

2024 - 2026

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Joseph Medical Center

Polson, Montana



Photo credit: PJ Johnson via Creative Commons

To provide feedback on this CHIP or obtain a printed copy free of charge, please email Hollie Timmons at hollie.timmons@providence.org.

CONTENTS

- Executive Summary..... 3
 - Providence St. Joseph Medical Center 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
 - Community Demographics 9
- Community Needs and Assets Assessment Process and Results..... 10
 - Summary of Community Health Needs Assessment Process and Results..... 10
 - Significant Community Health Needs Prioritized: 2023 Priority Needs..... 10
 - Needs Beyond the Hospital’s Service Program..... 11
- Community Health Improvement Plan 12
 - Summary of Community Health Improvement Planning Process 12
 - Addressing the Needs of the Community: 2024- 2026 Key Community Benefit Initiatives and Evaluation Plan..... 12
 - Other Community Benefit Programs 20
- 2024 - 2026 CHIP Governance Approval..... 21

EXECUTIVE SUMMARY

Providence continues its Mission of service in Lake County through Providence St. Joseph Medical Center (SJMC). Providence St. Joseph Medical Center is a critical access hospital with 22 licensed beds, founded in 1916 and a part of Providence since 1990. Located in Polson, Montana, the hospital's service area is the entirety of Lake County with a population of almost 30,000.

Providence St. Joseph Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. In 2022, driven by our Mission to care for our community, Providence Montana, which includes Providence St. Joseph Medical Center, Providence Medical Group, as well as St. Patrick Hospital in Missoula, invested more than \$22 million in our communities.

The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Joseph Medical Center 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, and hospital utilization data.

Providence St. Joseph Medical Center Community Health Improvement Plan Priorities

As a result of the findings of our [2023 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence St. Joseph Medical Center will focus on the following areas for its 2024-2026 Community Health Improvement Plan (CHIP) efforts:

MENTAL HEALTH

Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. In Lake County, key informants emphasize the need for increased resources, improved collaboration among healthcare providers, enhanced funding for crisis services, and the development of residential and step-down facilities.

SUBSTANCE USE/MISUSE

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. In Lake County, key informants noted decreased social connections, increased substance use (particularly drinking), and limited resources for individuals with substance use disorders; people seeking help for addiction are unable to find

appropriate services, indicating a need for improved accessibility and availability of addiction treatment options.

HOUSING INSTABILITY

Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered “cost burdened” if spending more than 30% of household income on housing, and “severely cost burdened” if spending more than 50% of household income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care. Key informants in Lake County identified populations affected by housing instability in particular to be elderly individuals, people relying on fixed incomes, and American Indians and the rising cost of housing to be a major challenge in the community.

FOOD INSECURITY

Food insecurity refers to uncertainty surrounding access to and availability of nutritious food because of lack of money and other resources. Food insecurity may be long term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. In Lake County, the high cost of healthy food, limited access to nutritious options, existence of food deserts, and affordability challenges affect the indigenous population, seniors, and residents of rural Lake County.

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 St. Joseph Medical Center is a critical access hospital founded in 1916 and located in Polson, Montana; the Sisters of Providence took responsibility of the hospital in 1990. It is one of nine critical access hospitals in western Montana and has 22 licensed beds. Providence St. Joseph Medical Center has a staff of more than 270.

Under the sponsorship of Providence, St. Joseph Medical Center participates as a member of a system of hospitals and an affiliate of Providence St. Patrick Hospital in Missoula. Expansion of services, shared purchasing and management expertise provide fundamental value to the community. Together, Providence St. Joseph Medical Center, Providence St. Patrick Hospital and Providence Medical Group form Providence Montana. Major programs and services offered by Providence St. Joseph Medical Center to the community include acute inpatient care, primary care, specialty clinics, outpatient diagnostics, surgical services, as well as an assisted living facility.

Our Commitment to Community

Providence’s vision of “Health for a Better World” starts with our commitment to understanding and serving the needs of the community, especially those who are poor and vulnerable. With each investment we make and partnership we develop, we find ways to best address and prioritize our region’s most challenging needs as identified through our CHNA. In 2022, driven by our Mission to care for our community, Providence Montana, which includes Providence St. Joseph Medical Center, Providence Medical Group, as well as St. Patrick Hospital in Missoula, invested more than \$22 million in Community Benefit¹ in our communities. Together with our partners, we are building communities that promote and transform health and well-being.

Health Equity

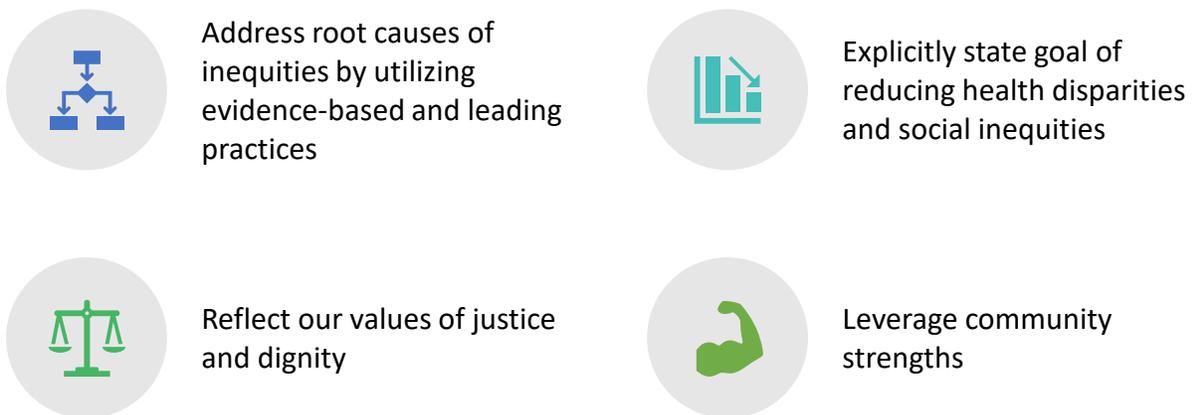
At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and 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 St. Joseph Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. Providence St. Joseph Medical Center is responsible for coordinating implementation of State and Federal 501(r) requirements.

Providence Montana has dedicated staff focused on community benefit throughout the year, as well as throughout the CHNA and CHIP cycle. Community benefit staff worked with a committee that included members of Providence St. Joseph Medical Center Advisory Council to review the CHNA, prioritize needs to address in the CHIP, and to identify strategies to address those needs. The Advisory Council reviewed the final CHIP document and recommended it for approval to the Providence Montana Community Mission Board 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. Providence St. Joseph Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Providence St. Joseph 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 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 [here](#).

OUR COMMUNITY

Providence St. Joseph Medical Center serves as a critical access hospital to Lake County and surrounding communities, including the Flathead Indian Reservation, which is the ancestral home of the Bitterroot, Salish, Kootenai, and Pend d'Oreille tribes, organized as the Confederated Salish and Kootenai Tribes of the Flathead Nation. The hospital's service area is the entirety of Lake County.



Figure 1. Map of Western Montana with Lake County highlighted in yellow

Lake County, as well as the immediate surrounding area, is rural. Flathead County (to the north and northeast) and Missoula County (to the south and southeast) include the cities of Kalispell and Missoula, respectively, which each have larger hospitals. Sanders County, to the west, is rural, and is home to another critical access hospital. Lake County's population is 32,853², 7.8% higher than at the time of the previous CHNA.

Roughly 80% of Lake County residents 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 2023, 200% FPL represents an annual household income of \$60,000 for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

² U.S. Census Bureau. QuickFacts Population Estimates, July 1, 2022

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

In Lake County, people who are younger have the most representation in the High Need Area (up to age 54); people who are ages 65-84 are more likely to live in the Broader Need Area. People up to age 34 are over-represented in the High Need Area. Population by sex is equally distributed across the service areas.

POPULATION BY RACE AND ETHNICITY

People identifying as American Indian or Alaska Native are disproportionately represented in the high need service area, comprising 26.8% of the high need service area, compared to 22.7% of the total population. White people more likely to live in the broader service area, comprising 82.5% of the broader service area compared to 65.4% of the total population. People who identify as Hispanic have more representation in the High Need Area (5.3%) compared to the Broader Need Area (1.4%) and the overall population (4.5%).

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Lake County Service Area

Indicator	Montana	Lake County	Lake County High Need Area	Lake County Broader Need Area
Median Income Data Source: 2021 American Community Survey, 5-year estimate	\$60,456	\$53,481	\$51,210	\$68,845
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2021 American Community Survey, 5-year estimate	19.3%	17.8%	19.2%	7.6%

Median income in Lake County is drastically different between the High Need Area and Broader Need Area, with the High Need Area being around 75% of the median income of the Broader Need Area. The higher median income of the Broader Need Area is tied to a much lower percentage of households with severe housing cost burden compared to the High Need Area and Lake County.

Full demographic and socioeconomic information for the service area can be found in the 2023 CHNA for [Providence St. Joseph Medical Center](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Health Needs Assessment Process and Results

At Providence, the CHNA process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

Through a mixed-methods approach, using quantitative (see Appendix 1: Quantitative Data of the [2023 CHNA](#)) and qualitative data (see Appendix 2: Community Input of the [2023 CHNA](#)), we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, and hospital-level data.

To actively engage the community, we conducted listening sessions that included people who are from diverse communities, who have lived experience with substance use disorder, have low-incomes, and/or are medically underserved. We also conducted 11 key informant interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included the Health Services Director from Lake County Public Health and CSKT Tribal Health Community Health Division Director as key informants to ensure the input from a state, local, tribal, or regional governmental public health department.

Through the Community Input process, high priority unmet health-related needs were identified as behavioral health challenges and access to care (mental health and substance use/misuse) and homelessness and housing instability; medium priority unmet health-related needs include access to health care services, racism and discrimination, food insecurity and chronic diseases, and economic insecurity. Quantitative data affirmed community input findings.

The Providence St. Joseph Medical Center Advisory Council reviewed the quantitative data and community input and met July 26, 2023 to discuss the findings. The Council voted by online poll to prioritize need areas for the 2023 CHNA, with each participant selecting their three highest priority need areas. The Providence St. Joseph Medical Center Advisory Council met again September 27, 2023 to review the 2023 CHNA and recommend it for approval by the Montana Service Area Community Mission Board. The CHNA was approved by the Montana Service Area Community Mission Board on October 24, 2023.

Significant Community Health Needs Prioritized: 2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in order of priority:

MENTAL HEALTH

Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. In Lake County, key informants emphasize the need for increased resources, improved collaboration among healthcare providers, enhanced funding for crisis services, and the development of residential and step-down facilities.

SUBSTANCE USE/MISUSE

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. In Lake County, key informants noted decreased social connections, increased substance use (particularly drinking), and limited resources for individuals with substance use disorders; people seeking help for addiction are unable to find appropriate services, indicating a need for improved accessibility and availability of addiction treatment options.

HOUSING INSTABILITY

Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered “cost burdened” if spending more than 30% of household income on housing, and “severely cost burdened” if spending more than 50% of household income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care. Key informants in Lake County identified populations affected by housing instability in particular to be elderly individuals, people relying on fixed incomes, and American Indians and the rising cost of housing to be a major challenge in the community.

FOOD INSECURITY

Food insecurity refers to uncertainty surrounding access to and availability of nutritious food because of lack of money and other resources. Food insecurity may be long term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. In Lake County, the high cost of healthy food, limited access to nutritious options, existence of food deserts, and affordability challenges affect the indigenous population, seniors, and residents of rural Lake County.

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 collaboration with partner organizations in the community to address the needs identified in the 2023 CHNA, with full acknowledgement that these needs are among the most challenging to address in any community and require long-term focus and investment from all levels of community stakeholders.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

A working group that included Providence Montana’s Director of Behavioral Health, Providence St. Joseph Medical Center’s Chief Operating Officer and Director of Nursing, as well as Community Health Investment staff met in September 2023 to develop the 2024-2026 CHIP. The working group reviewed existing strategies and initiatives as well as proposed new opportunities to implement strategies to address prioritized health needs in the CHIP.

The Providence St. Medical Center Advisory Council met September 27, 2023 to review the final CHNA document and to approve implementation strategies to address the prioritized needs in the 2024-2026 CHIP; the Providence St. Medical Center Advisory Council recommended the CHIP for approval by the Montana Service Area Community Mission Board.

Providence St. Joseph Medical Center 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 St. Joseph Medical Center in the enclosed CHIP.

Addressing the Needs of the Community: 2024- 2026 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH

Population Served

People in need of mental health therapy or counseling; people experiencing mental health crisis; youth in need of mental health support, from college-age to young children.

Long-Term Goal(s)/ Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.

An improved workforce of mental health professionals that is representative of the community served and can effectively and compassionately respond to the community’s mental health and substance use needs.

A reduction in deaths of despair in the community.

Table 2. Strategies and Strategy Measures for Addressing Mental Health

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Integrated mental health care in primary care setting	People in need of mental health services	# of patients served # PMG MT patients with depression treatment response in 12 months	2022: Avg. 33.35% treatment response	Depression treatment response: 5 percentage points increase
2. Increase inpatient treatment access	Adults and youth in need of acute mental health care	# of patients served at Providence St. Patrick Hospital Neurobehavioral Inpatient Unit (NBMI) and Adolescent Inpatient Units (AIU) Wait time for placement	2022: MHP Evals: • ED Decision to Admit <4hrs: 93% • ED Arrival to Depart <4hrs: 14.75% Admissions • NBMI: 695 • Admissions AIU: 252 Lake County Admissions to SPH • NBMI: 31 • AIU: 12	Lake County Admissions to SPH • NBMI: 40 • AIU: 20
3. Providence Telepsychiatry in SJMC emergency department	Patients with behavioral mental health diagnosis; patients seeking crisis mental health services	# patients with behavioral mental health diagnosis Population average with disease burden per 1,000 # patients per 1,000 with disease burden who identify as AI/AN # pediatric mental telehealth evals	September 2023: 37,652 for Montana Service Area Service area population average with disease burden per 1,000: 305 Disease burden per 1,000 patients who identify as AI/AN: 344 Disease burden per 1,000 patients in High School age group: 443 Pediatric mental telehealth evals in 2022:	5% decrease in disease burden per 1,000 for overall population, AI/AN and High School age group
4. Improved community-based mental health and co-occurring	People in mental health crisis	Establishment of community-based crisis services with	2023: Journey to Wellness in planning and development	Collaborative initiative is established

disorder crisis response		Journey to Wellness collaborative Collaboration with Lake County Attorney to reduce response time for involuntary psychiatric holds # people served	2023	Response time for involuntary psychiatric holds TBD
5. School Nurse program with Polson School District	Students	# students served	2023: Program launched April 2023; avg. 700 kids per quarter served; programming needs in process of being identified	Programs and referrals for most significant health needs established

Evidence Based Sources

[Behavioral health primary care integration](#)

[Trauma-informed health care](#)

[Culturally adapted health care](#)

[Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors](#)

Resource Commitment

Providence Montana is committed to investing in serving the mental health needs of our communities. Providence St. Joseph Medical Center is committed to collaborating with community partners to support the mental health needs of residents of Lake County.

Key Community Partners

[Behavioral Health Alliance of Montana](#)

[Confederated Salish and Kootenai Tribes Behavioral Health](#)

[Western Montana Mental Health Center](#)

COMMUNITY NEED ADDRESSED #2: SUBSTANCE USE/MISUSE

Population Served

Patients with a substance use disorder; people seeking substance use disorder treatment; people in need of substance misuse treatment services at different levels, from inpatient to step-down community-based care; people involved in the criminal legal system in need of supportive services.

Long-Term Goal(s)/ Vision

To reduce substance use disorders and related health conditions through evidence-based prevention, treatment, and recovery support services.³

A reduction in deaths of despair in the community.

Table 3. Strategies and Strategy Measures for Addressing Substance Use/Misuse

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Integrated Medication Assisted Treatment (IMAT)	Patients seeking treatment for substance use disorders (SUD)	# patients with SUD Population average with SUD per 1,000 # patients per 1,000 with SUD who identify as AI/AN # IMAT-trained PMG providers; establishment of provider peer oversight committee	September 2023: 12,470 for Montana Service Area Population average with SUD per 1,000: 77 SUD per 1,000 patients who identify as AI/AN: 139 SUD per 1,000 patients in High School age group: 38 2023 IMAT providers: 6	5% decrease in disease burden per 1,000 for overall population, AI/AN and High School age group Increase number of IMAT-trained providers by 1-2
2. Journey of Hope program	Drug-affected newborns and their caregivers	Rate of illicit use of substances during pregnancy	September 2023: 16%	5% (national average rate)
3. Availability of treatment supports, including Licensed Addiction Counselors and peer support specialists	Patients with substance use disorder diagnosis	Rate of binge drinking per Behavioral Risk Factor Surveillance System Survey (BRFSS)	2020 Lake County: 21.4%	2 percentage points reduction

Evidence Based Sources

[Evidence Based Sources Medication-assisted treatment access enhancement initiatives](#)

[Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors](#)

³ Inspired by the Substance Abuse and Mental Health Services Strategic Plan FY2019-FY2023 (samhsa.gov)

Resource Commitment

Providence Montana is committed to providing for the treatment needs of patients through supporting staff to obtain IMAT training and waivers and peer support through the Community Health Worker model.

Key Community Partners

[Behavioral Health Alliance of Montana](#)

[Confederated Salish and Kootenai Tribes Behavioral Health](#)

[Western Montana Mental Health Center](#)

[NARSS \(Never Alone Recovery Support Services\)](#)

COMMUNITY NEED ADDRESSED #3: HOUSING INSTABILITY

Population Served

People experiencing housing instability and at risk of homelessness; people with low incomes experiencing housing instability; people disproportionately impacted by housing instability, including older adults and American Indians.

Long-Term Goal(s)/ Vision

To end homelessness by reaching functional zero, which means that the system will not have more individuals enter than exit from the homelessness system at any given time.

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

A reduction in housing cost burden in the community based on increased affordable housing options and increased economic opportunities.

Table 4. Strategies and Strategy Measures for Addressing Housing Instability

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Participate in Flathead Housing Coalition and Lake County housing policy discussions; participation in Continuum of Care	Renters and homeowners in Lake County; Tribal and non-tribal residents of Lake County experiencing homelessness or unstable housing	% households experiencing severe housing cost burden # admitted patients reporting housing	2021 ACS 5-year estimate Lake County: 17.8% 2022: Per Flathead Indian Reservation Housing Needs Assessment, 10% of households report overcrowding August 2022 – August 2023	2 percentage points reduction SDOH Screening Financial Strain Positive Result

		concerns in SDOH screening	Inpatient SDOH Screening Financial Strain Positive Result: 12.6%	decrease of 2 percentage points
2. Tribal Defenders Office collaboration with Providence Health Equity initiative	Tribal members involved in criminal justice system	# clients served by housing and mental health services	TBD	.5 FTE Licensed Addiction Counselor
3. Medical-Legal Partnership	Patients experiencing health-harming civil-legal needs, including housing issues	# patients referred for legal assistance	2022: 20 patients with Lake County address referred to MLP	30 Lake County patients referred to MLP

Evidence Based Sources

[Evidence Based Sources Legal support for tenants in eviction proceedings](#)

[Service-enriched housing](#)

Resource Commitment

Providence recognizes the vital intersection between health care and housing and believe both are basic human rights. Providence Montana is committed to collaborating with community partners working in support of safe and affordable housing.

Key Community Partners

[Ronan Housing Authority](#)

[Salish and Kootenai Housing Authority](#)

COMMUNITY NEED ADDRESSED #4: FOOD INSECURITY

Population Served

People without adequate access to nutritional food; people without access to food that meets their cultural needs and preferences; populations most affected by rising food costs and limited access, including people who live in rural areas and older adults.

Long-Term Goal(s)/ Vision

All community members, especially the most vulnerable, will have adequate access to food.

Communities will have the ability to determine the quantity and quality of the food that they consume by controlling how their food is produced and distributed.⁴

Table 5. Strategies and Strategy Measures for Addressing Food Insecurity

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Prescription Produce program	Patients with chronic disease diagnosis	# patients enrolled in program # admitted patients reporting food insecurity in SDOH screening	September 2023: 6 enrollees Inpatient SDOH screening of Food Insecurity to start September 2023; baseline TBD	20 enrolled patients Target SDOH screening TBD
2. Increase enrollment in SNAP in Lake County	People experiencing food insecurity and/or economic insecurity	% households receiving SNAP	2021 ACS 5-year estimate Lake County: 14%	7 percentage points increase in enrollment
3. Collaborate and support Tribal food sovereignty programs	Tribal members from the Confederated Salish Kootenai Tribes (CSKT) and	Food sovereignty programming in Lake County continues to develop	2023: 8 CSKT community gardens throughout Lake County; Arlee CDC food sovereignty resources	Programming further developed and established
4. School Nurse program with Polson School District	Students	# students served	2023: Program launched April 2023; avg. 700 kids per quarter served	Programs and referrals for most significant health needs established

Evidence Based Sources

[Food Insecurity and the Role of Hospitals](#)

[Nutrition Prescriptions](#)

[Why Food Sovereignty Matters](#)

Resource Commitment

Providence St. Joseph Medical Center is committed to supporting emergency food access in Lake County. Providence Montana will support advocacy and policy that promotes food security in our communities.

Key Community Partners

[Arlee CDC](#)

⁴ Inspired by U.S. Department of the Interior Indian Affairs “Why Food Sovereignty Matters”

[Community Food and Agricultural Coalition / Double SNAP Dollars](#)

[Mission Valley Food Pantry](#)

[Montana Food Bank Network](#)

[Polson Loaves and Fish](#)

[Ronan Bread Basket](#)

[West Shore Food Bank](#)

Other Community Benefit Programs

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. Intervention for health-harming civil legal needs	Medical-Legal Partnership	Partnership between Providence Montana and Montana Legal Services Association; Providence staff refer directly to partner attorney for civil-legal intervention	Low income, vulnerable
2. Childhood obesity	CATCH (Coordinated Approach to Child Health)	Evidence-based wellness curriculum for school-aged children	Low income, vulnerable, broader community
3. Access to care	Medication Assistance Program	Patient assistance to obtain medications that would otherwise be unaffordable	Low income, vulnerable
4. Food insecurity, obesity, chronic disease	Prescription Produce	Medical providers prescribe fresh, local produce via voucher to patients experiencing chronic disease	Low income, vulnerable
5. Youth mental health	Work2BeWell	Mental health resource for teens, including authentic connections with peers and educators and digital platforms for resiliency	Low income, vulnerable, broader community

2024 - 2026 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was recommended for approval by the Providence St. Joseph Medical Advisory Council September 27, 2023 and approved by the Providence Montana Service Area Community Mission Board on October 24, 2023. The final report was made widely available by May 15, 2024.



Kirk Bodlovic
Interim Chief Executive and Chief Operating Officer, Montana Service Area
Providence

10-26-2023

Date



Mark Williams
Chair, Providence Montana Service Area Community Mission Board

12/16/23

Date



Joel Gilbertson
Chief Executive, Central Division
Providence

11/20/23

Date

CHNA/CHIP Contact:

Hollie Timmons
Program Manager, Community Health Investment
PO Box 4587
500 W Broadway
Missoula, MT 59806
hollie.timmons@providence.org