

# PROVIDENCE ST MARY MEDICAL CENTER COMMUNITY BENEFIT PLAN – IMPLEMENTATION STRATEGIES NOVEMBER 2015

Produced by the Mission Committee with input from Walla Walla County  
Department of Community Health (Public Health) and other community  
stakeholders

*“Whatever concerns  
the poor is always  
our concern” legacy  
of Mother Joseph,  
Sisters of  
Providence and  
founder of St Mary  
Medical Center*

## INTRODUCTION

### What is Community Benefit?

Community benefits are programs or activities that promote health and healing in response to identified community needs and meet at least one of these community benefit objectives:

- Improve access to health care services
- Enhance the health of the community
- Advance medical or health care knowledge
- Support or reduce the burden of government or other community efforts in addressing identified areas of community health need

A *community health needs assessment* is a systematic process involving community partners to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon significant unmet community health needs.

An *implementation strategy* is the hospital's plan for addressing community health needs, including significant health needs identified in the community health needs assessment. The implementation strategy is also known as the hospital's overall community benefit plan.

### Guiding Principles for Catholic Health Care Ministries

- *Those who live in poverty or are vulnerable at the margins of our society have a moral priority for services.* While assessments will look at the health needs of the overall community, low-income or other disadvantaged or at risk populations deserve special attention and priority.
- *Not-for-profit health care has a responsibility to work towards improved health in the communities they serve.* Assessment results and implementation strategy must be put into action and these actions evaluated and refined, as needed, to ensure that the community partners are achieving their goal – improved community health.
- *Health care facilities should actively involve community members, organizations, and agencies in their community benefit programs.* Collaboration with community partners expands the community's capacity to address health needs through a shared vision, shared resources and skills, and creates a foundation for coordinated efforts to improve community health.
- *Health care organizations must demonstrate the value of their community service.* Government, community members, funders and others committed to improving community health want to know that tax-exempt hospitals are aware of major needs of the community and that their benefit planning takes into account these needs.
- *Community benefit programs must be integrated throughout health care organizations.* The result of the assessment and the community benefit plan should be integrated with the strategic and operational plans of the organization to carry out these processes effectively.
- *Leadership commitment is required for successful community benefit program.* As leaders of charitable organizations, hospital board members, chief executive officers and senior managers should view improved community health as important concerns of their organizations.

Leadership commitment ensures that assessment and planning processes are viewed as organizational priorities to implement programs that will improve the long-term health of the community. (\*Catholic Health Association)

### **Federal Requirements**

In order to comply with the federal tax-exemption requirements of the Affordable Care Act, a tax-exempt hospital must:

- Conduct a community health needs assessment every three years. The assessment must 1) take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with knowledge of or expertise in public health, 2) be made widely available to the public .
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and provide a description of the needs that are not being addressed with the reasons why such needs are not being addressed.

## **MISSION**

Identifying community needs and plans to meet those needs was the starting place of the Providence ministries, including Providence St Mary Medical Center. Through the work of Mother Joseph and the other sisters who historically served in this region plans were made to address the needs for homes for orphans and widows, schools to teach the skills of reading and writing, and hospitals to care for the sick. Populations served included those in poverty, those who were illiterate, the children and elderly, Native Americans, the mentally ill, and victims of epidemics which swept the area at that time. Community partners included women's and other community charitable organizations, city officials, churches and interfaith groups, members of the military forces in the region, and the gold miners.

Our Mission as People of Providence is to reveal God's love for all, especially the poor and vulnerable through our compassionate service.

Today that mission carries on in recent years with support for youth at risk, the mentally ill, women and children who need emergency shelter and a safe place away from violence, free health care screenings and health education for diverse populations, mass immunization clinics, and support for healthy lifestyles. The future health care trends will bring increased focus on health disparities in communities with emphasis on social determinants, population-based health, and evidence-based seamless continuum of care. There will be more alignment of community partners to share resources to address the community health needs. This focus will bring a change from traditional clinical service delivery models to community-based preventive services and community problem solving to reduce preventable hospitalizations and to improve the health outcomes of the community.

## PRIORITIES FOR COMMUNITY BENEFIT IMPLEMENTATION STRATEGIES

Implementation strategies or action planning for the 2016-2018 community benefit plan are driven from the analysis of a comprehensive community health needs assessment which was completed in September 2015. This needs assessment included data from local, state, and national sources. It also included input from key stakeholders from a multi-agency community coalition sponsored by Walla Walla County Department of Community Health (Public Health). Internal review and input came from the Providence St Mary Medical Center Mission Committee representing various department leaders, mission services, senior administrators, and members of our community board. Additional community board review and input was completed in September 2015 with the approval of the needs assessment.

Priorities for implementation strategies for 2016-18 have been developed by the Mission Committee as follows in order of priority:

1. Explore new collaborative opportunities for **youth at risk** with the Walla Walla Youth Alliance and Blue Mountain Action Council for the proposed Teen Center and homeless youth shelter in the planning and funding stages (2016-2017). Consider 1x donation towards youth homeless shelter capital funding and subsequent part-time MSW or other clinical services support to their program needs once established for counseling and health education for at-risk youth.
2. Provide monetary and non-monetary support to The Health Center at Lincoln School for **youth at risk** to help maintain the tremendous gains that have been made in on-time graduation rates and reduction in absenteeism.
3. Collaborate with local schools to assist with **obesity reduction** and promotion of physical activity through **healthy lifestyles**.
4. To improve **immunization rates** in our community continue to provide an annual free flu vaccination drive but also explore new strategies with Department of Community Health to address other adult or pediatric vaccination needs within the community going forward with the ending of the public health department's immunization services (2016).

The following sections of the 2016-2018 Community Benefit Plan outlines the identified needs, goals & objectives, collaborating agencies, various types of strategic actions, and measurement of such actions in more depth. The Healthy People 2020 associated goals in related categories of health indicators are listed in each section and evidence-based strategies can be located on-line for each indicator.

Last of all the needs identified in the community health needs assessment that are not included for new action planning in this document are listed with the rationale for not including.

## COMMUNITY HEALTH NEEDS: IMPROVEMENT IN VACCINATION RATES

### Healthy People 2020 Prevention Goal Links: Immunization and Infectious Disease, Preparedness

**Identified Need:** Both childhood immunization rates and adult influenza vaccination rates in Walla Walla County fall far below the Department of Health and Healthy People 2020 goals for vaccinating at least 80% of the population. Children receiving complete series of childhood vaccinations are reported to be at 41% in this county compared to the state average of 52% as captured in the State Vaccination Registry. Adults receiving influenza seasonal vaccination are reported to be at 38% similar to the state average. Vaccines are among the most cost-effective clinical prevention services. Communities with pockets of unvaccinated or under-vaccinated populations are at increased risk for outbreaks of disease.

Acute respiratory infections, including pneumonia and influenza, are the 8<sup>th</sup> leading cause of death in the USA and the leading cause of pediatric hospitalizations and outpatient visits. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. In the coming decades, the USA will continue to face new and emerging issues in the area of immunization and highly infectious disease. Healthcare facilities must work together with the public health system to be capable of responding to emerging threats. Walla Walla County Department of Community Health recently announced (September 2015) that due to projected budget shortfalls in 2016 the immunization services they have historically conducted there will be discontinued. This may particularly impact the Medicaid population not under managed care plans, those with no insurance, and migrant or transient populations. The insured population and those with Medicaid managed care have increasingly obtained vaccinations from primary care providers or retail pharmacies.

- GOALS & OBJECTIVES:**
- Continue to collaborate with the public health system for opportunities to provide access to vaccinations to the public, particularly for those who are underserved and to our employees as health care providers.
  - Address the health information needs of a more mobile society by submitting vaccination records to the Washington State Vaccination Registry that can be accessed by primary care providers state-wide.
  - Continue “mass vaccination” preparedness training for new and emerging pandemics through community exercises associated with seasonal influenza vaccination drives or other diseases.

- COLLABORATING AGENCIES:**
- Providence St Mary Medical Center
  - Providence Medical Group
  - Walla Walla County Department of Community Health (Public Health)
  - Walla Walla Community College School of Nursing
  - Misc. community volunteer agencies and health care organizations

- STRATEGIES:**
- Provide free influenza vaccine for adults at least annually at a community vaccination drive targeting those who are underinsured, homeless, disabled, non-English speaking, or otherwise underserved.
  - Submit vaccination data through the Washington State Vaccination Registry to address health information needs of the mobile community (flu shot drives, hospital, PMG).
  - Sponsor or participate in a “mass-immunization” community exercise to improve preparedness training for a pandemic with our responding partners in conjunction with a vaccination drive.
  - Increase employee Influenza vaccination rates to improve “herd” immunity of health care providers
  - Explore new strategies with Department of Community Health to address the adult or pediatric vaccination needs in the community going forward with the ending of their immunization services (2016).

MEASUREMENT:	TARGET 2016	TARGET 2017	TARGET 2018
Number of free influenza vaccinations given (cost of vaccine also counts toward community benefit)	600-800	600-800	600-800
Completion rate for flu shots entered into Registry from flu shot drives	99-100%	99-100%	99-100%
Employee Influenza Vaccination Rate: 2014-15 baseline rate 85%	90%	90%	90%

## COMMUNITY HEALTH NEEDS: YOUTH AT RISK

### Healthy People 2020 Prevention Goal Links: Adolescent Health, Substance Abuse, Tobacco Use, Injury and Violence Prevention

**Identified Need:** Youth at risk continues to be a growing concern in Walla Walla County. The 23-25% multi-year rate of “children living in poverty” continues to exceed the state average of 19% and far exceeds the Healthy People 2020 goal of 13% or less. Over one-half of children in the public school system qualify for free or reduced meal rates. The 31% of single parent households exceeds both the state rate and the Healthy People 2020 goals and is highly linked to lower income levels. Graduation rates overall in the County are declining in public schools with the percent of 9<sup>th</sup> grade cohorts who graduate within 4 years at 78% compared to 88% in 2009 (Wa-Hi 83% in 2014). DSHS staff reports a high incident of ACES (adverse childhood experiences) in the youth of the clients they serve. The Healthy Youth Survey findings in public schools show that youth within Walla Walla County feel that alcohol is “easy” to obtain and have a higher rate of reporting riding with drivers who have been drinking. The use of marijuana is increasing with youth also reporting that they feel there is no or low health risk to use (51% of 12<sup>th</sup> graders). Public school 12<sup>th</sup> graders also report that 21% have considered attempting suicide, 20% have made a suicide plan, and 12% have attempted suicide. While smoking has decreased overall in adolescents the use of E-cigarettes or vaping has significantly increased in a short period of time with unknown risks. Risks for injury include that 58% of 12<sup>th</sup> graders report texting while driving and there has been a significant increase in gang violence in targeted neighborhoods. The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes in this age group are grounded in their social environments and are frequently mediated by their behaviors influenced by their family, peers, school, and community. Academic success and achievement are strong predictors of overall adult health outcomes with graduating from high school leading to lower rates of adult health problems, risk for incarceration, and enhanced financial stability during adulthood. The Lincoln School on-time graduation rates between 2009-2014 increased by 75% through a variety of strategies including a school-based health clinic which provides behavioral health, substance abuse, and wellness screening and interventions to provide resilience with the support of community agencies including PSMMC. The Public Health community coalition involved with community health improvement planning have identified as a 3<sup>rd</sup> priority better integration between mental health and substance abuse screening, referrals, and services for all populations but especially for adolescents and young adults. Sheltering for homeless youth has been problematic.

#### GOALS & OBJECTIVES:

- Through support of school based health clinics for at-risk youth reduce absenteeism in school and improve on-time graduation rates
- Explore new collaborative opportunities for youth at risk with the Walla Walla Youth Alliance and Blue Mountain Action Council for the proposed Teen Center and homeless youth shelter in the planning and funding stages (2016-2017)

#### COLLABORATING AGENCIES:

- Providence St Mary Medical Center and Providence Medical Group
- Lincoln School, The Health Center at Lincoln School, Blue Ridge School
- Walla Walla County Department of Community Health
- Walla Walla Youth Alliance and Blue Mountain Action Council in planning for Teen Center and shelter

#### STRATEGIES:

- Provide monetary and non-monetary support to The Health Center at Lincoln School for at-risk youth
- Consider 1x donation towards youth homeless shelter capital funding and subsequent part-time MSW or other clinical services support to their program needs

#### MEASUREMENT:

	TARGET 2016	TARGET 2017	TARGET 2018
Monitor on-time graduation rate for Lincoln School : 2014 baseline rate of 78% compared to County 78% compared to State 79%	Match or exceed the County Rate	Match or exceed the County rate	Match or exceed the County rate
Monitor # of student health care visits to Lincoln Health Center to determine trends in access and needs. 2013-14 baseline visits = 1524	TBD	TBD	TBD

## COMMUNITY HEALTH NEEDS: OBESITY REDUCTION & HEALTHY LIFESTYLES

**Healthy People 2020 Prevention Goal Links:** Nutrition & Weight Status, Physical Activity, Heart Disease & Stroke

**Identified Need:** Obesity rates are a significant contributor towards cardiovascular disease - the major cause of death in Walla Walla County. The adult obesity rate last reported for the county was 27% and adult's reporting physical inactivity was at 18%. The increasing obesity rates in children, however, are especially concerning. Ten year trends (2004-2014) show a rate increase in 8<sup>th</sup> graders from 12% to 17%, 10<sup>th</sup> graders from 10% to 12%, and 12<sup>th</sup> graders from 8% to 14%. . For people who are inactive, even small increases in physical activity are associated with health benefits. Together heart disease and stroke are among the most widespread and costly health problems facing the nation. Healthy People 2020 goals reflect a multidisciplinary approach between schools and healthcare and municipal planning for easy and safe access to bike trails and other recreation as examples of proven strategies. The Public Health multi-agency community health coalition has recommended actions for further developing access to and promotion of "Healthy Lifestyles" programs in reducing obesity as the 2<sup>nd</sup> priority for community health needs.

**GOALS & OBJECTIVES:**

- Improve health status and reduce health disparities in preventing chronic cardiovascular disease
- Increase biometric health screening to underserved populations
- Collaborate with schools or recreational centers in promoting increased physical activity in children
- Provide free health education in cardiovascular disease risk factors and prevention within the community including underserved segments of the population in strategic planning for cardiovascular services
- Participate on Public Health coalition teams for Obesity Reduction & Healthy Lifestyles as convened

**COLLABORATING AGENCIES:**

- Providence St Mary Medical Center
- Providence Medical Group
- Local Schools
- YMCA
- St Patrick's Catholic Church

**STRATEGIES:**

- Offer free biometric health screenings for blood pressure, glucose, cholesterol, or other testing within the community at determined locations or events
- Partner in annual Health Fair with St. Patrick's Catholic Church targeting the health of the Latino community
- Provide free on-line health screening for cardiovascular risk factors as well as sponsoring community forums or events on combating heart disease and/or stroke
- Collaborate with local schools in the SQORD or other programs, using technology to increase physical activity

**MEASUREMENT:**

MEASUREMENT:	TARGET 2016	TARGET 2017	TARGET 2018
# of free biometric health screenings done within the community	TBD	TBD	TBD
# of free on-line health screening done for cardiovascular risk factors	TBD	TBD	TBD
# of 5 <sup>th</sup> graders involved in SQORD program Baseline 2014?	TBD	TBD	TBD
Participate in or sponsor at least one health fair targeting healthy lifestyles and behaviors for vulnerable populations. Track # of adults attending. Baseline 2014: 250	250-350	TBD	TBD

## COMMUNITY HEALTH NEEDS NOT ADDRESSED IN PLAN

The following needs identified in the 2015 community needs assessment were not identified for specific action planning in the 2016-18 PSMCM community benefit plan:

- **Homelessness**

Action planning in general is being addressed by other active community coalitions including the Walla Walla Council on Homelessness sponsored by the Department of Community Health, the Alliance for the Homeless – a new citizen’s activist group, the Walla Walla Youth Alliance, Catholic Charities in partnering with the Veteran’s Administration, and the local non-profit sheltering agencies that provide assistance. **PSMMC does however, provide to the Christian Aid Center meals served by volunteers once a month, meals to the designated community warming center in the winter, and is involved in several mission activities with the local YWCA in support of the women and children who are sheltered in their programs and will continue to do so. See previous “Youth at Risk” action planning for possible related strategies with Walla Walla Youth Alliance.**

- **Mental Health Access in the Community**

This has been a long-term identified need in the community and a focus of our previous community benefit planning. Over the recent year, however, there has been improvement in access and services with the recruitment of the resources of Central Washington Comprehensive Mental Health Services in 2014. Comprehensive has an agreement with the County to provide community crisis response and case management of DSHS clients, but in addition, established an outpatient mental health screening and counseling program for the community and has established a walk-in clinic. Residents of Walla Walla have benefited from new preferred access to their inpatient treatment facility in Yakima which has led to a marked decrease in our utilization of Eastern State Hospital and a reduction in Emergency Department length of stay for patients referred for inpatient treatment. They have recruited several psychiatric mid-level RN’s and launched tele-psychiatry consultation services. Future goals include further development of a children’s counseling team and expanding the current 3-bed crisis respite housing unit by another 3-5 beds. In addition, Walla Walla General Hospital has obtained a certificate of need to open an inpatient psychiatric unit within the next year. The Public Health community needs planning coalition continues to identify mental health access as the top priority and there is active planning on the part of multiple agencies working with Comprehensive services taking the lead in next steps planning. **PSMMC will continue to participate in any Public Health coalition teams convened for improving mental health access, will provide Board representation and support to Comprehensive, will assist in navigating referral pathways for patients to the community networks and has recently placed, in collaboration with Comprehensive, a part-time master’s prepared health practitioner in the Chase Medical Office Building to provide evaluations for mental health and substance abuse.**

- **Better Integration of Mental Health & Substance Abuse Care**

Identified as 3<sup>rd</sup> priority by the Public Health community planning coalition but incorporated into the planning and agencies listed under “Mental Health Access” above.

- **Availability of Family Living-Wage Jobs**

Tied as 3<sup>rd</sup> priority by the Public Health community planning coalition is not addressed in the PSMC action planning as the hospital does not have the expertise or resources to effectively address this need. Other agencies are more qualified such as the Port of Walla Walla and City and County commercial and economic development groups.

November - Providence St Mary Medical Center Mission Committee

Approved by Community Board 11/13/15