Community Benefit:
Serving our communities in more comprehensive and collaborative ways

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Community Health Needs Assessment

Conducted through mixed methods research - quantitative and qualitative information.

In 2016 data collected included:

- Providence Caregiver Survey: Over 1,100 responses
- Key stakeholder interviews: 5-10 per hospital
- Community listening sessions: 27 Portland-metro, 1-4 in rural communities
- CORE Community Health Survey: Over 5,100 responses
- Hospital utilization data for avoidable ED visits among sub-populations
- Demographic information (income, education, population structure, etc.)

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Community Health Needs Assessment

Providence leads or collaborates with local partners for more comprehensive, community specific results.

2016 CHNA and CHIP Collaborative Partners					
County	**Public health**	**CCO**	**Other hospitals**	**FQHCs**	**Lead**
Hood River	✓	✓	✓	✓	Columbia Gorge Health Council
Clatsop	✓	✓	✓	×	Providence Seaside Hospital & Columbia Memorial Hospital
Portland-metro	✓	✓	✓	×	Healthy Columbia Willamette Collaborative
Jackson	✓	✓	✓	✓	Providence Medford Medical Center & Jefferson Regional Health Alliance
Yamhill	×	×	×	×	Providence Newberg Medical Center

✓ *Publication and research partner*

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Community Health Needs Assessment

Example: North Coast, Providence Seaside Hospital

Data Sources: Chronic conditions	
Research method:	**Findings:**
Public health data	• Obesity - nearly 30% of adults are obese • Diabetes – 9.7% of adults have diabetes
Hospital utilization	• Complications due to diabetes and hypertension – the cause of most uninsured, Medicaid and dual eligible adults presenting in ED
Community listening sessions	• Difficulty establishing relationships with providers, especially for non-English speakers • Difficulty with strategies to address conditions related to obesity and other nutrition/activity - concern about childhood obesity related to sugar intake and access to nutritious food
CORE Community Survey	• 67.2% have been told by a doctor they have at least one chronic condition, with high blood pressure and high cholesterol being the most common • 42.7% of respondents are obese

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Community Health Needs Assessment

2016 identified health-related needs

Themes were identified and prioritized across data sets – based upon worsening trends, lower than state average, evidence of disparity and greatest opportunity for improvement

Identified need:	Focus of interventions:
Access to care	Primary care, dental care and culturally responsive services
Behavioral health	Mental health, substance use treatment and adverse experience/trauma prevention
Chronic conditions	Diabetes, hypertension and obesity - particularly in children
Social determinants of health and well-being	Affordable housing, healthy food access, living wage jobs and transportation

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Community Benefit Programs

Access to social services – Community Resource Desk

2013 Community Health Needs Assessment

- Identifies individuals are having trouble accessing existing community supports and services to help meet basic needs
- Providence caregivers, primarily in primary care, wanted a direct solution for patients when screening for basic needs

2014-2017 Community benefit investment

- Providence partners with IMPACT NW to place a physical desk at primary care clinics that care for large populations of vulnerable patients
- Caregivers can refer patients using a simple card
- Community members and patients can self identify

IMPACT NW   PROVIDENCE Health & Services

Name:
Phone:
Email:
How would you like to be contacted? ☐ ☐

How can we help? Check any that apply and bring to the desk in the lobby or call us!

☐ Housing or Rent	☐ Jobs	☐ Dental Care
☐ Utility Costs	☐ Children and Infants	☐ Eye Care
☐ Food	☐ Education Classes	☐ Alcohol and Drug Recovery
☐ Clothing	☐ Counseling	☐ Tobacco Cessation
☐ Transportation	☐ Health Insurance	☐ Other

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Community Benefit Programs

Access to social services – Community Resource Desk

- Program expansion fall-2016 to Tanasbourne, Clatsop County (partnership with Clatsop Community Action) and 2017 to Clackamas County

Community Resource Desk Summary Report
Final Pilot Report
September 30, 2016

SUMMARY
- 1,750 clients served since April 2015
- 50% White/Caucasian, 25% Hispanic/Latino, 11% African American
- 77% of households served were at or below 150% FPL
- 23% of participants are uninsured and nearly 60% of participants are enrolled in Medicare or Medicaid
- Top needs: Housing/Rent, Health Insurance, Dental Care, Food, Transportation
- Top successful resource connection: health insurance
- Least available resources: housing/rent, utility assistance, dental care

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Community Benefit Programs

Access to social services – Community Resource Desk

Types of need

(clients can be served in more than one area)

Type of need	Clients
Housing or Rent	488
Health Insurance	433
Dental Care	310
Food	257
Transportation	194
Eye Care	175
Utility Costs	174
Jobs	125
Clothing	93
Counseling	90
Education Classes	59
Children and Infants	43
Tobacco Cessation	26
Alcohol and drug recovery	19
Other	290

Clients	# resources needed
n = 594 (34%)	2 resources needed
n = 303 (18%)	3 resources needed
n = 152 (9%)	4 resources needed

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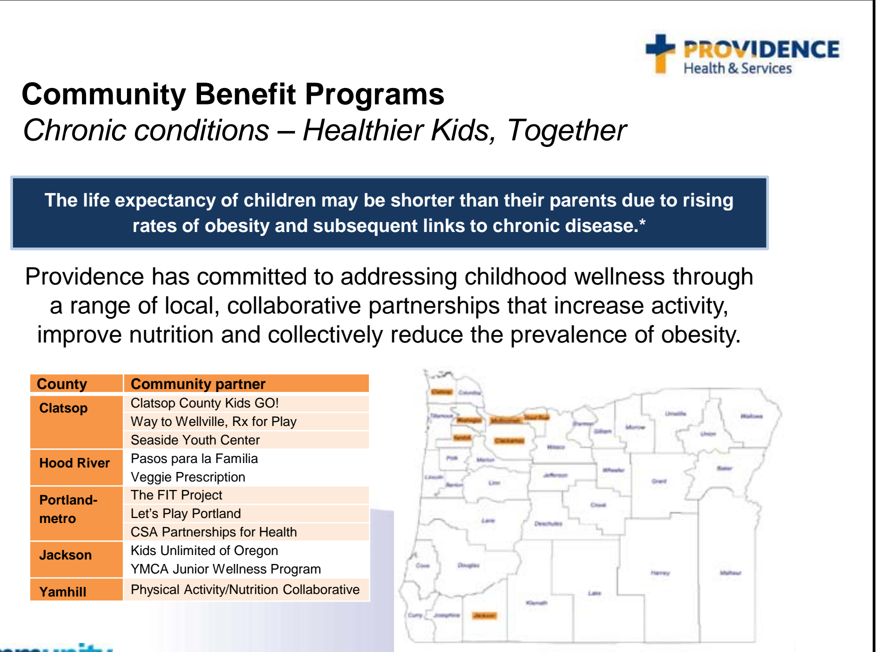

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Community Benefit Programs
Chronic conditions – Healthier Kids, Together

The life expectancy of children may be shorter than their parents due to rising rates of obesity and subsequent links to chronic disease.*

Providence has committed to addressing childhood wellness through a range of local, collaborative partnerships that increase activity, improve nutrition and collectively reduce the prevalence of obesity.

County	Community partner
Clatsop	Clatsop County Kids GO!
	Way to Wellville, Rx for Play
	Seaside Youth Center
Hood River	Pasos para la Familia
	Veggie Prescription
Portland-metro	The FIT Project
	Let's Play Portland
	CSA Partnerships for Health
Jackson	Kids Unlimited of Oregon
	YMCA Junior Wellness Program
Yamhill	Physical Activity/Nutrition Collaborative

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The State of Obesity, A Project of the Trust for America's Health and the Robert Wood Johnson Foundation, 2015

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Community Benefit Programs
Behavioral health – North Coast

North Coast Crisis Respite Center – opened 2016

- Local partners included: Clatsop Behavioral Healthcare, Greater Oregon Behavioral Health, Inc., Providence Seaside Hospital, Columbia Memorial Hospital and Clatsop County
- 16-beds serve as safety-net for individuals who don't require acute care, and don't belong in jail
- Model includes, 7 day/week care coordinators

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Community Benefit Programs
Community specific need – North Coast

Providence community benefit investments support local programs that meet local needs – a few in Clatsop County include:

- Restoration House - housing/services for formerly incarcerated men with co-occurring mental illness
- Helping Hands Reentry Outreach Centers - emergency shelter and re-entry program
- Foster Club - peer support programs and mentorship for foster youth
- The Harbor - Relief shelter for domestic violence providing shelter, meals and referral to care

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