

## Stevens County Community Needs Assessment

**Instructions:** Use the table below to summarize the data collected during the community needs assessment and community benefit plan process for your service area/ministry.

<b>Completion Date</b>	<ul style="list-style-type: none"> <li>▪ March 2012</li> </ul>
<b>Service Area/Ministry</b>	<ul style="list-style-type: none"> <li>▪ Providence Health Care: Providence Mount Carmel Hospital and Providence St. Joseph's Hospital</li> </ul>
<b>Sponsor</b>	<ul style="list-style-type: none"> <li>▪ Mike Wilson, CEO, PHC</li> </ul>
<b>Planning/Mission Dyad</b>	<ul style="list-style-type: none"> <li>▪ Bob Campbell, CE Rural Ministries</li> <li>▪ Ann Hurst, V.P. Mission Services, PHC</li> <li>▪ Sara Clements-Sampson, Community Benefit Manager, PHC</li> <li>▪ Michele Sakurai, Director of Chaplaincy, Rural Ministries</li> </ul>
<b>Workgroup Participants</b>	<p>PHC Community Benefit Team:</p> <ul style="list-style-type: none"> <li>▪ Mike Wilson, Dan Goggin, Ann Hurst, Sharon Fairchild, Curt Shoemaker, Bob Campbell, Liz DeRuyter, Sara Clements-Sampson</li> </ul>
<b>Brief Description of How the Community Benefit Plan Was Developed</b>	<ul style="list-style-type: none"> <li>• Quantitative data was presented to a focus group of community members. They were asked to discuss this data and vote on the top needs in the community.</li> <li>• The PHC Community Benefit Team assessed the information in relation to the Catholic Health Association Guidelines and the Transformational Focus Areas from our Strategic Plan.</li> </ul>
<b>Service Area Definition</b>	<p><b>Stevens County:</b> Providence Mount Carmel Hospital and Providence St. Joseph's Hospital are located in Stevens County – a population around 43,600 in 2011, a growth of 48% since 1981.</p>
<b>Targeted Subpopulations</b>	<p><b>Stevens County:</b> The median income for Stevens County in 2010 was \$40,000. Stevens County's unemployment rate was 11.7% in 2011. In 2010, the Washington State Department of Health estimate of the percent of uninsured ages 18-64 for the Tri-County area was 25%.</p>
<b>Major Issues/Needs Identified Within the Community</b>	<ul style="list-style-type: none"> <li>• Access to Health             <ul style="list-style-type: none"> <li>– Substance Abuse Treatment</li> <li>– Mental Health Services</li> <li>– Chronic Disease Prevention                 <ul style="list-style-type: none"> <li>• Heart Disease</li> <li>• Diabetes</li> <li>• Vaccinations</li> </ul> </li> </ul> </li> <li>• Food &amp; Poverty             <ul style="list-style-type: none"> <li>– Food Banks</li> <li>– High School Graduation Attainment</li> </ul> </li> <li>• Vulnerable Populations             <ul style="list-style-type: none"> <li>– Veteran Access to Services</li> <li>– Elder and Predatory Abuse</li> <li>– Child Abuse and Domestic Violence</li> <li>– Wellness and Health/Fitness</li> </ul> </li> </ul>

<p><b>How Providence is Addressing the Major Issues/Needs</b> (projects/programs)</p>	<ul style="list-style-type: none"> <li>- Teen Pregnancy</li> <li>• <b>Access to Health</b> <ul style="list-style-type: none"> <li>- <b>Substance Abuse Treatment:</b> Fund Prescriptions for Life, and facilitate collaboration between Prescriptions for Life and Daybreak Youth Services</li> <li>- <b>Mental Health Services:</b> Facilitate community discussion on need around services.</li> <li>- Chronic Disease Prevention           <ul style="list-style-type: none"> <li>• Heart Disease</li> <li>• Diabetes</li> <li>• Vaccinations</li> </ul> </li> </ul> </li> <li>• <b>Food &amp; Poverty</b> <ul style="list-style-type: none"> <li>- <b>Food Banks:</b> Annual funding for operational expenses, participate in PHC-wide food drive in honor of Mother Gamelin. Participating in growing needs such as backpack and school supply drives.</li> <li>- <b>High School Graduation Attainment:</b> Relationship building with local school to address growing needs and Providences role in helping.</li> </ul> </li> <li>• <b>Vulnerable Populations</b> <ul style="list-style-type: none"> <li>- Veteran Access to Services:</li> <li>- <b>Elder and Predatory Abuse:</b> Assisting with funding new Senior Center</li> <li>- <b>Child Abuse and Domestic Violence:</b> Funding for Women Making a Difference. Aiding in implementing a local Men for Families program.</li> <li>- <b>Wellness and Health/Fitness:</b> Funding for community fun runs, partnering with Get Fit Colville and the Healthiest State in the Nation initiative.</li> <li>- <b>Teen Pregnancy:</b> Aiding in implementing a local Men for Families program, partnering with local schools, libraries and youth centers.</li> </ul> </li> </ul>
<p><b>Why Providence Selected These Projects/Programs</b></p>	<ul style="list-style-type: none"> <li>▪ The projects/programs were selected because they directly relate to the most frequently identified community need and were consistent with our Providence Mission and Core Values.</li> <li>▪ The projects/programs enable Providence to partner with community groups to support programs that address priority community needs.</li> <li>▪ The projects/programs help decrease repeat and non-emergent users of the Emergency Department as defined in our Strategic Plan.</li> </ul>
<p><b>How Others in the Community Are Addressing the Major Issues/Needs</b></p>	<ul style="list-style-type: none"> <li>▪ Rural Resources , Women Making a Difference, Men for Families, Kids First: addressing issues related to poverty, child abuse and domestic violence</li> <li>▪ Tri-County Health District – addressing issues pertaining to healthy life sports and vaccinations</li> <li>▪ Get Fit Colville &amp; the Healthiest State in the Nation Initiative: addressing health and wellness issues in Stevens County</li> <li>▪ Prescriptions for Life: addressing issues relating to prescription drug addiction</li> <li>▪ Senior Center: addressing issues relating to the elderly population</li> </ul>

<p><b>Major Issues/Needs that Are Not Addressed by Providence or Others in the Community</b> (include the reasons for not addressing these issues/needs)</p>	<ul style="list-style-type: none"> <li>▪ Unemployment, by addressing the basic needs of people, and underlying hindrances to their personal prosperity, Providence can help give people a solid foundation to build upon.</li> </ul>
<p><b>Outcome Indicators or Goals of the Community Benefit Plan</b></p>	<p>Providence in Stevens County is viewed as a major partner in contributing to the increased health of the Stevens County community.</p> <p>Access to Health:</p> <ul style="list-style-type: none"> <li>• Meet the needs of families before a crisis develops.</li> <li>• Improve access to appropriate treatment and decrease over utilization of our EDs</li> <li>• Improve referral process to substance abuse and mental health programs.</li> </ul> <p>Food &amp; Poverty:</p> <ul style="list-style-type: none"> <li>• Meet the needs of families before a crisis develops.</li> <li>• Provide food and nutrition to individuals and families as a basic need to enable them to function in other capacities within the community.</li> <li>• Provide the basic foundation necessary for children to thrive and complete their education.</li> </ul> <p>Vulnerable Populations:</p> <ul style="list-style-type: none"> <li>• Decrease unplanned teen pregnancy</li> <li>• Improve access to primary and specialty care medical services</li> <li>• Reduce unnecessary ED visits or hospitalizations that could have been prevented with appropriate treatment in a primary care setting.</li> </ul>
<p><b>Other</b></p>	<ul style="list-style-type: none"> <li>▪ Attachments: CHNA Focus Group Minutes</li> <li>▪ Northeast Washington Trends website: <a href="http://www.northeastwashingtontrends.ewu.edu/hiSpeed/index.cfm">http://www.northeastwashingtontrends.ewu.edu/hiSpeed/index.cfm</a></li> </ul>



## COMMUNITY NEEDS ASSESSMENT FORUM

JULY 15, 2010

10:00 AM – 1:00 PM

Addy New Life Christian Center

1472 Hwy 395 S., Addy, WA

### AGENDA

- **Community Needs Assessment Forum** 10:00 AM – 12:30 PM
  - **Welcome and Introductions** Bob Campbell, CE, Providence Rural Ministries
  - **Community Needs Discussion** Group
  - **Lunch** 12:30 PM – 1:00 PM
  - **Closing** Bob Campbell, CE, Providence Rural Ministries
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#### In Attendance:

Ann Hurst, VP PHC Mission Services

Sara Clements-Sampson, Community Benefit Manager PHC

Michele Sakuari, Pastoral Care Manager PSCM

Bob Campbell, CE SCM

Lori JFogle, Executive Assistant & Local Community Benefit Representative PSCM

Deb Watson, VP Patient Care PMCH

Patrick Jones, Community Indicators Representative

**Kandy Moore,**

Dorothy Detlor, Chair Mission Effectiveness Committee PHC

Anthony Chang, Empire Health Foundation Representative

Tricia Woods, Colville Chamber of Commerce Manager

Fran Roberts, Colville Food Bank Manager

Joanie Christenson, NE Tri County Health District

David Windom, NE Tri County Health District, Administrator

Gabriel Cruden, Prescriptions for Life

Gene Schalack, New Health & Rotary

Tom Hawkwalt, New Health

Sandy Danacheck, Colville Senior/Community Center

Ozzie Wilkenson, Rotary, Colville

Nancy Foll, Rural Resources, Kids First & Women Making a Difference

#### Welcome, Opening Remarks & Introductions

**Bob**

We are all part of a community regardless of individual addresses, and PHC is a part of our community. Some are blessed with assets and some are vulnerable and poor. PHC's mission emanates from Christ's love for the poor and vulnerable. Our foundation of the Sisters of Providence binds us to live our mission. We are appreciative of your attendance and willingness to add to the pool of knowledge regarding the heart beat of our community. Last year we met and our focus included:

Access to Healthcare

Mental Illness, Kidney Dialysis, Cancer Treatments, Heart Unit, Urgent Care (Poison Center), Access to Special Medications

Families & Individuals

Adolescents / Nurturing our Youth, Elderly Care, Special Needs Care (Special Olympics), Economic Opportunities &

Poverty (Food Bank)

Our Budget is about:

\$65,000 PMCH

\$30,000 PSJH

PHC Level – allows us to get at larger needs such as Prescriptions for Life, Sr. Center, as do partnerships with other foundations

[NE Washington Trends](#)

[Patrick Jones, EWU](#)

These indicators are about helping people make decisions easier and more readily, and not just by elected officials. This tool is for the communities to use. We are happy to be here because what we are using the site for today is its intended purpose. We will be happy to maintain it but it is yours to use to make decisions. Regarding the credibility of information, it came from federal data and in some instances state and county levels. We do not provide opinions just data. It covers three counties – Stevens, Ferry & Pend Oreille. We tried to make it easy to use and attractive. The indicators were chosen based upon votes from the focus group. Reviewed Poverty indicator as an example

#### Local Contact & Process Lori

Introduced myself, discussed local process for community benefit request and how we determine if we will or will not be able to meet the request.

#### SCM Indicators Sara

Power Point Presentation

Community Health Needs Assessment, Patrick Jones provides quantitative data and you provide the qualitative data, you help us focus on community needs and we utilize our mission to guide us. This allows us to measure and forward on to IRS and tells our community about how the community benefits monies is spent. You are here to help us focus on our community needs. This is the first 3 Year Deep Dive Needs Analysis and we will meet less formally in the in between years.

Stevens County Trends wanted to discuss/point out

- Food & Security
- Graduation Rates - On Time & Extended  
both cases are below Washington State numbers
- Leading Cause of Deaths & Hospitalizations  
Heart Disease – big increase over a year and over Wa State  
Diabetes – was also high
- Intentional Injures – car accidents, etc.  
getting better but higher than Wa State
- Avoidable Hospital Admissions  
difference between Stevens County and Wa State – may be going down but not much has to do with primary care, access to providers, immunizations, personal health care, could be due to lack of insurance
- Teen Pregnancy Rates  
18 – 19 year olds - improved but a big spike over past few years and still higher than Wa State
- Disability Population – physical and mental  
higher than Wa Sate
- Adults with Diabetes  
higher than Wa State and has increased
- Child Abuse and Neglect  
spike/increase vs Wa State which is going down

#### Open Discussion Deb Watson, Facilitator

Reviewed previous year focuses

And added from discussion:

Avoidable Admissions – vaccines & access

Food & Nutrition

Gradation Rates

Unintentional Injury, Heart Disease, Diabetes (Hospitalization)

Teen Pregnancy

Physical or Mental Disabilities

Child Abuse & Neglect – Poverty

Open Discussion items included:

Drugs

Over Prescribing

Prescription Monitoring

Education

Increase of Treatment

Lack of Adherence to therapy – medication, appointments

Disposal of medications

Heroin increase in use – due to high cost of medications

Drugs & Driving

Lack of warp around services

Increase of deaths in our county for overdose of medications

## Mental Health

Lack of mental health treatment in this county, dollars cut substantially, great need for mental health treatment

Intervention – need for in public mental health system

Many in our jail have diagnosable mental health and/or drug issues

Jail without adequate Intervention

Discussing intervention eventually need to get to prevention

Suicide higher for males and females in Stevens County

Funding for substance abuse in Stevens County is low

In schools counselors have been given the responsibility to educate students but many have had to cuts in that position

Prescriptions for Life created a DVD and provided to schools

Vets – have 13% in our community

Suspect have mental health issues as well

Those with Mental Illness and have substance abuse problem – early identification is key

How has been funded is a standardized process

Federal and state dollars to Mental Health have been cut – Stevens County had other funding to mesh with it, so county mental health gets served but not others

Have Regional Health Network come talk to use so we can understand why it's so broken

Ask County Commissioners, Mayors, NEWMG, this group and others to join in a to focus and impact on this issue, who is doing it right in small rural areas, and convene a mental health forum

Vets – like solitude to live in privacy and not confused

Close to access to VA

Colville Food bank gives to about 400 families per month

Very few vets go through the food bank system

Suggest have Vet representation here for Community Needs Analysis

Transportation - Catholic Charities providing a good service to attend medical appointments, and Spokane and Back, funding specifically for cancer patients

Sleep Lab Approved at PMCH and in process of start up

Discussion on Chemo-Therapy at PMCH as well

Colville Chamber of Commerce regularly receives call regarding the need to get to Spokane and do not have drivers licenses, not specifically medically related, get to a plain, shopping, etc

Bus service back and forth and suppose to be twice a day, 7 days a week, to begin in October 2010, hoping for end of September, using gray hound and subcontracting with another line

Is transportation a symptom of poverty or unemployment?

Rural Resource – assist with 1,000 miles a year

On going issue for many reasons

Awareness of what is there and who can use it is an issue

Summit on these topics and find out holes – maybe that is what Providence can do to help

What are the needs not being met? Not what we think but what matters to our clients?

Use your help to encourage attendance and participation at the future Community Needs Analysis meetings

Senior Center

Read letter from Glenda Pittman

\$700,000-\$800,000 cost

Other locations put many groups together – Senior, Library and others

Bring those groups together to have a group project versus many individual projects and fund raisers

Youth as well and they will energize seniors

More economically viable

Looking at a community center – gathering place for many other reasons

Poverty/Food

13 food banks in three counties, most in Stevens County

Colville & Loon Lake largest

Some food banks will let you come when they want, Colville allows for just once a month, 1 food box, feed over 400 families a month, wish had a way to allow folks to come more often, one way could do that if we knew we could buy cases of food (for pennies on the dollar) to provide more, people still asking can I come again this month, feel donated food is maxed (food bank drives) and the store policies have tightened up a lot

Many do not know how to cook, so they don't take the staples, the crew in Colville is showing how to cook and providing recipes, how to stretch food

Please give directly to Colville Food Bank – more options and choices

There is a push away from housing for Community Benefit dollars

Long Term Care, Physician Recruiting, and the Family Medical Residency Program

are other areas to consider. As is Elder abuse, which is a silent epidemic that is starting to come out, it is physical & predatory in nature. An educational Issue.

Medical Access

Pain Management

Difficult Referrals

Challenges Reimbursement

Recruiting Residency Program

Substance/Mental Health

Concern for the business communities' ability to continue to support given so many of our businesses are hurting as well.

Women Making a Difference

Immunization Rate very low – 24%

Pertussis Outbreak – expensive immunization – need to make more affordable

Child Abuse Rate

Out migration of young children and an increase of report of child abuse and affects to graduation rate

Smoking Rates

Chronic Disease – primarily due to obesity

Indigent Clinics – free clinics

Intervention for hospital before go to ED, basic medical care early on such as immunizations

# Providence Health Care – Stevens Co. (Proposal)

## 2013-2015 Community Health Improvement Plan

Focus Area	Goal	Target Population	Indicators/Measure
<p><b>FAMILY MENTAL HEALTH AND CHEMICAL DEPENDENCY</b></p> <p>Mental health is a driving condition for other medical problems. The average death rate of the severely mentally ill is 50 years or less. Mental health goes hand in hand with alcohol and drug abuse. No local access to mental health services. School psychologist is only available to the developmentally disabled students. Drug and alcohol treatment programs are needed.</p>	<p><b>Short Term:</b></p> <ul style="list-style-type: none"> <li>▪ Increase services available.</li> <li>▪ Coordinate existing services to better meet community need.</li> </ul> <p><b>Long Term:</b></p> <ul style="list-style-type: none"> <li>▪ Decrease male suicide rates.</li> <li>▪ Decrease adult binge drinking.</li> <li>▪ Decrease poor mental health days.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low-income and uninsured individuals</li> <li>▪ Targeted ZIP codes: Stevens County, with a special emphasis in: 99040, 99129, 99013,</li> <li>▪ Targeted groups: those in poverty over 65, those living in poverty single with kids, children living in poverty, military veterans, and minority populations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The share of adults with poor mental health in Stevens County has increased over the past 3-5 years and is higher than the state average.</li> <li>▪ Male suicide rates remain much worse than the state average.</li> <li>▪ Adult binge drinking has gotten worse over the past 3-5 years and is worse than the state average.</li> </ul>



<p><b>PROMOTING HEALTHY BEHAVIORS</b> Eating five fruits and vegetables is a problem, they are too expensive. Diabetic education is needed. Data and own experience not in alignment; obesity greater than data reports. No dental care in the very rural communities. Dental care impacts heart disease. Those over 65 are vulnerable and have access issues to dental health.</p>	<p><b>Short Term:</b></p> <ul style="list-style-type: none"> <li>▪ Increase fruit and vegetable consumption.</li> <li>▪ Increase the immunization rate among children.</li> </ul> <p><b>Long Term:</b></p> <ul style="list-style-type: none"> <li>▪ Increase coordinated care in rural communities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low-income and uninsured individuals</li> <li>▪ Targeted ZIP codes: Stevens County, with a special emphasis in: 99040, 99129, 99013,</li> <li>▪ Targeted groups: those in poverty over 65, those living in poverty single with kids, children living in poverty, military veterans, and minority populations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Children immunization rates are much worse than the state average.</li> <li>▪ The share of adults consuming five fruits and vegetables daily has declined over the past 3-5 years and is worse than the state average.</li> </ul>
<p><b>POVERTY &amp; DIFFICULT LIFE CIRCUMSTANCES</b> Individual poverty leads to community poverty. 9/10 children are in poverty. The cycle of poverty is a learned behavior. 63% of kids are on reduced lunch program. Health outcomes are linked with economic realities. Poverty sends people back into poor life choices. Drug dealing, drug use, and crime are related to unemployment and low income.</p>	<p><b>Short Term:</b></p> <ul style="list-style-type: none"> <li>▪ Increase education opportunities for adults</li> </ul> <p><b>Long Term:</b></p> <ul style="list-style-type: none"> <li>▪ Increase insured adults.</li> <li>▪ Decrease child abuse rate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low-income and uninsured individuals</li> <li>▪ Targeted ZIP codes: Stevens County, with a special emphasis in: 99040, 99129, 99013,</li> <li>▪ Targeted groups: those in poverty over 65, those living in poverty single with kids, children living in poverty, military veterans, and minority populations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The share of adults uninsured has worsened over 3-5 years and is worse than the state average.</li> <li>▪ The rate for child abuse in Stevens County in 2010 was 41.5, an increase of 4% since 1999.</li> </ul>

## Goals & Strategies

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**Goal #1: Family mental health and chemical dependency:** Mental health is a driving condition for other medical problems. The average death rate of the severely mentally ill is 50 years or less. Mental health goes hand in hand with alcohol and drug abuse. No local access to mental health services. School psychologist is only available to the developmentally disabled students. Drug and alcohol treatment programs are needed.

### Short Term:

- Increase services available.
- Coordinate existing services to better meet community need.

### Long Term:

- Decrease male suicide rates.
- Decrease adult binge drinking.
- Decrease poor mental health days.

### Strategies:

Past and present funding by Community Benefit:

1. Rachel's Challenge
2. Vet's Stand Down
3. Rural Resources, Darkness to Light training

Ongoing programs:

1. Partnership with Regional Support Network and New Alliance to expand resources in Stevens County
2. Continue relationships with Rural Resources

New initiatives and future plans:

1. Funding and support for development of Community Outreach and Wellness organization: Organize and form a mental health coalition of providers in Stevens County to identify gaps in service and generate ideas for community solutions for individuals and families dealing with mental health problems. Specific objectives are to organize and facilitate eight monthly meetings with current providers of mental health services and to facilitate a minimum of eight meetings of a pilot support group for individuals and families.
2. Funding for Rural Resources, Trauma and Health Impact training: The project will educate and inform our Stevens County communities in order to: 1. Prevent violence and abuse directed at the poor and vulnerable, 2. Respond to victims with compassion and help when it does occur, and 3. Improve that response by training a variety of providers. The critical connection between traumatic events and negative long-term health impacts is needed for everyone to understand what has been learned, what can be done, and how to respond appropriately.
3. Emergency Room Psych Triage through TeleHealth: Expand TeleMedicine to rural hospitals so specialists can be accessed remotely and can provide consults allowing for patients to remain closer to families and home. Assist our local hospitals with rapid ED psych evaluations as the demand is high in several areas and currently unmet.

**Community partners also addressing this issue:** Rural Resources, Hunger Coalition resources, New Alliance Counseling, Community apartments for mentally ill/handicap, Prescriptions 4 Life, Rural Resources, Regional Support Network, Tri-County Health District

**Goal #2: Promoting healthy behaviors:** Eating five fruits and vegetables is a problem, they are too expensive. Diabetic education is needed. Data and own experience not in alignment; obesity greater than data reports. Funding for food banks is being cut. Loss of Home Economic classes in school has had a negative effect. There is a need for education around nutrition, growing food, preserving food, and for parents to know how to feed kids. No dental care in the very rural communities. Dental care impacts heart disease. Those over 65 are vulnerable and have access issues to dental health.

**Short Term:**

- Increase the immunization rate among children.
- Increase fruit and vegetable consumption.

**Long Term:**

- Increase coordinated care in rural communities.

*Strategies:*

Past and present funding by Community Benefit:

1. Cancer Patient Care support
2. Prescription Drug Assistance Foundation in Stevens County
3. Support for Homeless Warming Center
4. Washington Poison Center support
5. Wolfe Project support
6. Women Making a Different, Domestic Violence program support

Ongoing programs:

1. Education and tools for physicians around immunizations
2. Continue partnership with Rural Resources to address smoking cessation and breast exams
3. Continue partnership with Get Fit Colville to address obesity.
4. Catholic Charities In Patient Assisters

New initiatives and future plans:

1. Expand TeleHospitalists program to allow care closer to the patient home: Expand TeleMedicine to rural hospitals so specialists can be accessed remotely and can provide consults allowing for patients to remain closer to families and home.
2. PICU & NICU consults through TeleMedicine to keep patients closer to home: Expand TeleMedicine to rural hospitals so specialists can be accessed remotely and can provide consults allowing for patients to remain closer to families and home.
3. Care coordinator for rural patients: As our geography dictates, many patients travel significant distances to see us, therefore would like to have a care coordinator to help our rural patients navigate multiple visits, hotel, parking, maps, etc... on the front end in the initial interaction as well as on the back end in terms of records management, follow up appointments, etc... back to their community care provider/team.
4. Connect a patient's medical record to the community entity through Epic: With one seamless record, we will be better able to coordinate care, lessen the cost of

duplicative testing, and improve communication as well as access to our specialists. Further, through my chart, these patients would have one consistent health care record.

**Community partners also addressing this issue:** Rural Resources, Wolfe Project, Center for Youth, Prescriptions 4 Life, Children's Summer Lunch Program, Churches/Ministerial Association, Food Banks, New Family Life Services, Colville Fun Run, Get Fit-Colville, Girl Power, Colville Jr. Miss, Kettle Falls Jr. Miss, Graduation Night, Tri-County Health District, American Cancer Society, Warming Centers-Chewelah/Colville

**Goal #3: Poverty & difficult life circumstances:** Individual poverty leads to community poverty. 9/10 children are in poverty. The cycle of poverty is a learned behavior. 63% of kids are on reduced lunch program. Health outcomes are linked with economic realities. Poverty sends people back into poor life choices. Drug dealing, drug use, and crime are related to unemployment and low income. There is under reporting of abuse. Abuse in the home is an underlying reason for smoking, alcohol, poverty, etc. Early childhood trauma connected with obesity, smoking, drinking, etc.

**Short Term:**

- Increase education opportunities for adults

**Long Term:**

- Increase insured adults.
- Decrease child abuse rate.

*Strategies:*

Past and present funding by Community Benefit:

1. Food bank support
2. Center for Youth support
3. Ministerial Association food and clothing bank
4. Rural Resources Senior Nutrition

Ongoing Programs:

1. Hunger Coalition support

New initiatives and future plans:

- 1.

**Community partners also addressing this issue:** Rural Resources, Wolfe Project, Center for Youth, Prescriptions 4 Life, Children's Summer Lunch Program, Churches/Ministerial Association, Food Banks, New Family Life Services, Colville Fun Run, Get Fit-Colville, Girl Power, Colville Jr. Miss, Kettle Falls Jr. Miss, Graduation Night, Tri-County Health District, American Cancer Society, Warming Centers-Chewelah/Colville