

Seward

Community Health Needs Assessment 2018



Providence Seward Medical and Care Center
Seward, Alaska

TABLE OF CONTENTS

| | PAGE(s) |
|---|--------------|
| MESSAGE TO THE COMMUNITY / ACKNOWLEDGEMENTS | 4-5 |
| INTRODUCTION | 6-7 |
| Who We Are | |
| Our Commitment to Community | |
| Our Mission, Vision and Values | |
| OUR COMMUNITY | 8-10 |
| Description of Community Served | |
| Community Profile | |
| Health Professions Shortage Area | |
| Medical Underserved Area/Medical Professional Shortage Area | |
| OVERVIEW OF CHNA FRAMEWORK, PROCESS AND FINDINGS | 11-17 |
| CHNA Framework | |
| Overview and Summary of the Health Framework guiding the CHNA | |
| Methodology: Data Collection, Process and Participants | |
| Collaborative Partners | |
| Primary Data: Seward Community Survey | |
| Secondary Data: Kenai Peninsula Borough Level State and Federal | |
| Data Limitations and Information Gaps | |
| Community Input: Key Stakeholder Interviews | |
| Process for gathering comments on previous CHNA | |
| CHNA Health Indicators and Trends | |
| Prioritization Process and Criteria | |
| Findings: 2018 Priority Health Needs | |
| 1. Mental Health | |
| 2. Alcohol and Substance Misuse | |
| 3. Obesity/Chronic Conditions | |
| 4. Preventive Care | |
| Community Assets and Resources | |
| Significant Health Needs and Assets Summary | |
| Existing Health care Facilities in the Community | |
| Addressing Identified Needs | |
| 2019-2021 Community Health Improvement Planning | |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| | PAGE(s) |
|--|--------------|
| EVALUATION of 2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN | 18-23 |
| <hr/> | |
| 2016-2018 Community Benefit ^{1,2} Program Accomplishments | |
| 2018 CHNA GOVERNANCE APPROVAL OF CHNA | 24 |
| <hr/> | |
| Signature Page | |

APPENDICES

CHNA Data and Community Stakeholder Input

- Appendix 1: Community Survey Results (primary data) **25-67**
- Appendix 2: Stakeholder Interviews - Community Input (qualitative data) **68-79**
- Appendix 3: State and Federal (secondary data) **80-88**

CHNA Process Governance and Oversight

- Appendix 4: CHNA Advisory Committee **89-92**
- Appendix 5: PSMCC Health Advisory Council **93**

Community Resources Available / Community Health Improvement Plan

- Appendix 6: Existing Health Care Facilities / Resources to address significant health needs
- Appendix 7: Addressing Identified Needs - 2019-2021 Community Health Improvement Plan

¹ A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Note: Community benefit includes both services to the economically poor and broader community.

² To be reported as a community benefit initiative or program, **community need must be demonstrated.**

Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

MESSAGE TO THE COMMUNITY

To the residents of Seward,

This 2018 Seward Community Health Needs Assessment (CHNA) was sponsored by Providence Seward Medical and Care Center (PSMCC), Providence Health and Services Alaska (PHSA), and the Providence Seward Health Advisory Council.

We are committed to conducting a CHNA every three years, the first of which was completed in 2008. We conduct CHNAs to better understand the health needs of the community. Our goal is to better understand the needs in Seward and to help foster community driven efforts to address those needs.

The 2018 CHNA survey was a great success thanks to the efforts of the CHNA Advisory Committee that guided the effort, the 722 Seward residents who completed the survey and the many community volunteers who administered it. It was truly a collaborative community effort.

We want to give a special thanks to the CHNA Advisory Committee that contributed their time and expertise to make the CHNA possible. The Committee was comprised of a wide variety of Seward community leaders from AVTEC, Chugachmiut, Seward Community Health Center, Seward Prevention Coalition, the Seward Senior Center, the City of Seward, PSMCC and its Health Advisory Council, State of Alaska Public Health, SeaView Community Services, Seward Family Dentistry, Seward High School, United Methodist Church, as well as other members from the community at large.

PHSA and the Providence Seward Health Advisory Council are committed to the best possible health and healthcare for Seward and look forward to working with the community to address the needs identified in this assessment

We encourage you to take this opportunity to review the information in this assessment and to share it with others in the community. With the information from this needs assessment and the help of the community of Seward, we will continue to improve health and healthcare in Seward.

Don Hanna

Administrator

Providence Seward Medical and Care Center

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Special thanks to all of the community members, leaders and organizations that collaborated to make this community health needs assessment a success.

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19. Tara Riemer, President and CEO – Alaska Sea Life Center
20. Tommy Glanton, Behavioral Health Director - SeaView Community Services
21. Trevan Walker, Principal - Seward High School

INTRODUCTION

As health care continues to evolve, Providence is responding with dedication to its Mission and Vision to support health in the community for a better world. Partnering with others of goodwill, we conduct a formal community health needs assessment once every three years to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, minority and vulnerable minority populations and individuals.

This community health needs assessment (CHNA) helps us develop collaborative solutions, through the community health improvement planning, to address unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many community partners, in our combined effort to improve the health of our community.

Who We Are

Providence Seward Medical and Care Center (PSMCC) is an acute-care hospital located in Seward, Alaska. Providence continues its mission of service in Seward through Providence Seward Medical Center and Providence Seward Mountain Haven, collectively known as Providence Seward Medical & Care Center. The hospital has 6 licensed beds with roughly 50 employees. Mountain Haven has 40 beds with roughly 95 employees.

PSMCC provides quality health care to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, physical, speech, and occupational therapies, and a long term care facility. Our team of physicians, nurses, and support staff deliver compassionate, quality care to all patients. PSMCC has the experience and facilities necessary to diagnose and treat a wide range of medical conditions.

Seward Mountain Haven is part of the nationwide Green House Project, creating a new way of living in later years. In Green House homes, elders are more actively involved in all facets of life, including cooking, planning menus and activities, picking furnishings and decor, and controlling their own schedules. Even their direct caregivers offer a different kind of support, working in the home to build strong relationships while providing for elders' health needs and personal care. Elders who live in Green House homes like Seward Mountain Haven experience a better quality of life and improved health.

Our Commitment to Community

Organizational Commitment

Providence Health and Services Alaska (PHSA) including PSMCC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2017, PHSA provided \$65.2 Million in community benefit - which includes charity and subsidized care, community health services, education and research - in response to unmet needs and to improve the health and well-being of those we serve in the Alaska region.

Providence Health & Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of 739,795). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has 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 adult and pediatric 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 also has a 59 bed long-term acute care hospital. 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 four joint ventures including: Providence Imaging Center, Imaging Associates, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

PHSA further demonstrates organizational commitment to the community health needs assessment (CHNA) and community health improvement plan (CHIP) process through the allocation of staff time, financial resources, participation and collaboration to address identified community need. The PSMCC hospital administrator is responsible for coordinating implementation Federal 501r requirements as well as providing the opportunity for community leaders, the PSMCC Health Advisory Council, PHSA Region Community Ministry Board, internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the CHIP.

Our Mission, Vision, and Values

Our Mission - *As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.*

Our Vision - *Health for a Better World.*

Our Values - *Compassion – Dignity – Justice – Excellence - Integrity*

OUR COMMUNITY

Description of Community Served

Seward is located on Resurrection Bay, a fjord of the Gulf of Alaska on the Kenai Peninsula. Seward is situated on Alaska's southern coast and at the southern terminus of the Seward highway, which is the only road in or out of Seward. The greater Seward area includes not only the City of Seward (population ~ 2,700), but the communities of Bear Creek (population ~ 1,950) and Moose Pass (population ~ 220). Bear Creek is located just north of and adjacent to the City of Seward. Moose Pass is located 28 miles north of Seward and is a very small community that is largely reliant upon the services available in Seward.

The next nearest communities that offer services including acute care hospital services are:

- Soldotna, Alaska (94 miles Northwest)
- Anchorage, Alaska (125 miles North)



Hospital Service Area

PSMCC is the only hospital in the Seward area. The service area of PSMCC was defined as the greater Seward community, which includes the communities of Seward, Bear Creek and Moose Pass. The service area was defined with input from the PSMCC and Providence leadership teams as well as with the Seward Community Health Needs Assessment Advisory Committee.

Table 1. Cities/Communities and ZIP codes

| Cities/ Communities | ZIP Codes | PSA or SSA |
|---------------------|-----------|------------|
| Seward / Bear Creek | 99664 | PSA* |
| Moose Pass | 99613 | PSA* |

* Note: Due to the remote location of these communities and local geography, PSMCC only has a Primary Service Area (PSA) and no Secondary Service Area (SSA)

COMMUNITY PROFILE

Population and age demographics

Total population of the PSMCC service area is 4,932

- 18.6% youth (0-19 years)
- 38.5% young adults (20-44 years)
- 30.9% older adults (45-64 years)
- 12.0% seniors (65 years and older)

Race and Ethnicity

- 75.9% White/Caucasian
- 5.3% Asian
- 3.1% were Hispanic or Latino
- 13.6% were Alaska Native or American Indian
- 1.1 % were African American or Black
- 0.4% were Native Hawaiian or other Pacific Islander
- 3.7% were of two or more races.

Income and Housing

- \$70,000 = Median household income
- 6.2% unemployment
- 8.7% below poverty
- 62.5% of homes are owner-occupied
- 2.5% are homeless

Health Care and Health Access

- 8.3% are uninsured, up from 6.4% in 2015
- 7.6% indicate using the emergency room for main source of health care, down from 9.5% in 2015
- 6.1% report being unable to receive needed health care in the last 12 months, down from 8.5% in 2015
- 17.9% do not have dental insurance coverage, roughly the same as 2015 which was 17.8%

Health and Wellbeing

- 66% of adults are overweight or obese
- 21% of survey respondents indicated they have a chronic disease, and of those 15% do not have the resources needed to treat their chronic disease
- 13% of respondents said that in general their mental health was very poor, poor or fair
- 15% of respondents indicated that they felt depressed in the past 12 months, up from 12% in 2015
- 4% of respondents indicated that they had thought about committing suicide at some point in the past 12 months

Health Professions Shortage Area

The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Seward is not located in a Health Professions Shortage Area.

Medical Underserved Area/Medical Professional Shortage Area

Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating community health center grant funds to the areas of greatest need. Medically Underserved Areas are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." Medically Underserved Populations are identified based on documentation of unusual local conditions that result in access barriers to medical services. Medically Underserved Areas and Medically Underserved Populations are permanently set, and no renewal process is necessary. The City of Seward is located within the Kenai Peninsula Service Area which is identified originally designated as Medically Underserved Area of Exceptional Needs.

OVERVIEW of CHNA FRAMEWORK, PROCESS AND FINDINGS

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person and community's health is determined by the conditions in which they live, work, play, and pray. In gathering information on the communities served by the Providence, we looked not only at the health conditions of the population, but also at socioeconomic determinants of health, healthy behaviors, and the strength of the health system.

In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. When data was publicly available, it was collected at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.

Examples of the types of information that was gathered, by health-related category are:

- **Socioeconomic Determinants of Health** – income, poverty, education, and food insecurity
- **Healthy Behaviors and Public Health** – Public health includes a community's rate of obesity, physical exercise, smoking, and substance abuse. Overall health conditions include asthma, diabetes, heart disease, cancer, and mental health.
- **Access to Healthcare**– Uninsured, underinsured and access to needed services

METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS

In 2018, Wipfli LLP (Wipfli) was engaged by leadership at Providence to assist in the CHNA data collection process. The primary role of Wipfli was to process community survey responses and provide primary and secondary data in a presentable format with graphs and tables as appropriate. The following are the key steps in the data collection and assessment process.

- Form and convene CHNA advisory committee comprised of an array of community members and leaders that represent the broad interests of the community (Appendix 4)
 - Determined and approved community survey content
 - Determined appropriate key stakeholders for qualitative interviews
 - Define community served by PSMCC – City of Seward through Moose Pass
- Data collection and Analysis
 - Collect primary data and community input
 - Conduct community-wide 39 question survey
 - Conduct Key Stakeholder Interviews
 - Collect secondary data
- Engage the CHNA advisory Committee in the analysis of primary and secondary data as well as key stakeholder interviews and engage them in a prioritization process to identify the top community health needs based on that information.

Collaborative Partners

As part of the CHNA process, a CHNA Community Advisory Committee was formed by Leadership at PSMCC. The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, including the identification of health issues and prioritized health needs within the community. These partners were selected to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community. As such, the partners represented the public health perspective and the interests of members of medically underserved, low-income, and minority populations, or individuals.

The Committee was comprised of a wide variety of Seward community leaders from AVTEC, Chugachmiut, Seward Community Health Center, Public Health, Seward Prevention Coalition, the Seward Senior Center, the City of Seward, PSMCC and its Health Advisory Council, State of Alaska Public Health, SeaView Community Services, Seward Family Dentistry, Seward High School, United Methodist Church, as well as other members from the community at large. A full description of the collaborative partners who were part of the CHNA data collection and prioritization process can be found in Appendix 6 – CHNA Community Advisory Committee.

The members of the CHNA Community Advisory Committee were tasked with providing input on the development, implementation and prioritization of the CHNA process and findings and will play a key role in the development of the CHIP.

Primary Data: Seward Community Survey

Due to the lack of secondary data available for the communities served by PSMCC, a community-wide survey was developed and conducted in the community. The 39 question survey was developed and approved by Providence in coordination and consultation with the 17 member CHNA Community Advisory Committee. The survey was administered in May of 2018 both online and in paper form across the community over the course of two weeks to ensure a high level of community participation. Roughly one in four adult Seward area residents participated in the survey (722 adult respondents). The survey was designed to cover a wide array of issues including health care utilization, substance misuse, mental health, demographics, socioeconomic determinants of health, domestic violence, unwanted sexual contact and homelessness among other issues. The results of that survey can be found in Appendix 1 of this document.

Secondary Data: Kenai Peninsula Borough Level State and Federal

Secondary data was collected through ESRI Business Solutions and County Health Rankings and can be found in Appendix 3. Secondary data was only available at the Kenai Peninsula Borough level and not down to the community level of the communities within the borough. This is noted below in data limitations.

Data Limitations and Information Gaps

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

Secondary data sources both state and federal do not support sufficient sample sizes to provide data at the community level for Seward, Bear Creek and Moose Pass. As a result some secondary data was provided for the Kenai Peninsula borough as these three communities are within the borough. This data should be used with that understanding.

- It was for this reason that PSMCC has conducted an extensive community survey to ensure accurate community level data was available to drive the CHNA and CHIP processes.

Community Input

To better understand the community’s perspective, opinions, experiences, expertise and knowledge regarding the health-related needs in the Seward area, PSMCC conducted community stakeholder interviews with key community and agency leaders. Stakeholder community input was received via stakeholder interviews conducted between May and July of 2018. The full interview responses can be found in Appendix 2.

| Name | Title | Organization |
|------------------|-------------------------------|---|
| Joe Fong | Hospital Administrator | Providence Seward Medical and Care Center |
| Jerry Flynn | Physician | Providence Seward Medical and Care Center Emergency Room and Lacuna Family Medicine |
| Amy Bukac | Medical Director / Physician | Providence Seward Medical and Care Center |
| Michael Moriarty | Dentist | Seward Family Dentistry |
| Leslie Felts | Public Health Nurse | State of Alaska, Division of Public Health |
| Tommy Glanton | Director of Behavioral Health | SeaView Community Services |
| Trevan Walker | Principal | Seward High School |
| Kris Erchinger | Finance Director | City of Seward |
| Tara Riemer | President and CEO | Alaska Sea Life Center |

Process for Gathering Comments on Previous CHNA

Comments were solicited throughout the 2015 community health needs assessment and community health improvement planning process. Once posted online, our website offered the community the opportunity to provide further comments and provided email and phone contact numbers. In addition to this, the Providence Health and Services Alaska region executives and the Region Community Ministry Board conduct an annual Community Dialogue Luncheon in Seward with 20-30 community leaders to further discuss the findings of the CHNA, progress on the CHIP and further collaborative opportunities to better address identified community need.

Summary of Any Comments Received Regarding Prior CHNA

No comments were received specifically regarding the prior CHNA following its publication. The primary focus of subsequent community input was in regards to the CHIP and opportunities to further address identified needs. These comments were received as part of the 2016, 2017 and 2018 Providence Health and Services Alaska region executives and Region Community Ministry Board annual Seward Community Dialogue Luncheon. The key focus of these conversations were in regards to how to develop the ‘backbone’ capacity within the community to support a ‘collective impact’ community response to identified need, particular concern regarding how to get upstream and impact youth experiences and behaviors (e.g. ACES) along with a continuing concern for the community capacity to meet the mental health and substance use disorder needs in the community. This input will be used in the consideration and development of the CHIP in response to the needs of the most recent 2018 CHNA

HEALTH INDICATORS AND TRENDS DATA

The community survey results, state and federal secondary data were too lengthy to include in the summary portion of the CHNA, but can be found in the following appendices.

- Appendix 1: Seward Community Survey Results (primary data)
- Appendix 3: State and Federal (secondary data)

PRIORITIZATION PROCESS AND CRITERIA

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 PHSA strategic-planning staff and the CHNA data-collection contractor. High-level issues and themes are identified and result in the identification of 8-12 key issues or broad areas of need for the community (i.e. behavioral health, prevention, health care access, healthy behaviors, social determinants of health, etc...)
2. **CHNA Advisory Committee Provides Preliminary Prioritization Input** – The aggregated data and stakeholder interview responses are then provided to the local CHNA advisory Committee for review and analysis. An online prioritization survey, based on the 8-12 key issues (areas of need), is provided to help ensure the voice and input of each of the local CHNA Advisory Committee members is represented in the prioritization results. The survey has two elements:
 - **Criteria Based Ranking** – The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need). The members score each issue on a Likert-type scale based on the following criteria prior to the in-person health needs prioritization meeting:
 - ✓ SIZE = How significant is the scope of the health issue - number of people affected?

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

- ✓ 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? (Consider community resources, whether there are known interventions, community commitment, etc...)
 - **Qualitative - Community Experience Ranking** – As a check step, the CHNA Advisory Committee members are then each asked to identify and prioritize which of the 8-12 key issues they themselves view as the top health needs for their community
3. **CHNA Advisory Committee Identifies Top Health Needs** –The results of the online Likert-type scale, criteria-based ranking and the qualitative-community experience ranking are presented to the CHNA Advisory Committee in a face-to-face meeting as a starting point for identifying the CHNA priorities for their community.
- The top 3-4 health needs issues identified in the CHNA Advisory Committee survey are discussed, confirmed and/or modified based on the discussion and local knowledge of the CHNA Advisory Committee
 - Then members of the Committee are asked to give specifics as to what in particular made them select each of the top 3-4 needs to fully capture the unique aspects of the ‘high-level’ issues (areas of need) for their community.
 - The top 3-4 needs and detailed input of the CHNA Advisory Committee members are then captured and summarized to give greater specificity to the intent of the Committee and their collective understanding of the nature of each priority to help drive the subsequent community health improvement planning effort
4. **Governance - Board Validation of CHNA Community Priorities** – PHS Community Ministry Board (CMB) and local hospital community advisory board (CAB) or Health Advisory Council (HAC) validate CHNA Advisory Committee priority findings.

[PRIORITY HEALTH NEEDS - 2018 Seward Community Health Needs Assessment Findings Overview](#)

The list below summarizes the prioritized significant health needs identified through the 2018 CHNA

Prioritized Need #1 Poor Mental Health and Lack of Access to Mental Health Services

Mental health is foundational to quality of life, physical health and the health of the community.

| Data Point | 2015 CHNA | 2018 CHNA |
|---|-----------|-----------|
| Needed mental health services in past 12 months | 9.4% | 14.9% |
| <ul style="list-style-type: none"> Needed mental health services in past 12 months and unable to receive needed mental health services. | 32.3% | 26.2% |
| Felt so sad or hopeless every day for two weeks or more that they stopped doing usual activities | 11.6% | 15.1% |
| Thought about committing suicide in the last 12 months | 4.5% | 4.5% |

Prioritized Need #2 Alcohol and Substance Misuse

Alcohol and substance abuse have significant health and social impacts on individuals and the community.

| Data Point | 2015 CHNA | 2018 CHNA |
|---|-----------|-----------|
| Adults engaged in binge drinking in last 30 days | 29.3% | 28.3% |
| Percent of respondents that find recreational use of alcohol acceptable | 80.3% | 77.2% |
| Percent of respondents that find recreational use of prescription drugs acceptable | 26.1% | 11.0% |

Prioritized Need #3 Obesity/Chronic Conditions

Healthy behaviors impact ones overall health. Overweight and lack of physical activity have significant impact on physical and mental health, and overall wellbeing as does the prevention / management of chronic conditions.

| Data Point | 2015 CHNA | 2018 CHNA |
|---|-----------|-----------|
| Adults that have a chronic disease | * | 21.5% |
| Adults overweight or obese | 63.6% | 66.1% |
| Number of days per week respondents engaged in physical activity for 30 minutes or more | | |
| <ul style="list-style-type: none"> 1-2 days | 29.4% | 29.2% |
| <ul style="list-style-type: none"> 3-4 days | 32.5% | 31.5% |
| <ul style="list-style-type: none"> 5+ days | 29.1% | 28.7% |

*2015 data not available

Prioritized Need #4 Preventive Care

Preventive care reduces the need for acute care, improves quality and longevity of life and reduces the cost of health care by reducing the need of acute care services.

| Data Point | 2015 CHNA | 2018 CHNA |
|--|-----------|-----------|
| Needed Health care in last the last 12 months and were NOT able to receive it | 8.5% | 6.1% |
| <ul style="list-style-type: none"> Percent of those unable to receive needed care in last 12 months that went without 'Preventive care/annual exams' | 36.6% | 35.5% |
| Use Emergency room as main source of health care | 9.5% | 7.6% |
| Have NOT had an annual exam with provider for preventive purposes in last year | 37.8% | 39.5% |
| Have NOT had a biometric screening in the last year | 51.1% | 52.3% |

COMMUNITY ASSETS AND RESOURCES

A list of existing health care facilities and resources available in Seward to address significant health needs can be found in Appendix 6.

See Appendix 6: Existing Health care Facilities and Community Resources available to address significant health needs

Addressing identified needs

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

PSMCC and PHSA leadership 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 PSMCC plans to address the health needs. If PSMCC does not intend to address a need or have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions PSMCC 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 PSMCC and other community organizations in addressing the health need. The improvement plan will be approved by the Providence community ministry board by May 15, 2019. When approved, the CHIP will be attached to this community health needs assessment report in Appendix 7.

See Appendix 7: Addressing Identified Needs through the 2019-2021 Community Health Improvement Plan

EVALUATION OF IMPACT ON 2015-2017 COMMUNITY HEALTH IMPROVEMENT PLAN: 2016-2018 ACCOMPLISHMENTS

Community Benefit^{3,4} Program Accomplishments

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. Overweight / Lack of physical activity
2. Poor mental health / Lack of access to mental health services
3. Alcohol / Substance abuse
4. Low utilization of preventive care

2015 Prioritized need #1: Overweight / Lack of physical activity

| Data Point | 2015 | 2018 |
|--|-------|-------|
| Adults overweight or obese | 63.6% | 66.1% |
| Number of days per week respondents engaged in physical activity for 30 minutes or more | | |
| • 1-2 days | 29.4% | 29.2% |
| • 3-4 days | 32.5% | 31.5% |
| • 5+ days | 29.1% | 28.7% |

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 responds to an identified community need that is not met elsewhere in the community. Programs and services that address overweight / lack of physical activity include:

- **SQORD** – Providence continued its SQORD pilot partnership with the Seward Elementary School in an effort to increase physical activity and reduce overweight and obesity

³ A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Note: Community benefit includes both services to the economically poor and broader community.

⁴ To be reported as a community benefit initiative or program, **community need must be demonstrated**. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

amongst school-age children. The Providence SQORD program leveraged technology and social connectivity in the effort to inspire a life-long habits of healthy behaviors and activities. Providence provided 150 Seward elementary school students with durable, 3-axis accelerometers called Boosters that convert intensity and duration of activity into points that are tracked online. In the virtual environment, students could customize a PowerMe avatar, check their activity tracker, earn medals and rewards by collecting points, join in friendly challenges, and communicate with others. This unique hardware-software platform was designed to make physical activity more interactive and engaging for kids.

Other Providence programs, services and collaborations 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 overweight / lack of physical activity include:

Seward Wellness for All - Providence continued its support of and collaboration with the Seward Wellness for All (SWFA) coalition in an effort to address identified needs in the Seward community. The key focus was sponsorship and support of the ‘Seward Strong’ planning efforts:

- Garden by the Bay community garden
- Community bike path to connect and upgrade bike path from Seward to Bear Lake (in planning)
- ‘Sustainable Seward’ – Waste reduction and recycling program which is now operational
- Multi-use ice skating rink and recreational facility (in planning)

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 overweight / lack of physical activity include:

- Boys and Girls Club – Triple Play Program - 2016-2017 (\$68,000), 2018-2019 (\$67,000)
- Seward Wellness for All – Diabetes Prevention Program – 2016-2017 (\$80,000) 2018-2019 (\$56,350)

2015 Prioritized needs #2 and #3:

2. Poor mental health / Access to mental health services

3. Alcohol / Substance abuse

PSMCC combined priorities #2 and #3 in their community health improvement planning efforts because the activities and collaborations to address the two needs are substantially the same.

| Data Point | 2015 | 2018 |
|---|-------|-------|
| Needed mental health services in past 12 months | 9.4% | 14.9% |
| <ul style="list-style-type: none"> Needed mental health services in past 12 months and unable to receive needed mental health services. | 32.3% | 26.2% |
| Felt so sad or hopeless every day for two weeks or more that they stopped doing usual activities | 11.6% | 15.1% |
| Thought about committing suicide in the last 12 months | 4.5% | 4.5% |
| Adults engaged in binge drinking in last 30 days | 29.3% | 28.3% |
| Percent of respondents that find recreational use of alcohol acceptable | 80.3% | 77.2% |
| Percent of respondents that find recreational use of prescription drugs acceptable | 26.1% | 11.0% |

Providence programs, services and collaborations 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 poor mental health / access to mental health services and alcohol / substance abuse include:

- Tele-health** – Providence increased remote access to care through piloting two tele-health initiatives. First phase of implementation was Mountain Haven long term care facility (2018/2019) to be followed by the hospital.

 - Expanded telepsychiatry counselling to Mountain Haven long term care facility
 - Tele-psych for remote delivery of emergency de-escalation psychiatric consults contract signed and in the implementation phase for the hospital.
- Seward Prevention Coalition** – Providence continued supporting its collaboration with, and representation on, the Prevention Coalition executive committee in the effort to address identified needs in the Seward community - with a particular focus on the initiative to reduce underage drinking and drug use.

 - Co-sponsored an opioid town hall meeting in 2017. Guest speakers included Andy Jones, Dr. Jay Butler, Dr. Flynn, and Katie Cornwell
 - Co-sponsored the community-wide showing of the movie ‘Resilience’ followed by a panel discussion.

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 poor mental health / access to mental health services and alcohol / substance abuse include:

- **Recover Alaska** – Providence continued collaboration with, and provided \$200,000 in community investment support for Recover Alaska from 2016-2018. The purpose of this community investment funding is to increase awareness and substance abuse prevention efforts in the community, advocate for effective substance use related policy and increase access to substance use disorder services. Providence also maintained its commitment by continuing Providence leadership representation on the Recover Alaska Board. Our investment helped support Recover Alaska’s establishment of the 211 resource line which now provides referrals for anyone seeking alcohol use disorder services through the 211 resource line. Collaborative efforts have been underway to develop and launch a statewide underage drinking prevention campaign and to establish a symposium for Alaskan providers regarding Medication Assisted Treatment for Alcohol Use Disorder.
- **Seaview Community Services** – Providence provided \$39,600 community investment funding to Seaview Community Services in 2016 in support of their Domestic Violence/Sexual Assault and Crisis Response program to address the mental health and wellbeing needs of those impacted by domestic violence and sexual assault.
- **Seward Senior Center** – Providence provided \$42,000 (2016-2017) community investment funding support to the Seward Senior Center in support of their Aging Mastery Program in the effort to increase senior activity, engagement and ongoing life skill education.

2015 Prioritized need #4: Low Utilization of Preventive Care

| Data Point | 2015 | 2018 |
|--|-------|-------|
| Needed Health care in last the last 12 months and were NOT able to receive it | 8.5% | 6.1% |
| <ul style="list-style-type: none"> • Percent of those unable to receive needed care in last 12 months that went without ‘Preventive care/annual exams’ | 36.6% | 35.5% |
| Use Emergency room as main source of health care | 9.5% | 7.6% |
| Have NOT had an annual exam with provider for preventive purposes in last year | 37.8% | 39.5% |
| Have NOT had a biometric screening in the last year | 51.1% | 52.3% |

Providence programs, services and collaborations 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 low utilization of preventive care include:

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

- **Emergency Department** – Providence will monitor ambulatory sensitive conditions* use of the Emergency Department and collaborate with Seward Community Health Center. – Connected ED patients to with primary care providers at the Seward Community Health Center when they did not have regular primary care provider, frequently including scheduling appointments for the patient at the Seward Community Health Center in the effort to get people the care they need at the right time and right setting to avoid unnecessary ED utilization

- **Duke University** - Population Care Coordination Program (PCCP) – Providence convened a population health steering committee, the members of which will participated in the 12 week PCCP. The Population Care Coordination Process provides a framework for each collaborating provider and organization to deliver more effective multilevel care based on population- and patient-centered principles. The community collaboration will involve Seward Community Health Center and PSMCC, as well as members from clinics and hospitals in Kodiak, Valdez and Anchorage.

- **Seward Community Health Center** – Providence continued support of and collaboration with SCHC to improve the utilization and effectiveness of preventive care in Seward through the following initiatives:
 - Duke University Population Care Coordination collaboration (see above)
 - Electronic Medical Record (EPIC implemented October 2016) – SCHC elected to convert their EMR system to the Providence build of Epic, through the Providence Community Connect program. This facilitates and eases collaboration and care management between PSMCC and SCHC with shared health information. Patients will be able to access hospital and clinic information through a single portal, MyChart.

- **Specialty Clinics** – Providence worked with specialty physicians to establish specialty clinics in Seward for services previously unavailable in the community, allowing Seward patients to receive care locally, instead of having to travel for care.
 - Podiatry clinic – occurring quarterly beginning in 2016.
 - Orthopedics clinic – occurring quarterly and sometimes by request.
 - Endoscopy clinic – Anticipated every other month following completion of CT facility construction upgrades. A gastroenterologist has come to Seward to perform screening, colonoscopies and esophagogastroduodenoscopies (EGDs)

2018 CHNA GOVERNANCE APPROVAL

This community health needs assessment was adopted and approved on November 13, 2018 by the Providence Health and Services Alaska Community Ministry Board.



Bruce Lamoureux
Senior Vice President
Regional Chief Executive, Alaska Region

Date: 11/13/2018



Sarah Barton
Chair
Providence Health and Services Alaska Community Ministry Board

Date: 11/13/2018

Joel Gilbertson
Senior Vice President, Community Partnerships
Providence St. Joseph Health

Date:

CHNA/CHIP contact:

Nathan D. Johnson
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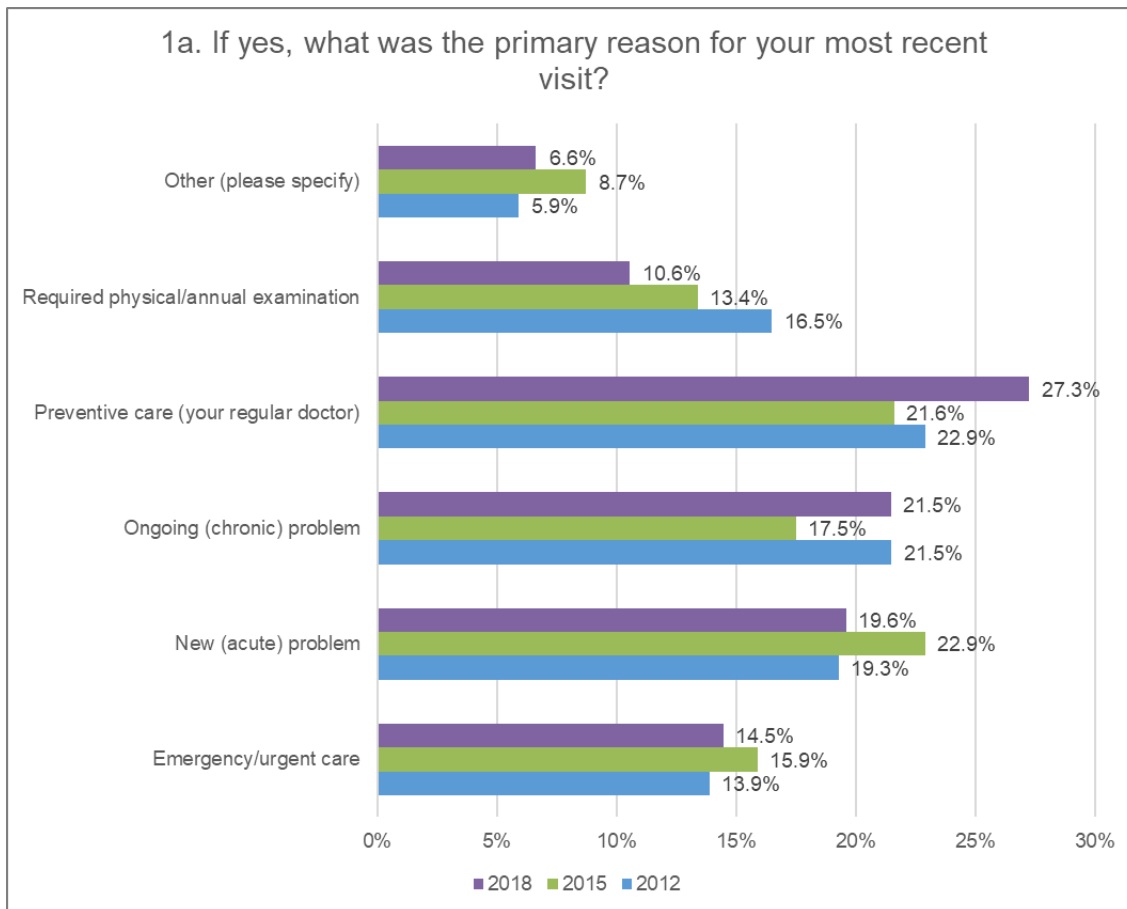
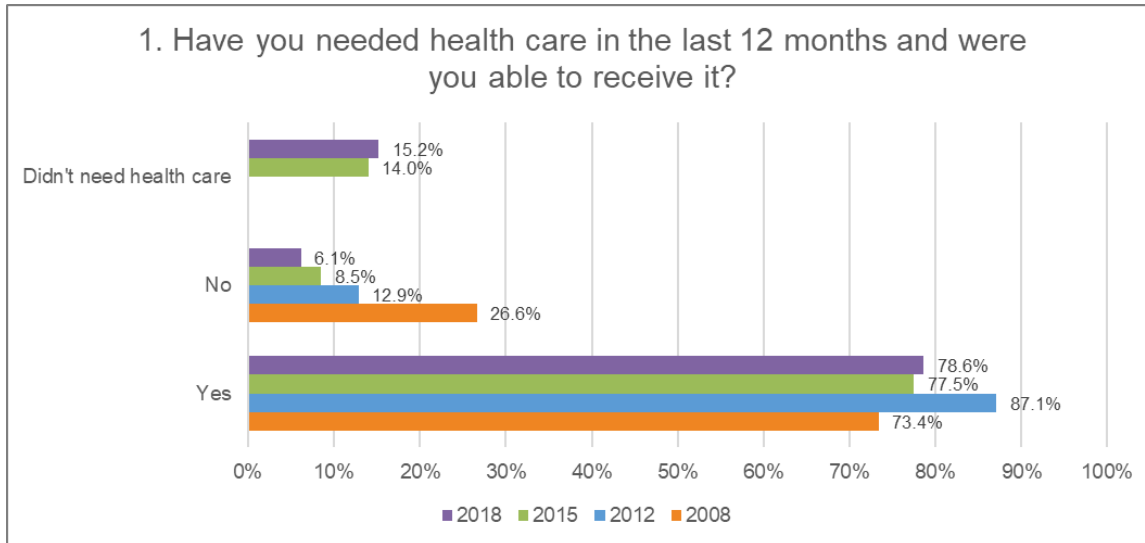
Request a copy, provide comments or view electronic copies of current and previous community health needs assessments:

<https://alaska.providence.org/about-us/community-health-needs-assessments>

Appendix 1

Primary Data: Seward Community Survey

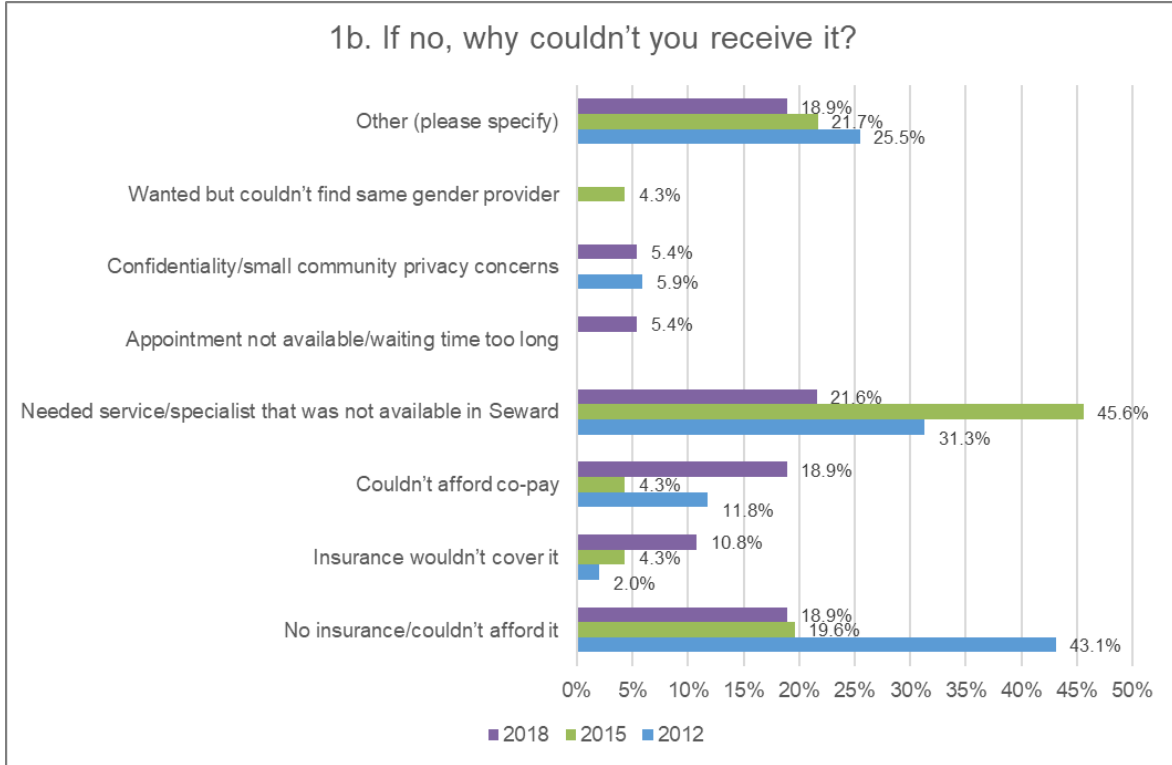
Seward Community Health Survey



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| |
|---|
| 1a. If yes, what was the primary reason for your most recent visit? |
| Abortion |
| Allergy shot with nurse |
| Anxiety attacks |
| Asthma and Gallbladder Removal |
| Back Surgery |
| Bad Flu |
| Blood draw & prescription refills |
| Child birth |
| Cold |
| Diagnosis and treatment of giardia |
| Ear infection |
| EKG |
| Emergency, new acute problem, preventative care, and physical |
| Fell and hurt my ankle |
| Fractured finger |
| Had a baby March 9th |
| I needed health care... I Did not use Providence Seward though... Your first question needs to be "did you use Providence Seward for healthcare..." |
| I received my health care in Anchorage as I could not get the needed care here in Seward |
| I thought I had strep throat, but I didn't. It was just a simple Dr. visit |
| Injury |
| Lab Services (3) |
| Medication |
| Mental health |
| My GP in Soldotna ordered blood work. |
| No comment |
| Physical therapy (2) |
| Prenatal Care (3) |
| Prescription renewal |
| Shoulder replacement |
| Sinus issues plus preventative care, blood work |
| Stitches for a cut |
| Surgery |
| Surgery on my neck |
| Suture removal |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



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

Didn't need it (6)

Maternal fetal medicine

1b. If you needed a service/specialist that was not available in Seward, please specify:

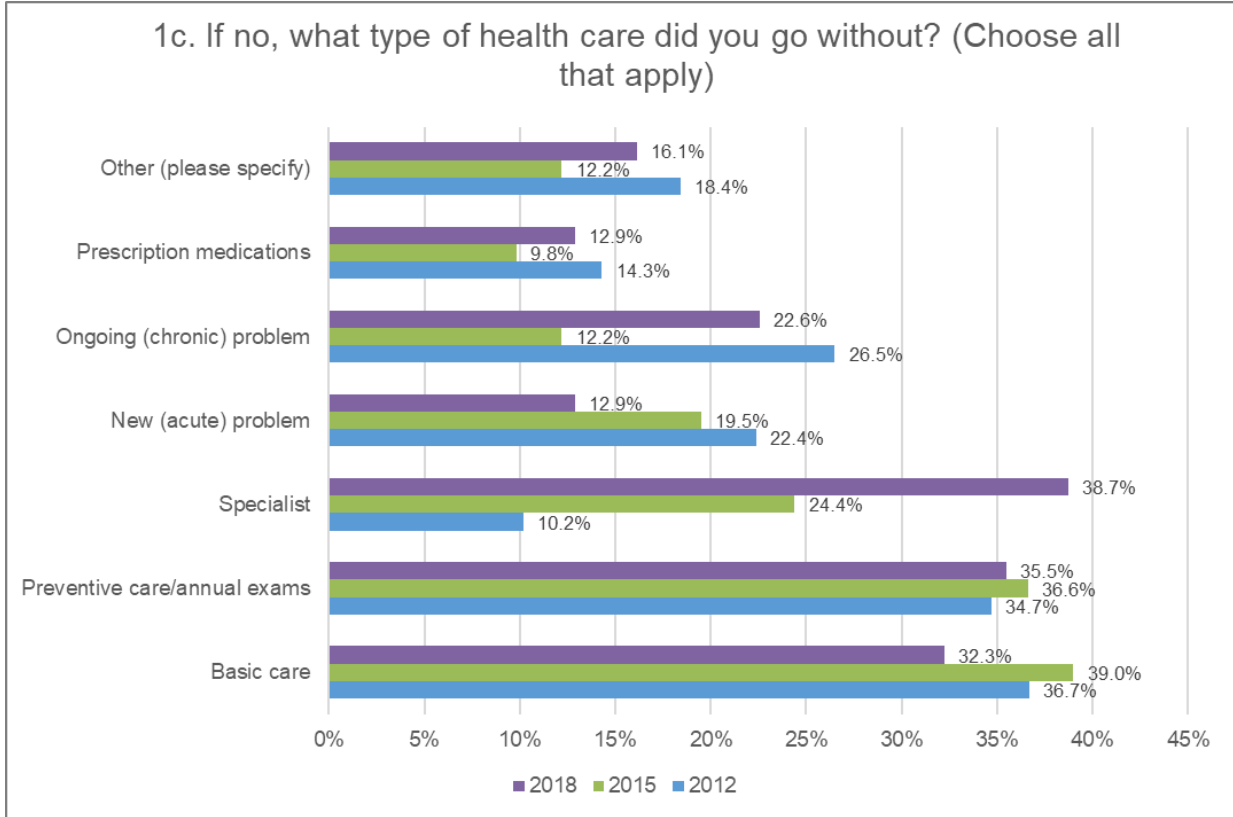
OBGYN (3)

I have a large bunion and hammertoe problem on my left foot which would require surgery.

Dermatologist

Oral surgeon

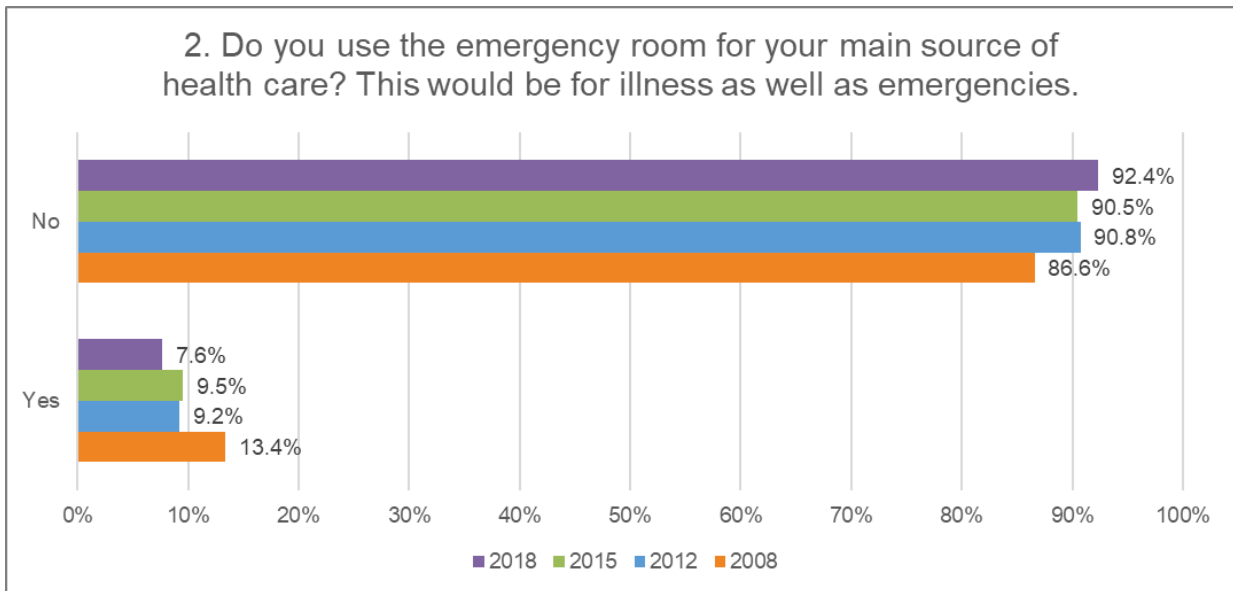
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



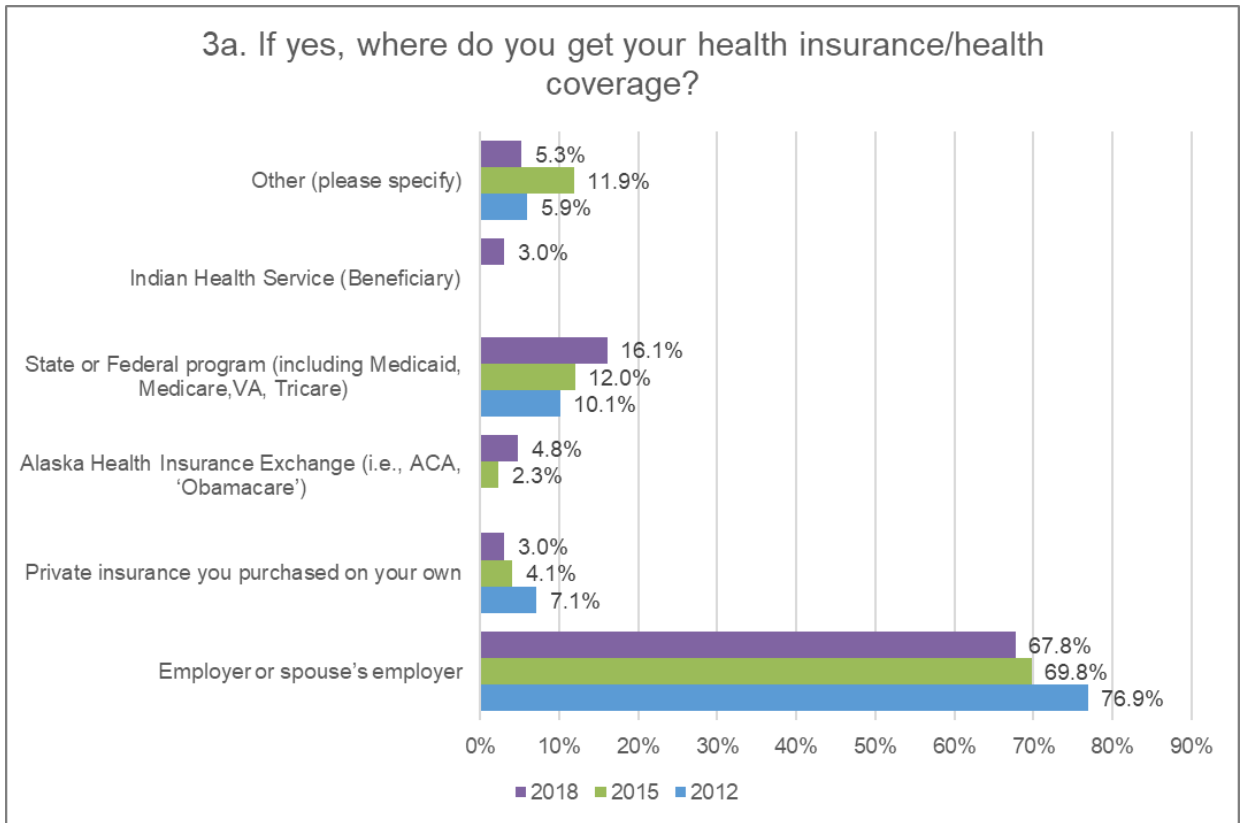
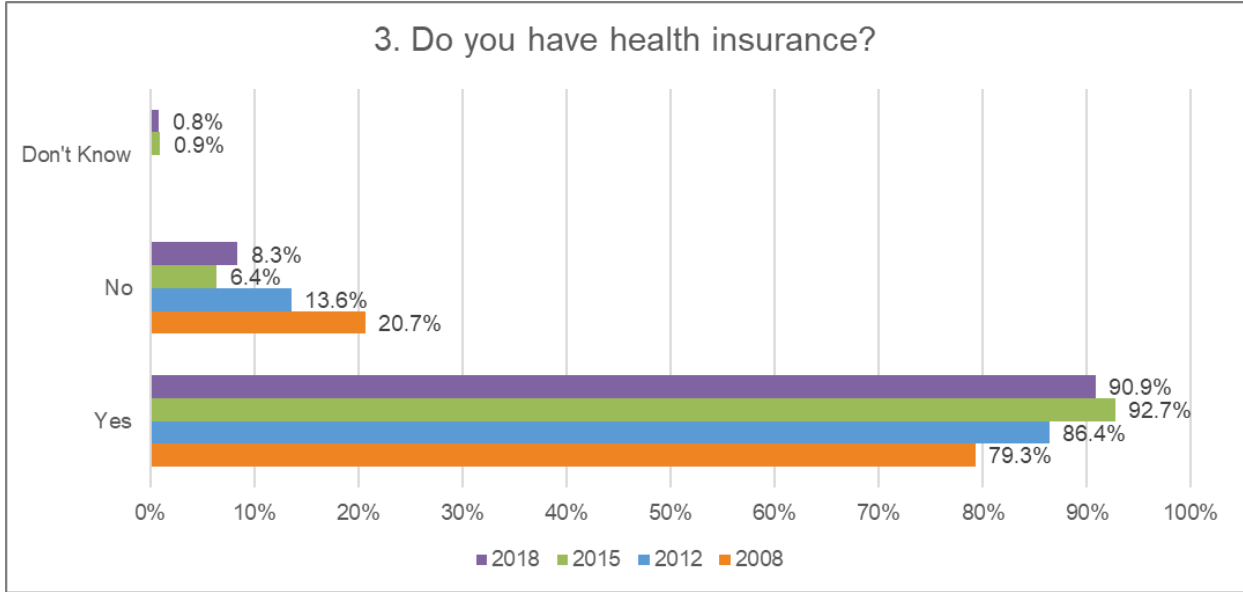
1c. If no, what type of health care did you go without? (Choose all that apply)

Dental (2)

Didn't require health care (3)



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

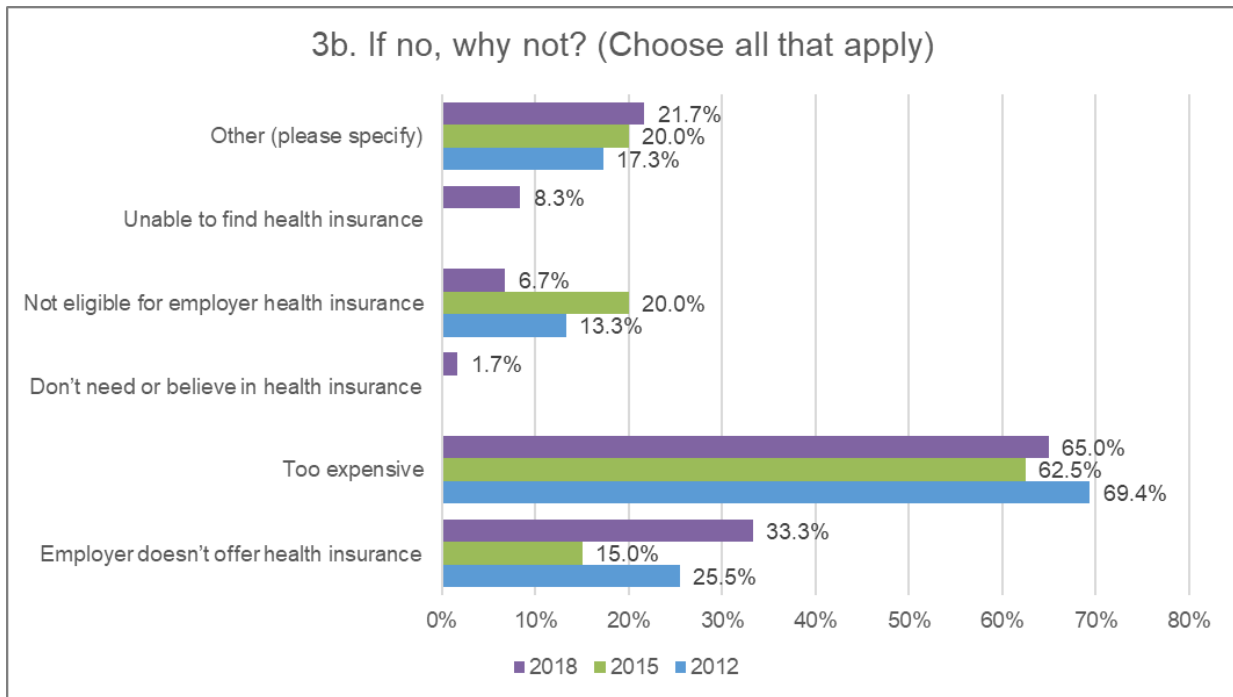


3a. If yes, where do you get your health insurance/health coverage?

| |
|----------------|
| Employer (4) |
| Parents (11) |
| Retirement (8) |
| And IHS |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| |
|--|
| And Medicare |
| Christian Care Medi-share, a group sharing system for medical care, not technically insurance, but works as such |
| Health Coop - Liberty Health |
| healthcare.gov got too expensive went with Liberty Health Share |
| IHS and Alaska care |
| Liberty Health Share |
| Medicare and private health insurance |
| Medicare and retirement insurance |
| NH Health Insurance Exchange "Obamacare" |
| none of your business |
| Out of State |

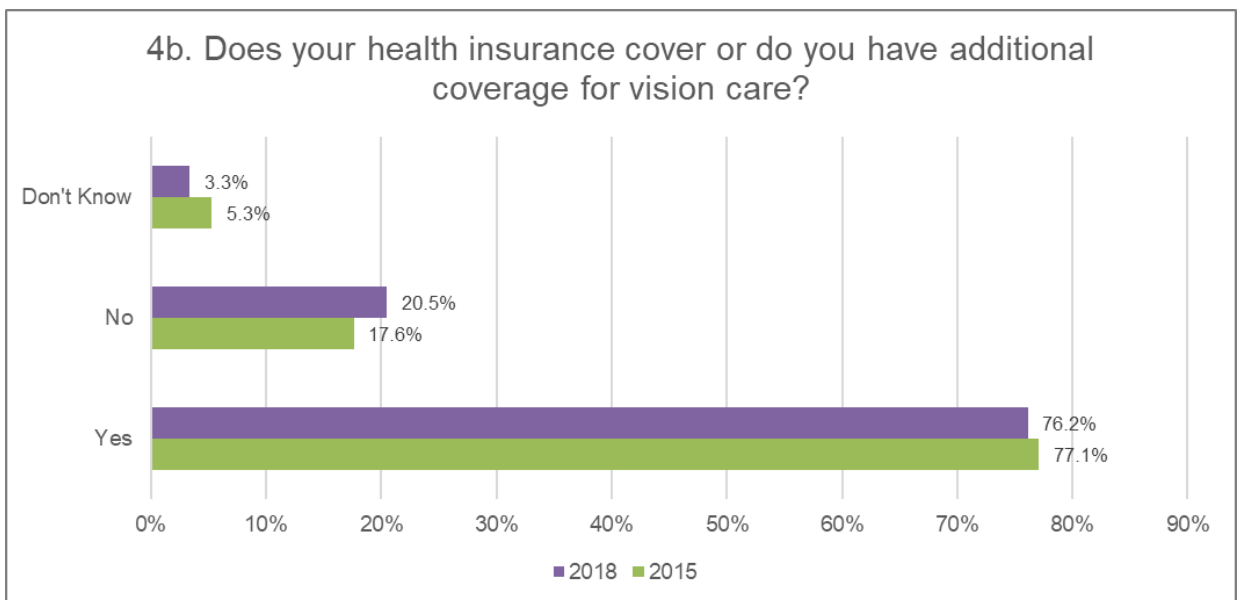
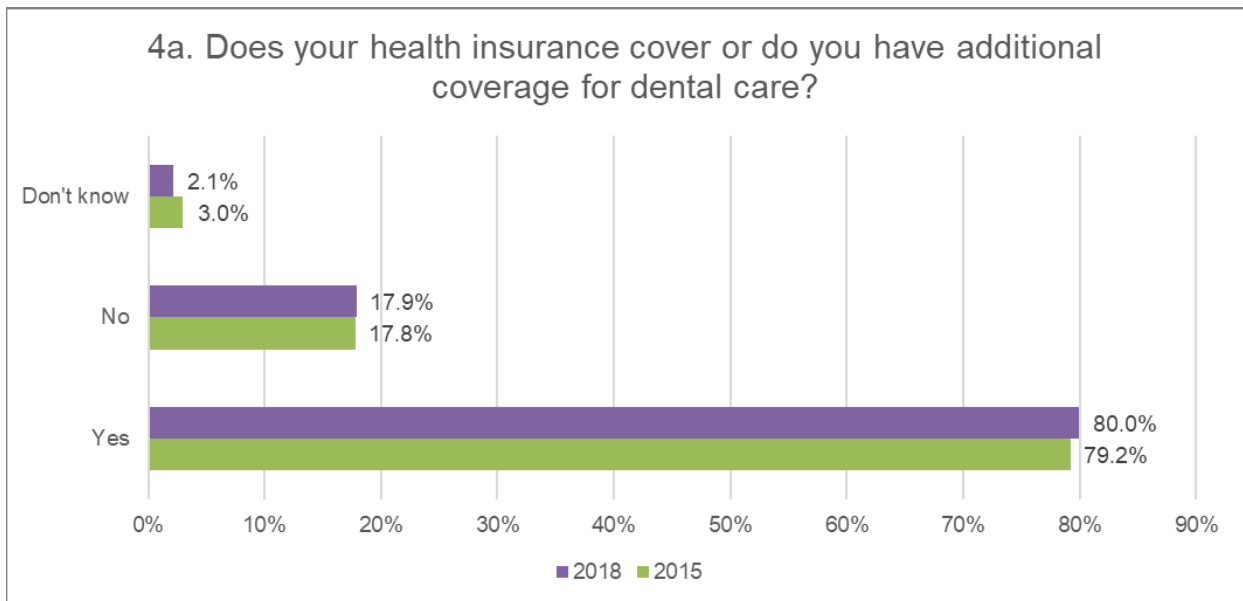


| |
|---|
| 3b. If no, why not? (Choose all that apply) |
| \$3200 per month plus 12 k deductible. That is more than our house payment! |
| Alaska native |
| Have Indian health services |
| I am part of a health share program |
| I applied for health insurance, and still waiting for a response |
| I belong to a health share group |
| IHS |
| Member of Samaritan Ministries- medical co-op |
| Part of a sharing ministry. Samaritan's |
| Samaritan ministries sharing each other's medical bills |

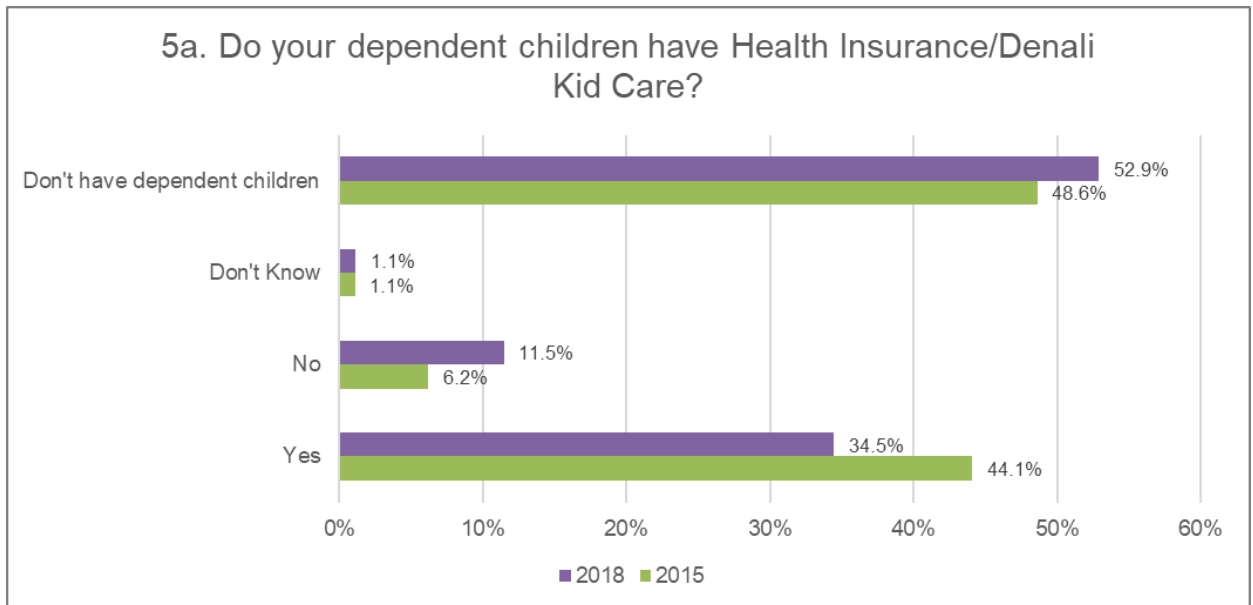
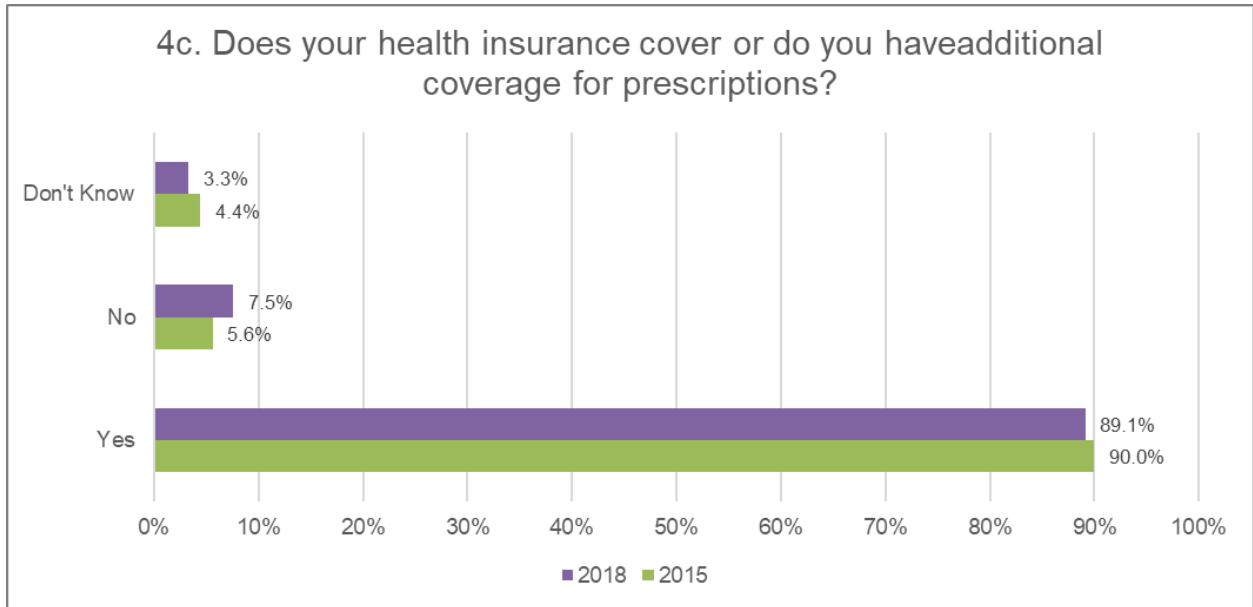
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

Self-employed (2)

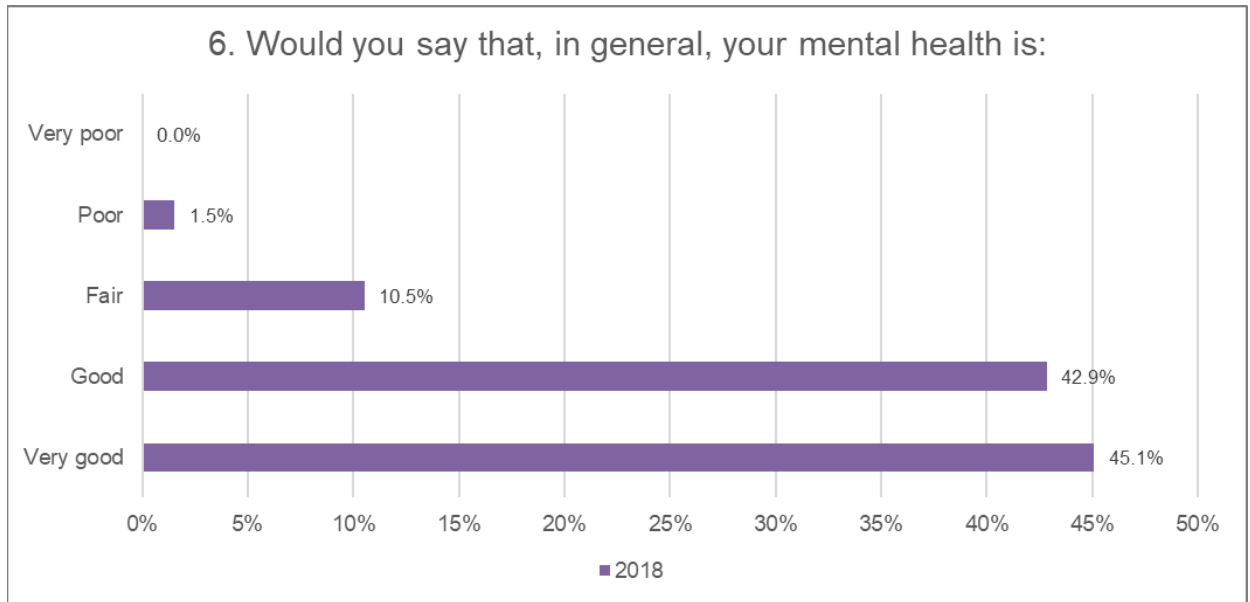
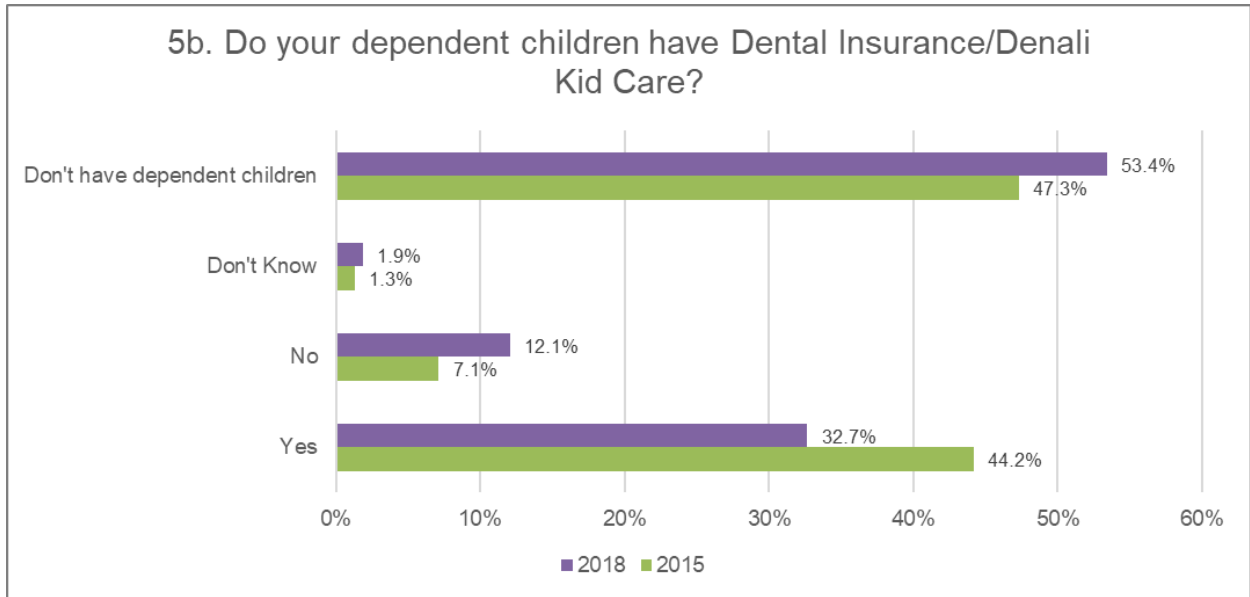
Tribal coverage



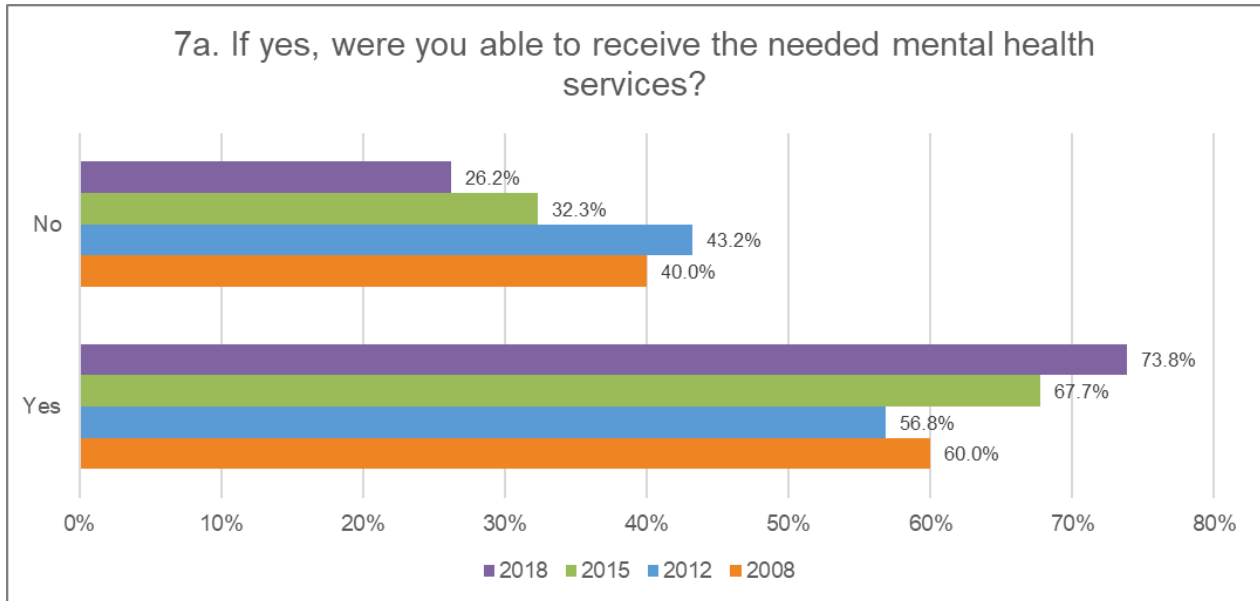
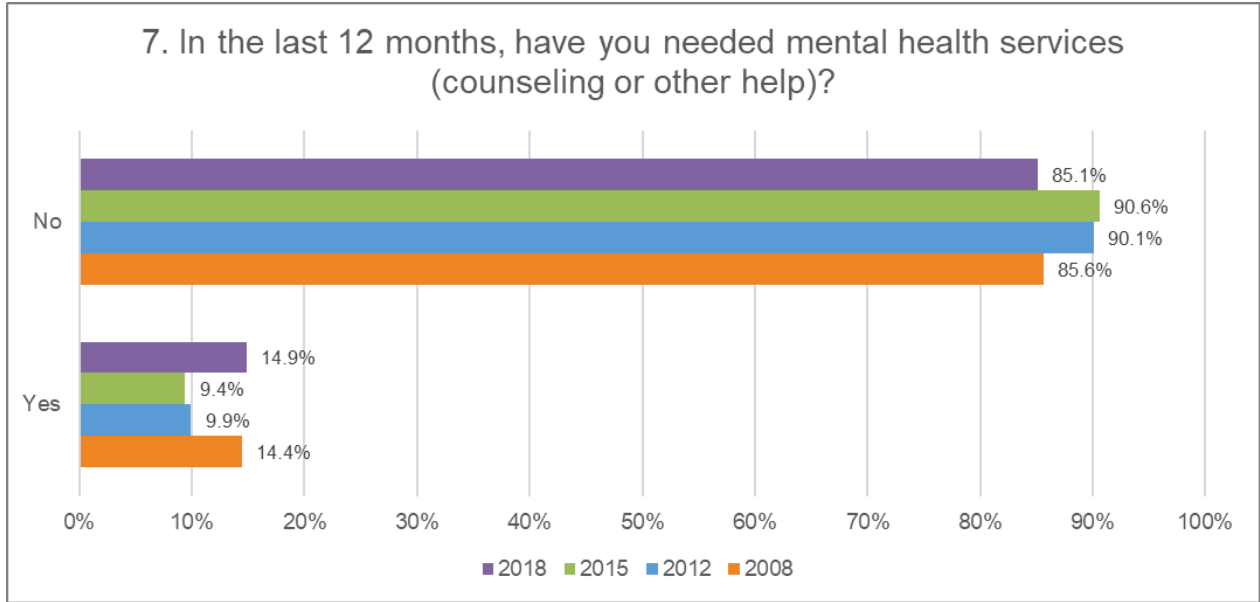
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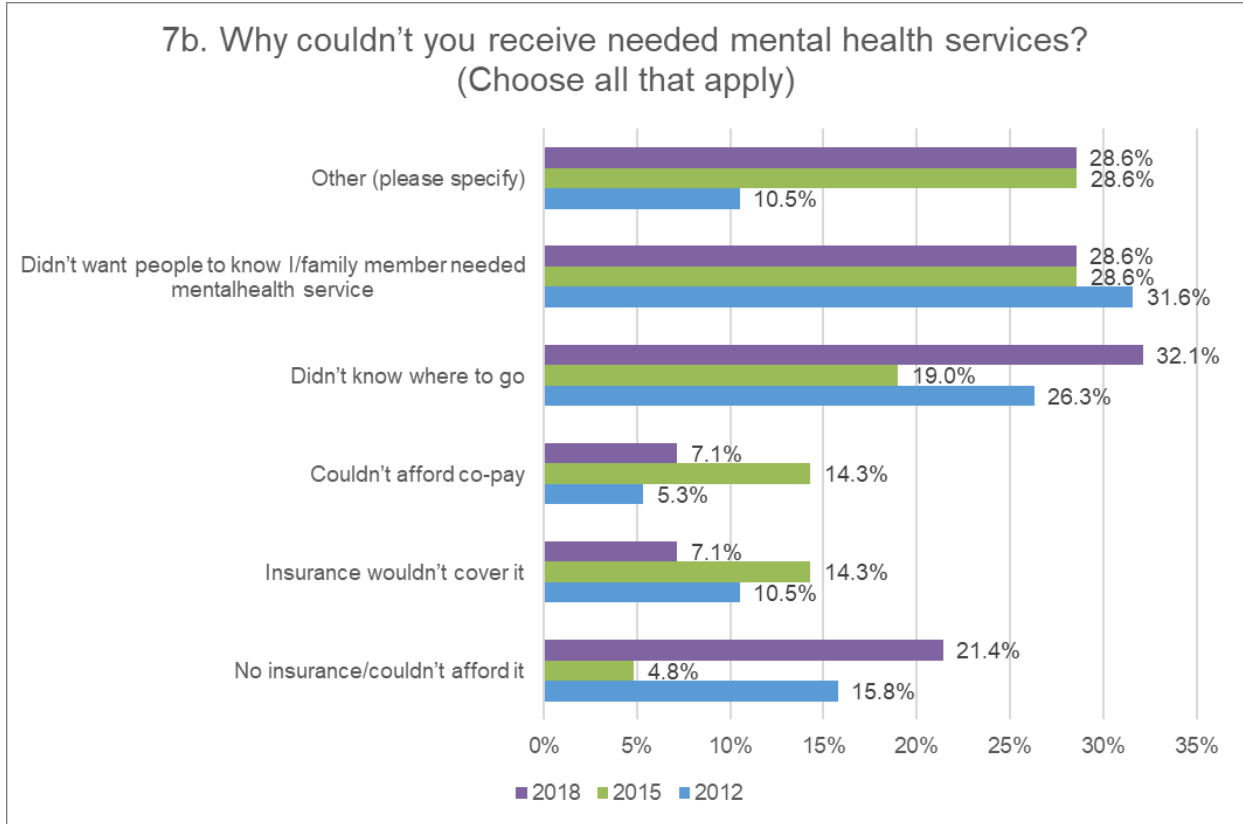
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2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



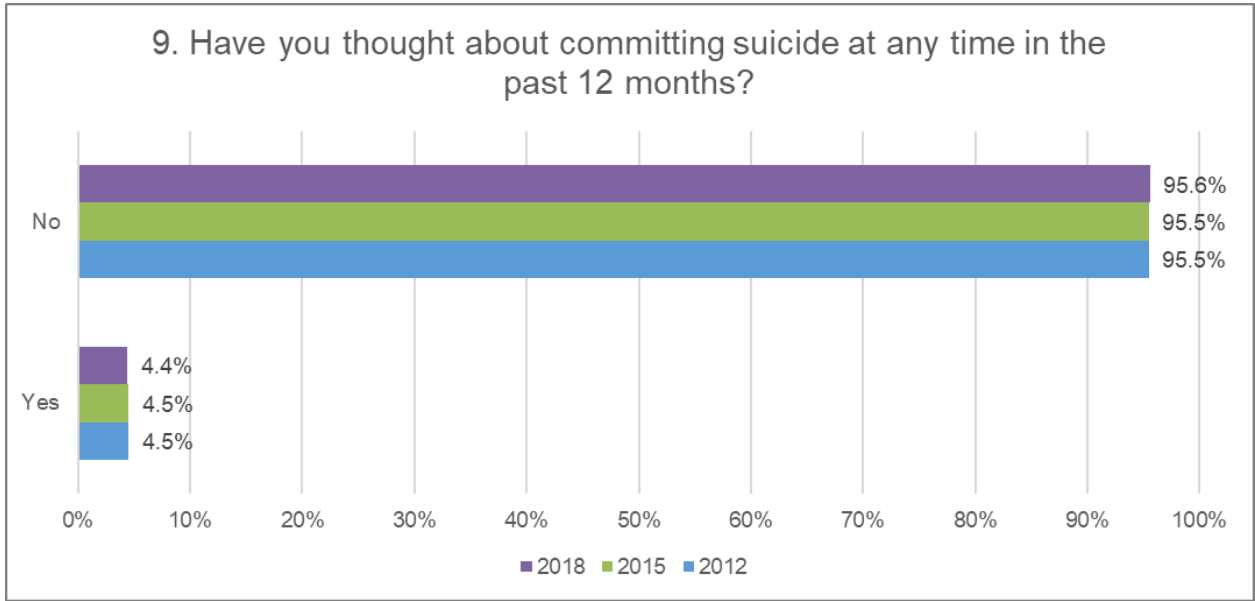
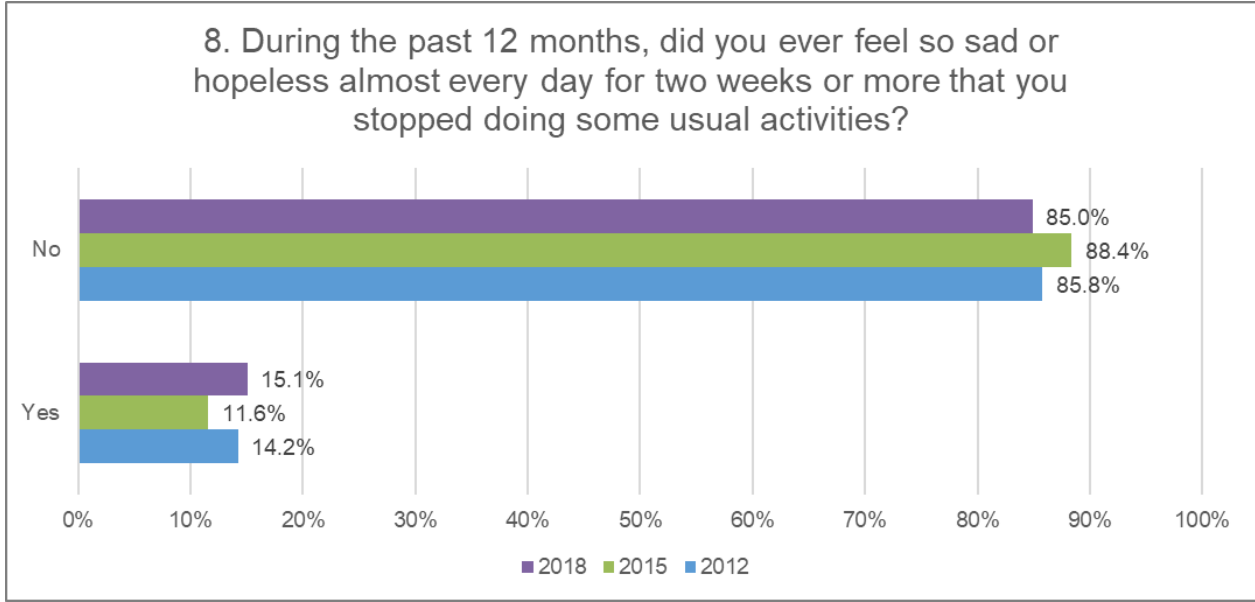
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



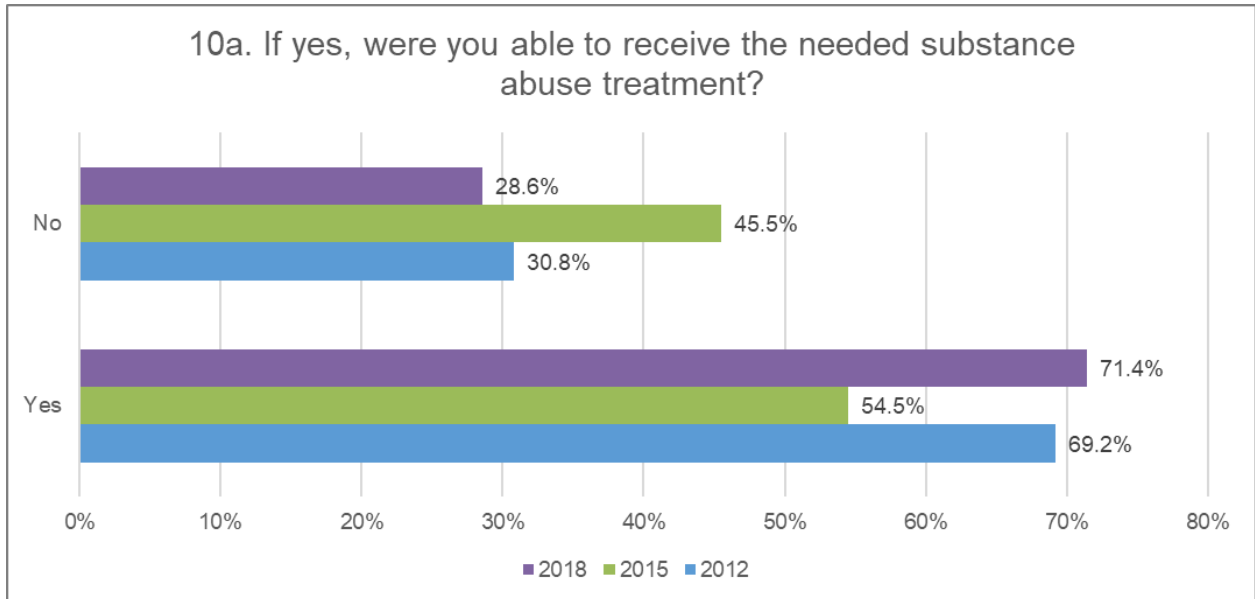
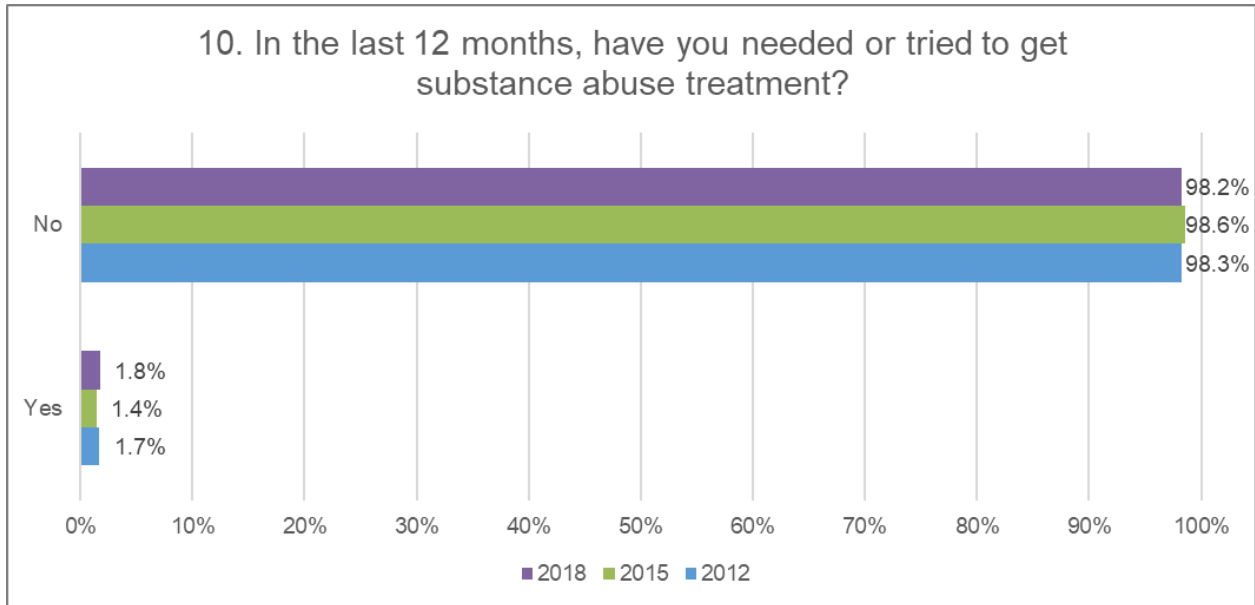
7b. Why couldn't you receive needed mental health services? (Choose all that apply)

| |
|---|
| Counselor not available |
| Did not use Providence |
| I work with MH professionals |
| No qualified trusted provider in town |
| No response from Chugachmuit mental health after request for services. I then called Seaview and never got a returned phone call to set up services |
| They would not return my call and make appointment |
| Wasn't the right fit |
| Work with therapist |

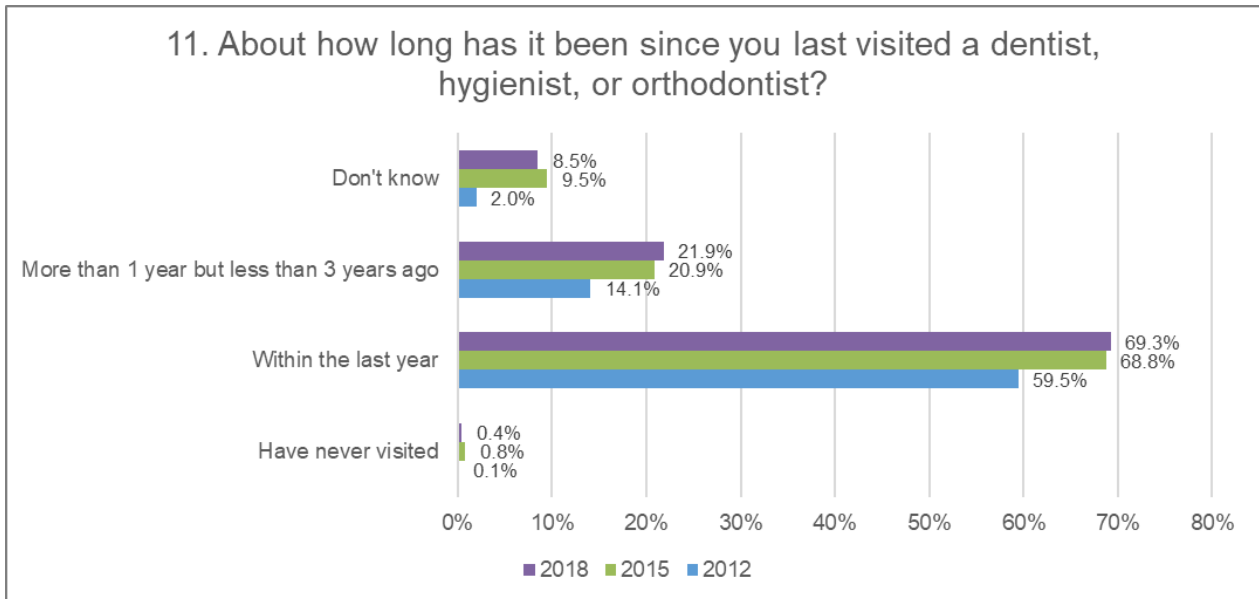
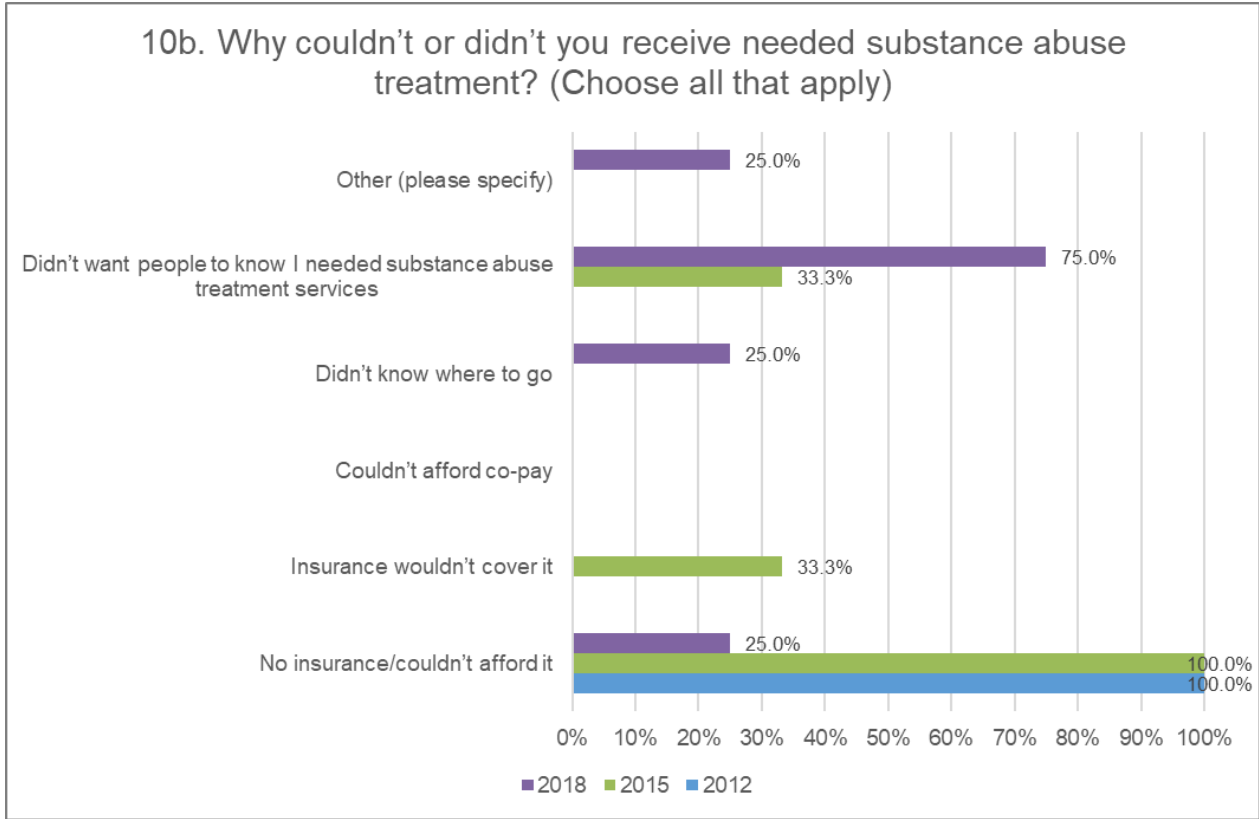
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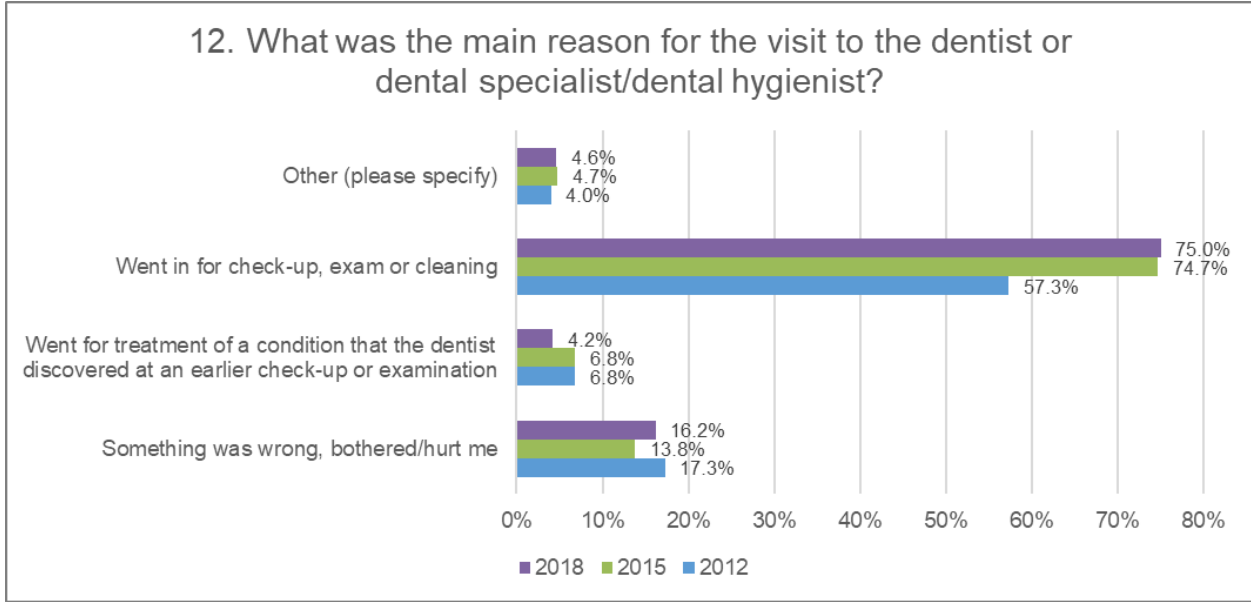
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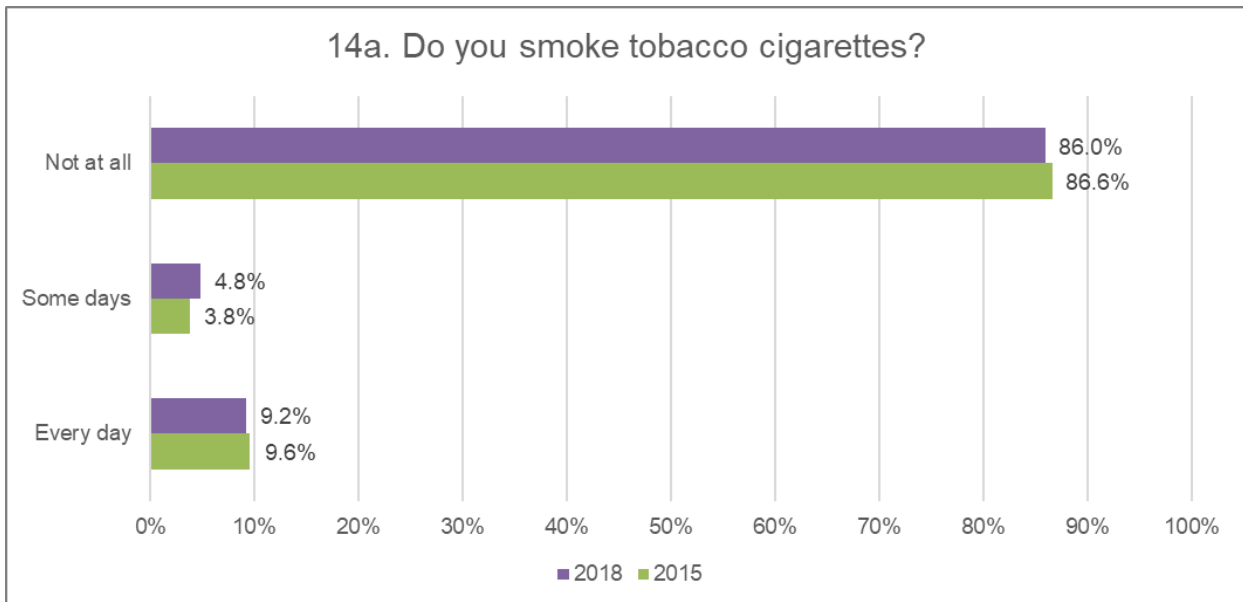
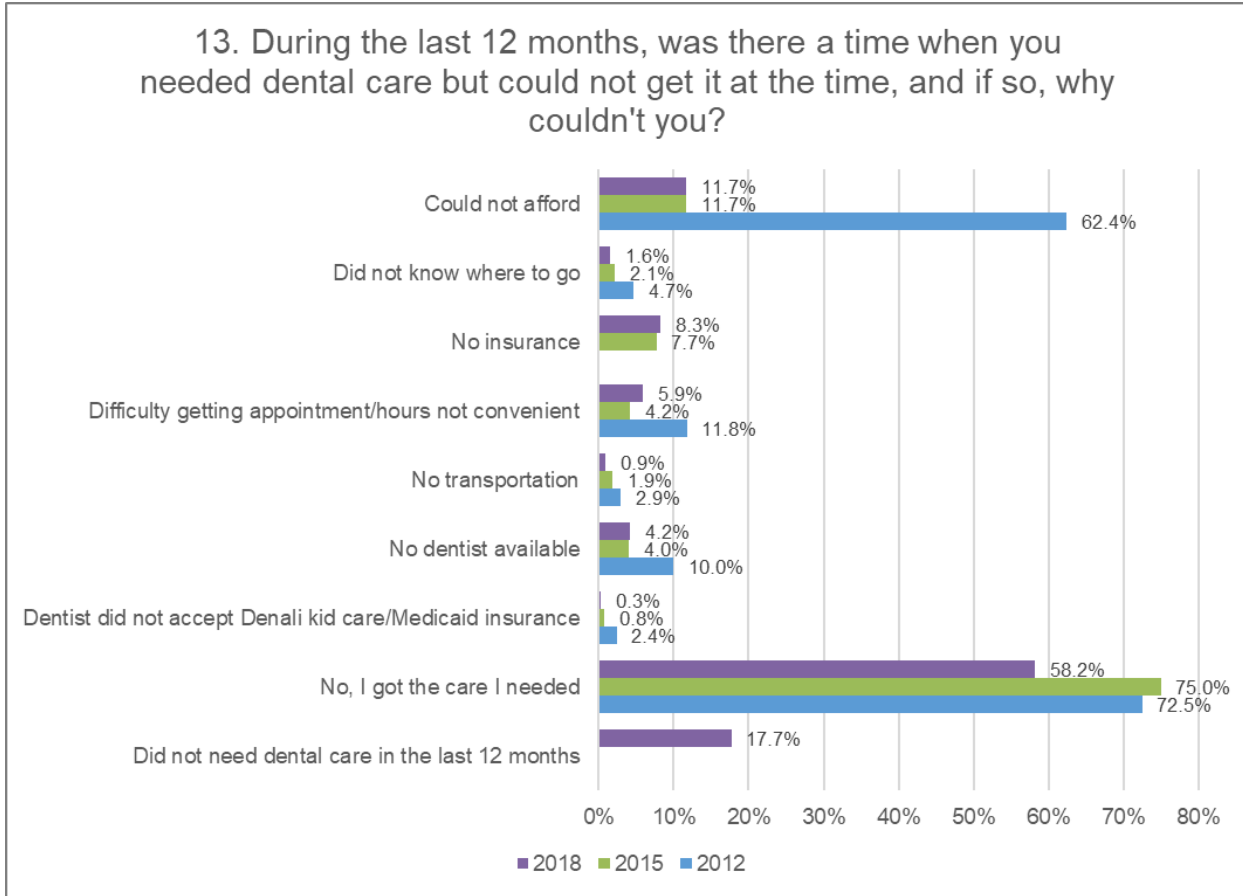
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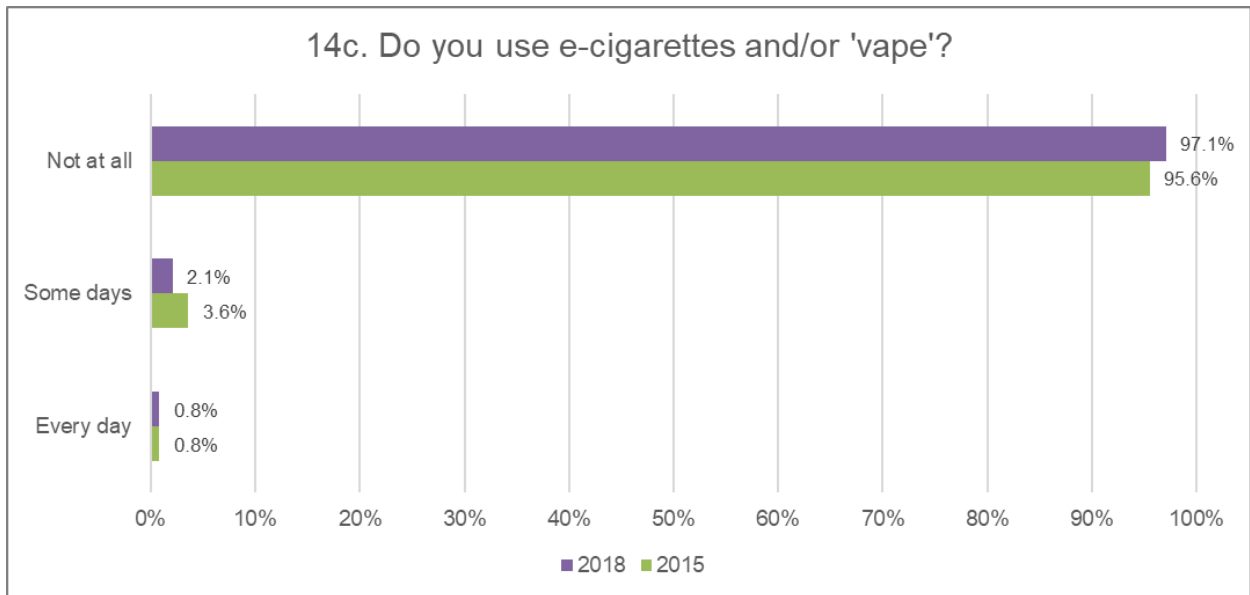
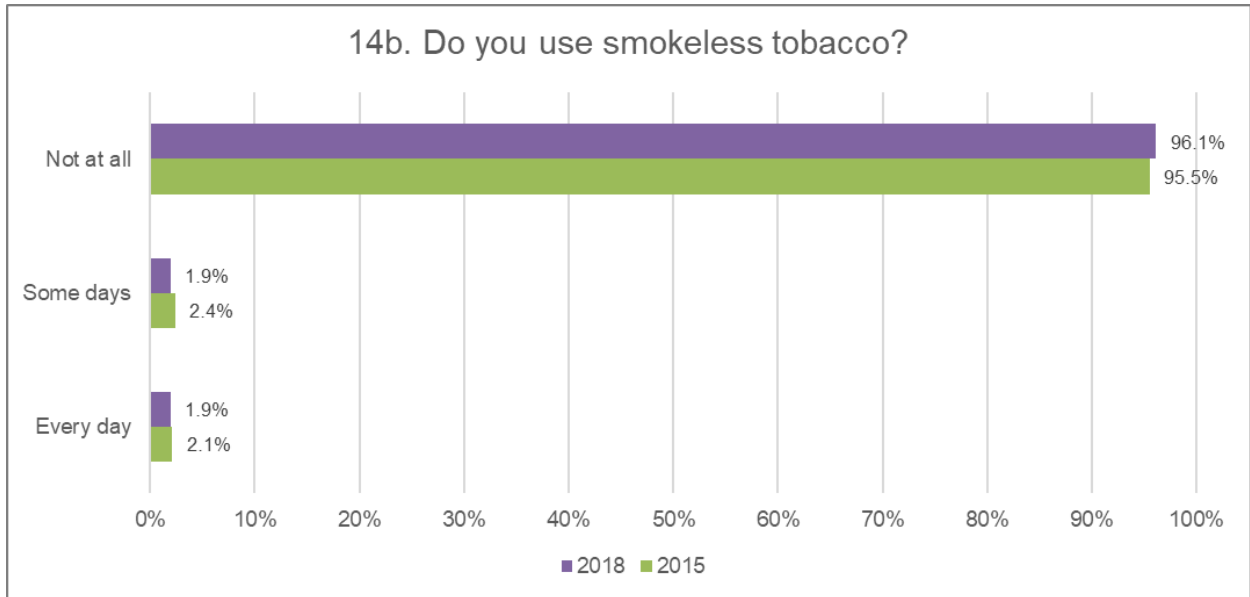
12. What was the main reason for the visit to the dentist or dental specialist/dental hygienist?

| |
|--|
| Both parents are dentists |
| Broken tooth (2) |
| Crown (5) |
| Dentures (4) |
| don't go |
| Don't like our dentist |
| Extraction |
| Filling |
| Fixed teeth after car accident |
| get new teeth |
| Go every 3 months for cleaning exam once a year |
| Haven't been since 2005 |
| Haven't been to a dentist in YEARS |
| I haven't had dental insurance in several years |
| Mouth cancer I needed before radiation |
| my teeth have short roots |
| My wife made me |
| No comment |
| No Dentist visit since childhood |
| No money or insurance |
| Something was wrong and also went for checkup exam and cleaning |
| Take out wisdom teeth. |
| tooth bleaching |
| Went to Mexico for treatment |
| Wisdom teeth removed 18 years ago. Haven't had a cleaning in 24+ years |

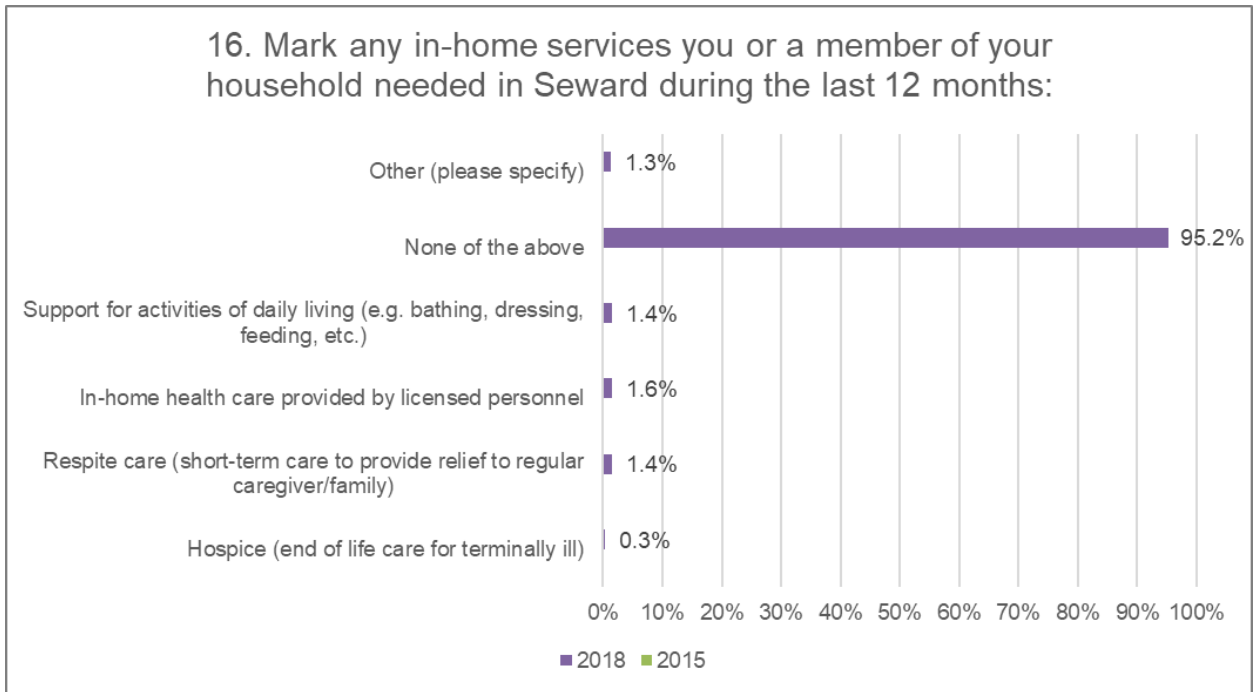
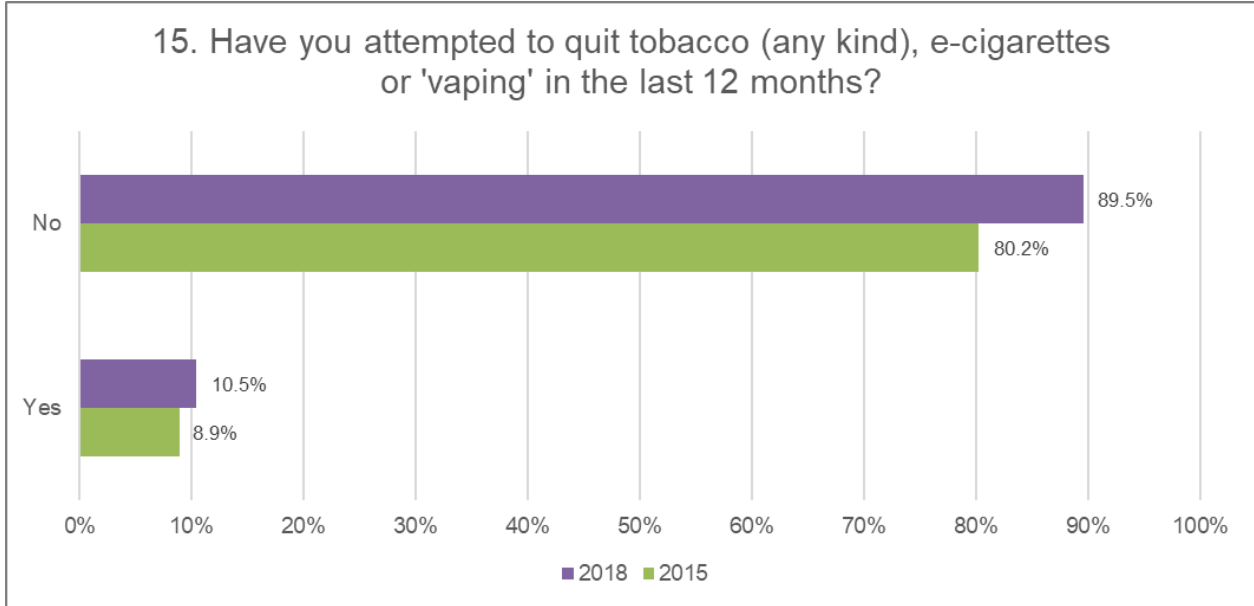
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



16. Mark any in-home services you or a member of your household needed in Seward during the last 12 months:

Assistive equipment

Cane for walking from time to time

Dialysis

Family Member - Mental Health Care

Housekeeping (Every 2 weeks) Shopping

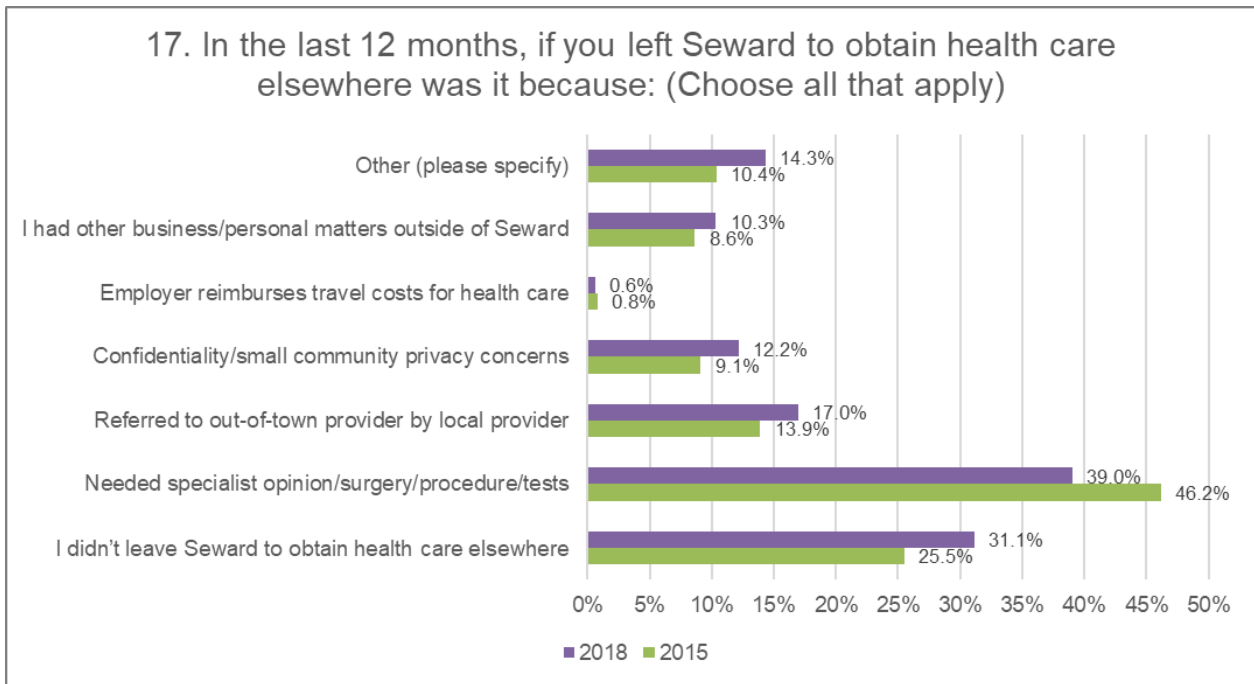
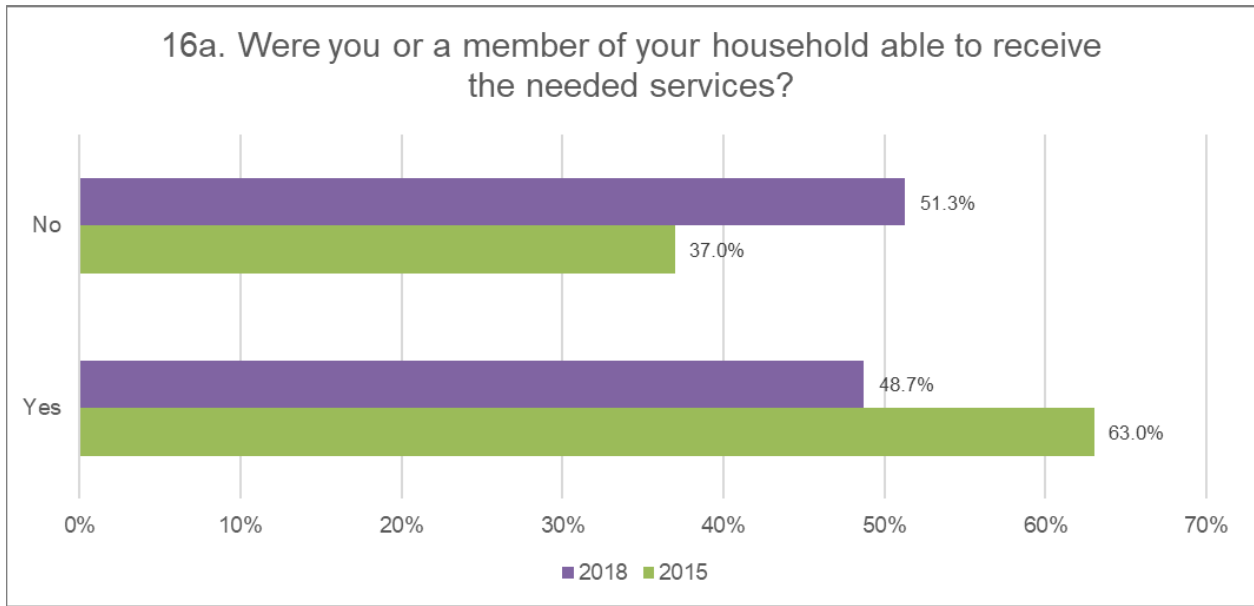
Midwives delivered my kid at home

Needed to borrow shower chair and a walker

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

Prenatal Care

PT after hip surgery



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| |
|---|
| 17. In the last 12 months, if you left Seward to obtain health care elsewhere was it because: (Choose all that apply) |
| Availability |
| Anchorage (2) |
| Preference (41) |
| Insurance/Price (21) |
| Availability of services (14) |
| ANMC Dental - no local provider |
| Been seeing the same doctor for years. His office is in Anchorage. |
| Dentist in Anc |
| Did not live here |
| Does not apply |
| Family Dr. is out of town |
| Have primary care physician in Soldotna |
| Health care in Seward; eye & Dental in Anchorage |
| Hearing test and purchase hearing aids |
| I don't live in Seward |
| I recently moved to Seward |
| just for regular dental for family |
| just moved here |
| Long distance partner counseling |
| Moved away |
| N/A |
| N/A recent resident |
| No comments |
| Recently moved to Seward, have not needed to access healthcare while here yet |
| Seeing physician from Anchorage. Moved to Seward 2 years ago. Have considered finding Dr. from Seward because of travel problems. |
| Work with physicians here in town |

| |
|--|
| 17a. If you left Seward because you needed specialist opinion/surgery/procedure/tests, please specify specialty: |
| Back/Spine (5) |
| Cardiology (15) |
| Dental/Oral (15) |
| Acute Mental health |
| GI (11) |
| All bladder removal |
| Allergist, hearing aids |
| Allergy and asthma specialist, orthopedic care, heart specialist. |
| Orthopedics/Podiatry (31) |
| ANMC (3) |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

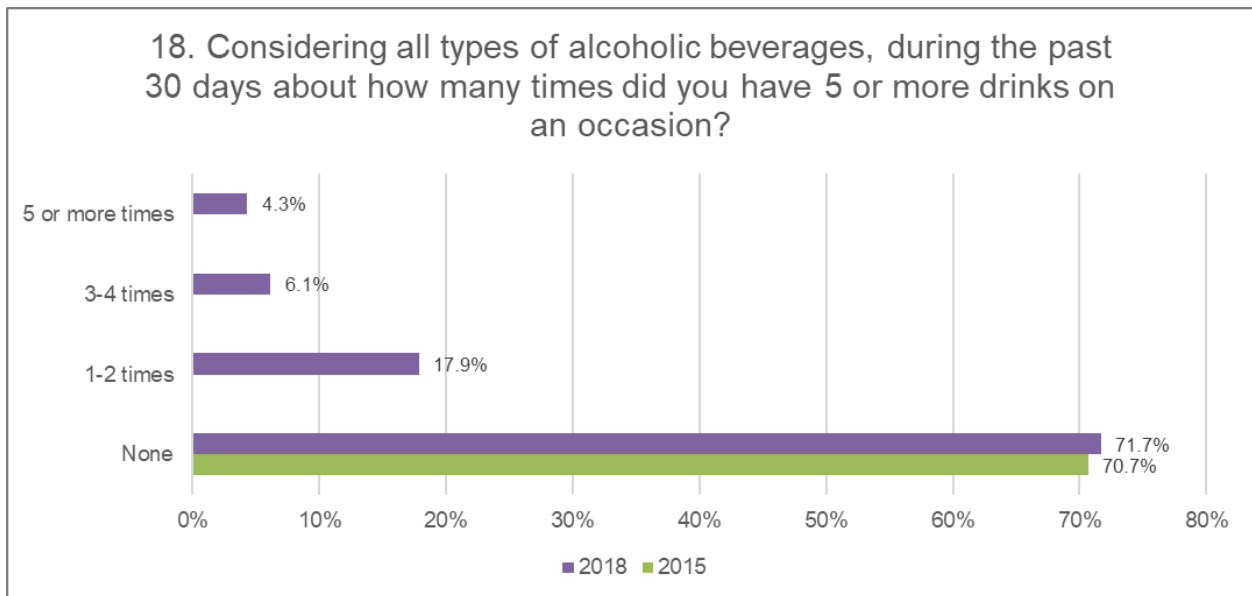
| |
|--|
| Appendectomy, pregnancy |
| OBGYN/Pregnancy (27) |
| Cancer (3) |
| Breast Ultrasound |
| cardiologist, muri |
| cardiology, ENT |
| Counseling and Endometriologist |
| Dermatologist (6) |
| Dermatologist, orthopedist |
| Dexa scan to see if my osteopenia had gotten worse |
| Erg, and neurological tests |
| Endodontics |
| Endocrinologist. Throat surgery, knee surgery |
| ENT (4) |
| Eye care (2) |
| Follow-up for mammogram |
| gynecologist, pediatrician, dentistry, ophthalmologist, urgent care facility |
| Had to see neurosurgeon |
| Heart, cancer care, retina care, diabetic neuropathy |
| Hematology |
| Hysterectomy surgery, cancer treatment |
| I have Multiple Sclerosis and I have to go to a Neurologist |
| I maintain care within my tribal health system for continuity purposes. |
| I needed a Neurologist |
| I needed to follow up with my neurologist in Anchorage. |
| INJECTIONS FOR MENACULAR/RETINAL DISEASE |
| Internal surgery |
| IUD |
| Kidney stones (3) |
| Knee surgery and dental |
| Liver problems & for lower/upper GI. |
| Major hernia surgery |
| mammogram |
| MRI (2) |
| needed day surgery at AMNC |
| Needed endocrinologist and an ob. |
| Needed further testing by a urologist and nephrologist |
| Needed to see a specialist |
| nephrology & orthopedic trauma |
| Neurologist (4) |
| Neurologist & sleep study |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

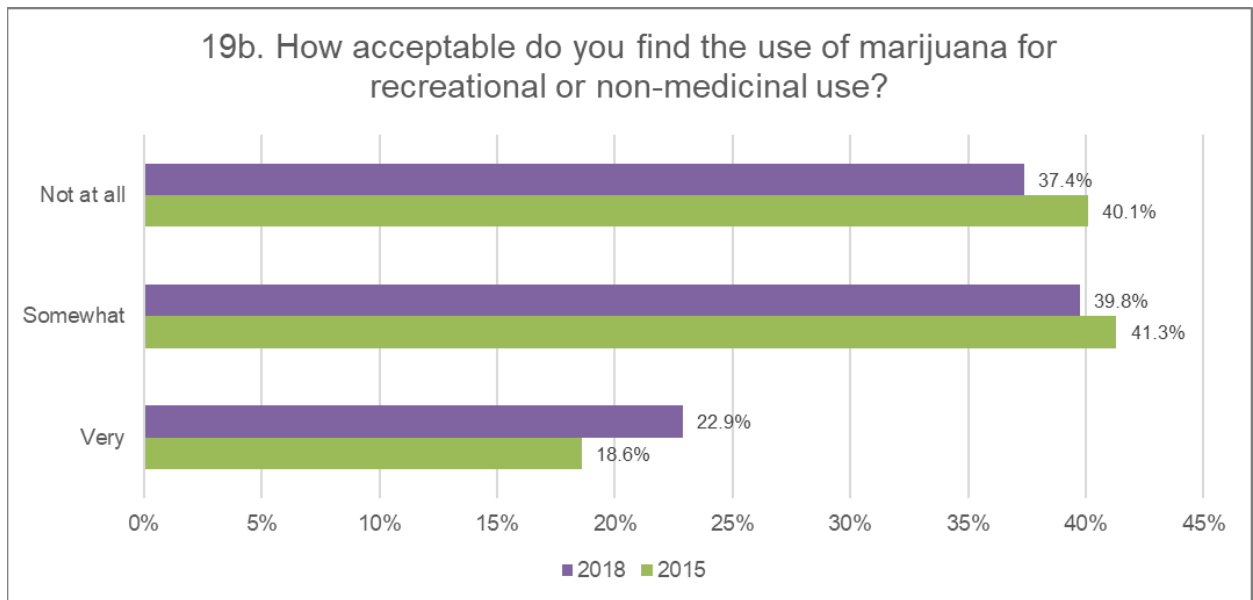
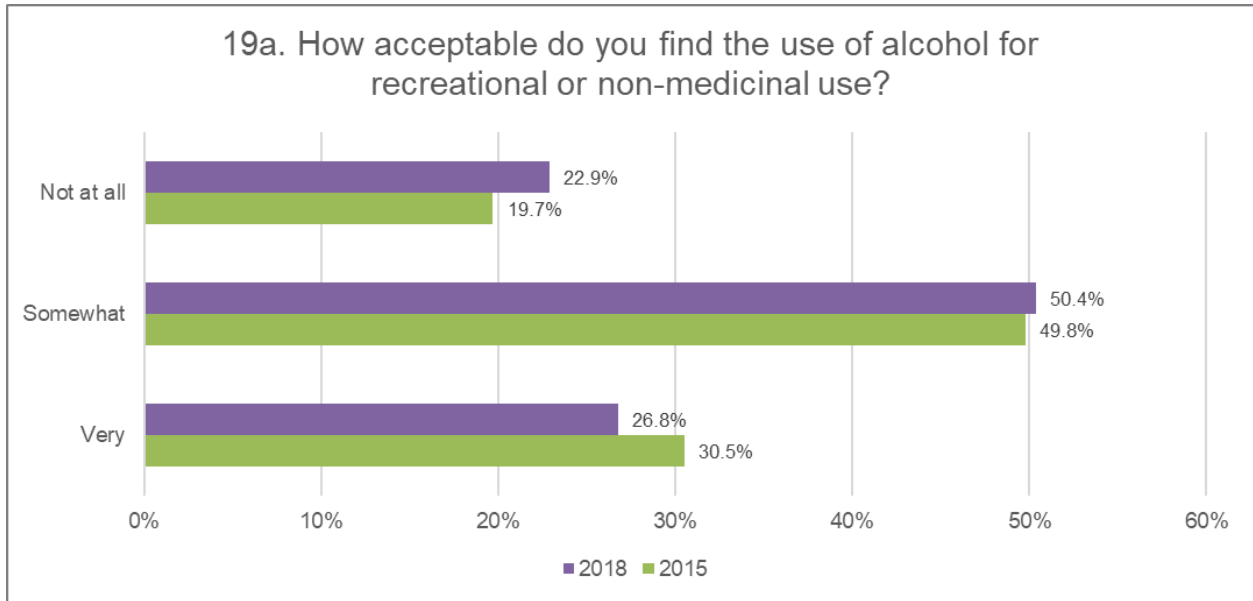
| |
|--|
| None of your business (2) |
| nose ear eye specialist |
| Not knowledgeable enough |
| neurology, podiatry |
| ob./gym and cardiologist |
| Ob/gym and dental |
| Occasionally this has been the reason |
| OPA |
| ophthalmologist |
| Optometrist |
| ORTHO, GYNO |
| Ortho, Oral surgery |
| Orthopedic and Oncology |
| Orthopedic Surgeon; Dermatology |
| Orthopedic surgery, urology |
| orthopedic, esophagus/stomach |
| orthopedics, colonoscopy, MRI |
| orthopedist, pediatrician |
| pain management and oncology follow up |
| Pain specialist |
| Pediatric cardiology |
| Pediatric doctor visit and pediatric optometrist visit |
| pediatric heart doctor |
| Pediatric Ophthalmologist |
| Pediatric Urologist |
| Pediatrics, surgery |
| physical therapy, OBGYN |
| Podiatrist, MRI, Orthopedic, Pulmonologist |
| Podiatrist, Eye Doctor |
| Prosthetist |
| Psychiatry |
| Pulmonologist/Cardiologist |
| pulmonology |
| Radiology for a biopsy |
| Rheumatologist (2) |
| Sleep study, cardiologist, Eco cardiogram |
| specialist opinion |
| Spouse needed a dermatologist |
| Stress test (heart doctor) |
| surgery (3) |
| Surgery clinic |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

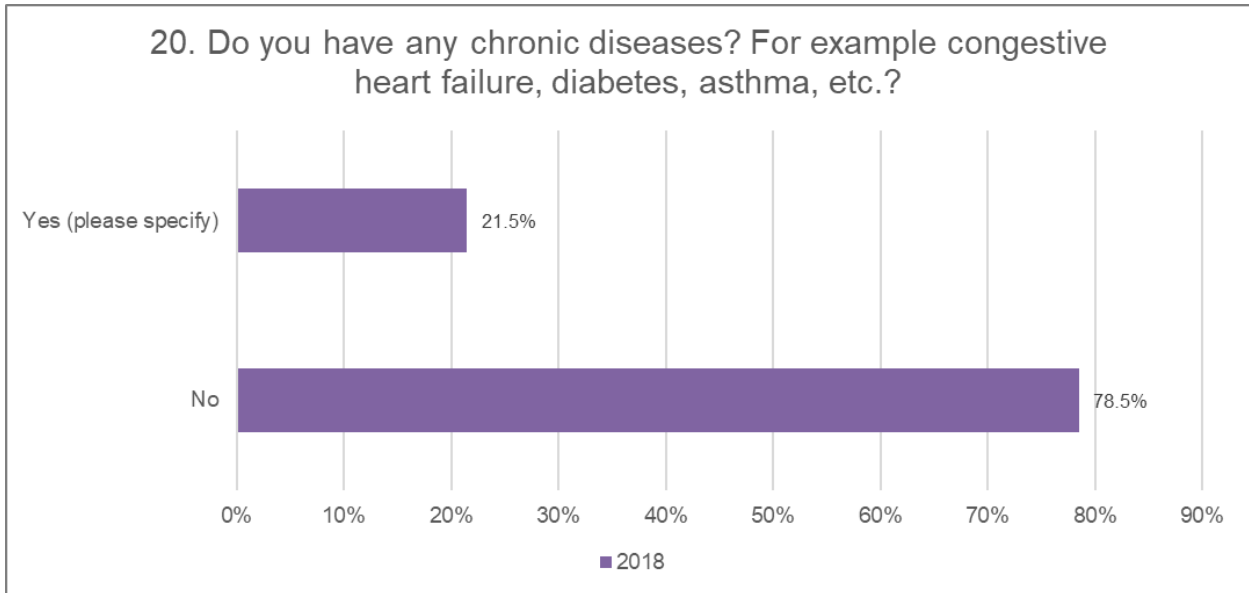
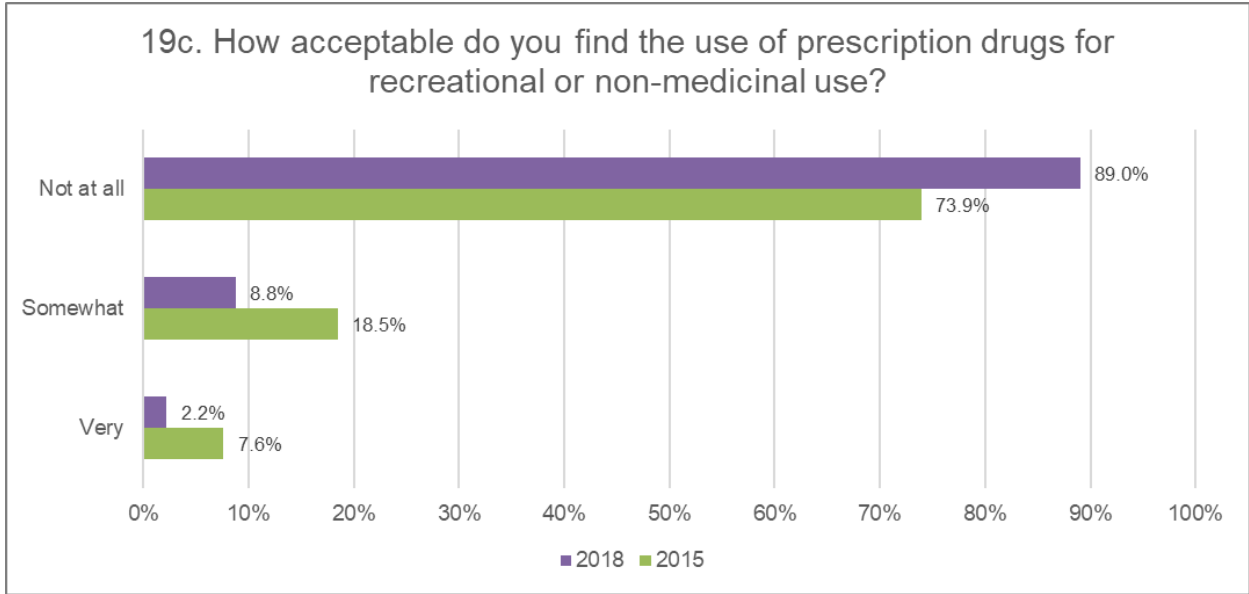
| |
|---|
| Surgery out of state |
| surgery, pediatrician |
| surgery, tests, dental |
| test and procedure |
| tested for abnormalities with the lymph |
| There are no specialist in Seward |
| u of WA Seattle liver cancer |
| Urologist, gastroenterologist, dermatologist |
| Urology (3) |
| VA Authorized surgery |
| VA services |
| workers comp injury, saw orthopedic, got scans, saw a surgeon |
| Yellow fever shot |



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



20. Do you have any chronic diseases? For example, congestive heart failure, diabetes, asthma, etc.?

??????

AFIB

Angina

allergies (2)

allergies, heart condition, anxiety

Ankylosing spondylitis

aortic value replacement surgery/pace maker

Arthritis (3)

Arthritis (JRA)

Arthritis, digestive

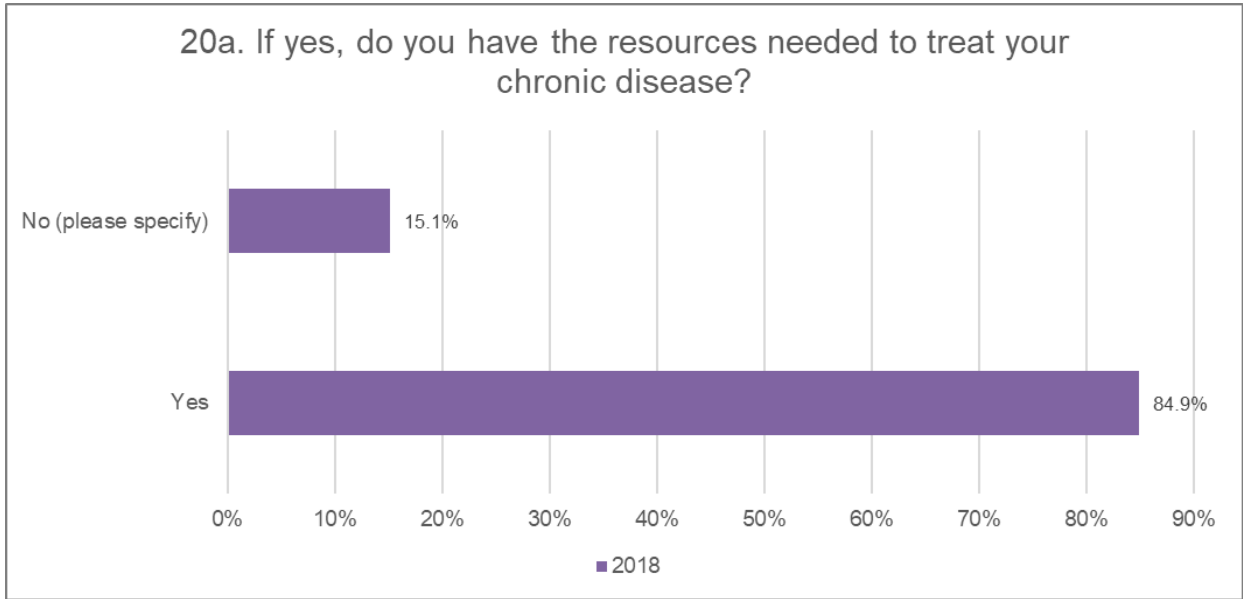
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| |
|---|
| Asthma (19) |
| Asthma & kidney stones |
| Asthma, COPD, |
| Asthma, Hypertension |
| Asthma, trouble swallowing, chronic diarrhea, bone loss |
| Atrial fibrillation |
| Cancer |
| Charcot, diabetes, retinophy, panic attacks, |
| Chronic Asthma |
| Chronic Neck Pain secondary to MVA |
| COPD |
| Crohn's |
| Crohn's Disease, Atopic dermatitis |
| Daughter has asthma |
| Depression (2) |
| Dermatologist |
| Diabetes (24) |
| Diabetes type 2 |
| Diabetes, COPD |
| Diabetes, hypertension, allergy induced asthma |
| Diabetes, Hypothyroidism, iron deficiency |
| Diabetes, Pain, High blood pressure |
| Diabetes, COPD, arthritis |
| Did not answer |
| Digerati was arthritis, diabetes, high blood pressure |
| Diverticulitis, osteoarthritis, degenerative disc disease, fibromyalgia, bone spurs |
| Elevated BP |
| Endometriosis |
| Endometriosis, allergies |
| Extremely high blood pressure |
| Fibromyalgia |
| GERD |
| GIST |
| Gout |
| Hbp asthma |
| Hidradenitis suppurativa, emphysema |
| High B/P, Several Prescriptions from V. A. for heart, |
| High blood pressure (9) |
| High blood pressure, gout |
| High blood pressure, obesity, plantar fasciitis |
| High blood pressure. High cholesterol |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

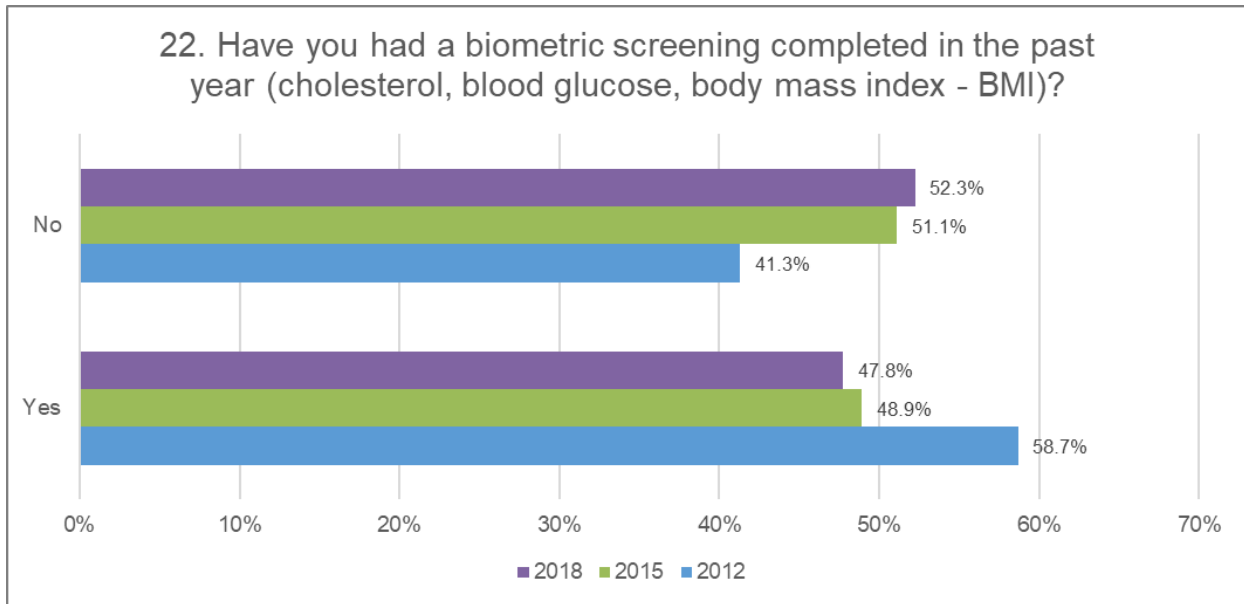
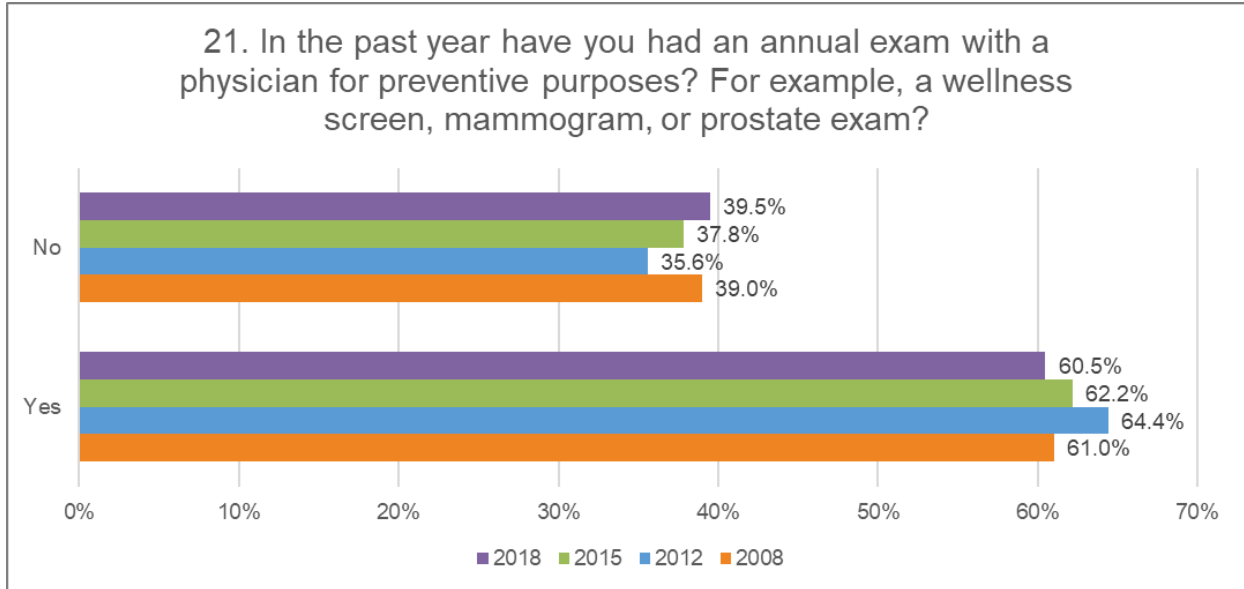
| |
|---|
| HTN (3) |
| Hyperlipidemia |
| Hypertension (3) |
| Hypertension, type II diabetes, sciatica, sleep apnea, obesity |
| Hypothyroidism; depression |
| Hypothyroid |
| Hypothyroidism (4) |
| Hypothyroidism, high cholesterol |
| Hypothyroidism, chronic back pain |
| I have stents |
| Leaky valve, high blood pressure |
| Lung Disease |
| Lupus (2) |
| Lyme |
| Migraine |
| Migraines, anxiety, PMDD, overweight |
| Multiple allergies and intolerances |
| Multiple Sclerosis (2) |
| Myasthenia gravis (In remission) |
| NA |
| Neuropathy |
| Not listed |
| Obesity and HTN |
| Osteoarthritis |
| Pain |
| Pcos |
| Polycystic Kidney Disease |
| Psoriasis, degenerative disk disease |
| RA and COPD |
| RA, Osteo, HBP |
| Rheumatoid arthritis |
| Rheumatological condition |
| Severe Anxiety, Depression, PTSD |
| Severe arthritis, chronic sinus, pain |
| Severe arthritis, need knee and hip replacement, overweight, varicose veins |
| Spinal stenosis degenerative discs disease |
| Thyroid |
| Triple By pass |
| Type 1 diabetes |
| Type 2 diabetes |
| Ulcerative colitis |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

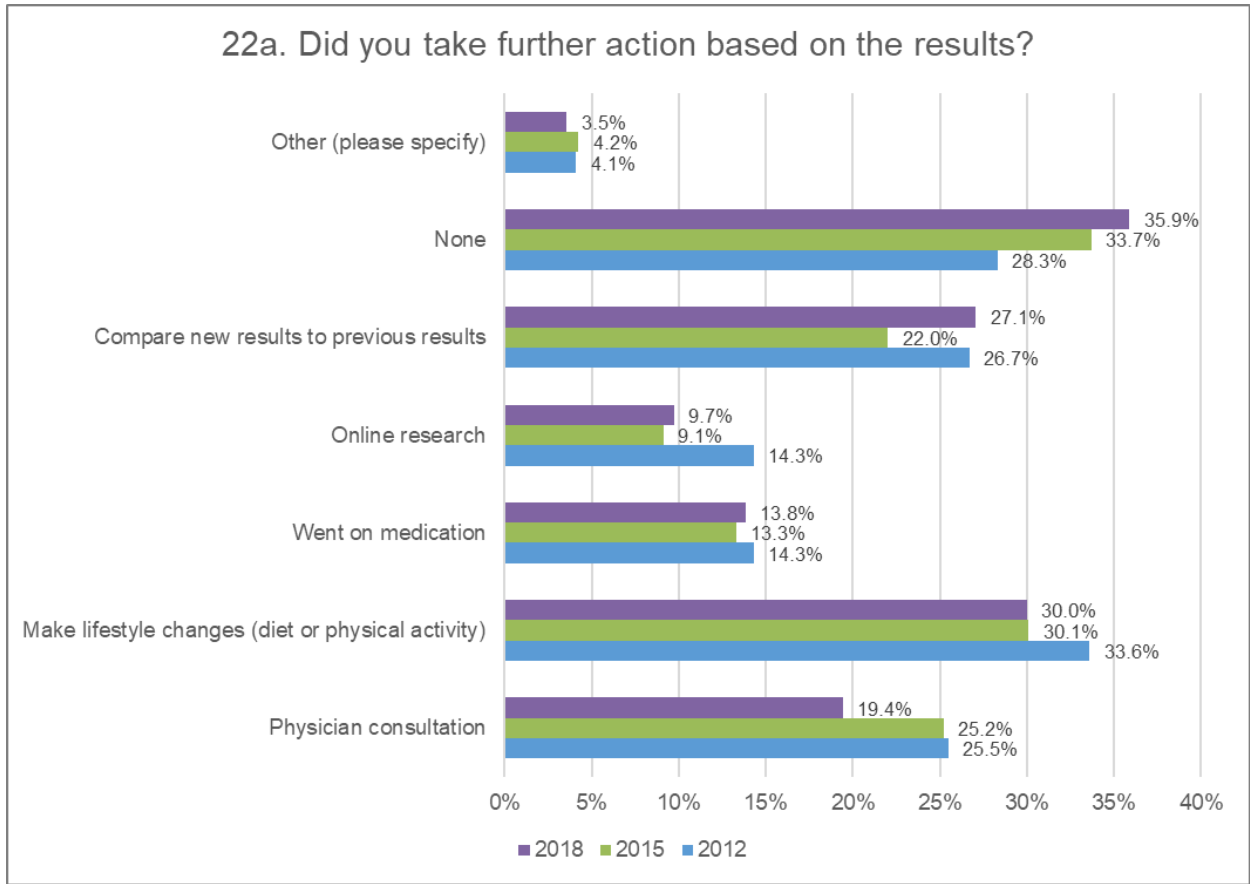


| 20a. If yes, do you have the resources needed to treat your chronic disease? |
|--|
| \$\$\$\$\$\$ |
| After insurance cost are so I high I can't afford |
| Alaska is behind the times. |
| Did not answer |
| Don't know, just take anti-depressant |
| I can't seem to get relief for severe pain |
| I needed an MRI. They do not offer that in Seward. |
| Just prescription Anti-depressant |
| Kind of |
| My physician does what he can, as do I but treatment and help with aftercare is almost non-existent in this town |
| no nutritional counseling approved by Premera is available either in person or virtually to me in Seward. |
| Not in Seward (3) |
| Not in Seward but in anchorage |
| Outside of Seward- Cardiologist |
| specialist not available locally |
| There are no specialists in this town and even with health insurance medical care is too expensive |
| There is no cure or treatment |
| There is no treatment |
| Unable to find knowledgeable practitioner |
| Usually don't have money (gas, visit, test, RX) to get to a DR |
| Very expensive |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

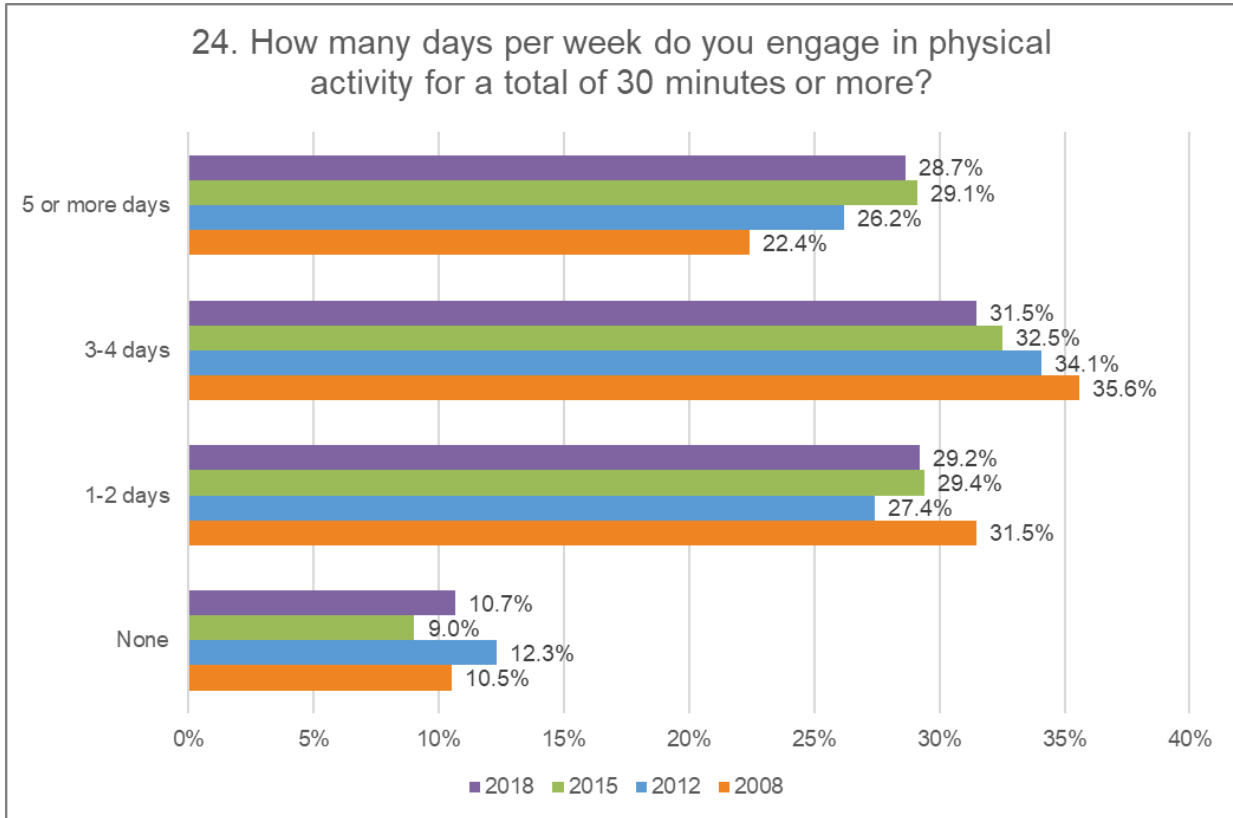
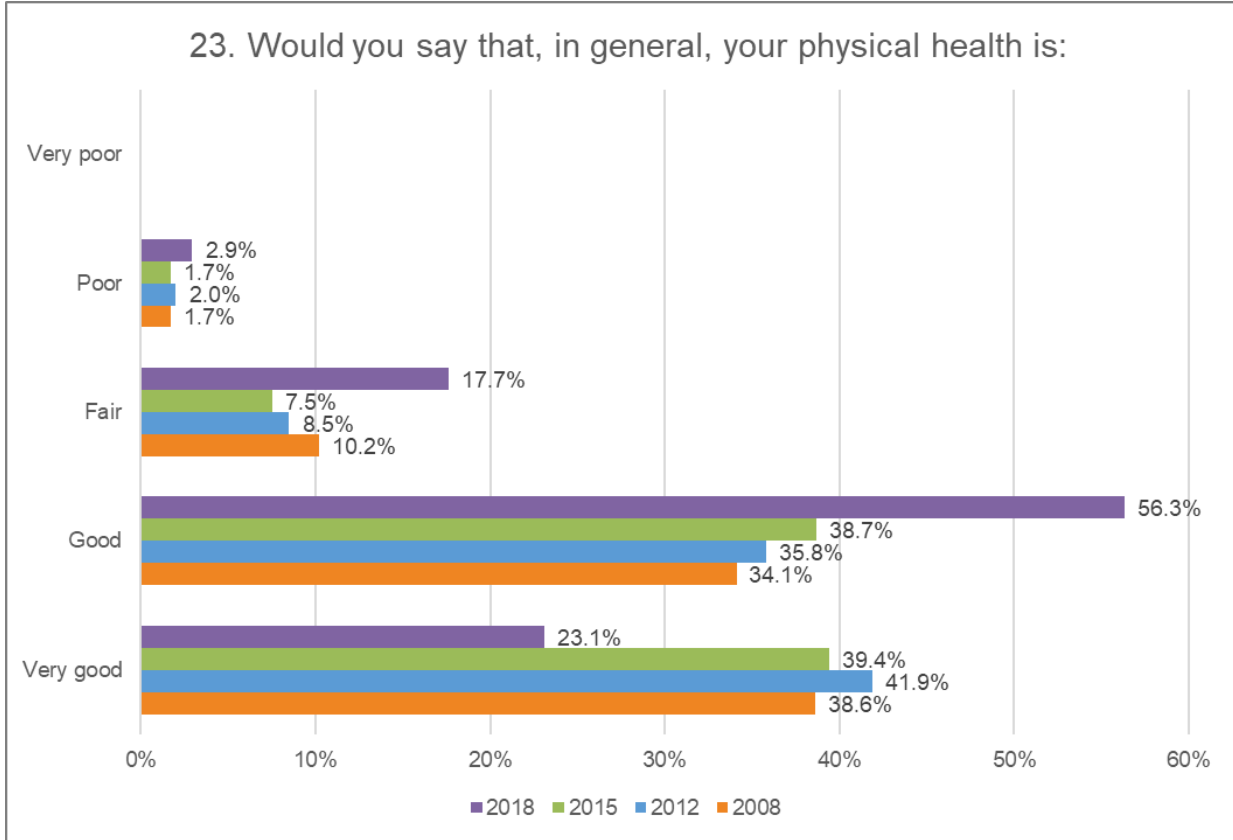


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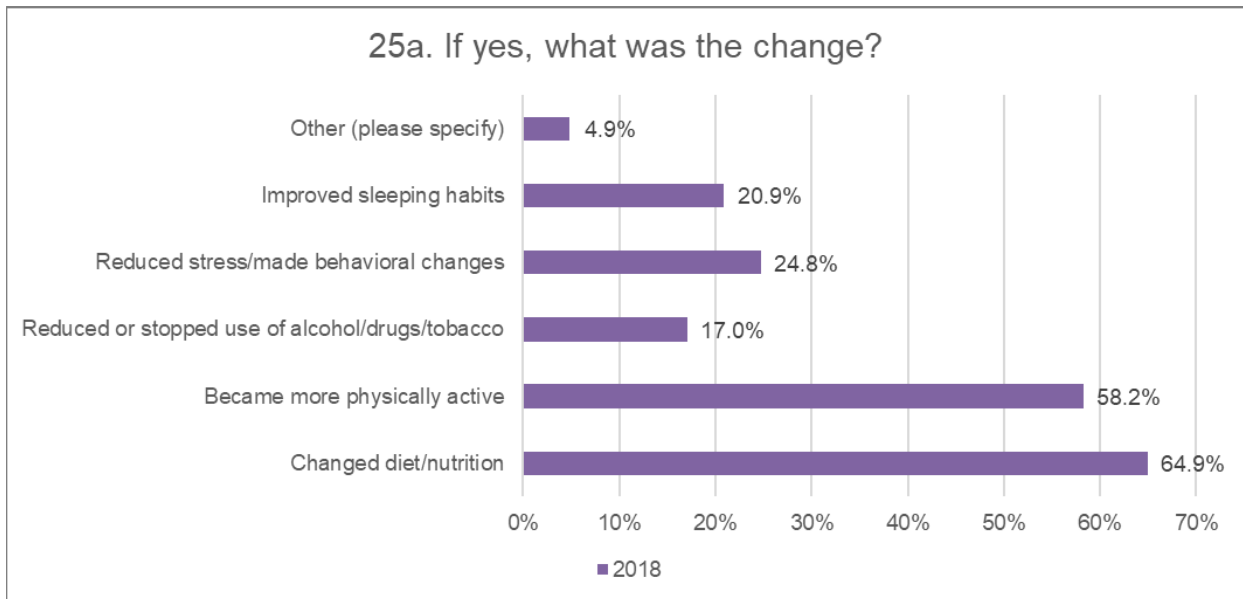
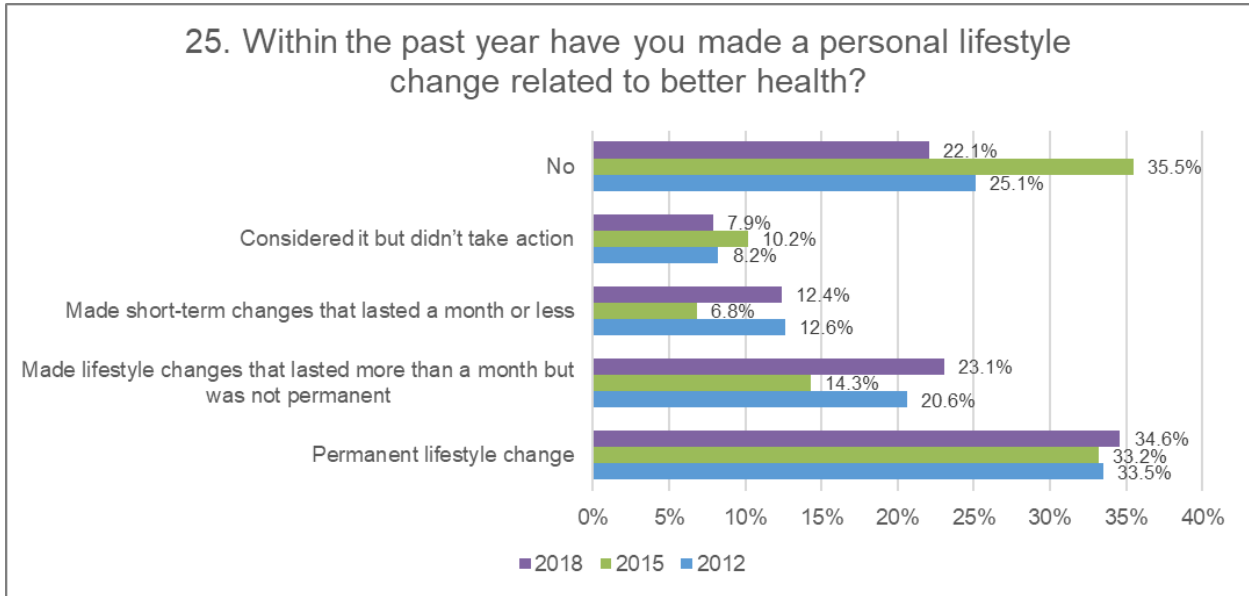


| 22a. Did you take further action based on the results? |
|--|
| My family do not use Chugachniut because of the lack of confidentiality, we utilize ANMC or an Anchorage private clinic for the health care we need. |
| Weight loss program ongoing |
| Vitamins + D |
| All OK |
| No need |
| Was able to stop medication |
| Did MBSR Class |
| Received new life insurance policy |
| no problems |
| try to take better care of self |
| increased / changed up nutritional supplements |
| No action required |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



25a. If yes, what was the change?

All of above

am doing strength training, balance training

Church

currently making short term changes to adapt as a permanent change: by diet, exercise, improving mental health - on week 3

Cut back smoking

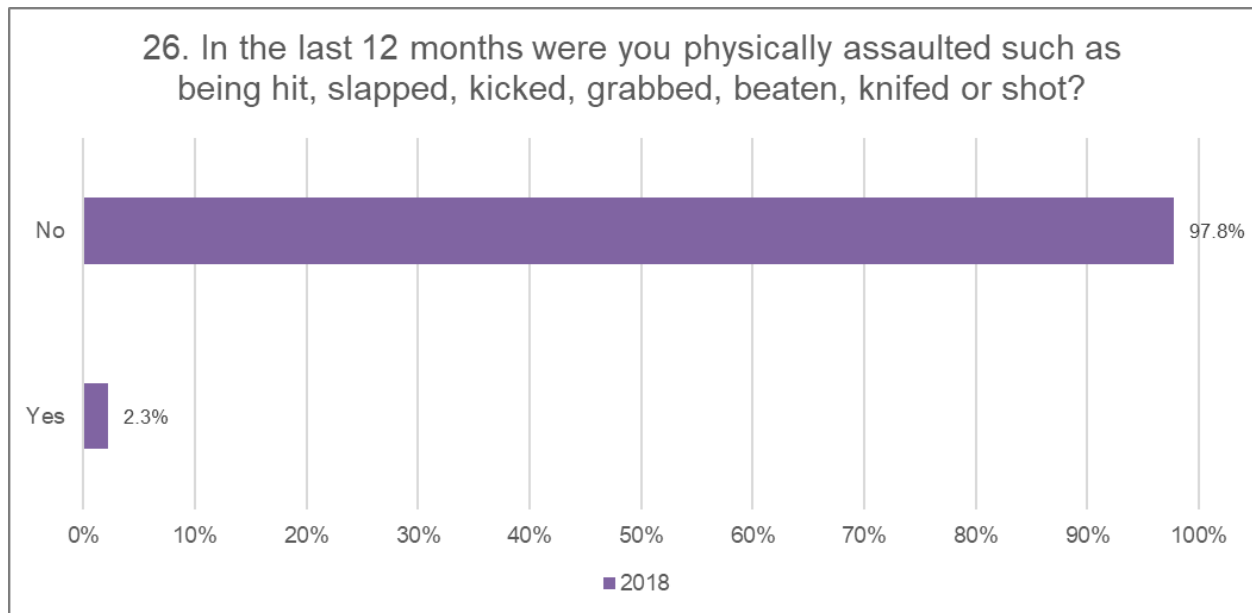
decreased sugar intake

decreased the amount I work!

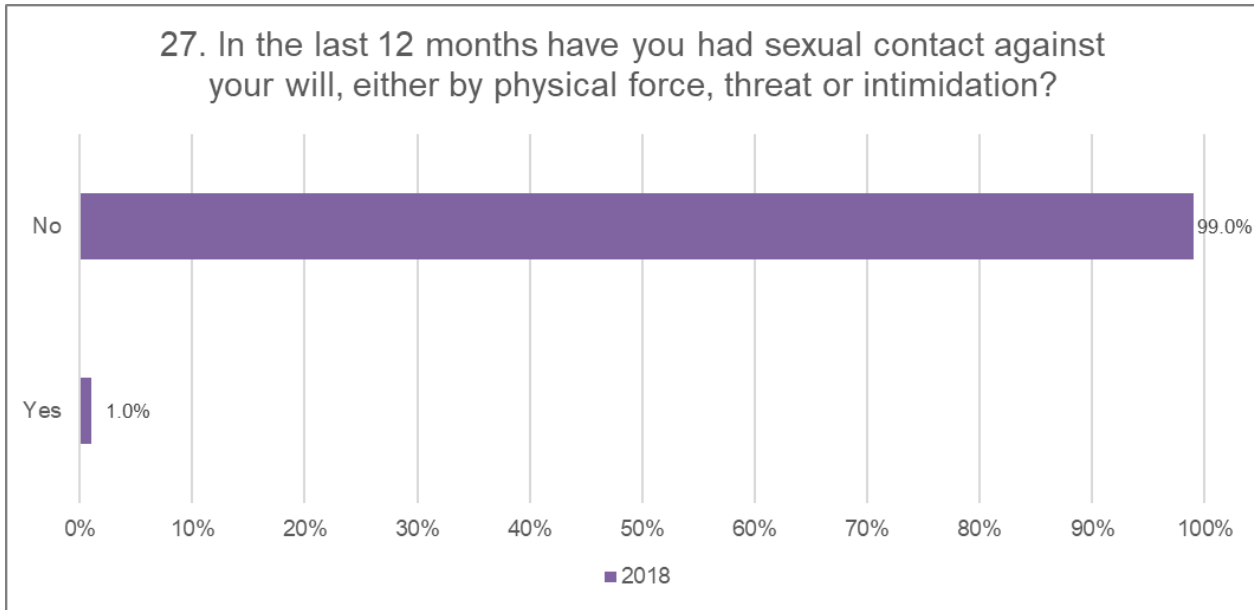
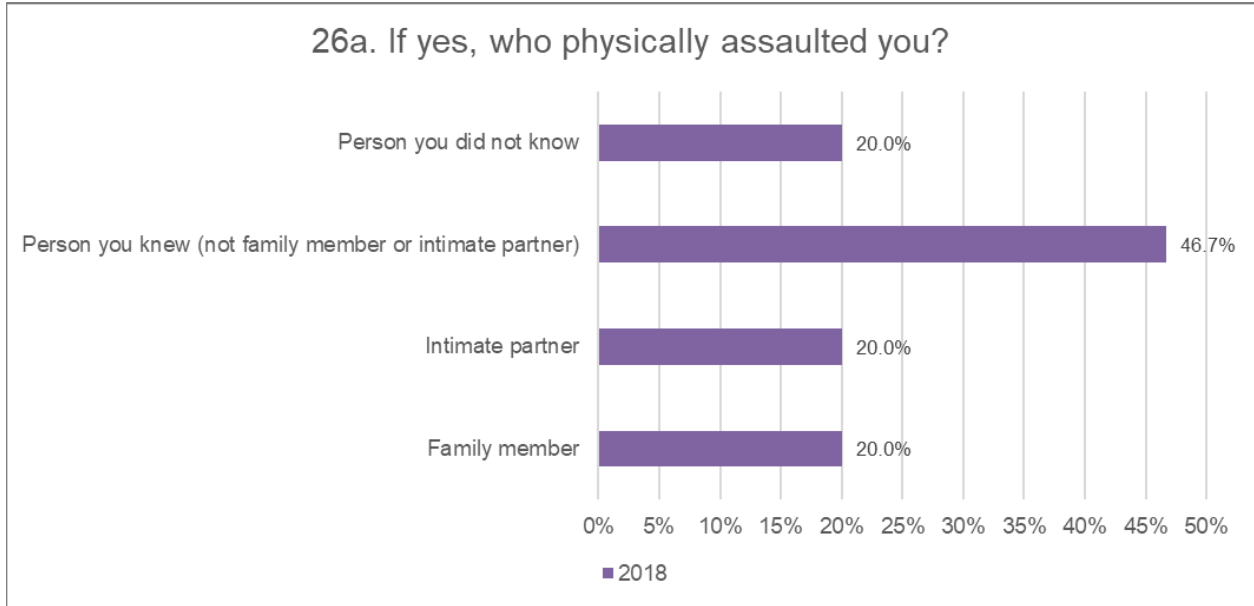
eliminated white sugar from diet as much as possible

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

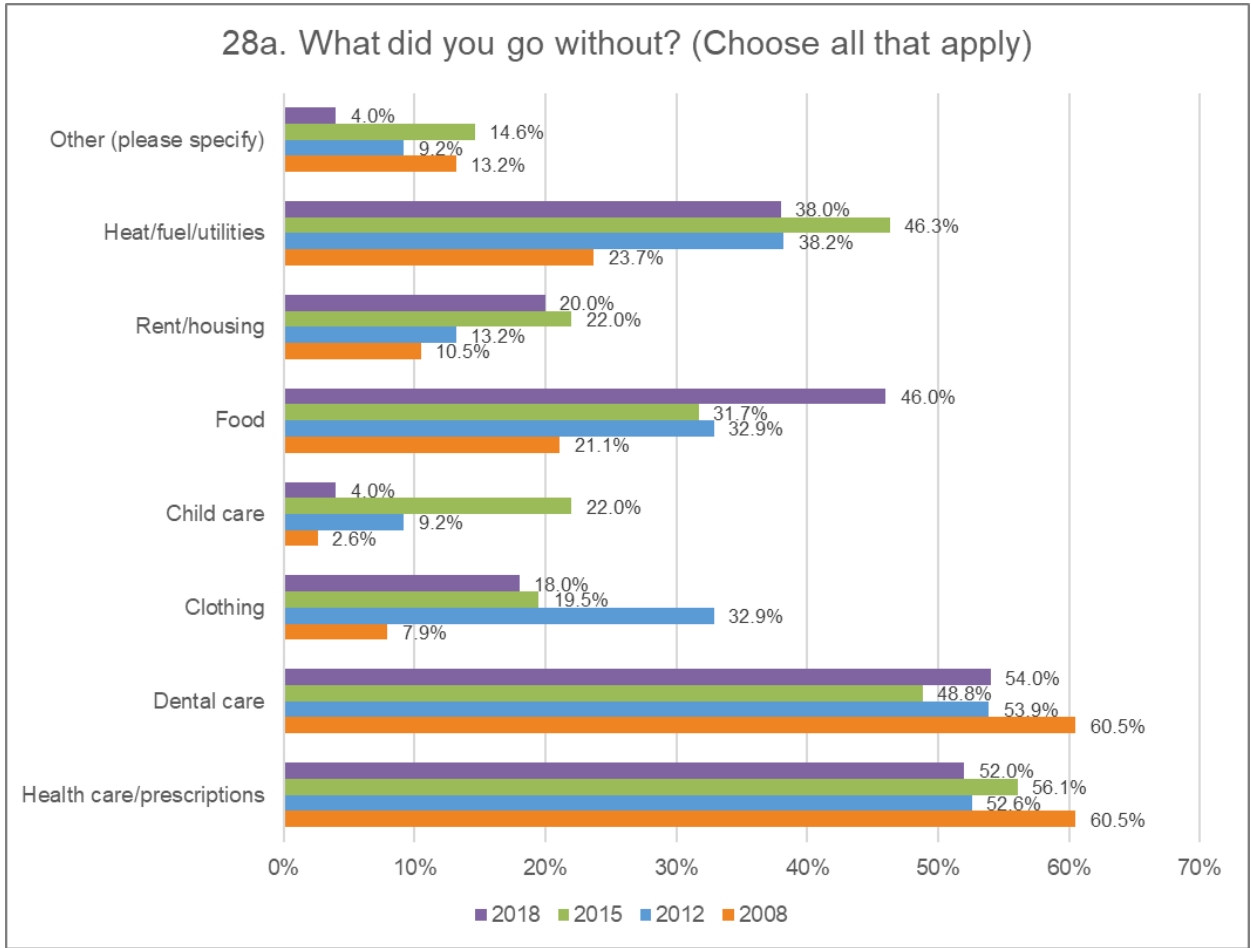
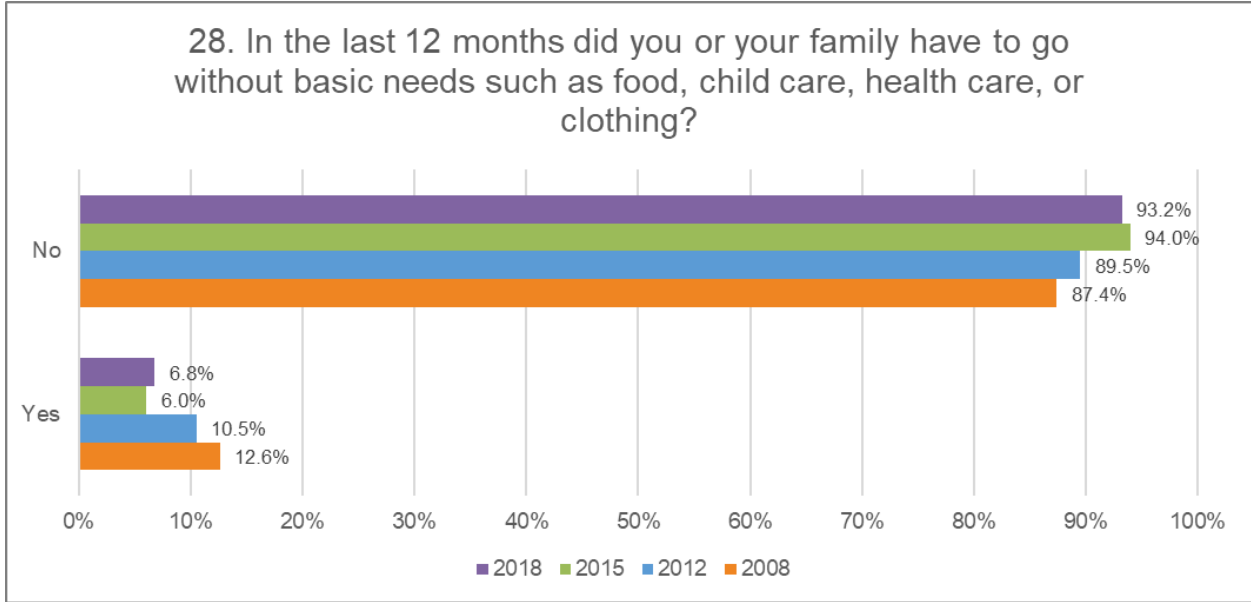
| |
|--|
| Had a baby, so I was able to be more active |
| I got a doggo, much improved life. :-P |
| Left the state |
| Lost weight |
| lot less sugar and pop |
| Medication for control of cholesterol |
| Meditation |
| New job |
| Plant based diet |
| Reduced work hours to a more manageable level |
| retired |
| some I did succeed |
| Started smoking pot for my pain, works great! |
| Stop taking prescriptions that made me sicker |
| Took up new hobbies to use my mind in new ways, build new skills and context to meet more people |
| yoga |



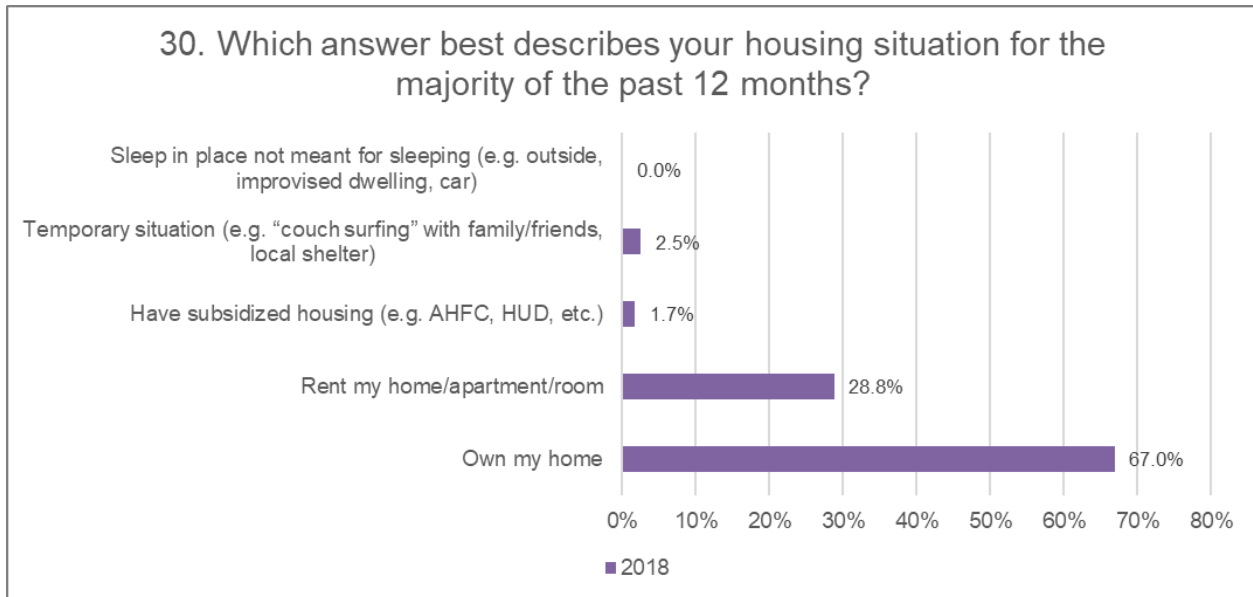
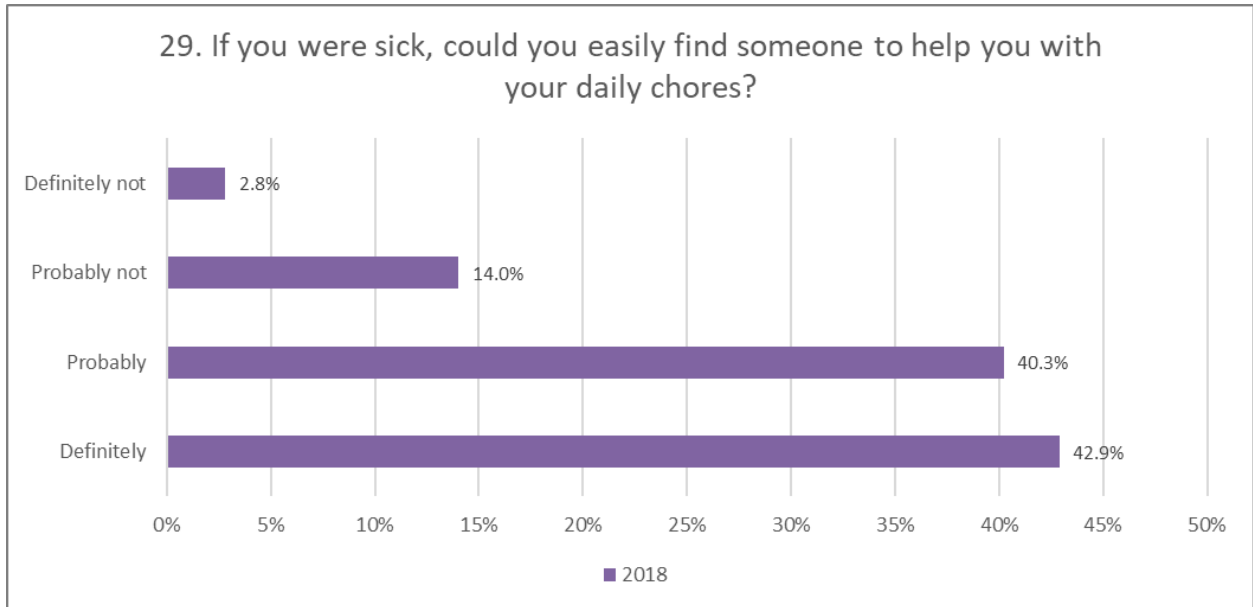
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



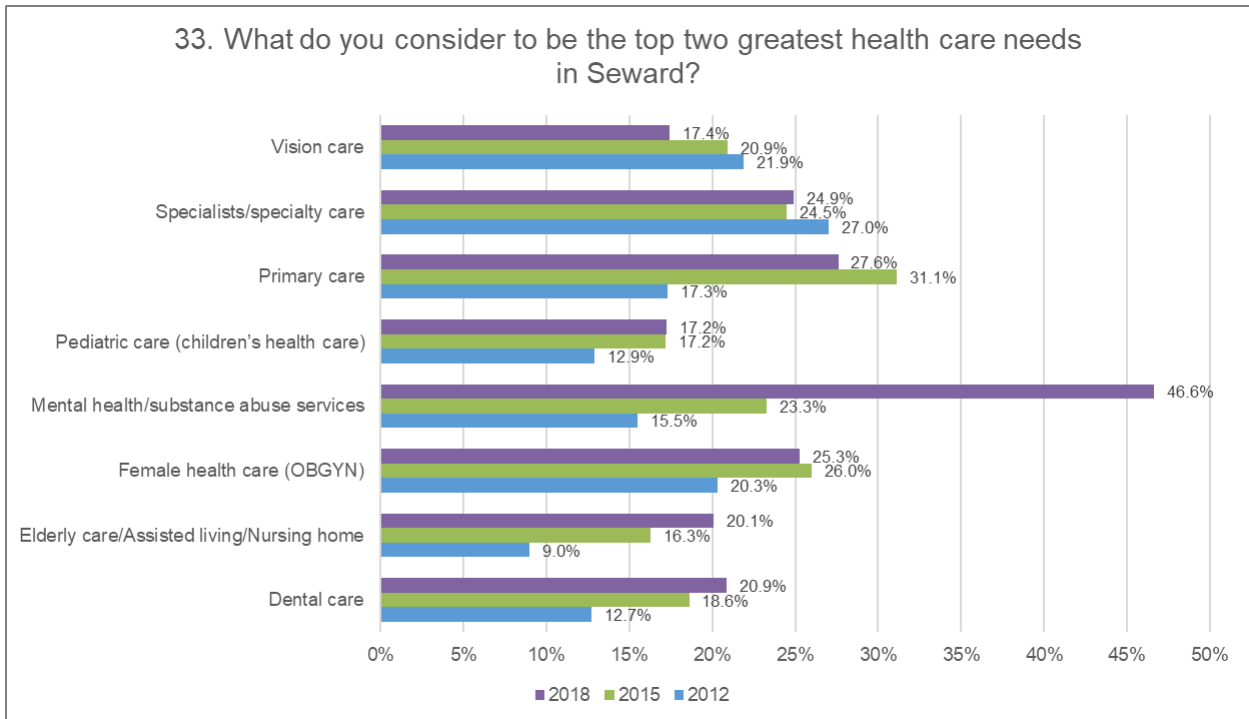
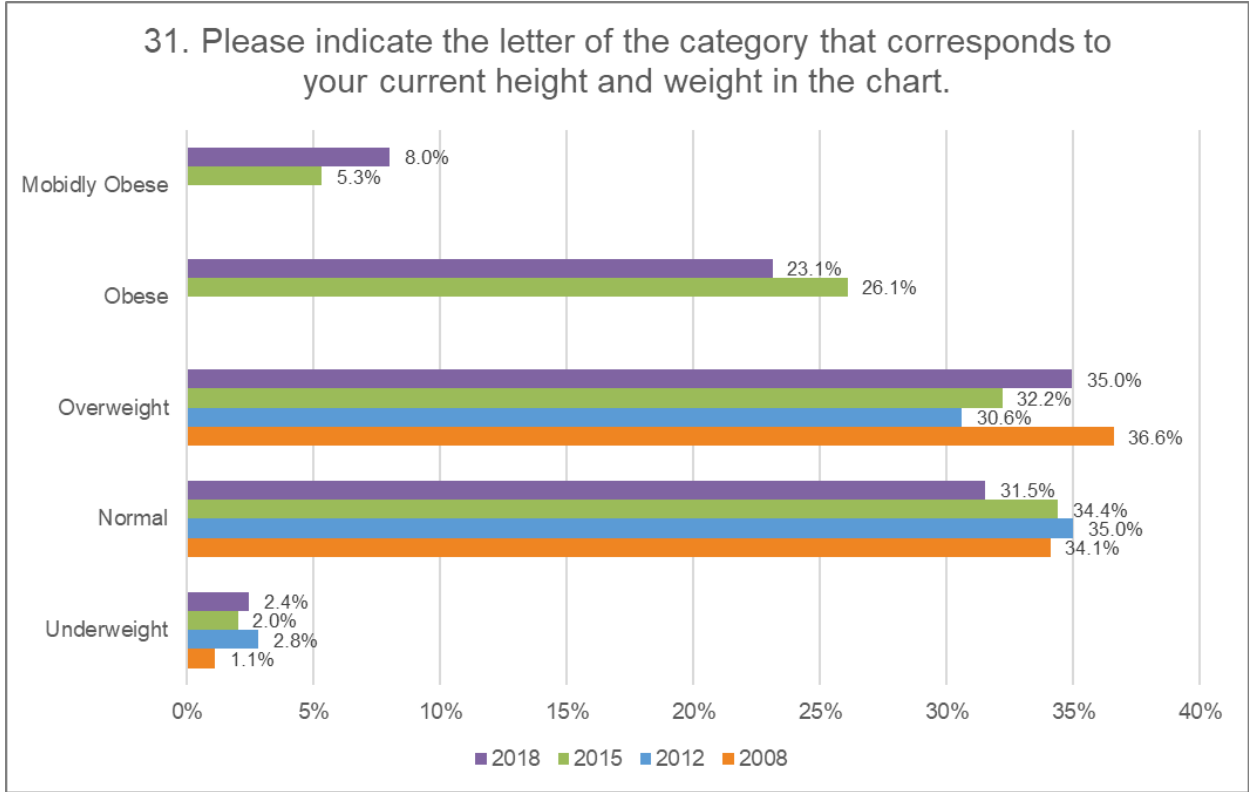
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



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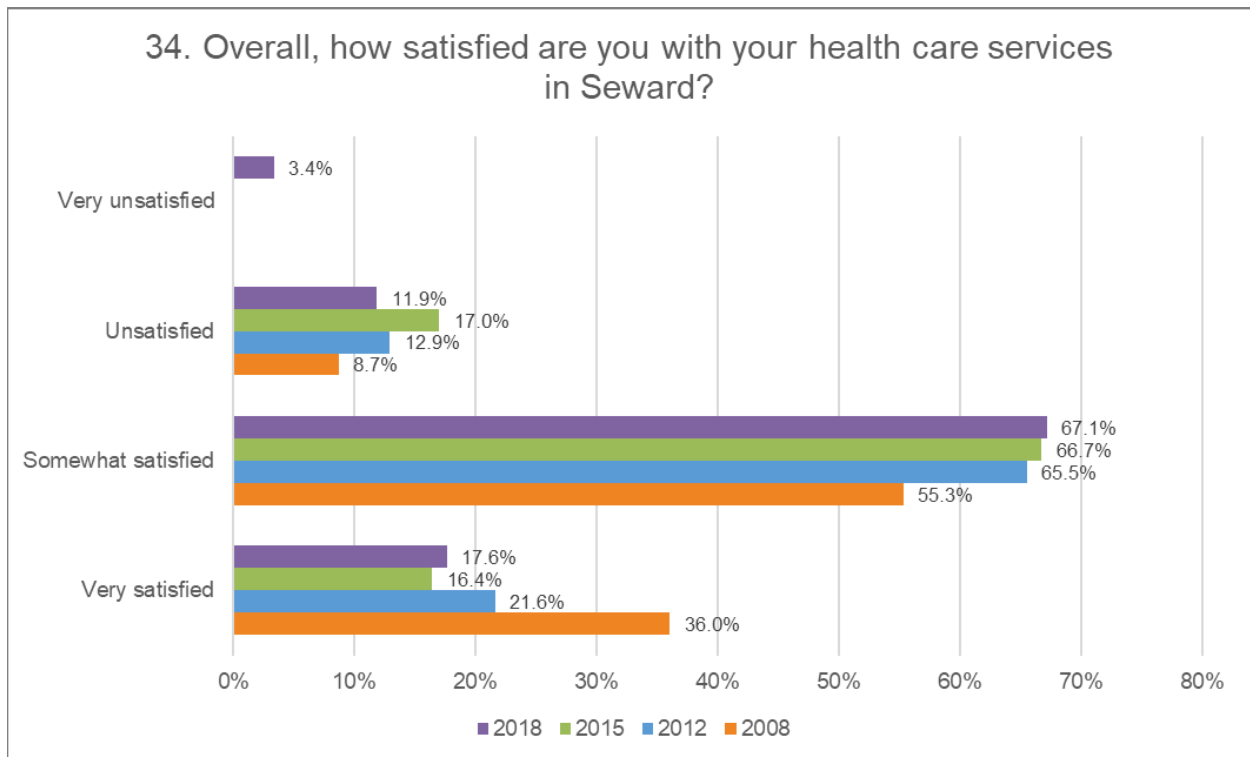
33. What do you consider to be the top two greatest health care needs in Seward? (Other)
 A clinic that has professional, accurate billing and accounting practices. I have only used this clinic a few times and EACH time it has taken YEARS to get the billing correct. Treatments were 100% covered by VA or workers comp and yet bills that were already paid were sent to collections. I have more stress and

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

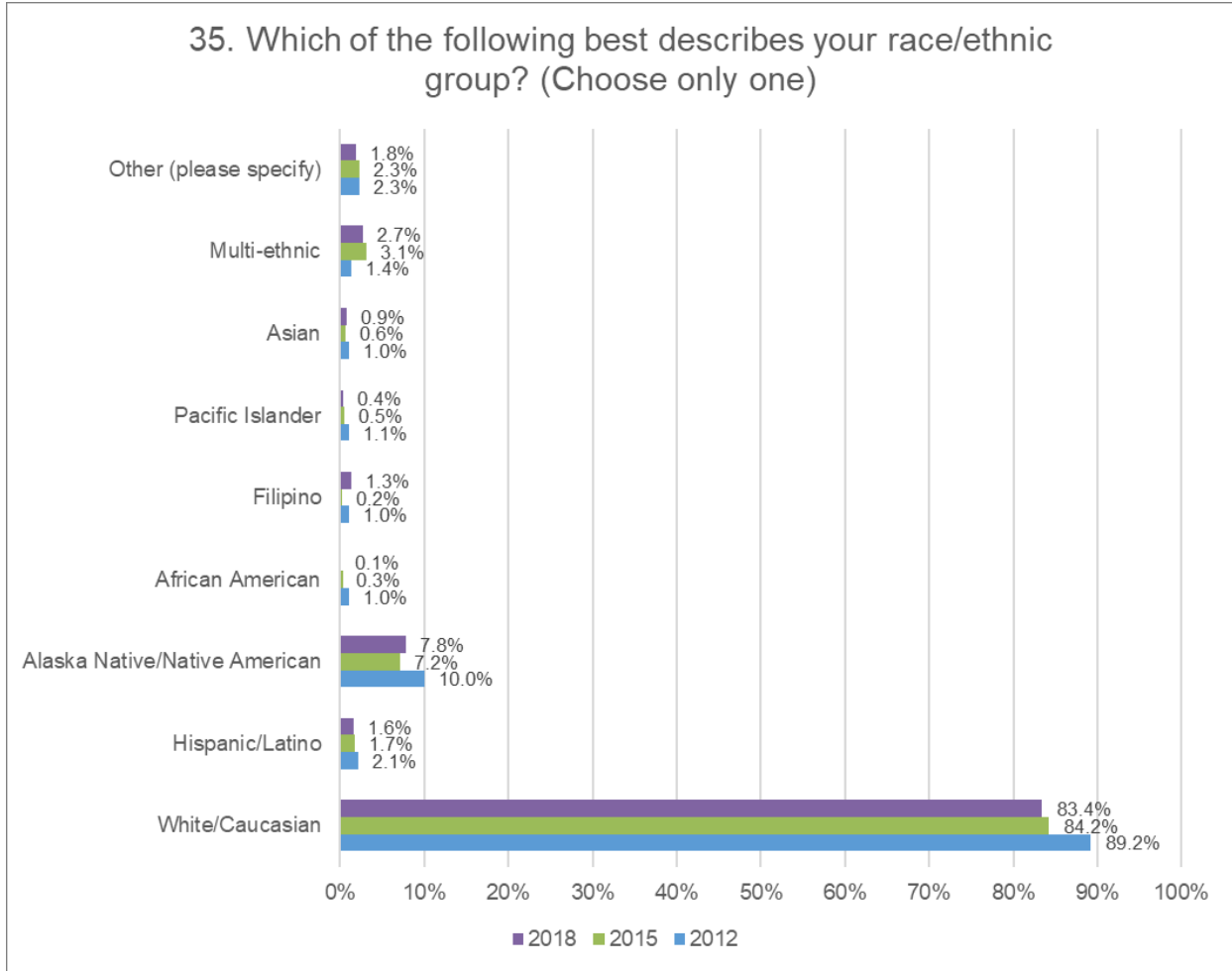
| |
|---|
| physical discomfort caused by this clinic's sloppy business practices than I had with the reasons I sought treatment. |
| A place for victims of domestic violence. |
| Affordable dental |
| Affordable dental and vision care |
| All the above |
| Availability of weekend clinic year-round. |
| Bill insurance correctly when visiting doctor |
| Childcare! |
| Children birthing options |
| Colonoscopy |
| Delivery of babies here (3) |
| Dermatology |
| Don't know |
| Drug abuse |
| Emergency |
| ER is understaffed takes way too long. No rape kits done in Seward |
| Everything |
| Eye doctor |
| Female health care (OBGYN) |
| Glad to finally have hospice as an option, but need home health |
| Heart |
| Holistic health care like Avante Medical Center |
| Holistic/Alternative |
| home health |
| Home Health as need #2. |
| Home Health Care |
| Home Health Services |
| Home health/hospice services |
| Homeless Care |
| homeless shelter |
| Hospice (2) |
| I do not know |
| In home PT |
| Inclusion of nutritional and alternative remedies to the over prescribing of prescription drugs. |
| In-home health care. |
| Internal medicine |
| Internal medicine, Cancer |
| Many |
| MATERNITY & BIRTH |
| Mental health/substance abuse services, vision care |
| More mental health care for CHILDREN |
| More quality care |
| N/A - newcomer |
| Need #1: need CONSISTENT TEAM of health care workers for mental health/substance abuse and a working COMMUNITY program; Need #2: needs to be affordable, definitely need assisted living, more help for people to physically stay in their homes - less cost effectiveness but no help for simple tasks |
| Need more than on option for dental care |
| No babies born in Seward |
| None. I think we have what we need |
| OBGYN |
| OBGYN it's ridiculous women have to travel 120 miles. |
| Oral surgeon |
| Orthopedic |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| |
|---|
| PCA services |
| Pediatric care (children's health care), Vision care (2) |
| Preventive care for homeless population |
| Primary care (2) |
| Primary care and Specialists |
| Quality care |
| Safe houses for underprivileged widowed women |
| Specialists |
| Stop Medicaid expansion!!!!!! stop entitlement programs when we have to work and pay for all of this. |
| Vision care (7) |
| Vision care, Ortho, Neuro, Pain |
| Woman Doc |

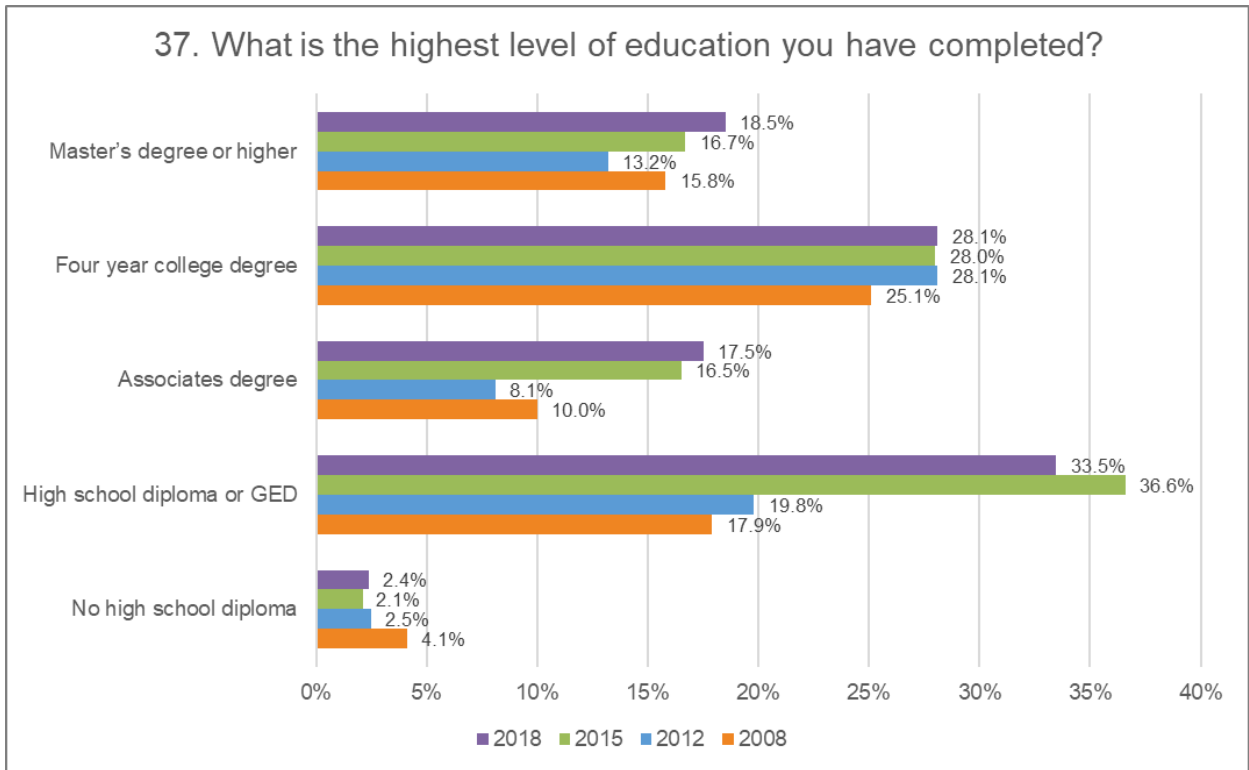
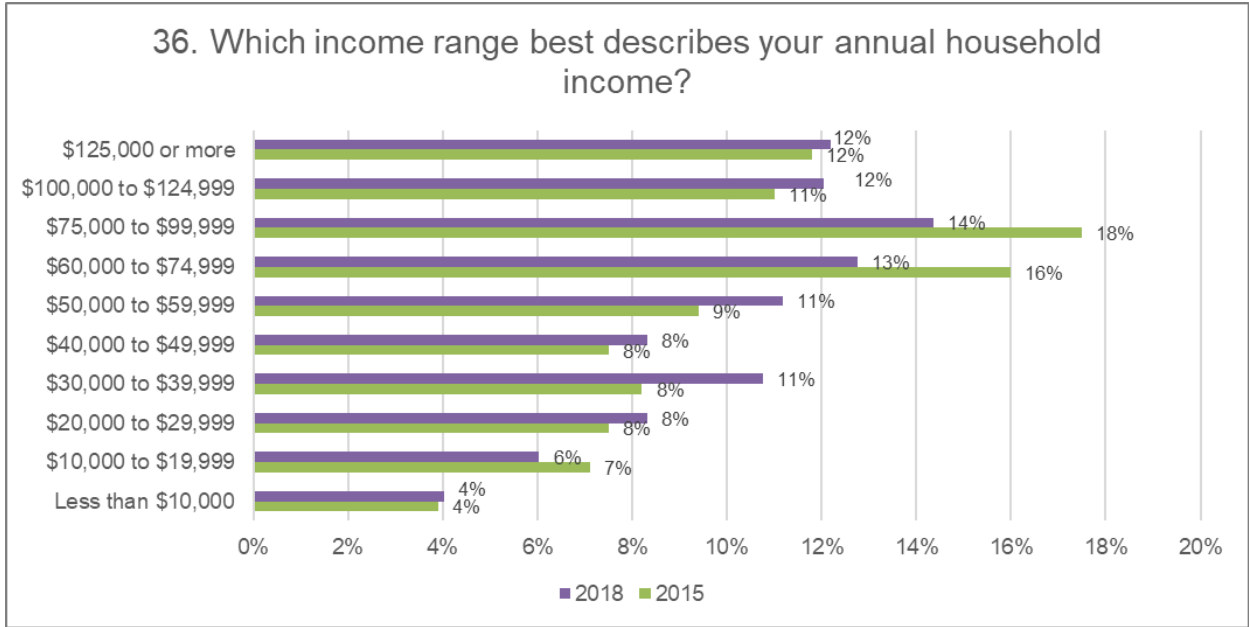


2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

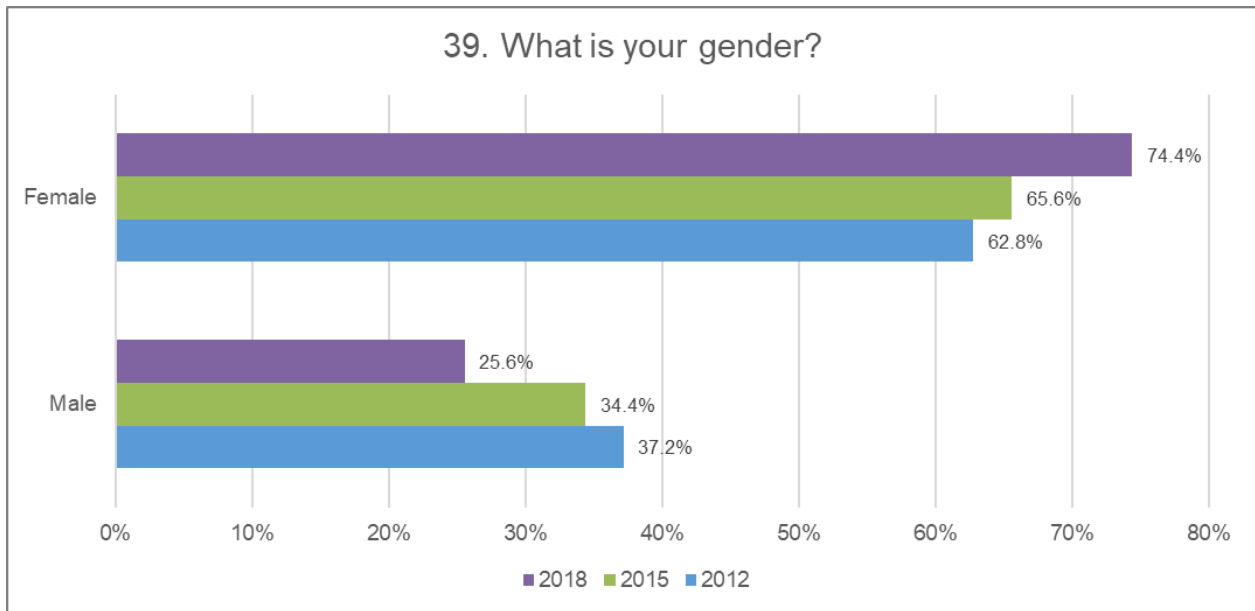
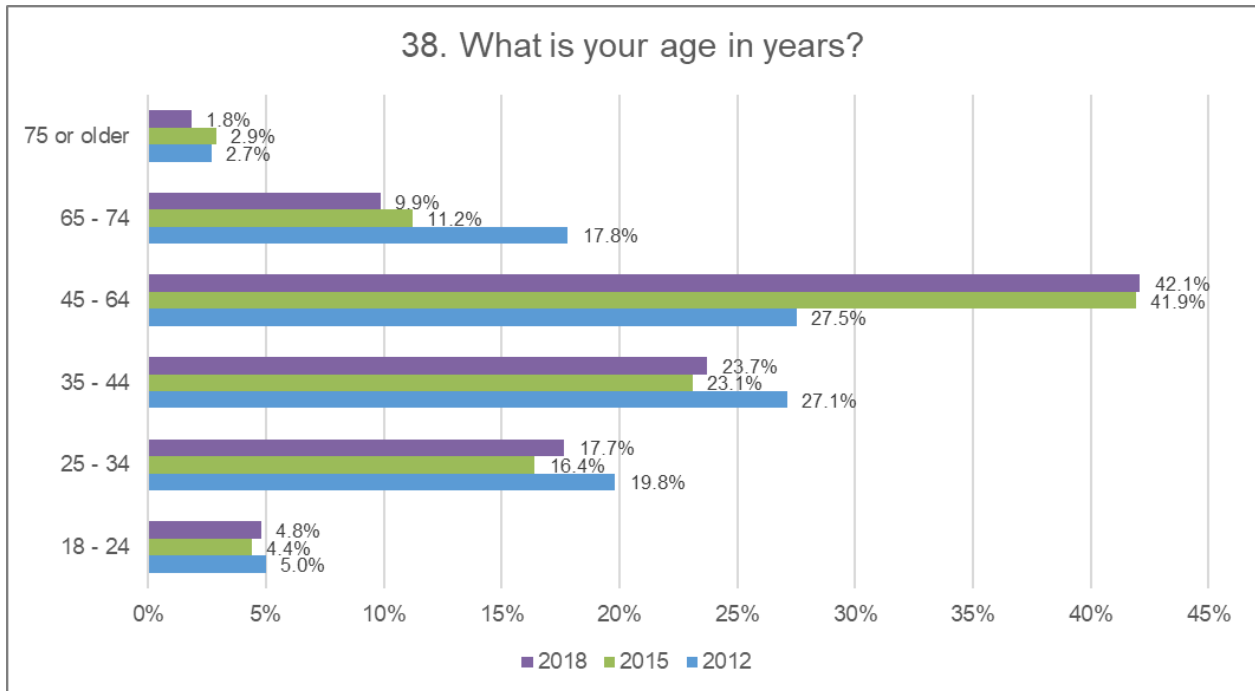


| 35. Which of the following best describes your race/ethnic group? (Choose only one) |
|---|
| American (2) |
| American....Irish, Scottish, German, Danish, English. |
| Franco-American |
| Human (2) |
| I am Hispanic and Alaska native |
| Mediterranean |
| Mixed (2) |
| prefer not to say |
| Spanish |
| White / Caucasian and Alaska Native |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



Appendix 2

Qualitative Data: Community Stakeholder Interviews

Input was received via Stakeholder interviews conducted between May and July of 2018.

| Name | Title | Organization |
|-------------------------|-------------------------------|---|
| Joe Fong | Hospital Administrator | Providence Seward Medical and Care Center |
| Jerry Flynn | Physician | Providence Seward Medical and Care Center Emergency Room Lacuna family Medicine |
| Amy Bukac | Medical Director / Physician | Providence Seward Medical and Care Center |
| Michael Moriarty | Dentist | Seward Family Dentistry |
| Leslie Felts | Public Health Nurse | State of Alaska, Division of Public Health |
| Tommy Glanton | Director of Behavioral Health | SeaView Community Services |
| Trevan Walker | Principal | Seward High School |
| Kris Erchinger | Finance Director | City of Seward |
| Tara Riemer | President and CEO | Alaska Sea Life Center |

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:

My name is Tommy Glanton and I am the Behavioral Health Director for SeaView Community Services. SeaView Community Services has been serving the Seward area since 1972. Our mission is to provide community-based services that strengthen families, foster self-sufficiency and enhance quality of life. This is undertaken by regularly assessing the needs of the community and providing a multiplicity of programs that address several areas of need. Currently, SeaView programs include: Disability Services, Behavioral Health, Substance abuse treatment & education, Youth and Family services, Infant Learning and Domestic Violence/Sexual Assault. SeaView owns and operates three facilities: the main office plaza for outpatient services, a 24/7 behavioral health assisted living home and a 4-Plex apartment

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| |
|--|
| building that provides transitional housing for those experiencing serious mental illness. |
| Senior HR Manager at Alaska SeaLife |
| I work as a physician in the ER and hospital setting in Seward. I also serve as Medical Director there. We serve the entire population. In the winter this tends to be locals from Seward and surrounding communities. In the summer there is also a large population of seasonal workers and tourists. |
| Public Health Nursing provides individual, community and systems-based services. Currently, individual services such as immunizations, family planning, STD testing and treatment are for people under the age of 30 years old, well child exams for those under the age of 6 years old. We provide disease outreach to those that may have been exposed to food borne illnesses, infectious diseases, and sexually transmitted illnesses to all age groups to prevent further spread of disease. We can provide individual services to anyone, most of the clients we see are economically challenged and we refuse no one if they are unable to pay. Community services include coalition building and participation, emergency preparedness planning, and community education. Systems changes are focused on opioid misuse and strategizing to improve the effects of adverse social determinants of health and Adverse Childhood Experiences. |
| President and CEO of Alaska SeaLife Center. They are a public aquarium and marine research center. They are the second largest year-round employer in Seward. Their employee population is quite young. |
| We try to serve all populations; there is a native primary care clinic in town, most of the natives go there for primary care, but we do see follow-up services; Providence Seward does not see primary care patients any more |
| The City of Seward is the owner of the City's hospital, long-term care facility, and primary care clinic (federally qualified health center). We have hired Providence Health & Services to manage and operate the hospital and long-term care facility on behalf of the community. We are co-applicants with a stand-alone non-profit board and together, are co-applicants in the operations of the Seward Community Health Center. Our role is to ensure that the community of Seward has access to quality and affordable healthcare services. |
| I serve the entire population. I am a hospital physician in the emergency department and a family physician who focuses on vulnerable and high-risk groups. I treat opioid dependence, substance abuse, alcoholism, mental illness, end-of-life care, home bound patients, and Medicare &/or Medicaid recipients (in addition to accepting most major insurances and providing a discount for self-pay). I also volunteer as the medical sponsor and advisor for Moose Pass Fire and EMS. |
| Dr. Moriarty is the only FT dentist in Seward. He's also the longest standing provider in Seward, starting his practice in 1991. We serve four generations of Sewardites. We accept Medicaid, are a MODA/Delta Dental Preferred Provider, accept most insurance, and offer senior and no-insurance discounts. |
| I am the Seward High Principal. We serve 170 9-12 grade students from the entire Eastern Kenai Peninsula. Our student population runs approximately 45% Economically Disadvantaged and 20% Alaska Native/American Indian. |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

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

| |
|--|
| Response: |
| Access to mental health, behavioral health and substance abuse is the most significant health care need. The community also has a gap in care for home health, leaving vulnerable individuals even more vulnerable, since they may not have resources to travel to out-of-town care or obtain quality in-home care. The community lacks ground transport of patients from Seward to Anchorage, necessitating an enormous cost (> \$20K) for each patient needing urgent care who have no choice but to transfer via air transport. A newly-formed volunteer hospice program is the community's only resource to provide in-home care to individuals nearing the end of life, and this service needs initial support to become sustainable in the long-term. |
| Accessible HC without going to Anchorage. Substance Abuse. Retaining medical personnel in the community |
| The three most significant health care needs present within the community are mental health, access to prescription medications, and emergency shelter/housing. |
| I have several students who have undertreated mental health needs, particularly within the realm of Intervention and Crises Management. A significant percentage of our student population are what I would consider "social" marijuana and/or alcohol users. Less than 10% are what I would consider "chronic" marijuana users. While some of our students will use prescription medications recreationally, I am unaware of any opioid addictions (although there a several post-graduates about whom I'm pretty worried). |
| Maternity. Specialty Clinics: colonoscopy, orthopedics, etc. PSMC is starting to offer colonoscopy clinics. 24/7 Acute Care Clinic - not the ER - or an extended hours clinic (through 10 p.m.) - maybe during the summer months. |
| Social determinants of health such as homelessness, food insecurity, public transportation Access to home health services Access to specialty care/services. |
| Mental/behavioral health, both inpatient and outpatient. We see a lot of patients that also have mental/behavioral health issues. often have patients at hospital on hold waiting for inpatient behavioral health bed; most often anchorage; there is an outpatient provider in town and do provide ER consults; they also do counseling services, contract on nursing home. a lot of discussion around child and teen mental health. Substance abuse, a lot through the ER. Especially around teens; lots of discussion around having counselors in the schools; no substance abuse treatment centers in community, true for alcohol as well; some stigma for seeking treatment. Specialty care (no OB, other medical or surgical specialties; top specialty would be OB services; we do deliver babies in an emergency). |
| Transportation, behavioral Health, and substance misuse. |
| Mental Health - Not a lot of options, vision care, and dental Care" |
| Mental health care, Substance abuse counseling and treatment, and obesity and related conditions. |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

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?

Response:

There is a diverse population and with that comes a lack of trust. Some people don't bother going to the ER in Seward because they feel that they will eventually get sent to Anchorage. So, they save money on an ambulance or air transport and head directly to the ER in Anchorage.

Location is a main issue however Anchorage is only 2.5 hour away by car and a lot of people go there on a regular basis that they set up their Dr. Appts at the same time. However, there are people that aren't able to drive there. Also, it is very difficult to schedule appointment in Seward.

The main barriers present to accessing care are often financial. Many individuals who have Commercial Health Insurance locally have very high deductibles (often \$3,000) and are unable to afford care. They often do not qualify for sliding fee scales and therefore opt not to get treatment for mental health conditions due to the expense. Other barriers consist of not having services available within the community. Individuals who live in our behavioral health assisted living home and transitional apartments, often must be transported to Anchorage to get health needs met. Community clients who are not in a level of care where transportation is provided, often struggle to get to Anchorage for needed health care appointments. Emergency shelter/housing is a clear service gap within the community. Active steps have been taken to resolve this issue through the organization of a Town Hall which has now resulted in a Homelessness Coalition.

There is no homeless shelter and housing costs are very high in Seward. There is a local food bank, but I believe it is only open around 1 day per week. There are taxi services but no local bus system. Transportation to appointments can be very challenging for patients. There are very limited home health services available in the community. While there is a need, overall volume would probably be low making it difficult to maintain a service. For specialty service, barrier is probably also volume as well as facilities/equipment to provide services locally. There are a few specialists coming down to Seward intermittently which is helpful.

There may be benefit from a city wide public transportation system. Educate at all levels in the school system about behavioral health, don't segregate special needs students. Reduce stigma from substance misuse

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

Preventative Care mindset - people need to be educated to utilize the coverage that they have to catch health issues early when they're more treatable or preventable. Employers that offer health insurance could bring in representatives to encourage utilization and educate about preventative care.

Money - most policies are high deductible plans. People don't want to seek care until they absolutely have to (i.e.) the pain is intolerable. Congress is working on bills to allow HSAs on these plans again. Again, preventative care mindset is cheaper than acute care.

No Insurance - the SCHC accepts people for care regardless of ability to pay. Maybe they need to advertise this more with employers and community bulletin boards.

For a small town, we have excellent resources. Certainly easier access to inpatient rehabilitation and mental health would be a boon. The biggest barriers to care are actually personal decision making, denial, stasis, and stigma. You cannot simply throw more resources at people with addiction and mental health problems and expect the problem to go away.

I would love to see a robust mental health referral, intervention, and treatment process. In a perfect world, a clinician and/or therapist would be on call (or on site) to assess and provide on-going services (as needed) for all Seward area k-12 students. I'd even find office space, if necessary...

Living in a small community; lack of services provided in the community; for the services that are in the community, there has been a question of cost; both at the CHC and hospital there is a sliding fee schedule; lack of awareness of the services we offer to the community; will be interested in seeing the results of this survey, will the transition of CHC out of hospital increase access to primary care. No regular ground transport service; everything goes by air to anchorage.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

I see the main barrier to mental/behavioral/substance abuse being the failure of all providers to settle on how best to support the community's only behavioral health provider, Seaview, in a meaningful way. The local healthcare consortium could work together to strengthen Seaview and continue to refer patients to them. The hospital does a good job of this but perhaps ER docs should have additional training in addressing the warm hand-off of patients so that there remains a link and follow-up between the hospital and behavioral health care for vulnerable patients who may not be capable of the follow-through needed in their care (i.e. filling prescriptions, monitoring to ensure that a patient who is confused by medications can obtain assistance if needed, transport to and from appointments, help making subsequent appointments, phone call reminders of upcoming appointments, etc.) This patient outreach could be assisted by the community health center which has access to significant federal funding (> \$500,000 per year on an ongoing basis – were it to apply) specifically for the purpose of addressing behavioral health and substance abuse. By partnering rather than competing with Seaview, those federal funds could be used to strengthen Seaview's decades-long history as Seward's sole provider of these services. The key is collaboration, not competition. Recognizing how Seaview might benefit from additional and ongoing federal funding, and how they would suggest using such funding to strengthen the gap in mental/behavioral/substance abuse care, is key.

The barrier to home health is likely financial (due, in part to insufficient consistent patient numbers) and regulatory (paperwork imposes significant burden on a home health program, requiring too many staff to make the program sustainable). Perhaps partnering with another home health provider who could provide periodic services to Seward patients as needed, could be a viable means to address the barrier. This may have been done successfully by Providence more than a decade ago and could be revisited.

The volunteer hospice is newly-formed and in its infancy. It will need to identify a long-term sustainable source of funding to be successful. Its mission and positive impact on individual families in the community will strengthen the community's use of, and support for, these unique hospice services over time. In the meantime, however, the healthcare providers (Providence, CHC, private physicians) should work closely with hospice to understand their mission, refer patients and their families, and seek areas of potential collaboration which could yield financial sustainability. Otherwise, this newly-begun service which is filling a significant gap in care, may be unable to maintain its viability, leading to the elimination of this valuable healthcare service in Seward.

The main barrier to ground transport in Seward is the fact that the Seward Volunteer Ambulance Corps (SVAC), which formerly provided out-of-town transport, has too few volunteers to maintain the service, and now focuses its services on the Seward community, leaving a gap in the availability of transportation options for patients requiring transport to Anchorage. Families are therefore required to pay significant amounts that most of them are unable to pay. The least costly approach might be to consider purchasing a community-wide insurance plan to pay for air transport. While this may seem unwise, it is worth a cost-benefit analysis to determine the cost of purchasing such insurance, versus the costs of transporting the number of patients transported, may make sense. The alternative is to seek a source of funds to support the expansion of SVAC or the Seward Fire Department, to hire paid personnel (EMTs, nurses, drivers, etc.) to provide the service. The cost of this type of expansion (purchase of ambulance(s), staffing costs with benefits) may be higher than the community is able or willing to sustain. However, the options should be further explored.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

Have you or anyone you know had to leave Seward 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 Seward? If so, for what?)

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| Response: |
| People who have been assaulted may need to go to Anchorage of Soldotna for victim assistance. |
| Yes, I refer people to providers in Anchorage all the time for specialty care. For Medicaid patients we actually assist them with vouchers for travel and lodging. |
| Seward does not have an OBGYN nor do they offer delivery. Women are advised to go to Anchorage 4 week before their due date. Not all can afford that due to cost, having to take time off work and lose time spent with new baby or if they have a family to take care off. Also, insurance does not cover the expenses. |
| Patients need to leave the area for tertiary hospital care and specialty services on an emergency or urgent basis but also for routine specialty services not available here. On an emergent basis, this may mean medical transport. We have generally only had air transport with frequent weather delays on a regular basis that can last even for days. As of very recently, there is a company offering ground transportation, which we are very excited about. However, they do have to have team available and travel down from Anchorage so likely best time on ground is around 6 hours. On an outpatient basis, travel for specialty care can be very challenging given limited options for public/ private transportation. For instance, due to bus schedule to Anchorage, patients generally need to stay overnight to go to appointment and be able to return. |
| Patients have been referred to specialists like oral surgeon, periodontist, endodontist. Myself, I've gone to Anchorage for an MRI, colonoscopy. My family has been to Anchorage for treatment with an orthopedic surgeon, OBGYN, give birth, dermatologist, and to receive surgeries. |
| One family member makes weekly trips to Anchorage for oncology infusion. If this service were available in Seward, that would relieve a significant burden on her experiences of exhaustion and stress associated with ongoing travel. Another family member suffered from significant behavioral health diagnoses. The doctors at the hospital were not equipped to treat even emergent issues surrounding mental health. Physicians should receive better training to help patients and their families through crises. The hand-off between ER docs and Seaview should be collaborative and warm, with ongoing care for the patient and the patient's caregivers. They should follow-up with both the referring physicians and the families, as the families are often the front-lines of care, and yet have no training and could really use the support of any trained professionals. With respect to adolescent mental health crises, Providence Seward physicians should ALL be aware of adolescent behavioral health services provided in the PAMC behavioral health program before transferring patients to Alaska Psychiatric Institute or NorthStar. |
| Yes – have referred patients outside of Seward to receive specialized treatment for PTSD and child psychiatry. Substance Abuse Detox/Residential Treatment is also not available locally and many clients are referred out for these services, yet due to long waits may never access care. |
| Yes, OB services, surgical services (general and specialty); with community health center, they |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

have brought on pediatrician 2/month, brought in internal medicine physician, trying to bring in specialists, have brought in ortho doc, bringing in GI doc to do endoscopies, trying to get lactation consultants, trying to get cardiologists

Yes, and yes...sometimes, our students need to be in crisis before their parents are able to send them to Anchorage to receive services. Even then, in-patient services might not have space. On-going therapy/services often only happen once a week and via teleconference.

Women have to go Anchorage to have a baby. Providence does not have an OBGYN or the capability to deliver children. Provider in Anchorage also bend over backwards to accommodate people from Seward. Example, if you go to Anchorage for a mammogram, you get the results at the same time and don't have to wait. If you call to set an appt. they will get you in. A lot of people go there on a regular basis, so they schedule their appointments when they plan to be there.

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?

Response:

Under or uninsured are underserved in our community; recent community conversations around homelessness, we don't know where to send discharged homeless patients, no homeless shelter in the community; we are a small facility, not a lot of extra room to care for people who no longer meet medical necessity; elderly face some issues, we have a skilled nursing home, assisted living residents must have a co-diagnosis of mental/behavioral health, private assisted living in Seward but not big enough to meet community needs; volunteer hospice but no PCA service.

I believe my answers to previous questions address this question succinctly. I will say that in my opinion the Seward Community Health Center does not serve the population adequately (I can elaborate if need be).

Vulnerable populations in Seward include those experiencing homelessness and adolescents with mental health challenges. Currently, there is no system in place that allows youth to easily access mental health care services until a crisis occurs at the schools. Presently, many youth go undetected as needing assistance, until suicidal ideation becomes present. A concentrated effort to educate youth and families on the benefits of mental health care is needed. Currently, SeaView Community Services and the Seward Community Health Center are the organizations providing services to these individuals. For those experiencing homelessness, there is no organization whose mission is to serve their population specifically. All in the community provide what services they can with funding limitations, but the need for emergency shelter is unable to be met.

I'm guessing that it would be our seasonal workers. They work very long days so seeking medical care is difficult because they might work 6 a.m. - 10 p.m. They have the regular needs of anyone like preventative and acute care. Obstacles: work hours, no insurance coverage, no money for health care, language barrier. The current providers and organizations serve these

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

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| populations, but this population would have to take a day off to see a provider for acute care. |
| I Don't know of any. |
| Homeless, food insecure, people with substance abuse problems, elderly, end of life, see above for some obstacles. There are limited substance abuse services in Seward. Providence, the local community health care center, the local Native clinic NorthStar, 2 private medical providers in the community, and Seaview Community Services, Seward Senior Center, volunteer hospice. |
| Not enough focus on wellness and health in the school age population. Nutrition, exercise, reproductive health, abstinence from intoxicating substances. |
| Getting seen by a specialist often requires a trip to Anchorage. Working families often can't afford to take time off and/or the care (without insurance). |
| Not familiar with any. |
| See my notes above which address this question. |

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

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| Response: |
| Primary Care is awesome! Kudos to The Seward Community Health Center and Providence Emergency Care. The Dentist is awesome, as well. |
| There is an ER in the community and the fact that there is a medical center in a great location. |
| Cohesive health professionals and organizations in all specialty areas and across all types of providers. Shared information systems in some cases. Willingness to work together, to refer and to find solutions for complex issues with shared or not shared clients. Willing leaders of health organizations that hire competent staff, reach out to other organizations, work hard. |
| Communication - with each other and with the community. Partnerships - between different organizations. Longevity - several providers have been here a long time and have developed relationships. Flexibility - with this survey and their own surveys, the providers and organizations try to respond to feedback. |
| Small Community. |
| We have well equipped emergency department and hospital particularly given the population size and volume. We have some increased services since the community received funding for the Federally Qualified Community Health Center as they now have some case management/social work support other support services not previously available. Seaview offers mental health services. |
| Family medicine is strong here, and good family medicine is good primary care. I know my patients better than the specialists do. I spend much more time with them and make sure they are heard, make sure they understand what we need to do to make them healthier. We do what we can with the resources we have in our hospital, and transfer people to tertiary care in Anchorage appropriately when needed. |
| Despite all the things we don't have, what we do have is our strength, 24/7 ER and hospital, skilled nursing home, several options for primary care, rehab therapies. |

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

Seward's greatest strength may be that the community lacks competition, and therefore there are terrific opportunities for collaboration. So long as lack of competition does not lead to unaffordable care, this can be a great asset to Seward. With a federally qualified health center required to serve those who are unable to afford care, and with the partnership of all major providers of healthcare with the City serving as the rudder to ensure cooperation, rather than competition, each healthcare provider can focus on the unique role they play in strengthening Seward's healthcare system. The 1% sales tax voted in by the people, ensures that the significant capital needs of the healthcare system are met, leaving the HRSA funding available to help offset what has otherwise been write-offs borne by the community as a whole. These partnerships are essential to the success of Seward's future healthcare system, but are also vulnerable to the silo-effect of any partners pursuing their own self-interest rather than the interest of Seward's healthcare system as a whole.

The greatest strength of the health care system in Seward is compassionate staff at all organizations who are dedicated to improving our community. Another strength is an increase in the level of professional health care staff present. SeaView Community Services now employs three LCSW's and an additional three master's Level Clinicians. We are excited to be able to provide a higher quality of mental health care than has previously been available to Seward residents.

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

Response:

Specialists have to travel to the community.

Lack of specialty services/tertiary care complicated by transportation challenges Social supports as above Substance abuse services Psychiatric services and psychiatric beds available when needed for crisis.

I understand that there are often state/grant restrictions on when/where SeaView Community Services can provide mental health care. This is a barrier to our students. Kids are at the schools. They should be able to receive services here.

More confidence in the ER.

Seward is a small community with a relatively small area from which to draw patients. If Seward's residents do not commit to using the healthcare services provided in the community, the system can weaken. This requires that the healthcare providers be able to demonstrate the value of their services, be able to meet patient expectations (i.e. same-day appointments, female providers), and ensure patient confidentiality – which can be a fear that causes some people to seek care out of town.

It's a small community and some people worry about privacy. Also, the fact that they are close enough to Anchorage that people choose to go there.

We are on the road system, so there can be an expectation that a lot of specialty services will be accessible in town; we don't have a full continuum of services in the community.

Lack of population - difficult to offer a lot of services to a small population which is hard for some to understand. Poor service area - some services rely a lot on grants to survive. Seaview

and Mt. Haven are good examples of struggling entities.

The greatest weakness presently is the lack of coordination of care. While many organizations are providing excellent services and meet on a regular basis together to provide updates; true collaborative efforts among health care organizations could be improved. Conversations regarding a shared vision for addressing the needs of the community need to occur so that all organizations are working together.

Like any town this size, we lack specialty services. The FQHC does not embrace its role, does not do what it needs to to serve the community.

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

Response:

I think the FQHC is not stepping up its game. With the grant money they receive they should be the safety net for the disenfranchised. I am terribly disappointed by how the Seward Community Health Center is run, lead and operated.

Find a way to treat kids where they're at. The schools would LOVE to help facilitate that kind of partnership.

The clinic has done a good job of expanding hours to meet the community needs. This is a great start. The hospital and CHC appear to be doing a good job sharing providers, which is one of the most important ingredients of financial sustainability, since it eliminates the need for Seward to maintain duplicated healthcare providers. Seward may want to consider the idea of home-grown nursing students; similar to the program provided for CNAs. Train them, and require them to serve for a period of time in exchange. This might result in a more reliable pool of local nurses rather than paying the extremely costly rate for travelers. A deeper dive on the issue of travelers in general, may identify better opportunities to reduce travelers but provide necessary care.

The financial viability of Seward Mountain Haven is key to the 10-year financial outlook of Seward's healthcare system. A continued focus on maintaining census is key. Providence should provide community education ASAP, assisting families with understanding how trusts can be created to ensure that families are not forced to make the decision between obtaining long-term care for their loved and going bankrupt, or keeping a loved one at home solely because the family will be left penniless if they need long-term care. That is the low-hanging fruit that may pay off great dividends in the long-run; especially for families facing the need for long-term care.

Continue to protect the community's 1% sales tax to be used solely for City-owned healthcare facilities, so that the primary purpose of the funds – to protect the hospital and long-term care facility services – is not threatened.

More financial assistance resources.

Co-ownership of a structure that could house providers and organizations under one roof in a safe, modern structure. Housing for new hired health professionals.

We have a lot of things going in that direction to help address the issues around homelessness,

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

substance/mental health abuse, community engagement and collaboration; no one group, or person can do it alone, telehealth.

Seward is a small community. There are a lot of healthcare needs and yet there are a lot of services that are available, and community resources to fill the gaps, such as prevention coalition, Community Health Center Outreach; trying to get more into the preventative piece.

Improved public and medical transportation - may be seeing some improvement in medical transport given new ground transport above, but will remain a challenge. There could be more specialist traveling here intermittently to help meet local needs. There has been recent improvement in this as well but need remains. Improved social supports.

I can't think of any.

Beginning to work on a plan for bringing an integrated care model to the community. Our health care organizations are often working with the same individuals, but do not have a good system in place for working effectively together.

Have more community wide programs that promote healthy living like: walking/biking community, farmer's market, weekly guided hikes, cooking classes. Bring more specialty clinics to either PSMC or SCHC.

Appendix 3

Secondary Data: State and Federal Data

Community/Demographic Profile Kenai Peninsula Borough

Population

The population for the community of the Kenai Peninsula is 55,970. According to future projections provided by ESRI for the Kenai Peninsula, the population is expected to decrease slightly over the next five years, by 1.2% or 669 people. Alaska is anticipated to grow by 2.8% or 21,129 people over the next five years, while the US population is expected to grow by 4.2%.

2018 and 2023 Population

| | 2018 | 2023 | % Change | Change |
|-----------------|-------------|-------------|-------------|-------------|
| | | | (2018-2023) | (2018-2023) |
| Kenai Peninsula | 55,970 | 55,301 | -1.2% | -669 |
| Alaska | 750,876 | 772,005 | 2.8% | 21,129 |
| USA | 330,088,686 | 343,954,683 | 4.2% | 13,865,997 |

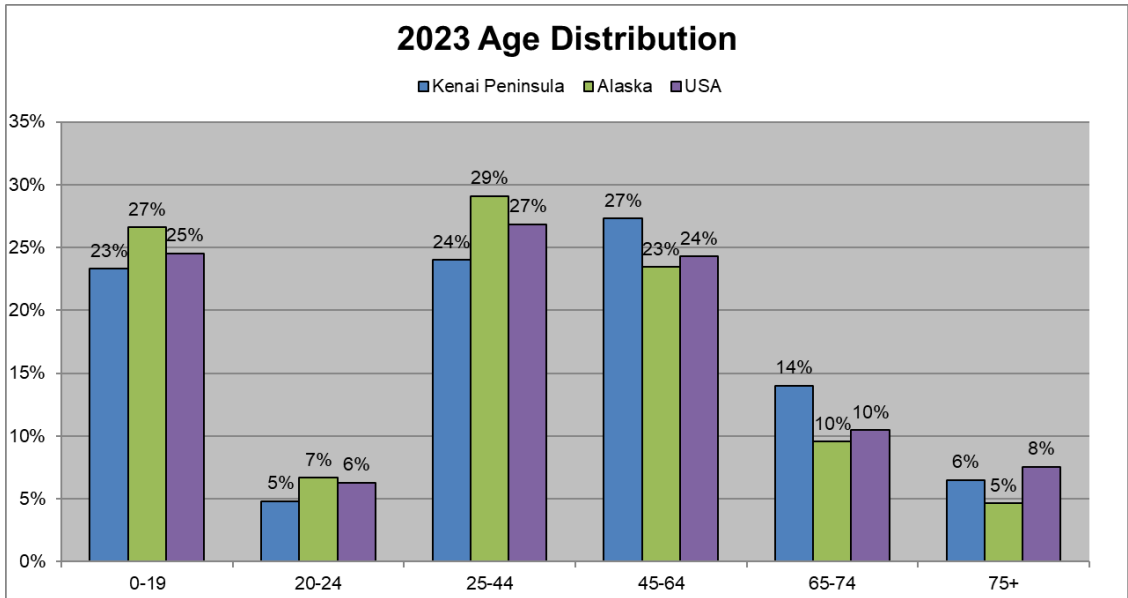
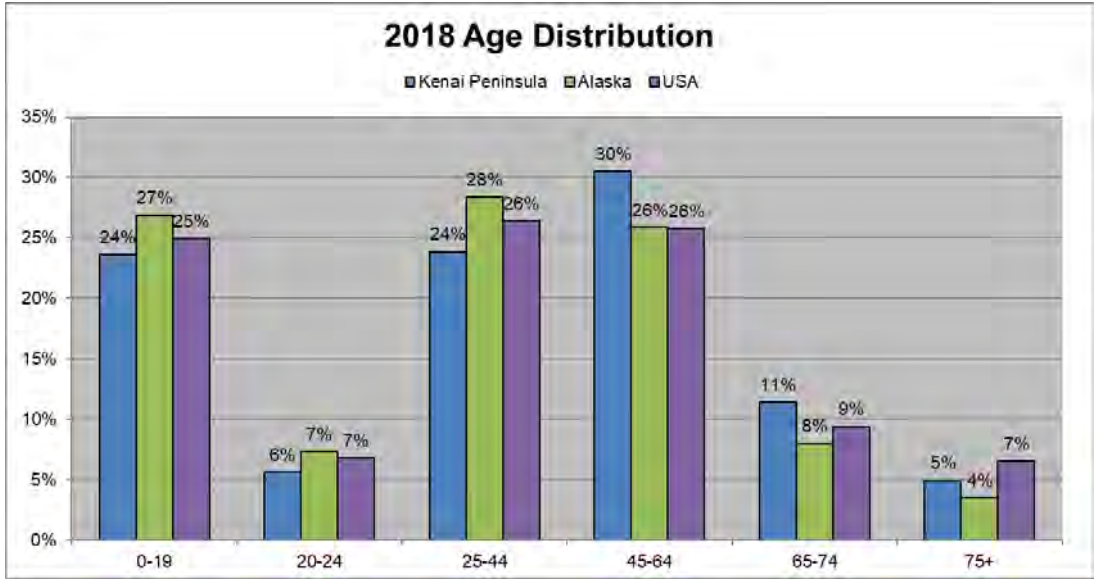
ESRI Business Information Solutions, 2018

Population by Age

Population was grouped into major age categories for comparison. In general, the Kenai Peninsula has a higher proportion of people ages 45-64 and 65-74 than Alaska and the Nation. Conversely, the proportion of people ages 0-19, 20-24, and 25-44 is lower than Alaska and the Nation. 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 utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

2018 and 2023 Population Age Distribution

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



ESRI Business Information Solutions, 2018

Population by Race and Ethnicity

PSMC’s service area is predominantly white at 83% of the population made up of white alone. The Alaska Natives population makes up roughly 7.7%, followed by the Asian population at roughly 1.3%. The racial distribution is less diverse than Alaska, though the proportion of Alaska Natives in Alaska is slightly higher than the Kenai Peninsula. It is important for PSMC to continue outreach all population groups to ensure that the health needs of all population groups within the Kenai Peninsula are being met.

2018 and 2023 Population by Race

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

| 2018 - Population by Race | Kenai Peninsula | | Alaska | | USA | |
|-------------------------------------|-----------------|---------|---------|---------|-------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| White Alone | 46,440 | 83.0% | 483,045 | 64.3% | 230,883,783 | 69.9% |
| Black Alone | 433 | 0.8% | 26,731 | 3.6% | 42,469,207 | 12.9% |
| Alaska Native/Native American Alone | 4,309 | 7.7% | 111,777 | 14.9% | 3,227,356 | 1.0% |
| Asian Alone | 741 | 1.3% | 46,631 | 6.2% | 18,749,288 | 5.7% |
| Pacific Islander Alone | 126 | 0.2% | 9,683 | 1.3% | 638,630 | 0.2% |
| Some Other Race Alone | 461 | 0.8% | 13,841 | 1.8% | 22,771,094 | 6.9% |
| Two or More Races | 3,460 | 6.2% | 59,168 | 7.9% | 11,349,328 | 3.4% |

| 2023 - Population by Race | Kenai Peninsula | | Alaska | | USA | |
|-------------------------------------|-----------------|---------|---------|---------|-------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| White Alone | 45,212 | 81.8% | 482,235 | 62.5% | 234,680,011 | 68.2% |
| Black Alone | 541 | 1.0% | 28,489 | 3.8% | 44,840,269 | 13.6% |
| Alaska Native/Native American Alone | 4,350 | 7.8% | 116,233 | 15.5% | 3,434,892 | 1.0% |
| Asian Alone | 804 | 1.4% | 52,882 | 7.0% | 21,946,693 | 6.6% |
| Pacific Islander Alone | 130 | 0.2% | 11,681 | 1.6% | 709,553 | 0.2% |
| Some Other Race Alone | 529 | 0.9% | 15,507 | 2.1% | 25,285,784 | 7.7% |
| Two or More Races | 3,735 | 6.7% | 64,978 | 8.7% | 13,057,481 | 4.0% |

ESRI Business Information Solutions, 2018

Income

Income data was analyzed for the Kenai Peninsula and compared to the state of Alaska and the Nation. 2018 census data reveals that Median and Average household incomes for the Kenai Peninsula are lower than Alaska and higher than the Nation. Per capita income in the Kenai Peninsula is slightly lower Alaska and higher than the Nation. Over the next five years, income levels are expected to rise in the Kenai Peninsula, Alaska, and the Nation in line with inflation.

2018 and 2023 Income Levels

| 2018 | Kenai Peninsula | Alaska | USA |
|--------------------------|-----------------|-----------|-----------|
| | Number | Number | Number |
| Median Household Income | \$ 64,442 | \$ 76,492 | \$ 58,100 |
| Average Household Income | \$ 83,949 | \$ 96,273 | \$ 83,694 |
| Per Capita Income | \$ 34,486 | \$ 35,888 | \$ 31,950 |

| 2023 | Kenai Peninsula | Alaska | USA |
|--------------------------|-----------------|------------|-----------|
| | Number | Number | Number |
| Median Household Income | \$ 67,710 | \$ 84,430 | \$ 65,727 |
| Average Household Income | \$ 91,578 | \$ 109,021 | \$ 96,109 |
| Per Capita Income | \$ 37,493 | \$ 40,357 | \$ 36,530 |

ESRI Business Information Solutions, 2018

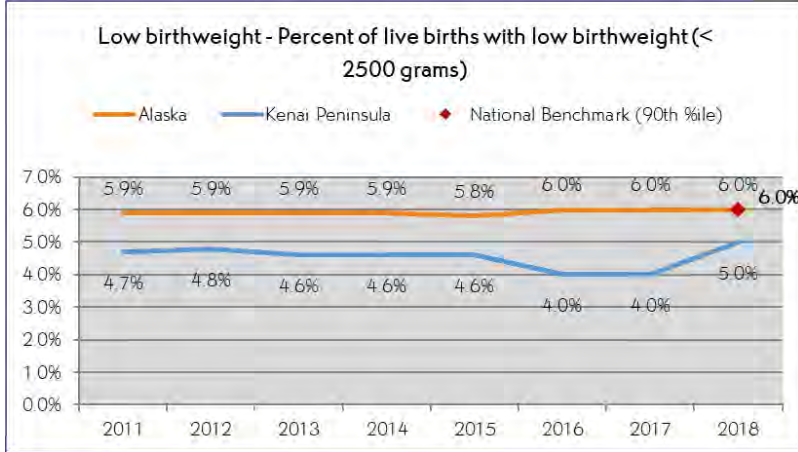
The *County Health Rankings* display health rankings of nearly every county in the nation and what influences the health of a county. They measure four types of health factors: health behaviors, clinical care, social and economic and physical environment factors. In turn, each of these factors is based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

Overall, the Kenai Peninsula ranked #5 out of 25 Boroughs/Counties/Census Areas ranked in the state for health outcomes based on the data collected by County Health Rankings.

Birth Statistics

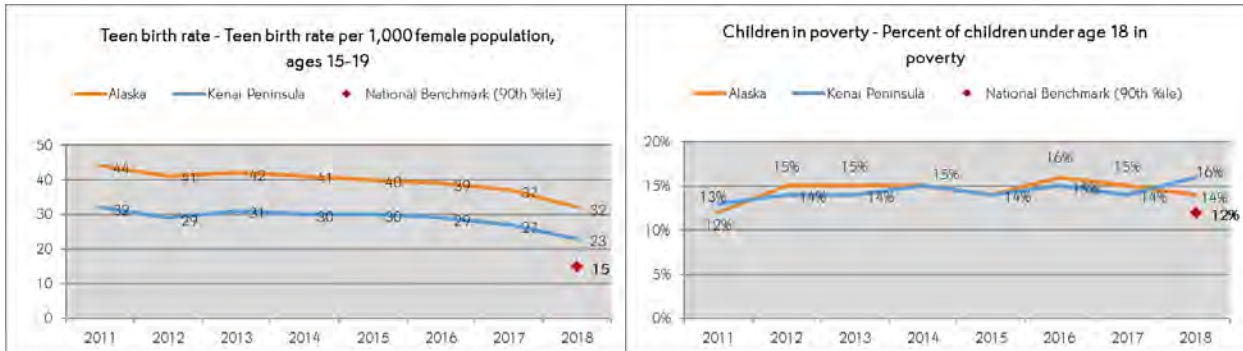
Rates of low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birthweight percentages in the Kenai Peninsula have been lower than the state and national benchmark from 2011-2018.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



County Health Rankings, 2018

Teen birth rates were also analyzed for the Kenai Peninsula and compared to Alaska and the Nation. Teen birth rates in the Kenai Peninsula are significantly lower than Alaska but higher than national benchmarks. The rate has been steadily declining over the past few years. The percentage of children in poverty in the Kenai Peninsula is slightly higher than Alaska and the national benchmark, though fluctuating slightly over the past few years. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood.

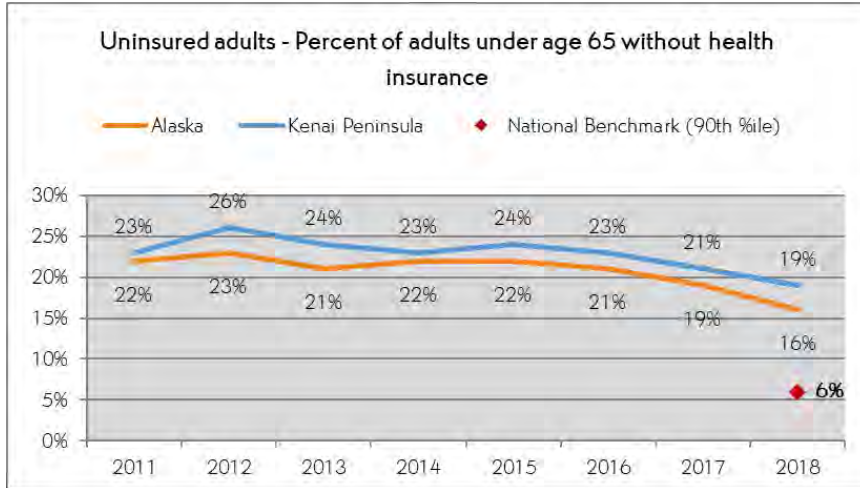


County Health Rankings, 2018

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, which went into effect in 2014, 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 Kenai Peninsula is 19%, which is higher than Alaska, and more than triple the national benchmark.

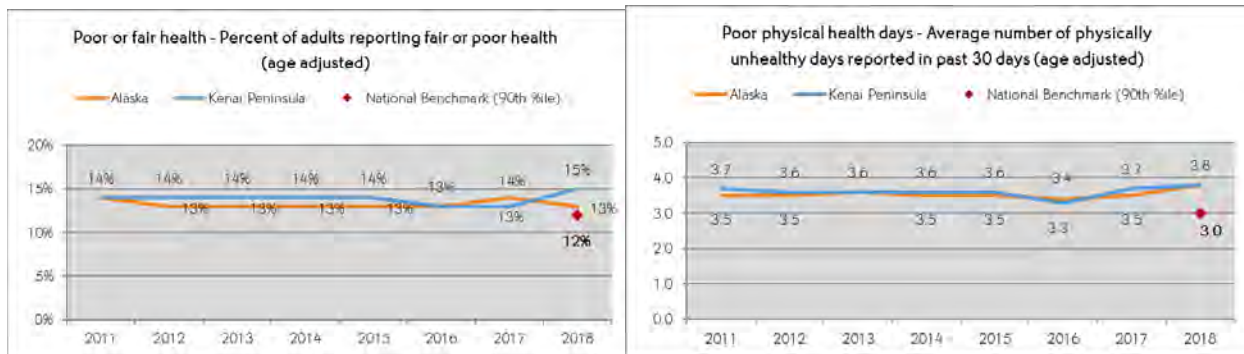
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



County Health Rankings, 2018

General Population Health

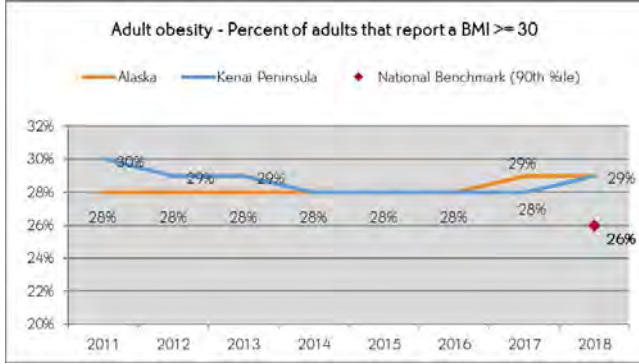
One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in the Kenai Peninsula was slightly higher than Alaska, and both are higher than the National benchmark. What this means is that the population in the Kenai Peninsula considers themselves to be slightly less healthy 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 Kenai Peninsula are equal to Alaska and higher than the Nation. This rate dropped in 2016, however increased slightly in 2017 and 2018.



County Health Rankings, 2018

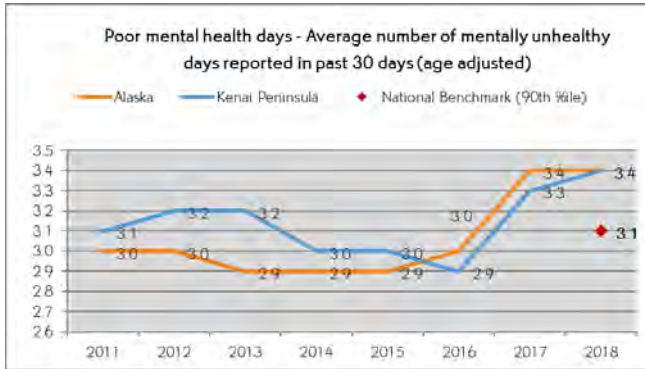
A third measure of general health of the population is the percentage of adult obesity. Nationally, the 90th percentile benchmark rate has been around 26% of the population. In the Kenai Peninsula, the percentage of adults who are obese has increased to 29%, a rise from historical years where the rate hovered at 28%.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



County Health Rankings, 2018

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 Kenai Peninsula are equal to Alaska, and above the national benchmark. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.

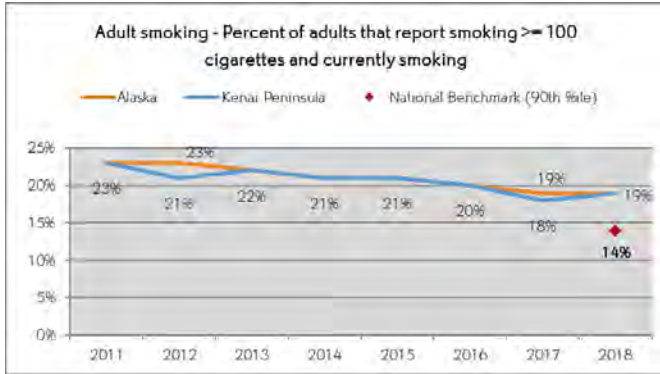


County Health Rankings, 2018

Adult Smoking

Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight 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 Kenai Peninsula has increased to 19% in 2018. These rates are in line with Alaska, though they remain significantly above the national benchmark rate of 14%.

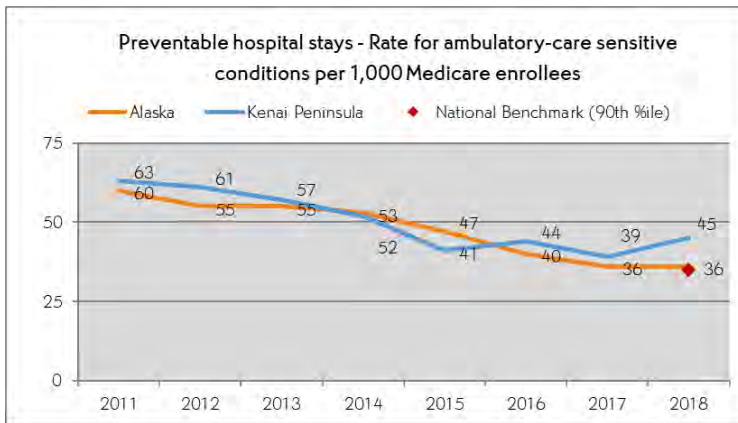
2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



County Health Rankings, 2018

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 Kenai Peninsula have climbed after a steady decline, and are currently higher than Alaska and the national benchmark of 36 per 1,000 Medicare enrollees in 2018.

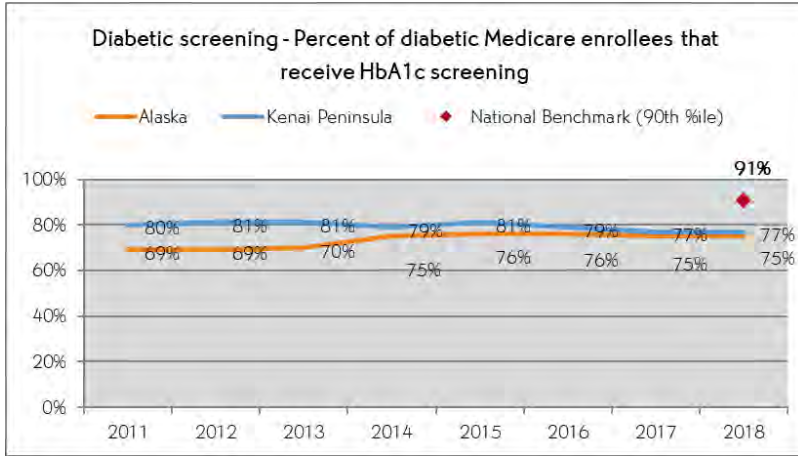


County Health Rankings, 2018

Screening

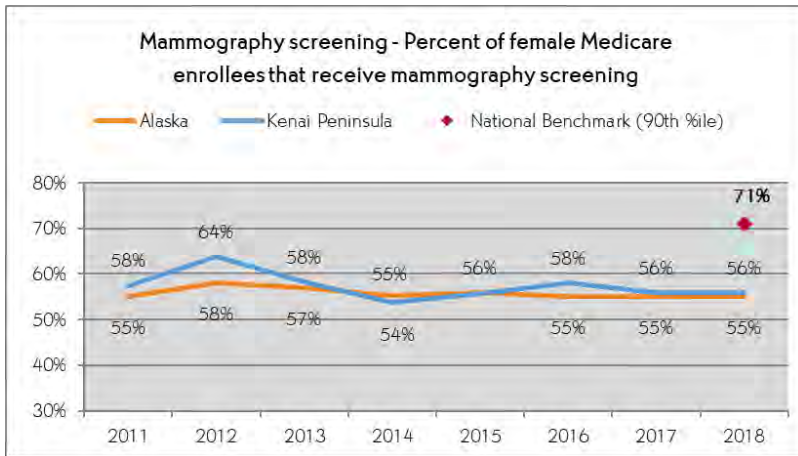
Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues affecting our society today, was analyzed. Diabetes screening rates in Kenai Peninsula have decreased over the past four years from 81% to 77%, which surpasses the Alaska rate of 75%. The national benchmark rate for Diabetic screening is 91%.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT



County Health Rankings, 2018

Mammography screening rates in the Kenai Peninsula have remained consistent at 56% over the past two years, which is slightly below the Alaska rate of 55% and significantly below the National Benchmark rate of 71%.



County Health Rankings, 2018

Appendix 4

Community Health Needs Assessment Advisory Committee

Providence Seward Health Advisory Council

Doug Capra, Chair and member of the Providence Region Community Ministry Board

Doug is a member of the Providence Seward Health Advisory Council. Doug retired in 1997 after twenty-three years of teaching in Alaska and then spent eighteen years as a ranger at Kenai Fjords National Park. He also works as naturalist aboard cruise ships that sail the Alaska coastline. A writer and historian, Doug's latest book is *The Spaces Between: Stories from the Kenai Mountains to the Kenai Fjords*

John (Craig) Williamson, EdD, Licensed Alaska Psychologist

Craig is a member of the Providence Seward Health Advisory Council. He is a retired Trooper Sergeant (Arizona Department of Safety), retired Mental Health Clinician (Alaska Department of Corrections), Community Emergency Response Team (CERT) member, U.S. Coast Guard Auxiliary (18year member), FCC Ham Radio General Class License, Critical Incident Stress Management faciliator, Member Safe Environments Committee, Archdiocese of Anchorage, Seward Area Hospice board member. Bridges Counseling consultant.

Linda Lynch

Linda is a member of the Providence Seward Health Advisory Council. Linda works as Safety Manager at Icicle. She is an EMT III, and has been an active member of the Seward Volunteer Ambulance Corps since 2011, responding to more than 100 calls a year. Linda volunteers with other organizations in Seward, such as the Food Bank, and has recently trained to become part of Seward Hospice.

Carol Souza

Carol is a member of the Providence Seward Health Advisory Council. She is the owner of Weezingreens nursery in Seward and an avid volunteer at the Seward Senior Center.

Chugachmiut North Star Health Center

Melody Wallace, Regional Office Manager

Located in Seward, North Star Health Center is dedicated to quality primary care with a focus on preventative patient education and screening. The clinic provides acute and chronic illness

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

care, emergency care, illness prevention education, routine screening exams, well childcare and immunizations, prenatal care, and behavioral health. Melody is on the North Pacific Rim Housing Authority Board of Commissioners and a member of the Qutekcak Native Tribe.

United Methodist Churches of Seward and Moose Pass

Jim Doepken, Pastor

Seward United Methodist Church has been in the community since 1905. Its pastors and laypersons have been involved in many of the social concerns of Seward for over a century. In addition to his role as pastor, Jim is Vice Chair of Providence Seward Health Advisory Council, Board Member of SeaView Community Services, Vice-President of the Seward Music Association, and Chair of the Seward Ministerial Association.

Public Health

Lois Daubney, RN, BSN

Lois is a registered nurse with over 40 years of intensive care, operating room, and public health nursing experience. Lois lived and worked as a public health nurse in Seward for 33 ½ years before retiring in 2012. Lois is currently serving on the Providence Seward Health Advisory Council, and is a board member for the Seward Community Health Center and a volunteer for Alaska Health Fairs and Alaska Respond.

Seward High School

Trevan Walker, High School Principal

Seward High School is a rural, public high school. Trevan is also a Providence Seward Health Advisory Council member as well as member of the Providence Foundation Board of Directors. Trevan is a fourth generation Alaskan from Ketchikan. He began his administrative career for the Kenai Peninsula Borough School District at Seward Middle School. He moved to Seward High School in 2009 and has served as their principal since.

SeaView Community Services

Tommy Glanton, Behavioral Health Director

At SeaView Community Services, Tommy's responsibilities include oversight of Community Support Program, Residential Group Home, Psychiatric Emergency Services, Substance Abuse Services, Outpatient Mental Health, Youth and Family Services, and Domestic Violence Sexual Abuse prevention program. SeaView Community Services also provides disability services, including Supported Employment, to community members with physical or cognitive impairment, and has an Infant Learning Program that provides services to children age 0-3 and their parents.

Alaska's Institute of Technology (AVTEC)

Dave Paperman, Lead Department of Residence Life

AVTEC is a post-secondary vocational [training center](#) operated by the State of Alaska Department of Labor and Workforce Development, and offers residential housing and a recreation program for its approximately 600 students each year in Seward. Dave is responsible for student [housing](#), activities, and non-academic discipline as well as recruitment and general

assistance for students, many of whom are experiencing their first living situation out of their home community. Dave was a Board Member of the Seward Community Health Center from 2012-2018 and is active in many different community organizations. Originally from New Jersey, Dave has lived in Alaska full time since 1995 and in Seward since 1999.

Seward Parks and Recreation Department and Seward Parking Department Director

Karin Sturdy, Director

Seward Parks and Recreation Department and Seward Parking Department serves a local population of between 4,000 and 5,000 local constituents, ages zero to senior citizens, as well as tens of thousands of visitors each summer. Karin has over two decades of experience with partnerships, boards and task forces that promote recreation programs and wellness concepts. Karin serves on the Executive Committee of the Seward Prevention Coalition and with the Seward Wellness for All Group.

Seward Senior Center

Dana Paperman, Executive Director

Since 1978, the Seward Senior Center has supported congregate and meals on wheels nutritional services; unassisted transportation; evidence based health promotional programs; Information, Assistance and Referrals; and Medicare and Social Security enrollment services. The center's mission is to insure honor, dignity, security and independence for the older Alaskan through support services, to assist them in maintaining meaningful and quality lives. Dana Paperman, the Executive Director for the past 17 years is a member and Secretary for Providence Seward Health Advisory Council, leads the Seward Coordinated Transportation Group, Vice Chair for the Seward Nordic Ski Club and a long standing member of Seward PTA.

Dr. Michael P. Moriarty, P.C.

Maya Moriarty, Business Manager

Dr. Michael P. Moriarty, P.C., is a locally owned and operated general dentistry clinic providing general dentistry services to the Seward community for over 27 years. Maya has been on several community boards and coalitions including Seward Site-Based Council, Seward Wellness for All, Seward PTA, Seward Tsunami Swim Club, Seward Wesley Rehab & Care Center, and Parents Advocating Recreating Kids (PARKS) which built the Seward Community Playground. She currently serves on the boards of the Seward Community Health Center, Seward Seahawks Athletic Booster Club, and is a member of the Medicaid committee of the Alaska Dental Society and member of Pioneers of Alaska Igloo #9. She is the mother of two and volunteers at community and school functions.

City of Seward

Kris Erchinger, MPA, CGFM, Finance Director

Kris has worked for the City of Seward for over 30 years. Kris is a 50 year resident of Seward and serves as the City of Seward's healthcare liaison with PSMCC and Seward Community Health Center. She also is currently serving on the Providence Seward Health Advisory Council; Seaview Community Services Board; Trustee of Alaska Retirement Management Board; Treasurer of Alaska Municipal League Joint Insurance Association; Trustee of Alaska Municipal

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

League Investment Pool. Previous: Secretary, Providence Alaska Region Community Ministry Board; Board member, Providence Graduate Medical Education Committee; President, Alaska Government Finance Officers Association; Board member, Alaska Municipal League.

Seward Prevention Coalition

Katie Cornwell, Executive Director

The Seward Prevention Coalition was established in 2005. Their mission is partnering to promote all dimensions of wellness through education, advocacy, and support. Their work centers around taking a collective impact approach to addressing Adverse Childhood Experiences across the community through addressing risk factors and community resilience. Katie has been working in the field of community organizing since 2005 and has been working for the Seward Prevention Coalition since 2013.

Providence Seward Medical & Care Center

Joe Fong, Administrator

PSMCC provides quality health care to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department - Level 4 Trauma Center, In-patient Hospital Swing Bed Program, laboratory and radiology services, physical, speech and occupational therapies, and a long term care facility (Seward Mountain Haven).

Seward Community Health Center (SCHC)

Craig Ambrosiani, Executive Director

SCHC is a federally qualified health center that opened in March 2014 and provides comprehensive primary care and urgent care services to the residents and visitors of the Seward and Moose Pass communities. Craig serves on the Alaska Primary Care Association Board and the City of Seward Planning & Zoning Commission.

Appendix 5

PSMCC Health Advisory Council

| Name | Title | Organization | Sector |
|--------------------------------------|-----------------------------|--|------------------------------------|
| Doug Capra, Chair | Chair / Community member | PSMCC Health Advisory Council and PHSA Community Ministry Board Member | Community |
| Jim Doepken, Vice Chair | Pastor | United Methodist Churches of Seward and Moose Pass | Faith Based Community Organization |
| Dana Paperman, Secretary | Executive Director | Seward Senior Center | Senior |
| Lois Daubney | Retired Public Health Nurse | State of Alaska, Division of Public Health | Government / Public Health |
| Linda Lynch | Retired / Volunteer | Seward Volunteer Ambulance Corps | Health care |
| Carol Souza | Business Owner | Weezingreens Nursery | Business |
| Tom Tougas | Business Owner | Major Marine Tours, Hotel 360, Hertz Seward, | Business |
| Trevan Walker | Principal | Seward High School | Education |
| Craig Williamson | Licensed AK Psychologist | Bridges Counseling consultant | Behavioral Health |
| Craig Ambrosiani (Ex Officio Member) | Executive Director | Seward Community Health Center | Health Care |
| Dr. Amy Bukac (Ex Officio Member) | Medical Director | Providence Seward Medical and Care Center | Health Care |
| Sam Hickok (Ex Officio Member) | City Representative | City of Seward | Government |
| Chris Sheehan (Ex Officio Member) | Executive Director | SeaView Community Services | Behavioral Health |

Sector: Hospital, Community Based Organization, Education, Affordable Housing

Appendix 6

Existing Health care Facilities and Community Resources available to address significant health needs

CHIROPRACTIC

- **Progressive Chiropractic:**
224-8680, 11694 Seward Hwy, Suite C
- **Seward Chiropractic Clinic:**
224-5280, 208 Fourth Avenue

DENTAL HEALTH SERVICES

- **Chugachmiut Health Services Dental Program:**
224-4925, 201 Third Ave Suite 115
www.chugachmiut.org/services/health/Northstar
Serving Alaskan Native/American Indian Beneficiaries
- **Dr. Moriarty Dental Clinic:**
224-3071, 400 Fourth Avenue
Orthodontist: 349-1951, 400 Fourth Avenue
Dr. Jeff Symonds visits Dr. Moriarty's office once a month.

MEDICAL & BEHAVIORAL HEALTH SERVICES

- **Chugachmiut Health Services/Northstar Clinic:**
224-3490, 201 Third Avenue, Suite 201 www.chugachmiut.org
Serving Alaskan Native/American Indian Beneficiaries. Primary Care Clinic, Behavioral Health Services, Diabetes Prevention, Tobacco Prevention & Control, Maternal/Child Health, Contract Health Services.
- **Glacier Family Medical Clinic:**
224-8733, 11724 Seward Hwy, Suite D
- **Providence Seward Medical & Care Center:**

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

224-5205, 417 First Avenue

<http://alaska.providence.org/locations/psmcc/Pages/default.aspx>

Services include a 24-hour emergency department, in-patient Hospital Swing Bed Program, laboratory and radiology services, physical, speech and occupational therapies. Accepts all medical insurances including Medicare and Medicaid. In addition, financial counseling and assistance is available to all patients who qualify.

- **Providence Seward Mountain Haven Long Term Care:**

224-2900, 2203 Oak Street

Services include: Skilled Nursing Care, Intermediate Nursing Care, Physical, Speech and Occupational Therapies, Full Dietary Services including Certified Dietitians, Social Services, Activity Therapy and Spiritual Services.

- **SeaView Community Services:**

224-5257, 302 Railway Avenue www.seaviewseward.org

Services include: Behavioral & Mental Health Counseling, Disability Services, Domestic Violence & Sexual Assault Program, Substance Abuse Recovery, Infant Learning Program, Public Assistance, Emergency Assistance, Prevention Programs.

- **Seward Community Health Center:**

224-CARE (2273), 417 First Avenue www.sewardhealthcenter.org

Services include: Family medicine, urgent care, wellness visits, chronic disease management, minor office procedures, immunizations, labs, well child care, prenatal perinatal and post-partum care, pediatrician, nutritional counseling, wound care, school, sport, CDL and FAA physicals, health education, care coordination, patient prescription assistant program, family health and planning. We do not discriminate based on ability to pay.

- **Kenai Public Health Center:**

907-335-3400, 302 Railway Avenue www.hss.state.ak.us/dph/nursing

Public Health Nurse visits Seward twice a month. Provides a wide variety of health assessment, health promotion, and disease prevention services. Available to all Alaskans. No one is denied services due to an inability to pay.

OCCUPATIONAL THERAPY

- **Providence Occupational Therapy:**

224-2800, 2203 Oak Street

PHARMACY

- **Chugachmiut Health Services Pharmacy:**

224-4907, 201 Third Avenue, Suite 201

Serving Alaskan Native/American Indian Beneficiaries

- **Safeway Pharmacy:**

224-6960, 1907 Seward Hwy

PHYSICAL THERAPY

- **Advanced Physical Therapy:**

224-7848, 234 4th Ave

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

- **Providence Physical Therapy:**
224-2800, 2203 Oak Street

SPEECH THERAPY

- **Providence Speech & Language Therapy:**
224-2800, 2203 Oak Street

ALASKAN NATIVE SERVICES

- **Chugachmiut Health Services:**
224-3076, 201 Third Avenue www.chugachmiut.org
- **Qutekcak Native Tribe:**
224-3118, 221 Third Avenue www.sewardaknatives.com
Changing with the tides, in harmony with our people, land and heritage. Providing social services, elder and youth programs.

CHILDREN'S SERVICES

- Office of Children's services Kenai, Alaska:
907-283-3136 www.hss.state.ak.us/ocs

CRISIS INTERVENTION

- Seward Crisis Line:
224-3027 Local counselors are available 24-hours a day, 365 days a year.
- Alaska Careline:
877-266-HELP (4357) www.carelinealaska.com
Offers free, immediate and confidential help 24-hours a day, 365 days a year.
- National Suicide Prevention Lifeline:
800-273-8255 www.suicidepreventionlifeline.org
Offers free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.

DOMESTIC VIOLENCE & SEXUAL ASSAULT

- **Seward Domestic Violence Crisis line:** 907-362-1843
- **Seward Police:** (911) 907-224-3338

PUBLIC ASSISTANCE

- **Alaska Family Nutrition Program – Kenai/Seward:**
283-4172: 601 Frontage Road Suite 102, Kenai kenaiwic@yahoo.com
WIC is a nutrition program that provides nutrition and health education, healthy food and referrals free of charge.
- **He Will Provide Food Pantry:**
362-3033, 2101 Seward Hwy
- **Qutekcak Native Tribe Public Assistance Program:**
224-3118, 221 Third Avenue
- **SeaView Community Services Public Assistance Program:**
224-5257, 302 Railway Ave.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

- **The Compassion Closet:**
224-7052, 809 Fourth Avenue. Located inside the Church of the Nazarene, the Closet offers clean, gently used maternity, infant, children and teen clothes. Open Tuesdays 3:30 – 5:30pm.

RECOVERY SUPPORT

- **Alcoholics Anonymous (AA):**
224-3843 for meeting schedule www.aakenaipeninsula.org
- **Narcotics Anonymous (NA):**
866-258-6329 www.akna.org

SENIOR & DISABILITY SERVICES

- **Hope Community Services:**
907-260-9469, PO Box 1933, Soldotna www.hopealaska.org
In Seward, Hope operates two assisted living homes and supports several other individuals in their own homes. The program is supported by an active Seward Community Resource Team who advocate and fundraise on behalf of their neighbors who experience disabilities.
- **Independent Living Center:**
224-8711, 201 Third Avenue www.peninsulailc.org
An aging and disability resource center promoting choice, independence, and quality of life for persons and families living with disability.
- **Meals on Wheels:**
224-5604, 336 Third Avenue www.sewardsenior.org
- **Qutekcak Native Tribe Elder Care Programs:**
224-3118, 221 Third Avenue www.sewardknatives.com
Services designed to meet personal needs of Alaskan Native/American Indian elders.
- **SeaView Community Services Disability Services Program:**
224-5257, 302 Railway Avenue www.seaviewseward.org
Services to support individuals in the home and community to promote independence, and prevent institutional care.
- **Senior Center:**
224-5604, 336 Third Avenue www.sewardsenior.org
Serving the nutritional, transportation, recreational and social needs of Seward seniors since 1978. Insuring honor, dignity, security and independence for the older Alaskan; assisting seniors in maintaining meaningful, quality lives.

Appendix 7

Addressing Identified Needs 2019-2021 Community Health Improvement Plan

PSMCC and PHSA leadership 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.

Providence Seward Medical and Care Center

Seward, Alaska

2019-2021 Community Health Improvement Plan



TABLE OF CONTENTS

| | PAGE(S) |
|--|----------------|
| EXECUTIVE SUMMARY | 3 |
| MISSION, VISION, AND VALUES | 3 |
| INTRODUCTION | 4-5 |
| WHO WE ARE | |
| OUR COMMITMENT TO COMMUNITY | |
| PLANNING FOR THE UNINSURED AND UNDERINSURED | 5-6 |
| OUR COMMUNITY | 6-8 |
| Definition of Community Served | |
| COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS | 9-10 |
| Summary of Community Needs Assessment Process and Results | |
| Identification and Selection of Significant Health Needs | |
| Community Health Needs Prioritized | |
| COMMUNITY HEALTH IMPROVEMENT PLAN | 10-13 |
| Summary of Community Health Improvement Planning Process | |
| Addressing the Needs of the Community: INSERT Key Community Benefit Initiatives and Evaluation Plan | |
| Other Community Benefit Programs and Evaluation Plan | |

EXECUTIVE SUMMARY

Some of the greatest challenges we face in Seward are related to the ongoing health of our community. It is important not only for the well-being of our families, our friends, our neighbors and ourselves, but also for the ongoing social and economic health of the Seward community itself.

In 2018, Providence Seward Medical and Care Center conducted a Community Health Needs Assessment (CHNA) in partnership with AVTEC, Chugachmiut, Seward Community Health Center, Seward Prevention Coalition, the Seward Senior Center, the City of Seward, PSMCC and its Health Advisory Council, State of Alaska Public Health, SeaView Community Services, Seward Family Dentistry, Seward High School, United Methodist Church, as well as other members from the community at large. The goal of this collaborative effort is to help us better understand the most significant health-related needs in the Seward community and to work together with our partners to address them.

Our CHNA findings guide Providence's ongoing commitment to community health investment and programs that touch lives in the places where relief, comfort and care are needed. These investments not only support the health and well-being of our patients, but the whole community. Through programs and direct community investment, Providence's community benefit connects families with preventive and acute care services to keep them healthy, fills gaps in community services and provides opportunities that bring hope in difficult times.

We also continue to collaborate with social service and government agencies, charitable foundations, community organizations, universities and many other partners to identify the greatest needs and create solutions together. The top health-related priority needs identified in the 2018 Seward CHNA were:

5. Mental Health
6. Alcohol and Substance Misuse
7. Obesity/Chronic Conditions
8. Preventive Care

As a result of these findings Providence Health and Services Alaska and Providence Seward Medical and Care Center have outlined our plans to help improve health in the Seward community in the areas of need identified in the Seward Community Health Needs Assessment.

MISSION, VISION, AND VALUES

Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision - Health for a Better World.

Our Values

- *Compassion*
- *Dignity*
- *Justice*
- *Excellence*

- *Integrity*

INTRODUCTION

As health care continues to evolve, Providence is responding with dedication to its Mission and Vision to support health in the community for a better world. Partnering with others of goodwill, we conduct a formal community health needs assessment once every three years to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, minority and vulnerable minority populations and individuals.

This community health needs assessment (CHNA) helps us develop collaborative solutions, through the community health improvement planning, to address unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many community partners, in our combined effort to improve the health of our community.

Who We Are

Providence Seward Medical and Care Center (PSMCC) is an acute-care hospital located in Seward, Alaska. Providence continues its mission of service in Seward through Providence Seward Medical Center and Providence Seward Mountain Haven, collectively known as Providence Seward Medical & Care Center. The hospital has 6 licensed beds with roughly 50 employees. Mountain Haven has 40 beds with roughly 95 employees.

PSMCC provides quality health care to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, physical, speech, and occupational therapies, and a long term care facility. Our team of physicians, nurses, and support staff deliver compassionate, quality care to all patients. PSMCC has the experience and facilities necessary to diagnose and treat a wide range of medical conditions.

Seward Mountain Haven is part of the nationwide Green House Project, creating a new way of living in later years. In Green House homes, elders are more actively involved in all facets of life, including cooking, planning menus and activities, picking furnishings and decor, and controlling their own schedules. Even their direct caregivers offer a different kind of support, working in the home to build strong relationships while providing for elders' health needs and personal care. Elders who live in Green House homes like Seward Mountain Haven experience a better quality of life and improved health.

Our Commitment to Community

Organizational Commitment

Providence Health and Services Alaska (PHSA) including PSMCC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable.

Providence Health & Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of 739,795). PHSA has 16 ministries. The majority of facilities are located in the Seward area, but PHSA also has 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 adult and pediatric 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 also has a 59 bed long-term acute care hospital. 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 four joint ventures including: Providence Imaging Center, Imaging Associates, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

PHSA further demonstrates organizational commitment to the community health needs assessment (CHNA) and community health improvement plan (CHIP) process through the allocation of staff time, financial resources, participation and collaboration to address identified community need. The PSMCC hospital administrator is responsible for coordinating implementation Federal 501r requirements as well as providing the opportunity for community leaders, the PSMCC Health Advisory Council, PHSA Region Community Ministry Board, internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the CHIP.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence Health and Services Alaska has a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients.

One way Providence Health and Services Alaska informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas and at the following

link <https://www.providence.org/obp/ak/financial-assistance>. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible.

OUR COMMUNITY

Description of Community Served

Seward is located on Resurrection Bay, a fjord of the Gulf of Alaska on the Kenai Peninsula. Seward is situated on Alaska's southern coast and at the southern terminus of the Seward highway, which is the only road in or out of Seward. The greater Seward area includes not only the City of Seward (population ~ 2,700), but the communities of Bear Creek (population ~ 1,950) and Moose Pass (population ~ 220). Bear Creek is located just north of and adjacent to the City of Seward. Moose Pass is located 28 miles north of Seward and is a very small community that is largely reliant upon the services available in Seward.

The next nearest communities that offer services including acute care hospital services are:

- Soldotna, Alaska (94 miles Northwest)
- Seward, Alaska (125 miles North)



Hospital Service Area

PSMCC is the only hospital in the Seward area. The service area of PSMCC was defined as the greater Seward community, which includes the communities of Seward, Bear Creek and Moose Pass. The service area was defined with input from the PSMCC and Providence leadership teams as well as with the Seward Community Health Needs Assessment Advisory Committee.

COMMUNITY PROFILE

Population and age demographics

Total population of the PSMCC service area is 4,932

- 18.6% youth (0-19 years)
- 38.5% young adults (20-44 years)
- 30.9% older adults (45-64 years)
- 12.0% seniors (65 years and older)

Race and Ethnicity

- 75.9% White/Caucasian
- 5.3% Asian
- 3.1% were Hispanic or Latino
- 13.6% were Alaska Native or American Indian
- 1.1 % were African American or Black
- 0.4% were Native Hawaiian or other Pacific Islander
- 3.7% were of two or more races.

Income and Housing

- \$70,000 = Median household income
- 6.2% unemployment
- 8.7% below poverty
- 62.5% of homes are owner-occupied
- 2.5% are homeless

Health Care and Health Access

- 8.3% are uninsured, up from 6.4% in 2015
- 7.6% indicate using the emergency room for main source of health care, down from 9.5% in 2015
- 6.1% report being unable to receive needed health care in the last 12 months, down from 8.5% in 2015
- 17.9% do not have dental insurance coverage, roughly the same as 2015 which was 17.8%

Health and Wellbeing

- 66% of adults are overweight or obese
- 21% of survey respondents indicated they have a chronic disease, and of those 15% do not have the resources needed to treat their chronic disease
- 13% of respondents said that in general their mental health was very poor, poor or fair
- 15% of respondents indicated that they felt depressed in the past 12 months, up from 12% in 2015
- 4% of respondents indicated that they had thought about committing suicide at some point in the past 12 months

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs, Assets, Assessment Process and Results

To better understand the community's perspective, opinions, experiences, expertise and knowledge regarding the health-related needs in the Seward community, Providence leadership elected to use a multi-pronged approach. In addition to giving the community the opportunity to provide input through our online CHNA website, Providence leadership formed a Community Health Needs Assessment Advisory Committee with great care to ensure that the members represented the broad interests of the community and had direct line of site to the needs of the poor, vulnerable and underserved populations.

The Committee was comprised of a wide variety of Seward community leaders from AVTEC, Chugachmiut, Seward Community Health Center, Public Health, Seward Prevention Coalition, the Seward Senior Center, the City of Seward, PSMCC and its Health Advisory Council, State of Alaska Public Health, SeaView Community Services, Seward Family Dentistry, Seward High School, United Methodist Church, as well as other members from the community at large.

The CHNA Community Advisory Committee was tasked with completing key objectives outlined by the IRS CHNA requirements, including the identification of health issues and prioritized health needs within the community. These partners were selected to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community. As such, the partners represented the public health perspective and the interests of members of medically underserved, low-income, and minority populations, or individuals. The process was:

- Form and convene CHNA advisory committee comprised of an array of community members and leaders that represent the broad interests of the community
- Collect data for the Seward community – primary survey data, secondary state and federal data and community stakeholder interview data (available in full community health needs assessment)
- Engage the CHNA advisory Committee in the analysis of the data and engage them in a prioritization process to identify the top community health needs based on that information.

PRIORITIZATION PROCESS AND CRITERIA

The prioritization process was 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 were aggregated and analyzed and high-level issues and themes are identified and result in the identification of key issues or broad areas of need for the community (i.e. behavioral health, prevention, health care access, healthy behaviors, social determinants of health, etc...)
2. **CHNA Advisory Committee Provides Preliminary Prioritization Input** – The CHNA data was then provided to the local CHNA advisory Committee for review and analysis. An online prioritization survey, based on the key issues (areas of need), was provided to help ensure the voice and input of each of the local CHNA Advisory Committee members is represented in the prioritization results. The survey has two elements:
Criteria Based Ranking – The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need). The members score each issue on a Likert-type scale based on the following criteria prior to the in-person health needs prioritization meeting:

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

- ✓ SIZE = 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? (Consider community resources, whether there are known interventions, community commitment, etc...)

Qualitative - Community Experience Ranking – As a check step, the CHNA Advisory Committee members are then each asked to identify and prioritize which of the key issues they themselves view as the top health needs for their community

3. **CHNA Advisory Committee Identifies Top Health Needs** –The results of the online Likert-type scale, criteria-based ranking and the qualitative-community experience ranking are presented to the CHNA Advisory Committee in a face-to-face meeting as a starting point for identifying the CHNA priorities for their community.
 - The top 4 health-related needs identified in the CHNA Advisory Committee survey were discussed, confirmed and/or modified based on the discussion and local knowledge of the CHNA Advisory Committee
 - The top 4 needs and detailed input of the CHNA Advisory Committee members were then captured and summarized to give greater specificity to the intent of the Committee and their collective understanding of the nature of each priority to help drive the subsequent community health improvement planning effort

Governance - Board Validation of CHNA Community Priorities – PHSA Community Ministry Board (CMB) validated the following CHNA Advisory Committee priority findings November 13, 2018.

Prioritized Seward Community Health Needs

1. Mental Health
2. Alcohol and Substance Misuse
3. Obesity/Chronic Conditions
4. Preventive Care

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Providence Health and Services Alaska leadership, including the Providence Health and Services Alaska Region Executive Council, reviewed and adopted all four of the prioritized health-related needs identified in the Seward Community Health Needs Assessment as priorities. Leadership and key experts and knowledge-holders across PHSA were engaged in the development of the Community Health Improvement Plans to address the five identified areas of need for the Seward Community.

Providence Seward Medical and Care Center (PSCMCC)

2019-2021 Seward Community Health Improvement Plan

1. Community need(s) being addressed:

- **#1 Poor Mental Health and Lack of Access to Mental Health Service**
 - **#2 Alcohol and Substance Misuse**
-

This section outlines Providence’s plan to address poor mental health, alcohol/substance misuse and access to services related to those needs. These are combined under one plan because the activities and collaborations PSMCC will engage in to address the needs will be substantially the same for both needs.

Goal (anticipated impact): Our goal is a Seward community that promotes and supports mental, emotional and behavioral well-being of all residents.

Scope (Target Population): Broader community with an emphasis on the low-income population

Community Benefit Activities and Strategies to address Mental Health and Substance Misuse

Providence provides community benefit funding and numerous subsidized programs and services to the community. These are services Providence chooses to provide, *regardless of financial loss*, because they serve to address a community need not otherwise available to the community. Community benefit activities and strategies that address Mental Health and Substance Misuse include:

- Seward Clinical Collaborative** – PSMCC will continue to be a co-sponsor and co-convenor of the monthly Seward Clinical Collaborative, which is a community provider collaborative of physical and mental health providers that share information and seek shared solutions to community health related needs.
- Recover Alaska** - Providence will continue to collaborate with and support [Recover Alaska](#), a multi-sector action group working to increase awareness and substance misuse prevention efforts in the community, advocate for effective substance use-related policy and increase access to substance use disorder services. Providence leadership will continue to participate on the Recover Alaska Board.

Other Providence programs, activities and strategies that address Substance Misuse and Mental Health

Providence also provides programs and services that address community needs, but are not categorized as “subsidized” or as “community benefit” by IRS definition. The other Providence programs, activities and services that benefit the community by addressing Substance Misuse and Mental Health include:

- Screening, Brief Intervention and Referral Tool (SBIRT)** – PSMCC is working collaboration with the State of Alaska Department of Behavioral health to provide training to Providence staff and providers community-wide on the use of the Screening, Brief Intervention and Referral Tool. SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Risky substance use is a health issue and often goes undetected.

- D. **Telehealth/Telepsych** - Providence is increasing remote and out-of-clinic access to care by adding Tele- psychiatry to Providence Alaska Medical Center Emergency room in Seward, Providence Valdez Medical Center, Providence Seward Medical Center, Seward Mountain Haven long term care facility, Providence Transitional Care Center, and Providence Extended Care Center. These services help to improve care in the emergency room and help patients to receive psychiatric medications, treat psychiatric disorders and help with acute intoxication and withdrawal by providing remote delivery of substance abuse and behavioral health counseling as well as remote delivery of emergency de-escalation psychiatric consult. These services are scheduled to go-live at Providence Seward Medical and Care Center and Seward Mountain Haven April of 2019.

Key Community Partners:

Seaview, Seward Community Health Center, State of Alaska – Department of Behavioral Health, Recover Alaska

Resource Commitment: Funding, staff time and advocacy

2. Community need(s) being addressed:

- **#3 Preventive Care**
 - **#4 Obesity and Chronic Conditions**
-

This section outlines Providence’s plan to address obesity and chronic conditions, and poor access to preventive services related to those needs. These are combined under one plan because the activities and collaborations PSMCC will engage in to address the needs will be substantially the same for both needs.

Providence Seward Medical and Care Center is an acute care hospital and no longer provides preventive services since it transitioned its primary care clinic and related services to the new Seward Community Health Center, a separate non-profit that is co-located with PSMCC. Because of this, the primary means available to PSMCC to address these needs is through its Emergency Department and its collaboration with community primary care providers in promoting prevention (see below).

Goal (anticipated impact): Our goals are to improve overall health of the Seward community by increasing effective utilization of preventive care services in the Seward community.

Scope (Target Population): Broader community with an emphasis on the low-income population

Providence programs, activities and strategies that address Preventive Care, Obesity and Chronic Conditions

Providence provides programs and services that address community needs, but are not categorized as “subsidized” or as “community benefit” by IRS definition. Providence programs, activities that address Preventive Care, Obesity and Chronic Conditions:

A. Emergency Department Primary Care Promotion

- Providence will monitor Ambulatory Care Sensitive Conditions* use of the Emergency Department and collaborate with Seward Community Health Center in the effort to get

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

people the care they need at the right time and right setting to avoid unnecessary ED utilization.

- Patients presenting at the Emergency Department will be screened to determine if they have a primary care provider or primary care home. If they do not currently have a primary care home, they will be educated on available primary care services in the community and directly connected with a primary care provider when possible.

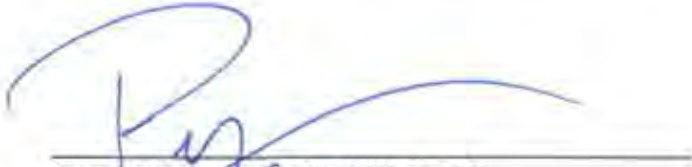
Key Community Partners: Seward Community Health Center, North Star Health Clinic (Chugachmiut Health Services)

Resource Commitment: staff time and advocacy

**Ambulatory Care Sensitive Conditions are medical problems that are potentially preventable or conditions that could have been treated in a less acute, and thus less costly medical setting. For example, hypertension (high blood pressure) is a condition that can be treated outside of a hospital.*

2019 SEWARD CHIP GOVERNANCE APPROVAL


This community health improvement plan was adopted on April 16, 2019 by the PHSA Community Ministry Board – the authorized body¹ of the hospital. The final report was made widely available² on May 15, 2019



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

¹ See Appendix : Community Ministry Board, Providence Health and services Alaska

² Per § 1.501(r)-3 IRS Requirements, posted on hospital website

Definition of Terms

Community Benefit: An initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Community benefit includes both services to the poor and broader community.

To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following:

- a. Community health needs assessment developed by the ministry or in partnership with other community organizations;
- b. Documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; or
- c. The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Health Equity: Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Social Determinants of Health: Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual’s or population’s health, are known as *determinants of health*. *Social determinants of health* are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Initiative: An initiative is an umbrella category under which a ministry organizes its key priority efforts. Each effort should be entered as a program in CBISA Online (Lyon Software). Please be sure to report on all your Key Community Benefit initiatives. If a ministry reports at the initiative level, the goal (anticipated impact), outcome measure, strategy and strategy measure are reported at the initiative level. Be sure to list all the programs that are under the initiative.

2018 SEWARD COMMUNITY HEALTH NEEDS ASSESSMENT

Note: All Community Benefit initiatives must submit financial and programmatic data in CBISA Online.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Online (Lyon Software). Please be sure to report on all community benefit programs. Note: All community benefit programs, defined as “programs”, are required to include financial and programmatic data into CBISA Online.

Goal (Anticipated Impact): The goal is the desired ultimate result for the initiative’s or program’s efforts. This result may take years to achieve and may require other interventions as well as this program. (E.g. increase immunization rates; reduce obesity prevalence.).

Scope (Target Population): Definition of group being addressed in this initiative: specific description of group or population included (or not included, if relevant) for whom outcomes will be measured and work is focused. Identify if this initiative is primarily for persons living in poverty or primarily for the broader community.

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: “How will you know if you’re making a difference.”