

Summary of the Community Benefit Plan

Instructions: Use the table below to summarize the data collected during the community needs assessment and community benefit plan process for your service area/ministry.

Completion Date	■ May 1, 2011
Service Area/Ministry	·
	Southeast Washington Service Area
Sponsor	Steve Burdick, CEO
Planning/Mission Dyad	Kathie Oreb, Hall Grimes
Workgroup Participants	 Tim Conley, Frank Erickson, Janice Harvey, Susan Leathers, Melani Mangum, Dennis Maughan, Kathleen Obenland
Brief Description of How the Community Benefit Plan Was Developed	 Published information was surveyed for trends and potential areas of support. Walla Walla Trends - http://www.edu/ County Health Ranking (2010 Washington) - http://www.co.walla-walla Walla County Health Report 2010 - http://www.co.walla-walla.wa.us/departments/phd/documents/CommunityHealthReport2010.pdf Healthy Youth Survey - http://www.hys.wa.gov/Default.aspx Examined past contributions to community Lincoln Alternative School SOS Clinic - free health clinic for the poorest of the poor Helpline emergency aid agency Commitment to Community Children's Home Society Catholic Children and Family Services YWCA shelter for abused women and children
Service Area Definition	 Primary Service Area is Walla Walla County and Columbia County in Washington State and there are 5 zip codes in Oregon. The area for services will focus primarily on the City of Walla Walla and its immediate surroundings
Targeted Subpopulations	 Poor and vulnerable (e.g., Unemployed, underinsured, adult mental health) Youth at Risk
Major Issues/Needs Identified Within the Community	 Poor and vulnerable Walla Walla County, the rate of self harm has more than doubled between 2006 and 2008. 2008 rate is 20.5 per 100,000, compared to state's 13.4 Youth at Risk
	 There is an increase in children under the age of 18 living in poverty in the past year, going from 22% to 27.5% compared to State rate of all residents below FPL

How Providence is Addressing the Major Issues/Needs (projects/programs)	 of 11.3%. Teens considering suicide (grade 12) have increased from 10% (2006) to 15% (2008); those in grade 10 have increased from 11% (2006) to 16% (2008). County Healthy Youth Survey indicated that 44% of teens who did contemplate suicide would not seek help. Walla Walla County has a much lower rate of reported childhood immunization records among children 19-35 months of age than the state. Teen alcohol use has increased from 17% in 2006 to 23% in 2008 (grade 8) and from 47% in 2006 to 49% in 2008 (grade 12). SEWSA focus is on Youth at Risk: Contributions, both monetary and non-monetary, to Lincoln Health Center – a health clinic at an alternative school for at-risk teens. Backpack Project – backpacks with food and health related items are provided to youth who are homeless or itinerant. SMPG/SMMC has signed an agreement with "Child Profile" the State data
Why Providence Selected These Projects/Programs	 collection system for reporting vaccinations for both children and adults. Studies in other communities have shown that improving health care access to at-risk youth at the point of service in the schools they attend improve not only health care of these teens but overall success rate in schools. This is the first such school clinic in our community. Our local community has no homeless shelter for teens on their own, they are truly on the street or sleeping from couch to couch. Our primary care clinics will work in collaboration with the public health collaborative in supporting strategies to increase overall childhood vaccination rates as well (MAPP planning and strategies)
How Others in the Community Are Addressing the Major Issues/Needs	 United Way MAPP – Mobilizing for Action through Planning and Partnerships – a Walla Walla County Public Health sponsored multi-agency planning group Walla Walla County Department of Human Services Walla Walla County-City Health Department programs
Major Issues/Needs that Are Not Addressed by Providence or Others in the Community (include the reasons for not addressing these issues/needs)	 Mental health services to those who are above the poverty line and do not qualify for Medicaid and also do not have enough income to afford private mental health coverage and service. Specific needs include confirmative diagnosis of acute and chronic mental health diseases and strategies for medication management. Lack of access to providers and follow-up services is a need for both the pediatric, adolescent, and adult population.
Outcome Indicators or Goals of the Community Benefit Plan	 Increased Measured Immunization Rate On-time graduation rate at Lincoln School