

Community Health Needs Assessment

Instructions: Use the table below to summarize the data collected during the community needs assessment and community benefit plan process for your service area/ministry.

Completion Date	<ul style="list-style-type: none"> ▪ March 2012 for 2013-2015 needs
Service Area/Ministry	<ul style="list-style-type: none"> ▪ Providence Health Care: Providence Holy Family Hospital and Providence Sacred Heart Medical Center and Children’s Hospital
Sponsor	<ul style="list-style-type: none"> ▪ Mike Wilson, CEO
Planning/Mission Dyad	<ul style="list-style-type: none"> ▪ Ann Hurst & Sara Clements-Sampson, PHC ▪ Lyndia Tye, Director Spokane Regional Health District ▪ Brian Myers, Senior Program Associate, Empire Health Foundation
Workgroup Participants	<ul style="list-style-type: none"> ▪ Mike Wilson Dan Goggin, Ann Hurst, Sharon Fairchild, Curt Shoemaker, Bob Campbell, Liz DeRuyter, Sara Clements-Sampson
Brief Description of How the Community Health Needs Assessment was conducted	<ul style="list-style-type: none"> • Quantitative data gathered by the Spokane Regional Health District through their Spokane Counts report, a health inequity assessment and Emergency Room data were presented to a gathering of over 70 participating individuals and agencies in the Spokane community. • Participants were asked to attend one of five focus groups relating to the data presented. • Qualitative information from the focus groups was compiled into a summary and presented to the larger meeting for a formal vote on the community highest priorities. • This information was presented to the Community Benefit Team along with Thomas Rueters zip code data and Providence hospital data to determine the plan to address the needs.
Service Area Definition	<p>Spokane County: Providence Holy Family Hospital and Providence Sacred Heart Medical Center and Children’s Hospital are located in Spokane County – a population around 473,000, with an annual growth rate of about 0.3% in 2011. (Community Indicators Initiative of Spokane website) The population in Spokane County is fairly evenly distributed between with the oldest age group having the smallest proportion of the population. In 2010 the population was comprised of:</p> <ul style="list-style-type: none"> • 23.4% youth (0-17 years) • 29.9% young adults (18-39 years) • 33.2% older adults (40-64 years) • 13.5% seniors (65+ years) <p>Spokane County is Among county residents in 2010, 89.2% were White, 1.7% Black, 1.5% American Indian/Alaska Native, 2.5% Asian/Pacific Islander, and 3.8% were of two or more races. Residents of Hispanic ethnicity comprised 4.5% of the population (21,260). (Spokane Regional Health District Website)</p>
Targeted Subpopulations	<p>Spokane County: The median income for Spokane County in 2010 was \$46,320. Spokane County’s unemployment rate was 9.1% in 2011. In 2010, the Washington State Population Survey (WSPS) rough estimate of the percent of uninsured per county was, 17.6% of those between 18 and 64 within the</p>

	<p>Spokane County population. In 2010, the top three causes of death among all deaths in Spokane County were cancer, 21.8%, heart disease, 19.8%, and stroke, 6.4%. Combined, these conditions made up almost half of all deaths in Spokane County. Since 1998, the combined and individual shares of heart disease and stroke deaths decreased slightly while cancer has rose slightly. In 2010, an estimated 17.6% of Spokane County residents under age 65 were uninsured, an 80% increase since 2000. The percentage of adults in Spokane County who have ever been told by their doctors they have diabetes increased between 2000 and 2010, from 5.8% to 8.3%. In 2010, Spokane County's share was lower than the United States share (8.7%) and higher than Washington State's share (7.6%). (Community Indicators Initiative of Spokane Website)</p>
<p>Major Issues/Needs Identified Within the Community</p>	<ul style="list-style-type: none"> ▪ Mental health ▪ Care coordination/management ▪ Substance abuse ▪ Access to providers ▪ Obesity/diabetes ▪ Child abuse ▪ Nutrition & physical activity ▪ Vaccine preventable disease ▪ Falls in the elderly ▪ Responsible sexual behavior ▪ Asthma
<p>Providence Identified Needs</p>	<ol style="list-style-type: none"> 1. Mental Health & Substance Abuse <ul style="list-style-type: none"> o Child Abuse 2. Care Coordination/Access to Care 3. Obesity & Diabetes
<p>How Providence is Addressing the Major Issues/Needs (projects/programs)</p>	<ul style="list-style-type: none"> • Mental Health & Substance Abuse: <ol style="list-style-type: none"> 1. Christ Clinic Psychiatric Nurse Practitioner 2. Community Detox funding 3. Funding for Partners with Families and Children 4. Consistent Care Emergency Room Diversion program 5. Main Psych Triage • Care Coordination/Access to Care: <ol style="list-style-type: none"> 1. Consistent Care emergency Room Diversion Program 2. Project Access funding 3. Spokane Prescription Drug Assistance funding 4. Spokane Medical School support • Obesity & Diabetes: <ol style="list-style-type: none"> 1. Partnerships with Empire Health Foundation and Spokane Regional Health District 2. Coordination with our Educational Services Department and INHS
<p>Why Providence Selected These Projects/Programs</p>	<p>The selection criteria utilized was:</p> <ul style="list-style-type: none"> • Does the community benefit project/program address the needs of the targeted subpopulation (i.e. poor, vulnerable, underserved)? • Is it linked to the service area/ministry's key strategies? • How many people will benefit from the project/program? • Does the community recognize the issue as a need? Would they support

	<p>the project/program?</p> <ul style="list-style-type: none"> • Are there potential funding sources outside Providence? • Can existing community programs be leveraged to help more people? • Does the project/program duplicate services that are already available in the community? • Does the project/program connect care across the continuum? • Does the project/program further the Providence vision (i.e. coordinated care, affordability)?
<p>How Others in the Community Are Addressing the Major Issues/Needs</p>	<ul style="list-style-type: none"> ▪ Group Health: Childhood vaccines ▪ City of Spokane, Human Services Department: Mental and physical health care, homelessness, and nutrition and food security ▪ Empire Health Foundation: obesity prevention, mental health, medical professional education ▪ Spokane County United Way: Child abuse and neglect, kindergarten readiness, high school graduation ▪ Spokane Regional Health District: drug use by youth, falls in seniors, nutrition, physical activity, tobacco use ▪ Priority Spokane: high school graduation, economic attainment, early learning environment, health care, alternatives to automobile.
<p>Major Issues/Needs that Are Not Addressed by Providence (include the reasons for not addressing these issues/needs)</p>	<p>The other issues mentioned in the needs assessment including; nutrition & physical activity, vaccine preventable disease, falls in the elderly, responsible sexual behavior, and asthma were not pulled out to specifically be addressed because they were either too narrow of a focus where our hospital data did not show this to be a high magnitude issue or they would be covered under the identified issues of mental health & substance abuse, care coordination & access to care, and obesity & diabetes.</p>
<p>Outcome Indicators or Goals of the Community Benefit Plan</p>	<ul style="list-style-type: none"> • Poor mental health in adults: prevalence is 12.4% in 2011 • Depression in youth: prevalence is 26.6% • Binge drinking in adults: prevalence is 17.8% • Illicit narcotic use in adults: prevalence is 1.2% • Child abuse as reported to CPS: prevalence is 40.0 per 1,000 • Potentially avoidable hospitalization: prevalence is 8.6% • Insured adults: prevalence is 85% • Personal doctor for adults: prevalence is 78.6% • Obesity in adults: prevalence is 28.6% • Diabetes in adults: prevalence is 7.2% • Overweight youth: prevalence is 23.2% <p>*All indicators and their relationship to HP 2020, state and federal data are in the Spokane Counts attachment.</p>
<p>Other</p>	<ul style="list-style-type: none"> ▪ Attachments: <ul style="list-style-type: none"> ○ Community Health Needs Assessment Summary ○ White paper ○ Participant Roster ○ Spokane Counts: http://www.srhd.org/spokane-counts/ ○ Health Inequities Report: http://www.srhd.org/documents/PublicHealthData/HealthInequities-2012.pdf ○ ER data report: http://www.wsha.org/files/127/ERreport.pdf

SPOKANE COMMUNITY PARTNERS

2012 Community Health Needs Assessment



PROCESS FOR THE 2012

► Community Health Needs Assessment

- Review data describing Spokane's demographics; health behaviors, status, and outcomes; and populations with health disparities.
- Obtain community input on health issues affecting our residents.
- Identify three to four priority health issues on which Providence and its partners can focus.
- Assist Providence in meeting the federal non-profit hospital requirement for conducting a community health needs assessment (Patient Protection and Affordable Care Act), including the implementation of an action plan.

Introduction & Goal

The 2012 Community Health Needs Assessment for Spokane County was conducted at the request of Providence Health Care (PHC) in collaboration with the Spokane Regional Health District (SRHD) and the Empire Health Foundation (EHF). The purpose was to prioritize health care needs, especially among the most poor and vulnerable populations, and look for collaborative opportunities to improve the health of the community.

Community Engagement

We began by engaging the community in a thought provoking process over a two-month period. More than 70 community organizations and individuals with expertise in community health issues came together to review both quantitative and qualitative data. Demographic and emergency room data, Spokane Counts (a report on 50 health measures on behavior, status and outcomes), and the results from a health inequity assessment were evaluated. The data was ranked by trend, magnitude, comparison to state and national results, comparison to national Healthy People 2020 Goals, and the presence of health disparities indicating areas needing improvement.

In subsequent meetings, participants broke into five focus groups to explore data categories and test their professional observations against the research.

Finally, participants used the following criteria for selecting the community's highest priority issues:

- Affects the greatest number of community members, particularly as it pertains to the poor and vulnerable;
- Is predictive of other outcomes; it's an underlying cause of other issues;
- Impacts various aspects of community life;
- An area we, as community, believe we can make a difference; there are opportunities for partnerships; change can occur within three years.

2012 Community Health Needs Assessment

The 2012 Community Health Needs Assessment identified and prioritized Spokane's top health needs:

- ▶ Mental health & substance abuse
- ▶ Care coordination & access to services
- ▶ Obesity & diabetes

Conclusion

Providence Health Care will focus on these primary areas and work in collaboration with others throughout the community to best utilize resources, improve communication, and work toward measurable changes that address unmet needs in Spokane.

In the current economic climate of reduced funding and an ever present need to continue or increase services to the uninsured, underinsured and vulnerable populations, collaboration is not an option, but a necessary component in our shared goal to improve the overall health of our community.

By working together, we have an opportunity to coordinate efforts around larger holistic issues and make lasting changes that address many of our community's greatest needs. Related health issues such as mental health, addiction and child abuse, for example, may be most effectively addressed through system changes that have broad impact.

In addition, the partners in this Community Health Needs Assessment see opportunities for additional research to update and validate data; to continue analysis of community resources; to provide community education and increase awareness of the issues; and to collaborate in finding creative solutions that improve the overall health of the community.





Spokane Community Partners Community Health Needs Assessment

2012

Introduction:

Every three years, Providence Health Care is required as a result of the Patient Protection and Affordable Care Act to conduct a comprehensive community health assessment. This year, the Community Health Needs Assessment for Spokane County was conducted in collaboration among Providence Health Care (PHC), Spokane Regional Health District (SRHD) and the Empire Health Foundation (EHF). The purpose was to prioritize health care needs, especially among the most poor and vulnerable populations, and look for collaborative opportunities to improve the health of the community. Our goal for the needs assessment was to:

- Review data describing our community's demographics; health behaviors, status, and outcomes; and populations with health disparities.
- Obtain community input on health issues affecting our residents.
- Identify 3-4 priority health issues that Providence and its partners can act on.
- Assist Providence in meeting the federal non-profit hospital requirement for conducting a community health needs assessment, including the implementation of an action plan.

Plan

A plan was established to engage the community in a thought provoking process over a two-month period. The data tracked for the "Spokane Counts" report was reviewed with a wide representation of community organizations involved in community health issues. This report describes more than 50 health measures on behavior, status and outcomes. Emergency room data was presented, as well as initial results from a health inequity assessment. Participants then participated in one of the five focus groups and explored data categories that most reflected their organization and concern in the community.

Meeting 1 (2 hours): January 11, 2012

- Overview of community health needs assessment process
- Review of quantitative data
- Sign up for focus groups in the following areas
 - Health behaviors
 - Health care
 - Health status/outcomes
 - Infectious diseases
 - Injury and violence

Five focus groups were held based on the categories determined by the Health District data. A facilitator asked six questions to encourage the groups to come to a consensus on three top priority health issues based on the data and their experience working with clients and their organizations.

Meeting 2 (1 ½ hours for each topic area): February 2012 - over two weeks

Focus groups for each of the five health areas obtained input from community members' expertise. These top priorities were brought back to a meeting reconvening the larger group to review the results of the focus groups and to vote as a community on the top issues the community felt should be addressed.

Meeting 3 (2 hours): March 2, 2012; 2-4 p.m.

- Reviewed qualitative results from focus groups around health needs
- Identified 3-4 key health issues in community (considering quantitative and qualitative information)

Results and write-ups for each meeting:

The following are the results for each focus group and identify the key priorities.

Health Status and Outcomes Top Priorities

Spokane's top health priorities reported for this group after reviewing the data were (1) mental health, (2) obesity/diabetes and (3) asthma. The main rationale was the higher costs incurred by the community if we don't prevent or address these issues in terms of medical care, emergency room hospitalizations, personal finances and high rates of absenteeism in both education and work place settings. These are generational issues that affect the overall quality of life. There is particular concern for Mental Health since there are not enough resources, which is becoming a growing problem. Additionally, there is a high systems cost when people are incarcerated rather than treated through appropriate services and interventions.

Reviewed data pertaining to asthma in youth, cancer, childhood obesity, depression in youth, diabetes in adults, food insecurities and many more. (Attachment A, page 4)

Infectious Diseases Top Priorities

The top three areas of need reported for this group after reviewing the data were (1) vaccine-preventable diseases, (2) nutrition and physical activity and (3) responsible sexual behavior. The rationale for this was these are among the greatest problems and they are getting worse. The results of these activities are poor health outcomes, which affect many conditions that are preventable, and have lifelong issues.

These also lead to higher costs while immunizations are low cost with a high impact.

Reviewed data pertaining to drug resistant infection, flu shots in adults and preschool immunizations, among others. (Attachment A, page 6)

Injury Prevention and Violence Top Priorities

The top three areas of need identified by this group were (1) child abuse, (2) mental health in both adults & children and (3) falls in the elderly. The rationale for this was data showing worsening rates in these areas. The cost to the community and individual are high, which also leads to other poor outcomes.

With particular focus on mental health, youth depression and suicide are high. There are not enough resources, and there is a concern for family instability. Child abuse, foster care and mental health are all linked and we have a moral obligation to protect our children. In terms of falls, this is the number one cause for trauma at Holy Family and Sacred Heart hospitals. This leads to a loss of independence and there are many possible interventions, making falls preventable and manageable to address.

Reviewed data pertaining to adverse childhood experience, bullied youth, child abuse, falls and others. (Attachment A, page 6)

Health Behavior Top Priorities

The top three areas of need identified were (1) obesity, (2) substance abuse and (3) mental health. The rationale is the fact that the cost of treating is more expensive than prevention and early intervention; these are preventable and/or treatable issues.

Reviewed data pertaining to binge drinking in adults and youth, breastfeeding, fruit and vegetable intake, maternal smoking and others. (Attachment A, page 2)

Health Care Top Priorities

The top three areas of need identified were (1) mental health/addiction, (2) access to providers and (3) care coordination/navigation/management. The rationale for this was these are cost drivers. There is increased Emergency Room use if care is not managed through prevention services that are best offered by coordinating people to an appropriate medical home setting. By addressing these issues, we can prevent homelessness, hospitalization and long-term care. These all have an impact on health inequities, life expectancy, quality of life and the aging population.

Reviewed data pertaining to dental check-ups, the population who is insured, those who have a personal doctor, etc. (Attachment A, page 2)

The eleven areas identified by the focus groups at the Community prioritization meeting were:

- Access to providers
- Asthma
- Care coordination/management
- Child abuse
- Falls in the elderly
- Mental health (4)

- Nutrition and physical activity
- Obesity(2)/diabetes
- Responsible sexual behavior
- Substance abuse (alcohol, tobacco, drugs) (2)
- Vaccine preventable diseases

At the last meeting, discussions included criteria for voting, and keeping the quantitative data in mind as well as the focus group information. The criterion for selecting priority issues includes:

- Affects the greatest number of community members, particularly as it pertains to the poor and vulnerable
- Is predictive of other outcomes; it's an underlying cause of other issues
- Impacts various aspects of community life
- An area we, as community, believe we can make a difference; there are opportunities for partnerships; change can occur within three years

The group was asked to vote on their top 3 areas of concern. Thirty-nine individuals cast a total of 117 votes. The results and the number of votes received for each health issue are:

- Mental health (32)
- Care coordination/management (14)
- Substance Abuse (14)
- Access to Providers (12)
- Obesity/Diabetes (11)
- Child abuse (10)
- Nutrition & Physical Activity (8)
- Vaccine Preventable Disease (5)
- Falls in the Elderly (1)
- Responsible Sexual behavior (1)
- Asthma (0)

A matrix of other community partners' priority areas was shared with the committee to demonstrate who was working on similar areas and to consider how to enhance each other's work, leveraging the resources to have greater impact.

Providence has decided to focus on 1. Mental Health and Substance Abuse with a subcategory of Child Abuse, 2. Care Coordination and Access to Health, and 3. Diabetes and Obesity based on the top needs that were identified as well as our own hospital data and strategic plan.

Conclusion:

The partners in this needs assessment see continued opportunities for partnership. There are opportunities for further research to fill the data gaps from this analysis due to the information not being available. We would like to see more community education in these areas and bring about more awareness to the issues. We see the next steps as an analysis of who is doing what in the community and what the issues in these areas are. Action plans will be developed around this needs assessment. We see a great opportunity to work on system changes and collaborations that would address many of these issues together. For example, mental health, addiction, child abuse, and even obesity are related health issues, so considering policies to improve the system would have a cross-cutting impact. To have the greatest success, we should work to coordinate efforts around the larger holistic issues. Through collaboration, this community has the opportunity to focus resources, improve communication and work toward making measurable change to address the needs. In these times of reduced funding and need for increase in services to cover the uninsured, underinsured and vulnerable populations, collaboration are not an option, but a necessary component to provide access to services, improve quality of care and reduce costs to the community. Many organizations are likely already collaborating and many more could if there was an increase in communication of services, availability to share successes and failures with each other and focus on what is best for the community.

Participant Roster:

First	Last	Agency
Adam	Nebeker	Cancer Patient Care
Alan	Eschenbacher	All Saints Lutheran
AnaMarie	Martinez	WA St Hispanic Commission
Andrew	Holguin	Inland NW Community Services
Anne	Whigham	ALTCEW
Anne	Paulin	Susan G Komen
Antony	Chiang	EHF
Bethany	Phenix	Health for All
Bob	Riggs	Group Health
Bonnie	Abernethy	Amer. Cancer Society
Brandy	Woods	SPARC
Brian	Myers	EHF
Candy	Jackson	Native Health
Catherine	Armstead	St Joseph Family Center
Christie	Pelz	Children's Home Society
Christine	Barada	Spokane County
Cindy	Dandoy	EWCDC
Cindy	Algeo	SLIHC
Cynthia	Fine	PPGWNI
David	Swink	SRHD
Dawn	Love	2nd Harvest
Diane	Pickens	PHC
Dori	Babcock	WSU
Dylan	Dressler	Native Health
Emily	Fluery	INHS
Fran	Bessermin	PHC/ALTCEW
Gina	Drummond	Hospice of Spokane
Heather	Davis	Work Source
Jamie	Borgan	New Leaf Bakery
Jae	Kennedy	WSUS
Joel	McCullough	SRHD
Jon	Schlenske	Detox
Julie	Banks	YMCA
Julie	Honekamp	SNAP
Julie	Schultz	ESD 101
Kari	Grytdal	Partners
Katherine	Gudgel	Group Health
Kathie	Valhovic	Ronald McDonald House
Kathleen	Kennedy	CORD
Katie	Coker	Spokane AIDS Network
Keith	Baldwin	SCMS
Kristina	Ray	Spokane Jail
Kristine	Ruggles	Christ Clinic

Kyle	Unland	SRHD
Laurie	Moyer	SPS
Lee	Taylor	Project Access
Libby	Hein	catholic Charities
Linda	Kruger	SPARC
Linda	Petrie	SNAP
Liz	DeRuyter	PHC
Lyndia	Tye	SRHD
Lynn	Burkett	ALTCEW
Marilee	Roloff	VOA
Marilyn	Wilson	Frontier Beh. Health
Mark	Springer	SRHD
Mark	Brownlow	SPARC
Mark	Hurtabise	INWCF
Marlene	Alford	WCFR
Megan	McCoy	PADH
Mike	Sparber	Sheriffs Office
Mike	Hilborn	ALTCEW
Nan	Kelly	CORD
Nancy	Vorhees	INHS
Pat	Millen	St Joseph Family Center
Patrick	Jones	EWU
Peg	Hopkins	CHAS
Rodolfo	Arevalo	EWU
Rowena	Pineda	SRHD
Roy	Almeida	PHC
Sally	Pritchard	United Way
Sam	Salinger	PDAF
Shannon	Bedard	YSPP
Stacey	Wenz	SRHD
Susan	Vowell	UGM
Terrilyn	Breland	Fairchild AFB
Thomas	Roshetko	Fairchild AFB
Tim	Smith	Daybreak
Tim	Henkle	United Way
Tina	Bayne	WSU - College of Nursing
Toni	Lodge	Native Health
Torney	Smith	SRHD

Community Health Needs Assessment Data Summary

Instructions: Use the table below to summarize the data collected during the community needs assessment for your service area/ministry. Add columns or rows as needed. The table will help identify the opportunities for providing community benefit.

Need/Issue	Implications	Existing Community Resources that are Addressing This Need/Issue	Are the Resources Adequate?
Mental Health	There are not enough resources and it is a growing problem. Many end up incarcerated, which cost more than treatment. Youth depression and suicide are high, and this issue leads to family instability. Cost of treating is more expensive than prevention and early intervention.	<ul style="list-style-type: none"> • All Saints Lutheran Church • Aging and Long term Care of Eastern Washington (ALTCEW) • Catholic Charities • Community Health Association of Spokane (CHAS) • Children’s Home Society • Christ Clinic • City of Spokane • Coalition of Responsible Disabled (CORD) • Empire Health Foundation (EHF) • Frontier Behavioral Health • Native Health • Partners • Providence Adult Day Health (PADH) • Providence Health Care (PHC) • Spokane County RSN • Spokane County Jail • Spokane County Medical Society (SCMS) • Spokane Low Income 	No, depression in youth is at 26.6% of the population which is much higher than the Healthy People 2020 goal of 7.4%. There are disparities in age, sex, race, and education. Poor mental health in adults is at 12.4% of the population with disparities in age and income. Suicide rates in the population are at 13.5 per 100,000 population. The goal is 10.2 per 100,000.

		<p>Housing Consortium (SLIHC)</p> <ul style="list-style-type: none"> • Spokane Regional Health District (SRHD) • St. Joseph Family Center (SJFC) • Volunteers of America (VOA) • WA State Hispanic Commission • YMCA • Youth Suicide Prevention Program (YSPP) 	
<p>Care Coordination/Management</p>	<p>Increased ER use, if patients are not managed. These are cost drivers. Better care coordination can prevent homelessness, hospitalization, and long-term care. This can reduce health inequities, improve life expectancy, and quality of life for the aging population.</p>	<ul style="list-style-type: none"> • ALTCEW • Cancer Patient Care • Catholic Charities • CHAS • Christ Clinic • Frontier and Yakima Valley Farm Workers Clinic • Group Health • Health for All • Hospice of Spokane • Inland Northwest Community Foundation (INWCF) • Inland Northwest Health Services (INHS) • Native Health • PADH • Partners • Prescription Drug Assistance Foundation (PDAF) • Planned Parenthood of greater Washington and North Idaho • Project Access • PHC • Ronald McDonald House • SCMS 	<p>No, the percentage of insured adults in Spokane County is 85% and those with a personal doctor are 78.6%. Both statistics are on par with the Healthy People 2020 goal, but there are disparities in education and income. Those without insurance or a personal doctor result in higher costs to the hospital and the community. Potentially avoidable hospitalizations are at 8.6%.</p>

		<ul style="list-style-type: none"> • Spokane County • Spokane Jail • Spokane AIDS Network (SAN) • SRHD • Susan G Komen Foundation • Washington State University (WSU) • WSU – College of Nursing • WSUS 	
Substance Abuse	Cost of treating is more expensive than prevention and early intervention.	<ul style="list-style-type: none"> • ALTCEW • Catholic Charities • CHAS • Christ Clinic • Daybreak • Community Detox Services of Spokane • Group Health • Native Health • Partners • SCMS • Spokane Addiction Recovery Centers (SPARC) • SAN • Spokane County • SRHD 	No, binge drinking in adults is at 17.8% of the County population. Binge drinking in youth is at 13% of the population much higher than the Healthy People 2020 goal of 8.5%. there are adult disparities in age and sex, and youth disparities in age, sex, race, and education. Illicit drug use in youth is at 15.6% and illicit narcotic use in adults is at 1.2%. Maternal Smoking is at 16% much higher than the Healthy People 2020 goal of 1.4%.
Access to Providers	Increased ER use, if patients are not managed. These are cost drivers. Better care coordination can prevent homelessness, hospitalization, and long-term care. This can reduce health inequities, improve life expectancy, and quality of life for the aging population.	<ul style="list-style-type: none"> • Catholic Charities • Christ Clinic • City of Spokane • Eastern Washington University (EWU) • EHF • Fairchild Air Force Base • Group Health • Health for All • Inland NW Community Service • INWCF • Planned Parenthood 	No, the percentage of insured adults in Spokane County is 85% and those with a personal doctor are 78.6%. Both statistics are on par with the Healthy People 2020 goal, but there are disparities in education and income. Those without insurance or a personal doctor make up larger costs to the hospital and the community.

		<ul style="list-style-type: none"> • Project Access • PHC • Community Clinics • FQHCs • SCMS • Spokane County • WSU • Work Source 	
Obesity/Diabetes	<p>This is a generational issue and it affects overall quality of life. Cost of treating is more expensive than prevention and early intervention. This is preventable.</p>	<ul style="list-style-type: none"> • ALTCEW • CHAS • Christ Clinic • EHF • Educational Service District 101 (ESD101) • Group Health • INHS • Native Health • New Leaf Bakery • PDAF • PHC • Second Harvest • Spokane Neighborhood Action Program (SNAP) • SCMS • Women's and Children's free Restaurant (WCFR) • YMCA 	<p>No, Diabetes in adults is at 7.2%, which does not have a Healthy People comparison. Obesity in adults, which is a BMI over 30 is 28.6%. Overweight youth are 23.2% of the population.</p>
Child Abuse	<p>Abuse, foster care and mental health are all linked. We have a moral obligation to protect our children. Rates are high and getting worse, which costs the community and individual.</p>	<ul style="list-style-type: none"> • Catholic Charities • CHAS • Children's Home Society • Christ Clinic • Daybreak • Native Health • Partners • PHC • SCMS • Spokane County • Spokane Jail • Spokane Public 	<p>No, bullied youth in Spokane County make up 26.5% of the population. Higher than the Healthy People 2020 goal of 17.9%. Child Abuse as reported to Child protective Services is 40 per 1,000 population. Where the goal is 8.5 per 1,000 population. Physical Abuse in youth by an adult is at 17.5% of the population and there are disparities in sex, race, and education.</p>

		<p>Schools (SPS)</p> <ul style="list-style-type: none"> • SRHD • SJFC • Union Gospel Mission • United Way • Volunteers of America • YMCA • YSPP 	
Nutrition & Physical Activity	Lack of these activities results in poor health outcomes which affects many conditions that are preventable and can affect life long issues. This issue is getting worse and leads to higher costs later on and it is attributable to the greatest problems.	<ul style="list-style-type: none"> • City of Spokane • EHF • ESD 101 • Fairchild Air Force Base • Group Health • PADH • PHC • Second Harvest • SCMS • SNAP • SAN • SRHD • SPS • Union Gospel Mission • WCFR 	No, fruit and vegetable intake in adults is 21.9% and youth is 24.3%. Food insecurity in youth is 18.2%. Much higher than the Healthy People 2020 goal of 6%. Physical Activity in adults is 69.9% and youth is 57%.
Vaccine Preventable Disease	Immunizations are low cost with high impact.	<ul style="list-style-type: none"> • Catholic Charities • Christ Clinic • EWU • ESD 101 • Eastern WA CDC • Group Health • PHC • Spokane County • SPS 	No, Flu shots in adults are at 36.2% of the population, which is much lower than the Healthy People 2020 goal of 80%. Preschool immunizations are at 60.2%. Where the Healthy People 2020 goal is at 90%. School-age immunizations are at 7.3%.
Falls in the Elderly	Number one trauma at	<ul style="list-style-type: none"> • ALTCEW 	No, Falls make up 402.4

	PHFH and PSHMC. This leads to loss of independence and it is preventable and manageable to address.	<ul style="list-style-type: none"> • Catholic Charities • CHAS • Christ Clinic • Group Health • Hospice of Spokane • Native Health • PADH • PHC • SCMS • SRHD 	per 100,000 of the population prevalence. This is lower than the State average and getting worse. Unintentional Injuries make up 726.4 per 100,000 which is higher than the Healthy People 2020 goal of 555.8 per 100,000. Falls make up a big piece of this statistic.
Responsible Sexual Behavior	Lack of these activities results in poor health outcomes which affects many conditions that are preventable and can affect lifelong issues. This issue is getting worse and leads to higher costs later on and it is attributable to the greatest problems.	<ul style="list-style-type: none"> • EWU • Planned Parenthood • PHC • SAN • SRHD • WSU 	No, Sexually transmitted infections make up 385 per 100,000 which is higher than the State average. The percentage of abortions is 16.6%. Condom use in youth is at 59.1% and unintended pregnancies are at 37.1%.
Asthma	There are higher costs associated with this illness including medical care, ER visits and hospitalizations, personal finances, and absenteeism	<ul style="list-style-type: none"> • Spokane Regional Health District • PHC • Area Clinics 	No, 14.6% of youth in Spokane County have Asthma. The Spokane County rate is lower than the State and National averages and the trend is getting worse. This is a disparity in age, race and education.
		<ul style="list-style-type: none"> • 	

*Data gaps are due to unavailable information.

To learn more about what our partners in the Community Health Needs Assessment are doing to address these issues, please visit their websites:

- Empire Health Foundation - <http://empirehealthfoundation.org/grants-programs>
- Spokane Regional Health District - <http://www.srhd.org/>

Providence Health Care – Spokane (Proposal)

2012-2014 Community Health Improvement Plan

Focus Area	Goal	Target Population	Indicators/Measure
<p>ACCESS TO CARE/CARE COORDINATION Increased ER use if patients are not managed. These are cost drivers. Better care coordination can prevent homelessness, hospitalization, and long-term care. This can reduce health inequities, improve life expectancy, and quality of life for the aging population.</p>	<p>Short Term:</p> <ul style="list-style-type: none"> ▪ More individuals will have access to primary care providers ▪ More individuals will be enrolled in insurance. ▪ We will see an increase in compliance with medical treatments. <p>Long Term:</p> <ul style="list-style-type: none"> ▪ Increase percentage of insured adults. ▪ Decrease avoidable hospitalizations. ▪ Reduce unnecessary ED utilization. 	<ul style="list-style-type: none"> ▪ Low-income and uninsured individuals ▪ Targeted ZIP codes: Spokane County, with a special emphasis in: 99001, 99201, 99202, 99204, 99207 ▪ Targeted groups: those in poverty over 65, those living in poverty single with kids, children living in poverty, and minority populations. 	<ul style="list-style-type: none"> ▪ The percentage of insured adults in Spokane County is 85% and those with a personal doctor are 78.6%. ▪ Potentially avoidable hospitalizations are at 8.6%. ▪ Unnecessary ED utilization

<p>MENTAL HEALTH AND SUBSTANCE ABUSE</p> <p>There are not enough resources and it is a growing problem. Many end up incarcerated, which cost more than treatment. Youth depression and suicide are high, and this issue leads to family instability. Cost of treating is more expensive than prevention and early intervention.</p>	<p>Short Term:</p> <ul style="list-style-type: none"> ▪ Reduce unnecessary emergency room usage due to substance abuse or mental health. ▪ Increase medication compliance. <p>Long Term:</p> <ul style="list-style-type: none"> ▪ Reduce depression rate. ▪ Reduce poor mental health rate. ▪ Reduce suicide rate. 	<ul style="list-style-type: none"> ▪ Low-income and vulnerable individuals. ▪ Targeted ZIP codes: Spokane County, with a special emphasis in: 99001, 99201, 99202, 99204, 99207 ▪ Targeted groups: At-Risk Youth; homeless, poverty older than 65, poverty single adults with kids. 	<ul style="list-style-type: none"> ▪ Depression in youth is at 26.6% of the population which is much higher than the Healthy People 2020 goal of 7.4%. ▪ Poor mental health in adults is at 12.4% of the population. ▪ Suicide rates in the population are at 13.5 per 100,000 population.
<p>DIABETES & OBESITY</p> <p>This is a generational issue and it affects overall quality of life. Cost of treating is more expensive than prevention and early intervention. This is preventable.</p>	<p>Short Term:</p> <ul style="list-style-type: none"> ▪ Increase education opportunities for adults ▪ Increase fruit and vegetable consumption. <p>Long Term:</p> <ul style="list-style-type: none"> ▪ Decrease diabetes in adults ▪ Decrease overweight youth ▪ Decrease obese adults. 	<ul style="list-style-type: none"> ▪ Low-income and uninsured individuals ▪ Targeted ZIP codes: Spokane County, with a special emphasis in: 99001, 99201, 99202, 99204, 99207 ▪ Targeted groups: those in poverty over 65, those living in poverty single with kids, children living in poverty, and minority populations. 	<ul style="list-style-type: none"> ▪ Diabetes in adults is at 7.2%, which does not have a Healthy People comparison. ▪ Obesity in adults, which is a BMI over 30 is 28.6%. ▪ Overweight youth are 23.2% of the population.

Goals & Strategies

Goal #1: Access to Care/Care Coordination: The percentage of insured adults in Spokane County is 85% and those with a personal doctor are 78.6%. Both statistics are on par with the Healthy People 2020 goal, but there are disparities in education and income. Those without insurance or a personal doctor result in higher costs to the hospital and the community. Potentially avoidable hospitalizations are at 8.6%.

Short Term:

- More individuals will have access to primary care providers
- More individuals will be enrolled in insurance.
- We will see an increase in compliance with medical treatments.

Long Term:

- Increase percentage of insured adults.
- Decrease avoidable hospitalizations.
- Reduce unnecessary ED utilization.

Strategies:

Past and present funding by Community Benefit:

1. Project Access funding, on-going support
2. Spokane Prescription Drug Assistance funding, re-evaluate funding in 2015
3. Spokane Medical School support, 2 year pledge ending in 2014
4. School Based Health Center, funding evaluated annually
5. Spokane Regional Health Center, Infant Toddler Network, one year funding
6. Spokane HOPE School, one year funding
7. Health and Justice initiative through Center for Justice, one year pilot
8. Education workshops on Communicating in the Culture of Poverty and other skill based resources, on-going support

Ongoing programs:

1. Consistent Care Emergency Room Diversion Program
2. Homeless respite program through Catholic Charities
3. In Patient Assistants through Catholic Charities
4. Develop low cost/acuity primary care access point
5. Integrate additional continuum providers with Senior and Community Services
6. Improve stroke patient care via TeleStroke program

New initiatives and future plans:

1. Support for NW Autism Center For Excellence, ABA Clinic: These clinics would simultaneously address critical aspects in care accessibility through a) qualified evaluation and treatment for autism; b) hands-on training for university and medical school students; c) qualified supervision for students pursuing Board Certification for Behavior Analysis; and d) community training for families, providers, and educators.
2. DENT/Dental ED Diversion program: The goal is to dramatically reduce the number of patients accessing the ER for urgent or emergent dental care by 50% over two years. A coalition including public health, medical and dental providers, and supporting funders is necessary to achieve this outcome for patients presenting to PHC ERs. A future goal would be to scale a best practice oral health model to the broader community, including greater emphasis on prevention.
3. Expand TeleHospitalists program to allow care closer to the patient home: Expand TeleMedicine to rural hospitals so specialists can be accessed remotely and can provide consults allowing for patients to remain closer to families and home.
4. PICU & NICU consults through TeleMedicine to keep patients closer to home: Expand TeleMedicine to rural hospitals so specialists can be accessed remotely and can provide consults allowing for patients to remain closer to families and home.

5. Care coordinator for rural patients: As our geography dictates, many patients travel significant distances to see us, therefore would like to have a care coordinator to help our rural patients navigate multiple visits, hotel, parking, maps, etc... on the front end in the initial interaction as well as on the back end in terms of records management, follow up appointments, etc... back to their community care provider/team.
6. Connect a patient's medical record to the community entity through Epic: With one seamless record, we will be better able to coordinate care, lessen the cost of duplicative testing, and improve communication as well as access to our specialists. Further, through my chart, these patients would have one consistent health care record.

Community partners also addressing this issue: ALTCEW, Cancer Patient Care, Catholic Charities, CHAS, Christ Clinic, Frontier and Yakima Valley Farm Workers Clinic, Group Health, Health for All, Hospice of Spokane, Inland Northwest Community Foundation (INWCF), Inland Northwest Health Services (INHS), Native Health, Partners, Prescription Drug Assistance Foundation (PDAF), Planned Parenthood of greater Washington and North Idaho, Project Access, Ronald McDonald House, SCMS, Spokane County, Spokane Jail, Spokane AIDS Network (SAN), SRHD, Susan G Komen Foundation, Washington State University (WSU), WSU – College of Nursing, WSUS

Goal #2: Mental health and substance abuse supports with an emphasis on child abuse.

Depression in youth is at 26.6% of the population which is much higher than the Healthy People 2020 goal of 7.4%. There are disparities in age, sex, race, and education. Poor mental health in adults is at 12.4% of the population with disparities in age and income. Suicide rates in the population are at 13.5 per 100,000 population. The goal is 10.2 per 100,000. Binge drinking in adults is at 17.8% of the County population. Binge drinking in youth is at 13% of the population much higher than the Healthy People 2020 goal of 8.5%. There are adult disparities in age and sex, and youth disparities in age, sex, race, and education. Illicit drug use in youth is at 15.6% and illicit narcotic use in adults is at 1.2%. Maternal Smoking is at 16% much higher than the Healthy People 2020 goal of 1.4%.

Short Term:

- Reduce unnecessary emergency room usage due to substance abuse or mental health.
- Increase medication compliance

Long Term:

- Reduce depression rate.
- Reduce poor mental health rate.
- Reduce suicide rate.

Strategies:

Past and present funding by Community Benefit:

1. Christ Clinic Psychiatric Nurse Practitioner, on-going support
2. Community Detox funding, on-going support
3. Partners with Families and Children, on-going support
4. Catholic Charities – St Margaret's Shelter, on-going support
5. Daybreak Rapid Response Program, annual evaluation with plan for sustainability by 2016.

Ongoing programs:

1. Main Psych Triage
2. Consistent Care Emergency Room Diversion program

New initiatives and future plans:

1. **Maternal Smoking Cessation:** Partnership between United Health Care, INHS and PHC to create media campaign and program support directed at maternal smoking.
2. **Community Court:** The Community Court of the City of Spokane seeks to reduce and properly address quality-of-life offenses in the downtown area by utilizing a collaborative, problem-solving approach to crime. Via partnerships with numerous government, community and faith-based organizations, the CCCS endeavors to hold defendants accountable, address factors impacting defendants' criminal behavior, improve the quality of life in the downtown area, address victim needs, and increase public confidence in the local criminal justice system.
3. **Emergency Room Psych Triage through TeleHealth:** Expand TeleMedicine to rural hospitals so specialists can be accessed remotely and can provide consults allowing for patients to remain closer to families and home. Assist our local hospitals with rapid ED psych evaluations as the demand is high in several areas and currently unmet.

Community partners also addressing this issue: All Saints Lutheran Church, Aging and Long term Care of Eastern Washington (ALTCEW), Catholic Charities, Community Detox Services of Spokane, Community Health Association of Spokane (CHAS), Children's Home Society, Christ Clinic, City of Spokane, Coalition of Responsible Disabled (CORD), Daybreak, Empire Health Foundation (EHF), Frontier Behavioral Health, Group Health, Native Health, Partners, Spokane Addiction Recovery Centers (SPARC), SAN, Spokane County RSN, Spokane County Jail, Spokane County Medical Society (SCMS), Spokane Low Income Housing Consortium (SLIHC), Spokane Regional Health District (SRHD), St. Joseph Family Center (SJFC), Volunteers of America (VOA), WA State Hispanic Commission, YMCA, Youth Suicide Prevention Program (YSPP).

Goal #3: Obesity and diabetes: Diabetes in adults is at 7.2%, which does not have a Healthy People comparison. Obesity in adults, which is a BMI over 30 is 28.6%. Overweight youth are 23.2% of the population. Fruit and vegetable intake in adults is 21.9% and youth is 24.3%. Food insecurity in youth is 18.2%. This is much higher than the Healthy People 2020 goal of 6%. Physical Activity in adults is 69.9% and youth is 57%.

Short Term:

- Increase education opportunities for adults
- Increase fruit and vegetable consumption

Long Term:

- Decrease diabetes in adults
- Decrease overweight youth
- Decrease obese adults.

Strategies:

Past and present funding by Community Benefit:

1. Partnerships with Empire Health Foundation and Spokane Regional Health District, on-time support
2. Women's and Children's Free Restaurant, Nutrition Essentials program, one-time pilot program

Ongoing Programs:

New initiatives and future plans:

1. Coordination with our Educational Services Department and INHS: Provide point in time education to patients at convenient locations and times.
2. Diabetic meal planning kiosks in Rosauers stores: Providing diabetic patients with good meal choices and shopping lists.

Community partners also addressing this issue: ALTCEW, City of Spokane, CHAS, Christ Clinic, EHF, Educational Service District 101 (ESD101), Fairchild Air Force Base, Group Health, INHS, Native Health, New Leaf Bakery, PDAF, Second Harvest, SAN, Spokane Neighborhood Action Program (SNAP), SCMS, SRHD, Spokane Public Schools, Union Gospel Mission, Women's and Children's free Restaurant (WCFR), YMCA.