

2023 - 2025

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Mount Carmel Hospital

Colville, WA

Providence St. Joseph's Hospital

Chewelah, WA



Photo courtesy of Megan Bean



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

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Stevens County through Providence Mount Carmel and Providence St. Joseph's Hospitals. Providence Mount Carmel, a 25-bed Critical Access Hospital, was founded in 1919 to meet the health care needs of the small community of Colville. More than a century later, Providence Mount Carmel serves a three-county area, offering services including 24-hour emergency care, surgery, and labor and delivery.

Providence St. Joseph's Hospital was founded by the Dominican Sisters in 1929 to meet the health care needs of the small community of Chewelah and surrounding communities of Stevens County.

Providence Inland Northwest Washington (INWA) in Stevens County includes Providence Northeastern Washington Medical Group, Providence Mount Carmel and Providence St. Joseph's Hospitals, and Providence DominiCare. INWA served the tri-county area of Stevens, Ferry, and Pend Oreille Counties. Clinics include locations in Colville, Chewelah, and Kettle Falls.

Providence Mount Carmel and Providence St. Joseph's Hospitals dedicate resources to improve the health and quality of life for the communities they serve, with special emphasis on the needs of the economically poor and vulnerable. During 2021, Providence INWA provided \$144 million in Community Benefit in response to unmet needs.

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Mount Carmel and Providence St. Joseph's Hospitals 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, we collected information from the following sources: public health data regarding health behaviors; morbidity and mortality; and hospital-level data. To actively engage the community, we conducted listening sessions via a virtual town hall and three focus groups, as well as conducted a survey. We also conducted stakeholder interviews with representatives from organizations that serve vulnerable populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

Providence Mount Carmel and Providence St. Joseph's Hospitals 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, Providence Mount Carmel and Providence St. Joseph's Hospitals will focus on the following areas for 2023-2025 Community Benefit efforts:

MENTAL HEALTH

Mental health and behavioral health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions, regardless of payer source or ability to pay.

ACCESS

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. In rural areas, access to specialty care is of particular concern to community members. Economic Security was recognized in the CHNA process as a significant community health need; in developing this CHIP; the 2023-2025 CHIP reflects the need for economic security in the plan to improve Access.

SUBSTANCE USE/MISUSE

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. Adequate access to treatment, regardless of payer source or ability to pay, includes access to outpatient, inpatient and expanded treatment models, such as medication-assisted treatment and peer-support programs.

HOUSING INSTABILITY

Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered “cost burdened” if spending more than 30% of household income on housing, and “severely cost burdened” if spending more than 50% of household income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care.

Providence Mount Carmel and Providence St. Joseph’s Hospitals will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity.

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 Mount Carmel, a 25-bed Critical Access Hospital, was founded in 1919 to meet the health care needs of the small community of Colville. More than a century later, Providence Mount Carmel serves a three-county area, offering services including 24-hour emergency care, surgery, and labor and delivery.

Providence St. Joseph’s Hospital was founded by the Dominican Sisters in 1929 to meet the health care needs of the small community of Chewelah and surrounding communities of Stevens County.

Providence Inland Northwest Washington (INWA) in Stevens County includes Providence Northeastern Washington Medical Group, Providence Mount Carmel and Providence St. Joseph’s Hospitals, and Providence DominiCare. INWA served the tri-county area of Stevens, Ferry, and Pend Oreille Counties. Clinics include locations in Colville, Chewelah, and Kettle Falls.

Altogether, Providence INWA employs more than 8,000 caregivers. Providence Medical Group employs more than 800 physicians and advanced practitioners with more than 60 clinic locations. Providence has relationships with additional physician groups, including Cancer Care Northwest, Inland Neurosurgery and Spine, Spokane OBGYN, and more.

Following in the footsteps of the founding Sisters of Providence of Spokane and the founding Dominican Sisters in Stevens County and North Spokane County, we strive today to address the health care needs of these same communities with compassion, excellence, and integrity supporting the dignity of all persons.

Our Commitment to Community

Providence INWA dedicates resources to improve the health and quality of life for the communities we serve. During 2021, Providence INWA provided \$144 million in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve.

Providence INWA further demonstrates organizational commitment to community health through the allocation of staff time, financial resources, participation, and collaboration to address community identified needs. The Regional Director of Community Health Investment for Eastern Washington and

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

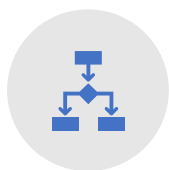
Montana is responsible for ensuring the compliance of State and Federal 501(r) requirements. They also ensure community and hospital leaders, physicians, and others work together to plan and implement the resulting Community Health Improvement Plan (CHIP).

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 hospital 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



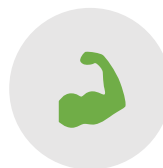
Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

Community Benefit Governance

Providence INWA dedicates resources to improve the health and quality of life for the communities we serve. During 2021, Providence INWA provided \$144 million in Community Benefit² in response to unmet needs and to improve the health and well-being of those we serve.

Providence INWA further demonstrates organizational commitment to community health through the allocation of staff time, financial resources, participation, and collaboration to address community identified needs. The Regional Director of Community Health Investment for Eastern Washington and Montana is responsible for ensuring the compliance of State and Federal 501(r) requirements. They also

² Per federal reporting and guidelines from the Catholic Health Association.

ensure community and hospital leaders, physicians, and others work together to plan and implement the resulting Community Health Improvement Plan (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 has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

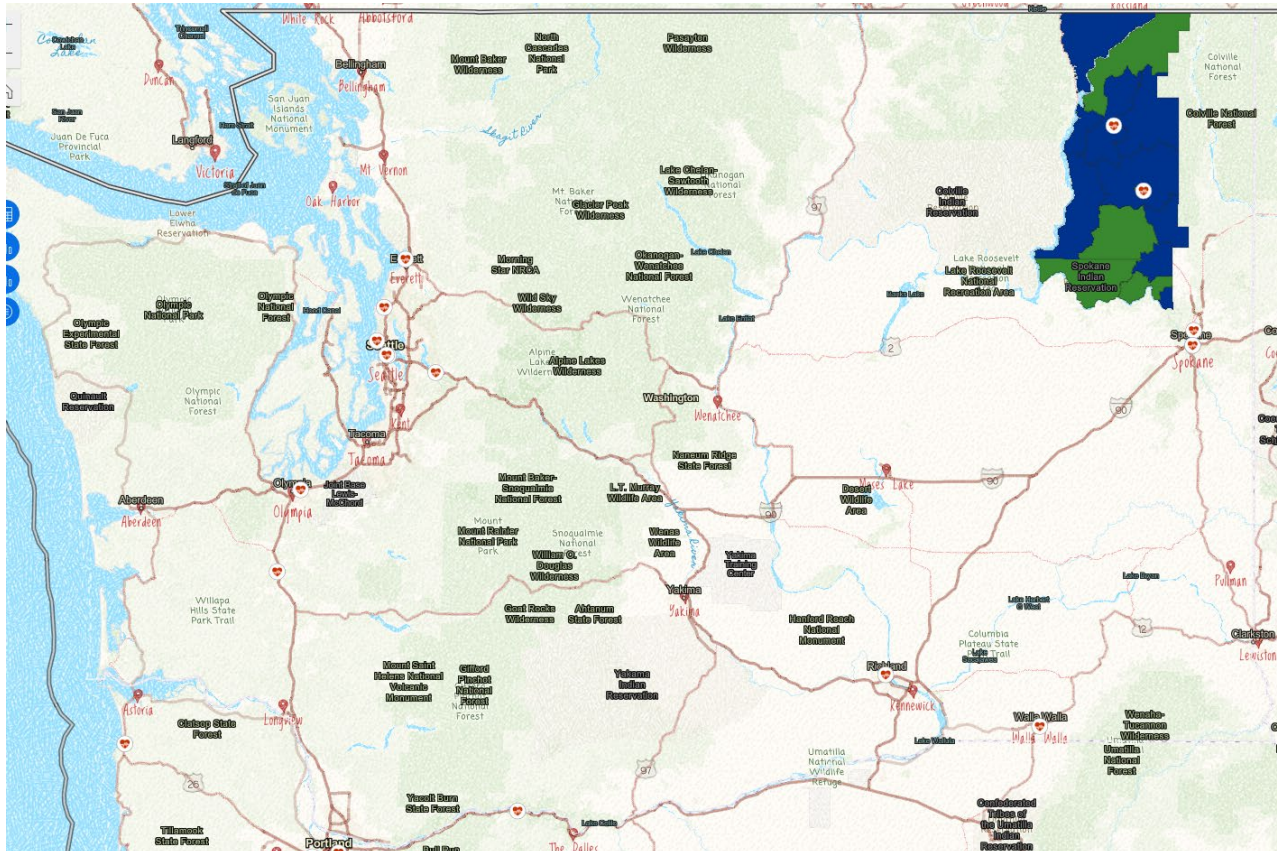
One way Mount Carmel and Providence St. Joseph's Hospitals inform the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. For patients who speak other languages, Providence staff will engage an interpreter service, with over 200 languages available.

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 [here](#).

OUR COMMUNITY

Description of Community Served

Providence Mount Carmel and Providence St. Joseph Hospitals are situated in Stevens County, in the northeast corner of Washington state. Counties to the east and west of Stevens County (Pend Oreille and Ferry counties, respectively) make up the Tri County area with Stevens County, sharing similar demographics and rural characteristics.



Stevens County highlighted in dark blue and green relative to state of Washington

Community Demographics

POPULATION

In 2022, the population total of Stevens County is estimated to be 46,360, an increase of 3.6% since the last CHNA was completed in 2019. 79.2% of the population lives in a rural area. Percentage population by sex is split evenly. Compared to Washington State, the population of Stevens County is much older, with 24.8% of the population being aged 65+, compared to 16.2% for the state. (*County Health Rankings 2022*)

The city of Colville is the Stevens County's seat and most populous area of Stevens County, with an estimated population of 4,786 (US Census Bureau 2020). Chewelah and Kettle Falls are the next most populous towns, with populations of 2,645 and 1,594 people, respectively. The Spokane Indian

Reservation lies almost entirely within Stevens County's borders. The Spokane Tribe of Indians government operations are based in Wellpinit, with an estimated enrolled member population of 2,900 people.

RACE AND ETHNICITY

Stevens County's population is generally more white/non-Hispanic than Washington, with 89.1% of Stevens County identified as white, and 96.3% as non-Hispanic. 5% of Stevens County's population is American Indian/Alaska Native, and another 3.8% of the county identifies as two or more races.

MEDIAN INCOME

At the time of the American Community Survey 5-year estimate in 2019, Stevens County's median income was \$51,850, almost 30% lower than the median income for Washington State. In the highest need service area of the county, median income is \$44,218.

SEVERE HOUSING COST BURDEN

Despite the overall much lower median household income for households in Stevens County, there are fewer renter households compared to Washington state that experience a severe housing cost burden of spending 50% or more of income on housing costs, at 15.4% of Stevens County households compared to 21.1% of Washington state households. Please note that these data reflect circumstances prior to the COVID-19 pandemic, which continues to have significant impact on housing across the United States.

HEALTH PROFESSIONAL SHORTAGE AREA

Stevens County is a HRSA-designated Medically Underserved Area, and it has the lowest rating by HRSA for access to Health Professionals.

Full demographic and socioeconomic information for the service area can be found in the [2022 CHNA](#) for Mount Carmel and Providence St. Joseph's Hospitals.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Members of the Tri County Advisory Committee convened August 5, 2022 to discuss qualitative data gathered through community engagement and quantitative data, including hospital utilization and data reflecting health indicators in Stevens County. Summaries of the qualitative and quantitative data reviewed by the committee are included in the [2022 CHNA](#).

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- Providence service area/high need service area rates worse than state average and/or national benchmarks
- Stevens County service area rates in comparison to neighboring counties with similar demographics (Ferry and Pend Oreille Counties)
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System priorities

Significant Community Health Needs Prioritized

Following discussion of the above data, the participating members of the Tri County Advisory Committee each recommended their 3-5 highest priority needs. The aggregate voting results of this process determined the following priority needs:

MENTAL HEALTH

Mental health and behavioral health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions, regardless of payer source or ability to pay.

ACCESS

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. In rural areas, access to specialty care is of particular concern to community members.

SUBSTANCE USE/MISUSE

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco. Adequate access to treatment,

regardless of payer source or ability to pay, includes access to outpatient, inpatient and expanded treatment models, such as medication-assisted treatment and peer-support programs.

ECONOMIC SECURITY

People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still do not earn enough to afford the things they need to stay healthy.

HOUSING INSTABILITY

Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered “cost burdened” if spending more than 30% of household income on housing, and “severely cost burdened” if spending more than 50% of household income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care.

Needs Beyond the Hospital’s Service Program

No hospital facility can address all of the health needs present in its community. We are committed to collaborating with partner organizations in the community to address the needs identified in our CHNA, with full acknowledgment that these needs are among the most challenging to address in any community and require long-term focus and investment from all levels of community stakeholders. We will collaborate with community partners to advance efforts to address the prioritized needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

This CHIP is currently designed to address the needs identified and prioritized through the 2022 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Following CHNA priorities being set by the Tri County Advisory Council, Providence leadership and Community Health Investment staff from Mount Carmel and Providence St. Joseph Hospitals developed strategies to address the highest priority health needs of the community. The CHIP team sought insight and input from staff and community partners familiar with the efforts to address these needs.

Providence Mount Carmel and Providence St. Joseph's Hospitals anticipate that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Providence Mount Carmel and Providence St. Joseph's Hospitals in the enclosed CHIP.

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

COMMUNITY NEED ADDRESSED #1: MENTAL HEALTH

Population Served

People in need of mental health therapy or counseling; people experiencing mental health crisis; people whose mental wellness has been impacted by COVID-19 pandemic, with an emphasis on those who are marginalized.

Long-Term Goal(s) / Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes. An improved workforce of mental health professionals that is representative of the community served and can effectively and compassionately respond to the community's mental health and substance use needs.

Table 1. Strategies and Strategy Measures for Addressing Mental Health

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Work2BeWell mental health and wellness program focused on providing mental health resources and education for teens, parents, and educators	Primarily high school age students	# of students with knowledge of Work2BeWell resource	W2BW not launched in Northport High School as of 2022	Students at Northport High School will have knowledge of and access to the resources on the Work2BeWell site. Northport High School will have an active student led Work2BeWell group.
2. Charlie Health virtual intensive outpatient program	Adolescents and young adults	Referral system in place for medical group and community.	Insufficient access to mental health services for adolescents and young adults	Establish formal referral system between Providence and Charlie Health.
3. New Alliance Counseling	Medicaid population	# of MCD patients who will receive assessment and treatment.	TBD	TBD
4. Rural Resources (Area Agency on Aging)	Medicare population	TBD	TBD	TBD
5. Integrate behavioral health in primary care	Patients in need of behavioral health services	# of patients with behavioral health needs who receive care in a primary care setting	TBD	TBD

Evidence Based Sources

[Culturally adapted health care](#)

[Telemental health services](#)

[Mental health benefits legislation](#)

[Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors](#)

Resource Commitment

Providence is committed to investing in serving the mental health needs of our communities. This includes services within Providence, as well as support and partnership with community organizations that also work to meet this need.

Key Community Partners

New Alliance Counseling

Charlie Health

Rural Resources

COMMUNITY NEED ADDRESSED #2: ACCESS

Population Served

General, rural population of Stevens County, with particular regard for those who lack resources and/or transportation to access general and specialty care.

Long-Term Goal(s) / Vision

Access to general and specialty care is improved for residents of Stevens County. Economic Security is improved, allowing more people to access components of a healthy life, including secure, healthy food access and job opportunities.

Table 2. Strategies and Strategy Measures for Addressing Access

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Age-Friendly Health Initiative	Aging and elderly patients	TBD	TBD	TBD
2. EWA University student stipends to support travel/housing	Health professions practicum students; general population	Increase the number of allied health students completing clinical rotations in Stevens County.	5 students will complete their clinical rotation in Stevens County.	10 students will complete their clinical rotation in Stevens County per year.
3. Telehealth / Broadband Action Team / Libraries of	General Stevens County population	# of households with internet/broadband access	Insufficient broadband access as identified by	Accelerate broadband deployment, deepen

Stevens County to increase broadband access in Stevens County			local Broadband Action Team	adoption of broadband throughout county.
4. Stevens County Ambulance: Access to medications, paramedic program, equipment	General Stevens County population	Maintain ALS medications & supply Enhance Paramedic program Purchase ALS equipment	Ambulance service provides important link to health care in rural area	Reduce supply cost Reduce operating costs by 10% Increase ALS equipment by 30 %
5. Transportation within Stevens County for medical and basic needs	Aging population; lower-income population	Convene collaborative partners to discuss opportunities to improve transportation	Insufficient transportation within rural and to urban area to obtain basic needs as identified by residents of Stevens County	Assessment completed the transportation options in the community by end of 2023 Residents will have access to transportation support in the community
6. N.E.W. Hunger Coalition	Lower-income general Stevens County population	Increase the amount of food to distribute to local pantry partners	TBD	TBD

Evidence Based Sources

[Federally qualified health centers \(FQHCs\)](#)

[Rural training in medical education](#)

[Rural transportation services](#)

[Telemedicine](#)

[Telecommuting](#)

Resource Commitment

Providence is committed to investing in maintaining and expanding access in Stevens County. This includes services within Providence, as well as support and partnership with community organizations

that also work to meet this need. To ensure access to all patients, Providence provides financial assistance and charity care. Providence financial counseling staff assist patients to obtain coverage, including Medicaid and ACA coverage through Washington Healthplanfinder. Providence will continue to collaborate with community partners that are developing the foundation for economic security and opportunity in Stevens County.

Key Community Partners

Northeast Washington Health Programs; FQHC clinic locations throughout Stevens County

David C. Wynecoop Memorial

Stevens County Sheriff’s Ambulance

Libraries of Stevens County

N.E.W. Hunger Coalition

COMMUNITY NEED ADDRESSED #3: SUBSTANCE USE/MISUSE

Population Served

Patients with a substance use disorder; people seeking substance use disorder treatment.

Long-Term Goal(s)/ Vision

To reduce substance use disorders and related health conditions through evidence-based prevention, treatment and recovery support services.

Table 3. Strategies and Strategy Measures for Addressing Substance Use/Misuse

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Community-Minded Enterprises recovery support services	People seeking treatment and support for substance use/misuse	# of patients who are referred and supported through treatment and recovery	TBD	TBD
2. Medication Assisted Treatment	People seeking treatment and support for substance use/misuse	# of patients who receive treatment	TBD	TBD
3. NEW Alliance Counseling	Medicaid population seeking treatment and support for substance use/misuse	# of MCD patients screened and receipt of services	TBD	TBD

4. Naloxone availability for administration by first responders	People needing emergency medical treatment	Naloxone available by the EMS staff in Stevens County	TBD	TBD
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Evidence Based Sources

[Medication-assisted treatment access enhancement initiatives](#)

[Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors](#)

[Naloxone education & distribution programs](#)

Resource Commitment

Providence is committed to serving patients who seek treatment substance misuse. This includes services within Providence, as well as support and partnership with community organizations that also work to meet this need.

Key Community Partners

Community-Minded Enterprises

NEW Alliance Counseling

Stevens County Sheriff’s Ambulance

COMMUNITY NEED ADDRESSED #5: HOUSING INSTABILITY

Population Served

People experiencing housing instability and at risk of being unsheltered or homeless or houseless; people with low incomes experiencing housing instability.

Long-Term Goal(s) / Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Table 4. Strategies and Strategy Measures for Addressing Housing Instability

Strategy	Population Served	Strategy Measure	Baseline	2025 Target
1. Catholic Charities of	People experiencing housing insecurity;	Collaborate and support projects to increase housing supply	TBD	TBD

Eastern Washington	lower-income population	(Colville Family Haven)		
2. Emergency warming shelters	People experiencing homelessness	Emergency shelter in Colville, Chewelah	Warming shelter services available during winter months	TBD

Evidence Based Sources

[Legal support for tenants in eviction proceedings](#)

[Medical-legal partnerships](#)

Resource Commitment

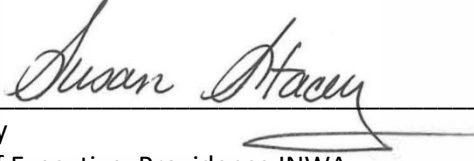
Providence recognizes the vital intersection between health care and housing and believe both are basic human rights. Providence is committed to collaborating with community partners working in support of safe and affordable housing.

Key Community Partners

Catholic Charities of Eastern Washington

2023 - 2025 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Providence INWA Community Mission Board on October 26, 2022. The final report was made widely available by May 15, 2023.



10/26/22

Susan Stacey
Region Chief Executive, Providence INWA

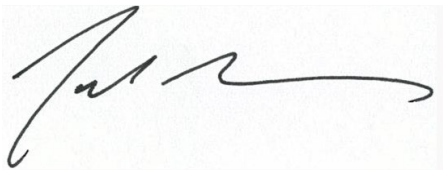
Date



10/26/22

Jeff Philipps
Chair, INWA Community Mission Board

Date



11/15/22

Joel Gilbertson
Central Division Chief Executive
Providence

Date

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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.