2023 - 2025

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Seaside Hospital

Seaside, Oregon

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

Photo courtesy of The Written Palette.

Providence

CONTENTS

EXECUTIVE SUMMARY

Providence continues its mission of service in Clatsop County through Providence Seaside Hospital (PSH). The 25-bed critical access hospital provides an array of services including primary care and specialty care, a birth center with family suites, general surgery, radiology, diagnostic imaging, pathology and 24/7 emergency care. The hospital's service area is the entirety of Clatsop County, including 41,810 people.

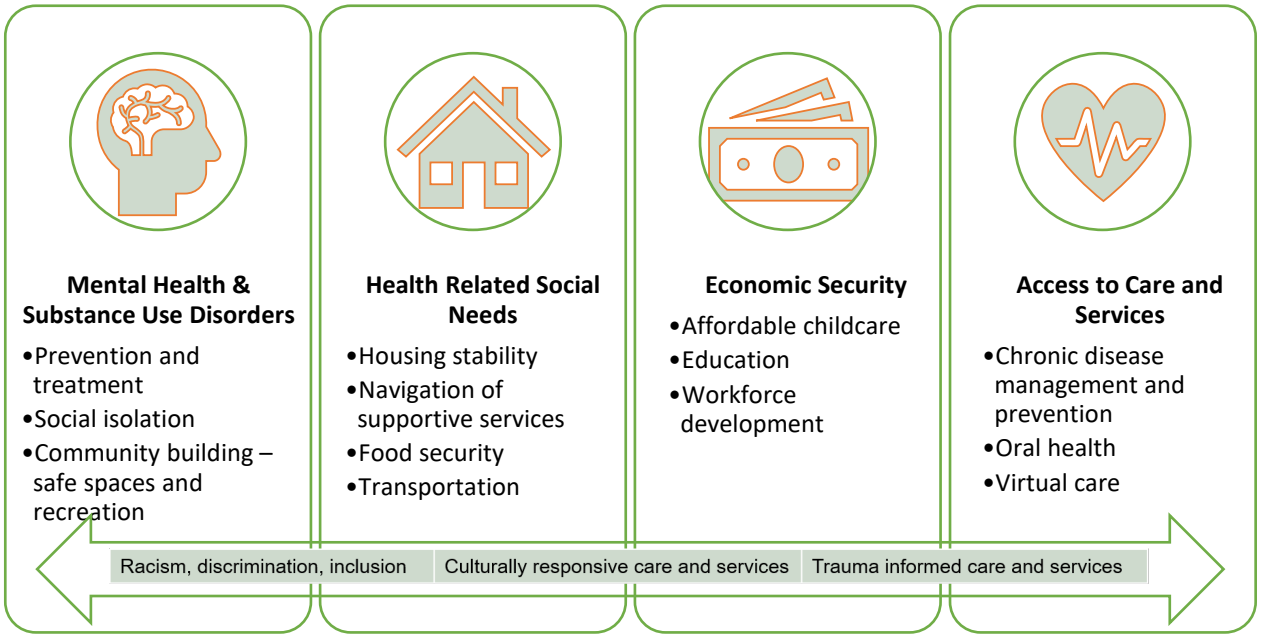
PSH dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. During 2021, the hospital provided more than $19.8 million in community benefit in response to unmet needs.

The Community Health Needs Assessment (CHNA) is an opportunity for PSH to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders and listening sessions with community members, primary data from a community survey and hospital utilization data.

Providence Seaside Hospital Community Health Improvement Plan Priorities

As a result of the findings of our 2022 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PSH will focus on the following areas for its 2023-2025 community benefit efforts:

Oregon Region 2022 CHNA Priorities



INTRODUCTION

Who We Are

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

Providence Seaside Hospital (PSH) is an acute-care hospital located in Seaside, Oregon. The 25-bed critical access hospital provides an array of services including primary care and specialty care, a birth center with family suites, general surgery, radiology, diagnostic imaging, pathology and 24/7 emergency care. The hospital's service area is the entirety of Clatsop County, including 41,810 people. Residents along the North Oregon Coast have access to family practice and internal medicine with physicians and primary care providers at clinics in Seaside, Warrenton, Cannon Beach, heart clinics in Astoria and Seaside, and a full continuum of therapy, rehabilitation and home health services.

Our Commitment to Community

PSH dedicates resources to improve the health and quality of life for the communities we serve. During 2021, PSH provided $19.8 million in community benefit[1] in response to unmet needs and to improve the health and well-being of those we serve in Oregon.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to live 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, economic, and ablest inequities and health disparities. Our Vision is "Health for a Better World." To achieve that, we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices each of our hospitals will implement when completing a CHIP. These practices include, but are not limited to the following:

[1] Community benefit giving and reporting is based on Oregon Health Authority Instructions for 2021.

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

PSH further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The PSH administration is responsible for coordinating implementation of state and federal 501r requirements, as well as providing the opportunity for community leaders and internal hospital executive management team members, physicians/providers, and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP) in conjunction with the Providence Community Health team.

As a primary source of community benefit advice and local leadership, PSH's Service Area Advisory Council (SAAC) plays a pivotal role in supporting the hospital's board of trustees to oversee community benefit issues. Acting in accordance with a board-approved charter, the SAAC is charged with identifying policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment (CHNA) and CHIP reports, and overseeing and directing the community benefit activities.

Planning for the Uninsured and Underinsured

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

One way PSH informs the public of our FAP is by posting notices on site at the hospital. The notices are posted in high volume inpatient and outpatient service areas. Notices also are posted at locations where a patient may pay their bill. Notices include information about how to obtain more information on financial assistance, as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third- party insurers are offered

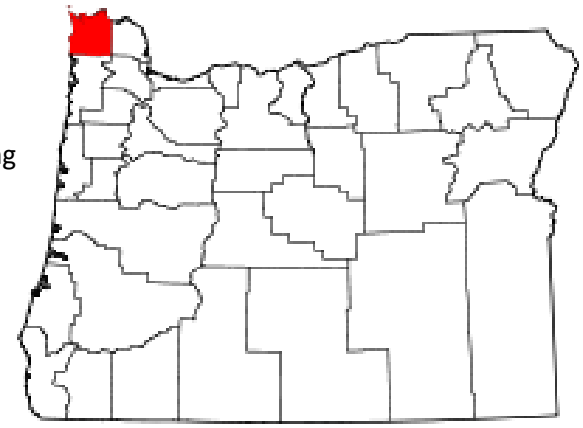
an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance and referrals as appropriate to government-sponsored programs for which they may be eligible. Notices and information also are available on our website in multiple languages.

For information on our FAP click https://www.providence.org/obp/or/financial-assistance .

OUR COMMUNITY

Description of Community Served

Based on the geographic location relative to other hospitals in the area and patient demographics, Clatsop County (in red) is PSH's primary service area. Neighboring Tillamook and Columbia counties are considered secondary service areas that are primarily served by other area hospitals.



Community Demographics

POPULATION AND AGE DEMOGRAPHICS

According to July 2021 U.S. Census data, Clatsop County is home to 41,810 residents. This represents nearly a 13% increase since 2010, outpacing the population growth in Oregon overall during that same period (10.6%). Older adults, age 65 and above, was the fastest growing age group, increasing 62.6% since 2010.

Table 1. Age Breakdown for Clatsop County Population

Age Group	Percentage
0 to 9 years	9.7%
10 to 19 years	11.7%
20 to 29 years	11.5%
30 to 39 years	12.3%
40 to 49 years	11.2%
50 to 59 years	13.7%
60 to 69 years	16.7%
70 to 79 years	9.5%
80 years and older	3.8%

POPULATION BY RACE AND ETHNICITY

Clatsop County is less racially and ethnically diverse than the state as a whole. In 2021, the largest racial or ethnic group in Clatsop County were people identifying as white non-Hispanic (84.4%). An additional 9.2% of the population identify as Hispanic or Latino, increasing 1.5% since 2010, and representing the largest increase of any population in Clatsop County during that time. Additionally, residents identify as

1.7% Asian, 1.4% American Indian or Alaska Native, 1.0% Black or African American, 0.4% Native Hawaiian or Pacific Islander, and 3.4% identify as two or more races.

SOCIOECONOMIC INDICATORS

Many in Clatsop County struggle with economic insecurity. The median income of individuals living in Clatsop County was $63,200, compared to $67,800 in Oregon and $73,000 in neighboring Columbia County. These wages were below the livable wage for the area, which is $39 per hour or $81,120 per year.

The high cost of housing, increased vacation rentals and lack of housing stock are also affecting individuals and families in Clatsop County. Nearly a quarter of renters in Oregon experience a severe housing cost burden, spending 50% or more of their income on housing costs, with Clatsop County residents (17%) not far behind.

Table 2. Income Indicators for Clatsop County Service Area

Indicator	Clatsop County	Oregon
Median Income Data Source: 2020 County Health Rankings and Roadmaps	$63,200	$67,800
Persons in poverty Data Source: 2020 US Census Bureau	12.9%	12.2%
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2019 American Community Survey, 5-year estimate	17%	24%
Rate of houselessness Data Source: 2019 American Community Survey, 5-year estimate	23 of every 1,000 people	3.7 of every 1,000 people

Full demographic and socioeconomic information for the service area can be found in the Providence Seaside Hospital 2022 CHNA.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Health Needs Assessment Process and Results

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

We conducted six listening sessions with 36 individuals who are from diverse communities, have lower incomes, and/or are medically underserved. We conducted 10 stakeholder interviews with 11 representatives from organizations that serve these populations, specifically seeking to gain a deeper understanding of community strengths and opportunities. In addition, we conducted a community health survey in English and Spanish that engaged 616 individuals. Below are highlights from our quantitative and qualitative data collection:

- 19% of community health survey respondents did not have access to primary care, and 33% did not get all the health care they needed in the past year.
- 61% of community health survey respondents did not get all the counseling or mental health care they needed in the last year.
- In 2019, Clatsop County had the highest rate of homelessness in Oregon, with 23 out of every 1,000 people experiencing homelessness.

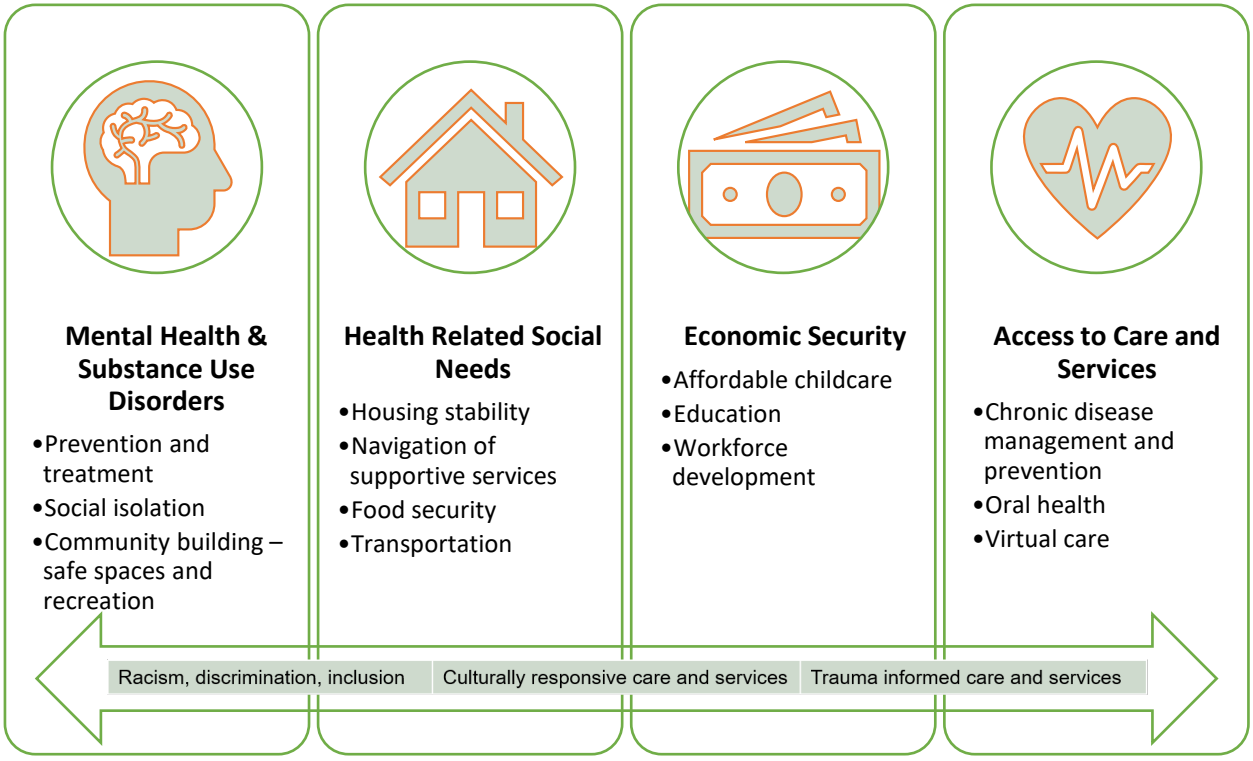
Our collaborative, which also included members from Clatsop County Public Health and Columbia Memorial Hospital, used a Health Equity Framework and a modified Mobilizing for Action through Planning and Partnerships (MAPP) model to create the CHNA. The modified MAPP model is a strategic planning process that relies on collaborative partnership and includes five assessment components to inform planning: (1) Population Health Status Assessment, (2) Community Engagement, (3) Internal Utilization Data, (4) Community Strengths and Assets, and (5) Prioritization Protocol.

Although the CHNA was conducted in both Clatsop and Columbia counties, the CHIP is created solely for Clatsop County where Providence serves the community through inpatient and ambulatory services.

Significant Community Health Needs Prioritized

A wide spectrum of significant health needs was identified in the 2022 CHNA, some of which are most appropriately addressed by other community organizations. The following graphic summarizes Providence Oregon's priority areas, and PSH will focus on the bolded pillars for its 2023-2025 community benefit efforts:

Oregon Region 2022 CHNA Priorities



Needs Beyond the Hospital's Service Program

No hospital facility can address all health needs present in its community. We are committed to continuing our Mission through community benefit grant-making and ongoing partnerships in our community.

While we strive to care for our communities each day, we recognize that we cannot address all needs effectively or independently. However, we are confident that these needs will be addressed by others in the community. PSH will continue to collaborate with community partners and stakeholders to address the aforementioned health, economic, and social needs of our community in order to coordinate care that may positively affect these unmet needs. We strongly believe that together we can better address the needs of our communities by leveraging our collective strategies.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Through a collaborative process, the Seaside Service Area Advisory Council (SAAC), representing internal staff and community members, selected the significant health needs to be addressed in this CHIP.

As a first step in identifying key strategies to address those needs, the Providence Community Health Team did a cross analysis of community health programs, grants to community partners, key partnerships, and local initiatives that could make an impact. A brainstorming tool describing the level of intervention and population-level for each specific need served as an essential step in generating feasible CHIP strategies.

After populating the CHIP with strategies and measures, the SAAC and PSH leadership provided input and gave feedback on initial strategies and measures. Input was gathered over months and incorporated into this final CHIP document.

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

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH & SUBSTANCE USE DISORDERS

Long-Term Goal(s)/ Vision

Foster community resilience through outreach, engagement community supported services.

Table 3. Strategies and Strategy Measures for Addressing Community Mental Health and Well-being

Strategy	Program/ Responsible Organization	Population Served	Strategy Measure	Baseline (2022)	Target
1. Identify behavioral health patients with frequent ED visits who may need additional post-discharge support	Better Outcomes Through Bridges ED-Outreach	Adults with frequent ED visits discharging from PSH ED w/ low income and in need of access to mental health and substance use disorder services	ED utilization % change	-21.20%	-20% (2023-2025)
2. Offer emergency transitional housing and	Clatsop Behavioral Healthcare	Individuals with serious mental illness or severe substance use disorder	# of people served	0	15-20 (2023)

	behavioral health supports					
3.	Offer an inclusive, safe, and restorative environment for adults navigating mental health	Beacon Clubhouse	Adults experiencing mental illness	# of members served per year	82 unduplicated members	100 unduplicated members (2023)
4.	Foster safe and accessible outdoor spaces for recreation and community gathering	Sunset Empire Parks & Recreation District	All community members	Capital campaign milestones	Identified needs of Broadway Field	Secure funds to improve and maintain Broadway Field (2023)

Resource Commitment

Community benefit grants, staff time

Key Community Partners

Clatsop Behavioral Healthcare, LiFEBoat Services – Beacon Clubhouse, Sunset Empire Parks & Recreation District

COMMUNITY NEED ADDRESSED #2: HEALTH RELATED SOCIAL NEEDS: HOUSING STABILITY AND HOUSELESSNESS

Long-Term Goal(s)/ Vision

Increase housing stability and reduce homelessness through increasing housing stock, shelter beds and navigation services for individuals and families in Clatsop County.

Table 4. Strategies and Strategy Measures for Addressing Housing Stability and Houselessness

Strategy	Program/ Responsible Organization	Population Served	Strategy Measure	Baseline (2022)	Target
1. Increase affordable housing stock and offer permanent	Columbia Pacific CCO	Physical and mental health workforce; Unsheltered individuals with severe and	Development milestones	Secure funding	Purchase building and begin construction (2023)

supportive housing units		persistent mental illness			
2. Add shelter beds for high-risk vulnerable populations	The Harbor and Clatsop Community Action	Women fleeing domestic violence, unhoused families with children, individuals coping with addiction, LGBTQIA+ and Latinx	# shelter beds added # served	0	22 beds 132 individuals (2023)
3. Open navigation center in Seaside	Helping Hands Re-entry	Unhoused individuals living in Clatsop County	# individuals served	0	300 individuals served (2023)
4. Expand capacity to serve individuals with transitional housing units	Restoration House	Men with co-occurring disorders including substance use disorders and severe and persistent mental illness	Capital campaign achievements	Finalize design and secure funds	Begin construction (2023)

Resource Commitment

Community benefit grants, staff time

Key Community Partners

Clatsop Community Action, The Harbor, Helping Hands Re-entry, Restoration House, Clatsop County, and Columbia Pacific CCO

COMMUNITY NEED ADDRESSED #3: ECONOMIC SECURITY

Long-Term Goal(s)/ Vision

Increase economic stability for residents of Clatsop County

Table 5. Strategies and Strategy Measures for Addressing Economic Security

Strategy	Program/ Responsible Organization	Population Served	Strategy Measure	Baseline (2022)	Target
1. Increase access to certified and affordable childcare	Clatsop County Child Care Advisory Committee	Families with young children	# children served % increase in childcare slots	260 children 0% increase	350 children 33% increase (2023)
2. Provide scholarships to students interested in health care professions	Clatsop Community College Foundation	Community college students	# students awarded	10 students	15 students (2023)

Resource Commitment

Community benefit grants, staff time

Key Community Partners

Clatsop County Child Care Advisory Committee, Columbia Pacific Economic Development District (ColPac) Child Care Resource and Referral, NW Early Learning Hub, and Clatsop Community College Foundation

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH CARE AND SERVICES

Long-Term Goal(s)/ Vision

To improve access to essential health services and preventive care across Clatsop County.

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

Strategy	Program/ Responsible Organization	Population Served	Strategy Measure	Baseline (2022)	Target
1. Expand health care and prevention services to Warrenton	Providence Seaside Hospital	General community	Development achievements	0	Secure building and begin redesign (2023)

2. Offer bilingual Spanish speaking navigation support	Providence Seaside Hospital primary care clinics	Latinx patients and community members	Hiring milestones	Develop strategy to secure funding	Hire and onboard staff (2023)
3. Increase availability of AEDs in community settings	Providence Seaside Hospital	General community	AEDs contributed to community	0	5 AEDs (2023)
4. Availability of rides to medical appointments and other areas related to health and well-being	Providence Community Connections program	Individuals with transportation barriers	# rides # miles driven	1,359 rides 39,377 miles driven	1,500 rides 42,000 miles driven (2023)

Resource Commitment

Community benefit grants, staff time

Key Community Partners

Columbia Pacific CCO; Sunset Empire Parks & Recreation District; Consejo Hispano

COMMUNITY NEED ADDRESSED #5: ACCESS TO HEALTH CARE AND SERVICES – ORAL HEALTH

Long-Term Goal(s)/ Vision

Improve the ability for adults and children to receive access to oral health services and education, regardless of income.

Table 7. Strategies and Strategy Measures for Addressing Access to Health Care and Services – Oral Health

Strategy	Program/ Responsible Organization	Population Served	Strategy Measure	Baseline (2022)	Target/s
1. Access to free emergency and restorative	Medical Teams International Dental Van Clinics	Underinsured and uninsured adults	#served/# of community clinics	198 patients 29 clinics	154 patients 22 clinics (2023)

dental services					
2. Provide oral health education, screenings, and preventive treatment in classrooms	Providence Healthy Smiles	Students in public schools	# students screened #sealants placed	1,342 students screened 2,795 sealants placed *(2021-2022 school year)*	1,500 students screened 3,100 sealants placed (2022-2023 school year)

Resource Commitment

Community benefit grants, staff time, printed materials, and in-kind space and electricity to host dental van clinics

Key Community Partners

Medical Teams international; Astoria School Districts, Seaside School District; Warrenton-Hammond School District; Knappa School District; Columbia Pacific CCO; Oregon Oral Health Coalition; Oregon Health Authority; Clatsop County Health Department; Healthy Teeth, Bright Futures

Other Community Benefit Programs

Table 8. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low-Income, Vulnerable or Broader Community)
Health-related Social Needs	Community Resource Desk	Assists individuals and families who need support get connected to resources in their community.	Low-Income
Health-related Social Needs	Patient Support Program	Ensuring that low-income patients have a safe discharge by assisting with non-medical needs.	Low-Income
Access to Care and Services	Financial Assistance Outreach and Support –	Supporting Medicaid beneficiaries renew their OHP insurance or transition to new eligible health insurance after	Low-Income/Un- and Under-Insured Individuals

	Medicaid Redetermination	the end of the Public Health Emergency.	
Access to Care and Services	Providence Medication Assistance Program (MAP)	MAP is a prescription assistance program that helps patients with low-income who are un- or under-insured pay for medications.	Low-Income/Un- and Under-Insured Individuals
Mental Health (MH) & Substance Use Disorders (SUD)	Providence Better Outcomes Through Bridges (BOB) - Caring Contacts	Caring Contacts peer support specialists connect patients to community resources and behavioral health programs while providing needed support services along the way.	Low-Income/Adults recently discharged from the Emergency Department in behavioral health crisis

2023- 2025 CHIP GOVERNANCE APPROVAL

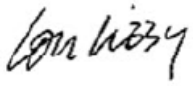
This Community Health Improvement Plan was adopted by the Service Area Advisory Council of the hospital on April 26, 2023. The final report was made widely available by May 15, 2023.

4/28/2023
Date

Rebecca Coplin
Chief Executive, North Coast Service Area

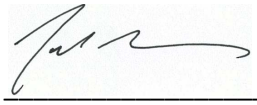
4/28/2023
Date

William Olson
Chief Executive, Oregon Region



4/28/2023
Date

Louis Libby, MD
Chair, Oregon Community Ministry Board



4/28/2023
Date

Joel Gilbertson
Chief Executive, Central Division

CHNA/CHIP Contact:

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

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