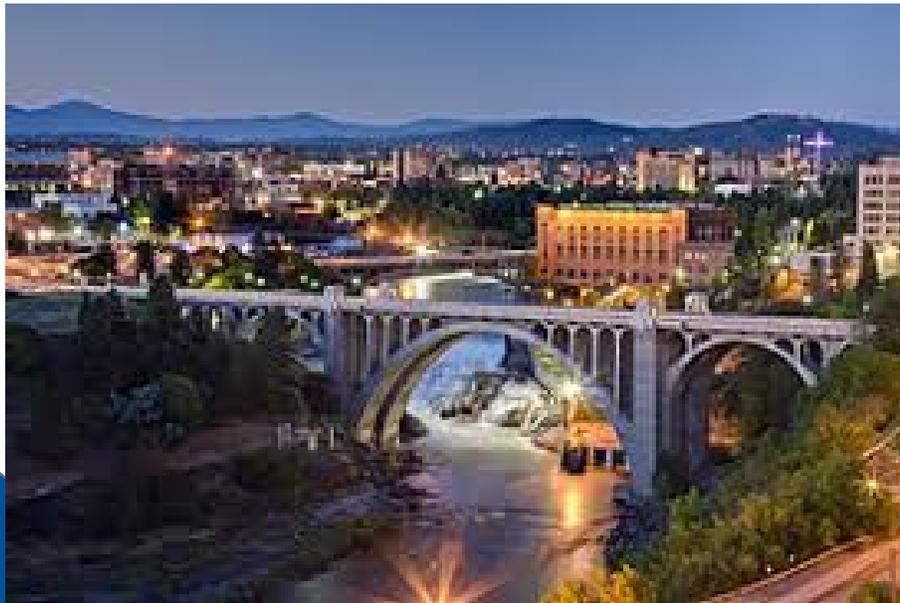


2022 - 2024

COMMUNITY HEALTH IMPROVEMENT PLAN

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

Spokane, WA



To provide feedback on this CHIP or
obtain a printed copy free of charge,
please email Merry Hutton at
Merry.Hutton@providence.org.



CONTENTS

- Executive Summary..... 3
 - Collaborating Organizations..... 3
 - Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital
Community Health Improvement Plan Priorities..... 3
- Introduction 5
 - Who We Are..... 5
 - Our Commitment to Community..... 5
 - Health Equity..... 5
 - Community Benefit Governance..... 6
 - Planning for the Uninsured and Underinsured..... 6
- Our Community..... 8
 - Description of Community Served 8
 - Community Demographics 9
- Community Needs and Assets Assessment Process and Results..... 12
 - Summary of Community Needs Assessment Process and Results 12
 - Significant Community Health Needs Prioritized..... 13
 - Needs Beyond the Hospital’s Service Program..... 13
- Community Health Improvement Plan 15
 - Summary of Community Health Improvement Planning Process 15
 - Addressing the Needs of the Community: 2021- 2023 Key Community Benefit Initiatives and
Evaluation Plan..... 15
 - Other Community Benefit Programs and Evaluation Plan 21
- 2022- 2024 CHIP Governance Approval..... 22

EXECUTIVE SUMMARY

Providence continues its Mission of service in Spokane County through Providence Sacred Heart Medical Center (PSHMC) and Children’s Hospital and Providence Holy Family Hospital (PHFH). PSHMC and PHFH are acute-care hospitals with 821 (644 PSHMC + 177 Children’s Hospital) licensed beds, founded in 1886 and located in Spokane, WA. PHFH was opened by the Dominican Sisters in 1964 and is an acute-care hospital with 272 licensed beds. The hospitals’ shared service area is the entirety of Spokane County, including 515,251 people.

PSHMC & PHFH dedicate resources to improve the health and quality of life for the communities they serve, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, Providence provided \$148 million in Community Benefit in response to unmet needs in Spokane and Stevens Counties.

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

Collaborating Organizations

MultiCare Health System, Spokane, WA

Spokane Regional Health District, Spokane, WA

Empire Health Foundation, Spokane, WA

The Spokane Regional Health District led the effort while MultiCare Health Systems and Providence provided funding to cover the costs of the labor and work needed to publish this report. Empire Health Foundation provided knowledge and guidance to address historically underserved populations.

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital Community Health Improvement Plan Priorities

As a result of the findings of our [2021 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital will focus on the following areas for its 2022-2024 Community Benefit efforts:

HIGH HOUSING COST BURDEN/HOMELESSNESS: This need includes the lack of available housing (low vacancy rate) and the lack of affordable housing, along with specific barriers that prevent people from accessing housing. Housing instability and a lack of affordable housing is a threat to health and well-being. Food insecurity is related to housing instability, and also an important component of health.

DOMESTIC VIOLENCE AND CHILD ABUSE: Domestic violence and child abuse were identified throughout all areas of need, from housing and economic pressures to mental health and discrimination. Providence is including child abuse due to our Children’s Hospital and the extreme cases of child abuse we see through that specialty.

POOR MENTAL HEALTH: There is a lack of mental health services available in languages other than English, and the barriers to accessing mental health services are even greater for people that are undocumented. Stigma and shame around mental health is prevalent in some communities and therefore mental health issues are underreported or hidden. Stakeholders shared stressors, trauma, culture shock, the fear of deportation, basic needs not being met, family violence, racism, and discrimination as some of the causes for mental health issues.

ACCESS TO HEALTH SERVICES: Throughout the pandemic there has been a need to focus on access to health care, including health education and preventive services. This has been a continued need of people with low incomes and those experiencing vulnerabilities, as evident in the data related to homelessness and feedback from focus groups and interviews.

INTRODUCTION

Who We Are

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

Providence Sacred Heart Medical Center (PSHMC) and Children’s Hospital are acute-care hospitals with 821 (644 PSHMC + 177 Children’s Hospital) licensed beds, founded in 1886 and located in Spokane, WA. PSHMC is a Level II trauma hospital and serves as the region’s main hospital for emergency care. In addition, PSHMC has breadth of medical expertise in heart and vascular care, transplant services, neurosurgery, orthopedics and sports medicine, surgical services, women and children’s services and cancer care. Sacred Heart Children’s Hospital is a dedicated pediatric hospital within PSHMC and was established in 2003.

Providence Holy Family Hospital (PHFH) was opened by the Dominican Sisters in 1964. The acute-care hospital has 272 licensed beds. PHFH provides expertise in orthopedics, surgical services, women and children’s services, cardiac and neuro care, and emergency care as a Level III hospital.

Combined, Providence Health Care employs more than 8,000 health care professionals. Providence Medical Group employs more than 800 physicians and advanced practitioners with more than 60 clinic locations. Providence has numerous relationships with physician groups in the community including Cancer Care Northwest, Inland Neurosurgery and Spine, Spokane OB-GYN and more.

Our Commitment to Community

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital dedicate resources to improve the health and quality of life for the communities we serve. During 2020, our Spokane and Stevens County ministries provided \$148 million in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in Spokane and Stevens Counties.

Health Equity

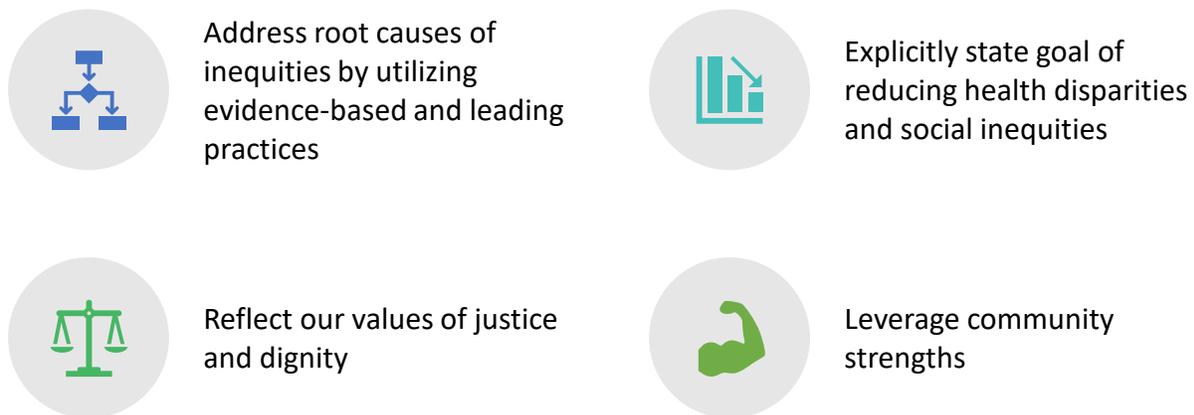
At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address

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

not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

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

Figure 1. Best Practices for Centering Equity in the CHIP



Community Benefit Governance

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital is responsible for coordinating implementation of State and Federal 501r requirements.

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital has dedicated staff focused on community benefit throughout the year, as well as during the three-year CHNA and CHIP cycle. Community benefit staff worked with a committee that included frontline staff who see the needs daily to review the CHNA, prioritize needs to address in the CHIP, and to identify strategies to address those needs. The Community Mission Board reviewed and approved the final CHIP document and is committed to regular review of the progress and challenges to the priorities and strategies.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why

Providence Sacred Heart Medical Center and Children’s Hospital, and Providence Holy Family Hospital has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

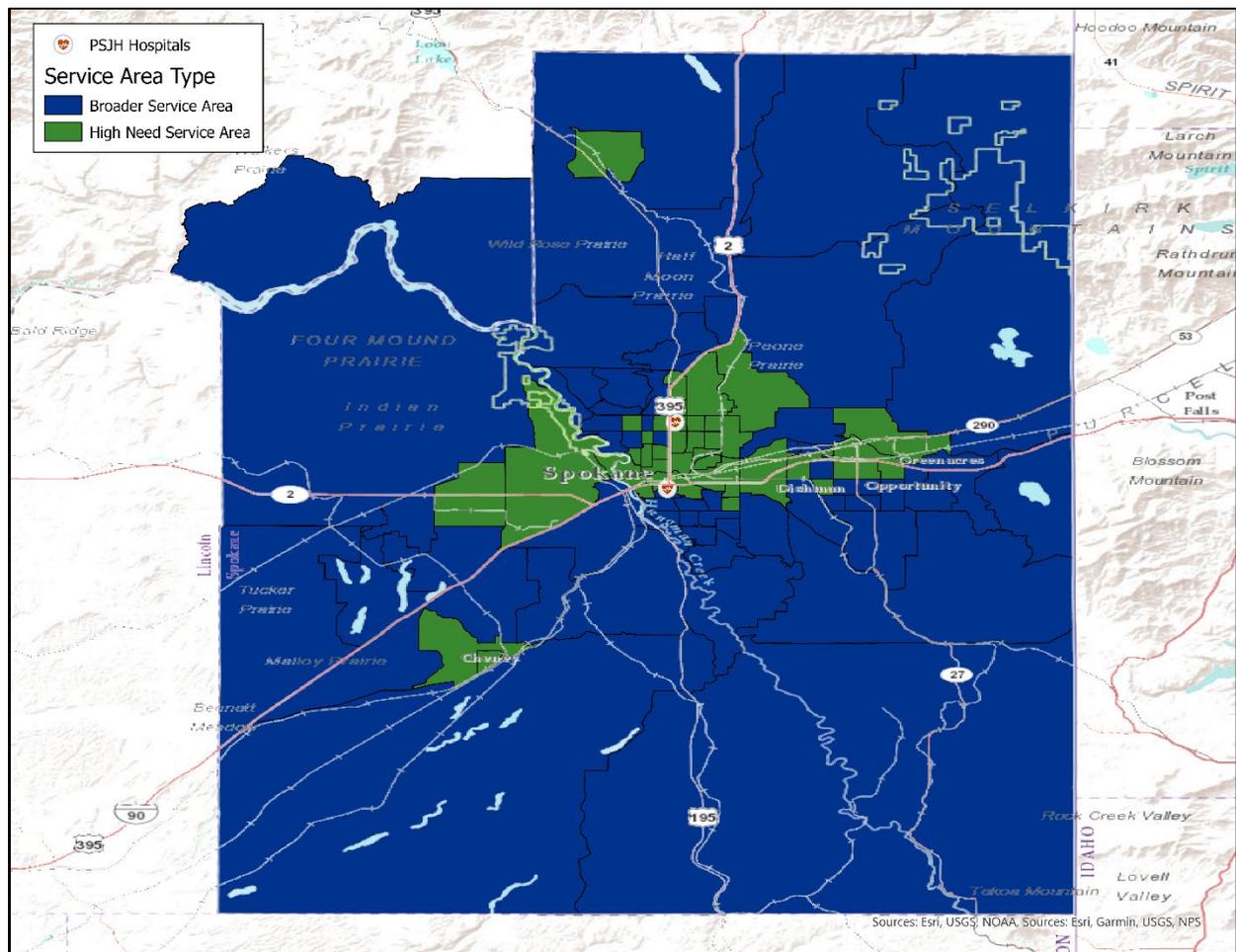
One way Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital inform the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital’s service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click <https://www.providence.org/obp/wa/financial-assistance-application> .

OUR COMMUNITY

Description of Community Served

Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital’s service area is Spokane county and includes a population of approximately 515,000 people.

Figure 2. Map of Spokane County



Of the over 515,251 permanent residents of Spokane County, roughly 47% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

In 2019, the population of Spokane County was 515,251, the population has increased from 492,530 in 2016. Seniors made up the smallest proportion of Spokane County’s population but saw an increase of 2% from 2016. Over the last decade the percentage of seniors has increased by 4% while the percentage under the age of 18 has remained steady.

POPULATION BY RACE AND ETHNICITY

According to 2019 data, Spokane County is predominantly white. Among county residents, 88.6% were white, 4.4% were of two or more races, 2.6% were Asian, 2% were Black, 1.7% were American Indian/Alaska Native, and 0.6% were Native Hawaiian and other Pacific Islander. Residents of Latino/a ethnicity accounted for 5.7% of Spokane County’s population.

Demographic data for youth under the age of 18 shows a slightly more diverse population with 82.3% white and 9.7% two or more races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Spokane County Service Area

Indicator	Broader Service Area	High Need Service Area	Spokane County
Median Income Data Source: American Community Survey Year: 2019	\$73,424	\$40,760	\$56,227
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	19.2%	27.4%	24.6%

Severe housing cost burden is defined as households spending 50% or more of their income on housing costs.

The relationship between higher levels of economic wealth and optimal health, and lower levels of economic wealth and poor health, are well documented. Income is the indicator that most directly measures material resources and can influence health by its direct effect on living standards; specifically, access to better quality food, housing and healthcare services.

- In 2019, the median household income in Spokane County was \$59,974 compared to \$78,687 for Washington State. The median household income in Spokane County has increased by 24% since 2015.
- The unemployment rate in Spokane County was 6.3% in 2019 compared to 4.6% statewide.

Housing is a basic human need. When an individual is worried about meeting this need, they cannot pursue other areas of their life, such as education, work, and family development. From a health

perspective, there is a clear link between housing availability and quality, and health. Poor-quality housing is associated with multiple negative health outcomes, including chronic disease, injury, and poor mental health. Low-income families and racial and ethnic minorities may be more likely to live in poor-quality housing and suffer adverse health outcomes as a result. The availability of affordable housing choices for Spokane County residents is currently low. Making housing more affordable and available to all residents has been identified as a top priority in previous Spokane County needs assessments.

- In 2019 there were 211,723 occupied housing units in Spokane County, 38.6% of these were renter occupied units and 61.4% were owner occupied units.
- 66.5% of housing unity in Spokane County (86,525) had a mortgage.
- Nearly half of renters (44%) and a third (27%) of owners with a mortgage in Spokane County are paying more than 30% of their household income on housing; spending more than 30% of household income on housing is financially burdensome. This is a decrease from 52% of renters and 32% of owners with a mortgage n 2015.
- A central assumption of the Index is that a household does not spend more than 25% of income on principal and interest payments. When the index lies at 100, the household pays exactly this share of income to principal and interest. Higher indices indicate that housing is more affordable. In the fourth quarter of 2020, housing affordability for all homebuyers in Spokane County was 104.7, down from 133.5 in the fourth quarter of 2018. Compared to Washington state, housing in Spokane County was more affordable (104.7 versus 109.3).

COVID – 19 has had a significant impact on the world over the past year. In Spokane County, Pacific Islander, Latino/a and Black communities experienced significantly higher rates of cases, deaths and hospitalizations associated with COVID-19 than white communities. As of August 25, 2021, Spokane County recorded 55,083 cases and 727 deaths. For more information on the impacts of COVID-19 in Spokane County visit: [COVID-19 Updates & Information | Spokane Regional Health District \(srhd.org\)](https://www.srhd.org/COVID-19-Updates-and-Information)

- CARES Act funding was able to be used for an additional Quality of Life survey of 3,365 community members. When asked what was the most import issue facing the Spokane area today, the leading issue was homelessness, followed by COVID-19, crime, housing, and the economy.
- In years prior to COVID-19, housing was reflected as a need and a bigger emphasis was placed on mental health. More economic factors were present in the needs during the time of COVID-19.
- In Spokane County, Pacific Islander, Latino/a and Black communities experienced significantly higher rates of cases, deaths and hospitalizations associated with COVID-19 than white communities. As of August 25, 2021, Spokane County recorded 55,083 cases and 727 deaths. For more information on the impacts of Covid-19 in Spokane County visit: [COVID-19 Updates & Information | Spokane Regional Health District \(srhd.org\)](https://www.srhd.org/COVID-19-Updates-and-Information)

Full demographic and socioeconomic information for the service area can be found in the [2021 CHNA](#) for Providence Sacred Heart Medical Center and Children’s Hospital and Providence Holy Family Hospital.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

This report was completed in accordance with the Affordable Care Act and includes a description of the community served, leading causes of death, levels of chronic illness, and other important community health issues and needs in partnership with the Spokane Regional Health District and Multicare Hospital Systems in the Spokane community including Deaconess and Valley Hospitals.

Approximately 60 indicators were chosen that help illustrate the health of the community. Demographic data and data on key socioeconomic drivers of health status – including poverty, housing and educational attainment – are presented first. This is followed by the data and analysis of each health indicator and identified disparities and trends in the data.

Input was gathered through key informant interviews and focus groups from individuals representing the broad interests of their communities. Participants were prioritized to include groups experiencing disparities in the determinants of health or who have historically been left out of community conversations. A list of participating community partners can be found in the 2021 CHNA.

The selection of priority health needs followed a process of reviewing both the qualitative and quantitative data elements in the report, followed by a vote from community participants. The criteria used to rank the indicators included:

- Was a health concern or indicator significantly worse in Spokane County than in the state?
- Were relatively large numbers of people impacted by a health concern or indicator?
- Was a health concern repeatedly voiced during the community engagement portion of the assessment (e.g., survey, focus groups, or interviews)?
- Was the indicator trending in the wrong direction?
- Were there disparities across subpopulations for the health concern or indicator?

Based on data from this CHNA, priority health needs among Spokane County residents were identified. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes. The prioritization criteria included trend, comparison to Washington state, number of disparities, percentage of the population impacted, and the amount of concern expressed in community conversations.

The following indicators scored the highest based on the initial prioritization criteria: frequent mental distress in adults, depression in teens, preventative screenings, uninsured adults, domestic violence, and obese/overweight teens.

To ensure that community voice was represented in the prioritization, a list of top scoring indicators, along with frequently mentioned themes from the community that were not represented by indicator

data, was sent to interview and focus group participants. Participants were asked to vote for the 3 priorities that most impact their communities.

The following issues scored the highest after the final vote:

- High housing cost burden/homelessness
- Racism/discrimination
- Domestic violence
- Poor mental health in adults

These priority health needs provide guidance for planners and decision makers about where best to provide community benefit programs and services to address the most important health needs of the community. Working together on these priorities, hospitals and health systems, public health, and communities can reduce healthcare costs and improve the health of all people in Spokane County.

Significant Community Health Needs Prioritized

HIGH HOUSING COST BURDEN/HOMELESSNESS: This need includes the lack of available housing (low vacancy rate) and the lack of affordable housing, along with specific barriers that prevent people from accessing housing. Housing instability and a lack of affordable housing is a threat to health and well-being. Food insecurity is related to housing instability, and also an important component of health.

DOMESTIC VIOLENCE AND CHILD ABUSE: Domestic violence and child abuse were identified throughout all areas of need, from housing and economic pressures to mental health and discrimination. Providence is including child abuse due to our Children’s Hospital and the extreme cases of child abuse we see through that specialty.

POOR MENTAL HEALTH: There is a lack of mental health services available in languages other than English, and the barriers to accessing mental health services are even greater for people that are undocumented. Stigma and shame around mental health is prevalent in some communities and therefore mental health issues are underreported or hidden. Stakeholders shared stressors, trauma, culture shock, the fear of deportation, basic needs not being met, family violence, racism, and discrimination as some of the causes for mental health issues.

ACCESS TO HEALTH SERVICES: Throughout the pandemic there has been a need to focus on access to health care, including health education and preventive services. This has been a continued need of people with low incomes and those experiencing vulnerabilities, as evident in the data related to homelessness and feedback from focus groups and interviews.

Needs Beyond the Hospital’s Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continuing our Mission through our Community Benefit grants funding program as well as partnership opportunities.

The following community health needs identified in the ministry CHNA will not be addressed and an explanation is provided below:

- **Racism/discrimination:** Providence is not the leader in this effort. We see a fifth health-related need, racism and discrimination, throughout the improvement plans for all four needs listed above. This means when addressing the other community needs we will use an equity and anti-racist framework. We are also committed to supporting organizations that are promoting health equity in our community and are continually looking to improve our knowledge and internal processes, as well as address health disparities and social inequities in our communities. We will look to those with lived experience to guide us in identifying how to address the needs our communities are experiencing.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2021 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

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

Addressing the Needs of the Community: 2021- 2023 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: HIGH HOUSING COST BURDEN/HOMELESSNESS

Population Served

People experiencing homelessness and people unstably housed

Long-Term Goal(s)/ Vision

Increase the rate of stable housing and decrease the number of people experiencing homelessness

Table 2. Strategies and Strategy Measures for Addressing High Housing Cost Burden/Homelessness

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Homeless Respite Programs for men, women, and families experiencing homelessness that experience an acute medical condition.	People experiencing homelessness with medical respite needs	Exits to permanent housing	47% exit to permanent housing	50% exit to permanent housing.
2. Health and Justice Initiative to address legal issues effecting health outcomes.	People with low incomes	Legal case actions resulting in stable housing	17% housing cases 16% family law cases	20% housing cases 20% family law cases
3. Adult Family Home Placement Support to provide additional services for hard to place patients.	Low-income, medically fragile, elderly	Adult Family Home operators accepting patients into care percentage.	72% patients exited into Adult Family Home.	75% exit to Adult Family Home.

Evidence Based Sources

[Medical Respite Care | National Health Care for the Homeless Council \(nhchc.org\)](https://www.nhchc.org/)

Resource Commitment

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

Key Community Partners

Catholic Charities Eastern Washington

Volunteers of American Eastern Washington and Northern Idaho

Family Promises of Spokane

Northwest Justice Project

Spokane Teaching Health Center

COMMUNITY NEED ADDRESSED #2: DOMESTIC VIOLENCE AND CHILD ABUSE

Population Served

Broader community with an emphasis on people with low-incomes and those experiencing family violence.

Long-Term Goal(s)/ Vision

Increase the number of survivors of child abuse, sexual assault, and domestic violence are connected with support services, including safety planning and mental health services.

Table 3. Strategies and Strategy Measures for Addressing Domestic Violence and Child Abuse

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Business toolkit to provide DV resources.	Business community	# of businesses adopting the tool kit	Tool kit development	Establish targets moving forward
2. YWCA Spokane identification of survivors in the Providence system.	Domestic violence survivors	% identified survivors creating strategies to enhance their safety	80% survivors created safety strategies	Maintain 80% creation of safety strategies
3. Partners with Families and Children and their child advocacy center	Child abuse victims and families	% of clients referred to behavioral health services	65% families completed referrals for behavioral health services.	5% increase from baseline.

Evidence Based Sources

[National Children’s Advocacy Center \(nationalcac.org\)](https://www.nationalcac.org)

Resource Commitment

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

Key Community Partners

Spokane Regional Domestic Violence Coalition

YWCA Spokane

Lutheran Community Services

Partners with Families and Children

Children’s Home Society

Catholic Charities of Eastern Washington

Spectrum Center

COMMUNITY NEED ADDRESSED #3: POOR MENTAL HEALTH

Population Served

Those needing mental health and substance abuse treatment in Spokane County.

Long-Term Goal(s)/ Vision

Increase access to services for mental health and substance abuse through strong referral networks.

Table 4. Strategies and Strategy Measures for Addressing Poor Mental Health in Adults

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. Behavioral Response Unit (BRU) in partnership with the Fire Department and Frontier Behavioral Health.	Those calling 911 for mental health issues	# Of contacts diverted to appropriate treatment	Average 20 contacts per month with 50% diverted to appropriate care.	Increase diverted to appropriate care by 10%.
2. Emergency Room Substance Use Disorder Diversion	People with low incomes	# admitted into sobering/treatment and # total seen	870 admitted into sobering/treatment and 1,756 seen	Increase to 970 admitted

3. NAMI Spokane Stability	Those seeking mental health services in Spokane	Establishing a sustainable Executive Director program	Full funding provided	Providence support at 50%,
4. Community Health Worker focusing on prenatal and postnatal mental health care for the Black community.	Black women and families with children age 5 and older	% patients assigned a provider (PCP, BH, OB, Ped)	22%	25%

Evidence Based Sources

The American Journal of Public Health writes in *Mounting Evidence of the Effectiveness and Versatility of Community Health Workers*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816154/>

Resource Commitment

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

Key Community Partners

- Frontier Behavioral Health
- Spokane Treatment and Recovery Services (STARS)
- National Association of Mental Illness (NAMI) Spokane

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH SERVICES

Population Served

Broader communities with an emphasis on those without access to medical, behavioral and specialty care.

Long-Term Goal(s)/ Vision

To ease the way for people to access the appropriate level of care at the right time.

Table 5. Strategies and Strategy Measures for Addressing Racism/Discrimination

Strategy	Population Served	Strategy Measure	Baseline	2023 Target
1. COVID-19 vaccination clinics	Broader community	% of population vaccinated	57.8%	75%
2. Legal and family support through Spokane Immigrant Rights Coalition	Immigrants and refugees with low incomes	# of immigrant families helped through the citizenship process	80 families served	160 families served
3. LGBTQ+ Community Health Worker in partnership with Spectrum	People identifying as LGBTQ+	# Of people to receive care coordination services	40 people	50 people

Evidence Based Sources

The American Journal of Public Health writes in *Mounting Evidence of the Effectiveness and Versatility of Community Health Workers*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816154/>

Resource Commitment

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

Key Community Partners

Better Health Together

FUSE Spokane/Spokane Immigrant Rights Coalition (SIRC)

Spectrum Center Spokane

Eastern Washington University (EWU)

Gonzaga University

University of Washington Medical School

Washington State University (WSU) medical and nursing schools

Other Community Benefit Programs and Evaluation Plan

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Mental Health	Contingency Management Adjunctive Treatment	Effective treatment to help people to quit or cut back on their use.	Vulnerable
2. Mental Health	Lutheran Community Services Youth Advisory Board	Youth voice in the stigma and awareness of mental health	Vulnerable
3. Family Violence and Trauma	Children’s Home Society, Children’s Waiting Room	Space for children to safely go during court proceedings for family violence	Vulnerable
4. Family Violence and Trauma	Commercially Sexually Exploited Children Unit	Life-transforming case management and victim advocacy services.	Vulnerable

2022- 2024 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Providence Health Care Community Ministry Board of the hospital on November 4, 2021. The final report was made widely available by December 31, 2021.

 11-11-2021

Peg Currie Date
Chief Executive, Providence Health Care Service Area

 11-11-2021

Larry Soehren Date
Chair, Providence Health Care Community Ministry Board

 12-17-2021

Justin Crowe Date
Executive Vice President, Community Partnerships
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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.