

2026-
2028

COMMUNITY HEALTH IMPROVEMENT PLAN



Providence Newberg Medical Center

Newberg, Oregon

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Yamhill County through Providence Newbery Medical Center (PNMC). The following Community Health Improvement Plan (CHIP) outlines our strategic response to addressing the prioritized needs from the 2025 Community Health Needs Assessment (CHNA).

PNMC 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. The Community Health Needs Assessment (CHNA) is an opportunity for PNMC 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 survey, hospital utilization data, and more.

Our commitment to improving the health of our community extends beyond patient care. Through community health improvement and strategic partnerships, health professions education and research, free, discounted and subsidized care, and other means of outreach, we commit to caring for those we serve through high-impact community benefit programs and investments.

Providence Newberg Medical Center Community Health Improvement Plan Priorities

As a result of the findings of our [2025 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PNMC will focus on the following areas for its 2026-2028 Community Benefit efforts. The priorities from the CHNA have been refined to better address the identified need and opportunity.

ACCESS TO CARE AND SERVICES: PRIMARY CARE AND PREVENTATIVE HEALTH

Access to care and services refers to the ability of individuals to obtain timely, affordable, culturally responsive, and linguistically appropriate health care. This includes having available providers and services, insurance or financial assistance, transportation, and the knowledge and support needed to navigate the health system—particularly for populations facing economic, cultural, or systemic barriers.

HEALTH RELATED SOCIAL NEEDS: FOOD SECURITY

Food security is the ability for all people to consistently access affordable, nutritious, and culturally appropriate food. Food insecurity undermines physical and mental health and disproportionately affects low-income households, seniors, families with children, and historically marginalized communities.

MENTAL HEALTH/SUBSTANCE USE DISORDERS

Poor mental health and substance use disorders affect emotional, psychological, and social well-being and influence how individuals manage stress, relate to others, and make healthy choices. Limited access to prevention, early intervention, and treatment services contributes to poor health outcomes and disproportionately impacts vulnerable and underserved populations.

Three consistent cross-cutting themes surfaced during the assessment process and analysis, affecting all priority areas:

- Culturally responsive care and services
- Racism, discrimination, and inclusion
- Trauma-informed care and services

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 Newberg Medical Center (PNMC) is an acute-care facility located in Newberg, Oregon. PNMC was established in the 1994 acquisition of Newberg Community Hospital. The hospital has 40 licensed beds, a staff of more than 600, and professional relationships with more than 250 local providers. PNMC is the nation’s first Gold LEED (Leadership in Energy and Environmental Design) Certified hospital in the country.

Major programs and services offered to the community include the following: Cancer institute, cancer screening and rehabilitation, behavioral health program, diagnostic imaging, laboratory patient services, birth center and lactation services, orthopedic services, outpatient infusion, pre-surgery care, heart clinic, rehabilitation, sleep and EEG services, and comprehensive surgical services.

Our Commitment to Community

PNMC dedicates resources to improve the health and quality of life for the communities and people we serve. For more information, refer to the [Annual Report to our Communities](#) and [Community Health Needs Assessments/Community Health Improvement Plans](#).

Equity Practices in the CHIP

At Providence, we are committed to addressing the underlying and root causes of health disparities and inequities in the communities we serve. We work to address not only the clinical factors that determine a person’s length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based, leading practices.

Through literature and our community partners, we recognize that long-standing systemic inequities exist and that they can lead to health disparities. We routinely evaluate health disparities in the communities we serve and use qualitative and quantitative data to inform how we enhance access to high-quality, evidence-based care. The purpose of the CHIP is to respond to and address the needs identified by our communities. The CHIP strategies are based on the CHNA data to meet the highest level of need, which is ultimately in service to all our community members.

Financial Assistance Program

Our mission is to improve the health and well-being of each person we serve, regardless of ability to pay. We believe no one should delay seeking needed medical care because they lack health insurance. Providence has a [Financial Assistance Program \(FAP\)](#) that provides free or discounted services to eligible patients.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND RESULTS

Our Community and the Community Health Needs Assessment Process and Results

Providence Newberg Medical Center (PNMC) conducted a 2025 Community Health Needs Assessment (CHNA). The CHNA service area is the entirety of Yamhill County.

The CHNA is an opportunity for Providence hospitals to engage the community every three years with the goal of better understanding strengths and needs. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relies on several sources of information: state and national public health data, qualitative data from key informant interviews and community listening sessions, hospital utilization data, and more. An oversight committee reviews all the data from the CHNA and identifies priority needs to address in the 2026-2028 Community Health Improvement Plan (CHIP).

More information on the CHNA process and findings can be found in the [2025 PNMC CHNA](#).

Significant Community Health Needs Prioritized

PNMC will focus on the following priority areas identified in the 2025 CHNA to best leverage their capacity, expertise, and resources for greatest impact. The priorities from the CHNA have been refined to better address the identified need and opportunity.

ACCESS TO CARE AND SERVICES: PRIMARY CARE AND PREVENTATIVE HEALTH

Access to care and services refers to the ability of individuals to obtain timely, affordable, culturally responsive, and linguistically appropriate health care. This includes having available providers and services, insurance or financial assistance, transportation, and the knowledge and support needed to navigate the health system—particularly for populations facing economic, cultural, or systemic barriers.

HEALTH RELATED SOCIAL NEEDS: FOOD SECURITY

Food security is the ability for all people to consistently access affordable, nutritious, and culturally appropriate food. Food insecurity undermines physical and mental health and disproportionately affects low-income households, seniors, families with children, and historically marginalized communities.

MENTAL HEALTH/SUBSTANCE USE DISORDERS

Poor mental health and substance use disorders affect emotional, psychological, and social well-being and influence how individuals manage stress, relate to others, and make healthy choices. Limited access to prevention, early intervention, and treatment services contributes to poor health outcomes and disproportionately impacts vulnerable and underserved populations.

Three consistent cross-cutting themes surfaced during the assessment process and analysis, affecting all priority areas:

- Culturally responsive care and services
- Racism, discrimination, and inclusion
- Trauma-informed care and services

Needs Beyond the Hospital's Service Program

Providence is committed to improving the health of the communities we serve and investing in spaces where we can have the greatest impact. By leveraging our expertise and core competencies as health care providers, we can meaningfully contribute to high-impact solutions for expanded access to high-quality, equitable health care.

The following community health needs identified in the 2025 CHNA will not be addressed, and an explanation is provided below:

- **Economic Security:** PNMC will not directly address this need due to resource constraints and other facilities or organizations in the community are addressing them.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2025 Community Health Needs Assessment (CHNA) completed for Providence Newberg Medical Center (PNMC) was the basis for the 2026-2028 CHIP. The assessment identified community needs, assets, resources, and strategies to improve health for residents of Yamhill County.

The service area advisory council evaluated the needs and supporting data identified in the 2025 CHNA and selected the following areas of focus for PNMC: Mental health and substance use disorders, health related social needs, economic security, and access to care and services. Prioritizing these needs allows PNMC to focus on leveraging their strengths, expertise, and resources for greatest impact.

Multi-disciplinary professionals spanning clinical care, community health, and behavioral health provided input as part of the 2026-2028 CHIP to identify strategies, programs, and initiatives that respond to the prioritized needs. Individuals bring their deep knowledge of the prioritized needs, clinical and community based best practices, and the Yamhill County community.

Based on dialogue and feedback from internal subject matter experts, a set of core CHIP strategies were presented to the service area advisory council for additional review, feedback, and alignment.

In March 2026, the Yamhill Service Area Advisory Council adopted the 2026-2028 CHIP, including the following strategies for addressing the priority community needs.

Addressing the Needs of the Community: 2026- 2028 Key Community Benefit Initiatives and Evaluation Plan

The following strategies for addressing priority needs consider how communities change over time, as well as their existing strengths and capacity. They were intentionally selected with the understanding that some community health needs may evolve during the duration of the CHIP, and that subsequent implementation strategies may require adjustment based on resources and to best meet the needs of our communities. While our response to community needs must remain flexible to changing dynamics, our commitment to improving the health of our communities is unwavering.

COMMUNITY NEED ADDRESSED #1: ACCESS TO CARE AND SERVICES: PRIMARY CARE AND PREVENTATIVE HEALTH

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve people experiencing barriers to timely and affordable health care, particularly people living in rural areas, who lack a usual source of care, or face cultural, linguistic, or systemic barriers.

Long-Term Goal(s)/ Vision

Increase equitable access to timely, affordable, culturally responsive, and linguistically appropriate primary health care including preventative health measures.

Table 1. Strategies and Measures for Addressing Access to Care and Services: Primary Care and Preventative Health

Identified need: ACCESS TO CARE AND SERVICES: PRIMARY CARE AND PREVENTATIVE HEALTH				
Strategy	Population Served	Strategy Measure(s)	2025 Baseline	2028 Target
Diabetes Prevention Program: Evidence based lifestyle program supporting people with pre-diabetes to prevent or delay type 2 diabetes	People living with pre-diabetes in Yamhill County	Number of people enrolled in the program	11 people enrolled	14 people enrolled
Smile Care Everywhere Program: Partner with Pacific University to provide free and accessible dental hygiene and dental therapy services via the mobile dental clinic	Under or uninsured, low-income and Spanish-speaking community members in need of dental care	Number of people provided Dental Hygiene care Number of people provided Dental Therapy Services	Dental Hygiene: 60 people Dental Therapy: 4 people	Dental Hygiene: Maintain Baseline (60 people) Dental Therapy: 15 people
Mobile Vision Clinic: Partner with Pacific University College of Optometry to provide free vision screenings, examinations, education, and prescription eye wear (if needed) via the mobile vision clinic	Under or uninsured, low-income and Spanish-speaking community members in need of vision care	Number of community members provided vision care	48 people provided vision care	Maintain Baseline (48 people provided vision care)

<p>Providence Newberg Hospital Mammogram Fair: Annual no cost mammogram screenings for the Latinx community, supported by Providence Promotores de Salud staff and volunteers</p>	<p>Under or uninsured, low-income and Spanish-speaking women between 40 – 65 years of age in need of a mammogram screening</p>	<p>Number of community members who received a screen</p>	<p>29 community members</p>	<p>30 community members</p>
<p>Mobile Dental Clinics: Partner with Medical Teams International to provide free emergency dental services via mobile dental clinics to help close gaps in access to care for underserved communities</p>	<p>Under-insured or uninsured community members experiencing oral pain and in need of dental services</p>	<p>Number of people served in Yamhill County</p>	<p>66 people served</p>	<p>Maintain baseline (66 people served)</p>
<p>Patient Support Program: Partner with Project Access NOW to reduce discharge barriers and support safe, timely hospital discharges</p>	<p>Low-income patients discharged from PNMC</p>	<p>Number of patients receiving resources</p>	<p>170 patients receiving resources</p>	<p>Maintain baseline (170 patients receiving resources)</p>
<p>Community Benefit Grants: Partner with community-based organizations in Yamhill County to improve access to care and services, with a focus on expanding equitable, culturally responsive, community driven prevention support and strengthening sustainable, locally led solutions</p>	<p>Underserved Yamhill County community members in need of medical care</p>	<p>Number of community benefit grants awarded supporting community-based organizations</p>	<p>1 grant awarded</p>	<p>1-3 grant awards (2026-2028)</p>

Community and Research Informed Resources

- [Improving Access to Oral Health Care for Vulnerable and Underserved Populations | Healthy People 2030](#)
- [Screening and Preventive Interventions for Oral Health in Adults - Healthy People 2030 | odphp.health.gov](#)
- [Patient navigators | County Health Rankings & Roadmaps](#)
- [Medicare Diabetes Prevention Program Expanded Model - Healthy People 2030 | odphp.health.gov](#)

Resource Commitment

PNMC will commit staff time, supplies and equipment, cash and in-kind donations to support these strategies.

Key Community Partners

PNMC works with multiple community partners across Yamhill County to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing access to care and services, include Medical Teams International, Pacific University, Project Access NOW, and local parishes.

COMMUNITY NEED ADDRESSED #2: HEALTH RELATED SOCIAL NEEDS - FOOD SECURITY

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve community members experiencing food and nutrition insecurity.

Long-Term Goal(s)/ Vision

To increase the percentage of community members who have access to affordable, nutritious, culturally appropriate, and easily accessible food.

Table 2. Strategies and Measures for Addressing Health Related Social Needs: Food Security

Identified need: HEALTH RELATED SOCIAL NEEDS: FOOD SECURITY				
Strategy	Population Served	Strategy Measure(s)	2025 Baseline	2028 Target
Providence Newberg Medical Center Community Garden: Grows and donates fresh produce to the Newberg Friends in Service to Humanity (F.I.S.H.) Food Pantry during the growing season	Community members experiencing food/nutrition insecurity	Pounds of fresh produce donated	702 pounds	800 pounds
Community Benefit Grant Making: Partner with community-based- organizations (CBO) in Yamhill County addressing food/nutrition insecurity	Yamhill County community members with low-income experiencing food/nutrition insecurity	Number of community benefit grants supporting CBOs	N/A	1-3 grants (2026-2028)

Resource Commitment

PNMC will commit staff time, cash and in-kind donations to support these strategies.

Key Community Partners

PNMC works with multiple community partners across Yamhill County to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing food security include Northwest Christian Church and F.I.S.H. Food Pantry.

COMMUNITY NEED ADDRESSED #3: MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve people in need of mental health therapy or counseling; people experiencing mental health crisis; youth in need of mental health support.

Long-Term Goal(s)/ Vision

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

Table 2. Strategies and Measures for Addressing Mental Health and Substance Use Disorders

Identified need: MENTAL HEALTH AND SUBSTANCE USE DISORDERS				
Strategy	Population Served	Strategy Measure(s)	2025 Baseline	2028 Target
Providence Assessment, Intake, and Referral (AIR) Program: Assesses and connects individuals to the appropriate level of behavioral health care	Individuals in need of behavioral health care	Number of referrals received for Providence Oregon behavioral health services	8,263 referrals	9,089 referrals
Work2BeWell (W2BW) Program: Youth-driven mental health resources, curriculum, advocacy opportunities, and peer support, designed to empower teens and their communities to improve mental wellness and reduce stigma	Oregon Youth (11-18) and Oregon Young Adults (18-22)	Number of middle and high school W2BW clubs Number of student-centered presentations	12 W2BW clubs 10 presentations	24 W2BW clubs 22 presentations

<p>Better Outcomes Through Bridges (BOB) Emergency Department (ED) Outreach & Peer Support: Identifies behavioral health patients with frequent ED visits in need of support after discharge and connects patients to community resources and behavior health programs while providing support services</p>	<p>Adults with frequent ED visits discharging from the ED with low-income and in need of access to mental health/substance use disorder services</p>	<p>Number of new, active episodes of care initiated</p>	<p>14 new active episodes of care initiated</p>	<p>50 new active episodes of care</p>
<p>Community Benefit Grants: Partner with community-based organizations (CBO) addressing mental health and substance use disorders in Yamhill County, with a focus on expanding equitable access to culturally responsive, community driven prevention, treatment, and recovery support while building sustainable, locally led behavioral health interventions</p>	<p>Underserved Yamhill County community members in need of Mental health/Substance Use Disorder support</p>	<p>Number of community benefit grants supporting CBOs</p>	<p>1 grant awarded</p>	<p>1-3 grants (2026-2028)</p>

Community and Research Informed Resources

- [Youth leadership programs | County Health Rankings & Roadmaps](#)
- [The effectiveness of peer support for individuals with mental illness: systematic review and meta-analysis | Psychological Medicine | Cambridge Core](#)
- [Recommendation: Depression and Suicide Risk in Adults: Screening | United States Preventive Services Taskforce](#)

Resource Commitment


PNMC will commit staff time, supplies and equipment, cash and in-kind donations to support these strategies.

Key Community Partners

PNMC works with multiple community partners across Yamhill County to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing mental health/substance use disorders include Life Counseling.

2026- 2028 CHIP Governance Approval


This Community Health Improvement Plan was adopted by the Yamhill Service Area Advisory Council of the hospital on March 17. The final report was made widely available by May 15, 2026.



Andrew Haslam
Chief Administrative Officer, Providence Newberg Medical Center
Providence

03/30/26


Date



Dan Kang, DPT
Chair, Yamhill Service Area Advisory Council

03/05/2026

Date



Jennifer Burrows
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