

PROVIDENCE ST. MARY'S MEDICAL CENTER
Community Health Needs Assessment (CHNA)
2018



This CHNA was conducted in partnership with
Walla Walla County Department of Community Health
Blue Mountain Regional Community Health Partnership

To provide feedback about this Community Health Needs
Assessment, email Kathie Oreb:
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ACKNOWLEDGEMENTS

Collaborative Partners

PSMMC participated 2017-2018 in a community health partnership lead by Walla Walla County Department of Community Health (Public Health) and Community Council. The Blue Mountain Regional Community Health Partnership (BMRCHP) includes participation from a broad base of sectors important to overall community health including Public Health, Education (including Public School Districts, local colleges, and pre-school early learning advocates), Healthcare Agencies, Public Safety & Law Enforcement, Social Services and Managed Care, Long-term Housing, Transportation, Faith-based organizations, other misc. community-based organizations, and members of the public. Geographical representation includes members from Walla Walla County, Columbia County, and the Milton-Freewater, Oregon communities which are included in the primary service area of PSMMC. The BMRCHP meets monthly and has utilized facilitated group processes to identify needs and prioritize health indicators among community stakeholders at several work sessions including a series of open meetings in 2018 where the public was invited.

This report was completed for PSMMC as part of a larger community health assessment effort. The Community Health Report referenced in this CHNA is the work of the Blue Mountain Regional Community Health Partnership. In addition, Community Conversations was a coalition project that brought together a diverse group of community members to provide feedback and input regarding the strengths and opportunities in Walla Walla.

Referenced materials, data, and community conversations involved partners in the Blue Mountain Regional Community Health Partnerships (BMRCHP), including Walla Walla County Community Health Department. The Community Conversations report can be found by clicking [here](#).

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EXECUTIVE SUMMARY

Providence St Mary Medical Center participated as a member of the Blue Mountain Region Community Health Partnership (BMRCHP) for the 2018 CHNA.

Throughout 2018 the Blue Mountain Region Community Health Partnership continued to identify health action goals and priorities for the community health needs assessment through facilitated meetings and group prioritization of potential measurable indicators for the pending community health coalition implementation plan. The 2018 Walla Walla Community Health Report was completed in December 2018. Into early 2019, the BMRCHP will drill down on measurable goals to support the priorities of the 2019 implementation plan. The priority areas of BMRCHP include improving access to quality, affordable healthcare; healthy food and nutrition education; increased access to quality mental health services; increased access to quality drug and alcohol treatment; promoting healthy lifestyles; enhancing care for seniors; and improving lives of at-risk youth.

Based on the data reviewed, community conversations hosted through the partnership, and feedback from PSMMC's Mission Committee regarding existing Community Health Improvement activities, PSMMC evaluated and prioritized the following related areas of need to support the greater Walla Walla area:

- Youth at-risk
- Homelessness and need for temporary shelter
- Mental health access
- Substance abuse
- Obesity & healthy lifestyles
- Immunization rates

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

Identifying community needs and plans to meet those needs was the starting place of Providence Ministries, including Providence St Mary Medical Center. Through the work of Mother Joseph and the other sisters who historically served in this region, plans were made to address the needs for homes for orphans and widows, schools to teach the skills of reading and writing, and hospitals to care for the sick. Populations served included those in poverty, those who were illiterate, the children and elderly, Native Americans, the mentally ill, and victims of epidemics which swept the area at that time. Community partners included women's and other community charitable organizations, city officials, churches and interfaith groups, members of the military forces in the region, and the gold miners.

Today that mission carries on in our local community with support for youth at risk, the mentally ill, women and children who need emergency shelter and a safe place away from violence, free health care screenings and health education for diverse populations, immunization clinics, and support for healthy lifestyles. We expect the coming years will include increased focus on addressing health disparities, with emphasis on social determinants, improving population-based health, and ensuring access to evidence-based continuums of care. This focus will bring a change from traditional clinical service delivery models to community-based preventive services and community solutions to improve the health outcomes of the greater Walla Walla community. We

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will continue cultivating and supporting community partnerships to address the identified community health needs.

Providence St Mary Medical Center (PSMMC) has served the healthcare needs of the residents of Walla Walla County and surrounding areas since 1879 originally through the Sisters of Charity of Providence and currently as part of Providence Health & Services a not-for-profit Catholic health care ministry. PSMMC is licensed for 142 beds and provides a wide range of services including a family birth center, regional cancer center, interventional cardiology and cardiac services, inpatient and outpatient rehabilitation services including therapy services delivered at the local YMCA, surgical services, emergency and trauma care as well as Home Health.

PSMMC is one of the largest employers in the community with 1,321 non-physician employees between the hospital and Providence Medical Group clinics and 76 employed physicians through the Providence Medical Group. PSMMC is the only hospital within Walla Walla County. Providence Health & Services is part of the larger not-for-profit system Providence St. Joseph Health formed in 2016 by the joining of Providence Health & Services and St. Joseph Health.

OUR COMMITMENT TO COMMUNITY

Organizational Commitment

PSMMC 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.

In keeping with its mission and core values, we are committed to providing health care for people regardless of their ability to pay.

SMMC Charity Care/Financial Assistance:

Medical bills may be difficult to pay. Patients who are unable to pay for all or part of their health care services, may apply for financial assistance by completing and returning this form. Patients and families who meet certain income requirements may qualify for free care or reduced-price care based on their family size and income, even if you have health insurance.

To view our financial assistance policy and sliding scale guidelines, please go to residing State website:

<https://www.providence.org/obp>

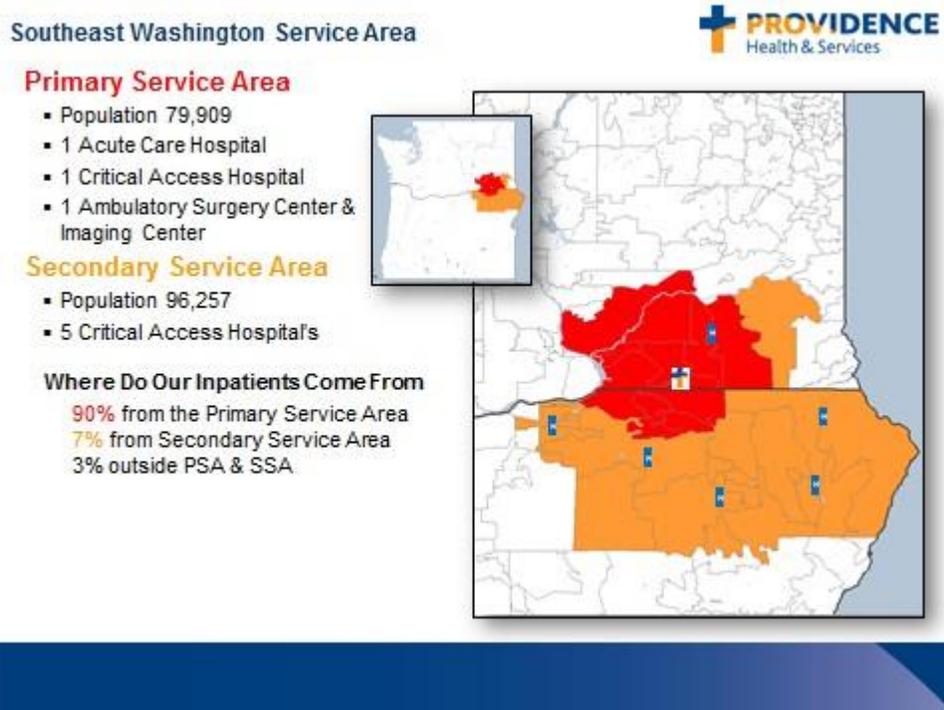
What does financial assistance cover?

Financial assistance covers medically necessary services provided by one of our ministries, depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

OUR COMMUNITY

Description of Community Served

The primary service area for Providence St Mary Medical Center includes all zip codes in Walla Walla County, Columbia County, and the communities of Milton-Freewater, Athena, and Weston in Umatilla County, Oregon. Secondary service areas include the rest of Northeast Oregon where we collaborate with five critical access hospitals.



Population and age demographics

	County	State
Population	61,800 (2018 Trends)	7,407,743
Median Age/Gender	37.5	37.7
% below 18 years of age	21.4%	22.4%
% over 65 years of age	17.3%	14.7%
% Females	49%	50%

Data Sources: Walla Walla County Department of Community Health, Port of Walla Walla Trends, U.S. Census Reports

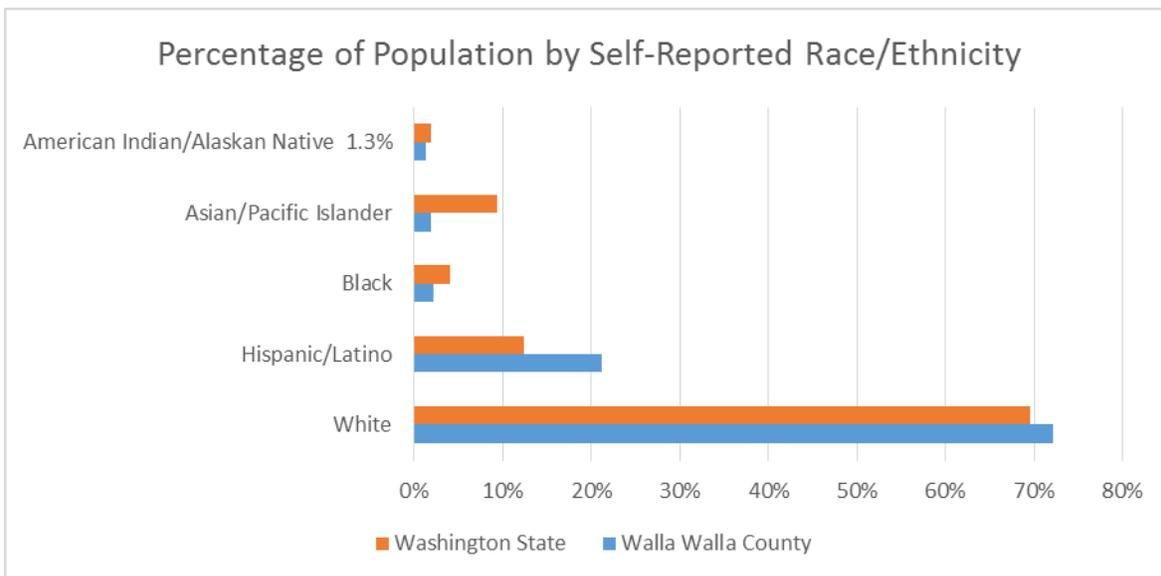
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Race and Ethnicity

Among Walla Walla area residents, 72.2 percent were White, 21.2 percent were Hispanic or Latino, 1.3 percent were Alaska Native or American Indian, 2.2 percent were African American or Black, and 1.9 percent were Native Hawaiian or other Pacific Islander. The table below shows how the Walla Walla area's population compares to the Washington State averages for each population group. There are proportionally far more individuals in the service area that identify as Hispanic/Latino than state average, and far fewer Asian/Pacific Islanders.

Self-Reported Ethnicity

	County	State
White	72.2%	69.5%
Hispanic/Latino	21.2%	12.4%
Black	2.2%	4.1%
Asian/Pacific Islander	1.93%	9.4%
American Indian/Alaskan Native	1.3%	1.9%



Data Sources: Walla Walla County Department of Community Health, Port of Walla Walla Trends, U.S. Census Reports

Income and Housing

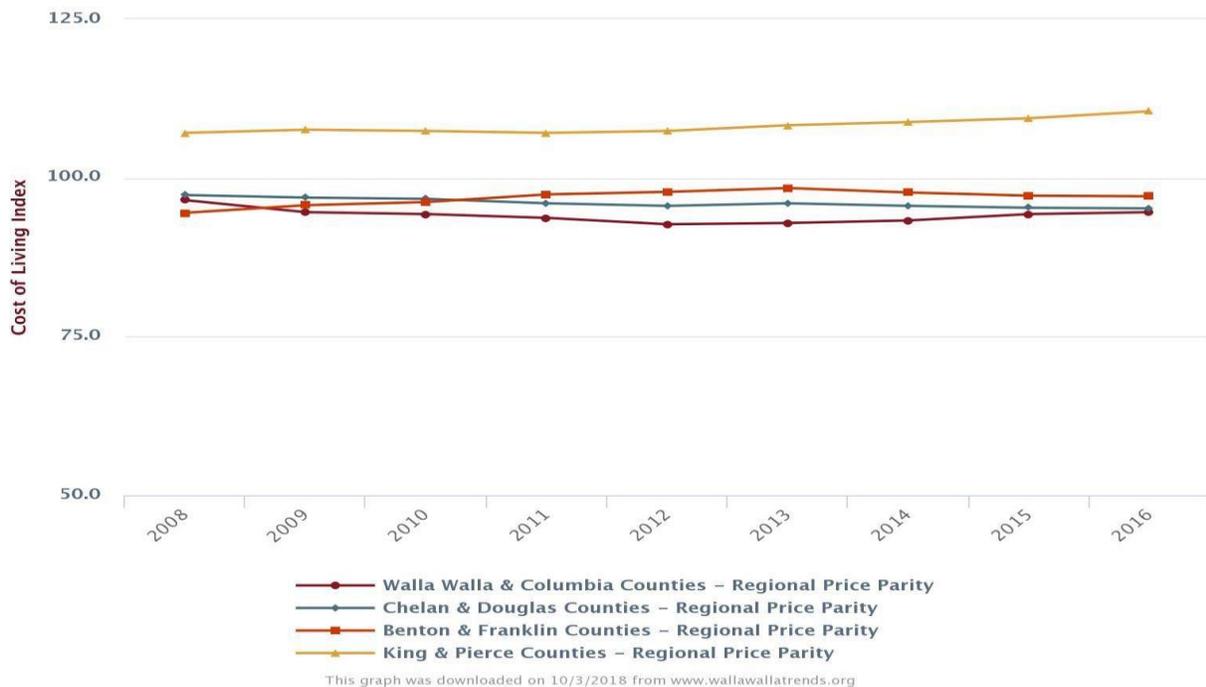
The 2017 median household income in Walla Walla County was \$54,157 compared to state rate of \$70,979 and 2013 rate of \$47,758. However, for Hispanics in 2017 it was \$45,900. Households (home owners) spending 30% or more of income on housing has significantly decreased from 40% in 2012 to 17% in 2016 compared to a state average of 24%. Overall the general economic indicators are improving.

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The calculated income inequality rate (ratio of household incomes in the 80th percentile to the 20th percentile) is 4.5 compared to US Rankings Top Performing counties with a 3.7 rate. This is a factor for increasingly disparate neighborhoods and increase in violence in neighborhoods at risk.

The local Housing Authority continues to have individuals on their waiting list in general with a six month waiting list for the elderly and disabled. A lack of stable housing can lead to a transient lifestyle that prevents people from making healthy lifestyle changes.

1.2.9 Metro Area Regional Price Parity (Cost of Living Index)



Source: Walla Walla Trends

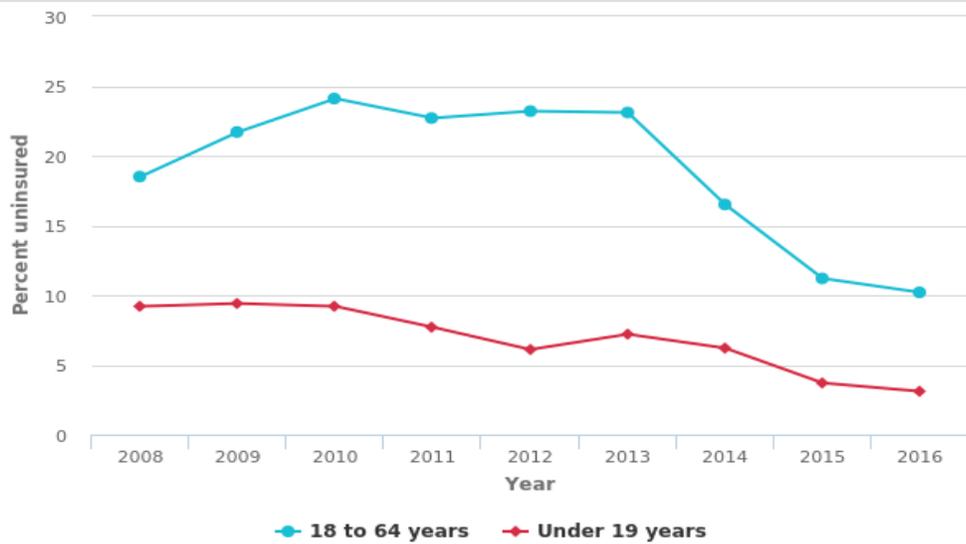
Health Care and Health Access

The number of adults and children without health insurance has dramatically decreased since the availability of the Washington Insurance Exchanges and the Apple program for enhanced Medicaid health insurance benefits.

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Percent Uninsured by Age Group

Source: U.S. Census Bureau's Small Area Health Insurance Estimates 2008-2016



Health and Wellbeing

The collaborative used data from County Health Rankings, Walla Walla County Public Health Department, Walla Walla Trends, and other sources in the process of the needs assessment. A complete table of indicators is available beginning on page 14 and in Appendix 2.

Health Professions Shortage Area

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).

PSMMC is in a primary care, mental, and dental health HPSA. Large portions of the service area are designated as shortage areas, including both counties as designated mental health professional geographic service areas. Other designations within Walla and Columbia counties include rural health clinics, correctional facilities, and low-income, homeless, and/or migrant farmworker populations.

Source: <https://data.hrsa.gov/tools/shortage-area/by-address> and <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

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

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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. PSMMC is not in a MUA, though portions of the service area are designated MUAs.

Source: <https://data.hrsa.gov/tools/shortage-area/by-address>

METHODOLOGY AND COLLABORATION

PSMMC participated 2017-2018 in a community health partnership lead by Walla Walla County Department of Community Health (Public Health) and Community Council. The Blue Mountain Regional Community Health Partnership (BMRCHP) includes participation from a broad base of sectors important to overall community health including Public Health, Education (including Public School Districts, local colleges, and pre-school early learning advocates), Healthcare Agencies, Public Safety & Law Enforcement, Social Services and Managed Care, Long-term Housing, Transportation, Faith-based organizations, other misc. community-based organizations, and members of the public. Geographical representation includes members from Walla Walla County, Columbia County, and the Milton-Freewater, Oregon communities which are included in the primary service area of PSMMC. The BMRCHP meets monthly and has utilized facilitated group processes to identify needs and prioritize health indicators among community stakeholders at several work sessions including a series of open meetings in 2018 where the public was invited.

The goal of this partnership is to "Create a healthier community through cross-sector collaboration with providers, partners, and organizations throughout the Blue Mountain Region to ensure residents in the Blue Mountain Region have access to high quality, affordable health care and resources to sustain a healthy lifestyle".

Next steps include the development of the Community Health Implementation Plan (CHIP) which is expected to be completed by early 2019. See Appendix A for list of agency participation on the BMRCHP and the Community Health Conversation participants.

PSMMC Mission Committee representing various department leaders, mission services, senior administration, and members of our community board also review community health data and the work of the community public health coalition and provide input to develop an updated hospital community health needs assessment (CHNA) identifying areas of concerning trends and priority needs for submission to our Community Board for review and final approval. The hospital implementation plan will be subsequently developed based on selected priorities

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identified within the CHNA and published by May 15, 2019. A complete roster of Mission Committee and Community Ministry Board members is available in the appendix.

In Washington State the Greater Columbia Accountable Communities of Health (GCACH) is also a collaboration of community leaders from nine counties in Eastern and Central Washington representing a variety of sectors with a common interest in improving health. By addressing social determinants of health, access to care, and care coordination, the organization is driven to reduce duplication of services, identify gaps in the system, improve care coordination, and implement evidenced based programs and services that address priority issues. The Board of Directors of GCACH represents 17 sectors related to health. Due to the nature of their work, their efforts are focused on the Medicaid population. Top project areas include: Bi-Directional Integration of Physical & Behavioral Health, Transitional Care to reduce avoidable hospital admissions, addressing the Opioid Public Health Crisis, and Chronic Disease Prevention & Control. While this is a separate coalition than the BMRCHP, there is an overlap in some planning areas and representatives of GCACH have been participating in the local meetings. In their “Transformation” project work this group is working closely with the designated “Patient-Centered Medical Homes” in partnering provider organizations such as Providence Medical Group primary care providers.

As a starting point, the group decided to review the prioritized community health needs and trends from the previous needs assessment with updated socioeconomic, environmental, and medical indicators.

Secondary Data

The coalition used existing secondary data, such as County Health Rankings. Other Public Health data resources, such as the Adult Behavioral and Risk Factor Surveillance Survey and Healthy Youth Surveys were also used.

Primary Data

The work of the collaborative was to build upon the “Community Health Conversations” Indicators Grant Project previously led by Community Council in 2016 through public forums held in Walla Walla, Dayton, and Milton-Freewater. These forums provided an opportunity for input from diverse segments of the population to gather input on their perspectives on what healthy communities look like for future planning. Translators were provided at these forums to accommodate the Hispanic community. Priorities for improving the overall health and safety of our community were captured in five categories representing Education, Economy, Health & Wellness, the Environment, and Public Safety.

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The purpose of Community Conversations was to engage residents of the region in identifying shared values and priorities and establishing a foundation for collective action. The region includes Columbia and Walla Walla counties and northeastern Umatilla County. Community Council is leading this project in collaboration with United Way of Walla Walla County, Sherwood Trust, Blue Mountain Community Foundation, and Pomegranate Center.

Below is a sample posting on the United Way website recruiting participants.

COMMUNITY CONVERSATIONS

You're invited!

Community Conversations

What: A public, community workshop where everyone will have a chance to share what we care about, what we hope to see in the future, and how to address our concerns for our region.

Why: Bringing together the many voices within our community helps identify priorities and set goals to support efforts to build a better future for everyone in our region.

When and where: Please join us at any of the following locations:

- May 23: Walla Walla: County Fairgrounds Community Building, 363 Orchard St.
- May 24: Milton-Freewater: Community Building, 109 NE 5th St.
- May 25: Dayton: Elementary School, 302 E Park St.

Doors will open at 5 pm with refreshments, and the workshop will go from 5:30 to 7:30 pm. Childcare and Spanish translation will be provided.

RSVP appreciated: director@wwcommunitycouncil.org or **509.540.6720**.

Please click here to take the Blue Mountain Community Treasures survey to help us identify regional treasures!

¡Está invitado!

Conversaciones Comunitarias

Qué: Un taller público comunitario donde todos tendrán

A copy of the full report is posted online at:

https://www.netreturns.biz/Client_Files/communitycouncil/CM/System/Progress%20Report%20May%202017.pdf

Below is an excerpt from report:

“All workshops followed a similar agenda. Roger Esparza, Community Council Board President, welcomed community members and then turned the meetings over to a facilitator, either Milenko Matanovic from Pomegranate Center, Lawson Knight from Intermountain Impact Investments, or Maria Remington from Walla Walla Public Schools. The facilitator briefly explained the goals, purposes, and timeline of the project. They stated that the meetings were to discover and learn together, not to promote agendas. The facilitator proposed the following ground rules:

- Everyone participates
- Speak and listen
- Respect differences
- Make it work for all and for future generations

The facilitator asked each attendee to answer the question: “What ideas do you have for this region’s future?” Then they asked each attendee to share their top idea in a few words. The ideas were recorded on a poster board at the front of the room. Everyone had a chance to speak in

turn, one at a time. This sharing strategy was used because it allows everyone to hear from each other and learn from one another. This approach puts into practice the notion that when it comes to understanding our community, together we know more. Further, by witnessing everyone else's proposals, participants begin to see larger patterns and shared concerns. As we learned, facilitating this type of individual feedback in a large group (over 100 participants) is difficult and risks people feeling rushed and possibly misunderstood. In such a large group setting, care needs to be taken to ensure participants feel their ideas were accurately recorded. After all ideas were shared, and recorded at the front of the room, the facilitator asked volunteers to identify common themes as the first step in linking the many ideas and generating a coherent vision. "

Roundtable Discussions

An additional series of workshops were conducted by the United Way of Walla Walla County at a number of business offices, service clubs, and youth centers in Walla Walla and Milton-Freewater. The workshops were organized into small-group discussions in order to develop an intimate setting for sharing and to allow participants to answer questions in depth.

Data Limitations and Information Gaps

As the secondary data used was from publicly available sources, there is a substantial lag in reported indicators. In some cases, data reported is based on a 5-year average to improve confidence in the estimate and sample size. Much of this data is also based on self-report sources, rather than objective or observed methods. Walla Walla is in a rural area, so sample sizes are often small for large population-level surveys and it can be challenging to assess data reliably at a sub-County level. Therefore, any interventions or specific trends to be further targeted as a ZIP code or neighborhood level is primarily based on qualitative feedback.

Process for gathering comments on previous CHNA

The previous CHNA was made widely available online and through print upon request. Contact details were published with the report.

Summary of any comments received

No comments received.

HEALTH INDICATORS AND TRENDS

Youth at Risk

Youth at risk continues to be a concern in Walla Walla County. The 17% rate of children living in poverty, while improved from 2013 at 23%, continues to exceed the state average of 14% and far exceeds the Healthy People 2020 goals of 12% or less. Hispanic/Latino children, however, have a 27% rate of living in poverty in this community. Over one-half of children in the public school system qualify for free or reduced meal rates increasing from 52% in 2013. Several schools have adopted “back-pack” type programs to send home food for students who school staff knows are food-deprived outside of the school hours. The trends in households using the “Supplemental Nutrition Assistance Program” (SNAP) have continued to increase from 12% in 2009 to 20% in 2016. The 30% rate of single-parent households has remained about the same and is highly linked to lower income levels. Graduation rates have been declining overall in recent years in public schools with the percent of 9th grade cohorts who graduate within 4 years in Walla Walla County at 75% in 2017, compared to 88% high in 2009 per school district officials. At Lincoln School, an alternative high school, the on-time graduation rate has dropped markedly to 59% in 2017 compared to a 2014 high of 78%. The 5-year graduation rate at Lincoln School, which may be a more accurate predictor for this population, was most recently 74%. There continues to be a disparity in attainment of education between non-Latino whites and Latinos. DSHS staff reports a high incident of ACES (adverse childhood experiences) in the youth of the clients they serve as does Lincoln School. At risk youth are likely to not receive the nutrition, immunizations, dental and medical screenings or mental healthcare that other youth typically receive. Studies have shown that students with high ACES and high resilience had grade point averages that remained consistently higher than students with high ACES and low resilience. Resilience strategies have been focused on through behavioral health screening and intervention at the Health Center. Since the last CHNA the Health Center has expanded school clinics to Blue Ridge elementary and Pioneer Middle and most recently Walla Walla High School. The Health Center reports that 77% of mental health screening for students show trauma/stress disorders, 16% show anxiety/mood disorders and 7% show substance abuse disorders. The Healthy Youth Survey of 2016 reveals a concerning trend in youth who self-report using drugs and alcohol, feelings of depression and suicidal planning, as well as being uninformed on the use of e-cigarettes/vaping and risk of marijuana to the maturing brain.

Areas of improvement have been the reduction of children without medical insurance to historic low of 1.1% and establishment of the “Hub”. This Blue Mountain Action Council owned building comes after years of planning and serves as the home for three youth at risk programs. The Health Center which provides primary and behavioral health care free of charge for

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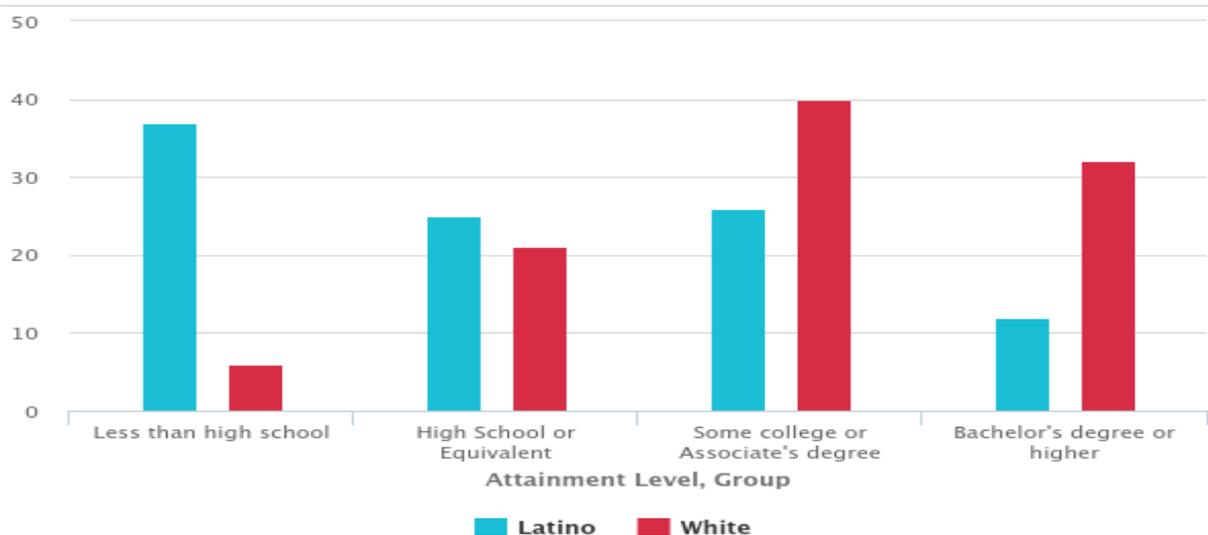
students attending Lincoln School, Children’s Home Society of Washington operates the Early Learning Center and provides Early Head Start programming for children ages birth-3 and Catholic Charities will be operating the Loft for emergency shelter. The Hub is a collaborative effort to address the needs of youth utilizing client- centered, trauma informed, and strength-based modalities, skills, and techniques.

Educational attainment differs widely between non-Latino whites and Latinos.

The data-supported associations between lower educational attainment and negative health outcomes identify the improvement of education in Walla Walla County as an important priority. Its improvement has the potential to reduce rates of diabetes, smoking, addiction, and other serious health problems.

Educational Attainment for non-Latino Whites and Latinos, 2016

Source: ACS, 2012-2016



Source: Walla Walla County Department of Community Health Report 2018

Homelessness and Need for Temporary Shelters

Transients needing shelter along with families who are homeless continues to be a growing concern within the area. Downtown business has been impacted by the transient population. At the last point in time survey for homelessness conducted January 26, 2018 there were 181 individuals identified as homeless consisting of 91 households but this is considered to be an under-reporting of actual numbers. Most of these individuals were identified as white adults with history of chronic substance abuse, mental disorders, and chronic health conditions. There

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were slightly more females than males. Most were staying at an emergency shelter or unsheltered outside or in a vehicle. The 2018 point of time survey cannot be compared with previous year's surveys as the methodology has changed. Data reported by Christian Aid Center for 2017 indicated there were 292 females and 275 males homeless in Walla Walla County with children comprising 40% of this population. Walla Walla County Department of Community Health has designated grant funding for strategic planning and long-term solutions to homelessness and housing. The City of Walla Walla also has been working with the Walla Walla Alliance for the Homeless and most recently over the last year opened up a sleep center with capacity for approximately 40 individuals in weather resistant huts on platforms on City property as a temporary measure which has served around 250 people. It is uncertain what longer term strategies are for temporary sheltering. Very recently a "Council for Housing" has been developed under Department of Community Health with representation from all advocate groups to look at short-term and long-term planning. Other action planning for homelessness of youth or young adults is the Anchor Initiative as part of Way Home Washington. Warming shelters in the winter months during extreme cold days have been opened up by local faith community over the last few years.

There have historically been insufficient sheltering accommodations in the community for certain populations with the Christian Aid Center previously limited to serving single men who are sober and a small number of women with children. The Christian Aid Center shelter runs >95% occupancy and turns away 8 families on a typical week. The YWCA shelter and safe house for women, particularly women fleeing abuse with their children (can also accept male adolescent children), also runs at >95% occupancy. The Helpline STEP shelter program which previously provided a safe night of sleep to homeless women and their children while also providing some case management to transition to more permanent housing has been discontinued. Many agencies cannot accept adolescent males, men with children, intact families (both parents with children), or homeless who are not sober. Veterans suffering from PTSD often have difficulty in dormitory settings. These organizations need community support to continue their mission. Many individuals who are in a homeless situation suffer from mental health illnesses and/or substance abuse and many are veterans. In recent years Catholic Charities obtained grant funding to renovate housing located on the VA Medical Center property to provide low-income housing units for displaced veterans. A significant factor in homelessness is the scarcity of low income multi-family rentals in the community. There is a very low supply of rental housing in Walla Walla County with a vacancy rate of 2.9%. Those spending more than 30% of income on housing, and therefore considered "moderately housing-cost burdened", represent 38% of rental households.

Mental Health Access in the Community

Access to quality mental health services rose to the forefront of the identified concerns of the previous community health coalition and was also identified as a top need in the last PSMCC community benefit plan. Since that time there have been some significant improvements in access with the additional resources of non-profit Central Washington Comprehensive Mental Health Services (Comprehensive), which was established in the community in 2014.

Comprehensive has an agreement with County Community Health to provide community crisis response and case management of DSHS clients but in addition they provide outpatient mental health screening and counseling to others in the community. In 2017 Comprehensive's Acute Care Team provided services to 729 patients primarily in the Emergency Department and completed 120 involuntary detentions. The Crisis Team spent 2,621 hours providing crisis intervention in 2017. Walla Walla County has benefited from preferred access to their inpatient treatment facility in Yakima (Bridges) which has led to a marked decrease in our utilization of Eastern State Hospital.

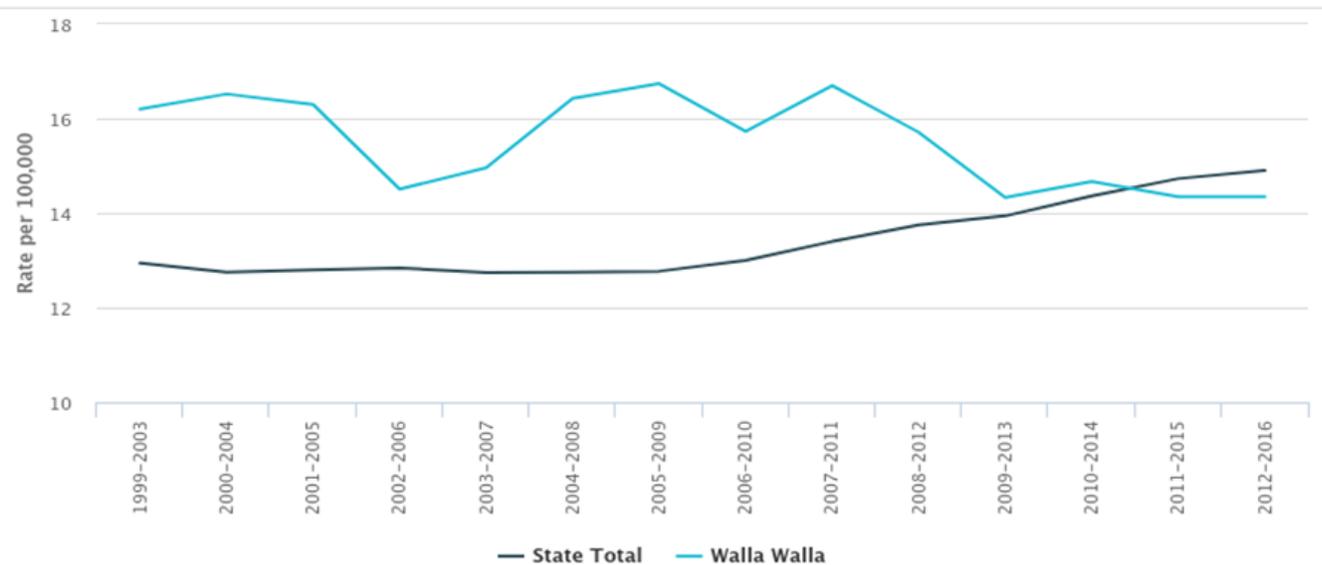
Psychiatric ARNP's are utilized in local clinics and tele-psychiatry is available. A children's team is available to deploy and has developed a working relationship with the Lincoln Health Center. Very recently Comprehensive has completed the building of a residential treatment center called Waypoint which will significantly improve access to inpatient care. This treatment center will be staffed 24/7 and can accommodate voluntary placement of up to 16 clients. Studies have shown that patients experience benefits when staying in their own communities for inpatient mental health. Even though there have been significant gains mental health remains a strong focus of identified needs within the community multi-agency coalition who again prioritized it as one of the top needs for the community. It is felt that access is still difficult and cost prohibitive for some clients, adolescent mental health needs are not consistently being met, there is not an optimal support plan in place yet for clients returning to the community after in-patient treatment, and for those with dual-diagnosis of substance abuse there are still many barriers with accessing the mental health system, including access to detox.

The 2016 Healthy Youth Survey indicates a rate of 41% of 10th graders who feel sad or hopeless for at least two weeks in the past year and 38% of 12th graders. 23% of 10th graders report suicidal feelings with 6% who have attempted suicide. A Reach Out program has been initiated by the Walla Walla Suicide Prevention Work Group and the Walla Walla County Department of Community Health with a crisis hotline or text line. This group is also providing community education. In Washington State, 25 people die by suicide every week and as many as 20% of youths will seriously consider suicide this year. Suicide is the 10th leading cause of death in the United States.

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Suicide rate

Source: WA State Death Certificates 1999-2016



Substance Abuse

Smoking rates for adults (15%) contribute to the leading causes of death in Walla Walla County and still exceed the Health People 2020 goals of 12% or less. Smoking rates in youth had previously significantly decreased for all grades since 2004 but has recently shown an increase in the 2016 Healthy Youth Survey of 8th grade 5%, 10th grade 12%, and 12th grade 17%. The increasing use of the E-cigarettes and vaping is alarming (8th grade use 12%, 10th grade use 17%, and 12th grade use 16%) **and is identified as a new threat for health in this age population.** The majority of students do not feel there is great harm in vaping per the 2016 Healthy Youth Survey. While e-cigarettes were designed as a tool to wean off the smoking of cigarettes their use has tripled in American adolescents in recent years and unknown if this will become a gateway to later smoking of cigarettes. The nicotine additive of e-cigarettes (which is addictive) varies widely among this age group and the long-term health effects and dangers are not yet understood. Vapor devices are being marketed to teens, and give off scents that are comparable to candy or gum. It is expected that the Food & Drug Administration will be taking new regulatory and enforcement steps to curb this marketing.

Excessive alcohol use by adults is identified in 18% of the county population an increase from 2013 and higher than the US Rankings Top Performing counties at 10% or less. Identified in the 2016 Healthy Youth Survey the use of alcohol within the last 30 days is 11% which is a decline, however binge drinking is reported by 21% of seniors. Concerning is the number of youth who reported riding with drivers who had been drinking (18-21% for all grades). Alcohol impaired

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driving deaths 2010-2016 involved 19% of all driving deaths in the county. Also concerning is the majority of youth did not feel there was great harm from drinking alcohol daily.

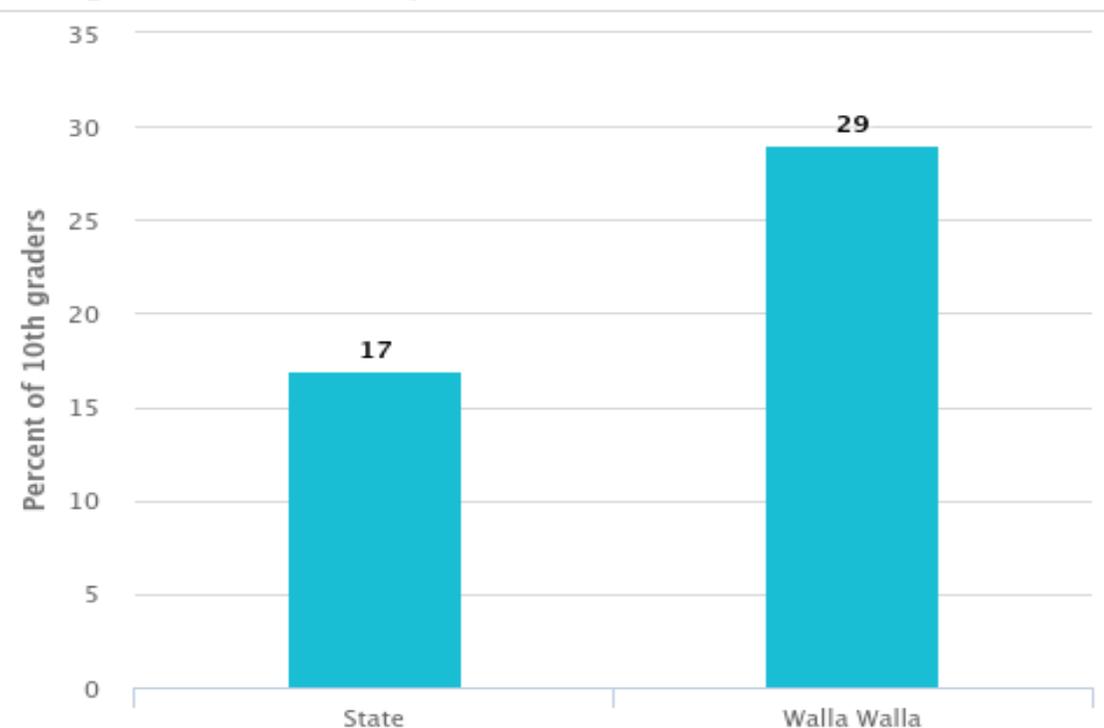
Marijuana use is increasing in youth subsequent to the opening of local retail distributors in the City of Walla Walla under the new Washington State Recreational Marijuana law which will likely further increase the access to youth despite the age requirements of 21.

12th graders reported use within the last 30 days at 28%, 10th graders at 29%, and 8th graders at 11%. Perception that adults “don’t think it is wrong for youth to smoke” ranges between 33-53% in all grades, and the majority of youth feel there is not great risk or harm to use marijuana once or twice a week despite the recent evidence-based literature that the frequent use of marijuana negatively impacts brain development in a certain percentage of adolescents and is addictive. Marijuana use on school property is high. Youth who report driving within three hours of using marijuana is alarming at 14% of 10th graders and 18% of 12th graders. State trauma registry statistics show a significant increase in traffic-related injuries while under influence of marijuana in recent years while alcohol use has flattened. **This trend is likely to continue under the new law and is an evolving threat for youth.**

Youth current marijuana use

Source: Healthy Youth Survey 2014-2016

Change Filter: [Current marijuana use, State, Walla Walla, From: 2...](#)



Other Drug Abuse

Methamphetamine abuse remains a major concern in this community but the crisis of opioid addiction and heroin use has dramatically increased over recent years due to the increasing level of prescription opioid abuse and the fact that street heroin is cheaper and easier to obtain than prescription narcotics. Prescription drug abuse is a significant problem in this community. Drug use and distribution is a major influence in gang activity and causative factor in property crime per local law enforcement. Walla Walla County overdose deaths directly related to prescription medications and illicit drug use accounted for 16 deaths in 2016, 16 deaths in 2017 and 8 YTD in 2018 with several death cases pending toxicology results this year according to the Walla Walla Coroner's office. The Coroner has expressed concern over the increased rate of deaths from opioids. Drug overdose deaths surpassed 72,000 in 2017 according to information from the CDC and represent an increase of 9.5% over the previous 12-month period. Deaths from overdose nationally are now surpassing those from trauma and injury for the first time and the rate in Walla Walla County per 100,000 population exceeds the state rate. A chief concern among substance abuse experts is the current ubiquity of fentanyl, a synthetic opioid that is roughly 50 times more potent than heroin. Because it is cheap and relatively easy to make, it is often mixed with other drugs like heroin and cocaine and is a significant contributing factor to the increase in overdose deaths. Washington State has recently enacted legislation for a new overdose notification system to help patients and providers and will leverage data to support appropriate prescribing.

The Community health coalition continues to prioritize access to quality substance abuse treatment and better integration between mental health services and substance abuse services. There are no local options for detox care; much of it occurs in the jails or the juvenile detention center, there are language barriers, cost of coverage barriers and a need for better support integrated with after-treatment needs as well as the stigma associated with substance abuse.

Obesity & Healthy Lifestyles

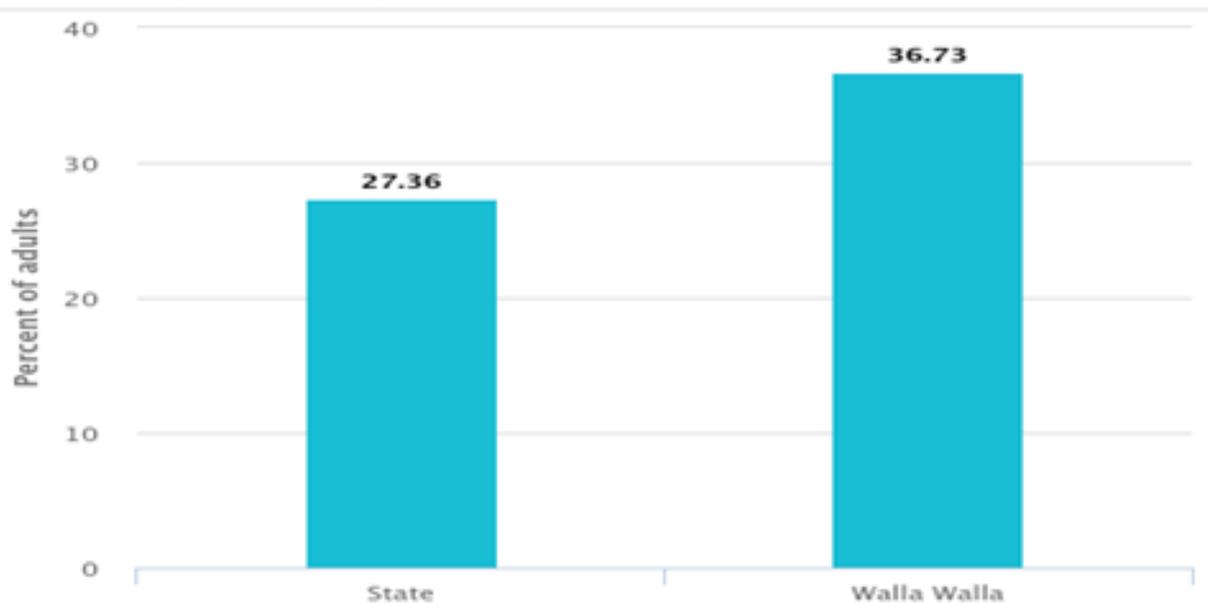
Obesity rates contribute to cardiovascular disease the second major cause of death in Walla Walla County as well as to diabetes. The adult obesity rate last reported was 28% and adults' reporting physical inactivity was at 18% about the same as in 2014. The increasing obesity rates in children, however, are especially concerning. 12- year trends (2004 compared to 2016) show a rate increase in 8th graders from 12% to 13%, 10th graders from 10% to 15%, and 12th graders from 8% to 14%. Youth who regularly do not eat a family dinner ranged from 16% by 8th graders to 24% for 10th graders and 50% by 12th graders. A significant improvement in reduction of consumption of sugary drinks at public schools has occurred since the 2010 Healthy Youth Survey through the restriction of such drinks available in the vending machines in recent years with rates of 17-27% regular consumption in 2010 and rates of 6-11% for all grades in 2016. Excessive television or video game use of three or more hours per day is reported by 54-60% of youth. The community coalition continues to prioritize public education in healthy lifestyles and safe access to recreational activities to reduce development of chronic disease.

A community improvement in access to recreational exercise is the opening of the new City of Walla Walla pool the summer of 2018.

Adult obesity

Source: BRFSS 2014-2016

Filter: State, Walla Walla, 2014-2016



Immunization Rates

Both childhood immunization rates and adult influenza vaccination rates in Walla Walla County fall far below the DOH and Healthy People 2020 goals of *vaccinating 80% of the population*. Children receiving basic childhood immunizations are reported to be at 51% in this county compared to state average of 58% and adults receiving influenza vaccination are reported to be at 54% which is a significant improvement from 2012 at 38% but still far short of goal of 80%.

Over the last 6 years PSMMC and PMG have collaborated with Walla Walla County Community Health and the WWCC School of Nursing to conduct a free drive-through adult influenza vaccination clinic annually on our campus. In addition, our EPIC EMR platform automatically populates vaccinations given at both the hospital and PMG clinics into the State Vaccination Registry for the continuum of care between providers even if patients re-locate.

Significant Health Needs

Concepts from all of the workshops, roundtable discussions, and visioning documents, were grouped by Pomegranate Center into thirteen goals as follows (in alphabetical order):

- ACCESS TO EDUCATION

The region will be renowned for excellence in education that embraces the entire population from birth through retirement.

- ARTS AND CULTURE

The region will become a thriving arts community for all ages and arts education will flourish.

- CARE FOR NATURE

The region's abundant natural treasures and environmental resources will be sustainably managed, protected, and celebrated.

- CIVIC ENGAGEMENT

The region's government will reflect its diverse community, and planning efforts will be socially inclusive. This will be a community with a culture of civic engagement that provides multiple opportunities for civic involvement, particularly among youth.

- COMMITMENT TO DIVERSITY

The region will celebrate its rich social and cultural diversity by being inclusive and respectful of, and caring for, people from all backgrounds.

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- HEALTH AND WELLBEING

People of all ages will be able to access a full range of health services. Healthy lifestyles will be supported by access to healthy food, regional trail networks, and recreational facilities.

- LOCAL AGRICULTURE

The region will preserve farmlands and will support a robust local food system that will contribute to the population's health and the region's vitality.

- RECREATION

Bike/walking paths will provide greater access to the region's natural and cultural amenities and will increase regional connectivity. Sport complexes and recreational facilities, especially for youth, will be expanded.

- REGIONAL COLLABORATION

The region will foster collaboration among governments, businesses, and non-profits at the neighborhood, local, regional, and state levels. Infrastructure will enhance connectivity within the region and to destinations outside the region.

- SAFETY

Community members and law enforcement will work together to cultivate safe environments for everyone, particularly in public spaces, on roadways, and in the region's schools.

- STRONG AND DIVERSE ECONOMY

The region will have a strong economy that supports a large base of family-wage jobs in multiple sectors. The region will foster business creation and innovation and will provide more employment opportunities for teens and youth. New opportunities to connect food production to tourism will build on the existing rich agricultural base.

- VIBRANT CENTERS

Cities and towns will be places where people can live, work, and play. Housing will be affordable*, and a vibrant mix of commercial establishments will serve a diverse population. Building on existing historical fabric, cities and towns will become more environmentally sustainable, with greater emphasis on walkability, public transit, green energy, and public spaces.

*Affordable housing has been identified as a priority for the region through separate processes and therefore has been moved to the Strong and Diverse Economy goal.

- WELLBEING FOR ALL

The region will provide services and opportunities for all, creating a place that is attractive to young families and retirees alike. A broad array of recreational and cultural activities along with

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affordable childcare, year-round opportunities for youth, and a support system for seniors and the disabled will serve the whole population and create a high quality of life for everyone.

Results from each of the September prioritization meetings were as follows:

Walla Walla (126 attendees)

1. Access to Education: 361
2. Strong and Diverse Economy: 235
3. Health: 179
4. Safety: 153
5. Care for Nature: 133

Commitment to Diversity: 133

Milton-Freewater (27 attendees)

1. Access to Education: 91
2. Safety: 49
3. Care for Nature: 48
4. Strong and Diverse Economy: 46
5. Health: 37

Civic Engagement: 37

Dayton: (34 attendees)

1. Strong and Diverse Economy: 84
2. Health: 56
3. Access to Education: 47
4. Care for Nature: 41
5. Civic Engagement: 34

Combined tabulation:

- Access to Education: 499
- Strong and Diverse Economy: 365
- Health: 272
- Care for Nature: 222
- Safety: 202
- Commitment to Diversity: 133
- Civic Engagement: 71

Prioritization Process and Criteria

Prioritization workshops were held on September 19th, 20th, and 21st in Walla Walla, Milton-Freewater, and Dayton, respectively. Participants were presented with the list of 13 goals and asked to select their top five goals for the region and write each one on a separate 3 x 5 notecard. Next, participants were asked to rank their chosen five goals in order of importance by assigning them a numerical value, 1-5. As they identified their top goals, participants were asked to think strategically and choose topics that, in their best judgment, are the most critical given the region's current situation.

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This method of choosing five topics (instead of a single one that people are most passionate about) was designed to encourage participants to think of the region as an integrated system, and not to simply advocate only for their own particular interest. While it may be natural to gravitate to areas of personal passion and

expertise, this method requires participants to identify four additional goals as a way to encourage them to think more broadly.

The notecards were collected and the results were tabulated as participants engaged in conversations with each other about their choices. By adding the ranked order for each goal, a list of priorities emerged.

Regional Priorities

The results from the three prioritization workshops show a strong overlapping of goals throughout the region; seven priorities emerged.

The priorities, listed in rank order are:

- Access to Education
- Strong and Diverse Economy
- Health
- Care for Nature
- Safety
- Commitment to Diversity
- Civic Engagement

Based on the data reviewed, community conversations hosted through the partnership, and feedback from PSMMC's Mission Committee regarding existing Community Health Improvement activities, PSMMC evaluated and prioritized the following related areas of need to support the greater Walla Walla area:

- Youth at-risk
- Homelessness and need for temporary shelter
- Mental health access
- Substance abuse
- Obesity & healthy lifestyles
- Immunization rates

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

Youth at Risk

MEASUREMENT	Progress
Monitor on-time graduation rate for Lincoln School: 2014 baseline rate of 78% compared to County rate of 78% and State 79%	Match or exceed the County rate 2017 on-time= 44% 2016 5-year rate=74% 2017 County rate=75%
Monitor # of student health care visits to Lincoln Health Center to determine trends in access and needs. (2013 baseline: 1,400)	2016: 1,471

PSMMC community benefit work over the last 3 years for **Youth at Risk** include donations to Lincoln Health Center, Walla Walla Community Teen Center contributions to capital funding to build the “Loft”, Children’s Resilience Initiative, Christian Aid Center contributions to capital funding for new Women’s and Children’s Shelter, Children’s Home Society, and the YMCA.

Homelessness and Need for Temporary Shelters

MEASUREMENT	Progress
Financial donation towards Capital Funding for new Teen Shelter will support opening in 2018, providing more options for teens	The Loft has officially opened in October 2018
Financial donation towards Capital Funding for new Christian Aid Shelter for Women and Children will support shelter opening in 2018 to provide more option for women and children	The Women’s and Children’s shelter has officially opened in October 2018

A significant area of improvement very recently has been the opening October 2018 of a new emergency shelter for adolescents Called “The Loft” at the Hub, which will provide emergency residence, case management, and permanent planning for youth age 12-17 that are experiencing homelessness. This population often did not have access to other shelters in the community. In addition, the Christian Aid Center recently completed a 17,000 square foot facility for Women and Children also opening in October 2018 with 16 flexible living quarters that can house a maximum of 52 guests. This is an expansion of space for 21 family members in their

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previous location to 52 women and children in the new building. It is their hope to reduce turn-away of families by 50% within the next year.

PSMMC community benefit work has also involved the contribution of food or other volunteer resources and supplies to both the Christian Aid Center and the YWCA and has provided soup and bread to the temporary community warming centers.

Mental Health Access in the Community

MEASUREMENT	Progress
Contributions to Lincoln Health Center support mental health screening and referrals for at-risk youth	100% of Lincoln Health Center visits
Financial Support was given to the Children's Resilience Initiative Conference to combat the effect of Adverse	Met
Partnership with Comprehensive Mental Health Services to provide part-time Nurse Practitioner embedded with PMG primary care providers to conduct and enhance depression screening in primary	Implemented in 2017
Add Tele-psychiatry to ED and inpatient services	Implemented in 2017

Substance Abuse

MEASUREMENT	Progress
Implement partnership with Consistent Care in the Emergency Department to support highest ED utilizers have substance abuse history	Implemented early 2018

PSMMC has partnered with non-profit Consistent Care to assist in managing the top 50 highest ED utilizers through intensive case management. There have been successes with a decrease in inappropriate ED utilization by about 20%. Regular community agency meetings are conducted and collaboration in a case management plan which includes finding housing if needed. Many of these patients have mental health or substance abuse problems. In addition, donations have been made to support the work of Trilogy Recovery Community in 2017 and 2018. The support given to Lincoln Health Center and the new Teen Shelter also provides more support services for screening and referrals for substance abuse in youth at risk.

Obesity & Healthy Lifestyles

MEASUREMENT:	Progress
Conduct Health Fairs targeting the Hispanic Community with free baseline health screening and health education	Health Fairs conducted in collaboration with St. Patrick’s Latino parish in 2015 and 2017.
Provide free healthy lifestyle education to prevent chronic cardiovascular disease and diabetes	Completed

A significant amount of community education has been provided on prevention of heart disease and diabetes, healthy cooking, as well as health fairs. Providence St Mary Medical Center has sponsored a community health fair for screenings and health information targeting the Latino population in 2014, 2015, 2017 in cooperation with St. Patrick’s Catholic Church and other invited community agencies.

Immunization Rates

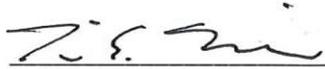
MEASUREMENT:	Progress
Conduct annual free drive-through influenza vaccination clinic with at least 500 doses of vaccine administered with community partners on PSMCC campus	Completed each year, 2016-18
Monitor adult influenza immunization rates in Walla Walla County and provide patient education and strategies for improved rates within PMG clinics.	Improved rate in 2016 at 54% compared to 38%
Submit 100% of vaccinations to State Vaccination Registry for accurate collection of data through EPIC auto-population to State Registry for both hospital and PMG clinics	Completed each year, 2016-18

2018 Providence St. Mary Medical Center Community Health Needs Assessment Report

2018 CHNA Governance Approval

This community health needs assessment was adopted on November 26, 2018 by Providence St Mary Medical Center's Community Board. The final report was made widely available¹ on December 28, 2018.

This Community Health Needs Assessment Report has been reviewed and approved by:

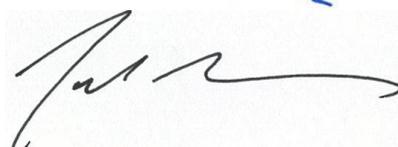
 /Date: 11/16/18
PSMMC Mission Committee

 /Date: 11/16/18
PSMMC Chief Administrative Officer

 /Date: 11/16/18
PSMMC Community Board

The PSMMC Community Health Needs Assessment Report has been reviewed and approved by the local Public Health Administrator as supportive of the health needs assessment conducted collaboratively by the community public health coalition - the Blue Mountain Regional Community Health Partnership.

 /Date: 12/26/18
Walla Walla County Department of Community Health Administrator


12/27/2018

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

CHNA/CHIP contact:

Kathie Oreb

Director, Mission Services

401 W Poplar St, Walla Walla, WA 99362

Kathie.oreb@providence.org

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

¹ Per § 1.501(r)-3 IRS Requirements, posted on hospital website

Appendix A:

REPRESENTATION ON BLUE MOUNTAIN REGION COMMUNITY HEALTH PARTNERSHIP 2017-2018

Aging and Long Term Care
Alzheimer's Association
Blue Mountain Action Council
Blue Mountain Land Trust
Catholic Charities
City of College Place
Columbia County Health System
Columbia County Public Health
Community Council
Consolidated Veterans Services Representative - WorkSource
Dayton Hospital
Greater Columbia Accountable Community of Health
HAPO Community Credit Union - Assistant Manager
Hayshaker Farm
Helpline
Kontos Cellars
Oregon Child Development Coalition
Providence St. Mary Medical Center
State of Oregon
Substitute Teacher/WWPS
Tangent Media Group
Trilogy Recovery Community
Umatilla County Public Health
Union Bulletin
United Way
VRAB Board Member
Walla Walla Clinic
Walla Walla Community College
Walla Walla County Community Development
Walla Walla County Department of Community Health
Walla Walla Housing Authority
Walla Walla Public Schools
Walla Walla University
Walla Walla Valley Chamber of Commerce
Walla Walla Valley Disability Network
Walla Walla Valley Farm to School
Whitman University
Yakima Valley Farm Worker's clinic

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REPRESENTATION ON THE COMMUNITY HEALTH PARTNERSHIP CONVERSATIONS 2017

Aging & Long Term Care
Alzheimer's Association
Baker Boyer Bank
Blue Mountain Action Council
Blue Mountain Land Trust
Blue Mountain Land Trust
Catholic Charities
Children's Home Society
City of College Place
City of Milton-Freewater
City of Walla Walla
Columbia County Public Health
Community Council
Community Resilience Initiative
Comprehensive Healthcare
Craft3
Educational Service District 123
Family Medical Center
Greater Columbia Accountable Communities of Health
Intermountain Impact Investments
Juvenile Justice Center
Minnick-Hayner - Walla Walla Attorneys at Law
Port of Columbia
Port of Walla Walla
Providence St. Mary Medical Center
Shakespeare Walla Walla
SonBridge Community Center
The Health Center
Umatilla County Public Health
Union Bulletin
Visit Walla Walla
Walla Walla Community College
Walla Walla County
Walla Walla Police Department
Walla Walla Public Library
Walla Walla Public Schools
Walla Walla University
Walla Walla Valley Chamber of Commerce
Walla Walla Valley Metropolitan Planning Organization
Washington Department of Fish and Wildlife
Whitman College
Willow Public School
WorkSource Washington

WHAT IS WALLA WALLA COMMUNITY COUNCIL?

Overview

The Community Council facilitates a citizen-driven, consensus-based problem-solving process to prepare the greater Walla Walla area for future growth, change and challenges. The Community Council encourages the participation of all residents of the region.

The Community Council is a nonpartisan, nongovernmental, diverse and inclusive organization committed to open dialogue, solid research, consensus-building and effective advocacy, enabling the highest quality of life for everyone throughout the region.

The Community Council board's primary mission is to ensure the integrity of the process. The board has no agenda, bias or ownership.

The process is structured to ensure a safe setting for any and every resident to participate in any or all of the following:

- Determining which community issues to take on.
- Expressing personal conviction on selected issues.
- Listening to all input from other residents.
- Seeking accurate information about the issues through solid research.
- Gathering input from experts in the field.
- Seeking solutions by reaching a consensus.
- Advocating recommendations to appropriate decision-making entities.

The Community Council is governed by a board of directors.

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Appendix 1: 2018 PSMMC Community Health Needs Assessment Advisory Committee and Community Ministry Board

Board Mission Committee

Tim Meliah	Committee Chair
Kathryn Barron	Board Committee Member
Sr. Rosalie Locati	Board Committee Member
Dr. Paul McLain	Board Committee Member
Meghan DeBolt	Community Committee Member
Susan Leathers	Staff Committee Member
Kathleen Obenland	Staff Committee Member
Frank Erickson	Staff Committee Member
Kathie Oreb	Staff Committee Member
Lindsey Oldridge	Staff Committee Member
Rob Watilo	Staff Committee Member
Susan Blackburn	Staff Committee Member

2018 COMMUNITY MINISTRY BOARD MEMBERS

Peter Allen, Baker Boyer Bank, Chairperson
Kathryn Barron
Colby Burke, Bank of America
Frances Chvatal, PSMMC
Alan Coffey, Coffey Communications
Sr. Rosalie Locati, SP
Paul McLain, MD, Providence Medical Group
Tim Meliah, Catholic Charities
Rob Smith, MD, PSMMC
Sam Tucker, JD
Victor Vergara, Walla Walla Public Schools
Jennie Weber, WorkSource
Anne-Marie Zell Schwerin, YWCA, Vice Chairperson

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Appendix 2: Indicators

2018 County Health Rankings Report – A Robert Wood Foundation program

The “**County Health Rankings**” measure the health of nearly every county in the nation. The *Rankings* annual report looks at a variety of measures that affect health and determine a weighted ranking for overall **Health Outcomes** and **Health Factors**.

<<http://www.countyhealthrankings.org/app/washington/2018/rankings/walla-walla/county/outcomes/overall/snapshot>>

Health Outcomes is based on an equal ranking of length of life and quality of life.

Walla Walla County is ranked 18th of the 39 counties in Washington State compared to 16th in the 2017 report and 17th in the 2016 report.

Health Factors is based on weighted scores for health behaviors (30%), clinical care (20%), social and economic factors (40%), and the physical environment (10%).

Walla Walla County is ranked 11th of the 39 counties in **Health Factors** compared to 11th in 2017 and 6th in 2016. Individual components of the 2018 scores include Health Behaviors with ranking of 16, Clinical Care with ranking of 4, Socioeconomic ranking of 13, and a physical environment ranking of 16.

	Key Indicators (for Walla Walla County unless otherwise specified)	WW	WA	US Top Performers 90 th percentile (Rankings) or
1.	Education Attainment 2014-2015 High School or higher Some College Bachelor’s Degree or higher <u>*2016-17 Walla Walla & Columbia County – Walla Walla Trends</u> Only high school diploma or GED Some College but no degree AA or Vocational degree Bachelor degree	80% 65% 29% 20% 24% 13% 17% 11%	81% 69% 34% 24% 24% 10% 22% 13%	TP 95% TP 72%
2.	% of 9 th grade cohort that graduate in 4 years 2016 *most recent rates per Walla Walla School District for 2017 *Decreasing trend since 2009 with high of 88% *2017 Lincoln School on time graduation rates: Compared to 2012: 55% 2014: 78% * 2016 Lincoln School 5-year graduation rates:	79% 75% 44% 74%	79% _____ _____	

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3.	Median Household Income 2017 – Walla Walla Trends *Household Income Hispanic 2016 Median Household Income 2013	\$54,157 \$45,900 \$47,758	\$70,979 ————— \$58,577	
	Overall Average Wage 2017 – Walla Walla Trends Overall Average Wage 2014 *Increasing trend in disparity with State average wage	\$42,998 \$39,215	\$62,077 \$54,829	
4.	Population Living Below the Federal Poverty Level 2016 Population Living below Federal Poverty Level 2012	14% 19%	11% 14%	
5.	Children Living in Poverty 2016 improving rate *but with Hispanic children rate at 27% Children Living in Poverty 2013	17% 23%	14% 19%	TP 12% TP 13%
6.	Children Eligible for free or reduced school lunch 2016 *Walla Walla County 2017 Walla Walla Trends Children Eligible for free or reduced school lunch 2013	*56% 52%	45% 47%	TP 33%
7.	Children in Single-parent households 2012-2016 Children in Single Households 2009-13	30% 31%	29% 29%	TP 20% TP 20%
8.	Households spending 30% or more income on housing *share of all homeowners (ownership rate WW & Columbia County= 66% WA State = 63%) 2010-12	17% 40%	24% 35%	
9.	Households spending 30% or more income on housing *share of all renters- Walla Walla Trends	38%		
10.	Rental Vacancy Rate 2016 – Walla Walla & Columbia Counties Walla Walla Trends	2.9%	3.2%	
11.	Income Inequality- ratio of household income 80th percentile to 20th percentile, factor for disparate neighborhoods –	4.5	4.5	TP 3.7
12.	Unemployment 2016 (County Health Rankings 2018 report) Unemployment Trends July 2018 U.S. Bureau of Labor	5.6% 4.2%	5.4%	TP 3.2%
13.	Food Environment Index 2015 0-10 scale with 10 best Formula of Limited Access to Healthy Foods (5%) plus Food	8.1	8.0	TP 8.6
14.	Households using SNAP food program 2016 (12,109 households)	20%	17%	
15.	Violent Crime Rate 2012-2014-offenses per 100,000 *Homicides	215 3	290 3	TP 62 TP 2
17.	% Crime involving Domestic Violence 2016 per 1000 residents –Walla Walla Trends	9.4		
18.	Number of households with internet connection	87%	89%	
MISCELLANEOUS LOCAL SOCIOECONOMIC INDICATORS				
19.	Number of Homeless Estimated January 26, 2018 Point of Time Survey * cannot be compared to previous years as	181	N/A	N/A
20.	Women and children sheltered at the YWCA 2017 – bed nights	8218	N/A	N/A
21.	Homeless sheltered at the Christian Aid Center 2017 – bed nights (average 40 guests per night- 53 children sheltered)	14,600	N/A	N/A
22.	Helpline # of in-kind services 2017 *compared to 2014=8400	9394	N/A	N/A
23.	Air Pollution (particulate measured rate) 2014 average Air Pollution (particulate measured rate) 2011 average	7.2 10.5	7.0 11	TP 6.7 TP 9.5

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24.	Days meeting WA DOE Air Quality Standards of Good to Moderate -Stable trend each year except during wildfire	98%		
25.	Drinking water violations identified by Public Health 2016 2013-14	Yes None		
26.	2016 Water Quality Index 1-100 (100 is excellent) WA Department of Ecology – as measured for Walla Walla	45		
27.	Severe Housing Problems 2010-2014 (factored for overcrowding, high costs, lack of adequate kitchen or	17%	18%	TP 9%
28.	Adults without health insurance 2015 Under age 65 Rankings Children without health insurance 2015 Under age 19 Rankings *2016 Adults without health insurance WW Trends *2016 Children without health insurance WW Trends	9% 4% 7.1% 1.1% 23%	8% 3% 6% 2.5% 20%	TP 7% TP 3% HP 2020 0% HP 2020 0%
	Adults without health insurance 2012 (pre-Affordable Care Act)			
29.	Population living in health care provider shortage (per US Dept. of Health & Human Services defined shortage	98%	50%	
30.	Primary Care Physicians Ratio per 100,000 2015 *does not consider part time practices or practices that are	820.1	1200.1	TP 1030.1
31.	Share of Adults with a Primary Healthcare Provider	77%	74%	HP 84%
32.	Dentists Ratio per 100,000 2016 *Few dentists in community accept Medicaid	1260.1	1250.1	TP 1280.1
33.	% Adults receiving dental care in past year 2017 % Adults receiving dental care in past year 2012	71% 65%	68%	HP 75%
34.	Mental Health Provider Ratio per 100,000 2017 Mental Health Provider Ratio 2014 – per 100,000	440.1 476:1	330.1 409:1	TP 330.1 TP 386:1
35.	Suicide rate per 100,000 deaths 2012-2016 Suicide rate per 100,000 2009-11	14 16	14 14	HP 10 HP 10
	Drug Overdose Deaths per 100,000 2014-2016	20	15	TP 10
36.	% Adults with Diabetes 2014 *Diabetes Monitoring 2014 % Adults with Diabetes 2011-12	11% 88% 7%	9% 86% 8%	TP 8% TP 91% HP 6%
37.	% of Adults who Smoke 2016 % of Adults who Smoke 2011-12	15% 15%	14% 17%	TP 14% HP 12%
38.	% Adults with Obesity 2014 BMI of 30 or more % Adults with Obesity 2011	28% 27%	27% 27%	TP 26% HP 25%
39.	% Adults Reporting Physical Inactivity 2014 *Access to exercise opportunities 2010-2016 % Adults Reporting Physical Inactivity	18% 83% 18%	17% 88% 18%	TP 20% TP 91% HP 20%
40.	Teen Birth Rates age 15-19 rate per 1000 2010-2016 *Teen Birth Rate Hispanic	25 45	21	TP 15
41.	% Adults who report Excessive Drinking 2016 % Adults with Excessive Drinking 2006-2012	18% 14%	18% 17%	TP 13% TP 10%
42.	Deaths by Injury 2012-2016 rate per 100,000 Deaths by Injury 2009-11 rate per 100,000	74 72	62 59	TP 55 TP 50
43.	Alcohol Impaired Driving Deaths 2010-2016(% all driving deaths)	19%	34%	TP 13%

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44.	# Motor Vehicle Crash Deaths 2010-2016 *Rate per 100,000 (Rated 8th in State) Motor vehicle crash mortality rate	41 10 16%	8	TP 9
45.	% Children receiving basic childhood immunizations 2016	51%	58%	HP 80%
	% Children receiving basic childhood immunizations 2012	41%	52%	
46.	% Adults receiving influenza vaccination 2016 2011-12	54% 38%	39% 38%	HP 80%
47.	Health Care Costs 2015 Amount of price-adjusted Medicare reimbursements per enrollee	\$7677	\$7987	
48.	Premature Age Mortality -# of deaths among residents under age 75 per 100,000 2014-2016	320	290	TP 270
49.	Years of potential life lost rate-2014-2016 White=6900 Hispanic=4500	6300	5600	TP 5300
50.	SOS Clinic 2017# of visits SOS Clinic Top 5 Diagnosis 2018: Common Respiratory	1122	N/A	N/A
51.	Top 7 causes of death in order in Walla Walla County 2016 (WA State Death Certificates) <ol style="list-style-type: none"> 1. Malignant Neoplasms 2. Heart Disease 3. Alzheimer's Disease 4. Accidents/Injury 5. Chronic Respiratory Disease 6. Diabetes Mellitus 7. Cerebral Vascular Disease <p>*Malignant Neoplasms has surpassed heart disease since 2014 CHNA, and Alzheimer's has surpassed Accidents/Injury. The cancer mortality rate is 150 deaths per 100,000 people. This rate is slightly under that of the state and meets the Healthy People 2020 standard. The Diabetes rate is higher in Walla Walla County at 11% than the state overall at 9%.</p>			

Data Sources for Indicators: 2018 County Health Rankings primary source plus Walla Walla County Department of Community Health, Washington Department of Health, Port of Walla Walla Trends demographic and economic indicators, U.S. Census Reports, and Washington State Employment Security Department.

2016 Healthy Youth Survey

The Washington State Healthy Youth Survey is an effort to measure health risk behaviors that contribute to morbidity, mortality, and social problems among youth. These behaviors include use of alcohol, marijuana, tobacco and other drug use; behaviors that result in intentional and unintentional injuries, dietary behaviors and physical activity; mental health, school climate, and other related risk and protective factors. Students are surveyed in the 6th, 8th, 10th, and 12th grades every 2 years. Participation rate in the 2016 survey by youth in Walla Walla County included 82% of grade 6 students, 81% of grade

2018 COMMUNITY HEALTH NEEDS ASSESSMENT

8 students, 56% of grade 10 students, and 53% of grade 12 students (*6th grade students are not asked all the questions on the survey).

	Key Indicators Health Youth Survey 2016 Walla Walla County Areas of concern or	8th	10th	12th
52.	Dietary Behaviors - % of students who report drinking sugar sweetened beverages 2 or more times a day *sugar sweetened beverages can no longer be purchased at most schools Compared to 2014:	6%	11%	11%
		3%	6%	4%
53.	Dietary Behaviors –Ate breakfast today *all public schools have breakfast program Dietary Behavior – Never or Rarely eat dinner with family *Youth who do not eat dinner with their families more likely to report lower grades	65%	61%	56%
		16%	24%	50%
54.	Obesity Rate-based on reported height and weight *2014 *significant change in 14 year trends from 2004: 12% - 10% - 8%	13%	15%	14%
		17%	12%	14%
55.	Physical Exercise - % of students who report walking or riding a bicycle to or from school during an average week	47%	33%	21%
56.	Physical Exercise - % of students who reported being physically active at least 60 minutes per day	35%	26%	17%
57.	Excessive Television/Video Game Use- 3 or more hours per day	54%	60%	57%
58.	Mental Health –Sad or hopeless for at least two weeks in past year *State rates of 28%/34%/37%	32%	41%	38%
59.	Mental Health – Suicidal Feelings and Actions Considered attempting suicide within the last year (2014 17%/23%/21%) 2016 State rates 17%/21%/20% Made a suicide plan at least once during the last year 2014 19%/22%/20% Attempted suicide at least once during the last year 2014 8%/11%/12%	21%	23%	17%
		15%	19%	14%
		6%	6%	4%
60.	Sexual Intercourse – Students who reported have you ever	15%	29%	50%

2018 COMMUNITY HEALTH NEEDS ASSESSMENT

61.	Homelessness *Student reports living with friends with no adults present *Students report living on their own *Students report living in a shelter	1% 0% 0.8%	0.5% 0.5% 0%	1% 3% 0.5%
62.	Tobacco Use – Cigarette use within the last 30 days *trending upward since the 2014 survey for all grades 4%/6%/12% and statistically higher than the State rate at 3%/6%/11% *E-cigs/vapor pens second survey reporting on this growing trend Compared to 2014 survey at 13%/21%/20% and 2016 State rate of 6%/13%/20% *% of students who report “great risk” of harm from smoking a pack or more a day	5% 12% 66%	12% 17% 81%	17% 16% 77%
63.	Alcohol Use – within the last 30 days	11% 8%	28% 15%	35% 21%
	*Binge drinking (5 or more drinks) within the last two weeks	18%	21%	20%
64.	Marijuana Use – within the last 30 days *second cycle of survey since recreational marijuana	11%	29%	28%
65.	Current Illegal Drug Use - % students who report using illegal drugs in the past 30 days (not including alcohol,	6%	8%	5%
66.	Potential for School Violence -Gang Membership - % of students who report being members of a gang in the past	5%	4%	4%
67.	Unintentional Injury – Texting Rode with texting driver (2014 survey 43%/57%/56%)	45%	64%	57%

Appendix 3: Community Input

Appendix 3a. Public Health Representative

Name	Title	Organization
Meghan DeBolt, MPH, MBA	Director at Walla Walla Department of Community Health	Walla Walla Department of Community Health

Appendix 3b. Focus Group and Community Forum participant demographics

Page 2 of [Community Conversations Report](#)

Phase 1: GATHER IDEAS

Between May and August of 2016, hundreds of participants shared their ideas for the future of the Blue Mountain Region in a series of workshops and roundtable discussions. In an effort to include as many participants as possible, the workshops were held in different locations across the region, mostly in the evening, with one held during the day. Refreshments and childcare were provided at all workshops, and simultaneous Spanish interpretation was provided as needed. In addition to the large workshops, United Way of Walla Walla County conducted a number of smaller roundtable discussions at business offices, service club meetings, and youth centers. The meetings and workshops are described below.

Workshops:

Five evening workshops were held in Walla Walla (May 23), Milton-Freewater (May 24), Dayton (May 25), Carrie Street Community Center (June 21), and Waitsburg (August 18); over 450 community members attended. To accommodate those who could not attend any of the evening meetings, a daytime workshop was held in Walla Walla (August 24). Simultaneous Spanish interpretation was provided as needed and utilized at two of the events—the evening meetings in Walla Walla and Milton-Freewater. A workshop held at the Carrie Street Community Center was conducted in Spanish and English interpretation was provided. At all of the workshops where Spanish was used, participants’ ideas offered were recorded in English and Spanish. Childcare was offered at all of the evening events and utilized at three of them.

Results from each of the September prioritization meetings were as follows:

Walla Walla (126 attendees)

1. Access to Education: 361
2. Strong and Diverse Economy: 235
3. Health: 179
4. Safety: 153

5. Care for Nature: 133

Commitment to Diversity: 133

Milton-Freewater (27 attendees)

1. Access to Education: 91
2. Safety: 49
3. Care for Nature: 48
4. Strong and Diverse Economy: 46
5. Health: 37

Civic Engagement: 37

Dayton: (34 attendees)

1. Strong and Diverse Economy: 84
2. Health: 56
3. Access to Education: 47
4. Care for Nature: 41
5. Civic Engagement: 34

Combined tabulation:

- Access to Education: 499
- Strong and Diverse Economy: 365
- Health: 272
- Care for Nature: 222
- Safety: 202
- Commitment to Diversity: 133
- Civic Engagement: 71

Appendix 4: Existing Health care Facilities in the Community to address significant health needs

Organization Type	Organization	Address	Description of services offered
Clinic	Family Medical Center	1120 West Rose Street Walla Walla, WA 99362	Family Medical Center serves the families of the Walla Walla area with medical, dental, Nutrition Services/WIC, adolescent counseling and more in an up-to-date clinic.
Medical Clinic	The Walla Walla Clinic	55 W. Tietan St. Walla Walla, WA 99362	<p>The Walla Walla Clinic, established in 1936, is a multispecialty medical clinic offering more than 60 primary care and specialty providers in most areas of medicine.</p> <p>In addition to a wide choice of providers, the clinic includes in-house laboratory, imaging, therapeutic and diagnostic services, and is pleased to offer you the services of the community's first Ambulatory Surgery Center.</p>
Medical Center	Wainwright Memorial VA Medical Center	77 Wainwright Drive Walla Walla, WA 99362	Medical center with five community-based outpatient clinics and two telehealth clinics.

Note: Walla Walla General Hospital was a 72-bed acute-care hospital located at the base of the Blue Mountains and served approximately 70,000 residents of Southeastern Washington and Northeastern Oregon. It closed in July 2017.

*Providence St Mary Medical Center
Community Health Improvement Plan Report*



PROVIDENCE ST MARY MEDICAL CENTER

Community Health Improvement Plan Report 2019-2021



To provide feedback about the Community Health Improvement Plan, email Kathie Oreb,
Director of Mission Services:
Kathie.oreb@providence.org

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EXECUTIVE SUMMARY

Assessing community health needs and developing plans to address those needs are essential for hospitals to understand and help meet the needs of the communities they serve. This concept was reinforced by the Patient Protection and Affordable Care Act which contains requirements for tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years, and in response to the CHNA, adopt a Community Health Improvement Plan to meet the health needs identified through the community-wide assessment.¹ This document represents the Community Health Improvement Plan that Providence St Mary Medical Center will follow for the next three years (2019-2021) to address specific needs identified in the 2018 CHNA.

We offer our sincere thanks to our community partners for participating in the process through which community health needs for Providence St Mary Medical Center to address were determined. Without the generous gift of their time, completion of the needs assessment and this implementation plan would not have been possible.

Collaborating Organizations

The Providence St Mary Medical Center (PSMMC) Community Health Improvement Plan Report is done in collaboration with the work of Walla Walla County Department of Community Health and the Blue Mountain Regional Community Health Partnership (BMRCHP). The BMRCHP is a group of health care, social services, education, and other community leaders collaborating to address gaps in services in the Blue Mountain Region (Walla Walla and Columbia Counties). The priority of the partnership is to ensure residents have access to high quality, affordable healthcare and the resources to sustain a healthy lifestyle. Providence St Mary Medical Center is a participating organization.

Community Health Improvement Plan Priorities

As a result of the findings of our Providence St Mary Medical Center Community Health Needs Assessment (CHNA) and through a prioritization process aligned with our mission, resources and hospital strategic plan, Providence St Mary Medical Center will focus on the following areas for its 2019-2021 Community Benefit efforts:

- Youth At Risk – Reduce the number of homeless youth and young adults within the community

¹ A *community health needs assessment (CHNA)* is a systematic process involving community partners to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon significant unmet community health needs. Hospitals are required to conduct a community health needs assessment every three years in collaboration with community partners including Public Health. The *Community Health Improvement Plan (CHIP)* is the hospital's plan for addressing community health needs, including significant health needs identified in the community health needs assessment. This improvement plan and strategy is also known as the hospital's overall community benefit plan.

- Behavioral Health (mental health and substance abuse)- Improved integration and alignment of systems and services within the community to better provide access to those in need
- Improve immunization rates within the community

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

Identifying community needs and plans to meet those needs was the starting place of Providence Ministries, including Providence St Mary Medical Center established in 1879 in the Walla Walla community. Through the work of Mother Joseph and the other sisters who historically served in this region, plans were made to address the needs for homes for orphans and widows, schools to teach the skills of reading and writing, and hospitals to care for the sick. Populations served included those in poverty, those who were illiterate, the children and elderly, Native Americans, the mentally ill, and victims of epidemics which swept the area at that time. Community partners included women's and other community charitable organizations, city officials, churches and interfaith groups, members of the military forces in the region, and the gold miners.

Today that mission carries on in our local community with support in recent years for youth at risk, healthcare clinics in schools for access to at-risk students, the mentally ill, women and children who need emergency shelter and a safe place away from violence, free health care screenings and health education for diverse populations, immunization clinics, and support for healthy lifestyles. We expect the coming years will include increased focus on addressing health disparities, with emphasis on social determinants, improving population-based health, and ensuring access to evidence-based continuums of care. This focus brings a change from traditional clinical service delivery models to community-based preventive services and community solutions to improve the health outcomes of the greater Walla Walla community. We will continue cultivating and supporting community partnerships to address the identified community health needs.

WHO WE ARE

Providence St Mary Medical Center has served the healthcare needs of the residents of Walla Walla County and surrounding areas since 1879 originally through the Sisters of Charity of Providence and currently as part of Providence Health & Services, a not-for-profit Catholic health care ministry. PSMMC is licensed for 142 beds and provides a wide range of services including a family birth center, regional cancer center, interventional cardiology and cardiac services, inpatient and outpatient rehabilitation services including therapy services delivered at the local YMCA, surgical services, emergency and trauma care as well as Home Health. PSMMC is one of the largest employers in the community with 1400 non-provider employees between the hospital and Providence Medical Group clinics and 95 employed providers through Providence St Mary Medical Center and the Providence Medical Group. PSMMC is the only hospital within Walla Walla County. Providence Health & Services is part of the larger not-for-profit- system Providence St. Joseph Health formed in 2016 by the joining of Providence Health & Services and St. Joseph Health.

OUR COMMITMENT TO COMMUNITY

Providence St Mary Medical Center 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 2018, our ministry provided \$17 million in community benefit² in response to unmet needs and improve the health and well-being of those we serve.

PLANNING FOR THE UNINSURED AND UNDER INSURED

We aim 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 St Mary Medical Center has a **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients. To view our financial assistance policy and sliding scale guidelines, please go to residing State website:

<https://www.providence.org/obp>

One way that Providence St Mary Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply

² **What is Community Benefit?** Community benefit are programs or activities that promote health and healing in response to identified community needs and meet at least one of these community benefit objectives:

- Improve access to health care services
- Enhance the health of the community
- Advance medical or health care knowledge
- Support or reduce the burden of government or other community efforts in addressing identified areas of community health need

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

The primary service area for Providence St Mary Medical Center includes all zip codes in Walla Walla County, Columbia County, and the communities of Milton-Freewater, Athena, and Weston in Umatilla County, Oregon. Secondary service areas include the rest of Northeast Oregon where we collaborate with five critical access hospitals.

Southeast Washington Service Area



Primary Service Area

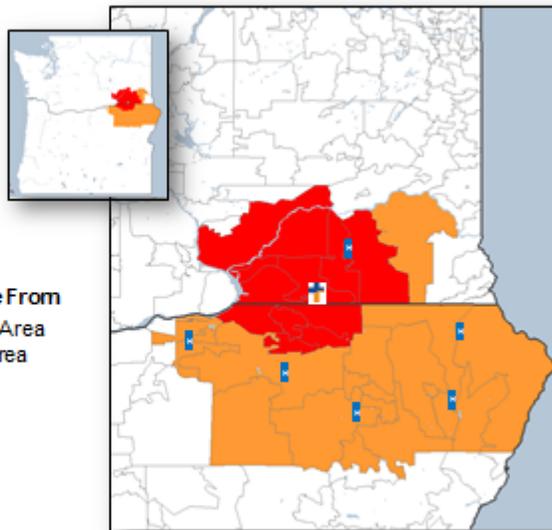
- Population 79,909
- 1 Acute Care Hospital
- 1 Critical Access Hospital
- 1 Ambulatory Surgery Center & Imaging Center

Secondary Service Area

- Population 96,257
- 5 Critical Access Hospitals

Where Do Our Inpatients Come From

- 90% from the Primary Service Area
- 7% from Secondary Service Area
- 3% outside PSA & SSA



COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Health Needs, Assessment Process, and Results

PSMMC participated during 2017-2018 in a community health partnership lead by Walla Walla County Department of Community Health (Public Health) and the Blue Mountain Regional Community Health Partnership (BMRCHP). The BMRCHP includes participation from a broad base of sectors important to overall community health including Public Health, Education (including Public School Districts, local colleges, and pre-school early learning advocates), Healthcare Agencies, Public Safety & Law Enforcement, Social Services and Managed Care,

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Long-term Housing, Transportation, Faith-based organizations, other community-based organizations, and members of the public. Geographical representation includes members from Walla Walla County, Columbia County, and the Milton-Freewater, Oregon communities which are included in the primary service area of PSMMC. The BMRCHP meets monthly and has utilized facilitated group processes to identify needs and prioritize health indicators among community stakeholders at several work sessions including a series of open meetings in 2018 where the public was invited. The goal of this partnership is to “Create a healthier community through cross-sector collaboration with providers, partners, and organizations throughout the Blue Mountain Region to ensure residents in the Blue Mountain Region have access to high quality, affordable health care and resources to sustain a healthy lifestyle”.

The PSMMC Mission Committee, representing various department leaders, mission services, senior administration, and members of our community board, also review the community health data and the work of the community public health coalition and provided input to develop an updated hospital community health needs assessment (CHNA) identifying areas of concerning trends and priority needs. Key sources of data sources included: Walla Walla County Department of Community Health, Washington State Department of Health, Washington State Employment Security Department, Port of Walla Walla-Walla Walla Trends, U.S. Census Reports, County Health Rankings, Community Health Conversations Report, Healthy Youth Survey, School District Graduation Rates and Health Clinic data, and other sources. The most recent PSMMC Community Health Needs Assessment was approved by our Community Board in November 2018 and is available on line: <http://www.psihealth.org/-/media/files/providence-st-joseph-health/community-benefit/wa/2018chnaandchipwallawalla.pdf?la=en>

Providence St Mary Medical Center anticipates that implementation strategies to address community needs may change and therefore, a flexible approach is best suited for the development of its response to the Providence St Mary Medical Center CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Providence St Mary Medical Center in the Community Health Implementation Plan.

Identification and Selection of Significant Health Needs

Health needs identified in the PSMMC CHNA included:

- Youth At- Risk
- Homelessness and need for temporary shelter
- Mental health access
- Substance Abuse Prevention and Access to Treatment
- Obesity & Healthy Lifestyles
- Community Immunization Rates

In addition, the Blue Mountain Regional Health Partnership subsequently prioritized three areas out of the Walla Walla County Department of Community Health 2018 Report:

- Early Learning – In partnership with Walla Walla Valley Early Learning Coalition
- Housing & Homelessness – In collaboration with Walla Walla County Council on Housing
- Behavioral Health (combining the identified needs for mental health and substance abuse into one priority called behavioral health)

Community Health Needs Prioritized

The community health needs prioritized for the Providence St Mary Medical Center Community Health Implementation Plan will be:

- Youth At- Risk – Homeless Youth and Young Adults
- Behavioral Health (Mental Health and Substance Abuse)
- Improving Immunization Rates within the Community

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. The following community health needs identified in the PSMC ministry and Public Health CHNA will not be addressed in the PSMC CHIP as top three priorities for resources or in-kind expenditures or community project work:

- Early Learning Initiatives – There is an existing collaboration within the community that will prioritize this work and it is out of scope for the primary expertise available at PSMC
- Obesity & Healthy Lifestyles – While very important for community health these areas will be addressed within smaller community health education and activities within various service lines within the organization

COMMUNITY HEALTH IMPROVEMENT PLAN

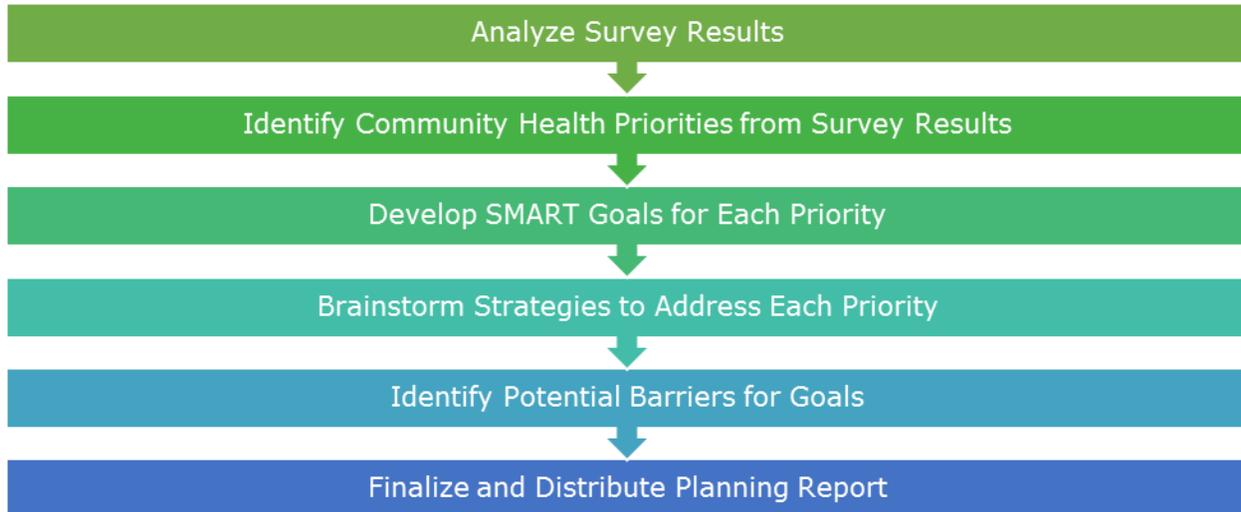
Summary of Community Health Improvement Planning Process sponsored by Public Health Coalition (PSMC a Participating Agency)

Process

The process for the 2019 Walla Walla County Department of Community Health Community Health Improvement Plan (CHIP) has changed from years past. Previously, an extensive Mobilizing for Action through Planning and Partnership ([MAPP](#)) process was used to create the [2014-2017 CHIP](#). A modified process was used for the 2019 CHIP to capture as much information as possible in the most efficient and effective way. The 2019 process involved

fewer assessments and meetings, focusing instead on gathering data-based feedback online in advance of a discussion-based CHIP Planning Meeting.

Walla Walla County Department of Community Health gathered a cross sector steering committee to help outline and develop the process for the Community Health Improvement Plan. The group's goal was to create an efficient, collaborative, and fair process that would identify the community's top three health priorities for the 2019 Community Health Improvement Plan (CHIP). The steering committee met four times prior to the Blue Mountain Regional Health Partnership CHIP meeting. They developed the following process:



The [CHIP Planning Meeting](#) took place on October 25, 2018 in cooperation with the Blue Mountain Regional Community Health Partnership (BMRCHP). The [BMRCHP](#) is a group of health care, social service, education, and other community leaders collaborating to address gaps in services in the Blue Mountain Region (Walla Walla and Columbia Counties). The priority of the partnership is to ensure residents have access to high quality, affordable health care and the resources to sustain a healthy lifestyle. Prior to the first meeting, the Partnership was emailed a [survey](#) detailing the outcome of the [Community Health Assessment](#) previously compiled in 2018. The Community Health Assessment examined indicators for Social Determinants of Health, Risk Factors, and Health Outcomes to provide an overall picture of the health and well-being of Walla Walla County. Survey participants were presented with the data and asked the following questions for each indicator:

1. Should [indicator] be a CHIP priority?
2. What, if anything, is currently being done to address [indicator]?
 - a. (Type) Current efforts:
 - b. (Type) Organizations addressing this issue:
3. If “yes” – What else can be done to address [indicator] disparities?

The final questions of the survey asked participants to rank their top 3 choices for CHIP priorities out of the indicators for which they answered the three questions above. The choices were:

- Early Learning

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- Educational Attainment
- Poverty
- Income
- Housing
- Violence
- Bullying
- Community Engagement
- Health Insurance
- Provider Availability
- Dental Care
- HIV Screening
- Immunization
- Tobacco Use
- Alcohol Use
- Opioid Use
- Marijuana Use
- Mental Health
- Physical Activity
- Obesity
- Communicable Disease
- Teen Pregnancy
- Physical Environment
- Environmental Quality
- Cardiovascular Disease
- Cancer
- Diabetes

The BMRCHP reviewed the [results of the survey](#) at the CHIP Planning meeting to select CHIP priorities, set goals, and identify barriers and opportunities for the health priorities. Twenty BMRCHP members participated in the survey and a [summary of the results](#) is provided below.

- The top ranked indicators were (in order):
 1. Early Learning
 2. Housing
 3. Mental Health
 4. Obesity
 5. Marijuana Use
 6. Poverty
 7. Educational Attainment
 8. Opioid Use

9. Physical Activity

10. Provider Availability

- Of individual indicators that participants answered “yes” to “Should this be a CHIP priority,” tobacco use ranked third, but was only identified as a top three priority by 7% of participants.
- 100% of participants responded “yes” when asked if Mental Health should be a CHIP priority.

In discussing the survey results, the group reached consensus to combine the topics of substance use and mental health into one topic called behavioral health.

The group as a whole then discussed each individual priority and provided guidelines for how recognized goals could be Specific, Measurable, Achievable, Relevant, and Timely (SMART). The Partnership emphasized the importance of ensuring the goals for each priority were prevention-based and focused on the root cause of the issue.

The Partnership made it clear that the CHIP should not duplicate efforts and the group chose to utilize existing work throughout the community to identify the SMART goals. After much conversation the Partnership charged the CHIP Steering Committee with setting SMART goals for each priority.

The CHIP Steering Committee met on November 28, 2018 to review the Blue Mountain Regional Community Health Partnership meeting and identify the following goals in discussion with steering committee members who agreed to utilize existing work and content experts in the community.

EARLY LEARNING

Early learning goals are being developed in partnership with the Walla Walla Valley Early Learning Coalition who is working on their strategic planning for 2019. Identified SMART goals will be developed by February 2019 and preliminary goals are listed below.

Short Term

- Host listening sessions with parents of young children
- Conduct a needs assessment and landscape analysis at the neighborhood and district level
- Develop collective strategic plan to address community needs across sectors and agencies

Long Term (subject to change based on results of listening sessions)

- Implement a “no wrong door” approach
- Invest in the development of a centralized early learning services “hub”
 - Focus on coordinating early childhood education and school readiness efforts.
 - Community “nucleus” for early learning efforts.

- Identify children at risk of arriving at kindergarten unprepared; work with families to identify needs; connect families to supports or services; and accountable for outcomes.
 - Adapted from Oregon Dept. of Education, Early Learning HUBS

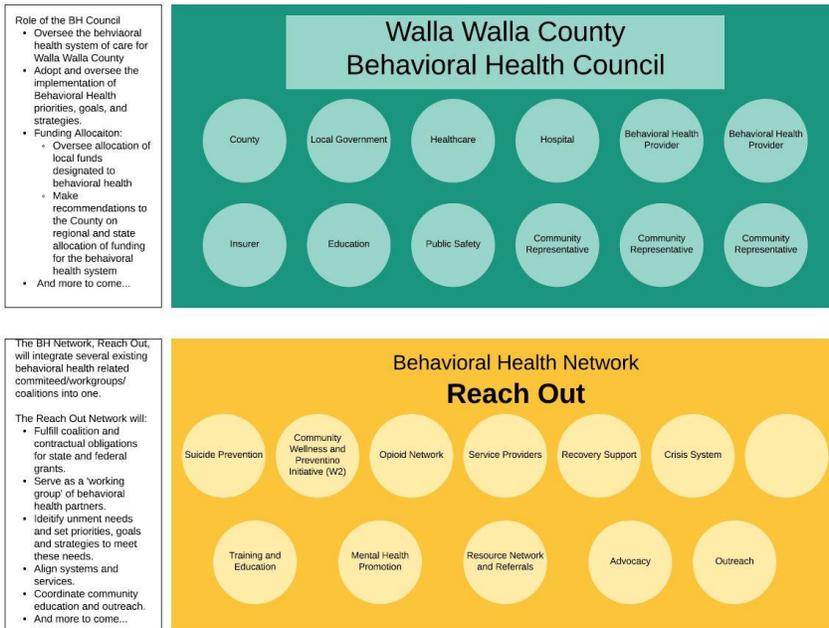
Next Step: Become an Early Learning Community

HOUSING

Housing Goals Will be added following the completion of the Walla Walla County Council on Housing’s 5 Year Plan and informed by the recommendations developed through the Affordable Housing Study facilitated by Community Council. Housing goals will be available by summer 2019.

BEHAVIORAL HEALTH

The goal for behavioral health will be to create a collaborative system wide approach for community behavioral health which will identify and develop a quality council specifically for behavioral health in our valley. The quality council will provide direction on a continuum of care for quality behavioral health services in our community. The proposed structure will utilize a “Behavioral Health Community Council” and use a network to “Reach Out”.



Final PSMMC Mission Committee Prioritization Process:

The Mission Committee, in reviewing the Public Health draft CHIP priorities, met on March 11, 2019 and through group process prioritized three recommendations for the PSMMC CHIP for the Community Board, which approved the Implementation Plan on April 26, 2019.

- Youth At Risk – Homeless Youth and Young Adults (included in CHNA under Youth At Risk and Homelessness)
- Behavioral Health (Mental Health and Substance Abuse combined – also included in CHNA)
- Improving Immunization Rates within the Community (included in PSMMC CHNA and substituted over Early Learning Initiatives prioritized by Public Health)

Addressing the Needs of the Community:

Key Community Benefit Initiatives and Evaluation Plan

1. Initiative/Community Need being Addressed: Youth At Risk – Homeless Youth and Young Adults (ages 12-24)

Goal (anticipated impact): The focus of the initiative is to prevent and end youth and young adults (ages 12-24) homelessness by 2022. The goal is to create a functional zero, which means that the system will not have more youth enter than exit from the homelessness system at any given time.

Scope: PSMMC will partner with community agencies in the local Anchor Community Initiative. This statewide initiative is led by “A Way Home Washington,” a public-private partnership of passionate stakeholders. This new initiative in Washington State will provide strategic planning and change towards community system focus rather than individual agency focus to meet the goal. Four counties were chosen to participate in the initial state effort including Walla Walla, Spokane, Yakima, and Pierce counties. The communities within Walla Walla include the primary cities of College Place, Prescott, Waitsburg, and Walla Walla as well as other census-designated and unincorporated communities. The initiative is an innovative, data-driven, and equity-focused campaign that ensures our local community will have the capacity to respond to youth and young adult homelessness. A youth coalition will participate through the County Council on Housing and will continue the work of the Walla Walla Youth Alliance. PSMMC will participate on this coalition and determine how best to utilize our community benefit resources to assist with this initiative. The availability of safe housing and shelter are a social determinant to health.

Outcome Measure	Baseline	FY19 Target	FY21 Target
Count of “Youth Homeless” in Walla Walla County	We do not have a current list or an accurate count. However, the 2018 “Point-in-Time” Count indicates 181 homeless but Christian Aid Center reports more with 40% children.	By Name List Score Card of all Youth and Young Adults who are Homeless	25% reduction in Youth Homelessness

Strategy(ies)	Strategy Measure	Baseline	FY19 Target	FY21 Target
1. Collect Quality, real-time data within Walla Walla County	By Name List (BNL) Score Card	N/A – we do not have one	Creation of BNL Score Card	100% use of the BNL Score Card by all providers serving youth and young adults.
2. Full set of policies and procedures to capture	Number of providers using policies and procedures created	N/A we do not have	This work will begin in 2020	100% of providers will use established

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youth and young adults experiencing homelessness				policies and procedures
3. Outreach and street engagement to ensure youth experiencing unsheltered homelessness will be identified and engaged	BNL Scorecard	N/A we do not have one	This work will begin in 2020	
4. Safe and secure housing for all youth and young adults	Number of youth and young adults exiting state care to homelessness	N/A we do not have one	We will have this number at the end of 2019	50% reduction from 2019

Evidence Based Sources: <https://awayhomewa.org/anchor-community-initiative/>

Key Community Partners: Walla Walla County Council on Housing and Youth Coalition, Public Health

Resource Commitment: Staff time, other resources to be determined within the 2019-2021 cycle

2. Initiative/Community Need being addressed: Behavioral Health (Mental Health and Substance Abuse)

Goal (anticipated impact): Participate on new County Behavioral Health Task Force to assist with integration and alignment of systems and services to better provide access and education for behavioral health needs for youth and adults through a “REACH OUT” network

Scope: Behavioral health remains a high priority in Providence St Joseph for improving the health of our communities. The Walla Walla Community Health coalition has strong consensus that there needs to be a more aligned and coherent system of behavioral health to meet the needs within the community in general. In addition, there is a strong need to meet the social and emotional needs of our school-age children in a consistent framework of access and care. Suicide prevention and addressing the opioid addiction epidemic is a grave concern. A behavioral health task force has been established through the Department of Community Health which has representation from PSMMC. In addition, the PSMMC Chief Nursing Officer sits on the Board of Comprehensive Behavioral Health Services. PSMCC is working with Comprehensive to provide MSW resources for key locations on campus. PSMMC Emergency Department currently has an agreement with Consistent Care to provide case management for patients with frequent ED visits who often have associated behavioral health diagnosis. By partnering with these community coalitions PSMMC can determine how best to utilize our community benefit resources to assist with improving behavioral health in the community through the Walla Walla County Behavioral Health system of Care.

Outcome Measure	Baseline	FY19 Target	FY21 Target
Aligned County Behavioral Health System of Care	Siloed, often competitive behavioral health system that does not put the patient at the center of care	Data collection to determine outcomes, interventions, and what target populations are needed to improve behavioral health.	Council on Behavioral Health – a cross sector behavioral health oversight body that analyzes data and determines how to best align systems of care and resources to meet community need will be implemented.

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Strategy(ies)	Strategy Measure	Baseline	FY19 Target	FY21 Target
1. Collect quality, real-time data	Comprehensive set of Behavioral Health Indicators that will be tracked annually.	Current Indicators: <ul style="list-style-type: none"> • Mental Health Care Providers per 100,000 • Substance use: <ul style="list-style-type: none"> ○ Youth Tobacco ○ Smoking during pregnancy and low birthrate ○ Alcohol use – adult binge drinking, 10th grader drinking level ○ Opioid death rate ○ Drug overdose hospitalization ○ Youth marijuana use ○ Adults with poor mental health ○ Depressive feelings and suicidal thoughts – youth ○ Suicide rate 	Full set of data indicators and data sharing agreement with behavioral health providers and hospital system	Continued use of data indicators and data sharing agreements with hospital system, justice system, school districts, and behavioral health providers.
2. Gap Analysis	List of services available to all age groups across the service area, and lack of services	We do not have gap analysis at this time	Conduct analysis	Use results to implement strategies to address gaps in systems of care.
3. Reduction in access to lethal means (prescription drug box, gun locks, others)	Reduction in number of suicide and overdose deaths	Overdose Deaths in 2017: 20 Suicide Deaths in 2017: 12 (these confirmed numbers from County Coroner’s Office)	5% reduction in suicide and overdose deaths	25% reduction in suicide and overdose deaths
4. Mental Health First Aid Training	Increase awareness of mental health concerns and reduce stigma	Mental Health First Aid Training curriculum has been established and instructors trained in 2018	Track number of individuals trained in 2019	Increase number of individuals trained over 2019
5. Implement Population Health Department which will provide integrated Behavioral Health into PMG Primary Care	Provide additional FTE resources for : *Population Health Coordinator *Outpatient Care Manager MSW *MA Clinical Analyst *MA Case Manager ED *Comprehensive Health Behavioral Therapist (Professional Services Agreement contract) *Clinical Pharmacist *RN Care Specialist	Exiting Clinical Pharmacist resources Existing RN Specialists resources Other positions to be recruited for	Recruit and hire new positions for Population Health Department	Increased number of behavioral health counseling sessions to support outcome measures to reduce suicide and overdose rates

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Key Community Partners: Walla Walla County Department of Community Health, Catholic Charities, Walla Walla Clinic, Early Learning Coalition, Greater Columbia Accountable Communities of Health, Walla Walla County Behavioral Health Coalition, Comprehensive Health Care, Consistent Care

Resource Commitment: Staff time, other resources to be determined in the 2019-2021 cycle

3. Initiative/Community Need being addressed: Improve Immunization Rates within the Community

Goal (anticipated impact): Protect our communities overall health by increasing the number of individuals of all age groups who receive immunizations. This will include on-time immunizations of infants and youth, all ages receiving the influenza vaccine, seniors receiving the shingles vaccine, amongst other recommended vaccines.

Scope: There is a need to improve vaccination rates in the community and especially childhood immunization rates. Data for outcome measurements can be obtained through the State Vaccination Registry and broken out by school districts to measure progress. Childhood vaccines can be obtained for free or reduced cost through Public Health programs but there is a shortage of nursing resources in public health to provide vaccination clinics including school clinics. Improvements in community childhood and influenza vaccination rates require comprehensive and innovative education programs targeted at all populations served. As healthcare providers in the hospital and PMG clinics we have resources and expertise to partner with Public Health and other healthcare providers in the community on integrated action planning for an improvement in overall vaccination rates. Washington State has experienced breakout of communicable diseases transmitted by unvaccinated populations in recent years including measles and pertussis.

Outcome Measure	Baseline	FY19 Target	FY21 Target
1. Childhood Immunization Rate in Walla Walla County as defined by Washington State as ready for kindergarten (Health People Goal 80%)	51% (WA State 58%)	Increase by 5% in 2020 over 2018 rate	Increase by 5% over 2020 rate
2. Adult Influenza Immunization Rate in Walla Walla County (Healthy People Goal 80%)	54%	Increase by 5% in 2020 over 2018-2019 rate	Increase by 5% over 2019-2020 rate

Strategy(ies)	Strategy Measure	Baseline	FY19 Target	FY21 Target
1. Conduct Innovative Community Coordinated Public Education	Create a public health information and messaging program on benefit of vaccination with innovative new approach to families in targeted areas with lowest vaccination rates	No consistent and coordinated messaging by all providers and agencies currently	Public Health and community healthcare agencies will finalize a coordinated public education approach	Implement community coordinated health education on benefit of immunizations during 2020-2021
2. Conduct Flu Vaccination Clinics to underserved	Conduct flu vaccination clinics at convenient times and locations without need for appointment	Have conducted annual drive-through (and walk-up) vaccination clinic on a Saturday in October administering 500 doses of free vaccine in 2018	Conduct another Flu Vaccination Clinic in 2019 reaching out to underserved population	In working with community partners increase the number of flu vaccinations given over the 2018 baseline

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3. Explore need for Child Immunization Clinics with Community Partners to provide increased access at convenient times and locations	Conduct exploratory inter-agency meetings to evaluate if need for more options of convenient times and locations and determine if any gaps in reporting to State Vaccination Registry.	No consistent community coordination to determine needs of families by providers and agencies currently	Increase baseline immunizations required for school district admission by 5% in 2020 over 2018 rate.	Increase by 5% over 2020 rate.
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Evidence Based Sources:

Washington State Immunization System:

<https://fortress.wa.gov/doh/cpir/iweb/main.jsp>

Health People 2020 Immunization Rates:

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Key Community Partners: Walla Walla County Department of Community Health, School Districts, Walla Walla Community College School of Nursing, City of Walla Walla Homeless Sleep Center, and other volunteer organizations

Resource Commitment: Staff resources, funding for vaccination clinics, other resources to be determined in the 2019-2021 cycle.

Other community Benefit Programs and Evaluation Plan

INITIATIVE / COMMUNITY NEED BEING ADDRESSED	PROGRAM NAME	DESCRIPTION	TARGET POPULATION (LOW INCOME OR BROADER COMMUNITY)
Access to Primary Medical Care	The Health Center	Free student health care for elementary school to high school. There are four locations in Walla Walla.	Low Income
Mental Health	National Alliance on Mental Health	The <i>National Alliance on Mental Illness</i> has a chapter in <i>Walla Walla</i> , dedicated to awareness and advocacy regarding those living with <i>mental illness</i> . NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. NAMI offers support and education programs for families and individuals living with mental health conditions.	Broader Community
Mental Health / Substance Abuse	Trilogy Recovery Community	Mental Health Education, counseling, and recovery.	Broader Community

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Preventative Care: Immunizations	Community Free Drive Through Flu Shot Clinic	Free drive through and walk- up flu	Low Income
Health Professions – Increase RN Workforce: Education – Nursing Students	Walla Walla Community College Nursing Program education at PSMCC	1 st year and 2 nd year nursing students’ education.	Broader community
Services for Women: Negative Margin	Women’s Services		Broader Community
Services for Home Care: Negative Margin	Home Health Out-patient		Broader Community
Services for End-of-Life Care: Negative Margin	Palliative Care Program		Broader Community

Appendix

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 Online (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. Note: All Community Benefit initiatives must submit financial and programmatic data in CBISA Online.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Online (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 Online.

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.

2019 CHIP GOVERNANCE APPROVAL

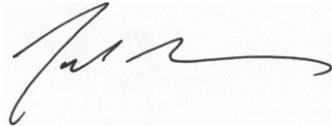
This community health improvement plan was adopted on April 27, 2019 by the Providence St Mary Medical Center Community Board. The final report was made widely available³ on the PSMMC website.


Susan Blackburn
Chief Executive
Providence St. Mary Medical Center

4.30.19
Date


Peter Allen
Board Chair
Providence St. Mary Medical Center Community Ministry Board

4/30/19
Date



5/09/19

Joel Gilbertson
Senior Vice President, Community Partnerships
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Date

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

<https://washington.providence.org/.../S/St-Mary-Medical-Center>