2024

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence St. Mary Medical Center

Walla Walla, Washington

To provide feedback about this CHNA or obtain a printed copy free of charge, please email Karen Hayes at karen.hayes@providence.org

Providence

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MESSAGE TO THE COMMUNITY

Providence St. Mary Medical Center is a not-for-profit Catholic health care ministry, called by our mission to understand and respond to the evolving needs of the communities we serve. Our Community Health Needs Assessment (CHNA) is a vital tool to help guide this work.

Since the Sisters of Providence first arrived in Walla Walla in 1863, their commitment to caring and addressing local needs has been our guiding light. Their legacy continues through our ongoing collaboration with community partners to adapt our services to the most pressing challenges.

Providence's vision of "Health for a Better World" calls us to help improve community health, with a special focus on those who are most vulnerable. Each investment and partnership we undertake is driven by the insights gained from our CHNA, ensuring our efforts are impactful and meaningful.

Every three years, we conduct the CHNA to identify the greatest unmet needs within our community. This involves gathering feedback from community members and partners to pinpoint the most significant challenges and opportunities for improvement. Our goal is to develop actionable strategies that will lead to real, positive changes in health.

In the coming years, our focus will be on expanding and enhancing programs that address the top priorities identified in this year's CHNA. These include:

- **Behavioral Health:** Enhancing mental health services and support systems.
- **Access to Care:** Improving availability and affordability of health care services.
- **Homelessness and Housing Insecurity:** Addressing the root causes and providing support to those affected.

We are currently developing a Community Health Improvement Plan (CHIP) to address these top priorities and look forward to partnering with others on this important work.

Sincerely,

Reza Kaleel, FACHE
Chief Executive
Providence Southeast Washington Service Area
Providence St. Mary Medical Center

ACKNOWLEDGEMENTS

We extend our deepest gratitude to the community partners and community members in Walla Walla, Columbia, and Umatilla Counties who generously shared their insights and experiences in interviews and listening sessions. These conversations helped us to create a rich, meaningful assessment of our community's strengths and needs.

Thank you to our Mission and Community Health Committee members who served as the Community Health Needs Assessment Advisory Committee and provided invaluable input to this important work.

Thank you to Visit Walla Walla for providing the cover photo.

Together, we will continue to build a healthier, more resilient community.

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Mary Medical Center (PSMMC) to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this 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.

The 2024 CHNA was approved by the Providence St. Mary Community Mission Board on October 18, 2024 and made publicly available by December 28, 2024.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey from the U. S. Census Bureau, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, County Health Rankings, Healthy Youth Survey, local public health data, Walla Walla Behavioral Health System Assessment, Walla Walla County Department of Community Health's Community Needs Assessment, and hospital utilization data. To actively engage the community, we conducted seven listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted twenty-one key informant interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Community-based organizations are deeply committed to serving the community well and community members are resilient and hardworking in overcoming challenges.
- Community input revealed that behavioral health is a "huge need," including concerns about untreated mental health and substance use/misuse issues and access to care challenges.
- Accessing needed health care services is challenging for many people, particularly specialty care.
- The lack of affordable housing is a serious situation with more people living in their cars or unsuitable places such as garages and porches.
- Key informants were particularly concerned with having the local workforce to meet health care, behavioral health, childcare, and aging health needs.
- A lack of language services makes it challenging for individuals with language barriers to navigate many systems and access resources, including health care, housing, legal, and employment.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

The Providence St. Mary Medical Center's Mission and Community Health Committee identified the following priority areas, listed in order of priority:

BEHAVIORAL HEALTH AND ACCESS TO CARE

Primary needs identified include the need for more behavioral health treatment services, consistent mental health therapists, and mental health resources, including naloxone. Crisis prevention, behavioral health stabilization, additional crisis response services, and a local detox center are needed. Longer term support for people with ongoing behavioral health needs is necessary as opposed to brief interventions.

More bilingual and bicultural services are needed to provide culturally matched and linguistically appropriate services. Young people and older adults were emphasized as populations of concern along with additional groups identified that included youth identifying as LGBTQIA+, Spanish-speaking individuals, perinatal patients, health care providers and behavioral health professionals, people with co-occurring behavioral health concerns, and people experiencing homelessness.

ACCESS TO HEALTH CARE

Accessing needed health care services is challenging for many people, particularly specialty care. Urgent care is not available in all communities, including Milton-Freewater, and community members would like more timely access to emergency care and more local pharmacies.

To address health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language. More culturally matched and linguistically appropriate health care services, interpreters, and bilingual Community Health Workers and paramedics are needed to serve the community.

Barriers to care include a lack of transportation and childcare, appointments during work hours, and insurance issues and cost of care (accessing care in Washington with Oregon insurance). Certain populations may experience more barriers to accessing needed care including older adults, people with undocumented status, people experiencing domestic violence, young people, individuals identifying as LGBTQIA+, Spanish-speaking individuals, and people with low incomes.

HOMELESSNESS AND HOUSING INSTABILITY

Housing was identified as a very large need in the community and the lack of affordable housing as a serious situation. With the increase in homelessness over the past few years, more people are living in their cars or unsuitable places such as garages.

There is a lack of affordable housing, rents have increased, and there is the need for more homelessness services, particularly for youth. Housing-related needs include homelessness prevention; support navigating housing resources, particularly for Spanish-speaking individuals; more supportive housing;

and shelters for people with pets. People with low incomes, older adults, people with undocumented status, people with a substance use disorder, and single people may have more difficulty accessing housing-related resources and remaining stably housed.

Providence St. Mary Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2025-2027 CHIP will be approved and made publicly available no later than May 15, 2025.

Results from the 2021 CHNA and 2022-2024 CHIP

Providence St. Mary Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2021 CHNA and 2022-2024 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2021 CHNA and 2022-2024 CHIP. The 2021 CHNA and 2022-2024 CHIP priorities were the following: behavioral health challenges and access to care, access to healthcare services, and homelessness / lack of safe, affordable housing.

A few of the key outcomes from the previous CHIP are listed below:

- Promotores de Salud provided outreach to farm workers to address behavioral health needs and access to care.
- Community Health Workers improved access to health care and preventive resources to underserved and under-resourced community members by participating in community outreach and events to assist them with health care system navigation.
- Collaborated with Walla Walla Department of Community Health for Walla Walla to become a Community Solutions Built for Zero community. Built for Zero is a data-driven methodology and movement that strives to make homelessness rare and brief.

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. Mary Medical Center is an acute-care hospital founded in 1880 and located in Walla Walla, Washington. The hospital has 142 licensed beds and 1,520 dedicated caregivers. Major programs and services offered to the community include the following: Level 1 Cardiac Center, Regional Cancer and Spine Center, Level 3 Trauma Center, and Family Birth Center.

Providence Medical Group operates several primary and specialty care clinics and has more than 80 employed physicians and 30 advanced practitioners.

For more information on how Providence St. Mary Medical Center and Kadlec Regional Medical Center advance the health and quality of life of communities in Southeast Washington, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

SECTION I: CHNA FRAMEWORK AND PROCESS

Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion or socioeconomic status. Our health equity statement can be found online: https://www.providence.org/about/health-equity.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

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

Approach

Explicitly name our commitment to equity

Take an asset-based approach, highlighting community strengths

Use people first and non-stigmatizing language

Community Engagement

Actively seek input from the communities we serve using multiple methods

Implement equitable practices for community participation

Report findings back to communities

Quantitative Data

Report data at the census tract level to address masking of needs at county level

Disaggregate data when responsible and appropriate

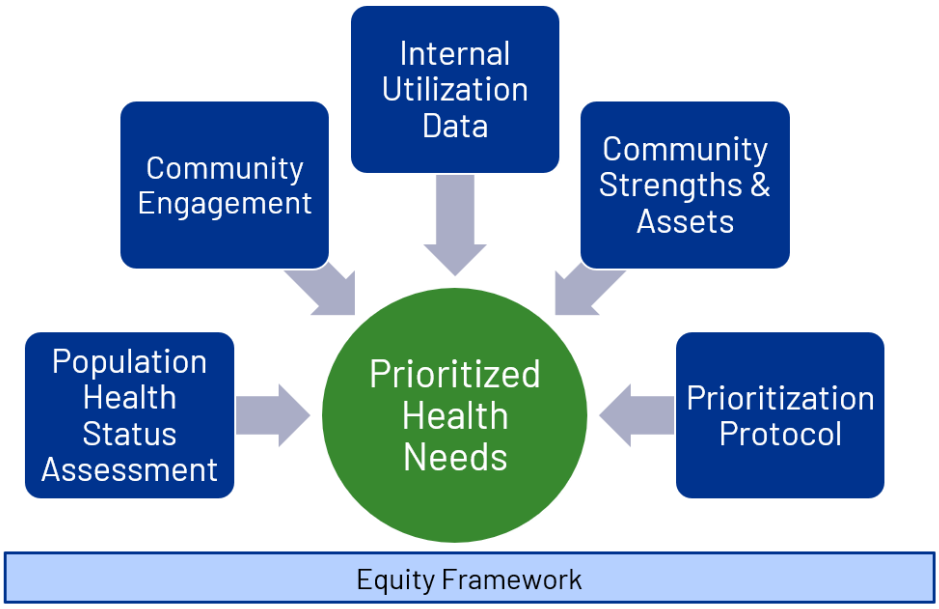
Acknowledge inherent bias in data and screening tools

To ensure that equity is foundational to the PSMMC CHNA, we engaged young people, youth identifying as LGBTQIA+, aging adults, people living with a disability, family members of those living with a disability, and those whose primary language is Spanish. While two listening sessions were offered in Spanish, only one was conducted in Spanish. Listening sessions were held at times and locations that were most convenient for participants.

The Mission and Community Health Committee that includes community members participated in the CHNA planning process, were informed of progress throughout the process, reviewed data, and participated in the prioritization process.

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



*modified MAPP Framework

Data Sources

In gathering information on the communities served by Providence St. Mary Medical Center, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
• 21 Key informant interviews • 7 Community listening sessions • Internal hospital utilization data	• American Community Survey from the U.S. Census Bureau • Behavioral Risk Factor Surveillance System (BRFSS) • CDC Places • Centers for Disease Control and Prevention • County Health Rankings • Environmental Justice Index • Healthy Youth Survey • Walla Walla County Department of Community Health

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2021 CHNA and 2022-2024 CHIP reports, which were made widely available to the public via posting on the internet in December 2021 (CHNA) and May 2022 (CHIP), as well as through various channels with our community-based organization partners. No written comments were received.

SECTION II: DESCRIPTION OF COMMUNITY

CHNA Service Area

Providence St. Mary Medical Center provides care to Walla Walla, Columbia, and Umatilla Counties which include a population of approximately 146,034 people.[1] Based on the availability of data, geographic access to these facilities and primary care, as well as other hospitals in neighboring counties, Walla Walla, Columbia, and Umatilla Counties serve as the boundary for the hospital service area.

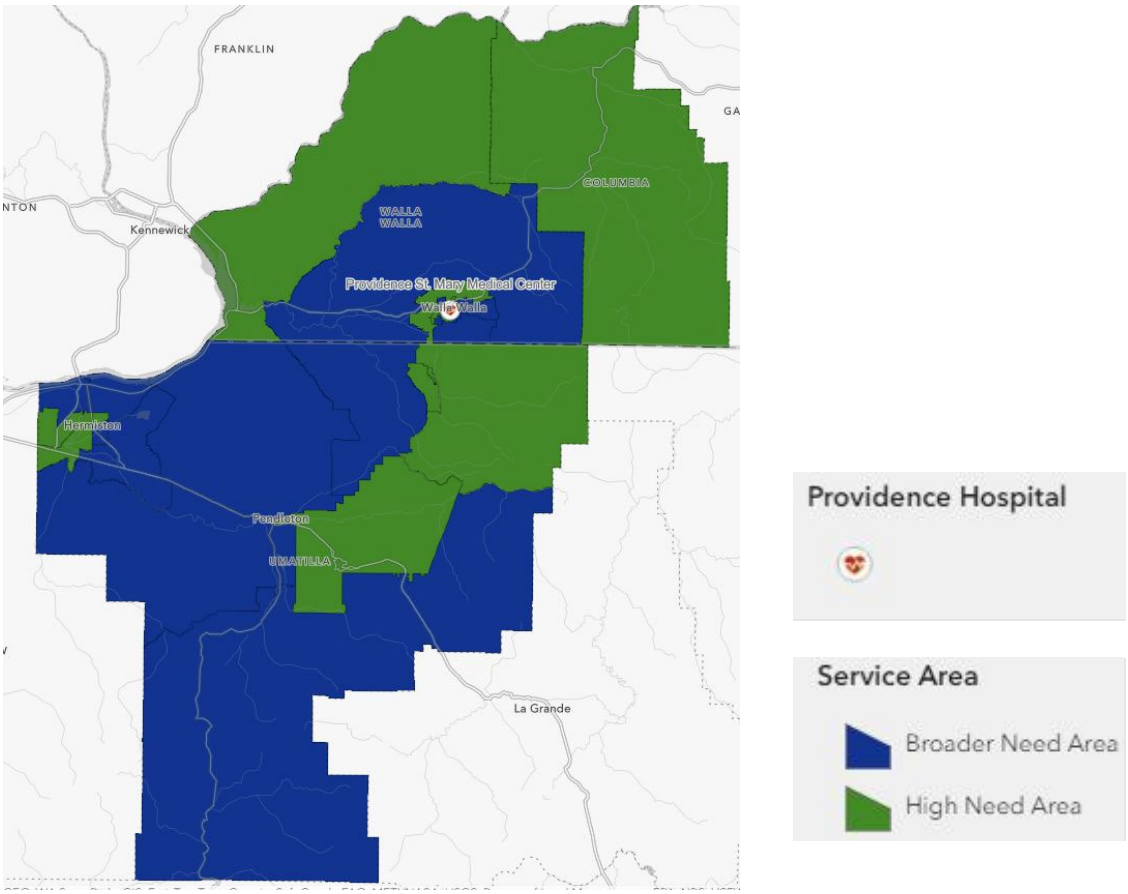


Figure 1. Map of Walla Walla, Columbia, and Umatilla Counties Showing High Need and Broader Need Service Areas Using the Social Vulnerability Index (SVI)

Walla Walla County is located in southeastern Washington and is bordered by Columbia County to the east, Franklin County to the northwest, Benton County on the west and Umatilla County, Oregon on the south. Walla Walla County covers 1,271 square miles of land. With a population of 79,904, Umatilla County has largest population of the three counties, followed by Walla Walla County with a population of 62,150, and lastly Columbia County with a population of 3,980.[2]

[1] Source: U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B01001

[2] Source: U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B01001

Social Vulnerability Index

Providence uses CDC's Social Vulnerability Index (SVI) to identify communities of higher need within our service areas. Census tracts that score higher than the median SVI score are classified as "high need" and are depicted in green. All other census tracts are labeled "broader need" and are shown in blue. For the Walla Walla service area, the median 2020 SVI score for census tracts is 0.70.

Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or a disease outbreak, or an anthropogenic event such as a harmful chemical spill. The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded household, among others, may affect that community's ability to prevent human suffering and financial low in the event of a disaster. These factors describe a community's social vulnerability.

The SVI indicates the relative vulnerability of census tracts by ranking 16 social factors, such as, unemployment, racial and ethnic minority status, and disability status. Then, SVI further groups the factors into four related themes. Each tract receives a ranking for each Census variables and for each of the four themes as well as an overall ranking.[3] More information on SVI can be found here: CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI).

Community Demographics

The graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a data hub that maps each CHNA indicator at the census tract level: Walla Walla Data Hub (arcgis.com).

[3]Agency for Toxic Substance and Disease Registry

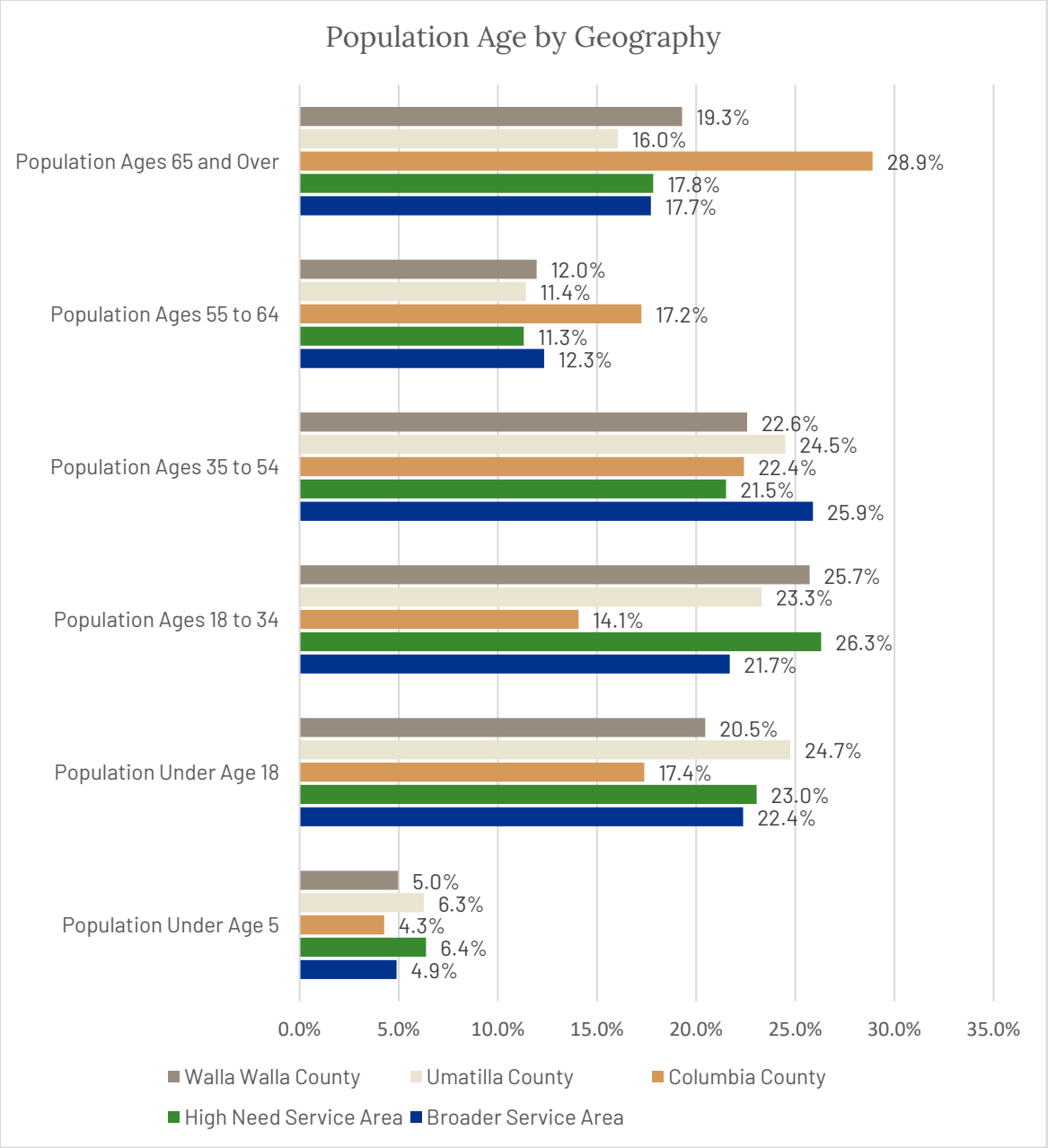


Figure 2. Population Age Groups by County and Service Area
Source: U.S. Census Bureau, 2018 – 2022 American Community Survey Estimates, Table B01001

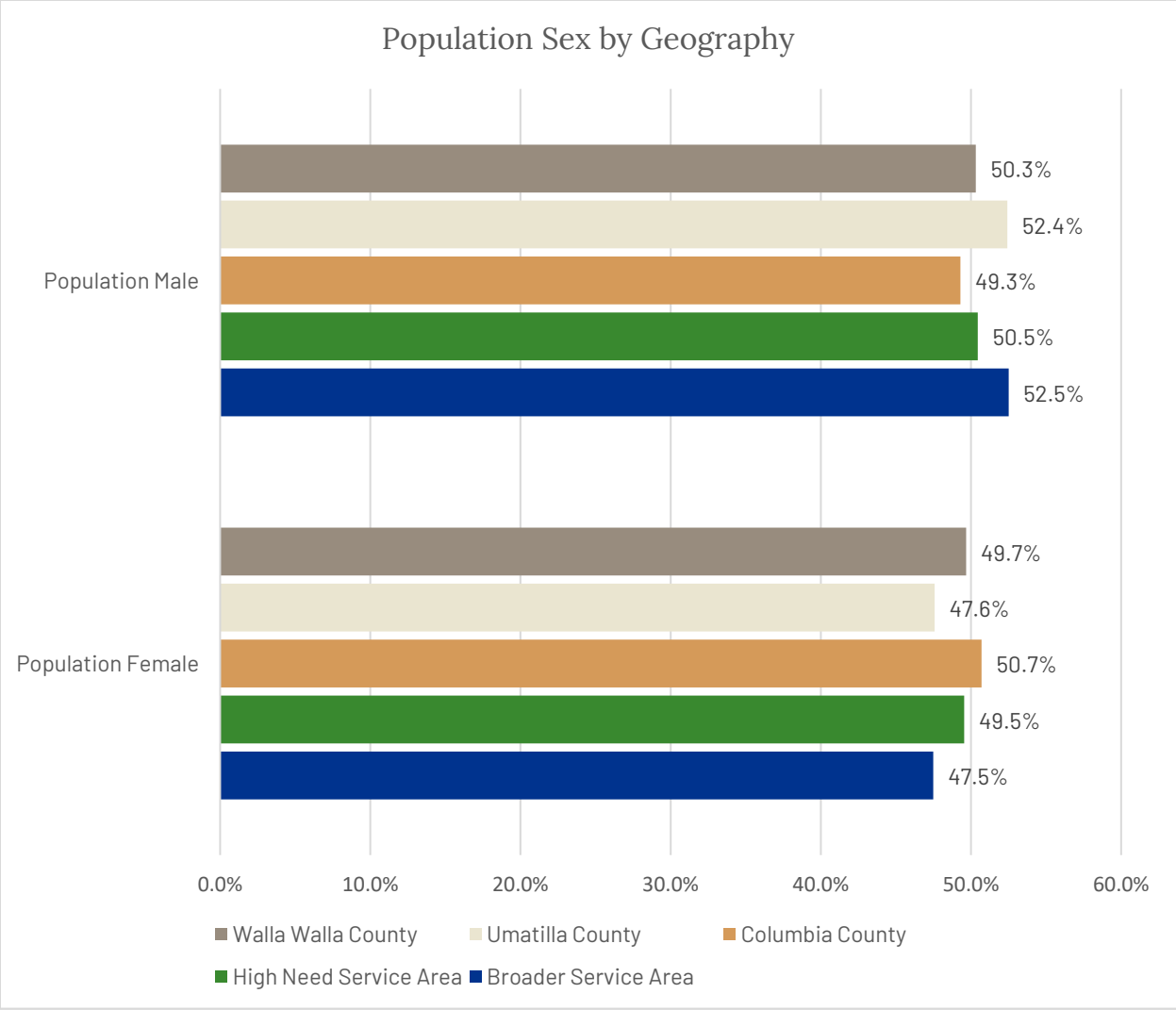


Figure 3. Population Sex by County and Service Area
Source: U.S. Census Bureau, 2018 2022 American Community Survey 5-Year Estimates, Table B02001

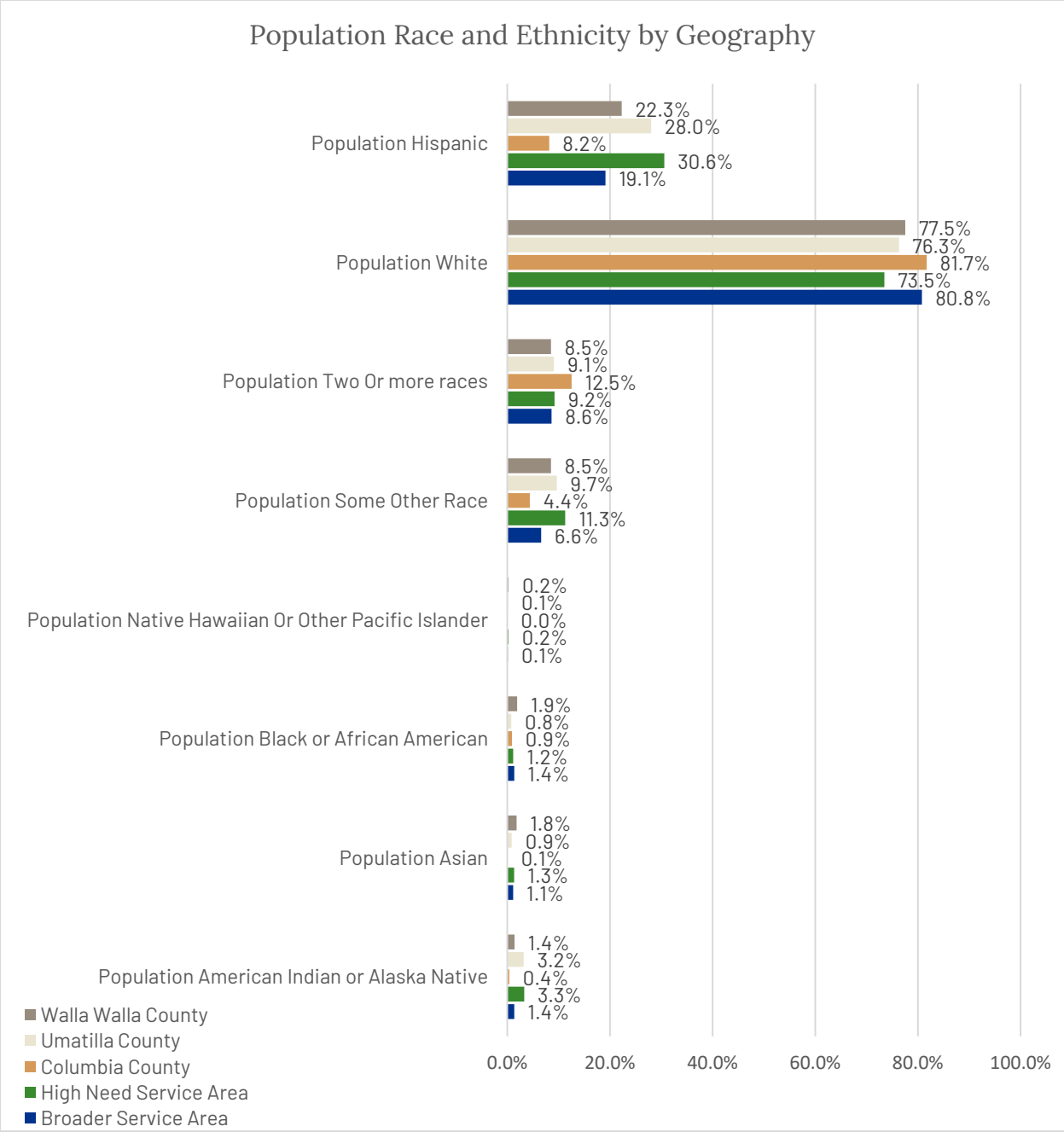


Figure 4. Population Race and Ethnicity by County and Service Area
Source: U.S. Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B03001

In Walla Walla, Columbia, and Umatilla Counties, people ages 18-34 have the most representation in the high need area, with greater than one in four (26.3%) people in the high need area in that age group. Columbia County has a higher population of people 65 years and older (28.9%) than any other age group throughout the counties overall.[4] People identifying as Hispanic are disproportionately represented in

[4] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B01001

the high need area, comprising 30.6% of the high need service area. White people are more likely to live in the broader service area (80.8%) compared to the high need service area. The percentage of people identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, "some other race," and two or more races is larger in the high need service area compared to the broader service area.[5] Population by sex is nearly equally distributed across the service areas, although males are overrepresented in the broader service area (52.5%) compared to the high need service area (50.5%), and females are overrepresented in the high need service area (49.5%) compared to the broader service area (47.5%).[6]

Social Determinants of Health

Indicator	High Need Area	Broader Area	Walla Walla County	Columbia County	Umatilla County	Washington
Median Household Income	$60,538	$79,076	$66,635	$68,825	$70,322	$90,325
% of Households with Severe Housing Cost Burden (# of households)	12.6% (3,345)	9.1% (2,340)	12.8% (2,933)	10.0% (180)	9.4% (2,572)	13.1% (391,257)

Table 1. Median Household Income and Severe Housing Cost Burden by County and Service Area
Source: 2022 American Community Survey, 5-Year Estimates

Median household income in the broader service area is nearly $19,000 greater than in the high need service area. The median household income in all three counties is more than $20,000 lower than Washington State's. All three counties, as well as the high need and broader service areas, have a lower percentage of households with severe housing cost burden than Washington State. Walla Walla County has the highest percentage of households experiencing severe housing cost burden (12.8%), which is even higher than the high need service area (12.6%).[7]

PATIENT SOCIAL DETERMINANT OF HEALTH SCREENING

To better understand and respond to patients' Social Determinant of Health (SDOH) needs, each inpatient over the age of 18 is asked about support needs related to housing, transportation, food, utilities, and safety. From October 1, 2023- June 30, 2024, at PSMMC, 13.0% of patients screened positive for at least one need. Housing and utilities were the greatest need reported, with 8.6% and 8.0% of patients screening positive, respectively. A greater percentage of patients identifying as

[5] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B03001
[6] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B02001
[7] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates

Latino/a/e reported at least one SDOH need (17.7%) compared to patients identifying as white (12.3%) and the patient population overall (13.0%).[8]

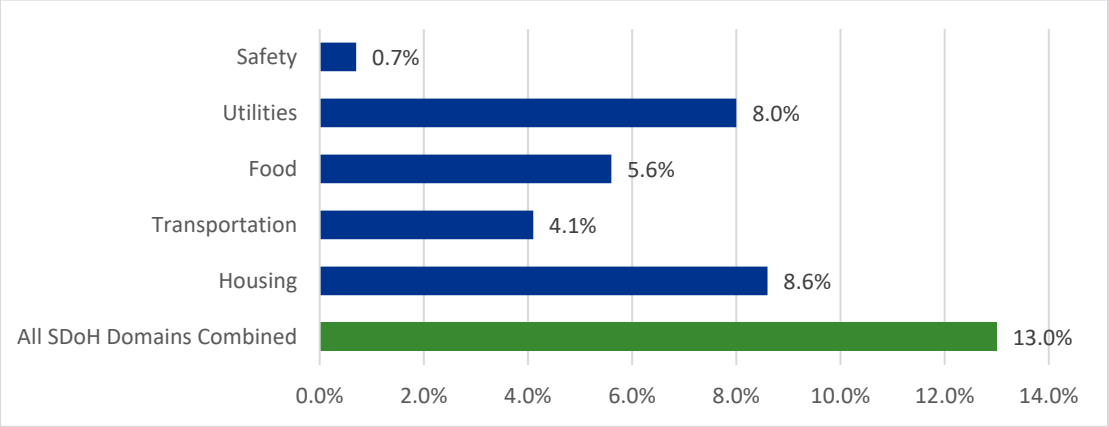


Figure 5. Percent of PSMMC Inpatients Screening Positive for SDOH Needs
Source: CPH Population Trends, inpatient, 18+ years, discharged patients between 10/1/23-6/30/24

HEALTH PROFESSIONAL SHORTAGE AREA

Walla Walla and Columbia Counties are designated Health Professions Shortage Areas (HPSA) for low-income populations for primary and dental health care. They are designated HPSAs geographically for mental health. Umatilla County is a designated HPSA for low-income populations for primary care and dental health and is designated a HPSA for the high needs geographic area.

See Appendix 1 for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

[8] CPH Population Trends, Inpatient, 18+ years, discharged patients between 10/1/23-6/30/24

SECTION III: HEALTH-RELATED INDICATORS

Please refer to the Walla Walla Data Hub 2024 to review each of the following health indicators mapped at the census tract level: Walla Walla Data Hub (arcgis.com).

The data hub provides data on each indicator in Walla Walla, Columbia, and Umatilla Counties; high need and broader need service areas; and Washington State; as well as information about the importance of each indicator.

Twenty-five indicators can be viewed by census tract at the above link, including:

- Service area (High Need Service Area vs. Broader Service Area)
- Poverty, income, and housing data
- Demographic data, including education, language, employment, and veteran status
- Health data, including chronic disease, mental health, and substance use disorder

The following table reflects select health indicators of interest for Walla Walla, Columbia, and Umatilla Counties. Rows in gray indicate that the counties have measures that are worse than Washington State; the row in green indicates that the measure is better than Washington State.

Selected Indicator	Walla Walla County	Columbia County	Umatilla County	Washington State	Need Area
Coronary Heart Disease (2021)	6.1%	7.7%	6.8%	3.0%	Chronic Disease
Dental	66.0%	65.2%	57.9%	69.3%	Access
Depression	25.4%	24.4%	27.4%	23.4%	Mental Health
Diabetes	10.1%	12.0%	11.3%	8.7%	Chronic Disease
Median Household Income	$66,635	$68,825	$70,322	$90,325	Economic Insecurity
Severe Housing Burden	12.8%	10.0%	9.4%	13.1%	Housing Instability

Table 2. Select health indicators for Walla Walla, Columbia, and Umatilla Counties and Washington State

Sources for Coronary Heart Disease, Dental, Depression, and Diabetes: PLACES. Centers for Disease Control and Prevention, crude prevalence estimates, 2021 (Dental uses 2020 data)
For Median Household Income and Severe Housing Burden: 2022 American Community Survey, 5-Year Estimates

Walla Walla, Columbia, and Umatilla Counties have more than twice the crude prevalence of coronary heart disease and greater prevalence of depression and diabetes than Washington State. The median household income in Washington State is more than $20,000 greater than the median household

income in Walla Walla, Columbia, and Umatilla Counties. The severe housing cost burden prevalence is worse in Washington State than in Walla Walla, Columbia, and Umatilla Counties.

See Appendix 1 for additional Population Health Data

Top Causes of Death	Crude Rate Walla Walla	Crude Rate Washington
Malignant neoplasms	200	170.8
Diseases of heart	186.3	160.6
Alzheimer's disease	98.5	56.9
Accidents (unintentional injuries)	57.6	47.9
Cerebrovascular diseases	54	40.5
Diabetes mellitus	50.1	26.4
COVID-19	42.3	30.4
Chronic lower respiratory diseases	41.3	37.4
Essential hypertension and hypertensive renal disease	19.5	11.1
Chronic liver disease and cirrhosis	17.9	15.9
Parkinson's disease	17.6	10.8
Intentional self-harm (suicide)	16.6	16.2
Influenza and pneumonia	14	10.1
Septicemia	11.1	7.9
Pneumonitis due to solids and liquids	8.8	8.2

Table 3. Walla Walla County Leading Causes of Death, 2018-2022, Crude Rates
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022

Malignant neoplasms (cancer) and heart disease are the top causes of death in both Walla Walla County and Washington State, with higher crude rates in Walla Walla County compared to the state. The crude rate for Alzheimer's disease is substantially higher in Walla Walla County (98.5) compared to Washington (56.9). All 15 of the top causes of death in Walla Walla County have higher crude rates than the state.

See Appendix 1 for Columbia and Umatilla Counties Leading Causes of Death

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department (ED) visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin, zip code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2023, our data showed the following key insights:

- 28.7% of ED visits in 2023 were considered avoidable; in 2022, 28.1% of ED visits were considered avoidable, and in 2021, 27.9% of ED visits were considered avoidable which represents a slight increase each year.
- The most common diagnoses for all avoidable ED visits in 2023 were urinary tract infections, skin infections, and bronchitis, and other upper respiratory diseases; these were the most common avoidable ED visit diagnoses in the 2021 CHNA as well (2020 data).
- 4.7% of all ED visits were for behavioral health needs and 46.0% of those visits were by patients ages 18-39; 7.6% of ED visits for patients aged 18-39 years were behavioral health-related, higher than any other age group.

For additional information regarding these findings, please contact Karen Hayes at karen.hayes@providence.org or Corey Garza at corey.garza@providence.org.

Environmental Health

At Providence we are doing all we can do to reduce our carbon emissions in this decade, working toward carbon negative by 2030. We are committed to building equitable, climate resilience in the communities we serve, focusing on social and racial justice. Further, we aim to ensure we can serve consistently even through extreme weather events and the changes we see in our environment.[9]

The National Tree Equity Score was created as an equity-first standard to guide investment in tree infrastructure, enabling communities to plant trees in the areas that need them most. The Tree Equity Score ranges from 0 to 100 and is based on canopy cover, climate, demographic, and socioeconomic data. The lower the score (in orange), the greater priority for tree planting. These areas are primarily in the northern parts of Walla Walla County. This generally aligns with areas where there are greater heat disparities, meaning these block groups were hotter than the urban area average in 2022 (see the "Heat disparity" map layer).[10]

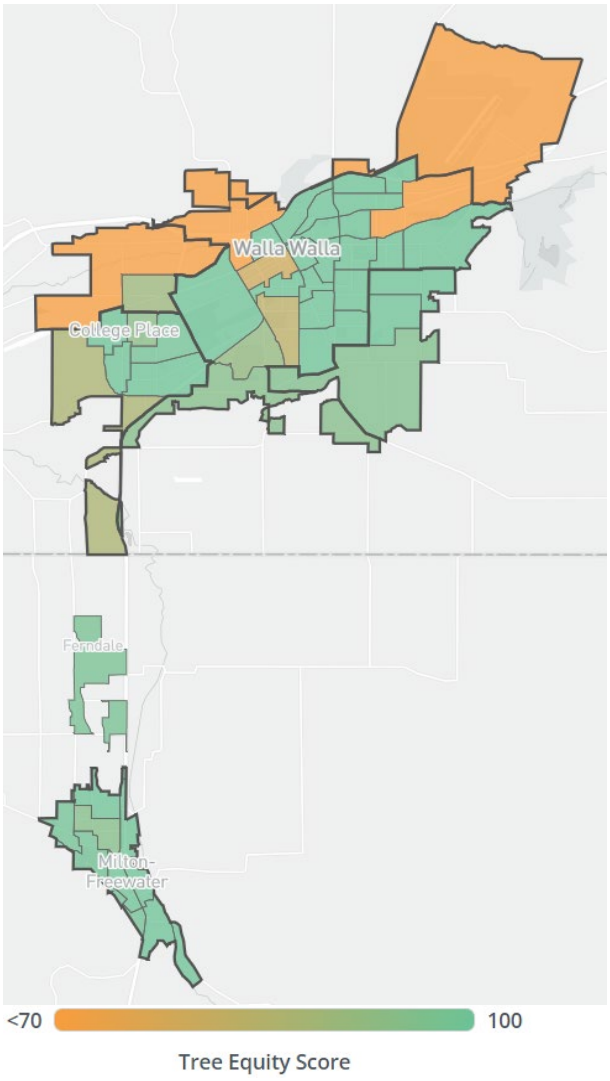


Figure 6. Tree Equity Score in Walla Walla County and Milton-Freewater
Source: Tree Equity Score National Explorer

According to the Urban Forestry Management Plan for the City of Walla Walla, Washington, trees improve air quality and reduce pollution, divert stormwater, and lower energy costs. There are almost 8,000 trees in Walla Walla and 69% of them are in "good" or better condition. According to a community survey from April and May 2021, 78% of respondents think the city should invest in more trees.[11] This is particularly important because cities are vulnerable to warming due to the ratio of pavement to greenery, known as the "heat island effect." Planting trees to increase shade is a way to offset the increasing city temperatures due to climate change.[12] According to the World Health Organization, heat stress can lead to death and exacerbate

[9] Providence Center for Environmental Stewardship. Providence. Accessed August 19, 2024. https://www.providence.org/about/advocacy-and-social-responsibility/environmental-stewardship
[10] Tree Equity Score National Explorer. American Forests Tree Equity Score. Accessed August 19, 2024. https://www.treeequityscore.org/map#11.01/46.0219/-118.3097
[11] *Urban Forestry Management Plan City of Walla Walla, Washington*.; 2021. https://www.wallawallawa.gov/home/showpublisheddocument/6143/637698035295570000
[12] Northwest Urban Forests and Climate Change. USDA Northwest Climate Hub. Accessed August 19, 2024. https://www.climatehubs.usda.gov/hubs/northwest/topic/northwest-urban-forests-and-climate-change

diabetes, asthma, mental health issues, and more, affecting people differently based on age, health status, and exposure factors.[13]

[13] Heat and health. World Health Organization. Published 2024. Accessed August 19, 2024. https://www.who.int/news-room/fact-sheets/detail/climate-change-heat-and-health

SECTION IV: COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Providence conducted 21 key informant[14] interviews between February and May 2024 with 23 representatives from community-based organizations and agencies serving Walla Walla, Columbia, and Umatilla Counties. In addition, Providence conducted 7 listening sessions with 62 community members in May 2024.

Community-Defined Health and Strengths

Community members were asked to describe their vision of a healthy community and key informants were asked to highlight community strengths:

Vision for a Health Community
•People feel safe •All people's basic needs for economic security, food, housing, and transportation are met •The community is inclusive, and all people are treated with dignity and respect •There are free recreational opportunities, clean green spaces, and people visible outside •People's behavioral health needs are met, and they are generally happy •Reliable, timely health care services are accessible, including case managers and interpreters •There are community-building events inclusive of all ages •People know where to go for help and how to access resources

Community Strengths
•An active and passionate community committed to caring for one another •Community-based organizations are deeply committed to serving the community well •Community members are resilient and hardworking in overcoming challenges •The community is diverse in cultures and languages

Community Needs

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Behavioral health challenges and access to care (includes mental health	Most key informants spoke to behavioral health as a "huge need," including concerns about untreated mental health and substance use/misuse issues and access to care challenges. They shared that accessing behavioral health care is difficult for many people, with patients travelling to other areas, like the Tri-Cities, Yakima, or Spokane for services and behavioral health stabilization. The primary need participants spoke to was for more crisis response services and more focus on crisis prevention. The community also needs a local detox center, more inpatient

[14] Key informants are defined as people with knowledge of community needs and strengths because of their experience as community leaders, professionals, and/or residents of Walla Walla, Columbia, and Umatilla Counties. Key informants have a wide range of knowledge related to community health and well-being and work within organizations or agencies serving residents, including diverse communities, people with low incomes, and people experiencing barriers to care.

and substance use/misuse)	behavioral health care, and longer-term support for people with ongoing behavioral health needs, as opposed to brief interventions. To address behavioral health needs and improve access, there is a strong need for more behavioral health providers to support people needing mental health and substance use disorder (SUD) treatment. Additionally, more bilingual and bicultural services are important to provide culturally matched and linguistically appropriate services. Community members agreed there is a need for more behavioral health treatment services, consistent mental health therapists, and mental health resources, including naloxone. Key informants identified multiple populations that have specific behavioral health needs and challenges accessing appropriate care. They, along with community members, emphasized young people and older adults as populations of higher concern. Additional groups identified included youth identifying as LGBTQIA+, Spanish-speaking individuals, perinatal patients, health care providers and behavioral health professionals, and people with co-occurring behavioral health concerns. Community members noted a need for more behavioral health services for people experiencing homelessness. Key informants shared there are a variety of factors that may contribute to increasing behavioral health needs in these populations, including the effects of the COVID-19 pandemic, a history of trauma and Adverse Childhood Experiences (ACEs), and stigma towards seeking support.
Homelessness and housing stability	Key informants identified housing as a very large need in the community and the lack of affordable housing as a serious situation. They were also concerned about seeing homelessness increase over the past few years, with more people living in their cars or unsuitable places such as garages. The high cost of living, coupled with a lack of higher paying jobs, means households may spend a majority of their income on housing costs, forcing them to make spending tradeoffs. During the COVID-19 pandemic, organizations received more funding to provide financial assistance to get people into housing or keep them in housing, although, with the end of the emergency funding, there are not sufficient resources to help everyone who needs it. Community members were similarly concerned about a lack of affordable housing, increasing rent, and the need for more homelessness services, particularly for youth. Key informants spoke to the following housing-related needs: homelessness prevention; support navigating housing resources, particularly for Spanish-speaking individuals; more supportive housing; and shelters for people with pets. People with low incomes, older adults, people with undocumented status, people with a substance use disorder, and single people may have more difficulty accessing housing related resources and remaining stably housed.
Access to health care services	Key informants and community members shared accessing needed health care services is challenging for many people, particularly specialty care. Comments from key informants were mixed related to primary care with some people saying primary care is accessible and others saying many people lack a primary care provider or cannot access their primary care provider quickly. Urgent care is not available in all communities, including Milton-Freewater, and community members would like more timely access to emergency care and more local pharmacies. Key informants emphasized workforce concerns, sharing that addressing workforce

	shortages is crucial for maintaining essential health care services locally. Workforce burnout may also contribute to staffing issues, particularly as a result of the stress of the COVID-19 pandemic. The pandemic also affected trust in healthcare due to disinformation around vaccines. Community members were concerned about provider turnover, noting the importance of having continuity of care with an experienced provider and improved care coordination between health care and community resources. To address health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language. More culturally matched and linguistically appropriate health care services, interpreters, and bilingual Community Health Workers and paramedics are needed to serve the community. Community members and key informants noted barriers to care including a lack of transportation and childcare, appointments during work hours, and insurance issues and cost of care (accessing care in Washington with Oregon insurance). Certain populations may experience more barriers to accessing needed care including older adults, people with undocumented status, people experiencing domestic violence, young people, individuals identifying as LGBTQIA+, Spanish-speaking individuals, and people with low incomes.

MEDIUM-PRIORITY UNMET HEALTH-RELATED NEEDS

Affordable childcare and preschools	Affordable childcare is very difficult for families to access, and it has been getting more challenging over the past decade. Preschools can also be difficult to access, with many being private and only offering half-day slots. A lack of accessible and affordable childcare is directly connected to families' economic security and workforce issues. Parents may not be able to enroll in job training programs or accept a role without childcare. There is also turnover in workforce because of a lack of childcare and the high cost of it. Some families cannot afford it. Key informants described certain areas as "childcare deserts," with some geographies having no certified childcare facilities and others having long waitlists for limited spots. Infant childcare is particularly difficult to find. Opening licensed childcare facilities involves many steps and rules and there is little support in navigating this system.
Economic security	Economic security is connected to most of the other needs; without it, people may not be able to afford healthy food, medical or dental care, housing, etc. Key informants identified a lack of higher paying jobs in the area as contributing to many families experiencing economic insecurity. Additionally, the high cost of housing, coupled with a lack of higher paying jobs, means families make spending tradeoffs. A lack of affordable childcare can make accessing employment and training programs difficult for parents. Racism and discrimination also contribute to inequitable systems, keeping people from meeting their financial needs. Key informants spoke to the COVID-19 pandemic affecting peoples' economic security, particularly for women who may have left the workforce to care for their families. To improve economic security, more social service and public benefits navigators, particularly Spanish speaking, are needed. Key informants identified people with

	undocumented status and people whose primary language is Spanish as experiencing more barriers to economic security. Community members noted needing good jobs and, in Milton-Freewater, a higher minimum wage and downtown development.
Domestic violence and child abuse	Key informants were particularly concerned about increasing rates of domestic violence and child abuse, which they saw increase during the COVID-19 pandemic and during school closures. Survivors of domestic violence may need additional support to manage their physical health and mental health, which can be difficult to care for in an unsafe home. Housing is also a concern for survivors of domestic violence who may need additional resources to access safe housing.
Aging adult well-being	Older adults need specific support services to meet their physical and emotional needs as they age. A lack of certain specialty care and limited in-home care prevent older adults from getting all the care they need. There are a lack of senior care centers and nursing homes, further limiting their health care access. There is a lack of behavioral health resources for older adults, making accessing substance use disorder treatment services difficult. Some older adults may not have access to or familiarity with technology needed for telehealth appointments. Related to housing, many older adults are living by themselves without assistance, wanting to remain independent, but there is a lack of adequate caregivers for the aging population. Older adults on fixed incomes also experience housing instability as the cost-of-living increases.
Food security	Key informants shared they have seen a large increase in the use of food banks, with long lines as individuals seek food assistance. The need has increased since 2023 when the increased SNAP benefits expired. There are fewer food banks and pantries now to serve the community since some closed during the pandemic. Access to fresh fruits and vegetables is more challenging in some areas, including Milton-Freewater. Transportation barriers contribute to food insecurity. The high cost of food makes it difficult for people with low incomes to afford fresh, good-quality food. Of particular concern are young people and older adults who may lack access to enough nutritious foods.

Two additional needs emerged as sub-themes from the key informant interviews:

Workforce: Key informants were particularly concerned with local workforce to meet health care, behavioral health, childcare, and aging health needs. Related to access to care, key informants shared concerns about staffing in health care settings, noting concerns that workforce shortages could affect the community's ability to provide essential health services. Challenges related to health care workforce include difficulty with getting people to relocate to the area, high cost of recruitment, and burnout. There is also a need for more substance use disorder treatment and mental health providers to meet community needs. There is especially a need for bilingual and bicultural, Spanish-speaking providers. Key informants suggested leveraging local colleges and universities to develop the workforce and relying on advocacy and legislation to address systemic issues. Community members shared that there needs to be

affordable housing and educational opportunities to incentivize health care professionals to relocate to or stay in the area.

Related to childcare, people are leaving the workforce because they do not have childcare for their children. This contributes to turnover and the high cost of hiring. People cannot stay in their roles without affordable and reliable childcare. This is also a major barrier to people enrolling in workforce training programs. Related to aging health, there is not enough workforce to meet the growing needs of the older adult population, including in-home caregiving and assisted living.

Language services: A lack of language services makes it challenging for individuals with language barriers to navigate many systems and access resources, including health care, housing, legal, and employment. Related to the legal system, court interpreters are not always available. The bilingual court facilitators cannot keep up with the demand and may not be paid equitably for the important work they do. Housing forms are often only available in English because they are government documents.

Within health care and to promote health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language. There is a need for more culturally matched and linguistically appropriate health care services, interpreters, Community Health Workers and Promotores, and bilingual paramedics. Community members shared there is a need for more Spanish interpreters in health care settings and transit information available in Spanish.

Community members shared additional needs:

Recreation and community-building activities: Community members would like more free, accessible recreation activities, particularly for young people, and community-building events.

Inclusion and equity: Community members emphasized the importance of reaching out to communities and groups that are under-resourced and under-represented, noting that people with disabilities, BBIPOC communities, and people with low incomes may not have the same access to resources and sense of belonging in the community.

Transportation: There is a need for more accessible public transportation, including to Milton-Freewater and the Valle Lindo Community. Transit information should also be available in Spanish and accessible parking for people with disabilities is also needed. Transportation barriers can often be exacerbated for rural area residents. Transportation systems such as Uber do not offer ride services for residents living outside the city limits. The lack of reliable means to travel to neighboring cities makes attending out-of-town specialized medical appointments difficult.

Community resources: While there are many community resources, there needs to be improved communication on how to access these resources, as well as more resources for people living unhoused and for farmworkers.

See Appendix 2 for methodology and participant details

SECTION V: SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after review of the quantitative data.

Providence St. Mary Medical Center's Mission and Community Health Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Access to health care
- Affordable childcare and preschools
- Aging adult well-being
- Behavioral health challenges (includes mental health and substance use/misuse)
- Domestic violence and child abuse
- Economic security
- Food security
- Homelessness and housing stability

Identification and Prioritization of Significant Health Needs

The Providence St. Mary Medical Center's Mission and Community Health Committee reviewed the quantitative data and community input and met August 1, 2024, for a data presentation and to discuss the findings. The committee voted by online poll to prioritize need areas for the 2024 CHNA, with each participant selecting their three highest priority need areas.

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- High need service area rates worse than state
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System and County priorities

The need areas in order of highest number of votes include behavioral health challenges (includes mental health and substance use/misuse), access to health care, and homelessness and housing stability.

2024 Priority Needs

The list below summarizes the significant health needs identified through the 2024 Community Health Needs Assessment process listed in order of priority:

BEHAVIORAL HEALTH AND ACCESS TO CARE

Primary needs identified include the need for more behavioral health treatment services, consistent mental health therapists, and mental health resources, including naloxone. Crisis prevention, behavioral health stabilization, additional crisis response services, and a local detox center are needed. Longer term support for people with ongoing behavioral health needs is necessary as opposed to brief interventions.

More bilingual and bicultural services are needed to provide culturally matched and linguistically appropriate services. Young people and older adults were emphasized as populations of concern along with additional groups identified that included youth identifying as LGBTQIA+, Spanish-speaking individuals, perinatal patients, health care providers and behavioral health professionals, people with co-occurring behavioral health concerns, and people experiencing homelessness.

ACCESS TO HEALTH CARE

Accessing needed health care services is challenging for many people, particularly specialty care. Urgent care is not available in all communities, including Milton-Freewater, and community members would like more timely access to emergency care and more local pharmacies.

To address health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language. More culturally matched and linguistically appropriate health care services, interpreters, and bilingual Community Health Workers and paramedics are needed to serve the community.

Barriers to care include a lack of transportation and childcare, appointments during work hours, and insurance issues and cost of care (accessing care in Washington with Oregon insurance). Certain populations may experience more barriers to accessing needed care including older adults, people with undocumented status, people experiencing domestic violence, young people, individuals identifying as LGBTQIA+, Spanish-speaking individuals, and people with low incomes.

HOMELESSNESS AND HOUSING INSTABILITY

Housing was identified as a very large need in the community and the lack of affordable housing as a serious situation. With the increase in homelessness over the past few years, more people are living in their cars or unsuitable places such as garages.

There is a lack of affordable housing, rents have increased, and there is the need for more homelessness services, particularly for youth. Housing-related needs include homelessness prevention; support navigating housing resources, particularly for Spanish-speaking individuals; more supportive housing; and shelters for people with pets. People with low incomes, older adults, people with undocumented status, people with a substance use disorder, and single people may have more difficulty accessing housing related resources and remaining stably housed.

Alignment with Other Community Health Needs Assessments

To ensure alignment with local public health improvement processes and identified needs, we reviewed the needs of other publicly available sources that engaged the community in setting priorities, including the Walla Walla County Department of Community Health's 2023 Community Health Needs Assessment and their 2022 Walla Walla Behavioral Health System Assessment.

The Mission and Community Health Committee reviewed these CHNA reports to confirm alignment of community health needs with government and non-profit organizations serving Walla Walla County. The following table provides an overview of the priorities identified by the organizations. The key health needs identified in the Walla Walla County Department of Community Health's 2023 Community Health Needs Assessment align with the Providence St. Mary Medical Center's 2021 Community Health Needs Assessment as well as the needs identified in this CHNA. The 2022 Walla Walla Behavioral Health System Assessment Executive Summary highlights that Walla Walla County has a greater number of crisis contacts compared to surrounding counties, a higher percentage of people with more than three crisis contacts per month, a greater prevalence of binge drinking among 12th grade students, and one in four high school seniors reported seriously considering suicide in 2021. The mental health provider shortage is highlighted, particularly the need for bilingual and bicultural providers which is in alignment with the information shared by our key informants and listening session participants.

Table 4. Alignment with Other Community Health Needs Assessments

PPROVIDENCE ST MARY MEDICAL CENTER CHNA—2024	WALLA WALLA DEPARTMENT OF COMMUNITY HEALTH CHNA—2023	WALLA WALLA BEHAVIORAL HEALTH SYSTEM ASSESSMENT—2022
• Behavioral health and access to care • Access to health care • Homelessness and Housing Instability	• Mental Health • Housing • Substance Use Disorder Treatment and Support • Specialty Care • Lack of Access to Health Care Services	• There are more Crisis Response Team (CRT) contacts per capita and more high utilizers of crisis services in Walla Walla than in other counties in the region. • There are confusing points of entry to health systems and crisis support. • Young people in Walla Walla County report higher rates of binge drinking than the state average. • One in four high school seniors reported seriously considering suicide in 2021.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Walla Walla Department of Community Health, Jonathan M. Wainwright Memorial VA Medical Center, Dayton General Hospital which is part of Columbia County Health System, Good Shepherd Health Care System, and Family Medical Center which is a Federally Qualified Health Center (FQHC). In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs.

See Appendix 3 for a full list of resources potentially available to address the significant health needs.

SECTION VI: EVALUATION OF 2022-2024 CHIP

The 2021 CHNA and 2022-2024 CHIP priorities were the following: behavioral health challenges and access to care, access to health care services, and homelessness / lack of safe, affordable housing. This report evaluates the impact of the 2022-2024 Community Health Improvement Plan (CHIP). Providence St. Mary Medical Center (PSMMC) responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 5. Outcomes from 2022-2024 CHIP

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
Behavioral Health Challenges and Access to Care	Promotores de Salud	Outreach to people in need of culturally responsive behavioral health services whose primary language is Spanish via focus groups, resource fairs, and workshops.	In 2023, there were 1,549 touchpoints representing a 40% increase over 1,100 in 2021.
Behavioral Health Challenges and Access to Care	Integrate behavioral health in primary care	Goal to address behavioral health needs in primary care setting	One behavioral health specialist is available to see patients in primary care.
Behavioral Health Challenges and Access to Care	Catholic Charities Walla Walla (CCWW)	Provided funding for their behavioral health program in 2022, 2023, and 2024.	CCWW served 62 clients that qualified as un/under-insured from June 2023-March 2024.
Behavioral Health Challenges and Access to Care	Blue Mountain Heart to Heart	Support for Permanent Facility	In 2022, a mobile clinic opened and started serving people in Burbank, Prescott, Dayton, Pomeroy, Clarkston, and St. John with wound care, vaccinations, hepatitis C treatment and

			linkage to primary care in their areas.
Behavioral Health Challenges and Access to Care	Blue Mountain Health Cooperative	Mental Health Emergency Department Diversion	In 2023, two additional outpatient providers started, and walk-in therapy appointments increased by 25% compared to prior year.
Behavioral Health Challenges and Access to Care	Hope Street	Hope Street Recovery Residence	In 2022, they started an enrichment program designed to give residents practical tools for success.
Access to Health Care Services	Community Health Workers & Promotores de Salud	Outreach to people with low incomes, underserved and under-resourced communities	In 2023, there were 1,283 Epic touches and 2,251 (3,354 total) event touches representing an increase of more than 53% over baseline of 2300 in 2021.
Access to Health Care Services	Community Paramedic Program	Goal to increase the number of avoidable behavioral health ED diversions	Meeting regularly to discuss avoidable behavioral health ED visits and structure a plan.
Access to Health Care Services	Blue Zones Project	Walla Walla Valley Produce Rx	In 2022, 127 people were served with 13 actively participating in the produce program. Participants reported eating more servings of fruits and vegetables daily.
Access to Health Care Services	The Health Center	Medical & Behavioral Health Services	Between May and October 2022, primary and behavioral health care services were provided to 217 Pioneer Middle School

			Students and primary medical services to 29 Garrison Middle School Students and a number of students who were residents of The Loft shelter for teens.
Access to Health Care Services	Walla Walla Sheriff's Foundation	Individual First Aid Kits for Prescott	In 2022, trauma kits were put in schools and buses in rural areas and school personnel were trained to use them.
Access to Health Care Services	Walla Walla County Rural Library District	Home Health and Telehealth Kits	Community Benefit funding awarded in 2024.
Access to Health Care Services	Walla Walla Senior Center	Adult Day Center Support	Community Benefit funding awarded in 2024.
Access to Health Care Services	SonBridge Cetner for Better Living	Last-Resort Dental Services in Walla Walla Valley	Community Benefit funding awarded in 2024.
Homelessness / Lack of safe, affordable housing	Built for Zero	Implement Built for Zero	Community Solutions Built for Zero initiative/technical assistance launched in Q2 of 2024.
Homelessness / Lack of safe, affordable housing	Walla Walla Council on Housing (COH)	Representation at the Walla Walla Council on Housing meetings	Medical center representation at COH meetings is consistent and ongoing.
Homelessness / Lack of safe, affordable housing	Common Roots Housing Trust	Permanently Affordable Housing Predevelopment	Community Benefit funding awarded in 2023.

Homelessness / Lack of safe, affordable housing	Hope Street	Hope Street Recovery Residence	In 2023, 17 individuals benefited from the assistance provided by the recovery advocate in making connections to resources to help each resident build strong recovery plans and to tackle challenges. Community Benefit funding awarded in 2024.
Homelessness / Lack of safe, affordable housing	JOE'S Place #1	Housing Expansion	In 2022, funding helped expand housing. Community Benefit funding awarded in 2024.
Homelessness / Lack of safe, affordable housing	The STAR Project	CHAMP (Creating Hope And Making Progress)	In 2023, 46 people with health-related social needs were served with this funding when other resources were exhausted or unavailable. Community Benefit funding awarded in 2024.
Homelessness / Lack of safe, affordable housing	Trilogy Recovery Community	Trilogy Recovery Programs at The Loft	Community Benefit funding awarded in 2024.
Homelessness / Lack of safe, affordable housing	YWCA	YWCA Walla Walla Flex Funding	In 2023, funding assisted five survivors with legal expenses, security deposits, transportation, furniture, and utilities.

Addressing Identified Needs

The Community Health Improvement Plan developed for the Providence St. Mary Medical Center service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how PSMMC plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions PSMMC intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between PSMMC and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2025.

2024 CHNA GOVERNANCE APPROVAL

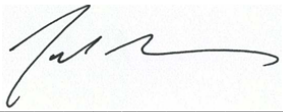
This Community Health Needs Assessment was adopted by the Providence St. Mary Medical Center Community Mission Board[15] of the hospital on October 18, 2024. The final report was made widely available by December 28, 2024.

Reza Kaleel 10/18/2024

Reza Kaleel, FACHE — Date
Chief Executive, Southeast Washington Service Area
Providence St. Mary Medical Center

Alan Coffey 10/18/2024

Alan Coffey — Date
Chair, Providence St. Mary Medical Center Community Mission Board



10/18/2024

Joel Gilbertson — Date
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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

[15] **See Appendix 4: Providence St. Mary Medical Center Community Mission Board and Southeast Washington Service Area Executive Team Representatives**

APPENDICES

Appendix 1: Quantitative Data

POPULATION LEVEL DATA

Please refer to the Walla Walla Data Hub 2024 to review each of the following health indicators mapped at the census tract level: Walla Walla Data Hub (arcgis.com).

The following population demographics are from the 2022 American Community Survey 5-Year Estimates.

Table 1_Apx 1. Demographics by County and Service Area

Indicator	Walla Walla County	Umatilla County	Columbia County	Broader Service Area	High Need Service Area
Population by Age Groups					
Total Population	62,150	79,904	3,980	70,457	75,577
Population Under Age 5	5.0% (3,091)	6.3% (5,007)	4.3% (170)	4.9% (3,448)	6.4% (4,820)
Population Under Age 18	20.5% (12,715)	24.7% (19,773)	17.4% (692)	22.4% (15,762)	23.0% (17,418)
Population Ages 18 to 34	25.7% (15,987)	23.3% (18,618)	14.1% (560)	21.7% (15,284)	26.3% (19,881)
Population Ages 35 to 54	22.6% (14,029)	24.5% (19,574)	22.4% (892)	25.9% (18,241)	21.5% (16,254)
Population Ages 55 to 64	12.0% (7,429)	11.4% (9,117)	17.2% (686)	12.3% (8,687)	11.3% (8,545)
Population Ages 65 and Over	19.3% (11,990)	16.0% (12,822)	28.9% (1,150)	17.7% (12,483)	17.8% (13,479)
Population by Sex					
Female	49.7% (30,874)	47.6% (38,014)	50.7% (2,018)	47.5% (33,458)	49.5% (37,448)
Male	50.3% (31,276)	52.4% (41,890)	49.3% (1,962)	52.5% (36,999)	50.5% (38,129)
Population by Race					
American Indian and Alaska Native	1.4% (877)	3.2% (2,559)	0.4% (16)	1.4% (965)	3.3% (2,487)
Asian Population	1.8% (1,132)	0.9% (694)	0.1% (2)	1.1% (809)	1.3% (1,019)

Black or African American Population	1.9% (1,194)	0.8% (612)	0.9% (36)	1.4% (964)	1.2% (878)
Native Hawaiian and Other Pacific Islander Population	0.2% (155)	0.1% (100)	0.0% ()	0.1% (79)	0.2% (176)
Other Race Population	8.5% (5,298)	9.7% (7,711)	4.4% (175)	6.6% (4,658)	11.3% (8,526)
Two or more Races Population	8.5% (5,297)	9.1% (7,245)	12.5% (499)	8.6% (6,072)	9.2% (6,969)
White Population	77.5% (48,197)	76.3% (60,983)	81.7% (3,252)	80.8% (56,910)	73.5% (55,522)
Population by Ethnicity					
Hispanic Population	22.3% (13,857)	28.0% (22,413)	8.2% (0,325)	19.1% (13,475)	30.6% (23,120)

Table 2_Apx 1. Additional Selected Health Indicators from Walla Walla Data Hub

Indicator	High Need Area	Broader Area	Walla Walla County	Columbia County	Umatilla County	Washington
Households Receiving SNAP Benefits	19.8% (5,212)	13.8% (3,235)	11.7% (2,684)	12.7% (230)	20.2% (5,533)	11.1% (330,393)
Population Below 200% Federal Poverty Level (FPL)	37.0% (26,190)	27.2% (17,827)	31.0% (17,852)	26.0% (1,023)	33.2% (25,142)	23.0% (1,739,075)
Limited English Households	4.4% (1,470)	1.8% (0,456)	4.3% (978)	2.4% (43)	3.3% (905)	3.8% (112,847)
Population Unemployed	7.3% (2,793)	4.7% (1,429)	5.8% (1,703)	3.5% (67)	6.7% (2,452)	5.0% (197,009)
Population with at Least a High School Diploma	83.8% (40,225)	89.9% (43,584)	88.9% (36,417)	89.9% (2,715)	84.5% (44,677)	92.1% (4,923,665)

Table 3_Apx 1. Leading Causes of Death in Columbia County and Washington State, 2018-2022 (Crude Rates per 100,000 population)

#	Cause of Death	Crude Rate (Columbia)	Crude Rate (Washington)
1	**Malignant Neoplasms**	357.1	170.8
2	**Diseases of heart**	352.2	160.6
3	**Chronic lower respiratory diseases**	99.2	37.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022

Table 4_Apx 1. Leading Causes of Death in Umatilla County and Oregon State, 2018-2022 (Crude Rates per 100,000 population)

#	Cause of Death	Crude Rate (Umatilla)	Crude Rate (Oregon)
1	**Malignant neoplasms**	186.8	196.8
2	**Diseases of heart**	178.4	176.4
3	**Accidents (unintentional injuries)**	60.2	62.1
4	**Chronic lower respiratory diseases**	58.5	46.9
5	**Alzheimer's disease**	49.8	47.1
6	**COVID-19**	49.8	33.2
7	**Diabetes mellitus**	42.2	31.9
8	**Cerebrovascular diseases**	41.9	53.7
9	**Chronic liver disease and cirrhosis**	22.4	19
10	**Intentional self-harm (suicide)**	18	20.6
11	**Influenza and pneumonia**	14.5	9.5
12	**Nephritis, nephrotic syndrome and nephrosis**	11.2	9.9
13	**Essential hypertension and hypertensive renal disease**	10.9	15.9
14	**Septicemia**	7.6	6.3
15	**Parkinson's disease**	7.4	13.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers).

Providence St. Mary Medical Center is located in a HPSA for low-income populations for primary care and dental health. It is designated a HPSA for mental health geographically. Columbia and Umatilla Counties also have HPSA designations. The map below depicts these shortage areas.

Please refer to the Health Resources and Services Administration link for geographic, population, and facility HPSA designations: HPSA Find (hrsa.gov)

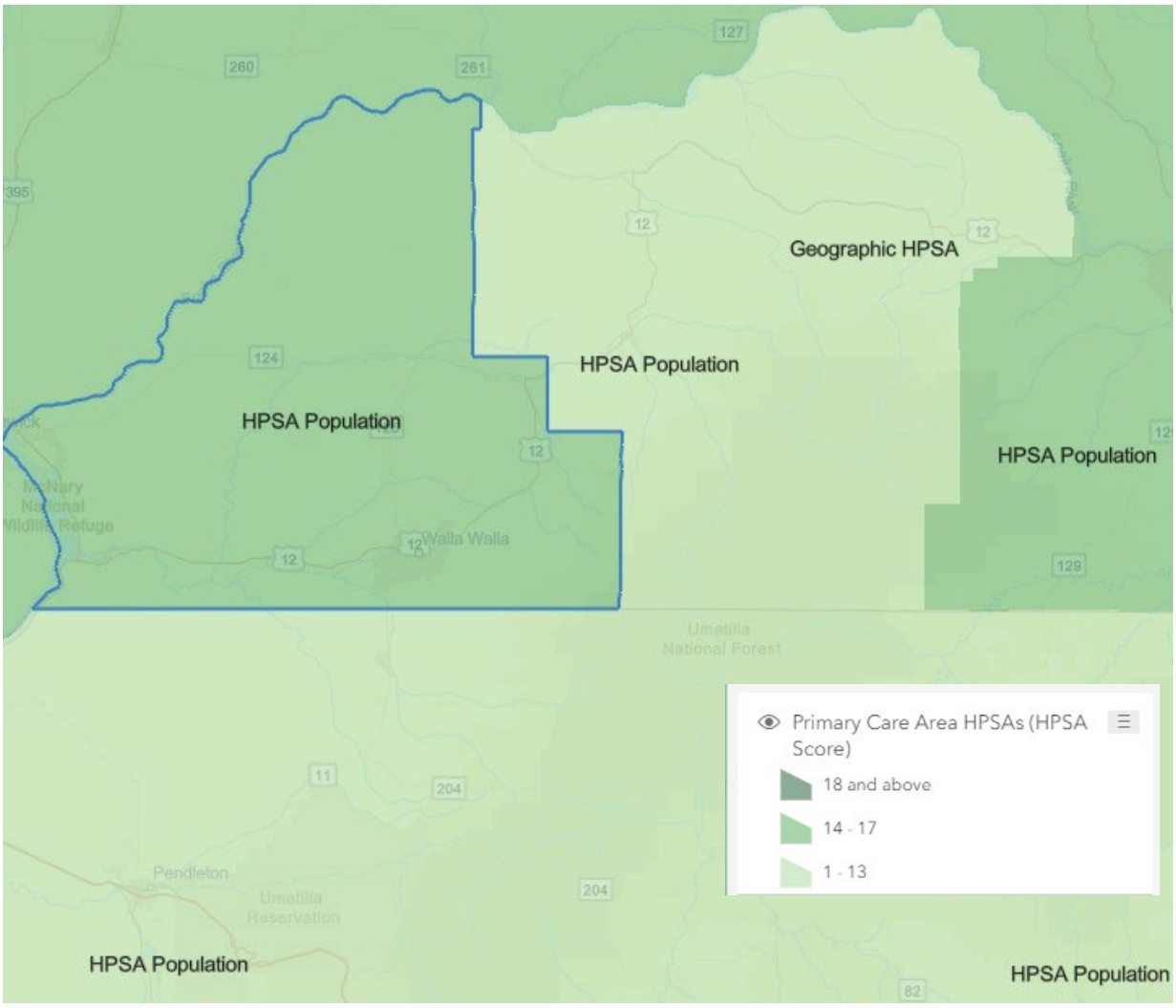

Figure 1_Apx 1. Primary Care Area HPSA

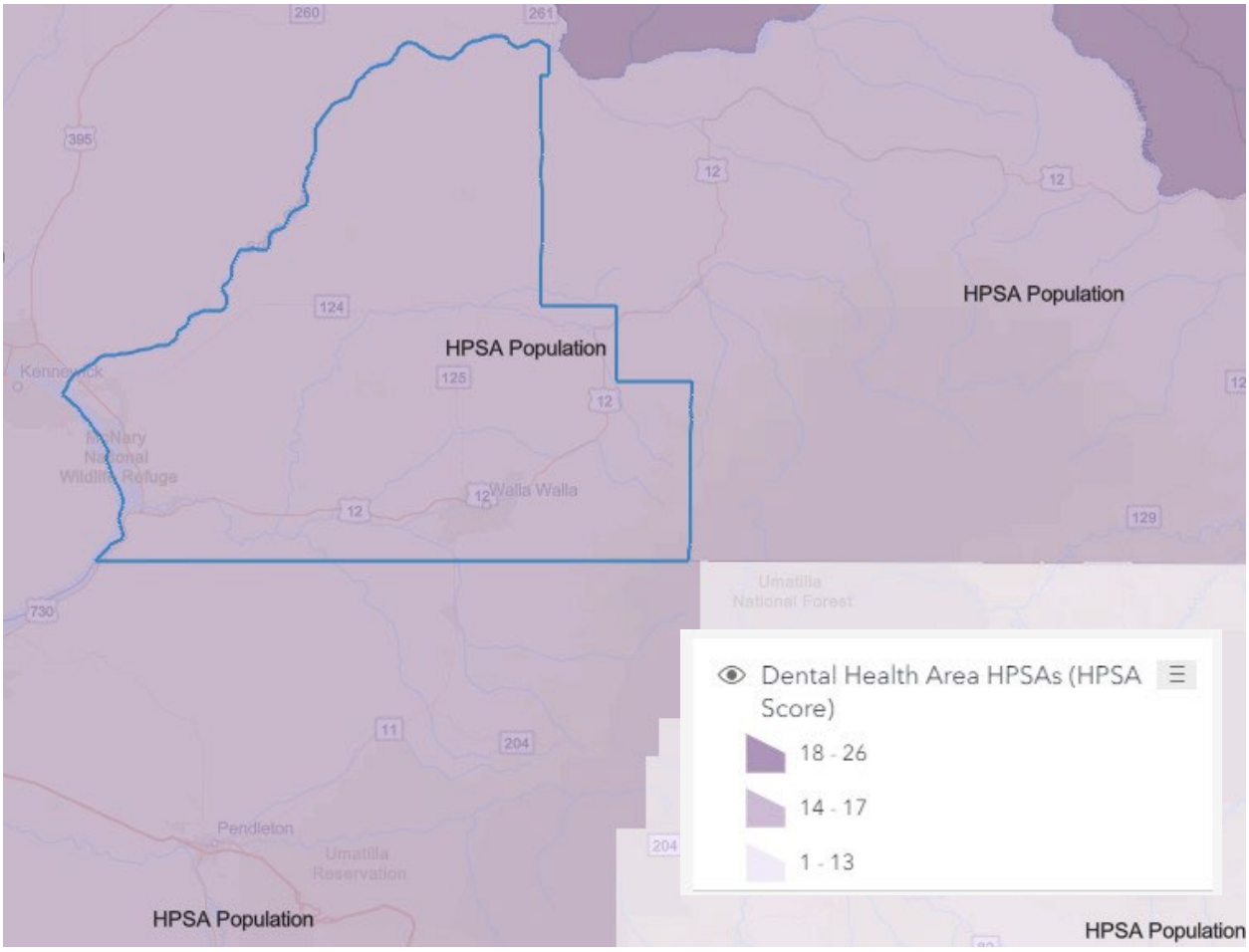

Figure 2_Apx 1. Dental Health Area HPSA

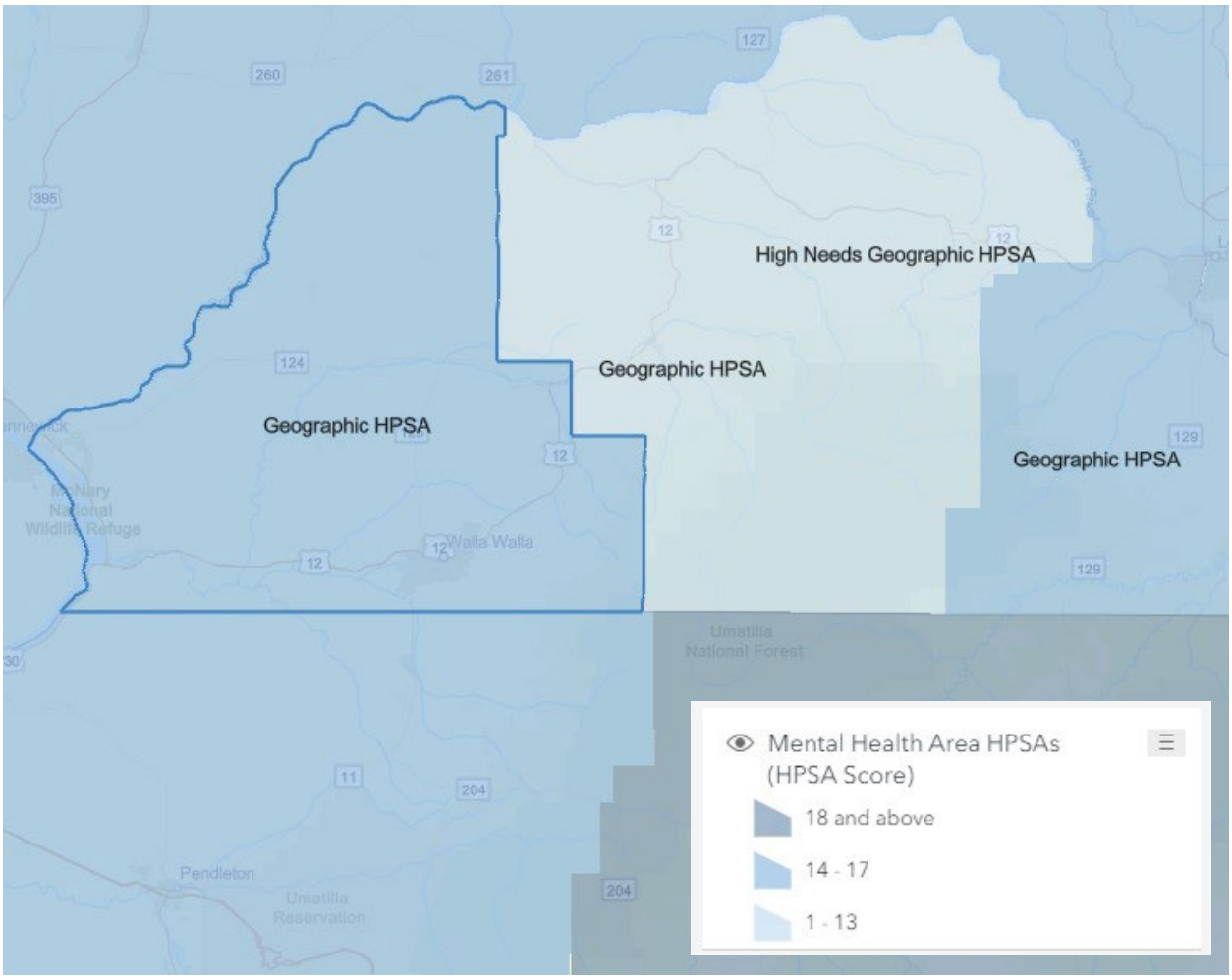

Figure 3_Apx 1. Mental Health Area HPSA

MEDICALLY UNDERSERVED AREA / MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set, and no renewal process is necessary. The following map depicts the MUAs and MUPs within a 30-mile radius from Providence St. Mary Medical Center.

Walla Walla County is not designated as a MUA. Columbia and Umatilla Counties are designated MUAs as medically underserved areas.

Please refer to this link for data on MUAs and MUPs: MUA Find (hrsa.gov)

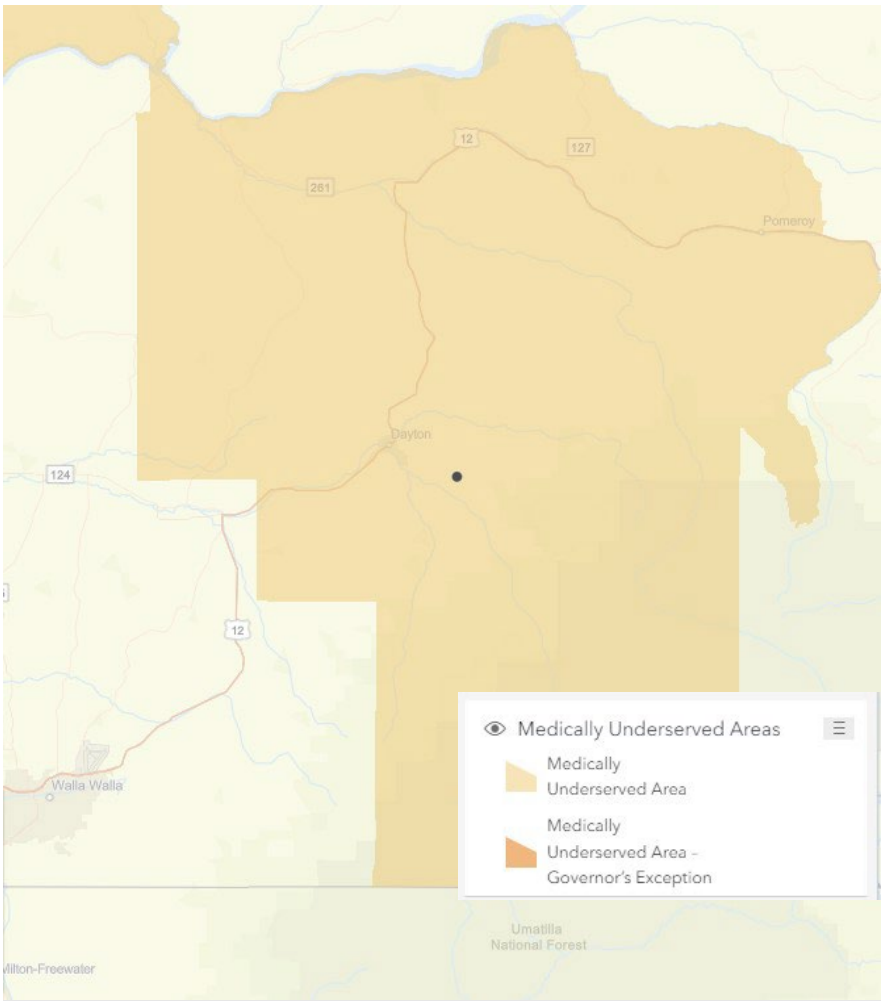

Figure 4_Apx 1. Columbia County Medically Underserved Area

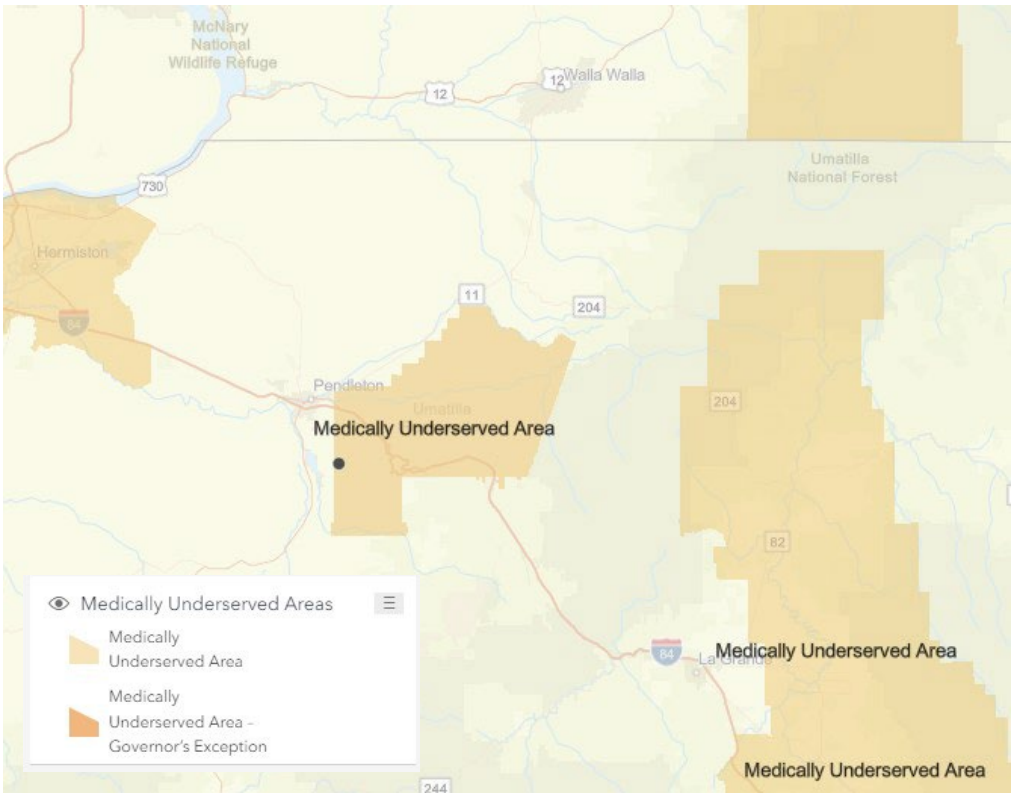

Figure 5_Apx 1. Umatilla County Medically Underserved Area

Appendix 2: Community Input

METHODOLOGY

Participants

The hospital completed seven listening sessions that included a total of 62 participants. The sessions took place between April and May 2024.

Table 1_Apx 2. Community Input

Community Input Type	Population	Community Partner	Location	Date	Language
Listening session	Valle Lindo residents	Akin Family	Valle Lindo Community Building	5/16/24	Spanish
Listening session	People who live and work in the Milton-Freewater area	Milton-Freewater Chamber Downtown Alliance	Blue Mountain Community College	5/30/24	English
Listening session	People who utilize Salvation Army resources and services	Salvation Army	Salvation Army	5/17/24	English
Listening session	Youth identifying as LGBTQIA+	Triple Point	Akin Family	5/19/24	English
Listening session	Families of children and youth with special health care needs	Walla Walla Department of Community Health, Developmental Disabilities Program	Walla Walla Department of Community Health Training Room	4/30/24	English
Listening session	Young people	Walla Walla School District	Walla Walla High School Library	5/15/24	English
Listening session	Aging adults who utilize the senior center	Walla Walla Senior Center	Walla Walla Senior Center	5/28/24	English

The hospital completed 21 key informant interviews that included a total of 23 participants. The interviews took place between February and May 2024.

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 Director of Public Health from Walla Walla Department of Community Health as a key informant to ensure the input from a state, local, tribal, or regional governmental public health department.

Table 2_Apx 1. Key Community Key Informant Participants

Organization	Name	Title	Sector
Blue Mountain Action Council	Danielle Garbe Reser	CEO	Community based organization
Blue Mountain Heart to Heart	Everett Maroon	Executive Director	Community based organization / Public health
Catholic Charities Walla Walla	Tim Meliah	Director	Community based organization
City of College Place / The Health Center	Norma Hernandez	Mayor / Executive Director	Education / Health care
City of Walla Walla	Elizabeth Chamberlain	City Manager	Local government
Columbia County Public Health District #1	Shane McGuire	CEO	Health care
Comprehensive Healthcare	Jodi Daly	CEO	Health care
Family Medical Center	Kai Nevala	Senior Director Regional Operations	Health care
Family Medical Center	Derek Valdez	Senior Director Regional Operations	Health care
Milton-Freewater Chamber Downtown Alliance	Mary Elizabeth Garcia	Executive Director	Economic development

Port of Walla Walla	Patrick Reay	Executive Director	Economic development
Providence St. Mary Medical Center	Pam Baumgartner	Community Health Nurse	Hospital
Providence St. Mary Medical Center	Melissa Bowe	Director of Critical Care Services	Hospital
Sustainable Living Center	Erendira Cruz	Executive Director	Environment
Walla Walla Clinic	Kevin Michelson	CEO	Health care
Walla Walla Department of Community Health	Nancy Wenzel	Director	Public health
Walla Walla Fire Department	Fredrick Hector	Deputy Fire Chief	Local government
Walla Walla Fire Department	Cody Maine	Community Paramedic	Local government
Walla Walla Housing Authority	Renee Rooker	Executive Director	Housing
Walla Walla Immigration Rights Coalition	Abby Muro	Executive Director	Immigration rights
Walla Walla Police Department	Kevin Bayne	Captain	Local government
Walla Walla Public Schools	Dr. Julie Perrón	Director of Equity and Dual Programs	Education
Young Women's Christian Association (YWCA)	Ann-Marie Schwerin	Executive Director	Community based organization

Facilitation Guides

For the listening sessions, participants were asked an icebreaker and three questions:

- Community members' definitions of health and well-being
- The community needs
- The community strengths

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2024 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths, 4) unmet health-related needs, 5)

disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

FINDINGS FROM COMMUNITY LISTENING SESSIONS

Vision for a Healthy Community

Community members shared their vision for a healthy community:

People feel safe: Community members shared that healthy communities are safe communities. In a safe community, people feel safe to walk outside at night and take their children to the park. There is an absence of crime and substances. Areas are well-lit and there are safe spaces for young people, particularly youth experiencing homelessness.

All people's basic needs for economic security, food, housing, and transportation are met: In a healthy community, all people have access to affordable housing, food, and transportation. Through livable wages, jobs, and economic stability, people can afford to care for themselves and their families. Community members shared healthy communities have affordable housing for people with low incomes and older adults, rent protections for people with low incomes, and accessible housing for people with disabilities. There is also a community response to homelessness, comprehensive support, and shelters, particularly for young people experiencing homelessness. In a healthy community, people have access to

healthy foods, there are farmer's markets and food banks, and children have food in the summers. Everyone has access to transportation, which is accessible for older adults.

The community is inclusive, and all people are treated with dignity and respect: Community members shared healthy communities are inclusive; all people feel seen, accepted, and cared for. Community members shared there is no discrimination, people are treated well and with respect. In particular, people from diverse cultures, living unhoused, with disabilities, and older adults are treated with dignity and included in the community. People want to stay in the community because they feel supported.

There are free recreational opportunities, clean green spaces, and people visible outside: A sign of a healthy community is seeing people outside walking, playing, and enjoying the outdoors. There are free activities for young people, including sports teams, pools, libraries, and family-friend parks. There are also running, bike, and foot paths for individuals to enjoy, and people have time for recreational activities. Green spaces are clean and include flowers, plants, trees for shade, and community gardens.

People's behavioral health needs are met, and they are generally happy: Healthy communities have mental health and substance use/misuse support and resources. Community members shared people's mental health needs are met, and there are counseling and support groups accessible. Additionally, in healthy communities, young people are not exposed to substances. Community members shared that people are generally happy in healthy communities.

Reliable, timely health care services are accessible, including case managers and interpreters: Health care services, including primary care and specialty care, are easily accessible in a timely way. Community members shared healthy communities have case managers to support referrals, interpreters (including for the deaf and hard of hearing community), health education, and trained staff to de-escalate and address crises. They also shared there is continuity of care, with providers remaining in the community and health care that they can rely on, including shorter wait times for the Emergency Department.

There are community-building events inclusive of all ages: There are events and activities for family, friends, and neighbors to come together and build community. Community members shared healthy communities have block parties, educational events, and more. There are community centers for people to spend time together and, specifically, activities for young people. Also important are multigenerational connections to bring together children and older adults.

People know where to go for help and how to access resources: Healthy communities have resources and services to meet community needs. People know where to go for help and how to give back to the community through volunteerism. There are resource hubs where people can easily access services in one location, and there is a timely response from community resources. People going through a difficult time can find support in churches or other places, and generally feel cared for.

Community Needs (Listening Session Themes)

Access to health care services

Community members shared a strong need for improved access to health care services, including more providers and health care facilities. Geographies further away from Walla Walla and the hospital have reduced access to services. Community members noted the following community needs:

- Specialists: Community members shared there are limited specialists in Walla Walla. They specifically noted needing orthopedic, pediatric, pulmonary, and movement disorder specialists.
- Pharmacies: There is also a need for more pharmacies locally, with people driving to the Tri-Cities for their medication.

"If we need prescription refills, we need to drive to Tri Cities."—Community member

"There are more wineries here than pharmacies."—Community member

- More providers and continuity of care: Community members shared there is a lot of provider turnover, which prevents continuity of care. They would like to see the same provider consistently and want local providers with experience. The cost of living could be preventing the recruitment of nurses in particular. Community members emphasized wanting providers that listen to patients and build trust.

"Doctors that listen. Listen to the clients."—Community member

- Providers that accept Medicare and Medicaid: Particularly for people with low incomes, access to preventive health care services is needed. More providers that accept Medicare and Medicaid would increase access.
- Improved care coordination and community-based referrals: Community members would like to see their medical providers collaborating with naturopathic providers in the community, as well as improved communication between health care and community resources. More social workers who are knowledgeable about community resources and can support referrals would be beneficial.
- Health education: More health education services and promotion of a healthy lifestyle are needed.
- Timely emergency care: Access to timely emergency care is needed. In Milton-Freewater, access to 24-hour care is needed. Community members would like privacy while waiting in the ER (not sitting in public spaces), and an alternative quiet space for sensory relief.
- Language services: Community members shared more interpretation and translation services, particularly for Spanish-speaking patients, are needed.

Barriers to care include the following:

- Insurance: Community members shared insurance barriers and a lack of insurance can make accessing care difficult. For patients in Oregon, Oregon insurance is not accepted at all facilities in Washington. Additionally, some community members may only have access to Medicaid during pregnancy, but not be able to access insurance otherwise.

"When I'm pregnant, I have insurance help. But I'm not. I don't have access to a clinic."—Community member

"You don't exist if you don't have insurance."—Community member

- Cost of care: Patients may delay accessing care for fear of receiving a bill. Financial assistance and affordable health care are needed.

"Getting a bill of $50,000 is my biggest fear."—Community member

- Appointment hours: People's work schedules can make it difficult to seek healthcare services. Expanded hours of services, particularly for farmworkers, would be beneficial.

Additionally, community members noted needing specific services to better meet the needs of a population or geography:

- Milton-Freewater: There is a need for a local, fully staffed health clinic in Milton-Freewater to improve access, as well as 24-hour care and ambulances.
- Dental, hearing, and vision care: Community members also noted needing more access to dental, hearing, and vision care for people with low incomes, with support paying for glasses.
- Autism diagnosis: People travel to Tri-Cities, Yakima, and Seattle to get an autism diagnosis; the process can take years. Local testing is needed.
- Sexual assault services: More community education related to sexual assault to streamline the process and help people feel safe accessing support is needed.

Homelessness and housing stability

Community members were primarily concerned about a lack of affordable housing for people with low incomes. They shared rent has increased and many people cannot find or afford housing. They would like there to be rent control. There is specifically a need for affordable housing for older adults and to attract workforce to the area, including nurses. More services to support people living unhoused, in particular for young people, are needed, including blankets, laundry, clothes, etc. The current housing voucher program has at least a 3-year waitlist, which is too long for people to wait for housing.

Recreation and community-building opportunities

Community members would like more free, accessible recreation activities, particularly for young people, and community-building events. They would like more playgrounds, gyms, classes (dance, yoga, etc.), pool access and swimming lessons, and affordable sports for children. They noted recreation is important for promoting a healthy lifestyle and helping with depression and anxiety. Ensuring places like parks are safe for children is also important. They would like children to be active after school and spend less time on their screens. They would also like activities for older adults, including yoga, knitting, English classes, and more. They would also like to have more community-building events, like block parties, community clean-ups, and volunteer opportunities so that people can get to know one another and care for the community.

"There used to be sports teams here [in Valle Lindo] for the kids, but not anymore."—Community member

Behavioral health challenges and access to care (includes mental health and substance use/misuse)

Community members shared there is a need for more mental health and substance use/misuse treatment services, including the following needs:

- Behavioral health treatment: More safe places for people with behavioral health challenges to receive treatment and medication management are needed. More inpatient treatment for substance use/misuse is needed.
- Consistent mental health therapists: Addressing turnover of mental health providers is needed to incentivize therapists to stay locally and support continuity of care.
- Mental health resources: More community resources to support people in finding a suitable therapist and other mental health resources are needed.
- Naloxone: Increasing access to and education about how to use naloxone effectively is needed.

Community members identified the following populations or groups as needing additional behavioral health supports:

- People experiencing homelessness: Community members were concerned about people living unsheltered having visible behavioral health needs, which can lead to erratic and concerning behavior. They would like to see people experiencing homelessness receive more behavioral health services, rather than placing people in jail.

> *"The solution is not more arrests when a person is having behavioral health problems. It's getting them help."—Community member*

- Young people: There is a need for more psychologists and therapists for young people needing mental health support.
- Older adults: There is a need for behavioral health facilities and treatment options for older adults.

Additional opportunities to support people's mental health and reduce isolation include volunteerism, sports for youth, mentorship connections, intergenerational relationships, and community-building events.

Economic security, including affordable childcare

Community members shared there is a need for good jobs. Particularly in Milton-Freewater, there is a need for more downtown development and a higher minimum wage to match Walla Walla. The high cost of taxes affects families' economic security. To improve economic security, there is a need for more affordable daycare, English classes, and affordable education (particularly as a pipeline for more medical professionals).

Inclusion and equity

Community members emphasized the importance of reaching out to communities and groups that are under-resourced and under-represented, noting that there are differences in access and resources. To improve inclusion, community members spoke to the following themes:

- Disability inclusion: There is a need to improve inclusion of people with disabilities by improving access to ADA parking and equipment, sensory relief rooms in health care (such as the Emergency Room), and accommodations during meetings. It was shared that people with disabilities do not always feel like they belong in Walla Walla.
- Black, Brown, Indigenous, and People of Color (BBIPOC) communities: Community members noted BBIPOC individuals may not feel welcome in all spaces or have the same access to resources.
- People with low incomes: People with low incomes may not have the same access to resources and services. There are differences in income and access between North and South Walla Walla.

Transportation

Community members noted there needs to be more accessible transportation, including a local bus system in Milton-Freewater and Valle Lindo Community, and increased hours of service. To improve accessibility, transit information should also be available in Spanish. More accessible parking for people with disabilities near stores and businesses is also important.

Community resources

Community members shared there needs to be improved communication about and access to community-based resources. They shared that many people do not know what resources are available and organizations rely on word of mouth or flyers to share information. More resources for people living unhoused, including clothes, blankets, etc., as well as services specifically for farmworkers are needed.

"We have many great resources in the community, people just don't know about them."—Community member

FINDINGS FROM KEY INFORMANT INTERVIEWS

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these strengths to address needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

An active and passionate community committed to caring for one another

Key informants emphasized a strong commitment to community in Walla Walla, where people are passionate about caring for one another and want to be involved. They identified community members as active in public policy, civic engagement, and volunteerism. Community Health Workers or Promotores bring services to where people are, caring for their fellow community members and providing outreach. Overall, people are interested in and committed to ensuring the social and economic growth and health of Walla Walla.

"Everyone starts from a position of care."—Key Informant

To leverage this strength of a committed and passionate community, key informants suggested ensuring the voices of community members are included in decision making and solutions. Key informants discussed the importance of not making assumptions about how to help others but seeking to include the voices of folks in need of support. Community meetings are a good way to include people in dialogue. They also suggested engaging more community members through volunteerism. Key informants shared they have seen community-building activities work well to bring the community together.

Community-based organizations are deeply committed to serving the community well

The community-based organizations in Walla Walla are deeply committed to a shared purpose of serving the community and improving health and well-being. There are many non-profit and social service organizations that are working to meet community needs and that strive to collaborate to better serve people.

These organizations have strong relationships with one another and come together to solve complex challenges. During the COVID-19 pandemic, many organizations adapted to the changing needs and deepened relationships with the community. There are also a lot of health-related initiatives in Walla Walla, including Blue Zones, that work to improve health and address needs such as homelessness, violence, and more.

To leverage this strength, key informants suggested the following:

- Continue to build relationships: Turnover and the COVID-19 pandemic have disrupted some collaborations. Key informants emphasized the importance of having current contact information and knowing new representatives from community-based organizations.
- Understand available services and coordinate to avoid duplication: Organizations can coordinate and partner to avoid duplicating services and ensure all community needs are met. Organizations with aligned goals can have shared training opportunities and identify facilitators to lead coordinated planning, potentially though coalitions.
- Case conference and share data: For organizations that work with similar populations, collaborative case conferencing to coordinate care is beneficial. There is also a need for data sharing agreements.

- Build trust with community through outreach: Community events, such as block parties, are opportunities for organizations to share resources and make their services better known. These are also opportunities to give back to the community and build trust through relationships.

Community members are resilient and hardworking in overcoming challenges

Key informants emphasized the people they serve are resilient and creative in addressing challenges. They are hardworking and focused on caring for themselves and their families. When the main source of employment left Milton-Freewater, community members remained willing to and dedicated to caring for their community, with people volunteering and pitching in to clean the town. To leverage this resilience, listen to the people that are seeking services and engage them in decision making to acknowledge them as the experts of their own needs. Key informants shared young people are becoming strong advocates for themselves and their well-being and deserve to be heard.

The community is diverse in cultures and languages

The community is diverse, with many individuals that speak Spanish. The diversity of the community can be leveraged to develop more interpreters to help people navigate complex systems. Local leadership and positions of power should also be representative of the community with more Latino/a community members in positions of power. Additionally, input into how to design systems and allocate resources in a more equitable way should come from a diverse group of community members and incorporate input from people with a variety of lived experiences.

High Priority Unmet Health-Related Needs (From Key Informant Interviews)

Key informants were asked to identify their top five health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Five additional needs were categorized as medium priority and two sub-themes emerged. Key informants were most concerned about the following health-related needs:

1. Behavioral health challenges and access to care (includes mental health and substance use/misuse)
2. Homelessness and housing stability
3. Access to health care services

Behavioral health challenges and access to care (includes mental health and substance use/misuse)

Most key informants spoke to behavioral health as a "huge need," including concerns about untreated mental health and substance use/misuse issues and access to care challenges. They shared that accessing behavioral health care is difficult for many people, with patients travelling to other areas, like the Tri-Cities, Yakima, or Spokane for services and behavioral health stabilization.

"Behavioral health should be as easy to access just as primary care. Period."—Key Informant

The primary need participants spoke to was for more crisis response services for people having a behavioral health crisis to stabilize and receive appropriate support. Many times, people in crisis end up

in the Emergency Department, which is not best suited to support these patients. The crisis lines can be difficult to reach and are often busy, leaving few other options.

"Mental health care and facility support for people in crisis. We hear anecdotally about clients seeking services and ending up in the ED."—Key Informant

A focus on crisis prevention is needed, which could include more medication support for patients that need assistance managing their medication for severe mental health issues. It also includes some stabilization and care coordination to ensure follow through with appointments and accessing services.

"You can't assign or give a business card to an appointment to people who are displaced or marginalized and expect them to carry through when they have a lifetime of issues that led them to this moment that were probably full of missed appointments and expect them to carry through."—Key Informant

The community also needs a local detox center, more inpatient behavioral health care, and longer-term support for people with ongoing behavioral health needs, as opposed to brief interventions.

"Detox services are also an unmet need. The fee for services model of reimbursement makes it hard to keep a detox center open."—Key Informant

To address behavioral health needs and improve access, there is a strong need for more behavioral health providers to support people needing mental health and substance use disorder (SUD) treatment. Additionally, more bilingual and bicultural services are important to provide culturally matched and linguistically appropriate services. Spanish-speaking providers, as well as more interpreters, are needed to better serve Spanish-speaking patients.

To address the behavioral health workforce issues, more funding and workforce development is needed, which could include advocacy efforts. A lot of primary care providers are having to navigate behavioral health issues with their patients because of a lack of behavioral health providers.

Key informants identified multiple populations that have specific behavioral health needs and challenges accessing appropriate care. They emphasized young people and older adults as populations of higher concern. More information on the populations identified follows:

- Young people: Key informants spoke to young people and their families needing more mental health support. Schools are trying to meet these needs but there are limited resources. Concerns about phone addiction and increased isolation and depression also contribute to mental health needs of young people.
- Youth identifying as LGBTQIA+: Young people that identify as LGBTQIA+ experience discrimination and additional stress, as they may be kicked out of their homes and experience violence and discrimination, such as people refusing to use their pronouns. These experiences contribute to increased mental health needs and concerns about rising cases of suicide and suicidal ideation.

- Older adults: There are a lack of behavioral health services for older adults. Particularly if they have not sought services for a long time, they may have more difficulty asking for help. They may also not have access to or be familiar with telehealth technology that can be used for therapy and other services.
- Spanish-speaking individuals: A lack of language services and interpreters may mean that people whose primary language is Spanish may not be aware of support groups or resources to help them.
- Perinatal patients: There is a need for more behavioral health support during the perinatal period and to address smoking in pregnancy.
- Health care providers and behavioral health professionals: Providers need mental health support to address burnout and stress, particularly as a result of the COVID-19 pandemic.
- People with co-occurring mental health issues and a substance use disorder: Co-occurring behavioral health issues can make stabilization and addressing either issue more difficult.

Key informants shared there are a variety of factors that may contribute to increasing behavioral health needs in these populations:

- COVID-19 pandemic: Key informants emphasized that social isolation, anxiety, depression, deaths by suicide, and substance use/misuse increased during the pandemic and persist. People also may not have had access to the support and services they needed, such as attending sobriety meetings and support groups. The COVID-19 pandemic was particularly difficult for young people and older adults. Educators have seen increased anxiety and difficulty re-entering schools. For some young people, issues at home and school closures contributed to increased stress. Older adults may have experienced increased social isolation. Workforce burnout, particularly for health care and social service professionals, may be more prevalent.

  "We saw students who had anxiety going into the pandemic even have a tougher time re-entering schools because they got so comfortable in their own bedroom with their own little laptop."—Key Informant

- History of trauma and Adverse Childhood Experiences (ACEs): For individuals experiencing trauma or who have a history of trauma, such as people experiencing domestic violence, caring for one's mental health can be more difficult. Individuals may not feel safe taking medication for mental health in an abusive relationship for fear of being assaulted or harassed. Additionally, trauma can affect people's ability to learn and care for themselves, emphasizing the need for support to heal and address trauma.

  "Nothing is good when you're at risk for violence, nothing is good when you are walking on eggshells, nothing is good when you're being gaslit."—Key Informant

- Stigma: There is a need for more outreach and education to reduce stigma and help normalize engaging in mental health services when people need support.

"Sometimes there's those real assumptions in the community that if you need mental health support that somehow you've failed or you're not good enough."—Key Informant

Homelessness and housing stability

Key informants identified housing as a very large need in the community and the lack of affordable housing as a serious situation across Walla Walla, Columbia, and Umatilla Counties. They were also concerned about seeing homelessness increase over the past few years, with more people living in their cars or unsuitable places such as garages.

"Affordable housing is a huge concern."—Key Informant

"Housing instability is a big issue. I don't think people really understand how many folks are living in garages, in cars and in sheds, on porches." – Key Informant

Key informants shared that the high cost of living, including utilities, property taxes, and other fees, do not keep up with wages. There are a lack of higher paying jobs meaning people with low incomes may spend a majority of their income on housing costs, forcing them to make spending tradeoffs. Even for people with good paying jobs, affording to buy a home on one income can be difficult. Additionally, not all housing is good quality, which can contribute to health issues.

During the COVID-19 pandemic, organizations received more funding to provide financial assistance to get people into housing or keep them in housing. With the end of that emergency funding, there are fewer resources to help people access rental assistance and there are not enough resources to help everyone who needs it.

Key informants spoke to the following housing-related needs:

- Homelessness prevention: Initiatives should support people with low incomes and that are most at risk of eviction to prevent homelessness.
- Support navigating housing resources, particularly for Spanish-speaking individuals: Forms for applying for housing supports are often only in English, limiting accessibility for Spanish-speaking community members. Language can be a barrier to identifying and accessing housing resources.

"[Language] is a major barrier to people accessing [housing] services for which they are qualified."—Key Informants

- More supportive housing
- Shelters for people with pets

Key informants identified the following populations as experiencing more barriers to accessing stable, affordable housing:

- People with low incomes: People severely housing cost burdened (spending 50% or more of their income on housing costs) may have to make spending tradeoffs, like deciding between paying for food or medical care. It can be difficult to afford housing costs and meet the other needs of the household.
- Older adults: Older adults, particularly those relying on Social Security for their income, may not be able to afford to stay in their homes given rising costs. There are few options for these older adults who must leave their homes due to rising costs.

"We just literally had a family sleeping across the street outside last night because they had small dogs and so didn't want to go to any of the shelters. And they are an aging family who did everything right... there's nowhere for them to go."—Key Informant

- People with undocumented status: Documentation status can affect economic security and access to resources, which may make affording housing more difficult.
- People with a substance use disorder: Individuals with a substance use disorder may be turned away from transitional housing and other housing programs.
- Single people: There are not specific housing programs to support single people, which may leave them with fewer options.

Access to health care services

Key informants shared accessing needed health care services is challenging for many people. In particular, there is limited specialty care locally, with some people traveling to the Tri-Cities or elsewhere for certain specialties. Comments were mixed related to primary care with some people saying primary care is fairly accessible and others saying many people lack a primary care provider or cannot access their primary care provider quickly. For individuals without a primary care provider, they may use the Emergency Department for a majority of their care, particularly if they do not know how to establish a primary care provider. Urgent care access can be missing in some areas, such as Milton-Freewater.

Key informants emphasized the benefit of having a hospital in Walla Walla and the primary care and specialty services that are available locally. COVID-19 and other factors stressed the health care system and the workforce, creating some concerns that certain services may not be sustainable to maintain. It is important to ensure essential health care services are well staffed and funded.

A key concern for participants was workforce challenges within health care. They shared that getting health care professionals to relocate to Walla Walla can be difficult and emphasized the need to attract them to the area. One way to do this would be to engage with local colleges and universities to support developing local talent to address the workforce issues.

"We need to make Walla Walla more appealing for people to want to move here."—Key Informant

Workforce burnout may also contribute to staffing issues, particularly as a result of the stress of the COVID-19 pandemic. The pandemic also affected trust in healthcare due to disinformation around vaccines.

"Workforce has been a big issue."—Key Informant

For some community members, they may have postponed health care services during the pandemic, leading to worse health and unmanaged diseases. Key informants spoke to seeing cancer screenings postponed and unmanaged chronic conditions, further straining the health care system to respond to the demand.

To address health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language.

- Culturally matched and linguistically appropriate health care: Key informants shared there is a need for health care providers and navigators that speak Spanish and are culturally responsive.

"We need more Spanish speaking providers. We have a large Spanish speaking community with very few Spanish speaking providers."—Key Informant

- Interpreters and language services: There is a lack of interpreters and language services to help patients navigate care and financial support services.
- More Community Health Workers (CHWs)/ Promotores: More CHWs/Promotores that speak Spanish and are from the communities they serve are needed to build trust and connection.
- Bilingual paramedics: Bilingual paramedics are needed to better meet community needs.

"If we had a bilingual [paramedic] who could reach [Spanish-speaking community members] it would be more helpful."—Key Informant

In addition to a lack of language and navigation services, a few key barriers to care follow:

- Transportation: Accessing health care and health education classes can be difficult without transportation. Buses may stop running in the evenings and prevent people from attending health education classes.
- Appointments during work hours: Weekend and evening appointments would benefit people that cannot afford to leave work. Parents may also not be able to leave work to take their children to their appointments.
- Lack of childcare: Parents may not be able to attend medical appointments without care for their children.
- Insurance: For people living in Oregon, accessing health care in Washington can be a problem depending on insurance.

Certain populations may experience more barriers to accessing needed care:

- Older adults: A lack of certain specialty care and limited in-home care prevent older adults from getting all the care they need. There are a lack of senior care centers and nursing homes, further limiting their health care access. There is a need for more funding to meet the needs of this group.
- People with undocumented status: A lack of access to health insurance prevents people with undocumented status from accessing health care. There is a need for more education around the resources available to people with this status.
- People experiencing domestic violence: Accessing care and managing one's health is more challenging when in a domestic violence situation.
- Young people (children and teenagers): Accessing vaccines for children can be difficult as some pharmacies have closed. Schools are seeing a huge demand for medical providers to meet their students' health needs. There is a strong need for more sexual health services for young people, including STI treatment and family planning.
- LGBTQIA+ individuals: There is a need for more gender affirming care in Walla Walla.
- Spanish-speaking individuals: There is a need for more health education classes and support services in Spanish.
- People with low incomes: People with low incomes may not have health insurance or be able to afford the care they need.

"We need to be aware that we're not taking care of our higher risk communities as much as they need to be cared for."—Key Informant

Medium Priority Unmet Health-Related Needs (From Key Informant Interviews)

Five additional needs were often prioritized by key informants and frequently discussed:

4. Affordable childcare and preschools
5. Economic security
6. Domestic violence and child abuse
7. Aging adult well-being
8. Food security

Affordable childcare and preschools

Affordable childcare is very difficult for families to access, and it has been getting more challenging over the past decade. Families are forced to be creative in piecing together childcare for their children. Preschools can also be difficult to access, with many being private and only offering half-day slots. There are more children in need than available placements for childcare and preschools.

A lack of accessible and affordable childcare is directly connected to families' economic security and workforce issues. Parents may not be able to enroll in job training programs or accept a role without childcare. There is also turnover in workforce because of a lack of childcare and the cost of it. Key informants spoke to their employees having a difficult time finding available and certified childcare and preschools.

Key informants described certain areas as "childcare deserts," with some geographies having no certified childcare facilities and others having long waitlists for limited spots. Infant childcare is particularly difficult to find. Some childcare facilities closed in 2020 and have not reopened.

Childcare is also very expensive with some families unable to afford it with their income.

For survivors of domestic violence, childcare is crucial for rebuilding one's life and being able to attend court appointments, medical appointments, and more.

Opening licensed childcare facilities is also challenging. There are many steps involved in the process and a lot of rules to follow. There is little support in navigating this system though, deterring individuals from opening more childcare facilities.

Economic security

Economic security is connected to most of the other needs; without it, people may not be able to afford healthy food, medical or dental care, housing, etc.

"When facing economic insecurity, everything else becomes secondary including healthcare and dental care."—Key Informant

Key informants identified a lack of higher paying jobs in the area as contributing to many families experiencing economic insecurity. They shared that individuals may need the income from multiple jobs to meet their basic needs.

"Many of our lower income are working two or three jobs just to be able to pay rent."—Key Informant

The high cost of housing, including utilities, coupled with a lack of higher paying jobs means many families are making spending tradeoffs.

A lack of affordable and accessible childcare also negatively effects families' economic security. Parents may not be able to enroll in job training programs or accept a job without childcare. There are limited spots, long wait lists, and high costs for childcare, particularly infant care.

Racism and discrimination also contribute to a lack of economic security, with inequitable systems preventing some people from meeting their financial needs.

The COVID-19 pandemic also affected peoples' economic security, particularly women who left the workforce to care for their families and now need support re-entering the workforce.

To improve economic security, more navigators of social services and benefits are needed. In particular, bilingual, Spanish-speaking navigators are necessary to ensure people can access the benefits for which they qualify.

Key informants identified the following populations as experiencing more barriers to economic security:

- People with undocumented status: Documentation status can affect economic security and one's ability to qualify for certain services. More education through the school district to support families in learning about resources and how to access them is needed.
- People whose primary language is Spanish: There are a lack of language services to support Spanish-speaking communities from accessing services and navigating systems. Applications may only be available in English and there is a lack of interpreters.

Domestic violence and child abuse

Key informants were particularly concerned about increasing rates of domestic violence and child abuse. They shared concern for the wellbeing of children that may be in an unsafe and abusive home. Particularly during the COVID-19 pandemic, there was increased child abuse and domestic violence, although less reporting, particularly during school closures. Key informants shared children may seek medical care in the Emergency Department for injuries from abuse and violence.

Survivors of domestic violence may need additional support to manage their physical and mental health. It can be more difficult to manage chronic conditions or seek medical care when in an unsafe home situation. People may also be assaulted or harassed if they are taking medication for mental health issues. Housing is also a concern for survivors of domestic violence who may need additional resources to access safe housing.

Aging adult well-being

Older adults need specific support services to meet their physical and emotional needs. Key informants shared older adults may experience barriers to addressing the following needs in Walla Walla:

- Access to health care services: A lack of certain specialty care and limited in-home care prevent older adults from getting all the care they need. There are a lack of senior care centers and nursing homes, further limiting their health care access. There are no nursing homes in Columbia County specifically. There is a need for more funding to meet the needs of this age group. With an increasing aging population in the Walla Walla area, there will continue to be an increasing need for health care services.
- Behavioral health: There are a lack of behavioral health resources for older adults. They may have difficulty accessing substance use disorder treatment services, particularly if they have delayed accessing care for a while. Some behavioral health services may be more easily accessed through telehealth services, but not everyone has access to or is familiar with the technology.

- Housing: Many older adults are living by themselves without assistance. They want to live independently, particularly after the pandemic, but there is a lack of adequate caregivers for this aging population to safely age in place. There is also a lack of senior care centers. Older adults on fixed incomes may also experience housing instability as the cost-of-living increases. For some older adults, they may no longer be able to afford to stay in their homes.

Food security

Key informants shared they have seen a large increase in the use of food banks, with long lines as individuals seek food assistance. The need for food assistance through food banks and pantries has increased since 2023 when the increased Supplemental Nutrition Assistance Program (SNAP) benefits expired. Some food pantries closed during the COVID-19 pandemic and have not returned. There are now fewer places for people to get food assistance and there is decreased federal support for food security, making the need more concerning. Some areas, including Milton-Freewater, have less access to fresh fruits and vegetables. Transportation can be a barrier to accessing fresh foods.

Additionally, the price of food has increased, making it more difficult for people with low incomes, and particularly for people below 200% of the Federal Poverty Level to afford fresh, good-quality food. Key informants were particularly concerned about children; some students may not have access to sufficient food at home or during summer breaks when schools are closed. Older adults may also have difficulty affording food along with the rising costs of housing and more.

Additional Unmet Health-Related Needs

Two additional needs emerged as sub-themes related to the other needs identified above:

Workforce

Key informants were particularly concerned with local workforce to meet health care, behavioral health, childcare, and aging health needs.

Related to access to care, key informants shared concerns about staffing in health care settings, noting that workforce shortages could affect the community's ability to provide essential health services. They specifically noted seeing a lack of Certified Nursing Assistants (CNAs). They noted that hiring health care professionals is costly, adding to the difficulty.

Part of the challenge is getting health care professionals to relocate to Walla Walla as there may not be as many amenities locally as more urban areas. Key informants emphasized the importance of attracting young health care professionals to the area and ensuring they are paid adequately. One way to do this would be to engage with local colleges and universities to support developing local talent to address the workforce issues. Additionally, advocacy and legislation may be another way to address workforce issues.

"We need to make Walla Walla more appealing for people to want to move here."—Key Informant

Workforce burnout may also contribute to staffing issues, particularly as a result of the stress of the COVID-19 pandemic. The pandemic also affected trust in healthcare due to disinformation around vaccines. Implementing mental health support for these caregivers may be a way to sustain the workforce.

Related to behavioral health, there is a need for more substance use disorder treatment providers and mental health providers to meet community needs. The shortage of behavioral health providers has contributed to a lot of primary care providers navigating behavioral health issues with their patients. One option could be to better utilize bachelor's level workforce and to leverage advocacy and legislation to restructure the workforce to better meet the needs of the community.

Key informants were similarly concerned about burnout and the mental health of behavioral health providers, noting the COVID-19 pandemic added additional strain to this workforce.

Related to childcare, people are leaving the workforce because they do not have childcare for their children. This contributes to turnover and the high cost of hiring. People cannot stay in their roles without affordable and reliable childcare. This is also a major barrier to people enrolling in workforce training programs.

Related to aging health, there is not enough workforce to meet the growing needs of the older adult population, including in-home caregiving and assisted living.

Language services

A lack of language services makes it challenging for individuals experiencing language barriers to navigate many systems and access resources, including health care, housing, legal, and employment.

Related to the legal system, court interpreters are not always available. The bilingual court facilitators cannot keep up with the demand and may not be paid equitably for the important work they do.

Related to housing, when applying for housing resources, the U.S. Department of Housing and Urban Development (HUD) forms are only available in English because they are legal documents. This creates a barrier for individuals that need forms in Spanish or another language and makes accessing services for which they are qualified difficult.

Within health care and to promote health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language. The following services are particularly needed:

- Culturally matched and linguistically appropriate health care: Key informants shared there is a need for health care providers and navigators that speak Spanish and are culturally responsive.

"We need more Spanish speaking providers. We have a large Spanish speaking community with very few Spanish-speaking providers."—Key Informant

- Interpreters: There is a lack of interpreters and language services to help patients navigate care and financial support services.
- More Community Health Workers (CHWs)/ Promotores: More CHWs/Promotores that speak Spanish and are from the communities they serve are needed to build trust and connection.
- Bilingual paramedics: Bilingual paramedics are needed to better meet community needs.

Key informants were particularly concerned about Spanish-speaking farmworkers that may experience more work-related injuries and lack access to health care. They also discussed the need for more support groups for Spanish-speaking parents to provide mental health support and health education.

Appendix 3: Community Resources Available to Address Significant Health Needs

Providence St. Mary Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table 1_Apx 2. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Aging and Disability Resource Center	Aging & Long Term Care – Southeast Washington	Promotes and develops a comprehensive and coordinated system of services to help meet the needs of older adults and adults with disabilities.	125 East Cherry St. Suite A Walla Walla, WA 99362	Aging Adult Well-Being
Community Action Agency	Blue Mountain Action Council (BMAC)	Food bank, rent assistance and referrals, energy assistance, home weatherization, case management, job training, literacy program, asset building, early learning coalition, pro bono legal aid, long term care ombudsman, supportive	8 E. Cherry St. Walla Walla, WA 99362	Food Security, Economic Security, Homelessness, Affordable Childcare and Preschools

		services for veteran families.		
Community Based Organization	Blue Mountain Heart to Heart	Promotes public health with advocacy, education, harm reduction, clinical services, and support for individuals with a spectrum of chronic conditions, with a special emphasis on HIV prevention and care.	5 W. Alder St. Suite 333 Walla Walla, WA 99362	Access to health care
Behavioral Healthcare	Comprehensive Healthcare	Outpatient behavioral health treatment including addiction specific care, 24-hour crisis response and stabilization, as well as day support services.	1520 Kelly Place Suite 234 Walla Walla, WA 99362	Behavioral Health and Access to Care
Public Hospital District	Dayton General Hospital (Columbia County Health System)	Critical access hospital, Level V Trauma Center, Level III cardiac and stroke Center designations.	1012 3rd Street Dayton, WA 99328	Access to Health Care
Federally Qualified Health Center	Family Medical Center	Services include primary care, behavioral health, women's health, dental, eye and vision care, and AIDS/HIV care.	1120 West Rose St. Walla Walla, WA 99362	Behavioral Health and Access to Care & Access to Health Care
General	Findhelp.org	Online resource, searchable by zip code	www.findhelp.org	General
VA Medical Center	Jonathan M. Wainwright Memorial VA Medical Center	Primary care, specialty health services, mental health services, suicide prevention, services for Veterans who are blind or visually impaired, dental and audiology services, a	77 Wainwright Dr. Walla Walla, WA 99362	Behavioral Health and Access to Care & Access to Health Care

		health care for homeless Veterans program and more.		
Clinic	The Walla Walla Clinic	Multispecialty clinic offering primary and specialty care as well as in-house laboratory, imaging, therapeutic and diagnostic services and Ambulatory Surgery Center.	55 W. Tietan St. Walla Walla, WA 99362	Access to Health Care
Public Housing	Walla Walla Housing Authority	Rental assistance programs and affordable housing options for families, people living with disabilities, and seniors.	501 Cayuse St. Walla Walla, WA 99362	Homelessness and Housing Instability
Immigration Rights	Walla Walla Immigration Rights Coalition	Connects community members with culturally appropriate resources such as legal counsel, health services, food aid, and state programs that can offer support regardless of immigration status.	22 E. Poplar St. Walla Walla, WA 99362	Access to Health Care, Food Insecurity, Language Services, Equity and Inclusion
Domestic Violence & Sexual Assault Services	YWCA	Domestic violence shelter, counseling, support groups, advocacy, information, licensed preschool and childcare center, and community and personal enrichment programs.	213 S. First Ave. Walla Walla, WA 99362	Domestic Violence and Child Abuse

Appendix 4: Providence St. Mary Medical Center Community Mission Board and Southeast Washington Service Area Executive Team Representatives

Table 1_Apx 3. Providence St. Mary Medical Center Community Mission Board and Executive Team Representatives[16]

Name	Title	Organization	Sector
Luis Alvarez	Board Member, Assistant Vice President	Providence St. Mary Medical Center, Baker Boyer	Hospital, Financial services
Meagan Anderson-Pira	Board Member	Providence St. Mary Medical Center	Hospital
Lori Asmus	Chief Operating Officer	Providence St. Mary Medical Center	Hospital
Kathryn Barron	Board Member	Providence St. Mary Medical Center	Hospital
Ted Bergstrom, MD	Board Member	Providence St. Mary Medical Center	Hospital
Frances Chvatal **(Mission and Community Health Committee Member)**	**Board Member**	**Providence St. Mary Medical Center**	**Hospital**
Alan Coffey	Board Chair, CEO	Providence St. Mary Medical Center, Coffey Communications	Hospital, Communications
Elaine Couture	Board Member	Providence St. Mary Medical Center	Hospital
Tim Davidson, MD	Chief of Physician Services	Providence Medical Group	Health care

[16] Mission and Community Health Committee members indicated with **bold** text

Louis Dyjur (SEWA Service Area Executive Team Member)	Chief Nursing Office	Providence St. Mary Medical Center	Hospital
Kirk Harper	Chief Nursing Officer	Kadlec Regional Medical Center	Hospital
Spencer Harris **(SEWA Service Area Executive Team Member, Mission and Community Health Committee Member)**	**Chief Financial Officer and Strategy Leader** **Southeast Washington Service Area**	**Providence St. Mary Medical Center**	**Hospital**
Ronald Higgins	Board Member	Providence St. Mary Medical Center	Hospital
Reza Kaleel **(SEWA Service Area Executive Team Member, Mission and Community Health Committee Member)**	**Chief Executive** **Southeast Washington Service Area**	**Providence St. Mary Medical Center**	**Hospital**
David Lopez **(Mission and Community Health Committee Member)**	**Board Member,** **Executive Director**	**Providence St. Mary Medical Center,** **Center for Humanitarian Engagement, Walla Walla University**	**Hospital,** **Education**
Rich Meadows, MD	Chief Medical Officer	Kadlec Providence Medical Group, Kadlec Clinic	Health care
Katy O'Connor	Chief Human Resources Officer	Providence Human Resources	Health care

Kathie Oreb **(SEWA Service Area Executive Team Member, Mission and Community Health Committee Member)**	**Chief Mission Officer**	**Providence St. Mary Medical Center**	**Hospital**
Lacey Perry **(SEWA Service Area Executive Team Member, Mission and Community Health Committee Member)**	**Chief Philanthropy Officer**	**Southeast Washington Service Area** **Kadlec, Providence St. Mary, and Tri-Cities Cancer Center Foundations**	**Health care**
Robyn Rivera	Director of Nursing, Women's Services	Providence St. Mary Medical Center	Hospital
Molly Tucker Hasenbank	Vice Chair, Municipal Judge	Providence St. Mary Medical Center, City of Milton-Freewater	Hospital, Legal
Emily Volland **(SEWA Service Area Executive Team Member, Mission and Community Health Committee Member**)	**Director of Communication** **Southeast Washington Service Area**	**Providence St. Mary Medical Center**	**Hospital**
Joel Wassermann, MD (SEWA Service Area Executive Team Member)	Chief Medical Officer	Providence St. Mary Medical Center	Hospital
Rob Watilo (SEWA Service Area Executive Team Member)	Chief Operating Officer	Kadlec Providence Medical Group, Kadlec Clinic	Health care