

Providence Mount Carmel Hospital, Colville, WA and Providence St. Joseph Hospital, Chewelah, WA Community Health Needs Assessment (CHNA) 2019



This CHNA was conducted in partnership with
Northeast Tri County Health District, Colville, WA
Spokane Regional Health District, Spokane, WA

To request a paper copy without charge or provide feedback about this Community Health Needs Assessment, email [Sara Clements-Sampson](mailto:Sara.Clements-Sampson@Providence.org), Community Health Investment Manager at Sara.Clements-Sampson@Providence.org



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¹ A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Note: Community benefit includes both services to the economically poor and broader community.

² To be reported as a community benefit initiative or program, **community need must be demonstrated**. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

MESSAGE TO THE COMMUNITY

The health of a community can be measured by the willingness of its members to support those in need. Providence Health Care continues a vibrant history of serving our communities' needs for more than 130 years. Our Mission calls us to care for everyone, especially those who are poor and vulnerable. Providence reaches beyond the clinical setting to meet the needs of our communities today, while improving conditions for a better tomorrow.

When the Sisters of Providence arrived in Eastern Washington they partnered with members of the community to provide healing and comfort to thousands of individuals, promote human dignity and improve the communities they served. The Sisters relied on others for help to achieve the Providence Mission.

Similar to those early days, Providence cannot improve the health of our community on our own. That's why we partner with community organizations to identify the greatest areas of unmet needs in the communities we serve through a community health needs assessment. The solutions are then reflected in community health improvement plans.

I invite you to learn more about this important work by reading our Community Health Needs Assessment approved on September 25, 2019 date, by the Providence Health Care Community Ministry Board governing body. It is our calling and privilege to work together to build healthy communities.



Elaine Couture

ACKNOWLEDGEMENTS

Collaborative Partners

Providence Health Care in Stevens County partnered with the Northeast Tri County Health District and Spokane Regional Health District. Northwest Tri County Health District received a State grant to conduct more in-depth health needs assessments in rural communities

Northeast Tri County Health District

Northeast Tri County Health District works with other entities to assess, protect, preserve and promote the health of the tri-county area and establishes local policy relating to populations based services in Ferry, Pend Oreille and Stevens Counties.

Spokane Regional Health District

Spokane Regional Health District is one of 34 local public health agencies serving Washington state's 39 counties. The agency was originally established as the Spokane County Health District in January 1970, when the City of Spokane and Spokane County merged their health departments. In 1994, the official name was changed to Spokane Regional Health District to reflect the increased scope of public health services and geographic coverage. We have approximately 250 employees and serve a population of more than 400,000 in Spokane County.

WHO WE ARE

The Sisters of Providence, led by Mother Joseph, opened Sacred Heart Hospital more than 130 years ago in 1886 on the banks of the Spokane River. The acute-care hospital has 719 (559 SH + 160 SHCH) licensed beds, 684 of which are currently available, and a campus that is several city blocks in size.

Providence Mount Carmel Hospital was founded in 1919 to meet the health care needs of the small community of Colville. Nearly 100 years later, the community and its hospital have grown, and it continues to serve the needs of our friends and neighbors. From 24-hour emergency care, to surgery services, to labor and delivery, the team at Providence Mount Carmel Hospital offers services that you would expect at a big-city hospital—right here in Colville.

Providence St. Joseph Hospital was founded by the Dominican Sisters in 1929 to meet the health care needs of the small community of Chewelah and surrounding communities in Stevens County. Nearly a century later, the hospital continues to serve the needs of our friends and neighbors. From 24-hour emergency care, to acute care/skilled care services, the team at Providence St. Joseph's Hospital provides the convenience of a home-town hospital.

Providence Health Care in Stevens County consists of the Providence Northeast Washington Medical Group, Providence Mount Carmel Hospital, Providence St. Joseph's Hospital, and Providence DominiCare; serves the tri-county area (Stevens, Ferry, and Pend Oreille counties). Providence Northeast Washington Medical Group consisting of the main clinic and Garden Homes Specialty Clinic in Colville, Family Medicine Chewelah Clinic in Chewelah, and Kettle Falls Clinic in Kettle Falls.

Combined, Providence Health Care employs more than 8,000 health care professionals. Providence Medical Group employs more than 800 physicians and advanced practitioners with more than 60 clinic locations. Providence has numerous relationships with physician groups in the community including Cancer Care Northwest, Inland Neurosurgery and Spine, Spokane OBGYN and more.

OUR COMMITMENT TO COMMUNITY

Organizational Commitment

Providence Mount Carmel Hospital and Providence St. Joseph Hospital dedicate resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2018, our Spokane and Stevens County ministries provided more than \$143.8 million in community benefit in response to unmet needs and improve the health and well-being of those we serve in Spokane and Stevens counties.

Our region includes: Providence Health Care is the eastern Washington region of Providence Health & Services. Our network of services includes Providence Sacred Heart Medical Center, Sacred Heart Children's Hospital and Providence Holy Family Hospital, nationally recognized for quality care. We also have two critical access hospitals, Providence Mount Carmel Hospital in Colville and Providence St. Joseph Hospital in Chewelah. A full continuum of services are provided through the Providence Medical Park in Spokane Valley (a comprehensive multi-specialty center), three urgent care centers, home health, assisted living, adult day health and skilled nursing care. Providence Medical Group of Eastern

Washington includes more than 800 physicians and advanced practitioners, including primary care providers, surgical subspecialists and medical specialists.

As a result of the 2019 CHNA process, the following will be accomplished:

- Develop an informed understanding of the health-related needs that exist within our local hospital service areas, zip code and county level;
- Ensure we capture the voice of the community;
- Develop an inventory of community assets, or resources, that currently exist in the community that can be used to help address community needs; and
- Inform the development of the 2019-2021 Community Health Improvement Plan (CHIP)

MISSION, VISION, AND VALUES

Our Mission

As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision

Health for a Better World.

Our Values

Compassion

Dignity

Justice

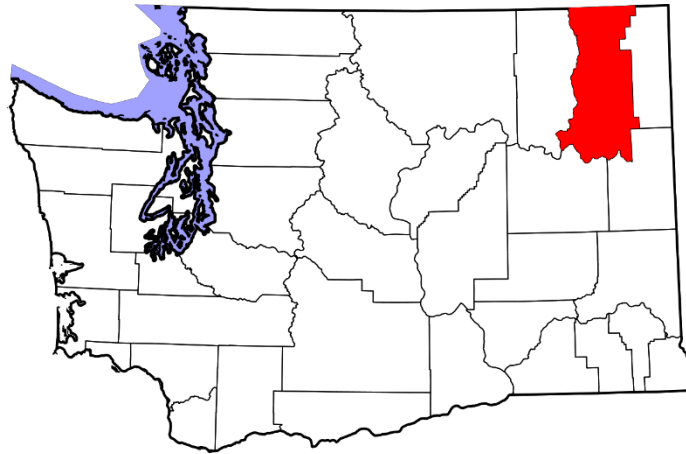
Excellence

Integrity

OUR COMMUNITY

Description of Community Served

Providence Mount Carmel Hospital and Providence St. Joseph Hospital provides Stevens county communities with access to advanced care and advanced caring. The visual below shows the county lines. All people within the county were taken into consideration regardless of ability to pay. This includes a population of approximately 45,030 people, an increase from 44,030 from the previous assessment.



Community Profile

Population and age demographics

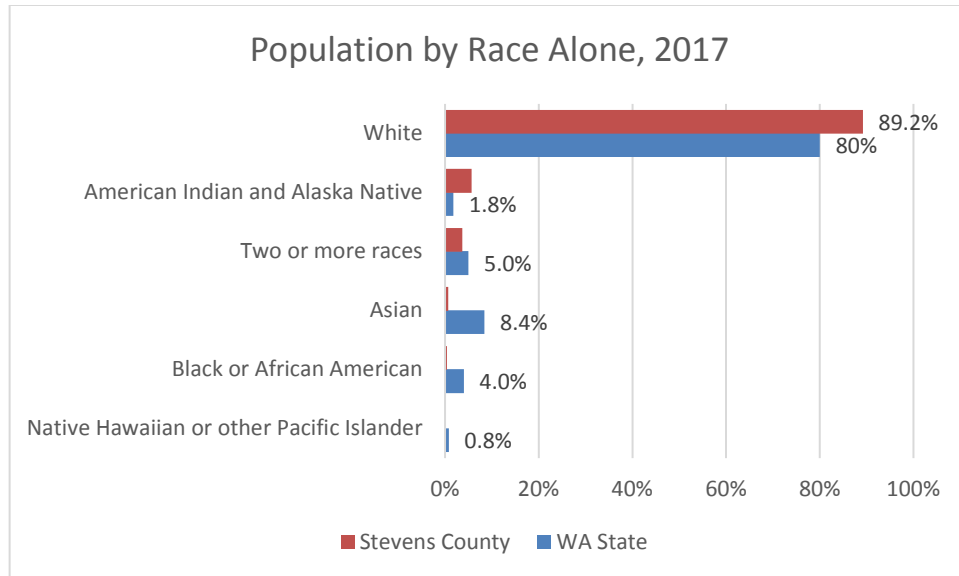
Total population is about 45,030, with an annual growth rate of about 1.1 percent in 2017. Compared to the State as a whole, Stevens County has a greater proportion of adults aged 65 and older. In 2017 the population comprised:

Population by Age Group, 2017		
	Stevens County	WA State
0-17 years	20.70%	22.60%
18-34 years	17%	23.10%
35-64 years	39.10%	39%
64+ years	23.20%	15.30%

Source: http://newwashingtontrends.org/graph.cfm?cat_id=0&sub_cat_id=1&ind_id=1
<http://countyhealthinsights.org/county/stevens/indicators/indicators-64105/>

Race / Ethnicity and Language Spoken at Home

Overall we are not as diverse as the State but we are seeing a growing trend in migration to Stevens. We are seeing a plethora of languages spoken at home. Among Stevens County residents in 2017:

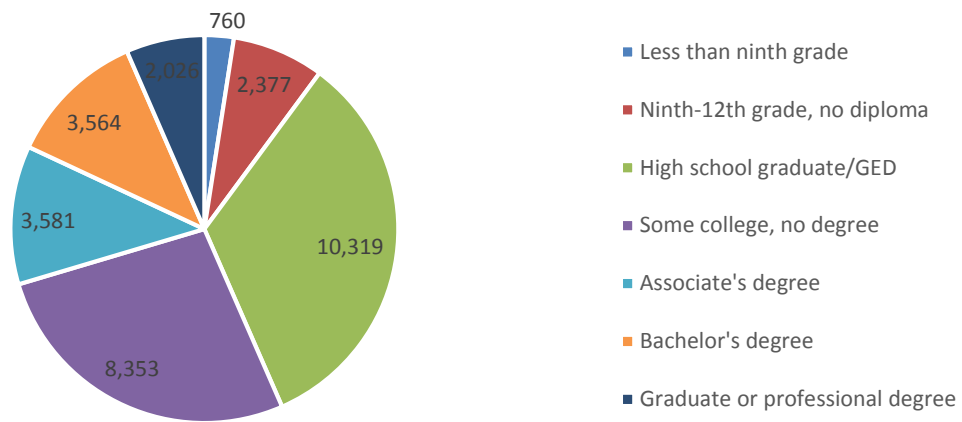


Source: <http://countyhealthinsights.org/county/stevens/indicators/indicators-64105/>

Education, Income, and Housing

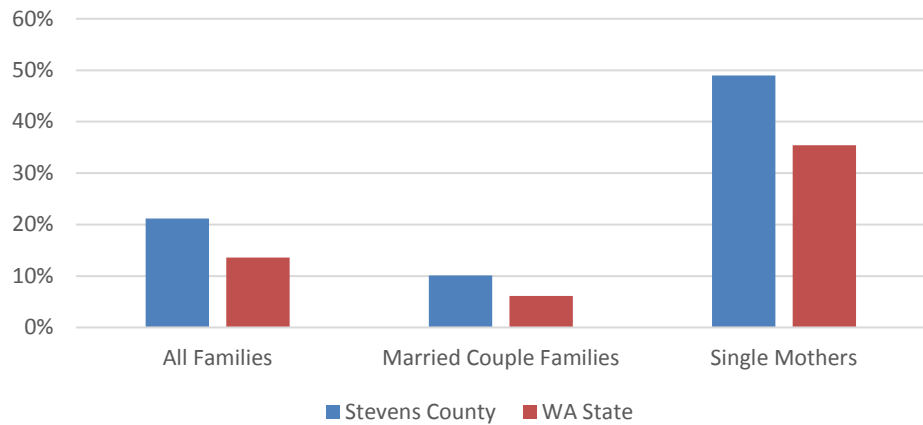
In 2017, the median household income for Stevens County was \$53,245, and the unemployment rate was 7.3 percent. An increase from 6.3 percent from our last needs assessment. 29 percent of the community has households with income below the federal poverty level, and 17.2 percent of children and 8.8 percent of older adults live at or below the poverty level. The median household income has increased and percentage of the population living under the federal poverty level has increased since the last needs assessment. In Stevens County, 1.6 percent of occupied housing lacked complete plumbing facilities and 1.8 percent lacked complete kitchen facilities. Compared to 0.4 percent of occupied housing in Washington State. 90 percent of our population 25 and older has a high school degree or equivalent or more education. Stevens County has less of the population with Bachelor degrees or higher than the State average.

Education Attainment among Adults 25 Years of Age or Older, 2012-2016



Source: <http://countyhealthinsights.org/county/stevens/indicators/indicators-64105/>

Families with Children Living at or Below 100% FPL, 2012-2016

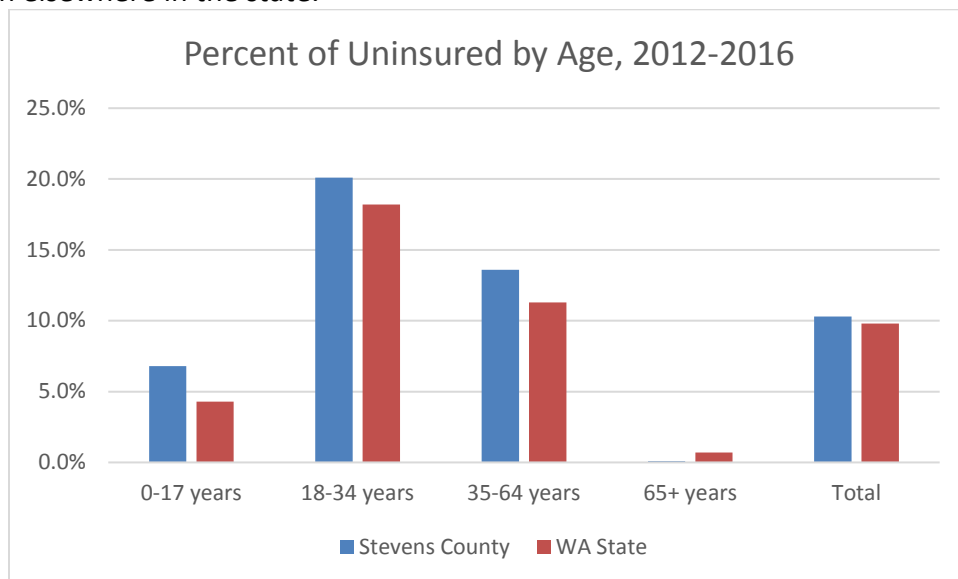


Source: <http://countyhealthinsights.org/county/stevens/indicators/indicators-64105/>

Year Housing Units were Built, 2012-2016			
	Stevens County		WA State
Total Housing Units	21,171	100%	100%
Built 2014 or later	79	0.4%	0.6%
Built 2010 to 2013	276	1.3%	2.5%
Built 2000 to 2009	3,294	15.6%	16.4%
Built 1990 to 1999	4,028	19.0%	17.3%
Built 1980 to 1989	3,333	15.7%	13.6%
Built 1970 to 1979	4,662	22.0%	16.5%
Built 1960 to 1969	1,418	6.7%	9.6%
Built 1950 to 1959	1,233	5.8%	7.9%
Built 1940 to 1949	890	4.2%	4.9%
Built 1939 or earlier	1,958	9.2%	10.6%

Health Care and Health Access

The share of Stevens County residents who are uninsured was 10.3 percent in 2016. This is a decrease from 15.3 percent in 2009. This is slightly higher than the overall share of Washington State, at 9.8 percent. American Indian/Alaskan Native populations in Stevens County are more likely to be uninsured than elsewhere in the state.



Source: <http://countyhealthinsights.org/county/stevens/indicators/indicators-64105/>

Health and Wellbeing

In Stevens County, 26 percent of youth and 40 percent of adults are overweight or obese. During 2016, the top-four causes of hospitalizations were:

- 11.2% for unintentional injuries, increasing from 9.0% in 2006.
- 11.3% for heart diseases, decreasing from 13.8% in 2006.
- 10.7% for digestive system diseases, decreasing from 11.2% in 2006.
- 8.9% for respiratory diseases, decreasing from 13.2% in 2006.

For more information go to:

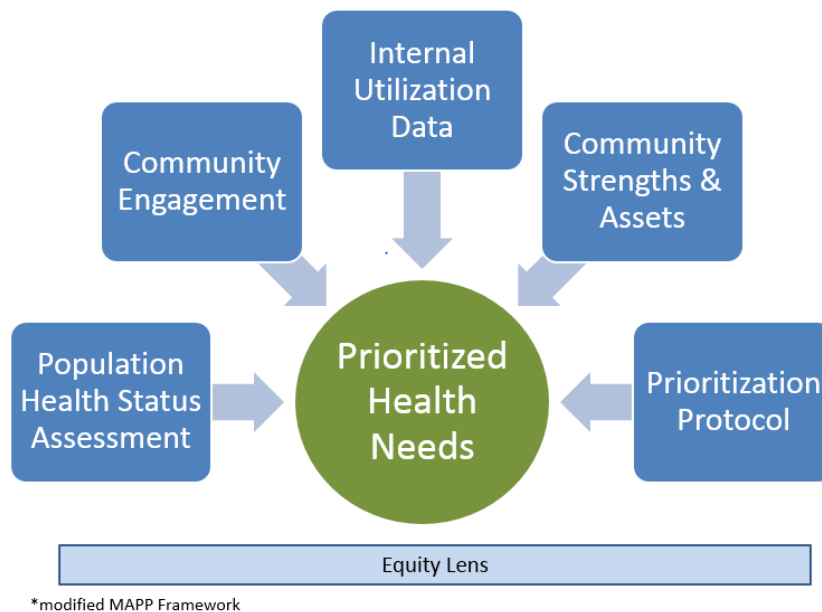
Source: http://newashingtontrends.org/graph.cfm?cat_id=4&sub_cat_id=1&ind_id=7

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FRAMEWORK

In October 2018 representatives from Providence Health Care contacted staff from the Northeast Tri County Health District and the Spokane Regional Health District to begin planning for the 2019 needs assessment. There is a significant desire for the community to come together for one communitywide in-depth needs assessment, in which health would be one factor.

METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS

Providence strives for the intersection of Community-level data, Hospital-level data, and Qualitative data gathered from the community in our data gathering efforts.



Data pulled from various resources including the Healthy Youth Survey, BRFSS, census data, federal, state and local data sources are included in the Indicators Summary for Stevens County.

Providence Health Care partnered with the Tri County Health District and the Spokane Regional Health District to conduct the 2019 community needs assessment using the most recent data available. The purpose was to prioritize the needs of the community, especially among those living in poverty and with the least access to resources, and to promote collaborative opportunities to improve health and well-being in Stevens County. 192 responses were collected as a convenience sample in partnership with Rural Resources. 52 indicators were analyzed and 5 focus groups were held in Colville, Chewelah, Kettle Falls, Northport and Springdale.

Providence Health Care reached out additionally to various community groups for survey information. A total of 89 surveys were received from staff of Providence, the unemployed, retired, independent physicians, employees of Rural Resources, members of the Hunger Coalition, as well as those who did not wish to disclose for their own reasons. These surveys included questions related to community member's perception of health. (See Appendix 1 for a summary of findings).

Providence Health Care held additional focus groups in Northport, Kettle Falls, Chewelah and Colville to gather community input from a diverse group of community members. Participants were encouraged to consider root causes or closely correlating factors behind the indicators identified by the Health District assessment. Participants were asked to vote on their top Health Concern, top Concern Affecting Health, and top Health District indicator. Votes were tabulated and the top three priorities from each committee were brought forward. (See Appendix 1 for participants).

Collaborative Partners

Northeast Tri County Health District
Spokane Regional Health District
Rural Resources
Northeast Washington Hunger Coalition
Stevens County Health Roundtable

Secondary Data

Data reviewed by the community and used to prioritize the community needs can be found at the following website: <http://countyhealthinsights.org/county/stevens/indicators/indicators-64105/>.

Primary Data

There were two sources of primary data, community input and in-hospital data.

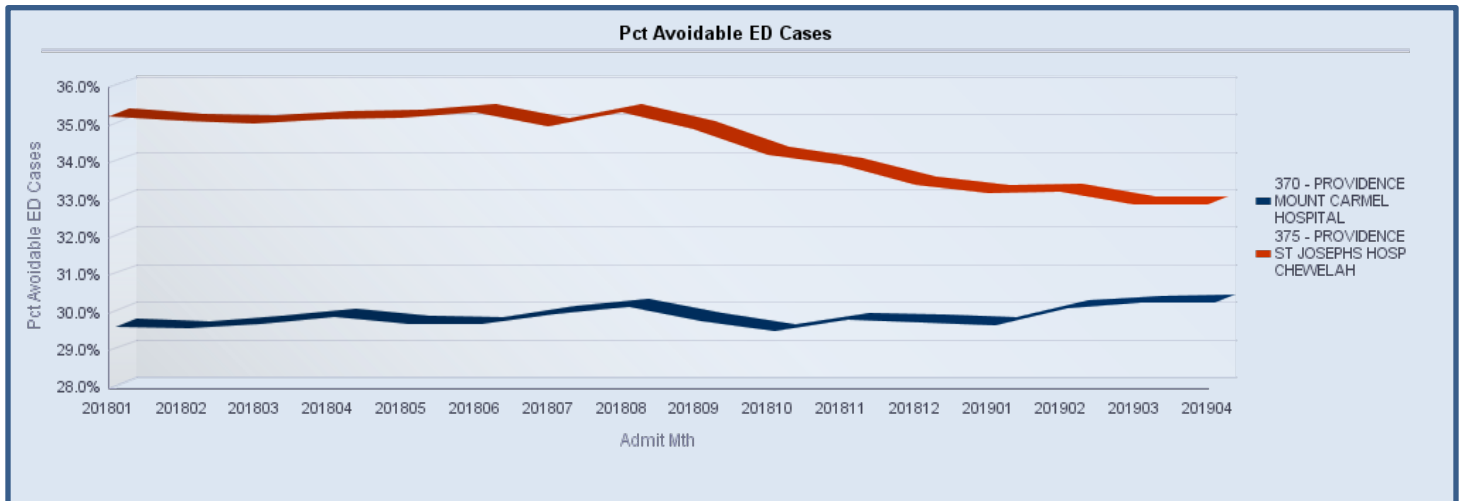
Community Input:

Surveys and focus groups were utilized to obtain the voice of those working and living in our community that were sent out in January 2019 and were collected over the next three months. During this time, the local health district was also pulling together focus groups in various towns in the tri-county area. Multiple meetings were set for each focus group to gain input from various communities throughout the month of April 2019. These were held during the evening to allow for the working poor and low income to attend. We also targeted organizations who work with the low income, minority

populations and medically underserved to invite their clients to the focus groups. A summary of direct community input can be found in Appendix 1, including a list of those who participated.

In-Hospital Data:

Data was also pulled from our hospital medical record system to view trends for the calendar year 2018. We asked the question of what data would show us the needs of the vulnerable in our community. We pulled data for the percent of avoidable Emergency Department cases, top reasons for hospital utilization, and the prevalence of all self-harm instances.



Providence Saint Joseph Health implemented a standard definition of Avoidable Emergency Department (AED) visits based on research and standards from New York University and Medi-Cal. This graph shows the trend in patient percentages that meet the definition of avoidable Emergency Department utilization at both Providence Mount Carmel Hospital and Providence St. Joseph Hospital between January 2018 and December 2018.

The data shows a decline in avoidable Emergency Department utilization at Providence St. Joseph Hospital and an increase at Providence Mount Carmel Hospital. Between May 2018 and April 2019, 32.3 percent of emergency department visits at Mount Carmel Hospital were potentially avoidable, as were 32.9 percent of emergency visits at Providence St. Joseph Hospital.

Prevention Quality Indicators

The Prevention Quality Indicators (PQIs) are defined by the Agency for Healthcare Research and Quality (AHRQ) as a “set of measures that can be used with hospital inpatient discharge data to identify quality of care of ambulatory care sensitive conditions,” or indicate potentially avoidable

inpatient admissions that could have been treated or managed in an outpatient setting and provide important insight into the community health care system³.

Prevention Quality Indicators (Per 1,000 Inpatient Discharges) by Hospital Facility in 2018 were pulled based on individual hospital utilization. It was then narrowed to reflect the issues where the Stevens County hospitals had a higher rates than the Providence Washington/Montana average.

PQI Admission Rate (per 1,000 visits)

Prevention Quality Indicator	Providence Mt. Carmel	Providence St. Joseph	Regional Average
1: Diabetes (Short-term Complications)	17.05	*	8.93
3: Diabetes (Long-term Complications)	18.05	24.07	11.69
5: COPD or Asthma in older adults	43.07	132.25	32.21
8: Heart Failure	43.13	45.95	38.01
10: Dehydration	*	24.07	4.14
11: Pneumonia	*	43.76	13.72
12: Urinary Tract Infection	16.05	21.88	9.37
14: Uncontrolled Diabetes	9.03	*	5.22

The highest Medicaid utilization for Providence Mount Carmel Hospital out of these are Diabetes Short Term and Uncontrolled Diabetes. Heart failure is the highest among those aged 75 or older and those with Medicare insurance. Urinary Tract Infections are also most prevalent among the 75+ age range and Medicare beneficiaries.

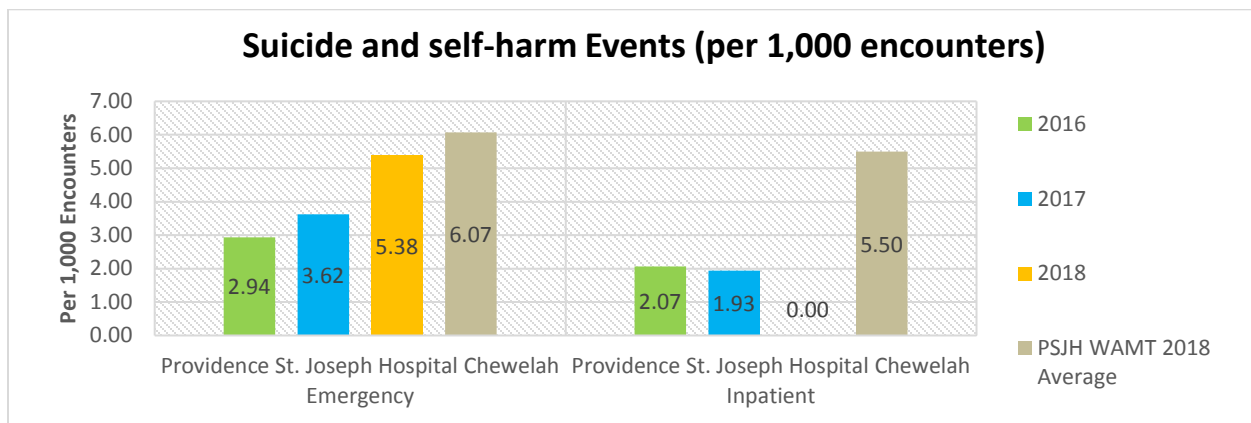
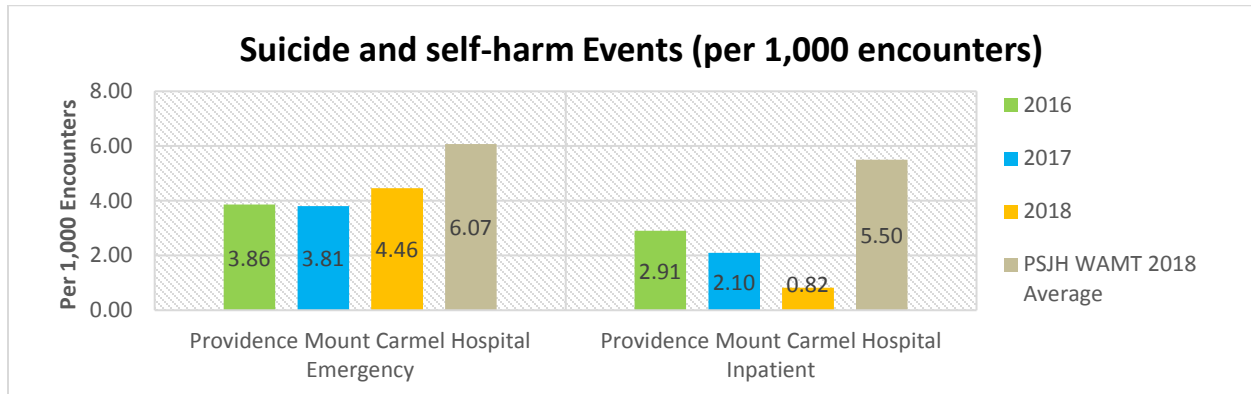
The highest Medicaid utilization for Providence St. Joseph Hospital out of the PQIs is Dehydration. Heart failure is the highest among the population aged 18-39 and those with Medicare. COPD is highest among 60-74 age range and Medicare Insurance. Unlike Providence Mount Carmel Hospital, Urinary Tract Infections are most prevalent among the 18 -39 age range and Commercial Insurance.

Suicide and Self-Harm Events

Due to suicide and self-harm being a concern from previous CHNAs, Providence looked at internal utilization data for related diagnoses based on in-patient and emergency department encounters for Mount Carmel Hospital and St. Joseph Hospital. Encounters between January 1, 2016 and December

³ https://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

31, 2018 are included in the report based on ICD-10 coding that include a diagnosis related to suicide or self-harm. In order to improve comparability of severity across ministries, encounters were normalized to a per 1,000 patient encounter basis.



The data shows a continual increase of self harm incidents resulting in Emergency Department usage with a decrease in those admitted to inpatient.

Data Limitations and Information Gaps

Due to the collaborative and consistent nature of the data we were measuring for community input, much of it was not broken down by various demographics. Demographic information may not be available for some measurements for trend analysis because of changes in definition and data collection. Due to the small population some data cannot be broken down further.

Focus groups were held in the evening hours versus lunchtime in previous needs assessments. There was a much lower turn out for these focus groups than in years past. This was supplemented with paper surveys where we had a good return.

Due to small numbers of patients with suicide and self-harm events, normalizing per 1,000 patient encounters may skew the results. For example, the 3.62 rate reported for St. Joseph Hospital in 2017 represents less than 4 events.

Process for gathering comments on previous CHNA

The CHNA was posted on the hospital website with information on how and who to inquire with to obtain copies and provide feedback.

Summary of any comments received

None received.

HEALTH INDICATORS AND TRENDS

Leading Health Issues	Measure
Support for youth and families	Binge drinking in youth, 12% Youth self-reporting bullying, 30% Depression in youth, 35% Fruit and vegetable intake in youth, 17%
Continuing care for the aging population	Adult diabetes rates, 18% Proportion of population using private water system, 49% Share of adults reporting poor mental health, 15% Adult smokers 27%
Access to care	Preschool immunization rates, 40% School age immunization exemptions, 10% Avoidable hospital utilization rates General adult health, 46%

SIGNIFICANT HEALTH NEEDS

The following needs were prioritized in the discussion group. Based on all of the input received through this assessment process, the following is the rank ordered list of significant health needs.

- **Support for youth and families**
 1. *Address the cycle of poverty for families with substance abuse and mental health treatment access*
 2. *Homelessness including habitable dwellings*
 3. *Proper nutrition for children and families*
- **Continuing care of the aging population**
 1. *Gap in rural home health care needs and isolation*
 2. *Homelessness including habitable dwellings*
 3. *Proper nutrition for the aging population to help with chronic diseases.*
- **Access to care**
 1. *Immunizations*
 2. *Transportation*
 3. *Health education*
 - *Medicaid*

- *Diabetes*
- *Nutrition*
- *Substance abuse*
- *Technology*
- *Palliative care*
- *Mental health*

Criteria description of prioritization utilized the following criteria can be found Appendix 4 of CHNA Report.

COMMUNITY ASSETS AND RESOURCES

There are a number of non-profit and for agencies and organizations working to address each of these community needs issues. Some are very specific to one area and others reach across the spectrum and are working in areas that would affect each of these identified needs. For a full list, see **Appendix 5 of CHNA Report.**

PRIORITY HEALTH NEEDS

Using the results from the community vote and grouping similar areas of work, the final three priorities for the Providence Stevens County Community Health Needs Assessment are:

1. Support for families and youth
2. Continuing care for the aging population
3. Increase access to care

**EVALUATION OF IMPACT ON 2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN:
2018 ACCOMPLISHMENTS**

Leading Health Issues	2016 Measure	2019 Measure
Early childhood support	81 percent of children live in poverty 25 percent of expecting mothers smoke 5 percent of babies born have a low birth weight 4.8 infants for every 1,000 population in the county will die	22 percent of children live in poverty 17 percent of expecting mothers smoke 4 percent of babies born have a low birth weight 4.5 infants for every 1,000 population in the county will die
Basic foods/nutrition	21 percent of adult eat five or more fruit/vegetables per day 7 percent of adults have diabetes 26 percent of adults are obese 24 percent of youth are overweight 71 percent of adults get some form of physical activity	17 percent of adult eat five or more fruit/vegetables per day 18 percent of adults have diabetes 40 percent of adults are obese 26 percent of youth are overweight 64 percent of adults get some form of physical activity
Behavioral health	15 percent of adults report poor mental health in the past month 28 percent of teens report feelings of sad or hopelessness 18 percent of adults drink five or more alcoholic beverages in one sitting 35 percent of teens use alcohol	15 percent of adults report poor mental health in the past month 35 percent of teens report feelings of sad or hopelessness 13 percent of adults drink five or more alcoholic beverages in one sitting 12 percent of teens use alcohol
Access to care	61 percent of residents get a regular dental check up 22.1 percent of adults are uninsured 78 percent of adults have a personal health care provider	58 percent of residents get a regular dental check up 96 percent of adults are insured 76 percent of adults have a personal health care provider

Significant health need being addressed	Program or Service Name	Description of Program or Service	CY18 Accomplishments
Early childhood support	Kettle Falls School District	Early Childhood Education Assistance Program (ECEAP)	Creation of program to serve 27 children aged 3-5 to enhance current before and after school program.
Basic foods/nutrition	N.E.W. Hunger Coalition	Responding to Food Insecurity	Increased grants received. Additional classes offered in grant writing, networking, etc.
Behavioral health	Northport School District	Kids Come First: Building Healthy Relationships and Communities	161 children reached and 107 families, increase of 11%. An increase of 45% of students and families partnered with community resources and events
Access to care	Stevens County Ambulance	Scholarship for EMT trainings	The Stevens County Sheriff's Ambulance had 2,056 calls for service and the Chewelah Rural Ambulance had 1149 calls for service. By allowing more qualified individuals to take and pass the basic EMT classes offered at the Stevens County Sheriff's Ambulance. This improves the quality and care of the pre-hospital care in the rural communities of Stevens County and Western Ferry County.

PROVIDENCE ST. JOSEPH HEALTH

At [Providence St. Joseph Health](#), we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone—regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future—today.

Together, our 119,000-plus caregivers/employees serve in 51 hospitals, more than 800 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes:

- Providence Health & Services across five western states
- St. Joseph Health in California and Texas
- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Hoag Memorial Presbyterian in Orange County, CA.
- Kadlec in Southeast Washington

- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

Providence Health & Services and St. Joseph Health came together as Providence St. Joseph Health in 2016. As a combined organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence St. Joseph Health is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

2019 CHNA GOVERNANCE APPROVAL

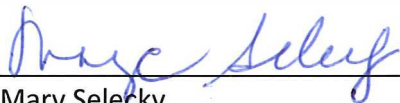
This community health needs assessment was adopted on September 25, 2019 by the Community Ministry Board of Providence Health Care. The final report was made widely available⁴ on [date]



9/25/19

Elaine Couture
Executive VP/Region Chief Executive,
Washington/Montana
PHC Chief Executive

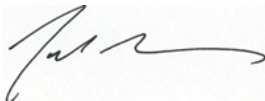
Date



9/25/19

Mary Selecky
Chair
Providence Health Care Community Ministry Board

Date



12/09/19

Joel Gilbertson
Senior Vice President, Community Partnerships
Providence St. Joseph Health

Date

CHNA/CHIP contact:

Sara Clements-Sampson
Community Health Investment Manager
101 W 8th Ave.
Spokane, WA 99204
Sara.Clements-Sampson@Providence.org

Request a paper copy without charge, provide comments or view electronic copies of current and previous community health needs assessments:

For Providence Mount Carmel Hospital: (Insert web address)

For Providence St. Joseph Hospital: (Insert web address)

⁴ Per § 1.501(r)-3 IRS Requirements, the CHNA and CHIP posted on hospital website and is available without cost.

CHNA Data

Appendix 1: CHNA Data

INDICATORS SUMMARY

Stevens County, WA

2018





Data Center

1101 W. College Ave., Room #356, Spokane, WA 99201
509.323.2853 | TDD 509.324.1464 | srhd.org

Contributors:

Amy Riffe, Research Scientist 2
Steve Smith, Research Scientist 2
Morgan O'Dell, Research Scientist 1
Stacy Wenzl, Program Manager

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OVERVIEW

Stevens County Indicators Summary provides data demonstrating the health status of Stevens County residents and some individual risk behaviors that contribute to health outcomes. The indicators in this report are used to monitor the population’s health and are updated as new data becomes available.

Stevens County Indicators Summary demonstrates changes within Stevens County over time and, when available, make comparisons between Stevens County, Washington State, and the United States. Additionally, lower socioeconomic status is often associated with poorer health outcomes. When available and appropriate, health indicators were analyzed by age, sex, race, education, and income to identify disparities.

The information in this document provides the community and local agencies information on health issues and affected populations. The information may help direct health and social interventions to areas of greatest need and build support for health policies, as well as educate the public, community organizations, and policymakers on the community’s health and well-being.

Up-to-date data, reports, and other information can be found at countyhealthinsights.org/county/stevens.

HIGH SCORE or NOT MEETING EXPECTATIONS	INDICATOR	SCORE
HIGH SCORE or NOT MEETING EXPECTATIONS	DIABETES (ADULT)	17.0
	BULLIED (YOUTH)	17.0
	SMOKERS (ADULT)	16.0
	DEPRESSION (YOUTH)	16.0
	PRESCHOOL IMMUNIZATION	16.0
	WELL WATER	15.0
	BINGE DRINKING (YOUTH)	15.0
	FRUIT AND VEGETABLE INTAKE (YOUTH)	15.0
	MARIJUANA USE (YOUTH)	15.0
	MATERNAL SMOKING	15.0
INTERMEDIATE SCORE	ILLICIT DRUG USE (YOUTH)	14.0
	PHYSICAL ACTIVITY (ADULT)	14.0
	DENTAL CHECK-UP	14.0
	PERSONAL DOCTOR (ADULT)	14.0
	SIGMOIDOSCOPY/ COLONOSCOPY	14.0
	FOOD INSECURITY (YOUTH)	14.0
	OVERWEIGHT (YOUTH)	14.0
	FLU SHOT (ADULT)	14.0
	TEEN IMMUNIZATION	14.0
	DEATHS	14.0
	BINGE DRINKING (ADULT)	13.0
	BREASTFEEDING	13.0
	PHYSICAL ACTIVITY (YOUTH)	13.0
	INSURED (ADULT)	13.0
	CHILDHOOD DISABILITY	13.0
	GENERAL HEALTH (ADULT)	13.0
	OBESITY (ADULT)	13.0
	SCHOOL AGE IMMUNIZATION	13.0
	FALLS	13.0
	PHYSICAL ABUSE (YOUTH)	13.0
	UNINTENTIONAL INJURY	13.0
	SMOKERS (YOUTH)	12.0
	ASTHMA (YOUTH)	12.0
	CANCER	12.0
	POOR MENTAL HEALTH (ADULT)	12.0
	SERIOUS MENTAL ILLNESS	12.0
	STROKE (ADULT)	12.0
CHILD ABUSE	12.0	
DOMESTIC VIOLENCE	12.0	
SUICIDE	12.0	
PREGNANCY	12.0	
YEARS POTENTIAL LIFE LOST AGE 65	12.0	
LOW SCORE or MEETING EXPECTATIONS	INFANT MORTALITY	11.0
	LIFE EXPECTANCY	11.0
	FOOD AND WATERBORNE DISEASE	10.0
	DRUG RESISTANT INFECTION	10.0
	PRETERM BIRTH	10.0
	SEXUALLY TRANSMITTED INFECTIONS	10.0
	VACCINE PREVENTABLE DISEASES	10.0
ABORTION	10.0	
LOW BIRTH WEIGHT	9.0	

ENVIRONMENTAL

Food and waterborne disease Disease rate for campylobacteriosis, E. coli, giardiasis, listeriosis, salmonellosis, and shigellosis.
Well water Proportion of population using a private water system.

HEALTH BEHAVIOR

Binge drinking (adult) Percent of adults who binge drank in the last 30 days (5+ for men, 4+ for women).
Binge drinking (youth) Percent of youth who had 5+ drinks in a row in the last 2 weeks.
Breastfeeding Percent of births where the mother initiated breastfeeding.
Fruit and vegetable intake (youth) Percent of youth who ate fruit and vegetables 5+ times per day.
Illicit drug use (youth) Percent of youth who used illicit drugs in the last 30 days.
Marijuana use (youth) Percent of youth in grades 6, 8, 10, and 12 who have used marijuana one or more times in the last 30 days.
Maternal smoking Percent of births where the mother smoked during pregnancy.
Physical activity (adult) Percent of adults doing 150 minutes or more of physical activity per week.
Physical activity (youth) Percent of youth physically active 60 min/day on 5+ days per week.
Smokers (adult) Percent of adults who smoke cigarettes.
Smokers (youth) Percent of youth who smoke cigarettes.

HEALTH CARE

Dental check-up Percent of adults who visited the dentist in the last 12 months.
Insured (adult) Percent of residents currently with medical insurance.
Mammogram Percent of women 40 years of age or older who have had a mammogram in the last year.
Personal doctor (adult) Percent of adults with a personal doctor or healthcare provider.
Sigmoidoscopy/colonoscopy Percent of adults 50+ years of age who have ever had a colonoscopy or sigmoidoscopy.

HEALTH STATUS

Asthma (youth) Percent of youth who currently have asthma.
Cancer Incidence of new cases of cancer.
Childhood disability Percent of children with a disability.
Depression (youth) Percent of youth who felt so sad or hopeless almost every day for 2 weeks or more in a row, that they stopped doing some of their usual activities.
Diabetes (adult) Percent of adults who have been diagnosed with diabetes.
Food insecurity (youth) Percent of youth who had to skip or cut the size of a meal in the last year.
General health (adult) Percent of adults reporting their general health status as excellent or very good.
Obesity (adult) Percent of adults with a BMI=30+.
Overweight (youth) Percent of youth that are overweight or obese.
Poor mental health (adult) Percent of adults with 14+ days of poor mental health in the last 30 days.
Serious mental illness Percent of adults who scored 10 or more on the Kessler 6 questions to identify serious mental illness.
Stroke (adult) Percent of adults that ever had a stroke.

INFECTIOUS DISEASE

Drug resistant infection	Rate of inpatient hospitalizations with infection with drug-resistant microorganisms (V09 and MRSA, diag 1-9).
Flu shot (adult)	Percent of adults who received a flu immunization in the last 12 months.
Preschool immunization	Percent of children 19-35 months of age with complete vaccination records on file in the Child Profile Immunization Registry (4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella, 4-PCV).
School age immunization	Vaccination personal exemption rate among school age children.
Sexually transmitted diseases.....	Rate of reported cases of chlamydia, gonorrhea, syphilis, and human immunodeficiency virus.
Teen immunization	Percent of youth 13-17 years of age with complete vaccination records on file in the WA Immunization Information System (WAIIS) (1-Tdap, 1-MCV, 1-HPV).
Vaccine preventable diseases.....	Rate of cases of haemophilus influenza, acute hepatitis A, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and meningococcal disease.

INJURY AND VIOLENCE

Bullied (youth)	Percent of youth that have been bullied in the last 30 days.
Child abuse	Rate of accepted CPS referrals for abuse or neglect among children 0-17 years of age.
Domestic violence	Rate of DV offenses reported to law enforcement.
Falls.....	Rate of hospitalizations for a fall.
Physical abuse (youth).....	Percent of youth who report an adult ever physically hurt them on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury.
Suicide	Rate of deaths from suicide.
Unintentional injury	Rate of unintentional injury hospitalizations.

REPRODUCTIVE HEALTH

Abortion	Percent of pregnancies that are terminated by an induced abortion.
Low birth weight	Percent of births with a birth weight <2500g.
Pregnancy.....	Rate of births, abortions, and fetal deaths.
Preterm birth.....	Percent of births with an estimated gestation age <37 weeks.

SUMMARY MEASURES OF HEALTH

Deaths	Rate of deaths from all causes.
Life expectancy	Number of years an individual is expected to live from birth.
Years Potential Life Lost Age 65	Number of years of potential life lost due to death before age 65 years.



	Measure	Trend score	State score	National score	HP 2020 score	Disparities score	Magnitude score	Total score <i>(missing = 2)</i>
Environmental								
Food & Waterborne Disease	68.0 per 100,000	2	2			1	1	10.0
Well Water	49%	2	3				4	15.0
Health Behavior								
Binge Drinking (Adult)	13%	2	2	2	2	2	3	13.0
Binge Drinking (Youth)	12%	1	3		3	3	3	15.0
Breastfeeding	95%	1	3	1	1	3	4	13.0
Fruit & Vegetable Intake (Youth)	17%	3	3			2	3	15.0
Illicit Drug Use (Youth)	14%	2	3		1	3	3	14.0
Marijuana Use (Youth)	15%	2	3			3	3	15.0
Maternal Smoking	17%	1	3		3	3	3	15.0
Physical Activity (Adult)	64%	2	2		2	2	4	14.0
Physical Activity (Youth)	64%	2	2		2	2	4	14.0
Smokers (Adult)	27%	2	3	2	3	2	4	16.0
Smokers (Youth)	8%	1	3		1	3	2	12.0
Health Care								
Dental Check-up	58%	2	2	2	2	2	4	14.0
Insured (Adult)	96%	2	2	2	1	2	4	13.0
Personal Doctor (Adult)	76%	2	2	2	2	2	4	14.0
Sigmoidoscopy/Colonoscopy	60%	2	2	2	2	2	4	14.0
Health Status								
Asthma (Youth)	13%	2	2			1	3	12.0
Cancer	492.8 per 100,000	2	3	2		2	1	12.0
Childhood Disability	4%		2	2		3	2	13.0
Depression (Youth)	35%	3	2		3	2	4	16.0
Diabetes (Adult)	18%	3	3	2	3	3	3	17.0
Food Insecurity (Youth)	14%	2	2		3	2	3	14.0
General Health (Adult)	46%	2	2	2		1	4	13.0
Obesity (Adult)	40%	2	2	2	2	1	4	13.0
Overweight (Youth)	26%	2	2		3	1	4	14.0
Poor Mental Health (Adult)	15%	2	2			1	3	12.0
Serious Mental Illness	1%	2	2			2	2	12.0
Stroke (Adult)	5%	2	2	2		2	2	12.0

INDICATORS SUMMARY

	Measure	Trend score	State score	National score	HP 2020 score	Disparities score	Magnitude score	Total score <i>(missing = 2)</i>
Infectious Disease								
Drug-Resistant Infection	50.9 per 100,000	2	2			1	1	10.0
Flu Shot (Adult)	36%	2	2		3	1	4	14.0
Preschool Immunization	40%	2	3		3		4	16.0
School-Age Immunization Exemption	10%	2	3				2	13.0
Sexually Transmitted Infections	356.0 per 100,000	3	1	1		2	1	10.0
Teen Immunization	25%	1	3				4	14.0
Vaccine-Preventable Diseases	6.8 per 100,000	1	1	2		3	1	10.0
Injury & Violence								
Bullied (Youth)	30%	2	3		3	3	4	17.0
Child Abuse	46.3 per 1,000	2	3	1	3		1	12.0
Domestic Violence	10.1 per 1,000	3	2				1	12.0
Falls	453.5 per 100,000	2	3			3	1	13.0
Physical Abuse (Youth)	22%	2	2			2	3	13.0
Suicide	18.9 per 100,000	2	2	2	3	2	1	12.0
Unintentional Injury	843.5 per 100,000	2	3		3	2	1	13.0
Reproductive Health								
Abortion	9%	2	1			1	2	10.0
Low Birth Weight	4%	2	2	1	1	1	2	9.0
Pregnancy	72.0 per 1,000	2	2			3	1	12.0
Preterm Birth	6%	2	2	1	1	2	2	10.0
Summary Measures								
Deaths	995.5 per 100,000	2	3	3		3	1	14.0
Infant Mortality	4.5 per 1,000	2	2	2	2		1	11.0
Life Expectancy	80.6		2	2		1		11.0
Years Potential Life Lost Age 65	3,453.3		2	2		2		12.0

Key

High Score or Not Meeting Expectations
 Intermediate Score
 Low Score or Meeting Expectations

Trend	(1) getting better	(2) no change	(3) getting worse		
Compared to WA	(1) SC better	(2) same	(3) SC worse		
Compared to US	(1) SC better	(2) same	(3) SC worse		
Compared to HP 2020	(1) SC better	(2) same	(3) SC worse		
Disparities <i>(out of available demographic categories)</i>	(1) none	(2) up to half	(3) more than half		
Magnitude <i>(total population impacted)</i>	(0) <0.01% (1/10,000)	(1) 0.01%-0.9%	(2) 1%-9.9%	(3) 10%-24.9%	(4) >25%



Data Center

1101 W. College Ave., Room #356, Spokane, WA 99201
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Back Cover: WA 25 Northport Bridge (Northport, Washington) | CMH



**Providence St. Joseph Health
Stevens County Ministries
Community Health Needs Assessment, 2019
Community Input: Focus Group Processes**

Narrative

Meeting locations were secured by signed contracts with the owning agencies: Public Libraries of Northport, Kettle Falls and Colville as well as the Chewelah Senior Center. The Senior Center charged \$40.00 for access to the room. The Libraries waived the rental fee due to the Not-for-Profit status of Providence Healthcare Stevens County Ministries. Light meals were ordered for attendees from Subway Sandwich shops and the rooms were prepared thirty minutes prior to the Focus Group beginning.

The room set up included tables and chairs, clustered together in order to view the slide presentation. Posters were hung on the walls, which indicated the following: meeting agenda, data gathered from Providence's questionnaire (questions 1 and 2 only), Tri-County Health District's Health Indicators, and a blank poster wherein participants could post additional concerns.

All Focus Group meetings began and ended on time. Meetings began by the agenda being reviewed, followed by a sign in sheet reminder, and introductions of all participants stating their name, group affiliation, how long he/she has resided in Stevens County and why they are attending the Focus Group. The meeting next reviewed the data which included: the reason and purpose of community health needs assessments for not-for-profit organizations, high level facts pertaining to Providence St. Joseph Health, Medicaid and Medicaid & Medicare patient data pulled from ED visits to Providence Mount Carmel Hospital and Providence St. Joseph's Hospital in 2018.

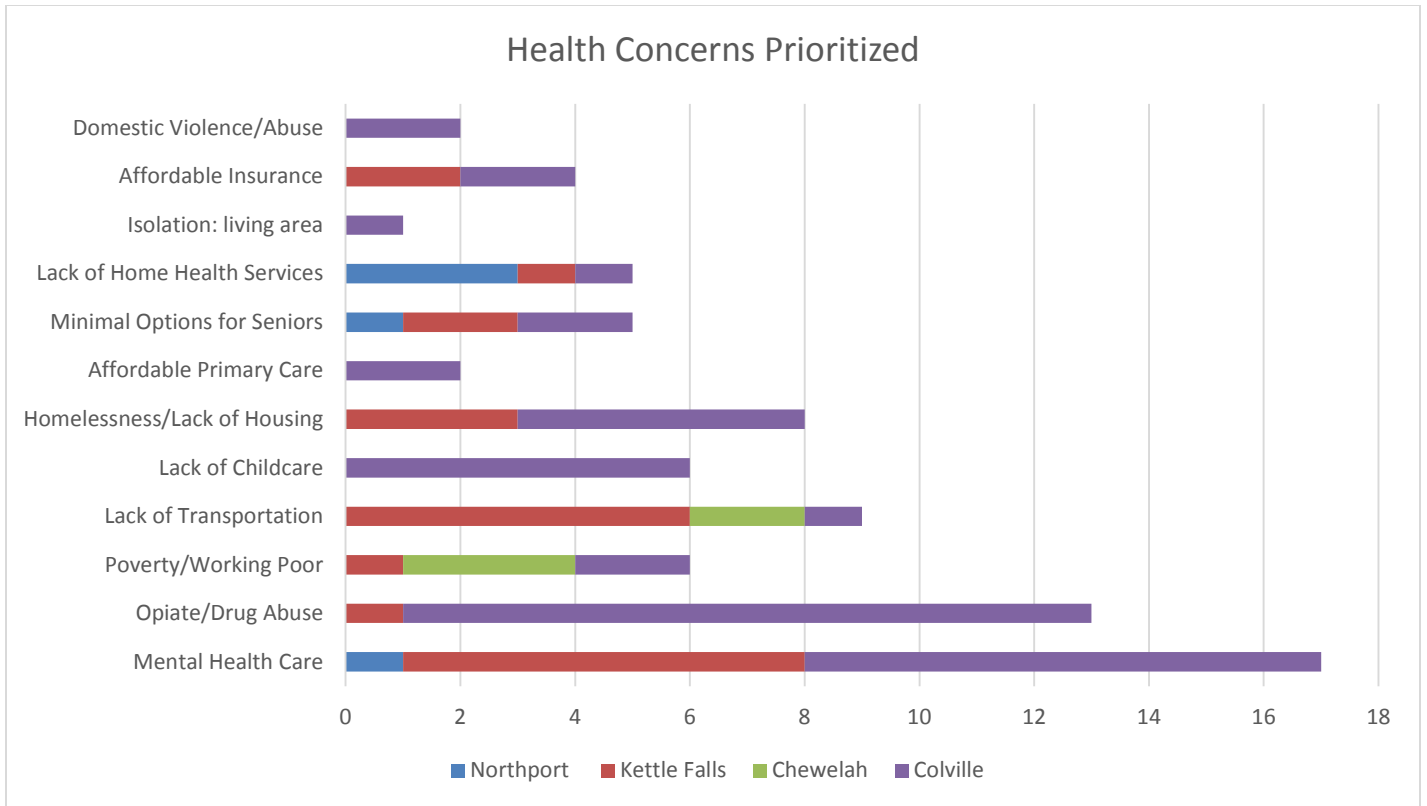
Next, demographic data collected from the Tri-County Health District, Spokane Regional Health Department and the ACS research was presented. Slides of this data included: population by age group, race and spoken language at home; family structure; education levels of completion; percentages of uninsured by age and gender comparing Stevens County to Washington State; Income and Poverty level statements; Federal Poverty Level (FPL) estimates including: Families with Children below 100% of the FPL, Race & Ethnicity percentages below FPL; Employment statements of amounts and occupation breakdown; and Housing availability and quality statements. The slide presentation ended by addressing the Stevens County Indicator Data showing the top indicators contributing to Risk Behaviors and Poor Health Outcomes.

Next, participants were provided with five of each color round stickers: pink, green and orange to use as prioritization "votes". Participants then placed all five green stickers on any of the "Health Concerns" identified through the Providence questionnaire. Next, participants did the same for the pink stickers for the identified Concerns Affecting Health gathered through the Providence questionnaire. Finally, participants place the five orange stickers on the Top Indicator List contributing to Risk Behavior and Poor Health Outcomes as listed by the Tri-County Health District and the Spokane Regional Health District.

Participants were then asked to speak to any health concerns/indicators that were not listed so as to identify any gaps present, in their mind/s. Finally, all participants were thanked and the Focus Group meeting closed. Rooms were cleaned, returned to original set up, doors were locked and keys returned.

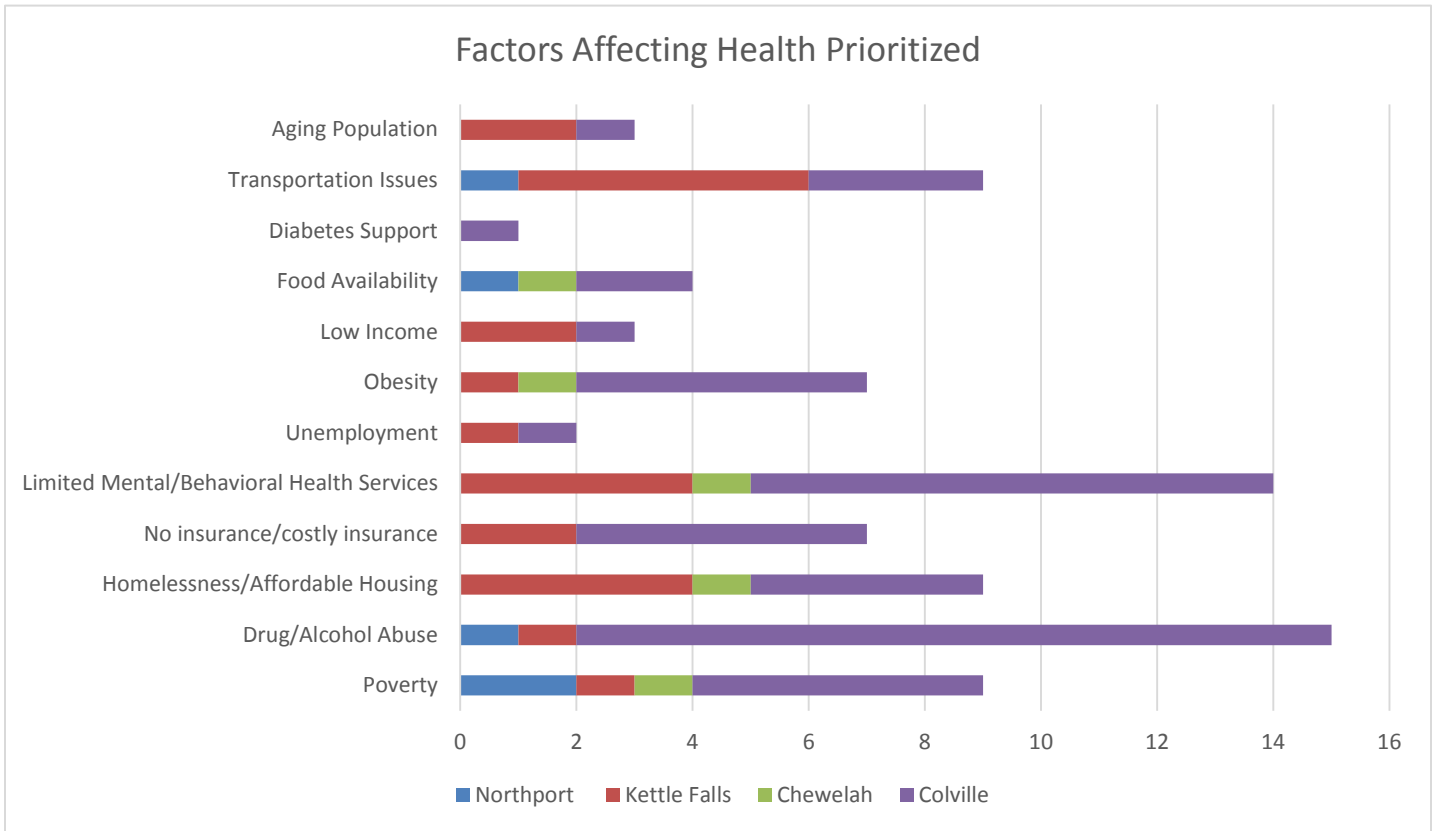
**Providence Health Care Stevens County Ministries
Health Concerns Prioritized**

Concern	Northport	Kettle Falls	Chewelah	Colville	Total
Mental Health Care	1	7		9	17
Opiate/Drug Abuse		1		12	13
Poverty/Working Poor		1	3	2	6
Lack of Transportation		6	2	1	9
Lack of Childcare				6	6
Homelessness/Lack of Housing		3		5	8
Affordable Primary Care				2	2
Minimal Options for Seniors	1	2		2	5
Lack of Home Health Services	3	1		1	5
Isolation: living area				1	1
Affordable Insurance		2		2	4
Domestic Violence/Abuse				2	2
Total	5	23	5	45	78



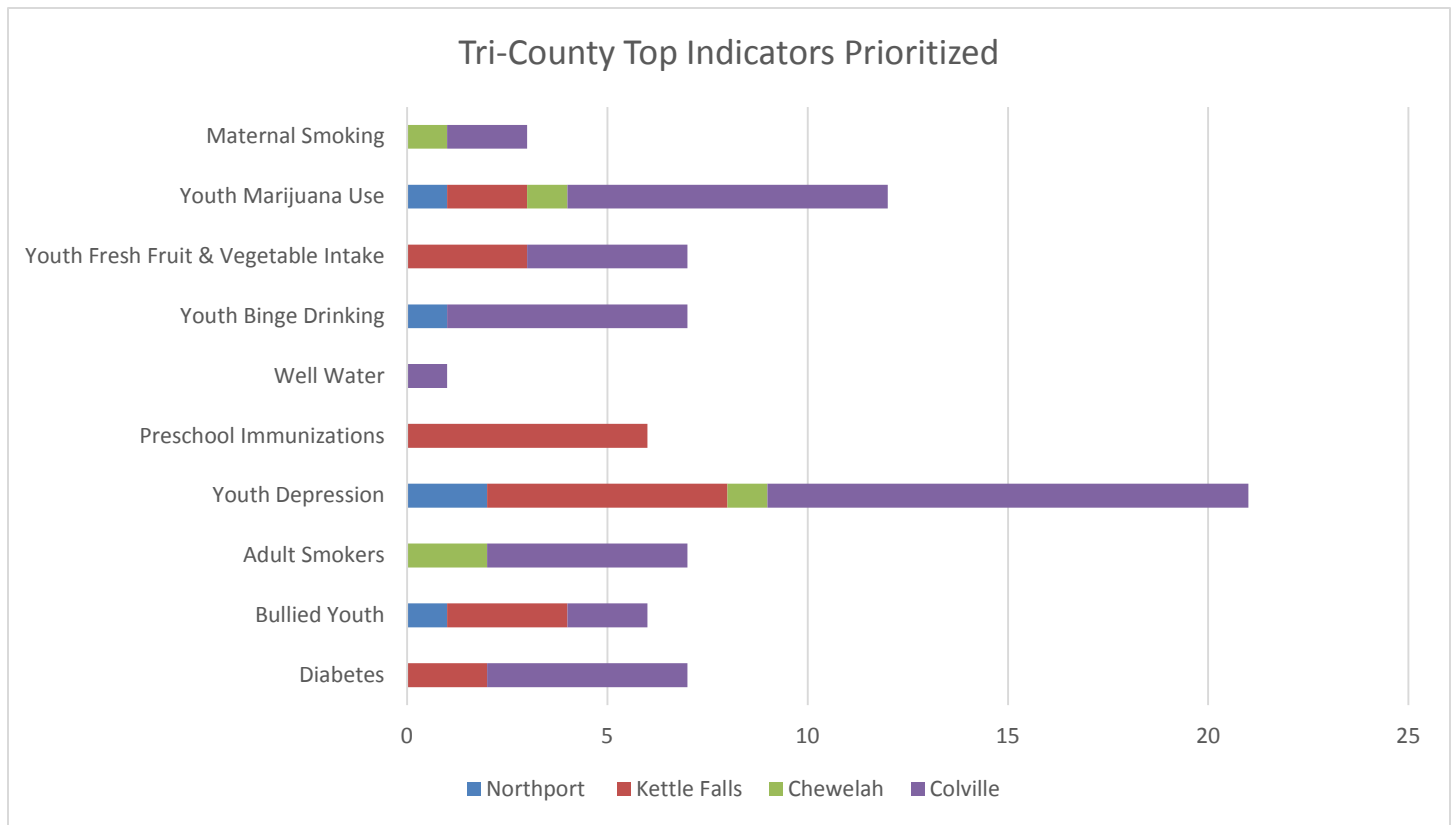
Providence Health Care Stevens County Ministries Factors Affecting Health Prioritized

Concern	Northport	Kettle Falls	Chewelah	Colville	Total
Poverty	2	1	1	5	9
Drug/Alcohol Abuse	1	1		13	15
Homelessness/Affordable Housing		4	1	4	9
No insurance/costly insurance		2		5	7
Limited Mental/Behavioral Health Services		4	1	9	14
Unemployment		1		1	2
Obesity		1	1	5	7
Low Income		2		1	3
Food Availability	1		1	2	4
Diabetes Support				1	1
Transportation Issues	1	5		3	9
Aging Population		2		1	3
Total	5	23	5	50	83



Providence Health Care Stevens County Ministries Factors Affecting Health Prioritized

Concern	Northport	Kettle Falls	Chewelah	Colville	Total
Diabetes		2		5	7
Bullied Youth	1	3		2	6
Adult Smokers			2	5	7
Youth Depression	2	6	1	12	21
Preschool Immunizations		6			6
Well Water				1	1
Youth Binge Drinking	1			6	7
Youth Fresh Fruit & Vegetable Intake		3		4	7
Youth Marijuana Use	1	2	1	8	12
Maternal Smoking			1	2	3
Total	5	22	5	45	77



Focus Group Additional Needs/Opinions Additional Issues Sited

Concern	Northport	Kettle Falls	Chewelah	Colville
Patient education is not about being proactive with one's health care	x			x
Need more appropriate phone/video doctor-patient conference calls.	x			
LGBT Community Advocacy	x			
More partnerships between competing health entities	x	x		
Not enough for young people to do that are healthy options	x			x
Need a travelling pharmacy, x-ray & mammography	x			x

Poverty is Generational: learned entitlement mentality that perpetuates doing nothing and receiving care/food/transportation/housing	X			
Neurological Diseases need local care: Parkinson's disease, ALS, etc.		X		X
We need Diabetes education and endocrinology here locally		X		
We need educational partnerships with Providence and the libraries and schools		X		
Difficult to recruit physicians as there are no longer independent providers			X	
Patients may not indicate their care as excellent due to the fierce independent nature here			X	
People here do not register for Medicare as they are afraid they will lose their homes if they do so-they do not trust big systems/corporations/government agencies		X	X	
Obesity and eating properly			X	
Providence to collaborate with NAMI		X		
Need affordable home health care services		X		X
We need to focus on our youth and education for them. We need to reach them prior to drug use, depression leaving the community. This year has the biggest failing freshman class ever.				X
We need housing options for our homeless				X
We need an Urgent Care				X
We need drug rehabilitation centers		X		X
Where is the purpose and focus of life for our youth		X		X
There are gaps in service for the marginalized. Especially for low-income housing and homeless transitional needs				X

Name	Organization
Deborah Nix	Self/NCPR
Leta Phillips	Community Partnerships For Mental Health (CPMH)
Peggy Mandin	CPMH
Edward Johnson	Providence
Carla Wolfe	Prov. DominiCare
Judy McAbee	Self
Joan Sisco	DominiCare
Joshua Fritz	Self
Muriel Meyer	Self (works w homeless in Colville)
Rachael Baldwin	Teacher, Colville Public Schools
Nicholas Baldwin	Chaplain, Providence Mount Carmel Hospital
Andrew Engell	Rep. McMorris Rodgers
Dr. Barry Bacon	TCCHF, Independent Physician
Lana Henry	Northport Bible
Richard Henry	Northport Bible
Missy Stalp, RN	Coville City Council
Andy Inskeep	Colville Nazarene

2019 CHNA Questionnaire Responses

Visual Data Display

Demographic Data

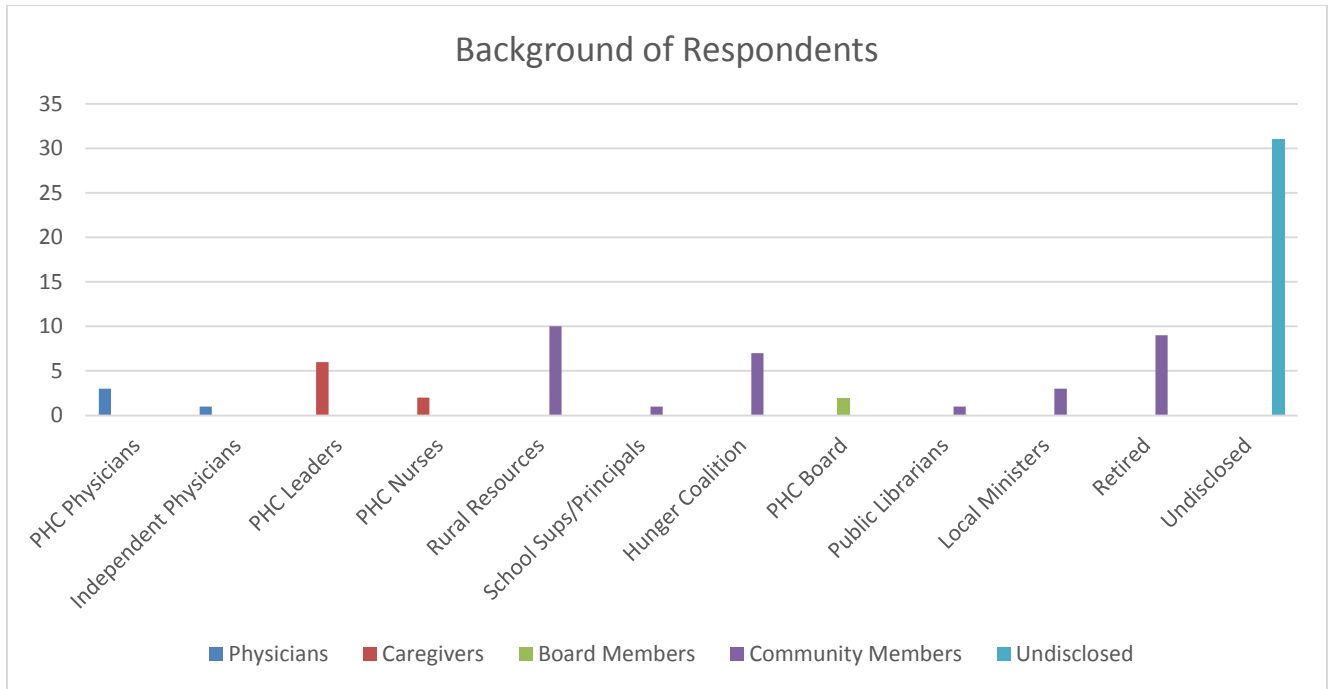
There were 89 respondents who answered some or all of the questions of the CHNA Questionnaire, 2019. The questionnaire included five questions and an optional opportunity to share personal, but general information. The questions included:

1. What are the main physical, mental, and/or social health concerns that affect you, your family and the community in Stevens County?
2. What are the health related services that you travel more than an hour to receive?
3. What are the most important factors that affect the health of people in Stevens County?
4. What worries you most about your health?
5. What is the best part of living in Stevens County?

The generalized, personal information asked if the respondent was employed, if he/she had health insurance, and asked for contact information of: name, address, phone, email.

89 respondents self-identified as the following:

- Leadership of Providence Stevens County Ministries: 6/89 = 7%
- RN's of Providence Stevens County Ministries: 2/89 = 2%
- Physicians employed by Providence Stevens County Ministries: 3/89 = 3%
- Independent physicians: 1/89 = 1%
- Employees of Rural Resources: 10/89 = 11%
- School Superintendents/Principals: 1/89 = 1%
- Hunger Coalition employees and representatives: 7/89 = 8%
- Member of the Providence Stevens County Ministries Board: 2/89 = 2%
- Local librarian: 1/89 = 1%
- Local Ministers: 3/89 = 3%
- Retired 9/89 = 10%
- Not Disclosed: 31/89 = 35%
- Unemployed: 13/89 = 15%



General Categories of Respondents

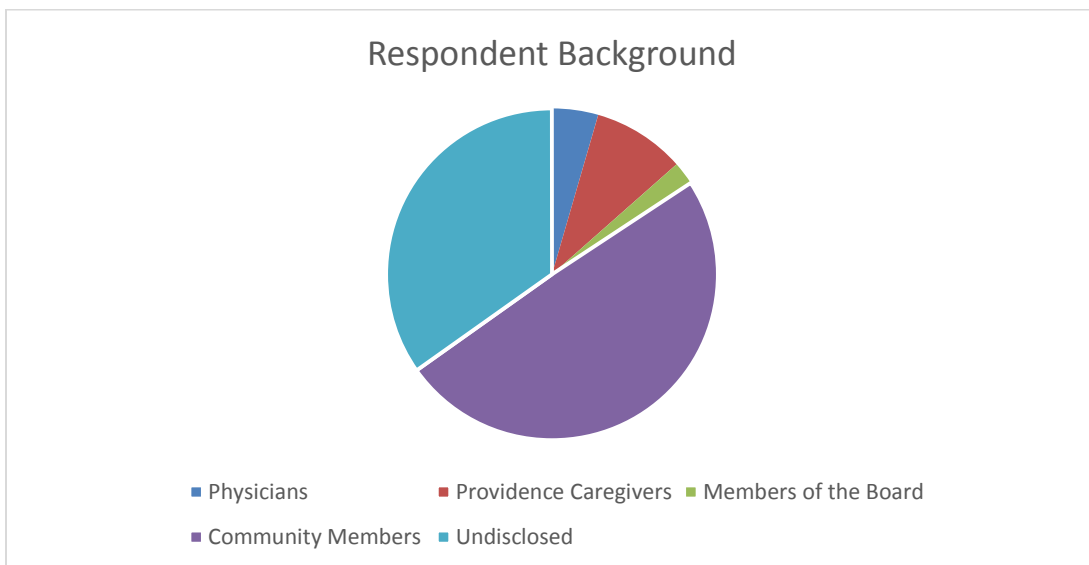
Physicians: 4/89 = 4%

Providence Stevens County Ministries Caregivers: 8/89 = 9%

Providence Members of the Board: 2/89 = 2%

Community Members: 44/89 = 50%

Undisclosed: 31/89 = 35%



Questionnaire results are listed according to “Categories” that emerged from the collected data.

What are the main physical, mental, and/or social health concerns that affect you, your family and the community in Stevens County?

Total Responses: 191

Response Categories:

Availability of Physical Care: 22/191 = 12%

Availability of Mental/Behavioral Care: 29/191 = 15%

Drug abuse/Addiction Recovery Availability: 19/191 = 10%

Cost/Insurance/Affordability of Care: 11/191 = 6%

Lack of Social Services including children and senior adults: 28/191= 15%

Lack of Transportation: 15/191 = 8%

Homelessness/Inadequate Housing: 17/191 = 9%

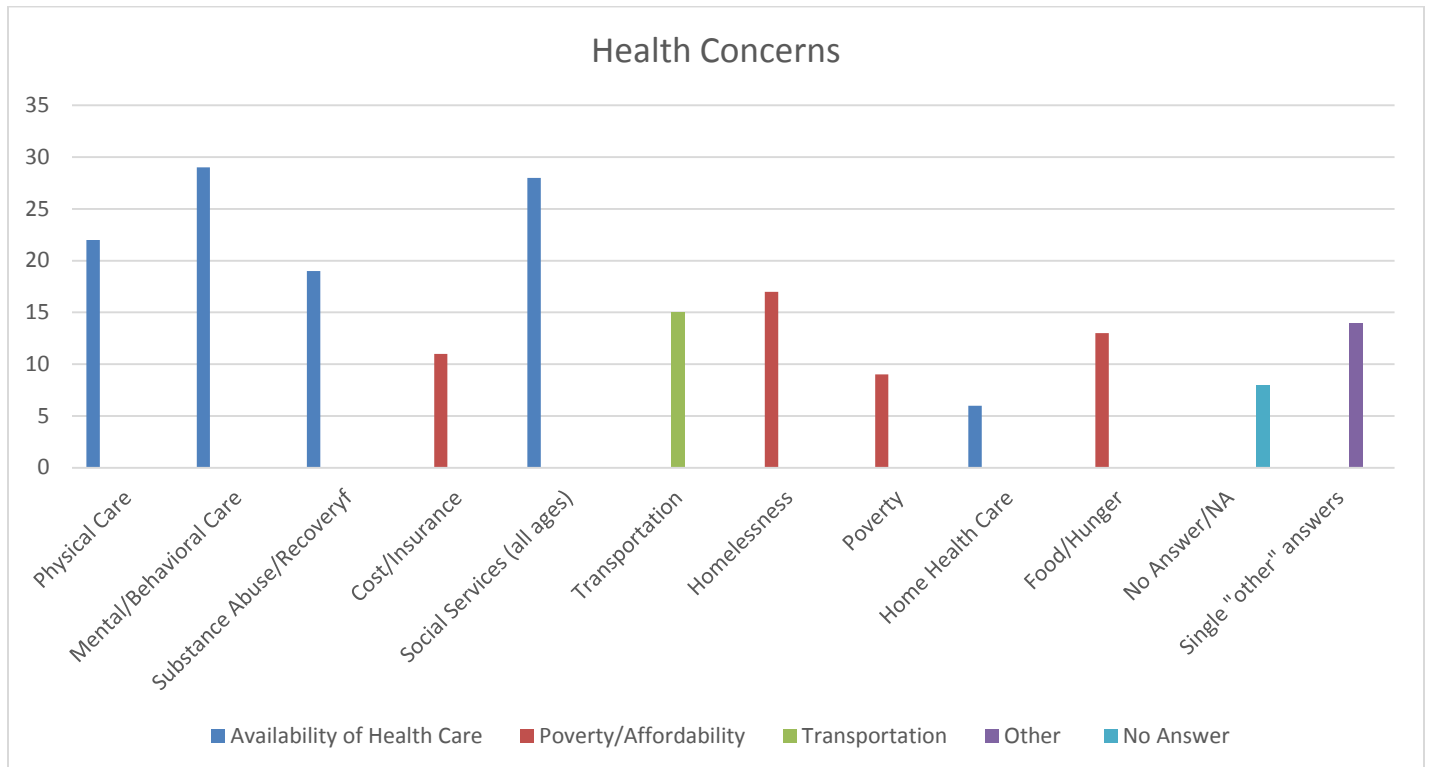
Poverty: 9/191 = 5%

Availability of Home Care: 6/191 = 3%

Availability of healthy, affordable food: 13/191 = 7%

No Answer/NA: 8/191 = 4%

Single, “other” answer: 14/191 = 1%



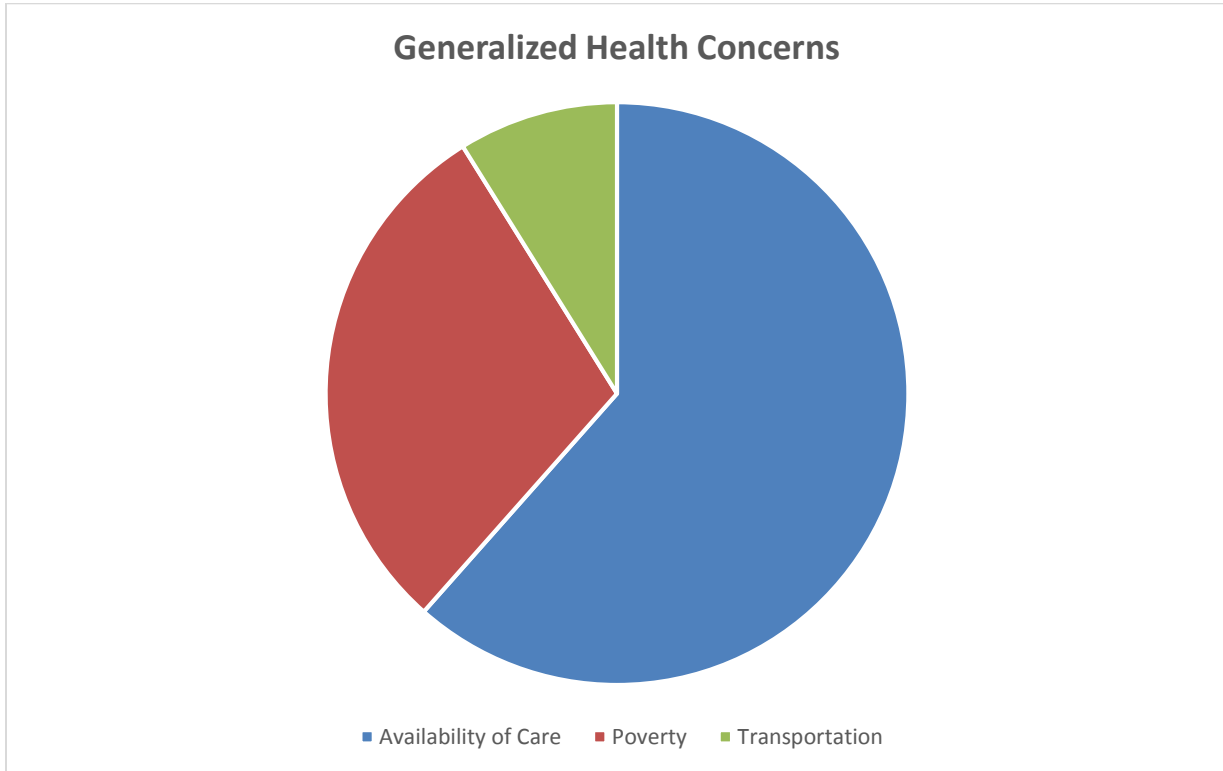
Removing “No Answer/NA, and Other” totals: 169

Generalized Categories:

Availability to Health Care: 98/169 = 58%

Poverty/Low Income/Affordability: 39/169 = 23%

Transportation: 18/169 = 11%



What are the health related services that you travel more than an hour to receive?

Total Responses: 192

Response Categories:

Dental/Orthodontia/Oral Surgery: 17/192 = 9%

Primary Care (adults): 14/192 = 7%

Vision/Eye Specialists/Eye Surgery: 13/192 = 7%

Specialists (non-specified): 10/192 = 5%

Orthopedics: 9/192 = 5%

OB/GYN: 8/192 = 4%

Oncology: 7/192 = 4%

Cardiology: 6/192 = 3%

Diagnostic Imaging: 6/192 = 3%

Pediatrics: 5/192 = 3%

Mental Health/Behavioral Health: 5/192 = 3%

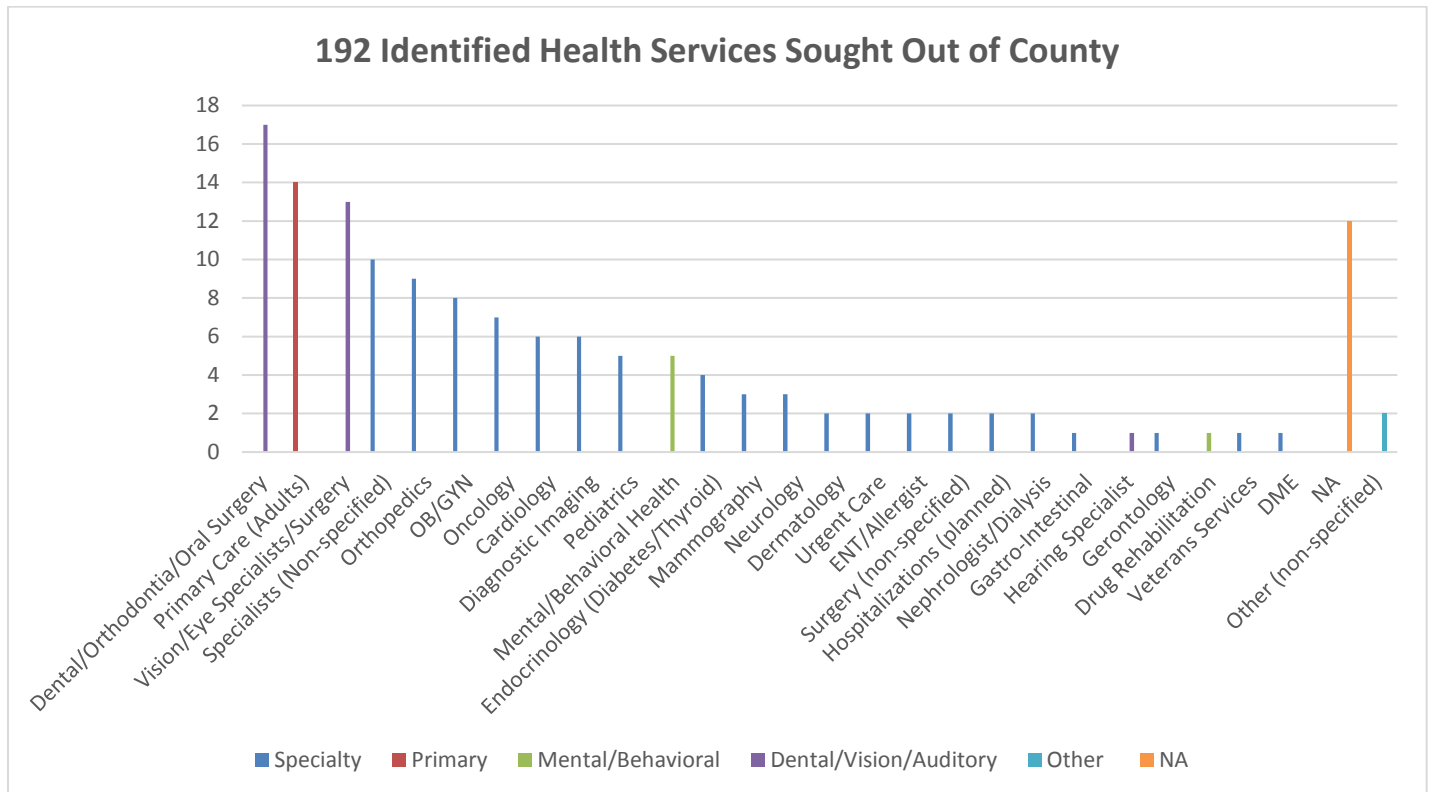
Endocrinology (Diabetes/thyroid): 4/192 = 2%

Mammography: 3/192 = 2%

Neurology: 3/192 = 2%

Dermatology: 2/192 = 1%
 Urgent Care: 2/192 = 1%
 ENT/Allergist: 2/192 = 1%
 Surgery (non-specified): 2/192 = 1%
 Hospitalizations (planned): 2/192 = 1%
 Nephrologist/Dialysis: 2/192 = 1%
 Gastro-Intestinal: 1/192 = 0.5%
 Hearing Specialist: 1/191 = 0.5%
 Gerontology: 1/191 = 0.5%

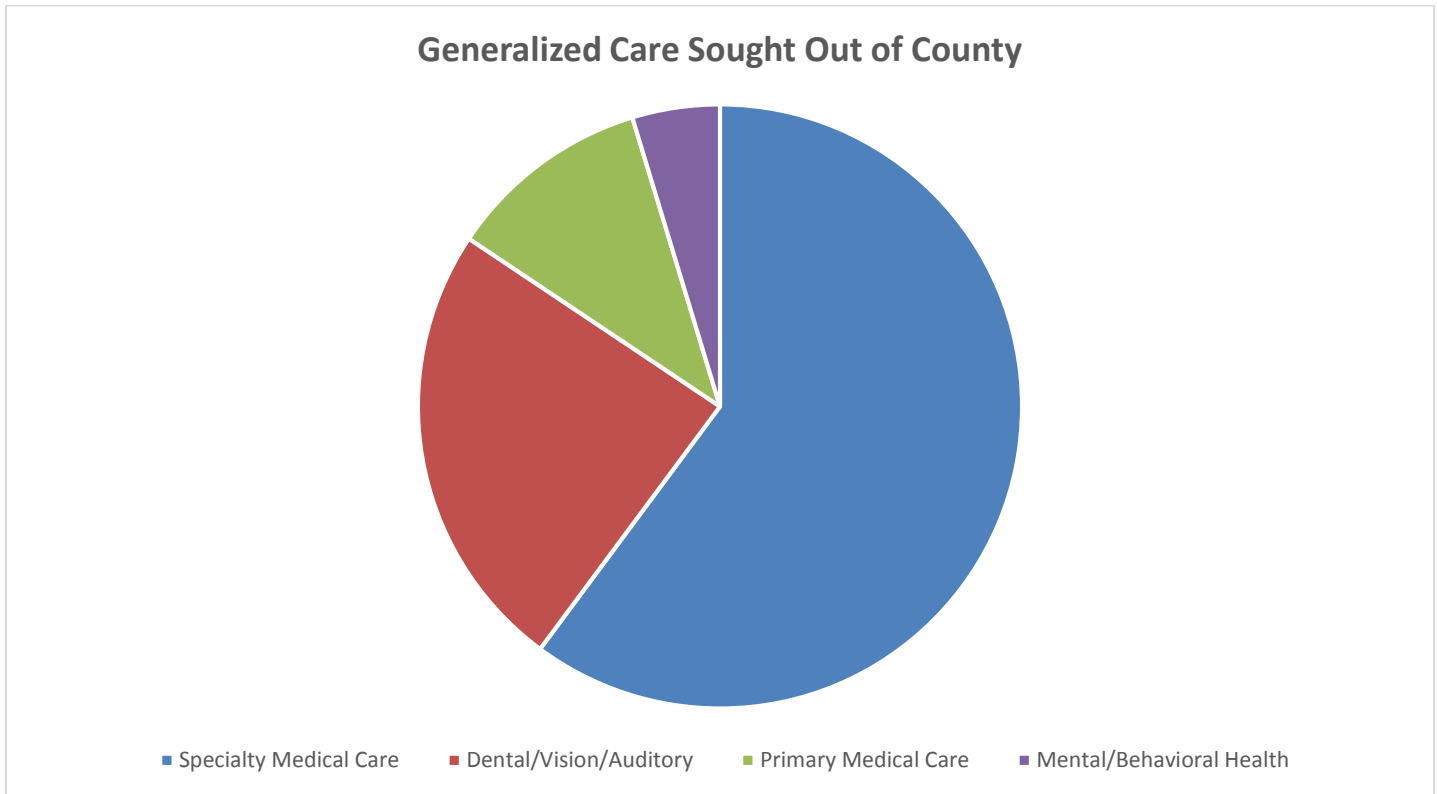
Drug Rehab: 1/191 = 0.5%
 Veteran Services: 1/191 = 0.5%
 DME: 1/191 = 0.5%
 NA: 12/192 = 6%
 Other/non-specified: 2/192 = 1%



Removing “No Answer/NA, and Other” totals: 178

Generalized Categories:

- Primary Medical Care: 14/178 = 8%
- Specialty Medical Care: 77/178 = 43%
- Mental/Behavioral Health: 6/178 = 3%
- Dental/Vision/Auditory: 31/178 = 17%



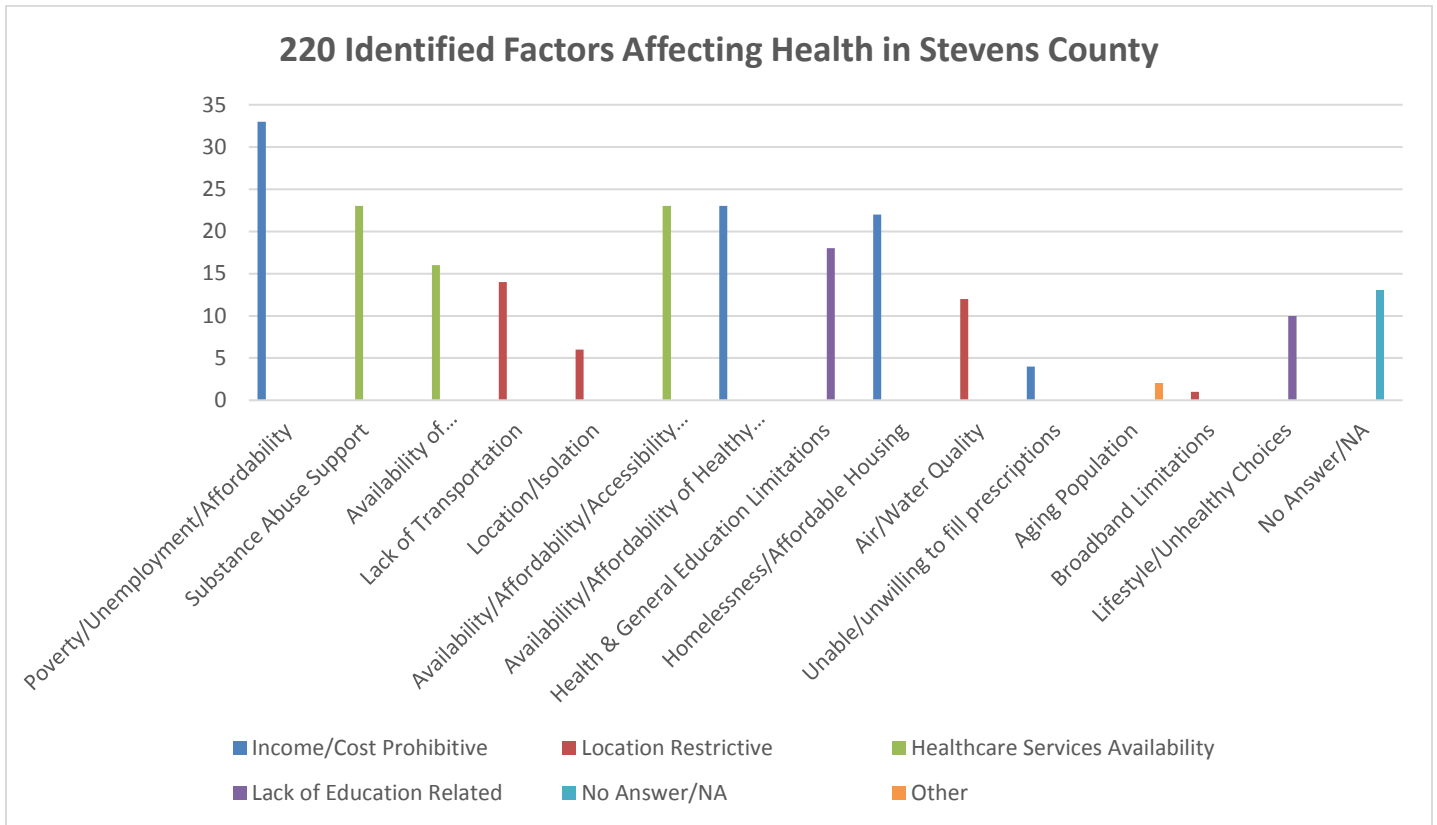
What are the most important factors that affect the health of people in Stevens County?

Total Responses: 220

Response Categories:

- Poverty/Unemployment/Unaffordability: 33/220 = 15%
- Substance Abuse: 23/220 = 10%
- Lack of Transportation: 14/220 = 6%
- Location/Isolation: 6/220 = 3%
- Air/Water Quality: 12/220 = 5%
- Availability/Affordability/Accessibility of Medical Care Services: 23/220 = 10%
- Availability/Affordability of Healthy Food: 23/220 = 10%

- Availability of Mental/Behavior/Addiction Recovery Services: 16/220 = 7%
- Health & General Education Limitations: 18/220 = 8%
- Homelessness/Affordable Housing: 22/220 = 10%
- Lifestyle/Unhealthy Choices: 10/220 = 5%
- Aging Population: 2/220 = 1%
- Unable/unwilling to fill prescriptions: 4/220 = 2%
- Broadband limitations: 1/220 = 0.4%
- No Answer/NA: 13/220 = 6%



Removing “No Answer/NA” totals: 207

Generalized Categories:

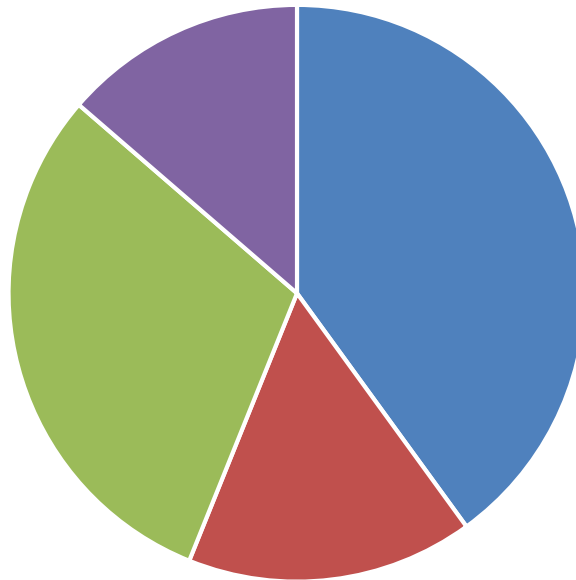
Income/Cost Prohibitive: 82/207 = 40%

Location Restrictive: 33/207 = 16%

Healthcare Services Availability: 62/207 = 30%

Related to Lack of Education: 28/207 = 14%

Generalized Factors Affecting Health



■ Income/Cost Prohibitive ■ Location Restrictive ■ Healthcare Services Availability ■ Related to Lack of Education

What worries you most about your health?

Total Responses: 116

Response Categories:

Access to local medical care: 23/116 = 20%

Access to mental/behavioral health care services:
12/116 = 10%

No available transportation options: 9/116 = 8%

Cost of healthy food: 8/116 = 7%

Being able to manage as I age: 7/116 = 6%

Costs of Services on a fixed income: 6/116 = 5%

Insurance costs/copays: 6/116 = 5%

Obesity: 5/116 = 4%

Living in a non-healthy culture/lifestyle: 4/116 = 3%

Lack of exercise: 4/116 = 3%

Staying home as long as I can: 3/116 = 3%

Keeping my teeth: 3/116 = 3%

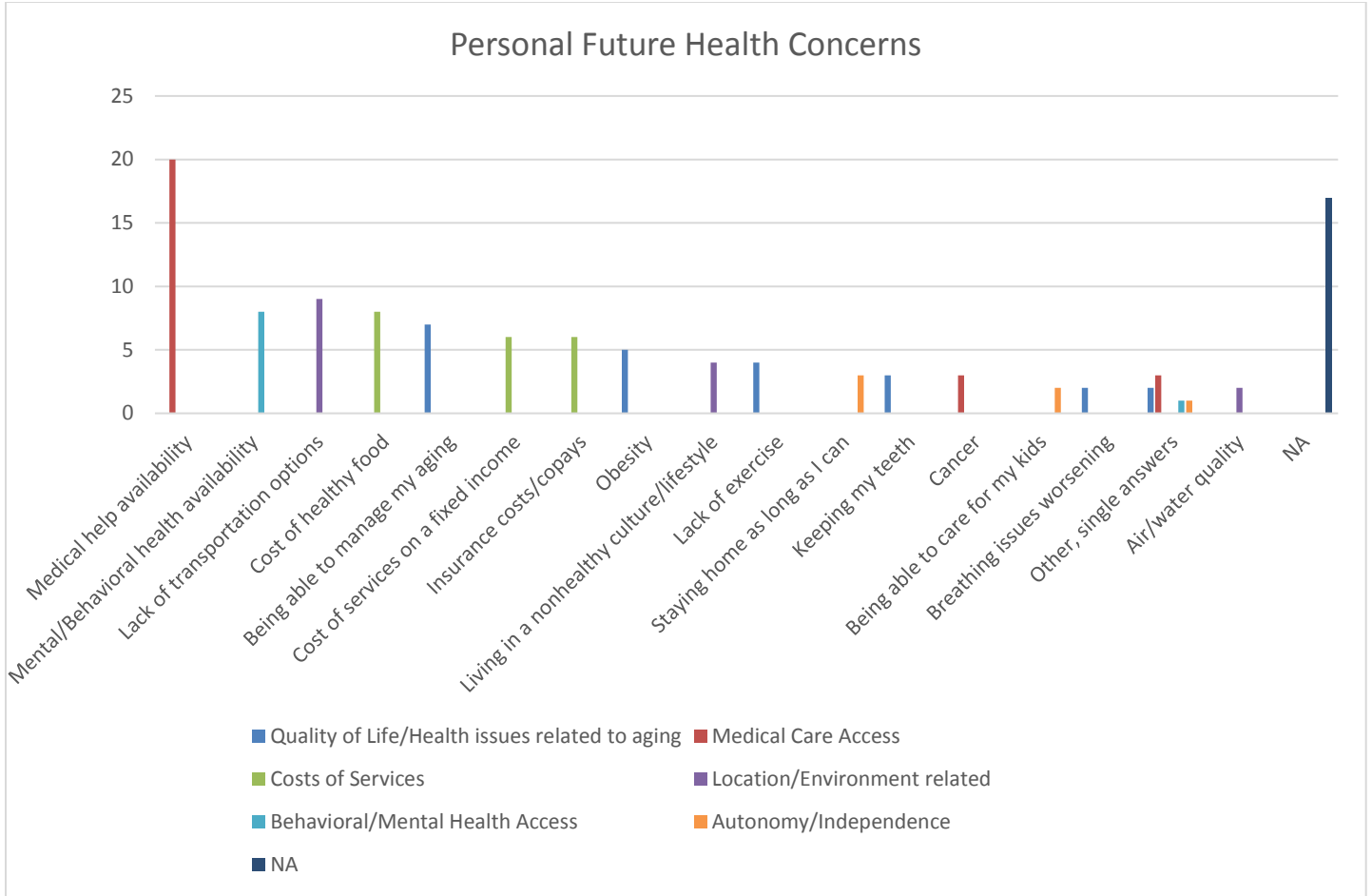
Cancer: 3/116 = 3%

Being able to care for my kids: 2/116 = 2%

Breathing issues will worsen: 2/116 = 2%

Air/water quality: 2/116 = 2%

No Answer/NA: 17/116 = 15%



Removing “No Answer/NA, and Other” totals: 99

Generalized Categories:

Access to Medical Health Care: 26/99 = 26%

Quality of Life/Health Concerns related to Aging: 23/99 = 23%

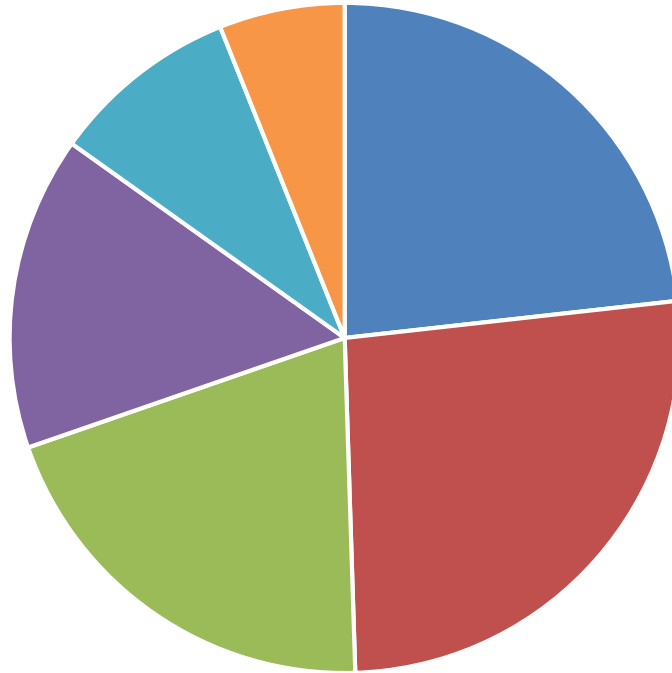
Cost of Services on Fixed Income: 20/99 = 20%

Location/Environment Related: 15/99 = 15%

Access to Behavioral/Mental Health Support: 9/99 = 10%

Concern for Autonomy/Independence: 6/99 = 6%

Generalized Future Concerns



- Quality of Life/Aging Concern
- Access to Medical Health Care
- Cost of Services on a Fixed Income
- Location/Environment Related
- Access to Behavioral/Mental Health Support
- Concern for Autonomy/Independence

What is the best part of living in Stevens County?

Total Responses: 170

Response Categories:

Beautiful Nature: 37/170 = 21%

Small town/sense of community: 29/170 = 17%

Great people: 22/170 = 13%

Peaceful and Quiet: 9/170 = 5%

Outdoor activities: 8/170 = 5%

Slower pace of life: 6/170 = 4%

Great weather/Four Seasons: 6/170 = 4%

Open spaces: 6/170 = 4%

Proximity to other areas: 5/170 = 3%

Nearly non-existent commute times/no traffic:
5/170 = 3%

Low population density: 5/170 = 3%

Quality of life: 5/170 = 3%

Clean air: 4/170 = 2%

Other (single answers): 4/170 = 2%

Affordable living: 3/170 = 2%

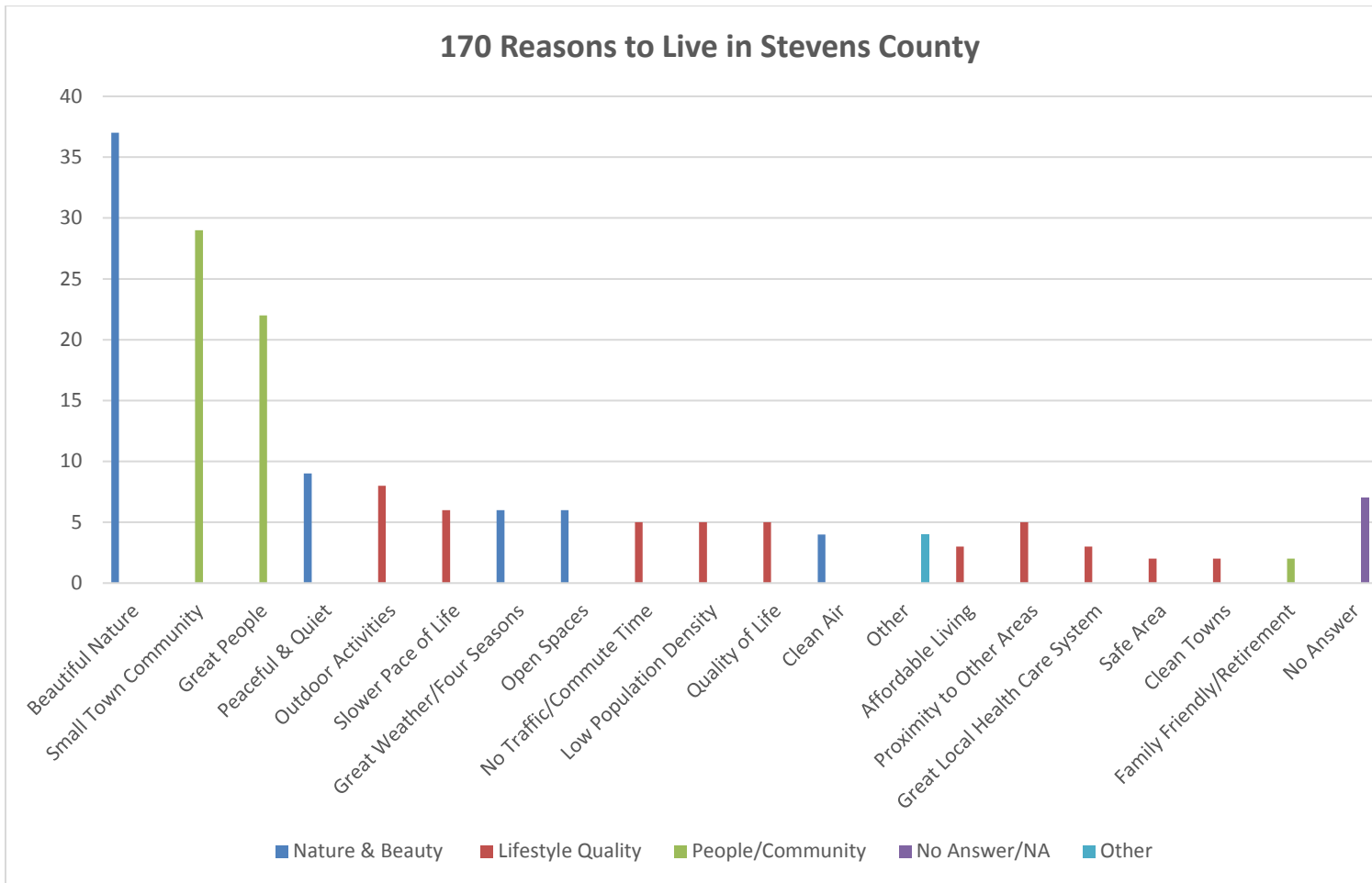
Great local health care system: 3/170 = 2%

Safe area: 2/170 = 1%

Clean towns: 2/170 = 1%

Great place to raise a family and/or spend your
retirement days: 2/170 = 1%

No answer: 7/170 = 4%



Removing “No Answer/NA, and Other” totals: 163

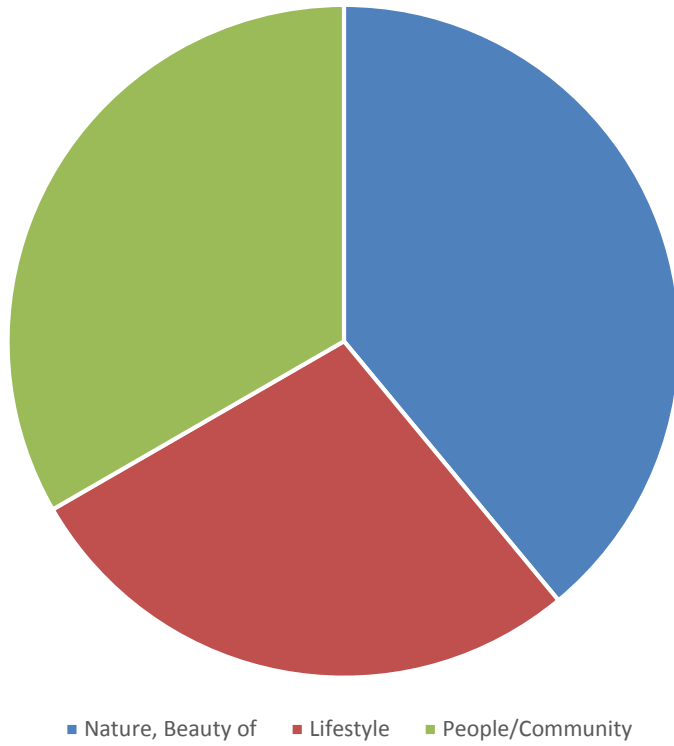
Generalized Categories:

Nature/ beauty: 62/163 = 40%

Lifestyle: 44/163 = 27%

People/Community: 53/163 = 33%

Why Respondents Live in Stevens County



CHNA Process Governance and Oversight

Appendix 2: Community Health Needs Assessment Committee

Providence Health Care Community Benefit Team:

- Elaine Couture, Executive Vice President EWA/MT Region, PHC Chief Executive
- Peg Currie, PHC Chief Operating Officer
- John Kleiderer, Chief Mission Integration Officer
- Ron Rehn, Chief Administrative Officer Stevens County
- Liz DeRuyter, Director Marcomm, Providence St. Joseph Health
- Dave Peden, PHC Community Ministry Board Member
- Mark Wakai, Chief Population Health Officer EWA/MT Region
- Nicole Stewart, Director Marcomm, Providence St. Joseph Health
- Justin Hurtubise, PHC Project Manager Senior Clinical Effectiveness
- Tony Lawrence, PHC Director of Finance
- Sara Clements-Sampson, PHC Community Benefit Manager

Appendix 3: Community Ministry Board

First Name	Last Name	Title
Daryll	DeWald, PhD	Chancellor, WSU
Jeff	Clode, MD	Retired Physician
Kevin	Christie	Avista Corp
Rich	Hadley	Ret., Ores Emeritus, Greater Spokane Incorporated
Michelle	Hege	Desautel Hege
Robin	Hines, MD	Inland Imaging
Courtney	Law, PhD	Gonzaga University
Michael	O'Malley	NAC Architecture
Mike	Moore, MD	Columbia Surgical Specialists
Jeff	Philipps	Rosauers Supermarkets, Inc
Dave	Peden	Coffman Engineers
Mark	Schemmel, MD	Spokane Obstetrics and Gynecology
Mary	Selecky	Ret. State Secretary of Health
Ben	Small	Central Valley School District
Larry	Soehren	Kiemle & Hagood Company
Elaine	Couture	Chief Executive, PHC
Jody	Yunker	Board Liaison, Executive Assistant

Prioritization Protocol and Criteria**Appendix 4: Prioritization Protocol and Criteria**

- Input from the community
- Severity (i.e., impact at individual, family, and community levels)
- Size/magnitude (i.e. number of people per 1,000, 10,000 or 100,000)
- Disparities of subgroups
- Ability to impact

Community Resources Available

Appendix 5: Existing Health care Facilities in the Community to address significant health needs

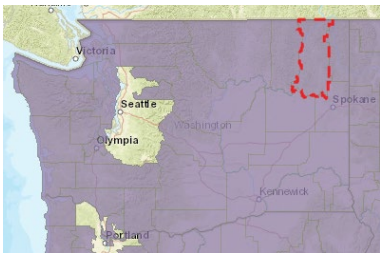
North East Washington Health Centers:

- **Chewelah Community Health Center**, 518 E Clay Avenue, Chewelah, WA 99109
- **Colville Community Health Center**, 358 N Main Street, Colville, WA 99114
- **Kettle River (Orient) Community Health Center**, 141 Third Avenue, Orient, WA 99160
- **Lake Spokane (Nine Mile Falls) Community Health Center**, 5952 Blackstone Way, Nine Mile Falls, WA 99026
- **Loon Lake Community Health Center**, 3994 Colville, Road, Loon Lake, WA 99148
- **Northport Community Health Center**, 411 Summit Avenue, Northport, WA 99157
- **Selkirk (Ione) Community Health Center**, 208 Cedar creek Terrace, Ione, WA 99139
- **Springdale Community Health Center**, 114 S Main Street, Springdale, WA 99173
- **Aloha Integrative Medicine**, 265-485 East Third Avenue Suite B , Kettle Falls, WA 99141
- **David C. Wynecoop Memorial Clinic, aka Wellpinit Service Unit, Indian Health Service**, 6203 Agency Loop Road, Wellpinit, WA 99040

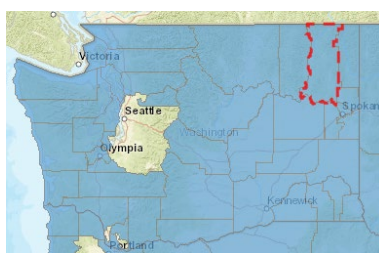
Appendix 6: Health Care Shortage Areas

Health Professions Shortage Area – Stevens County

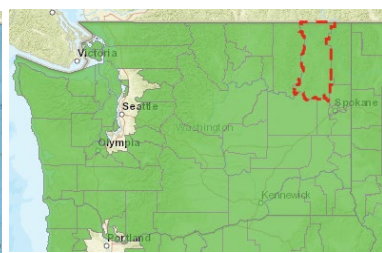
The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The maps below depict these shortage areas relative to Providence Mount Carmel Hospital and Providence St. Joseph Hospital locations. Click on the link below for full sized versions. Overall, Stevens County has shortages in each of these areas with both Primary care and Mental Health providers needed for the general population and the low-income population and dental providers are needed for the low-income population.



Dental Shortage Area



Mental Health Shortage Area

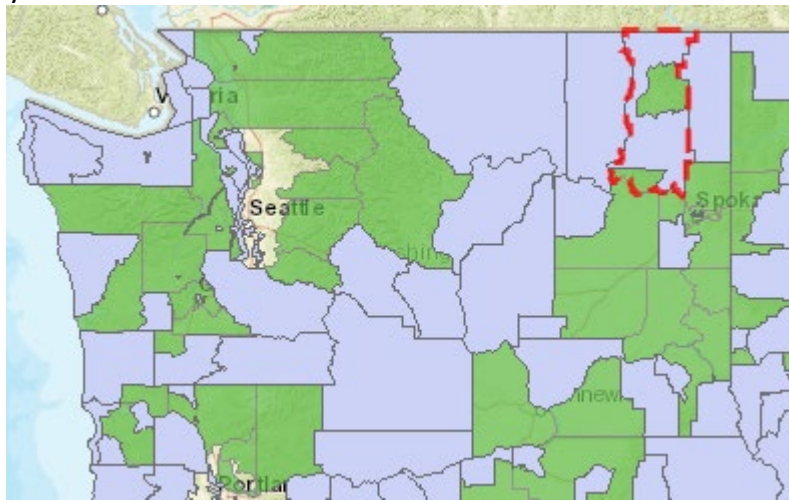


Primary Care Shortage Area

Source: <https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>

Medical Underserved Area/Medical Professional Shortage Area

Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating community health center grant funds to the areas of greatest need. Medically Underserved Areas are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." Medically Underserved Populations are identified based on documentation of unusual local conditions that result in access barriers to medical services. Medically Underserved Areas and Medically Underserved Populations are permanently set, and no renewal process is necessary. The map below depicts the Medically Underserved Areas/Medically Underserved within Stevens County. Click on the link to view the full sized version.



Source: <https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>