The 2014-2016 Community Health Needs Assessment Providence

Section 1 - Providence Executive Summary of the CHNA

<u>Introduction</u>

Since the founding of Providence in the midst of the Civil War, the medical staff, associates and leadership of Providence have been assessing and responding to community health needs in the Washington DC area. The Daughters of Charity brought their already well defined legacy of caring first to Capitol Hill to care for the citizens of the District and later to the Brookland community. Throughout its 153 year history, Providence has been an innovator, an advocate and a catalyst for improving the community's health.

Providence is more a health system today. A state of the art 252 bed nursing home compliments programs in behavioral health, outpatient services and an acute care hospital. Additionally, Providence provides a network of primary and specialty care. Growing services for seniors include our two community wellness programs in partnership with the District of Columbia Department on Aging, a geriatric primary care center and Carroll Manor.

As a member of Ascension Health, the largest not-for-profit, Catholic health system in the United States, Providence participates in a variety of initiatives aimed at improving health both regionally and nationally. As part of Ascension Health, Providence provides healthcare that is safe, healthcare that works and healthcare that leaves no one behind.

As an employer with more than 2,000 employees, Providence aspires to provide socially just wages and benefits so that our employees can in turn care for their own needs and add to the economic vitality of the Washington DC area.

To meet the requirements of the Affordable Care Act of 2010, Providence took a leadership role in forming the District of Columbia Community Health Collaborative (DCHCC). This innovative and collaborative approach to assessing and improving community health, is considered a best practice model for meeting the requirements of ACA. The four hospital partners and the four federally qualified health centers have been meeting for a year, shepherding the process of assessment and planning. The IRS has promoted this community collaborative approach as a best practice model to reduce competition and increase real, meaningful and sustainable improvements in community health.

The work of the DCHCC capitalized on efforts already underway through a grant from the National Institutes of Health to Children's National Medical Center to partner with the Healthy Communities Institute (http://www.healthycommunitiesinstitute.com/) to design a robust approach to community health improvement.

Our Approach To Community Health

Under the Affordable Care Act, non-profit hospitals are challenged to turn community benefit programs from "random acts of kindness" into a sustainable, strategic and long term plan to improve community health. The shift from providing health care to improving health is highly consistent with the history of Providence. Providence has been a leader in improving community health since its founding. A well documented history through our public reporting on the IRS form 990 and Schedule H provides insight into how Providence has taken the lead in improvements in

- Maternal infant health and lowering infant mortality rates
- Substance abuse and behavioral health needs
- Meeting the needs of the growing elderly population
- Improving access to care through robust residency programs in internal medicine, family medicine and surgery
- Improvements in Palliative Care, Pastoral Care and Coordination of Care
- Helping turn the tide on epidemic levels of HIV and AIDS through a robust testing program and linkage to care
- Providing much more than our fair share of care for those with limited means and more limited choices for health care

Since the founding of Providence, creative leaders, passionate providers and the Daughters of Charity have assessed the needs of the community through planning processes that not only looked at the needs of the entire community. Providence's current strategic plan was crafted in 2010 and was refreshed in November 2012. That plan took into account changes in population, epidemiology, emerging providers and areas where there is limited or no access to care.

On January 18, 2012, Providence signed an agreement to help form the District of Columbia Healthy Communities Collaborative (DCHCC). The following Community Health Needs Assessment and Community Health Improvement Plan represent not only 18 months of work, but a new direction in health for the District of Columbia.

<u>Defining the Community Served By Providence</u>

The District of Columbia Healthy Communities Collaborative chose to identify the 8 wards of the District of Columbia as our community. Each member of the collaborative has additional geographic areas that it serves and particular populations of patients based on services provided.

Providence's primary and secondary service areas extend into Prince Georges and Montgomery County in addition to the District of Columbia. Our 2010 Providence Strategic Plan and the 2012 refresh have both clearly identified our service areas.

Beyond the geography encompassed in our service area are specific populations we excel at serving. Our historically important specialty care in obstetrics allows us to reach an immigrant population well beyond our primary community. Our traditional service of seniors takes us into Wards 7 and 8. More recent efforts in testing and linkage to care for HIV/AIDS patients has helped us extend our definition of community.

Data Gathering Process

The DCHCC hired the Rand Corporation to perform our Community Health Needs Assessment (CHNA). Rand was chosen because of their depth of knowledge about the DC community and their access to data. Rand was the partner chosen by the government of the District of Columbia to facilitate the study of health and distribution of monies from the tobacco settlement in 2007 and has remained a leader in studying the District's population trends and epidemiology.

The methodology of data gathering followed by Rand was both qualitative and quantitative. Rand's methodology is spelled out in the accompanying CHNA and in the internal Providence PowerPoint presentation.

Additionally, Providence used health data that was included in several recent CMS innovation grants to document the prevalence of certain chronic conditions, the incidence of infant mortality and other behavioral and health risks within our community.