

2025 -
2027

COMMUNITY HEALTH IMPROVEMENT PLAN



Providence Sacred Heart Medical Center & Children's Hospital, Providence Holy Family Hospital and, St. Luke's Rehabilitation Medical Center

Spokane, Washington

To provide feedback about this CHIP
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EXECUTIVE SUMMARY

Providence continues its Mission of service in Spokane County through Providence Sacred Heart Medical Center & Children’s Hospital (PSHMC), Providence Holy Family Hospital (PHFH), and Providence St. Luke’s Rehabilitation Medical Center (PSLRMC), collectively referred to as Providence Spokane. The following Community Health Improvement Plan (CHIP) outlines our strategic response to addressing the prioritized needs from the 2024 Community Health Needs Assessment (CHNA).

This is a joint Community Health Improvement Plan, including Providence Sacred Heart Medical Center & Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical Center in response to a joint 2024 CHNA. The strategies included in this plan are representative of efforts taken by all three hospitals to address the identified community needs.

PSHMC and Children’s Hospital is an acute-care hospital with 821 (644 PSHMC + 177 Children’s Hospital) licensed beds, founded in 1886 and located in Spokane, WA. PHFH, also an acute-care hospital, was opened by the Dominican Sisters in 1964 and has 272 licensed beds. Providence St. Luke’s Rehabilitation Medical Center is the largest freestanding medical rehabilitation hospital in inland northwest Washington with 102 beds. It offers treatment and rehabilitation of patients with strokes, spinal cord injuries, orthopedic issues, and traumatic brain injuries. The Providence Spokane hospitals’ shared service area is the entirety of Spokane County, including 553,170 people.

Providence Spokane dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. The Community Health Needs Assessment (CHNA) is an opportunity for PSHMC, PHFH and PSLRMC to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with key informants and listening sessions with community members, primary data from a community survey, and hospital utilization data.

Providence Spokane Community Health Improvement Plan Priorities

As a result of the findings of our [2024 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Sacred Heart Medical Center and Children’s Hospital, Providence Holy Family Hospital and Providence St. Luke’s Rehabilitation Medical Center will focus on the following areas for its 2025-2027 Community Benefit efforts:

PRIORITY 1 – BEHAVIORAL HEALTH CHALLENGES AND ACCESS (MENTAL HEALTH AND SUBSTANCE USE/MISUSE): Key informants identified racism and discrimination, historical and intergenerational trauma, and lack of access to meeting basic needs as root causes of mental health

issues. The following populations and groups experience more behavioral health challenges and/or barriers to accessing needed care including immigrants, pregnant people and new parents, people experiencing homelessness, people with criminal legal system involvement, individuals identifying as transgender, older adults, and survivors of domestic violence, assault, and other traumas.

PRIORITY 2 – HOMELESSNESS AND HOUSING STABILITY: There is a need for more affordable housing, including permanent and temporary housing to meet community needs. A critical gap in housing in the community is for a respite facility with on-site medical care for people experiencing homelessness that cannot live independently or stay in a shelter, people living with HIV and those experiencing domestic violence.

PRIORITY 3 – ACCESS TO HEALTH CARE SERVICES: There is specifically a need for more bilingual and bicultural providers, particularly for immigrant and refugee populations. There is also a need for more culturally responsive and traditional health care services and providers. Certain populations may be more hesitant to access health care services for fear of not being heard or treated with dignity, including people identifying as LGBTQIA+, particularly transgender people; pregnant people, particularly Black people; people experiencing homelessness; people with behavioral health conditions; and people with Intellectual and Developmental Disabilities.

INTRODUCTION

Who We Are

Our Mission	As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

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

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

Providence St. Luke’s Rehabilitation Medical Center is the largest freestanding medical rehabilitation hospital in inland northwest Washington with 102 beds. Providence St. Luke’s Rehabilitation Medical Center offers treatment and rehabilitation of patients with strokes, spinal cord injuries, orthopedic issues, and traumatic brain injuries.

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

Our Commitment to Community

Providence Sacred Heart Medical Center and Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical Center dedicate resources to improve the health and quality of life for the communities we serve. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: <https://www.providence.org/about/annual-report>.

Joint CHIP Report

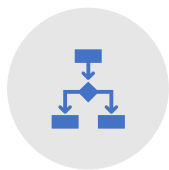
This is a “joint CHIP report,” within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence including Providence Sacred Heart Medical Center & Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical Center. These hospitals completed a joint 2024 CHNA report. A joint approach to addressing the needs identified in the joint CHNA will be most effective given that the hospitals share a CHNA service area and community served, staffing, leadership teams, and resources. The strategies included in this plan are representative of efforts taken by all hospitals to address the identified community needs. The hospitals have a shared governance structure and share one Community Mission Board that adopts the CHIP for all the hospitals.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

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

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

Financial Assistance Program

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence including Providence Sacred Heart Medical Center & Children's Hospital, Providence Holy Family Hospital, and Providence St. Luke's Rehabilitation Medical Center have a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

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

OUR COMMUNITY

Description of Community Served

Providence Sacred Heart Medical Center & Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical Center’s CHNA service area is Spokane County based on the availability of data, geographic access to the facility, and other hospitals in neighboring counties.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Spokane County is the fourth most populated county in Washington and is home to the City of Spokane, the second most populated city in Washington. In 2023, approximately 554,600 people lived in Spokane County, an increase of more than 39,000 people since 2019. Adults 65 years and older were the smallest age group, but they are estimated to become the second largest age group by 2050. Adults 35-64 years old were the largest age group at 37% in 2023.

Data from Washington State Office of Financial Management

POPULATION BY RACE AND ETHNICITY

Spokane County is not a racially diverse county, but it is growing more diverse. Population estimates show the percentage of residents who were 2 or more races rose from 4.4% in 2019 to 8.9% in 2023. The percentage of White residents declined at the same time, although White people made up a majority (83.6%) of the population in 2023.

Demographic data for youth under the age of 18 shows a more diverse population. The percentage of youth who were 2 or more races increased from 9.7% in 2019 to 16% in 2023. Additionally, the percentage of White youth declined from 82.3% to 75.9% at the same time.

Data from Washington State Office of Financial Management

SOCIOECONOMIC INDICATORS

The median household income continues to rise in Spokane County. In 2022, the median household income was \$69,070, an increase from the 2018 median of \$59,783. This growth is slower than Washington state’s growth, and the Spokane County median household income continues to be less than the state median. Not all households earned equally in 2022. White householders earned significantly more than Black and multiracial householders.

Data from U.S. Census Bureau. American Community Survey 1-Year Estimates

Households that spend more than 30% of their income on housing costs are cost burdened. Cost-burdened households experience more financial stress and spend less on health care.¹

¹ Maqbool N, Viveiros J, Ault M. The Impacts of Affordable Housing on Health: A Research Summary. Center for Housing Policy. April 2015. <https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-HealthA-Research-Summary.pdf>

In 2022, an estimated 28.1% of homeowners with a mortgage and 56.4% of renters spent 30% or more of their household income on housing costs. Additionally, only 33.2% of renters spent less than 25% of their household income on housing costs compared to 61.7% of homeowners. This highlights disparities in the housing cost burden between homeowners and renters.

Data from U.S. Census Bureau. American Community Survey 1-Year Estimates

Full demographic and socioeconomic information for the service area can be found in the [2024 CHNA](#) for Providence Spokane including Providence Sacred Heart Medical Center & Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical Center.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Spokane—Providence Sacred Heart Medical Center and Children’s Hospital, Providence Holy Family Hospital and Providence St. Luke’s Rehabilitation Medical Center—to engage the community every three years with the goal of better understanding community strengths and needs.

These Providence hospitals are organized together for this assessment as Providence Spokane. 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.

Providence Spokane participated in a collaborative process to evaluate the community’s needs in partnership with the Spokane Regional Health District, Empire Health Foundation and MultiCare Deaconess and Valley Hospitals. The Spokane 2024 CHNA report reflects the entities’ collaborative efforts to identify the significant health-related needs in the community and the community strengths.

Through a mixed-methods approach, using quantitative and qualitative data, we reviewed information from a variety of sources, including key informant interviews, focus groups, the American Community Survey, and the Washington Office of Superintendent of Public Instruction (OSPI), among others detailed in the CHNA.

Community key informant interview participants identified behavioral health challenges and access (mental health and substance use/misuse), homelessness and housing stability, and access to health care services as high-priority needs. They identified racism and discrimination, economic security, and access to childcare and preschools as medium-priority needs. The Collaborative Spokane County 2024 CHNA identified the following priority areas: reduce housing cost burden, reduce substance use, and improve mental health. We also did an environmental scan and reviewed Priority Spokane’s findings from the May 2023 Community Needs Assessment.

Based on the collaborative priorities above, key informant interview findings and Priority Spokane Needs Assessment findings, the following were the top needs identified: 1. Behavioral health challenges and access (mental health and substance use/misuse) 2. Homelessness and housing stability 3. Access to health care services 4. Racism and discrimination 5. Economic security 6. Expand early learning/childcare capacity to boost the economy 7. Expand the tree canopy to enhance the environment.

These needs, along with the relevant primary and secondary data, were presented at the September 18th Inland Northwest Washington (INWA) Community Benefit Committee (CBC) for a poll for further prioritization, with each participant selecting their three highest need areas outlined below.

The 2024 CHNA was approved by the Community Mission Board on October 24, 2024, and made publicly available by December 28, 2024.

Significant Community Health Needs Prioritized

BEHAVIORAL HEALTH CHALLENGES AND ACCESS (MENTAL HEALTH AND SUBSTANCE USE/MISUSE)

Key informants identified racism and discrimination, historical and intergenerational trauma, and lack of access to meeting basic needs as root causes of mental health issues. The following populations and groups experience more behavioral health challenges and/or barriers to accessing needed care including immigrants, pregnant people and new parents, people experiencing homelessness, people with criminal legal system involvement, individuals identifying as transgender, older adults, and survivors of domestic violence, assault, and other traumas.

HOMELESSNESS AND HOUSING STABILITY

There is a need for more affordable housing, including permanent and temporary housing to meet community needs. A critical gap in housing in the community is for a respite facility with on-site medical care for people experiencing homelessness that cannot live independently or stay in a shelter, people living with HIV and those experiencing domestic violence.

ACCESS TO HEALTH CARE SERVICES

There is specifically a need for more bilingual and bicultural providers, particularly for immigrant and refugee populations. There is also a need for more culturally responsive and traditional health care services and providers. Certain populations may be more hesitant to access health care services for fear of not being heard or treated with dignity, including people identifying as LGBTQIA+, particularly transgender people; pregnant people, particularly Black people; people experiencing homelessness; people with behavioral health conditions; and people with Intellectual and Developmental Disabilities.

Needs Beyond the Hospitals' Service Programs

No hospital facility can address all of the health needs present in its community. We are committed to continuing our Mission through collaboration with partner organizations in the community to address the needs identified in the 2024 CHNA, with full acknowledgement that these needs are among the most challenging to address in any community and require long-term focus and investment from all levels of community stakeholders.

The following needs will not be directly addressed by our hospitals because of resource constraints and other facilities or organizations in the community are addressing them: racism and discrimination; economic security; expand early learning/childcare capacity to boost the economy; and expand the tree canopy to enhance the environment.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Three working groups that included INWA's Providence Community Clinic Manager of Clinical Operations, Care Management Program Director, Social Work Manager, Director of Population Health, two INWA Community Mission Board members, Psychiatry Physician Medical Director, Senior Director of Behavioral Health, Chief Operating Officer, Executive Director Strategy and Business Development, Executive Director Health Equity and Environmental Stewardship and Community Health Investment staff met on March 3, March 6 and March 12, 2025, to develop the 2025-2027 CHIP strategies. The Working groups reviewed existing strategies and initiatives and proposed new opportunities for addressing prioritized health needs in the CHIP.

The Providence INWA Community Mission Board met April 17, 2025, to review and adopt the final implementation strategies to address the prioritized needs in the 2025-2027 CHIP.

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

Addressing the Needs of the Community: 2025- 2027 Key Community Benefit Initiatives and Evaluation Plan

The strategies, populations served, strategy measures, baselines, and 2027 targets are outlined below for each of the three prioritized health needs: behavioral health challenges and access (mental health and substance use/misuse), homelessness and housing stability, and access to health care services.

COMMUNITY NEED ADDRESSED #1: BEHAVIORAL HEALTH CHALLENGES AND ACCESS (MENTAL HEALTH AND SUBSTANCE USE/MISUSE)

Population Served

People in need of mental health care, people experiencing behavioral health crisis, people with limited access to behavioral care due to age, disability, or lack of culturally responsive care options.

Long-Term Goal(s)/ Vision

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

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

A reduction in death of despair in the community.

Table 1. Strategies and Strategy Measures for Addressing Behavioral Health Challenges and Access (Mental Health and Substance Use/Misuse)

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Collaboration with Spokane Treatment and Recovery Services to increase the number of screened patients diverted to withdrawal management and treatment services	People with substance use disorders	-# of people diverted from the ED to withdrawal management and treatment services -Diversion Rate	<u>-1,300 people served</u> <u>-69% diversion rate</u>	-Increase by 300 patients by 2027 (1,600) -3% increase yearly for diversion rate
2. Improve access to mental health resources by integrating behavioral health services at Providence Community Clinic, providing depression treatment services at Holy Family Hospital, and reducing the waitlist for virtual Electroconvulsive Therapy (ECT) consultations	Adults in need of acute mental health care	-# of integrated behavioral health visits at the Providence Community Clinic -Increase access inside the hospital at Holy Family Hospital including depression treatment services and esketamine starting in 2026 -Increase in-person ECT consultations for ambulatory patients with treatment-	-1,286 visits HFH: TBD in 2026 -100% virtual consults	-Remain consistent with the goal of increasing the number of visits year over year -TBD for HFH -75% in-person ECT consults by the end of 2025

		resistant depression.		
3. Increase access to integrated mental health care in primary care settings	Primary care pediatric, adult and geriatric patients in need of mental health access	-# of patients served -# of warm handoffs completed (same day appointments)	-3,228 -1,220 warm handoffs completed -Expansion of same day appointments (on hold for adding new positions)	-Increase number served by 3% -Number of warm handoffs TBD based on new position -Hire for a pediatric position to increase number of warm handoffs and expand to same day appointments

Evidence Based Sources

Culturally Adapted Health Care

Behavioral Health Primary Care Integration

Resource Commitment

Providence Sacred Heart Medical Center & Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical is committed to investing in serving the mental health needs of our communities and will ensure necessary funding and/or staffing to collaborate with community partners to support the behavioral health needs of residents of Spokane County.

Key Community Partners

- Spokane Treatment and Recovery Services
- Providence Community Clinic
- Spokane Teaching Health Clinic
- Inland Northwest Behavioral Health

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND HOUSING STABILITY

Population Served

People experiencing housing instability and at risk of homelessness.

Long-Term Goal(s)/ Vision

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

Table 2. Strategies and Strategy Measures for Addressing Homelessness and Housing Stability

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Collaboration with community respite providers to increase access to resources	People with acute conditions experiencing homelessness in need of recuperative services	-# of people served	-450 people	-Increase respite by 3% yearly
		-# of people transitioning to housing/stable placements	-115 transition to housing/stable placement	-Increase number transitioning to housing/stable placements by 3% yearly
		-# of people served with ADL needs at Healing Hearts Respite	-TBD: new program	-TBD
		-Appointment adherence at Healing Hearts Respite	-TBD: new program	-TBD
2. Increase access to civil legal assistance for housing concerns	People experiencing housing instability; people with barriers to obtaining housing	-# of people referred to the Providence/Northwest Justice Project (NWJP) Medical Legal Partnership	-298 people (Tribal law 50)	-Increase number served by 3% yearly

		-Establish a referral relationship with Healing Hearts and NWJP	-New program	-Streamline the process of engagement with Healing Hearts and NWJP
3. Address SDOH navigation and housing support for patients	Patients served by Community Health Workers (CHWs) and Providence Community Clinic at Healing Hearts site	-# of patients connected to housing resources -Track outcomes from community health investment grants	-68 encounters (25 neighbors connected to housing resources)	-Remain consistent with the goal of increasing number served year over year

Evidence Based Sources

[Legal Support for Tenants in Eviction Proceedings](#)

[Housing First](#)

[Clinical Practice: Medical Respite Care](#)

Resource Commitment

Providence recognizes the vital intersection between [health care and housing](#) and believe both are basic human rights. Providence Spokane (Providence Sacred Heart Medical Center & Children’s Hospital, Providence Holy Family Hospital, and Providence St. Luke’s Rehabilitation Medical) is committed to providing funding and collaborating with community partners working in support of safe and affordable housing and to responding to the health needs of people living without shelter or permanent housing.

Key Community Partners

- [Catholic Charities Eastern Washington](#)
- [Jewels Helping Hands](#)
- [Volunteers of America of Eastern Washington](#)
- [Northwest Justice Project](#)

COMMUNITY NEED ADDRESSED #3: ACCESS TO HEALTH CARE SERVICES

Population Served

People in need of timely, affordable and culturally responsive care, including primary and specialty care; people with limited access to care due to age, disability, or lack of culturally responsive care options.

Long-Term Goal(s)/ Vision

To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system.

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

Table 3. Strategies and Strategy Measures for Addressing Access to Health Care Services

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Access to interpretation/language services for patients with disproportionately long length of stay at St. Luke's (Equitable length of stay (LOS) for non-English speaking patients)	Patients whose primary language is not English	Reduction of LOS by language	2024: Spanish—a LOS reduction from 18 to 14 days	Focus on one language a year: 2025: Marshallese 2026: TBD 2027: TBD
2. Increase access to prescription assistance programs	Uninsured/underinsured working individuals, disabled and elderly people on fixed incomes	-# of people served through Credena and Prescription Network of Spokane -Increase co-pay assistance -Provide medication support at the	529 people -TBD: new -TBD: new	3% increase yearly -TBD -TBD

		<p>Infusion Center</p> <p>-Understand the marketing and outreach model to increase access</p>	<p>-TBD: new</p>	<p>-TBD</p>
<p>3. Address SDOH navigation and support for patients</p>	<p>Patients served at Acute and PMG clinics, community clinics and local shelters</p>	<p>AMBULATORY:</p> <p>-# of referrals</p> <p>-# of SDOH screenings completed</p> <p>-# of connections to community resources (addiction services, legal, transportation, financial, food, utilities, connection to healthcare: specialty, primary care etc.)</p>	<p>- Number of Referrals: 360</p> <p>-SDOH Screenings: establish baseline in 2025</p> <p>Connections to Community Resources:</p> <p>-Addiction Services: 117 encounters</p> <p>-Legal: 47 encounters</p> <p>-</p> <p>Transportation: 30 encounters</p> <p>-Financial: 22 encounters</p> <p>-Food: 13 encounters</p> <p>-Utilities: 1 encounter</p> <p>Connection to Healthcare:</p> <p>-Primary Care: 25 encounters</p> <p>-Specialty Care: 35 encounters</p>	<p>Remain consistent with the goal of increasing number served year over year</p>

		<p>ACUTE:</p> <p>-Launch of findhelp.org</p>	<p>Transportation & lodging: 326 people</p> <p>-Launch site in 2025</p>	<p>-Maintain and leverage site</p>
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Evidence Based Sources

Community Health Workers

Culturally Adapted Health Care

Health Insurance Enrollment Outreach Support

Ensuring Access in Vulnerable Communities

Telemedicine

Resource Commitment

Providence Sacred Heart Medical Center and Children’s Hospital is committed to its role as a regional tertiary care center in Eastern Washington, including operating as a Level II Trauma Center. Providence Holy Family Hospital operates as a Level III Trauma Center and Providence St. Luke’s Rehabilitation Medical Center operates as the largest freestanding medical rehabilitation in the Inland Northwest. The three hospitals will continue to provide critical health services including mental health, primary and specialty care services.

Key Community Partners

- Catholic Charities Eastern Washington
- CHAS Health
- Prescription Drug Assistance Foundation/Spokane Prescription Assistance Network

Other Community Benefit Programs

Table 4. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Access to Health Care	SHMC Pediatric Oncology	Subsidized health services for patients who need financial support for both general oncology and outpatient oncology needs for pediatric patients	Low Income, Vulnerable and Broader Community
2. Access to Health Care	House of Charity: Providence Community Clinic	A subsidized outpatient community clinic serving especially those experiencing homelessness. Resources including medical, integrated behavioral health, insurance registration, transportation, hygiene, food and clothing insecurity	Low income and Vulnerable
3. Safety	Community partners who received grants in 2025: Lutheran Community Services Northwest, Partners with Families & Children, Vanessa Behan Crisis Nursery YWCA Spokane	Community organizations funded through grants to serve families experiencing abuse and domestic violence	Low Income, Vulnerable, Broader Community
4. Food Insecurity	Community partners who received grants in 2025: Second Harvest: Nourishing Communities	Grant funded program to provide food to community members experiencing food insecurity	Low Income, Vulnerable, Broader Community

5. Economic Security	Community partners who received grants in 2025: Spokane Eastside Reunion Association: Job Training Program	Grant funded job training for youth of color	Low Income and Vulnerable
6. Physical Activity	Spokane Nordic Ski Association 2025 grant: Adaptive Nordic program	Adaptive skiing program for individuals with disabilities to get access to the outdoors in the winter season	Vulnerable and Broader Community
7. Mental Health	Wellbeing Trust grants	Grant funding provided to increase access to mental health resources	Low Income, Vulnerable, Broader Community
8. Behavioral Health Challenges	Community partners who received 2025 grants: YWCA Spokane, Asians for Collective Liberation in Spokane, Excelsior Wellness, FailSafe for Life, Frontier Behavioral Health, Nuestras Raices, Lions Heart Grief Center, Mujeres in Action, NAMI Spokane, Northeast Youth Center, Peer Spokane, Raze Development, Refugees and Immigrant Connections Spokane, Revive Center for Returning Citizens	Grant funding provided to address behavioral health challenges and access (Mental Health and Substance Use/Misuse)	Low Income, Vulnerable, Broader Community
9. Homelessness and housing stability	Community partners who received 2025 grants: Family Promise of Spokane, The City Gate, Take Up the Casuse, Transitions, Village Cohousing Works	Grant funding provided to address homelessness and housing stability	Low Income, Vulnerable, Broader Community
10. Access to Health Care Services	Community partners who received 2025 grants: Maji Rising, Ronald McDonald House Charities of the Inland Northwest, Spectrum, Spokane Immigrant Rights Coalition, Spokane Hearing Oral Program of Excellence, The Way to Justice, Washington Poison Center	Grant funding provided to address access to health Care Services	Low Income, Vulnerable, Broader Community

2025- 2027 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the INWA Community Mission Board of the hospital on April 17, 2025. The final report was made widely available by May 15, 2025.



Susan Stacey
Chief Executive, Providence Inland Northwest Washington

4/17/25


Date



Mary Koithan
Chair, INWA Community Mission Board

4/17/2025

Date



Joel Gilbertson
Divisional Chief Executive, Central Division

4/24/25

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 Improvement Plans please email CHI@providence.org.