PROVIDENCE ST MARY MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT AUGUST 2015

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

"Whatever concerns the poor is always our concern" legacy of Mother Joseph, Sisters of Providence and founder of Providence 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.

COMMUNITY COLLABORATION & INPUT PROCESS

PSMMC participated in a community health needs assessment coalition in 2014 sponsored by Walla Walla County Public Health (Community Health) which included input from stakeholders representing children's and youth services, substance abuse counseling groups, school district officials, health care agencies, local government, and various other social services agencies, including Catholic Charities. This coalition met four times to conduct a SWOT analysis of the healthiness of the community and to prioritize key areas of concern. In addition, data was reviewed from separate interviews conducted by Public Health staff with key informants representing services to vulnerable populations, including Aging and Long Term Care, Blue Mountain Heart 2 Heart, Children's Resilience Initiative, Commitment to Community, Family Medical Center (federally funded health clinic), the Housing Authority, Snake River Housing (Broetje Orchards), Trilogy Recovery Community, SOS Clinic, Walla Walla Council on Homelessness, Walla Walla County Mental Health, and the Russian community. Information was also reviewed from a survey sent out to the community in 2013 by Public Health on health behaviors and lifestyles. This survey had a response from 742 citizens with representation from City of Walla Walla 69.8%, College Place 17.2%, and other areas of the county 13%.
PSMMC representatives also participated in a similar, but smaller start- up coalition in Umatilla County representing the residents of Milton-Freewater, Oregon identified within our hospital service area.

Internal review and input came from our Mission Committee representing various department leaders, mission services, senior administration, and members of our community board.

COMMUNITY SERVED

The primary service area for Providence St Mary Medical Center includes Walla Walla County and five zip codes in Northeast Oregon which include the nearby city of Milton-Freewater as well as Columbia County.

EXECUTIVE SUMMARY

Primary areas of community need and concerning trends were identified by review of socioeconomic, environmental, and medical indicators of health for a community. In addition, a SWOT analysis was done by a multi-agency coalition in 2014 sponsored by Walla Walla County Department of Community Health resulting in four prioritized recommendations. Lastly, the Healthy Youth Survey 2014 results have been recently published for Walla Walla County which reveals the self-reported health risk behaviors of youth in 8th, 10th, and 12th grades who attend public school.

Youth At Risk

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 goals of 13% or less. Over one-half of children in the public school system qualify for free or reduced meal rates. Several schools have adopted "back-pack" type programs to send home food for students who school staff know are food-deprived outside of the school hours. The 31% rate 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 are declining overall in public schools with the percent of 9th grade cohorts who graduate within 4 years at 78% compared to 88% in 2009. The trends in households using the "Supplemental Nutrition Assistance Program" (SNAP) have continued to increase from 12% in 2009 to 18% in 2012 and have remained at higher rates per Public Health records. DSHS staff reports a high incident of ACES (adverse childhood experiences) in the youth of the clients they serve. At risk youth are likely to not receive the nutrition, immunizations, dental and medical screenings or mental healthcare that other youth typically receive. The Lincoln School Health Center is strategically trying to meet some of these needs at the alternative high school. Their 2009-2013 pilot study showed that students with high ACES and high resilience had grade point averages that remained consistently higher than students with high ACES and low resilience (2.57 GPA compared to 1.88). Resilience has been improved through behavioral health screening and intervention at their Health Center (the #1 reason for student visits) and redesigned models for disciplinary actions at the school. **As a result of these and related actions Lincoln School graduation rates between 2009-2014 increased by an amazing 75%.** "Youth at Risk" was identified as a focus for action in the PSMMC previous community benefit implementation strategy plan.

Homelessness and Need for Temporary Shelters

The County population living below the federal poverty level in Walla Walla County has been rising over the last three reported years with the most recent data showing 19% compared to state average of 13.5%. Within the City of Walla Walla there is an estimated 20-30 homeless individuals in the streets at any point of time. The 2015 Homelessness Point in Time local survey completed in January showed results that 576 people (1/10 of 1% of 2014 county population) did not live in a home or apartment they could call their own. Within those numbers 61 reported living in an emergency shelter, 43 reported living in transitional housing, and 416 said they are temporarily living with family or friends. A total of 56 were considered by definition to be unsheltered and living in the streets, in vehicles, or abandoned buildings. Social Service agencies report there are an estimated 35 individuals who are chronically homeless and living outside of any shelter or housing. Discussions at the City Council over the last year have been held to develop strategic planning for individuals who are homeless and staying at the downtown "urban" park locations. There has also been an identified need for "warming" shelters in the winter months during extreme cold days that has been taken up by local faith community. There may be insufficient sheltering accommodations in the community for certain populations with the Christian Aid Center limited to serving single men who are sober and a very small number of women with children. The Christian Aid Center shelter runs >95% occupancy. The YWCA shelter and safe house for women, particularly women fleeing abuse with their children (can also accept male adolescent children), also runs at >95% occupancy. The Helpline STEP shelter provides a safe night of sleep to homeless women and their children while also providing some case management to transition to more permanent housing. Many agencies cannot accept adolescent males, men with children, intact families (both

parents with children), or homeless who are not sober. Veterans suffering from PTSD often have difficulty in dormitory settings. These organizations need community support to continue their mission. Many individuals who are in a homeless situation suffer from mental health illnesses and/or substance abuse and many are veterans. Recently, Catholic Charities has obtained grant funding to renovate housing located on the VA Medical Center property to provide low-income housing units for displaced veterans. In addition, the Walla Walla Council on Homelessness (sponsored by Department of Community Health with some government funding) is working with a report on local homelessness from a consulting group, Corporation for Supportive Housing to update a 5-year action plan. A new citizen's activist group has also formed the "Alliance for the Homeless" a nonprofit organization to address unmet needs of providing a day center for the homeless to do laundry, shower, prepare food, recharge cell phones and receive mail as well as place several micro-houses or tents on site for temporary overnight shelter, although this has been controversial within the community. PSMMC has been involved in contributing food or other volunteer resources and supplies to both the Christian Aid Center and the YWCA and have provided soup and bread to the temporary community warming centers.

Mental Health Access in the Community

With the previous community health needs assessment access to mental health rose to the forefront of the identified concerns of the previous public health coalition and was also identified as a top need in the last PSMMC community benefit plan. Since that time there have been some significant improvements in access with the additional resources of Central Washington Comprehensive Mental Health Services - new to the community in 2014. Comprehensive has an agreement with County Community Health to provide community crisis response and case management of DSHS clients but in addition they provide outpatient mental health screening and counseling to others in the community. They have established a walk-in clinic for timelier intake and accessibility with an increase to 930 individuals receiving services by April 2015 compared to 680 in July of 2014. Walla Walla County has benefited from preferred access to their inpatient treatment facility in Yakima (Bridges) which has led to a marked decrease in our utilization of Eastern State Hospital with 75 admission to Bridges between July of 2014 and May of 2015 and only 4 admissions directly to Eastern. Psychiatric ARNP's are utilized in local clinics and tele-psychiatry came on line this spring. A children's team is continuing to train and deploy and has developed a working relationship with the Lincoln Health Center. There are plans for the current 3-bed respite housing unit utilized to stabilize a crisis situation or act as a step-down placement after leaving the hospital setting to expand by another 3-5 beds. However, the area of mental health remains a strong focus of identified needs within the Public Health multi-agency coalition who again prioritized it as the top need for the community. It was felt that access was still difficult for some clients, adolescent mental health needs are not being met, there is not an optimal support plan in place yet for clients returning to the community after in-patient treatment, and for those with dual-diagnosis of substance abuse there are still many barriers with accessing the mental health system, including access to detox. The 2014 Healthy Youth Survey indicates a rate slightly higher than the State on youth who feel sad or hopeless for at least two weeks in the past year (39% of 12th graders) and youth who have suicidal feelings (21% of 12th graders) or who have attempted suicide (12% of 12th graders). PSMMC has participated over the last 3 years on the community planning that helped bring Comprehensive Services

to this community and supported the work of Lincoln Health Clinic in serving adolescents with medical and behavioral health needs. Recently, PSMMC has worked with Comprehensive Services to place a master's prepared health practitioner part time in the Chase Medical Office Building to provide evaluations for mental health and substance abuse. Walla Walla General Hospital has recently announced approval of certificate of need for mental health in-patient beds at their campus.

Substance Abuse

Smoking rates for adults (15%) contribute to the leading causes of death in Walla Walla County and still exceed the Health People 2020 goals of 12% or less. Smoking rates in youth though have significantly decreased for all grades since 2004 but the increasing use of the newer E-cigarettes and vapor pens is alarming (8th grade use 13%, 10th grade use 21%, and 12th grade use 20%) **and is identified as a new threat for health in this age population.** While E-cigarettes were designed as a tool to wean off the smoking of cigarettes their use has tripled in American adolescents from 2013-14 and unknown if this will become a gateway to later smoking of cigarettes. The nicotine additive of E-cigarettes (which is addictive) varies widely among this age group and the long-term health effects and dangers are not yet understood.

Excessive alcohol use by adults is identified in 14% of the population with the US Rankings Top Performing counties at 10% or less. Identified in the 2014 Healthy Youth Survey the use of alcohol within the last 30 days has been trending downward since 2004 but remains slightly above the state average for 8th and 10th graders. Concerning, however, is the perception that "alcohol is easy to obtain" with 12th graders reporting that 73% agree in this county compared to 63% in the state. Also, concerning is the number of youth who reported riding with drivers who had been drinking (high of 21% in 10th graders).Alcohol impaired driving deaths 2009-2013 involved 36% of all driving deaths in the county.

Marijuana use is increasing in youth with reported data available at this time preceding the opening of local retail distributors in the City of Walla Walla under the new Washington State Recreational Marijuana law which will likely further increase the access to youth despite the age requirements of 21. 12th graders reported use within the last 30 days at 24%, perception of "easy to obtain" at 72%, adults "don't think it is wrong" at 25%, and feel there is no or low health risk to use at 51% despite the recent evidence-based literature that the frequent use of marijuana negatively impacts brain development in a certain percentage of adolescents and is addictive. State trauma registry statistics show a significant increase in traffic-related injuries while under influence of marijuana from 2002-2012 while alcohol use has flattened. **This trend is likely to continue under the new law and is an evolving threat.**

Other Drug Abuse -Methamphetamine abuse remains a major concern in this community but heroin use has dramatically increased over the last 2 years due to the increasing level of opioid abuse with street heroin cheaper and easier to obtain than prescription narcotics. Prescription drug abuse is a significant problem in this community. The drug and narcotic crime rate in Walla Walla County is concerning and much higher than the US Rankings Top Performing counties (offences per 100,000 WW: 257 and TP: 59). Drug use and distribution is a major influence in the increase in gang activity. In 2014 in Walla Walla

County overdose deaths directly related to prescription and illicit drug use accounted for 22 of 326 total deaths according to the Coroner's office.

The Public Health multi-agency coalition prioritized better integration between mental health services and substance abuse services as the 3rd priority for improving the health of the community for individuals with dual-diagnosis. There are no local options for detox care; much of it occurs in the jails or the juvenile detention center, there are language barriers, cost of coverage barriers and a need for better support integrated with after-treatment needs.

Obesity

Obesity rates contribute to cardiovascular disease the major cause of death in Walla Walla County as well as to diabetes. The adult obesity rate last reported was 27% and adults' reporting physical inactivity was at 18%. The increasing obesity rates in children, however, are especially concerning. Ten year trends (2004 compared to 2014) show a rate increase in 8th graders from 12% to 17%, 10th graders from 10% to 12%, and 12th graders from 8% to 14%. Youth who reported eating less than five servings of fruit and vegetables ranged between 78-82% by grade. Youth who regularly do not eat a family dinner ranged from 32% by 8th graders to 52% by 12th graders and was higher than the state average (a factor contributing to both lower grades and consumption of less healthy foods). A significant improvement in reduction of consumption of sugary drinks at public schools has occurred since the 2010 Healthy Youth Survey through the restriction of such drinks available in the vending machines in recent years with rates of 17-27% regular consumption in 2010 and rates of 3-6% for all grades in 2014. The Public Health multi-agency coalition recommended actions in developing "Healthy Lifestyles" in reducing obesity as the 2nd priority for community health needs. PSMMC has participated in the Providence "Squord" initiative for 5th graders to distribute a fun electronic bracelet system for tracking activity levels.

Immunization Rates

Both childhood immunization rates and adult influenza vaccination rates in Walla Walla County fall far below the DOH Public Health and Healthy People 2020 goals of vaccination of 80% of the population. Children receiving basic childhood immunizations are reported to be at 41% in this county compared to state average of 52% and adults receiving influenza vaccination are reported to be at 38% similar to the state average. Over the last three years PSMMC and PMG have conducted in collaboration with Walla Walla County Community Health and the WWCC School of Nursing a free drive-through adult influenza vaccination clinic annually on our campus. In addition, with our implementation of EPIC EMR platform our vaccination records are automatically populating the State Vaccination Registry for the continuum of care between providers even if patients re-locate.

Family Living-Wage Jobs

Lack of family living-wage jobs was rated as a 4th priority, tied with better integration of Mental Health and Substance Abuse services, by the Public Health multi-agency coalition. It was felt by many representatives of the community to be a main "upstream" cause of unemployment, poverty levels,

homelessness, and housing problems which directly impact health. The 2013 median household income in Walla Walla County was $47,758 compared to the State average of $58,577 with no indication of a narrowing gap. The average wage for Walla Walla County in 2014 is $39,215 compared to state average of $54,829 with a trend of increasing disparity over the last few years. Households and children living in poverty have rising trends. Households spending 30% or more of income on housing are 40% compared to a state average of 35%. The calculated income inequality rate (ratio of household incomes in the 80 percentile to the 20th percentile) is 4.8 compared to US Rankings Top Performing counties with a 3.7 rate. This is a factor for increasingly disparate neighborhoods and increase in violence in neighborhoods at risk. The rate of the population with severe housing problems is 17% compared to US Rankings Top Performing counties a 9%. The local Housing Authority has 1000 individuals on their waiting list in general with a six month waiting list for the elderly and disabled. A lack of stable housing leads to a transient lifestyle that prevents people from making healthy lifestyle changes. The unemployment rate in December 2014 was 7.3% but has decreased to 5.6% in July 2015 (seasonal work included) compared to top performing economic indicators of 4% or less. The regional labor economist report for Walla Walla County from the Employment Security Department finds that "The majority of growth in Walla Walla County has been steady but slower with a natural progression instead of periods of rapid growth because of the increase in employees in health care, service, professional, and technical industries. While Walla Walla County did not have quite the economic downturn from the "Great Recession" but it is taking longer to fully recover."

Umatilla County/Milton-Freewater Top Health Needs Indicators 2011-2012 (included in PSMMC service area)

The findings from the last Umatilla County Community Health Needs Assessment identified the following top three priorities in the adult population (pediatric population not assessed):

Obesity & Diabetes: Major contributor to diabetes and cardiovascular disease the 2nd leading cause of death. County rate of obesity in the adult population was 32% compared to State of Oregon 28% with subset of Yellowhawk Clinic clients at 82%. Diabetes rate was 13% compared to state rate of 8% with Yellowhawk Clinic clients survey findings at 34%. These rates are even higher than those in Walla Walla County.

Smoking: Major contributor to Cancer, 1st leading cause of death and Cardiovascular Disease. County rate was 18% compared to state at 15%.

Asthma/Chronic Lung Disease: Chronic Lung Disease is 3rd cause of death in Umatilla County. County rate 20% compared to state rate of 16%.

The 2011-12 health assessment revealed that 61% of adults chose to go outside of Umatilla County for health care services with 45% of these accessing services in Walla Walla (Hispanic sub-population 31%). The next Umatilla County Community Health Needs Assessment by survey will be conducted in 3rd quarter of 2015 and reported out in 2016. The local grass-roots Milton-Freewater coalition has identified gaps in transportation to medical services in Walla Walla, the need for better communication of health care information and events to the Hispanic community via Spanish radio, and the need for a local health fair which has never been conducted in Milton-Freewater to provide screenings and health

information.

WHO LIVES HERE? WALLA WALLA COUNTY BY THE NUMBERS - HIGHLIGHTS

Data Sources: Walla Walla County Public Health and Department of Health, Port of Walla Walla, County Health Rankings 2015, U.S. Census Reports, Healthy Youth Survey 2014

Socioeconomic Indicators:

	Key Indicators (for Walla Walla County unless otherwise specified)	**WW**	**WA**	**US Top Performers 90th percentile (Rankings) or Healthy People 2020 goals where available**
1.	**2015 County Census Population Estimate**: 60,650 (0.83% increase 2014-15, 3.18% increase since 2010, 5.8% reflect college students) **2015 City of Walla Walla:** 33,3900 (0.33 increase over 2014)			
2.	**2012 Census Age Distribution Estimate**: 0-24: 35% 25-64: 49% 65 and older: 16% The lowest and highest age groups are slightly higher than state averages			
3.	**2012 Census Race Distribution:** White: 73.38% Hispanic/Latino: 20.7% Two or more Races: 1.95% Black/African American: 1.64% Asian/Pacific Islander: 1.59% American Indian/Alaska Native: 0.74%			
4.	**Education Attainment 2010-2012:** High School or higher Bachelor's Degree or higher	 89.5% 26%	 90% 31%	
5.	**% of 9th grade cohort that graduate in 4 years 2011-12** Decreasing trend over 4 years with 88% in 2009 *Lincoln School on time graduation rates: 2009:44.4% 2012: 55% 2014: 78% *Wa-Hi 2014 on time graduation rate 83.3%	78%	79%	
6.	**Median Household Income 2013** **Walla Walla County Average Wage 2014** *Increasing trend in disparity with State average wage	$47,758 $39,215	$58,577 $54,829	
7.	**Population Living below Federal Poverty Level 2012** Rising trend over the last 3 years	19%	13.5%	
8.	**Children Living in Poverty 2013 – rising trends**	23%	19%	TP 13%
9.	**Children Eligible for free or reduced school lunch 2013**	52%	47%	
10.	**Children in Single Households 2009-13**	31%	29%	TP 20%
11.	**Households spending 30% or more income on housing 2010-12**	40%	35%	
12.	**Income Inequality**- ratio of household income 80th percentile to 20th percentile, factor for disparate neighborhoods, 2009-13	4.8	4.4	TP 3.7
13.	**Unemployment Trends July 2015** (includes seasonal work) (WW County July 2014 6.2%, December 2014 7.3%)	5.6%	5.3%	TP 4%
14.	**Number of Homeless Estimated 2015** – rising trends over 3 years with 56 of these estimated to be not in shelters or transition housing, or living with friends or family (January Point in Time Survey)	576		

15.	**Food Environment Index 2012** 0-10 scale with 10 best Formula of Limited Access to Healthy Foods (7%) plus Food Insecurity (14%)	7.3	7.5	TP 8.4
16.	**Households using SNAP food program 2012** *Increasing trend since 2009 at 12% *Feb. 2015 9798 individuals in 5166 households received government food assist.	18%	14%	
17.	**Violent Crime Rate** 2010-12 – offenses per 100,000	257	301	TP 59
18.	**Drug and Narcotic Crime Rate** 2013 – rate per 1000	2.6	1.9	
19.	**% Crime involving Domestic Violence** 2013	9.5%	13.5%	
20.	**Women and children sheltered at the YWCA 2014** % occupancy in shelter	>95%		
21.	**Homeless sheltered at the Christian Aid Center 2014** % occupancy in shelter	>95%		
22.	**Helpline # of in-kind services 2014** **Helpline # referrals to other county agencies 2014** **Helpline % occupancy women's STEP shelter**	8400 23,000 > 90%		

- **Top 5 Employment Sectors 2013:**
  Government 20.1%
  Health Care & Social Assistance 14.2%
  Agriculture, Forestry, Fishing & Hunting 14.1%
  Manufacturing 13.0%
  Retail Trade 8.9%

- **Top 10 Employers 2014:**
  Broetje Orchards
  Tyson Fresh Meats, Inc.
  Washington State Penitentiary
  Providence St Mary Medical Center
  Walla Walla School District #140
  Walla Walla Community College
  Boise Paper, Inc.
  Whitman College
  Walla Walla University
  U.S. Dept. of Veterans Affairs

Environmental Indicators:

	Key Indicators (for Walla Walla County unless otherwise specified)	**WW**	**WA**	**US Top Performer 90th percentile (Rankings) or Healthy People 2020 goals where available**
23.	**Air Pollution** (particulate measured rate) 2011	10.5	11	TP 9.5
24.	**Days meeting WA DOE Air Quality Standards** of Good to Moderate -Stable trend each year 2009-12	99%		
25.	**Drinking water violations** 2013-14	None		

26.	**Severe Housing Problems** 2007-11(factored for overcrowding, high costs, lack of adequate kitchen or plumbing)	17%	18%	TP 9%

Medical Indicators and Access to Care:

	Key Indicators (for Walla Walla County unless otherwise specified)	WW	WA	US Top Performer 90th percentile (Rankings) or Healthy People 2020 goals when available
27.	**Adults without health insurance 2012** (pre-Affordable Care Act) Primary locations of residents without insurance include the west and northwest sections of the county including Burbank and Prescott as well as the downtown Walla Walla residential neighborhoods flanking Hwy 12 on either side – north of Main St. and South of Rees Ave. coinciding with neighborhoods of increased poverty. *2014 Gallup report WA state uninsured rate decreased to 10% from 16% in 2013 due to Affordable Care Act Health Insurance Exchanges (no WW specific date)	23%	20%	HP 2020 0% 2012 TP 11% 2012 US average 17%
28.	**Population living in health care provider shortage** (per US Dept. of Health & Human Services defined shortage areas 2010-14)	98%	50%	
29.	**Primary Care Physicians Ratio** 2012 – per 100,000	825:1	1203:1	TP 1045:1
30.	**Dentists Ratio** 2013 – per 100,000	1417:1	1327:1	TP 1377
31.	**% Adults receiving dental care in past year** 2012	65%	68%	HP 75%
32.	**Mental Health Provider Ratio** 2014 – per 100,000	476:1	409:1	TP 386:1
33.	**Suicide rate per 100,000** 2009-11	16	14	HP 10
34.	**% Adults with Diabetes** 2011-12	7%	8%	HP 6%
35.	**% of Adults who Smoke** 2011-12	15%	17%	HP 12%
36.	**% Adults with Obesity** 2011	27%	27%	HP 25%
37.	**% Adults Reporting Physical Inactivity**	18%	18%	HP 20%
38.	**Teen Birth Rates** 2012 age 15-19 rate per 1000 (has been trending down since 2006)	31	29	TP 20
39.	**% Adults with Excessive Drinking** 2006-2012	14%	17%	TP 10%
40.	**Deaths by Injury** 2009-11 rate per 100,000	72	59	TP 50
41.	**Alcohol impaired driving deaths** 2009-13 (% all driving deaths)	36%	40%	TP 14%
42.	**% Children receiving basic childhood immunizations** 2012	41%	52%	HP 80%
43.	**% Adults receiving influenza vaccination** 2011-12	38%	38%	HP 80%
44.	**SOS Clinic Top 4 Diagnosis 2012**: Hypertension, Diabetes, Depression, Hyperlipedemia			
45.	**Top 5 causes of death in Walla Walla County:** Cardiovascular Disease 30% (includes heart disease and stroke) Neoplasms 24% Accidents 7% Alzheimer's 6% Chronic Respiratory Conditions 5%			

Data Sources for Indicators: Walla Walla County Public Health and Washington Department of Health, Port of Walla Walla demographic and economic indicators, 2015 County Health Rankings, U.S. Census Reports, Healthy Youth Survey 2014, Washington State Employment Security Department

2015 County Health Rankings – A Robert Wood Foundation program

The "County Health Rankings" measure the health of nearly every county in the nation. The *Rankings* annual report looks at a variety of measures that affect health and determine a weighted ranking for **Health Outcomes** and **Health Factors.**

Health Outcomes is based on an equal ranking of length and quality of life.
Walla Walla County is ranked 10th of the 39 counties in Washington State in the 2015 report.
3-year Trends: 2013 ranked 16th 2014 ranked 12th

Health Factors is based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.
Walla Walla County is ranked 7th of the 39 counties in Washington State in the 2015 report.
3-year Trends: 2013 ranked 6th 2014 ranked 6th

2014 Healthy Youth Survey

The Washington State Healthy Youth Survey is an effort to measure health risk behaviors that contribute to morbidity, mortality, and social problems among youth. These behaviors include use of alcohol, marijuana, tobacco and other drug use; behaviors that result in intentional and unintentional injuries, dietary behaviors and physical activity; mental health, school climate, and other related risk and protective factors. Students are surveyed in the 8th, 10th, and 12th grades. Walla Walla County school districts participated in the 2014 survey.

	Key Indicators Health Youth Survey 2014 Walla Walla County	8th	10th	12th
46.	**Dietary Behaviors** – Drinks sweetened drinks at school daily *Significant change from 2010: 17% -17% - 27%	3%	6%	4%
47.	**Dietary Behaviors** – Eat <5 servings fruits/vegetables daily	78%	82%	80%
48.	**Dietary Behaviors** –Does not usually eat dinner with family *Youth who do not eat dinner with their families more likely to report lower grades this rate is higher than the state average	32%	37%	52%
49.	**Obesity Rate** *Significant change in 10 year trends from 2004: 12% - 10% - 8% 8th grade obesity rate significantly higher than State	17%	12%	14%
50.	**Mental Health** –Sad or hopeless for at least two weeks in past year *Slightly higher than state in all grades	31%	38%	39%
51.	**Mental Health** – Suicidal Feelings and Actions Considered attempting suicide Made a suicide plan Attempted suicide *All slightly higher than state and higher than 2004 reported rates	 17% 19% 8%	 23% 22% 11%	 21% 20% 12%
52.	**Tobacco Use** – Cigarettes *significant decrease in all grades since 2004 E-cigs/vapor pens*recent significant finding first year reported	4% 13%	6% 21%	12% 20%
53.	**Alcohol Use** – within the last 30 days	11%	23%	33%

	*Trending downward since 2004, slightly higher than state for 8th and 10th graders Alcohol Use – Perception "easy to get" *12th grade significantly higher than state at 63% Alcohol Use -Rode with driver who had been drinking	 27% 17%	 51% 21%	 73% 13%
54.	**Marijuana Use** – within the last 30 days Marijuana Use – Perception "easy to get" Marijuana Use – Adults don't think it's wrong Marijuana Use – Think there is no/low (health) risk to use Drugs in General – Friends use drugs *WA State recreational marijuana law passed in 2014 but no local licensed retailers	8% 21% 12% 25% 21%	22% 55% 24% 40% 24%	24% 72% 25% 51% 21%
55.	**Unintentional Injury** – Texting Rode with texting driver Texted while driver	 43% 35%	 57% 24%	 56% 58%

VULNERABLE POPULATIONS EXCERPT FROM PUBLIC HEALTH COALITION REPORT

When assessing community health, it is important to acknowledge the needs of all populations. Subpopulations in a community who are socially disadvantaged in terms of income, education or status generally have worse health status than the most socially-advantaged and the population as a whole. This disparity in health outcomes due to unequal upstream causes is known as health inequity. A central goal of public health is the reduction of community health disparities and the advancement of health equity. There are many subpopulations in Walla Walla County, each with unique and pressing health needs. The following is an overview of several vulnerable subpopulations in our county, identified through key informant interviews with representatives from Aging and Long Term Care, Blue Mountain Heart 2 Heart, Children's Resilience Initiative, Commitment to Community, Family Medical Center, Housing Authority, Snake River Housing (at Broetje Orchards), Trilogy Recovery Community, SOS Clinic, Walla Walla Council on Homelessness, Walla Walla County Mental Health and the Russian community.

Children and Youth

Children and youth are a particularly vulnerable subgroup in any population. A greater percentage of children are in poverty in Walla Walla County than in the state. Over 50% of school children in the county quality for free or reduced cost meals. There is evidence that our teens experience more ACEs, or adverse childhood experiences, than most teens in the state. Some of the youth health needs include nutrition, exercise, immunizations, dental and mental-emotional-behavioral health. There is a need for earlier diagnosis of poor coping skills in children. Some parents lack the knowledge, skills and stability to effectively parent. Social isolation and poverty add to family strain. A local Family Therapy Court is needed. There is a lack of preventive care for youth, with many using the ER for healthcare needs. The Lincoln Health Center is meeting some of the needs for preventive care in their high school population.

Elderly and/or Disabled Adults

Elderly and/or disabled adults make up another group in our community that experiences disproportionate negative health outcomes. This group includes individuals as young as their mid-fifties who qualify for Medicare and/or Medicaid due to disability. Providers have seen a "baby boomer swell" over the past four years as the number of clients over 60 years of age grows. The health problems of

elderly and/or disabled adults are also becoming more medically complex as rates of chronic conditions such as diabetes and hypertension increase. Social isolation is a major concern among this group, especially among individuals suffering from dementia who require an informal support network to help them make decisions. This population has a great need for mental health services and dental services. Providers may limit the number of Medicare patients who can be served. In addition, obtaining affordable, physically-accessible housing is a major challenge among the elderly and disabled population. The Housing Authority currently has a six-month-long waiting list for low-income housing.

Chemically Dependent

Another subpopulation vulnerable to poor health is the chemically dependent or addicted population. There is a general lack of understanding in the community and among some medical professionals around the biology of addiction, which can adversely affect individuals seeking treatment. There is no local inpatient drug facility; a lot of detox happens in jail. Although there are local drug testing facilities, the wait for results is long, and often the narrow window of time in which an individual is willing to go to rehab is passed. A local treatment facility integrated with after-treatment care is needed. Therapists for co-occurring mental health and chemical dependency are needed as more than half of those seeking treatment have co-occurrences. Barriers to care for some include language, lack of documentation, lack of insurance, and transportation. Prescription drug abuse is a big problem here. Health issues for the addicted include poor nutrition, obesity, sleep deprivation, homelessness, joblessness, STDs and teen pregnancy, poverty and lack of youth shelter. Some causes of drug use in youth include uninvolved parents (more among those with low-income) and a lack of jobs which leads to drug dealing. Among the Latino population, alcohol use is culturally more acceptable. The addicted have difficulty complying with lifestyles changes prescribed by healthcare professionals.

Homeless

One population that overlaps with the chemical dependent is the homeless, with about one-third of them addicted. Many homeless also have physical disabilities and mental health needs. There is currently not enough shelter locally for the homeless, and about 20-30 in our community are chronically homeless on any given day. Single mothers with children are the demographic most often turned away from services due to lack of room or resources. There is no local shelter for youth. Some causes of homelessness include broken families, job loss, drug use and mental illness.

Mentally Ill

The mentally ill population has many healthcare needs. There is a need for more in-patient psychiatric care. The local crisis workers work around the clock to meet the high demand for support and intervention. With the influx of more insured individuals, there is a delay in availability of intake and care for clients. Often, the mentally ill may avoid or delay care due to the shame and stigma of being labeled “crazy.” There is a need for education of providers and the public around mental illness and treatment. The mentally ill are often undertreated for health needs due to a lack of insurance, difficulty in expressing their symptoms and/or their symptoms are overlooked by physicians. Life expectancy for the mentally ill is lower than for other individuals. They have a harder time taking care of themselves, and have worse diets and higher rates of smoking than the rest of the population.

Low-Income

A group that overlaps with many subgroups is the low-income or impoverished population. The needs for this group are many. There is not enough local permanent housing for the low-income population. The Housing Authority has 1000 individuals on their waiting list. A lack of stable housing leads to a transient lifestyle that prevents people from making healthy lifestyle changes. Some of the low-income population include the homeless and/or chemically dependent. Some of their health issues include diabetes, obesity, asthma and developmental delay (children). A lack of living-wage employment prevents people from affording health insurance and/or healthcare. Many low-income adults do not qualify for Medicaid. There is a need for adult dental care. Many medical professionals do not see Medicaid patients because the reimbursement rate is so low. The SOS Clinic is available for the uninsured; however, long wait times may discourage clients from seeking care, since time waiting at the clinic means time away from work. Without a living wage job, individuals have fewer resources to improve their healthy eating and lifestyle habits. The Latino population, while eager to comply with prescribed lifestyle changes, can be limited by finances.

Uninsured

Many low-income people are also uninsured, although it is yet to be determined what the impact of the affordable care act and implementation in Washington State will be over the long term. Those without health insurance can go to the local SOS Clinic for free treatment; however, limited physician volunteer time and funding leads to limited hours and long waits. Many clients, especially Latinos who work long hours, are not willing to take time off work to wait for care. Culturally, Latinos do not want to admit need or seek care, so they often wait until conditions are advanced, debilitating and difficult to treat. Many clients also avoid the clinic due to the stigma of receiving "aid" or being seen as "needy." Many uninsured use the ER as their primary source of care. The greatest health issues for the uninsured are diabetes, hypertension and depression.

Latino Community

The Latino population makes up 21% of the county's overall population and represents a diverse group. These individuals and their families moved here for different reasons at different times from different countries of origin. Despite varied backgrounds, Latinos in Walla Walla County encounter some barriers to health equity – such as cultural differences, linguistic differences and racial discrimination – that make it more challenging to access care and obtain the resources necessary to lead a healthy life.

One subset of the Walla Walla Latino population lives in the Edith, Carrie, Jefferson, Washington Park and Blue Ridge neighborhoods. These are lower income neighborhoods and the residents there have a need for jobs, education, immigration services, affordable food/nutrition, health insurance, transportation, affordable childcare, exercise, preventive care, mental health care, parenting skills and affordable, safe housing for families. The built environment in these neighborhoods needs safety improvements like crosswalks, better sidewalks and stop signs. Some of these neighborhoods may be considered "food deserts," since the nearest grocery store is beyond a convenient walking distance for many residents. In addition to being physically isolated from the rest of the Walla Walla community, this subset of the Latino population is also socially isolated due to language barriers, cultural barriers and class status. Among those who are undocumented, a fear of deportation leads to distrust of the mainstream community. Residents here are cut off from the rest of the community in terms of their media consumption, as well: they tend to not get the newspaper, and some don't have computers or

online access. Spanish-speaking radio broadcasting is important to this group. Hard, long work and low compensation may contribute to depression and a cyclic lack of hope for the future, especially when family members are unable to spend time together because of work schedules. Sometimes a lack of childcare prevents parents from working.

The residents in these neighborhoods tend to not utilize the local food banks despite food insecurity. Healthy eating is a challenge due to a number of different reasons, including lack of time to cook, lack of cooking and shopping knowledge and the high cost of groceries. While there is a great need for health insurance among these residents, the Affordable Care Act may do little to help them get coverage. The healthcare exchange is confusing and expensive, and those who are undocumented are ineligible for coverage. Additionally, there is a cultural understanding that seeking healthcare or other forms of social assistance is weak or unnecessary. Hardly any seek preventive care or mental health care, and many use the ER for healthcare. There is community concern about drug abuse, and community workers in the area have seen a lot of marijuana abuse.
Providence St Mary Medical Center has sponsored a community health fair for screenings and health information targeting the Latino population in 2014 and 2015 in cooperation with St. Patrick's Catholic Church and other invited community agencies.

Migrant Farm Workers

Another group of Latinos live outside the City of Walla Walla and do seasonal farm work, such as working with apples at Broetje Orchards in the central west of the county. These workers and their families have many health needs and conditions such as dental health, diabetes, hypertension, screening, health insurance and mental health. These laborers do not receive health insurance and cannot afford healthcare. They work long hours and receive low compensation. They are located far from all services. There is a waiting list for housing near the orchards.

Russian Community

A small subgroup living in Walla Walla County is Russian, most of who migrated here to escape religious persecution in the former Soviet Union. Some of their health needs and conditions include high cholesterol and alcoholism. Internally, this community has strong family connections and social support networks. Their experience as skilled craftsmen and laborers allows them to achieve economic success while resisting full assimilation into the mainstream Walla Walla community. There is a strong adherence to heritage and cultural values. They are hesitant to let outsiders in or seek assistance for issues they believe must be handled in-community. They approach healthcare in a familial way; family members must be present for treatment and care. Any long-term care is desired to take place in-home; as a result, there is a need for more home health. There is sometimes a lack of understanding among providers about their culture and treatment preferences. A decision to forgo treatment may not be out of ignorance, but rather due to a different cultural understanding of quality of life.

PUBLIC HEALTH COALITION SWOT ANALYSIS
STRENGTH & WEAKNESSES HIGHLIGHTS

STRENGTHS	WEAKNESSES
Natural recreational opportunities in town and nearby	No public swimming pool, nearest in Milton-Freewater (plans in work to build new pool to open in 2016)
Parks and increasing number of bike paths	Need better traffic division between vehicular traffic and bicyclists on frequently used city or county roads
YMCA programs for youth and adults	YMCA not affordable to lower income families but there are some youth scholarships for disadvantaged
Social Services Agencies Collaboration –among many agencies	Navigation for clients still difficult sometimes
Christian Aid Center Shelter for homeless	Has to turn away some due to occupancy – limited family shelter
YWCA program for women for safe shelter and counseling services. Primary services for victims of domestic violence and sexual assault.	Has to turn away some due to occupancy, cannot accept teen-age males within a family. Has need for mid-level practitioner for pediatric sexual abuse cases.
Number of colleges and educational opportunities	High school graduation rates are declining, below state average for higher education rates
Farmers Market and seasonal availability of fresh produce and gleaning programs	"Food Environment Index" lower than state and top performers. (Access plus food insecurity index)
Food Banks and "Soup" kitchen programs run by volunteers and faith communities	
Strong health care facilities and clinics and health education programs	SOS "free" Clinic has very limited hours and needs more providers
Strong Faith Community with many volunteers, a giving community	Those who donate funds are being approached by many non-profit agencies and groups – donor fatigue
Vibrant downtown and tourism	Increasing wage disparity and income inequity
Public transit bus service	Limited hours for service, still many concerns for transportation of disadvantaged clients to get to appointments. Special concern of Milton-Freewater coalition who receive services in Walla Walla.
Rural location – no traffic, short commutes	Rural location difficult to recruit professionals and recruit and retain needed specialty services
Sense of history and longevity	Slow growth community for family living wage jobs
Additional mental health services recently with county tax and recruitment of Comprehensive Mental Health outpatient services	Need still expressed for improved access to counseling and treatment for adults, adolescents and children. Common theme from most agencies that there is still not enough timely access or programs for those transitioning back from inpatient treatment. Lack of providers for neuro/psych consultation.
Substance Abuse – Trilogy program for teens Lincoln Health Center screening and counseling	Substance Abuse – still not enough access to adults and youth. Significant barriers if dual diagnosis of mental health and substance abuse. Need more collaboration and improved navigation for clients that need both services. Many times detox happening in jail. Increasing use of heroin. Impact on teens of marijuana legislation.
Affordable Care Act – Washington Exchanges are providing more access to insurance with expanded	Affordable Care Act – future uncertain on federal level and what happens when expanded Medicaid funds dry

Medicaid program, in particular	up. Exchanges difficult to navigate for many.
Availability of sugary drinks decreasing in schools	Increasing obesity in adults and children
	Increasing gang activity – few safe activities for teens outside of school, sports, and church
	Poverty – increasing trends particularly for children. Lack of affordable decent housing for low income families
	Dental Care: Lack of fluoride in municipal water supply to reduce dental cavities
	Dental Care: Dental Health Provider Shortage Area per US Department of Health & Human Services. Walla Walla is included despite the # of dentists, most are small businesses which cannot afford to accept Medicaid or self-pay. Primary part time dental providers for these populations include Family Medical Center, SonBridge Center Dental Clinic, and mobile dental van from Medical Team International. These agencies cannot get enough providers or volunteers to staff the needs. The prison population is also listed as underserved.

SUMMARY OF COALITION PRIORITIZED COMMUNITY NEEDS

At the end of the Public Health Coalition's 4th meeting 14 high-priority community health issues had been identified. This list was reduced to the top four priorities through the process of nominal group technique (voting by 3 dots placed on issues of choice by each agency represented in the coalition). The final top issues identified were:

1. **Access to Mental Health Services for all age groups - 1st priority**
   Most agencies still saw this has a leading cause of joblessness, poverty, homelessness, substance abuse and still being handled by a fragmented system of care difficult to navigate or afford by many individuals or by the special needs of different age-groups.
2. **Promoting Healthy Lifestyles – 2nd priority**
   Increasing rates of obesity and rates of cardiovascular disease and death as well as diabetes are significant in our community. Of special concern is the growing obesity rate in children.
3. **Integrated Mental Health and Substance Abuse Care – 3rd priority**
   While linked closely with the first priority there are some unique considerations in the funding for services and access to individuals with dual diagnosis with many barriers and challenges. A smoother integration and collaboration within the system of care is needed for screening, counseling, treatment, and post-treatment support.
4. **Availability of Family Living-Wage Jobs – tied for 3rd priority**
   Lack of family living-wage jobs was felt by many to be the primary "upstream" cause for many of the downstream effects of increasing health and economic disparities within this community. It was recognized that other agencies such as the Port of Walla Walla have primary responsibility

for economic development and business recruitment. Many agencies though felt that more focus should be placed on these "upstream" causes by diverse groups within the community.

CONCLUSION

The findings from this community health needs assessment will be used to determine the Providence St Mary Medical Center ***implementation strategy plan*** priorities for the next three years in completion of our 2015 community benefit plan. The purpose of this plan is to support identified activities that promote and sustain the health and safety of the community through community partnerships and to determine the level of specific resources to be committed by our ministry.

Future developments in population and community health planning may also be driven through the "Washington State Accountable Communities of Health" newly organized in 2015. Walla Walla County will be included in the Greater Columbia Region with representation from hospitals and public health. The mission statement of the Greater Columbia ACH is to "advance the health of our population be decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement." Recommendations and action plans from this coalition are yet to be determined and should be closely followed over time.

August 2015
Providence St Mary Medical Center Mission Team

Reviewed and approved by Community Board 9/11/15

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 8th 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 quality 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 9th 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% of12th graders). Public school 12th 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 12th 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 3rd 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 AENCIES:

- 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 8th graders from 12% to 17%, 10th graders from 10% to 12%, and 12th 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 2nd 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 AENCIES:

- 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:	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 5th 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 PSMMC 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 3rd 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 3rd priority by the Public Health community planning coalition is not addressed in the PSMMC 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