

2023 - 2025

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Newberg Medical Center

Newberg, Oregon



To provide feedback on this CHIP or obtain a printed copy free of charge, please email Joseph Ichter at joseph.ichter@providence.org.

CONTENTS

- Executive Summary..... 3
 - Collaborating Organizations..... 3
 - PNMC Community Health Improvement Plan Priorities..... 3
- Introduction 5
 - Who We Are..... 5
 - Our Commitment to Community..... 5
 - Health Equity..... 5
 - Community Benefit Governance..... 6
 - Planning for the Uninsured and Underinsured..... 6
- Our Community..... 8
 - Description of Community Served 8
 - Community Demographics 8
- Community health Needs Assessment Process and Results 10
 - Summary of Community Needs Assessment Process and Results 10
 - Significant Community Health Needs Prioritized..... 10
 - Needs Beyond the Hospital’s Service Program..... 11
- Community Health Improvement Plan 13
 - Summary of Community Health Improvement Planning Process 13
 - Addressing the Needs of the Community: 2023- 2025 Key Community Benefit Initiatives and Evaluation Plan..... 13
- 2023- 2025 CHIP Governance Approval..... 19

EXECUTIVE SUMMARY

Providence continues its mission of service in Yamhill County through Providence Newberg Medical Center (PNMC). PNMC is an acute-care and the first Gold LEED (Leadership in Energy and Environmental Design) certified hospital in the nation and located in Newberg, Oregon. PNMC was established in the 1994 acquisition of Newberg Community Hospital and replaced in 2006 with a new 40-bed acute care facility. The hospital's service area is the entirety of Yamhill County, including 108,239 people.

PNMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. During 2021, the hospital provided \$22,183,712 in community benefit in response to unmet needs.

The Community Health Needs Assessment (CHNA) is an opportunity for PNMC to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address community needs.

Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders and listening sessions with community members, primary data from a community survey, and hospital utilization data.

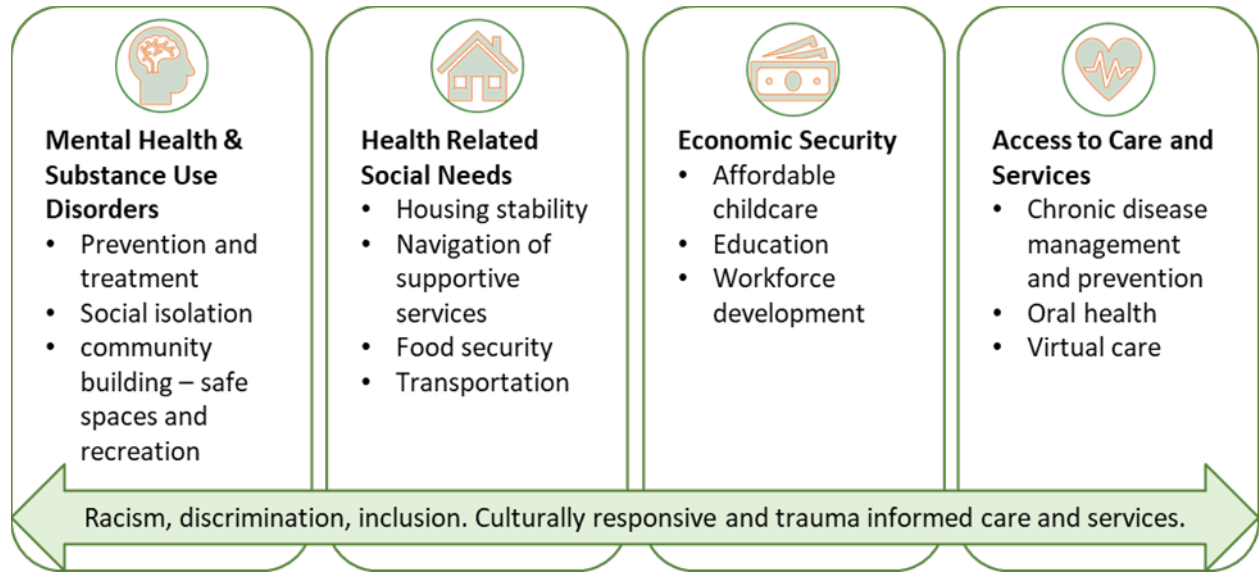
Collaborating Organizations

Providence Newberg Medical Center, Yamhill County Public Health and Yamhill Community Care.

PNMC Community Health Improvement Plan Priorities

A wide spectrum of significant health needs were identified in the [2022 PNMC CHNA](#), some of which are most appropriately addressed by other community organizations. The following graphic summarizes Providence Oregon's priority areas. PNMC will focus on the following priority areas for its 2023-2025 community benefit efforts.

Oregon Region 2022 CHNA Priorities



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

PNMC is an acute-care facility and the nation’s first Gold LEED (Leadership in Energy and Environmental Design) Certified hospital located in Newberg, Oregon. PNMC was established in the 1994 acquisition of Newberg Community Hospital. The hospital has 40 licensed beds, a staff of more than 540 and professional relationships with more than 250 local providers.

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

Our Commitment to Community

PNMC dedicates resources to improve the health and quality of life for the communities we serve. During 2021, PNMC provided \$22,183,712 in community benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in Yamhill and Southeast Washington Counties, Oregon.

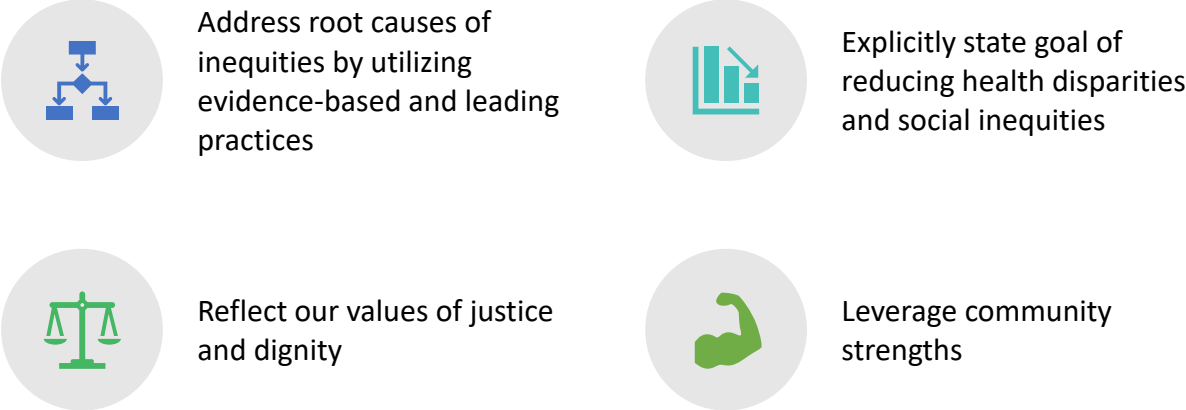
Health Equity

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.” 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.

¹ Community benefit giving and reporting is based on Oregon Health Authority instructions for 2021.

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



Community Benefit Governance

PNMC demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The PNMC leadership is responsible for coordinating implementation of State and Federal 501r requirements, as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians, and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP) in conjunction with the Regional Community Health team.

As the primary source of community benefit advice and local leadership, PNMC’s Service Area Advisory Council (SAAC) plays a pivotal role to support the PNMC Board of Trustees in overseeing community benefit initiatives. Acting in accordance with a board-approved charter, the SAAC is charged with identifying policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of Community Health Needs Assessments (CHNAs) and CHIPs, and overseeing and directing the community benefit activities.

Planning for the Uninsured and Underinsured

Providence’s 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 PNMC has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. Services must be medically necessary as defined by the Providence Financial Assistance Policy.

PNMC provides financial assistance to eligible patients on a sliding scale basis, with discounts ranging from 75% to 100% based on ability to pay.

One way how PNMC informs the public of FAP is by posting in high volume inpatient and outpatient service areas. Notices also are 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.

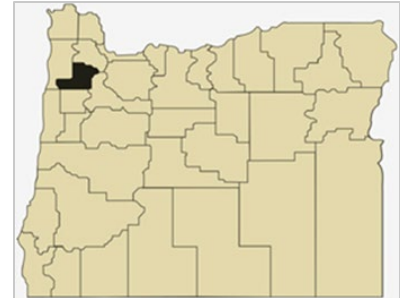
All patients who demonstrate lack of financial coverage by third-party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance and referral as appropriate to government-sponsored programs for which they may be eligible. For information on our Financial Assistance Program click [Financial Assistance at Providence](#).

OUR COMMUNITY

Description of Community Served

While PNMC is in the city of Newberg, Oregon, its service area is all Yamhill County and includes a population of over 108,000 people, according to Portland State University Population Research Center.

Of the over 108,000 permanent residents of Yamhill County, approximately 29% live in McMinnville and 21% live in Newberg, the two largest cities, and approximately 23% live in unincorporated rural areas. Yamhill County is centrally located within the Willamette Valley, with proximity to the Oregon Coast, the metropolitan areas of Portland and Salem, and the Oregon Cascade Mountains. The Confederate Tribes of Grand Ronde reside in the southwestern portion of the county.



Source: Portland State University Population Research Center, 2021 (<https://www.pdx.edu/population-research/population-estimate-reports>)

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

According to the 2019 U.S. Census Bureau data, the percentage of males and females in Yamhill County are approximately equal in most age groups, and the age distribution is typical for an overall growing population (see table below). The median age is 38 years old, compared to Oregon’s median age of 39 years.

Indicator	Yamhill County
Population by Age Groups	
Total Population	104,831
% Population Ages 0 - 9	12.0%
% Population Ages 10 - 19	13.6%
% Population Ages 20 - 29	13.2%
% Population Ages 30 - 39	13.1%
% Population Ages 40 - 49	12.1%
% Population Ages 50 - 59	12.8%
% Population Ages 60 - 69	12.0%
% Population Ages 70 - 79	7.5%
% Population Ages 80+	3.7%

Data Source: 2019 American Community Survey, 5-year estimate

POPULATION BY RACE AND ETHNICITY

White individuals make up 87.5% of the total population. The Hispanic or Latino population makes up almost 16% of the total population. The American Indian/Alaska Native and Asian populations comprise 1.2% 1.5% of the total population, respectively.

Indicator	Yamhill County
Population by Race	
American Indian and Alaska Native	1.2%
Asian Population	1.5%
Black or African American Population	0.8%
Native Hawaiian and Other Pacific Islander Population	0.3%
Other Race Population	4.6%
Two or more Races Population	4.1%
White Population	87.5%
Population by Ethnicity	
Hispanic Population	15.9%

Data Source: 2019 American Community Survey, 5-year estimate

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Yamhill County Service Area

Indicator	Yamhill County	Oregon
Median Household Income (inflation-adjusted) Data Source: 2019 American Community Survey, 5-year estimate	\$63,902	\$62,818
Percent of Households with Severe Housing Cost Burden Data Source: 2020 American Community Survey, 5-year estimate	15%	14%

Low-income households have an increased probability of experiencing severe housing cost burden, which is defined as households that spend 50% or more of their income on housing. In Oregon, 14% of households experience severe housing cost burden. Yamhill County has a slightly higher percentage of households experiencing severe housing cost burden (15%) than the state.

Full demographic and socioeconomic information for the service area can be found in the [2022 CHNA for Providence Newberg Medical Center](#).

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

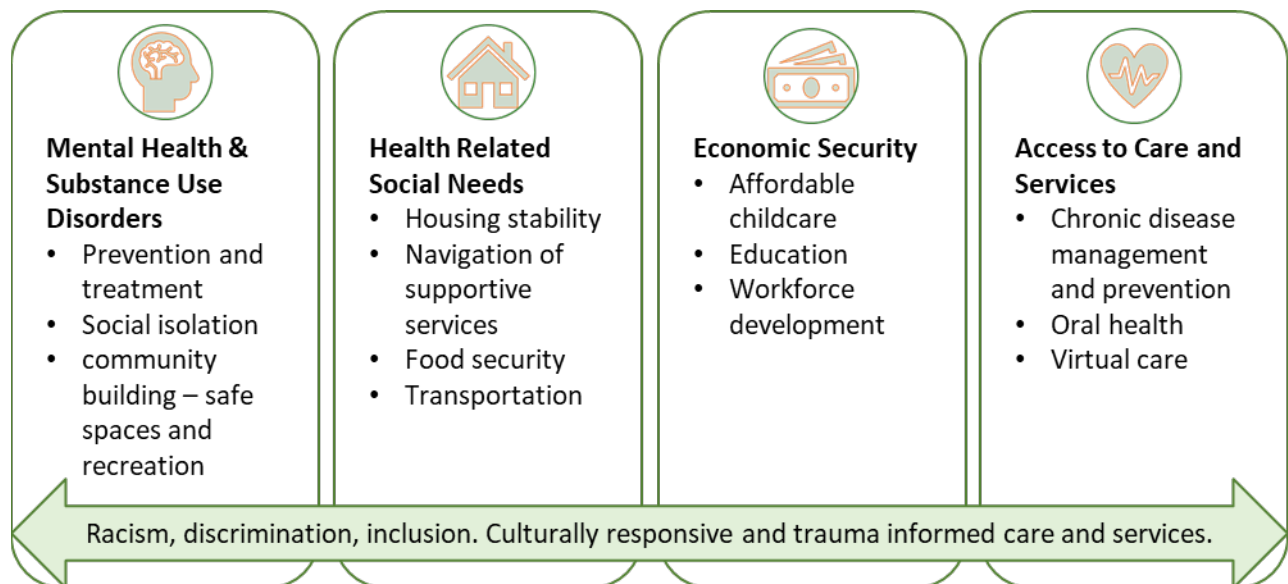
Through a collaborative process, mixed-methods approach, and using quantitative and qualitative data, the CHNA team collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), County Health Rankings & Roadmaps, ESRI Updated Demographics, Oregon Health Authority, Oregon Student Wellness Survey, and the U.S. Census (such as public health data regarding health behaviors, morbidity and mortality rates, and hospital-level data).

The collaborative conducted 14 listening sessions with 188 individuals from diverse communities, who have lower incomes and/or are medically underserved. Fourteen stakeholder interviews were conducted with 16 representatives from organizations that serve these populations, specifically seeking to gain a deeper understanding of community strengths and opportunities. In addition, we conducted a community health survey in English and Spanish that engaged 846 individuals.

Significant Community Health Needs Prioritized

The collaborative identified a wide spectrum of health needs, some of which are most appropriately addressed by other community organizations. The following graphic summarizes Providence Oregon's priority areas, and PNMC will focus on the following bolded pillars for its 2023-2025 community benefit efforts:

Oregon Region 2022 CHNA Priorities



Mental Health and Substance Use Disorder: Focus on **prevention** and **treatment, social isolation**, and community building related to safe spaces and recreation. This priority area refers to the growing challenges of accessing care due to workforce shortages, a lack of culturally responsive care and affordability.

Health Related Social Needs: Focus on **housing stability**, navigation of supportive services, **food insecurity** and transportation. This priority area refers to the unmet social needs that exacerbate poor health and quality-of-life outcomes.

Economic Security: Focus on affordable childcare, education, and **workforce development**. This priority area affects nearly every aspect of a person's life and refers to the challenge of affording basic living expenses and obtaining affordable education.

Access to Care and Services: Focus on chronic disease management and prevention, **oral health**, and virtual care. This priority area refers to the lack of timely access to care and services due to physical, geographic, and systemic limitations, among others.

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

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

The community needs were identified and prioritized, and the CHIP developed keeping in mind these cross-cutting themes.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. The Providence Newberg Service Area Advisory Council, which includes community representatives, prioritized the community health needs above based on current community resources and initiatives.

Due to constraints, the following community health needs identified in the ministry CHNA will not be addressed by this CHIP. However, as the needs and priorities may change, PNMC will work in collaboration to update this CHIP to reflect the changes in the community.

- **Access to Transportation:** PNMC supports and partners with local organizations to provide transportation and provides vouchers to patients in need of transportation. However, when considering the limitations of public transportation, PNMC advocates with the city, county, and state to respond to the transportation challenges faced by the community.
- **Recreation and Community Building Activities:** PNMC is open and welcomes everyone. We support the community and offer safe and welcoming space to all, especially to those vulnerable and who may experience discrimination. PNMC will always work with local, county and state governments to increase community-building activities, increase access to public parks and improve walkability for all.

In addition, PNMC will collaborate with local, county and state governments, Yamhill County Public Health, Yamhill Community Care Organization, and all other local organizations that address the above-mentioned community needs to coordinate care and referrals to address these unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The collaborative, led by Yamhill County Public Health and Yamhill Community Care, conducted several community listening sessions where community members were asked to identify community strengths and gaps and identify the top three needs to prioritize in the CHIP. In addition, the PNMC SAAC, representing internal staff and community members, selected the significant health needs to be addressed in the CHIP.

As a first step in identifying key strategies to address those needs, the Providence Community Health Team did a cross analysis of community health programs, grants to community partners, and key partnerships that could make an impact. After populating the CHIP with strategies and measures, the PNMC SAAC provided input and gave feedback on the initial strategies and measures. This was an iterative process resulting in multiple rounds of feedback and modification ultimately leading to final approval.

A subcommittee of SAAC members and regional Community Health Team staff was formed to draft the CHIP using the needs prioritized. The subcommittee reviewed the CHIP draft, provided feedback before the entire SAAC approved during the March 21, 2023, meeting.

Since several strategies to address the prioritized needs will be one year community grants, the 2023-2025 PNMC CHIP will be updated annually to include new strategies and strategy measures to address prioritized needs.

Addressing the Needs of the Community: 2023- 2025 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: HEALTH RELATED SOCIAL NEEDS – HOMELESSNESS AND HOUSING STABILITY

Initiative Name

Housing support through Patient Support Program vouchers.

Population Served

Low-income individuals experiencing homelessness.

Long-Term Goal(s)/ Vision

Increase housing stability and self-sufficiency of individuals and families experiencing homelessness and/or living with disabilities by including wraparound services.

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

Strategy	Population Served	Strategy Measure	Baseline	Targets
1. Guest vouchers (Housing, Hotel, Motel, Shelter) from Patient Support Program	Low-income	# of Housing Vouchers Provided	13	2023 = 13 2024 = 13 2025 = 13

Resource Commitment

PNMC is committed to support the Patient Support Program through funding and staffing.

Key Community Partners

Yamhill Community Action Partnership, Catholic Charities of Oregon, Community Wellness Collective.

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

Initiative Name

Low barrier access to food pantry.

Population Served

Low-income individuals and families experiencing food insecurity.

Long-Term Goal(s)/ Vision

Increase access to healthy foods for individuals and families experiencing food insecurity.

Table 3. Strategies and Strategy Measures for Addressing Food Security

Strategy	Population Served	Strategy Measure	Baseline	Targets
1. Grant to local organization to increase access to healthy foods in a culturally responsive manner by making food boxes available to the community	Individuals and families experiencing food insecurity	# of People Served	1,000	2023 = 1,000 2024 = 1,500 2025 = 2,000

Resource Commitment

PNMC is committed to support local organizations addressing food security through the allocation of staff time and funding to be determined in the 2023-2025 cycle.

Key Community Partners

Yamhill Community Action Partnership, Catholic Charities of Oregon, Community Wellness Collective.

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

Initiative Name

Better Outcomes thru Bridges (BOB) Program and Compartiendo Esperanza (Sharing Hope).

Population Served

Low-income adults and Spanish speaking immigrants and refugees.

Long-Term Goal(s)/ Vision

Increase access to Mental Health and Substance Use Disorders for low-income adults and Spanish-speaking and refugee communities.

Table 4. Strategies and Strategy Measures for Addressing Access to Mental Health and Substance Use Disorders.

Strategy	Population Served	Strategy Measure	Baseline	2023-2025 Target(s)
1. BOB Program – ED Outreach	Low-income adults discharging from ED and in need of access to MH/SUD services	ED Utilization % Decrease	6.50% of ED utilization is related to behavioral health	2023 = 10% 2024 = 12% 2025 = 15%
2. BOB Program – Caring contacts per Peer Support	Low-income adults discharging from ED and in need of access to MH/SUD services	# of Calls Made	297	2023 = 297 2024 = 297 2025 = 297
3. Compartiendo Esperanza (Sharing Hope) Program, Lutheran Community Services NW and Unidos Bridging Community	Spanish-speaking immigrants and refugees who are medically indigent and/or underinsured and are experiencing Mental Health conditions	# of People Served	0	2023 = 100 2024 = 100 2025 = 100
		Reduce disparity in access to mental health services by Spanish speaking YCCO members	Spanish speakers are 14.4% less likely to access care compared to English speakers	2023 = Decrease by 2% (12%)

				2024 = Decrease by 2% (10%)
--	--	--	--	-----------------------------------

Resource Commitment

PNMC commits funding and staff in support of the BOB program and community benefit grant to Lutheran Community Services Northwest (LCSNW) and Unidos Bridging Community.

Key Community Partners

BOB Program, Lutheran Community Services Northwest, Unidos Bridging Community, Community Wellness Collective, George Fox University, Yamhill Community Action Partnership.

COMMUNITY NEED ADDRESSED #4: ECONOMIC SECURITY WITH FOCUS ON WORKFORCE DEVELOPMENT

Initiative Name

Promotores de Salud Capacitation (Community Health Workers Training and Certification)

Population Served

Low-income, underinsured and Spanish-speaking.

Long-Term Goal(s)/ Vision

Increase capacity of culturally responsive Community Health Workers (CHWs) by providing training to Spanish-speaking community leaders and volunteers.

Table 5. Strategies and Strategy Measures for Addressing Economic Security.

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Promotores de Salud (CHW) Program Training	Low-income, underinsured Spanish-speaking adults	# of People Trained	0	2023 = 15 2024 = 0 2025 = 10
2. Promotores de Salud (CHW) Program Training	Low-income, underinsured Spanish-speaking adults	# of People Certified as CHWs	0	2023 = 15 2024 = 0 2025 = 10

Resource Commitment

Community Health provides full-time staff and community benefit grants to support the Promotores de Salud Program.

Key Community Partners

Latino Network, Unidos Bridging Community, Oregon Health Authority, St. Peter Newberg Catholic Church, San Martin de Porres Dayton Catholic Church, St. James McMinnville Catholic Church.

COMMUNITY NEED ADDRESSED #5: ACCESS TO CARE AND SERVICES - ORAL AND VISION CARE

Initiative Name

Smile Everywhere and EyeVan Programs in partnership with Pacific University and Emergency Dental Vans in partnership with Medical Teams International (MTI).

Population Served

Low-income, underinsured, immigrant communities.

Long-Term Goal(s)/ Vision

Increase access to culturally responsive oral and vision care and services.

Table 6. Strategies and Strategy Measures for Addressing Access to Care and Services

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Smile Everywhere – Increase Access to preventative oral care	Low-income, underinsured Spanish-speaking adults	# of People Served	100	2023 = 100 2024 = 115 2025 = 115
2. MTI – Increase Access to emergency oral care	Low-income, underinsured Spanish-speaking adults	# of People Served	7	2023 = 20 2024 = 20 2025 = 20
3. EyeVan – Increase access to vision care	Low-income, underinsured Spanish-speaking adults	# of People Served	70	2023 = 75 2024 = 80 2025 = 80

Resource Commitment

Community Health provides full-time staff and community benefit grants to support the Promotores de Salud Program.

Key Community Partners

Pacific University School of Dental Hygiene and College of Optometry, Medical Team International, St. Peter Newberg Catholic Church, San Martin de Porres Dayton Catholic Church, St. James McMinnville Catholic Church.

2023- 2025 CHIP GOVERNANCE APPROVAL

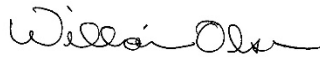
This Community Health Improvement Plan was adopted by the Yamhill County Service Area Advisory Council of the hospital on April 21, 2023. The final report was made widely available by May 15, 2023.



4/21/2023

Joseph Yoder
Chief Executive, PNMC

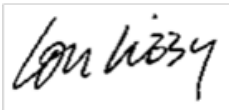
Date



4/27/2023

William Olson
Chief Executive, Oregon Region

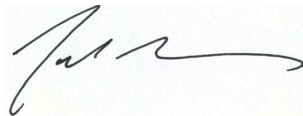
Date



4/27/2023

Louis Libby
Chair, Oregon Community Ministry Board

Date



4/27/2023

Joel Gilbertson
Chief Executive, Central Division

Date

CHNA/CHIP Contact:

Joseph Ichter, DrPH
Senior Director, Community Health Investment
Joseph.ichter@providence.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.