needs have been addressed.

Accelerate to a high-performing economy

Providence Health Care is one of the largest employers in eastern Washington, and in keeping with our commitment to social justice, pays caregivers (all employees) sustainable wages. Providence Health Care has made significant investments in education and training opportunities to promote the development of its workforce and encourage internal recruitment. In these ways, we have an indirect but important positive impact on our local economy. However, this need is not as pressing as the other identified needs to address at this time and by addressing the other needs we can inadvertently address this need.

Next steps

The community needs assessment conducted by Priority Spokane is in the "Identify evidence-based programs" stage of its phased strategies. For example, Eastern Washington University has been contracted to research best practices to identify and target programs for homeless youth and also youth at risk for homelessness including their families. Providence Health Care will continue to partner with Priority Spokane as it moves to implement and evaluate the current identified community priorities. Providence Health Care is part of its steering committee, which will continue to meet monthly to discuss changing community needs, plan for program implementation and evolution, and to explore new ways to promote collaborative initiatives to improve health and well-being in Spokane County.

Providence Health Care will continue to participate in the Community Health Assessment Board led by the Spokane Regional Health District to help guide efforts to bring together one communitywide needs assessment.

Although local community needs have been broadly identified by the excellent work of Priority Spokane, Providence Health Care has done additional work to identify our role in addressing these needs and improving the overall health of our community. We approach improvement planning by using the cyclical form of planning, implementation, and evaluation. That document lays out our plan for the next three-year period, from 2016-2018, and articulates our role in addressing large community needs. Our community benefit team will continue to evaluate our partnerships and programs and endeavor wherever possible to align them with other community efforts.

Plan approval

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