



Community Health Needs Assessment Executive Summary

Providence Hood River Memorial Hospital

Creating healthier communities, together

As health care continues to evolve and systems of care become more complex, Providence is responding with dedication to its Mission and a core strategy to create healthier communities, together. Partnering with many community organizations, we are committed to addressing the most pressing health needs in our community.

In the Columbia Gorge region, Providence is a proud member of the Columbia Gorge Health Council, a public-private partnership that brings together four hospitals, seven counties, the coordinated care organization, and several social service agencies to produce a shared regional needs assessment. The full, seven-county assessment was completed December 19, 2016.

Our starting point: Gathering community health data and input

Through a formal community health needs assessment process our partners used several sources of information to identify needs. Some key findings:

- One in three survey respondents are worried about running out of food
- Two out of three adults are overweight or obese
- Hypertension is the most common chronic condition
- 21 percent of adults have three or more drinks on the days they drink
- Dental health access is the greatest unmet health care need

Responding to the number of needs identified, Providence developed four topic categories: access to care; behavioral health; chronic conditions; and social determinants of health and well-being. These findings are guiding development of collaborative solutions to fulfill unmet needs for some of the most vulnerable groups of people in communities we serve. Our work is also informed by population demographics, which have been diversifying. For example, Hood River County is home to 23,655 people, nearly 31 percent of whom identify as Hispanic. This represents more than 15 percent growth since 2000.

Identifying top health priorities, together

Across the Columbia Gorge region, information collected includes: county public health data regarding health behaviors; morbidity and mortality; hospital utilization data; a community health survey with over 1,350 responses; and a health care provider survey. For more information, please see the <u>full CHNA document</u> available on the Columbia Gorge Health Council website.

Providence top priority health needs for 2016-2018

Access to care Behavioral health Chronic conditions Social determinants of health and well-being

Community health measures in 2016

Prioritized need	Measures for 2016
Access to care	 Includes primary care and dental health services Recognized need for culturally and linguistically appropriate services
Behavioral health	 Access has improved since 2013 Depression is the most diagnosed mental health condition 46% of adults received care from a primary care provider Half of Medicaid recipients have a diagnosed mental health condition Three out of four have experienced one or more traumatic events
Chronic conditions	 More than half of the adult population has a chronic health condition High blood pressure is the most common chronic condition Hispanic individuals and Medicare beneficiaries are more likely to have a chronic disease
Social determinants of health and well-being	 One in four had to go without a basic need About 335 of people had trouble paying for basic needs 10% of people do not feel safe in their community

Measuring our success: Results from our 2013 CHNA

This report also evaluates results from our most recent CHNA in 2013. Identified prioritized needs were: access to preventive and primary care; mental health and substance use treatment services; chronic conditions prevention and management; and oral health. Providence responded by making investments of time, resources and funding to programs that were most likely to have an impact on these needs. This summary includes just a few highlights of our efforts across the Columbia Gorge Region.

Name	Type of program	Outcomes	Our support
United Way of the Columbia Gorge	Collective Impact Health Specialist	Over \$3.5 million brought into Columbia Gorge region to address identified health needs	Grant funding
One Community Health	Federally-qualified health center	Over 1,300 patients served at school-based health center	Grant funding
Gorge Grown Food Network	Veggie Rx Program	Over 1,000 vouchers redeemed	Grant funding, evaluation support
The Next Door, Inc.	Community health worker training; small business support; cooperative farm	Over 30 CHWs trained; 28 Latino-owned businesses supported; 27 families participated in Raices cooperative farm	Grant funding, technical assistance

This assessment helps and guides our community benefit investments, not only for our own programs but also for many nonprofit partners. Please join us in making our communities healthier.

Addendum

Supplemental Information

The 2016 CHNA for the Columbia Gorge Service Area was conducted as a collaborative effort, coordinated by the Columbia Gorge Health Council (CGHC). This partnership includes four hospitals, two community clinics, four public health agencies, and four community partners across seven counties and two states. This addendum provides additional information specific to Providence's Columbia Gorge Service Area regarding actions taken since the 2013 CHNA and service area definition.

Measuring our success: Results from our 2013 CHNA

The culture of Providence supports our caregivers being engaged in their communities in a variety of ways. The following list is not exhaustive, but highlights several of the key activities taken to address the priority health needs identified in the 2013 CHNA.

One major initiative that spans all of the focus areas below is the role of the Collective Impact Health Specialist. From 2014 through 2016, Providence has funded a community-based grant writer whose primary role is to coordinate partners in the Columbia Gorge, to solicit application opportunities from local and national funders, and to serve as a grant-writer and/or provide technical assistance for organizations in the region working to address needs identified in the Regional Health Improvement Plan. Since 2014, this resource has brought in over \$3.5M worth of funding to community partner organizations. This role, along with the regional collaborative community health improvement efforts, were significant contributors to the Columbia Gorge region receiving the 2016 Robert Wood Johnson Culture of Health prize.

Priority Need #1: Access to preventive and primary care

To address access to preventive and primary care, Providence has taken a multi-pronged approach. Internal programs include a robust medical residency program that includes a rural family medicine option through Providence Hood River Memorial Hospital, with residents staffing the Federally Qualified Health Center (FQHC). Providence continues its commitment to serving the poor and vulnerable by welcoming Medicaid, Medicare, and uninsured individuals. Financial assistance programs are available, including fully discounted care for individuals at or below 300 percent FPL, as are certified insurance enrollment assisters for patients seeking assistance.

Providence recognizes that internal programs alone will not "solve" the problem of access given the magnitude of the need. Despite the coordination of efforts across CGHC partners, the need for access to care remains a challenge for many. Through partnership with others, Providence supports local health centers to see more patients and improve the quality of care delivered. For example, Providence supported One Community Health's Hood River Valley school-based health center and provided funding for equipment, which has provided care for over 1,300 individuals since opening in 2015. Providence has also employed community health workers (CHWs) in each of our primary care clinics, to focus on addressing the social determinants of health, and barriers to care.

Priority Need #2: Mental health and substance use treatment services

Again, Providence has invested in internal change and supported external programs and partners to increase access to mental health and substance use. A Providence-employed psychologist splits time between Providence Medical Group (primary care) and Gorge Counseling (mental health specialty care) to provide outpatient mental health services for young adult and adult patients. Through various community forums and cross-organizational bodies, Providence coordinates care with the community mental health program, Mid-Columbia Center for Living. The Providence-

supported school-based health center operated by One Community Health also provides mental health services, increasing access for youth and their families. Providence has funded the training of over 80 CHWs, which includes basic mental health support and knowledge of referral resources.

Priority Need #3: Chronic conditions prevention and management

In addition to expanding access to primary care as discussed above, Providence has also engaged directly in enhanced screening, prevention, and management programs. This is the category that has had the most activity in the Gorge, particularly regarding food security and movement and wellness programs. Some partner interventions include Gorge Grown Food Network's Veggie Rx program, with over 1,000 vouchers redeemed to-date. These vouchers increase access to fresh fruits and vegetables and support local agriculture and business, as many farmer's markets and local grocery stores accept them. Providence is continuing its partnership with Gorge Grown Food Network into 2017 and focusing Veggie Rx efforts on pregnant women. Providence provided leadership and funding for the development of a coalition to reduce hunger and improve regional access to healthy food, which includes over 30 partners as an Oregon Solutions project.

The Columbia Gorge region has a large population of individuals who identify as Latino. The Gorge has long been a leader in Oregon implementing the CHW model. Since 2014, Providence has supported the training of more than 80 CHWs in the community to meet the criteria for certification in the state of Oregon. CHWs are active in an array of settings including primary care, Head Start programs, the housing authority, the FQHC, health departments, and social service agencies. Other efforts include support of the St. Francis House of Odell and the Jesuit Volunteer Corps, which provide support and outreach for several local community organization around food security, access, and other basic needs. In addition, Providence contributes cash and in-kind donations, including program oversight for a Spanish-language chronic disease management curriculum. In 2016, Providence funded new curriculum development and financial support for family-based cohorts.

Priority Need #4: Oral health services

While Providence is not a traditional oral health provider, it partners with other organizations to increase access to dental programs. These organizations include One Community Health, the Federally Qualified Health Center which includes dental health care in a fully integrated model with primary care as well as at the school-based health center. Providence also participates in the governance of the Medicaid Coordinated Care Organization, which includes a preventive dental benefit for over 25 percent of the population in the Oregon counties of the Providence service area.

Defining our service area

Providence's primary service area in the Columbia Gorge is Hood River County. This is based upon areas where Providence has at least 20 percent market share, zip codes where 10 percent or more of patients live, and proximal geographies. Wasco, Skamania, and Klickitat counties are secondary service areas, as many people travel long distances, and frequently across the Columbia River, to access care



16 December 2016

Providence's Columbia Gorge Service Area Advisory Council has reviewed and approved the findings of the 2016 Community Health Needs Assessment.

Signed:

Jeanie Vieira

Chief Executive, Providence Hood River Memorial Hospital

Joel/Gilbertson

Senior Vice President, Community Partnerships, Providence Health & Services



Community Health Improvement Plan 2017-2019

Providence Hood River Memorial Hospital

Hood River County, Oregon

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Providence Hood River Memorial Hospital 810 12th Street Hood River, OR 97031

Executive summary

PURPOSE

This Community Health Improvement Plan is based upon the findings of the 2016 Columbia Gorge Regional Health Assessment. This plan is specifically designed to serve the Hood River County area, which is Providence Hood River Hospital's primary service area. Each of these interventions will be prioritized based upon relative needs and opportunities, particularly those that serve identified high needs ZIP codes and neighborhoods.

This plan is intended to serve as a guiding document for community investment, community building and development, and community health efforts through 2019. It will be reviewed and updated annually or as needed to recognize new partners, initiatives, and metrics as they are available, and to align with the Columbia Gorge Regional Health Improvement Plan, when it is finalized. Importantly, this plan is not intended to be an exhaustive inventory of all of Providence's efforts to address these needs. Rather, this document highlights those efforts that are measurable and community-based. This plan should be reviewed in conjunction with our annual Community Benefit report, which will provide additional narrative and will be updated in June of each year.

SUMMARY OF PROVIDENCE PRIORITIZED NEEDS

ACCESS TO CARE

- Primary care
- Dental care
- Culturally-responsive care

BEHAVIORAL HEALTH

- Mental health services
- Substance use treatment
- Trauma/adverse experience prevention and building resilience

CHRONIC CONDITIONS

- Diabetes
- Hypertension
- Obesity (particularly amongst youth and adolescents)

SOCIAL DETERMINANTS OF HEALTH AND WELL-BEING

- Affordable housing
- Healthy food access
- Living wage jobs
- Transportation

Many of these needs will be directly addressed through internal initatives and community partnerships over the next three years. You will find additional information about our specific actions and how we will measure our success in the following sections. We look forward to partnering with other members of the Columbia Gorge Health Council to coordinate efforts to markedly improve health and well-being in our region.

Introduction

CREATING HEALTHIER COMMUNITIES, TOGETHER

As health care continues to evolve, Providence is responding with dedication to its Mission and a core strategy to create healthier communities, together. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided over \$1.1 billion in community benefit across Alaska, California, Montana, Oregon and Washington during 2016..

Serving our communities

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 475 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started nearly 160 years ago when they answered a call for help from a new pioneer community in the West.

Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Vision

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way. ®

Values

Respect, Compassion, Justice, Excellence, Stewardship

Purpose of this plan

In 2016 Providence Hood River Memorial Hospital conducted a community health needs assessment in partnership with other members of the Columbia Gorge Health Council and community partners. This community health improvement plan is designed to address key health needs identified in that assessment, while leveraging internal and regional resources from Providence. In the course of our work, we determined that emphasis on these needs would have the greatest impact on the community's overall health with significant opportunities for collaboration. These are:

Providence prioritized needs

Access to care

- Primary care
- Dental care
- Culturally-responsive care

Behavioral health

- Mental health services
- Substance use treatment
- Trauma/adverse experience prevention and resilience building

Chronic conditions

- Diabetes
- Hypertension
- Obesity (particularly youth and adolescents)

Social determinants of health and well-being

- Affordable housing
- Healthy food access
- Living wage jobs
- Transportation

Our overall goal for this plan

As we work to create healthier communities, together, the goal of this improvement plan is to measurably improve the health of individuals and families living in the areas served by Providence Hood River Memorial Hospital and across the Columbia Gorge Region. The plan's target population includes the community as a whole, and specific population groups including minorities, low-income, and other underserved demographics.

This plan includes components of education, outreach, prevention, and treatment, and features collaboration with other community organizations working in alignment with the Providence Mission to address these identified needs. The plan's implementation will be facilitated by the hospital through the regional Community Health Division, hospital executive leadership, and members of the Service Area Advisory Council.

This plan is intended to serve as a guiding document for community investment, community building and development, and community health efforts through 2019. It will be reviewed and updated annually or as needed to recognize new partners, initiatives, and metrics as they are available, and to align with the Columbia Gorge Regional Health Improvement Plan when it is finalized. Importantly, this plan is not intended to be an exhaustive inventory of all of Providence's efforts to address these needs. Rather, this document highlights those efforts that are measurable and community-based. This plan should be reviewed in conjunction with our annual Community Benefit report, which will provide additional narrative and will be updated in June of each year.

Community Profile

Hood River County, Oregon



Providence Hood River Memorial Hospital primarily serves Hood River County in Oregon. Providence has three hospitals serving neighboring Multnomah and Clackamas counties and four additional hospitals around the state.

POPULATION

The Regional Community Health Assessment covered Hood River, Wasco, Sherman, Gilliam, and Wheeler counties in Oregon as well as Klickitat and Skamania counties in Washington. As of June 2016, the total population of Hood River County was 23,655.

ETHNICITY

Nearly 31 percent of the Hood River County population identifies as Hispanic. Over 82 percent identify as White,3.2 percent as two or more races, 1.7 percent Asian Pacific Islander, and 11.4 percent as other.

INCOME

In 2015, the median household income for Hood River County was \$55,827 and the unemployment rate was 4.0 percent in December 2016. This is slightly higher than the median income for the state of Oregon (\$54,148) and the United States (\$55,755).

HEALTH AND WELLBEING

In the Columbia Gorge region, over 65 percent of adults are overweight or obese, and hypertension is the most common chronic condition. Dental access is the greatest unmet healthcare need and of those surveyed, one in three respondents were worried about running out of food. Binge drinking is a challenge amongst adults as more than 20 percent have three or more drinks on the days they do drink.

SUMMARY OF PROVIDENCE PRIORITIZED NEEDS AND ASSOCIATED ACTION PLANS

The prioritized needs were chosen based on various community health data and identifiable gaps in available care and services. These health needs were those that had worsened over time, are worse than the state or national average, or have a disproportionate impact on those who are low-income, communities of color, or otherwise marginalized populations. In the course of our work, we determined that emphasis on these needs would have the greatest impact on the community's overall health with significant opportunities for collaboration. These interventions will be prioritized based upon relative needs and opportunities, particularly those that serve identified high needs ZIP codes and neighborhoods including low-income and minority populations.

ACCESS TO CARE

- Timely and consistent access to **primary care** remains a challenge, particularly for those on the Oregon Health Plan (Mediciad) and the remaining uninsured.
- Dental conditions are among the top preventable reasons uninsured individuals access the Emergency
 Department, which is rarely the best point of care for these conditions. This presents opportunity for
 prevention education and increasing access to preventive services, particularly as Medicaid members
 identified cost as a continued barrier to care.
- As the population is diversifying, it is increasingly important that community members feel welcome, safe, and respected in healthcare settings. One of the greatest opportunities to improve health amongst lowincome and minority communities, particularly Latinos and Native Americans in the Columbia Gorge region, is to increase access to culturally-responsive care.

BEHAVIORAL HEALTH

- Mental health services remain a barrier for many community members. There is need to reduce stigma
 associated with mental health treatment and increase availability of providers and treatment services.
 This is particularly true amongst youth and adolescents, presenting opportunities to partner with schoolbased health centers.
- Access to substance use treatment continues to be a challenge for many. This includes alcohol and drug
 addiction services, both residential and outpatient treatment options. Oregon has relatively high rates of
 death from drug overdose, drug use (heroin, methamphetamines, and narcotics), and binge drinking.
- As we continue to learn about adverse childhood experiences (ACES) and the impacts of trauma on health
 later in life (i.e. child abuse, neglect, domestic violence, sexual assault, etc), increasing community
 resilience and preventing exposure to these events in the first place has become increasingly important.

CHRONIC CONDITIONS

- **Diabetes** continues to be a major reason uninsured adults seek care in the Emergency Department at PHRMH, though the condition is likely better managed in a primary care setting. This suggests opportunities regarding prevention, education, and nutrition support.
- Similarly, **hypertension** is among the top three diagnosed conditions in uninsured adults using the Emergency Department at PHRMH. The fact that emergency care was required suggests need for primary care, education regarding self-management, medication access, and nutrition support.
- **Obesity** is a public health challenge, for both youth and adults. The current generation of youth may be the first to have a shorter life expectancy than their parents due to complications from obesity and its associated conditions.

SOCIAL DETERMINANTS OF HEALTH AND WELL-BEING

- Affordable housing (or housing accessibility) is a major challenge for low and moderate income families in the area, particularly for those in recovery. Housing and rental prices are increasing faster than the median income, making it difficult for people to stay close enough to their places of employment, care, and children's school. Safe, secure housing has been proven to improve health outcomes.
- A key barrier for many of Oregon's families continues to be healthy food access. More than half of the state's students are on free or reduced price lunch, with some schools in Hood River School District serving populations where over 70 percent of the students qualify. Improvements in nutrition can further improve oral health and chronic conditions.
- Economic development and **living-wage jobs** are key opportunities to improve the health and well-being of our communities. Families expressed concern about working full-time or multiple jobs and still not being able to afford healthy food or housing. Adverse experiences and trauma are more likely in low-income households, particularly those in which the parents are stressed about resources. This also speaks to the challenge in Oregon of the "benefits cliff," whereby families lose many of their social service benefits at the same point.
- **Transportation** is a challenge for some populations, particularly for the elderly and those in more rural areas. Many are dependent on others for rides to work, medical appointments, or other basic errands.

ACCESS TO CARE

Goals

- Community members will have improved access to timely, consistent primary care
- Community members will experience more accessible preventive and primary dental care and improved oral health
- Community members will be able to receive healthcare services in a culturally-responsive and welcoming setting

Objectives

- Providence will continue to provide care for over 1,500 Oregon Health Plan members and support insurance re-enrollment
- Support federally-qualified health centers (FQHC) and the school-based health center (SBHC) to extend hours and services to improve primary care access
- School-aged youth will have increased access to preventive oral health services
- Social service agencies and health care partners will be better connected through referrals
- Uninsured adults and children will have increased vaccination rates

Action plan and baseline or proposed measurement

Action plan	2016 baseline or proposed measurement		
Improve access by providing primary care homes for Oregon Health Plan members in Providence Medical Group	Current CCO enrollment (December 2016): 1,737		
Partner with the Children's Dental Health Initiative to improve access to preventive dental care services in schools	Students receiving sealants and prevention education		
Partner with community agencies on Bridges to Health to implement Pathways Community Hub model	Number enrolled; referrals closed		
Provide rural residency training for two primary care residents annually to increase providers available in the community	2 residents trained		
Support Columbia Gorge Community College on Nursing Faculty Sponsorship to increase providers available in the community	Sponsorship provided		
Partner with Hood River County Health Department to provide vaccines for uninsured youth and adults	57 vaccines provided		
Provide in-kind athletic trainer for Hood River County School District	Students served		
Partner with United Way of the Columbia Gorge to fund the Collective Impact Health Specialist to address needs identified in the Regional Community Health Assessment	Dollars secured for regional focus areas; \$1.2M in 2016		

Existing partners

Organization	Primary Care	Dental Care	Culturally- Responsive
Pacific Source CCO	х		
Children's Dental Health Initiative		Х	
Columbia Gorge Community College	х		
Columbia Gorge Health Council	х		
Hood River County Health Department	х		
Hood River County School District	х		
One Community Health	х	х	х
United Way of the Columbia Gorge		х	х

BEHAVIORAL HEALTH

Goals

- Community members will have increased access to timely and affordable mental health treatment, including supportive services and therapy
- Stigma associated with mental health and substance use will be reduced
- Community members will have improved access to substance use treatment when needed, including residential or outpatient services as appropriate
- Fewer children will experience abuse, neglect, racism, discrimination, and other adverse experiences that are harmful throughout life and negatively impact health outcomes. Adults with traumatic experiences will be supported in their recovery through resilient communities.

Objectives

- At least three Mental Health First Aid trainings will be provded in a train-the-trainer model
- Implement stigma reduction training and social media campaign through high schools and school-based health centers beginning Fall 2018
- All Emergency Department providers will have access to trauma-informed care training by December 2019

Action plan and baseline or proposed measurement

Action plan	2016 baseline or proposed measurement	
Mental wellness and anti-stigma campaign in schools	Number of youth reached by peer-generated messages; uptake of mental health/crisis services	
Partner with NAMI Oregon to support Mental Health First Aid training (train-the-trainer)	Number of trainees certified as trainers	
Provide training in trauma-informed care for Emergency Department and other providers	Number of staff trained (ED and other)	
Partner with United Way of the Columbia Gorge to fund the Collective Impact Health Specialist to address needs identified in the Regional Community Health Assessment	Dollars secured for regional focus areas; \$1.2M in 2016	

Existing partners

Organization	Mental health services	Substance use treatment	Trauma prevention	
Columbia Gorge Health Council			х	
NAMI Oregon	х	х	х	
United Way of the Columbia Gorge	х	х	х	

CHRONIC CONDITIONS

Goals

- Community members will have improved access to education and self-management cirriculums for chronic disease in both English and Spanish
- Chronic disease burden will be reduced, particularly within communities of color
- Community members will have increased opportunity for physical acticity and nutritious eating, particularly youth and adolescents

Objectives

- Emergency department utilization for chronic conditions, particularly diabetes and hypertension, will be reduced through increased access to primary care and meeting social determinant needs
- · Patients with diagnosed conditions will have access to chronic condition self-management education
- Individuals with diagnosed chronic conditions will have unmet social needs addressed as part of care
- More youth will report adequate physical activity and healthy behaviors due to Providence's Healthier Kids, Together Initiative

Action plan and baseline or proposed measurement

Action plan	2016 baseline or proposed measurement	
Partner with Gorge Grown Food Network to provide veggie prescriptions to pregnant women	Number served; birth and health status	
Partner with One Community Health on <i>Pasos para la familia</i> program	Number served; health status; behavior change	
Implement 5-2-1-0 messaging in clinics and with community partners	Clinics providing 5-2-1-0 messaging; health behavior change	
Support Hood River County Health Department to employ school nurses	Number of nurses employed; students served	
Provide reduced-cost medication through Medication Assistance Program for individuals with chronic conditions	Number assisted	
Partner with United Way of the Columbia Gorge to fund the Collective Impact Health Specialist to address needs identified in the Regional Community Health Assessment	Dollars secured for regional focus areas; \$1.2M in 2016	

Existing partners

Organization	Diabetes	Hypertension	Obesity
Gorge Grown Food Network	x	x	х
Hood River County Health Department	x	х	х
One Community Health	х	х	х
United Way of the Columbia Gorge	х	х	х

SOCIAL DETERMINANTS OF HEALTH AND WELL-BEING

Goals

- Community members will have improved access to safe, stable housing
- Community members will have increased access to affordable healthy food
- Community members will be able to support themselves and their families on one full-time job (or equivalent)
- Community members, particularly elderly and those in rural communities, will have access to convenient, frequent public transit or ride share services

Objectives

- Provide safe and secure discharge for at least 100 individuals needing short-term social service support annually
- Fewer working families will report having to work multiple jobs to make ends meet
- Fewer elderly adults and community members will recognize transportation as a barrier to receiving needed primary care and safe discharge
- Community members and providers will have increased awareness of available social service resources

Action plan and baseline or proposed measurement

Action plan	2016 baseline or proposed measurement	
Provide transportation and other assistance through Volunteers in Action program	Number served; services provided	
Partner with Project Access NOW to connect eligible clients to Patient Support Program	134 patients supported with social needs for safe discharge	
Support the Oregon Business Council's Poverty Reduction Task Force, including policy reform for working families	Legislation that supports working families and eases the "benefits cliff"	
Partner with Partners for a Hunger-Free Oregon to support summer meal sites	Number served; enrichment activities	
Support 211-info to provide community and provider trainings on local social service resources	Trainings completed; number of attendees	
Partner with United Way of the Columbia Gorge to fund the Collective Impact Health Specialist to address needs identified in the Regional Community Health Assessment	Dollars secured for regional focus areas; \$1.2M in 2016	

Existing partners

Organization	Housing	Food	Jobs	Transportation
211-Info	х	х	х	x
Oregon Business Council			х	
Partners for a Hunger-Free Oregon		х		
Project Access NOW	х	х		х
United Way of the Columbia Gorge	х	х	х	х

Healthier Communities Together

As outlined, Providence is working to address each of the identified needs in a variety of ways over the next three years. That said, it is important to note that some of this work will be completed in more indirect ways than others. To address systematic issues, like living wage jobs, Providence will work with a diverse coalition of stakeholders to move this issue forward. Utilizing our relationships with elected officials, business leaders and union representatives – we are well positioned to promote public policy changes that support Oregon families.

Although the built environment was not specifically called out as a Providence prioritized need, we recognize that it is an important component of the health and well-being of our communities and will likely be included as part of the Regional Health Improvement Plan. We will seek out opportunities to support local jurisdictions and community organizations focused on access to safe parks, pedestrian and bicycle-friendly transportation, and other components of the built environment that lead to improved health outcomes.

Improving community health requires collaboration across community stakeholders. This plan will be revised and updated as the Columbia Gorge Regional Health Improvement Plan is finalized to ensure alignment. Below is a list of partners developing the Regional Community Health Improvement Plan.

- Columbia Gorge Health Council
- Four Rivers Early Learning Hub
- Hood River County
- Klickitat County Public Health
- Klickitat Valley Health
- Mid-Columbia Center for Living
- Mid-Columbia Medical Center
- North Central Public Health Department
- One Community Health
- PacificSource Community Solutions
- Skamania County Public Health
- Skyline Hospital
- United Way of the Columbia Gorge

PLAN APPROVAL

seanle Vielra

Chief Executive, Providence Hood River Memorial Hospital Co-Chair, Columbia Gorge Service Area Advisory Council

Providence Health & Services - Oregon

Date 4/28/17

Jack Trumbull

Chair

Columbia Gorge Service Area Advisory Council Providence Health & Services - Oregon Date 4/27/17

Joel Gilbertson

SVP Community Partnerships

Providence St. Joseph Health

Date

5/1/17

This plan was adopted on April 26, 2017.

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