

Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital

Community Health Needs Assessment (CHNA) 2018



This CHNA was conducted in partnership with
Priority Spokane, Spokane, WA
Spokane Regional Health District, Spokane, WA
MultiCare Health System, Spokane, WA

For questions on this CHNA please contact:

Sara Clements-Sampson, Community Benefit Manager at Sara.Clements-Sampson@Providence.org



TABLE OF CONTENTS

	PAGE #
MESSAGE TO THE COMMUNITY	5
ACKNOWLEDGEMENTS	6
EXECUTIVE SUMMARY	7
INTRODUCTION	8
Who We Are	
Mission, Vision and Values	
OUR ORGANIZATIONAL COMMITMENT	9
OUR COMMUNITY	9
Description of Community Served	
Community Profile	
Population and Age Demographics	
Race and Ethnicity	
Income levels and Housing	
Health Care and Health Access	
Health and Well-Being	
Community Need Index	
Health Professions Shortage Area	
Medical Underserved Area/Medical Professional Shortage Area	
OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FRAMEWORK	22
Overview and Summary of the Health Framework guiding the CHNA	
METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS	22
Collaborative Partners	
Secondary Data	
Primary Data	
Community Input	
Data Limitations and Information Gaps	
Process for gathering comments on previous CHNA	
Summary of any public comments received	
HEALTH INDICATORS AND TRENDS	28

SIGNIFICANT HEALTH NEEDS	30
Prioritization process and criteria	
Rank ordered significant health needs	
COMMUNITY ASSETS AND RESOURCES	31
Significant Health Needs and Assets Summary	
Existing Health care Facilities in the Community	
PRIORITY HEALTH NEEDS	31
Prioritization process and criteria	
List of Priority Health Needs	
Reduce family trauma and violence	
Access to mental health and substance abuse treatment	
Access to affordable housing	
EVALUATION OF IMPACT ON 2015 COMMUNITY HEALTH IMPROVEMENT PLAN	32
2017 Community Benefit ^{1,2} Program Accomplishments	
2018 CHNA GOVERNANCE APPROVAL	35
Signature Page	
2017-2018 Spokane County Community Needs Assessment Joint Report	36
APPENDICES	37
Appendix 1: Community Health Needs Assessment Committee	
Appendix 2: Demographics & Social Characteristics, Spokane County 2017 Report	
Appendix 3: Priority Spokane, Community Assessment for Spokane County 2018	
Appendix 4: Stakeholder Invitees, Participants and Organizations	
Appendix 5: Prioritization Protocol and Criteria	

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.

Appendix 6: Existing Organizations in the Community to address significant health needs

Appendix 7: Providence Health Care Community Ministry Board Roster

Appendix 8: Glossary of Terms

Appendix 9: Community Health Improvement Plan

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. It is our calling and privilege to work together to build healthy communities.



Elaine Couture

ACKNOWLEDGEMENTS –

Collaborative Partners

The Community Health Assessment Board (CHAB) and Priority Spokane joined forces to staff and implement the assessment process.

Priority Spokane

Founded in 2004, Priority Spokane is a collaboration of organizations across multiple sectors working to create a vibrant future for Spokane County. Priority Spokane brings together leaders from city government, education, the university system, business, health, and nonprofit sectors to use an evidence-based approach to identify and address the most significant issues affecting Spokane County. Priority Spokane’s goal is to foster measurable improvements in key areas of community vitality by focusing efforts on a few priorities associated with economic vitality, education, the environment, health and community safety.

Community health assessment board

Based on a desire and agreement for the need to leverage resources and align efforts, the Community Health Assessment Board (CHAB) was formed in 2016 by the Spokane Regional Health District, with the primary purpose of identifying individual organizations’ needs for assessments, and convening those partners to collaboratively plan and execute a “master” process.

Needs Assessment Planning Committee

The planning workgroup for the 2017/2018 needs assessment included members from Priority Spokane, Providence Health Care, St. Luke’s Rehabilitation, Shriner’s Hospital, Spokane Neighborhood Action Partnership, Spokane Regional Health District, and United Way of Spokane County.

EXECUTIVE SUMMARY

About this process...

Non-profit hospitals, public health, accountable communities of health, and others are required by federal law, state mandates, or agency policy to conduct assessments reviewing data every three to five years that result in a focused list of priorities and a community improvement plan. Historically, these processes have been planned and conducted independently. For the first time, stakeholders in Spokane County have aligned planning and assessment cycles to leverage resources and improve collaboration for collective impact.

What is the goal of this process?

By April 2018, community members will have selected 3-5 priority areas of focus through a county-wide, coordinated assessment process. This process provides us with an opportunity to pull together, identify community needs, and move in the same direction. Our community partners can align their resources and efforts have a greater impact to make Spokane even better. Additionally, partners will be well-positioned to align timelines and coordinate future improvement cycles as well.

Basic Information

1. 529 stakeholders from across Spokane County participated in 13 meetings focused on reviewing data and discussing needs and issues related to the following six areas: Economic Vitality, Education, Environment, Healthy People, Housing & Transportation, & Public Safety.
2. Over 200 individuals participated in the final Community Assessment meeting and cast their vote to select the top 3 priorities.
3. Two CoChairs were recruited for each of the 6 topic areas for their experience and leadership in that area. They were responsible for identifying stakeholders and inviting them to participate.
4. Dr. Patrick Jones & his staff at the Community Indicators Project were responsible for presenting and reviewing relevant data at each meeting and updating the Spokane Indicators Website based upon the data voted upon.

2018 Community Health Needs Assessment Priorities

As a result of the findings of our 2018 Community Health Needs Assessment (CHNA) and through a prioritization process aligned with our mission, resources and hospital strategic plan, Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital will focus on the following areas for its 2019-2021 Community Benefit efforts:

- Reduce family violence and trauma
- Increase access to mental health and substance abuse services
- Increase access to affordable housing

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

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 Sacred Heart Medical Center is a Level II trauma hospital and serves as the region's main hospital for emergency care. In addition, Sacred Heart Medical Center has breadth of medical expertise in heart and vascular care, transplant services, neurosurgery, orthopedics and sports medicine, surgical services, women and children's services and cancer care.

Providence Holy Family Hospital was opened by the Dominican Sisters in 1964 on Spokane's north side. The acute-care hospital has 197 licensed beds, 182 of which are currently available. Holy Family hospital also provides expertise in orthopedics, surgical services, women and children's services, cardiac and neuro care and emergency care as a Level III hospital.

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 Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital dedicates 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 2017, our Spokane and Stevens County ministries provided more than \$141.7 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 2018 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)**

OUR COMMUNITY

Description of Community Served

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital provides Spokane county communities with access to advanced care and advanced caring. The visual below shows the county lines. This includes a population of approximately 500,000 people, an increase from 485,000 from the previous assessment.



Community Profile

Population and age demographics

Total population is about 490,000, with an annual growth rate of about 1.5 percent in 2016. Compared to the State as a whole, Spokane County has a greater proportion of adults aged 65 and older. In 2016 the population comprised:

Population by Age Group, 2016

	Spokane County		WA State
0-17 years	112,297	22.8%	22.6%
18-34 years	117,222	23.8%	23.2%
35-64 years	186,176	37.8%	39.3%
65+ years	76,835	15.6%	14.9%

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

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 Spokane. We are seeing a plethora of languages spoken at home. Among Spokane County residents in 2015:

Population by Race Alone, 2015

	Spokane County		WA State
Total	490,945	100%	100%
White	435,403	88.7%	76.9%
Black or African American	7,778	1.6%	3.7%
American Indian and Alaska Native	6,567	1.3%	1.3%
Asian	10,729	2.2%	7.9%
Native Hawaiian or other Pacific Islander	2,525	0.5%	0.6%
Some other race	5,731	1.2%	4.0%
Two or more races	22,212	4.5%	5.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B02001

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Language Spoken at Home by Ability 2011-2015

Total	451,005
Spoke only English	415,680
Spoke English less than "very well"	13,897
Russian	3,770
Spanish or Spanish Creole	2,630
Vietnamese	1,295
Other Slavic Languages	1,013
Other Pacific Island Languages	749
Chinese	671
Arabic	462
Korean	446
Tagalog	435
African Languages	405
German	276
Other Indic Languages	258
Serbo-Croatian	225
Other Indo-European Languages	203
French (incl. Patois, Cajun)	186
Japanese	180
Mon-Khmer, Cambodian	139
Persian	102
Other Asian Languages	88
Thai	74
Hmong	54
Italian	54
Portuguese or Portuguese Creole	46
Scandinavian Languages	27
Urdu	23
Other Native North American Languages	19
Hindi	15
Hungarian	15
Polish	11
Hebrew	10
Other West Germanic Languages	8
French Creole	8

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Education, Income, and Housing

In 2016, the median household income for Spokane County was \$53,043, and the unemployment rate was 6.3 percent. A decrease from 7.8 percent from our last needs assessment. 13.2 percent of the community has households with income below the federal poverty level, and 15.4 percent of children and 7.3 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 decreased since the last needs assessment. 24.9 percent of the population renting households spend 50 percent or more of their income on housing. 95 percent of our population 25 and older has a high school degree or equivalent or more education. Spokane County has less of the population with Bachelor degrees or higher.

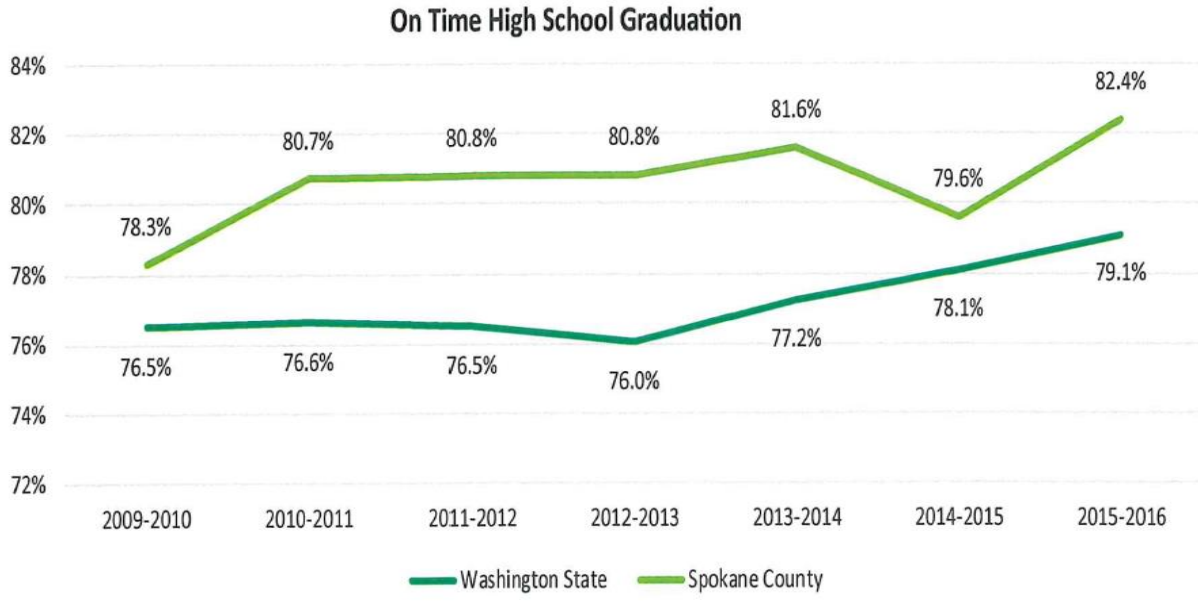
EDUCATION

Educational Attainment among Adults 25 Years of Age or Older, 2015

	Spokane County		WA State
Population 25 years of age or older	331,853	100%	100%
Less than ninth grade	7,241	2.2%	3.9%
Ninth-12th grade, no diploma	15,143	4.6%	5.2%
High school graduate/GED	85,554	25.8%	23.1%
Some college, no degree	91,084	27.4%	24.0%
Associate's degree	38,375	11.6%	9.6%
Bachelor's degree	59,188	17.8%	21.7%
Graduate or professional degree	35,268	10.6%	12.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1501

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>



Source: Washington State Office of Superintendent of Public Instruction, 2017.

Source:

<https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

**Families with Children Living at or Below
100% FPL, 2015**

	Spokane County	WA State
All Families	17.7%	12.9%
Married Couple Families	8.1%	5.6%
Single Mothers	37.5%	34.0%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1702

**Individuals Living at or Below 100% FPL by
Age Group, 2015**

Poverty Level	Spokane County	WA State
<18 Years	20.2%	15.5%
18-64 Years	15.6%	12.1%
65+ Years	8.3%	7.4%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1701

Population Living at or below Various FPL, 2015

Poverty Level	Spokane County	WA State
100% FPL	15.5%	12.2%
125% FPL	20.7%	16.0%
185% FPL	34.0%	26.1%
200% FPL	36.5%	28.6%
300% FPL	54.8%	44.3%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B17002

**Individuals Within Race and Hispanic Ethnicity
Categories Living at or below 100% FPL, 2011-2015**

	Spokane County	WA State
White	14.7%	11.6%
Black	30.0%	24.8%
American Indian or Alaskan Native	35.3%	26.9%
Asian	15.3%	12.0%
Native Hawaiian or other Pacific Islander	30.0%	18.5%
Some other race	29.6%	27.4%
Hispanic ethnicity	25.9%	24.8%

AIAN=American Indian/Alaska Native, NHOPI=Native Hawaiian/Other Pacific Islander

Source: U.S. Census Bureau, American Community Survey, 2011-2015. Table S1701

Year Housing Units were Built, 2015

	Spokane County	WA State
Total housing units	208,309	100%
Built 2014 or later	1,578	0.8%
Built 2010 to 2013	7,375	3.5%
Built 2000 to 2009	32,104	15.4%
Built 1990 to 1999	27,417	13.2%
Built 1980 to 1989	19,591	9.4%
Built 1970 to 1979	37,069	17.8%
Built 1960 to 1969	13,468	6.5%
Built 1950 to 1959	23,100	11.1%
Built 1940 to 1949	13,371	6.4%
Built 1939 or earlier	33,236	16.0%

Source: U.S. Census Bureau, American Community Survey, 2015. Table DP04

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

In 2016, fewer homeowners were spending 50 percent or more of household income on shelter costs than in the previous 10 years. Just over 7 percent of owner-occupied households are spending more than 50 percent of their household income on housing costs.

6.1.3 Total and Share of Owner-Occupied Spending 50% or More of Household Income for Shelter Costs



This graph was downloaded on 6/29/2018 from www.spokanetrends.org

Health Care and Health Access

The share of Spokane County residents who are uninsured was 5.2 percent in 2016. This is a decrease from 16.5 percent in 2012. 39.2 percent of residents were on Medicaid. In 2017, Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital served a total of 48,371 unduplicated Medicaid patients.

Percent of Uninsured, 2015

By Age

	Spokane County	WA State
0-17 years	2.4%	2.6%
18-34 years	9.9%	12.3%
35-64 years	5.1%	6.3%
65+ years	0.1%	0.7%
Total	5.1%	6.6%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

By Sex

	Spokane County	WA State
Female	3.6%	5.5%
Male	6.8%	7.7%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

By Race

	Spokane County	WA State
White alone	4.9%	5.8%
Black or African American	12.2%	7.3%
American Indian /Alaska Native	8.8%	16.1%
Asian	4.6%	5.5%
Native Hawaiian & other Pacific Islander	*	9.0%
Some other race	*	23.6%
Two or more races	5.6%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701; *data cannot be displayed because the number of sample cases is too small.

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Health and Wellbeing

In Spokane County, 26.1 percent of youth and 27.9 percent of adults are overweight or obese. In 2016, 55 percent of the population had one or more chronic health condition. The World Health Organization categorizes the five main chronic diseases into heart disease, stroke, cancer, chronic respiratory disease, and diabetes.

For more information go to:

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Community Need Index

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. The CNI is used to draw attention to areas that need additional investigation to more strategically allocate resources.

Zip codes 99201, 99202 and 99204 are the highest need areas in the service area and include the downtown corridor. These zip codes all scored higher than 4.0, making them High Need communities.

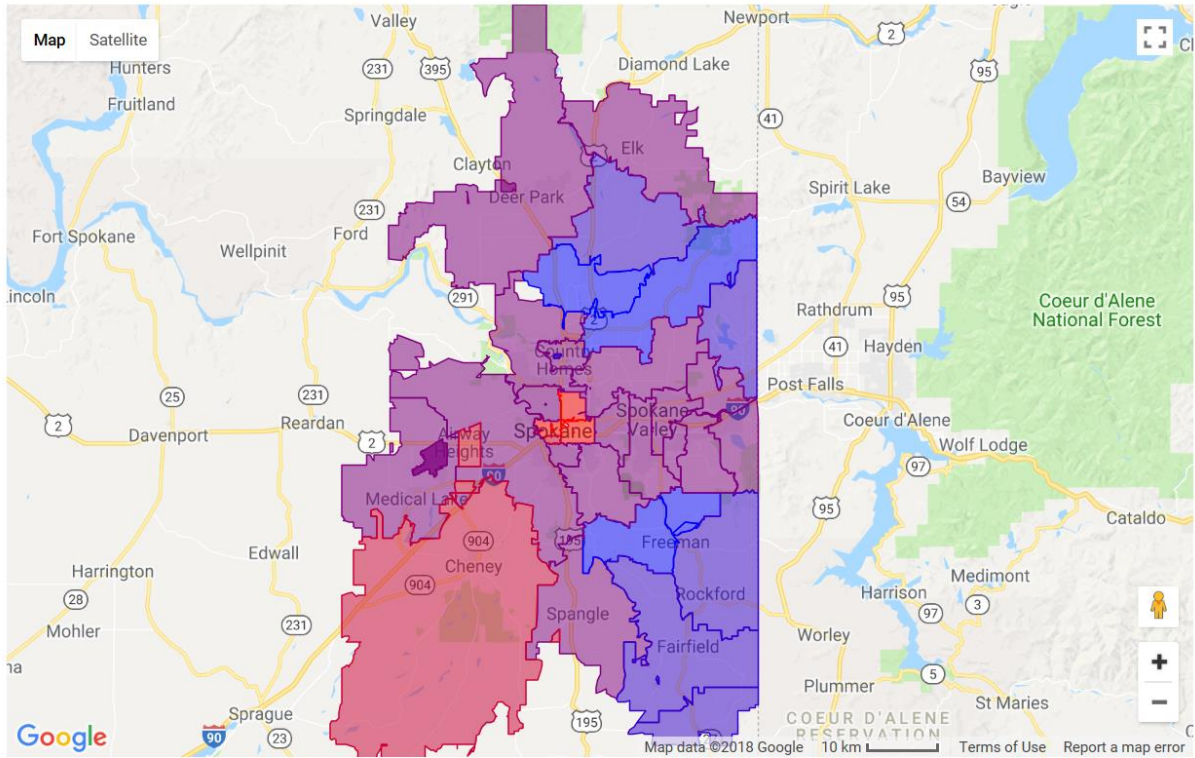
The map below depicts the Community Need Index for the ***hospital's geographic service area based on national need***. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of Providence St. Joseph Health. (Only available in electronic version.)

Source: [\(Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86\(4\):32-8.](#)

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Community Need Index: Spokane County, Washington

Lowest Need Highest Need
1 - 1.7 Lowest 1.8 - 2.5 2nd Lowest 2.6 - 3.3 Mid 3.4 - 4.1 2nd Highest 4.2 - 5 Highest



Mean(zipcode): 2.8 / Mean(person): 3.1

CNI Score Median: 2.8

CNI Score Mode: 2.8

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Zip Code	CNI Score	Population	City	County	State
99018	1.8	313	Latah	Spokane	Washington
99019	2.6	10878	Liberty Lake	Spokane	Washington
99021	1.4	9562	Mead	Spokane	Washington
99022	2.8	10386	Medical Lake	Spokane	Washington
99023	1.6	600	Mica	Spokane	Washington
99025	1.8	5591	Newman Lake	Spokane	Washington
99027	2.6	6409	Otis Orchards	Spokane	Washington
99030	2.4	1119	Rockford	Spokane	Washington
99031	2.8	1305	Spangle	Spokane	Washington
99036	1.4	1742	Valleyford	Spokane	Washington
99037	2.8	15259	Veradale	Spokane	Washington
99201	4.4	14336	Spokane	Spokane	Washington
99202	4.2	21909	Spokane	Spokane	Washington
99203	2.8	20788	Spokane	Spokane	Washington
99204	3.6	6725	Spokane	Spokane	Washington
99205	3.2	42252	Spokane	Spokane	Washington
99206	3.2	37659	Spokane	Spokane	Washington
99207	4.2	30978	Spokane	Spokane	Washington
99208	3	55621	Spokane	Spokane	Washington
99212	2.8	20340	Spokane	Spokane	Washington
99216	3.2	25328	Spokane	Spokane	Washington
99217	3.2	18683	Spokane	Spokane	Washington
99218	3	14380	Spokane	Spokane	Washington
99223	2.6	31646	Spokane	Spokane	Washington
99224	2.6	21967	Spokane	Spokane	Washington
99251	2.4	1083	Spokane	Spokane	Washington
99001	3.8	7338	Airway Heights	Spokane	Washington
99003	2	5685	Chattaroy	Spokane	Washington
99004	3.6	20508	Cheney	Spokane	Washington
99005	1.4	10053	Colbert	Spokane	Washington
99006	3	12931	Deer Park	Spokane	Washington
99009	2.8	4160	Elk	Spokane	Washington
99011	2.8	2476	Fairchild Air Force Base	Spokane	Washington
99012	2.2	1240	Fairfield	Spokane	Washington
99016	3	14865	Greenacres	Spokane	Washington

Health Professions Shortage Area – Spokane County

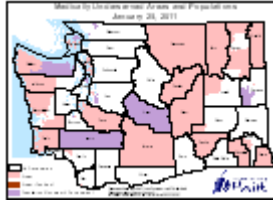
The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The maps below depict these shortage areas relative to Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital location. Click on the link below for full sized versions. Overall, Spokane 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.



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 Spokane County. Click on the link to view the full sized version.



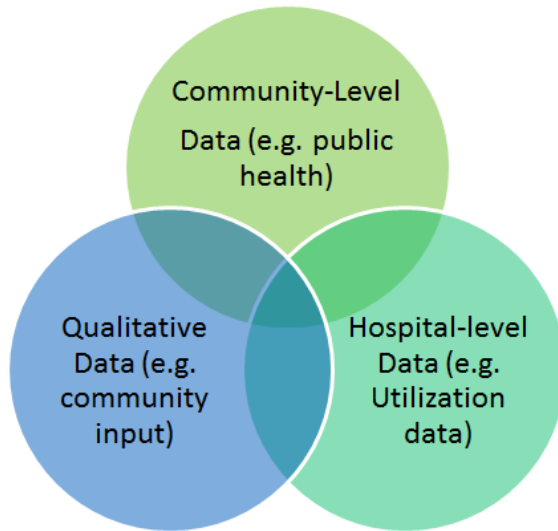
Source: <https://datawarehouse.hrsa.gov/tools/analyzers/maufind.aspx>

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT(CHNA) FRAMEWORK

In September 2017 representatives from Providence Health Care met with staff from Priority Spokane and the Spokane Regional Health District along with representatives from Eastern Washington University, Multicare Health System, St. Luke's Rehabilitation Hospital, Shriner's Hospital, Spokane County United Way, and Spokane Neighborhood Action Network (SNAP) to begin planning for the 2018 needs assessment. There is a significant desire for the community to come together for one communitywide needs assessment, in which health would be one factor.

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 voted by the community to be included in the Community Indicators Initiative website for our community to track over many years.

Providence Health Care partnered with Priority Spokane to conduct the 2018 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 Spokane County. Over 400 email invitations were extended to community members to participate in one of six task force committees: **Healthy People, Education, Economic Vitality, Public Safety, Environment, and Housing and Transportation.**

Each task force was headed by members of Priority Spokane with expertise in that area and leaders in the community. Each committee reviewed the community indicators initiative for their area. Committee members engaged in lively and thought-provoking conversations about how to prioritize their indicators. Participants were encouraged to consider root causes or closely correlating factors behind the indicators. Votes were tabulated and the top three priorities from each committee were forwarded to the final meeting. 175 people participated in the Healthy People task force, alone, and 117 people were present to cast the final prioritization vote. (see Appendix 4 for invited participants). The 15 committee priorities were presented and thoroughly discussed.

Collaborative Partners

See Appendix 1 for a list of community partners

Secondary Data

Data reviewed by the community and used to prioritize the community needs can be found at the following website: <http://www.communityindicators.ewu.edu/category.cfm?id=0> .

Primary Data

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

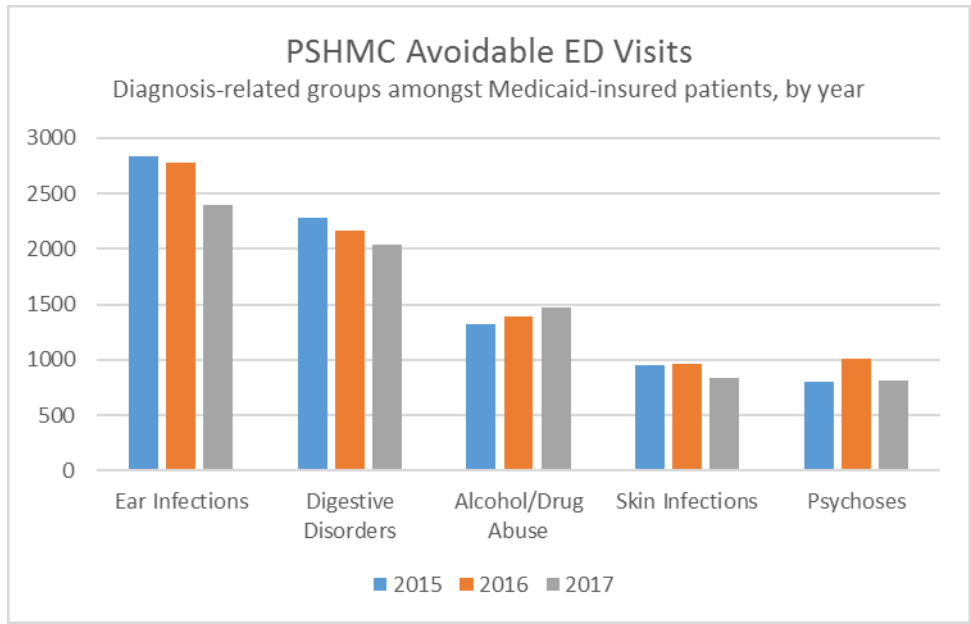
Community Input:

Task forces were utilized to obtain the voice of those working and living in our community. Multiple meetings were set for each task for to gain input from others experiencing or specializing in that specific area. An explanation of direct community input can be found on the Spokane Regional Health District website, <https://srhd.org/data-and-reports> for the joint needs assessment document. I list of those invited to participate in the task forces can be found in Appendix 4.

In-Hospital Data:

Insert summary of how data was mined, for what years, and what were basic questions that were asked or what in-patient or outpatient data was pulled.

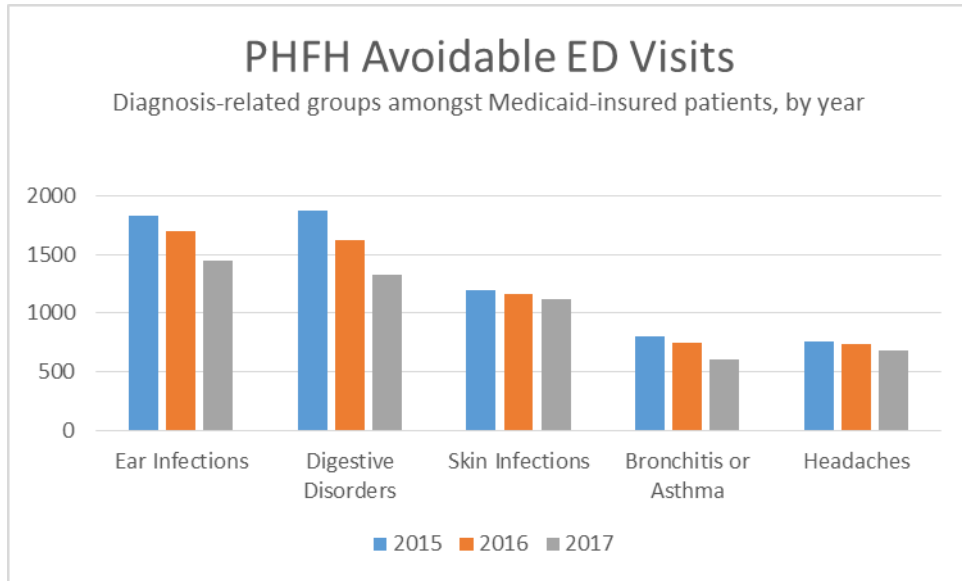
Data was also pulled from our hospital medical record system to view comparative trends for the years 2016 and 2017. Due to the change in coding from ICD 9 to 10, 2015 only has partial data that would coincide with 2016 & 2017 data. We asked the question of what data would show us the needs of the vulnerable in our community. We pulled data for those who we could identify as homeless, either by self-identified or by listing their address as a known shelter in town. The Medicaid avoidable hospital usage data. Any abuse related data including, sexual assault, child abuse and domestic violence. We also pulled the prevalence of all self-harm instances. Those are listed below:



This indicator measures the number of patients at Providence Sacred Heart Medical Center who were identified as Medicaid and met one of the criteria for the designation of an Avoidable

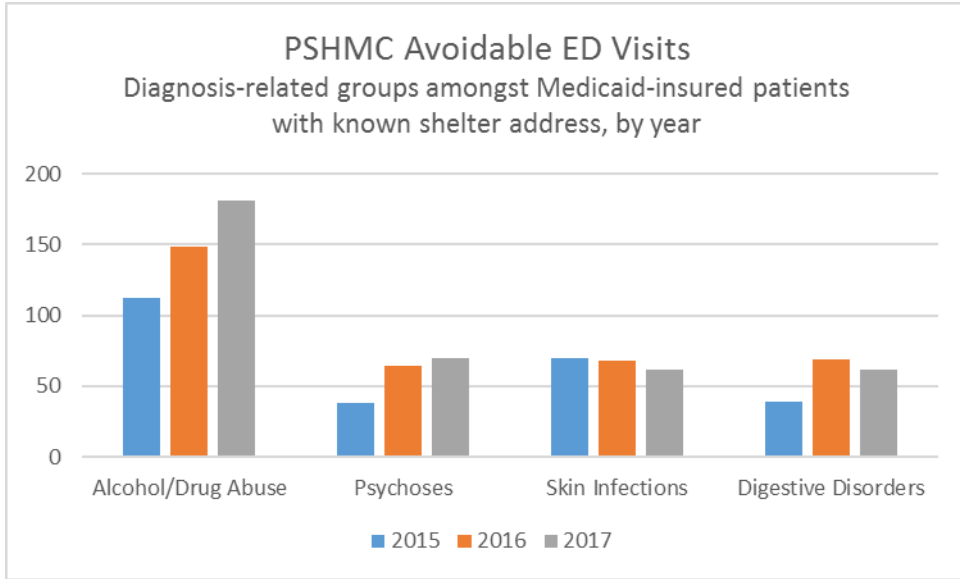
Emergency Department visit. Providence Saint Joseph Health has created a system wide definition for Avoidable Emergency Department (AED) visits. This was developed relating to New York University’s (NYU) calculation of AED’s.

During 2017 the highest DRG code identified for this population was Otitis Media & URI w/o MCC or Middle Ear Infection & Upper Respiratory Infection without Major Medical Complications or Comorbidities. There is a decreasing trend among all Medicaid patients in chronic disease conditions but a slight increase in psychosis and alcohol/drug abuse or dependence.



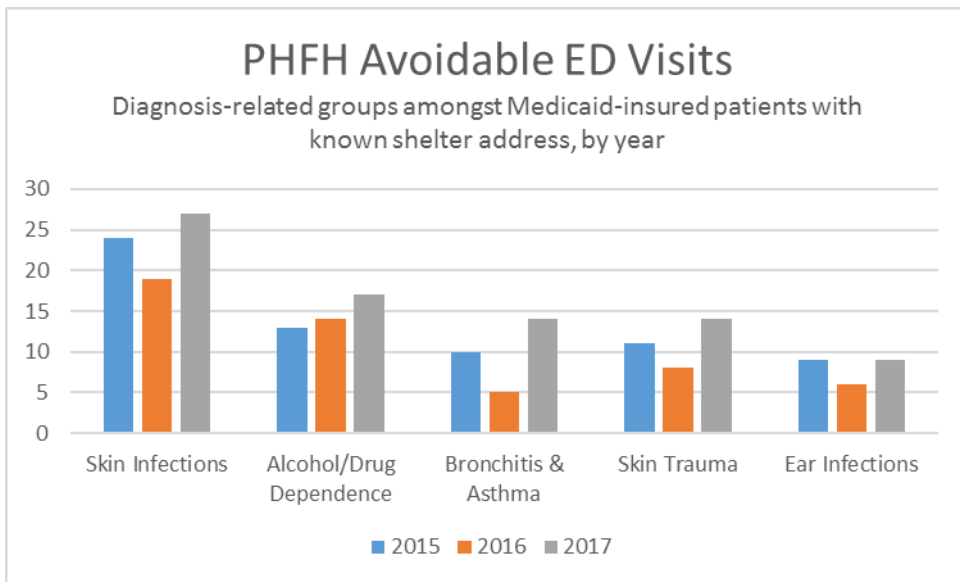
This indicator measures the number of patients at Providence Holy Family Hospital who were identified as Medicaid and met one of the criteria for the designation of an Avoidable Emergency Department visit. Providence Saint Joseph Health has created a system wide definition for Avoidable Emergency Department (AED) visits. This was developed relating to New York University’s (NYU) calculation of AED’s.

During 2017 the highest DRG code identified for this population was Otitis Media & URI w/o MCC or Middle Ear Infection & Upper Respiratory Infection without Major Medical Complications or Comorbidities. There is a decreasing trend among all Medicaid patients in chronic disease conditions.



This indicator measures the number of patients at Providence Sacred Heart Medical Center who were identified as Medicaid and homeless based on knowledge of 15 shelter addresses or identified as homeless and met one of the criteria for the designation of an Avoidable Emergency Department visit. Providence Saint Joseph Health has created a system wide definition for Avoidable Emergency Department (AED) visits. This was developed relating to New York University’s (NYU) calculation of AED’s.

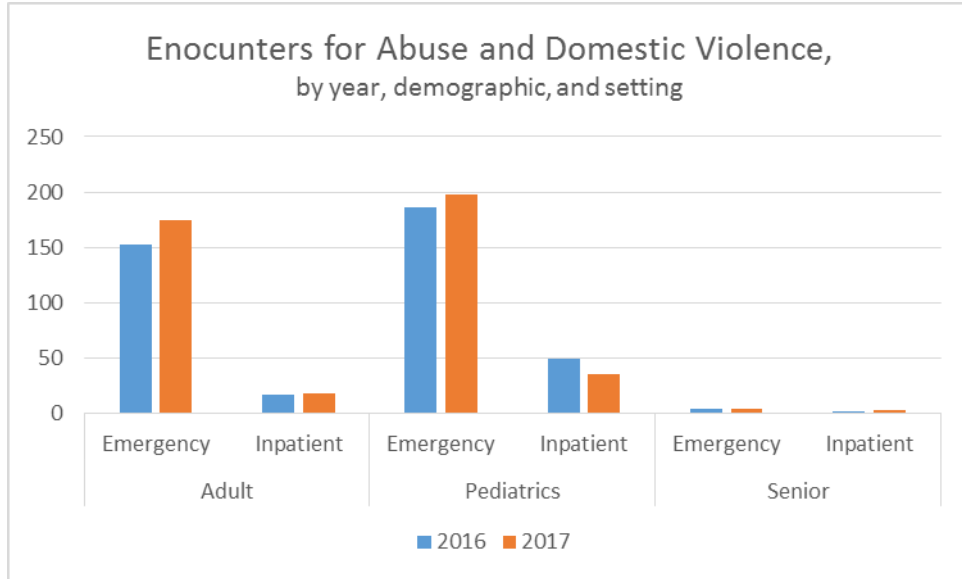
During 2017 the highest DRG code identified for this population was alcohol/drug abuse or dependence w/o rehabilitation therapy. There is an increasing trend.



This indicator measures the number of patients at Providence Holy Family Hospital who were identified as Medicaid and homeless based on knowledge of 15 shelter addresses or identified

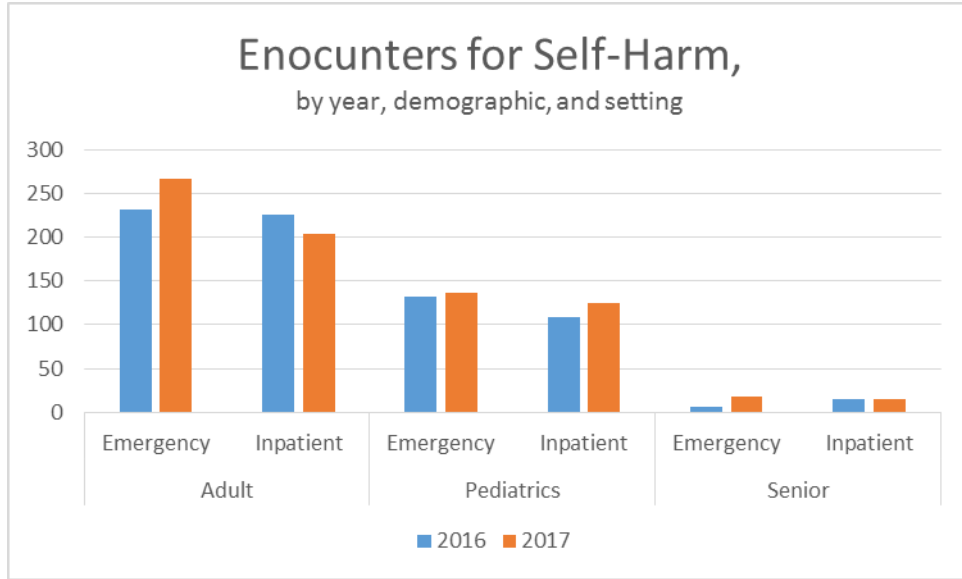
as homeless and met one of the criteria for the designation of an Avoidable Emergency Department visit. Providence Saint Joseph Health has created a system wide definition for Avoidable Emergency Department (AED) visits. This was developed relating to New York University’s (NYU) calculation of AED’s.

During 2017 the highest DRG code identified for this population was cellulitis w/o MCC. There is an increasing trend with alcohol/drug abuse or dependence w/o rehabilitation as the next highest.



This indicator measures the number of patients at both Providence Sacred Heart Medical Center and Providence Holy Family Hospital who were identified as any type of abuse or domestic violence encounter. This included child abuse, sexual assault, and domestic violence.

During 2017 there was an increase in both adult and pediatric encounters.



This indicator measures the number of patients at both Providence Sacred Heart Medical Center and Providence Holy Family Hospital who were identified as committing self-harm of any kind.

During 2017 there was an increase in adult and it stayed the same for pediatric encounters.

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.

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
Family violence and trauma	Accepted victims of child abuse and neglect ages 0-17, 5,787 Domestic violence offenses, 5,102 Youth self-reporting abuse, 21.9% Total youth suicides and attempts, 263

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Mental health and substance abuse resources

8th graders reporting two or more mental health or substance use experiences, 20.5%

Share of adults reporting poor mental health, 13.7%

Total opioid related deaths, 84

Affordable housing

Adults admitted to state funded treatment centers, 5,482

Total renters spending 50% or more of their income on shelter costs, 18,394

Housing affordability index, 160.5

Rental vacancy rate, 3.7%

1,245 homeless persons (2018 Point-in-Time count)

SIGNIFICANT HEALTH NEEDS

The following needs were prioritized per focus group and brought forward to the larger discussion group.

- **Economic Vitality**
 1. *Develop a more educated workforce*
 2. *Create nationally competitive and sustainable jobs*
 3. *Increase wages and income*
- **Education**
 1. *Improve access and services among students for mental health needs*
 2. *Assist low income students success in K-12 and their entry into postsecondary education*
 3. *Improve school safety*
- **Environment**
 1. *Reduce local impacts of climate change by local actions*
 2. *Protect and preserve the Spokane Rathdrum Aquifer*
 3. *Increase population density to prevent urban sprawl into rural land*
- **Healthy People**
 1. *Reduce suicide rates by improving life preservation strategies*
 2. *Reduce impacts of family trauma and violence*
 3. *Reduce food insecurity*
- **Housing & Transportation**
 1. *Improve the availability of affordable housing*
 2. *Develop housing together with transit systems*
 3. *Reduce poverty rates*
- **Public Safety**
 1. *Reduce impacts of family trauma and violence*
 2. *Increase access and services for residents with co-occurring substance abuse and mental health Issue*
 3. *Increase access and services for residents dealing with substance abuse issues*

The above were reviewed and a vote was cast for the top needs. Based on all of the input received through this assessment process, the following is the rank ordered list of significant health needs.

Reduce family violence and trauma

Access to mental health and substance abuse treatment

Access to affordable housing

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

COMMUNITY ASSETS AND RESOURCES

There are a number of agencies and organizations working to address each of these 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 6

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

Multicare Health System, Deaconess Hospital, 800 W 5th Ave, Spokane, WA 99204

Valley Hospital, 12606 E Mission Ave, Spokane Valley, WA 99216

Shriners Hospital, 911 W 5th Ave, Spokane, WA 99204

Federally Qualified Health Centers:

CHAS: Denny Murphy Clinic, 1001 W 2nd Ave, Spokane, WA 99201

Maple Clinic, 3919 N Maple St, Spokane, WA 99205

Perry St. Clinic, 817 S Perry St b, Spokane, WA 99202

Market St. Clinic, 5921 N Market St, Spokane, WA 99208

Valley Clinic, 15812 E Indiana Ave, Spokane Valley, WA 99216

Spokane Urgent Care, 5901 N Lidgerwood St #126, Spokane, WA 99208

Unify Community Health, 120 W Mission Ave, Spokane, WA 99201

4001 N Cook St, Spokane, WA 99207

1603 N Belt St, Spokane, WA 99205

Native Project, 1803 W Maxwell Ave, Spokane, WA 99201

PRIORITY HEALTH NEEDS

Using the results from the community vote and grouping similar areas of work, the final three priorities for the Priority Spokane CHNA are:

1. Reduce family violence and trauma
2. Increase access to mental health and substance abuse treatment
3. Increase access to affordable housing

EVALUATION OF IMPACT ON 2015-2017 COMMUNITY HEALTH IMPROVEMENT PLAN: 2017 ACCOMPLISHMENTS

Leading Health Issues	2015 Measure	2018 Measure
Mental health	Poor mental health in adults 10.9%	Poor mental health in adults 13.7%
	Depression in youth 28.5%	Depression in youth 32.8%
	Child abuse rates 48.1/100,000	Child abuse rates 48.9/100,000
Diabetes	Diabetes in adults 10%	Diabetes in adults 8.8%
	Obesity in adults 26%	Obesity in adults 27.9%
	Overweight youth 24.4%	Overweight youth 26.1%
	Physical activity in adults 55.7%	Physical activity in adults 57.5%
Dental	Dental check-up 72.1%	Dental check-up 67%
Immunizations	Preschool immunizations 40%	Preschool immunizations 50%
	School-age immunizations exemptions 6.2% ³	School-age immunizations exemptions 5.3% ⁴
Stable housing	1,149 homeless persons (2014 Spokane Regional Point-in-Time count)	1,245 homeless persons (2018 Spokane Regional Point-in-Time count)

*Data available through the Spokane Regional Health District website for Spokane Counts Report, <https://srhd.org/spokane-counts>

Significant health need being addressed	Program or Service Name	Description of Program or Service	CY17 Accomplishments
Mental Health	Spokane Treatment and Recovery Services Diversion	Identify patients in the emergency room and directly refer them to appropriate sobering and substance abuse treatment services.	54% of referrals participated in the program. 45% engaged in additional services and treatment beyond sobering.
Dental	Dental	Develop a dental	Building of clinic in Sacred Heart has

³ Listed in Spokane Counts as School-age immunizations.

⁴ Listed in Spokane Counts as School-age immunizations.

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

	Residency	residency program to address the dentist who take Medicaid and low income patient shortage.	started along with hiring a Dental Clinic Director. Funds have been secured to start on a north site and expected to have residency start through the program in 2019
Diabetes	INHS Diabetes Education	People diagnosed as pre-diabetic and diabetic can obtain education about how to manage.	<p>We helped 1,926 patients with their diabetes in the PMG clinics. We helped them lower their HbA1c by .68 for patients who saw an educator at least 1 x. This compares to a .17 change for those who just saw their provider.</p> <p>We also provided a Living Well with Diabetes (Stanford based Self-Management curriculum) program that is free to the community and provides additional support to those with Diabetes. We had 72 community members attend this 6 week class.</p> <p>Last, we provided a Diabetes Prevention Program (titled Group Lifestyle Balance) and helped 82 people lose an average of 6.8 percent of their starting body weight. We also received Full Recognition from the CDC to provide this class, meaning we met all of the standards that they set for a program including weight loss, attendance, and physical activity goals.</p>
Immunizations	Fall immunization clinic	Flu vaccines available to parents while participating in a child immunization clinic as extra incentive.	Garfield Elementary, 51 flu vaccines given to adults. Logan Elementary, data lost Stevens Elementary, 38 flu vaccines given to adults.
Stable	Transitional Homeless	Comfortable, supportive, and	265 total encounters 92 connections to resources, 40 of

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

<p>Housing</p>	<p>Respite Program</p>	<p>trusting environment for clients while they recover from acute medical conditions.</p>	<p>those were for housing, 23 were for primary care, 12 were for insurance, and 15 were for income. 23 were discharged from Respite into housing. 78% of clients housed by Respite did not access additional homeless services during the 6 months following their Respite stay.</p>
-----------------------	------------------------	---	--

PROVIDENCE ST. JOSEPH HEALTH


[Providence St. Joseph Health](#) is a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 50 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

Bringing these organizations together is a reflection of each of our unique missions, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. By coming together, Providence St. Joseph Health has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.

2018 CHNA GOVERNANCE APPROVAL


This community health needs assessment was adopted on September 22, 2018 by the Community Ministry Board of Providence Health Care. The final report was made widely available⁵ on 12/21/2018



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

9-22-18

Date



Mary Selecky
Chair
Providence Health Care Community Ministry Board

9-22-18


Date



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

11/16/18

Date



Dr. Bob Lutz
Public Health Officer
Spokane Regional Health District

9-7-18

Date

CHNA/CHIP contact:

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

⁵ Per § 1.501(r)-3 IRS Requirements, posted on hospital website

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments:

For Providence Sacred Heart Medical Center and Children’s Hospital:

<https://washington.providence.org/hospitals/sacred-heart-medical-center/about/community-support/#CHNA>

For Providence Holy Family Hospital: <https://washington.providence.org/hospitals/holy-family-hospital/about/community-support/>

A COPY OF THE SPOKANE JOINT CHNA REPORT CAN BE FOUND AT THE SPOKAN REGIONAL HEALTH DISTRICT WEBSITE: [HTTPS://SRHD.ORG/DATA-AND-REPORTS](https://srhd.org/data-and-reports)

APPENDIX 1

Community Health Assessment Board Planning Committee:

Stacy Wenzl, Spokane Regional Health District
Kristin Monasmith, Shriners' Hospital, Spokane, WA
Lucy Lepinski, Spokane Neighborhood Action Network, SNAP
Doug Weeks, St. Luke's Rehabilitation Hospital
Chris Wherity, Multicare Health System
Ryan Oelrich, Priority Spokane
Dr. Patrick Jones, Eastern Washington University

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
Sharon Fairchild, Executive Director Marcomm EWA/MT Region
Liz DeRuyter, Director Marcomm, Providence St. Joseph Health
Mike O'Malley, 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

Additional Community Health Assessment Participants:

Katie Morris, Supervisor Family Therapist, Providence Sacred Heart Medical Center
Stacey Herron, Senior Director Physician Services, Providence Medical Group
Kimber Bowen, Manager Social Work, Providence Holy Family Hospital
Marci Vanderbosch, PHC Manager Patient Safety
Kathy Danforth, Administrative Assistant, Providence Sacred Heart Medical Center

APPENDIX 2

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

Spokane County

2017





Data Center

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

Contributors:

Yu-Yu Tien, Epidemiologist
Amy Riffe, Epidemiologist
Stacy Wenzl, Program Manager

January 2018

INTRODUCTION

Spokane Counts: Demographics & Social Characteristics (Demographics) is a companion document to *Spokane Counts: A Summary of Public Health Indicators (Spokane Counts)*, a report that provides data about the health and well-being of the Spokane community. Demographics builds on Spokane Counts by providing descriptive data about the population and social determinants of health in Spokane County. Population size and growth, overall racial and ethnic breakdown, poverty, employment and other factors are included. These data provide general context about Spokane County and are helpful to understanding the Spokane Counts health indicators.



POPULATION

Spokane County is located along the central portion of the eastern edge of Washington state. In 2016, Spokane County was the fourth most populous county in the state with 492,530 individuals. This accounted for 6.9% of the state's population. The city of Spokane was the state's second most populous incorporated city with 214,500 individuals. The city of Spokane accounted for 43.6 % of the county population, with another 27.6% living in other incorporated municipalities and 28.8% living in unincorporated areas in Spokane County. Of the 39 counties in Washington state, Spokane County had the eighth highest population density with a density of 279 individuals per square mile.

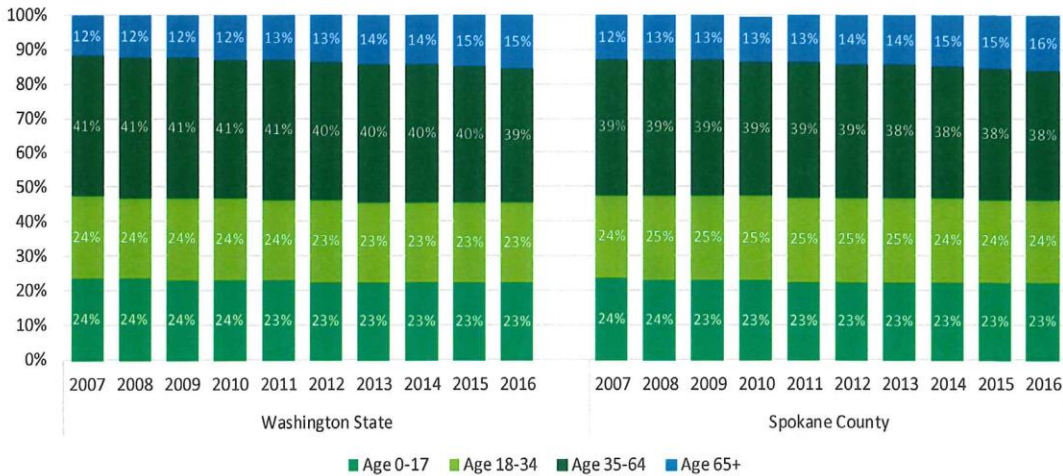
In 2016, seniors made up the smallest proportion of the Spokane County's population, which had similar proportions by age group to statewide proportions. Over the last decade, the proportion of the population younger than 18 years of age decreased approximately 1%. The proportion of the population aged 65 years or older increased approximately 3%.



Population by Age Group, 2016

	Spokane County		WA State
0-17 years	112,297	22.8%	22.6%
18-34 years	117,222	23.8%	23.2%
35-64 years	186,176	37.8%	39.3%
65+ years	76,835	15.6%	14.9%

Population by Age Group Over Time



Source: Washington State Office of Financial Management, accessed from the Spokane Community Indicators website, www.communityindicators.ewu.edu

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

According to 2015 data, Spokane County was not racially diverse. Among county residents, 88.7% were white, 4.5% were of two or more races, 2.2% were Asian, 1.6% were black, 1.3% were American Indian/Alaska Native, and 0.5% were Native Hawaiian and other Pacific Islander. Statewide, the population was somewhat more racially diverse. While residents of Hispanic ethnicity comprised 12.4% of the statewide population, they accounted for 5.4% (26,599) of Spokane County's population. Hispanics are included in all race categories in the table on page 5.

Population by Race Alone, 2015

	Spokane County	WA State
Total	490,945	100%
White	435,403	88.7%
Black or African American	7,778	1.6%
American Indian and Alaska Native	6,567	1.3%
Asian	10,729	2.2%
Native Hawaiian or other Pacific Islander	2,525	0.5%
Some other race	5,731	1.2%
Two or more races	22,212	4.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B02001

Population Estimates of Cities and Towns, Spokane County 2016

	Spokane County	WA State
Spokane County	492,530	100%
Unincorporated	142,062	28.8%
Incorporated	350,468	71.2%
Airway Heights	8,425	1.7%
Cheney	11,650	2.4%
Deer Park	4,005	0.8%
Fairfield	620	0.1%
Latah	195	0.0%
Liberty Lake	9,325	1.9%
Medical Lake	4,945	1.0%
Millwood	1,790	0.4%
Rockford	470	0.1%
Spangle	275	0.1%
Spokane	214,500	43.6%
Spokane Valley	94,160	19.1%
Waverly	108	0.0%

Source: Washington State Office of Financial Management, postcensal estimates, 2016

Population by Race Alone or in Combination¹, 2015

	Spokane County	WA State
White	454,871	92.7%
Asian	18,165	3.7%
Black	15,255	3.1%
American Indian or Alaskan Native	15,008	3.1%
Native Hawaiian or other Pacific Islander	4,859	1.0%
Some other race	7,418	1.5%

Source: U.S. Census Bureau, American Community Survey, 2015

¹ "The race concept 'alone or in combination' includes people who reported a single race alone (e.g., Asian) and people who reported that race in combination with one or more of the other race groups (i.e., white, black or African American, American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and some other race). The 'alone or in combination' concept, therefore, represents the maximum number of people who reported as that race group, either alone, or in combination with another race(s). The sum of the six individual race 'alone or in combination' categories may add to more than the total population because people who reported more than one race are tallied in each race category." U.S. Census Bureau, American Community Survey, 2015.

Population 15 Years of Age and Older by Marital Status, 2015

	Spokane County	WA State
Total	399,822	100%
Married	193,514	48.4%
Widowed	20,391	5.1%
Divorced	56,775	14.2%
Separated	4,398	1.1%
Never married	124,345	31.1%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1201

Population by Nativity and Citizenship Status, 2015

	Spokane County	WA State
U.S. citizen, born in the U.S.	453,736	92.4%
U.S. citizen, born in Puerto Rico or U.S. island areas	1,392	0.3%
U.S. citizen, born abroad of American parent(s)	7,980	1.6%
U.S. citizen by naturalization	15,572	3.2%
Not a U.S. citizen	12,265	2.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B05001

Top Three Outbound and Inbound Migration States for Spokane County, 2010-2014

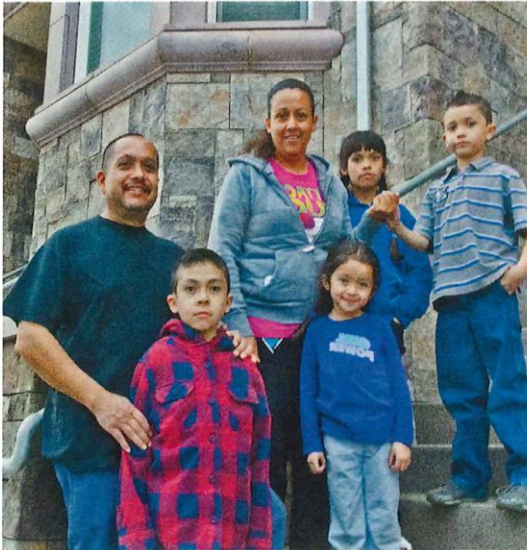
	Outbound Migration	Inbound Migration
Total	22,043	26,193
Washington	46%	45%
Idaho	12%	10%
California	7%	7%

Source: U.S. Census Bureau Geography Division, American Community Survey, 2010-2014.

Median Age by Geographical Mobility in Past Year for Current Residents in United States, 2015

	Count	Percent	Median Age
Total	485,500	100%	37.5
Same house 1 year ago	390,607	80.5%	41.1
Moved within same county	56,047	11.5%	28.5
Moved from different county within same state	18,930	3.9%	25.0
Moved from different state	18,129	3.7%	30.1
Moved from abroad	1,787	0.4%	28.6

Source: U.S. Census Bureau, American Community Survey, 2015. Table B07001, B07002



6

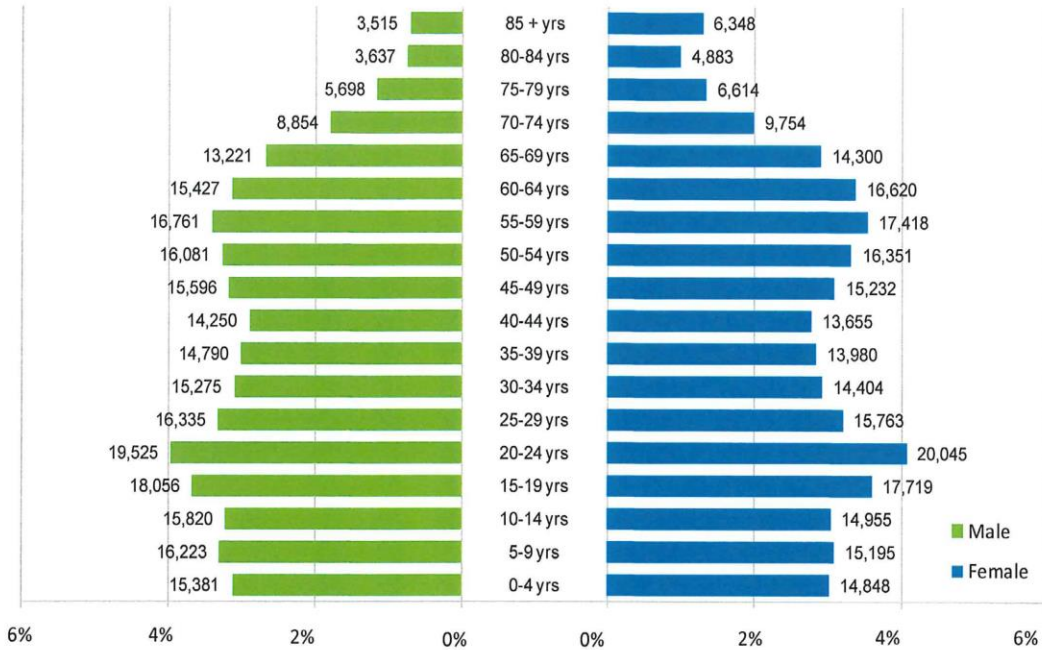
Language Spoken at Home by Ability 2011-2015

Total	451,005
Spoke only English	415,680
Spoke English less than "very well"	13,897
Russian	3,770
Spanish or Spanish Creole	2,630
Vietnamese	1,295
Other Slavic Languages	1,013
Other Pacific Island Languages	749
Chinese	671
Arabic	462
Korean	446
Tagalog	435
African Languages	405
German	276
Other Indic Languages	258
Serbo-Croatian	225
Other Indo-European Languages	203
French (incl. Patois, Cajun)	186
Japanese	180
Mon-Khmer, Cambodian	139
Persian	102
Other Asian Languages	88
Thai	74
Hmong	54
Italian	54
Portuguese or Portuguese Creole	46
Scandinavian Languages	27
Urdu	23
Other Native North American Languages	19
Hindi	15
Hungarian	15
Polish	11
Hebrew	10
Other West Germanic Languages	8
French Creole	8

Source: U.S. Census Bureau, American Community Survey, 2011-2015. Table B16001

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

Distribution of Population by Age and Sex, Spokane County, 2016



Source: Washington State Office of Financial Management, postcensal estimates, 2016

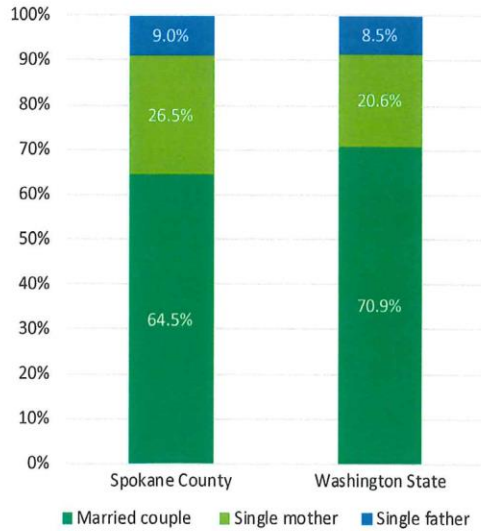
FAMILY STRUCTURE

Households by Type, Spokane County, 2015

Total Households	193,117	100%
Family households (families)	121,981	63.2%
Married-couple families	91,738	75.2%
Female householder, no husband present	21,689	17.8%
Male householder, no wife present	8,554	7.0%
Family households (with children under 18 years)	52,880	43.4%
Married-couple families	34,107	64.5%
Female householder, no husband present	14,018	26.5%
Male householder, no wife present	4,755	9.0%
Non-family households	71,136	36.8%
Householder living alone	58,512	82.3%
65 years and older	21,807	37.3%

Source: U.S. Census Bureau, American Community Survey, 2015, Table DP02

Families with Children Younger than 18 Years of Age by Household Type, 2015



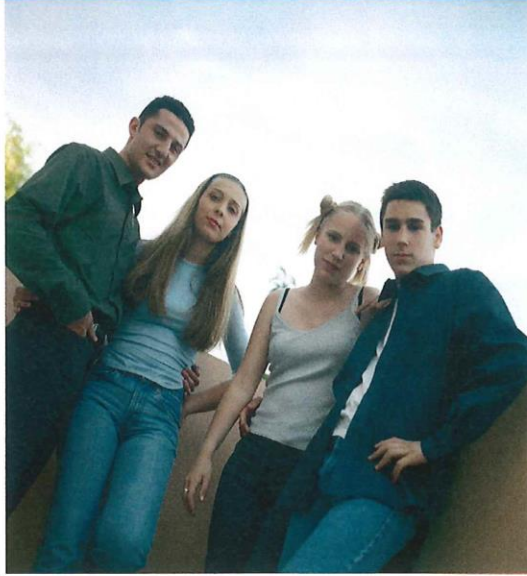
Source: U.S. Census Bureau, American Community Survey, 2015, Table DP02

EDUCATION

Educational Attainment among Adults 25 Years of Age or Older, 2015

	Spokane County		WA State
Population 25 years of age or older	331,853	100%	100%
Less than ninth grade	7,241	2.2%	3.9%
Ninth-12th grade, no diploma	15,143	4.6%	5.2%
High school graduate/GED	85,554	25.8%	23.1%
Some college, no degree	91,084	27.4%	24.0%
Associate's degree	38,375	11.6%	9.6%
Bachelor's degree	59,188	17.8%	21.7%
Graduate or professional degree	35,268	10.6%	12.5%

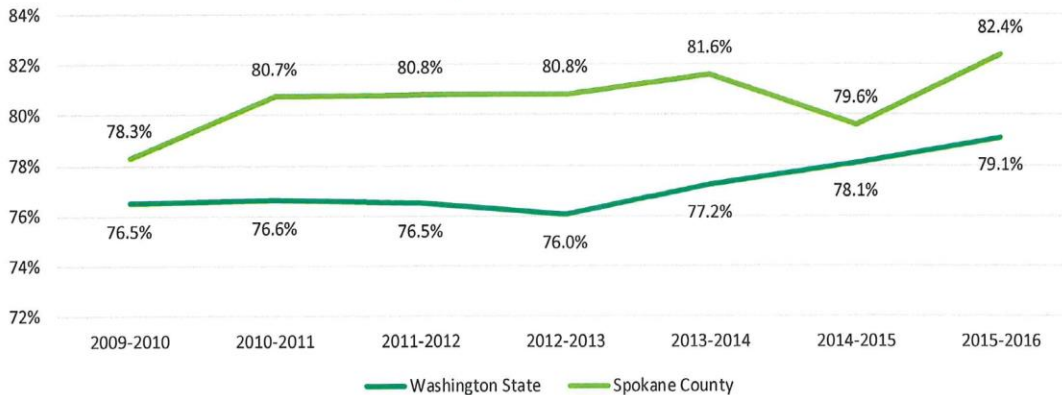
Source: U.S. Census Bureau, American Community Survey, 2015. Table S1501



High School Completion in Spokane County

Among students who began ninth grade, 82.4% graduated from high school on time during the 2015/2016 school year. Another 7.9% continued high school beyond the traditional graduation date and completed high school in an extended period. Statewide, 79.1% of students graduated on time. Spokane County had a small increase in on-time graduation from high school, while the proportion statewide was stable. More information about the education system and student performance is available from the Washington State Office of Superintendent of Public Instruction at k12.wa.us/DataAdmin/default.aspx.

On Time High School Graduation



Source: Washington State Office of Superintendent of Public Instruction, 2017.

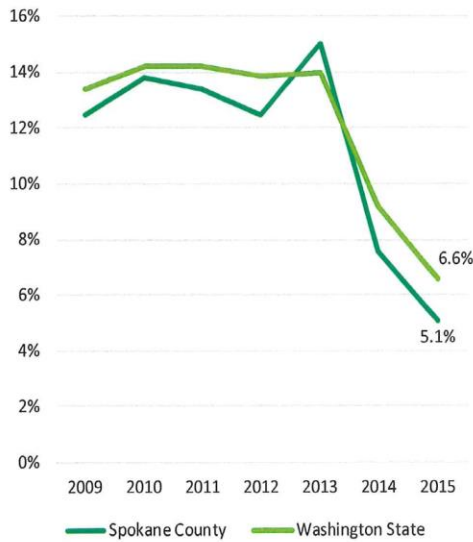
DEMOGRAPHICS & SOCIAL CHARACTERISTICS

HEALTH INSURANCE AND DISABILITY

In 2015, approximately 5% of Spokane County's population was uninsured. The uninsured rate significantly decreased since 2013, from 15% to 5.1%, likely reflecting the expansion of health insurance coverage related to the full enactment of the Affordable Care Act on January 1, 2014. Those who were 18 to 34 years of age, male, and those who reported some other races had the highest proportion of being uninsured. The uninsured rate was lower in Spokane County compared to the statewide population. However, blacks or African Americans and those who reported some other race or two or more races, had higher uninsured rates compared to the statewide population.

Spokane County encompassed 6.8% of the state's population with a disability. Disability includes those with hearing, vision, cognitive, ambulatory, self-care, or independent living difficulties. Among those with a disability, 57.5% were 75 years of age or older. Overall, Spokane County had higher disability rates than the state.

Uninsured Rate Over Time



Source: U.S. Census Bureau, American Community Survey, 2009-2015. Table S2701

Percent of Uninsured, 2015

By Age

	Spokane County	WA State
0-17 years	2.4%	2.6%
18-34 years	9.9%	12.3%
35-64 years	5.1%	6.3%
65+ years	0.1%	0.7%
Total	5.1%	6.6%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

By Sex

	Spokane County	WA State
Female	3.6%	5.5%
Male	6.8%	7.7%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

By Race

	Spokane County	WA State
White alone	4.9%	5.8%
Black or African American	12.2%	7.3%
American Indian /Alaska Native	8.8%	16.1%
Asian	4.6%	5.5%
Native Hawaiian & other Pacific Islander	*	9.0%
Some other race	*	23.6%
Two or more races	5.6%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701; *data cannot be displayed because the number of sample cases is too small.

Percent of Population with a Disability by Age, 2015

	Spokane County	WA State
Under 5 years	0.6%	0.7%
5-17 years	5.0%	5.1%
18-34 years	9.2%	6.9%
35-64 years	16.4%	13.3%
65-74 years	25.0%	26.3%
75+ years	57.5%	50.7%
Total	15.1%	12.9%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1810

INCOME AND POVERTY

Estimates of median household income were based on the U.S. Census Bureau’s American Community Survey (ACS) estimates for 2000-2014 and census data from 2000. These model-based estimates may differ from other median household income data developed from the Washington State Office of Financial Management’s State Population Survey, Bureau of the Census estimates, or other sources. Survey data, which are subject to sampling variability and errors, are not necessarily more accurate than the estimate data.

Estimates of median household money income for the inter- and post-census years were based on the U.S. Bureau of Economic Analysis personal income data and estimates of household characteristics at the county level. For 2006-2010, the median household income estimates were anchored to ACS estimates wherever available.

The projected median household income in Spokane County for 2016 was \$49,482, compared to \$65,500 statewide. The projected 2016 median household income increased slightly over the previous year. In 2015, approximately one in six individuals (15.5%) in the county lived below 100% federal poverty level (FPL), and 36.5% lived below 200% FPL. The proportion of Spokane County residents living in poverty (below 200% FPL) was significantly higher than the statewide proportion (28.6%).

Median Household Income Estimates

	Spokane County	WA State
2005	44,538	50,004
2006	45,753	53,522
2007	47,848	56,141
2008	48,876	57,858
2009	46,983	55,458
2010	46,320	54,888
2011	46,846	55,500
2012	48,265	56,444
2013	48,312	57,284
2014	50,856	60,153
2015 Preliminary estimate	48,189	63,439
2016 Projection	49,482	65,500

Source: Washington State Office of Financial Management, March 8, 2017.

Median Household Income Over Time



Source: Washington State Office of Financial Management, March 8, 2017

Families with Children Living at or Below 100% FPL, 2015

	Spokane County	WA State
All Families	17.7%	12.9%
Married Couple Families	8.1%	5.6%
Single Mothers	37.5%	34.0%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1702

Individuals Living at or Below 100% FPL by Age Group, 2015

Poverty Level	Spokane County	WA State
<18 Years	20.2%	15.5%
18-64 Years	15.6%	12.1%
65+ Years	8.3%	7.4%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1701

Population Living at or below Various FPL, 2015

Poverty Level	Spokane County	WA State
100% FPL	15.5%	12.2%
125% FPL	20.7%	16.0%
185% FPL	34.0%	26.1%
200% FPL	36.5%	28.6%
300% FPL	54.8%	44.3%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B17002

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

Individuals Within Race and Hispanic Ethnicity Categories Living at or below 100% FPL, 2011-2015

	Spokane County	WA State
White	14.7%	11.6%
Black	30.0%	24.8%
American Indian or Alaskan Native	35.3%	26.9%
Asian	15.3%	12.0%
Native Hawaiian or other Pacific Islander	30.0%	18.5%
Some other race	29.6%	27.4%
Hispanic ethnicity	25.9%	24.8%

AIAN=American Indian/Alaska Native, NHOPI=Native Hawaiian/Other Pacific Islander
Source: U.S. Census Bureau, American Community Survey, 2011-2015, Table S1701



EMPLOYMENT

There were 232,473 individuals 16 years of age or older who were in the labor force, or looking for work, in Spokane County in 2015. Of those, 7.3% were unemployed, 1.3% were in the armed forces, and the remaining 91.5% were in the civilian labor force. Statewide, workforce employment was similar: 5.9% unemployed, 1.2% in the armed forces, and 92.9% in the civilian labor force. Unemployed individuals were defined as individuals who used an active method of looking for work in the last four weeks, and did not include those who were retired, disabled, or students.

Among the civilian labor force, more than three-quarters were private wage and salary workers (73.5%). Government workers accounted for 14.5% of the labor force and 11.9% were self-employed.

Occupation of the Civilian-Employed Population 16 Years of Age or Older, 2015

	Spokane County	WA State
Total	212,649	100%
Management, business, science and arts occupations	76,183	35.8%
Sales and office occupations	54,703	25.7%
Service occupations	40,721	19.1%
Production, transportation and material moving occupations	25,412	12.0%
Natural resources, construction and maintenance occupations	15,630	7.4%

Source: U.S. Census Bureau, American Community Survey, 2015, Table S2401

Compared to Washington state, Spokane County had a higher proportion of workers in sales and office occupations; service occupations; and production, transportation and material moving occupations. Spokane County had a lower proportion of workers in management, business, science and arts occupations; and natural resources, construction and maintenance occupations.

Industry of the Civilian-Employed Population 16 Years of Age or Older, 2015

	Spokane County	WA State
Educational services, and health care and social assistance	57,400	27.0%
Retail trade	26,354	12.4%
Professional, scientific, and management, and administrative and waste management services	19,866	9.3%
Arts, entertainment, and recreation, and accommodation and food services	18,651	8.8%
Manufacturing	17,689	8.3%
Finance and insurance, and real estate and rental and leasing	15,460	7.3%
Construction	12,264	5.8%
Other services, except public administration	12,045	5.7%
Transportation and warehousing, and utilities	10,139	4.8%
Public administration	9,487	4.5%
Wholesale trade	7,143	3.4%
Agriculture, forestry, fishing and hunting, and mining	3,120	1.5%
Information	3,031	1.4%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2403

COST OF BASIC NEEDS

As poverty remains a concern in the Spokane community, for this update, Spokane Regional Health District authors adjusted how the cost of basic needs for Spokane individuals was generated. Two publications were used in this adjustment—Facing Spokane Poverty (2002), published by the health district, and The Self-Sufficiency Standard for Washington State (2017), published by the Workforce Development Council of Seattle-King County, detail approaches to measuring the cost of basic needs in Spokane County.ⁱ The cost of basic needs is based on a family of four consisting of two adults and two children; one preschooler (3-5 years old), and one school-age child (6-12 years old). The annual cost of basic needs was \$50,856, equating to 206.7% FPL for a household of four in 2017.

Food cost estimates were provided by U.S. Department of Agriculture and were available by age group and four food plans.ⁱⁱ The health district’s analysis used the low-cost food plan as a sustainable measure of basic food needs and assumed that all meals and snacks were purchased at a store

and prepared at home. Food costs for a family of four with a low-cost plan in June 2017 were \$713 per month.

Utility cost was a combination of telephone and energy services. Telephone service was based on the best low-cost cell phone plans published in February 2017 by Consumer Reports.ⁱⁱⁱ The cheapest cell phone plan for two people costed \$80 per month. The retail sales tax was 8.8% in 2017. Monthly telephone cost after tax was about \$87. Energy cost was estimated from Avista Corporation.^{iv} Average utility cost was \$135 for a family of four living in a 1651-2150 square foot home with electric forced air plus air conditioning in the Spokane/Coeur d’Alene area.

Housing cost was based on U.S. Department of Housing and Urban Development fair market rent 2017 estimates in Spokane County.^v The rent for two-bedroom housing was \$869 per month.

Transportation cost was based on a family having one car and using public transportation. An assumption was made

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

that there was no car payment. Only one child bus pass was accounted for since children 6 years and younger ride free. The monthly youth bus pass was \$30 as of April 2017. The cost of gas was calculated for driving 20 miles per day at 20 miles per gallon at \$2.75 per gallon for gasoline in April 2017. The cost for insurance was about \$109 per month based on the average auto insurance costs in Spokane reported by the Insurance Information Institute in 2014.^{vi}

Childcare cost was reported by Child Care Aware of Washington Family Center.^{vii} The information reported for Spokane County for childcare cost identified two children (one preschool-age child 2 ½ to 5 years of age and one school-age child > 6 years of age), in a family of four. The cost for child care referred to the average rates for non-subsidized care in a network center and was \$1,116 per month. In 2016, 29,820 children received state-subsidized child care in Washington state.^{viii} The difference in costs for preschool age children receiving a subsidy compared to the median cost of child care is approximately \$137 per month.^{ix}

Health insurance was based on the estimated premium of a family of four (two adults, 35-40 years old and two children) insured with the second lowest-cost silver plans in 2016 (Ambetter Balanced Care 2 plan according to the Washington health plan finder), and cost \$616 per month.

Personal and household expenses were calculated as 10% of the cost per month for basic needs (food, housing, utilities, transportation, child care and health care) for a family of four in Spokane County, estimated at \$385 per month.

Cost per Month for Basic Needs for a Family of Four, 2017

Food	\$713
Housing	\$869
Utilities	\$222
Transportation	\$317
Child care	\$1,116
Health care*	\$616
Personal and household expenses	\$385
Total	\$4,238

*The second lowest cost silver plan (SLCSP) is a plan on each state's marketplace used to determine cost assistance.

Cost Per Month for Basic Transportation, Spokane County, 2017

Adult bus pass	\$45
Child bus pass	\$30
Auto insurance	\$109
Gasoline	\$83
Maintenance	\$50
Total	\$317

Source: spokanegasprices.com; <https://www.iii.org/fact-statistic/facts-statistics-auto-insurance>

Cost per Month by Age for a Low-Cost Food Budget, Spokane County, 2014

Child	1 year	\$125.3
	2-3 years	\$131.6
	4-5 years	\$135.6
	6-8 years	\$191.2
	9-11 years	\$206.4
Male	12-13 years	\$237.0
	14-18 years	\$240.5
	19-50 years	\$238.9
	51-70 years	\$225.6
	71+ years	\$222.4
	Female	12-13 years
	14-18 years	\$203.7
	19-50 years	\$207.0
	51-70 years	\$201.7
	71+ years	\$199.3
Family of Four*		\$713.1

Source: United States Department of Agriculture, Center for Nutrition Policy and Promotion.

Average Cost per Month for Child Care, Spokane County, 2016

	Childcare Center	Home Child Care
Infant	\$849	\$650
Toddler	\$722	\$650
Preschool	\$650	\$563
School-Age	\$466	\$520

Source: Child Care Aware of Eastern Washington

HOUSING

In 2015, there were an estimated 208,309 housing units in Spokane County. Of those, 7.3% were vacant. The majority of occupied housing were owner-occupied (60.5%), while the remaining housing units (39.5%) were renter-occupied. The percentage of owner-occupied housing slightly decreased since 2006, while the proportion of renter-occupied housing increased. Most occupied housing had complete plumbing and kitchen facilities; 1% lacked plumbing and 1.5% lacked kitchen facilities.

Approximately 19.7% of housing units were built in 2000 or later. A similar percentage (16%) of housing units were built in 1939 or earlier. Compared to the state, Spokane County had a higher proportion of older housing and a lower proportion of newer housing.

The median price of homes in Spokane increased by 27.7% from 2011 (\$162,300) to 2016 (\$207,300), while the median price of homes statewide increased by 40.6%. Housing affordability slightly decreased both in Spokane County and statewide. Housing affordability was estimated based on the National Association of Realtors' Housing Affordability Index, defined as the ability of a middle-income family to carry the mortgage payments on a median price home.*

In the 2016 Point-in-Time Count, a one-day count of homelessness in Spokane County, the City of Spokane Community, Housing and Human Services data showed 981 homeless individuals in Spokane County, which was a 5% decrease from 2015. Of those counted, 31% were individuals in families with children.



Year Housing Units were Built, 2015

	Spokane County		WA State
Total housing units	208,309	100%	100%
Built 2014 or later	1,578	0.8%	0.7%
Built 2010 to 2013	7,375	3.5%	3.3%
Built 2000 to 2009	32,104	15.4%	16.4%
Built 1990 to 1999	27,417	13.2%	17.2%
Built 1980 to 1989	19,591	9.4%	13.6%
Built 1970 to 1979	37,069	17.8%	16.0%
Built 1960 to 1969	13,468	6.5%	9.4%
Built 1950 to 1959	23,100	11.1%	7.9%
Built 1940 to 1949	13,371	6.4%	4.8%
Built 1939 or earlier	33,236	16.0%	10.7%

Source: U.S. Census Bureau, American Community Survey, 2015. Table DP04



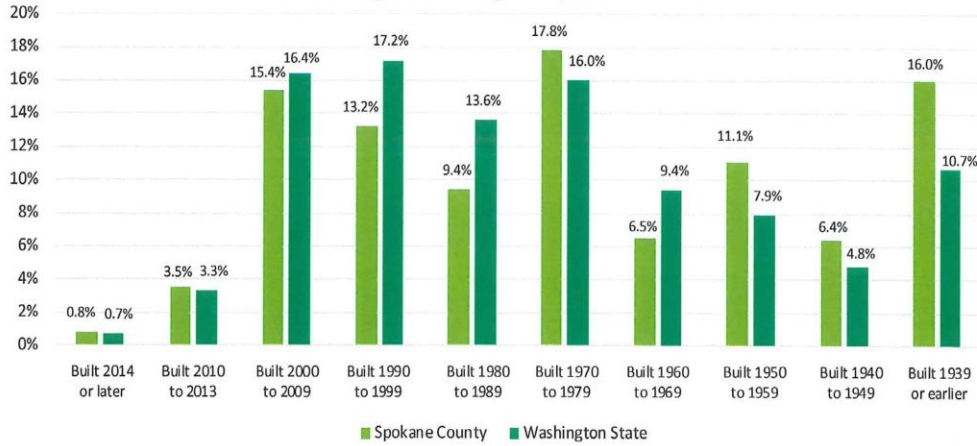
House Heating Fuel in Occupied Housing, 2015

	Spokane County		WA State
Total	193,117	100%	100%
Utility gas	93,832	48.6%	34.7%
Bottled, tank or liquefied petroleum gas	2,133	1.1%	3.1%
Electricity	83,950	43.5%	55.1%
Fuel oil, kerosene, etc.	3,616	1.9%	2.0%
Coal or coke	46	0.0%	0.0%
Wood	6,590	3.4%	4.0%
Other fuel	1,922	1.0%	0.6%
No fuel used	1,028	0.5%	0.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table DP04

DEMOGRAPHICS & SOCIAL CHARACTERISTICS

Age of Housing Stock, 2015

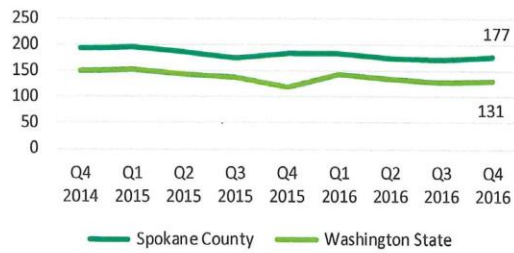


Percent Owner- vs Renter-Occupied Housing Units



Source: U.S. Census Bureau, American Community Survey, 2006-2015. Table S2502

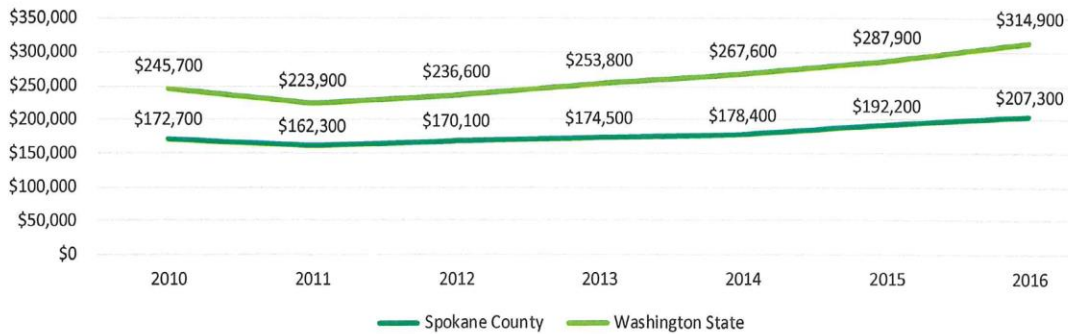
Housing Affordability Index



* When the index is 100 there was a balance between the family's ability to pay and the cost. Higher indexes indicated housing was more affordable. All loans were assumed to be 30-year loans. All buyer indexes assume 20% down payment. It was assumed 25% of income can be used for principal and interest payments.

Source: Runstad Center for Real Estate Studies, University of Washington. 2016 Q4

Median Home Prices



Source: Runstad Center for Real Estate Studies, University of Washington. 2016 Q4 Note: 2016 median home prices were obtained by averaging the median home prices across four quarters.

References

- [i] The Self-Sufficiency Standard for Washington State, 2017. www.selfsufficiencystandard.org/Washington
- [ii] U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. www.cnpp.usda.gov
- [iii] Consumer Reports. www.consumerreports.org
- [iv] Avista Corporation. www.avistautilities.com
- [v] U.S. Department of Using & Urban Housing, Fair Market Rent. www.huduser.gov/portal/datasets/fmr/fmrs/fy2017_code/select_Geography.odn
- [vi] Insurance Information Institute, 2014. <https://www.iii.org/>
- [vii] Child Care Aware of Eastern Washington. <http://community-minded.org>
- [viii] Office of Financial Management. <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/budget-drivers/state-supported-child-care>
- [ix] Washington Health Benefit Exchange, Health Plan Finder. www.wahbexchange.org
- [x] National Association of Realtors' Housing Affordability Index. www.nar.realtor/research-and-statistics/housing-statistics/housing-affordability-index

Other Data Sources

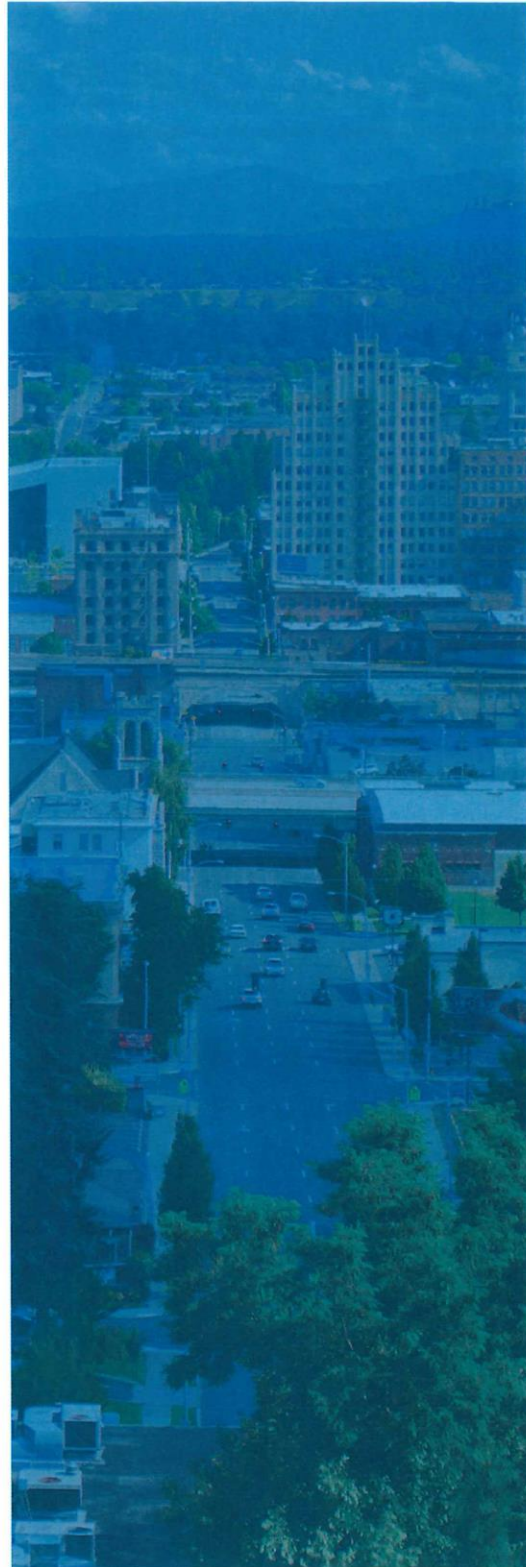
- City of Spokane Community, Housing and Human Services. <https://my.spokanecity.org/chhs/documents/>
- Washington State Department of Social and Health Services. www.dshs.wa.gov
- Washington State Office of Financial Management. www.ofm.wa.gov
- Washington State Office of Superintendent of Public Instruction. www.k12.wa.us
- U.S. Census Bureau, American Community Survey. www.census.gov
- Runstad Center for Real Estate Studies, University of Washington <http://realestate.washington.edu/research/wcrer/reports/>
- Census flows Mapper <https://flowsmapper.geo.census.gov/map.html#>

Photo Credits

- Cover: Ian Sane, Skeletons Of The Past
- Page 2: Keith Ewing, Splash Pad
- Page 3: Michael Tigas
- Page 6: Encanto Family on Stoop Kaizer Rangwala
- Page 11: Fairchild Airforce Base
- Page 14: Tim Ransom



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



APPENDIX 3

Community Assessment for Spokane County 2018



Top Three Priorities Identified:

- **Priority 1: Reduce Impacts of Family Trauma and Violence**
 - [7.3.1 Domestic Violence Rate](#)
 - [7.3.3 Child Abuse & Neglect](#)
 - [5.2.3 Youth Self Reporting Abuse](#)
- **Priority 2: Increase Access and Services for Residents with Co-occurring Substance Abuse and Mental Health Issues**
 - [5.2.4 Youth Mental Health and Substance Abuse](#)
 - [5.1.7 Opioid Related Deaths](#)
 - [5.4.3 Adults Admitted to State Funded Treatment Services](#)
 - [5.3.2 Adults Reporting Poor Mental Health](#)
- **Priority 3: Improve the Availability of Affordable Housing**
 - [6.2.3 Renters Paying 50% on Shelter Costs](#)
 - [6.3.2 Housing Affordability Index](#)
 - [6.2.1 Rental Vacancy Rate](#)

About this process...

Non-profit hospitals, public health, accountable communities of health, and others are required by federal law, state mandates, or agency policy to conduct assessments reviewing data every three to five years that result in a focused list of priorities and a community improvement plan. Historically, these processes have been planned and conducted independently. For the first time, stakeholders in Spokane County have aligned planning and assessment cycles to leverage resources and improve collaboration for collective impact.

What is the goal of this process?

By April 2018, community members will have selected 3-5 priority areas of focus through a county-wide, coordinated assessment process. This process provides us with an opportunity to pull together, identify community needs, and move in the same direction. Our community partners can align their resources and efforts have a greater impact to make Spokane even better. Additionally, partners will be well-positioned to align timelines and coordinate future improvement cycles as well.

Basic Information

5. 529 stakeholders from across Spokane County participated in 13 meetings focused on reviewing data and discussing needs and issues related to the following six areas: Economic Vitality, Education, Environment, Healthy People, Housing & Transportation, & Public Safety.
6. Over 200 individuals participated in the final Community Assessment meeting and cast their vote to select the top 3 priorities.
7. Two CoChairs were recruited for each of the 6 topic areas for their experience and leadership in that area. They were responsible for identifying stakeholders and inviting them to participate.

Those CoChairs were: Shelly O'Quinn & Todd Mielke (Economic Vitality), Superintendent Mike Dunn & Dr. Vincent Alfonso (Education), Britt Bachtel-Browning & Katy Sheehan (Environment), Sara Clements-Sampson & Torney Smith (Healthy People), Amber Waldref & Pam Tietz (Housing & Transportation), & CM Karen Stratton & Police Chief Craig Meidl (Public Safety).

8. Dr. Patrick Jones & his staff at the Community Indicators Project were responsible for presenting and reviewing relevant data at each meeting and updating the Spokane Indicators Website based upon the data voted upon.
9. The Community Assessment process was sponsored by Priority Spokane and the Community Health Advisory Board (CHAB) and will be used by over two dozen organizations across Spokane County to help prioritize and plan including: Providence, Spokane Regional Health District, MultiCare Deaconess, SNAP, Lutheran Community Services, Kalispel Tribe, Shriner's Children's Hospital, and others. This process marked the first time so many organizations collaborated to participate in one coordinated assessment versus conducting their own independently.

All Priorities Identified

- **Economic Vitality (72 participants for 2 meetings)**
 1. *Develop a more educated workforce*
 2. *Create nationally competitive and sustainable jobs*
 3. *Increase wages and income*
- **Education (68 participants for 2 meetings)**
 1. *Improve access and services among students for mental health needs*
 2. *Assist low income students success in K-12 and their entry into postsecondary education*
 3. *Improve school safety*
- **Environment (51 participants for 2 meetings)**
 1. *Reduce local impacts of climate change by local actions*
 2. *Protect and preserve the Spokane Rathdrum Aquifer*
 3. *Increase population density to prevent urban sprawl into rural land*
- **Healthy People (146 participants for 3 meetings)**
 1. *Reduce suicide rates by improving life preservation strategies*
 2. *Reduce impacts of family trauma and violence*
 3. *Reduce food insecurity*
- **Housing & Transportation (115 participants for 2 meetings)**
 1. *Improve the availability of affordable housing*
 2. *Develop housing together with transit systems*
 3. *Reduce poverty rates*
- **Public Safety (77 participants for 2 meetings)**
 1. *Reduce impacts of family trauma and violence*
 2. *Increase access and services for residents with co-occurring substance abuse and mental health Issue*
 3. *Increase access and services for residents dealing with substance abuse issues*

For more information on Priority Spokane visit www.PrioritySpokane.org or e-mail PrioritySpokane@outlook.com

APPENDIX 4:

List of All Invitees to Priority Spokane's Task Force Meetings

First	Last		Organization	TF
Ellie	Aaro	Owner	Beacon Hill Catering	EV
Jamie	Aitken	General Manager	KREM	EV
Bill	Akers	Vice President	Premera Blue Cross City of Spokane, Department of Human	HP
Jerrie	Allard		Services	HP
Kaie	Allen	City Administrator	City of Liberty Lake	EV
Jay	Allert	CEO	Aslin-Finch	EV
		Therapeutic Superior Courts		
Sandra	Altschuler	coordinator	Spokane County	PS
Ron	Anderson	President	Spokane NAMI	PS
John	Andrews		WA State Dept of Fish & Wildlife	EN
Tom	Angell		Tom Angell Architects	EN
Rodolfo	Arevalo	President	EWU	HP/ED
			Health Sciences & Services Association of	
Susan	Ashe	Executive Dir	Spokane County	HP
Keith	Baldwin		Spokane County Medical Society	HP
Julie	Banks		YMCA of the Inland Northwest	HP
Christine	Barada		Spokane County	HP
Sherry	Barrett	ED	Communities in Schools	ED
Dennis	Barts		Valley Hospital	HP
Allen	Battle	Partner	Launchpad INW	EV
			WA DSHS, Aging & Long Term Care of	
Nick	Beamer		Eastern Washington	HP
Breean	Beggs			PS
Alisha	Benson		Greater Spokane Inc.	HP
Becky	Berg	Superintendent	Deer Park School District	ED
Ulrike	Berzau	CEO	St. Lukes Rehabilitation Institute	HP
Dave	Black	CEO	NAI Black	EV
			Area Health & Education Center, WSU-	
Chris	Blodgett	Director	Spokane	HP
Bill	Bouten	CEO	Bouten Construction	EV
Troy	Braga	CFO	Inland NW Community Foundation	ED
Lynn	Briggs	Dean	EWU	ED
Wayne	Brokaw	Executive Dir	Assoc. General Contractors	EV
Lisa	Brown	Chancellor	WSU Spokane	ED
Kynda	Browning	Board president	Liberty School District	ED
Mike	Burns	Director of Sales	First Choice Health	HP
Tim	Burns	Police Ombudsman	City of Spokane	PS
Bonnie	Bush	Administrator	Spokane County Juvenile Court	PS
Patricia	Butterfield		WSU School of Nursing	HP

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Ben	Cabildo	Executive Director	AHANA	EV
Kevin	Cable	Executive VP	Cascadia Capital	EV
Kent	Caputo	CEO	Kalispel Tribal Economic Authority	EV
Vicki	Carter		Spokane Conservation District	EN
Judd	Case	Dean	EWU	ED
Scott	Chesney	Planning Director	City of Spokane	EV
Carrie	Chesser		Travelers Insurance	EV
Antony	Chiang	CEO	Empire Health Foundation	HP
Ellen	Clark	County Drug Court judge	Spokane County	PS
Deb	Clemens	Superintendent	Cheney Public Schools	ED
Kent	Close	President	Greater Hillyard Business Association	EV
Jeff	Collins	Chief Med. Officer	Providence Sacred Heart	HP
David	Condon	Mayor	City of Spokane	PS
Jason	Conley		Spokane Public Schools (SD81)	PS
Elaine	Couture	CEO	Providence Sacred Heart	HP
Stacey	Cowles	Publisher	Spokesman Review	EV
Joe	Coyne	Program director	WSU Health Policy & Administration	HP
Brian	Crossley		Spokane Tribe of Indians	EN
William	Dameworth		Spokane Regional Clean Air Agency	EN
Chris	DeForest		Inland Northwest Land Trust	EN
		Mental HealthTherapeutic		
Sara	Derr	Court Judge	Spokane County	PS
Jim	DeWalt	President & CEO	Associated Industries	EV
John	Dickson	Area Director	Worksource	EV
Scott	Dietzen		CliftonLarsonAllen	EV
Tom	Dingus	Board president	Central Valley School District	ED
Susan	Dolle	Board president	Cheney School District	ED
Cathy	Doran		YFA Connections	HP
Tweedy	Doug	Regional Economist	WA State Employment Security Department	EV
Robert	Douthitt	President of Board	Spokane Schools	ED
Dylan	Dressler		NATIVE Project	PS
Jack	Driscoll	Deputy Prosecutor	Spokane County	PS
John	Driscoll		Healthcare Management Services	HP
Gina	Drummond		Hospice of Spokane	HP
Andy	Dunau		Dunau Associates	EN
Mike	Dunn	Superintendent	ESD 101	ED
Steve	Duvoisin	CEO	Inland Imaging	EV
			Planned Parenthood of Eastern WA & N. Idaho	HP
Karl	Eastlund	CEO	Idaho	HP
Rick	Eichstaedt		Center for Justice	EN
Tari	Eitzen		Superior Court of Spokane County	PS

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Jon	Eliassen	CEO	Red Lion	EV
Linda	Elkin	Regional VP	US Bank	EV
Matt	Ewers	CEO	Inland Empire Distribution Services	EV
Jim	Fairbanks	Board president	Riverside School District	ED
Al	Falkner	President	Gonzaga Preparatory School	ED
Bob	Faltermeyer		Excelsior Youth Center	HP
Ron	Farley	Board president	Mead School District	ED
Steve	Faust		Friends of the Falls	EN
Paul	Fish		Mountain Gear Inc	EN/EV
Michael	Fisk		Board of Health - SRHD	HP
Greg	Flemming	Board president	Nine Mile School District	ED
Stepheh	Flinn	Board president	Orchard Prairie School District	ED
Al	French		Board of Health - SRHD	HP
Tom	Fritz	CEO	INHS	EV
Kay	Frizzell	Superintendent	Great Northern School District	ED
Rex	Fuller	Provost	EWU	ED
Crystal	Gartner		Sierra Club	EN
Patty	Gates		Community Building Foundation	EN
Mike	George		Food Services of America	EV
Meryl	Gersh		Eastern Washington University	ED
Jani	Gilbert			EN
Michael	Gilmartin	CEO	Commercial Creamery	EV
Ken	Gimpel		Spokane Regional Solid Waste System	EN
John	Glenewinkel	Superintendent	East Valley School District	ED
Harold	Goldberg		Providence Cardiology	HP
John	Goldman		EWU, Sociology & Criminal Justice	PS
Eldonna	Gossett	Pres	Spokane Valley Chamber of Commerce	EV
Cindy	Green		Spokane Regional Health District	HP
Eric	Green	President	Crimestoppers of the Inland Northwest	PS
Catherine	Greer	Managing Director	Connect Northwest	EV
Bill	Grimes		Studio Cascade	EN
Chris	Guidotti		Riverside State Park	EN
Rich	Hadley	CEO	Greater Spokane, Inc.	ED/EV
Chuck	Hafner		Board of Health - SRHD	HP
Bart	Haggin			EN
Matt	Hallon		Internal Medicine Spokane	HP
Deb	Harper		Group Health	HP
Craig	Hart	CEO	Hart Capital	EV
Lunnel	Haught			EN
Debra	Hayes		Spokane County	PS
Michelle	Hege		Desautel Hege Communications	EV
Tim	Henkel	CEO	United Way of Spokane	HP/ED
John	Hensley	Chief	Cheney Police Department	PS

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Mike	Hillborn		WA DSHS	HP
Jared	Hoadley		Mead School District	PS
John	Holman		City of Spokane Valley	EN
Peg	Hopkins	CEO	Community Health Association of Spokane (CHAS)	HP
Bruce	Howard		Avista	EN
Karen	Hudson		Spokane County United Way	ED
Tricia	Hughes		ESD 101	ED
Mark	Hurtubise	CEO	Inland NW Community Foundation	ED
Brian	Jennings		City of Cheney	EN
Chad	Jensen	CEO	Inland Power & Light	EV
Christine	Johnson	Chancellor	Community Colleges of Spokane	ED
Deb	Johnson	Education Director	Prodigy NW	ED
Mary Lou	Johnson			PS
Tom	Johnson	CEO	STCU	EV/ED
Lisa	Jordan	Board president	Deer Park School District	HP
Tom	Karier		NW Power Planning & Conservation Council	EN
Joe	Kennedy	Head of School	St. Georges	ED
Kitty	Klitzke		Futurewise	EN
Ozzie	Knezovich		Spokane County Sheriff's Office	PS
Derrick	Knowles		Conservation Northwest	EN
Kathy	Knox	Public Defender	City of Spokane	PS
Jim	Kolva		Kolva Associates	EN
Roberta	Kramer	Superintendent	Riverside School District	ED
Larry	Krauter	CEO	Spokane International Airport	EV
Tyler	Lafferty	Principal	Seven2	EV
Terry	Lawhead	E. WA Regional Ofcr	WA Dept. of Commerce	EV
Rob	Lindsay		Spokane County	EN
Toni	Lodge		Native Project	HP
Eric	Loewe	Executive Officer	SNEDA	EV
		Presiding Municipal Court		
Mary	Logan	Judge	City of Spokane	PS
Kerry	Lundstroth	Board president	East Valley School District	ED
Bob	Lutz		Board of Health - SRHD	HP
Garman	Lutz	Chair	Empire Health Foundation board	HP
Sam	Mace		Save Our Wild Salmon Coalition	EN
Bonnie	Mager		Priority Spokane	EN
Regina	Malveaux		YWCA	HP/PS
		Mental HealthTherapeutic		
Sandy	Manfred	Court manager	Spokane County	PS
Janice	Marich		Spokane County United Way	ED
Ann	Martin	Director	Greater Spokane Progress	PS

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Chris	Martin	Executive Director	Prodigy NW	ED
Bob	Materne	Owner	Swinging Door	EV
Tom	Mattern	Deputy Director	Spokane County Emergency Management	PS
Mark	Mattke	CEO	Spokane Area Workforce Development Council	EV/ED
Wim	Mauldin	Director	Spokane Alliance	EV
		Chief Probation		
Donna	McBride	Officer	City of Spokane	PS
Rob	McCann	Executive Director	Catholic Charities	EV
Matt	McCoy	Executive Director	International Trade Alliance	EV
Thane	McCullough	President	Gonzaga University	ED
Dennis	McGaughey		Lutheran Community Services	HP
Pam	McLeod	Board president	West Valley School District	ED
Cindy	McMullen	Board member	WA State Board of Education	ED
F. Lee	Mellish		Liberty Lake Sewer & Water District No. 1	EN
Travis	Merrigan		College Success Foundation	ED
D.R.	Michael		Upper Columbia United Tribes	EN
Todd	Mielke	Commissioner	Spokane County	EV/HP
Bart	Mihailovich		Spokane River Keeper	EN
Maggie	Miller-Stout	Superintendent	Airway Heights Correction Center	PS
John	Moloney		Moloney O'Neill Corkery & Jones	EV
Liz	Moore	Director	Peace & Justice Action League	PS
Marcelo	Morales	CEO	Jubilant Hollister-Stier	EV
		Superior Court		
Maryanne	Moreno	Judget	Spokane County	PS
Scott	Morgan	President, IEL	Community Colleges of Spokane	ED
Bill	Motsenbocker	Superintendent	Liberty School District	ED
Nicole	Munoz		YMCA	HP
			STOP (Social Treatment Opportunity Programs) Spokane	PS
Annie	Murphey	Program manager		PS
Bob	Murphy	Mediator	Greater Spokane Progress	PS
Mark	Newbold		Maloney O'Neill	HP
Lovrich	Nick	Professor	Department of Political Science, WSU	PS
Russ	Nobbs		Rings & Things	EN
Susan	Norwood		Board of Health - SRHD	HP
Mike	Nowling		Family Home Health Care	HP
Rick	O'Conner	CEO	Super Color Photos	EV
Shelly	O'Quinn		Board of Health - SRHD	ED/PS
Deane	Osterman		Kalispel Tribe	EN
	Paschal			
Rachael	Osborne		Center for Environmental Law & Policy	EN
John	Pederson		Spokane County	EN
Cleve	Penberthy			ED
Kevin	Person		Wagstaff Engineering	EV
Mike	Petersen		The Lands Council	EN

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Grant	Pfeifer		WA State Department of Ecology	EN
Sandy	Phillips		Spokane Regional Health District	EN
Jimmy	Pierce	President	Spokane Ministers Fellowship	PS
Brian	Pitcher		WSU Spokane	EV/HP
Terry	Pollard	CEO	American Red Cross Inland NW Chapter	PS
Randy	Primmer	Board president	Freeman School District	ED
Sally	Pritchard		United Way of Spokane	ED
Jan	Quintrall	Director, Bus. Developmt Services	City of Spokane	EV
Paul	Read	Publisher	Spokane Journal of Business	EV
Shelley	Redinger	Superintendent	Spokane Schools	ED
Marvin	Reguindin		Inland NW Business Alliance	EV
Mike	Reinkin	Deputy Prosecutor	City of Spokane	PS
Linda	Reynolds	CEO	VA Hospital, Spokane	HP
Tim	Rhoades	Owner	Rock City Grill	EV
Edie	Rice-Sauer		Transitions	HP
Mark	Richard	President	Downtown Spokane Partnership	EV
Doug	Rider		Spokane Water Conservancy Board	EN
Amy	Riffe		Spokane Regional Health District	HP
John	Riley	Juvenile Court judge (retired)	Spokane County	PS
Ken	Roberts Rockefeller,	Director	WWAMI - Spokane	HP
Tom	Ph.D.	Superintendent	Mead School District	ED
John	Rodgers		Spokane County Public Defenders Office	PS
Kerry	Rodkey	Economic Dev. Manger	SNAP	EV
Brett	Rogers	State Director	WA Small Business Development Centers	EV
Marilee	Roloff		Volunteers of America	HP
Rick	Romero		City of Spokane	EN
Jay	Rowell	Assistant Superintendent	Central Valley School District	PS
Kristine	Ruggles		Christ Clinic	HP
Randy	Russell	Superintendent	Freeman School District	ED
Shannon	Salyer		Coalition of Responsible Disabled	PS
Teresa	Sanders		City of Spokane	EN
Bill	Savitz	CEO	Garco Construction	EV
Bob	Scarfo		Washington State University	EN
Julie	Schaffer	Attorney	Center for Justice	PS
Gary	Schimmels		City of Spokane Valley	EN
Fred	Schrumpf		Spokane Schools	ED
Steve	Scranton		Washington Trust Bank	EV
Sam	Selinger		NW Heart Lung	HP
Gene	Sementi	Superintendent	West Valley School District	ED

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Michael	Senske	CEO	Pearson Packaging	EV
Lisa	Shafer	Pawprint Genetics	Pawprint Genetics	EV
Vickie	Shields	Dean	EWU	ED
Ben	Small	Superintendent	Central Valley School District	ED
Kyle	Smith	Commanding Officer	Salvation Army of Spokane	EV
Tim	Smith		Daybreak	HP
Torney	Smith		Spokane Regional Health District	HP
Jon	Snyder		Board of Health - SRHD	HP/PS
Jon	Snyder		City of Spokane	PS
Jason	Soucinek		Life Services	HP
Bryan	St. Clair		Modern Electric Water Company	EN
Dennis	Sterner	Dean	Whitworth University	ED
Rebecca	Stolberg		Eastern Washington University	ED
Frank	Straub	Chief	Spokane Police Department	PS
Jack-Daniyel	Strong	President	East Spokane Business Association	EV
Ben	Stuckart	President	Spokane City Council	PS/HP
Greg	Sweeney			EN
Kevin	Sweeney	CEO	Providence Physicians Services	HP
David	Swink		Spokane Regional Health District	EN
Bill	Symmes	Principal	Witherspoon Kelley	EV
Brian	Talbott	Superintendent	Nine Mile Falls School District	ED
Steve	Tammaro		YMCA	HP
Beck	Taylor	President	Whitworth University	ED
Kathy	Thamm	Executive Dir	Community-Minded Enterprises	HP
Jason	Thaxton	VP of Economic Development	Avista	EV
Beth	Thew	Secretary-Treasurer	Spokane Regional Labor Council	EV
Jeff	Thomas		Frontier Behavioral Health	HP
David	Thompson			EN
Mike	Thompson	Chief	Spokane Valley Fire Department	PS
Kim	Thorburn		Spokane Audubon Society	EN
Joe	Tortorelli		Economic Development NW	EV
Robin	Toth	VP of Business Development	Greater Spokane, Inc.	EV
Tom	Towey		Board of Health - SRHD	HP/EV
John	Traynor	Asst. professor	Gonzaga University	ED
Tom	Trulove		Board of Health - SRHD	HP
Steve	Tucker	Spokane County prosecutor	Spokane County	PS
Debbie	Tully	Associate Dean	Whitworth University	ED
Rick	Van Leuven		Spokane Valley Police Department	PS
John	Van Sant	Director, campus safety & security	Gonzaga University	PS

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Francisco	Velasquez	CEO	PAML	EV
Pam	Veltri	Superintendent	Medical Lake School District	ED
Mary	Verner	Interim CEO	Spokane Tribe	EV
Rod	Von Lehe	Board president	Medical Lake School District	ED
Amber	Waldref		Board of Health - SRHD	HP
Amber	Waldref	City Council Member	City of Spokane	EV
Happy	Watkins			PS
			Gonzaga University, Criminal Justice Program	PS
Georgie Ann	Weatherby	Director		PS
Gaye	Weiss	Director	Spokane AIDS Network	HP
		Municipal probation officer		
Bob	West		City of Spokane	PS
Craig	Whiting		Rockwood Clinic	HP
James	Wilburn	President	Spokane NAACP	PS
Bobby	Williams		City of Spokane Fire Dept	PS
Bruce	Williams		Geoengineers	ED
Lyndia	Wilson		Spokane Regional Health District	HP
Wendy	Wilson	Administrator	Spokane District Dental Society Foundation	HP
Dick	Winchell		Eastern Washington University	EN
John	Winder		Washington STEM	ED
Doug	Yost	Manager	Centennial Properties	EV
Dorothy	Zeisler-Vralstad		Eastern Washington University	EN
Len	Zickler		AHBL	EN

Task Force (TF) Key: EV, Economic Vitality; ED, Education; HP, Healthy People; PS Public Safety; EN, Environment.

APPENDIX 5:



Guidelines in Community Prioritization

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

APPENDIX 6

COMMUNITY ORGANIZATIONS ADDRESSING NEEDS

Family violence and trauma:

- Aging and Long Term Care of Eastern Washington
- Catholic Charities
- Center for Justice
- Children's Administration
- Department of Social and Health Services
- Educational Service District (ESD) 101
- FailSafe
- Lutheran Community Services
- Northwest Justice Project
- Partners with Families and Children
- Spokane Fire Department
- Spokane Police Department
- Spokane County Sheriffs' Department
- Spokane Public Schools
- Spokane Regional Health District
- The Salvation Army
- Volunteers of America Eastern Washington and North Idaho
- YWCA of Eastern Washington

Mental Health and Substance Abuse:

- Aging and Long Term Care of Eastern Washington
- Better Health Together
- Catholic Charities
- Columbia Medical Associates
- Community Health Association of Spokane (CHAS)
- Daybreak Youth Services
- Department of Social and Health Services
- Eastern State Hospital
- Empire Health Foundation
- Excelsior Youth Center
- Frontier Behavioral Health
- Gonzaga University School of Nursing
- National Alliance on Mental Illness (NAMI)
- Native Health
- Spokane Addiction Recovery Centers (SPARC)
- Spokane Fire Department
- Spokane Police Department

- Spokane Treatment and Recovery Services (STARS)
- Veterans Administration
- WSU School of Nursing

Affordable Housing:

- Catholic Charities
- City of Spokane, Community Housing and Human Services Department
- Habitat for Humanity
- Pioneer Human Services
- Priority Spokane
- Spokane Homeless Coalition
- Spokane Housing Authority
- Spokane Low Income Housing Coalition (SLIHC)
- Spokane Neighborhood Action Program (SNAP)
- The Salvation Army
- Union Gospel Mission
- Volunteers of America Eastern Washington and North Idaho

APPENDIX 7:

Providence Health Care Community Ministry Board Roster

Patricia	Butterfield, PHD	Professor, College of Medicine, WSU
Jeff	Clode, MD	Retired Physician
Marian	Durkin	Avista Corp
Rich	Hadley	Ret., Ores Emeritus, Greater Spokane Incorporated
Michelle	Hege	Desautel Hege
Robin	Hines, MD	Inland Imaging
Courtney	Law	
Rob	McCann, PhD	Catholic Charities
Michael	O'Malley	NAC Architecture
Mike	Moore, MD	Columbia Surgical Specialists
Jeff	Philips	Rosauers Supermarkets, Inc
Paul	Pimentel	Ret. Itron
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
Ron	Wells	Developer
Elaine	Couture	Chief Executive, PHC
Patti	Petersen	Board Liaison, Executive Assistant

APPENDIX 8

Definition of Terms

Community Benefit: 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.

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

To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following:

- a. Community health needs assessment developed by the ministry or in partnership with other community organizations;
- b. 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; or
- c. The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Health Equity: Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Social Determinants of Health: Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual’s or population’s health, are known as *determinants of health*. *Social determinants of health* are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Initiative: An initiative is an umbrella category under which a ministry organizes its key priority efforts. Each effort should be entered as a program in CBISA Plus (Lyon Software). Please be sure to report on all your Key Community Benefit initiatives. If a ministry reports at the initiative level, the goal (anticipated impact), outcome measure, strategy and strategy measure are reported at the initiative level. Be sure to list all the programs that are under the initiative.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Plus (Lyon Software). Please be sure to report

on all community benefit programs. Note: All community benefit programs, defined as “programs”, are required to include financial and programmatic data into CBISA Plus.

Goal (Anticipated Impact): The goal is the desired ultimate result for the initiative’s or program’s efforts. This result may take years to achieve and may require other interventions as well as this program. (E.g. increase immunization rates; reduce obesity prevalence.).

Scope (Target Population): Definition of group being addressed in this initiative: specific description of group or population included (or not included, if relevant) for whom outcomes will be measured and work is focused. Identify if this initiative is primarily for persons living in poverty or primarily for the broader community.

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: “How will you know if you’re making progress on goal?” It should be quantitative, objective, meaningful, and not yet a “target” level.

APPENDIX 9: **PROVIDENCE SACRED HEART MEDICAL CENTER AND
CHILDREN'S HOSPITAL AND PROVIDENCE HOLY FAMILY HOSPITAL**

2019 - 2021 Community Health Improvement Plan



***PROVIDENCE SACRED HEART MEDICAL CENTER AND CHILDREN'S HOSPITAL AND
PROVIDENCE HOLY FAMILY HOSPITAL***

2019 - 2021 Community Health Improvement Plan



TABLE OF CONTENTS

EXECUTIVE SUMMARY	73
MISSION, VISION, AND VALUES	73
INTRODUCTION	74
WHO WE ARE	
OUR COMMITMENT TO COMMUNITY	
PLANNING FOR THE UNINSURED AND UNDERINSURED	75
OUR COMMUNITY	75
Definition of Community Served	
COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS	76
Summary of Community Needs Assessment Process and Results	
Identification and Selection of Significant Health Needs	
Community Health Needs Prioritized	
Needs Beyond the Hospital’s Service Program	
COMMUNITY HEALTH IMPROVEMENT PLAN	86
Summary of Community Health Improvement Planning Process	
Addressing the Needs of the Community: 2019-2021 Key Community Benefit Initiatives and Evaluation Plan	90
GOVERNANCE APPROVAL	92
APPENDICES	
Appendix 1: Evidence Based Resources	93
Appendix 2: Definition of Terms	94

EXECUTIVE SUMMARY

About this process...

Non-profit hospitals, public health, accountable communities of health, and others are required by federal law, state mandates, or agency policy to conduct community health needs assessments, reviewing data every three to five years that result in a focused list of priorities and a community improvement plan. Historically, community health needs assessments have been planned and conducted independently. For the first time, stakeholders in Spokane County have aligned planning and assessment cycles to leverage resources and improve collaboration for collective impact.

What is the goal of this process?

By April 2018, community members will have selected 3-5 priority areas of focus through a county-wide, coordinated community health needs assessment process. This process provides us with an opportunity to pull together, identify community needs, and move in the same direction. Our community partners can align their resources and efforts have a greater impact to make Spokane even better. Additionally, partners will be well-positioned to align timelines and coordinate future improvement cycles as well.

2019 - 2021 Community Health Improvement Plan Priorities

As a result of the findings of our 2018 Community Health Needs Assessment (CHNA) and through a prioritization process aligned with our mission, resources and hospital strategic plan, Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital will focus on the following areas for its 2019-2021 Community Benefit efforts:

- Reduce family violence and trauma
- Increase access to mental health and substance abuse services
- Increase access to affordable housing

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

INTRODUCTION

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 in the State of Washington. 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 Sacred Heart Medical Center is a Level II trauma hospital and serves as the region's main hospital for emergency care. In addition, Providence Sacred Heart Medical Center has breadth of medical expertise in heart and vascular care, transplant services, neurosurgery, orthopedics and sports medicine, surgical services, women and children's services and cancer care.

Providence Holy Family Hospital was opened by the Dominican Sisters in 1964 on Spokane's north side. The acute-care hospital has 197 licensed beds, 182 of which are currently available. Holy Family hospital also provides expertise in orthopedics, surgical services, women and children's services, cardiac and neuro care and emergency care as a Level III hospital.

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

Providence Sacred Heart Medical Center and Children's Hospital and Providence Holy Family Hospital dedicates 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 2017, our Spokane and Stevens County ministries provided more than \$141.7 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.

Providence Health Care (PHC) 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 2018 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)

PLANNING FOR THE UNINSURED AND UNDERINSURED

Our commitment is to provide 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 Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital have a **Patient Financial Assistance Program**. The Financial Assistance Policy can be found here: <https://www.providence.org/obp/wa/financial-assistance> that provides free or discounted services to eligible patients. Our Financial Counselors are monthly on the policy and annually on how to access it on our website.

One way Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital informs the public of Financial Assistance Program 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.

OUR COMMUNITY

Definition of Community Served



Community Profile

Population and age demographics

Total population is about 490,000, with an annual growth rate of about 1.5 percent in 2016. Compared to the State as a whole, Spokane County has a greater proportion of adults aged 65 and older. In 2016 the population comprised:

Population by Age Group, 2016

	Spokane County		WA State
0-17 years	112,297	22.8%	22.6%
18-34 years	117,222	23.8%	23.2%
35-64 years	186,176	37.8%	39.3%
65+ years	76,835	15.6%	14.9%

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Race / Ethnicity and Language Spoken at Home

Overall Spokane County is not as racially or ethnically diverse as the State of Washington, but there is a growing trend of in migration to Spokane. According to the 2015 American Community Survey, Hispanics represent over 5% of the population, compared to slightly over 11% in the State of Washington.

Population by Race Alone, 2015

	Spokane County		WA State
Total	490,945	100%	100%
White	435,403	88.7%	76.9%
Black or African American	7,778	1.6%	3.7%
American Indian and Alaska Native	6,567	1.3%	1.3%
Asian	10,729	2.2%	7.9%
Native Hawaiian or other Pacific Islander	2,525	0.5%	0.6%
Some other race	5,731	1.2%	4.0%
Two or more races	22,212	4.5%	5.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B02001

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Furthermore, there is an increase of languages spoken at home. The five most common languages spoken at home in the county of Spokane are English, Russian, Spanish or Spanish Creole, Vietnamese, and Other Slavic Languages, in that order. Please see the 2018 Spokane Community Health Needs Assessment for more information.

Education, Income, and Housing

In 2016, the median household income for Spokane County was \$53,043, and the unemployment rate was 6.3 percent, which is a decrease from 7.8 percent from our 2013 needs assessment. In the county, 13.2 percent of the households are below the federal poverty level, and 15.4 percent of children and 7.3 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 decreased since the last needs assessment. 24.9 percent of the population renting households spend 50 percent or more of their income on housing. 95 percent of our population 25 and older has a high school degree or equivalent or more education. Compared to the State as a whole, Spokane County residents are less likely to have a Bachelor degrees or higher.

EDUCATION

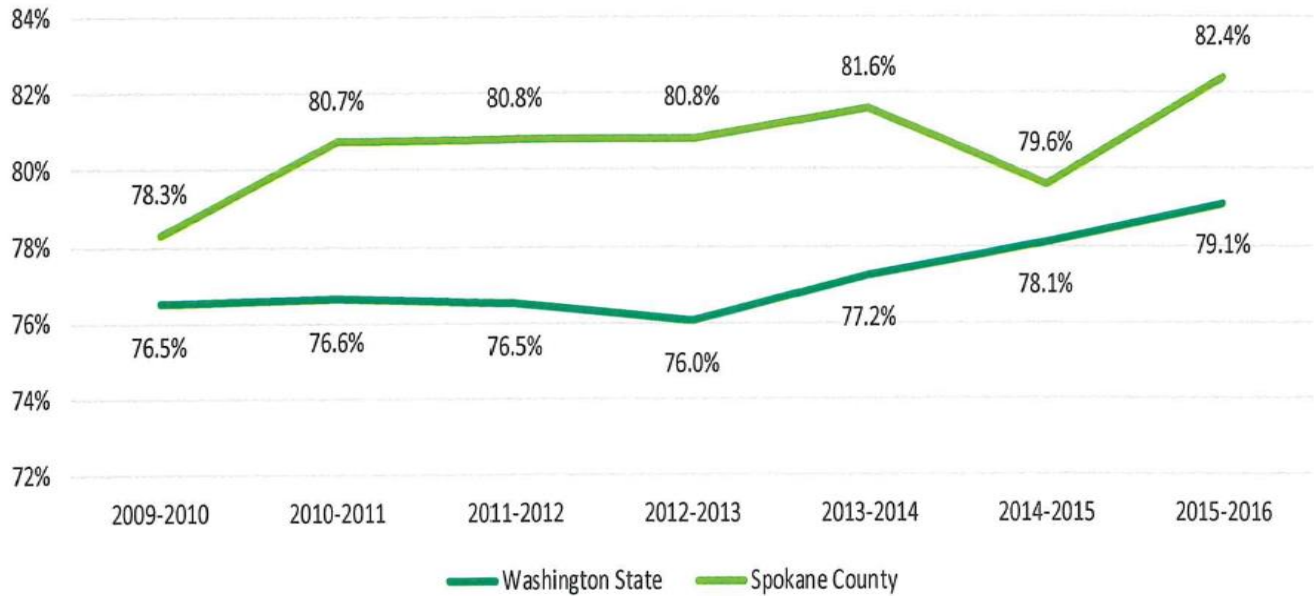
Educational Attainment among Adults 25 Years of Age or Older, 2015

	Spokane County		WA State
Population 25 years of age or older	331,853	100%	100%
Less than ninth grade	7,241	2.2%	3.9%
Ninth-12th grade, no diploma	15,143	4.6%	5.2%
High school graduate/GED	85,554	25.8%	23.1%
Some college, no degree	91,084	27.4%	24.0%
Associate's degree	38,375	11.6%	9.6%
Bachelor's degree	59,188	17.8%	21.7%
Graduate or professional degree	35,268	10.6%	12.5%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1501

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

On Time High School Graduation



Source: Washington State Office of Superintendent of Public Instruction, 2017.

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Individuals Within Race and Hispanic Ethnicity Categories Living at or below 100% FPL, 2011-2015

	Spokane County	WA State
White	14.7%	11.6%
Black	30.0%	24.8%
American Indian or Alaskan Native	35.3%	26.9%
Asian	15.3%	12.0%
Native Hawaiian or other Pacific Islander	30.0%	18.5%
Some other race	29.6%	27.4%
Hispanic ethnicity	25.9%	24.8%

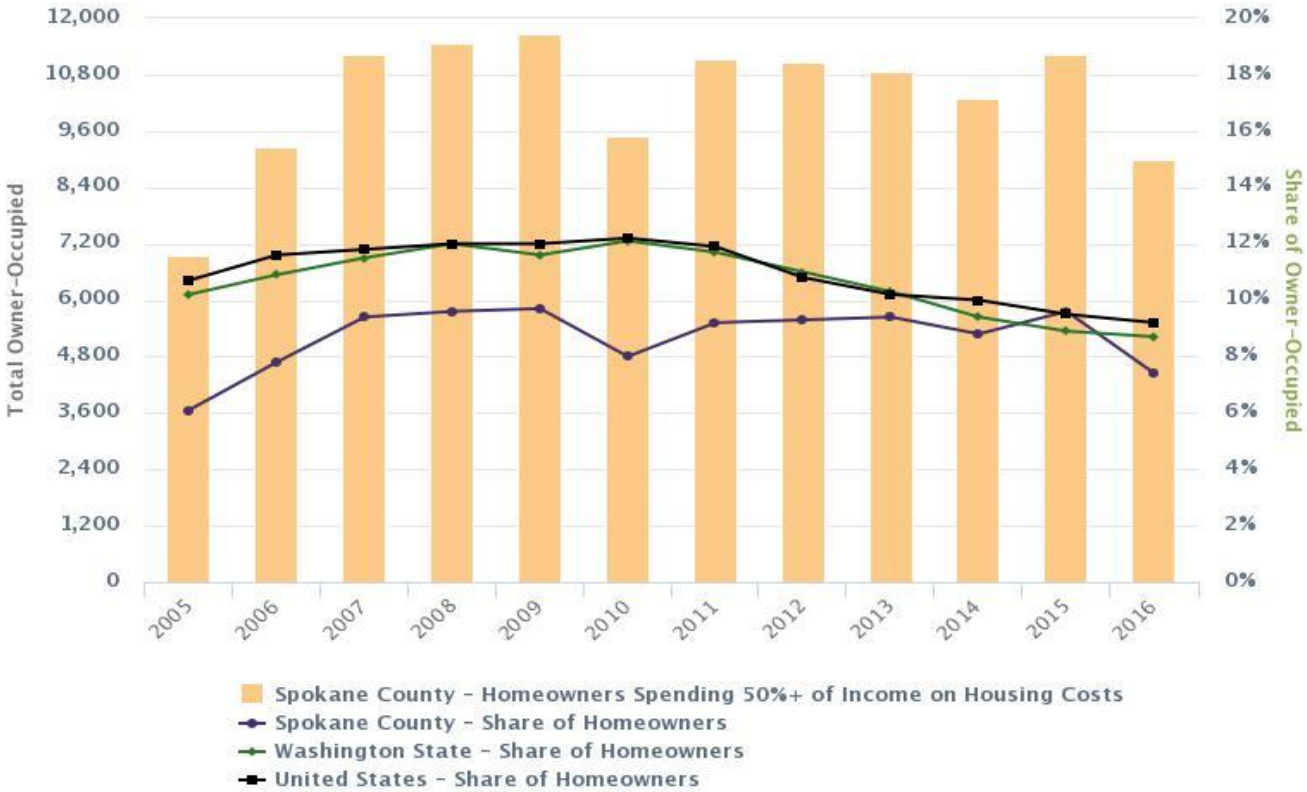
AIAN=American Indian/Alaska Native, NHOPi=Native Hawaiian/Other Pacific Islander

Source: U.S. Census Bureau, American Community Survey, 2011-2015.Table S1701

In 2016, fewer homeowners were spending 50 percent or more of household income on shelter costs than in the previous 10 years. Just over 7 percent of owner-occupied households are spending more

than 50 percent of their household income on housing costs.

6.1.3 Total and Share of Owner-Occupied Spending 50% or More of Household Income for Shelter Costs



This graph was downloaded on 6/29/2018 from www.spokanetrends.org

Families with Children Living at or Below 100% FPL, 2015

	Spokane County	WA State
All Families	17.7%	12.9%
Married Couple Families	8.1%	5.6%
Single Mothers	37.5%	34.0%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1702

Individuals Living at or Below 100% FPL by Age Group, 2015

Poverty Level	Spokane County	WA State
<18 Years	20.2%	15.5%
18-64 Years	15.6%	12.1%
65+ Years	8.3%	7.4%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S1701

Population Living at or below Various FPL, 2015

Poverty Level	Spokane County	WA State
100% FPL	15.5%	12.2%
125% FPL	20.7%	16.0%
185% FPL	34.0%	26.1%
200% FPL	36.5%	28.6%
300% FPL	54.8%	44.3%

Source: U.S. Census Bureau, American Community Survey, 2015. Table B17002

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Health Care and Health Access

The share of Spokane County residents who are uninsured was 5.2 percent in 2016. This is a decrease from 16.5 percent in 2012. Across the county of Spokane, 39.2 percent of residents are Medicaid beneficiaries.

In 2017, Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital served a total of 48,371 unduplicated Medicaid patients.

According to a 2017 report on *Demographics and Social Characteristics of Spokane County*, published by the Spokane Regional Health District, a smaller percentage of uninsured in Spokane County relative to Washington State. However, when looking at the trend by race/ethnicity, Spokane County has a significantly higher percentage of African Americans (12.2%) who report being uninsured in 2015, as compared to Washington State (7.3%).

Percent of Uninsured, 2015

By Age

	Spokane County	WA State
0-17 years	2.4%	2.6%
18-34 years	9.9%	12.3%
35-64 years	5.1%	6.3%
65+ years	0.1%	0.7%
Total	5.1%	6.6%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

By Sex

	Spokane County	WA State
Female	3.6%	5.5%
Male	6.8%	7.7%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

By Race

	Spokane County	WA State
White alone	4.9%	5.8%
Black or African American	12.2%	7.3%
American Indian /Alaska Native	8.8%	16.1%
Asian	4.6%	5.5%
Native Hawaiian & other Pacific Islander	*	9.0%
Some other race	*	23.6%
Two or more races	5.6%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701; * data cannot be displayed because the number of sample cases is too small.

Source:

<https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Health and Wellbeing

In Spokane County, 26.1 percent of youth and 27.9 percent of adults are overweight or obese. In 2016, 55 percent of the population had one or more chronic health conditions. The World Health

Organization categorizes the five main chronic diseases into heart disease, stroke, cancer, chronic respiratory disease, and diabetes.

For more information go to:

Source: <https://srhd.org/media/documents/DemographicsSpokaneCounty2017.pdf>

Community Need Index

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The CNI identifies the **severity of health disparity** for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. The CNI is used to draw attention to areas that need additional investigation to more strategically allocate resources.

Zip codes 99201, 99202 and 99204 in the County of Spokane are the highest need areas in the service area and include the downtown corridor. These zip codes all scored higher than 4.0, making them High Need communities.

The map on the following page depicts the Community Need Index for the **hospital's geographic service area based on national need**. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of Providence St. Joseph Health.*

Source: ([Roth R](#), [Barsi E.](#), Health Prog. 2005 Jul-Aug; 86(4):32-8.

*only on the electronic version

Community Need Index: Spokane County, Washington

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Lowest Need

1 - 1.7 Lowest

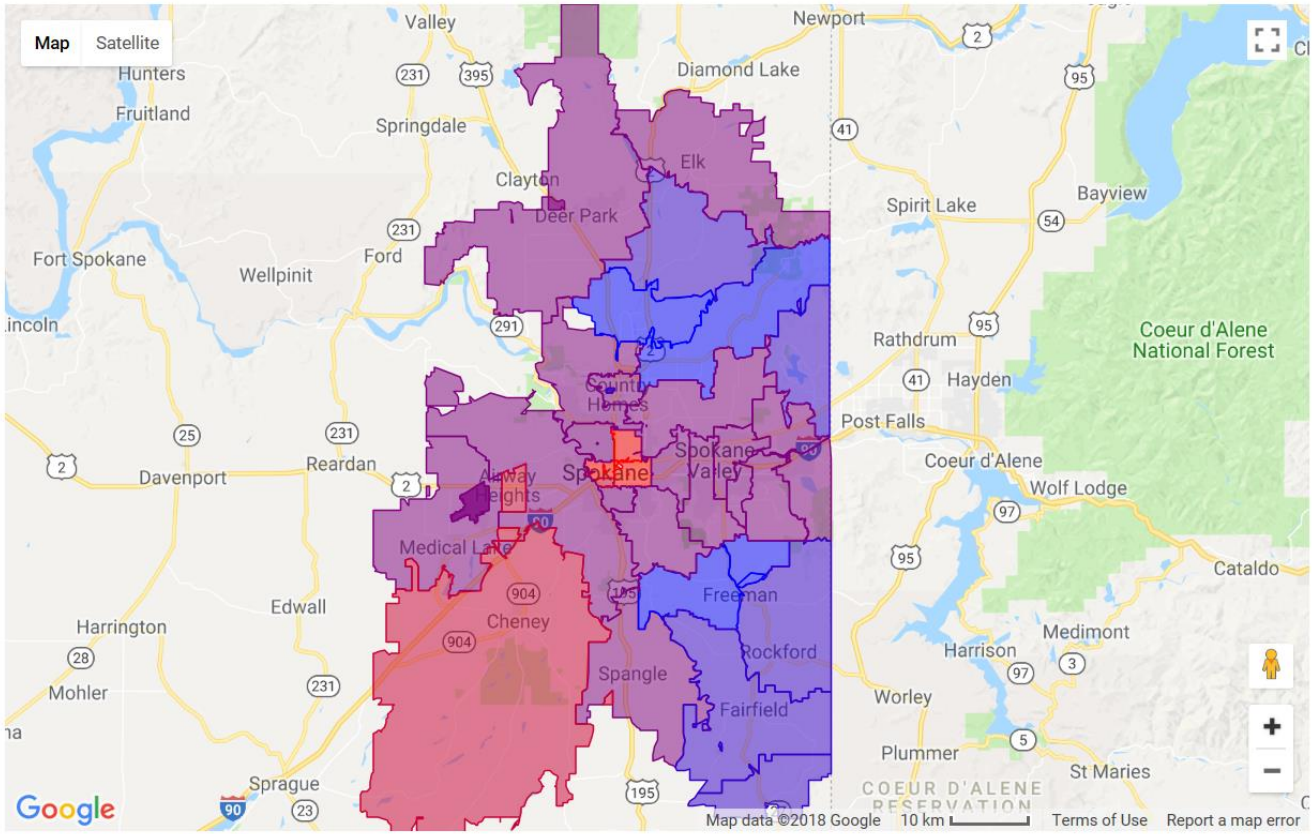
1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

4.2 - 5 Highest Need

Highest Need



Mean(zipcode): 2.8 / Mean(person): 3.1

CNI Score Median: 2.8

CNI Score Mode: 2.8

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Zip Code	CNI Score	Population	City	County	State
99018	1.8	313	Latah	Spokane	Washington
99019	2.6	10878	Liberty Lake	Spokane	Washington
99021	1.4	9562	Mead	Spokane	Washington
99022	2.8	10386	Medical Lake	Spokane	Washington
99023	1.6	600	Mica	Spokane	Washington
99025	1.8	5591	Newman Lake	Spokane	Washington
99027	2.6	6409	Otis Orchards	Spokane	Washington
99030	2.4	1119	Rockford	Spokane	Washington
99031	2.8	1305	Spangle	Spokane	Washington
99036	1.4	1742	Valleyford	Spokane	Washington
99037	2.8	15259	Veradale	Spokane	Washington
99201	4.4	14336	Spokane	Spokane	Washington
99202	4.2	21909	Spokane	Spokane	Washington
99203	2.8	20788	Spokane	Spokane	Washington
99204	3.6	6725	Spokane	Spokane	Washington
99205	3.2	42252	Spokane	Spokane	Washington
99206	3.2	37659	Spokane	Spokane	Washington
99207	4.2	30978	Spokane	Spokane	Washington
99208	3	55621	Spokane	Spokane	Washington
99212	2.8	20340	Spokane	Spokane	Washington
99216	3.2	25328	Spokane	Spokane	Washington
99217	3.2	18683	Spokane	Spokane	Washington
99218	3	14380	Spokane	Spokane	Washington
99223	2.6	31646	Spokane	Spokane	Washington
99224	2.6	21967	Spokane	Spokane	Washington
99251	2.4	1083	Spokane	Spokane	Washington
99001	3.8	7338	Airway Heights	Spokane	Washington
99003	2	5685	Chattaroy	Spokane	Washington
99004	3.6	20508	Cheney	Spokane	Washington
99005	1.4	10053	Colbert	Spokane	Washington
99006	3	12931	Deer Park	Spokane	Washington
99009	2.8	4160	Elk	Spokane	Washington
99011	2.8	2476	Fairchild Air Force Base	Spokane	Washington
99012	2.2	1240	Fairfield	Spokane	Washington
99016	3	14865	Greenacres	Spokane	Washington

Health Professions Shortage Area – Spokane County

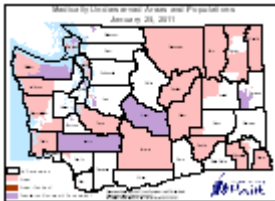
The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The maps below depict these shortage areas relative to Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital location. Click on the link to view full sized versions. Overall, Spokane 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.



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 Spokane County. Click on the link to view the full sized version.



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

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs, Assets, Assessment Process and Results

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital anticipate that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Providence Sacred heart Medical Center and Children’s Hospital and Providence Holy Family Hospital in the CHIP.

Identification and Selection of Significant Health Needs

The following community health needs were identified in the 2018 CHNA. Many were combined into three major categories of priority need. Providence Health Care will not be directly addressing all of these needs, as explained below:

- **Economic Vitality**
 1. *Develop a more educated workforce*
 2. *Create nationally competitive and sustainable jobs*
 3. *Increase wages and income*
- **Education**
 1. *Improve access and services among students for mental health needs*

2. *Assist low income students success in K-12 and their entry into postsecondary education*
3. *Improve school safety*

- **Environment**

1. *Reduce local impacts of climate change by local actions*
2. *Protect and preserve the Spokane Rathdrum Aquifer*
3. *Increase population density to prevent urban sprawl into rural land*

- **Healthy People**

1. *Reduce suicide rates by improving life preservation strategies*
2. *Reduce impacts of family trauma and violence*
3. *Reduce food insecurity*

- **Housing & Transportation**

1. *Improve the availability of affordable housing*
2. *Develop housing together with transit systems*
3. *Reduce poverty rates*

- **Public Safety**

1. *Reduce impacts of family trauma and violence*
2. *Increase access and services for residents with co-occurring substance abuse and mental health Issue*
3. *Increase access and services for residents dealing with substance abuse issues*

Prioritized Community Health Needs

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital will focus on the following areas for its 2019-2021 Community Health Improvement Plan (CHIP):

- Reduce family violence and trauma
- Increase access to mental health and substance abuse services
- Increase access to affordable housing

Needs Beyond the Hospital’s Service Program

No hospital facility can address all the health needs present in its community. We are committed to continue our Mission through the Providence Community Benefits granting program and partnering with like-minded organizations in service to our community.

Some of these areas are out of our scope. However, we see the interconnectedness of health, housing, education, and income. If we can improve the health of our workforce, they will be better employees and more able to contribute to the economic vitality of our service area. If we can address medical needs in housing situations, people may be able to stay housed longer.

In addition, Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital will collaborate with local organizations that address aforementioned community needs, to coordinate care and referral and address these unmet needs.

- **Economic Vitality** will not be directly addressed through PHC community benefit investments. Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family

Hospital believe job creation is an underlying aspect of conducting business in our community. We have a commitment to fair wages, a sustainable workforce, and to continue to provide competitive livable wages and salaries.

- **Education** will not be directly addressed through PHC community benefit investments. By addressing the health needs that were identified in the needs assessment we can help create a population that is ready to learn. We will partner with organizations addressing education for programs applying a health lens.
- **Environment** will not be addressed as this is not our area of expertise. However, as an organization, we are committed to reducing our carbon footprint and taking actions to align with efforts to reduce the impacts of climate change.
- **Housing & Transportation** will not be addressed outside of the specific needs identified. Our expertise is not in transit or housing oversight. We will partner with those who are experienced in these fields.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

On May 8, 2018 a group of Providence employees gathered to review the Spokane Community Health Needs Assessment and identify the key areas Providence should focus over the next three years. This group included representatives from Strategic Planning, Population Health, Psychiatry Services, Social Work, Mission, Communications, Clinic operations, and others. After reviewing the data from the community needs assessment, discussion was lead to identify how Providence could best address these needs and if there were areas outside of these needs where we should lead the effort. After the discussion, participants voted and prioritized the identified needs. Each participant was given three votes.

Prioritization was based on the following 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, 100,000)
- Disparities of subgroups
- Ability to impact

The following questions were used to further identify our role in these needs:

- Is there potential to make meaningful progress on the issue?
- Is there a meaningful role for the hospital on this issue?
- Where do we want to invest our time and resources over the next three years?

After voting and discussion, PHC identified and committed to addressing the following areas of need:

- Reduce family violence and trauma
- Increase access to mental health and substance abuse services
- Increase access to affordable housing

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

PHC will address the aforementioned priority needs with an emphasis in the following areas:

- Suicide – adolescent
- Elder care – Dementia/Care/Housing
- Abuse – child (sexual & physical), prevention to include early childhood support
- Mental health

Addressing the Needs of the Community:

2019-2021 Key Community Benefit Initiatives and Evaluation Plan

In the following section, PHC outlines its evaluation plan by area of need and emphasis:

1. Reduce family violence and trauma
 - a. Abuse – child (sexual & physical), prevention to include early childhood support

2. Increase access to mental health and substance abuse services
 - a. Mental health
 - b. Suicide – adolescent

3. Increase access to affordable housing
 - a. Elder care – Dementia/Care/Housing

1. Initiative/Community Need being Addressed: Reduce family violence and trauma

Goal (anticipated impact): Reduce the number of child abuse, sexual assaults and domestic violence (DV) encounters.

Scope (Target Population): Broader community with an emphasis on the low-income.

Outcome Measure	Baseline	CY19 Target	CY20 Target
Decrease encounters in the Emergency Department (ED) due to child abuse, sexual assault, and domestic violence	174 Adults 198 Pediatrics	5% decrease year over year	TBD

Strategy(ies)	Strategy Measure	Target Population	Baseline	CY19 Target	CY20 Target
YWCA hospital outreach	DV victims identified through program will have enhanced safety plans	DV victims identified in our Emergency Departments (ED)	In development	TBD	TBD
Dedicate funding through our Community Benefit granting process to organizations that	Develop in 2018 based on asks received.	Broader community with an emphasis on the low-income	Undetermined	25% of current total grants are made toward family violence and trauma.	TBD

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

address family violence and trauma.					
Partner with Women Helping Women Fund to identify resource gaps for addressing needs of women and children	Pending report completion	Women and children	In progress	Report completed in May 2019	Project collaboration identification
Father Malner Clinic outreach for early childhood support	Partner with PMG to develop program for early childhood support.	Low-income women and children	In development	TBD	TBD

Key Community Partners: Lutheran Community Services, YWCA of the Inland Northwest, Partners with Families and Children, Catholic Charities, Our Kids Our Business, Women Helping Women Fund, Aging and Long Term Care of Eastern Washington, Center for Justice, Department of Social and Health Services, Children’s Administration, Educational Service District (ESD) 101, FailSafe, Northwest Justice Project, Spokane Fire Department, Spokane Police Department, Spokane Public Schools, Spokane Regional Health District, The Salvation Army, Volunteers of American Eastern Washington and North Idaho,

Resource Commitment: Community Benefit grant making will utilize an application process with special attention paid to those addressing an identified need. Staff time for project/program oversight and participation when needed.

**Addressing the Needs of the Community:
2019-2021 Key Community Benefit Initiatives and Evaluation Plan (Continued)**

2. Initiative/Community Need being Addressed: Increase access to mental health and substance abuse services

Goal (anticipated impact): Decrease patients identifying as self-harm. Increase access to services for mental health and substance abuse through strong referral networks.

Scope (Target Population): Those needing mental health and substance abuse treatment in Spokane County.

Outcome Measure	Baseline	CY19 Target	CY20 Target
Dedicate funding through our Community Benefit granting process to this need with a percentage of total grants dedicated to this issue.	28% of current total grants are made toward mental health and substance abuse access.	30% of total grants will be dedicated toward mental health and substance abuse	TBD
Placeholder for: Mental health/substance use	TBD	TBD	TBD

2018 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Strategy(ies)	Strategy Measure	Target Population	Baseline	CY18 Target	CY20 Target
Partner with Excelsior to increase referral of patients with substance abuse issues.	Increased ability to navigate community services as a result of this program	Youth	In development	TBD	TBD
Partner with STARs to refer ED patients experiencing substance abuse crisis to appropriate services	ED visits after diversion	Low income	In development	TBD	TBD
Pilot Suicide prevention and training with Mead High School	To be assessed in fall 2018	99208 zip code	In development	TBD	TBD
Implement Frontier Behavioral Health Ride along program (e.g. mental health provider rides along with fire dept. during crisis call)	Increase knowledge of community resources before admittance to hospital	Mental health calls stemming from the Police	In development	TBD	TBD
Ensure all women in need of treatment receive buprenorphine in pregnancy at Fr. Malner Clinic	Healthy deliveries and coordinated services	Substance addicted pregnant low-income women	Developing tracking tool	TBD	TBD

Key Community Partners: Washington Poison Center, Spokane Treatment and Recovery Services (STARs), Excelsior Youth Center, Frontier Behavioral Health, Human Trafficking Task Force, Respond Spokane Summit, Aging and Long Term Care of Eastern Washington, Better Health Together, Catholic Charities, Community Health Association of Spokane (CHAS), Daybreak Youth Services, Department of Social and Health Services, Eastern State Hospital, Gonzaga University School of Nursing, National Alliance on Mental Illness (NAMI), Native Health, Spokane Addiction Recovery Centers (SPARC), Spokane Fire Department, Spokane Police Department, Veterans Administration, Washington State University School of Nursing, Volunteers of America Eastern Washington and North Idaho.

Resource Commitment: Community Benefit grant making will utilize an application process with special attention paid to those addressing an identified need. Staff time for project/program oversight and participation when needed.

**Addressing the Needs of the Community:
2019-2021 Key Community Benefit Initiatives and Evaluation Plan (Continued)**

3. Initiative/Community Need being Addressed: Access to affordable housing

Goal (anticipated impact): Increase access to referral sources with emphasis on the elderly and housing for medically fragile.

Scope (Target Population): The low-income residents and those living in poverty with an emphasis on older adults and the medically fragile in Spokane County.

Outcome Measure	Baseline	CY19 Target	CY20 Target
Dedicate funding through our Community Benefit granting process to affordable housing.	24% of total grants will be dedicated toward affordable housing	25% of total grants will be dedicated to affordable housing	TBD
Increase social needs screening, particularly for housing, in coordination with Pathways HUB work	TBD	TBD	TBD

Strategy(ies)	Strategy Measure	Target Population	Baseline	CY19 Target	CY20 Target
Continue Respite Program for homeless patients	Number housed through this program and stably housed 6 months later.	Chronic homeless	78%	TBD	TBD
Develop Family Respite Program	Program development	Homeless families	TBD	TBD	TBD
Continue partnership with Priority Spokane to support homeless youth	Youth and families stably housed	Homeless youth and families	Housed 39 families	TBD	TBD
Increase access to housing options for patients needing long term residential placement in a structured setting	Readmissions rates	Elderly or Patients with Dementia	6 readmissions of 40 patients	TBD	TBD

Key Community Partners: Catholic Charities, City of Spokane, Community Housing and Human Services Department, Habitat for Humanity, Pioneer Human Services, Priority Spokane, Spokane Homeless Coalition, Spokane Housing Authority, Spokane Low Income Housing Coalition (SLIHC) Spokane Neighborhood Action Program (SNAP), The Salvation Army, Union Gospel Mission, Volunteers of America Eastern Washington and North Idaho

Resource Commitment: Community Benefit grant making will utilize an application process with special attention paid to those addressing an identified need. Staff time for project/program oversight and participation when needed.

2019-2021 CHIP GOVERNANCE APPROVAL

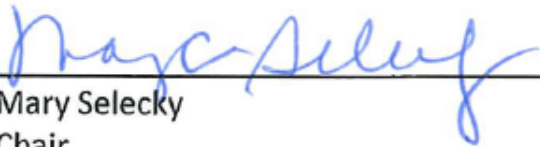
This community health improvement plan was adopted on [date] by the Community Ministry Board of Providence Health Care on [insert date]. The final report was made widely available on 12/21/2018.



11/16/18

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

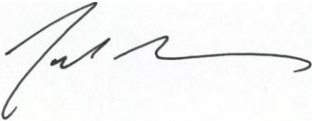
Date



11/16/18

Mary Selecky
Chair
Providence Health Care Community Ministry Board

Date



12/16/18

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

Date

CHNA/CHIP contact:

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

Appendix 1: Evidence Based Resources

YWCA Domestic Violence Partnership

- *Best Practices in Health Care and Domestic Violence—Lessons Learned in Boston*, as published by the Conference of Boston Teaching Hospitals, Domestic Violence Council (2012).
 - Describes the benefits of having domestic violence and sexual assault advocates within a health care team. Declares that, beyond the requirements of the Joint Commission on the Accreditation of Healthcare Organizations and other accrediting agencies, the integration of advocacy services in health care provides an opportunity to make a critical impact in victim’s lives.
- *Arizona Service Standards & Guidelines for Domestic Violence Programs*, as published by the National Center on Domestic Violence and Sexual Assault (2012).
 - Outlines service standards and guidelines for hospital/medical advocacy that is provided in a medical facility by qualified, trained staff members.
- *Building Bridges Between Domestic Violence Advocates and Health Care Providers*, as published by the National Resource Center on Domestic Violence and the Family Violence Prevention Fund Health Resource Center on Domestic Violence (1999).
 - Specifies the opportunities presented by health care collaborations to strengthen advocacy and intervention on behalf of battered women, build health care responses to domestic violence, and create practice and policy agendas for advocates.
- *Model Policy on Intimate Partner Violence for Virginia's Hospitals*, as published by the Division of Injury & Violence Prevention at the Virginia Department of Health (2006).
 - Reflective of best-practices set forth by the Joint Commission on the Accreditation of Healthcare Organizations, this policy is a template for use by hospitals and related healthcare institutions for developing policies on intimate partner violence.

Children’s Advocacy Centers (CACs) are evidence-based models recognized nationally for the treatment of child abuse and/or neglect. Partners is recognized as a CAC through its accreditation by the National Children’s Alliance

STARs ED Diversion model has proven effective across all of WA State and is outlined in 2015 state data report which can be found here: <http://www.wsha.org/quality-safety/projects/er-is-for-emergencies>

Appendix 2

Definition of Terms

Community Benefit: 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:

- e. Improves access to health services;
- f. Enhances public health;
- g. Advances increased general knowledge; and/or
- h. Relieves government burden to improve health.

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

To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following:

- d. Community health needs assessment developed by the ministry or in partnership with other community organizations;
- e. 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; or
- f. The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Health Equity: Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Social Determinants of Health: Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual’s or population’s health, are known as *determinants of health*. *Social determinants of health* are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Initiative: An initiative is an umbrella category under which a ministry organizes its key priority efforts. Each effort should be entered as a program in CBISA Plus (Lyon Software). Please be sure to report on all your Key Community Benefit initiatives. If a ministry reports at the initiative level, the goal (anticipated impact), outcome measure, strategy and strategy measure are reported at the initiative level. Be sure to list all the programs that are under the initiative.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Plus (Lyon Software). Please be sure to report on all

community benefit programs. Note: All community benefit programs, defined as “programs”, are required to include financial and programmatic data into CBISA Plus.

Goal (Anticipated Impact): The goal is the desired ultimate result for the initiative’s or program’s efforts. This result may take years to achieve and may require other interventions as well as this program. (E.g. increase immunization rates; reduce obesity prevalence.).

Scope (Target Population): Definition of group being addressed in this initiative: specific description of group or population included (or not included, if relevant) for whom outcomes will be measured and work is focused. Identify if this initiative is primarily for persons living in poverty or primarily for the broader community.

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: “How will you know if you’re making progress on goal?” It should be quantitative, objective, meaningful, and not yet a “target” level.