2023 - 2025

COMMUNITY HEALTH IMPROVEMENT PLAN

Kadlec Regional Medical Center

Richland, WA

To provide feedback on this CHIP or obtain a printed copy free of charge, please email Karen Hayes at karen.hayes@providence.org.

Providence

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EXECUTIVE SUMMARY

Kadlec Regional Medical Center (Kadlec) is a not-for-profit organization serving residents in Southeast Washington and Northeast Oregon. Founded in 1944, Kadlec is an acute-care hospital located in Richland, Washington. The hospital has 337 licensed beds and is approximately eleven acres in size. More than 3600 employees work in the hospital, the freestanding Emergency Department, and in primary and specialty care clinics throughout the region. Kadlec is part of the family of mission-driven organizations that make up Providence, serving communities across a seven-state footprint.

Major programs and services offered to the community include: comprehensive, award-winning cardiac care; cancer care; neurosurgery and neurology; all-digital outpatient imaging center; pediatrics, rural and emergency care; telehealth services in partnership with clinics and hospitals in Southeast Washington and Northeast Oregon and the region's only Level III Neonatal Intensive Care Unit. Kadlec is a Level III Trauma Center.

Kadlec dedicates resources to improve the health and quality of life for the residents of the communities they serve. In 2021, Kadlec provided $63,900,000 in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those we serve in Benton and Franklin Counties and beyond. Kadlec further demonstrates organizational commitment to community health through the allocation of staff time, financial resources, participation, and collaboration to address community identified needs.

The Community Health Needs Assessment (CHNA) is an opportunity for Kadlec to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with working partners and community collaborators, listening sessions with community members, primary data from a community survey, and community forums.

Collaborating Organizations

The 2022 Benton and Franklin Counties Community Health Needs Assessment was conducted as a collaboration between Benton-Franklin Health District (BFHD), Benton-Franklin Community Health Alliance (BFCHA), Kadlec Regional Medical Center (Kadlec), and Prosser Memorial Health (PMH).

[1] Per federal reporting and guidelines from the Catholic Health Association.

Kadlec Community Health Improvement Plan Priorities

In response to the findings of the 2022 CHNA, and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Kadlec will focus on the following areas:

BEHAVIORAL HEALTH

Behavioral health, which encompasses mental health and substance use/misuse, was identified as a need in all areas of the CHNA. There is a serious behavioral health workforce shortage and an increase in need for services.

ACCESS TO HEALTH

The CHNA identified a need for access to not only healthcare, but also access to community supports that enable health. Access to Health will include a focus on addressing barriers to medical care, including healthcare provider to patient ratios and linguistically appropriate, culturally responsive, and accessible care. In addition, this priority includes access to safe and nutritious food; transportation; safe, licensed, and affordable childcare; health education; chronic disease prevention; and resource awareness.

HOUSING AND HOMELESSNESS

The CHNA identified a low supply of affordable housing, low supply of multi-family units, low vacancy rates for rentals, and increased rental costs. Housing increases in Benton and Franklin Counties are not keeping up with population growth and demand. The CHNA also identified a shortage of low-barrier housing options for residents experiencing homelessness.

COMMUNITY PARTNERSHIP DEVELOPMENT

The CHNA identified that strengthening partnerships and coordinating efforts has the potential to improve outcomes through shared goals and resources. This priority area will impact the other three priority areas by improving communications, clarifying coalition functions, and expanding the work of community health improvement to non-traditional partnerships.

INTRODUCTION

Who We Are

Our Mission Provide safe, compassionate care.

Our Vision Health for a better world.

Our Promise "Know me, care for me, ease my way."

Our Values Safety—Compassion—Respect—Integrity—Stewardship—Excellence—Collaboration

Kadlec is an acute-care hospital founded in 1944 and located in Richland, Washington. The hospital has 337 licensed beds and more than 3600 employees working in the hospital, the freestanding Emergency Department, and in primary and specialty care clinics throughout the region. Major programs and services offered to the community include: comprehensive, award-winning cardiac care; cancer care; neurosurgery and neurology; all-digital outpatient imaging center; pediatrics, rural and emergency care; telehealth services in partnership with clinics and hospitals in Southeast Washington and Northeast Oregon and is the region's only Level III Neonatal Intensive Care Unit. Kadlec is a Level III Trauma Center.

Our Commitment to Community

Kadlec dedicates resources to improve the health and quality of life for the communities we serve. In 2021, Kadlec provided $63,900,000 in Community Benefit[2] in response to unmet needs and to improve the health and well-being of those we serve Benton and Franklin Counties, surrounding communities, and beyond.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

[2] Per federal reporting and guidelines from the Catholic Health Association.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

Kadlec demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, and participation and collaboration with community partners. Kadlec is responsible for ensuring compliance to Federal 501r requirements.

Kadlec has dedicated staff focused on community benefit throughout the year, as well as during the three-year CHNA and CHIP cycle. Community benefit staff worked with Kadlec leaders to identify strategies to address the needs identified in the CHNA. The CHIP was presented to the Population Health Collaborative Committee for review and input. Kadlec's Community Mission Board reviewed and approved the final CHIP and is committed to regular review of the progress and challenges to the priorities and strategies.

Kadlec worked closely with the Benton-Franklin Health District and the Benton-Franklin Community Health Alliance throughout the community health improvement planning process to ensure that our goals and strategies are aligned with the Benton and Franklin Counties CHIP and addressing the priority needs identified in the CHNA.

A charter approved in 2019 established the Kadlec Community Mission Board. The role of the Kadlec Community Mission Board is to support the Board of Trustees in overseeing community benefit.

The Community Mission Board acts in accordance with the Board-approved charter. The Community Mission Board is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the CHNA and CHIP reports, and overseeing and directing the Community Benefit activities. The

Community Mission Board is comprised of 8-15 board members who are not only professionally diverse, but who represent the age, gender, race and ethnic profile of the service area. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Kadlec Community Mission Board generally meets bimonthly.

Planning for the Uninsured and Underinsured

Our Mission is to provide safe, compassionate, quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Kadlec has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Kadlec informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area.

All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click HERE.

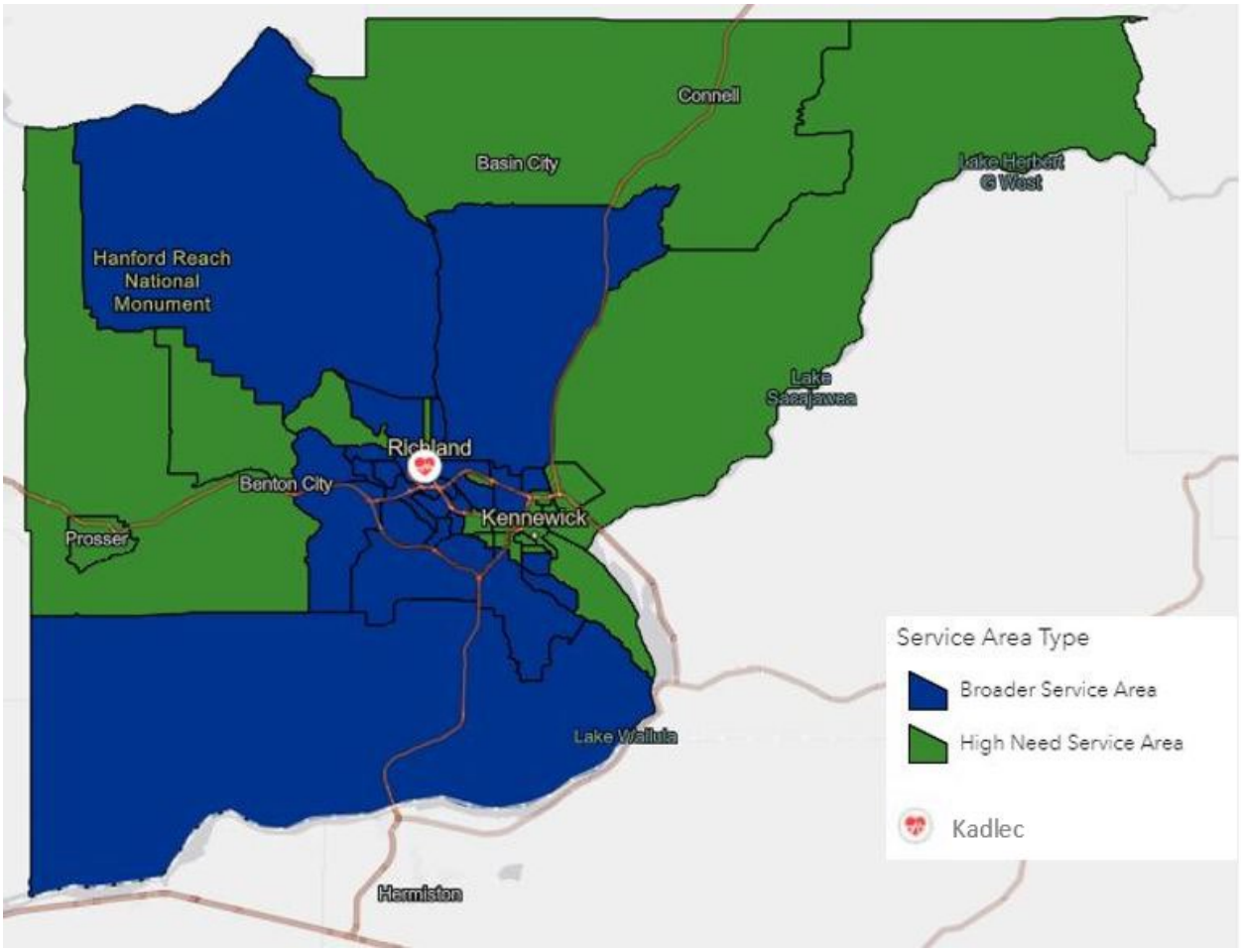
OUR COMMUNITY

Description of Community Served

While Kadlec serves patients from surrounding counties, for purposes of this CHIP, the hospital service area is Benton and Franklin Counties.

The green portions of the map below are considered "high need" census tracts, and the blue portions are the broader service area.

Figure 1. Kadlec Total Service Area



Of the over 289,572 total population of Benton and Franklin Counties permanent residents, roughly 47% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Additional service area data can be found in the Kadlec Data Hub 2022.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The age distribution is roughly proportional across Benton and Franklin Counties, with those aged between 25-44 and 45-64 representing the largest age groups.

The male-to-female ratio is approximately equal in Benton and Franklin Counties.

POPULATION BY RACE AND ETHNICITY

In Benton County 82.1% of residents are white, in Franklin County 70.5% of residents are white, in the broader service area 85.7% are white, and in the high need service area 70.6% are white. In Benton County 21.7% of residents are Hispanic, in Franklin County 53.1% of residents are Hispanic, in the broader service area 16.9% of residents are Hispanic, and in the high need service area 47.7% are Hispanic.

2019 American Community Survey 5-Year Estimates

In Benton County, 21.7% of the population 5 years and older speaks a language other than English at home, with 8.1% of the population reporting speaking English less than "very well" and 16.7% speaking Spanish. In Franklin County, 48.5% of the population 5 years and older speaks a language other than English at home, with 23.5% of the population reporting speaking English less than "very well" and 44.6% speaking Spanish.

2021 American Community Survey 5-Year Estimates

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators

Indicator	Broader Need	High Need	Benton County	Franklin County	Washington State
Median Income Data Source: 2019 American Community Survey, 5-year estimate	84,003	52,821	68,397	63,505	73,775
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2019 American Community Survey, 5-year estimate	14.7% (2,057 renter households)	20.2% (4,104 renter households)	21.2% (4,760 renter households)	16.6% (1,401 renter households)	21.1% (223,038 renter households)

The median household income in the high need service area is substantially lower than Benton and Franklin Counties, with the high need service area being more than $15,000 lower than Benton County

and more than $10,000 lower than Franklin County. The difference in median household income between the broader service area and the high need service area is even greater, with the high need service area being over $30,000 lower.

Severe housing cost burden is defined as households that spend 50% or more of their income on housing costs. On average, approximately 21% of renter households in Benton County are severely housing cost burdened and 17% renter of households in Franklin County are severely housing cost burdened. Compared to the proportion of renter households that are severely housing cost burdened in the high need service area (20%), Benton County is slightly higher (21%), and Franklin County is lower (17%).

Full demographic and socioeconomic information for the service area can be found in the 2022 CHNA for Kadlec. BENTON & FRANKLIN COUNTIES CHNA—2022

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The 2022 CHNA was conducted as a collaboration with Benton-Franklin Health District (BFHD), Benton-Franklin Community Health Alliance (BFCHA), Kadlec Regional Medical Center (Kadlec), and Prosser Memorial Health (PMH). The CHNA steering committee was comprised of representatives from each organization. The CHNA steering committee began meeting weekly in January of 2022. Providence Community Health Investment staff provided invaluable technical assistance and qualitative data analysis. Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used multiple sources of information to identify community needs.

QUANTITATIVE DATA

Quantitative data sources include a community survey, Behavioral Risk Factor Surveillance System (BRFSS), Community Health Assessment Tool (CHAT), and the Healthy Youth Survey (HYS) as well as Centers for Disease Control and Prevention (CDC), Child Care Aware of America, County Health Rankings and Roadmaps, Washington State Department of Children, Youth & Families (WA DCYF), Washington Statistical Analysis Center (WA SAC), Washington Association of Sheriffs and Police Chiefs (WASPC), and Washington Tracking Network (WTN). Quantitative data is presented through a life course perspective.

Health indicators can be found starting on page 23 of the 2022 CHNA for Kadlec.

QUALITATIVE DATA

Qualitative data includes twenty-one interviews with working partners and community collaborators (partners), ten listening sessions, two behavioral health forums, two housing and homelessness forums, and two general forums.

Community collaborators were asked to identify their top five health-related needs in the community. Four needs were frequently prioritized and discussed by stakeholders; therefore, they are designated as high-priority health-related needs. Those needs are mental health, substance use/misuse, access to health care services, homelessness and housing instability. The following needs were frequently identified, but with lower priority: economic insecurity, education, and job skills; affordable childcare and preschools; food insecurity; and community safety.

Listening session participants discussed a variety of needs, but the four most common were mental health, homelessness and housing instability, access to health care services, and substance use/misuse. Other needs discussed in detail by listening session participants include community resources, safety, transportation, and family support and resources. While less frequently discussed, participants also talked about needs related to parenting and family support, including affordable childcare and

before/after school care, as well as help purchasing necessities for children, like diapers. Participants also discussed racism, discrimination, and lack of inclusion. Participants shared that they experience racism when seeking job opportunities and that discrimination contributed to people being turned away from care. Participants want to see more inclusion for people with developmental disabilities and marginalized groups, including people experiencing homelessness.

A summary of qualitative data can be found starting on page 33 of the 2022 CHNA for Kadlec.

Significant Community Health Needs Prioritized

CHNA steering committee members met weekly in July and August 2022 to apply the prioritization criteria to the identified needs. Criteria included worsening trend over time, disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities, community rates worse than state average, the opportunity to impact based on community partnerships, severity of the need and/or scale of need. The following Community Health Improvement Plan Guiding Concepts also informed the prioritization process: Equity, Life-course wellness, Health in All Policies (HiAP), Evidenced-based, and Collective Impact. The list below (in no particular order) summarizes the significant health needs identified through the 2022 Community Health Needs Assessment process:

- Behavioral Health
- Housing and Homelessness
- Access to Health
- Community Partnership Development

The list below summarizes the significant community health needs identified through the 2022 Community Health Needs Assessment process.

BEHAVIORAL HEALTH

Behavioral health, which encompasses mental health and substance use/misuse, was identified as a need in all areas of the CHNA. There is a serious behavioral health workforce shortage and an increase in need for services.

ACCESS TO HEALTH

The CHNA identified a need for access to not only healthcare, but also access to community supports that enable health. Access to Health will include a focus on addressing barriers to medical care, including healthcare provider to patient ratios and linguistically appropriate, culturally responsive, and accessible care. In addition, this priority includes access to safe and nutritious food; transportation; safe, licensed, and affordable childcare; health education; chronic disease prevention; and resource awareness.

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The CHNA identified a low supply of affordable housing, low supply of multi-family units, low vacancy rates for rentals, and increased rental costs. Housing increases in Benton and Franklin Counties are not keeping up with population growth and demand., The CHNA also identified a shortage of low-barrier housing options for residents experiencing homelessness.

COMMUNITY PARTNERSHIP DEVELOPMENT

The CHNA identified that strengthening partnerships and coordinating efforts has the potential to improve outcomes through shared goals and resources. This priority area will impact the other three priority areas by improving communications, clarifying coalition functions, and expanding the work of community health improvement to non-traditional partnerships.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to collaborating with partner organizations in the community to address the needs identified in our CHNA, with full acknowledgement that these needs are among the most challenging to address in any community and require long-term focus and investment from all levels of community stakeholders. We will collaborate with Benton-Franklin Health District, the Benton-Franklin Community Health Alliance, and other community partners to advance efforts to address the prioritized needs.

Summary of Community Health Improvement Planning Process

The CHNA steering committee evolved to become the CHNA/CHIP steering committee to develop the Benton-Franklin Counties CHIP with Kadlec staff continuing to participate. Simultaneously, Kadlec Community Health Investment staff worked with Kadlec leaders to review the CHNA, to prioritize needs to address in the CHIP, and to design strategies to address those needs. Strategy measures, baseline data, and targets to reach by the end of the cycle in 2025 were developed. Kadlec's CHIP was presented to the Population Health Collaborative Committee on March 8, 2023, and to Kadlec's Community Mission Board on April 19, 2023.

Kadlec anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified in this CHIP.

Addressing the Needs of the Community: 2023- 2025 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: BEHAVIORAL HEALTH

Population Served

Middle and high school aged students, people experiencing behavioral health crisis, people who have experienced physical trauma with a focus on the Hispanic/Latinx population.

Long-Term Goals/Vision

Middle school and high school students have increased mental health education, awareness, and resources.

Patients experience decreased wait times when in need of evaluation by Designated Crisis Responder (DCR), and patients 18+ who have experienced physical trauma participate in the trauma support program.

Table 1. Strategies and Strategy Measures for Addressing Behavioral Health

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Maximize the potential of Designated Crisis Responders (DCR) resources for Benton and Franklin counties by utilizing virtual crisis response units in Emergency Departments (ED).	ED patients in need of evaluation by DCR	Decrease time holding in ED.	Program starting in spring of 2023.	TBD
2. Provide support for patients who have experienced	ED patients 18+ who have experienced physical trauma	# of patients enrolled Increase # of patients with no	Program starting in 2023.	TBD

physical trauma through participation in the pilot Trauma Support Program. Support services include care coordination, drug/alcohol screening, and behavioral health screening.	with a focus on Hispanic/Latinx population living in Benton or Franklin County	primary care provider (PCP) who are connected to PCP. Increase Patient Health Questionnaire (PHQ) screening utilization. Decrease PHQ scores.		
3. Recruit school districts to implement student Work2BeWell (W2BW) clubs. Increase W2BW resource sharing by Benton City, Kennewick, and Pasco Community Prevention and Wellness Initiatives (CPWI).	Middle and high school aged students	# of school districts implementing program # of student clubs Monthly W2BW resource sharing by CPWIs	No school districts have implemented the program. No school districts have student clubs. W2BW information is shared periodically.	W2BW implemented in two school districts. 2 student clubs are active. Educators, parents and youth have access to W2BW resources.
4. Train students in teen Mental Health First Aid (tMHFA). SAMSHA grant-funded program awarded to Educational	High school sophomores	# of school districts that implemented tMHFA	Program starting in 2023.	tMHFA implemented in 4 school districts.

Service District (ESD)123. Kadlec is a partner.				
5. Implement CATCH My Breath youth vaping prevention program in middle schools.	Middle school students	# of middle schools utilizing program	1 middle school utilizing the program (Chief Joe Middle School)	5 middle schools are utilizing the program.

Evidence Based Sources

CATCH My Breath: Evidence-based Vaping Prevention Program

CATCH – Coordinated Approach to Child Health: Curriculum and Training from the Centers for Disease Control and Prevention

Community Prevention and Wellness Initiative

National Institute on Drug Abuse

National Library of Medicine

Teen Mental Health First Aid

Work2BeWell

Resource Commitment

Kadlec commits staff time and other resources to be determined in the 2023-2025 cycle. The trauma support program is funded by a five-year health equity grant that includes funding for two social workers and one community health worker. Investments in the trauma support program include building pathways for referrals by developing relationships with community partners to connect patients to the care needed in the community. Kadlec is committed to collaborating with community partners to support the behavioral health needs of Benton and Franklin counties.

Key Community Partners

Behavioral Health Committee of Benton-Franklin Community Health Alliance

Benton City CPWI

Comprehensive Health Care

Educational School District 123

Kennewick CPWI

Pasco CPWI

Youth Suicide Prevention Coalition of Benton-Franklin Community Health Alliance

COMMUNITY NEED ADDRESSED #2: ACCESS TO HEALTH

Population Served

Broader community with an emphasis on underserved, under-resourced populations.

Long-Term Goals/Vision

To improve access to health care and preventive resources and reduce health disparities and social inequities.

Table 2. Strategies and Strategy Measures for Addressing Access to Health

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Monitor patients remotely in the Remote Patient Monitoring program.	Heart failure and elective orthopedic total joint replacement patients	# of patients served Decrease avoidable ED visits and hospital readmissions.	Program started in February 2023.	Achieving readmission targets for heart failure and elective orthopedic total joint replacement patients.
2. Engage and educate community members through bilingual/bicultural Outreach, Engagement & Education Events by Community Health Workers.	Underserved, under-resourced population	# of people served	112 events in 2022	TBD

3. Increase community awareness of Kadlec's Community Resource Desk (CRD).	Broader community with a focus on underserved, under-resourced population	# of people served Increase # of patients with no primary care provider (PCP) who are connected to PCP.	116 people served in January 2023, and 81 people served in February 2023.	TBD
4. Identify barriers to health equity and access for minors without parental/guardian consent.	Minors seeking health care without parental/guardian consent	Barriers to be addressed are listed and action plan developed.	Conducting assessment in 2023 and developing an action plan in response	Action plan implemented.
5. Implement Produce Prescription Project pilot.	Pediatric patients affected by overweight or obesity	# of patients participating in program	Program starting in 2023.	TBD
6. Take action to ensure community members with Medicaid have continuous coverage and access to care when the Medicaid redetermination process begins.	Medicaid recipients	Create and implement action plan including a communication strategy and processes to mitigate lapses in Medicaid coverage	On April 1, 2023, the Medicaid redetermination process will begin.	Action plan implemented.

Evidence Based Sources

Access to Foods That Support Healthy Dietary Patterns

Community Health Workers

Minors Health Care Rights Washington State

Program: Fruit and vegetable incentives: Prescribing nutrition

Remote Patient Monitoring Playbook, American Medical Association

Resource Commitment

Kadlec commits staff time and other resources to be determined in the 2023-2025 cycle. Kadlec secured grant funding to provide the equipment needed for the Remote Patient Monitoring program.

Kadlec is committed to investing in and expanding health access in Benton and Franklin Counties. This includes services within Kadlec, as well as support and partnership with community organizations that also work to meet this need. To ensure access to all patients, Kadlec provides financial assistance and charity care. Kadlec financial counseling staff assist patients to obtain coverage, including Medicaid and ACA coverage through Washington Healthplanfinder. Kadlec will continue to collaborate with community partners to improve access to health in Benton and Franklin counties.

Key Community Partners

Benton-Franklin Community Health Alliance

Benton-Franklin Health District

Food Access and Security Coalition of Benton-Franklin Health District

Health Equity and Access Team (HEAT) of Benton-Franklin Community Health Alliance

St. Vincent DePaul

Tri-Cities Union Gospel Mission

COMMUNITY NEED ADDRESSED #3: HOUSING AND HOMELESSNESS

Population Served

People experiencing homelessness and unstably housed.

Long-Term Goals/Vision

To increase access to supports for individuals who are experiencing homelessness.

To end homelessness by reaching functional zero, which means that the system will not have more individuals enter than exit from the homelessness system at any given time.

Table 3. Strategies and Strategy Measures for Addressing Housing and Homelessness

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Participate in development of the Housing and	Residents of Benton and Franklin Counties experiencing	Housing and Homelessness Coalition	No Housing and Homelessness Coalition.	Housing and Homelessness Coalition established and

Homelessness Coalition.	unstable or unaffordable housing	established and meeting regularly.		addressing needs.
2. Include housing insecurity in health-related social needs assessment of all patients 18+ who are admitted to hospital.	Hospital patients 18+	# of patients assessed for health-related social needs # successfully connected to community-based resources	Starting in 2024.	TBD
3. Build capacity for Community Solutions Built for Zero (BfZ).	Individuals experiencing chronic homelessness	Point in Time (PIT) Count	Benton & Franklin Counties Point in Time (PIT) Count 2022: 215	BfZ structure in place and working towards functional zero.
4. Expand Homeroom Connect.	Individuals experiencing homelessness	# of libraries participating # of people served	Monthly breakfasts at Mid-Columbia Libraries Pasco Branch # of people served	Monthly breakfasts at Mid-Columbia Libraries Kennewick Branch & Richland Public Library.

Evidence Based Sources

All In: The Federal Strategic Plan to Prevent and End Homelessness

Assess Health-Related Social Needs

CMS Standardized Screening Tool for Health-Related Social Needs

Community Solutions Built For Zero

Resource Commitment

Kadlec recognizes the vital intersection between health care and housing and believe both are basic human rights. Kadlec is committed to increasing access to resources and supports for individuals who are experiencing homelessness by committing staff time and other resources to be determined in the 2023-2025 cycle. Kadlec is committed to collaborating with community partners working in support of safe and affordable housing and to decrease homelessness.

Key Community Partners

Benton-Franklin Community Health Alliance

Benton-Franklin Health District

Community Action Coalition (CAC)

Housing Resource Center

Mid-Columbia Libraries

Seventh Day Adventist Food Bank

St. Vincent DePaul Food Bank

COMMUNITY NEED ADDRESSED #4: COMMUNITY PARTNERSHIP DEVELOPMENT

Population Served

Broader community with a focus on populations that are underserved and under-resourced.

Long-Term Goal/Vision

The infrastructure, political will, and resources exist to ensure strategic collaboration between community organizations, businesses, schools, and municipalities to address community needs.

Table 4. Strategies and Strategy Measures for Addressing Community Partnership Development

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Partner with WSU Range Community Clinic to assist with site coordination, provide clinical and ancillary support, and work to identify funding sources.	Diverse communities	# of patients served	Starting in 2023.	TBD
2. Utilize Kadlec data hub to focus partnership development	High-need populations	Community partnerships developed in high-need areas	Starting in 2023.	3 new community partnerships developed in

efforts on high-need areas.				high-need areas.
3. Partner with Richland Fire Department to connect high utilizers of Emergency Medical Services (EMS) to community resources and referrals.	High utilizers of EMS	# of high utilizers referred or connected to community resources	Starting in 2023.	TBD
4. Participate in community-based clinics with Benton-Franklin Health District, school districts, and other community partners to support pediatric immunization events.	Children in need of immunizations	# of children immunized	Started in 2023.	Immunization levels for children in Benton and Franklin counties meet Healthy People 2030 objectives.
5. Support the coordination and work of community coalitions striving to advance the goals of the Benton-Franklin Health District CHIP.	Broader community with a focus on underserved and under-resourced populations	Coalitions are engaging in activities to advance the goals of the Benton and Franklin Counties CHIP.	Started in 2023.	Health District and coalitions report completing 80% of CHIP goals.

Evidence Based Sources

Hospital-Community Partnerships to Build a Culture of Health

Making the Case for Collaborative CHI

Resource Commitment

Kadlec commits staff time and other resources to be determined in the 2023-2025 cycle. Kadlec is committed to collaborating with community partners to address the priority needs of behavioral health, access to health, homelessness and housing, and community partnership development.

Key Community Partners and Coalition Participation

Behavioral Health Committee of Benton-Franklin Community Health Alliance

Benton-Franklin Community Health Alliance

Benton-Franklin Health District

Chaplaincy Health Care

Coalition for a Healthy Benton City

Community of Hope

Educational Service District 123

Food Access and Security Coalition

Greater Health Now Leadership Council

Human Services Coalition

Kennewick KEY Connections Coalition

Kennewick School District

Mobility Task Force

Pasco Prevention Network

Pasco School District

PRISM—Providence LGBTQIA+ Caregiver Resource Group

Resilient Benton-Franklin Collaborative

Richland School District

Safe and Healthy Aging Adults Coalition

Safe Kids Coalition

Additional Kadlec Community Benefit Programs

Table 5. Additional Kadlec Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Behavioral Health	Workforce Development	Clinical supervision for master's level social workers	Low income, vulnerable; Broader community
2. Access to Health	Kadlec Medications Assistance Program	Assistance for Kadlec/Providence patients to obtain medications they would not otherwise be able to afford	Low income, vulnerable
3. Access to Health	Resource Library in Kadlec Healthplex	Extensive resource lending library on a vast array of health topics with a special emphasis on neurological disorders	Low income, vulnerable; Broader community
4. Access to Health	Support Groups	Monthly support groups for Alzheimer's/Dementia, Caregivers, Chronic Pain, Frontal Temporal Dementia, Living While Immunocompromised, Multiple Sclerosis, Parkinson's Disease, Pulmonary, Stroke, Traumatic Brain Injury	Low income, vulnerable; Broader community

5. Access to Health, Behavioral Health	Educational Programs	Topics include neurological disorders, chronic conditions, suicide awareness and prevention, health and well-being	Low income, vulnerable; Broader community
6. Access to Health	Healthy Ages	Medicare classes and consultations	Low income, vulnerable; Broader community
7. Access to Health	Mall Walkers	Walking program that provides social connections and incentives to keep participants motivated	Low income, vulnerable; Broader community
8. Access to Health	Wellness Programs	Educational programs for the 50+ population on health and safety topics	Low income, vulnerable; Broader community
9. Access to Health	CATCH (Coordinated Approach to Child Health) and CATCH My Breath	Evidence-based wellness curriculum for school-aged children and vaping prevention programs	Low income, vulnerable; Broader community
10. Behavioral Health	Youth & Adult Mental Health First Aid (MHFA), Question, Persuade, Refer (QPR)	Mental health and suicide awareness and prevention education; collaboration with ESD123 to provide MHFA	Low income, vulnerable, broader community

2023- 2025 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Kadlec Community Board of the hospital on April 19, 2023. The final report was made widely available by May 15, 2023.

Reza Kaleel 04/19/2023

Reza Kaleel Date

Chief Executive, Providence Southeast Washington

Mark Gehlen 04/19/2023

Mark Gehlen Date

Chair, Kadlec Community Board

4/19/2023

Joel Gilbertson
Divisional Chief Executive - Central Providence Date

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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.