2025 - 2027

COMMUNITY HEALTH IMPROVEMENT PLAN

North Puget Sound

Providence Regional Medical Center Everett

Swedish Edmonds Campus

Snohomish County, Washington

Providence SWEDISH

To provide feedback about this CHIP or obtain a printed copy free of charge, please email Jessica Burt at jessica.burt@providence.org or CHI@providence.org

CONTENTS

EXECUTIVE SUMMARY

Providence Swedish continues its Mission of service in Snohomish County through Providence Regional Medical Center Everett (PRMCE) and Swedish Edmonds campus. The following Community Health Improvement Plan (CHIP) outlines our strategic response to addressing the prioritized needs from the 2024 Community Health Needs Assessment (CHNA).

This is a joint Community Health Improvement Plan for PRMCE and Swedish Edmonds campus in response to a joint 2024 CHNA for Providence Swedish North Puget Sound (NPS). The strategies included in this plan are representative of efforts taken by both hospitals to address the identified community needs.

PRMCE, located in Snohomish County, Wash., was founded 1905 and serves as an acute care tertiary hospital. The Swedish Edmonds campus offers the full scope of medical and surgical service, including level IV Trauma emergency medicine, diagnostic, treatment, and support services. The Swedish Edmonds campus, formerly known as Stevens Hospital, operated in the community for 46 years before joining Swedish in 2010, which formed an affiliation with Providence in 2012. The hospital is in Snohomish County, Washington. The hospital's service area is the entirety of Snohomish County including 828,337 people.

PRMCE and Swedish Edmonds campus dedicate 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. The CHNA is an opportunity for both hospitals to engage the community every three years with the goal of better understanding community strengths and needs. The CHNA results guide and inform efforts to better address the community's needs. 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 key informants and listening sessions with community members, primary data from a community survey, and hospital utilization data.

North Puget Sound Community Health Improvement Plan Priorities

As a result of the findings of our 2024 CHNA and through a prioritization process aligned with our Mission, resources, and NPS strategic plan, PRMCE and Swedish Edmonds campus will focus on the following areas for its 2025-2027 Community Benefit:

BEHAVIORAL HEALTH, INCLUDING SUBSTANCE USE

Behavioral health, including substance use, have key areas of improvement and include access to care services including education, and better care delivery. Access to care encompasses various levels of treatment and other crisis support while being mindful of trauma-informed approaches, particularly with on-site school-based care and substance use education. Better delivery of services highlights

coordination of care along with culturally matched and linguistically appropriate services. Some populations of greatest need include young people and new parents, the Latine community, Indigenous Peoples of the U.S., and individuals who were formerly incarcerated.

ACCESS TO HEALTH CARE SERVICES

Access to health care services encompasses several areas of need. They include the high cost of care, even with insurance, particularly Medicaid, in addition to the availability of care and the delivery of care. Availability issues call out a need for more care (especially primary care, low-cost/free immunizations, and OB/GYN care), barriers related to long wait times, limited appointment hours, and transportation issues. The delivery of care centers on needs for culturally matched and linguistically appropriate health care delivery, the availability of care navigation (to access available resources, simplify process, provide education), and ensuring health literacy/health information including accessibility in community such as health fairs. Some communities with the greatest needs include refugees and immigrants, people experiencing homelessness, Indigenous Peoples of the U.S., older adults, and individuals with behavioral health challenges.

RACISM AND DISCRIMINATION

The CHNA Community Advisory Committee, and NPS Executive Leadership Team recognize that racism and discrimination as underlying drivers of need. Therefore, instead of a separate need area, each prioritized need area will integrate health equity measures to support mental and physical health and improve access to economic, social, and healthcare resources.

INTRODUCTION

Who We Are

Providence Regional Medical Center Everett (PRMCE] is an acute care tertiary hospital founded in 1905 and located in Snohomish County, Washington. The hospital has 595 licensed beds, a caregiver staff of more than 4,000, serves as a teaching institute for many health professions and has professional relationships with many medical groups in the community and includes over 1,300 medical staff. PRMCE is split into two campuses. Colby Campus, including the Cymbaluk Medical Tower, is the only adult level II trauma center in Snohomish County and a primary referral center for strokes and heart issues. The campus offers both medical and surgical intensive care units, acute care, telemetry, emergency and inpatient behavioral health care, and a full-service emergency department for adult and pediatric emergency care. Pacific Campus offers maternity care including a level III NICU, inpatient substance use treatment, acute rehabilitation, transitional care, and houses the Providence General Foundation.

Providence 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.

The Swedish Edmonds campus offers the full scope of medical and surgical service, including level IV Trauma emergency medicine, diagnostic, treatment, and support services. Swedish Edmonds, formerly known as Stevens Hospital, was operating in the community for 46 years before joining Swedish in 2010, who then formed an affiliation with Providence in 2012. The hospital is in Snohomish County, Washington, and has 217 licensed beds, more than 1,400 staff including clinical and non-clinical personnel and more than 450 physicians and specialists on medical staff.

Swedish Mission: Improve the health and well-being of each person we serve.

Our Commitment to Community

Providence Swedish North 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: providence.org/about/annual-report.

Joint CHIP Report

This is a "joint CHIP report," within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence Swedish including Providence Regional Medical Center Everett and Swedish Edmonds campus. These hospital facilities completed a joint 2024 CHNA report. A joint approach to addressing the needs identified in the joint CHNA will be most effective given that the hospital facilities share a CHNA service area and community served, staffing, leadership teams, and resources. Strategies identified as "joint strategies" within the CHIP tables are representative of efforts taken by both facilities, although certain strategies have a specific hospital name next it and are representative of efforts taken by only that hospital.

Health Equity and Social Determinants of Health

At Providence Swedish, we are committed to addressing the underlying and root causes of inequities and health disparities. We work to address not only the clinical factors that determine a person's length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based and leading practices.

Financial Assistance Program

Our Mission is to support everyone who comes to us for care, regardless of coverage or ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why North Puget Sound hospital facilities offers a Financial Assistance Program (FAP) that providing free or discounted services to eligible patients.

One way North Puget Sound hospital facilities informs the public of FAP is by posting notices in high volume inpatient and outpatient service areas and in locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance and where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program for Providence Regional Medical Group click https://www.providence.org/obp/wa/financial-assistance-application and for Swedish Edmonds click https://www.swedish.org/patient-visitor-info/billing/financial-assistance.

OUR COMMUNITY

Description of Community Served

The Providence Swedish North Puget Sound hospital facilities service area is Snohomish County. Based on the availability of data, geographic access to the facility, and other hospitals in neighboring counties, Snohomish County serves as the boundary for the joint CHNA hospital service area. Snohomish County is in northwest Washington State, with boundaries extending from Skagit County in the north, King County in the south, the Cascade Mountains in the east, and the Puget Sound in the west.

Figure 1. High Need and Broader Need Census Tracts in Snohomish County

Providence uses Centers for Disease Control Social Vulnerability Index (SVI) to identify communities of higher need within our service areas. Census tracts that score higher than the median SVI score is classified as "high need" and are depicted in green. All other census tracts are labeled "broader need" and are shown in blue. For Snohomish County, the median 2020 SVI score for census tracts overall is 0.37.

Community Demographics

The following demographics are from the 2022 American Community Survey 5-year estimates.

POPULATION AND AGE DEMOGRAPHICS

A growing and more diverse population. In 2022, the total population of Snohomish County was 828,337, with 394,207 residents in the broader service area and 434,130 in the high need area, an increase of about 4% for total population (798,808) from the 2019 American Community Survey 5-year estimates. There is an even distribution of reported male and female residents, and the largest percent of residents are in the 35-54 age group (28.1%) compared to other age groups.

- Those younger (18-34) have a disproportionately higher representation in high-need areas.
- Those oldest (age 55 or older) or youngest (age 18 or under) are similarly represented across need areas.

POPULATION BY RACE AND ETHNICITY

The largest racial groups include white (68.9%), Asian (12.3%), Hispanic (11.1%) and Black/African American (3.5%), with 9.7% of residents reporting two or more races. Since the last CHNA, the only decrease has been among those reporting as white (75.4% in 2019).

People identifying as Hispanic, 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 disproportionately represented in the high need service area compared to the broader service area and Snohomish County overall.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Snohomish County Service Area

Indicator	Broader Service Area	High Need Service Area	Snohomish County	Washington State
Median Income Data Source: 2022 American Community Survey, 5-year estimate	$133,379	$89,141	$104,083	$90,325
Percent of Households with Severe Housing Cost Burden Data Source: 2022 American Community Survey, 5-year estimate	9.4%	15.7%	13.0%	13.1%

The median household income in the high need service area and in Washington State are both around $90,000, although the percentage of households with severe housing cost burden in the high need service area is higher than Washington State.

Severe housing cost burden is defined as households spending 50% or more of their income on housing costs. The average percent of households with severe housing cost burden in the high-need service area is 15.7%, which is higher than the county value (13.0%) and the broader service area (9.4%)

Full demographic and socioeconomic information for the service area can be found in the 2024 CHNA for Providence Regional Medical Center and in the 2024 CHNA for Swedish Edmonds

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Providence Swedish North Puget Sound (NPS) used a mixed-methods approach to identify the significant health needs of the community and those that NPS will address in this CHNA cycle. The process started with qualitative data, listening to the voices of the community through key informant interviews, listening sessions, and a community survey. To actively engage the community, five listening sessions/focus groups were conducted with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 20 key informant interviews with representatives from organizations that serve these populations, including the Administrative Director and Medical Director of Snohomish Health Department. Community input was received through a broad array of sources: Tribal members, law enforcement, city and county government, emergency services, public schools, community-based organizations that serve youth, seniors, families, refugee, and immigrants, and/or those with mental health, physical health, or other social support needs. Some key findings include the following:

- A need for supportive relationships that provide opportunities for inclusion and connection.
- A need for access to behavioral health and substance use treatment and prevention resources that serve all, especially young people, families, culturally and racially diverse communities and those formerly incarcerated.
- A need for access and resources across a variety of cultures and subpopulations to meet basic needs that promote economic security including affordable housing, healthy food, transportation, childcare, education and reliable and appropriate healthcare services and delivery across a variety of needs, cultures, and populations.
- A need for safe spaces and an environment that ensures personal safety, low crime rates, access to nature, recreational opportunities, and a clean, sustainable environment.
- Community strengths that potentially could provide support are strong community resource networks, collaborative relationships, and a growing community with opportunities for engagement and connections to natural resources.

A review of the quantitative data was then conducted to validate and enrich the outcomes of the qualitative information provided by the community. Data was collected from the following quantitative data sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, Washington State Department of Health, and PRMCE and Swedish Edmonds campus emergency department utilization data. The data was compiled and compared to local, state, and national data to identify trends, and evaluate the size and seriousness of the need. These findings were used to frame the discussion of the top health needs. The significant needs based on the size, seriousness, trend, and disproportionate impact on sub-populations included: affordable housing and homelessness, access to health care services, behavioral health including substance use, access to childcare and preschools, economic security with focus on food security, and racism and discrimination.

Significant Community Health Needs Prioritized

The final phase included an evaluation of resulting significant needs based on the linkage to the strategic plan, the number of resources required relative to community need, and confidence in North Puget Sound's ability to have a positive impact. Through this evaluation process the following priority areas were identified (listed in order of priority):

BEHAVIORAL HEALTH, INCLUDING SUBSTANCE USE

Behavioral health, including substance use, have key areas of improvement and include access to care services including education and better care delivery. Access to care encompasses various levels of treatment and other crisis support, while being mindful of trauma-informed approaches, particularly on-site school-based care and substance use education. Better delivery of services highlights coordination of care along with culturally matched and linguistically appropriate services. Some populations of greatest need include young people and new parents, the Latine community, Indigenous Peoples of the U.S., and individuals who were formerly incarcerated.

ACCESS TO HEALTH CARE SERVICES

Access to health care services encompasses several areas of need. They include the high cost of care, even with insurance, particularly Medicaid, in addition to the availability of care and the delivery of care. Availability issues call out a need for more care (especially primary care, low-cost/free immunizations, and OB/GYN care), barriers related to long wait times, limited appointment hours, and transportation issues. The delivery of care centers on needs for culturally matched and linguistically appropriate health care delivery, the availability of care navigation (to access available resources, simplify process, provide education), and ensuring health literacy/health information including accessibility in community such as health fairs. Some communities with the greatest needs include refugees and immigrants, people experiencing homelessness, Indigenous Peoples of the U.S., older adults, and individuals with behavioral health challenges.

RACISM AND DISCRIMINATION

The CHNA Community Advisory Committee and NPS Executive Leadership Team recognize that racism and discrimination are underlying drivers of need. Each prioritized need area will integrate health equity measures to support mental and physical health and improve access to economic, social, and healthcare resources.

Needs Beyond the Hospital's Service Program

North Puget Sound (NPS) hospital facilities are committed to improving the health of the communities we serve and investing in spaces where we can have the greatest impact. By leveraging our expertise and our core competencies as health care providers, we can meaningfully contribute to high-impact solutions for expanded access to high-quality, equitable health care.

The following community health needs identified in the 2024 CHNA will not be directly addressed, and an explanation is provided below:

- AFFORDABLE HOUSING AND HOMELESSNESS: North Puget Sound does not directly address homelessness; however, we partner with several organizations that serve those experiencing homelessness, in the community. The primary focus of hospital services is acute care, related to short term care, with limited support for wrap around services. Our community-based organizations are better suited to provide specialized support and flexibility in meeting this need.
- ACCESS TO CHILDCARE AND PRESCHOOLS: North Puget Sound understands the critical need to support families' economic security and well-being, as well as to ensure healthy futures for children by providing an array of services for children, youth, and families. However, the hospital facilities do not directly address or provide childcare and preschools because our expertise is not focused on early childhood education or preschools, and is without the infrastructure, funding, and staff to adequately address this need.
- ECONOMIC SECURITY WITH FOCUS ON FOOD SECURITY: North Puget Sound does not provide services that directly address safety net services for economic insecurity, including food insecurity, due to a lack of expertise to effectively address this specific need. However, NPS partners with or refers to community-based organizations that address economic and food security. Community organizations are better suited to handle supply, storage or distribution systems needed for effective food distribution.

All health needs identified as part of the 2024 CHNA touch on core social determinants of health and share commonalities. For areas outside our immediate focus, we will continue to invest in community programs and initiatives that work to address social determinants of health and expand our capacity to reach those in need through referrals, in-kind donations and grantmaking.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The CHNA Oversight Committee reconvened and expanded to include key North Puget Sound leaders from the CHIP priority need areas in January 2025 to develop draft strategies for each of the significant needs that North Puget Sound will address. The CHNA Advisory Committee and the PRMCE Executive Leadership Team served as review committees in the development of the CHIP. The Executive Leadership Team has accountability for the ongoing planning, budgeting, and implementation of community benefit activities and selecting the community health priorities that North Puget Sound will focus on for this cycle. The Executive Leadership Team and the CHNA Advisory Committee reviewed and provided feedback in February 2025 from their unique perspectives as leaders and community members, respectively. In late February, the PRMCE Community Mission Board reviewed and adopted the final plan. Following this approval, the Swedish Health Services Board of Trustees reviewed and adopted the joint final plan for the North Puget Sound CHIP at their March board meeting. This CHIP is currently designed to address the needs identified and prioritized through the Providence Swedish North Puget Sound 2024 CHNA process. However, North Puget Sound acknowledges 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 strategies identified in the CHIP.

Prioritized Significant Heath Needs

The table below lists the prioritized significant needs that were identified through the CHNA and specifies which needs the North Puget Sound service area will address.

Prioritized Significant Health Needs	Hospital Addressing Need (Y/N)	
	Providence Regional Medical Center Everett	Swedish Edmonds
Behavioral Health, including Substance Use	Yes	Yes
Access to Care	Yes	Yes

The Providence Swedish North Puget Sound will address each need with regional strategies that have various activation dates throughout the three-year implementation life cycle. Some of the strategies will take place in communities that are geographically associated/tagged to a specific facility.

Addressing the Needs of the Community: 2025- 2027 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: BEHAVIORAL HEALTH, INCLUDING SUBSTANCE USE

Population Served

Low income, uninsured, under-insured, or other vulnerable and underserved populations who are at risk of behavioral health or substance use issues.

Long-Term Goal(s)/ Vision

To ensure access to high-quality behavioral health care, including mental health and substance use, that is patient-centered and equitable.

Table 2. Strategies and Strategy Measures for Addressing Behavioral Health, including Substance Use

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Provide and administer countywide community cash donations, grant funding, and in-kind support to enhance resources and expand prevention, education, and interventions of behavioral health services, including substance use. (Joint Strategy) *	Low income, uninsured, under-insured, young people, seniors, BIPOC, unhoused, or other vulnerable and underserved populations	% of annual grants/donation funds invested in programs to address behavioral health (BH) and substance use (SU) as primary or secondary need area	2024 = 50% of grants/ donations invested in mental health and substance use/misuse	55% of grants/ donations invested in BH and SU
2. Facilitate or host community education, support groups and/or collaborative partnerships focused on mental health and substance use. (Joint Strategy)	Low income, uninsured, under-insured, adults, young people, BIPOC, refugees and immigrants, those with or at risk of chronic conditions or other vulnerable and underserved populations	# of community events # of encounters	2024 = 5 community events 150 encounters	Maintain the number of community events and increase encounters by 5%
3. Expand community mental health and crisis services for adults and adolescents through timely and	Adults and Youth > 16 years old	# of encounters/visits through the Behavioral	2024 = 2,409 encounters, including	5% increase in encounters/ visits

culturally appropriate services in urgent care. (PRMCE)		Health Urgent Care Clinic	depression/ suicide screens	through Behavioral Health Urgent Care
4. Provide crisis intervention services to those impacted by sexual, physical, and/or relationship violence in the community, co-located in community-based child advocacy center. (PRMCE) *	Adults or youth who are impacted by sexual, physical or relationship violence	# of persons served through exams, support groups/therapy, or other support	2024 = 3,426 persons served	5% increase in total persons served
5. Provide intensive outpatient behavioral health through the partial hospitalization program. (Joint Strategy)	Clients with acute psychiatric needs, who can be helped to stabilize in the community rather than in an inpatient setting	# of clients in partial hospitalization, intensive outpatient program	2024 = 311 Swedish Edmonds; 0 PRMCE (clinic opening March 2025)	35% increase in clients at Swedish Edmonds; target TBD
6. Offer medication-assisted treatment (MAT) to help treat opioid use disorder and/or connect patients to MAT programs through substance use navigation, including peer navigators. (Joint Strategy**)**	Clients experiencing substance use disorders	# of clients connected to MAT treatment	2024 = 460 clients connected to MAT treatment from Edmonds and 242 from PRMCE Outpatient Substance Use Services	10% increase in clients connected to MAT

*Indicates a strategy focused on promoting health equity and addressing racism and discrimination.

Evidence Based Sources

Urgent Psychiatric Services: A Scoping Review - PMC

MAT Models of Care for Opioid Use Disorder in Primary Care Settings | SAMHSA

An Update of Peer Support/Peer Provided Services | Psychiatric Quarterly

Resource Commitment

North Puget Sound will commit caregiver time, provide grants and donations to local community partners, and facilitate funding from various health system sources.

Key Community Partners

Some of our key community partners for this need area include:

- Center for Human Services
- Compass Health
- Dawson Place
- Emergency Mobile Opioid Treatment
- Homeward House Collaborative
- Ideal Option
- Snohomish County Behavioral Health Committee
- Snohomish County Children's Wellness Coalition

COMMUNITY NEED ADDRESSED #2: ACCESS TO CARE

Population Served

Low income, uninsured, under-insured, or other vulnerable and underserved populations who are experiencing barriers to health information or care resources, including social determinants health.

Long-Term Goal(s)/ Vision

Improve access to comprehensive, high-quality, culturally sensitive health care and preventive resources at the right time and in the right location, especially for those who are uninsured and underinsured.

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

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Provide and administer countywide community cash donations, grant funding and in-kind support to Community-Based organizations (CBO's) addressing health care access, including direct service and SDOH with a focus on health equity. (Joint Strategy) *	Low income, uninsured, under-insured, BIPOC, refugees and immigrants, unhoused, or other vulnerable and underserved populations	% of annual grants/donation funds invested in programs to address access to care as primary or secondary need area	2024 = 40% of grants or donations invested in access to care efforts and initiatives	45% of grants/donations invested in access to care efforts and initiatives
2. Provide culturally appropriate community health and well-being information/education, health screenings or resources, including support	Low income, uninsured, under-insured, adults, young people, BIPOC, refugees and	# of community events # of encounters	2024 = 25 community events 3,800 encounters	Maintain community events and a 5% increase in encounters

	of health equity community partnerships, to bridge gaps in information, prevention, and care a**ccess.** (Joint Strategy) *	immigrants, those with or at risk of chronic conditions or other vulnerable and underserved populations			
3.	Provide culturally relevant care navigation, utilizing community health workers and/or cultural health navigators, with a focus on social determinants of health and outreach with community-based organizations. (PRMCE) *	BIPOC client's w/ hypertension and diabetes management related to SDOH, BIPOC women w/ high-risk pregnancy and uncontrolled diabetes, individuals with a primary language other than English, disabilities, or LGBTQIA+	# of encounters, including community health workers and cultural health navigator encounters	2024 = 1,704 encounters	5 % increase in encounters
4.	Identify and provide community care and solutions for those in need of resources to support social determinants of health that impact access to care such as housing, transportation, or other basic needs, in partnership with community-based organizations. (Joint Strategy)	Clients or individuals experiencing barriers to care, such as housing, transportation, or other care support needs	# of clients provided resources to support care and recovery # of resource hub listings	2024 = 430 resources provided 2,435 resource hub listings	5 % increase in resource support and resource listings
5.	Support activities to increase the available workforce and interest in the health care field in partnership with local community organizations and educational institutions. (Joint Strategy)	All members of community	Snohomish County population to provider ratio for primary care	1870:1 (Snohomish County, 2021, County Health Rankings)	At or below WA State of 1200:1 (2021, County Health Rankings)

*Indicates a strategy focused on promoting health equity and addressing racism and discrimination.

Evidence Based Sources

Cultural Navigators to Liaise Between Communities and Public Health | National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

Strategies To Empower Communities to Reduce Health Disparities | Health Affairs

Strengthening Health Care Through Community-Based Organizations | Baker Institute

Resource Commitment

North Puget Sound will commit caregiver time, provide grants and donations to local community partners, and facilitate funding from various health system sources.

Key Community Partners

Some of our key community partners for this need area include:

- Community Health Centers of Snohomish County
- Connect Casino Road
- Equity Partnership of Snohomish County
- Everett Community College School of Nursing
- Everett Gospel Mission
- Everett School District, Project Search
- Housing Hope
- North Sound Accountable Community of Health
- Northwest Justice Project
- Sea Mar Community Health Centers
- Snohomish County Health Department
- Verdant Health Commission
- Washington State University, Elson S. Floyd College of Medicine

2025- 2027 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Community Mission Board of the Providence Regional Medical Center on February 20th, 2025, and by the Swedish Health System Board of Trustees of the Swedish Edmonds Campus on March 18th, 2025. The final report was made widely available by May 15, 2025.

2/20/2025

Kristy Carrington, RN — Date
North Puget Sound Chief Executive, Providence Swedish

2-20-2025

Ed Petkus — Date
Chair, Providence Regional Medical Center Community Mission Board

3/21/2025

Elizabeth Wako, M.D., MBA — Date
President and Chief Executive Officer, Swedish Health Services

3/21/2025

Diankha Linear, JD — Date
Chair, Swedish Health System Board of Trustees

DocuSigned by:
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Kevin Books, MHA, FACHE — Date
North Division Chief Executive Officer, Providence

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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.