2025 - 2027

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Mary Medical Center

Walla Walla, Washington

To provide feedback about this CHIP or obtain a printed copy free of charge, please email Karen Hayes at karen.hayes@providence.org.

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in the Southeast Washington service area through Providence St. Mary Medical Center. Providence St. Mary Medical Center (PSMMC) is an acute-care hospital founded in 1880 and located in Walla Walla, Washington. The hospital's service area is Walla Walla, Columbia, and Umatilla Counties, including 146,034 people.

PSMMC 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. The Community Health Needs Assessment (CHNA) is an opportunity for PSMMC 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, and hospital utilization data.

Providence St. Mary Medical Center Community Health Improvement Plan Priorities

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

BEHAVIORAL HEALTH AND ACCESS TO CARE

Primary needs identified include the need for more behavioral health treatment services, consistent mental health therapists, and mental health resources, including naloxone education and distribution. Crisis prevention, behavioral health stabilization, additional crisis response services, and a local detox center are needed. Longer term support for people with ongoing behavioral health needs is necessary as opposed to brief interventions.

More bilingual and bicultural services are needed to provide culturally matched and linguistically appropriate services. Young people and older adults were emphasized as populations of concern along with additional groups identified that included youth identifying as LGBTQIA+, Spanish-speaking individuals, perinatal patients, health care providers and behavioral health professionals, people with co-occurring behavioral health concerns, and people experiencing homelessness.

ACCESS TO HEALTH CARE

Accessing needed health care services is challenging for many people, particularly specialty care. Urgent care is not available in all communities, including Milton-Freewater, and community members would like more timely access to emergency care and more local pharmacies.

To address health equity, more language services and navigators are needed in the community to ensure all people can access appropriate care, particularly those that speak Spanish as a primary language. More culturally matched and linguistically appropriate health care services, interpreters, and bilingual Community Health Workers and paramedics are needed to serve the community.

Barriers to care include a lack of transportation and childcare, appointments during work hours, and insurance issues and cost of care (accessing care in Washington with Oregon insurance). Certain populations may experience more barriers to accessing needed care including older adults, people with undocumented status, people experiencing domestic violence, young people, individuals identifying as LGBTQIA+, Spanish-speaking individuals, and people with low incomes.

HOMELESSNESS AND HOUSING INSTABILITY

Housing was identified as a very large need in the community and the lack of affordable housing as a serious situation. With the increase in homelessness over the past few years, more people are living in their cars or unsuitable places such as garages.

There is a lack of affordable housing, rents have increased, and there is the need for more homelessness services, particularly for youth. Housing-related needs include homelessness prevention; support navigating housing resources, particularly for Spanish-speaking individuals; more supportive housing; and shelters for people with pets. People with low incomes, older adults, people with undocumented status, people with a substance use disorder, and single people may have more difficulty accessing housing related resources and remaining stably housed.

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 St. Mary Medical Center is an acute-care hospital founded in 1880 and located in Walla Walla, Washington. The hospital has 142 licensed beds and 1,520 dedicated caregivers. Major programs and services offered to the community include the following: Level 1 Cardiac Center, Regional Cancer and Spine Center, Level 3 Trauma Center, Family Birth Center.

Providence Medical Group operates several primary and specialty care clinics and has more than 80 employed physicians and 30 advanced practitioners.

Our Commitment to Community

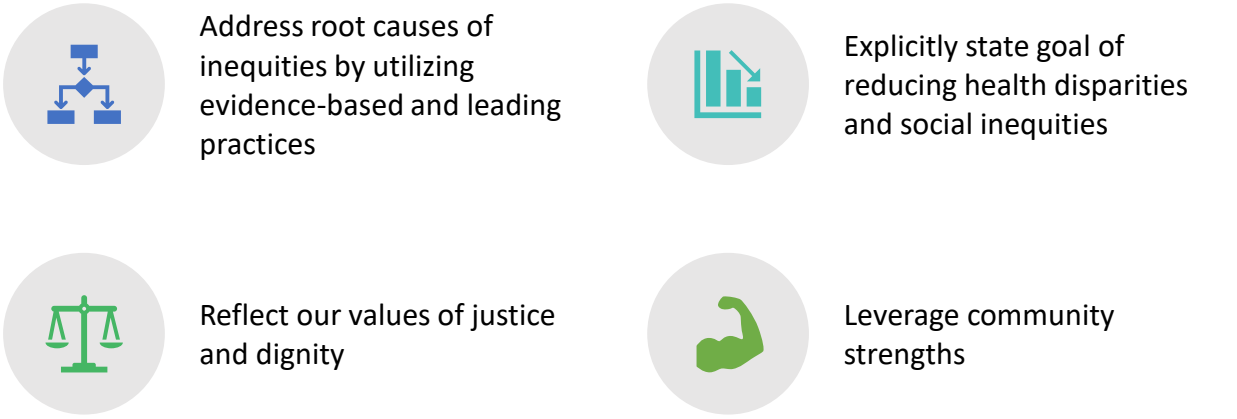
Providence St. Mary Medical Center dedicates resources to improve the health and quality of life for the communities we serve. For more information on how Providence St. Mary Medical Center and Kadlec Regional Medical Center advance the health and quality of life of communities in Southeast Washington, 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 St. Mary Medical Center (PSMMC) has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way PSMMC 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 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 click Financial Assistance.

OUR COMMUNITY

Description of Community Served

Providence St. Mary Medical Center's service area is Walla Walla, Columbia, and Umatilla Counties and includes a population of approximately 146,034 people.

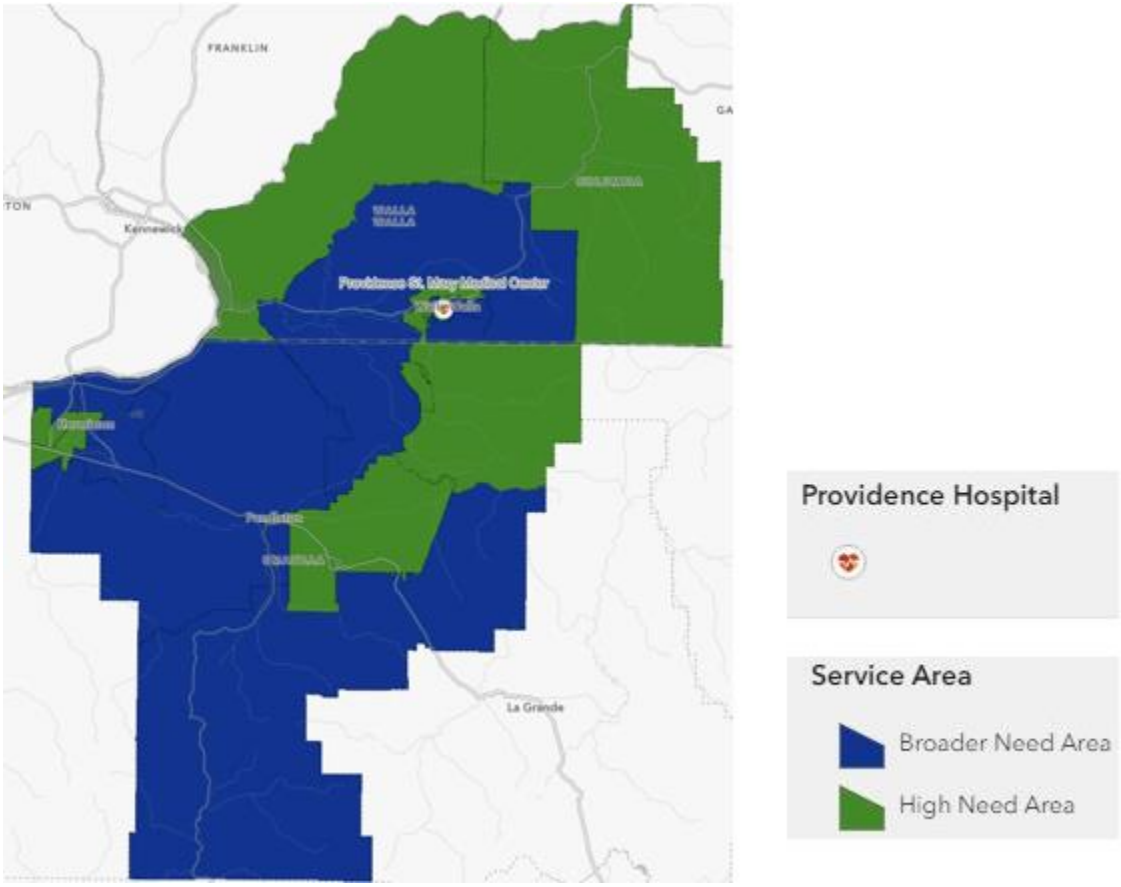


Figure 1. Map of Walla Walla, Columbia, and Umatilla Counties Showing High Need and Broader Need Service Areas Using the Social Vulnerability Index (SVI)

Providence uses CDC's Social Vulnerability Index (SVI) to identify communities of higher need within our service areas. Census tracts that score higher than the median SVI score are classified as "high need" and are depicted in green. All other census tracts are labeled "broader need" and are shown in blue. For the Walla Walla service area, the median 2020 SVI score for census tracts is 0.70.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

In Walla Walla, Columbia, and Umatilla Counties, people ages 18-34 have the most representation in the high need area, with greater than one in four (26.3%) people in the high need area in that age group. Columbia County has a higher population of people 65 years and older (28.9%) than any other age group throughout the counties overall.[1] Population by sex is nearly equally distributed across the service areas, although males are overrepresented in the broader service area (52.5%) compared to the high need service area (50.5%), and females are overrepresented in the high need service area (49.5%) compared to the broader service area (47.5%).[2]

POPULATION BY RACE AND ETHNICITY

People identifying as Hispanic are disproportionately represented in the high need area, comprising 30.6% of the high need service area. White people are more likely to live in the broader service area (80.8%) compared to the high need service area. The percentage of people identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, "some other race," and two or more races is larger in the high need service area compared to the broader service area.[3]

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Walla Walla, Columbia, and Umatilla Counties Service Area

Indicator	Broader Service Area	High Need Service Area	Walla Walla County	Umatilla County	Washington
Median Household Income Data Source: 2022 American Community Survey, 5-year estimate	$79,076	$60,538	$66,635	$70,322	$90,325
Percent of Households with Severe Housing Cost Burden (# of households) Data Source: 2022 American Community Survey, 5-year estimate	9.1% (2,340)	12.6% (3,345)	12.8% (2,933)	9.4% (2,572)	13.1% (391,257)

Median household income in the broader service area is nearly $19,000 greater than in the high need service area. The median household income in all three counties is more than $20,000 lower than Washington State's. All three counties, as well as the high need and broader service areas, have a lower

[1] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B01001

[2] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B02001

[3] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Table B03001

percentage of households with severe housing cost burden than Washington State. Walla Walla County has the highest % of households experiencing severe housing cost burden (12.8%), which is even higher than the high need service area (12.6%).[4]

Full demographic and socioeconomic information for the service area can be found in the PSMMC 2024 CHNA.

[4] U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The CHNA process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

Through a mixed-methods approach, using quantitative and qualitative data (see Appendix 1 of the PSMMC 2024 CHNA for quantitative data and Appendix 2 for qualitative data), we collected data from the following sources:

Primary Data Sources	Secondary Data Sources
• 21 Key informant interviews • 7 Community listening sessions • Internal hospital utilization data	• American Community Survey from the U.S. Census Bureau • Behavioral Risk Factor Surveillance System (BRFSS) • CDC Places • Centers for Disease Control and Prevention • County Health Rankings • Environmental Justice Index • Healthy Youth Survey • Walla Walla County Department of Community Health

To actively engage the community, we conducted listening sessions that included people who are from diverse communities, have low incomes, and/or are medically underserved. To ensure that equity is foundational to the CHNA, we engaged young people, youth identifying as LGBTQIA+, aging adults, people living with a disability, family members of those living with a disability, and those whose primary language is Spanish in the listening sessions. We conducted twenty-one key informant interviews with representatives from organizations that serve these populations, specifically to gain a deeper understanding of community strengths and opportunities.

The Providence St. Mary Medical Center's Mission and Community Health Committee is comprised of hospital leadership, community volunteers, and experts in regional public health. The committee reviewed the quantitative data and community input and met August 1, 2024, for a data presentation and to discuss the findings. The committee voted by online poll to prioritize need areas for the 2024 CHNA, with each participant selecting their three highest priority need areas. The prioritized needs that were identified are behavioral health and access to care, access to health care, and homelessness and housing instability.

The CHNA draft was made available to PSMMC Community Mission Board members September 10, 2024, and it was presented, discussed and approved during their October 18, 2024 board meeting.

Significant Community Health Needs Prioritized

The list below summarizes the significant health needs identified through the 2024 Community Health Needs Assessment process listed in order of priority:

BEHAVIORAL HEALTH AND ACCESS TO CARE

Primary needs identified include the need for more behavioral health treatment services, consistent mental health therapists, and mental health resources, including naloxone education and distribution. Crisis prevention, behavioral health stabilization, additional crisis response services, and a local detox center are needed. Longer term support for people with ongoing behavioral health needs is necessary as opposed to brief interventions.

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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 continuing our Mission through collaboration with partner organizations to address the needs identified in the 2024 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.

Providence St. Mary Medical Center will focus CHIP strategies on the identified prioritized community health needs. Due to resource constraints, the medium-priority needs identified in the CHNA will not be directly addressed: affordable childcare, economic security, domestic violence and child abuse, aging adult well-being, and food security. We collaborate with community-based organizations that address these need areas.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

A working group that included Providence St. Mary Medical Center's Population Health Manager, Director of Clinical Operations, Quality Improvement Coordinator, and Community Health Investment staff met in October 2024 to develop the 2025-2027 CHIP strategies to address identified needs.

Providence St. Mary Medical Center's Mission and Community Health Committee reviewed draft 2025-2027 CHIP strategies on October 3, 2024, discussed, and provided input. The committee reviewed the CHIP draft and provided input on November 7, 2024. In addition to input from the Mission and Community Health Committee, the Director of Emergency Services, the Clinical Program Coordinator, and quality and clinical education managers helped craft the strategies outlined to address identified needs.

The Providence St. Mary Medical Center Community Mission Board met January 17, 2025, to review and approve implementation strategies to address the 2024 CHNA prioritized needs.

Providence St. Mary Medical Center anticipates 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 and initiatives identified in this CHIP.

CHIP strategy measures will be updated quarterly and an annual review will be conducted for relevance and progress, modifying as needed.

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

The strategies, populations served, strategy measures, baselines, and 2027 targets are outlined below for each of the three prioritized health needs: behavioral health and access to care, access to health care, and homelessness and housing instability.

COMMUNITY NEED ADDRESSED #1:BEHAVIORAL HEALTH AND ACCESS TO CARE

Population Served

People in need of mental health care, people experiencing behavioral health crisis, people with limited access to behavioral health care due to age, disability, or lack of culturally-responsive care options.

Long-Term Goal/Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate behavioral health services, especially for populations with low incomes.

A reduction in deaths of despair in the community.

Table 2. Strategies and Strategy Measures for Addressing Behavioral Health and Access to Care

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Integrate behavioral health care in primary care	Patients in need of mental health services	Number of unique patients served	Number of unique patients served in 2024	Increase percentage of unique patients served by 6% in 2025 and 10% in 2026. Target will be updated in 2026.
2. Utilize psychiatrist to expand behavioral health service line	Individuals with complex behavioral health needs and treatment resistance	Number of unique patients served	Hiring process underway in October 2024	Increase percentage of unique patients served by 6% in 2025 and 10% in 2026. Target will be updated in 2026.
3. Collaborate monthly with Comprehensive Healthcare's (CHC) Mobile Crisis Outreach Team (MCOT) to rapidly address behavioral health issues	Individuals with moderate to high risk score on the Columbia Suicide Severity Rating Screening (CSSRS) Policy number 15942629 https://phs-wapsmmc.policystat.com/policy/15942629/latest	MCOT response time to PSMMC By law, three hours to respond to a call for a Designated Crisis Responder (DCR) evaluation	Average response time to PSMMC in 2024 was 51 minutes. The CHC standard is 120 minutes and state is 180 minutes for initial response.	Maintain response time below the time required by law

4. Work2BeWell mental health and wellness program focused on providing mental health resources and education for teens, parents, and educators	Middle and high school students	Number of middle and high school students with knowledge of Work2BeWell resources	Introduced W2BW to The Health Center and Walla Walla Public Schools	Increase the number of middle and high school students with knowledge of Work2BeWell resources by 10% year-over-year
5. Utilize community benefit grant program to increase access to behavioral health care in communities we serve	Underserved, under-resourced persons in need of behavioral health care	Bi-annual progress reports from funded organizations	Funded one behavioral health program in 2024	Continue to support community-based organizations who deliver behavioral health service and programs

Evidence Based Sources

Behavioral health primary care integration

Work2BeWell

Resource Commitment

Providence St. Mary Medical Center will ensure necessary funding and/or staffing to implement strategies identified to address this community need.

Key Community Partners

Blue Mountain Action Council

Blue Mountain Health Cooperative Walk-In Services

Blue Mountain Heart to Heart

Catholic Charities Walla Walla

Comprehensive Healthcare Walla Walla Center

Family Medical Center - Yakima Valley Farm Workers Clinic

The Health Center

Serenity Point

The STAR Project

Trilogy Recovery Community

Walla Walla Clinic

Walla Walla County Department of Community Health

YWCA Walla Walla

COMMUNITY NEED ADDRESSED #2: ACCESS TO HEALTH CARE

Population Served

People in need of timely, affordable care, including primary and specialty care; people with limited access to care due to age, disability, or lack of culturally-responsive care options.

Long-Term Goal

To increase access and ease the way for people to access health care and preventative resources.

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

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Community Health Worker (CHW) Program addressing access to health care	Underserved, under-resourced persons	Number of persons educated on and connected to primary care	111 persons educated on and connected to primary care in 2024	Increase number of persons educated on and connected to primary care by 5%
2. Primary Care Provider Initiative	Admitted emergency department patients with no established primary care	Number of persons established with primary care	1406 persons discharged without primary care in 2024	Establish 10% of discharged persons with primary care

	identified during discharge			
3. Improve access to follow up care and SDOH supports for recently discharged patients that screened positively for SDOH	Patients screened positively for SDOH	Percentage of all inpatients screened for SDOH Percentage of patients who screen positive and want support received a follow up intervention	December screening rate 96%; positive rate 12%	Sustainment of threshold: 85% of all inpatients screened for SDOH Follow up target to be set on/after Q1 2025
4. Medical Assistance-Apprentice Program (MA-A) to address workforce	Individuals seeking living-wage, careers in the medical field	Number of MA-A that complete the requirements of the program and obtain national certification	New MA-A cohort begins January 2025	Adequate MA staffing maintained to meet community need Anticipate 24-30 program graduates by 2027
5. Increase awareness of health care careers to build capacity to meet the growing health needs of the communities we serve	High school and college students	Number of high school and college students participating in opportunities to increase awareness of health care careers	109 high school and college students participated in opportunities to increase awareness of health care careers in 2024	Maintain surgical viewing attendance, increase job shadows by 10%, increase education outreach by 10%
6. Utilize community benefit grant program to increase access to health care in the communities we serve	Underserved, under-resourced persons in need of health care	Bi-annual progress reports from funded organizations	Funded three programs addressing access to health care in 2024	Continue to support community-based organizations who deliver health care services and programs

Evidence Based Sources

Career Academies

Career pathways programs

Community health workers

Culturally adapted health care

Federally qualified health centers (FQHCs)

Health insurance enrollment outreach & support

Rural workforce pipeline seeks to increase access to primary care

Resource Commitment

Providence St. Mary Medical Center will ensure necessary funding and/or staffing to implement strategies identified to address this community need.

Key Community Partners

Blue Mountain Action Council

Blue Mountain Heart to Heart

Christian Aid Center

Educational Service District 123

Family Medical Center - Yakima Valley Farm Workers Clinic

Greater Health Now

SOS Health Services

VA Walla Walla Health Care | Veterans Affairs

VITAL Wines

Walla Walla Clinic

Walla Walla County Department of Community Health

Walla Walla Fire Department Community Paramedic Program

Walla Walla Salvation Army

COMMUNITY NEED ADDRESSED #3: HOMELESSNESS AND HOUSING INSTABILITY

Population Served

People experiencing homelessness and housing instability and at risk of homelessness.

Long-Term Goal

A coordinated and holistic approach to providing linkages to supportive services for people experiencing homelessness.

Table 4. Strategies and Strategy Measures for Addressing Homelessness and Housing Instability

Strategy	Population Served	Strategy Measure	Baseline	2027 Target
1. Community Health Worker (CHW) Program addressing homelessness and housing instability	People experiencing homelessness or housing instability	Number of persons connected to housing or shelter resources	30 persons served in 2024	Increase number of persons connected to housing or shelter resources by 10%
2. Collaborate with Walla Walla County Department of Community Health (WWCDCH) on Built For Zero	Single adults age 25+ who are experiencing homelessness	Establish core improvement team and real time quality data	New initiative in Walla Walla County	Reduce the number of single adults age 25+ actively experiencing homelessness
3. Utilize community benefit grant program to increase access to supportive services for people experiencing homelessness in the communities we serve	People experiencing housing instability, people with barriers to obtaining housing	Bi-annual progress reports from funded organizations	Funded four programs that provide housing resources in 2024	Continue to support community-based organizations who provide housing resources

Evidence Based Sources

Community health workers

Housing First

Rapid re-housing programs

Resource Commitment

Providence recognizes the vital intersection between health care and housing and believes both are basic human rights. PSMMC is committed to collaborating with community partners to address homelessness and to provide linkages to supportive services.

Key Community Partners

Blue Mountain Action Council

Catholic Charities Walla Walla

Christian Aid Center

Greater Health Now

Hope Street

JOES Place #1

Valley Residential Services

Walla Walla Alliance for the Homeless

Walla Walla County Department of Community Health

Walla Walla Housing Authority

Walla Walla Salvation Army

YWCA Walla Walla

Other Community Benefit Programs

Table 5. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	**Program Name**	**Description**	**Population Served (Low Income, Vulnerable or Broader Community)**
1. Access to health care	Blood donation	In partnership with the Red Cross, St. Mary	Broader community

		staff help coordinate and offer space for monthly blood drives	
2. Access/education	Cardiac rehab cooking classes	Healthy cooking class held by cardiac rehab staff for their current and former patients	Low income, vulnerable, and broader community
3. Access to health care	Flu vaccine drive	Free flu shot clinic for the community	Low income, vulnerable and broader community
4. Access to health care	Herring House	Accommodations for Walla Walla Cancer Center guests and their family members that cannot afford accommodations while in Walla Walla for cancer treatment and other illnesses	Low income, vulnerable
5. Access to health care	Pharmacy residency program	Pharmacy residency program at PSMMC	Broader community
6. Access to health care	Prostate screenings	Prostate cancer screening events offered to the community to improve access to health screenings	Low income, vulnerable and broader community

2025- 2027 CHIP GOVERNANCE APPROVAL

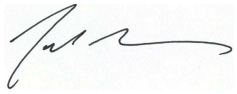
This Community Health Improvement Plan was adopted by the Providence St. Mary Medical Center Community Mission Board of the hospital on January 17, 2025. The final report was made widely available by May 15, 2025.

Reza Kaleel 01/20/2025

Reza Kaleel, FACHE Date
Chief Executive, Southeast Washington Service Area
Providence St. Mary Medical Center

Alan Coffey 01/20/2025

Alan Coffey Date
Chair, Providence St. Mary Medical Center Community Mission Board

 1/21/2025

Joel Gilbertson Date
Chief Executive, Central Division
Providence

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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.