

Kodiak Island Community Health Needs Assessment 2016



Providence Kodiak Island Medical Center
Kodiak Island, Alaska

Table of contents

2016 Kodiak Community Health Needs Assessment

Executive summary	2
Acknowledgements	5
Summary of community input	5
Introduction	6
Creating healthier communities, together Serving Kodiak	
Description of community	8
Community Profile Population and age demographics Income levels and housing Health care and coverage Health and well-being	
Process, participants and health indicators	10
Assessment process Participants Data collection Identification of significant health needs	
Identified priority health needs	13
Prioritization process and criteria Priority health issues and baseline data 1. Behavioral Health 2. Socio-Economic Determinants of Health 3. Primary Care Utilization and Access	
Addressing identified needs	15
Plan development Providence prioritized needs	
Evaluation of impact from 2013-2016 Community Health Improvement Plan	17
1. Uninsured and Affordability of Care as Barriers to Access 2. Substance Abuse	
Resources potentially available to address the significant needs identified through the CHNA	20
2016 CHNA approval	21
Appendices	22
I. Kodiak Health indicator data and trends - Community Health Survey Results	
II. Kodiak Health indicator data and trends - Secondary data	
III. Kodiak community stakeholder interview input	
IV. Partners in Community Health Advisory Group	
V. Community Resource List	
VI. 2017-2019 Community Health Improvement Plan	

Executive summary

A message to our community

This 2016 Kodiak Community Health Needs Assessment was sponsored by Providence Kodiak Island Medical Center, Providence Health and Services Alaska, and the Providence Kodiak Island Medical Center Community Advisory Board.

Across the areas of Alaska that we serve, we conduct a CHNA every three years to better understand the health needs of our communities. It is an inclusive process designed to identify health-related needs and to help foster community-driven efforts to address those needs. Here in Kodiak the 2016 CHNA survey was a great success thanks to the guidance of our Kodiak CHNA Advisory Group, the 785 residents of Kodiak who completed the survey and the many community volunteers who administered it. It was truly a collaborative community effort.

We want to give special thanks to the members of our advisory group who contributed their time and expertise to make the CHNA possible. The group was composed of a wide variety of community leaders identified in our overview below.

All of our caregivers (employees) and Community Advisory Board members are committed to the best possible health and health care for Kodiak and look forward to working with the community to address the needs identified in this assessment. Please take a few minutes to review our findings and to share this information with others.

Together, we can create healthier communities.

Barbara Bigelow

Chief Executive Officer
Providence Kodiak Island Medical Center

Top priority Kodiak health needs for 2016-2018

1. Behavioral health
2. Primary care utilization and access
3. Socio-economic determinants of health

2016 Kodiak CHNA process overview

In early 2016 Providence Kodiak Island Medical Center began a community health needs assessment and formed a CHNA Advisory Group. The group was composed of Kodiak community experts and representatives from State of Alaska Division of Public Health, Kodiak Area Native Association, Filipino American Association of Kodiak, Kodiak Island Medical Associates, Kodiak Community Health Center, Kodiak Island Borough, City of Kodiak, Senior Citizens of Kodiak and Providence Kodiak Island Counseling Center.

These partners were invited to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community. Together, the partners brought in the public health perspective and the interests of members of medically underserved, low-income, and minority populations. Our CHNA process used four key strategies:

- **Data collection** - Both primary and secondary data were collected. The primary data was first generated through a 34 question communitywide survey conducted in May. The survey results were combined with state and federal data to better create a full picture of the health status and needs in Kodiak.
- **Stakeholder interviews** - Key stakeholder interviews were also conducted with 14 community leaders that represent the broad interests of the community in order to collect qualitative information about health needs in Kodiak.
- **Analysis** – The stakeholder interviews and the communitywide survey responses were analyzed to determine key themes and issues. These issues were then grouped into related areas of data for further analysis and prioritization by the Kodiak CHNA Advisory Group.
- **Needs identification** - The Kodiak CHNA Advisory Group then analyzed the data and identified top health-related priorities in Kodiak based on these criteria: size of population affected; severity of the condition or issue; and the ability of the community to have a positive impact on the issue. The Assessment Findings Overview provides more detail.

Following publication of this 2016 Kodiak CHNA, the Kodiak Island Medical Center and its community partners will begin to identify activities and strategies to address the priority needs identified. The resulting community health improvement plan will be completed and published by May 15, 2017.

Assessment findings overview

Prioritized need #1 - Behavioral health

(Includes substance abuse and mental health)

Poor mental health and the related issue of substance abuse were identified as problems in the Kodiak community. Remote, rainy climates along with long, dark winters are known to have a negative impact on mental health and are frequently associated with increased substance abuse.

Data point	2013	2016
Report being so sad or hopeless in last 12 months they stopped doing regular activities	10%	13%
Considered suicide in the last 12 months	4%	5%
Needed mental health services in the last 12 months	13%	14%
Engaged in binge drinking: Three or more times within last month	10%	14%
Believe recreational / non-medicinal use of prescription drugs are acceptable	23%	23%

Prioritized need #2 - Socio-economic determinants of health

(Includes culture, employment, housing, income and other related determinants of health)

There is substantial and increasing evidence that socio-economic factors play as large a role in health across a life span as genetics and health care. Culture and language barriers, homelessness/housing issues, low income and the challenges of holding multiple jobs to afford the cost of living in Kodiak were frequently noted in the stakeholder interviews and the community survey as significant challenges to the well-being of many in the Kodiak community.

Data point	2013	2016
Household income below \$20,000	3%	11%
Family went without basic needs in past 12 mos. (i.e. food, clothing, child care, health care)	6%	7%
Report being homeless (sleep outside, in improvised dwelling, car, local shelter or couch surf)	No Data	3%

Prioritized Need #3– Primary care utilization and access

(Includes the need for health care resource education and navigation)

The need to improve availability, access and use of primary care services were identified by the community as a significant issues. Long wait times, scheduling and difficulty getting timely appointments were frequently noted in the stakeholder interviews and the community survey as barriers to primary care access. A lack of understanding of the health care system and lack of navigation resources were noted in stakeholder interviews and the community survey responses as significant barriers to health care utilization.

Data point	2013	2016
Use the Emergency Room as primary source of health care	9%	11%
Did NOT have annual exam for preventive purposes in the past 12 months	26%	27%
Did NOT have a health screening in the past 12 months (i.e. cholesterol, blood glucose, mammogram, etc.)	23%	33%

Acknowledgements

Summary of community input

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent health implementation plan. Many attendees may have participated more than once in various meetings and community presentations.

Community stakeholder Interviews: The following community leaders were invited to complete qualitative community stakeholder interviews. The results can be read in Appendix 3. They were contacted and interviewed during May, June and July 2016. Their participation ensured the broad interests of the community were represented in the CHNA process.

1. Alaska State Troopers, Eric Olsen
2. City of Kodiak Police, Rhonda Wallace*
3. Filipino-American Association and Providence Kodiak Island Counseling Center, Mary Guilas Hawver*
4. Hispanic Latino Community Leader, Cece Esparza - (ALMA, Latin Community):
5. KAMP - Kodiak Area Mentor Program, Theresa Slaughter
6. KANA - Kodiak Area Native Association, Cindy Baldwin*
7. KCHC - Kodiak Community Health Center, JC Rathje*
8. KIBSD - Kodiak Island Borough School District, Porfinia Lopez-Trout
9. KIMA - Kodiak Island Medical Associates, Carol Juergens, MD*
10. Kodiak Island Borough, Michael Powers
11. PKIMC - Providence Kodiak Island Medical Center, Steve Smith, MD
12. PKIMC - Providence Kodiak Island Medical Center, Barbara Bigelow*
13. Samoan Community Leader, Pisa Faumui
14. SCOK Inc. - Senior Citizens of Kodiak and Kodiak City Mayor, Pat Branson*
15. State of Alaska - Kodiak Public Health Center, Elsa DeHart*

*Also a member of the CHNA Community Advisory Group

Community health survey: A community health survey was conducted in May 2016, with extensive volunteer involvement and excellent participation by the community from a full spectrum of the population. Nearly one in 10 Kodiak adult residents participated in the survey. Great effort was made to ensure the survey sample was representative of the demographics of the greater Kodiak community. The demographic, ethnic and economic information gathered in the survey data confirm that the participant sample effectively represented the greater Kodiak population when compared with U.S. Census benchmark data. The survey allowed for comments and that input can be found in Appendix 1 of this document.

Kodiak CHNA Community Advisory Group: The advisory group was formed to guide the CHNA process. The advisory group was composed of Kodiak community experts and representatives who are noted by asterisk in the list above. These partners were invited to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community. Together, the partners brought in the public health perspective and the interests of members of medically underserved, low-income, and minority populations. These members were key to ensure the assessment reached out to the entire Kodiak community.

Providence Kodiak Island Medical Center
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Introduction

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and a desire to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, and minority populations or individuals.

This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$951 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2015.

Serving Alaska

Providence Health & Services has a long history of serving Alaska, beginning when the Sisters of Providence first brought health care to Nome in 1902 during the Gold Rush. Continuing that history of service, during 2015 Providence Health and Services Alaska provided over \$70 million in community benefit and charity care in response to unmet needs and to improve the health and well-being of those we serve in Alaska.

Providence Health & Services Alaska has 16 ministries. The majority of facilities are located in the Anchorage area, but we also have a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g. telestroke and eICU services). Providence Alaska Medical Center, a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children's Hospital at Providence (the only one of its kind in Alaska), the state's only Level III NICU, Heart and Cancer Centers, the state's largest Emergency Department, full diagnostic, rehab and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children.

PHSA has a family practice residency program, a continuum of senior and community services, and a developing medical group. PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. Community mental health centers are operated in Kodiak and Valdez. PHSA also partners to provide additional services through five joint ventures including: Providence Imaging Center, St. Elias Long Term Acute Care Hospital, Imaging Associates, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

Providence Kodiak ministries

Providence continues its mission of service in Kodiak through Providence Kodiak Island Medical Center, Providence Kodiak Island Counselling Center and Providence Chiniak Bay Elder House.

PKIMC is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. In addition, Providence Chiniak Bay Elder House, PKIMC's extended care facility, has 22 long-term care beds.

PKIMC provides an extensive array of inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy,

occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, telehealth diabetes education and pharmacy. The PKIMC outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose and throat specialists. PKIMC is staffed by a mix of primary care physicians, surgeons and specialists who provide family practice, internal medicine, obstetrics, radiology and general practice.

During 2015, PKIMC provided nearly \$5 million in community benefit and charity care in response to unmet needs in the community and to improve the health and well-being of those we serve in Kodiak.

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 600 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its family of partner organizations employ more than 82,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started 160 years ago when they answered a call for help from a new pioneer community in the West.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Values

Respect, Compassion, Justice, Excellence, Stewardship

Our Vision

Simplify health for everyone

Our Promise

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way.

®

Description of community

This section provides a definition of the community served by the hospital, and how it was determined. It also includes a description of the medically underserved, low-income and minority populations.

The service area of Providence Kodiak Island Medical Center is defined as the entirety of the Kodiak Island Borough and all of its communities. The borough is situated in the Gulf of Alaska and comprises 16 major islands. Kodiak Island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii. Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in other forms of wildlife, culture, natural resources and scenic beauty. With the largest fishing port in the state, the island is the third largest fishing port in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities and tourism.



Population and age demographics

The 2015 census estimate of the population for the Kodiak Island Borough is 13,889, with 45 percent of those residents living in the City of Kodiak. The borough age distribution is:

- 28.6 percent youth (0-18 years)
- 64.7 percent young adults (18-64 years)
- 6.7 percent seniors (65 years and older)

Ethnicity

- 57.2 percent were white
- 20.6 percent were Asian
- 12.9 percent were Alaska Native or American Indian

- 9.2 percent were Hispanic or Latino
- 1.5 percent were African American or black
- 1.0 percent were native Hawaiian or other Pacific Islander
-

Income

- \$70,529 = median household income
- \$29,993 = per capita income
- 26 percent have an annual household income below \$40,000 (up 7% from 2013)
- 11 percent have an annual household income below \$20,000 (up 8% from 2013)
- 11 percent children under age 18 live in poverty
- 8.3 percent of residents of all ages live in poverty

Housing

- \$972 = Median gross rent
- 5,329 housing units
- 59.7 percent of housing units/homes are owner occupied
- 3 percent report being homeless (sleep outside, in improvised dwelling, car, local shelter or couch surf)

Process, participants and health indicators

This section provides a description of the processes and methods used to conduct the assessment; this section describes data and other information used in the assessment, the methods of collecting and analyzing the information, and any parties with whom we collaborated or contracted with for assistance. This section also provides a summary of how we solicited and took into account input received from persons who represent the broad interests of the community. This description includes the process and criteria used in identifying the health needs as significant.

Assessment process

Every three years, Providence Health & Services Alaska and Providence Kodiak Island Medical Center conduct a community health needs assessment for the Kodiak Island Borough. The CHNA is an evaluation of key health indicators of the community. In 2016, Wipfli LLP was engaged by Providence to collect and aggregate primary and secondary data in the form of a CHNA report. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

Providence uses an organized and responsive process to conduct the CHNA and to establish a community health improvement plan in response to needs identified in the CHNA:

1. Formation of a CHNA advisory group
2. Definition of the community served by PKIMC
3. Data collection and analysis
 - Primary data (community survey)
 - Secondary data/demographics
 - Stakeholder Interviews
4. Identification and prioritization of community health needs by the community CHNA advisory group
5. Develop community health improvement plan in collaboration with community partners to address identified needs
6. Make CHNA and CHIP widely available to the community

Participants

Medical center leaders formed and tasked the Kodiak CHNA Advisory committee. It was charged with completing key objectives outlined by the IRS CHNA requirements, including the identification and prioritization of community health needs within the community. Committee members were invited and selected to ensure the assessment process was guided by community stakeholders who represent the broad interests of the community. Together, these partners brought in the public health perspective and the interests of members of medically underserved, low-income, and minority populations. Biographical, professional, educational and community involvement detail for each of the members may be found in **Appendix 4**. Committee members were:

1. **Cindy Baldwin**, Clinic operations director, Kodiak Area Native Association
2. **Barbara Bigelow**, CEO PKIMC, Providence Kodiak Island Medical Center
3. **Pat Branson**, executive director, Senior Citizens of Kodiak; Mayor, City of Kodiak
4. **Elsa DeHart**, RN, director, Kodiak Public Health Center, State of Alaska Department of Health and Social Services
5. **Mary Guilas Hawver**, president, Filipino American Association; director, Providence Kodiak Island Counselling Center

6. **Carol Juergens**, M.D., co-owner Kodiak Island Medical Associates
7. **Merissa Koller**, community wellness program coordinator, Healthy Tomorrows Kodiak
8. **Judy Christine (JC) Rathje**, executive director, Kodiak Community Health Center
9. **Dan Rohrer**, assemblyman, Kodiak Island Borough; business owner, Subway
10. **Rhonda Wallace**, chief of police, City of Kodiak

Data collection

Primary data

A community survey was made available online and administered in hard copy throughout the community by the advisory committee, community volunteers and PSMCC staff. The survey was based on the prior Kodiak assessment survey to enable tracking and demonstration of health trends, but was also augmented based on input from the Kodiak CHNA Advisory Group to capture information about unique and/or timely health-related issues within the Kodiak community. The survey results can be found in **Appendix I**.

Secondary data

Secondary data was collected from the following major sources:

- Alaska Bureau of Vital Statistics
- Alaska Youth Risk Behavior Survey
- County Health Rankings
- ESRI, 2015 (Based on US Census Data)
- Medicaid.gov
- National Center for Health Statistics

The secondary data includes a variety of service areas in addition to state and national measures to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the service area level and wherever possible, compared to Alaska and national benchmarks. Results of the secondary data can be found in **Appendix 2**.

County Health Rankings data is aggregated from the following national data sources:

- The Behavioral Risk Factor Surveillance System (BRFSS)
- National Center for Health Statistics
- US Census Bureau's Small Area Health Insurance Estimates program

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and will contain a community health improvement plan approved by the Providence Alaska Community Ministry Board and PKIMC Community Advisory Board by May 15, 2017.

Community and stakeholder input

Key stakeholder interviews were conducted with community leaders in the Kodiak community. These individuals were identified by the CHNA Advisory Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included individuals with special knowledge or expertise in public health and those who represent and/or serve the medically underserved, minority and vulnerable populations. Interviewees were invited to participate in the informational interviews. A list of the interviewees and the interview results can be found in **Appendix 3**.

Health indicators and trends

For an overview of the findings, see the **Priority health issues and baseline data** in the following section or see the following appendices for all supporting data and interview results.

- **Appendix 1** - Kodiak community health survey results – primary data
- **Appendix 2** - Kodiak health indicator data and trends - secondary data
- **Appendix 3** - Kodiak community stakeholder interview input

Identified priority health needs

This section describes the significant priority health needs that were identified during the CHNA. This section also describes the process and criteria used to prioritize the needs. Potential resources in the community to address the significant health needs are also described in the section.

Prioritization process and criteria

Providence Health & Services Alaska conducts a community health needs assessment once every three years for each of the communities it serves. For each assessment, a CHNA Advisory Group is formed to guide the CHNA process from inception to completion. The group comprises 10-15 local community leaders and health-related experts that represent the broad interests and demographics of the community.

CHNA Advisory Group involvement includes establishing questions for a community-wide health survey, identifying relevant state and federal data and selecting 10-20 key local-community stakeholders to be interviewed about health-related needs in their community. The CHNA advisory group is also tasked with reviewing and analyzing the resulting information to identify and prioritize the top health-related needs in their community. The prioritization process is conducted as follows:

1. **Aggregate data and identifying key health issues** – Local community health survey responses, state and national data and local qualitative stakeholder interview responses are aggregated and analyzed by Providence strategic planning and the CHNA data collection contractor. High-level issues and themes are identified and result in the creation of eight to 12 key issues or broad areas of need for the community, such as behavioral health, prevention, health care access and healthy behaviors.
2. **CHNA Advisory Group provides preliminary prioritization input** – The aggregated data and stakeholder interview responses are then provided to the local CHNA advisory group for review and analysis. An online prioritization survey – based on up to 12 key issues (areas of need) – is provided to help ensure the voice and input of each of the local CHNA Advisory Group members is represented in the prioritization results. The survey has two elements:
 - **Criteria-based ranking** – The CHNA Advisory Group members are asked to complete a survey to rank each issue (area of need) based on the following criteria prior to the in-person health needs prioritization meeting:
 - ✓ **SIZE/SCOPE:** How significant is the scope of the health issue - number of people affected?
 - ✓ **SERIOUSNESS:** How severe are the negative impacts of this issue on individuals, families, and the community?
 - ✓ **ABILITY TO IMPACT:** What is the probability that the community could succeed in addressing this health issue? Respondents consider resources such as community resources, whether there are known interventions and community commitment.
 - **Qualitative - community experience ranking** – As a check step, the CHNA Advisory Group members are each asked what they personally view as the top health needs for their community.

3. **CHNA Advisory Group identifies top health needs** –The results of the online criteria-based ranking and the qualitative community experience ranking are presented to the CHNA Advisory Group during an in-person meeting as a starting point for identifying the CHNA priorities for their community.
 - The top three to four health needs identified in the CHNA Advisory Group survey are reviewed, confirmed and/or modified based on the discussion and local knowledge of the group members.
 - Members are then asked to give specific reasons why they selected each of the top three to four needs. This step helps fully capture the unique aspects of the 'high-level' issues (areas of need) for their community.
 - The top three or four needs and detailed input of the CHNA Advisory Group members are then documented and summarized to drive subsequent community health improvement planning.
4. **Board validation of CHNA community priorities** – The Providence Alaska Community Ministry Board and local hospital community advisory board validate the CHNA Advisory Group priority findings.

Upon validation of the CHNA findings by the boards, CHNA community health improvement planning will begin for that community, to establish a collaborative response by Providence and community leaders to address the needs identified in the CHNA. A Providence CHIP is completed and approved by the community ministry board and community advisory board by May 15 of the year following the year in which the CHNA was conducted for each community.

Priority health issues and baseline data

Prioritized need #1 - Behavioral health

(Includes substance abuse and mental health)

Poor mental health and the related issue of substance abuse were identified as problems in the Kodiak community. Remote, rainy climates along with long dark winters are known to negatively impact mental health and are frequently associated with increased substance abuse.

Data point	2013	2016
Report being so sad or hopeless in last 12 months they stopped doing regular activities	10%	13%
Considered suicide in the last 12 months	4%	5%
Needed mental health services in the last 12 months	13%	14%
Engaged in binge drinking: Three or more times within last month	10%	14%
Believe recreational / non-medicinal use of prescription drugs are acceptable	23%	23%

Prioritized Need #2 - Socio-economic determinants of health

(Includes culture, employment, housing, income and other related determinants of health)

There is substantial and increasing evidence that socio-economic factors play as large a role in health across a life span as genetics and health care. Culture and language barriers, homelessness/housing issues, low-income and the challenges of holding multiple jobs to afford the cost of living in Kodiak were frequently noted in the stakeholder interviews and the community survey as significant challenges to the well-being of Kodiak residents.

Data point	2013	2016
Household income below \$20,000	3%	11%
Family went without basic needs in past 12 mos. (i.e. food, clothing, child care, healthcare)	6%	7%
Report being homeless (sleep outside, in improvised dwelling, car, local shelter or couch surf)	No data	3%

Prioritized Need #3– Primary care utilization and access

(Includes the need for health care resource education and navigation)

The need to improve availability, access and use of primary care services were identified by the community as a significant issues. Long wait times, scheduling and difficulty getting timely appointments were frequently noted in the stakeholder interviews and the community survey as barriers to primary care access. A lack of understanding of the healthcare system and lack of navigation resources were noted in stakeholder interviews and the community survey responses as significant barriers to health care utilization.

Data point	2013	2016
Use the Emergency Room as primary source of health care	9%	11%
Did NOT have annual exam for preventive purposes in the past 12 months	26%	27%
Did NOT have a health screening in the past 12 months (i.e. cholesterol, blood glucose, mammogram, etc.)	23%	33%

Addressing identified needs

This section describes how Providence will develop and adopt an implementation strategy (i.e. community health improvement plan) to address the prioritized community needs.

Plan development

Providence Kodiak Island Medical Center will consider the prioritized health needs identified through this community health needs assessment and develop strategies to address needs considering resources, community capacity and core competencies. The CHNA community partners will be engaged in planning to establish strategies that will respond to identified community need. Those strategies will be documented in a community health improvement plan that describes how Providence plans to address the health needs. If Providence does not intend to address a need or have limited response to the identified need, the CHIP will explain why¹.

The CHIP will not only describe the actions Providence intends 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 to addressing health needs, the CHIP will describe any planned collaboration between Providence and other facilities or organizations in addressing the health need.

The improvement plan will be approved by the Providence community ministry board by May 15, 2017. When approved, the CHIP will be attached to this community health needs assessment report in **Appendix 5**.

2016 prioritized needs

1. Behavioral health

Includes substance abuse and mental health

2. Socio-economic determinants of health

Includes culture, employment, housing, income and other related determinants of health

3. Primary care utilization and access

Includes the need for health care resource education and navigation

¹Reasons may include resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to address the need, the need being a relatively low priority, and/or a lack of identified effective interventions to address the need.

Evaluation of 2013-2016 CHIP

This section evaluates the impact of actions that were taken to address the significant health needs identified in the prior community health needs assessment and associated implementation strategy (i.e. community health improvement plan - CHIP).

The top health issues identified and addressed in the 2013-2015 CHNA/CHIP were:

1. Uninsured and affordability of care as barriers to access
2. Alcohol/substance abuse

Prioritized need #1:

Uninsured and affordability of care as barriers to access

Data Point	2013	2016
Uninsured	28%	11%

Subsidized programs and services

Providence provides subsidized programs and services through regular operations. These are clinical and social services provided by Providence despite a financial loss because it meets an identified community need that is not met elsewhere in the community. Programs and services that address uninsured and affordability of care as barriers to access include:

- **Charity care** – PKIMC provided financial assistance to low-income patients seeking needed care. Providence provided this funding support to qualifying low-income patients in order to remove cost as a barrier for needed care. PKIMC provided about \$4.2 million in charity care annually from 2013-2015 to serve the poor and vulnerable who might not have otherwise had access to care and to serve the health care needs of the community of Kodiak.
- **Enroll Alaska Support** – PKIMC collaborated with Kodiak Community Health Center to support an Affordable Care Act Outreach Enrollment Coordinator and the enrollment of the uninsured. PKIMC financial counsellors informed, educated and referred qualifying patients to the enrollment coordinator. PKIMC also developed and sponsored an ad campaign that was in the Kodiak Daily Mirror and on radio stations KVOK-FM and KMXT-FM. The ads directed people to go to KCHC to meet with their outreach enrollment coordinator, who walked them through the process of enrollment. This was a six-month campaign that coincided with national open enrollment. Additionally, PKIMC arranged for the executive director of KCHC and the enrollment coordinator to be interviewed on local radio to answer questions about the ACA and open enrollment. PKIMC also provided clerical support and conference rooms for the enrollment coordinator to work.

Community investment funding support

Often there are organizations that already provide services in the community that address community needs. Rather than duplicate services, Providence partners with these organizations to ensure community needs are served. Organizations that have received community benefit investments and funding support from Providence to address uninsured and affordability of care as barriers to access include:

- **Kodiak Community Health Center** – Providence provided funding support for the center to continue providing affordable, high quality, accessible, and sustainable primary and preventive health and dental services to all residents in the Kodiak Island Borough.
- **Kodiak Hospice and Palliative Care** – Providence provided funding support for hospice and palliative care services to help ensure access to quality, compassionate end-of-life and palliative care for residents of Kodiak.

Prioritized need #2:

Alcohol/substance abuse

Data point	2013	2016
Engaged in binge drinking alcohol more than two times in the last 30 days (Defined as 5 or more drinks within 2 hours per occasion)	10%	14%
Engaged in binge drinking alcohol one to two times in the last 30 days (Defined as 5 or more drinks within 2 hours per occasion)	13%	12%
Believe use of prescription drugs for recreational or non-medicinal use is acceptable	23%	23%

Other Providence programs and services that benefit community

Providence also provides programs and services that meet community needs, but are not categorized as “subsidized” or as “community benefit” by IRS definition as no unreimbursed costs are incurred in the delivery of the service. Of these programs and services, those that address alcohol/substance abuse include:

- **Safe Harbor Program** - Served adults and youth providing Level 2.1 intensive outpatient chemical dependency treatment, Level 1 outpatient chemical dependency treatment, continuing care, education which includes anger management, Alcohol and Drugs Information School, Prime for Life, Morale Reconciliation therapy, and random drug and alcohol testing.
- **Youth Outpatient Substance Abuse Program** - Provided services to court and self-referred clients. Services include substance abuse assessment or integrated assessments, addiction education, individual, family and group counseling or therapy, and random drug and alcohol testing.
- **Mental health clinicians in the schools program** – Providence provided ongoing education and support to all students in town and village schools. Topics covered are: meth/opiates and other addictive substances; depression; and other mental health challenges. Providence provides students with depression screening, crisis intervention, and a variety of psycho-educational classes. Providence also provides education and training to school district staff on trauma-informed care that teaches how to identify symptoms, how to understand the behaviors and how they can relate to substance abuse and behavioral health issues exhibited by students.
- **Kodiak Schools Substance Abuse Task Force** - PKICC partners with Teen Court to ensure appropriate referrals, treatment and support for youth by providing screening and recommendations.

- **Salvation Army/Clithroe Collaboration** – Providence collaborated with the Salvation Army transitional housing program in Kodiak as well as Clithroe and other substance use inpatient treatment facilities in Alaska. These collaborations facilitate the treatment of Kodiak residents in Anchorage when services are not available on Kodiak Island and then return them to Kodiak Salvation Army transitional housing with outpatient substance abuse treatment support in their home community.
- **Alcohol Safety Action Program** – Providence provided case management services, referrals and monitoring for court ordered cases for youth and adults.
- **Psychiatric emergency services** – Providence provided psychiatric emergency assessments and referrals, which includes involuntary commitment and voluntary inpatient treatment for adults and youth who express thoughts of self-harm whether they are under a chemical or alcohol influence or are experiencing emotional distress. Substance abuse is sometimes associated with individuals who present to the psychiatric Emergency Department.
- **Behavioral health in the primary care setting** – Providence, in partnership with the Kodiak Community Health Center, provided behavioral health (mental health and substance abuse) services to adults and youth being seen at the KCHC Clinic. Services provided by the Providence mental health clinician include intervention, screening, assessment, and personalized referrals to agencies. Providence also provides limited in-home services such as case management and follow-up care.

Community investment funding support

Providence also provides community benefit investments to organizations already providing services in the community that address community needs. In this way, we partner with and support established services and networks rather than duplicating services. Organizations that have received community investments and funding support from Providence to address alcohol/substance abuse include:

- **Recover Alaska** – Providence worked collaboratively with community partners to reduce harm caused by excessive alcohol consumption in Alaska focusing on systems, policy, statutory and practice changes. Providence provided community investment funding and continuing board membership and support to Recover Alaska to help the community better understand and address the growing problem of substance abuse in Alaska.

Resources potentially available to address significant needs identified in 2016 CHNA

This section inventories community partners that are addressing the identified needs in the CHNA. This table begins to outline our strategy of creating healthier communities together.

CHNA

Providence and our partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. There are a number of existing community resources potentially available to address identified community needs.

Organization or program	Description	Associated community need
Kodiak Community Health Center	FQHC - Its mission is to provide high quality, accessible, and sustainable primary and preventive health and dental services to everyone in the Kodiak Island Borough	Primary care utilization and access
Kodiak Area Native Association	FQHC - The Kodiak Area Native Association provides health, dental and social services for the Alaska Natives of the Koniag region. Services provided by KANA include an Ambulatory Medical Care and Dental Care, Pharmacy, Contract Health, Community Health Aide Program, Substance Abuse Prevention, Intervention/Outreach, Social Services, non-clinical community Mental Health and Youth Prevention Projects	<ul style="list-style-type: none"> • Primary care utilization and access • Behavioral health
Kodiak Island Medical Associates	Primary Care Practice	Primary care utilization and access
U.S. Coast Guard Rockmore-King Clinic	Provides outpatient and dental care services to active duty personnel and outpatient medical care to family members on a space available basis	Primary care utilization and access
State of Alaska Public Health	Their primary areas of focus are traditional public health activities, medical education, well baby and child examinations (primarily one month to five years old), screening examinations of children, immunizations for children and adult, and control of infectious disease	Primary care utilization and access
Providence Kodiak Island Counselling Center	Counseling for all age groups, family and couples' therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment.	Behavioral health
Brother Francis Shelter	Provide emergency shelter for the homeless	Socio-economic determinants of health
Kodiak Women's Resource and Crisis Center	Dedicated to the prevention and elimination of Domestic Violence and Sexual Assault by providing education and promoting community awareness	Socio-economic determinants of health
Kodiak Child Advocacy Center	Multidisciplinary team of representatives from many agencies work together to conduct interviews, provide medical care and make team decisions about the investigation, treatment, management and advocacy of child maltreatment cases	<ul style="list-style-type: none"> • Socioeconomic determinants of health • Behavioral health

2016 CHNA approval

This community health needs assessment was adopted on Oct. 17, 2016, by the Providence Health & Services Alaska Community Ministry Board. The final report was made widely available¹ by Dec. 31, 2016



Bruce Lamoureux
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Chief Executive, Alaska Region



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Providence Health & Services Alaska Community Ministry Board



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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <http://alaska.providence.org/about-us/community-health-needs-assessments>

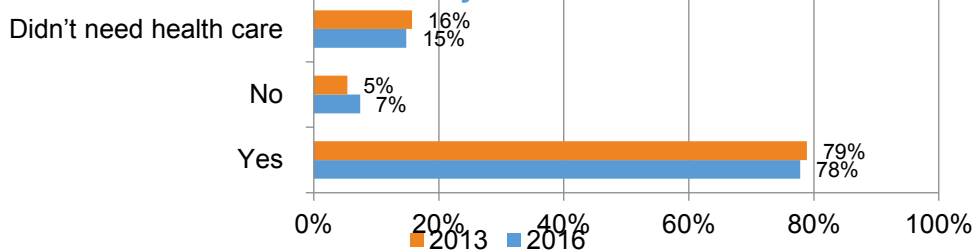
¹ Per § 1.501(r)-3 IRS Requirements

Appendix 1

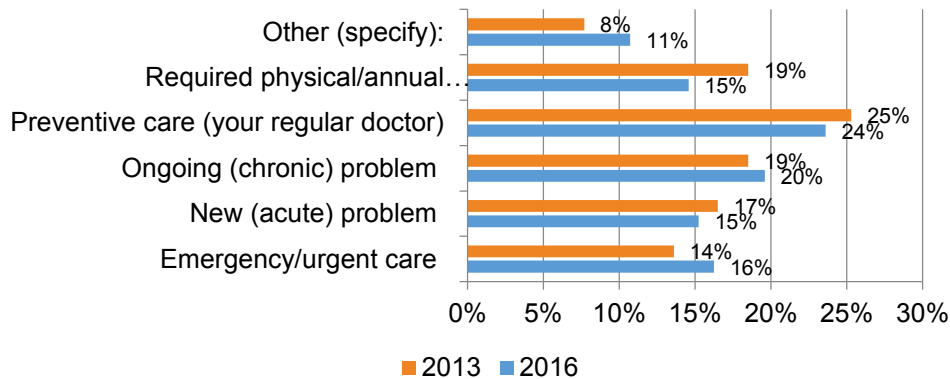
Kodiak Health indicator data and trends Community Survey Results

Kodiak community health survey

1. Have you needed health care in the last 12 months and were you able to receive it?



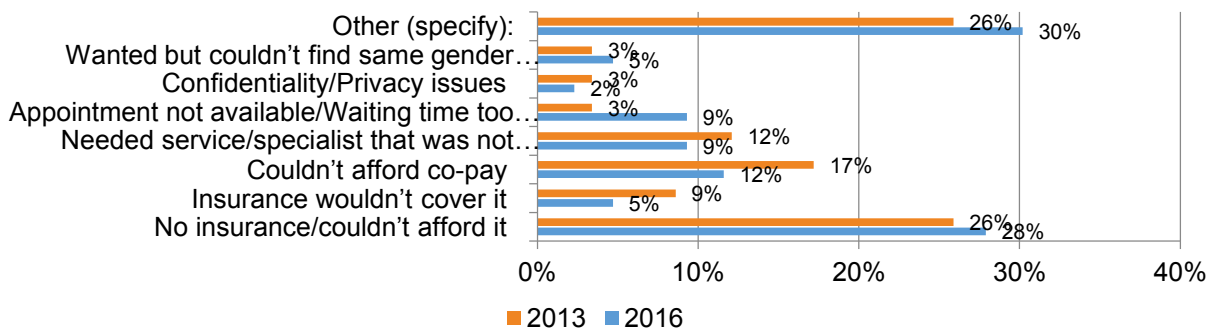
1a. If yes, what was the primary reason for your most recent visit? (Choose only one)



1a. If yes, what was the primary reason for your most recent visit?			
Response choices	Responses:	Response choices	Responses:
CHIROPRACTOR	2	CANCER	3
Strep throat but have been going to chiropractor for chronic neck discomfort which seems to be improving	1	Cancer	1
Chiropractor	1	Cancer follow ups	1
COLONOSCOPY	3	Cancer treatment	1
Colonoscopy	3	DENTAL	4
PHYSICAL THERAPY	4	Dental	3
PT for back problem	1	Dental Exam	1
Physical therapy	3	MISCELLANEOUS	24
ULTRASOUND	4	Medication management	2
ultrasound for gall bladder	3	Strep throat	2
Ultrasound	1	Flu Shot	1
SURGERY RELATED	5	Monthly exam	1
Surgery	1	Abnormal bleeding	1
Surgery - Rotator cuff	1	Abscess	1
Follow up after surgery	1	Bad cold and ear problems	1

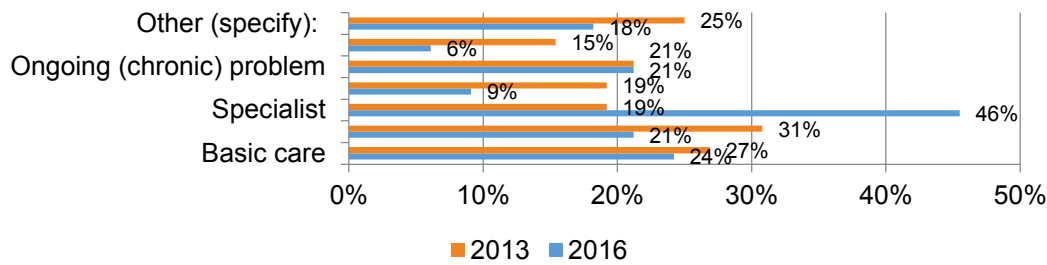
1a. If yes, what was the primary reason for your most recent visit?			
Response choices	Responses:	Response choices	Responses:
General surgery visit for intestinal problem.	1	Bursitis	1
General surgery appointments.	1	High blood pressure & both knee in pain etc.	1
WOMEN/MOTHER BABY	19	Elevated blood pressure	1
Pregnancy	5	Headache	1
Prenatal	3	Sick	1
Post-partum check up	2	Cold	1
Childbirth	1	Knee pain	1
Pregnancy/ birth	1	Pharmacy	1
Had a baby	1	Only did half of recommendations	1
Prenatal care	1	Counseling	1
Prenatal checkup	1	UTI	1
Miscarriage	1	Wart on finger	1
C-section	1	Saw podiatrist for bone spur.	1
Women's health care	1	Have insurance	1
OB	1	Medicare	1

1b. If no, why couldn't you receive it?



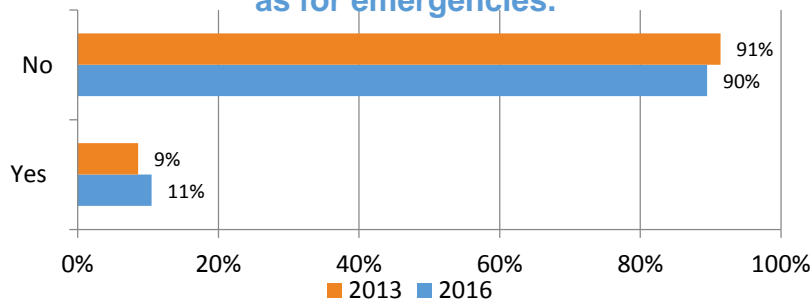
1b. If no, why couldn't your receive it? (Other)
Response
Didn't need to
ER nurse told me I'd get a bill for treatment and I decided to go to primary doctor
Have Medicaid
Healthy
No illness
None
Not needed
Sick
Teeth
Total Responses - 9

**1c. If no, what type of health care did you go without?
(Choose all that apply)**

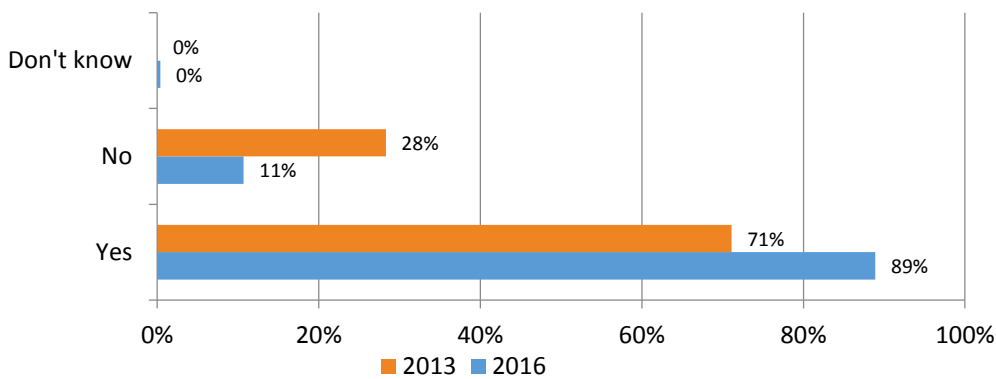


1c. If no, what type of health care did you go without? (Other)	
Response	
IUD removal	
N/A	
None	
All	
Total Responses - 4	

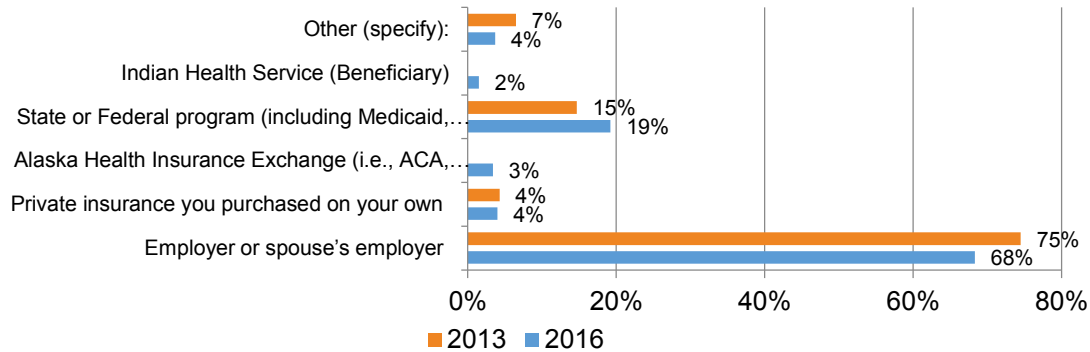
2. Do you use the emergency room for your main source of health care? This would be for illness as well as for emergencies.



3. Do you have health insurance?

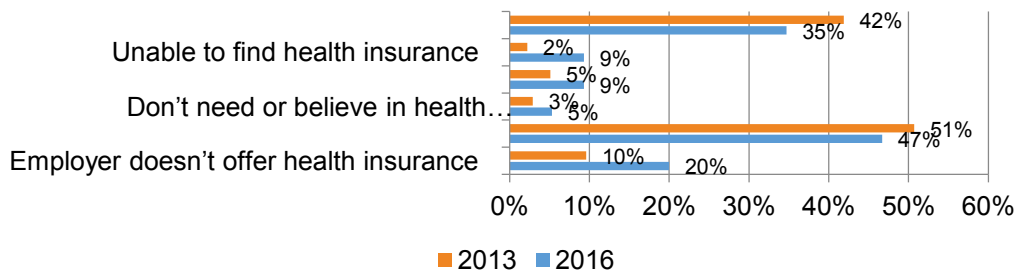


3a. If yes, where do you get your health insurance?



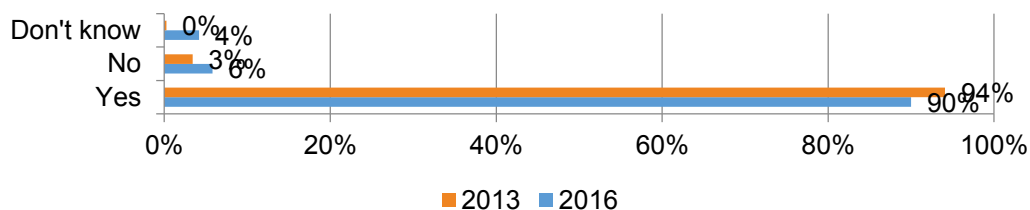
3a. If yes, where do you get your health insurance? (Other)	
Response choices	Responses:
MEDICARE/MEDICAID	6
Medicaid	2
Medicare	2
Medicare and AARP	1
Primary-Medicare; Secondary-former employer (retired)	1
PARENTS INSURANCE	6
Step fathers insurance I am 24	1
Parents	5
STATE OF ALASKA	6
State of Alaska retirement	1
State Retirement -PERS	1
Retirement with state, i work but my employer does not provide health insurance	1
Alaska retiree plan	1
Alaska TRS	1
Retired teacher insurance through the state	1
MISCELLANEOUS	6
Moda	1
Obamacare	1
Kona	1
Providence medical center	1
Retired health care	1
Teamsters	1

3b. If no, why not? (Choose all that apply)

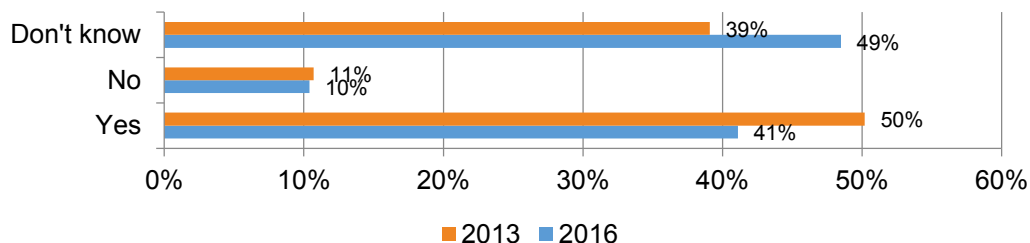


3b. If no, why not?	
Response	Responses:
INDIAN HEALTH SERVICE/NATIVE BENEFICIARY	12
IHS	1
IHS beneficiary	1
Indian Health Services	1
KANA	2
KANA beneficiary	1
Medicare	1
Native beneficiary	1
Native health	1
Native Health Services	1
ANS AK Native Service; missed employer window to insurance	1
Native Indian Health Care Recipient	1
MISCELLANEOUS	11
Part of our co-op	1
Children have Medicaid, i am over income for adult Medicaid. & employer insurance is spendy.	1
Discontinue, shopping for new health insurance	1
Have Medicaid	1
I don't understand how to access Obamacare	1
PKIMC does not offer health insurance for casual-positioned employees.	1
Process	1
Unemployed	4

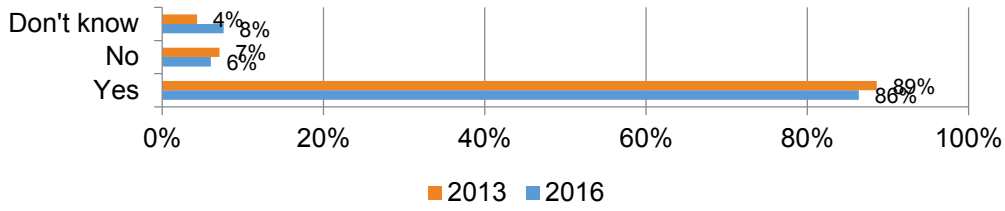
4a. Does your health insurance cover, or do you have additional coverage for Prescriptions



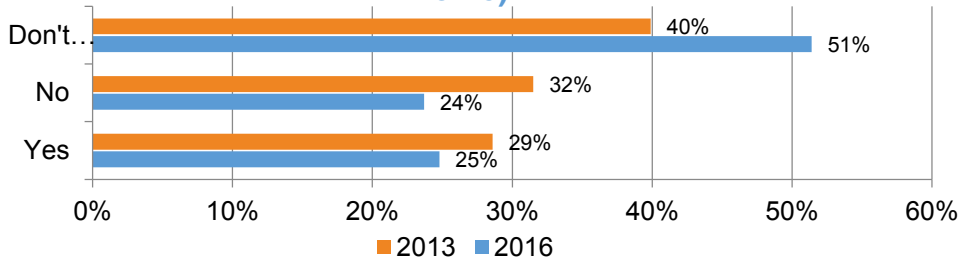
4b. Does your health insurance cover, or do you have additional coverage for Treatment for substance abuse? (alcohol/drugs, etc.)



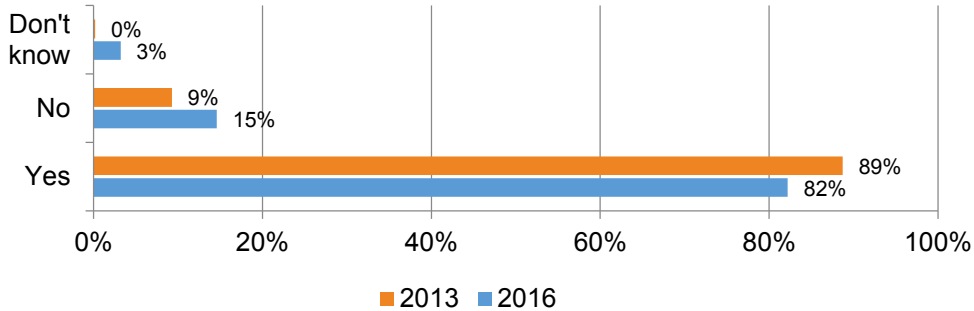
4c. Does your health insurance cover, or do you have additional coverage for Preventive care/annual exam?



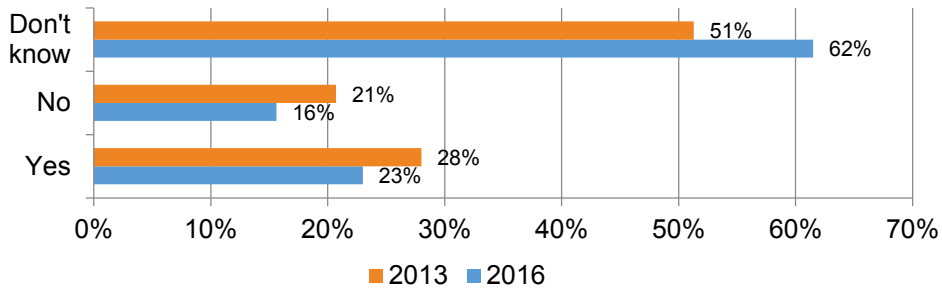
4d. Does your health insurance cover, or do you have additional coverage for Long-term care? (nursing home)



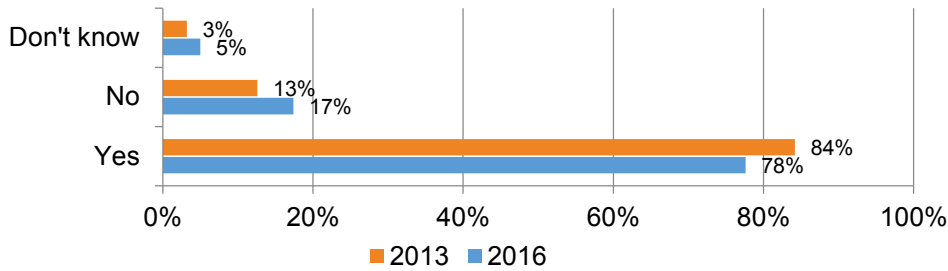
4e. Does your health insurance cover, or do you have additional coverage for Dental care?



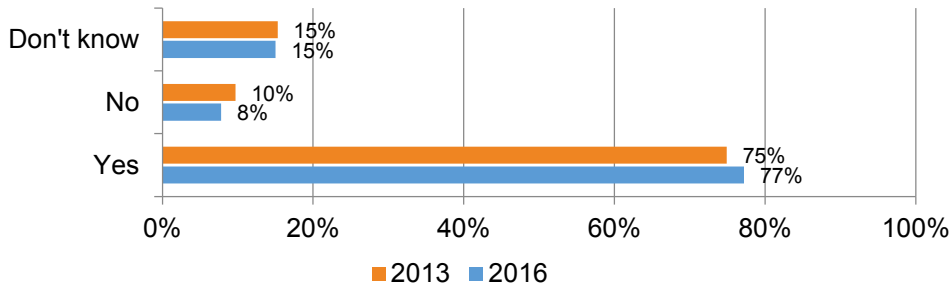
4f. Does your health insurance cover, or do you have additional coverage for Home health?



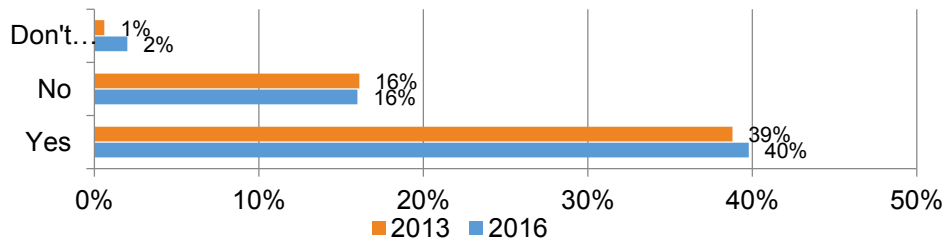
4g. Does your health insurance cover, or do you have additional coverage for Vision care?



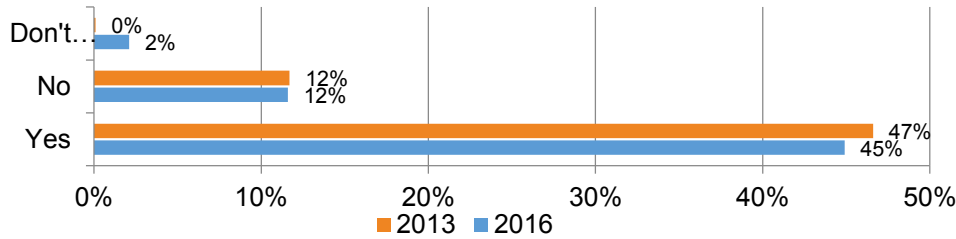
4h. Does your health insurance cover, or do you have additional coverage for Vaccines?



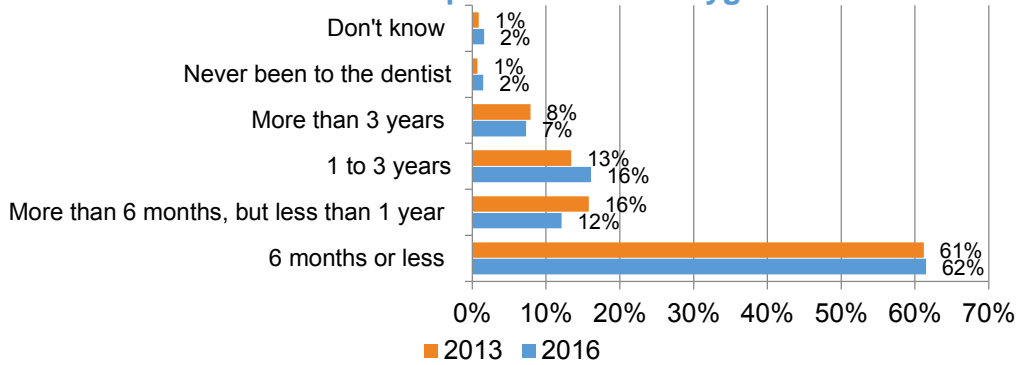
5a. Do your dependent children have Health insurance/Denali Kidcare?



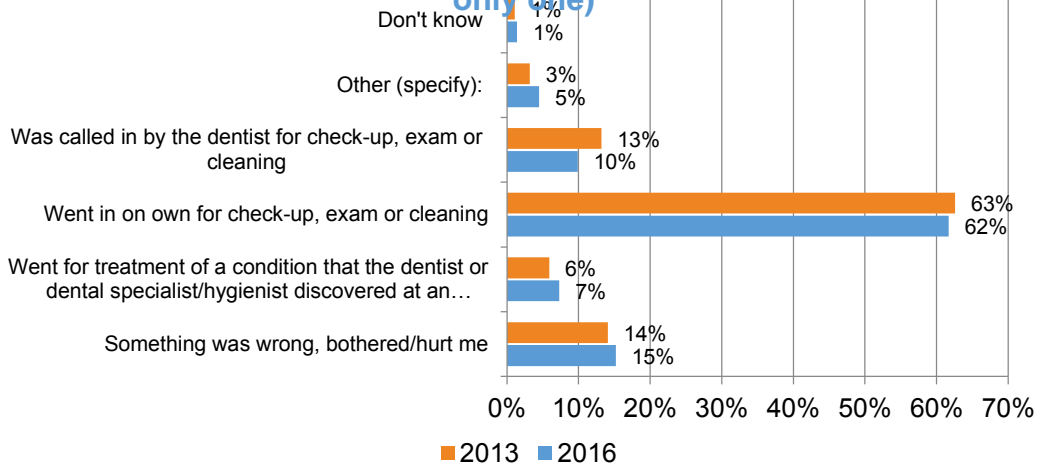
5b. Do your dependent children have Dental insurance?



6. About how long has it been since you last visited a dentist or dental specialist/dental hygienist?



6a. What was the main reason for the visit to the dentist or dental specialist/dental hygienist? (Choose only one)

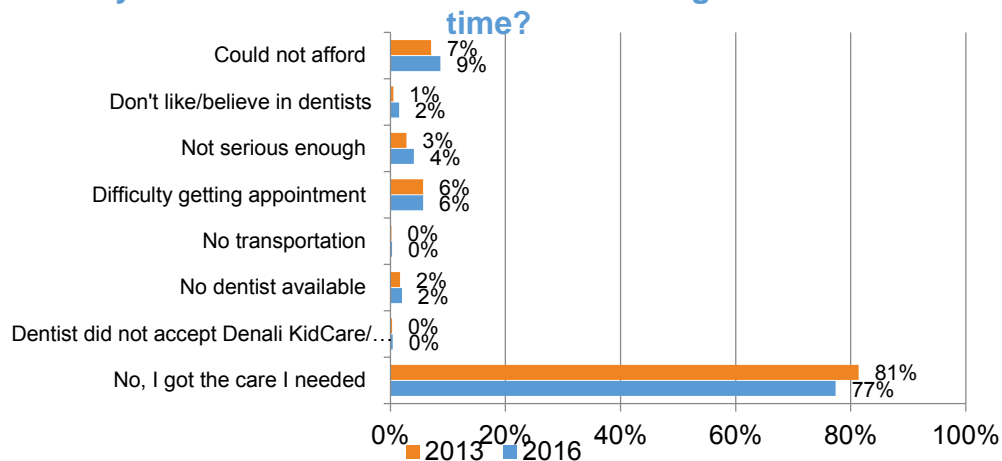


6a. What was the main reason for the visit to the dentist or dental specialist/dental hygienist? (Choose only one)

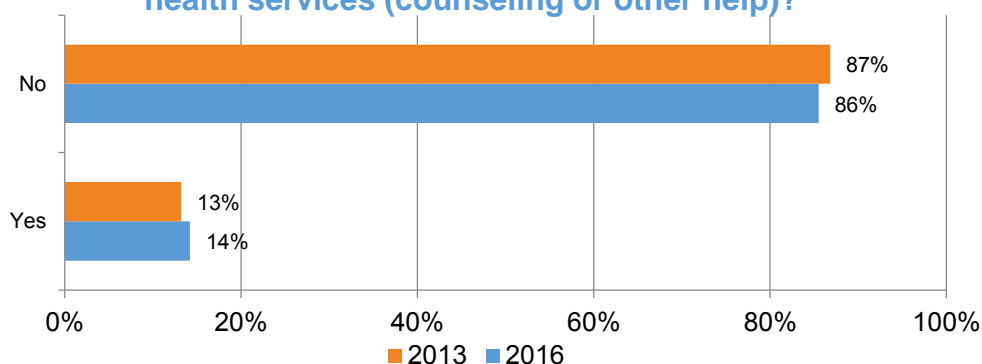
Response	Number	Response	Number
REGULAR EXAM/CLEANING	11	REPAIR/INTERVENTION	6
Yearly Exam	1	Filling	1
Annual Check Up	1	Caps	1
Annual Dental Exam	1	Dental Emergency	1

6a. What was the main reason for the visit to the dentist or dental specialist/dental hygienist? (Choose only one)			
Response	Number	Response	Number
Elementary (Check Ups)	1	Wisdom Teeth	1
Regularly Scheduled Six-Month Check-Up/Cleaning	1	Problems With Tooth The Dentist Previously "Fixed"	1
Go Every 6 Months	1	Tooth Pulled	1
Teeth Cleaning	1	DENTURE	9
Went In For Cleaning During Which An Earlier Partial Cap Came Off.	1	Denture Repair	1
I Schedule My Next Dental Visit Before I Leave The Previous Visit Or I End Up Not Scheduling It.	1	Dentures	3
Over Seas Screening	1	For Denture Change	1
Regular Dentistry	1	Got dentures 10 years ago	1
DENTURE	3	Retainer Check	1
Have Not Been Since I Moved To Kodiak (Almost 4Yrs)	1	Partial Denture Broken	1
Had Surgical Implants And Advised Not To See Dentist Except Emergencies	1	Partial	1
Don't Go	1		

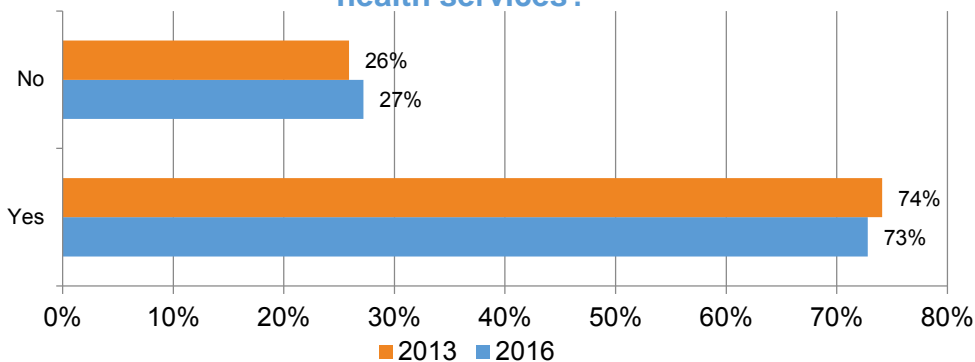
7. During the last 12 months, was there a time when you needed dental care but could not get it at the time?



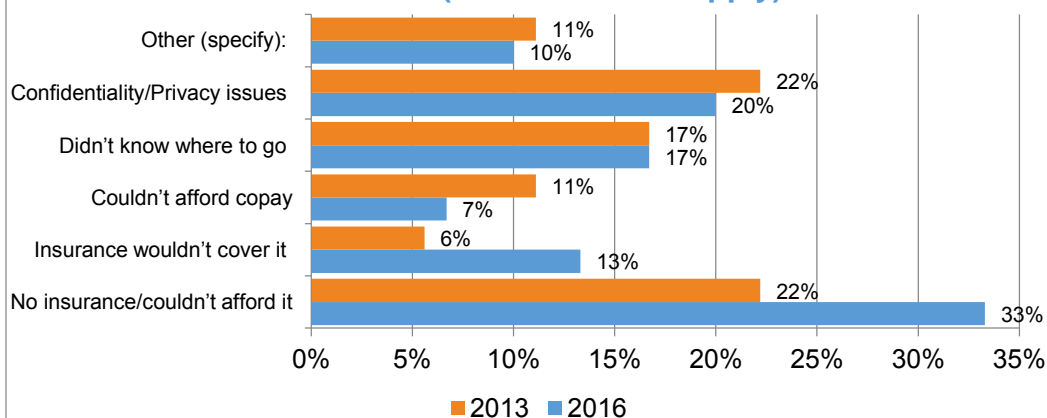
8. In the last 12 months, have you needed mental health services (counseling or other help)?



8a. If yes, were you able to receive the needed mental health services?



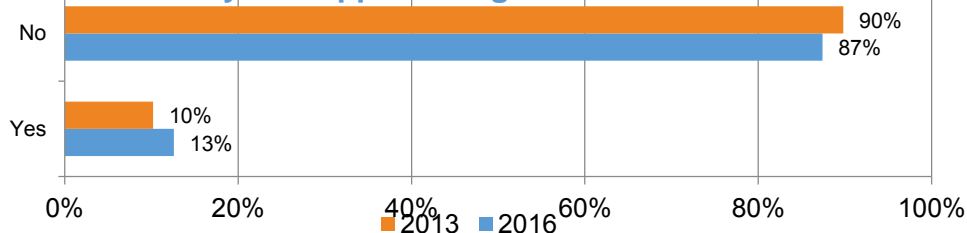
8b. Why couldn't you receive needed mental health services? (Choose all that apply)



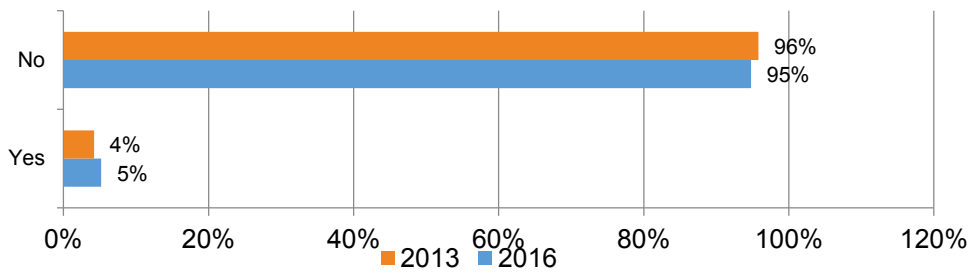
8b. Why couldn't you receive needed mental health services? (Choose all that apply)

Response	Responses:
I don't work with dishonest doctors.	1
Schedule of provider wasn't open.	1
No services available	1
Total Responses	3

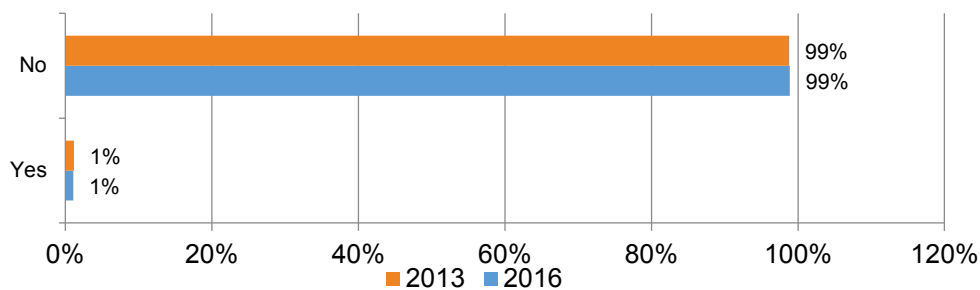
9. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?



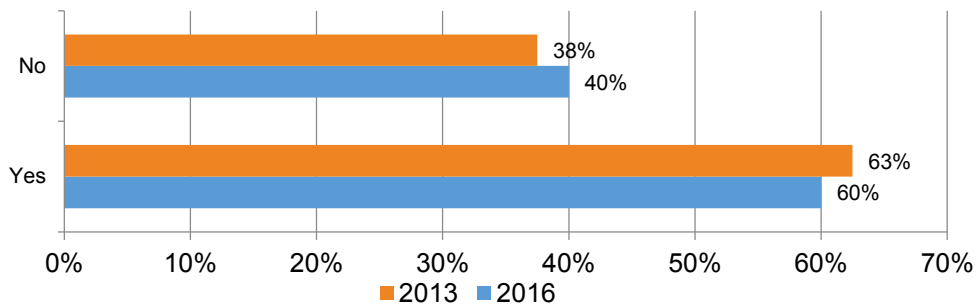
10. Have you thought about committing suicide at any time in the past 12 months?



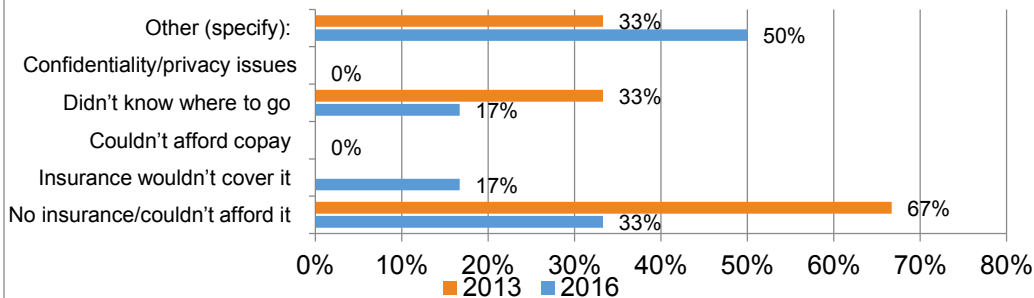
11. In the last 12 months, have you needed or tried to get substance abuse treatment?



11a. If yes, were you able to receive the substance abuse treatment?



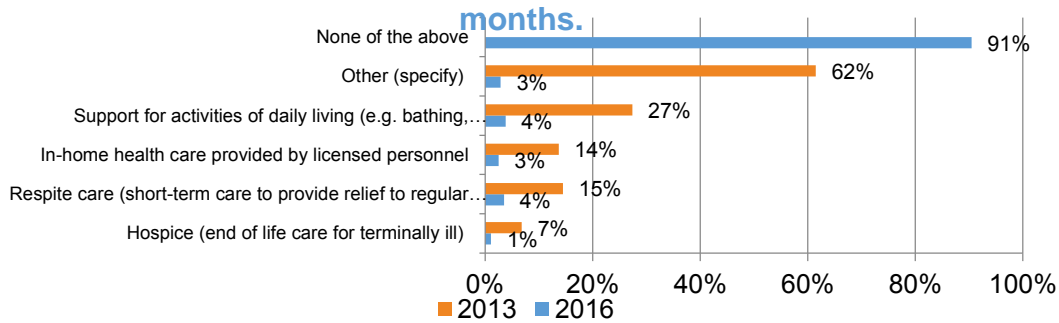
11b. Why couldn't or didn't you receive needed substance abuse treatment?



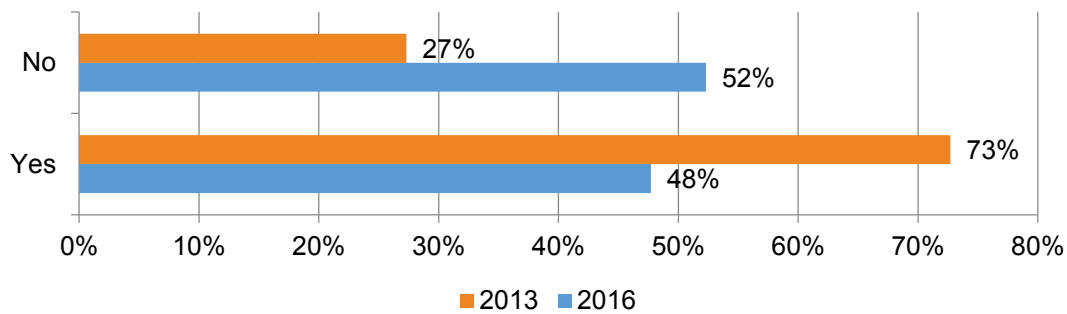
**11b. Why couldn't or didn't you receive needed substance abuse treatment?
(Choose all that apply)**

Response	Number of responses:
No inpatient on island teenagers	1
Total Responses	1

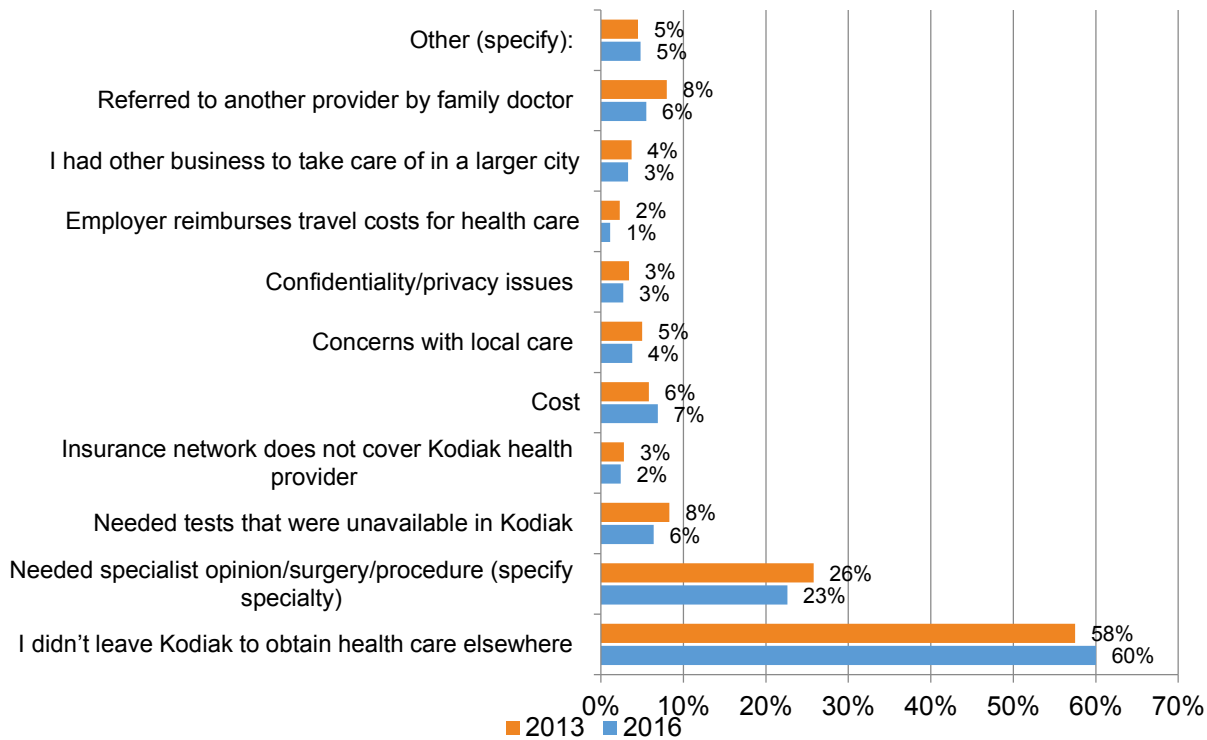
12. Mark any services below that you or a member of your household needed in Kodiak during the last 12 months.



12a. Were you or a member of your household able to receive the needed services?



13. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because:



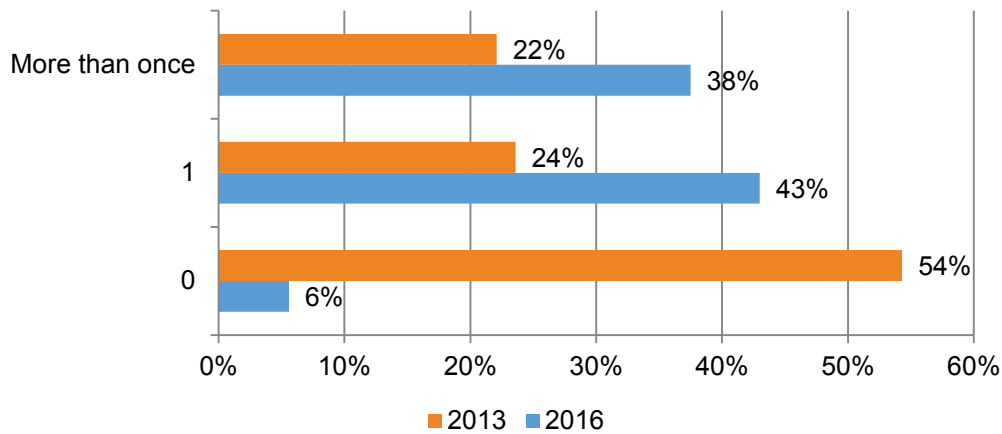
13. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because:

Response	Number	Response	Number
ALLERGIST	15	GASTROINTESTINAL	5
Allergist	10	Gi	1
Allergy	2	To See A Specialist For My Stomach	1
Allergy Testing	1	Scope Stomach/Stomach Specialist	2
Allergy/Asthma Testing	1	Lower Abdomen Pain Exploratory Surgery.	1
Allergy Lab Work	1	MENTAL HEALTH	4
CANCER	7	Mental Health Care	1
Oncologist	3	Competent Mental Health Care	1
Mohs Procedure	1	Suicide Care	1
Breast Cancer And Reconstruction	1	In-Patient Substance Abuse Treatment	1
Breast Surgeon To Follow Up On Mammogram	1	NEPHROLOGY (KIDNEY)	2
Bilateral Mastectomy/Anchorage; Six Weeks Daily Radiation /San Diego	1	Nephrectomy	1
CARDIOLOGY (HEART)	10	Nephrology	1
Cardiac Care	1	NEUROLOGY	6
Cardio	1	Pediatric Neurologist	1
Cardiologist	3	Neurologist	4
Needed A Cardiologist Too Bad We Don't Have One Here	1	Neurology, With Special Nerve Testing For Back Issues	1
Heart	1	SPINE	6
Pediatric Cardiologist	1	Cortisone Injection In Spine	1
Heart Specialist	1	Went To See A Specialist For Spine/Neck Pain	1
Pacemaker Replaced	1	S1 Joint Fusion; Back Injections	1
DENTAL	14	Spinal Specialist	1

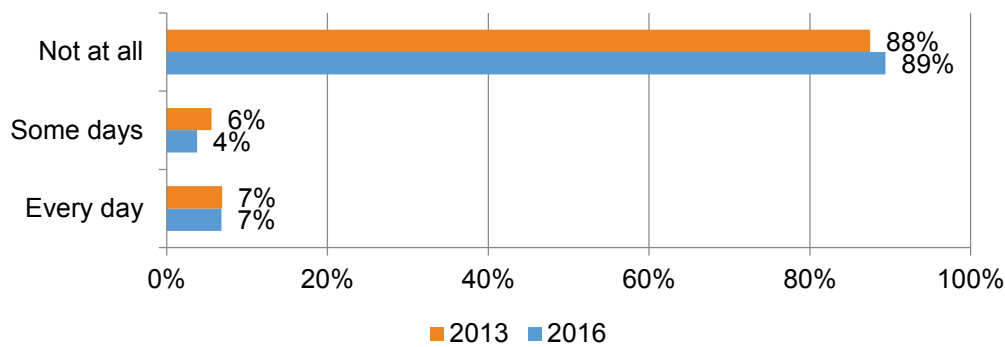
13. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because:

Response	Number	Response	Number
Dental	2	Back	1
Dental Crown	1	Back Surgery At Laser Spine Institute	1
Dental Graft	1	WOMEN/MOTHER-BABY	4
Endodontist Root Canal	1	My Water Broke Early-34 Weeks	1
Endodontist	1	See Specialist For Fetus	1
Root Canal	3	Ob	1
Root Canal - Endodontist	1	Fertility Clinic	1
Wisdom Teeth Extraction	1	ORTHOPEDECS	13
Periodontist	1	Hip Replacement	1
Needed An Endodontist And Was Referred To Him For Treatment	1	Knee Replacement	1
Pediatrial Dental For My 4 Year Old	1	Pediatrial Orthopedist	1
DERMATOLOGY	6	Hand Specialist/surgery	2
Dermatologist	2	Orthopedic	3
Dermatology	2	AcL Repair	1
Dermatologist For Daughter	1	Needed And Wanted Second Opinion On Knee Injury	1
We Needed Our Yearly Dermatology	1	Pediatrial Orthopedic Surgery	1
EYE	16	Foot and ankle specialist	1
Cataract Eye Surgery	6	Orthopedic Surgery For A Procedure That Wasn't Available On Island	1
Detached Retina	1	RHEUMATOLOGY	3
Retinal Dr.	1	Rheumatologist	3
Cataract Surgery Not In Past 12 Months	1	MISCELLANEOUS	15
Eye cataracts	1	Thermography; Kodiak Specialist Only Does Surgery In Anchorage	1
Surgery For Daughter's Eyes	1	MRIs Are Ridiculously Expensive In Kodiak And The Radiologist Makes Bank On The Reading.	1
Vision	1	Hepatic (liver)	1
When My Mom Needed A Cataract Eye Removal	1	Tonsillectomy-Met With Doctor At Specialty Clinic, And Flew To Anchorage for The Surgery	1
Optometrist Preferred By Insurance Was Not To My Liking.	1	Tonsil Surgery	1
Ophthalmology	1	Holistic Treatment	1
Orbital Eye Surgery.	1	Surgery	1
ENDOCRINOLOGIST	4	Got Surgery Of My Left Foot, Plantar Fibroma	1
Endocrinologist	3	Urology - Lithotripsy	1
Endocrinologist For Further Treatment	1	Vein Specialist	1
ENT	4	ANMC Surgery	1
Pediatrial Ent	1	Pediatrial Appointment	1
Hearing Treatment	1	Pt	1
Ear	1	Diagnostic	1
Ent Lip Tie/Tongue Tie Surgery For My Son	1	Hematology	1

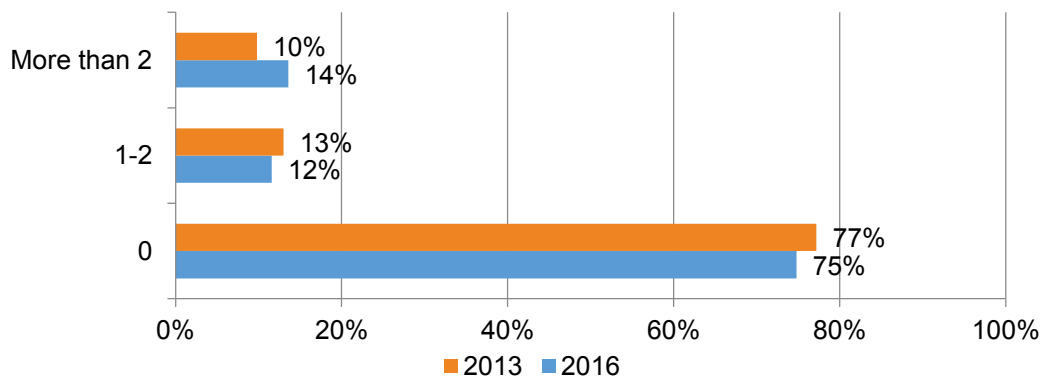
13a. How many times did you leave Kodiak to obtain healthcare in the last 12 months?



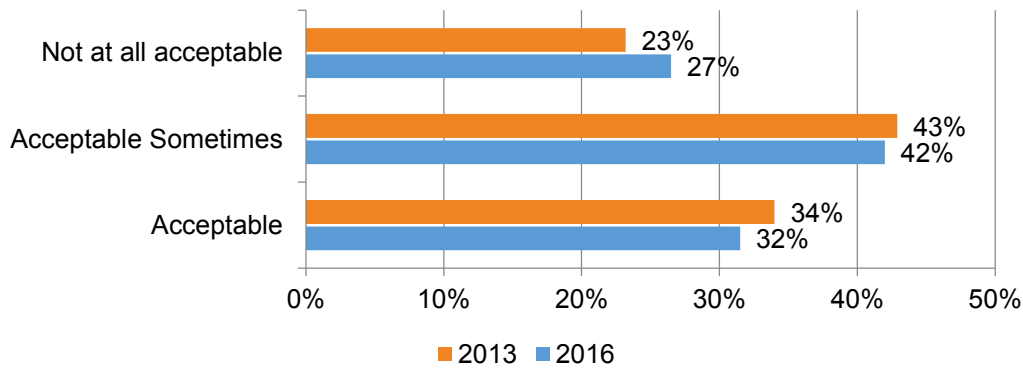
14. How often do you smoke tobacco products or use smokeless tobacco?



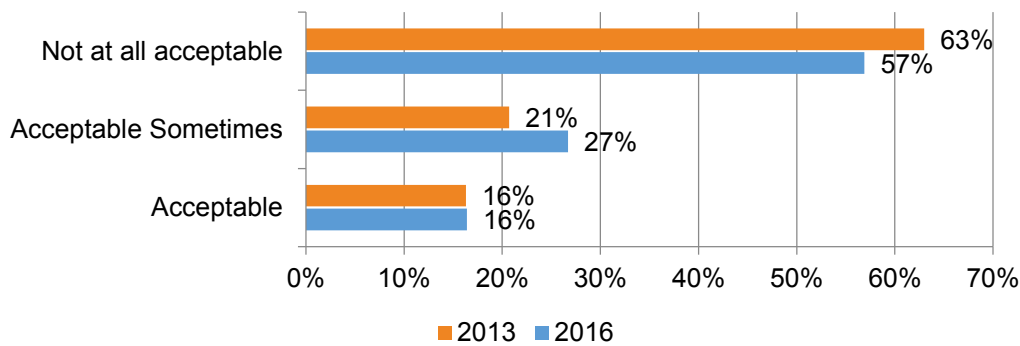
15. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours. (The definition of a drink of alcohol is 1 can/bottle of beer, 1 glass of



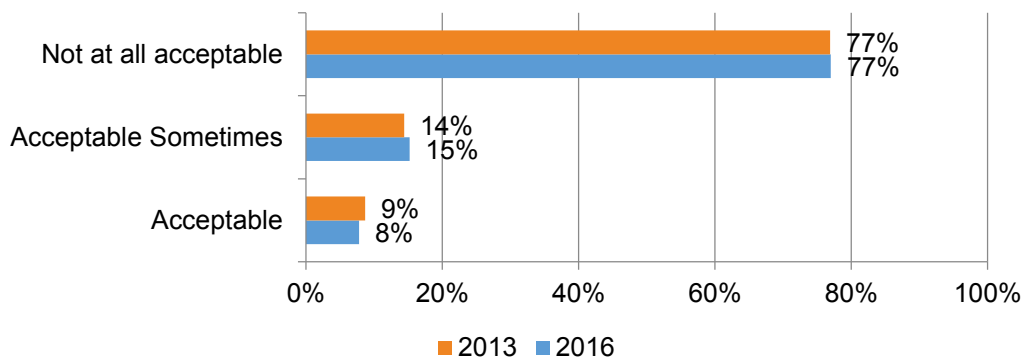
16a. How acceptable do you find the use of alcohol for recreational or non-medical use?



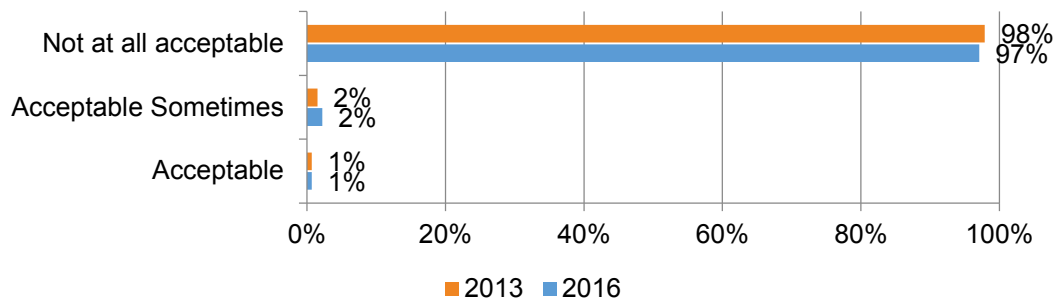
16b. How acceptable do you find the use of marijuana for recreational or non-medical use?



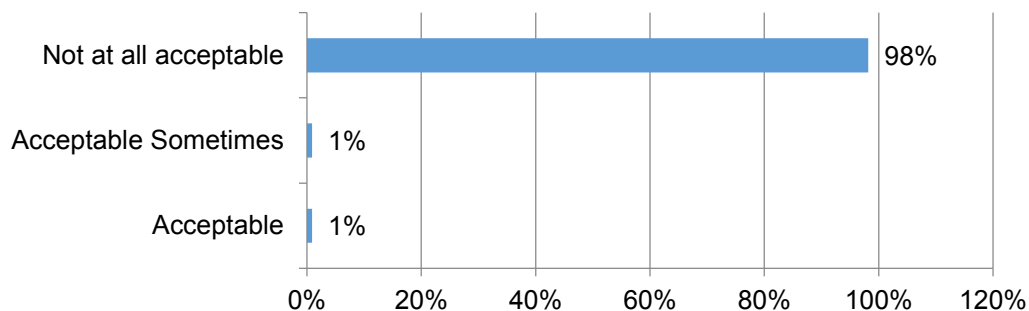
16c. How acceptable do you find the use of prescription drugs for recreational or non-medical use?



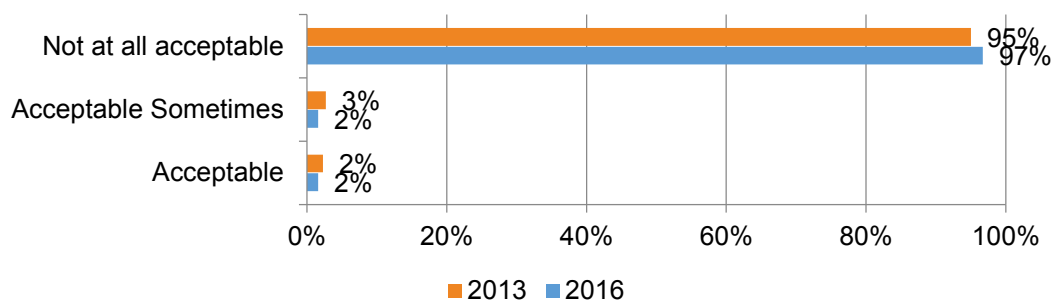
16d. How acceptable do you find the use of methamphetamines for recreational or non-medical use?



16e. How acceptable do you find the use of heroin for recreational or non-medical use?



16f. How acceptable do you find the use of Other for recreational or non-medical use?

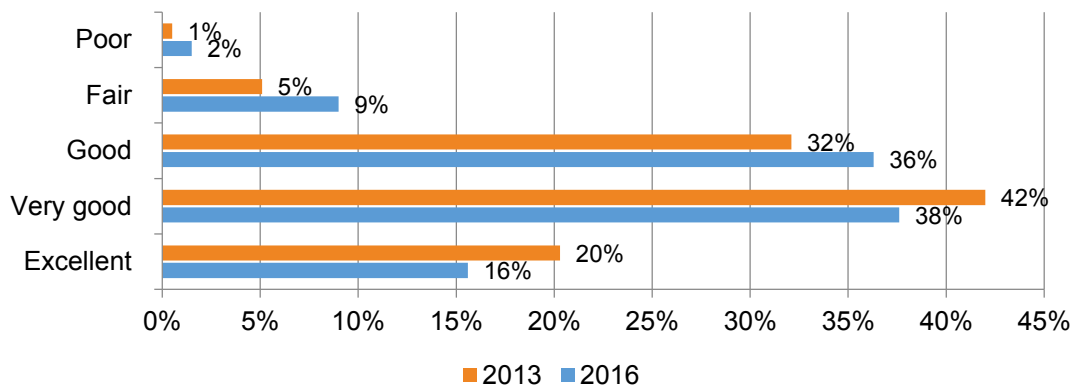


16a. Other Specify

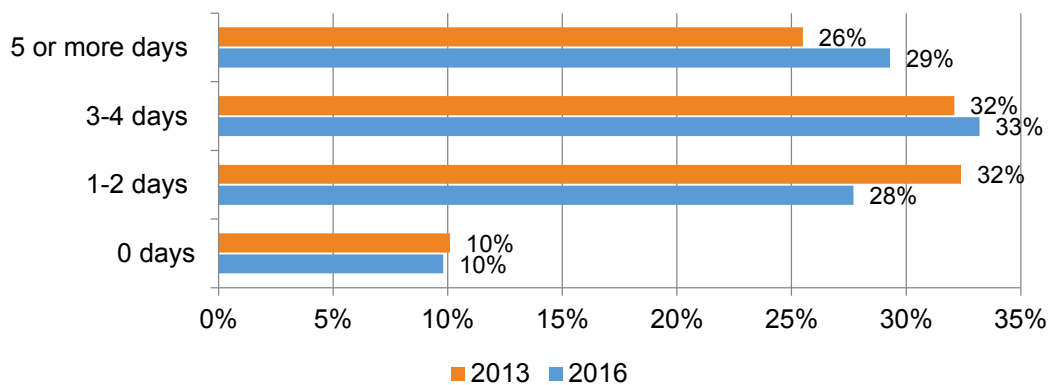
Response	Number
All Obits	1
Any Form Of Opiates Or Spice Drugs, Bath Salts.	1
Cocaine	2
Cocaine, Non-Prescription Drugs	1
Dr. Prescribed	1
Glue, Gas Huffing, Etc.	1
Herbs And Essential Oils	1
High Blood Med's And Knee Med's Pain	1
I Am Unsure How To Answer These Questions As I Don't Partake In Them	1

I Believe Medical Cannabis Can Help Certain Types Of Medical Conditions Based On Developing Research.	1
N/A	1
Oxycodone	1
People Should Be Allowed To Use Any Drug They Choose So As Long As They Harm No One Else But Themselves.	1
Psy Mushrooms	1
Tobacco	1
Valium Or Another Calming Drug For Anxiety Use Before A Procedure Or Travel	1
Zero	1

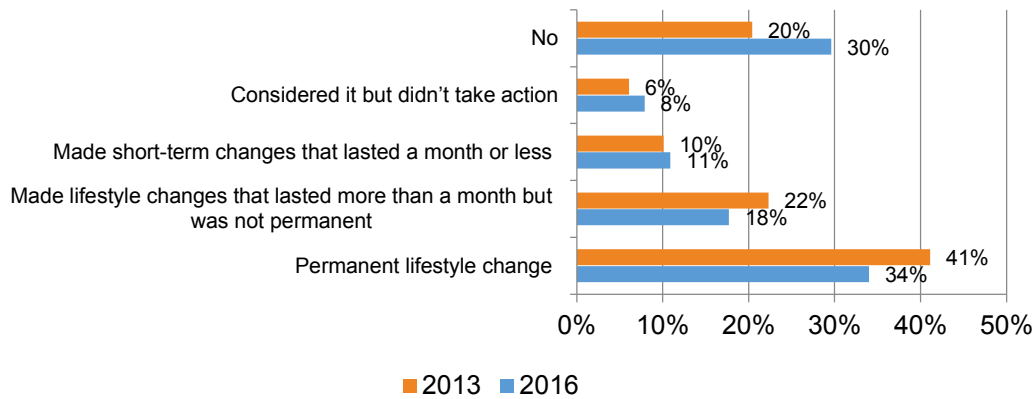
17. Would you say that, in general, your physical health is



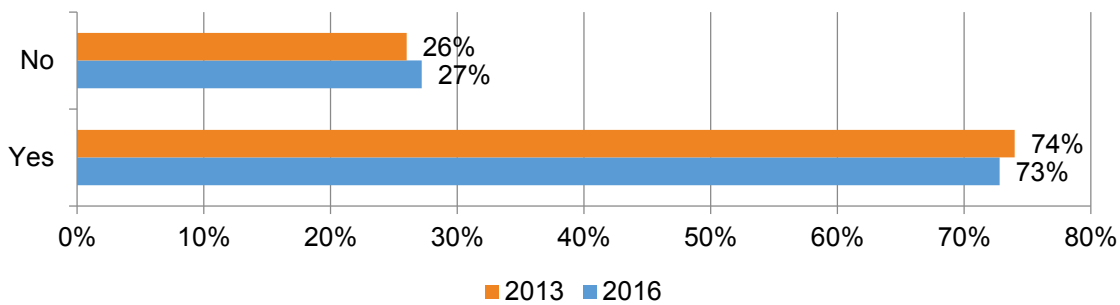
18. How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?



19. Within the past year have you made a personal lifestyle change related to better health? (For example, lost weight, changed diet, became more physically active, reduced stress, decreased alcohol or tobacco use)



20. In the past year have you had an annual exam or physical with a health care provider for preventive purposes

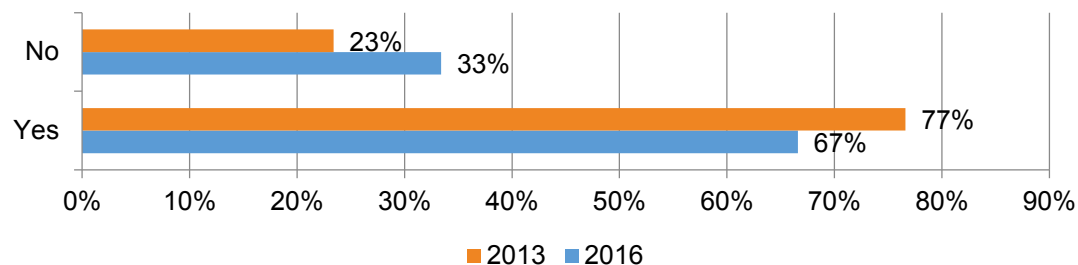


20a. If no, why not?			
Response	Number	Response	Number
COST	32	DO NOT LIKE GOING /DID NOT WANT TO	7
costs	7	Don't like doctors	2
Can't afford	3	Didn't want to	2
Money	2	I don't like going to the doctor. Dealing with insurance claims is a pain in the butt and being around that many sick people is gross.	1
Unsure if insurance covers, am healthy and don't have any concerns	2	Lost confidence in Dr, last 3 visits different Drs did not listen to my concerns or order tests requested.	1
Did not have insurance	2	Just because i didn't want to.	1
No insurance	2	NO PARTICULAR REASON	16
No form of health insurance.	1	No reason	3
No health insurance	1	Just forget	2
No money	1	Good question/I am not sure	2

20a. If no, why not?			
Response	Number	Response	Number
Not covered	1	Lazy	2
Not sure; maybe too \$\$	1	Just didn't	1
Finances	1	Just haven't got around to making an appointment	1
I do not want to pay for the cost of the appointment.	1	No excuse....just haven't gone in for years	1
Costly because I have no insurance, nothing seems to be wrong with me & it is unpleasant to be examined,	1	I don't know	1
Too expensive	1	Keep putting it off - no specific reason, other than work	1
Wasn't aware that it is a free service under my health insurance	1	Failure on my part to schedule.	1
I do not want to pay for the appointment.	1	Have been putting it off	1
Cost (have not met deductible)	1	SCHEDULING/TIME	25
Haven't felt like anything has changed and have a hard time paying the deductible	1	No time	14
Do not have health insurance to cover my daily checkups.	1	Haven't scheduled it	3
DID NOT NEED TO GO	37	Didn't make the time	1
No need	9	It wasn't automatically scheduled	1
Did not need to.	5	I work during the day, so unless I take time off for work, it is unlikely I can get a good time scheduled for an appointment	1
No health concerns	1	Usually unable to get in with the provider I want to see	1
None was needed yet	1	Because I have to literally work every day of my waking life to support being alive on Kodiak because it's so expensive	1
No health concerns at this time	1	I have not taken the time to set up an appointment! I need to pick a physician!	1
I saw my provider almost one year ago because I had shingles. At the time, I had no other issues, so I decided to forego the annual physical.	1	It was not possible to schedule an appointment with my doctor because of conflicting schedules.	1
Personal education and personal small changes in diet are way more effective than going to see the prescription drug pushers.	1	This island is so expensive I literally work 2 jobs and have no time for myself	1
Not sick; don't need a doctor	1	MISCELLANEOUS	17
Not sick	1	No place to go	1
Insurance coverage	1	Not ready	1
I don't feel like I need it.	1	I like to get one every other year.	1
I haven't needed one.	1	I want a natural doctor	1
I only go to the doctor when my body tells me to	1	Time to go to Anchorage	1

20a. If no, why not?			
Response	Number	Response	Number
I think my health was totally fine.	1	Moved twice	1
I'm healthy	1	Need to find a doctor I'm comfortable with	1
I'm young and healthy.	1	Pending appointment	1
Had no need for one	1	Pregnancy and childbirth took priority over preventative care otherwise	1
Have been fairly healthy so didn't feel like I needed it	1	Prevent what?	1
Was told I only needed pap every 5 years. I don't feel sick	1	Had a 6 week Post-partum check a year ago.	1
We go to prenatal exams, if something was wrong, I'd discuss it then.	1	Taking care of other health concerns	1
Feel fine	1	This year	1
Felt healthy	1	See doctor regularly	1
Didn't feel it was necessary - vitals are checked at every appointment	1	Have been seeking treatment for chronic condition	1
Haven't needed it	1	Have my prescribed medicine.	1
Just went when sick or hurt	1	PCP no longer sees patient's in clinic, not comfortable with other providers	1

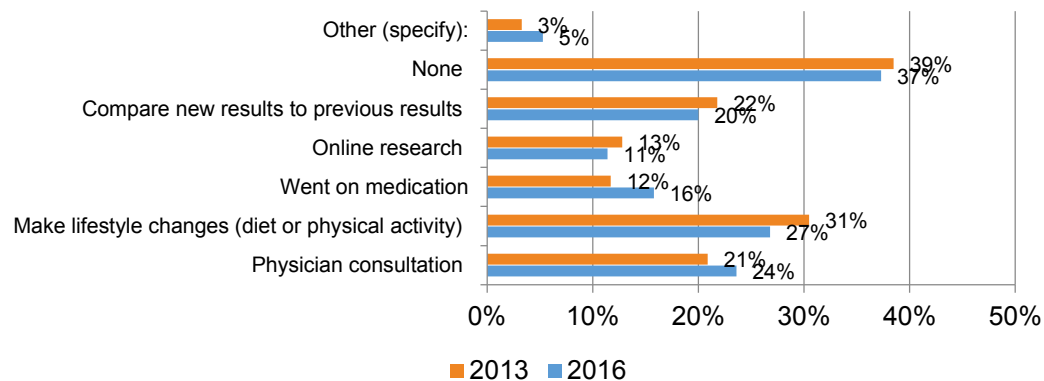
21. Have you had a health screening completed in the past year(cholesterol, blood glucose, height/weight, mammogram, etc.)?



21a. Specify Health Screening			
Response	Number	Response	Number
BLOOD LABS	25	BLOOD GLUCOSE	14
blood panels/work/test/draw	14	Blood glucose	13
blood	5	Type 1 Diabetes	1
CBC, TSH	2	WOMENS HEALTH	22
annual with blood work	1	Mammogram	16
Annual blood tests	1	mammo, pap	1
thorough blood draw	1	OB Exam	1
Complete blood	1	Pap, h/w	1
CHOLESTEROL	25	pregnata visits	1
cholesterol	25	Birth control	1
Blood Lipid Panel	2	Women's health exam	1
CHECK UP / PHYSICAL	28	MISCELLANEOUS	12
height/weight	10	colonoscopy	2
general check up	4	cancer	1
physical	3	thyroid	1

Yearly checkup	3	Heart	1
Flight physical	2	Hearing	1
overseas screening	1	BG	1
weight/blood pressure	1	Doctor appointment for eyelid.	1
weight (not obesity related)	1	ear	1
blood pressure	1	Employer	1
hypertension	1	CMP, UPID, Phokue	1
Exam/total	1	Retired notary exam (every other year)	1

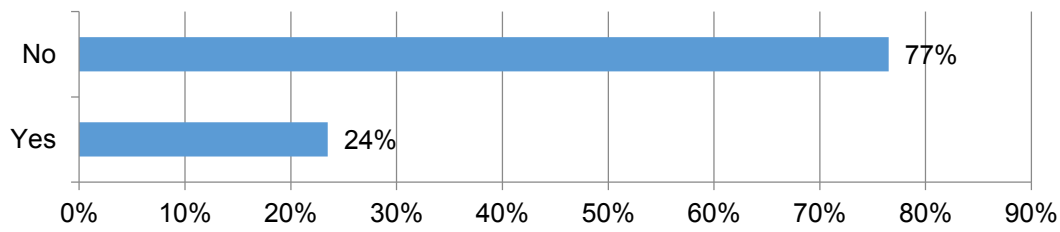
21a. Did you take further action based on the results?



21a. Did you take further action based on the results?

Response	Number
Additional Tests	1
Adjusted Level Of Rx. Did Not See Local Doctor For Annual Exam.	1
Changed Birth Control	1
Changed Medication Dose	1
Dr. Sucks	1
Glucose	1
I Tried To.	1
Lab Work Was Golden	1
No Changes Needed	1
Not Needed	1
Ongoing	1
Prenatal Care	1
Prescription Changes Due To Discontinued Meds.	1
PT	1
Put on ointment.	1
Received Physical Therapy	1
Started The Prevent Program Thru Work And It Has Been Very Effective For Me	1
Surgery	2
Ultra Sound Was Performed	1
Vitamins	1
Went Off Rx	1
Went To A Functional Med Doc Out Of State	1
Total Responses	23

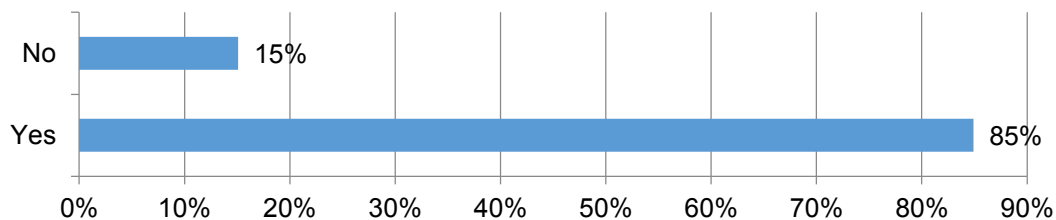
22. Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?



22. Specify			
Response	Number	Response	Number
ALLERGIES	3	RESPIRATORY	41
Allergies	1	Asthma	36
Allergies sjogrens	1	COPD	2
allergies to environment	1	Chronic lung disease	1
ARTHRITIS	8	Asthma (well controlled)	1
Rheumatoid arthritis	2	Bronchitis	1
psoriatic arthritis	1	MENTAL HEALTH	5
Arthritis	4	Depression	3
severe arthritis	1	Depression but it is well-managed through medication and wellness plan	1
CHOLESTEROL	6	Bipolar	1
High cholesterol	6	SLEEP DISORDER	3
DIABETES	34	Sleep Apnea	3
Diabetes	23	ENDOCRINE	9
Diabetes, CLL	1	Hashimotos Thyroiditis	1
Diabetes, Meniere's	1	Hyperthyroidism	1
Type 1 Diabetes	1	Hypothyroidism	9
Type 2 diabetes	6	Thyroid	3
pre-diabetes	1	Polycystic ovary syndrome (PCOS)	2
RA, Diabetes	1	adrenal insufficiency	1
KIDNEY	2	MISCELLANEOUS	18
Kidney	1	Ehlers Danlos Syndrome	1
Kidney stones	1	Endometriosis	1
CARDIOVASCULAR	33	Epilepsy	2
High blood pressure	14	Gall bladder, gastro/food sensitivities	1
Hypertension	13	Gout	1
Rheumatic heart disease	1	Ulcerative colitis	2
heart disease	3	Chronic constipation	1
Heart Murmur	1	Melanoma	1
CAD, HTN	1	epilepsy	1

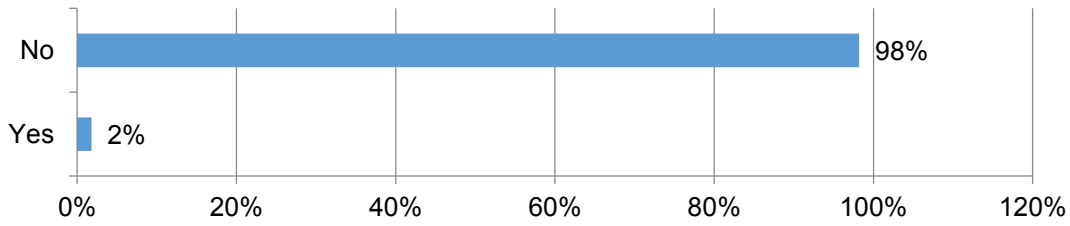
22. Specify			
Response	Number	Response	Number
Heart problems (MVP)	1	Crone's	1
Heart	2	Chronic Myeloid Leukemia	1
Atrial fib;	2	Genetic disorder	1
mild heart failure	1	migraines,	2
Hyper topic cardiomyopathy	1	treatment for blood clotting	1
MUSCULOSKELETAL	23	Idiopathic thrombocytopenia (chronic low platelets)	1
Early stages of degenerative disk disease of cervical spine with treatment plan in place to prevent worsening of condition	1	liver disease	1
Deteriorate bone disease	1	NASH	1
Chronic pain for artificial knees and bone spurs in my neck	1	Non allergic vasomotor sinusitis	1
disc disease	1	Pain	1
Bone on bone with both knees	1	PLMD, RLS	1
back problems	1	RA, Gastroparesis	1
Ankylosis spondylitis	1	Obesity	1
Shoulder and neck	1	post-polio	1

22a. If yes, do you have the resources needed to treat your chronic disease?

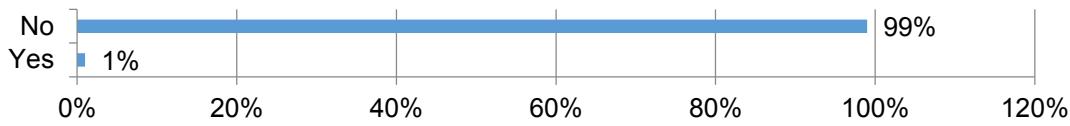


22a. If no, Specify	
Response	Number
?	1
Can't get in to see doctor in Anchorage	1
Don't have access to care locally have to leave the island	1
Have to travel	1
In process	1
No insurance	1
No support	1
Not in Kodiak	1
Steady urologist	1
Still figuring out the reason for my medical decline	1
The only resource is physical therapy, and now my therapist is leaving so I will no longer have a provider experienced with this diagnosis	1
Travel to specialists is a great financial burden on my family, necessary medications aren't covered under prescription plan, no local support groups, no diabetes education	1
Total Responses	12

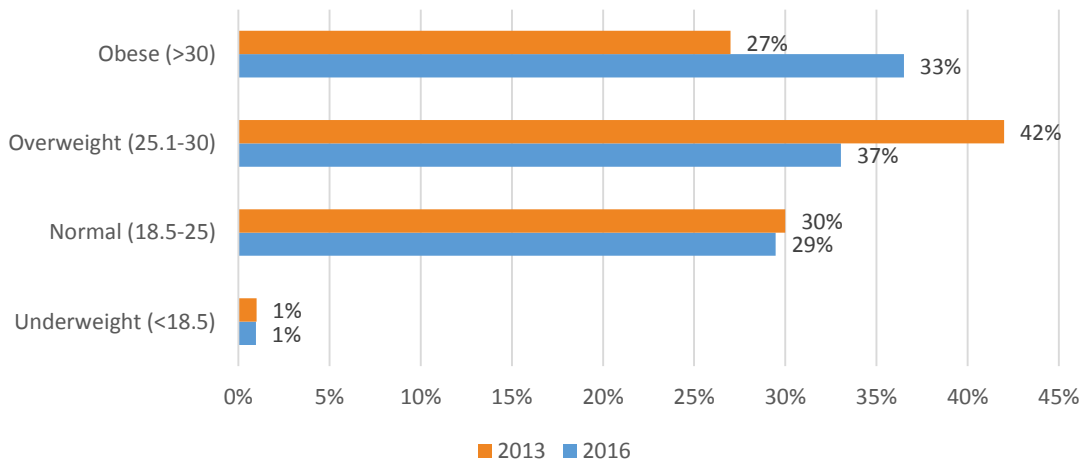
23a. In the last 12 months were you physically assaulted such as being hit, slapped, kicked, grabbed, beaten, knifed, or shot by family or intimate partner?



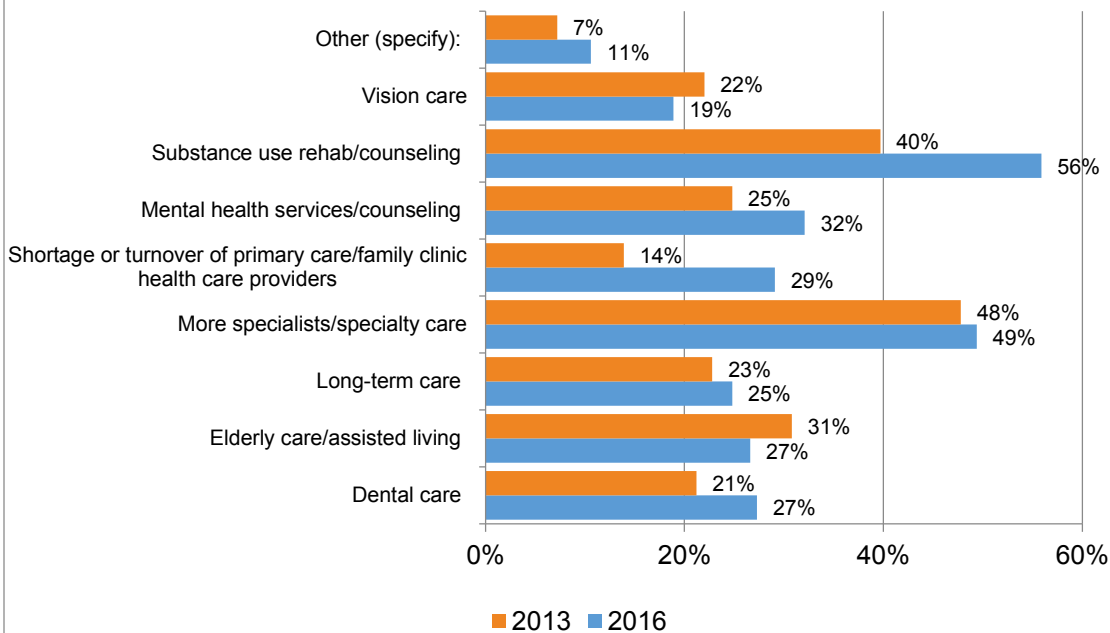
24. In the last 12 months have you had sexual contact against your will, either by physical force, threat or intimidation?



25/26. Body Mass Index



27. What do you consider to be the top three greatest health care needs in Kodiak?

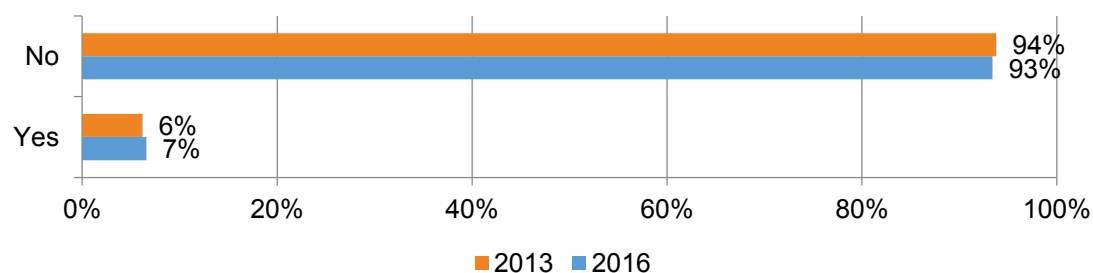


What do you consider to be the top three greatest health care needs in Kodiak? (Choose up to three responses)			
Response	Number	Response	Number
ASSISTED LIVING	3	PEDIATRICS	2
Assisted Living, Transitional	1	pediatric services	1
Assisted living for mentally ill (Also reflected under 'mental health')	2	Pediatrician	1
CANCER	1	SUBSTANCE ABUSE	2
Chemo service	1	Long term alcohol treatment center needed here	1
DENTAL	2	effective drug rehab	1
orthodontics	1	MENTAL HEALTH	4
endodontist	1	Counselors for children especially those with special needs. We have so many!!	1
DIABETES	2	Male mental health clinicians	1
Diabetes care / Counselor	2	Assisted living for mentally ill (Also reflected under 'assisted living')	2
DIALYSIS	9	RESPIRE/HOME HEALTH	4
dialysis	4	respite care	1
Dialysis Center	4	Home caregivers	1
dialysis in town	1	Home Health	1
HEARING	2	home health care	1
hearing aids	1	SPECIALISTS	2

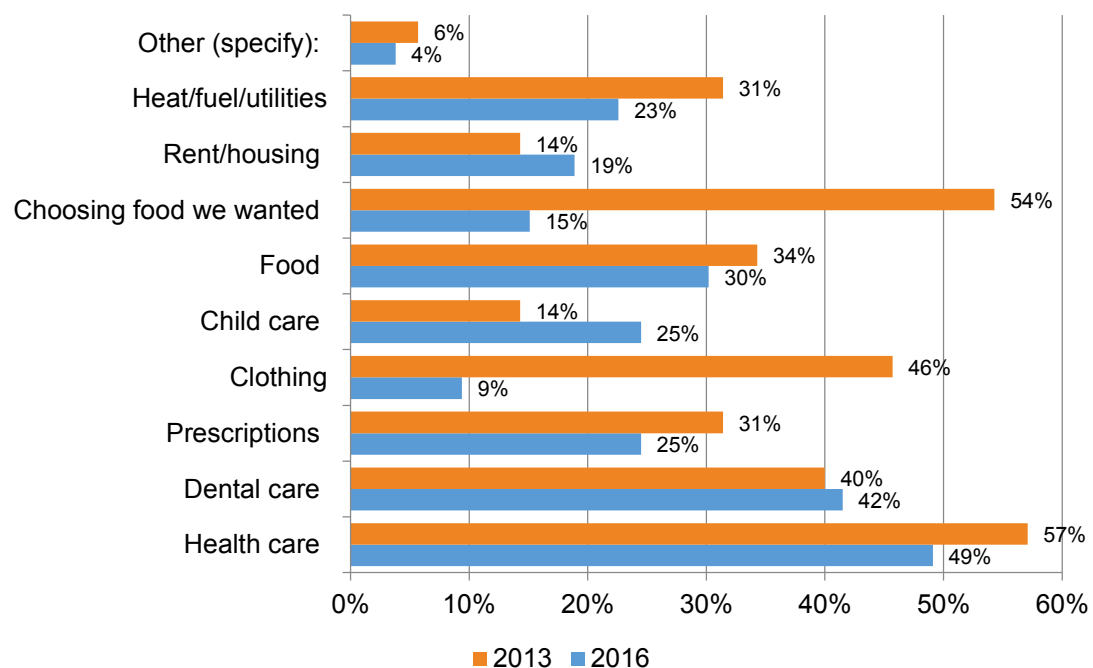
What do you consider to be the top three greatest health care needs in Kodiak? (Choose up to three responses)			
Response	Number	Response	Number
Hearing tests and hearing aids	1	cardiologist, orthopedist ,and pediatric physician	1
HOLISTIC MEDICINE	5	Surgeons	1
Natural doctors or naturopaths	1	MISCELLANEOUS	18
holistic medicine	2	I didn't have 3 but it was forcing me to pick three. Shouldn't require 3 it will mess up the results.	1
Cautious open-minded allopathic intervention	1	I think if I have to choose 3 you will not get a true response -- because I will answer 3 just to get past this question	1
Preventative care, especially alternative medical services being recognized by insurers as a way to improve quality of life for better whole health	1	Alternative medicine providers and more Physical therapists	1
LOWER COST OF CARE	13	Lack of Continual Ed, up to date care	1
lower cost health care	1	Autism related help	1
Affordable primary care	1	Ob Gyn	1
Lack of access / no medical insurance	1	midwifery care and vbacs on island	1
less expensive!	1	dyslexia programs for older people and younger	1
low cost health screening opportunities	1	professional educator for specific chronic health conditions, resourses, and coaching for better health maintenance	1
Less expensive medical, dental and vision	1	Rehab facilities in-house	1
Cost of services	1	The need to keep family when sick here, instead of flying them out .	1
costs too much	1	We need more private clinics that do not accept insurance. Healthcare sucks because insurance companies are the customer, not the patients themselves.	1
Health Insurance Cost is very high w/o employer. Keeps people from starting a business or leaving their current employer.	1	Tx facility on island	1
PKIMC charges an outrageous amount for X-rays, labs and other procedures. It makes getting care on island prohibitively expensive	1	Weekend coverage for non-emergent care	1
More reasonable cost	1	Family planning clinic	1
one of my adult sons is uninsured because of the extreme costs but he does not qualify for help	1	For both vision care providers to accept my insurance - I don't want to go to the only provider that takes my vision insurance	1

What do you consider to be the top three greatest health care needs in Kodiak? (Choose up to three responses)			
Response	Number	Response	Number
Cheaper Insurance, Better prescription drug coverage,	1	functional medicine	1
PAIN	4	Need indoor place to walk in winter	1
pain clinic	1		
Pain management	1		
Better care for patients needing legitimate pain management.	1		
Palliative Care	1		

28. In the last 12 months did you or your family have to go without basic needs such as food, child care, health care, or clothing?

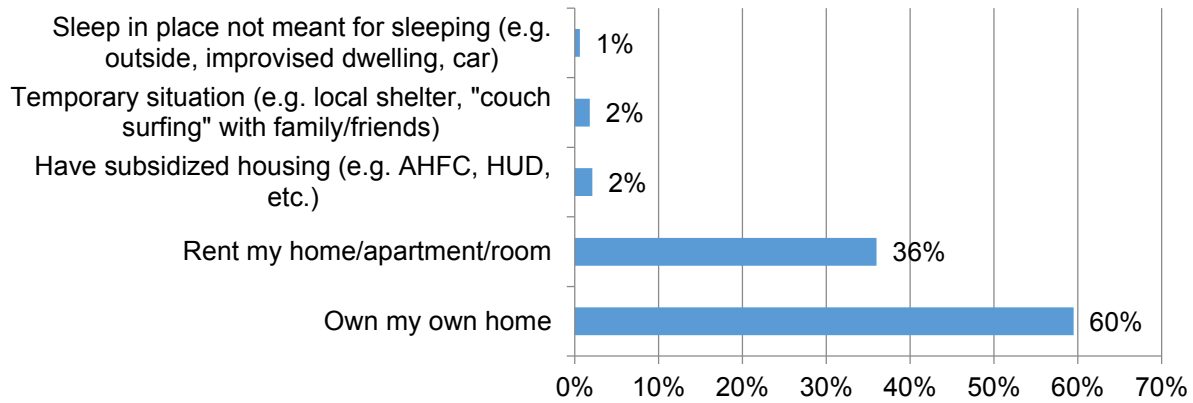


28a. What did you go without?

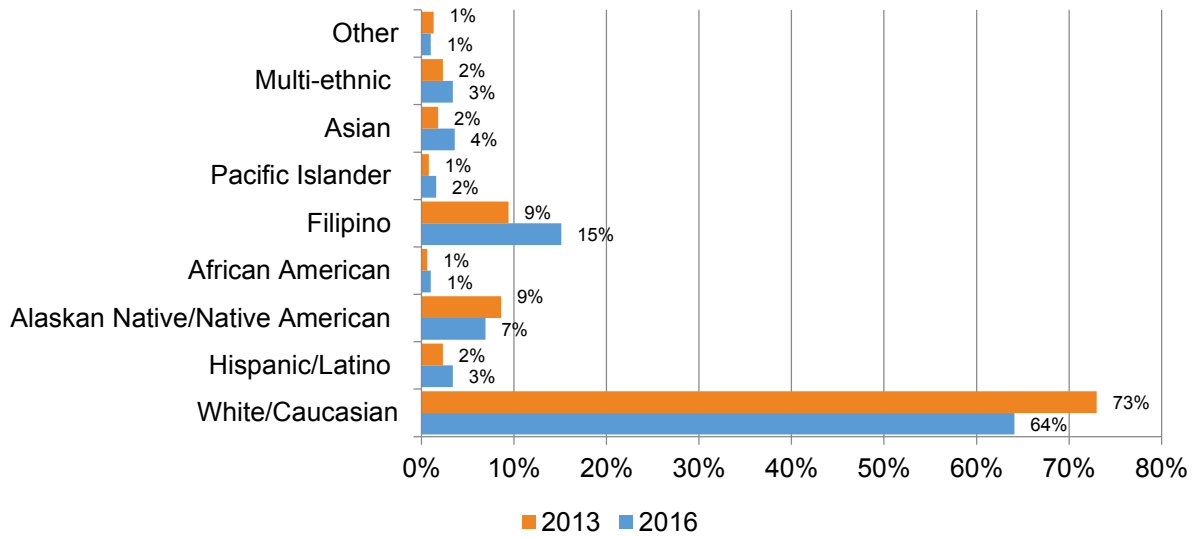


28a. What did you go without? (Choose all that apply)	
Response	Number
Electricity	1
Medicine	1
Total Responses	2

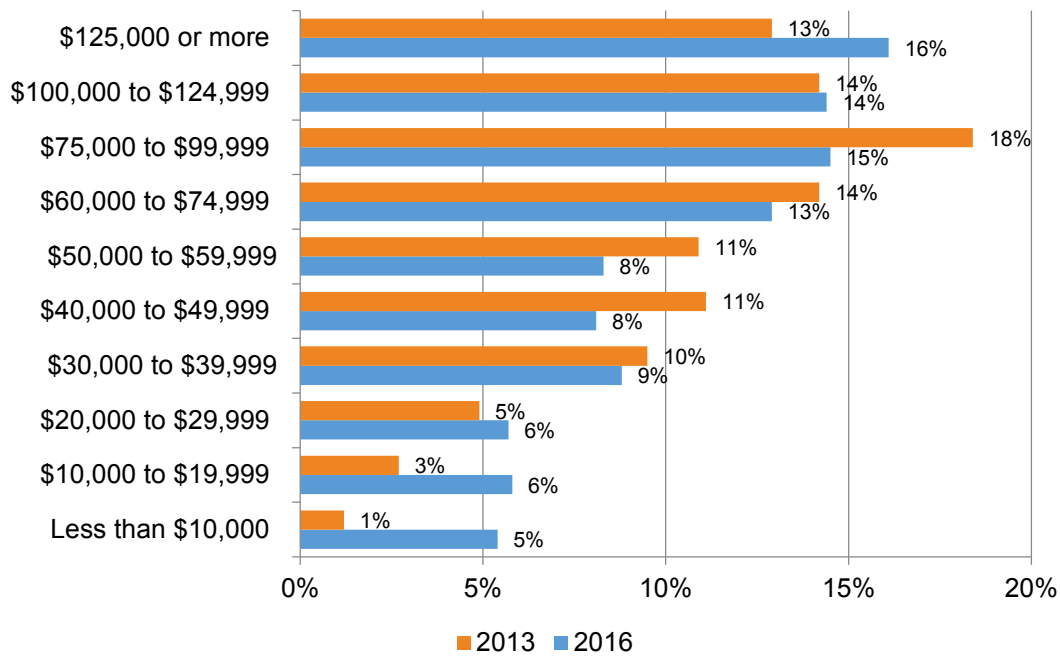
29. What is your housing situation



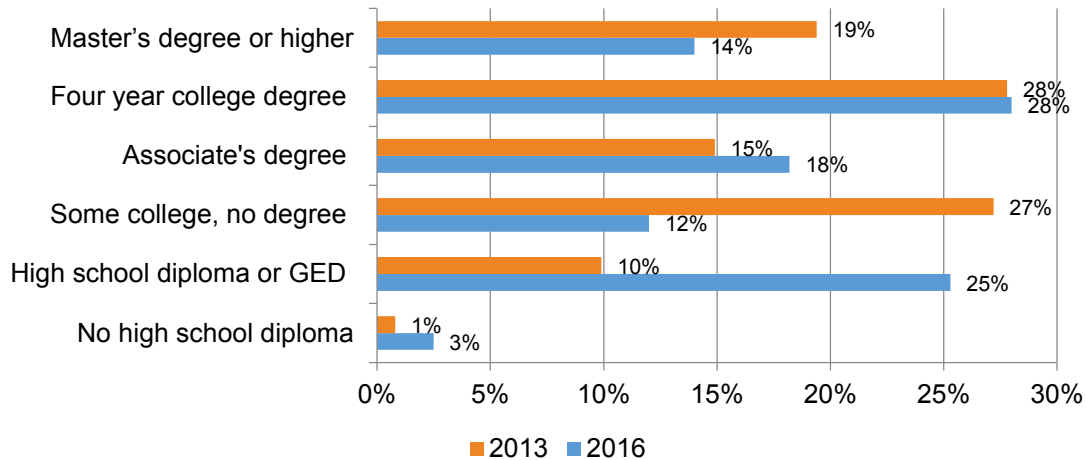
30. Which of the following best describes your race/ethnic group?



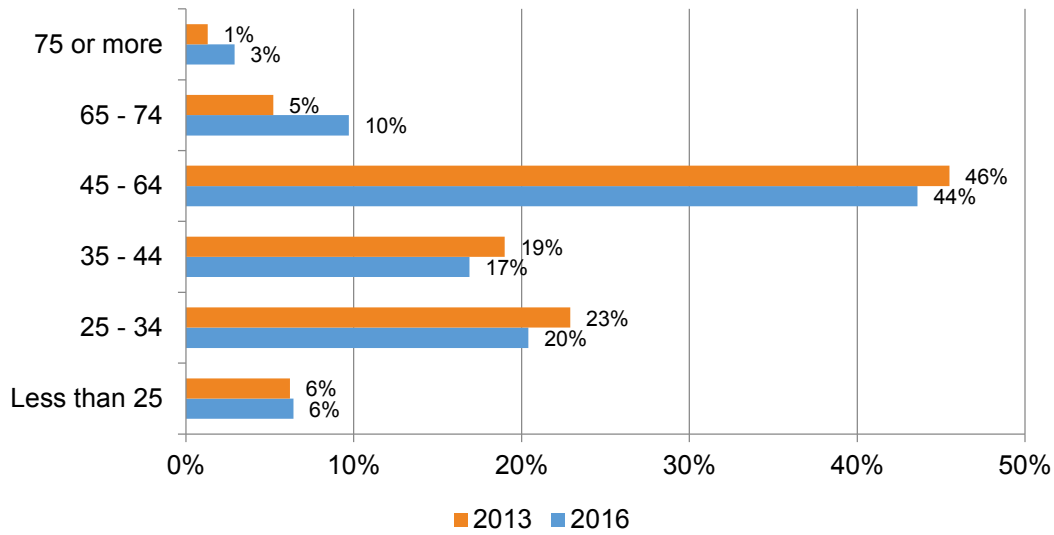
31. Which income range best describes your annual household income?



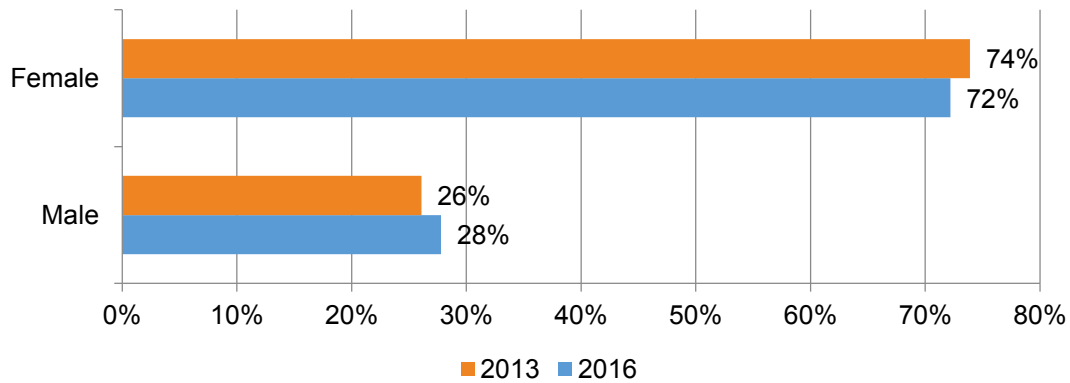
32. What is the highest level of education you have completed?



33. What is your age in years?



34. What is your gender?



Appendix 2

Kodiak health indicator data and trends Secondary data sources

Demographic data

There are limitations to the following demographic data due to the infrequency of the U.S. Census data and the American Community Survey. ESRI Business Information Solutions uses national population and economic trends to produce a five year forecast.

Population

According to future projections provided by ESRI for the Kodiak Island Borough, the population is expected to grow slightly, between 2012 to 2017, by 7 percent or 974 people. Alaska is anticipated to grow by 6.6 percent or 48,688 people over the next five years, while the U.S. population is expected to grow by 3.5 percent.

2012 and 2017 population

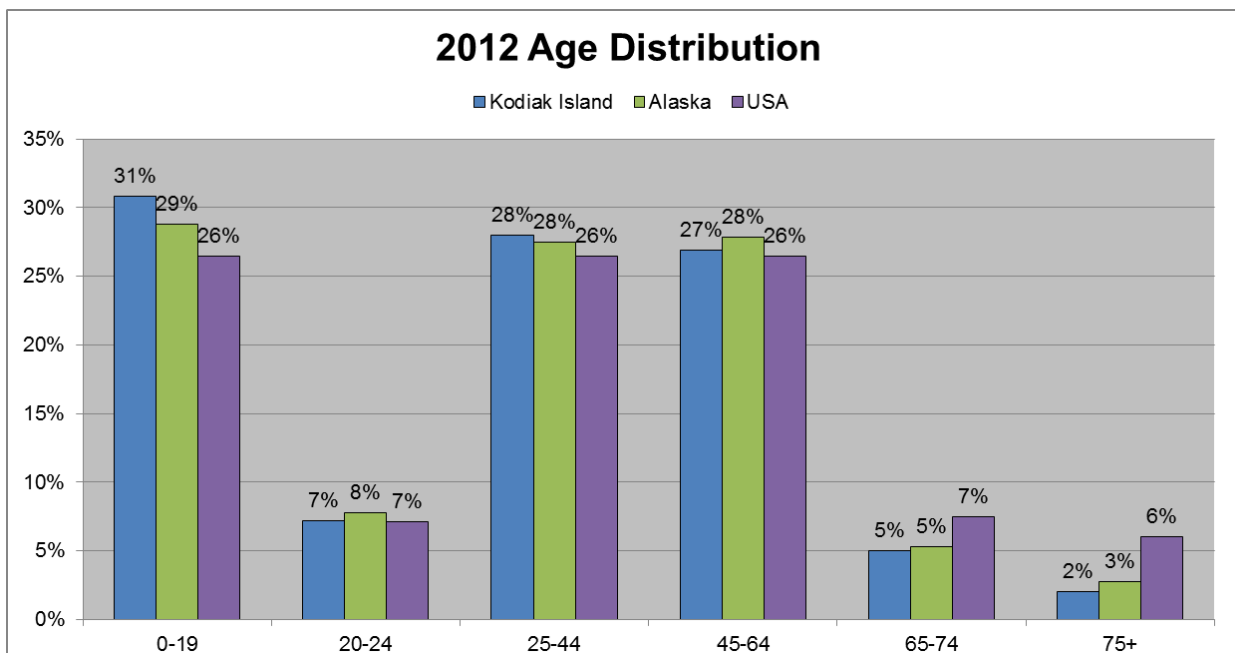
	2012	2017	% Change	Change
			(2012-2017)	(2012-2017)
Kodiak Island	14,081	15,055	6.9%	974
Alaska	732,814	781,502	6.6%	48,688
USA	313,129,017	323,986,227	3.5%	10,857,210

Source: ESRI Business Information Solutions, 2016

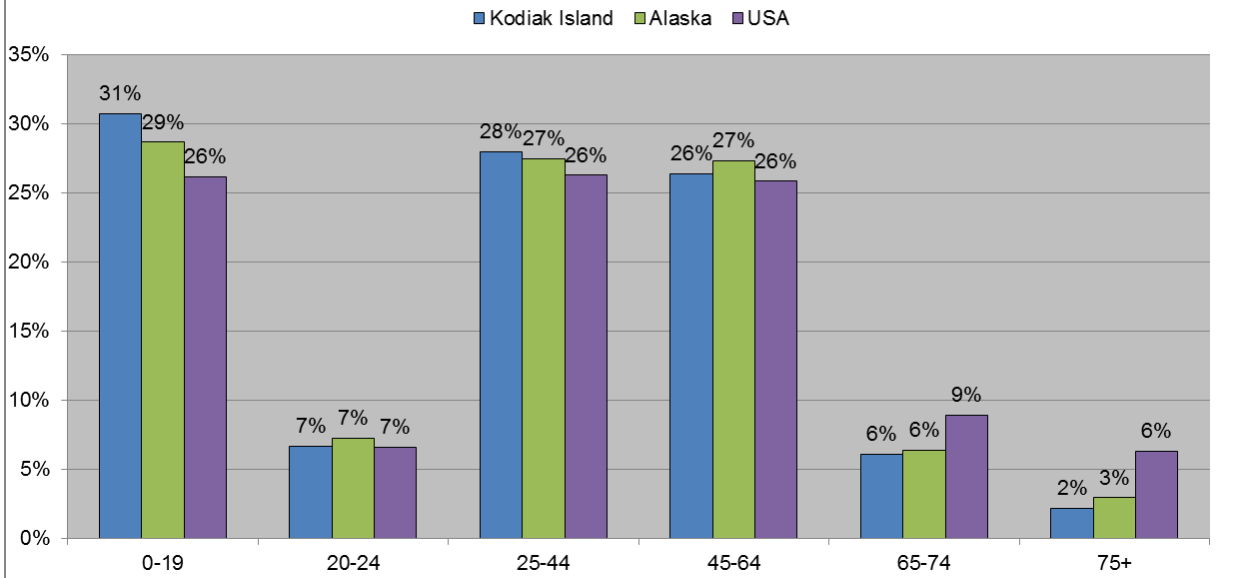
Population by age

In a comparison of major age categories, the Kodiak Island Borough generally has a higher proportion of people ages 0-19 and 25-44 than Alaska and the nation. Conversely, the proportion of people ages 20-24 and 45-64 is lower. The service area population is expected to continue aging over the next five years, as the proportion of people ages 65-74 continues to rise. This will likely cause a rise in health care utilization as older populations tend to need more health care services. Health needs will also continue to shift toward disease categories that tend to present at an older age.

2012 and 2017 population age distribution



2017 Age Distribution



Source: ESRI Business Information Solutions, 2016

Population by race and ethnicity

PKIMC's service area is racially and ethnically diverse. The population is made up of with 55 percent white, about 20 percent Asian, followed by Alaska Natives equating to roughly 13 percent. The racial distribution is more diverse than Alaska, though the proportion of Alaska Natives across the state is slightly higher than the Kodiak Island Borough. It is important for PKIMC to continue outreach to all population groups to ensure that the health needs of all within the Borough are being met.

2012 and 2017 population by race

2012 - Population by Race	Kodiak Island		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	7,693	54.6%	485,176	66.2%	225,289,662	71.9%
Black Alone	150	1.1%	25,815	3.5%	39,536,577	12.6%
Alaska Native/Native American Alone	1,816	12.9%	106,729	14.6%	3,010,559	1.0%
Asian Alone	2,756	19.6%	40,441	5.5%	15,239,038	4.9%
Pacific Islander Alone	98	0.7%	7,633	1.0%	552,594	0.2%
Some Other Race Alone	484	3.4%	12,169	1.7%	20,008,464	6.4%
Two or More Races	1,084	7.7%	54,851	7.5%	9,492,123	3.0%

2017 - Population by Race	Kodiak Island		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	7,948	52.8%	506,122	64.8%	228,784,341	70.6%
Black Alone	275	2.0%	31,256	4.3%	41,359,936	13.2%
Alaska Native/Native American Alone	1,828	13.0%	111,701	15.2%	3,244,199	1.0%
Asian Alone	2,982	21.2%	46,571	6.4%	16,950,165	5.4%
Pacific Islander Alone	118	0.8%	8,757	1.2%	615,508	0.2%
Some Other Race Alone	682	4.8%	14,366	2.0%	22,299,085	7.1%
Two or More Races	1,222	8.7%	62,729	8.6%	10,732,993	3.4%

ESRI Business Information Solutions, 2016

Income

Income data was analyzed for the Kodiak Island Borough and compared to the state of Alaska and the nation. 2012 census data reveals that median household income for the Kodiak Island Borough is higher than Alaska and the nation. Average household income in Kodiak Island Borough is also higher. Per capita income in Kodiak Island is slightly below Alaska but higher than the nation. During the next five years, income levels are expected to rise in the Kodiak Island Borough, Alaska, and the nation in line with inflation.

2012 and 2017 income levels

2012	Kodiak Island	Alaska	USA
	Number	Number	Number
Median Household Income	68,806	64,362	50,157
Average Household Income	87,814	81,956	68,162
Per Capita Income	30,032	30,678	26,409

2017	Kodiak Island	Alaska	USA
	Number	Number	Number
Median Household Income	80,195	76,694	56,895
Average Household Income	99,783	93,232	77,137
Per Capita Income	34,307	35,042	29,882

Source: ESRI Business Information Solutions, 2016

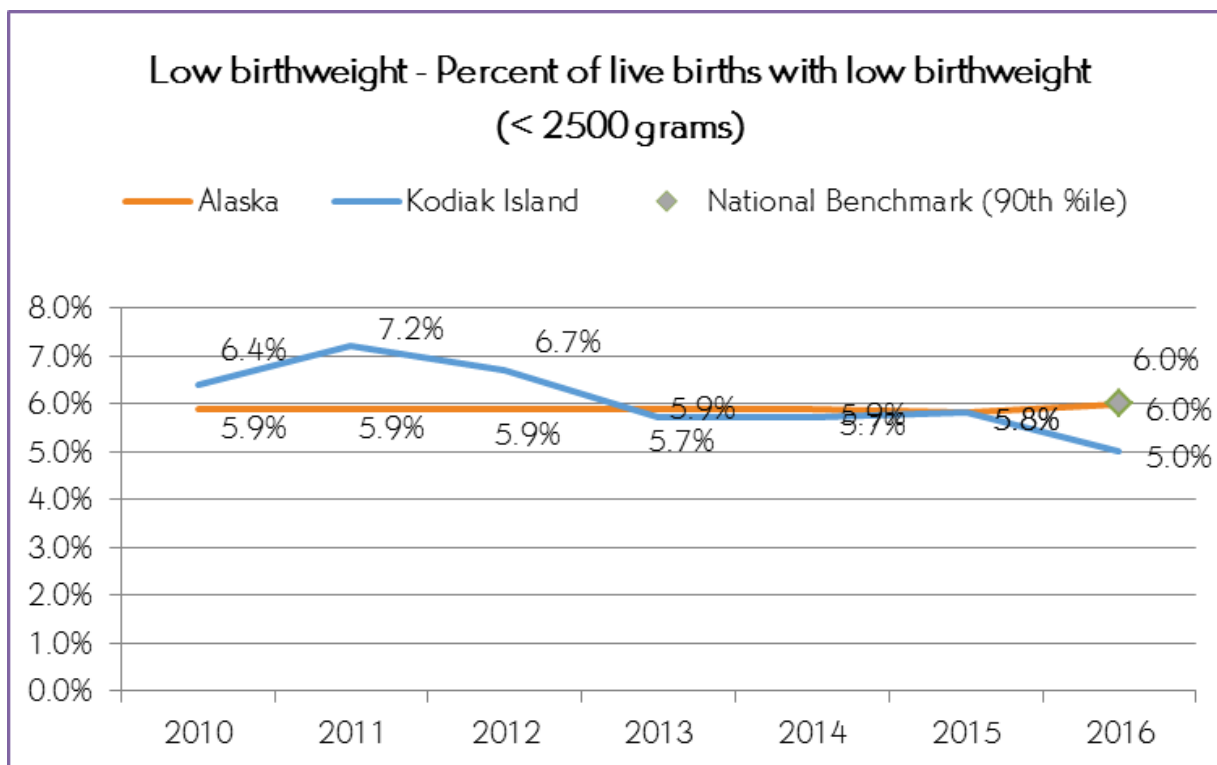
Secondary data results

The *County Health Rankings* display health rankings of nearly every county in the nation and what health influencers are present. They measure four types of health factors: health behaviors; clinical care; social and economic; and physical environment factors. In turn, each of these factors is based on several measures. A subset of the major health rankings are analyzed in this report.

Overall, the Kodiak Island Borough ranked second out of 23 Boroughs/Counties/Census areas ranked in the state for health outcomes based on the data collected by County Health Rankings.

Birth statistics

Rates of low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birth weight percentages in the Kodiak Island Borough have been slightly higher than the state and national benchmark from 2010-2012; however, in 2016 the percentage of low birth weight births dropped significantly to below the national benchmark.

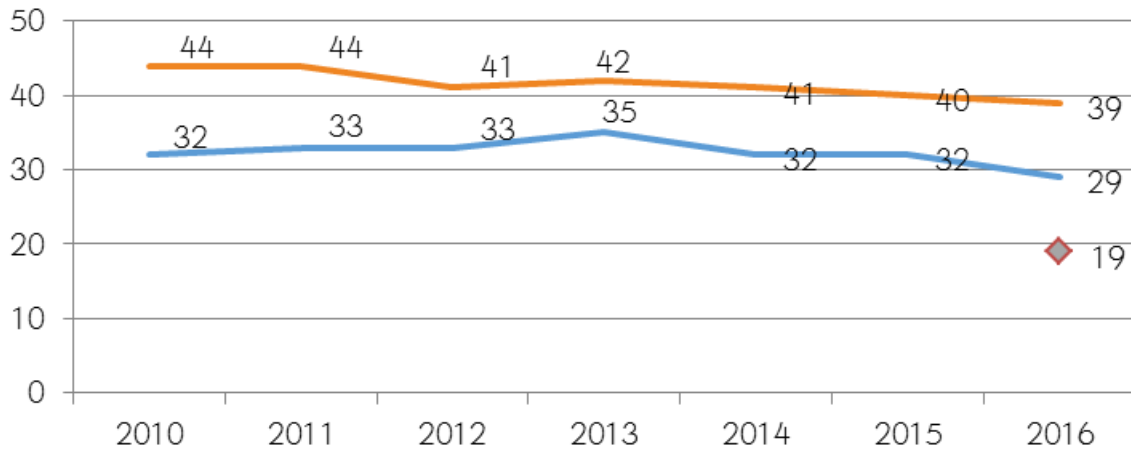


Source: County Health Rankings, 2016

Teen birth rates were also analyzed for the Kodiak Island Borough and compared to Alaska and the nation. Teen birth rates in the borough are significantly lower than Alaska but higher than national benchmarks. The rate has been fairly steady during the past six years. The percentage of children in poverty in the Kodiak Island Borough is significantly lower than in Alaska and the national benchmark, though that number has been trending up slightly over the past two years. This is an important indicator as poverty among children can often be associated with many negative health consequences throughout childhood.

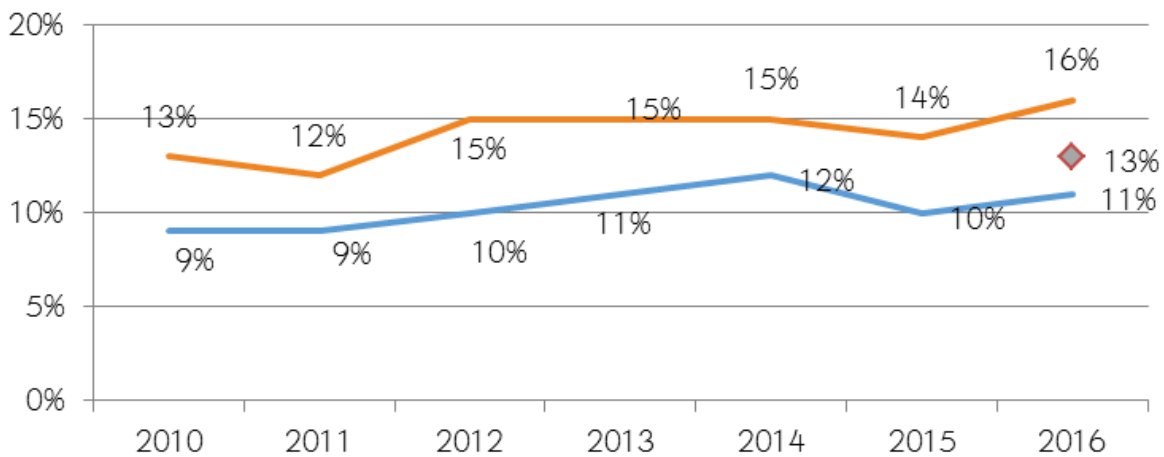
Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19

Alaska Kodiak Island National Benchmark (90th %ile)



Children in poverty - Percent of children under age 18 in poverty

Alaska Kodiak Island National Benchmark (90th %ile)



Source: County Health Rankings, 2016

Death statistics

The top five leading causes of death in the Kodiak Island Borough were analyzed for 2009-2013. Cancer ranks as the top leading cause of death, followed by heart disease and unintentional injuries.

Kodiak Island	2009-2011*		2010-2012*		2011-2013*	
Top Five Leading Causes of Death	Rank	Deaths	Rank	Deaths	Rank	Deaths
Cancer	2	42	2	37	1	37
Heart Disease	1	44	1	40	2	35
Unintentional Injuries	3	12	3	18	3	23
Diabetes	5	8	4	10	4	10
Chronic Lower Respiratory Disease**	4	10	5	9	5	8

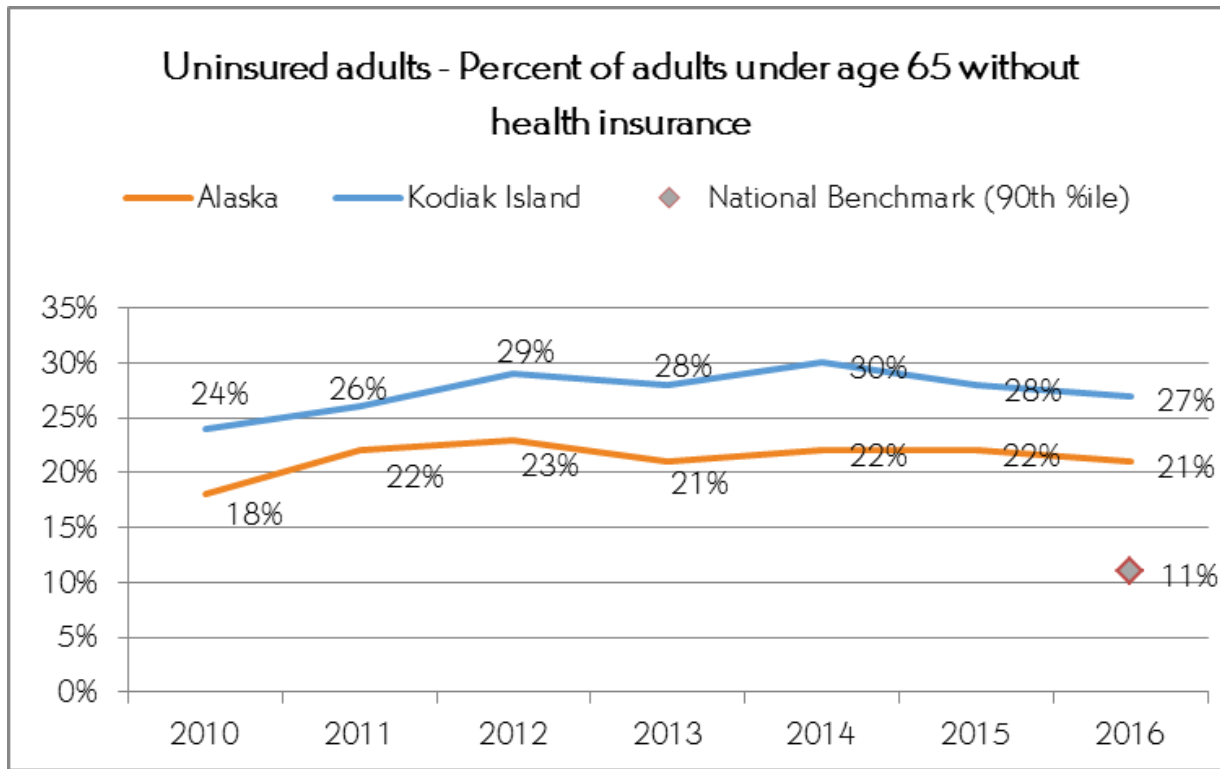
*Due to low sample-sizes for Kodiak island, three year rolling averages were utilized to achieve statistical validity

** E.g. Asthma, Bronchitis, COPD

Source: Alaska Bureau of Vital Statistics

Insurance

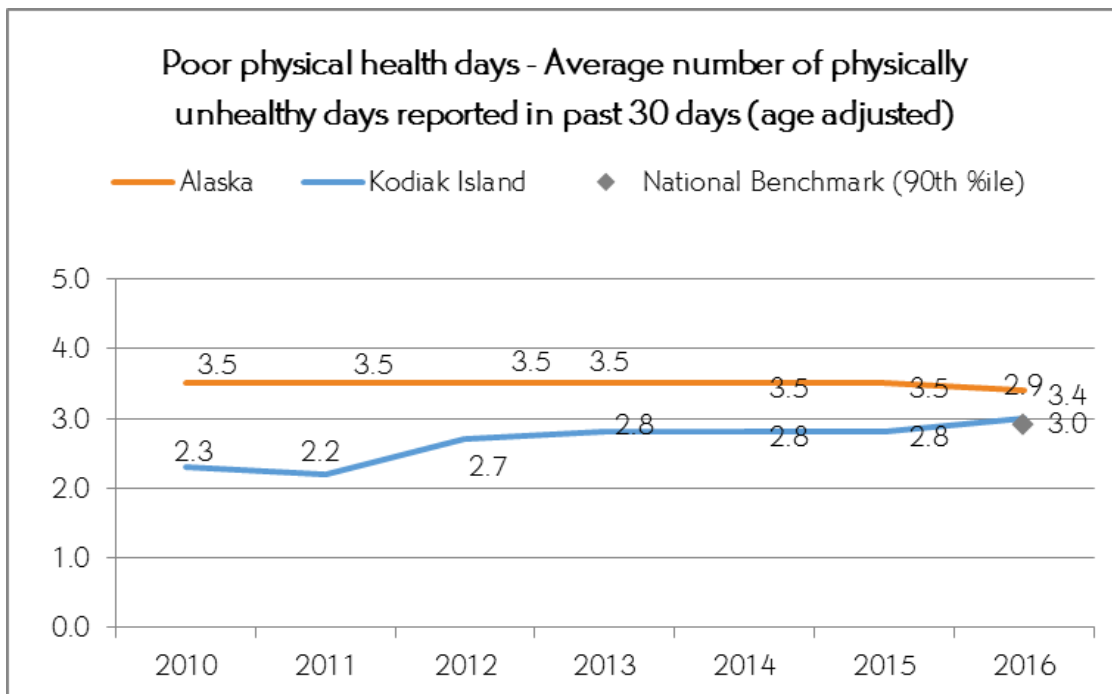
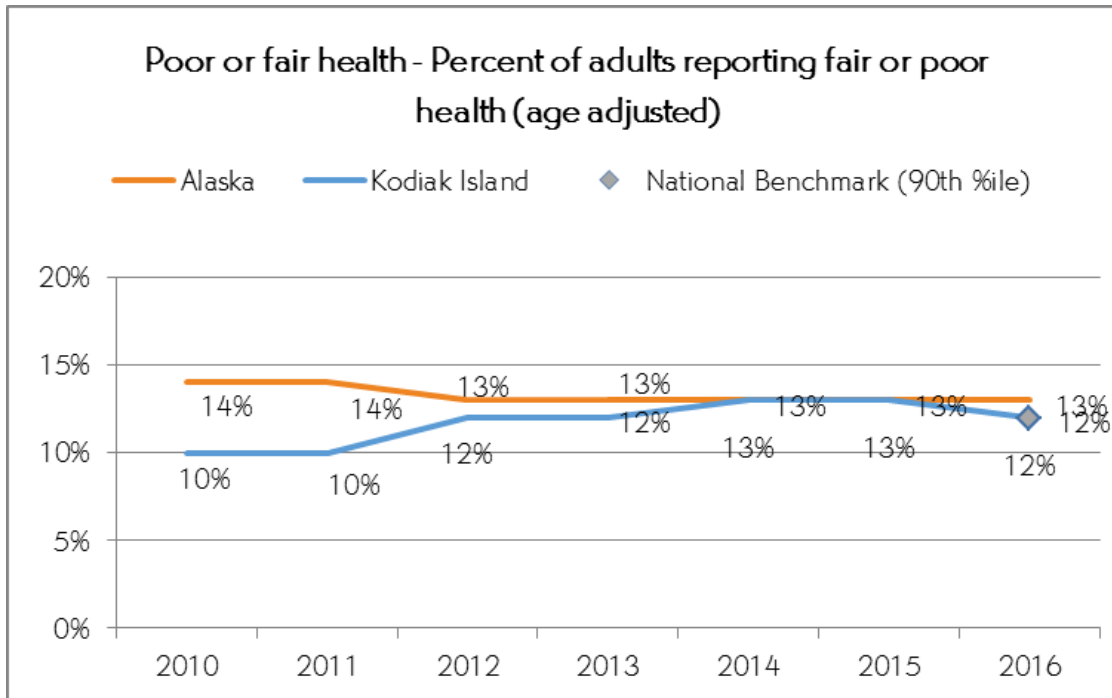
Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act is to lower the rate of uninsured persons and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in the Kodiak Island Borough is 27 percent, which is higher than Alaska, and more than double the national benchmark. The uninsured rate based reported by respondents on the community survey was right in line with the County Health Rankings at 28 percent.



Source: County Health Rankings, 2016

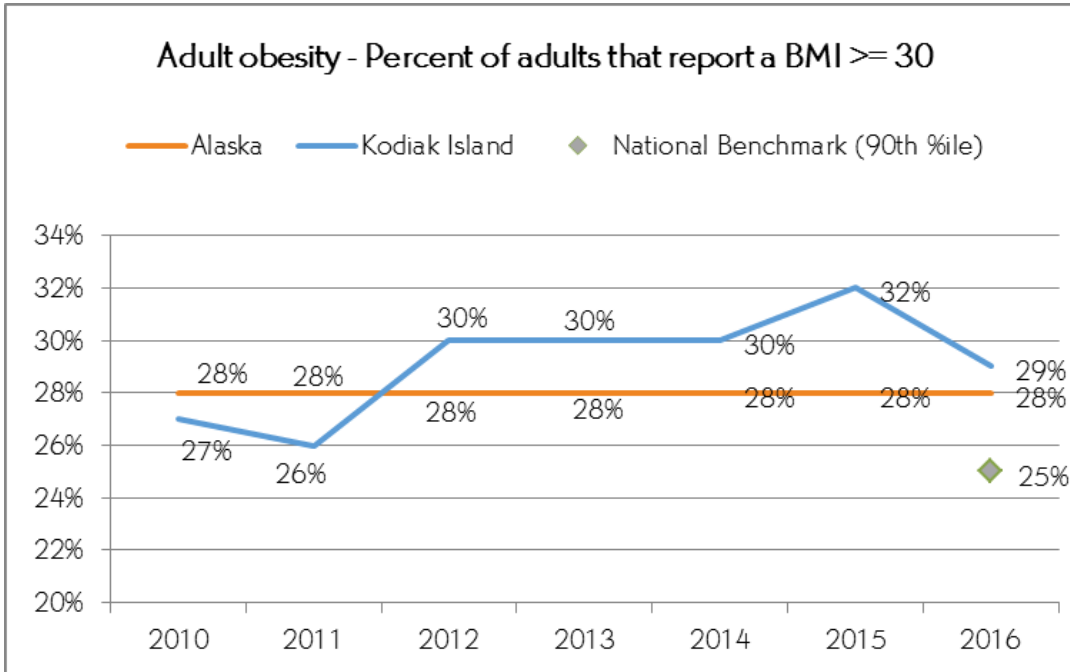
General population health

One measure of health among the community included in the County Health Rankings nationwide study is reported general well-being. Reported “poor or fair health” in the Kodiak Island Borough was slightly lower than Alaska, and both are higher than the nation. This indicates that the population in the Kodiak Island Borough considers themselves to be slightly healthier in general compared to other Alaskans. A similar self-reported measure is “poor physical health days,” which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in the Kodiak Island Borough are below Alaska and slightly above the nation. This is a positive indication as people in the Kodiak Island Borough are reporting feeling better physically, compared to Alaska. This rate has risen slightly during the past three years.



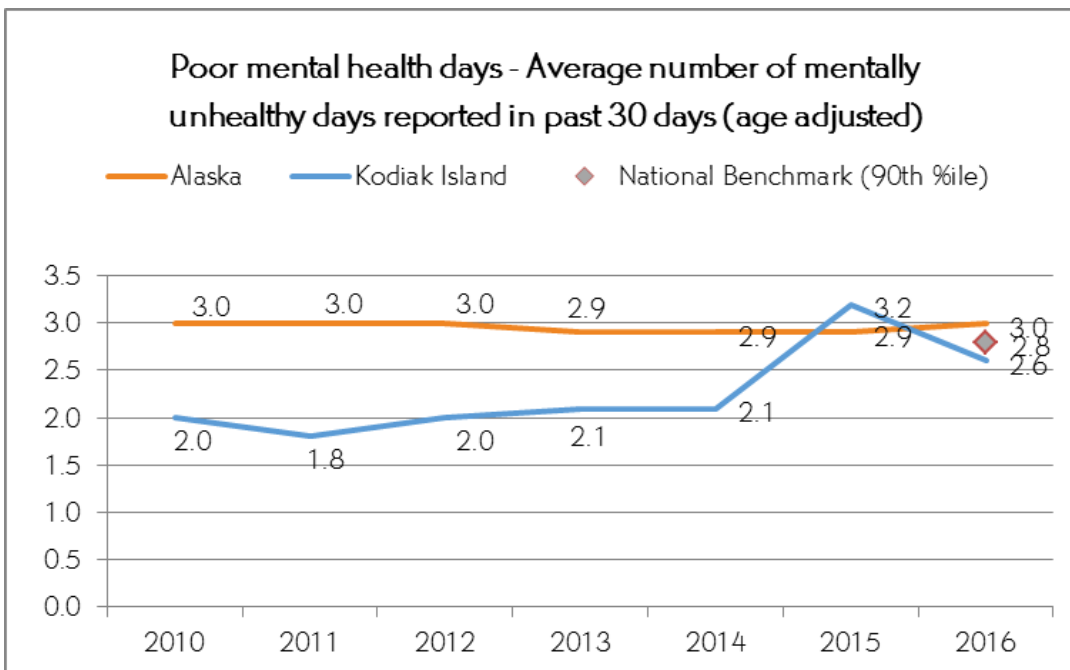
Source: County Health Rankings, 2016

A third measure of general health of the population is the percentage of adult obesity. Nationally, the 90th percentile benchmark rate has been around 25 percent of the population. In the Kodiak Island Borough, the percentage of adults who are obese has dropped in 2016 to 29 percent. The percentage is slightly higher than Alaska, where the obesity rate has remained fairly steady at 28 percent.



Source: County Health Rankings, 2016

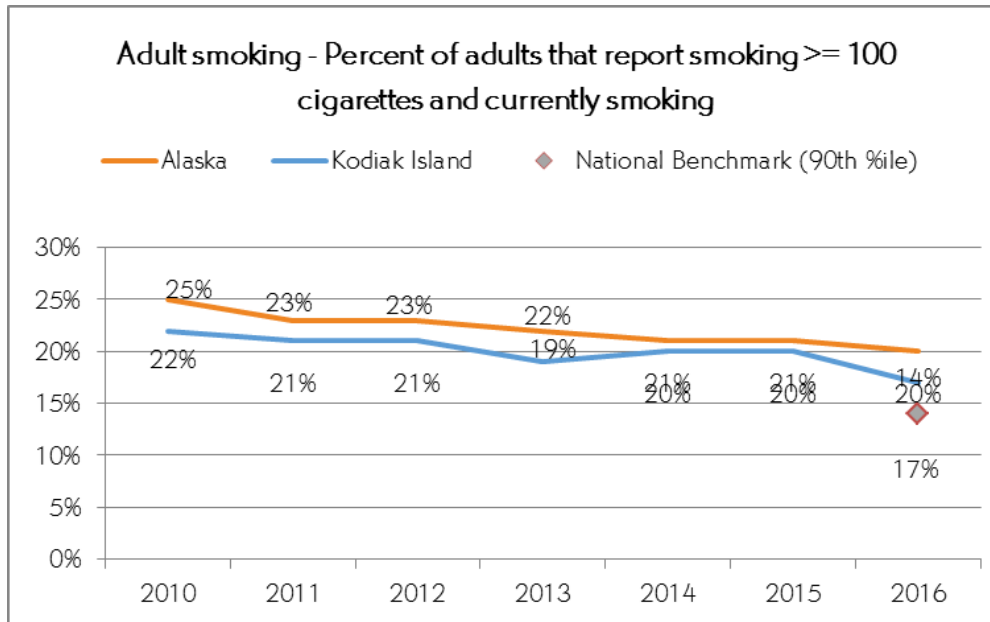
Another indicator, “poor mental health days,” refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in the Kodiak Island Borough are significantly lower than Alaska, and below the national benchmark. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.



County Health Rankings, 2016

Adult smoking

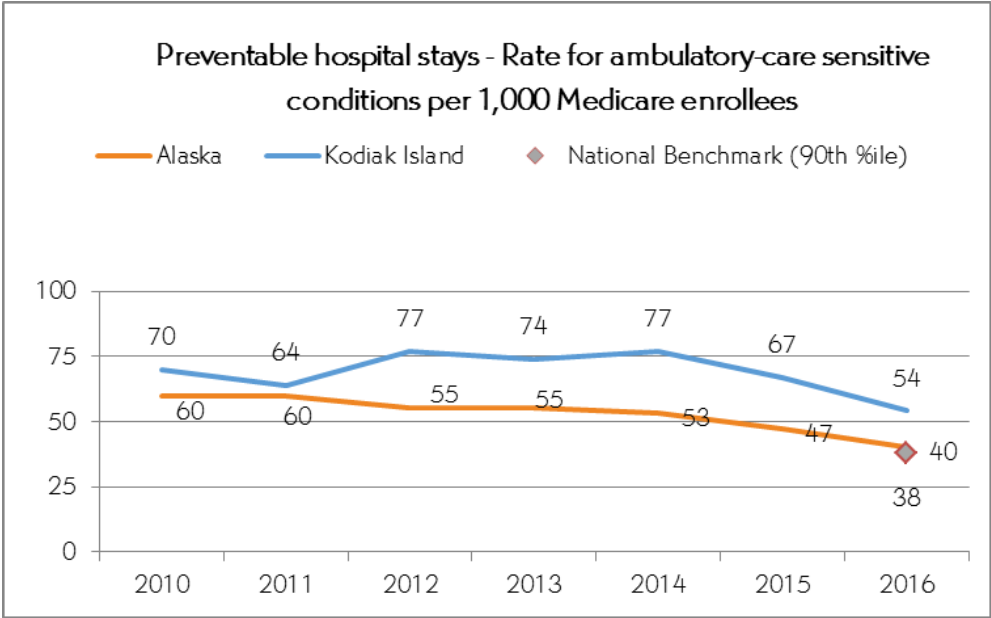
Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The percentage of adults that report smoking in the Kodiak Island Borough has declined from 22 percent in 2010 to 17 percent in 2016. These rates are consistently below Alaska, though they remain significantly above the national benchmark rate of 14 percent.



Source: County Health Rankings, 2016

Preventable hospital stays

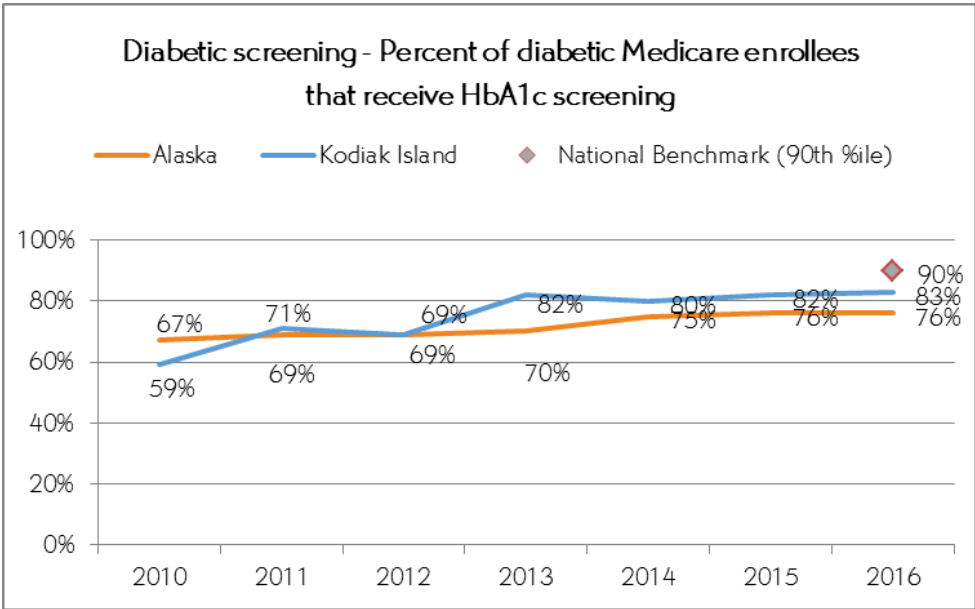
Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates for the Kodiak Island Borough have varied over the past four years, to 54 per 1,000 Medicare enrollees in 2016. The rate has been consistently higher than the rate for Alaska, and significantly above the national benchmark of 38 per 1,000 Medicare enrollees.



Source: County Health Rankings, 2016

Screening

Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues affecting our society today, was analyzed. Diabetes screening rates in the Kodiak Island Borough have risen consistently over the past four years from 59 percent to 83 percent, which surpasses the Alaska rate of 76 percent. The national benchmark rate for diabetic screening is 90 percent.

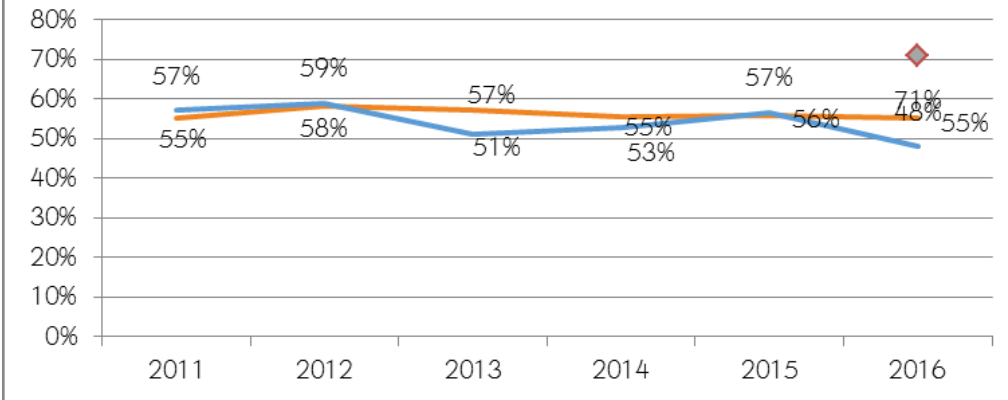


Source: County Health Rankings, 2016

Mammography screening rates in the Kodiak Island Borough have dropped from 57 percent in 2011 down to 48 percent in 2016, which is below the Alaska rate of 55 percent and significantly below the national benchmark rate of 71 percent.

Mammography screening - Percent of female Medicare enrollees that receive mammography screening

— Alaska — Kodiak Island ◆ National Benchmark (90th %ile)



Source: County Health Rankings, 2016

Appendix 3

Kodiak stakeholder interview results

1. Alaska State Troopers, Eric Olsen
2. City of Kodiak, Rhonda Wallace
3. FIL-AM Association and Providence Kodiak Island Counseling Center, Mary Guilas Hawver
4. Hispanic Latino, Cece Esparza - (ALMA, Latin Community)
5. KAMP - Kodiak Area Mentor Program, Theresa Slaughter
6. KANA - Kodiak Area Native Association, Cindy Baldwin
7. KCHC - Kodiak Community Health Center, JC Rathje
8. KIBSD - Kodiak Island Borough School District, Porfinia Lopez-Trout
9. KIMA - Kodiak Island Medical Associates, Carol Juergens, MD
10. Kodiak Island Borough, Michael Powers
11. PKIMC, Steve Smith, MD
12. PKIMC - Providence Kodiak Island Medical Center, Barbara Bigelow
13. Samoan Leader, Pisa Faumui (Samoan Community)
14. SCOK Inc. Senior Citizens of Kodiak, Pat Branson
15. State of Alaska, Public Health, Elsa DeHart

Stakeholder question #1

Do you or your organization serve or represent a particular population or constituency in the community (i.e., Alaska Native, low income, seniors, entire population, etc...)? If so, please give a brief description of the population and how you serve or represent them.

Responses:

Been in Kodiak about 10 months, CEO. I try to be as visible as possible. Working on renewing interest in getting the message to the community about Kodiak's services, resources, etc.

Chief Rhonda Wallace has been in Kodiak for 25 year. She has been with the police force for 18 years and chief for 3 years.

Cindy is new to Kodiak. Just moved there in December. She works for a Tribal health organization they also have a community health clinic that offers services to the entire community.

Elsa DeHart – Team lead with the Kodiak Public health center. They deal with public health issues such as child well visits, Immunizations, TB and other infectious disease, STD screening and family planning for teens and young adults. They serve the entire community.

Executive director of FQHC. Been here almost 4 years. Same building as Kodiak. Separate board and leadership. We see everyone, including those who are insured, both medical and dental services.

He represents the Asian and Polynesian community with physical, financial, spiritual and empowerment needs.

In addition, she is the president of an organization that represents the Filipino community. 50% of the Asian population on Kodiak is Filipino. They provide them with all kind of services from translation to health care and other things including having someone from the Filipino consulate come to the island once a year to assist them with any documentation or assistance they might need. They also advocate for them.

Organization represents the entire population.

Pat Branson is the Director if SCOK, Inc. (Senior Citizens of Kodiak). She is originally from Chicago but has lived in Kodiak for 33 years. They represent people that are 60 and over or under 60 if they have dementia or traumatic brain injuries.

Private practice. They serve everyone in the community including the Coast Guard.

Profiria works for the Kodiak Island school district and manages the entire school district.

Serve the entire population.

The organization represents individuals that have behavioral health issues and addiction problems. They provide a 24/7 emergency line with mental health. They serve Kodiak and all the surrounding villages by providing support, counseling, medication management, risk intervention, and psychiatric support.

The organization represents the Latino community especially women and children. They assist women in any aspect that can help improve their lives. They currently provide two \$500 college scholarships annually to Hispanic children. They also assist children in getting jobs.

They do not represent any specific group in the community. They work with everyone in the community.

This non-profit organization consists of 20 volunteers that assist people with addiction problems. Half the volunteers are based in jail and help individuals that have been arrested or are serving time. They also work with the local school. They provide sober housing and fill in the gaps in the community where help is needed. They bridge the gap between people needing help and the organizations that already exist in the community based on their needs.

Stakeholder question #2

Based on your experience, what are the three most significant health care needs in your community?

Responses:

Access to care especially for new immigrants. They don't qualify for services for 5 years (such as Medicaid). They earn min. wage and they can't afford Obamacare. None of the canneries offer health insurance. Even with a sliding scale, it's very difficult.

Affordable care. Even though there are two community health clinics and both offer and both offer a sliding fee schedule, most people that do not have insurance cannot afford them. There is a need for more providers; it's very difficult to schedule an appointment with a provider. Lower RX costs. And more assistance for seniors since more and more are moving to Kodiak

An IP addiction treatment center. With that, there is a need to help with physicals for people to get treatment, assistance with childcare so they can get help and a way to help people that don't fit into a specific group where an organization is available to assist them with their needs.

Behavioral Health. There is no inpatient facility they end up treating when there is a crisis.

Drugs and Alcohol. Main drugs are Heroin and Meth.

Drugs and alcohol. Not just illegal drugs, but opiate addiction and alcohol abuse. Services are problematic. No detox program on island. People who are ready and willing do not have access to service.

- . The opiate addiction is a function of chronic pain management, so
- . Alcohol is across all socioeconomic levels
- . Meth and heroin are among younger demographic
- . Social worker attempts to connect you with services off the island. Used to be a residential detox program on island but funding streams went away. Was also difficult to staff
 - Providence Kodiak island counseling center has outpatient programs and assessments. Kodiak area native association has extensive drug and alcohol assessment program but no detox/rehab on island.

Financial is the biggest problem. Most down have the financial means to obtain HC.

Home health needs such as nursing help. Now they have to make more house calls due to that.

Kodiak has many physicians for a rural community so access is not as much of an issue as other AK communities

- . Care for the poor and the vulnerable; those who don't always take good care of themselves
- . Mental health services – outpatient mental health. Not enough of a population for a chemical detox facility
- . Access to primary care – getting an appointment with a family practitioner can take some time; access to timely primary care

Many providers will be retiring within the coming few years so there needs to be an emphasis on recruiting new one to replace the.

Mental Health

Mental Health, Drugs, and poverty. The indigenous population is the worst off. They can't afford the cost of health care.

Obesity – A good share of the clients are obese.

Obesity – need to educate people more to prevent obesity

One of the major issues is that people don't know about our services, and what is accessible. So people forgo care. The cost of healthcare on island are high. People don't know about There have not been comprehensive efforts to get the word out. there are opportunities to

Pediatrics. She is not aware of the island have any pediatricians. All go to their GP but it would be nice to have one person that specializes in peds. Also, Pediatric dentistry.

People often have to be referred off island for services; cost of flights and accommodations is often a barrier; if people do not qualify for Medicaid

- . Medicaid does offer travel budget, but typically only patient

. Hospital does have visiting specialists, but only once/twice per month

Specialty care, mental health and addiction prevention and treatment, and health care for the homeless community.

Specialty services – Cardiac

Substance Abuse

Substance abuse – Drugs and alcohol – need to offer preventive care and educate the community about what they cause

Substance abuse options and affordable access to HC.

The most significant one is an IP drug treatment facility. Meth and Heroin addiction is very high and it would be great to have on in Kodiak where people can have a support system around them as opposed to going to the lower 48 for treatment where it's very costly and they lack that support system.

There are so many clinics in the community and communication between the clinics needs to improve.

There is a need for specialized services that are not offered on the island such as a dialysis center (hemodialysis). Have more education regarding wellness and more preventive care. More and more people are being diagnosed with diabetes due to diet. Find a way to recruit more providers, especially specialists and subspecialists.

Stakeholder question #3

What are the main barriers to obtaining health care in the community or taking care of significant health needs? How can those barriers be addressed?

Responses:

Cost – they have great clinics but even with a sliding scale, they are very expensive.

Cost of HC – They don't have the funds or means to get health care and mental care.

Difficulty in navigating the system and what is offered.

Expense. The native population is referred off island due to insurance coverage. Not having some specialties such as Cardiology and neurology.

Financial

Financial barriers – not only do they not have health insurance or the funds to pay for care but most work for companies that don't offer any time off or paid leave so they can actually go see a provider.

Financial is the biggest barrier.

. Patients either make too much money

HC cost – both getting health insurance and out of pocket

Homelessness – The winters have been milder than normal the last few years that might be the cause for the increase in homelessness. The police department is unable to help then unless it's under Title 47 (protective custody) for mental, drug or alcohol related problems. They will utilize them if they have to.

If you need to see a specialist or you have a major health issue or injury you have to get off the island. In addition, there are specialists that come to the island but it's only on select days and sometimes you just can't wait three to six months to see a specialist.

In addition, people don't know what is offered or how to get it. They don't even know what is offered by other clinics in Kodiak as far as services. She would like to see some resource book that tells the community what is offered and where to make things easier. She mentioned that people use social media to post questions asking where to get a specific type of service.

Lack of understanding in the system and how it works. They don't understand that there are steps that have to take place to get assistance.

Language – English is not primary language so understanding and navigating the healthcare system is a challenge

Long wait times to get an appointment at Kodiak Island Medical Associates

Not knowing what is available or how to access it. In addition, the person needing help has to be ready to accept the help and that is something they need to do but there needs to be a support system. Having an IP facility can alleviate many of the problems. It's hard and expensive to leave the island for treatment.

Outstanding bill issues – if they have an outstanding balance they cannot be seen.

Pt.'s don't have family support to help keep them on track.

Services that are only intermittently available or not available on the island.

. Recruiting providers to Kodiak island is challenging; providers have to deliver babies and provide hospitalist coverage/call coverage; spouse must be on board as well

- Practice model makes it difficult to recruit

Social determinants of health – people are reluctant to seek needed preventative care, mainly due to cost of clinics

Some language barriers.

Some transportation barriers.

The cost is the biggest problem. Canneries do not offer health insurance and workers cannot afford health care; some can go several months without being paid. Often it is cheaper for them to fly to a different county to get help than stay on the island to get it. Language and lack of knowledge of the health care system is another major problem. A way to help people that do not fit into a group such as natives. They are currently running radio ads to make let people know who they are and how they can

help.

the cost is too high. Cannery workers do not have insurance and when they need to see a provider, they can't afford it. There is also a language barrier, there are so many immigrants in Kodiak, and a lot don't speak English. In addition, they don't know how to navigate the HC system in the US. Providence just hired two additional receptionists to assist with the language; one is fluent in Spanish and the other in Tagalog (Filipino). Other than that, not aware of anyone working on addressing the barriers.

The HC system is very hard to navigate for someone that grew up in the US. There is a large population of immigrants that find it near impossible to navigate due to language and cost. They can't afford HC and if they did they have language barriers and they don't know how to go about getting the help they need. It would be great to have a HC advocate that they can go to that can assist them with the language and steer them in the right direction. There is also a lot of addiction problems in the community and there is a need for an IP treatment facility. If they want to get help they have to travel to Anchorage and it is very costly and they will not be able to have a support system while they are gone.

The Homeless Coalition is trying to figure out a solution by either having affordable housing or having a homeless shelter open a few days a week.

The weather – getting off the island to get treatment can be very difficult at times.

There are quite a few cultural barriers for some groups such as cannery workers; they are not familiar with the HC system in the US since quite a few are first generation. They do not understand things such as preventive screening or preventive care. In addition, the cost, even with Obamacare they still cannot afford the cost or the high deductible. Community Health centers should have an outreach program but not familiar with what is being done to address the issues.

Transportation is another problem. They have two clinics that are within a mile of each other but for people that live farther away; they have no way of getting in town to the clinics.

Unable to get medivac off the island due to bad weather.

Stakeholder question #4

Have you or anyone you know had to leave Kodiak to receive needed health care services? If so, what was it for what? (If provider: Have you referred any of your patients to locations outside of Kodiak? If so, for what?)

Responses:

A family member had to go of island to get dialysis. Other needs are cardiology, pediatric dentistry, podiatry. Amputees are another group that cannot get help on the island with prosthetics.

Addiction – There are some OP services for addiction but no IP or detox programs. The only way they are admitted is if there is an emergency and they are having seizures, etc.

Cardiac, joint replacements,

Cardiology and Orthopedic surgery (joint replacement)

Cardiology, Neurology, Gastro and some Ortho because they not equipped for some of the procedures.

From personal experience had to have a routine root canal that was not done properly. Ended up with an infection and blood poisoning and had to go to Anchorage and see an oral surgeon for treatment. It was very costly since there is a cap on insurance. There is also a need for a cardiologist.

He has heard of it but does not know anyone.

He has known several people that had to leave for addition IP treatment, pregnancy complications, newborn complications, and eye surgery.

Her son had to be airlifted to Anchorage when he was playing football. He had a neck injury during a game and had to be airlifted. Her daughter in law for ectopic pregnancy. Her grandson for a circumcision that was not done properly. In addition, laparoscopies are not offered on the island. It is very hard on them emotionally and financially to have to go to Anchorage for these things.

IP long-term case is not offered on the island especially for addiction. Some people had to move away not only to obtain HC but also to get away from the toxic environment (Drugs and Alcohol).

Mental health – there is only one psychiatrist on the island

Not personally but knows someone that had to leave the island for Pediatric dentistry.

Not within the last year. The ones that she knew prior were due to cancer treatment that is not offered in Kodiak. Most cannot afford to leave.

People who leave the island for care are expanded orthopedic surgeries, as well as accident/trauma. We don't do joint replacements

Provider has had to refer patients to Anchorage for things that are not offered in Kodiak such as behavioral health, cardiology, neurology, rheumatology, infectious disease. There is a need for a microbiology lab to assist in providing better diagnosis when needed. In addition, if someone needs to be in intensive care for more than one day they have to go off island.

Serious eye injury, had to see ophthalmologist in anchorage, and Seattle. If there were an ophthalmologist on island services may not have been needed

She had to leave herself to get services not offered there (Laparoscopy)

Their clinic works with ANMC and refers their patient there for services. If ANMC is unable to provide services then they are referred to Anchorage. It is cheaper to fly to Anchorage and get help there than it is to stay in a hospital in Kodiak. They refer to Anchorage for a wide variety of services not just one or two.

Stakeholder question #5

What groups or vulnerable populations in your community are underserved regarding their health care needs? What is the nature of their need(s)? What are the major obstacles to reaching and serving these groups? What individuals or organizations currently serve these populations?

Responses:

Cannery workers – they are not offered Insurance and they can't afford HC

Cannery workers – work long hours, don't have time to seek care or insurance

Cannery workers. They cannot afford healthcare and there are many barriers such as language, the way the health care system works in the US, what is available to them, and how to go about accessing it. Not sure who is currently working on assisting them with their needs.

Financial difficulties are another issue for them. Income is not consistent. They can get paid for two months and then not getting paid for another two months.

Fishermen workers / deckhands

- We mostly see crisis care for these types of people: people will get teeth pulled rather than treat the tooth due to time constraints

Homeless. He said most know how to get help but are not willing to.

Indigenous population – lots of homelessness, they can't afford HC and there is no IP treatment for addiction.

Migrant workers are the ones that need the most help. KANA started a community outreach program where they will set up tents in remote areas and see patients that way. They have done this twice and the third one is being planned. They don't have the financial means to get help especially for preventive and routine visits. They don't know what is available or that they clinic offers a sliding fee schedule.

Minority population such as transient, cannery workers, Filipino, and Hispanic population. They are the ones that use the ER as opposed to going to the clinic. Main barriers are the cost (getting health insurance and the out of pocket). The community health clinic has an outreach program but there are a lot of cultural, time and cost barriers. The cannery workers work 12-16 hours a day. Some of the cannery workers are in their 70's. The cultural barrier is a huge one. Some of the Filipino population find it easier to send their elders back to the Philippines to get treatment than getting it in Kodiak due to the cost and the support system that they have back there,

N/A

New immigrants – the island does not even offer sports physicals.

None to speak of. Two FQHCs, coast guard clinic; individuals with High deductible health plans are reluctant to utilize care

Part of the immigrations papers is a letter from their home country stating that they need to be seen for a pre-existing conditions within a week or two of arriving in the US and in actuality they end up waiting months.

Pediatrics. It would help to have a pediatrician on the island as well as a pediatric dentist. She is not aware of any orthodontists on the island either. She is not aware of any plans to bring someone in or of any organizations that are working on this.

Filipino population

The cannery workers, work very long hours some work multiple shifts in a row to make money. They don't have health insurance, most don't speak English. Even with the community health centers and the sliding fee schedule, they still cannot afford to see a provider. There are also quite a few undocumented immigrants that are afraid to see a provider for fear of getting deported. Not aware of any organization that is working with these groups.

The elderly especially the ones suffering from dementia and Alzheimer's. There is need for more in home care and senior living facilities. Not aware of any organization working with the,

The homeless population and the immigrant population. They need things as basic as preventive care but they are unable to afford health insurance and health care itself. There are also language barriers since most are first generation. They also don't know how or where to go about getting the help they need. He

heard about Father Francis but is not familiar with the process or what kind of help is offered.

The homeless population, especially the ones with addiction problems.

The Filipino community and cannery workers. There is an organization that works with them and provides them with services. They try to meet with new immigrants when they relocate to Kodiak and they have radio ads to let them know that they are there to help and the types of services they offer.

The veterans especially the ones that suffer from PTSD. They are currently partnering with the Indian health system but it's not equipped to deal with the issues they deal with.

Stakeholder question #6

What are the greatest strengths of the health care system in Kodiak?

Responses:

A dedicated and caring team of doctors, nurses, and support staff at the hospital.

A sense of community. A 16-year-old girl had an ATV accident two weeks ago and had to have her arm amputated. The community rallied around her and raised money to help with her medical bills.

Ability to work closely together.

Communication between clinics and providers. Providers are not afraid to refer someone if they are not sure how to help them.

For a community the size of Kodiak, there are many specialists available that offer a high standard of quality.

Great group of providers.

Having a great medical center and the community support.

Having a hospital on the island that offers treatment and stabilization for emergencies. Ease of medical evacuation of the island. Having a variety of specialists.

KANA facility

Kodiak is a caring community

Most HC is collaborative

Providence is a great influence on the community.

Providence is a very good hospital with great staff. They are constantly updating their equipment and keeping up to date with technology. Also for a community the size of Kodiak there are great medical services offered as opposed to a few year ago when you would have had to leave for treatment.

Providence offers this community a tremendous amount of diverse healthcare services that often are not available in a smaller rural community; providence is a very important link to good access

Specialty clinic – it seems that more and more specialists are coming in.

That Kodiak is aligned with Providence

The HC professionals are well trained and very respectful.

The hospital provides excellent care; providence being on island has made health care possible here. More services available than would be typical of a community anywhere else of this size.

The level of care and the relationships between community members

The new veteran clinic

The people are very helpful.

There is a lot of support in the community.

There is a sense of community

Stakeholder question #7

What are the greatest weaknesses of the health care system in Kodiak?

Responses:

Cost

Cost. Lack of subspecialties, more preventive care, and wellness education.

Drugs and Alcohol

If providence health system were not in the community, many people would not live in Kodiak including Pat. The borough is trying to own the hospital and if that happens it would be a bad thing since their leadership changes every 3 years. The government needs to stay out of the HC industry. Alaska has the fastest growing senior population (10% increase annually). There are two community health clinics one should not have happened. They received funds from the government that allowed it to happen. There are retiring providers in Kodiak and it is very difficult to get new providers to move there and replace them. There is not a lot of collaboration between the clinics and providers.

IP mental and addiction treatment center. Quite a few providers on the island don not accept insurance for people living on the island. Lack of specialties such as certain cancers and neonatal care.

IP services

Lack of access to specialists such as cardiology and neurology.

Lack of communication. There could be better communication between clinics and clinics and pharmacies.

Lack of mental health and addiction treatment options.

Lack of pediatricians

Lack of some specialties such as podiatry or certain procedures such as laparoscopy.

Not enough specialist and the type of specialists and the lack of an IP drug treatment center.

Not knowing what services are available in the community

Only two optometrists on the island and they are not covered by insurance – they have to go off island to see one that is covered by insurance

Primary care and physician ER and hospital call coverage burden; no shared call schedule due to separate clinics

The cost of Insurance and HC

The process to get help is very slow. He understands that there are steps that have to take place in order for people to get help but it is a very slow process and people don't understand that.

There is a lack of communication between providers and clinics. You have to go to a different provider for different problems. If you are not familiar with the system, you would not know who to go to or the fact that you need to do something such as scheduling an appointment with someone. They clinics are not helping the patients with these and some fall through the cracks.

There is a need for specialists such as podiatry, urology, and OBGYN. It is very difficult to recruit providers to move to Kodiak. There needs to be more education to let people know what is offered and how to go about receiving assistance.

There is no preventive action being taken for substance abuse

We all teeter on disaster from a staffing perspective; both providers and credentialed staff; turnover of staff is constant; cyclical turnover due to nature of air force job rotations

Stakeholder question #8

What could be done to improve the health care system in Kodiak?

Responses:

Baby boomers are getting older and there are no assisted living or long terms living care centers in Kodiak or they are fully booked. If there is need, a family has to send their loved ones off the island

Better follow through by the clinics and providers. In addition, to find a way to prevent addiction and a way to build a treatment center for addiction.

Big pocket book!

expanding elderly care services is a need

Expanding the orthopedic surgery opportunities to the community in Kodiak

Getting better collaboration between the clinics and hospital in Kodiak. you operate with different systems and you have no way of accessing information.

Have more specialists available. Provide home health care and senior assistance.

Have more specialists, provide better education for wellness, and spend more effort on preventive care. In addition, there needs to be a way to let the community know that there is mental and addiction help on the island. Just because they don't have an IP treatment center, there are services offered to help people with mental health issues and addiction problems.

Have some sort of Community health advocate that can help people and send them in the right direction

Having a pediatrician on the island

Having a resource book to educate the community on what is available

Having mid-levels that can provide basic services. She worked at a place that offered mid-levels that provided basic services for \$10/visit that was much cheaper and simpler.

Having specialists come more often, that way you don't have to wait three to six months or have to go off island to see one.

If three clinics could come together and combine forces; funding streams of three clinics are so different, that it makes it difficult to reach economies of scale

Insurance – sometimes insurance does not cover providers on the island not to mention the cost and rise in deductible.

IP services

IP treatment center. More resources for preventive and wellness. Healthy food costs a lot of money and most are unable to grow fresh vegetables and then preserve them so they turn to unhealthy food options. It would help to figure out a way to do this at a lower rate.

Mental health

Money is a very big factor

More funding and housing to be able to bring in more providers.

Need some sort of substance abuse help starting with preventive help.

Provide more services for the homeless population.

Providence –run primary care clinic would be beneficial to this community

The community leaders need to step in at times and offer to help and push things through. If they know someone needs help and they are doing the proper steps to get it but it's taking too long then it would be very helpful if they can step in and offer help immediately.

The health care system is very good in Kodiak and cannot think of anything to improve.

There is a huge substance abuse problem in the community (both alcohol and drugs) that is not being addressed that is causing both social and criminal issues. There need to be a way to address this problem on the island.

There is a need for home-based (palliative)care for those who are recovering from surgery or in need of hospice

A lot of people who are engaged and interested in finding solutions to these problems;

Appendix 4

Partners in the 2016 Kodiak Community Health Needs Assessment

Partners in the 2016 Kodiak Community Health Needs Assessment

The Kodiak CHNA Advisory Group was formed to guide the CHNA process. The advisory group was composed of Kodiak community experts and representatives who are noted by asterisk in the list above. These partners were invited to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community. Together, the partners brought in the public health perspective and the interests of members of medically underserved, low-income, and minority populations. These members were key to ensure the assessment reached out to the entire Kodiak community.

Kodiak Area Native Association

Cindy Baldwin, clinic operations director

The Kodiak Area Native Association provides health, dental, and social services for the Alaskan Natives of the Koniag region. Services provided by KANA include Ambulatory Medical Care and Dental Care, Pharmacy, Contract Health, Community Health Aide Program, Substance Abuse Prevention, Intervention/Outreach, Social Services, non-clinical community Mental Health, and Youth Prevention Projects. The KANA Dental Clinic provides a full range of dental and oral health services. Cindy has worked in administrative leadership roles within the SE Alaska tribal health organization for over 26 years in different capacities: facilities, community health, behavioral health and rural primary care. Cindy has also worked in health promotion, managed a diabetes grant, and assisted health educators in health promotion and diabetes screenings in the villages of SE Alaska.

Providence Kodiak Island Medical Center

Barbara Bigellow, CEO, Providence Kodiak Island Medical Center

PKIMC provides comprehensive health care to residents and visitors of Kodiak Island. As a critical access hospital, PKIMC features 25 acute care beds, including four birthing suites, two psychiatric care beds, and two ICU beds. In addition PKIMC's extended care facility has 19 long-term care beds.

Barbara has been employed with Providence Health & Services Alaska for over three years and moved to Kodiak in August of 2015. Barb services on the Boards of the Kodiak Community Health Center as well as Hospice and Palliative Care of Kodiak. Current civic organizations include Rotary. Both personally and professionally, Barb is a member of the Kodiak Arts Council and the Baranov Museum. Barb and husband Richard Smith have chosen to make Kodiak home and enjoy the many outdoor aspects of living on the Emerald Isle. Barb says her passion is healthcare and she is very proud of the caregivers and providers of Providence Kodiak Island Medical Center.

Senior Citizens of Kodiak, City of Kodiak, PKIMC Community Advisory Board

Pat Branson, executive director, Senior Citizens of Kodiak

- **Mayor**, City of Kodiak
- **Chair**, Providence Kodiak Island Medical Center - Community Advisory Board
- **Member**, Providence Health and Services Alaska - Community Ministry Board

Senior Citizens of Kodiak, Inc., (SCOK) was incorporated in 1973. This mission is to provide support services for those people 60 and older on Kodiak Island so they might live longer, with independence, honor, and dignity. Senior Citizens of Kodiak was the first and only senior center

in Alaska to be nationally accredited through the National Council on Aging 3 times; providing support for those people 60 and older by offering congregate and home delivered meals, transportation through KATS; Island Cove Adult day program; family caregiver support; senior in home; lifeline; information & referrals, and outreach.

Pat is a 34 year resident of Kodiak. She has also served on the Kodiak Island Borough assembly, the Alaska Marine Highway Transportation Advisory Board, Alaska Municipal League, the Alaska Commission on Aging and was awarded The Founders Award from the National Council on Aging and the Vic Fisher Local Government Leadership Award

State of Alaska DHSS, Division of Public Health

Elsa DeHart, RN, director, Kodiak Public Health Center

Kodiak Public Health Center provides public health nursing services to the Island of Kodiak including well child exams, immunizations, infectious and communicable disease investigation, Tuberculosis assessments - treatment-follow up, teen and young adult family planning.

Elsa is a 25 year resident of Kodiak. Her other community involvement includes, Public Health Nurse, President of the Board of Directors and Sexual Assault Nurse Examiner - Kodiak Women's Resource and Crisis Center and Deacon of the St. James the Fisherman Episcopal Church, Sexual Assault Response Team nurse examiner, Kodiak Alliance for Children's Child Advocacy Center, Kodiak Coordinated Community Response to Domestic Violence/Sexual Assault Team, Providence Kodiak Island Medical Center's Hospital Auxiliary, Bear Paw Quilt Guild (Guild provides quilts to community members who have suffered loss or illness and participate in Quilts of Valor for veterans) and Kodiak Healthy Tomorrows.

Elsa has Baccalaureate and Masters' Degrees in Nursing and expects to graduate with Doctorate in Nursing Practice, Family practice this fall from UMass Amherst. She has advanced certification as Family Nurse Practitioner - American Nurses Credentialing Center, advanced certification as Advanced Public Health Nurse - American Nurses Credentialing Center. Elsa also received the Alaska Public Health Association's Health Equity Award in 2016 for work with Domestic Violence in Kodiak and the State.

Filipino-American Association of Kodiak, Providence Kodiak Island Counselling Center

Mary Guilas Hawver

- **President**, Filipino American Association
- **Director**, Providence Kodiak Island Counselling Center

The Filipino American Association of Kodiak (Fil-Am) is a non-profit cultural organization designed to provide assistance and advocacy to the Filipino American community of Kodiak. Their mission is to break down cultural barriers and foster positive change towards mainstream integration for the betterment of future generations.

PKICC offers counseling for all age groups, family and couples' therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment.

Mary is a 30 year resident of Kodiak. She is also a member of the PKIMC Community Advisory Board, Healthy Tomorrows, Fil-Am Association, Kodiak Filipino Women's Council, Kodiak Women's Resource and Crisis Center Intercultural Task force, Kodiak Island School District Strategic Planning effort, Baranov Museum Acquisition, International Scholar, American Psychological Association, and National Association of Social Workers. Mary also developed and pioneered the Kodiak Filipino Women's Council, a non-profit organization that advocates for

women who are victims of domestic violence.

Kodiak Island Medical Associates

Carol Juergens, M.D., co-owner

Carol has lived in Kodiak for over 35 years. She is a physician in private practice and board-certified in internal medicine. She is a practicing physician and co-owner of Kodiak Island Medical Associates (KIMA). KIMA is a full-service family practice clinic that includes coverage of the hospital's emergency room.

Carol is a member of the PKIMC hospital community advisory board, former Kodiak Community Health Center Board member and long-time volunteer in the in the Kodiak Island Schools. She has a Bachelor's in Science from Stanford University and an MD from the Mayo Medical School. She is also a Fellow of the American College of Physicians.

Healthy Tomorrows Kodiak

Merissa Koller, Community Wellness Program coordinator

Healthy Tomorrows is a coalition of Kodiak organizations, individuals, government agencies and private businesses that are invested in fostering a community where all people are emotionally and physically healthy. Healthy Tomorrows Kodiak was formed in the summer of 2008 after a Community Health Needs Assessment was conducted for PKIMC. The results of the assessment prompted a gathering of community members to discuss ways address needs identified in the assessment.

Merissa has 6 years of local non-profit experience and community outreach including event organizing, fundraising and volunteering and is the President of the Kodiak Harvest Food Cooperative. She is also an active volunteer for Kodiak High School Volleyball and the Kodiak Island Volleyball Club.

Kodiak Community Health Center

Judy Christine (JC) Rathje, executive director

As a National Health Service Corps site, the Kodiak Community Health Center promises to: serve all patients, without discrimination, accept insurance, and offer discounted fees for patients who qualify. Its mission is to provide high quality, accessible, and sustainable primary and preventive health and dental services to everyone in the Kodiak Island Borough.

JC has lived in Kodiak 7 years. She is a Registered Nurse, has an MBA in Personnel Management and a Masters in Applied Psychology. JC has more than 40 years of experience in a myriad of health care settings throughout the United States, more than 9 of those years in the state of Alaska. JC is an ex officio member of the PKIMC Hospital Community Advisory Board, and is on the board of directors of the Alaska Primary Care Association, Kodiak Healthy Tomorrows and the Northwest Regional Primary Care Association.

Kodiak Island Borough

Dan Rohrer, assemblyman and small business owner (Subway)

Kodiak Island Borough was created as a regional government to serve the public by financing and administering the primary functions of Education, Assessment and Collection of Taxes, Land Use through Planning and Zoning, Mental and Physical Health, and General Administration. Other services include Solid Waste Collection and Disposal, Parks and Recreation, Economic Development, and Animal Control.

Dan is a 43 year resident of Kodiak, born and raised. He a member of the PKIMC Hospital Community Advisory Board and volunteers for the Kodiak Christian School, Kodiak Bible Chapel, and Kodiak Scholarship Foundation. He has a Bachelor's degree in Business Administration Finance and Political Economics from Hillsdale College.

City of Kodiak Police Department

Rhonda Wallace, chief of police, City of Kodiak

The primary mission of the Kodiak Police Department is to coordinate and lead efforts within the community to preserve the public peace, protect the rights of persons and property, prevent crime, and generally provide assistance to persons in urgent situations.

Rhonda has lived in Kodiak for 24 years. She is a board member of the Alaska Police Standards Council and the Alaska Association of Chiefs of Police. She studied Criminal Justice at both University of Alaska and the University of Virginia and is a graduate of the FBI National Academy

Appendix 5

Kodiak Community Health Resource List

Kodiak community health resource list

Kodiak's primary health care needs are currently served by Providence Kodiak Island Medical Center, Kodiak Area Native Association Clinic, U.S. Coast Guard Integrated Support Center/Rockmore-King Medical Clinic, and several private medical and mental health providers.

Providence Kodiak Island Medical Center

1915 East Rezanof Drive, Kodiak, AK 99615
486-3281

PKIMC is owned by the Kodiak Island Borough with operational management by Providence Health & Services Alaska. It is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. Inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, palliative care and diagnostic imaging services. The outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose, and throat specialists. The Care Center, PKIMC's extended care facility, has 19 long-term care beds.

Kodiak Community Health Center

1911 Rezanof Drive, Kodiak, AK 99615
481-5000

As a National Health Service Corps site, the Kodiak Community Health Center promises to: serve all patients, without discrimination, accept insurance, and offer discounted fees for patients who qualify. Its mission is to provide high quality, accessible, and sustainable primary and preventive health and dental services to everyone in the Kodiak Island Borough.

Kodiak Island Medical Associates

1818 East Rezanof Drive, Kodiak, AK 99615
486-6065

Kodiak Island Medical Associates is a primary clinic consisting of four family practitioners, two internists, and one physician assistant. It is a full service family practice clinic that includes coverage of the hospital's emergency room.

Providence Kodiak Island Counseling Center

717 East Rezanof Drive, Kodiak, AK 99615
481-2400

PKICC offers counseling for all age groups, family and couples' therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment.

Kodiak Area Native Association

3449 East Rezanof, Kodiak, AK 99615
486-9800

KANA Mill Bay Health Center

2414 Mill Bay Rd
907-486-7300

The Kodiak Area Native Association provides health, dental and social services for the Alaska Natives of the Koniag region. Services provided by KANA include an Ambulatory Medical Care and Dental Care, Pharmacy, Contract Health, Community Health Aide Program, Substance Abuse Prevention, Intervention/Outreach, Social Services, non-clinical community Mental Health and Youth Prevention Projects.

The KANA Dental Clinic provides a full range of Dental and oral health services. Providers travel to each of Kodiak Island's communities twice annually to provide dental, oral hygiene and preventative services.

U.S. Coast Guard Rockmore-King Medical Clinic

46 5th Street, Kodiak AK 99619
487-5757

The U.S. Coast Guard Rockmore-King Medical Clinic, located on base, provides outpatient and dental care services to active duty personnel and outpatient medical care to family members on a space available basis.

State of Alaska Kodiak Public Health

316 Mission Road Ste 215, Kodiak, AK 99615
486-3319

Public health registered nurses serve the entire Kodiak Island Borough. Their primary areas of focus are traditional public health activities, medical education, well baby and child examinations (primarily one month to five years old), screening examinations of children, immunizations for children and adult, and control of infectious disease.

Independent medical providers

- Kodiak Ambulatory Clinic
202 Center Street Ste. 102, Kodiak, AK 99615
486-6188
- North Pacific Medical Center
104 Center Street, Kodiak, AK 99615
486-4183

Independent dental providers

- Alaska Smile Center
411 East Rezanof Drive, Kodiak, AK 99615
486-3475
- Jim Arneson, DDS
506 Marine Way West, Kodiak, AK 99615
486-3269
- Brett Bass, DDS
1317 Mill Bay Road, Kodiak, AK 99615
486-3291
- Robert Hillis, DDS
413 East Rezanof Drive, Kodiak, AK 99615
486-4094
- Gentle Dentistry
204 East Rezanof Drive Ste 201, Kodiak, AK 99615

- 481-3567
- Kodiak Community Health Center
1911 Rezanof Drive, Kodiak, AK 99615
481-5000

Independent vision providers

- Kodiak Vision Clinic
214 East Rezanof Drive, Kodiak, AK 99615
486-6177
- Eye Care Excellence
3450 East Rezanof Drive, Kodiak, AK 99615
486-5504

Other health resources

- Arctic Physical Therapy Services
813 Lower Mill Bay Road, Kodiak, AK 99615
486-4499
- Creighton Chiropractic Clinic
814 East Rezanof Drive, Kodiak, AK 99615
487-9798
- Family Chiropractic Center
2414 Mill Bay Road #1, Kodiak, AK 99615
486-4042
- Hospice of Kodiak
PO Box 8682, Kodiak, AK 99615
204 Rezanof Drive, Kodiak, AK 99615
481-2450
- Kodiak Child Advocacy Center
907-486-1378
- Kodiak Crisis Pregnancy Center
311 Center Ave, Suite 211, Kodiak, AK 99615
907-539-2229, borghy@kodiakag.org
- Kodiak Kindness
Lactation consultations, infant assistance
907-539-2660
- Brother Francis Shelter
PO Box 670
410 Thorsheim St, Kodiak AK 99615
907-486-5610
- Kodiak Women's Resource and Crisis Center
PO Box 2122
422 Hillside Dr, Kodiak AK 99615
907-486-6171

Appendix 6

Kodiak Community Health Improvement Plan

Community Health Improvement Plan 2017-2019

Providence Kodiak Island Medical Center
Kodiak, Alaska

Table of contents

Kodiak Community Health Improvement Plan 2017-2019

Executive summary.....	page 4
Introduction.....	page 6
Purpose of this plan.....	page 8
Community profile	page 9
Summary prioritized needs.....	page 11
Priority health needs action plans	
• Behavioral health.....	page 12
• Socio-economic determinants of health.....	page 16
Healthier Communities Together	page 19
Plan approval	page 23

Providence Kodiak Island Medical Center
1915 Rezanof Drive
Kodiak Island, AK 99615

Executive summary

Providence conducts Community Health Needs Assessments (CHNA) in the communities it serves at least once every three years in order to better understand the health related needs in the community. The results of the CHNA are then used to guide Providence's efforts to better address the health related needs of the community.

In early 2016 Providence Kodiak Island Medical Center (PKIMC) initiated a CHNA and formed a community CHNA Advisory Group. The group was composed of Kodiak community experts and representatives from State of Alaska Division of Public Health, Kodiak Area Native Association, Filipino American Association of Kodiak, Kodiak Island Medical Associates, Kodiak Community Health Center, Kodiak Island Borough, City of Kodiak, Senior Citizens of Kodiak and Providence Kodiak Island Counseling Center.

These community partners were asked to participate in order to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community and to help PKIMC develop its Community Health Improvement Plan (CHIP) in response to the CHNA findings.

The CHNA/CHIP process was conducted as follows:

- a. **Data collection** - Both primary and secondary data were collected. The primary data was collected by means of a 34 question communitywide survey.
- b. **Stakeholder interviews** - Key stakeholder interviews were also conducted with 14 community leaders that represent the broad interests of the community in order to collect qualitative information about health needs in Kodiak.
- c. **Analysis** – The stakeholder interviews and the community survey responses were analyzed to determine key themes and issues. These issues were then grouped into related areas of data for further analysis and prioritization by the Kodiak CHNA Advisory Group.
- d. **Needs identification** - The Kodiak CHNA Advisory Group then analyzed the data and identified top health-related priorities in Kodiak based on the following criteria: size of population affected; severity of the condition or issue; and the ability of the community to have a positive impact on the issue. The following were the top three health related needs identified in the CHNA process.
 1. **Behavioral health** (Includes both substance abuse and mental health)
 2. **Socio-economic determinates of health** (Includes Culture, Employment, Housing, Income and other related determinants of health)
 3. **Primary utilization and access**
- e. **Community Health Improvement Plan (CHIP)** – With the help of the CHNA Advisory Group, PKIMC established a CHIP identifying what activities and strategies it would pursue in response to the identified needs. This 2017-2019 Kodiak CHIP was approved by the Providence Health and Services Community Ministry Board CMB on April 18, 2017.

PKIMC 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN SUMMARY

1. BEHAVIORAL HEALTH

(includes both substance abuse and mental health)

Poor mental health and the related issue of substance abuse were identified as problems in the Kodiak community. Remote, rainy climates along with long, dark winters are known to have a negative impact on mental health and are frequently associated with increased substance abuse.

- PKIMC and Providence Kodiak Island Counselling Center (PKICC) will provide safety-net services through Psychiatric Emergency Services
- PKICC will address the mental health and substance abuse treatment needs of Kodiak youth through the Youth Outpatient Substance Abuse Program, Mental Health Clinicians in the Schools Program, Alcohol Safety Action Program (ASAP), Kodiak Schools Substance Abuse Task Force and ongoing collaborations with the Teen Court and other community partners.
- PKICC will address the mental health service needs of the general community and the chronically mentally ill through the Community Support Program and through continuing efforts to further integrate behavioral health in the primary care setting – currently being done in collaboration with the Kodiak Community Health Center.
- PKICC will address the substance abuse treatment needs of the community through its outpatient chemical dependency treatment program Safe Harbor, through its case-management program ASAP and through a residential treatment collaboration with Salvation Army.
- PKICC will continue to be proactive in its outreach services in collaboration with many community partners such as the Brother Francis Shelter, Kodiak Women’s Resource and Crisis Center and many other organizations and government agencies in the Kodiak community.
- PKICC will continue to be a leader in community education, grant-seeking, advocacy, collaboration, planning and action to help improve the health of the Kodiak community and the lives of those who suffer from mental health and substance abuse.

2. SOCIO ECONOMIC DETERMINANTS OF HEALTH

Culture and language barriers, homelessness/housing issues, low income and the challenges of holding multiple jobs to afford the cost of living in Kodiak were frequently noted in the stakeholder interviews and the community survey as significant challenges to the well-being of many in the Kodiak community.

- PKIMC will continue to provide financial assistance to low-income patients to remove cost as a barrier for needed care. From 2013-2015, PKIMC provided about \$4.2 million a year in charity care

3. PRIMARY CARE UTILIZATION AND ACCESS

The need to improve availability, access and use of primary care services were identified by the community as a significant issues.

- PKIMC will not be directly addressing this need because PKIMC does not offer primary care services and Kodiak currently has sufficient primary care capacity to meet community need.
- PKIMC will continue to look for opportunities to support these providers and the community in improving primary care utilization as opportunities emerge.

Introduction

CREATING HEALTHIER COMMUNITIES, TOGETHER

As health care continues to evolve, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$951 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2015.

SERVING ALASKA

Providence Health & Services has a long history of serving Alaska, beginning when the Sisters of Providence first brought health care to Nome in 1902 during the Gold Rush. Continuing that history of service, during 2015 Providence Health and Services Alaska provided over \$70 million in community benefit and charity care in response to unmet needs and to improve the health and well-being of those we serve in Alaska.

Providence Health & Services Alaska has 16 ministries. The majority of facilities are located in the Anchorage area, but we also have a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g. telestroke and eICU services). Providence Alaska Medical Center, a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children's Hospital at Providence (the only one of its kind in Alaska), the state's only Level III NICU, Heart and Cancer Centers, the state's largest Emergency Department, full diagnostic, rehab and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children.

PHSA has a family practice residency program, a continuum of senior and community services, and a developing medical group. PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. Community mental health centers are operated in Kodiak and Valdez. PHSA also partners to provide additional services through five joint ventures including: Providence Imaging Center, St. Elias Long Term Acute Care Hospital, Imaging Associates, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

Providence Kodiak Ministries

Providence continues its mission of service in Kodiak through Providence Kodiak Island Medical Center, Providence Kodiak Island Counselling Center and Providence Chiniak Bay Elder House.

PKIMC is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. In addition, Providence Chiniak Bay Elder House, PKIMC's extended care facility, has 22 long-term care beds.

PKIMC provides an extensive array of inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, telehealth diabetes education and pharmacy. The PKIMC outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose and throat specialists. PKIMC is staffed by a mix of primary care physicians, surgeons and specialists who provide family practice, internal medicine, obstetrics, radiology and general practice.

PKIMC provided about \$4.2 million in charity care annually from 2013-2015 to ensure those who needed care were not denied care due to the inability to pay.

About us

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 600 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its family of partner organizations employ more than 82,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started 160 years ago when they answered a call for help from a new pioneer community in the West.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Values

Respect, Compassion, Justice, Excellence, Stewardship

Our Vision

Simplify health for everyone

Our Promise

Together, we answer the call of every person we serve: Know me, Care for me, Ease my way. ®

Purpose of this plan

In 2016 Providence Kodiak Island Medical Center conducted a community health needs assessment. This community health improvement plan is designed to address key health needs identified in that assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community’s overall health with significant opportunities for collaboration. These are:

2016 Kodiak prioritized needs
<ul style="list-style-type: none">1. Behavioral health <i>Includes substance abuse and mental health</i>2. Socio-economic determinants of health <i>Includes culture, employment, housing, income and other related determinants of health</i>3. Primary care utilization and access <i>Includes the need for health care resource education and navigation</i>

Our overall goal for this plan

As we work to create healthier communities, together, the goal of this improvement plan is to measurably improve the health of individuals and families living in the areas served by Providence Kodiak Island Medical Center. The plan’s target population includes the community as a whole, and specific population groups including minorities and other underserved demographics.

Community Profile

The service area of Providence Kodiak Island Medical Center is defined as the entirety of the Kodiak Island Borough and all of its communities. The borough is situated in the Gulf of Alaska and comprises 16 major islands. Kodiak Island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii. Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in other forms of wildlife, culture, natural resources and scenic beauty. With the largest fishing port in the state, the island is the third largest fishing port in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities and tourism.



POPULATION AND AGE DEMOGRAPHICS

The 2015 census estimate of the population for the Kodiak Island Borough is 13,889, with 45 percent of those residents living in the City of Kodiak. The borough age distribution is:

- 28.6 percent youth (0-18 years)
- 64.7 percent young adults (18-64 years)
- 6.7 percent seniors (65 years and older)

ETHNICITY

- 57.2 percent were white
- 20.6 percent were Asian
- 12.9 percent were Alaska Native or American Indian
- 9.2 percent were Hispanic or Latino
- 1.5 percent were African American or black
- 1.0 percent were native Hawaiian or other Pacific Islander

INCOME

- \$70,529 = median household income
- \$29,993 = per capita income
- 26 percent have an annual household income below \$40,000 (up 7% from 2013)
- 11 percent have an annual household income below \$20,000 (up 8% from 2013)
- 11 percent children under age 18 live in poverty
- 8.3 percent of residents of all ages live in poverty

HOUSING

- \$972 = Median gross rent
- 5,329 housing units
- 59.7 percent of housing units/homes are owner occupied
- 3 percent report being homeless (sleep outside, in improvised dwelling, car, local shelter or couch surf)

SUMMARY OF PRIORITIZED COMMUNITY NEEDS AND ASSOCIATED PROVIDENCE ACTION PLANS

1. BEHAVIORAL HEALTH

(includes both substance abuse and mental health)

Poor mental health and the related issue of substance abuse were identified as problems in the Kodiak community. Remote, rainy climates along with long, dark winters are known to have a negative impact on mental health and are frequently associated with increased substance abuse. Current events that contribute to the increase of substance use in Kodiak include changes in the fisheries, fish processors leaving their families in Kodiak due to unemployment or underemployment leading to turmoil within the family and “escaping”/self-medicating through the use of drugs and alcohol.

2. SOCIO ECONOMIC DETERMINANTS OF HEALTH

(Includes Culture, Employment, Housing, Income and other related determinants of health)

There is substantial and increasing evidence that socio-economic factors play as large a role in health across a life span as genetics and health care. Culture and language barriers, homelessness/housing issues, low income and the challenges of holding multiple jobs to afford the cost of living in Kodiak were frequently noted in the stakeholder interviews and the community survey as significant challenges to the well-being of many in the Kodiak community.

3. PRIMARY CARE UTILIZATION AND ACCESS

The need to improve availability, access and use of primary care services were identified by the community as a significant issues. Long wait times, scheduling and difficulty getting timely appointments were frequently noted in the stakeholder interviews and the community survey as barriers to primary care access. A lack of understanding of the healthcare system and lack of navigation resources were noted in stakeholder interviews and the community survey responses as significant barriers to health care utilization.

PRIORITY HEALTH NEED #1:

BEHAVIORAL HEALTH

(INCLUDES BOTH SUBSTANCE ABUSE AND MENTAL HEALTH)

This section outlines Providence's plan to address unmet behavioral health needs in our community with measurable and achievable goals over a three-year period.

Community needs addressed

- Access to mental health services for youth and adults
- Access to substance abuse treatment and support services for youth and adults
- Community education about mental health and substance abuse issues and available services

Goal(s)

Our goal is a Kodiak community where all residents have access to and are able to receive the mental health and substance abuse treatment and support services necessary to achieve emotional and behavioral well-being.

Strategies

- Ensure safety-net and essential mental health and substance abuse services to address emergent mental health and substance abuse crisis
- Collaborate with community partners and organizations in the community to identify and reach out to those in need of mental health and substance abuse services before they escalate to a state of crisis
- Educate the community about mental health and substance abuse issues and available services to help shorten the time to treatment for those in need
- Integrate behavioral health services into other care and service settings to increase access to those in need and to treat the whole person

Providence action plan

- a) **Safe Harbor Program** – Providence will serve adults and youth providing Level 2.1 intensive outpatient chemical dependency treatment, Level 1 outpatient chemical dependency treatment, continuing care, education which includes anger management, Alcohol and Drugs Information School, Prime for Life, Morale Reconciliation therapy, and random drug and alcohol testing. This program is expected to positively influence metrics 2a, 2b and 4a in the Measurement section below.
 - b) **Youth Outpatient Substance Abuse Program** – Providence will continue to provide services to court-referred and self-referred clients. Services include substance abuse assessment or integrated assessments, addiction education, individual, family and group counseling or therapy, and random drug and alcohol testing. Additionally, Providence will continue to provide intensive case
-

management services which may include “warm hand off” referrals to receiving agencies within Alaska and beyond. This program is expected to positively influence metrics 2a and 2b in the Measurement section below.

- c) **Mental health clinicians in the schools program** – Providence will continue to provide ongoing education and support to all students in city of Kodiak as well as village schools. Topics covered are: meth/opiates and other addictive substances; depression; and other mental health challenges. Providence provides students with depression screening, crisis intervention, and a variety of psycho-educational classes. Providence also provides education and training to school district staff on trauma-informed care that teaches how to identify symptoms, how to understand the behaviors and how they can relate to substance abuse and behavioral health issues exhibited by students. This program is expected to positively influence metrics 1a, 1b, 2a, and 2b in the Measurement section below.
- d) **Alcohol Safety Action Program (ASAP)** – Providence will continue to provide case management services, referrals and monitoring for court ordered cases for youth and adults. This program is expected to positively influence metrics 2a, 2b, and 4a in the Measurement section below.
- e) **Psychiatric emergency services** – Providence will continue to provide psychiatric emergency assessments and referrals, which includes involuntary commitment and voluntary inpatient treatment for adults and youth who express thoughts of self-harm whether they are under a chemical or alcohol influence or are experiencing emotional distress. Substance abuse is sometimes associated with individuals who present to the psychiatric Emergency Department. These services are fundamental to the behavioral health safety net in Kodiak and are expected to positively influence metrics 1b, 2b, and 4a in the Measurement section below.
- f) **Community Support Program** – Providence will continue the Community Support Program (CSP). The CSP serves the chronically mentally ill and their families, providing individual and group skill development, employment support, case management, recipient support services, medication monitoring and family support services. This program is expected to positively influence all metrics in the Measurement section below.
- g) **Community Education** – Providence will continue to participate in town hall meetings, community panel discussions, health fairs, USCG welcome aboard fairs, Public Radio announcements, KMXT Talk of the Rock, Kodiak Daily Mirror Ads. Providence also provides free anxiety and depression screening during May Mental Health month and Health fairs. These community education activities are expected to positively influence all metrics in the Measurement section below.
- h) **Internship Program**- Providence Kodiak Island Counseling Center (PKICC) will continue to accommodate interns and provide clinical supervision to support the growth of the next generation of behavioral health providers in Kodiak. There are several Providence providers who are certified clinical supervisors in the areas of mental health and substance use treatment. PKICC believes that investing time and effort into producing the next generation of behavioral health professionals in Kodiak is foundational to the sustainability of behavioral health services on the island. This program is foundational to our continued work to positively influence all metrics in the Measurement section below.

- i) **Community Behavioral Health Grants** – Providence will continue to actively seek grant funding opportunities to help address the behavioral needs in the community (e.g. current ASAP grant funding that assists youth with their assessment fees or an upcoming SAMHSA grant opportunity to fund behavioral health outreach services for the homeless) Actively working to secure grant funding to address behavioral health needs in Kodiak has the potential to positively influence all metrics in the Measurement section below.

Collaboration and community investment support plan

- i. **Kodiak Schools Substance Abuse Task Force** - Providence will continue to partner with Teen Court to ensure appropriate referrals, treatment and support for youth by providing screening and recommendations. This partnership effort is expected to positively influence 1b, 2a, and 2b in the Measurement section below.
- j. **Salvation Army/Residential Treatment Collaboration** – Providence will continue to collaborate with the Salvation Army transitional housing program in Kodiak as well as substance use inpatient treatment facilities in Alaska. These collaborations facilitate the treatment of Kodiak residents in Anchorage when services are not available on Kodiak Island and then return them to Kodiak Salvation Army transitional housing with outpatient substance abuse treatment support in their home community. This collaboration is expected to positively influence metrics 3a and 4a in the Measurement section below.
- k. **Behavioral health in the primary care setting** – Providence, in partnership with the Kodiak Community Health Center, will continue to provide behavioral health (mental health and substance abuse) services to adults and youth being seen at the KCHC Clinic. Services provided by Providence mental health clinicians include intervention, screening, assessment, and personalized referrals to agencies. Providence also provides related, but limited, in-home services such as case management and follow-up care. Integrating behavioral health into the KCHC clinic has the potential to positively influence all metrics in the Measurement section below.
- l. **Outreach Services**- Providence will continue to partner with the Brother Francis Shelter, Kodiak Women’s Resource and Crisis Center, Kodiak Public Library, Healthy Tomorrows, Civic organizations, schools, medical clinics, canneries, courts, etc. to insure that we provide continuity of care to mutual clients we serve and that we reach out to potential clients who might otherwise fall through the cracks in the delivery of care system. These outreach services have the potential to positively influence all metrics in the Measurement section below.
- m. **Recover Alaska** –Providence will continue to provide community investment funding and continued board membership and support to Recover Alaska to help the community better understand and address the growing problem of substance abuse in Alaska. Continued support of Recover Alaska has the potential to positively influence all metrics in Measurement section below.

Measurement

The following were identified as success measures for the PKIMC programs, activities, and collaborations listed above.

1. **Mental Health - Youth**
 - a. Reduce the number of your reporting that during the past 12 months they felt so sad or hopeless almost every day for **two weeks or more in a row** that they stopped doing some usual activities? – YRBS¹ Kodiak Island Borough (KIB)
 - b. Youth Suicide Rate – SOA Vital Statistics (KIB)
2. **Substance Abuse - Youth**
 - a. Drug and alcohol use – YRBS¹ (KIB)
 - b. Increased recovery-services utilization volumes as measured by PKICC Safe Harbor and Juvenile Alcohol Safety Action (J-ASAP) programs (KIB)
3. **Mental Health - Adult**
 - a. Decreased psychiatric emergency department utilization at PKIMC ED
4. **Substance Abuse - Adult**
 - a. Increased recovery-services utilization volumes as measured by the PKICC Safe Harbor and Alcohol Safety Action programs (ASAP)

1. YRBS (SOA Youth Risk Behavioral Survey) – conducted on odd years (2015, 2017, 2019)
2. Drugs include marijuana, cocaine, methamphetamine, heroin and prescription drugs (opioids)

Existing community resources related to behavioral health

Organization or Program	Description	Associated Community Need
Alcoholics Anonymous	Substance abuse support services	Behavioral Health
Discovery Cove	Intensive Outpatient (IOP) Level 2.1, Outpatient (OP) Level 1, Continuing Care, and Education (Alcohol and Drug Information School and Prime for Life).	Behavioral Health
Kodiak Area Native Association	Assessment, Anger Management, Treatment Planning, Referrals, Group Therapy, Intensive Outpatient, Outpatient, Continuing Care, Program-related drug testing, Individual sessions, Prime For Life, Village Based Substance Abuse treatment monitored by the BHAs, and Medication Assisted Treatment (MAT) - Suboxone.	Behavioral Health
Providence Kodiak Island Counseling Center	Mental health, substance abuse and Integrated assessments Treatment Planning, Referrals, Group Therapy, Intensive Outpatient (IOP) Level 2.1, Outpatient (OP) Level 1, Continuing Care, Program-related drug testing, Individual sessions, and Education (Morale Reconciliation Therapy, Anger Management, Family support, Alcohol and Drug Information School (ADIS), and Prime for Life (PFL).	Behavioral Health
Discovery Cove	Intensive Outpatient (IOP) Level 2.1, Outpatient (OP) Level 1, Continuing Care, and Education (Alcohol and Drug Information School and Prime for Life).	Behavioral Health

PRIORITY HEALTH NEED #2:

SOCIO-ECONOMIC DETERMINANTS OF HEALTH

(Includes Culture, Employment, Housing, Income and other related determinants of health)

Providence Kodiak Island Medical Center's role and core competency in Kodiak is serving the mental and physical health needs of the Kodiak community. In this role it has limited resources, capacity and competencies to directly address the larger issues surrounding the socio-economic determinants of health. Through its many partnerships and presence in the community, PKIMC continues to provide the many mental and physical health supports that serve as a foundation for the efforts of the many other organizations in Kodiak that directly address issues surrounding socio-economic determinants of health. PKIMC continues to be open to further collaboration on this issue as opportunity arises.

Given the above mention limitations, Providence will focus its primary efforts to address unmet socio-economic determinants of health related needs through continued commitment to provide charity care to those in economic circumstances that leave them unable to afford needed care.

Community needs addressed

Access to health care for low-income individuals and families

Goal(s)

To remove or overcome socio-economic factors as barriers to achieving health

Strategies

Reduce the number of Kodiak residents who are unable to receive needed health care due to inability to pay for care through education about and provision of charity care services for low-income patients.

Action plan

Charity Care – PKIMC will continue to provide financial assistance to low-income patients to remove cost as a barrier for needed care. PKIMC provided about \$4.2 million in charity care annually from 2013-2015

Measurement

No patient in need of health care is turned away from PKIMC due to inability to pay for care.

Existing community resources related to socio-economic determinates of health

Organization or Program	Description	Associated Community Need
Adult Public Assistance	Assistance with cash to needy aged, blind and disabled Alaskans to help them remain independent.	Socio-economic determinants of health
Alaska Department of Public Assistance	<ul style="list-style-type: none"> • Temporary assistance for adults • Food stamps • Heating assistance • Assistance with medical needs • Qualify based on income 	Socio-economic determinants of health
Alaska Emergency Language Bank	Interpreter Services	Socio-economic determinants of health
Alaska Housing Finance Corporation	Public Housing Division (found locally in Kodiak): offering public housing and housing choice voucher programs only.	Socio-economic determinants of health
Big Brother Big Sisters of Alaska	Adult mentoring and other programs for boys and girls	Socio-economic determinants of health
Brother Francis Shelter	Meals and shelter for the homeless	Socio-economic determinants of health
Hope Community Resources	A variety of resources and services for people with developmental disabilities	Socio-economic determinants of health
KANA Van	Priority of transportation services: Medical, Behavioral Health and Community Services	Socio-economic determinants of health
Kodiak Area Mentor Program (K.A.M.P)	Helping individuals who have been or are currently involved in the criminal justice system. Mentorship program under the guidance of Alaska Correction Ministries.	Socio-economic determinants of health
Kodiak Area Native Association	<ul style="list-style-type: none"> • Community health center • Mental health and substance abuse services • Dental & Medical clinic • Wellness center & Vocational Rehab • Education, employment & training • Child advocacy and child care assistance • Women, Infant and children (WIC) 	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health • Primary care utilization and access
Kodiak Area Transit System (KATS)	Scheduled transport services to medical appointments, work, shopping, and other activities	Socio-economic determinants of health
Kodiak College University of Alaska	Offers select associates and bachelors programs	Socio-economic determinants of health
Kodiak Head Start	Preschool for income-qualifying families	Socio-economic determinants of health
Kodiak Island Borough Child Care Assistance Program	Support low-income families in accessing child care	Socio-economic determinants of health

Kodiak Island Borough School District	<ul style="list-style-type: none"> • K-12 education • Counselling 	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health
Kodiak Island Housing Authority	<ul style="list-style-type: none"> • Resident Opportunity and Self Sufficiency (ROSS) grant provides services to families making the transition from welfare to work. • Family Center for children 5-18 yrs and parents • Advocacy services 	Socio-economic determinants of health
Kodiak Job Center	<ul style="list-style-type: none"> • Employment resources/Application assistance • Veterans and rehabilitation services • Unemployment 	Socio-economic determinants of health
Kodiak Women's Resource and Crisis Center	<ul style="list-style-type: none"> • Crisis services - immediate safety shelter 24 hr. hotline • Legal advocacy services • Victim/Witness program • Education and parenting classes 	Socio-economic determinants of health
Parents as Teachers	<ul style="list-style-type: none"> • Prenatal Support • Home Visits • Group socialization for parents and children 	Socio-economic determinants of health
Providence Chiniak Bay Elder House	<ul style="list-style-type: none"> • 22 bed long term care • Full dietary services, skilled nursing care, physical and occupational therapy, social services, activity therapy, spiritual services. 	Socio-economic determinants of health
Providence Kodiak Island Medical Center	inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, telehealth diabetes education and pharmacy.	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health
Salvation Army	<ul style="list-style-type: none"> • Family Services • Food Resources • Family Counseling • Substance Recovery • Disaster Relief Program • AA and NA Programs Weekly • Transitional housing 	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health
Senior Citizens of Kodiak	<ul style="list-style-type: none"> • Meals • Island Cove Adult Day Program • Transportation • Family Caregiver Support Program • Senior In-Home Services 	Socio-economic determinants of health
Threshold Services	<ul style="list-style-type: none"> • Providing work and training opportunities for people with disabilities • Volunteer opportunities 	Socio-economic determinants of health

Healthier Communities Together

This section inventories community partners that are addressing the identified needs in the CHNA. This table begins to outline our strategy of creating healthier communities together.

This section explains why Providence is not addressing a community need identified in the community health needs assessment.

PRIORITY HEALTH NEED #3:

PRIMARY CARE UTILIZATION AND ACCESS

Providence Kodiak Island Medical Center’s plan does not include specific steps to address primary care utilization and access for the following reasons.

Currently, Kodiak Area Native Association Clinic (KANA), Kodiak Community Health Center, Kodiak Island Medical Associates (KIMA), the U.S. Coast Guard Rockmore-King Medical Clinic and the Kodiak Island Ambulatory Clinic provide primary care services to the residents of Kodiak. PKIMC does not offer primary care services.

Because Kodiak currently has sufficient primary care capacity and PKIMC does not offer primary care services, PKIMC will not be directly addressing this need. PKIMC has reached out to the primary care providers within the community in this regard and will continue to look for opportunities to support these providers and the community in improving primary care utilization as opportunities emerge.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

Providence and partners cannot address the significant community health needs independently. Improving community health requires collaboration across community stakeholders. Below outlines a list of community resources potentially available to address identified community needs

Organization or Program	Description	Associated Community Need
Adult Public Assistance	Assistance with cash to needy aged, blind and disabled Alaskans to help them remain independent.	Socio-economic determinants of health
Alaska Department of Public Assistance	<ul style="list-style-type: none"> • Temporary assistance for adults • Food stamps • Heating assistance 	Socio-economic determinants of health

	<ul style="list-style-type: none"> • Assistance with medical needs • Qualify based on income 	
Alaska Emergency Language Bank	Interpreter Services	Socio-economic determinants of health
Alaska Housing Finance Corporation	Public Housing Division (found locally in Kodiak): offering public housing and housing choice voucher programs only.	Socio-economic determinants of health
Alcoholics Anonymous	Substance abuse support services	Behavioral Health
Big Brother Big Sisters of Alaska	Adult mentoring and other programs for boys and girls	Socio-economic determinants of health
Brother Francis Shelter	Meals and shelter for the homeless	Socio-economic determinants of health
Discovery Cove	Intensive outpatient substance abuse treatment and education	Behavioral Health
Hope Community Resources	A variety of resources and services for people with developmental disabilities	Socio-economic determinants of health
KANA Van	Priority of transportation services: Medical, Behavioral Health and Community Services	Socio-economic determinants of health
Kodiak Area Mentor Program (K.A.M.P)	Helping individuals who have been or are currently involved in the criminal justice system. Mentorship program under the guidance of Alaska Correction Ministries.	Socio-economic determinants of health
Kodiak Area Native Association	<ul style="list-style-type: none"> • Community health center • Mental health and substance abuse services • Dental & Medical clinic • Wellness center & Vocational Rehab • Education, employment & training • Child advocacy and child care assistance • Women, Infant and children (WIC) 	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health • Primary care utilization and access
Kodiak Area Transit System (KATS)	Scheduled transport services to medical appointments, work, shopping, and other activities	Socio-economic determinants of health
Kodiak College University of Alaska	Offers select associates and bachelors programs	Socio-economic determinants of health
Kodiak Community Health Center	Community health center	Primary care utilization and access
Kodiak Head Start	Preschool for income-qualifying families	Socio-economic determinants of health
Kodiak Island Ambulatory Clinic	Primary care practice	Primary care utilization and access
Kodiak Island Borough Child Care Assistance Program	Support low-income families in accessing child care	Socio-economic determinants of health

Kodiak Island Borough School District	<ul style="list-style-type: none"> • K-12 education • Counselling 	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health
Kodiak Island Housing Authority	<ul style="list-style-type: none"> • Resident Opportunity and Self Sufficiency (ROSS) grant provides services to families making the transition from welfare to work. • Family Center for children 5-18 yrs and parents • Advocacy services 	Socio-economic determinants of health
Kodiak Island Medical Associates	<ul style="list-style-type: none"> • Primary care practice 	Primary care utilization and access
Kodiak Job Center	<ul style="list-style-type: none"> • Employment resources/Application assistance • Veterans and rehabilitation services • Unemployment 	Socio-economic determinants of health
Kodiak Women's Resource and Crisis Center	<ul style="list-style-type: none"> • Crisis services - immediate safety shelter 24 hr. hotline • Legal advocacy services • Victim/Witness program • Education and parenting classes 	Socio-economic determinants of health
Parents as Teachers	<ul style="list-style-type: none"> • Prenatal Support • Home Visits • Group socialization for parents and children 	Socio-economic determinants of health
Providence Chiniak Bay Elder House	<ul style="list-style-type: none"> • 22 bed long term care • Full dietary services, skilled nursing care, physical and occupational therapy, social services, activity therapy, spiritual services. 	Socio-economic determinants of health
Providence Kodiak Island Counseling Center	<ul style="list-style-type: none"> • Mental health and substance abuse services and treatment 	Behavioral Health
Providence Kodiak Island Medical Center	inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, telehealth diabetes education and pharmacy.	Socio-economic determinants of health
Salvation Army	<ul style="list-style-type: none"> • Family Services • Food Resources • Family Counseling • Substance Recovery • Disaster Relief Program • AA and NA Programs Weekly • Transitional housing 	<ul style="list-style-type: none"> • Behavioral Health • Socio-economic determinants of health
Senior Citizens of Kodiak	<ul style="list-style-type: none"> • Meals • Island Cove Adult Day Program • Transportation 	Socio-economic determinants of health

	<ul style="list-style-type: none"> • Family Caregiver Support Program • Senior In-Home Services 	
Threshold Services	<ul style="list-style-type: none"> • Providing work and training opportunities for people with disabilities • Volunteer opportunities 	Socio-economic determinants of health
U.S. Coast Guard Rockmore-King Medical Clinic	U.S. Coast Guard medical clinic	Primary care utilization and access

PKIMC PLAN APPROVAL

This community health improvement plan was approved and adopted on April 18, 2017, by the Providence Health & Services Alaska Community Ministry Board.



Bruce Lamoureux
Senior Vice President
Regional Chief Executive, Alaska Region

Date: April 18, 2017



Sarah Barton
Chair
Providence Health and Services Alaska

Date: April 18, 2017



Joel Gilbertson
Senior Vice President
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Date: 5/1/17

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