Executive Summary

1. Providence St. Vincent Medical Center (PSVMC) is a 523-bed acute care hospital in Portland, Oregon serving Washington County.

2. In 2021, PSVMC provided $196,547,479 in community benefit.

3. A Community Health Needs Assessment (CHNA) was conducted to identify community strengths and needs. The process involved both quantitative and qualitative data collection.

4. Based on the CHNA results, PSVMC identified the following priority areas for its 2023-2025 community benefit efforts:

- Mental Health & Substance Use Disorders
- Access to Care and Services
- Health Related Social Needs (focusing on housing stability)
- Economic Security

5. These priorities align with the broader Providence Oregon 2022 CHNA priority areas, which also include additional focus areas not being specifically addressed by PSVMC.

6. The Community Health Improvement Plan (CHIP) outlines specific strategies, target populations, and measurable goals for each priority area over the 2023-2025 period.

7. PSVMC will collaborate with community partners to address these health needs and coordinate care and referrals.

The executive summary provides an overview of PSVMC's commitment to community health improvement and its planned initiatives based on identified community needs.

Biggest Gaps in Service

1. Mental Health & Substance Use Disorders
2. Health Related Social Needs (including housing stability, navigation of supportive services, food security, and transportation)
3. Economic Security (including affordable childcare, education, and workforce development)
4. Access to Care and Services (including chronic disease management and prevention, oral health, and virtual care)

Greatest Barriers to Care

1. Discrimination in the health care system: The report mentions that while 13% of community survey respondents reported being discriminated against by the health care system, this percentage increased to between 20% and 30% among the CHNA's priority populations.

2. Fear or discomfort: Priority populations reported delaying health care due to fear or discomfort at nearly twice the rate of all respondents.

3. Lack of trust: Priority populations were more likely to report a lack of trust with the health care system.

4. Economic factors: The report mentions initiatives to address economic security, suggesting that financial stress and lack of access to education and job skills are barriers to healthcare.

5. Housing instability: The report identifies housing instability as a significant health-related social need, implying that it's a barrier to accessing consistent healthcare.

6. Mental health and substance use disorders: These are identified as priority areas, suggesting that they present significant barriers to overall health and potentially to accessing appropriate care.

7. Limited access to specific services: The report mentions initiatives to increase access to vision screening, prescription glasses, and oral health services, indicating that these are areas where access is currently limited.

8. Navigation of the healthcare system: The report mentions programs to assist with navigating the health care system, suggesting that system complexity is a barrier for some populations, particularly those who are un- and under-insured.

The Unique Needs of the Community

1. Mental Health and Substance Use Disorder Services: The report identifies this as a priority area, suggesting a significant need for prevention, treatment, and recovery support services.

2. Access to Care and Services: This includes needs for chronic disease management and prevention, oral health services, and virtual care options.

3. Health-Related Social Needs:
- Housing stability is specifically highlighted as a focus area for PSVMC
- Navigation of supportive services
- Food security
- Transportation

4. Economic Security: The community has needs related to:
- Affordable childcare
- Education
- Workforce development

5. Culturally Responsive and Linguistically Appropriate Mental Health Services: The report mentions ensuring equitable access to these services, especially for low-income populations.

6. Services for Specific Populations:
- Support for individuals experiencing homelessness
- Services for the uninsured and underinsured
- Assistance for individuals with disabilities
- Support for the Latinx community (as indicated by grants to organizations serving this population)

7. Vision and Dental Care: The report mentions programs to increase access to vision screening, prescription glasses, and dental services for uninsured and underinsured individuals.

8. Diabetes Management: A specific program for diabetes self-management education is mentioned, indicating a community need in this area.

9. Support for Victims of Domestic and Sexual Violence: A grant to Volunteers of America is mentioned to serve women affected by these issues.

What the Hospital or CCO is Doing Well
1. Community Benefit: In 2021, PSVMC provided $196,547,479 in community benefit in response to unmet needs.

2. Community Health Needs Assessment (CHNA): The hospital conducted a comprehensive CHNA using both quantitative and qualitative data to understand community strengths and needs.

3. Targeted Initiatives: PSVMC has developed specific programs and strategies to address identified community needs, including:

- BOB Program for behavioral health support
- EyeVan Program for vision care
- Smile Everywhere Program for oral health
- Diabetes Self-Management Education Program
- Patient Support Program for unhoused individuals
- Community Resource Desk to connect families with resources

4. Partnerships: The hospital is collaborating with various community partners to extend its reach and impact, such as Pacific University, Medical Teams International, and local non-profits.

5. Focus on Equity: The report emphasizes the hospital's commitment to health equity and addressing the needs of vulnerable populations.

6. Financial Assistance Program: PSVMC has a program in place to provide free or discounted services to eligible patients, demonstrating commitment to care regardless of ability to pay.

7. Governance: The hospital has established a Community Health Division and advisory councils to oversee and guide community benefit activities.

8. Adaptability: The report mentions that the CHIP will be updated annually to include new strategies, showing flexibility in addressing evolving community needs.

Priorities
1. Mental Health & Substance Use Disorders
- Focus on prevention and treatment
- Addressing social isolation
- Community building – safe spaces and recreation

2. Access to Care and Services
- Chronic disease management and prevention
- Oral health
- Virtual care

3. Health Related Social Needs
  - With a specific focus on housing stability
  - The broader category also includes navigation of supportive services, food security, and transportation

4. Economic Security
  - Affordable childcare
  - Education
  - Workforce development