2024 - 2026

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence SWEDISH

Providence St. Peter Hospital
Olympia, Washington

Providence Centralia Hospital
Centralia, Washington

To provide feedback on this Community Health Improvement Plan or obtain a printed copy free of charge, please email Liz Selsor at liz.selsor@providence.org.

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EXECUTIVE SUMMARY

Providence continues its Mission of service in the South Puget Sound through Providence Centralia and St. Peter Hospitals.

Providence Centralia Hospital is an acute care not-for-profit hospital formed in 1988, located in Centralia, Washington. It serves the greater Lewis County region, including more than 81,214 people.

Providence St. Peter Hospital is a not-for-profit teaching hospital, founded in 1887. Located in Olympia, Washington, it is the largest medical center in the five-county area of southwest Washington. It serves as a regional referral center, providing a full array of services in Thurston County, the population of which is 290,642 people.

Providence Centralia and St. Peter Hospitals dedicate resources to improve the health and quality of life for the communities they serve, with special emphasis on the needs of people experiencing social inequities and health disparities. The Community Health Needs Assessment (CHNA) is an opportunity for these hospitals to engage the community at least 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 hospital utilization data.

Providence Centralia and St. Peter Hospitals completed a joint 2023 CHNA report, which was adopted by the Community Mission Board of the hospitals on October 26, 2023, and adopted a joint CHIP.

South Puget Sound Community Health Improvement Plan Priorities

As a result of the findings of our 2023 CHNA and through a prioritization process aligned with our Mission, resources, and hospitals' strategic plan, Providence Centralia and St. Peter Hospitals will focus on the following areas for its 2024-2026 Community Benefit efforts:

PRIORITY 1: BEHAVIORAL HEALTH

PRIORITY 2: BASIC NEEDS / ECONOMIC SECURITY

PRIORITY 3: ACCESS TO HEALTH CARE

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 Centralia Hospital is a 128-bed, acute care not-for-profit hospital providing emergency, diagnostic, cancer, birthing, and surgical services to the greater Lewis County region. Located in Centralia, Washington, it was formed in 1988 when Centralia General Hospital merged with St. Helen's Hospital, Chehalis. It is one of only 405 U.S. hospitals and critical access hospitals earning the distinction of top performer on key quality measures from The Joint Commission. Major programs and services include the following:

- Cardiology
- Emergency Care
- Family Birth Center
- General Surgery
- Imaging Center
- Orthopedic Care
- Palliative Care
- Physical Therapy
- Providence Regional Cancer System

Providence St. Peter Hospital is a Magnet® recognized 372-bed not-for-profit teaching hospital, founded by the Sisters of Providence in 1887. Located in Olympia, Washington, the state capital, it offers comprehensive medical, surgical, and behavioral health services. As the largest medical center in the five-county area of southwest Washington, it serves as a regional referral center, providing a full array of services to communities in Thurston, Lewis, Mason, Grays Harbor and Pacific counties. Major programs and services include the following:

- Anticoagulation Clinic
- Behavioral Health and Recovery
- Diagnostic Imaging
- Emergency Care – Level III Trauma Center
- Family Birth Center and Special Care Nursery

- Orthopedic Care
- Palliative Care
- Providence Abuse Intervention Center
- Providence Regional Cancer System
- Sleep Medicine
- St. Peter Regional Heart Center
- Specialty Surgeries

Joint CHIP

Providence Centralia and St. Peter Hospitals completed a joint 2023 CHNA report, which was adopted by the Community Mission Board of the hospitals on October 26, 2023. The two hospitals share a service area, and they share staffing, leadership teams and resources, and both are part of the Providence family of organizations; therefore, a joint approach to addressing the needs identified in the joint CHNA will be most effective. The strategies included in this Community Health Improvement Plan (CHIP) are representative of efforts taken by both hospitals to address community needs. The hospitals have a shared governance structure and share one Community Mission Board that adopts the CHIP.

Our Commitment to Community

Providence Swedish South Puget Sound dedicates resources to improve the health and quality of life for the communities we serve. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” 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

Planning for the Uninsured and Underinsured

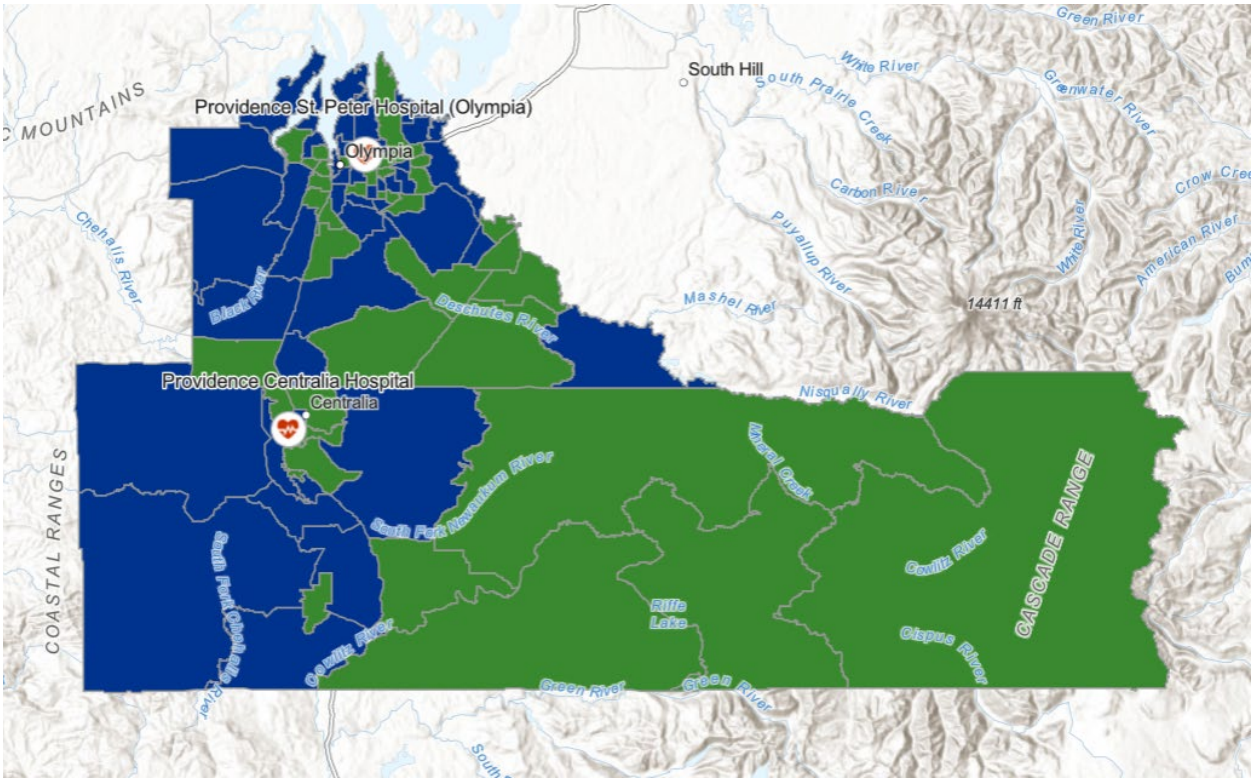
Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence Swedish South Puget Sound has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Providence Swedish South Puget Sound 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 hospitals' 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: https://www.providence.org/obp/wa/financial-assistance-application.

OUR COMMUNITY

Description of Community Served

Based on the availability of data, geographic access to the facilities, and other hospitals in neighboring counties, Lewis and Thurston Counties in southwest Washington State comprise the Providence Swedish South Puget Sound service area. Providence Centralia Hospital is located in Lewis County, in Centralia, Washington; Providence St. Peter Hospital is located in Thurston County, in Olympia, Washington. Lewis County has a population of approximately 81,214 people; Thurston County has a population of approximately 290,642 people (American Community Survey, 2021, 5-year estimates).



To facilitate identifying health disparities and social inequities by place, we created a Providence Need Index (PNI) designating a "high need" service area and a "broader" service area, which together make up the South Puget Sound Service Area, encompassing both Lewis and Thurston Counties. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, we

identified the high need service area based on income, education, English proficiency, and life expectancy.[1]

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The following population demographics are from the 2021 American Community Survey 5-year estimates. About one in four people in the South Puget Sound service area is between the ages of 35 and 54. This age group, along with people between the ages of 55 and 84, are over-represented in the broader service area. People ages 18 to 34 are over-represented in the high need service area. Male and female sexes are roughly proportional across the service areas.

POPULATION BY RACE AND ETHNICITY

Almost 80% of people in the South Puget Sound service area identify as white, which is slightly over-represented in the broader service area compared to the South Puget Sound service area. People identifying as two or more races, some other race, Native Hawaiian or other Pacific Islander, Black or African American, Asian, and American Indian or Alaska Native are slightly over-represented in the high need service area. Individuals identifying as Hispanic/Latino/Latina are also over-represented in the high need service are compared to the South Puget Sound service area.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for South Puget Sound Service Area

Indicator	Broader Service Area	High Need Service Area	Lewis County	Thurston County	Washington State
Median Income Data Source: 2021 American Community Survey, 5-year estimate	$87,814	$66,457	$60,524	$80,141	$81,548
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2021 American Community Survey, 5-year estimate	16.7%	24.9%	21.2%	24.2%	21.3%

[1] The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in Limited English Households (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Household median income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. Lewis's County's median household income is nearly $20,000 below that of Thurston County, and more than $27,000 below that of the Broader Need Area of South Puget Sound. Thurston County also falls slightly behind the state in this measure. *(Source: American Community Survey, 2021, 5-Year Estimates)*

Renter households experiencing severe housing cost burden are households spending 50% or more of the income on housing costs. The information offers an excellent measure of housing affordability and excessive shelter costs. About 21% of renter households in both Washington State and Lewis County are severely housing-cost burdened, while about 24% of renters in Thurston County and 25% in the High Need Area of the South Puget Sound are experiencing this strain. *(Source: American Community Survey, 2021, 5-year Estimates)*

Full demographic and socioeconomic information for the service area can be found in the 2023 CHNA for Providence Centralia and St. Peter Hospitals.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

In gathering information on the communities served by St. Peter and Centralia Hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
• Key informant interviews • Internal hospital utilization data	• American Community Survey • Behavioral Risk Factor Surveillance System (BRFSS) • Centers for Disease Control and Prevention (CDC) • CDC Foundation • County Health Rankings • Lewis County Public Health and Social Services • Massachusetts Institute of Technology Living Wage Calculator • National Center for Health Statistics • Robert Wood Johnson Foundation • School Finance Indicators Database • Small Area Income and Poverty Estimates • Thurston County Public Health and Social Services Department • U.S. Census Bureau • U.S. Department of Education • U.S. Health Resources & Services Adminstration • U.S. Department of Agriculture Food and Nutrition Service • Washington State Department of Health • Washington State Healthy Youth Survey

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Centralia and St. Peter Hospitals, in partnership with the Thurston County Public Health and Social Services Department, conducted 39 key informant interviews

with 45 individuals representing 41 community-based organizations, between September 2022 and August 2023. During these interviews, community members and nonprofit and government key informants discussed the issues and opportunities of the people, neighborhoods, and cities of the service area.

Key informants are defined as people with knowledge of community needs and strengths because of their experience as community leaders, professionals, and/or residents of Lewis and Thurston Counties. Key informants have a wide range of knowledge related to community health and well-being and work within organizations or agencies serving county residents, including diverse communities, people with low incomes, and people experiencing barriers to care.

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and through discussion and theming of the data. Additionally, needs were identified after review of the quantitative data.

The CHNA Advisory Council reviewed a summary of all qualitative data collected from key informant interviews, as well as relevant quantitative data for each of the following community health-related need areas:

- Physical Health
- Access to Health Care
- Basic Needs / Economic Security
- Behavioral Health

After this in-depth data review, the Council prioritized the need areas based on the following criteria:

- **Size and Scope**: What is the significance of the health issue in terms of the number/percent of people affected?
- **Severity:** How serious are the negative impacts of this issue on individuals, families, and the community?
- **Ability to Impact:** What is the probability that the community could succeed in addressing this health issue? (They took into consideration factors such as community resources, whether there are known interventions, and community commitment to addressing the need.)

Significant Community Health Needs Prioritized

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process, listed in order of priority:

PRIORITY 1: BEHAVIORAL HEALTH

Behavioral Health, encompassing both mental health and substance use/misuse is the most pressing need in our communities. Access to behavioral health care, mental health and suicide prevention, and substance use/misuse and overdose prevention were all identified as areas of concern. Many residents

have experienced significant stress and isolation from the COVID-19 pandemic, resulting in more suicidal ideation and unaddressed mental health challenges. Of particular concern is an increase in fentanyl use and resulting overdoses, as well as the broader community impacts of overdose and overdose deaths.

Access to behavioral health care especially difficult due to a lack of system capacity and providers to meet the demand, leading to long wait times for both mental health and substance use/misuse treatment services. Services needed to improve access to behavioral health care include residential or inpatient substance use disorder (SUD) treatment services; detox centers; crisis response and stabilization beyond the Emergency Department (ED); community-based mental health care that is a step-down from hospitalization; and follow-up care for people after being discharged from inpatient care for a mental health condition, including medication management. Specific populations may experience unique or additional barriers to accessing services including young people, people experiencing homelessness, people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or other identities not encompassed (LGBTQIA+), Black, Brown, Indigenous, and People of Color (BBIPOC) communities, people living in more rural areas, and military families.

PRIORITY 2: BASIC NEEDS / ECONOMIC SECURITY

Economic security is important for people's health and well-being. Low wages, high unemployment, and a high cost of living contribute to economic insecurity for many families. There are inequities in how resources and educational opportunities are distributed in the community. People with low incomes may be unable to afford their basic needs, such as food, health care, car seats, baby formula, etc., particularly with the rising cost of living. One event or accident could be financially catastrophic for a family. Individuals and families with incomes slightly above the threshold for qualifying for public benefits, but without enough money to afford those basic needs without assistance, are especially vulnerable. This is called the "benefits cliff," which means public benefits drop off sharply with a small increase in income.

There are limited employment opportunities people to make a living wage without higher education. Investing in low-barrier educational and employment opportunities and in job skills and technical training could help people increase their economic security. Economic insecurity may disproportionately affect people living in rural areas, as well as BBIPOC community members, people with behavioral health conditions, older adults, and women.

Access to nutritious, affordable food, as well as food resources is a major issue for many families and individuals, especially in rural areas. A lack of healthy and nutritious food contributes to long-term health challenges, like obesity and diabetes. The need has recently increased with cuts to Supplemental Nutrition Assistance Program (SNAP) benefits, leading more people to seek other food resources. Families with low incomes may be especially affected by food insecurity, particularly with the rising cost of housing. People may have to travel long distances to the nearest food bank and may experience transportation barriers, particularly with the increased cost of fuel.

The interconnectedness of housing and health is key, and housing was identified as a major need, with a lack of safe and healthy housing available for families and employees. The cost of housing is the primary barrier for people, with a need for more affordable housing for people with low incomes, as wages have not kept pace with housing costs. There is also a need for more supportive and transitional housing, particularly for people experiencing homelessness or housing stability, and as well those needing support services to remain stably housed. More permanent supportive housing and emergency, short-term, and long-term shelters. The complexity of the housing system can be difficult for people to navigate and can be a barrier for people finding stable housing. Specific populations experiencing housing-related challenges include older adults, BBIPOC communities, particularly Latino/a/x[2] community members and Indigenous peoples, LGBTQIA+ community members (especially LGBTQIA+ youth), unaccompanied minors, and people with behavioral health conditions.

PRIORITY 3: ACCESS TO HEALTH CARE

Access to both primary and specialty care was identified as a top health concern. A lack of Primary Care Providers (PCPs) has strained the health care system, contributing to people using the Emergency Department (ED) as their main form of health care, and to a prevalence of unmanaged chronic conditions. Patients who have difficulty finding primary care, along those having a behavioral health crisis, put stress on the ED and overwhelm capacity. There is a need for more access to primary care, urgent care, and behavioral health crisis services, as well as a need for increased access to specialty care, as many patients travel outside of their local area to receive services. More health care providers, home care aids and caregivers, hospital capacity, care coordination, and cancer screening are needed in the community. Transportation is a significant barrier to care, as are hours of appointments during work time, a lack of health care literacy, trust in the medical system, and access to or comfort with technology. Specific populations may experience additional barriers to accessing responsive and affirming care, including people experiencing homelessness, BBIPOC community members, LGBTQIA+ community members, mixed-status families, and people with behavioral health conditions. Stigma and discrimination and a lack of providers that are bilingual and bicultural contribute to these challenges. There are few resources for people who are uninsured, underinsured, or not Medicaid-eligible.

[2] Key informants used the terms Latino, Latina, Latinx, and Hispanic to refer to the people their organizations serve. To remain consistent and inclusive, we will use the term Latino/a/x throughout the report, acknowledging that individuals may have strong preferences as to how they self-identify.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

A Community Health Improvement Plan Committee was convened in January 2024 to participate in the creation of the 2024-2026 CHIP. Breakout teams were formed for each priority health need area, and team members collaborated to develop related goals and strategies. The leaders of the breakout teams regularly reported on their progress to the full CHIP Committee and solicited input and feedback.

The CHIP was adopted by the Providence Swedish South Puget Sound Community Mission Board on April 25, 2024.

Table 2. South Puget Sound Community Health Improvement Plan Committee Members

Peter Brennan	Chief Philanthropy Officer, South Puget Sound
Tracy Brown	Chief Mission Officer, Providence St. Peter Hospital
Kelli Burkhardt	Manager, Emergency Services RN, Providence Centralia Hospital
John Capen	Mission Integration Manager, Providence Centralia Hospital
Gina Dean	Director of Behavioral Health Integration, Providence Medical Group
Christina Erickson	Director of Nursing, Mother Joseph Care Center
Kate Feeley-Lynch	Nursing Manager, Med-Surg ICU, Providence Centralia Hospital
Michelle Gosse	Manager, Care Management RN, Providence Medical Group
Julie Heerlyn	Director of Nursing, Emergency Department, Providence St. Peter Hospital
Lesley Kinzner	Director of Care Management, Providence St. Peter Hospital
Lenna Lizberg	Executive Director of Nursing, Providence St. Peter Hospital
Angela Maki	Director of Communications, South Puget Sound
Tendai Masiriri	Director of Behavioral Health, South Puget Sound
Ryan Moore	Director of Oncology, Providence Regional Cancer System
Arin Mower	Community Health Worker, Providence Medical Group
Cari Pearson	Director of Nursing, Providence St. Peter Hospital
Liz Selsor	Community Health Investment Manager, South Puget Sound
Cindy Sidley	Executive Director of Nursing, Providence Centralia Hospital
Louis Stout	Director of Nursing, Maternal Child Health, Providence St. Peter Hospital
Erika Titus	Executive Director, Strategy and Business Development

Addressing the Needs of the Community: 2024-2026 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED: BEHAVIORAL HEALTH

Long-Term Goal

Expand timely access to behavioral health care, improve the quality of behavioral health services, and partner with community resources to help individuals successfully navigate their lives.

Table 3. Strategies and Measures for Addressing Behavioral Health

Strategy	Population Served	Strategy Measure	Target
Meet individuals where they are to deliver health care through the Mobile Outreach Program in Thurston County	People experiencing homelessness or housing instability who are in need of behavioral and/or physical health care services	Percentages of unhoused individuals who receive access to and who utilize mobile outreach services Number of follow up visits Number of referrals made to community-based services Number of avoidable emergency department visits Patient Health Questionnaire-9 (depression) and General Anxiety Disorder-7 (anxiety) scales	Provide services to 65% of unhoused individuals based on each year's U.S. Department of Housing and Urban Development Point-in-Time count 65% of patients engage in follow up services with mobile outreach programs Deliver the right level of care in the right place at the right time Improved mental health of individuals served
Develop Community SHINE program (Behavioral Social and Health Information and Network Experience)	Community partners who provide resources and services of benefit to individuals with behavioral health needs	Create opportunities for behavioral healthcare providers and community partner organizations and businesses to connect to share information and	Launch SHINE program and convene at least three sessions

		resources, and build partnerships	
Utilize Community Health Partnership Grants program to improve behavioral health in the communities we serve	Individuals with behavioral health needs in Lewis and Thurston Counties	Annual progress reports from funded partners	Continue to collaborate with community-based organizations who deliver behavioral health services and programs to ensure that vulnerable individuals have their health needs met
Improve external behavioral health referral services	Individuals needing care outside the scope of the care provided by Providence Swedish behavioral health programs	Build partnerships with external behavioral health providers and resources to streamline both access and continuity of care	Identify resources to whom we may refer behavioral health services and develop a timely and uniform referral process to decrease the wait time between referral and individual's first visit

Resource Commitment

Providence Swedish South Puget Sound will ensure necessary funding and/or staffing to implement strategies identified to address this community health need.

Key Community Partners

To implement these strategies, Providence Swedish will partner with external behavioral health providers, as well as community organizations, agencies, and other entities that provide needed resources and services to individuals with behavioral health needs. Key partners include, but are not limited to, Catholic Community Services, Community Youth Services, City of Olympia, Family Support Center of South Sound, Gather Church, Interfaith Works, Olympia Union Gospel Mission, Olympic Health and Recovery, Salvation Army, Thurston County, and Thurston Mason Behavioral Health Administrative Services Organization.

COMMUNITY NEED ADDRESSED: BASIC NEEDS / ECONOMIC SECURITY

Long-Term Goal

In collaboration with community partners, provide support and resources necessary to help meet the basic needs of vulnerable individuals.

Table 4. Strategies and Measures for Addressing Basic Needs / Economic Security

Strategy	Population Served	Strategy Measure	Target
Utilize the Mobile Outreach Program to help meet individuals' basic needs by providing health care and referrals to community-based support services	People experiencing homelessness or housing instability	Percentages of unhoused individuals who receive access to and who utilize mobile outreach services Number of referrals made to community-based services provided by partner organizations	Provide services to 65% of unhoused individuals based on each year's U.S. Department of Housing and Urban Development Point-in-Time count Provide referrals to community-based resources and services available to help vulnerable individuals have their basic needs met
Collaborate with Thurston County's Built for Zero (BFZ) cohort to further the aims of the initiative	People experiencing chronic homelessness Veterans experiencing homelessness	Sustain quality data standards and establish improvement median, as defined by the BFZ initiative's methodology	Achieve Functional Zero in Thurston County
Work with community partners to transition patients into respite care services	Unhoused individuals needing medical respite post hospital discharge	Utilization of respite beds and community resources provided by community partners	Provide a safe, healing environment for people needing medical respite services post discharge
Work with community partners to improve care coordination for vulnerable individuals	Individuals who are unhoused preparing for discharge from the emergency department or hospital	Care transitions support provided	Individuals have resources to maintain or improve their health post hospital discharge

Resource Commitment

Providence Swedish South Puget Sound will ensure necessary funding and/or staffing to implement strategies identified to address this community health need.

Key Community Partners

To implement these strategies, Providence Swedish will collaborate with community organizations, agencies, local governments, and other entities that provide resources and services to help individuals meet their basic needs. Key partners include, but are not limited to, Built for Zero cohort member organizations, Catholic Community Services, City of Olympia, Interfaith Works, Olympia Union Gospel Mission, Olympic Health and Recovery, Salvation Army, Thurston County, Thurston Mason Behavioral Health Administrative Services Organization, and the Western Washington Catholic Healthcare Collaboration.

COMMUNITY NEED ADDRESSED: ACCESS TO HEALTH CARE

Long-Term Goal

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 5. Strategies and Measures for Addressing Access to Health Care

Strategy	Population Served	Strategy Measure	Target
Utilize the Medication Assistance Program to ensure individuals have access to medications needed to manage their health conditions	Under-resourced individuals who have been diagnosed with cancer	Persons served Patient dollars saved	Remove barriers to care by securing free or low-cost medications for people in need
Deliver programs to help individuals with cancer successfully navigate the process of their diagnoses and treatment and provide support services to assist with emotional health and financial stability	Individuals with cancer, their caregivers, and family members	Number of individuals receiving navigation services Number of counseling sessions completed	Provide: Access to support groups at no cost Navigation services to more than 500 individuals One-on-one counseling sessions at no cost to individuals with cancer and their family members

			Social worker assistance for individuals in difficult financial situations, including help with applying for charity care and other benefits
Launch a Maternal Fetal Medicine Program	Individuals in need of high-risk obstetrics/gynecology care	Provide access to specialty care not currently available in the South Puget Sound service area	One full-time local provider by the end of 2025
Improve access to health care for underserved individuals and communities	Individuals in living in rural areas Individuals in need of transgender health care services	Medical residents receive training in rural health care and transgender health care	Continue the Providence St. Peter Chehalis Rural Training Program at Providence Chehalis Family Medicine Providence St. Peter medical residents complete, at minimum, a half-day rotation at the Lilly Clinic at Providence St. Peter Family Medicine
Increase awareness of and provide opportunities and pathways for entering health care fields, in order to build capacity to meet the growing health needs of the communities we serve	Individuals seeking living-wage, fulfilling careers High school and higher education students	Provide entry level positions, career pathways, and exposure to health care career opportunities Utilize internal training programs and community partnerships to grow a high-quality workforce in a variety of health care fields	Hire 5 additional Student Nursing Assistants through the SNAC program Employ 15 nurse techs who licensed by the State of Washington and work under the direct supervision of a registered nurse 20 high school volunteers rotate through placements in a variety of hospital departments, based on

			their needs and interests Hospitals participate in 6 high school career fairs in Lewis County with hands-on demonstrations in nursing, respiratory therapy, radiant care, diagnostic imaging, rehab therapies, lab, and security Develop and expand partnerships with higher education institutions to provide training programs and recruitment opportunities in behavioral health and nursing fields

Resource Commitment

Providence Swedish South Puget Sound will ensure necessary funding and/or staffing to implement strategies identified to address this community health need.

Key Community Partners

To implement these strategies, key community partners include, but are not limited to, Centralia College, St. Martin's University, South Puget Sound Community College, the University of Washington, and local high schools in Lewis and Thurston Counties.

2024-2026 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Community Mission Board of the hospitals on April 25, 2024. The final report was made widely available by May 15, 2024.

DocuSigned by:
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4/29/2024

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Chief Executive, South Puget Sound
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Rachel Wood, MD, MPH — Date
Chair, South Puget Sound Community Mission Board
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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.