
2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence Mount Carmel Hospital

Colville, WA

Providence St. Joseph's Hospital

Chewelah, WA



Photo courtesy of Megan Bean

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



CONTENTS

Contents.....	2
Message to the Community and Acknowledgements.....	4
Executive Summary.....	5
Understanding and Responding to Community Needs	5
Gathering Community Health Data and Community Input	5
Identifying Top Health Priorities.....	5
Measuring Our Success: Results from the 2019 CHNA and 2020-2022 CHIP	7
Introduction	8
Who We Are.....	8
Our Commitment to Community.....	8
Health Equity.....	9
Our Community.....	11
Hospital Service Area and Community Served	11
Community Demographics	11
Overview of CHNA Framework and Process.....	13
Data Limitations and Information Gaps.....	13
Process for Gathering Comments on Previous CHNA and Summary of Comments Received	14
Health Indicators.....	15
Hospital Utilization Data	15
Community Input	16
Community Strengths	16
Community Needs.....	16
Virtual Town Hall.....	18
Survey.....	18
Providence Clinic Lead Focus Group.....	19
Providence Physicians Focus Group.....	19
N.E.W. Hunger Coalition	20
Challenges in Obtaining Community Input.....	20
Significant Health Needs	21

Prioritization Process and Criteria	21
2022 Priority Needs	21
Potential Resources Available to Address Significant Health Needs	22
Evaluation of 2020-2022 CHIP Impact	23
Addressing Identified Needs	25
2022 CHNA Governance Approval	26
Appendices.....	27
Appendix 1: Quantitative Data	27
Appendix 2: Community Input	35
Appendix 3: Community Resources Available to Address Significant Health Needs.....	49
Appendix 4: Tri County Advisory Council.....	50
Appendix 5: Providence INWA Community Mission Board Members.....	51

MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

The health of a community can be measured by the willingness of its members to support those in need. Providence Inland Northwest Washington (INWA) continues a vibrant history of serving our communities' needs for more than 130 years. Our Mission calls us to care for everyone, especially those who are poor and vulnerable. Providence reaches beyond the clinical setting to meet the needs of our communities today, while improving conditions for a better tomorrow.

When the Sisters of Providence arrived in eastern Washington they partnered with members of the community to provide healing and comfort to thousands of individuals, promote human dignity and improve the communities they served. The Sisters relied on others for help to achieve the Providence Mission.

Similar to those early days, Providence cannot improve the health of our community on our own, which is why we partner with community organizations to identify the greatest areas of unmet need in the communities we serve. We identify these unmet needs through the community health need assessment process; we then create a community health improvement plan to address those unmet needs.

I invite you to learn more about this important work by reading this community health needs assessment, approved October 26, 2022 by the INWA Community Mission Board governing body. It is our calling and privilege to work together to build healthy communities.



Susan Stacey
Chief Executive
Providence INWA

Acknowledgments

N.E.W. Hunger Coalition

Northeast Tri County Health District

Northeast Washington Alliance Counseling Services

Providence Healthcare Community Board and Providence Regional Board for WA/MT

Providence physicians and caregivers

Rural Resources Community Action

Spokane Tribe of Indians

Stevens County

Stevens County Sheriff's Ambulance

Washington State University, Stevens County Extension

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Mount Carmel and Providence St. Joseph's Hospitals to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this 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. Our Mission calls us to be steadfast in serving all, especially our neighbors who are most economically poor and vulnerable.

The 2022 CHNA was approved by the INWA Community Mission Board on October 26, 2022 and made publicly available by December 28, 2022.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: public health data regarding health behaviors; morbidity and mortality; and hospital-level data. To actively engage the community, we conducted listening sessions via a virtual town hall and three focus groups, as well as conducted a survey. We also conducted stakeholder interviews with representatives from organizations that serve vulnerable populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Stakeholders noted increased need for mental health services in recent years, but access has not kept up with the increased need for providers. Populations most in need of improved mental health services are older adults, American Indians, and people younger than 18
- A lack of broadband internet access limits access of residents of Stevens County to telehealth services highlighting the need for improved digital literacy
- Stakeholders reported increase rates of substance use/misuse in the community, as well as of overdoses; substance use treatment providers have challenging roles and often low pay, making it a difficult field to recruit and retain people

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

Through a collaborative process engaging the Tri County Advisory Council, the CHNA advisory committee identified the following priority areas:

MENTAL HEALTH

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

ACCESS

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

SUBSTANCE USE/MISUSE

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

ECONOMIC SECURITY

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

HOUSING INSTABILITY

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

Providence Mount Carmel and Providence St. Joseph’s Hospitals will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2023-2025 CHIP will be approved and made publicly available no later than May 15, 2023.

Measuring Our Success: Results from the 2019 CHNA and 2020-2022 CHIP

This report evaluates the impact of the 2020-2022 CHIP. Providence Mount Carmel and Providence St. Joseph's Hospitals responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2019 CHNA and 2020-2022 CHIP, made widely available to the public. No written comments were received on the 2019 CHNA and 2020-2022 CHIP.

The 2020-2022 CHIP priorities were the following: support for families and youth, continuing care for the aging population, and access to care. A few of the key outcomes from the previous CHIP are listed below:

- Multi-year, ongoing support of Stevens County Ambulance allowed the organization to move from relying on volunteers to serve Stevens County to employing EMTs and paramedics to respond to urgent calls
- N.E.W. Hunger Coalition continued emergency food distribution to 16 food banks and nine community partners in the Northeast Washington region
- Significant expansion in Palliative Care services, including outreach chaplain, and launch of Providence's first tele-Palliative Care service provided by LICSW and MD
- Age-Friendly Health Initiative launched in acute setting, with focus on 5Ms of high-quality care: Medication, Mentation, Mobility, Malnutrition, and What Matters Most as identified by the patient.

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

The Sisters of Providence, led by Mother Joseph, opened Sacred Heart Hospital 136 years ago on the banks of the Spokane River. Sacred Heart Medical Center now has 644 licensed beds, making it one of the largest hospitals in the Northwest.

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

Providence St. Joseph’s Hospital was founded by the Dominican Sisters in 1929 to meet the health care needs of the small community of Chewelah and surrounding communities of Stevens County. Services include 24-hour emergency care, acute care/skilled care services, radiology and imaging, rehabilitation, and outpatient day surgery.

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

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

Our Commitment to Community

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

Providence INWA further demonstrates organizational commitment to community health through the allocation of staff time, financial resources, participation, and collaboration to address community

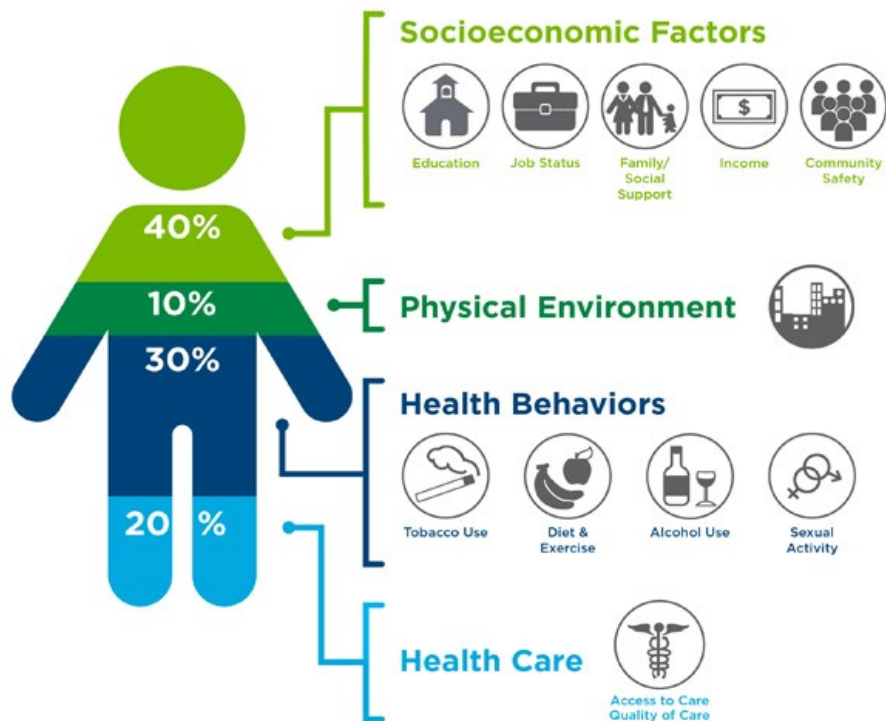
¹ Per federal reporting and guidelines from the Catholic Health Association.

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

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see Figure 1²).

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

Figure 1. Factors contributing to overall health and well-being

² Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2013)

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets (see Figure 2 for definition of terms³). Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

Health Equity

A principle meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” (Braverman, et al., 2017)

Health Disparities

Preventable differences in the burden of disease or health outcomes as a result of systemic inequities.

Figure 2. Definitions of key terms

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



Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



Quantitative Data

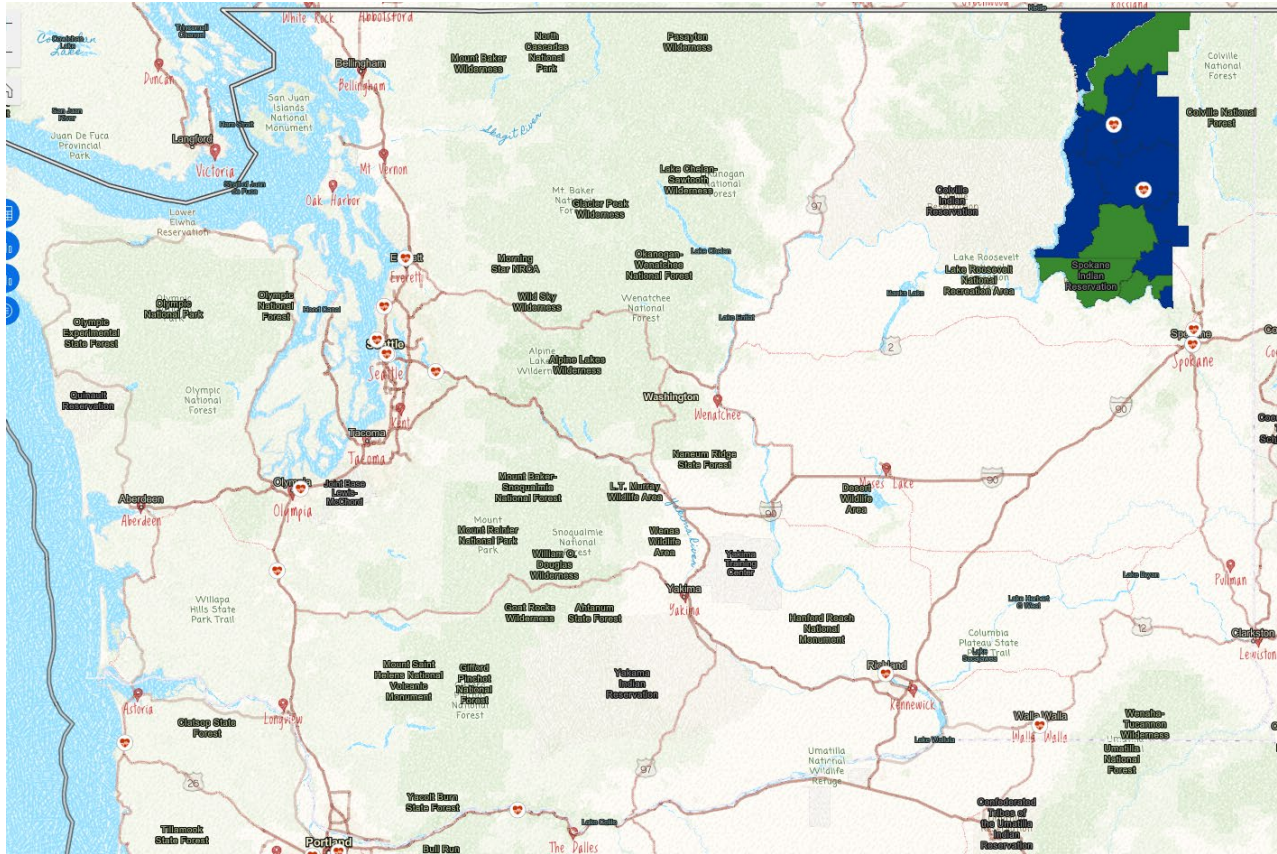
- Report data at the block group level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

³ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And what Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

OUR COMMUNITY

Hospital Service Area and Community Served

Providence Mount Carmel and Providence St. Joseph Hospitals are situated in Stevens County, in the northeast corner of Washington state. Counties on to the east and west of Stevens County (Pend Oreille and Ferry counties, respectively) make up the Tri County area with Stevens County, sharing similar demographics and rural characteristics. Based on the availability of data, geographic access to these facilities, and other hospitals in neighboring counties, Stevens County serves as the boundary for the service area.



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

Community Demographics

POPULATION

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

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

The Spokane Indian Reservation lies almost entirely within Stevens County’s borders. The Spokane Tribe of Indians government operations are based in Wellpinit, with an estimated enrolled member population of 2,900 people. The Colville Confederated Tribes of the Colville Reservation include twelve bands of tribes; the Reservation has a tribal enrollment of 9,520 people and is located within Ferry County.

RACE AND ETHNICITY

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

See Appendix 1 – Community Demographics for additional detail.

MEDIAN INCOME

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

See Providence’s Stevens County Data Hub 2022 for additional detail: shorturl.at/iw157

SEVERE HOUSING COST BURDEN

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

See Providence’s Stevens County Data Hub 2022 for additional detail: shorturl.at/iw157

HEALTH PROFESSIONAL SHORTAGE AREA

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

See Appendix 1 for additional details on demographics, HPSAs, and Medically Underserved Areas and Medically Underserved Populations.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The CHNA process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by Providence Mount Carmel and Providence St. Joseph's Hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the American Community Survey, Behavioral Risk Factor Surveillance System, and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2019 CHNA and 2020-2022 CHIP reports, which were made widely available to the public via posting on the internet in December 2019 (CHNA) and May 2020 (CHIP), as well as through various channels with our community-based organization partners. No comments were received.

HEALTH INDICATORS

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across our service area. We were particularly interested in studying potentially avoidable Emergency Department visit. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence’s Population Health Care Management team based on NYU and Medi-Cal’s definitions. AED discharges typically contain primary diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care based. AED use serves as proxies for inadequate access to or engagement in primary care. When possible, we look at the data for total utilization, frequency of diagnosis and demographics to identify disparities.

AVOIDABLE EMERGENCY DEPARTMENT CASES

Both Providence Mount Carmel and Providence St. Joseph’s Hospitals saw a decrease in the proportional number of avoidable emergency department cases (AED) from 2019 to 2021:

Hospital ED Cases by Year	Year			
Providence Mount Carmel Hospital	2019	2020	2021	Total
Avoidable ED %	30.8%	27.2%	24.3%	27.5%
Providence St Joseph's Hosp Chewelah	2019	2020	2021	Total
Avoidable ED %	31.9%	28.4%	26.2%	28.8%
Total Avoidable ED %	31.1%	27.6%	24.9%	27.9%

In 2021, AED cases were distributed fairly evenly across age, ZIP Codes, race and ethnicity. By diagnosis, the most common diagnosis groupings for AED cases at both Providence Mount Carmel and Providence St. Joseph’s Hospital were skin infection and urinary tract infection, accounting for approximately one in five AED cases at either facility.

BEHAVIORAL HEALTH EMERGENCY DEPARTMENT CASES

Behavioral health diagnoses include mental health disorders and substance misuse disorders. From 2019 to 2021, percentage of behavioral health emergency department cases at both Providence Mount Carmel and Providence St. Joseph’s Hospitals ranged from 3.4% to 4.2%. By diagnosis, the most common diagnosis groupings for behavioral health emergency department cases at both Providence Mount Carmel and Providence St. Joseph’s Hospitals substance use disorders followed by anxiety and personality disorders, accounting for approximately one in three AED cases at either facility.

AED data have been disaggregated and reviewed by patient race, ethnicity, age group, ZIP Code, and diagnosis. Additionally, behavioral health ED cases have been disaggregated by diagnosis grouping. Please email Merry.Hutton@providence.org to request additional utilization data and information.

See Providence’s Stevens County Data Hub 2022 for additional health indicators: shorturl.at/iw157

COMMUNITY INPUT

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Providence Mount Carmel Hospital and Providence St. Joseph Hospital conducted 8 stakeholder interviews in March 2022.

Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist, including the following identified by stakeholders:

- Strong partnerships and collaboration: Stakeholders described strong collaborative efforts and relationships between organizations in Stevens County. Opportunities for communication, like Emergency Operation Command Meetings in response to COVID-19 and the Stevens County Healthcare Roundtable, bring organizations together to better meet community needs.
- Community engagement and willingness to help: Stakeholders overwhelmingly spoke to the people in Stevens County as an asset, describing them as close knit, supportive, strong, and resilient. People work together to address community needs and are willing to assist their neighbors.

Community Needs

Stakeholders were asked to identify their top five health-related needs in the community. Two needs were prioritized by most stakeholders with high priority and are therefore designated as **high-priority health-related needs**:

Mental health	<p>Stakeholders were concerned about increased mental health challenges in Stevens County, particularly in the past couple of years. They shared the importance of strengthening trauma-informed care to address how trauma affects people’s health and overall well-being. Stakeholders shared there are insufficient mental health services to meet the current demand, noting a need for more mental health providers to address long wait times for appointments. The COVID-19 pandemic contributed to workforce turnover and filling those positions has been difficult for local organizations. While there is a need for more mental health providers to serve people on Medicaid, there is especially a lack of providers to serve people with private insurance. A lack of broadband access and digital literacy make accessing telemental health services challenging for people in more rural areas of Stevens County.</p> <p>Stakeholders were particularly concerned about older adults being able to access mental health services on Medicare, as well as increased social isolation and depression. Accessing inpatient psychiatric care is difficult for people under 18, with the closest facility out of state. Indigenous Peoples of America have limited access to mental health treatment on the reservation and may experience additional barriers. The COVID-19 pandemic has contributed to more access issues and increased mental health concerns, including more stress and hopelessness.</p>
---------------	--

Substance use/misuse	<p>Stakeholders shared there is increased substance use/misuse in the community and were particularly concerned about rates of overdoses. They noted substance use disorders can be difficult to address when co-occurring with mental health challenges, and both can be connected to a history of trauma. Stakeholders noted a need for more behavioral health professionals to meet the needs of the community, particularly drug and alcohol counselors, which requires a specific credential in the Medicaid system. Drug and alcohol counselors have challenging roles and often low pay, making it a difficult field to recruit and retain people.</p> <p>A lack of broadband access and digital literacy contribute to barriers to accessing care. Older adults on Medicare may have challenges accessing behavioral health services. Accessing substance use disorder treatment on the reservations is also a challenge for Indigenous Peoples of America in Stevens County. COVID-19 has contributed to workforce turnover and increased need for behavioral health services.</p>
----------------------	---

The following needs were frequently prioritized by stakeholders and represent the **medium-priority health-related needs**, based on community input:

Access to health care services	<p>Stakeholders spoke to two primary barriers to accessing needed health care services: 1) broadband access and digital literacy and 2) transportation. The COVID-19 pandemic highlighted the need for more equitable broadband access, particularly in the more rural areas of Stevens County where there is a lack of broadband and cell phone connectivity. Very little public transportation and a large geography make getting to care difficult for people, particularly in poor weather and with high gas prices. Stakeholders identified older adults, people with low incomes, and people living in more rural areas as disproportionately affected by these barriers. Older adults may need in-home health checks, particularly if they live alone, and support navigating the health care system. There is also a need for more assisted living in the area.</p> <p>The COVID-19 pandemic exacerbated health care staffing challenges, noting a shortage of health care professionals and a need to focus on training opportunities locally to help address the shortage. Distributing COVID-19 vaccines, testing, and treatment also highlighted concerns with local messaging and coordination between health organizations.</p>
--------------------------------	---

Homelessness and housing instability	<p>Stakeholders shared the cost of housing is increasing and there are not a lot of rentals available. There is very little low-income housing, contributing to increasing homelessness. Without affordable housing, people cannot meet all of their basic needs and make healthy choices. Stakeholders emphasized safe and stable housing is foundational to health. There is a need for permanent supportive housing for individuals with mental health challenges. Access to affordable housing is also an issue on the reservations for Indigenous Peoples of America. A lack of affordable housing units in the community affects the workforce, making it challenging to recruit workers to the area if they cannot find a place to live. During the COVID-19 pandemic, people experiencing homelessness have been temporarily housed in local motels to quarantine or isolate. Some motels no longer want to participate in this partnership though, signaling a need to continue to address a lack of shelter.</p>
--------------------------------------	--

Economic insecurity

Stakeholders emphasized the need for good paying jobs, stating wages need to keep pace with the local cost of living. With limited industries in the area, there can be fewer well-paying employment opportunities. Equitable broadband access is important for finding jobs, working remotely, and having access to education/training opportunities. Affordable housing and childcare are also crucial for ensuring economic security. There are very few licensed childcare providers in the area, affecting parents' abilities to work. Stakeholders noted the importance of investing in young people through professional development, trainings, and coaching, to ensure they are engaged in leading the community. To meet people's basic needs, stakeholders want to see more communication about the local resources available to help people.

In addition to stakeholder interviews, input from Providence caregivers/staff regarding the health needs of their community was gathered via survey, as well as in focus groups in Stevens County.

Virtual Town Hall

64 individuals participated in a virtual meeting March 28, 2022 to discuss needs, gaps and concerns for health in Stevens County. The group identified:

Top Five Needs Identified:

1. Lack of elder care/dementia care/gerontology
2. Mental/Behavioral Health
3. Weight Management
4. Cardio-Pulmonary Care
5. Oncology Services

Top Five Identified Lack of or Inadequate Care:

1. Mental Health Providers
2. Urgent care/walk-in/after work hours/weekend clinic
3. Home Health options
4. Care coordination for complex patients
5. Long term Care/Adult Day care

Social Determinants to Health Main Concerns:

1. Transportation Options
2. Lack of available Elder Care & childcare
3. Obesity/lack of year-round affordable exercise
4. High cost of care
5. Substance Use Disorder

Survey

In January 2022, Providence Stevens County Ministries distributed a questionnaire to survey Providence caregivers/staff and community members on the healthcare needs of Stevens County.

Those who responded to the survey indicated the following as priority care needs:

1. Mental/Behavioral Health Specialists
2. Elder Care/Gerontologist
3. Oncology Services
4. Substance Use Disorder Specialists
5. Cardio/Pulmonary Specialists

Additionally, those who responded to the survey indicated the following types of care as being inadequate in the service area:

1. Primary Care Providers/Physicians
2. Urgent Care/Walk-in clinic in evening & weekends
3. Mental/Behavioral Health Providers
4. Long Term/Skilled Care options for elderly and/or disabled
5. Home Health Care in our rural communities

Providence Clinic Lead Focus Group

11 lead clinic staff caregivers participated in a June 3, 2022 focus group to discuss and identify the most pressing needs for the service area. After a review of data and discussion, the group identified the following as the most important to address:

1. Oncology full services
2. Security at all Providence Stevens County Ministries locations
3. Substance use disorder treatment: In-patient and out-patient, with family support and education
4. Greater access to care in Kettle Falls and Chewelah Clinics (larger space, more providers and staff)
5. Childcare
6. At Risk Elderly and Children care

Providence Physicians Focus Group

3 physician leads attended a June 21, 2022 focus group to discuss needs and concerns in the community.

The list of needs or concerns the group arrived at, includes (alphabetical):

- Adolescent Mental Health
- Childcare (quality, affordability, availability)
- Community trust in healthcare authority regarding the influence of political bias
- Expansion of telehealth services
- Education: Vocational, Life Skills & Healthcare related in the local schools
- Expansion and upgrade clinic spaces: Chewelah and Kettle Falls clinics as well as PSJH Emergency Dept.
- Intranet/Internet access

- Recognition from Providence leadership regionally and system-wide that RURAL location is a disparity for providing care & to respond by financially providing support for those who are poor and vulnerable in our rural communities
- Recruitment of providers and caregivers (nurses, MSW, respiratory, etc.)
- Relationship development, collaboration of services with local Tribes
- Transportation to & from clinics and hospitals

The following were identified as areas of focus, listed from most concerning or important to address to least. Those listed below had at least two votes. Those not listed did not receive a vote, but it was emphasized that they are important concerns, nonetheless.

1. Adolescent Mental Health (4 votes)
2. Recognition from Providence leadership regionally and system-wide that RURAL location is a disparity for providing care & to respond by financially providing support for those who are poor and vulnerable in our rural communities (3 votes)
3. Expand & upgrade clinic spaces: Chewelah and Kettle Falls clinics as well as PSJH Emergency Dept. (3 votes)
4. Transportation to & from clinics and hospitals (2 votes)
5. Recruitment of providers and caregivers (nurses, MSW, respiratory, etc.) (2 votes)

N.E.W. Hunger Coalition

17 board members and food pantry coordinators participated in a June 10, 2022 focus group; the group identified the following as highest-level needs in the community:

- Affordable, safe housing
- Transportation needs
- High school education paths that include life skills, vocational and healthcare career options
- Access to healthy food
- Childcare and adult care
- Homelessness

See Appendix 2: Community Input

Challenges in Obtaining Community Input

While video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, due to many community organizations engaging in COVID-19 response, some organizations had limited capacity and were not able to participate in interviews.

SIGNIFICANT HEALTH NEEDS

Prioritization Process and Criteria

Members of the Tri County Advisory Committee convened August 5, 2022 to discuss qualitative data gathered through community engagement and quantitative data, including hospital utilization and data reflecting health indicators in Stevens County.

The following criteria were used in the prioritization process:

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

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

2022 Priority Needs

The list below summarizes the rank-ordered significant health needs identified through the 2022 Community Health Needs Assessment prioritization process:

MENTAL HEALTH

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

ACCESS

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

SUBSTANCE USE/MISUSE

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of

legal substances, such as alcohol, prescription drugs and tobacco. Adequate access to treatment, regardless of payer source or ability to pay, includes access to outpatient, inpatient and expanded treatment models, such as medication-assisted treatment and peer-support programs.

ECONOMIC SECURITY

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

HOUSING INSTABILITY

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

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Providence Mount Carmel and Providence St. Joseph’s Hospitals, outpatient clinics. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

Appendix 3: Resources potentially available to address the significant health needs identified through the CHNA

EVALUATION OF 2020-2022 CHIP IMPACT

This report evaluates the impact of the 2020-2022 Community Health Improvement Plan (CHIP). Providence Mount Carmel and Providence St. Joseph’s Hospitals responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

The 2020-2022 CHNA and CHIP priorities were the following: support for families and youth, continuing care for the aging population, and access to care.

Table 1. Outcomes from 2020-2022 CHIP

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
Access to Care	Outpatient Physical Therapy; Outpatient Wound Care; Family Maternity Center	Medical services that would not otherwise be available to residents of rural Stevens County without significant travel	A range of medical services provided to support individual and community health
	Eastern Washington University health professions student support	Housing and transportation support of EWA students placed in Stevens County	Improved health care access for residents of rural areas
Continuing Care for Aging Population	Colville Senior and Community Center	Nutritious senior meals; health & wellness activities; games, activities for seniors	Ongoing access to community activities and meals
Access to Care	Stevens County Ambulance	Scholarships offered to support EMT certification	Beginning in 2021, the organization moved from relying on all-volunteer service to employing EMTs and Paramedics to serve Stevens County
		Medication supply grant	Funding to support emergency medication/supplies
Support for Youth and Families	Colville Public Library	Provides internet access in rural community; offers activities to community members	Welcome Baby Committee offers library services and other helpful resources for parents of babies born at

	Libraries of Stevens County	Summer reading program	Providence Mount Carmel Hospital; library books are delivered to and from area nursing homes Program supports information, technological and emotional literacy
Support for Youth and Families	Colville School District	Support to local schools for various activities such as drug and alcohol free graduation celebrations, sports teams, scholarships, and school supplies	Youth receive support to remain in school until graduation; 5-year graduation rate is 85%
Continuing Care for Aging Population <i>and</i> Support for Youth and Families	N.E.W. Hunger Coalition	Emergency food access	Programming including trailers to transport fresh produce to rural food pantries; home garden support
Continuing Care for Aging Population	Age-Friendly Health Initiative in the acute setting	Evidence-based elements of high-quality care: What Matters, Medication, Mentation, Mobility, Malnutrition	Anticipated increased range of support for older adults
Access to Care	Palliative Care	Only Palliative Care outreach chaplain in area First Tele-Palliative Care program in Providence	Patients of PMG and DominiCare clinics have access to advance care planning, grief/bereavement and life transitions support, as well as spiritual assessments Expanded Palliative Care services and access in Stevens County

Addressing Identified Needs

The Community Health Improvement Plan developed for the Providence Mount Carmel and Providence St. Joseph's Hospitals service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Providence Mount Carmel and Providence St. Joseph's Hospitals plan to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Providence Mount Carmel and Providence St. Joseph's Hospitals intend to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Providence Mount Carmel and Providence St. Joseph's Hospitals and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2023.

2022 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the INWA Community Mission Board⁴ of the hospital on October 26, 2022. The final report was made widely available by December 28, 2022.



Susan Stacey
Region Chief Executive, Providence INWA

10/26/22

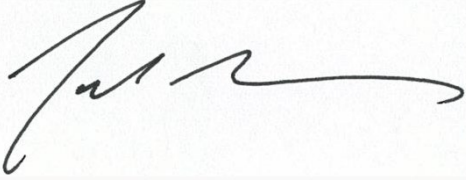
Date



Jeff Philipps
Chair, INWA Community Mission Board

10/26/22

Date



Joel Gilbertson
Central Division Chief Executive
Providence

11/15/22

Date

CHNA/CHIP Contact:

Merry Hutton, MPA
Sr. Director, Community Health Investment
Eastern Washington / Montana
Merry.Hutton@providence.org

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

⁴ See Appendix 5: Providence INWA Community Mission Board Members

APPENDICES

Appendix 1: Quantitative Data

COMMUNITY DEMOGRAPHICS

The tables and graphs below provide basic demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. The high need area includes census tracts identified based upon lower life expectancy at birth, a lower percent of the population with at least a high school diploma, more households which are linguistically isolated and more households at or below 200% of the Federal Poverty Level (FPL) compared to county averages. For reference, in 2019, 200% FPL represents an annual household income of \$51,500 or less for a family of four.

We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboard can be found here:

Full link: <https://experience.arcgis.com/experience/5f664c1517624979b6890d5b3489be40/>

Abbreviated link: shorturl.at/iw157

The following population demographics are from the 2019 American Community Survey 5-Year Estimates.

Indicator	Stevens County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	44,538	22,448	22,090
Population Ages 0 - 9	5,170	2,313	2,857
Population Ages 10 - 19	5,284	2,823	2,461
Population Ages 20 - 29	4,227	1,712	2,515
Population Ages 30 - 39	4,193	2,141	2,052
Population Ages 40 - 49	4,878	2,586	2,292
Population Ages 50 - 59	6,697	3,474	3,223
Population Ages 60 - 69	7,665	4,248	3,417
Population Ages 70 - 79	4,452	2,141	2,311
Population Ages 80+	1,975	1,016	959
% Population Ages 0 - 9	11.6%	10.3%	12.9%
% Population Ages 10 - 19	11.9%	12.6%	11.1%
% Population Ages 20 - 29	9.5%	7.6%	11.4%
% Population Ages 30 - 39	9.4%	9.5%	9.3%

% Population Ages 40 - 49	11.0%	11.5%	10.4%
% Population Ages 50 - 59	15.0%	15.5%	14.6%
% Population Ages 60 - 69	17.2%	18.9%	15.5%
% Population Ages 70 - 79	10.0%	9.5%	10.5%
% Population Ages 80+	4.4%	4.5%	4.3%
Population by Gender			
Female Population	22,362	11,211	11,151
Male Population	22,176	11,238	10,938
% Female Population	50.2%	49.9%	50.5%
% Male Population	49.8%	50.1%	49.5%
Population by Race			
American Indian and Alaska Native	2,222	339	1,883
Asian Population	290	152	138
Black or African American Population	192	53	139
Native Hawaiian And Other Pacific Islander Population	55	32	23
Other Race Population	390	58	332
Two or more Races Population	1,714	852	862
White Population	39,677	20,964	18,713
% American Indian and Alaska Native	5.0%	1.5%	8.5%
% Asian Population	0.7%	0.7%	0.6%
% Black or African American Population	0.4%	0.2%	0.6%
% Native Hawaiian And Other Pacific Islander Population	0.1%	0.1%	0.1%
% Other Race Population	0.9%	0.3%	1.5%
% Two or more Races Population	3.8%	3.8%	3.9%
% White Population	89.1%	93.4%	84.7%
Population by Ethnicity			
Hispanic Population	1,658	706	952
% Hispanic Population	3.7%	3.1%	4.3%

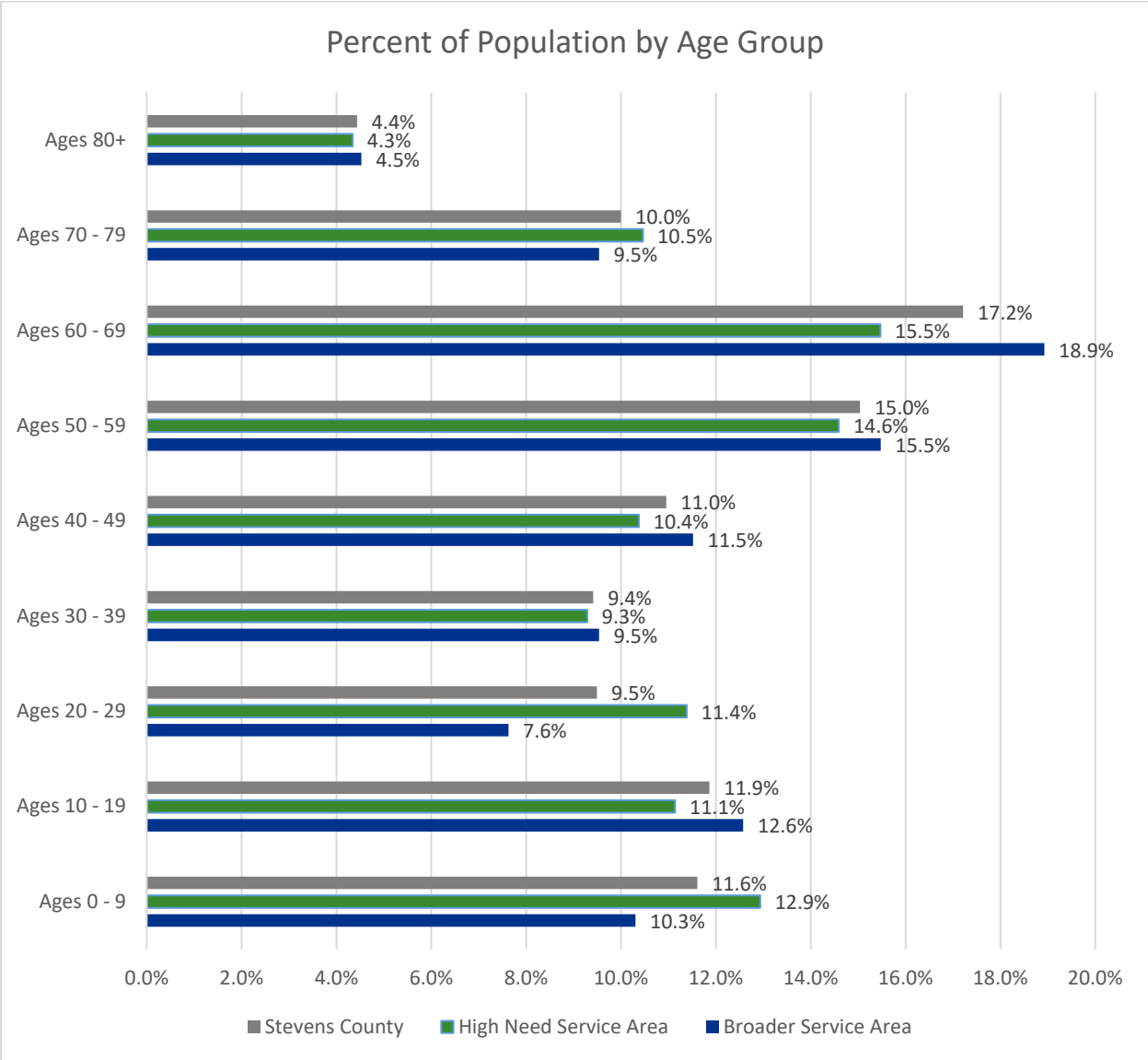


Figure 3: Population Age Groups by Geography

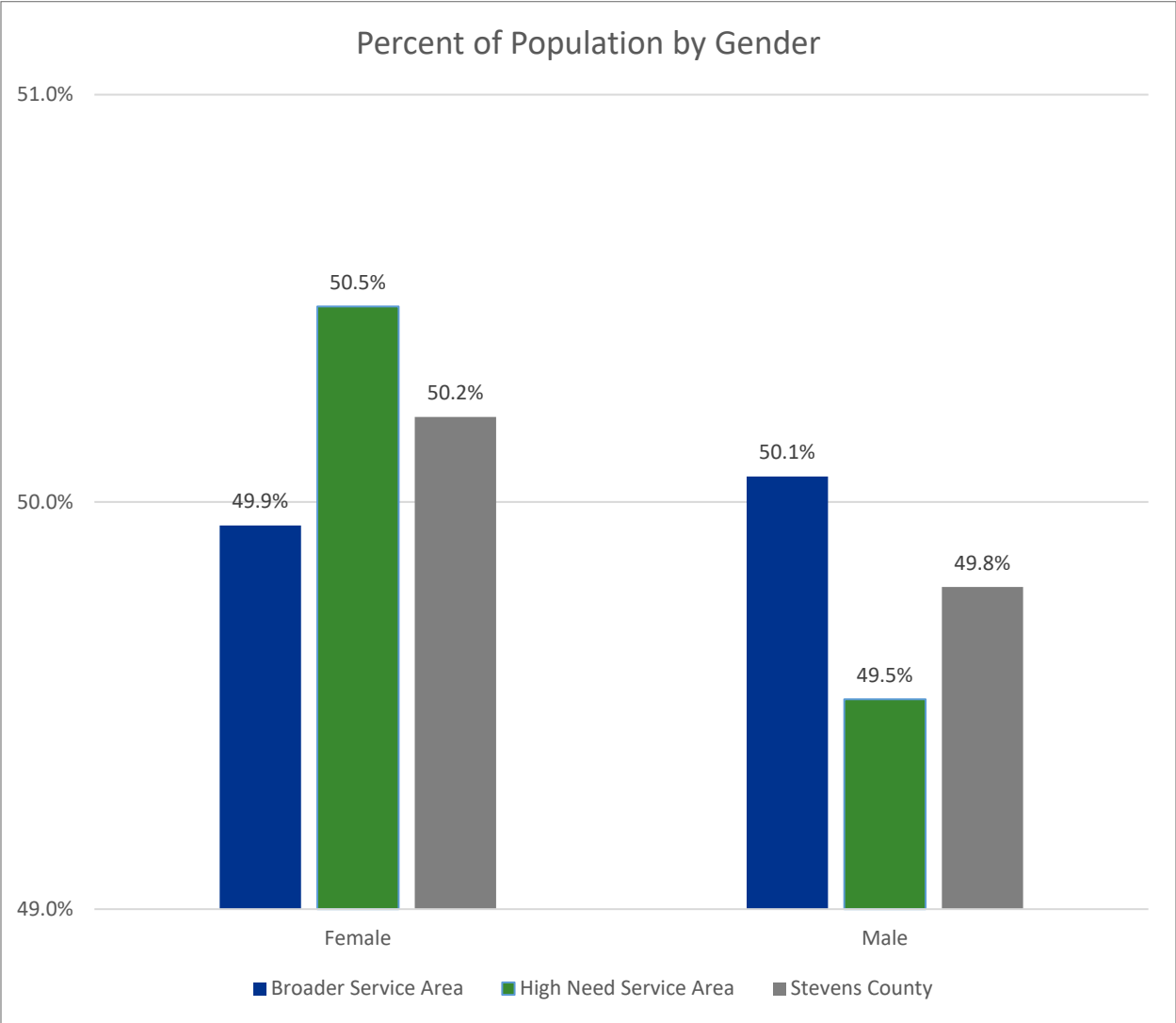


Figure 4: Population Gender by Geography

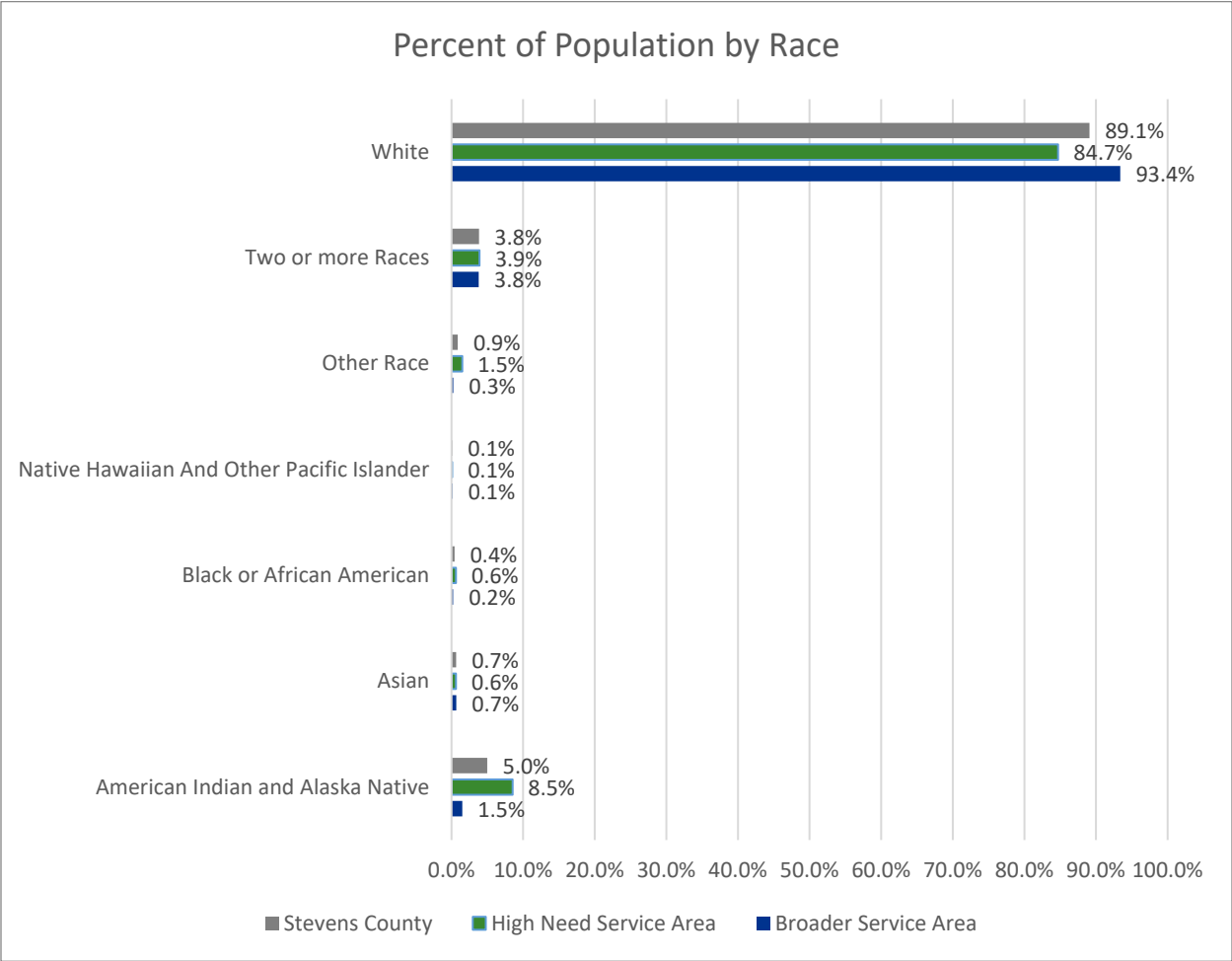


Figure 5: Population Race by Geography

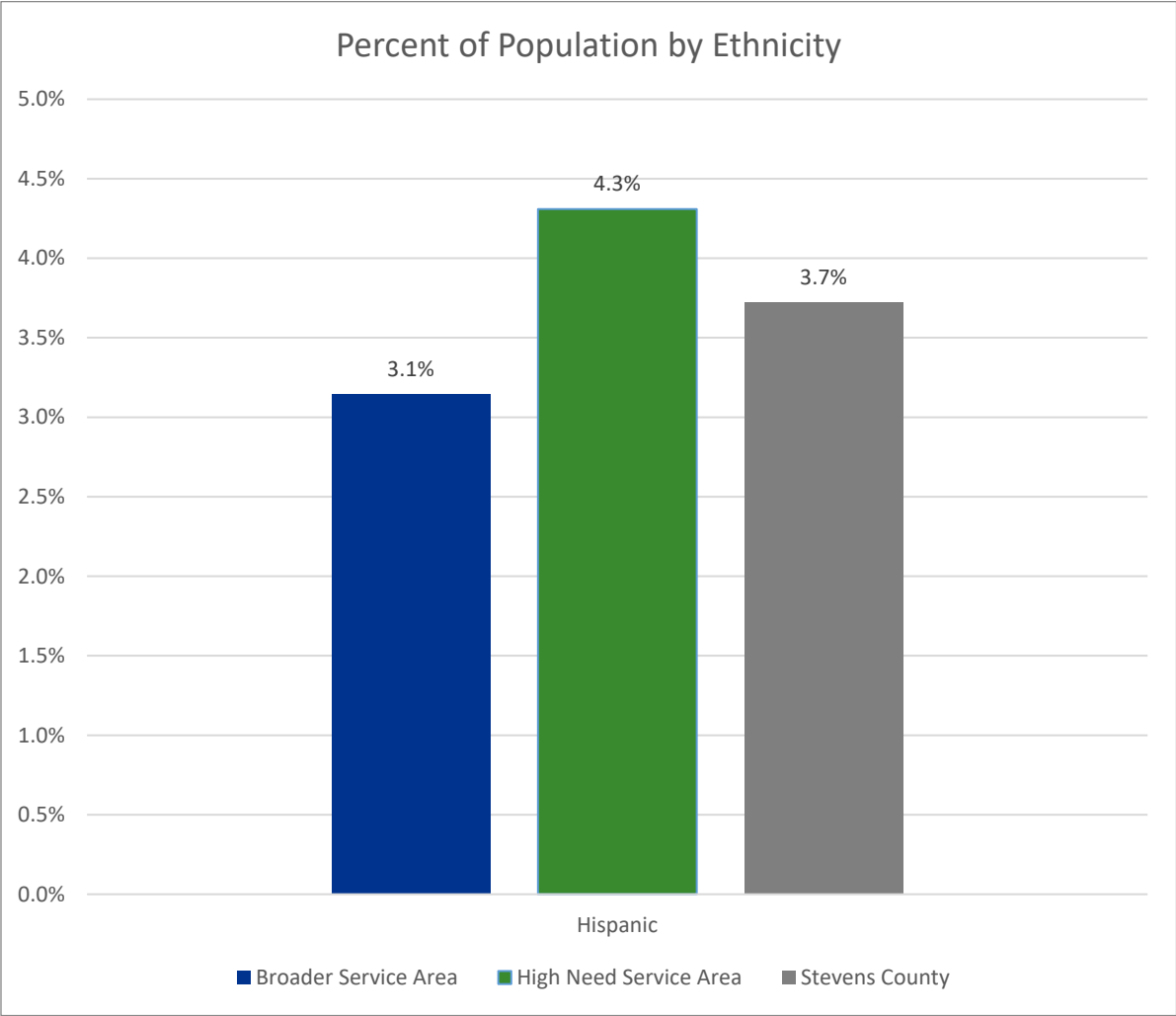
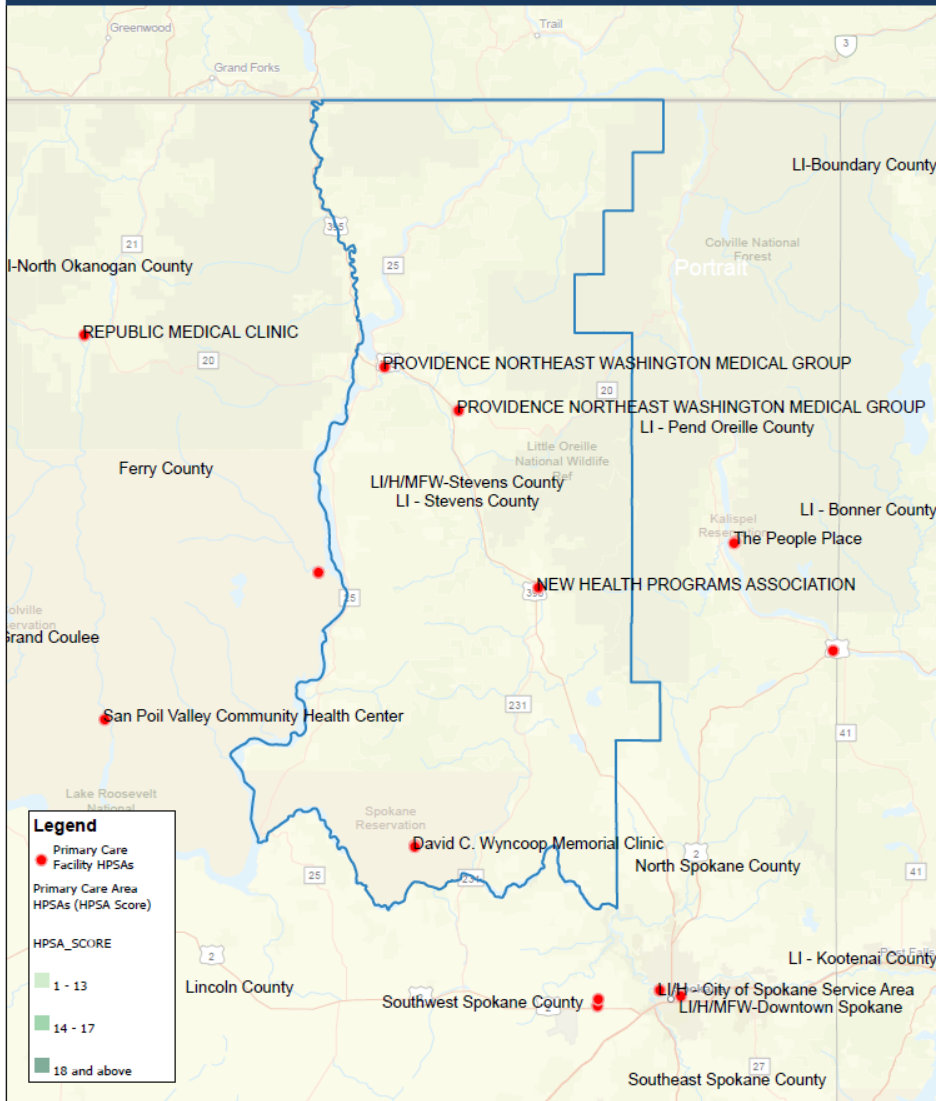


Figure 6: Population Ethnicity by Geography

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Stevens County is a HRSA-designated Medically Underserved Area, as well as having the lowest rating by HRSA for access to Health Professionals. The map below depicts these shortage areas relative to Providence Mount Carmel and Providence St. Joseph’s Hospitals’ locations in Stevens County.

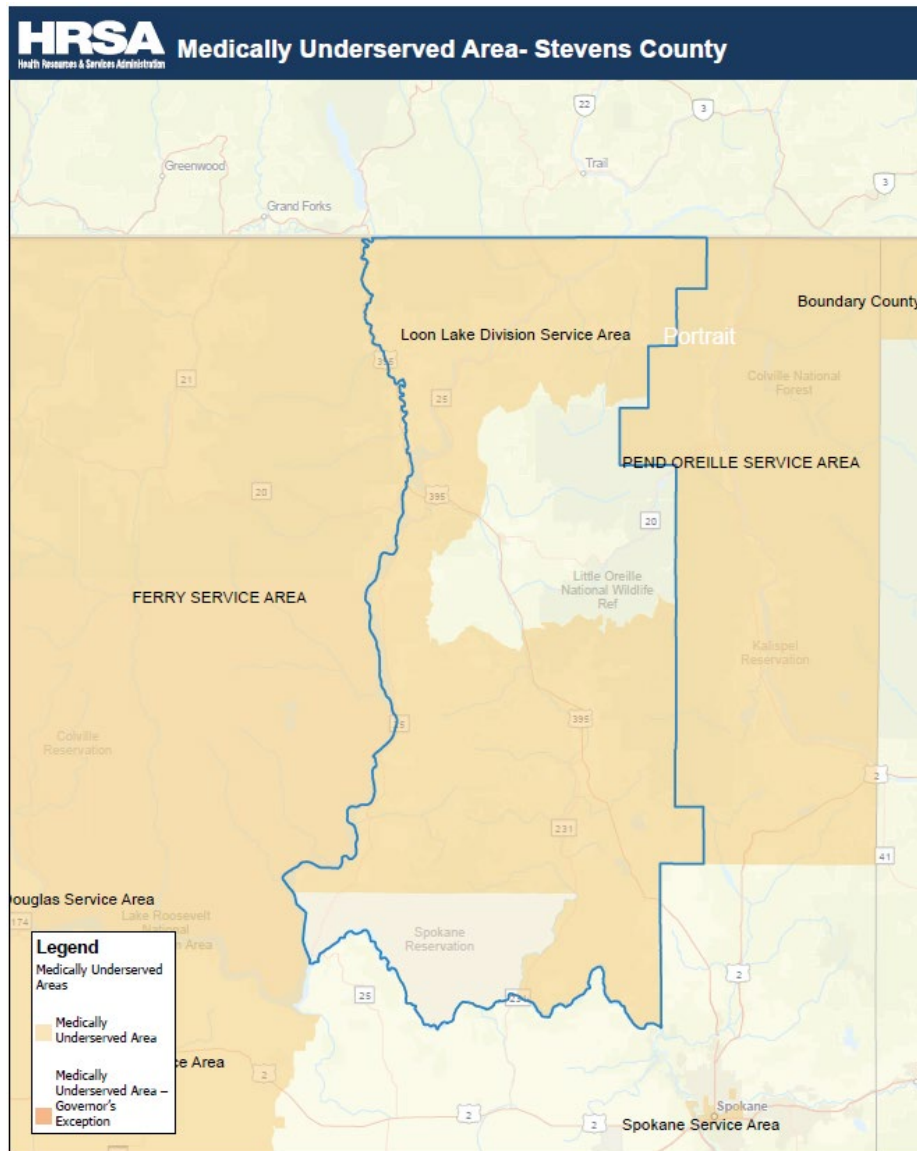
HRSA Health Resources & Services Administration
Primary Care and Facility HPSAs- Stevens County



Prepared by:
 Division of Data and Information Services
 Office of Information Technology
 Health Resources and Services Administration
 Created on: 6/9/2022

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. Much of Stevens County falls within the HRSA-designated Medically Underserved Area. There are no HRSA-designated Medically Underserved Populations in Stevens County.



data.HRSA.gov

Appendix 2: Community Input

INTRODUCTION

Providence Mount Carmel Hospital and Providence St. Joseph’s Hospital conducted stakeholder interviews. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. Providence conducted 8 stakeholder interviews with people who are invested in the well-being of the community and have first-hand knowledge of community needs and strengths. The goal of the interviews was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

METHODOLOGY

Selection

Providence conducted 8 stakeholder interviews in March 2022. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who experience health disparities and social inequities. Providence aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Additionally, the hospital spoke with a representative from DSHS but due to technical issues were unable to complete the interview. The participant’s perspective was consistent with those shared by other stakeholders. Providence engaged with the Administrator from the Northeast Tri County Health District.

Table_Apx 2: Community Input

Community Input Type (e.g. Listening sessions, community forum, etc.)	City, State	Date (Month, Day, Year)	Language
Focus Group – Community Clinic Leads	Colville, WA	June 3, 2022	English
Survey – Staff/Caregivers, Community Members	Stevens County, WA	January 2022	English
Focus Group – Providence Physicians	Stevens County, WA	June 2022	English
Focus Group – NEW Hunger Coalition	Stevens County, WA	June 2022	English

Table_Apx 1. Key Community Stakeholder Participants

Organization	Name	Title	Sector
Northeast Tri County Health District	Matt Schanz	Administrator	Public health

Providence Health Care Community Board and Providence Regional Board for WA and MT	Mary Selecky	Board member and retired Secretary of Health, State of WA	Health care, community health
Rural Resources Community Action	Donna Moulton	CEO	Housing, homelessness, food security, domestic violence, transportation, home health, early education, and more
Spokane Tribe of Indians	Reggie Peone, Jr.	Emergency Manager	Indigenous Peoples of America, health and human services, safety, public works, and more
Stevens County	Adenea Thompson	Director of Emergency Management	Emergency response, public safety
Stevens County Sherriff's Ambulance, Colville WA	Bill Buscher	Operations Manager	Emergency response, emergency medical services
Stevens County, doing business as NorthEast Washington Alliance Counseling Services	David Nielsen	Executive Director	Mental health, substance use disorders, employment, housing
Washington State University, Stevens County Extension	Debra Hansen	County Director and Professor	Education, university

Facilitation Guides

For the stakeholder interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2022 CHNAs (see [Stakeholder Interview Questions](#) for the full list of questions):

- The community served by the stakeholder’s organization
- The community strengths
- Prioritization of unmet health related needs in the community, including social determinants of health
- The COVID-19 pandemic’s effects on community needs
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations

Training

The facilitation guides provided instructions on how to conduct a stakeholder interview. Facilitators participated in training on how to successfully facilitate a stakeholder interview and were provided question guides.

Data Collection

Stakeholder interviews were conducted virtually and recorded with the participant’s permission.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of stakeholder, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as “other,” and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code “food insecurity” can occur often with the code “obesity.” Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

FINDINGS FROM STAKEHOLDER INTERVIEWS

Community Strengths

The interviewer asked stakeholders to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Strong Partnerships and Collaboration

Stakeholders described strong collaboration efforts between organizations in Stevens County. There are strong relationships between organizations, meaning that individuals at one agency can pick up the phone and call someone directly at another agency who they know by name.

“I think one of the greatest strengths we have is our collaboration and relationships we have amongst agencies, elected officials, and education. Even before COVID, we regularly got together to talk about our issues and our opportunities, which I think helps from duplicating services. Understanding what each agency organization's strengths are, so that we can partner together and do that kind of work. I think that's a huge strength for Stevens County.”—Community Stakeholder

They shared that these relationships are crucial because no one organization can solve community problems alone or meet all the needs. This is particularly true in more rural areas where resources can be spread out.

The COVID-19 pandemic made these relationships and collaboration efforts more critical than ever. A weekly Emergency Operation Command Meeting brought together health care and social service providers, providing a network of communication. Stakeholders described the height of the COVID-19 emergency as an important example of organizations, including schools, libraries, and health care, all working together, being innovative and flexible. It heightened the interdependence of health care, mental health, and public health systems. Stakeholders shared the importance of these relationships. They would like to see these relationships continue to be strengthened and built upon to address complex challenges.

The Stevens County Healthcare Roundtable also brings together community providers to share information. Opportunities like these meetings help provide better understanding of what services are available.

Stakeholders would like to see this strength of collaboration leveraged in a few ways:

- Ensure messaging is consistent between organizations, particularly when it relates to public health and emergency response
- Look for opportunities to share resources and align efforts rather than compete for scarce resources
- Collaborate to address community-wide workforce challenges, acknowledging it is a shared challenge
- Listen to one another to identify others' strengths and leverage those unique strengths to improve community health

Community Engagement and Willingness to Help

Stakeholders overwhelmingly spoke to the people in Stevens County as an asset, describing them as close knit, supportive, strong, and resilient. People in the community work together to understand and address community challenges and are willing to assist their neighbors and friends. Some families have been in the community for generations, meaning there are strong relationships and deep investment in community well-being.

“I would say the greatest strength is probably the community-- I don't even know how to describe it. The willingness to assist neighbors, friends, family, that close-knit piece, that

folks tend to reach out and want to support others going forward.”—Community Stakeholder

Stakeholders spoke to a tight knit community within the Spokane Tribe of Indians, with people from across the reservation coming together to help one another, particularly in times of emergency, like the COVID-19 pandemic. They recommended leveraging this strength by learning from past crisis response practices and the relationships formed to respond to future needs more quickly and easily.

To leverage the strength of engaged community members wanting to address community needs, stakeholders recommended developing leadership and skill-building programs. These programs could teach community members about civic engagement, running for office or city council, grant writing and administration, etc. The goal is to build skills that grow community capacity to address challenges rather than relying on outside funders or organizations.

High Priority Unmet Health-Related Needs

Stakeholders were asked to identify their top five health-related needs in the community. Two needs were prioritized by most stakeholders and with high priority. Three additional needs were categorized as medium priority. Stakeholders were most concerned about the following health-related needs:

1. Mental health
2. Substance use/misuse

Mental health

Stakeholders were concerned about increased mental health challenges and suicide rates in Stevens County, particularly in the past couple of years.

“Our community is really struggling right now to figure out the increased issues with our mental health problems we're having up here.”—Community Stakeholder

They shared the importance of strengthening trauma-informed care to address how trauma affects people’s health and overall well-being. A history of trauma can contribute to other needs, including homelessness and housing instability.

Stakeholders shared there are insufficient mental health services to meet the current demand, noting a need for more mental health providers to address long wait times for appointments.

“A mental health challenge up here, it is severe. We saw suicide rates increase these last few years and putting out positive messaging and trying to see people to get help only goes so far because we couldn't encourage them to seek local help because we were talking to our local providers, and they were full.”—Community Stakeholder

The COVID-19 pandemic contributed to workforce turnover and filling those positions has been difficult for local organizations. Turnover in workforce has contributed to a backlog of patients waiting for assessments and treatment services, contributing to long wait times and less frequent visits.

“Just a huge turnover in workforce [in behavioral health], which then results in backlog in people being able to access assessment and treatment services. We used to be able to get people in for a behavioral health assessment within three to five days of them making a request for services. If you were to call up today, you’re going to be waiting at least four weeks to be able to get your first intake appointment. There’s a long line at the door to get in. Then once you get in, you’re not being seen as frequently.”—Community Stakeholder

While there is a need for more mental health providers to serve people with Medicaid, there is especially a lack of providers to serve people with private insurance. Some of the local medical groups do not have access to psychiatrists in the area and may rely on telehealth services to meet this need.

“It’s very, very difficult for people in Stevens County to access psychiatric prescription services locally, really, unless they’re Medicaid recipients.”—Community Stakeholder

A lack of broadband access and digital literacy make accessing telemental health services challenging for people in more rural areas of Stevens County. Not everyone has access to broadband, WiFi, or technology. Broadband access is not only important for patients being able to access telemental services, but also to ensure people get the information they need to access relevant services.

There is a need for more crisis response services, as currently the only place to take people having a mental health crisis is the Emergency Department.

Stakeholders discussed access challenges and specific mental health concerns for the following populations:

- Older adults: Stakeholders were particularly concerned about older adults being able to access mental health services on Medicare because it will only reimburse a Clinical Social Worker, but not a licensed mental health counselor. Additionally, older adults may experience more challenges connecting with others through technology. Particularly as a result of the COVID-19 pandemic, stakeholders were more concerned about increased social isolation and depression for older adults.
- Young people: Accessing inpatient psychiatric care is difficult for people under 18, with the closest facility being out of state. This can mean young people end up staying in an Emergency Department while crisis counselors seek a facility to admit them. There are no youth crisis response centers locally to aid in a crisis. Accessing mental health services within schools and within local agencies for children under 18 can be difficult as there are limited pediatric clinicians. The COVID-19 pandemic disrupted a lot of social interactions for children, which can affect development and mental health.
- Indigenous Peoples of America: Members of the Spokane Tribe of Indians may have limited access to mental health treatment on the reservation and may experience additional barriers to care.

The COVID-19 pandemic has contributed to more access issues and increased mental health concerns, including more stress and hopelessness for many Stakeholders reported financial stress has contributed to mental health challenges for some people. COVID-19 also contributed to a backlog of patients getting

admitted to inpatient facilities when there were any positive cases on the floor. This meant people had to wait in the Emergency Department.

COVID-19 also spotlighted the need for more equitable broadband access to ensure patients can access mental health treatment services and resources.

Substance use/misuse

Stakeholders shared there is increased substance use/misuse in the community, and they were particularly concerned about rates of overdoses. They report seeing an increase in narcotics, fentanyl, and methamphetamines.

“Alcohol and obviously drug use is on the increase. I think that they're very-- The strength of that community is really working on trying to figure out these problems and they understand the problems we have.”—Community Stakeholder

They noted substance use disorders can be difficult to address when co-occurring with mental health challenges, and both can be connected to a history of trauma. This underlines the importance of strengthening trauma-informed care locally.

Stakeholders noted a need for more behavioral health professionals to meet the needs of the community, particularly drug and alcohol counselors, which requires a specific credential in the Medicaid system. A lack of master's level clinicians to provide outpatient services contributes to long wait times for counseling services. Drug and alcohol counselors have challenging roles and often low pay, making it a difficult field to recruit and retain people. One solution is to get master's level clinicians dually certified to provide mental health and drug and alcohol treatment to better meet the increasing need.

“Then the amount of paperwork that drug and alcohol counselors have to do compared to mental health counselors is unbelievable. It's a difficult field to recruit people in for the Medicaid system. They have a lot of work, it's very, very low pay. We're working with probably the most difficult population of people with substance use and co-occurring disorders that exist out there.”—Community Stakeholder

Workforce turnover and challenges backfilling positions is contributing to a lack of behavioral health providers in the community. There is a need for more behavioral health clinicians for patients with Medicaid and with private insurance.

There is also a need for crisis response services for people with co-occurring mental health and substance use disorders as there are currently no options for people in crisis besides the Emergency Department.

A lack of broadband access and digital literacy contribute to barriers to accessing care.

Older adults on Medicare may have challenges accessing behavioral health services as Medicare will only reimburse a Clinical Social Worker.

Accessing substance use disorder treatment on the reservations is also a challenge for Indigenous Peoples of America in Stevens County. The most pressing concern on the reservation is substance use/misuse and the effects of substance use disorders.

“I would say that the most pressing need on the reservation at this time is the use of illicit substances and the problems created because of the use of those substances.”—Community Stakeholder

Stakeholders identified the maternal smoking rates for the Medicaid population as a concern, as well.

COVID-19 has contributed to workforce turnover and increased need for behavioral health services. Stakeholders report seeing more stress, contributing to substance use/misuse and more alcohol-related incidents. They are also seeing higher rates of overdose deaths over the past couple of years.

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by stakeholders:

3. Access to health care services
4. Homelessness and housing instability
5. Economic insecurity

Access to health care services

Stakeholders spoke to two primary barriers to accessing needed health care services: 1) broadband access and digital literacy and 2) transportation. The COVID-19 pandemic highlighted the need for more equitable broadband access, particularly in the more rural areas of Stevens County where there is a lack of broadband and cell phone connectivity. Broadband access is crucial for ensuring people have access to information and resources. It is a key systems piece to keeping people healthy and ensuring people can access telehealth services.

“There are many, many areas with no broadband and very limited, if any cell service. Internet is spotty and expensive; it makes telehealth very difficult.”—Community Stakeholder

“You can't do medical tests at home, some of them, for sure, but follow-up visits could be done on telehealth. We have proven that this year. To me, broadband is critical to help that... That's what I think is a major component of solving health problems.”—Community Stakeholder

Very little public transportation and a large geography make getting to care difficult for people, particularly in poor weather and with high gas prices. Stakeholders recommended bringing services to people as much as possible with mobile vans and pop-up vaccinations clinics. While there are some transportation supports available, people may need help navigating the different resources. Some transportation services rely on volunteers, which COVID-19 may have affected.

“We have a low-income population, and then they're out in the middle of nowhere. If it comes to spinning the tank of gas to go get their vaccine, they're not going to do it.”

Availability of resources is massive across the board here in Stevens County.”—Community Stakeholder

Stakeholders identified older adults, people with low incomes, and people living in more rural areas as disproportionately affected by these barriers. Older adults may need in-home health checks, particularly if they live alone, and support navigating the health care system. Stakeholders were concerned about providing more fall prevention and education about resources that can help elders stay safe and healthy in their home. A paramedicine program or other home-based health care service could help address some of these needs and prevent emergencies. There is also a need for more assisted living in the area.

“Again, we've seen a lot of-- we get calls out to the residences where they need help, but they don't want to go to the hospitals because of fear of getting worse. Then they wait too long to call 911. They would've been fine. But then we get to the point where they're extremely, extremely sick. That's been as far as the COVID part of it is especially elderly are waiting too long to access help.”—Community Stakeholder

The COVID-19 pandemic exacerbated health care staffing challenges, noting a shortage of health care professionals and a need to focus on training opportunities locally to help address the shortage. Stakeholders were concerned that some employees left the health care field or the area during the pandemic, putting additional strain on an already strained workforce.

Distribution of COVID-19 vaccines, testing, and treatment also highlighted concerns with local messaging and coordination between health organizations. Stakeholders emphasized the need for clear, consistent, and coordinated messaging from health care entities and Public Health around the effectiveness and safety of vaccines, particularly the COVID-19 vaccines. Disinformation and conflicting messaging may have contributed to a lack of trust in messaging and uptake of the COVID-19 vaccine locally.

“We've got to really recognize that Stevens County has the lowest vaccination rates for COVID-19 in the State of Washington. If you start to look at even neighboring counties with much the same demographics, they've done better, sometimes appreciably so. I think from our perspective in public health, that's a grave concern.”—Community Stakeholder

Homelessness and housing instability

Stakeholders shared the cost of housing is increasing and there are not a lot of rentals available. There is very little low-income housing, contributing to increasing homelessness and housing instability. A lack of affordable housing makes it challenging for families and workers to move to the area. New homes are being built, but they are typically expensive.

“Housing is very difficult. There aren't very many rentals and that becomes an issue for families who want to move into the area or even need to move from one place to another.”—Community Stakeholder

Without affordable housing, people cannot meet all of their basic needs and make healthy choices. Stakeholders emphasized safe and stable housing is foundational to health, including having a stable job, caring for their physical and mental health, eating nutritious meals, etc.

“Well, childcare access is pretty severe right now, and affordable housing. Those are the two things that seem to be stopping people from having a complete life so that they can have jobs that they can then have access, make better health choices.”—Community Stakeholder

“I think housing is one of those really key things that we struggle with here. When we talk about that overall concept of social determinants of health, is that we've seen a very rapid increase in the price of housing or rental properties. For people within their overall health and well-being, I think housing is one of those significant challenges.”—Community Stakeholder

There is a need for permanent supportive housing for individuals with mental health challenges. Stable, supportive housing is particularly needed for folks being discharged from inpatient psychiatric units and people experiencing homelessness with a mental health challenge. While there are funds to support housing these populations, landlords may not want to rent to people with a behavioral health need.

Access to affordable housing is also an issue on the reservation for the Spokane Tribe of Indians.

A lack of affordable housing units in the community affects the workforce, making it challenging to recruit workers to the area if they cannot find a place to live or cannot afford the local housing. This is a critical issue for recruiting and retaining behavioral health workers.

“Of course, the cost of housing has gone through the roof. Our typical master's level person [in behavioral health] is coming in, starting in the low 50s for salary, and it's very, very hard on that kind of a salary to be able to afford any local housing that is through the roof.”—Community Stakeholder

During the COVID-19 pandemic, people experiencing homelessness have been temporarily housed in local motels to quarantine or isolate. Some motels no longer want to participate in this partnership though, signaling a need to continue to address a lack of shelter.

Economic insecurity

Stakeholders emphasized the need for good paying jobs, stating wages need to keep pace with the local cost of living. With limited industries in the area, there can be fewer well-paying employment opportunities. There is a misperception that rural areas have a low cost of living. People in rural areas might have longer commutes to their jobs and less access to public transportation, meaning the cost of gas and car maintenance is high.

“We recently just did a big salary structure change just because I think there's a misperception that if you're living in a really rural area that the cost of living is lower, and it really isn't. We find that wages and the ability to gain employment in small towns really hasn't kept pace with the needs of the population.”—Community Stakeholder

Equitable broadband access is important for finding jobs, working remotely, and having access to education/training opportunities. A lack of broadband can cause inequities in access to education and employment opportunities.

Affordable housing and childcare are also crucial for ensuring economic security. There are very few licensed childcare providers in the area, affecting parents’ abilities to work. Parents may have to rely on friends, family, or unlicensed childcare centers to meet their needs.

“If you can't afford to put your kids in childcare it's not an affordable job. It's also a very complicated issue, but it's very difficult to change community health indicators when there's not a system there to solve the problem.”—Community Stakeholder

Stakeholders noted the importance of investing in young people through professional development, trainings, and coaching, to ensure they are engaged in leading the community. This entails ensuring the people that work in the community have the supports they need to be successful, including affordable housing and childcare. Particularly the young people that choose to return to the area to share their skills and talents should be invested in and provided with mentorship and growth opportunities.

“I see a lot of people coming back to the rural community or their roots when they've gone to college or gone out and had that life experience if it's not college and coming back in their thirties and having kids and families. I think we miss out on helping them be successful. Part of that is affordable housing and that childcare.”—Community Stakeholder

To meet people’s basic needs, stakeholders want to see more communication about the local resources available to help people.

“Folks don't know what all the resources are in the communities. Again, if we can take the resources out to more isolated communities, it really helps with exposure to some of those things. Sometimes folks don't even know what their needs are until they realize that there are services out there that can meet those needs.”—Community Stakeholder

Community Stakeholder Identified Assets

Stakeholders were asked to identify one or two community initiatives or programs that they believe are currently meeting community needs.

Table_Apx 2. Stevens County Organizations and Initiatives Addressing Community Needs

Community Need	Community Organization/Initiative
Access to Health Care	<ul style="list-style-type: none"> • Northeast Tri-County Health District: Their COVID-19 response efforts, including drive-through vaccines clinics have been very helpful in responding to community needs. • Northeast Washington (NEW) Health: Stakeholders specifically named their community-based programs and dental clinics for people with low incomes as meeting a community need. • The Native Project: Provides medical, dental, behavioral health, prevention and wellness services to the greater Spokane community, although their area of expertise is Indian Health.

Behavioral Health	<ul style="list-style-type: none"> • Medication Assisted Treatment (MAT): The Tri-County Opioid Treatment Network supports individuals in accessing MAT and wrap-around medical and social services. • Northeast Tri-County Health District Syringe Exchange: The Health District aims to take a harm reduction approach by providing education and awareness.
Community Resources	<ul style="list-style-type: none"> • Libraries of Stevens County: Libraries help get information out to people and provide important resources, including Wi-Fi hotspots. • Rural Resources Community Action: Supports housing and has an energy assistance program. Their Health Home Program was specifically identified as useful.
Emergency Response	<ul style="list-style-type: none"> • Spokane Tribal Emergency Services (Ambulance and Fire Department): These services provide 24/7 EMS staff to respond to emergency calls for service on or near the reservation. • Stevens County Emergency Management: The Emergency Management department’s engagement with Stevens County Public Health has been crucial for responding to the COVID-19 pandemic in a coordinated way.
Food Security	<ul style="list-style-type: none"> • N.E.W. Hunger Coalition: This is a collaborative network of all the groups working to address hunger in Northeastern Washington. The local food banks and pantries are working to address food insecurity.

Community Stakeholders: Opportunities to Work Together

Participants were asked, “What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?” Stakeholders shared the following opportunities:

- Align on communication methods: Stakeholders shared organizations were not coordination in their information regarding COVID-19 and the vaccines, leading to confusion and a lack of trust in some of the information. They would like to see more unified messaging presented in a coordinated way.
- Leverage roundtables and meetings currently working well: Stakeholders shared there are already Stevens County Health Care Roundtables that provide space to explore opportunities for collaboration. They suggested utilizing these and similar meetings to learn from one another and have open conversations.
- Ensure information is passed to frontline staff: Often leaders are engaged in multi-sector conversations, but sometimes that information is not well disseminated to frontline staff. They suggested leaders do a better job of sharing this information of engage frontline staff in these meetings and collaborative opportunities.
- Take time to learn about the efforts of other organizations to avoid duplication: Through more communication and relationship building, stakeholders suggested organizations learn more about the services offered by other organizations. This can be important for ensuring there are not duplicative services or confusing information going out to the community.

- Collaborate to address staffing needs: Rather than compete for staff and resources in response to workforce shortages, find ways to collaborate to build the local workforce. This could include developing an internship program or sharing professional development opportunities.
- Co-locate services and bring services to community members: Acknowledge that people have multiple needs by ensuring services are co-located and easy to access. This can mean providing services through mobile units to provide food resources, medical care, and dental care in one place.

LIMITATIONS

While stakeholders were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

STAKEHOLDER INTERVIEW QUESTIONS

1. Please state your name, title, and organization as you would like them included in the report.
2. How would you define the community that your organization serves?
3. While a Community Health Needs Assessment is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share the greatest strength you see in the community your organization serves.
4. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health.
5. Using the table, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). [see table below]
6. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
7. What suggestions do you have for how we can leverage community strengths to address these community needs?
8. Please identify one or two community health initiatives or programs that you see currently meeting the needs of the community.
9. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
10. Is there anything else you would like to share?

Question 5: Using the table below, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important). Please note, these needs are listed in alphabetical order.

	Access to health care services		Gun violence
	Access to dental care		HIV/AIDS
	Access to safe, reliable, affordable transportation		Homelessness/lack of safe, affordable housing
	Affordable childcare and preschools		Job skills training
	Aging problems		Lack of community involvement and engagement
	Bullying in schools		Mental health concerns and treatment access
	Community violence; lack of feeling of safety		Obesity and chronic conditions
	Disability inclusion		Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
	Domestic violence, child abuse/neglect		Racism and discrimination
	Economic insecurity (lack of living wage jobs and unemployment)		Safe and accessible parks/recreation
	Environmental concerns (e.g. climate change, fires/smoke, pollution)		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
	Few community-building events (e.g. arts and cultural events)		Substance Use Disorders and treatment access
	Food insecurity		Other:

Appendix 3: Community Resources Available to Address Significant Health Needs

Providence Mount Carmel and Providence St. Joseph’s Hospitals cannot address all the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 3. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Health Center	Chewelah Community Health Center	Primary medical care services	518 E Clay Ave, Chewelah, WA 99109	Access to Care Medical Care
Health Center	Colville Community Health Center	Primary medical care services	358 N Main St, Colville, WA 99114	Access to Care Medical Care
Health Center	Kettle River Community Health Center	Primary medical care services	141 Third Ave, Orient, WA 99114	Access to Care Medical Care
Health Center	Lake Spokane Community Health Center	Primary medical care services	5952 Blackstone Way, Nine Mile Falls, WA 99026	Access to Care Medical Care
Health Center	Loon Lake Community Health Center	Primary medical care services	3994 Colville Rd, Loon Lake, WA 99148	Access to Care Medical Care
Health Center	Northport Community Health Center	Primary medical care services	411 Summit Ave, Northport, WA 99157	Access to Care Medical Care
Health Center	Selkirk Community Health Center	Primary medical care services	208 Cedar creek Terrace, Lone, WA 99139	Access to Care Medical Care
Health Center	Springdale Community Health Center	Primary medical care services	114 S Main St, Springdale, WA 99173	Access to Care Medical Care
Health Center	Aloha Integrative Medicine	Primary medical care services	265-482 E Third Ave, Ste B, Kettle Falls, WA 99141	Access to Care Medical Care
Health Center	David C. Wynecoop Memorial Clinic aka Wellpinit Service Unit, Indian Health Services	Primary medical care services	6203 Agency Loop Rd, Wellpinit, WA 99040	Access to Care Medical Care
Non-profit organization	Northwest Justice Project	Legal Aid	132 W 1 st Ave, Colville, WA 99114	Housing and Homelessness
Non-profit organization	N.E.W. Hunger Coalition	Food banks and food pantries	374 W 2 nd St, Ste G, Colville, WA 99114	Food Insecurity
Non-profit organization	Rural Resources Community Action	Resource support including rental assistance, emergency shelter, housing vouchers	956 S Main St, Colville, WA 99114 600 N 3 rd St E, Chewelah, WA 99109	Housing and Homelessness

Appendix 4: Tri County Advisory Council

Table_Apx 4. Tri County Advisory Council CHNA Prioritization Meeting Participants

Name	Title	Organization	Sector
Mary Selecky (Chair)	Chair	Tri County Advisory Council	Public Health
	Board Member	Providence INWA Community Board	Health
Ron Rehn	Chief Administrative Officer	Providence Mount Carmel Hospital Providence St. Joseph's Hospital Providence DominiCare	Health
Kelly Corcoran	Chief Mission Officer	Providence INWA Stevens County	Health
Naydu Lucas	Chief Nursing Officer	Providence Mount Carmel Hospital Providence St. Joseph's Hospital	Health
Edward Johnson, MD	Chief Medical Officer	Providence INWA Stevens County	Health
David Nielsen	Executive Director	Northeast Washington Alliance Counseling Services	Mental Health
Phil Stalp	Board Member	Providence INWA Foundation	Community Member
Sonja Moore	Community Health Specialist	Northeast Tri County Health District	Public Health

Appendix 5: Providence INWA Community Mission Board Members

Table_Apx 5. Providence INWA Community Mission Board Members

Karla Greer
Rich Hadley
Tom Heavey
Robin Hines, MD – *Vice Chair*
Mary Koithan
Kiana McKenna
Nolan McMullin, MD
Mike Moore, MD
Gloria Ochoa-Bruck
Jeff Philipps – *Chair*
Mark Schemmel, MD
Fawn Schott
Mary Selecky
Ben Small
Larry Soehren
Susan Stacey – *INWA Chief Executive*
Ruth Reynolds – *INWA Board Liaison*