

— 2022 - 2024 —

COMMUNITY HEALTH IMPROVEMENT PLAN

**Providence St. Mary
Medical Center**

Walla Walla, WA



To provide feedback on this CHIP or obtain a printed copy free of charge, please email CHI@providence.org.

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EXECUTIVE SUMMARY

Providence continues its mission of service in Walla Walla County through Providence St. Mary Medical Center (PSMMC). PSMMC is an acute-care hospital with 142 licensed beds, founded in 1880 and located in Walla Walla, Washington. The hospital provides care to Walla Walla, Umatilla, and Columbia Counties which includes a population of approximately 144,442 people.

Providence St. Mary Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable.

The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Mary Medical Center 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 community stakeholders and listening sessions with community members, and hospital utilization data.

Providence St. Mary Medical Center Community Health Improvement Plan Priorities

As a result of the findings of our [2021 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence St. Mary Medical Center will focus on the following areas for its 2022-2024 Community Benefit efforts:

PRIORITY 1: BEHAVIORAL HEALTH CHALLENGES AND ACCESS TO CARE

Barriers to mental health and substance use disorder services significantly impact youth and those who speak a language other than English.

PRIORITY 2: ACCESS TO HEALTH CARE SERVICES

Barriers to access health care services are related to insurance or cost, provider availability, distance to care, or transportation and significantly impact the aging population, those living with disabilities, and those who are Black, Brown, Indigenous, and People of Color (BBIPOC).

PRIORITY 3: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

Barriers to addressing homelessness include the lack of affordable housing and economic security.

INTRODUCTION

Who We Are

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

Providence St. Mary Medical Center is an acute care hospital founded in 1880 and located in Walla Walla, Washington. The hospital has 142 licensed beds and a staff of more than 1,400. Major programs and services offered to the community include the following: Level 1 Cardiac Center, Regional Cancer and Spine Center, Level 3 Trauma Center, hospitalist services/internal medicine, critical care, neurosurgery, general surgery, orthopedic surgery, rehabilitation, cardiology, nephrology, emergency medicine, ambulatory, and Family Birth Center.

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

Our Commitment to Community

Each year, Providence St. Mary Medical Center dedicates restricted Community Benefit funds to organizations addressing the needs identified in the Community Health Improvement Plan. By partnering with organizations with first-hand experience serving community members, we increase the health and quality of life for the communities we serve. During 2020, PSMMC provided \$17M in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in Southeast Washington and Eastern Oregon.

The PSMMC Mission Committee approved Community Benefit funding to address needs identified in the PSMMC 2019-2021 Community Health Improvement Plan. Between 2019 and 2021, PSMMC provided funding to Trilogy Recovery Center, Hope Street, Children’s Home Society of Washington, and Walla Walla YMCA to address behavioral health and to The Health Center to address access to health care and behavioral health. They supported the Anchor Community Initiative by providing Community Benefit funding to the Loft Teen Center to address homeless and unsheltered youth and young adults.

Health Equity

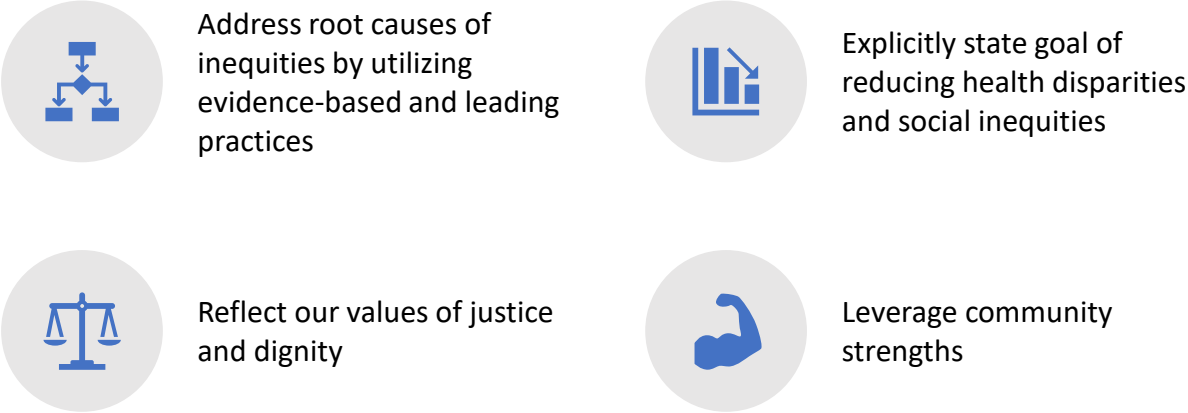
At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic

¹ Per federal reporting and guidelines from the Catholic Health Association.

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



Community Benefit Governance

Providence St. Mary Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Providence Eastern WA/MT Regional Director of Community Health Investment is responsible for coordinating the implementation of State and Federal 501(r) requirements.

The PSMMC Mission Committee, which includes community members, hospital leaders and executives, reviewed the CHNA data and prioritized the needs based on stakeholder input and data resources.

The Mission Committee is responsible for recommending and overseeing activities and programs designed to carry out the Mission and Values of Providence St. Mary Medical Center (PSMMC). Committee members prioritize opportunities identified within the Community Health Needs Assessment that could improve the health and quality of life of residents in the area. They develop objectives and action plans outlining a pathway for achievement, monitor the activities to ensure actions are appropriate and progressing towards desired results, and serve as champions/advocates in support of PSMMC community benefit activities.

Planning for the Uninsured and Underinsured

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 St. Mary Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way PSMMC 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 [FAP](#).

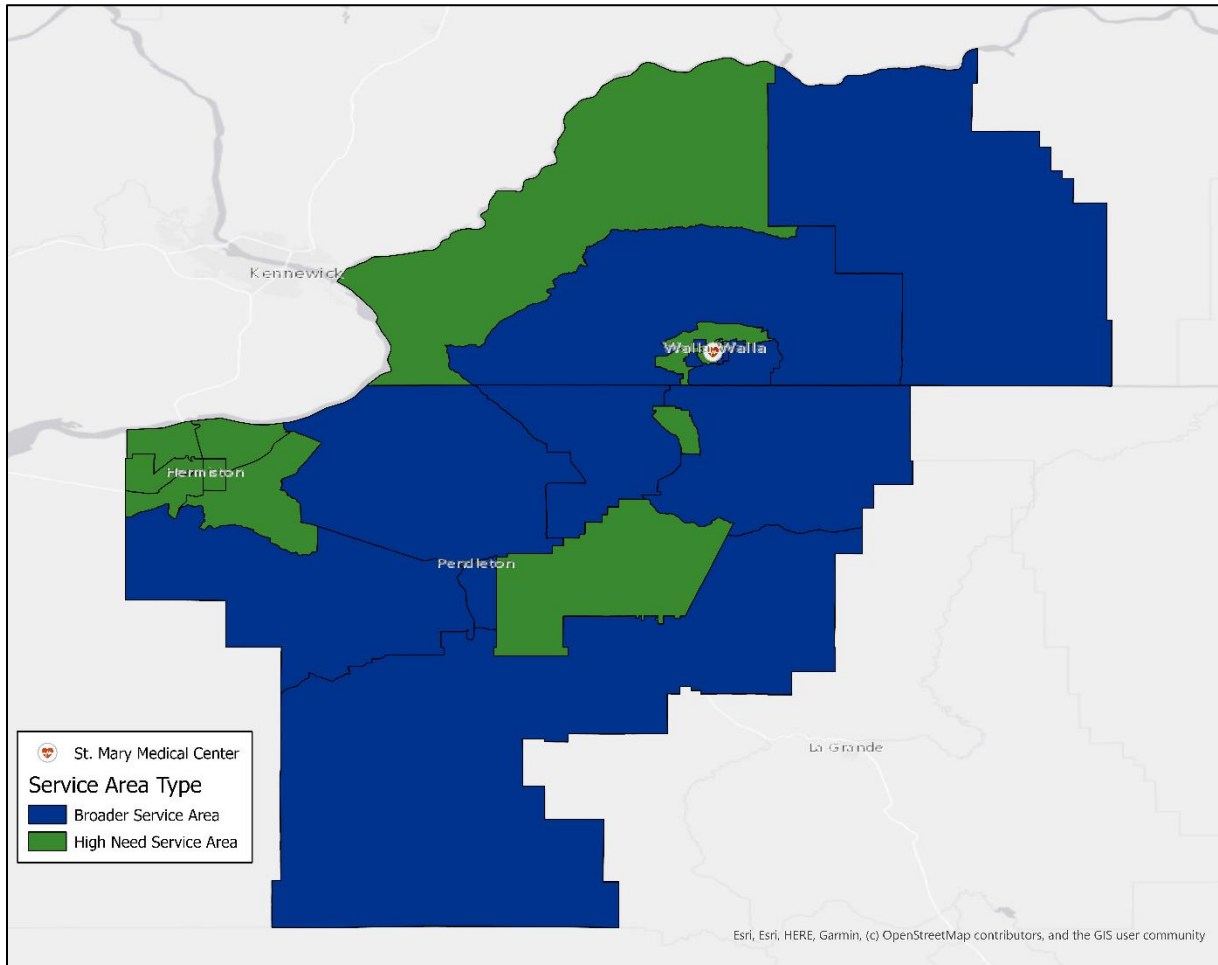
PSMMC is also committed to meeting people where they are. The Population Health department specializes in serving those with limited access to healthcare through outreach, education, and connection to resources and free or reduced-cost health services.

OUR COMMUNITY

Description of Community Served

Providence St. Mary Medical Center service area is in Walla Walla County and serves Walla Walla, Umatilla, and Columbia Counties which includes a population of approximately 144,442 people.

Figure 1. PSMMC Service Area including Walla Walla, Columbia, and Umatilla Counties



Of the over 144,442 permanent residents of Walla Walla, Umatilla, and Columbia Counties roughly 50% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Almost half of those living in Walla Walla County are ages 18-54, with the next largest age group being those 6-18, followed by ages 65-84. Those ages of 6-54 are more likely to live in a high need area. Those 55-84 are slightly less likely to live in a high need area compared to the broader service area. The male-to-female ratio is proportional with slightly more males than females.

POPULATION BY RACE AND ETHNICITY

Of the Walla Walla County area, over 82% of residents are white, with almost 9% identifying as other race, and 3.6% identifying as two or more races. The Hispanic population is also more likely to live in a high need service area.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Walla Walla County Service Area

Indicator	Broader Service Area	High Need Service Area	Walla Walla County
Median Income Data Source: American Community Survey Year: 2019	\$64,038	\$27,047	\$57,858
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	13.97%	33.28%	24.5%

The median income in the high need service area is less than half of the median income in Walla Walla County and the broader service area.

Full demographic and socioeconomic information for the service area can be found in the [2020 CHNA for Providence St. Mary Medical Center](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. Across the service area, information collected includes public health data regarding health behaviors, hospital utilization data, input from key community stakeholders and listening session participants.

QUANTITATIVE DATA

Public Health Data

Quantitative data used to identify community needs included community data from County Health Rankings and Esri data and mapping.

Hospital Utilization Data

Hospital utilization data used to identify community needs included avoidable emergency department visits in 2020.

A summary of quantitative data can be found starting on page 43 of the [2021 CHNA](#) for Providence St. Mary Medical Center.

QUALITATIVE DATA

Stakeholder Interviews

Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who have low incomes, have chronic conditions, and/or are medically underserved. Providence St. Mary Medical Center aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Included in the interviews were representatives of Walla Walla Department of Community Health. Stakeholder interviews were held in May and June of 2021.

Listening Sessions

Listening sessions were held in May and June of 2021 and included participants from The Sleep Center (people experiencing homelessness), The Disability Network (mothers of children living with a disability), and Aging & Long Term Care (older adults).

A summary of qualitative data can be found starting on page 61 of the [2021 CHNA](#) for Providence St. Mary Medical Center.

Significant Community Health Needs Prioritized

The list below summarizes the significant health needs identified through the 2021 Community Health Needs Assessment process:

BEHAVIORAL HEALTH CHALLENGES AND ACCESS TO CARE

Barriers to mental health and substance use disorder services significantly impact youth and those who speak a language other than English.

ACCESS TO HEALTH CARE SERVICES

Barriers to access to health care services are related to insurance or cost, provider availability, distance to care, or transportation and significantly impact the aging population, those living with disabilities, and those who are Black, Brown, Indigenous, and People of Color (BBIPOC).

HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

Barriers to addressing homelessness include the lack of affordable housing and economic insecurity.

Needs Beyond the Hospital's Service Area

No hospital facility can address all of the health needs present in its community. We are committed to collaborating with partner organizations in the community to address the needs identified in our 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.

COMMUNITY HEALTH IMPROVEMENT PLAN

Community benefit staff worked with members of Providence St. Mary Medical Center’s Mission Committee to review the needs prioritized in the CHNA and to develop the plan to address those needs. We identified strategies, strategy measures, baseline data, and targets to reach by the end of the CHIP cycle in 2024.

This CHIP is designed to address the needs identified and prioritized through the 2021 CHNA, with recognition that COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Providence St. Mary Medical Center anticipates 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 PSMCM in the CHIP.

Addressing the Needs of the Community: 2022- 2024 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: BEHAVIORAL HEALTH CHALLENGES AND ACCESS TO CARE

Population Served

People in need of behavioral health services.

Long-Term Goal(s)/ Vision

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

Table 2. Strategies and Strategy Measures for Addressing Behavioral Health Challenges and Access to Care

Strategy	Population Served	Strategy Measure	Baseline	2024 Target
1. Behavioral Health Navigation services in Emergency Department (ED)	Frequent utilizers of the ED, people with low incomes	# of avoidable behavioral health ED visits	2021: 1,062 encounters	Decrease by 25%

2. Community Paramedic Program	911 callers for non-emergent behavioral health needs	# of avoidable behavioral health ED diversions	May-Dec 2021: 444	Increase by 50%
3. Integrate behavioral health in primary care	People in need of behavioral health services	# of patients with behavioral health needs who receive care in a primary care setting	0	TBD
4. Enhancing telehealth for behavioral health services via ED and on Mobile Outreach Services Team (MOST)	People in need of behavioral health services	ED telepsych consults MOST telepsych consults	2021: 12 0	Increase by 25% TBD
5. Promotores de Salud	People in need of culturally responsive behavioral health services whose primary language is Spanish	# of people served	Oct-Dec 2021: 275	Increase by 50%

Evidence Based Sources

[Behavioral health primary care integration](#)

[Culturally adapted health care](#)

[Telemental health services](#)

[Mental health benefits legislation](#)

Resource Commitment

Providence is committed to collaborating with community partners to ensure equitable access to high-quality, culturally responsive, and linguistically appropriate behavioral health services, especially for populations with low incomes. PSMMC commits to providing Community Health Workers and Promotores de Salud, to help leverage resources from the Providence Health Equity Initiative, and to provide grants to local partners where appropriate to meet identified needs. PSMMC commits to engage the community in supporting access to healthcare services.

Key Community Partners

[Blue Mountain Action Council \(BMAC\)](#)

[Blue Mountain Community Foundation](#)

[Blue Mountain Health Cooperative](#)

[Family Medical Center](#)

[City of Walla Walla](#)

[Comprehensive Healthcare](#)

[Greater Columbia Accountable Community of Health](#)

[Providence St. Mary Foundation](#)

[Sherwood Trust](#)

[The Health Center](#)

[Vital Wines](#)

[Walla Walla Alliance for the Homeless](#)

[Walla Walla County Department of Community Health](#)

COMMUNITY NEED ADDRESSED #2: ACCESS TO HEALTH CARE SERVICES

Population Served

The aging population, those living with disabilities, people who are Black, Brown, Indigenous, and People of Color (BBIPOC), and people without technology access.

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.

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

Strategy	Population Served	Strategy Measure	Baseline	2024 Target
1. Community Health Workers & Promotores de Salud	People with low incomes, underserved and under-resourced communities	# of people served	2021: 2300 unique touchpoints	Increase by 25%

2. Mobile Outreach Services Team (MOST)	People who are uninsured and underinsured, underserved, and under-resourced communities	# of people served	0	TBD
3. Southeast Washington (SEWA) Falls Prevention Community Partnership	Adults 65+ and those living without technology access	# of EMS lift-assists	2021: 1,367 lift-assist EMS responses	Decrease by 25%
4. Health Equity nurse serving Early Head Start families	Families with low incomes	# of children established with provider receiving well-child checks & immunizations	70% of children covered by Medicaid are behind on well-child checks & immunizations	TBD

Evidence Based Sources

[Community health workers](#)

[Falls Prevention for Older Adults](#)

[Greater Columbia Accountable Community of Health](#)

[Health insurance enrollment outreach & support](#)

[Health literacy interventions](#)

Resource Commitment

PSMMC is committed to collaborating with community partners 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. PSMMC commits to providing grants to local partners where appropriate to meet identified needs.

Key Community Partners

[Blue Mountain Action Council \(BMAC\)](#)

[Children’s Home Society of Washington](#)

[City of Walla Walla](#)

[Family Medical Center](#)

[Greater Columbia Accountable Community of Health](#)

[SOS Health Services](#)

[The Health Center](#)

[Walla Walla Alliance for the Homeless](#)

[Walla Walla County Department of Community Health](#)

[Washington State Hospital Association](#)

COMMUNITY NEED ADDRESSED #3: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

Population Served

People experiencing homelessness and housing instability and at risk of homelessness; people with low incomes experiencing housing instability.

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.

A reduction in housing cost burden in the community based on increased affordable housing options and increased economic opportunities.

Table 4. Strategies and Strategy Measures for Addressing Homelessness / Lack of Safe, Affordable Housing

Strategy	Population Served	Strategy Measure	Baseline	2024 Target
1. Support work of Anchor Community Initiative	Homeless and unsheltered Youth and young adults (YYA) ages 12-24 in Walla Walla County	Number of homeless YYA	Jan 2022: 36 homeless YYA	Functional zero
2. Implement Community Solutions Built For Zero (BFZ)	People experiencing homelessness	Number of people experiencing homelessness	Point in Time (PIT) Count 2018: 181 BFZ By Name List to be developed	25% decrease in number of persons experiencing homelessness
3. PSMMC representative fills the open health care position on the Walla Walla Council on Housing	People living unsheltered/unstably housed	Regular meeting attendance	PSMMC not a member of the Council on Housing	Ongoing PSMMC participation and collaboration

<p>4. Through community collaborations, explore opportunities to increase Permanent Supportive Housing</p>	<p>People experiencing chronic homelessness</p>	<ol style="list-style-type: none"> 1. PSMMC Council on Housing participation in process defining Permanent Supportive Housing & Housing First 2. Assess permanent housing supply inventory 3. Identify resources to increase capacity to do the work outlined above 4. Units of permanent supportive housing 	<p>TBD</p>	<p>PSMMC participated in the development of one permanent supportive housing site in collaboration with community partners</p>
<p>5. Explore collaborations and invest in medical respite services to close the gap in care in the health and homeless services continuum</p>	<p>People experiencing homelessness being discharged from the hospital in need of respite services</p>	<p># of people served</p>	<p>0</p>	<p>Medical respite program established and providing care Target number will be established.</p>
<p>6. Collaborate with community partners to create permanently</p>	<p>Households with 50-80% area median income</p>	<p># of households served</p>	<p>0</p>	<p>10 homes built, 10+ lives transformed</p>

affordable home ownership opportunities for low- and moderate-income households				
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Evidence Based Sources

[Housing First](#)

[National Institute for Medical Respite Care](#)

[Service-enriched housing](#)

Resource Commitment

Providence recognizes the vital intersection between health care and housing and believe both are basic human rights. PSMMC is committed to collaborating with community partners to address homelessness. PSMMC commits to providing grants to local partners where appropriate to meet identified needs.

Key Community Partners

[A Way Home Washington](#)

[Blue Mountain Action Council](#)

[Blue Mountain Heart to Heart](#)

[Catholic Charities Walla Walla](#)

[Christian Aid Center](#)

[Community Solutions Built For Zero](#)

[Providence Supportive Housing](#)

[The Health Center](#)

[Walla Walla Alliance for the Homeless](#)

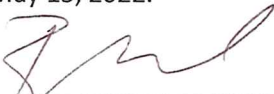
[Walla Walla Council on Housing](#)

[Walla Walla County Department of Community Health](#)

[Walla Walla Housing Authority](#)

2022- 2024 CHIP GOVERNANCE APPROVAL

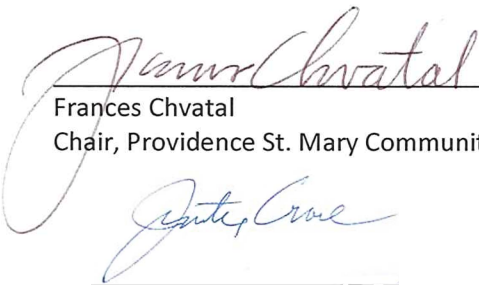
This Community Health Improvement Plan was adopted by the Providence St. Mary Medical Center Community Mission Board of the hospital on April 22, 2022. The final report was made widely available by May 15, 2022.



4/22/2022

Reza Kaleel
Chief Executive
Providence St. Mary Medical Center

Date



4-22-2022

Frances Chvatal
Chair, Providence St. Mary Community Board

Date



4/28/2022

Justin M. Crowe
Senior Vice President, Community Partnerships
Providence

Date

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.