Kodiak Island

2019 Community Health Needs Assessment

Providence Kodiak Island Medical Center

Kodiak Island, Alaska

PROVIDENCE
Kodiak Island
Medical Center

TABLE OF CONTENTS

APPENDICES

MESSAGE TO THE COMMUNITY & ACKNOWLEDGEMENTS

This 2019 Kodiak Community Health Needs Assessment was sponsored by Providence Kodiak Island Medical Center, Providence Health & Services—Alaska, and the Providence Kodiak Island Medical Center Community Advisory Board.

Across the areas of Alaska that we serve, Providence conducts a CHNA every three years to better understand the health needs of our communities. It is an inclusive process designed to identify health-related needs and to help foster community-driven efforts to address those needs. Here in Kodiak the 2019 CHNA survey was a great success. Our sincerest thanks to the guidance of our Kodiak CHNA Advisory Committee, the 694 residents of Kodiak who completed the survey, and the many community volunteers who administered it. It was a truly collaborative community effort.

We want to give special thanks to the members of our Advisory Committee who contributed their time and expertise to make sure this CHNA was a robust and inclusive representation of our community.

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

Together, we can create healthier communities.

Gina Bishop
Chief Executive Officer
Providence Kodiak Island Medical Center

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs, Together

Improving the health of our communities is fundamental commitment rooted deeply in our heritage and purpose. Our mission calls us to be steadfast in serving all, with a special focus on our most poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets and opportunities. The 2019 Community Health Needs Assessment was approved by the Providence Alaska Region Board October 15, 2019 and made publicly available in December 2019.

Our Starting Point: Gathering Community Health Data and Community Input

Through a mixed methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. The Kodiak community information collected includes local community health survey responses, state and national public health data, qualitative data from local stakeholder interviews and a community forum, and hospital utilization data.

Identifying Top Health Priorities, Together

A Kodiak CHNA Advisory Committee was formed to guide the CHNA process from inception to completion. The Committee was comprised of local community leaders and health-related experts that represent the broad interests and demographics of the community (Appendix 5).

The Kodiak CHNA Advisory Committee involvement included establishing questions for a community-wide health survey, identifying relevant state and federal data, and selecting 10-20 key local-community stakeholders to be interviewed about health-related needs in their community. The CHNA Advisory Committee was also tasked with reviewing and analyzing the resulting information to identify and prioritize the top health-related needs in their community. After reviewing and analyzing the CHNA quantitative and qualitative data, the Kodiak CHNA Advisory Committee established the top needs for Kodiak using a criteria-based prioritization process (Appendix 4). The top three rank-ordered health-related needs identified through this process were:

1. **Behavioral Health** (Inclusive of substance use disorder *and* mental health)
2. **Primary Care Utilization and Access**
3. **Healthy Lifestyle/Chronic Conditions**

INTRODUCTION

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*

WHO WE ARE

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

Providence took over management of the Kodiak Island Medical Center in 1997, which is now referred to as the Providence Kodiak Island Medical Center. It is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. In addition, Providence Chiniak Bay Elder House, PKIMC's extended care facility, has 22 long-term care beds.

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

OUR COMMITMENT TO COMMUNITY

Organizational Commitment

Providence Kodiak Island Medical Center 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. Over the course of 2017 and 2018, PKIMC provided an annual average of roughly $1.5 million in community benefit[1,2] in response to unmet needs, and to improve the health and well-being of those we serve in Kodiak.

Our region, Providence Health & Services—Alaska (PHSA), has 16 ministries. The majority of facilities are located in the Anchorage area, but we also have a presence in four other Alaska communities. Additionally, services are expanded to other communities in Alaska via connecting technologies (e.g. telestroke and eICU

[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 Committee 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.

services). Providence Alaska Medical Center (PAMC), a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children's Hospital at Providence (the only one of its kind in Alaska), the state's only Level III NICU, Heart and Cancer Centers, the state's largest Emergency Department, full diagnostic, rehab and surgical services, as well as both inpatient and outpatient mental health and substance use services for adults and children.

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

Providence Kodiak Island Medical Center further demonstrates organizational commitment to the CHNA through the allocation of staff time, financial resources, participation and collaboration to address identified community health needs. The Regional Director of Community Health Investment is responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP).

OUR COMMUNITY

Being the only acute care hospital on Kodiak Island, our service area is the entirety of the Kodiak Island Borough and all of its communities, encompassing the entire population of Kodiak Island. The borough is situated in the Gulf of Alaska and comprised of 16 major islands. Kodiak Island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii. Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in other forms of wildlife, culture, natural resources and scenic beauty. With the largest fishing port in the state, the island is the third largest fishing port in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities and tourism. The population of Kodiak Island is 13,621 people.

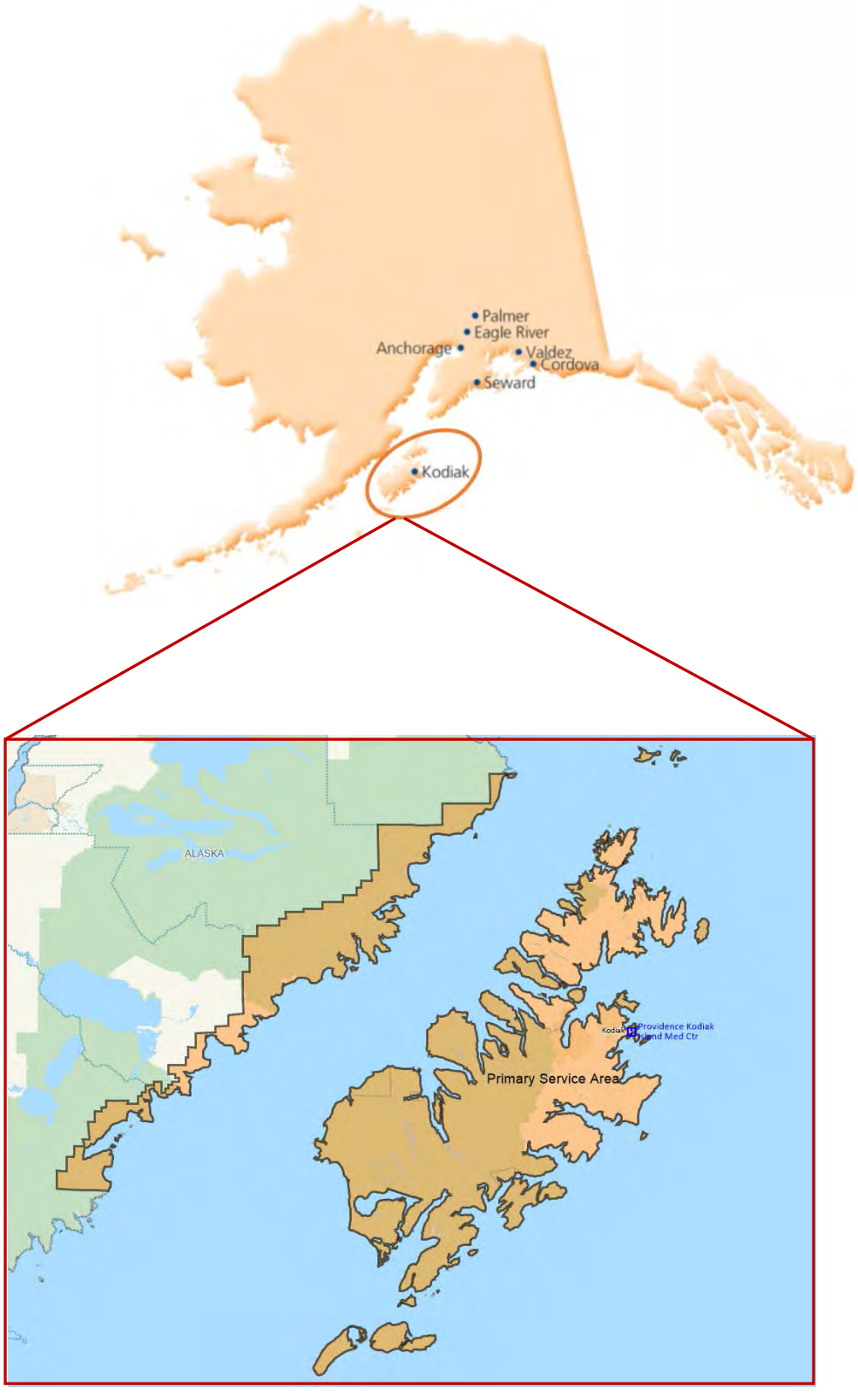
Hospital Total Service Area

Being the only acute care hospital on Kodiak Island, the communities served by the hospital are defined as the Island of Kodiak inclusive of the following communities listed in Table 1:

Table 1. Cities and ZIP codes

Cities/ Communities	ZIP Codes	Cities/ Communities	ZIP Codes
Port Lions	99550	Kodiak	99697
Karluk	99608	Larsen Bay	99624
Kodiak	99615	Old Harbor	99643
Kodiak	99619	Ouzinkie	99644

Figure 1. Providence Kodiak Island Medical Center Hospital Total Service Area



Community Demographics / Profile

Population and age demographics

Based on the US census, the total population of the Kodiak Island Borough is 13,621 people.

- 27.9% youth (0-19 years)
- 36.3% young adults (20-44 years)
- 24.8% older adults (45-64 years)
- 11.1% seniors (65 years and older)

Race and Ethnicity

The following presents US Census race demographics for Kodiak Island (see Figure 2):

- 53.3% White
- 20.9% Asian
- 9.4% Hispanic
- 12.2% Alaska Native or American Indian
- 1.1 % Black
- 1.0% Pacific Islander
- 3.8% Other
- 7.8% Two or more races

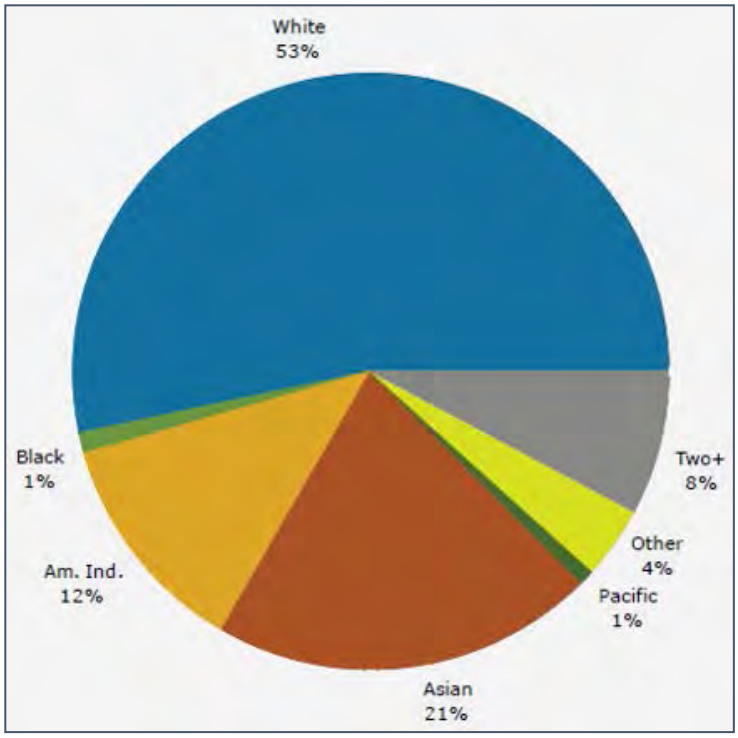


Figure 2: Race demographics of Kodiak Island

Income and Housing

The following US Census data presents income and housing data for Kodiak and Alaska as a comparison:

	Kodiak Island	Alaska
• Median household income	$75,380	$76,114
• Per Capita Income	$31,421	$35,065
• Average household size	2.85	2.81
• Below poverty	7.5%	10.9%
• Percent of owner-occupied homes	59.0%	63.7%
• Individuals experiencing homelessness (Source: 2019 Kodiak Community Health Survey)	3.0%	*

**Comparable statewide data not available*

Health Care and Access to Care

The following 2019 Kodiak Community Survey data represent residents' access to and utilization of health care services:

- 22% of adults under the age 65 are uninsured (US Census: Small Area Health Insurance Estimates)
- 8% of adults of all ages are uninsured
- 11% indicate using the emergency room for main source of health care
- 12% report being unable to receive needed health care in the last 12 months

Health and Wellbeing

The following 2019 Kodiak Community Survey data represent the health and wellbeing of community residents:

- 65% of adults are overweight or obese
- 22% of survey respondents indicated they have a chronic disease, and of those, 25% do not have the resources needed to manage their chronic disease
- 25% of survey respondents engaged in binge drinking in the past 30 days
- 14% of respondents indicated that they experienced depression in the past 12 months
- 5% of survey 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 (HRSA) designates Health Professional Shortage Areas (HPSAs) 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). Kodiak Island Borough has been designated as an HPSA.

Medically Underserved Area/Medical Professional Shortage Area

Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or populations that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating the Community Health Center Fund 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. Kodiak Island Borough is designated as a Medically Underserved Area.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT FRAMEWORK AND PROCESS

Every three years, Providence Health & Services Alaska and Providence Kodiak Island Medical Center conduct a Community Health Heeds Assessment for the Kodiak Island Borough. The Community Health Needs Assessment (CHNA) process is based upon the understanding that health and wellness happen across our communities, not just in medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors, and invited key stakeholders and community members to provide additional context to the data through qualitative methods.

In 2019, Providence engaged Wipfli LLP to collect and aggregate primary and secondary data for the CHNA report. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

Providence uses an organized and responsive process to conduct the CHNA:

1. Formation of a CHNA Advisory Committee (Appendix 5b)
2. Definition of the community served by PKIMC
3. Data collection and analysis

- Secondary data/demographics (Appendix 1a)
- Primary data
    i. Kodiak community survey (Appendix 1b)
    ii. Hospital utilization data (Appendix 1c)
    iii. Stakeholder interviews (Appendix 2a)
    iv. Kodiak Community Health Forum / Dialogue (Appendix 2b)

4. Identification and prioritization of community health needs by the community CHNA Advisory Committee (Appendix 4)
5. Making the CHNA widely available the community

Information and data sources include the US Census, American Community Survey, Alaska BRFSS, County Health Rankings, Esri, the Kodiak Community Health Needs Assessment Survey, as well as community stakeholder interviews and a Kodiak Community Health Forum/Dialogue.

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. To the extent that the CHNA Advisory Committee felt that the quantitative and qualitative data collected were sufficient to inform a meaningful assessment of the community's health needs, there were no significant gaps in information identified. That said, it should be acknowledged that the most recent available information drawn from state and federal secondary data is often more than two years old.

Process for Gathering Comments on Previous CHNA

Both the Community Health Needs Assessment and the CHNA website give the contact information to request a paper copy without charge, provide feedback about the CHNA or CHIP reports, or any additional inquiries. Community members were provided a general PSJH email contact (CHI@providence.org) as well as the phone, email and mailing address contact information for Providence's Regional Director of Community Health Investment in Alaska. No input was received regarding the 2016 Kodiak CHNA following its publication.

HEALTH INDICATORS

The quantitative data used in this CHNA came from a number of sources. The combination of the data from each these sources constitute the health indicators utilized to better understand the health status and health needs of the Kodiak community. The entirety of the quantitative data from all sources can be found in Appendix 1: Quantitative Data. The following list outlines the quantitative data sources:

1. **State and Federal Data Sources** - Kodiak demographic and health related data was accessed through County Health Rankings and Esri which draw their data from US Census, American Communities Survey, and the State of Alaska Behavioral Risk Factor Surveillance Survey, among other state and federal data repositories. This data can be found in Appendix 1a.

2. **Kodiak Community Health Needs Survey** – Due to the limited data available for Kodiak through state and federal sources, Providence fielded a 36 question community survey in May of 2019. Nearly 700 Kodiak residents completed the survey. The survey covers health care utilization, substance use,

mental health, dental, basic needs, domestic violence, housing status, health status as well as basic demographics. The aggregated survey responses can be found in Appendix 1b.

3. **Hospital Utilization Data** – Providence Kodiak Island Medical Center data regarding Avoidable Emergency Department Visits and 16 Prevention Quality Indicators (PQIs) can be found in Appendix 1c. These data give insight into the number of Kodiak residents that are seeking hospital treatment for health conditions that, if caught in time through preventative measures, may not have resulted in the need for treatment in an acute care hospital setting. These data can be found in Appendix 1c.

COMMUNITY INPUT

To better understand the community's perspective, opinions, experiences, and knowledge, PKIMC sought the input of community members and nonprofit and government stakeholders. Below is a high-level summary of the findings of these sessions. Complete details regarding the protocols, findings, and attendees are available in Appendix 2.

There were four means by which community input was gathered for the Kodiak Community Health Needs Assessment:

1. **CHNA Advisory Committee process** (14 members)
   The CHNA Advisory Committee was formed to guide the CHNA process from inception to completion (February - September 2019). The Committee was comprised of local community leaders and health-related experts, including the Director of Public Health Nursing in Kodiak, that represent the broad interests and demographics of the community (See appendix 5). This committee guided the design and deployment of the Community Health Survey and determined the community priorities based on the quantitative and qualitative CHNA data. Their criteria-based input resulted in identifying the top three most significant health related needs in Kodiak:

   1. **Behavioral Health** (Inclusive of substance use disorder *and* mental health)
   2. **Primary Care Utilization and Access**
   3. **Healthy Lifestyle/Chronic Conditions**

2. **Kodiak Community Health Survey** (694 respondents)
   The 36 question survey was fielded from May 18 - June 1, 2019 with extensive help from the Kodiak CHNA Advisory Committee. Every effort was made to ensure that the survey represented the diversity of the community and captured input from those with low incomes and otherwise underserved in the community. The success of that effort is borne out in the results of the survey and can be seen in the responses regarding homelessness, income and other topics in the survey (See Appendix 1b). Some of the top needs and themes called out in the survey responses were:

   - **Mental health and substance misuse treatment –** This was called out specifically as one of the top three areas of greatest need, and was also borne out in the responses to survey questions related to substance use and mental health status and needs of the survey respondents.
   - **Access to Healthcare** (both primary and specialty care) – While both primary and specialty care were called out as top needs, primary care was referenced most often and the key issues were related to wait times and inability to see the same doctor.

3. **Community Stakeholder Interviews** (nine interviewees)
   In the month of June, nine community leaders were interviewed individually regarding the health needs of the community. Appendix 2a contains the narrative responses, along with the names and organizational affiliations of the interviewees. Some of the dominant themes from the stakeholder interviews were:

   a. Access to Primary Care
   - Issues include access to affordable care and access to primary care
   - Barriers to care include lack of primary care providers and difficulty recruiting and retaining physicians
   - Lack of access to timely primary care may contribute to delays in seeking care and misutilization of emergency medical services, which puts pressure on the emergency department

   b. Mental Health/Substance Misuse
   - There is an insufficient number of mental health and substance use disorder treatment providers to meet the needs of the community
   - Stigmatization regarding mental health and substance use disorder, lack of coverage through insurance plans, and perceived inaccessibility of care are some barriers to seeking treatment

   c. Social Determinants of Health and Economic Security
   - Issues include lack of affordable housing on Kodiak Island, high cost of living, lack of health benefits from employers in the community, and language barriers
   - Immigrants and migrants were most frequently identified as a vulnerable population within the community and most affected by these issues, partially due to language barriers
   - Specific problems arise from manual labor and manufacturing employers, who often employ immigrants, but do not provide stable employment and health benefits

   d. Access to Specialty Care
   - Predominant issue is access to specialty care services on the island
   - Barriers to care include lack of specialty care providers, difficulty recruiting and retaining physicians, and having to travel off the island to access care
   - Accessibility to vision care, dental care, and orthopedic care were significantly cited through community stakeholder interviews and the Community Health Survey

4. **Kodiak Community Forum / Dialogue** (roughly 40 participants)
   Providence Kodiak Island Medical Center hosted a community forum (May 28, 2019) with the goal of learning more about community members' vision for a healthy community and the health-related needs they would like to see prioritized (See Appendix 2b). Community members and stakeholders were divided into six groups which included staff and board members from Providence St. Joseph Health—Alaska Region. This forum was an opportunity for Kodiak Island community members to share more about their community with Providence staff and board members. Figure 3 presents the dominant themes from the community forum:

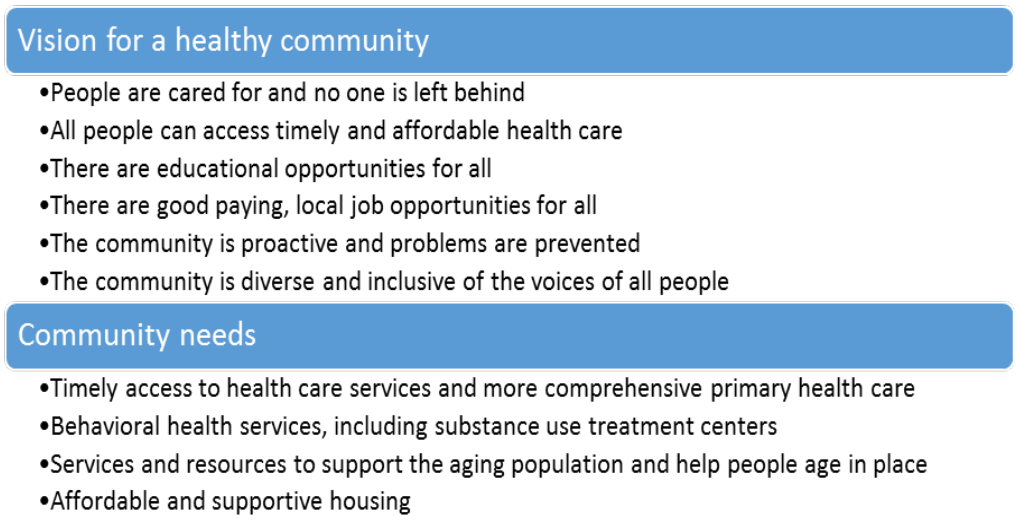


Figure 3: Findings from the Kodiak Community Forum/ Dialogue

2019 PRIORITY HEALTH NEEDS

The Kodiak CHNA Advisory Committee was tasked with reviewing and analyzing the resulting information to identify and prioritize the top health-related needs in their community based on the criteria of size/scope, severity and ability to impact. After reviewing and analyzing the CHNA quantitative and qualitative data, the Kodiak CHNA Advisory Committee established the top needs for Kodiak using the following criteria-based prioritization process.

Prioritization Process and Criteria

The CHNA Advisory committee reviews the data—The Kodiak CHNA Advisory Committee reviews and analyzes the aggregated quantitative and qualitative data. They then complete an online prioritization survey. The prioritization survey tool has two elements:

- **Criteria-based ranking –** The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need) based on the following criteria prior to the in-person health needs prioritization meeting:
  - ✓ SIZE/SCOPE: How significant is the scope of the health issue - number of people affected?
  - ✓ SERIOUSNESS: How severe are the negative impacts of this issue on individuals, families, and the community?
  - ✓ ABILITY TO IMPACT: What is the probability that the community could succeed in addressing this health issue? Respondents consider assets such as community resources, whether there are known interventions, and community commitment or readiness.
- **Qualitative input: Advisory Committee Member Perspective** – As a check step, the CHNA Advisory Committee members are each asked what they personally view as the top health needs for their community.

The CHNA Advisory Committee identifies top health needs –The results of the online criteria-based ranking and the qualitative community experience ranking are presented to the CHNA Advisory Committee during an in-person meeting as a starting point for identifying the CHNA priorities.

- The top three to four health needs identified in the CHNA Advisory Committee survey are reviewed, confirmed and/or modified based on the discussion and local knowledge of the Advisory Committee members.
- Members are then asked to give specific reasons why they selected each of the top three to four needs. This step helps fully capture the unique aspects of the 'high-level' issues (areas of need) for their community.
- The top three or four needs and detailed input of the CHNA Advisory Committee members are then documented and summarized to drive subsequent community health improvement planning.

The list below summarizes the rank-ordered significant health needs identified through the 2019 Community Health Needs Assessment process:

1. **Behavioral Health** (inclusive of substance use disorder *and* mental health)
   Behavioral health was indicated as a significant health care need during stakeholder interviews, as well as in the community survey responses, where 57% of individuals identified mental health and substance use as one of Kodiak's greatest health needs. Behavioral health needs focused on two separate areas of need: mental health and substance misuse.

   The CHNA Advisory Committee identified a shortage of mental health services, particularly outpatient mental health care. The percent of population that needs these services has risen and barriers to accessing behavioral health care remain significant. Specifically, 20% of survey respondents indicated they have needed mental health services in the last 12 months, but of that group, 38% who needed mental health services were not able to receive them. Barriers to accessing this care include a lack of insurance or being unable to afford care (49%) and difficulty getting an appointment (41%). Stakeholder interviews revealed that health organizations have had difficulty recruiting and retaining a resident psychiatrist.

   The lack of inpatient treatment facilities for addiction, substance use and drug and alcohol treatment were discussed by many as an area of need in the community. Substance use issues have led to both social and criminal problems in the community, particularly for repeat offenders. Sixty percent of survey respondents who needed substance use treatment were unable to receive needed services, and those who sought substance use treatment cited barriers to accessing care, including no insurance or being unable to afford treatment (44%) and stigmatization (36%).

2. **Primary Care Utilization and Access** – It is common for small rural communities to have challenges attracting and retaining enough primary care physicians to meet community need, and Kodiak is no exception. This need became more apparent in 2017 with the closure of the largest private primary care practice in Kodiak. The issue of long wait times and inability to schedule appointments within a reasonable time was a theme that arose through community input. This echoed findings through the Community Health Survey, where 36% of respondents indicated they consider shortage or turnover in primary care/family clinic health care providers to be a significant contributor to the under-utilization of primary care and serves as a barrier to access.

   In addition to the challenges facing primary care access, the quantitative data also suggest that preventive/primary care is being underutilized by members of the community. Preventative care efforts in the community are also lacking; 28% of respondents have not had an annual exam or

physical in the past year. Of the 68% of individuals who had a health screening completed in the past year, 37% took no action based on their results.

3. **Healthy Lifestyle/Chronic Conditions**
   Survey responses and health data indicate difficulty with maintaining a healthy lifestyle, engaging in preventative health, and managing chronic disease in the community. Twenty-two percent of survey respondents indicated they have a chronic disease, and of those, 25% do not have the resources needed to treat their chronic disease. Sixty-five percent of Community Health Survey respondents were identified as either overweight or obese based on their Body Mass Index (height/weight calculation). Similarly, 13% of survey respondents indicated that in general, their physical health is either poor or fair. Likewise, 39% of survey respondents indicate that they engage in less than 3 days of physical activity per week.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps, though given the rural nature of Kodiak, these resources are particularly limited. See Appendix 3 for a detailed list of resources potentially available to address the significant health needs identified through the CHNA.

Addressing Identified Needs

This section describes how PKIMC will develop and adopt an implementation strategy (i.e. Community Health Improvement Plan) to address the prioritized community needs.

PKIMC 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 (CHIP) that describes how PKIMC plans to address the health needs. If PKIMC 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 PKIMC 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 PKIMC and other community organizations in addressing the health need. The improvement plan will be approved by the Providence Alaska Region Board and made publicly available by May 15, 2020.

EVALUATION OF IMPACT ON 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

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

The top health issues identified and addressed in the 2016 CHNA and 2017-2019 CHIP were the following:

1. Behavioral Health
2. Socio-Economic Determinants of Health
3. Primary Care Utilization and Access

1. Behavioral Health (includes mental health and substance use)

Providence activities

a) **Safe Harbor Program –** Providence served adults and youth providing Level 2.1 intensive outpatient chemical dependency treatment, Level 1 outpatient chemical dependency treatment, continuing care, education which includes anger management, Alcohol and Drugs Information School, Prime for Life, Morale Reconation Therapy, and random drug and alcohol testing. The program completed 32 Alcohol and Drug Information School (ADIS) Committees, provided 384 Intensive Outpatient level 2.1, Outpatient level 1.0 and Continuing Care Committees combined, serving 121 clients. Among the 121, 44 completed ADIS, 30 successfully completed their treatment, 10 were referred to higher level of care, 33 discharged back to the Alcohol Safety Action Program (ASAP) or Department of Corrections for non-compliance, 3 dropped out, and one (I) was incarcerated.

b) **Youth Outpatient Substance Abuse Program** – Providence continued this program to provide services to court-referred and self-referred clients despite the loss of state grant funding services. The services included substance use assessments or integrated assessments, addiction education, individual, family and committee counseling or therapy, and random drug and alcohol testing. Providence continued to provide intensive case management services which may include "warm hand off" referrals to receiving agencies within Alaska and beyond. Due to the loss of funding, capacity was limited, resulting in only six youth being served through this program.

c) **Mental health clinicians in the schools program –** Providence continued its partnership with Kodiak Island Borough School District (KIBSD) providing mental health education and support to high school and middle school students in the city of Kodiak, the St. Mary's private school and KIBSD Elementary schools and village schools in cases of mental health emergency needs. The mental health school clinicians put together a presentation titled "How to talk to your teenagers" designed for parents. They also developed a committee for the 6th graders called the "Lunch Bunch". This was very well received by students and requested that a Lunch Bunch Committee for 7th graders be developed in the coming year. In excess of 200 students have been served annually.

d) **Alcohol Safety Action Program (ASAP)** – Providence continued to provide case management services, referrals and monitoring for court ordered cases for youth and adults. Individual orientation and screening are now performed daily or whenever a new client comes in to expedite their entry to treatment. ASAP served 228 clients in 2018.

e) **Psychiatric Emergency Services –** Providence continued to provide 24/7 psychiatric emergency assessments and referrals, which included involuntary commitment and voluntary inpatient treatment for adults and youth who expressed thoughts of self-harm, including people under a chemical or alcohol influence or experiencing emotional distress. PKIMC Psychiatric Emergency Services served 390 cases over the time period of this CHIP.

f) **Community Support Program** – Providence continued the Community Support Program (CSP) serving chronically mentally ill adults and their families, providing individual and group skill development, employment support, case management, recipient support services, medication monitoring and family support services. Providence provided intensive and comprehensive services to 45-50 severely mentally ill (SMI) adult individuals at any given time over the

course of the period covered by this CHIP. Providence also developed a youth program providing individual skills development, group skill development, case management, and family support services to severely emotionally disturbed (SED) youth and families. Providence continues to provide services to 16 young people and their families at any given time. The Community Support Program provided services over the 2017-2019 CHIP period amounting to roughly 11,500 encounters with patients and their families.

g) **Community Education –** Providence continued to participate in town hall meetings, community panel discussions, health fairs, United States Coast Guard welcome aboard fairs, Public Radio announcements, KMXT Talk of the Rock, and Kodiak Daily Mirror Ads. Providence also provided free anxiety and depression screenings during May Mental Health Month and at health fairs. Providence did a community screening of the documentary *Resilience* and facilitated a community panel discussion.

h) **Internship Program-** Providence Kodiak Island Counseling Center (PKICC) continued to accommodate interns and provide clinical supervision to support the growth of the next generation of behavioral health providers in Kodiak (e.g. LPC, MSW, Chemical Dependency Counsellors). There are several Providence providers who are certified clinical supervisors in the areas of mental health and substance use treatment. PKICC believes that investing time and effort into producing the next generation of behavioral health professionals in Kodiak is foundational to the sustainability of behavioral health services on the island. Three of four interns have completed their programs to date with one still in the process.

i) **Community Behavioral Health Grants –** Providence continued to actively seek grant funding opportunities to help address the behavioral needs in the community. Providence applied for and received a Community Behavioral Health and Treatment Recovery grant and Alcohol Safety Action Program (ASAP) grant which helped support the functioning of Providence Kodiak Island Counselling Center with serves roughly 850 clients annually.

Collaboration and community investment support

i. **Kodiak Schools Substance Use Task Force** - Providence continued to partner with Teen Court to ensure appropriate referrals, treatment and support for youth by providing screening and recommendations. Teen Court refers students to our school clinician for substance use disorder assessment, recommendation and referral. Only two students were referred during the 2018/2019 school year.

j. **Salvation Army/Residential Treatment Collaboration** – Providence continued to collaborate with the Salvation Army transitional housing program in Kodiak as well as substance use inpatient treatment facilities in Alaska. These collaborations facilitate the treatment of Kodiak residents in Anchorage when services are not available on Kodiak Island and then return them to Kodiak Salvation Army transitional housing with outpatient substance use treatment support in their home community. In March of 2019 Providence entered into partnership with the Salvation Army making the transitional housing one of our sites for outreach services. Providence provides case management, counselling, instant random drug tests among other services to residents. Seven clients have been served to date under this new agreement.

k. **Outreach Services-** Providence continued to partner with the Brother Francis Shelter, Kodiak Women's Resource and Crisis Center, Kodiak Public Library, civic organizations, schools, medical clinics, canneries, courts, Salvation Army, etc. to insure that we provide continuity of care to mutual clients we serve and that we reach out to potential clients who might otherwise fall through the cracks in the delivery of care system. The Salvation Army and the Kodiak College Library are added on to the list of sites for outreach services. Providence formalized partnership with Kodiak Women Resource Crisis Center through a federal grant from Alaska Network on Domestic Violence and Sexual Assault to provide services within KWRCC. Providence provided over 3,000 encounters of service in 2018.

l. **Recover Alaska –** Providence continued to provide community investment funding and continued board membership and support to Recover Alaska to help the community better understand and address the growing problem of substance use in Alaska.

2. Socio-Economic Determinants of Health

Providence activities

a) **Charity Care/Financial Assistance –** Providence continued to provide medically necessary health care services to members of the community who were unable to pay for such services. Providence Kodiak Island Medical Center provided $1.45M in 2017 and $1.2M in 2018 in charity care and financial assistance to qualifying low-income patients.

3. Primary Care Utilization and Access

Collaboration and community investment support

a) **Kodiak Community Health Center –** Providence does not provide primary care services on Kodiak Island, but Providence Kodiak Island Medical Center is co-located with Kodiak Community Health Center (KCHC) and has good collaborative working relationship in their combined effort to serve the health needs of the Kodiak community. In 2017 one of the largest primary care practices in Kodiak, Kodiak Island Medical Associates (KIMA), closed due to the retirement of the physician owners. Providence provided $500,000 in funding to KCHC to reorganize and renovate its treatment space to aid in transitioning the remaining KIMA primary care physicians into KCHC. This effort was critical to maintaining needed primary care services and capacity in Kodiak.

2019 CHNA GOVERNANCE APPROVAL

This community health needs assessment was adopted on October 15th, 2019 by the Providence Alaska Region Board. The final report was made widely available[3] by December 31, 2019

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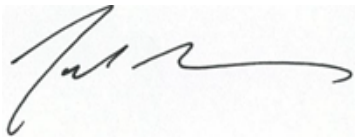
Chief Executive, Alaska
Providence St. Joseph Health

Pam Shirrell
Chair, Providence Alaska Region Board
Providence Health and Services Alaska



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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.psjhealth.org/community-benefit/community-health-needs-assessments

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

Appendix 1

Quantitative Data

A. Population Level Data
B. Community Health Survey Results
C. Hospital Utilization Data

Appendix 1B: Kodiak Population Level Data

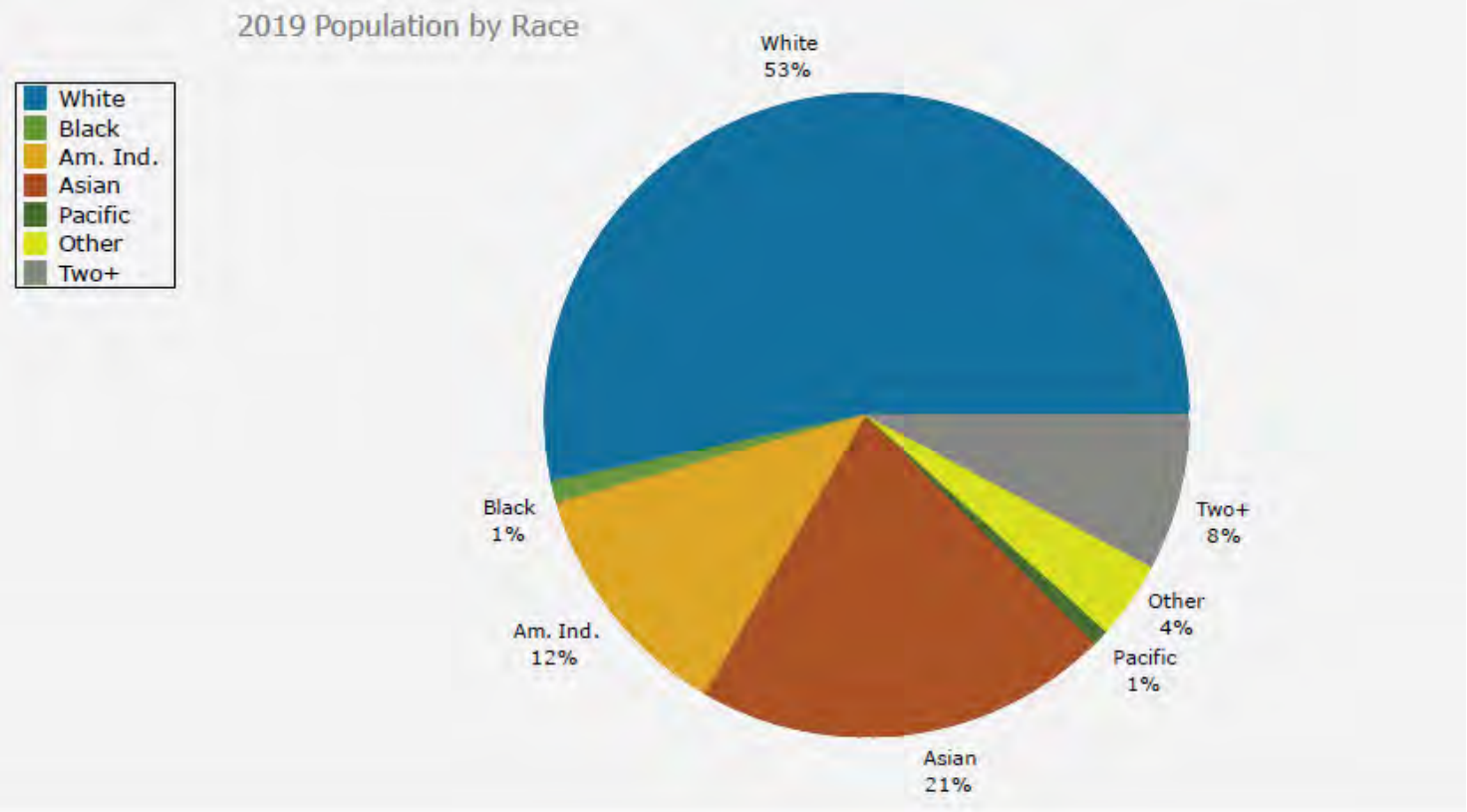
Summary	Census 2010	2019	2024
Population	13,592	13,621	13,330
Households	4,630	4,636	4,539
Families	3,233	3,201	3,120
Average Household Size	2.86	2.85	2.85
Owner Occupied Housing Units	2,648	2,667	2,630
Renter Occupied Housing Units	1,982	1,969	1,909
Median Age	32.7	33.7	33.9

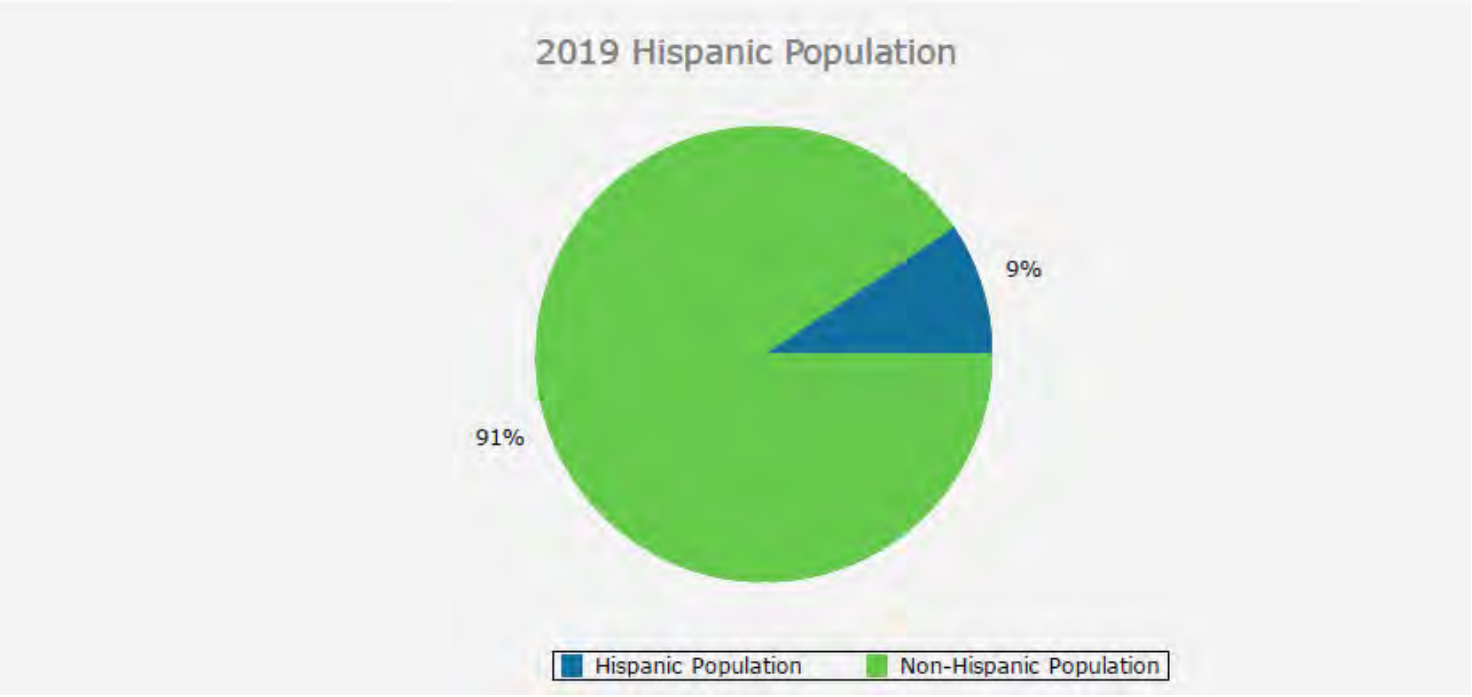
Trends: 2019 - 2024 Annual Rate	Area	State	National
Population	-0.43%	0.34%	0.77%
Households	-0.42%	0.33%	0.75%
Families	-0.51%	0.26%	0.68%
Owner HHs	-0.28%	0.62%	0.92%
Median Household Income	1.33%	1.43%	2.70%

	2019		2024	
Households by Income	Number	Percent	Number	Percent
<$15,000	332	7.2%	310	6.8%
$15,000 - $24,999	373	8.0%	346	7.6%
$25,000 - $34,999	386	8.3%	366	8.1%
$35,000 - $49,999	290	6.3%	231	5.1%
$50,000 - $74,999	925	20.0%	856	18.9%
$75,000 - $99,999	593	12.8%	588	13.0%
$100,000 - $149,999	1,094	23.6%	1,156	25.5%
$150,000 - $199,999	372	8.0%	415	9.1%
$200,000+	271	5.8%	271	6.0%
Median Household Income	$75,380		$80,515	
Average Household Income	$92,029		$98,909	
Per Capita Income	$31,421		$33,780	

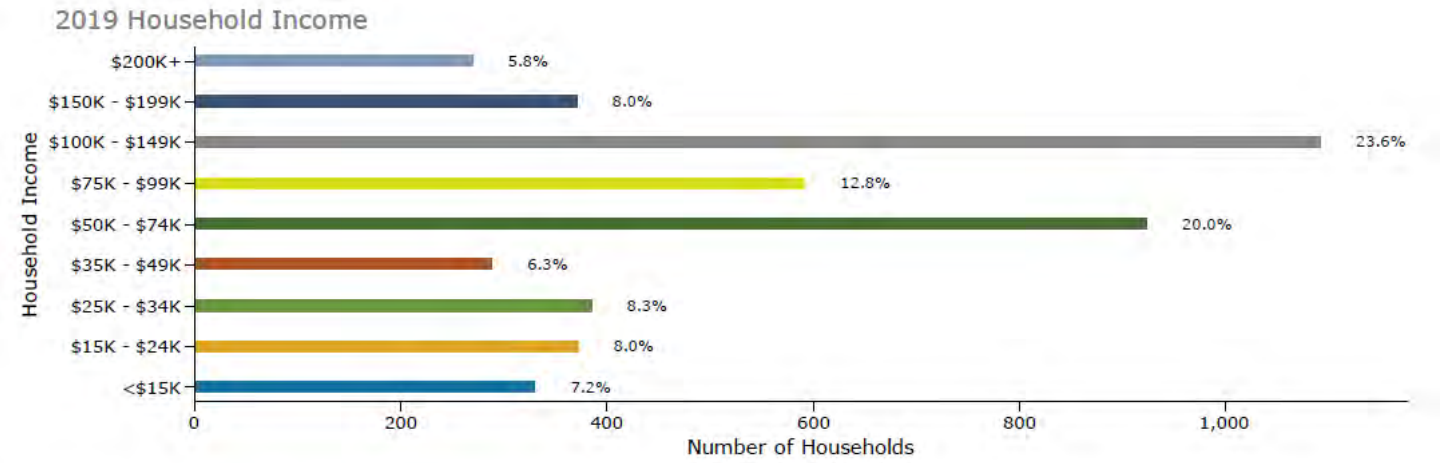
	Census 2010		2019		2024	
Population by Age	Number	Percent	Number	Percent	Number	Percent
0 - 4	1,151	8.5%	1,049	7.7%	1,045	7.8%
5 - 9	979	7.2%	922	6.8%	890	6.7%
10 - 14	1,123	8.3%	971	7.1%	914	6.9%
15 - 19	1,004	7.4%	849	6.2%	823	6.2%
20 - 24	962	7.1%	1,099	8.1%	966	7.2%
25 - 34	2,023	14.9%	2,177	16.0%	2,265	17.0%
35 - 44	1,790	13.2%	1,662	12.2%	1,654	12.4%
45 - 54	2,130	15.7%	1,621	11.9%	1,429	10.7%
55 - 64	1,515	11.1%	1,759	12.9%	1,545	11.6%
65 - 74	641	4.7%	1,103	8.1%	1,243	9.3%
75 - 84	202	1.5%	322	2.4%	460	3.5%
85+	72	0.5%	87	0.6%	96	0.7%

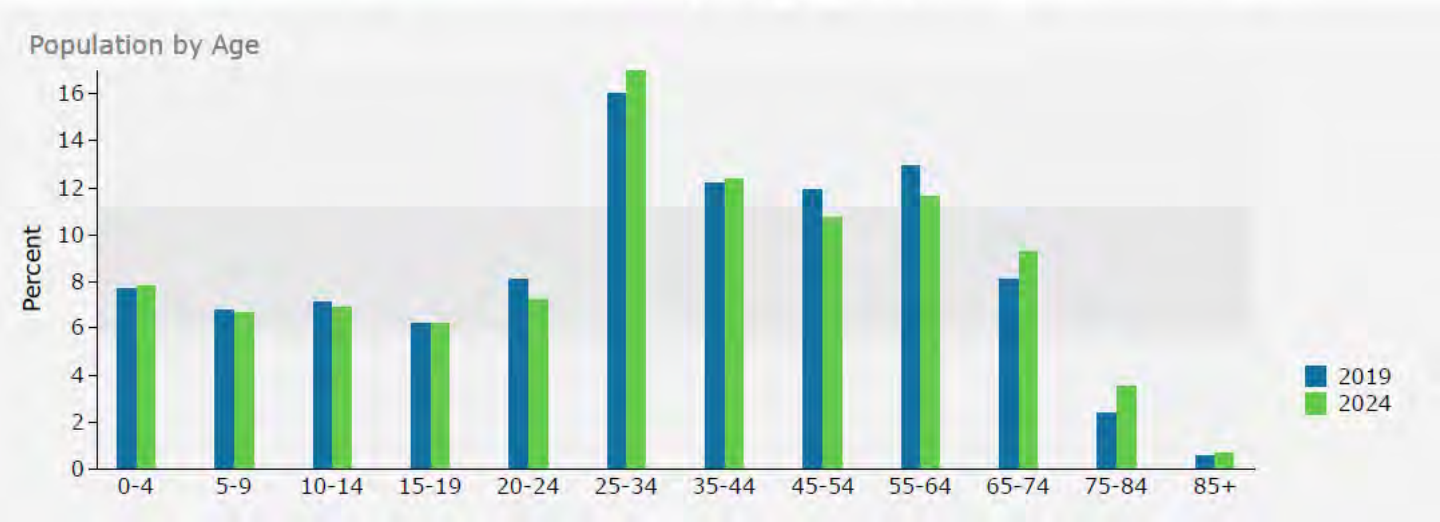
	Census 2010		2019		2024	
Race and Ethnicity	Number	Percent	Number	Percent	Number	Percent
White Alone	7,522	55.3%	7,258	53.3%	6,918	51.9%
Black Alone	92	0.7%	148	1.1%	171	1.3%
American Indian Alone	1,797	13.2%	1,666	12.2%	1,567	11.8%
Asian Alone	2,660	19.6%	2,841	20.9%	2,904	21.8%
Pacific Islander Alone	87	0.6%	133	1.0%	152	1.1%
Some Other Race Alone	397	2.9%	518	3.8%	568	4.3%
Two or More Races	1,037	7.6%	1,057	7.8%	1,050	7.9%
Hispanic Origin (Any Race)	996	7.3%	1,274	9.4%	1,408	10.6%





Source: Esri, US Census


2019 Household Income
Household Income
$200K+
$150K - $199K
$100K - $149K
$75K - $99K
$50K - $74K
$35K - $49K
$25K - $34K
$15K - $24K
<$15K
5.8%
8.0%
23.6%
12.8%
20.0%
6.3%
8.3%
8.0%
7.2%
0
200
400
600
800
1,000
Number of Households

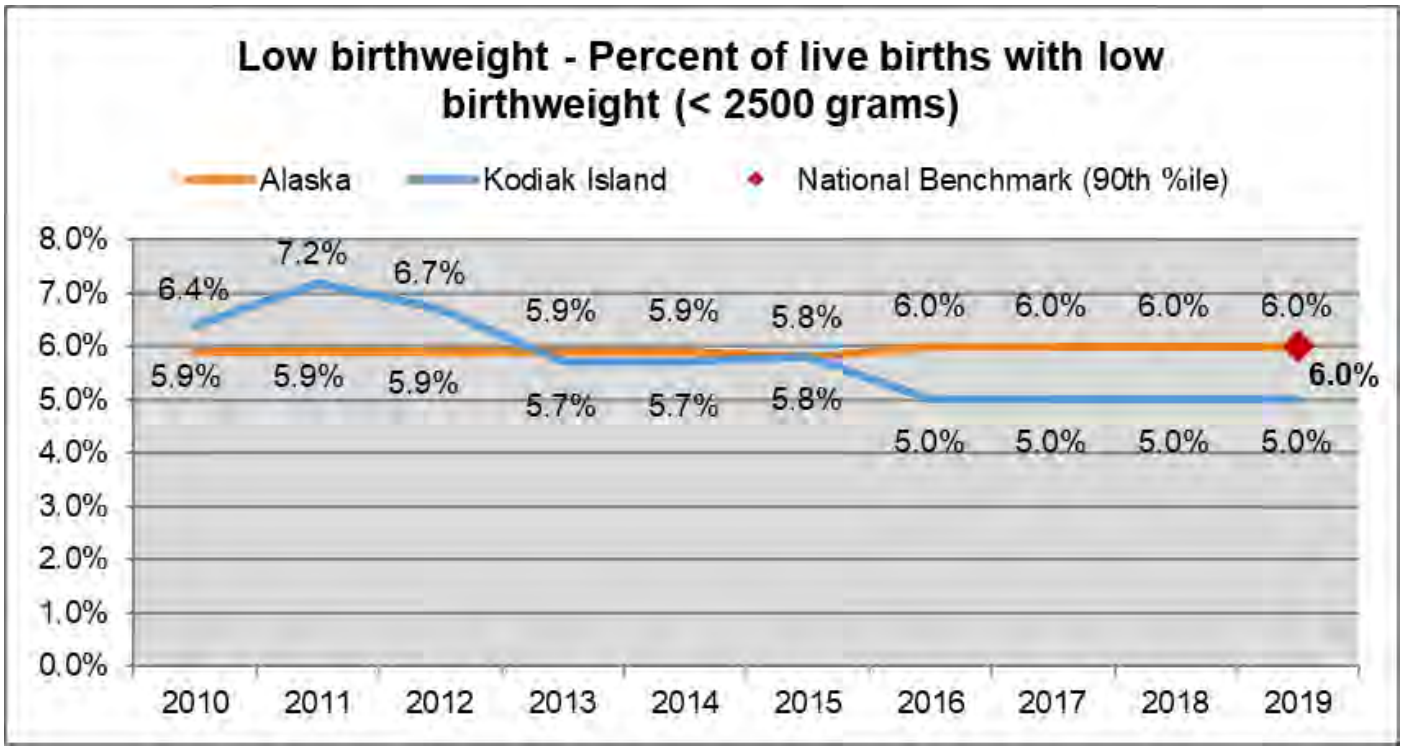

Population by Age
Percent
16
14
12
10
8
6
4
2
0
0-4
5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-74
75-84
85+
2019
2024

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 are analyzed in this report.

Overall, the Kodiak Island Borough ranked #2 out of 25 Boroughs/Counties/Census Areas ranked in the state for health outcomes based on the data collected by County Health Rankings.

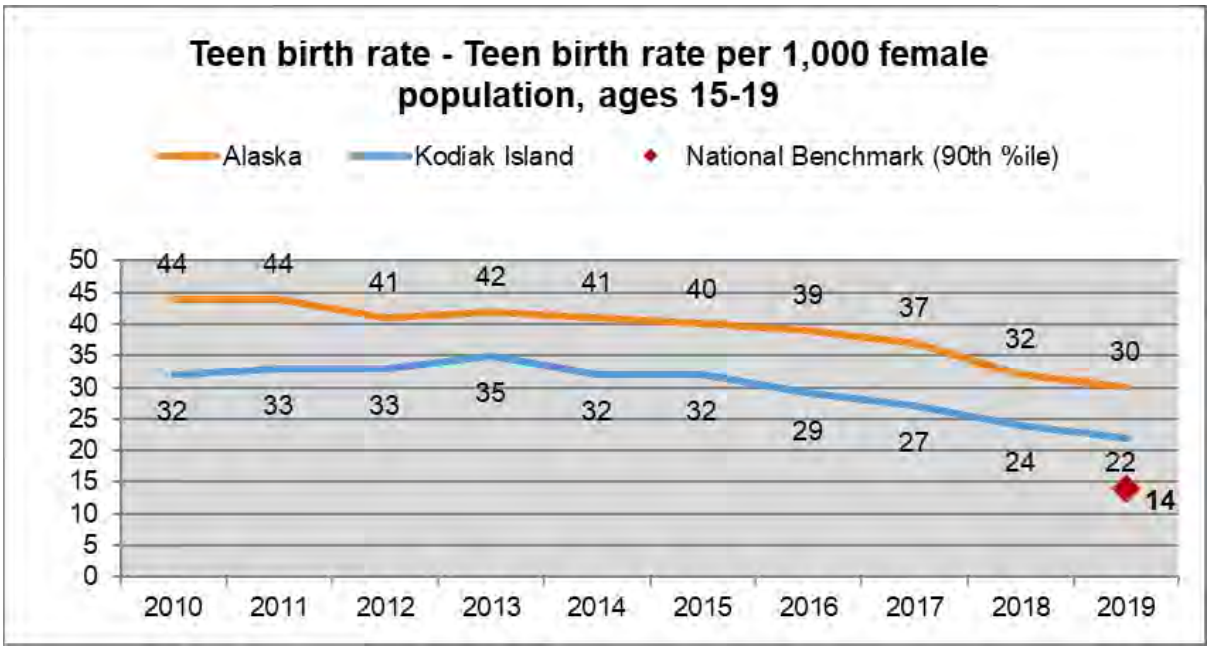
Birth Statistics

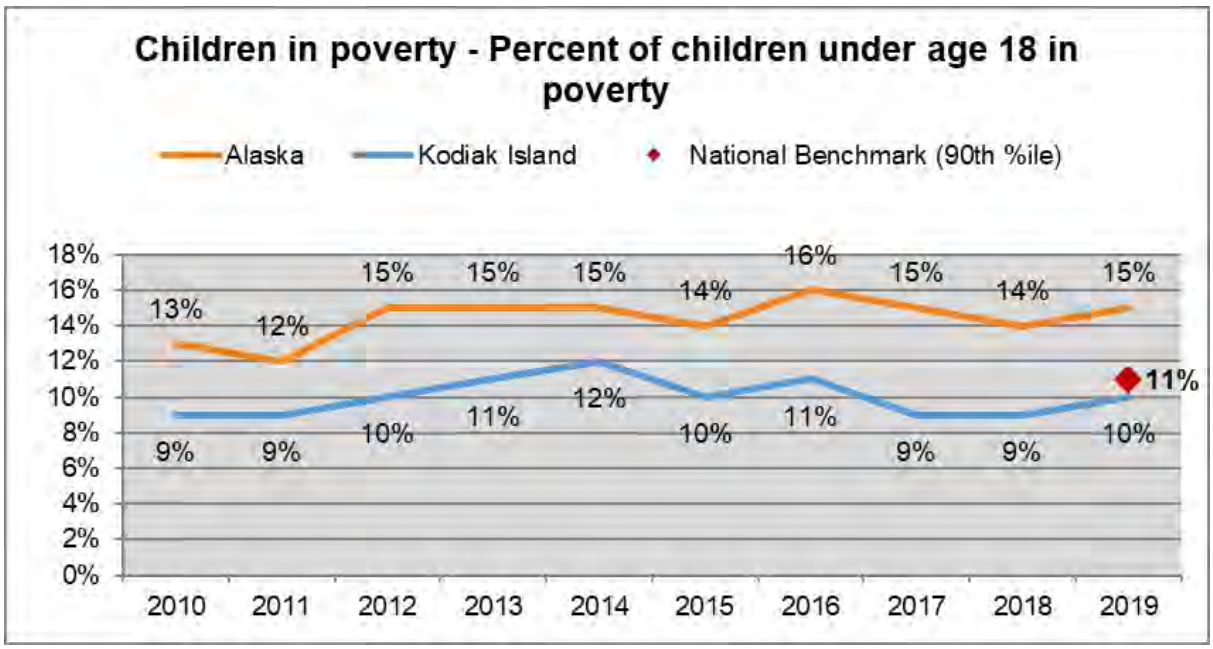
Rates of low birthweight in a community are often associated with poor maternal health. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, stunted cognitive developments, and chronic disease in later life, and is generally a predictor of newborn health and survival. Historically, low birthweight percentages in the Kodiak Island Borough have been slightly higher than state and national benchmarks. However, in 2016, the percentage of low birthweight births dropped to its maintenance point of 5.0%, 1.0% below the national benchmark.



County Health Rankings, 2019

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





County Health Rankings, 2019

Death Statistics

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

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

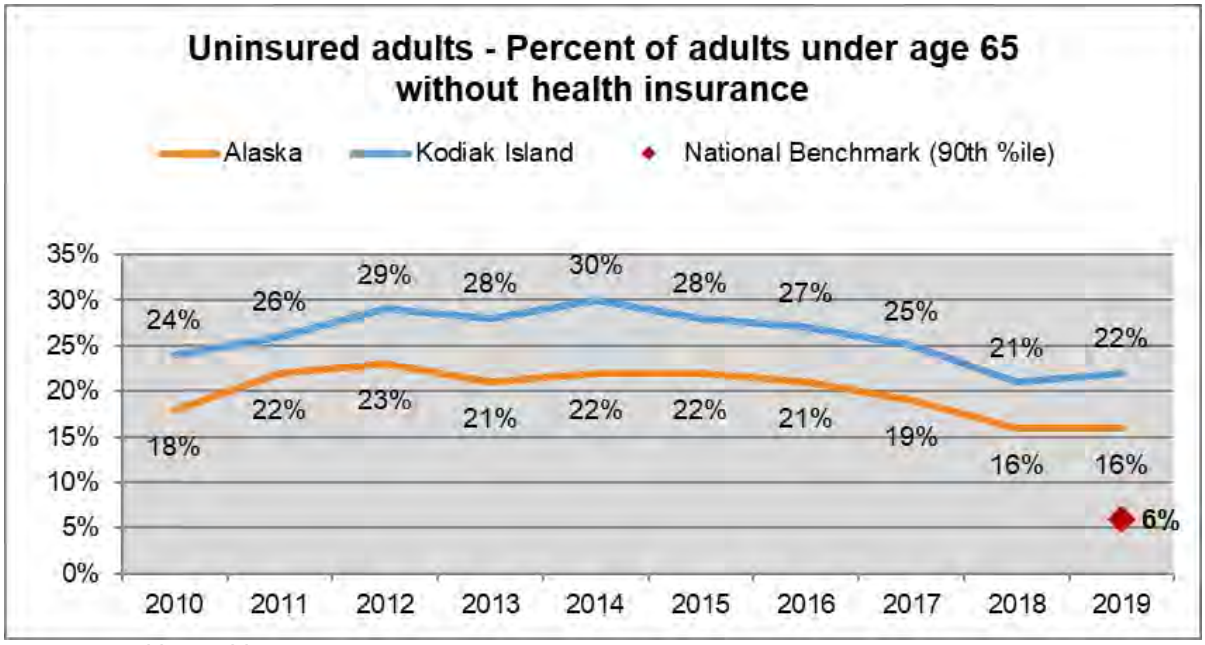
*Due to low sample-sizes for Kodiak island, three year rolling averages were utilized to achieve statistical validity

** E.g. Asthma, Bronchitis, COPD

Source: Alaska Bureau of Vital Statistics

Insurance

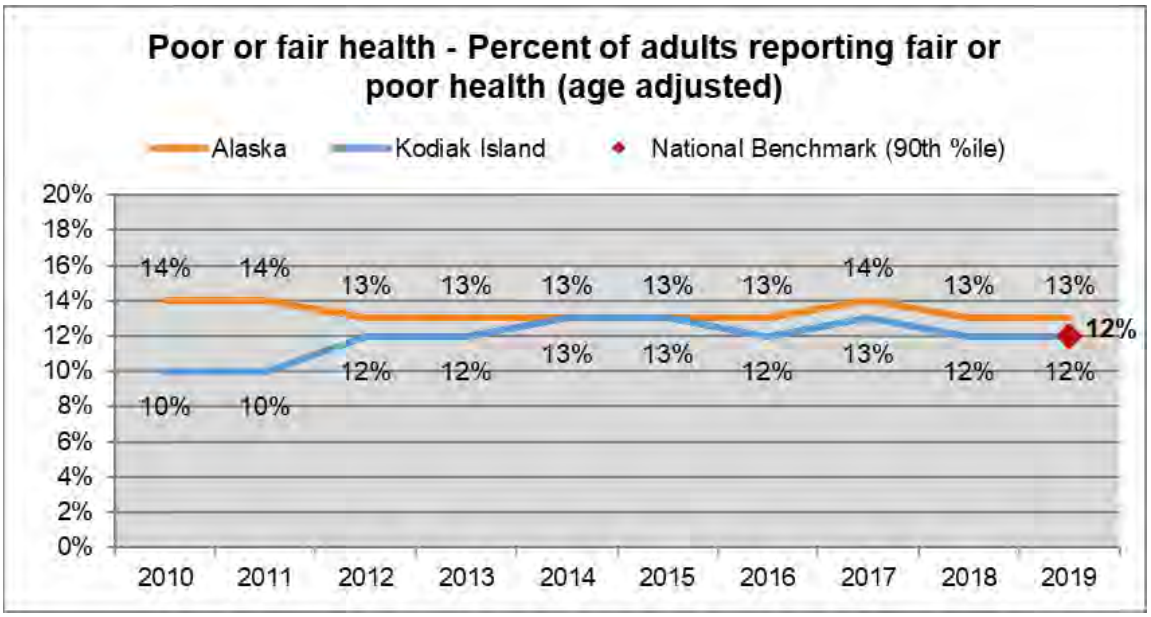
Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act, which took effect in 2014, was to lower the rate of uninsured persons and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in the Kodiak Island Borough is 22%, which is 6% higher than Alaska and more than triple the national benchmark. The uninsured rate reported by community survey respondents was 8%, which is substantially lower than County Health Rankings estimates.

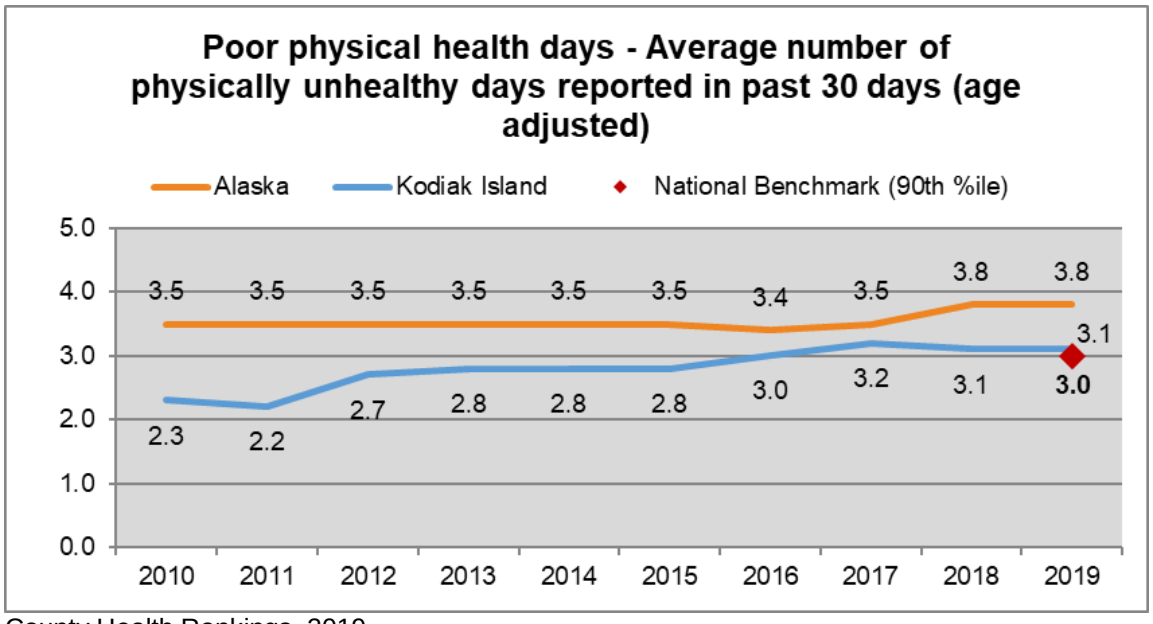


County Health Rankings, 2019

General Population Health

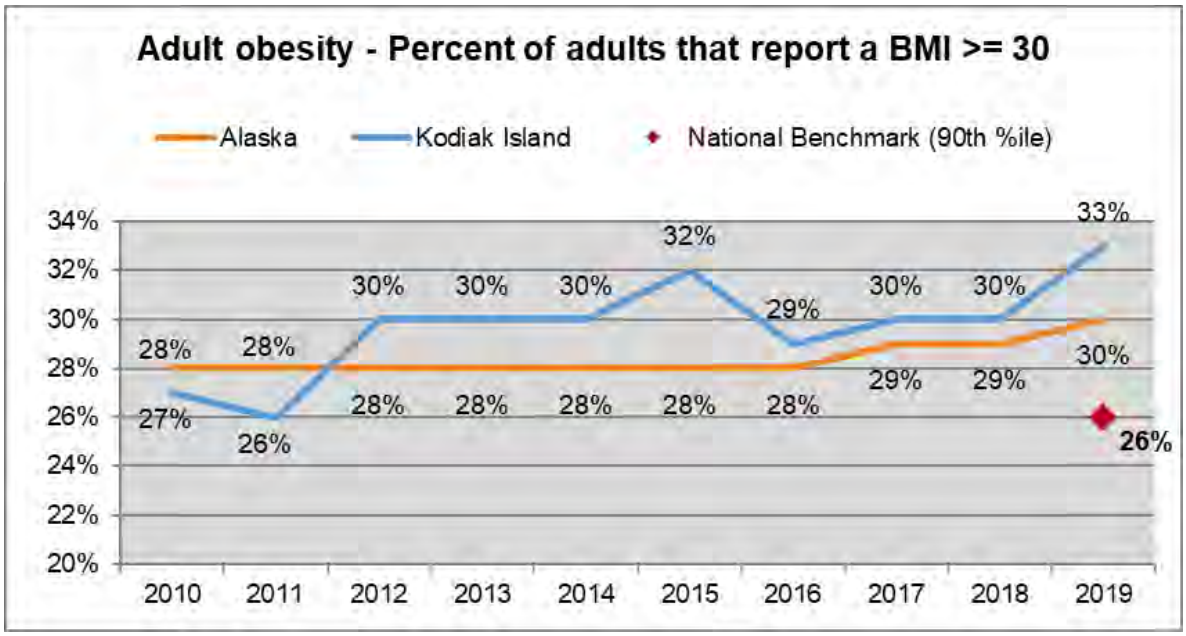
One measure of health among the community included in the County Health Rankings nationwide study is reported general well-being. Reported "poor or fair health" in the Kodiak Island Borough was slightly lower than Alaska, and in line with national benchmarks. This suggests that the population in the Kodiak Island Borough considers themselves to be slightly healthier in general compared to other Alaskans. A similar self-reported measure is "poor physical health days," which refer to days in which an individual does not feel well enough to perform daily physical tasks. Percentages in the Kodiak Island Borough are below Alaska and slightly above the nation. This is a positive indication as people in the Kodiak Island Borough are reporting feeling better physically, compared to Alaska. This percentage has remained stagnant over the past two years.

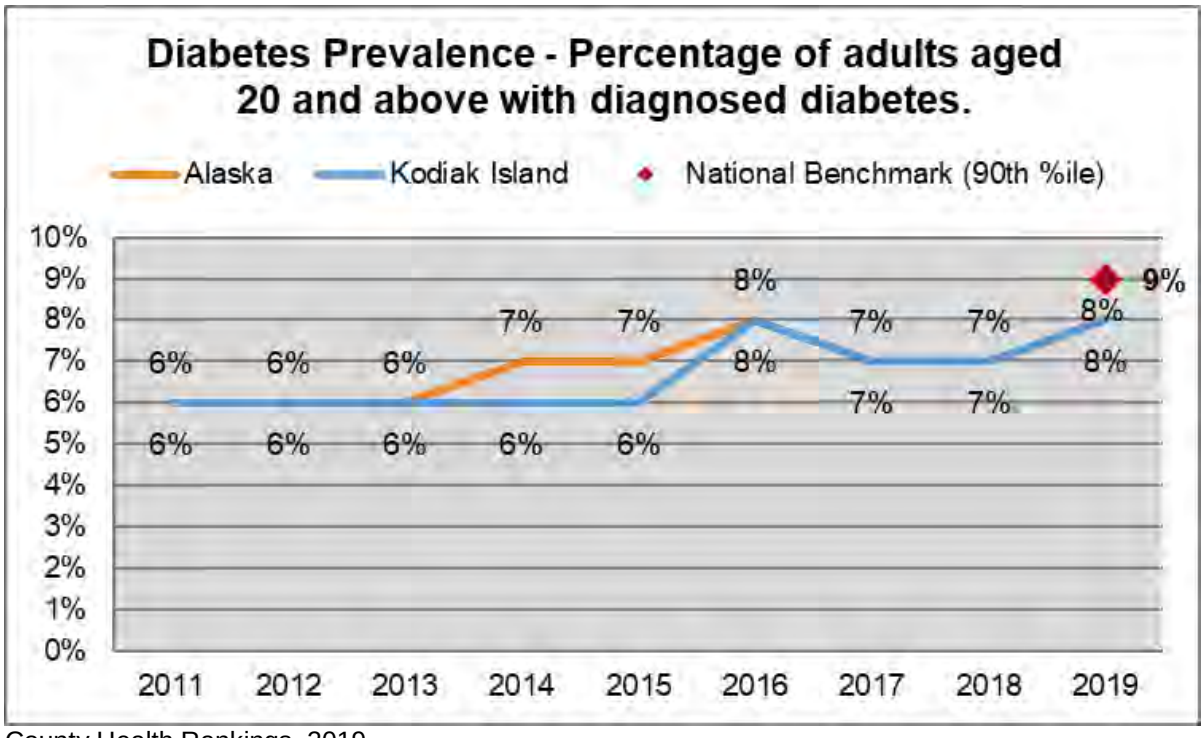




County Health Rankings, 2019

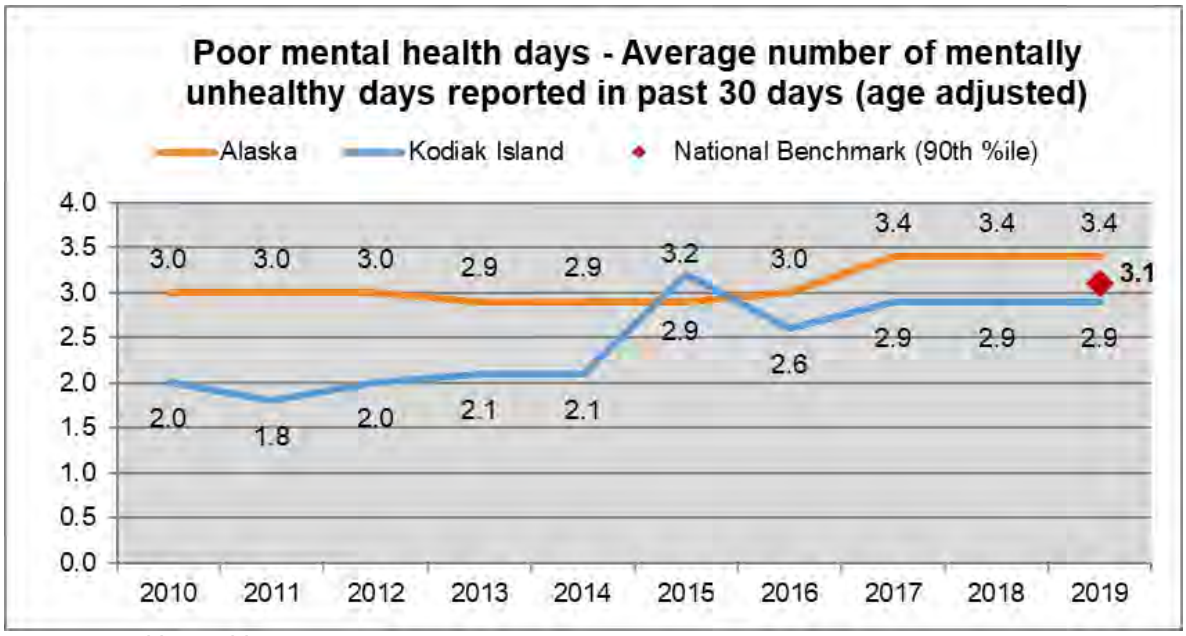
Other measures of general health of the population are the prevalence of adult obesity and diabetes in the community. Nationally, the 90th percentile benchmark percentage for obesity has been around 26% of the population. In the Kodiak Island Borough, the percentage of adults who are obese has increased in 2019 to 33%. The percentage is slightly higher than Alaska, where the obesity rate has increased slightly to 30%.





County Health Rankings, 2019

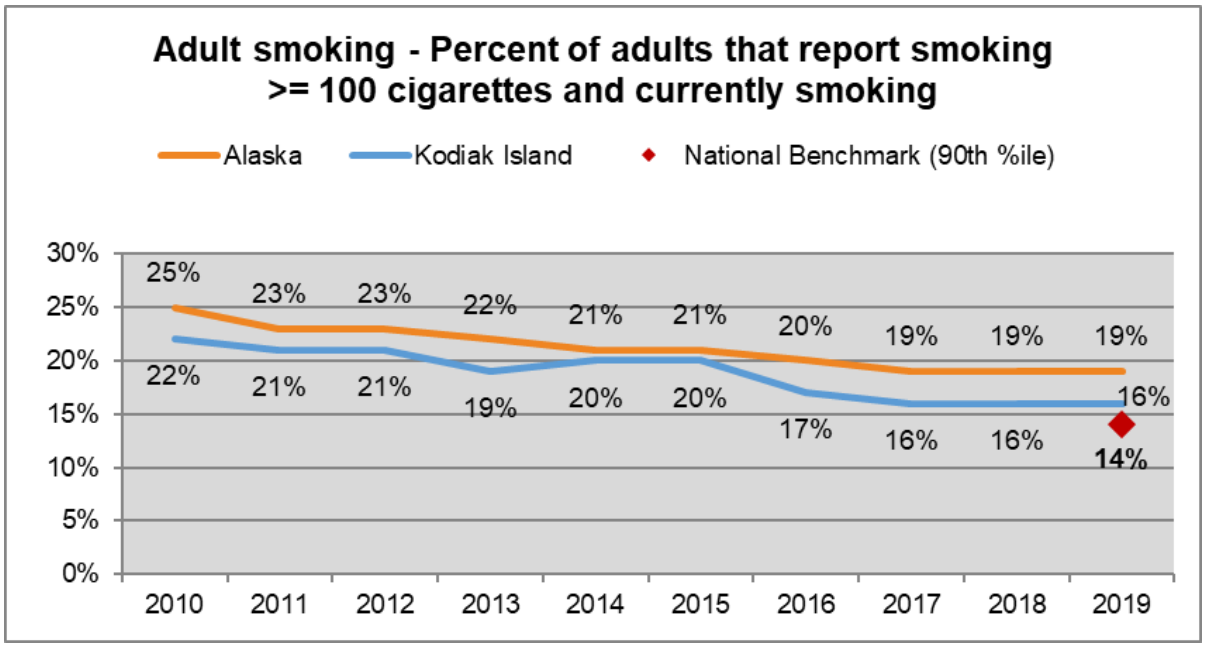
Another indicator, “Poor mental health days”, refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in the Kodiak Island Borough are substantially lower than in Alaska, and slightly below the national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



County Health Rankings, 2019

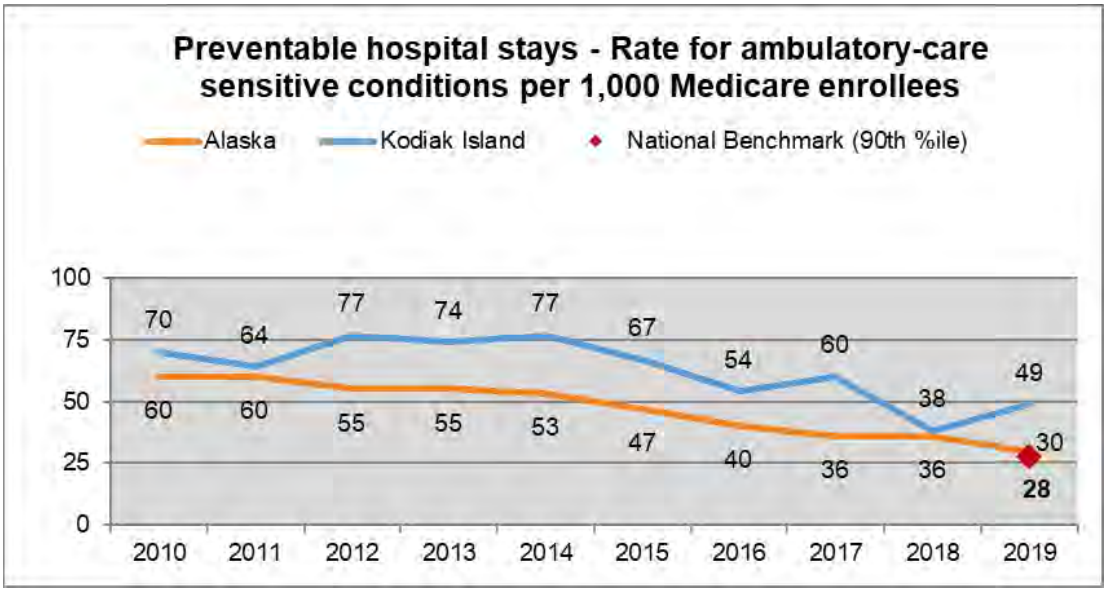
Adult Smoking

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 Kodiak Island Borough has declined by 4% since 2015. These percentages are consistently below those of Alaska, though they remain slightly above the national benchmark of 14%.



Preventable Hospital Stays

Hospitalizations for diagnoses treatable in outpatient services suggest that the quality of care provided in the outpatient setting was less than ideal or that outpatient services were inaccessible. As such, the measure may represent whether the community has a tendency to overuse hospitals as a main source of care. Rates for the Kodiak Island Borough have varied over the past few years, with a recent increase to 49 per 1,000 Medicare enrollees observed in 2019. The rate has been consistently higher than the rate for Alaska, and substantially above the national benchmark of 28 per 1,000 Medicare enrollees.

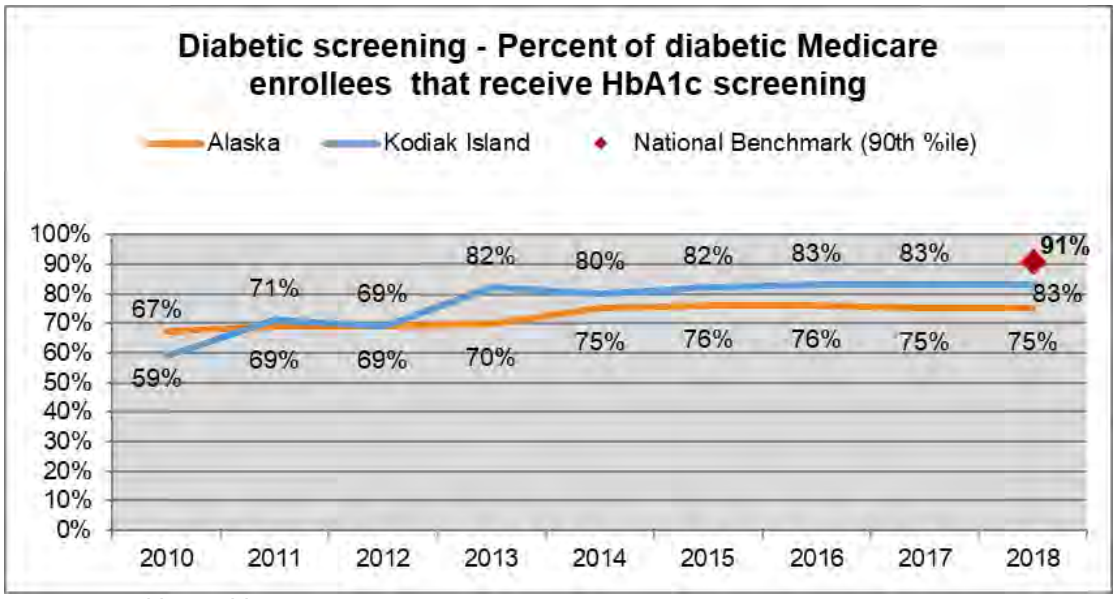


County Health Rankings, 2019

*In 2019, the numbers were based on the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. In previous years, the numbers were based on the rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.

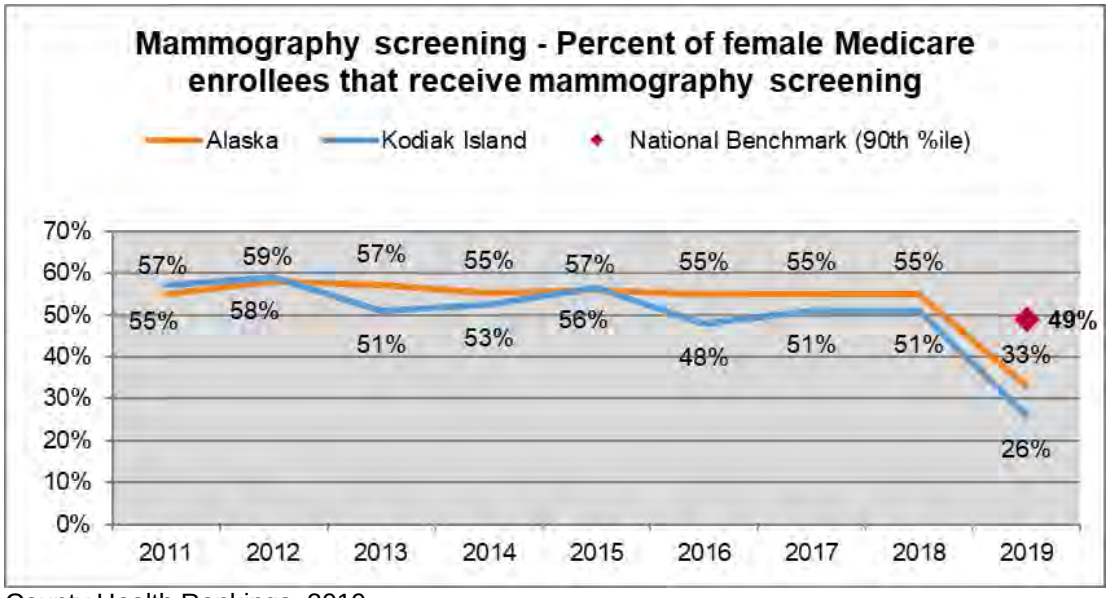
Screening

Screening for potential health issues is a major indicator of future health issues within a community. Diabetes screening percentages in the Kodiak Island Borough have remained consistent at 83% over the last three years, which surpasses the Alaska percentage of 75%. The national benchmark percentage for diabetic screening is 91%.



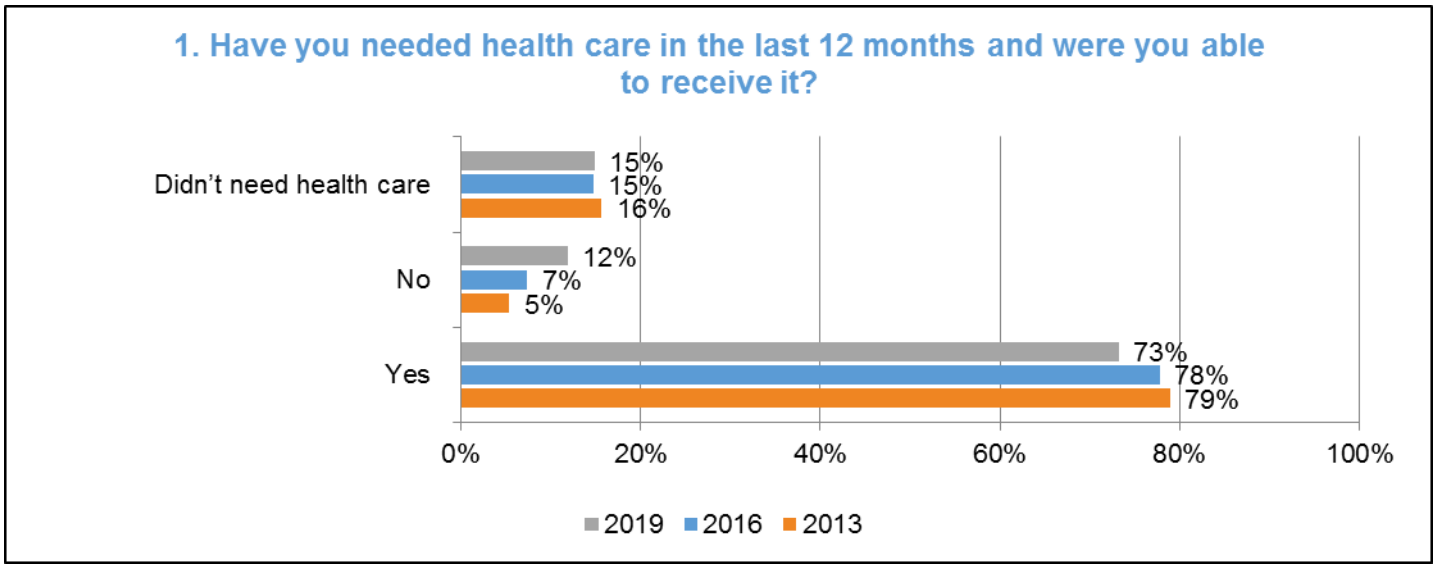
County Health Rankings, 2019

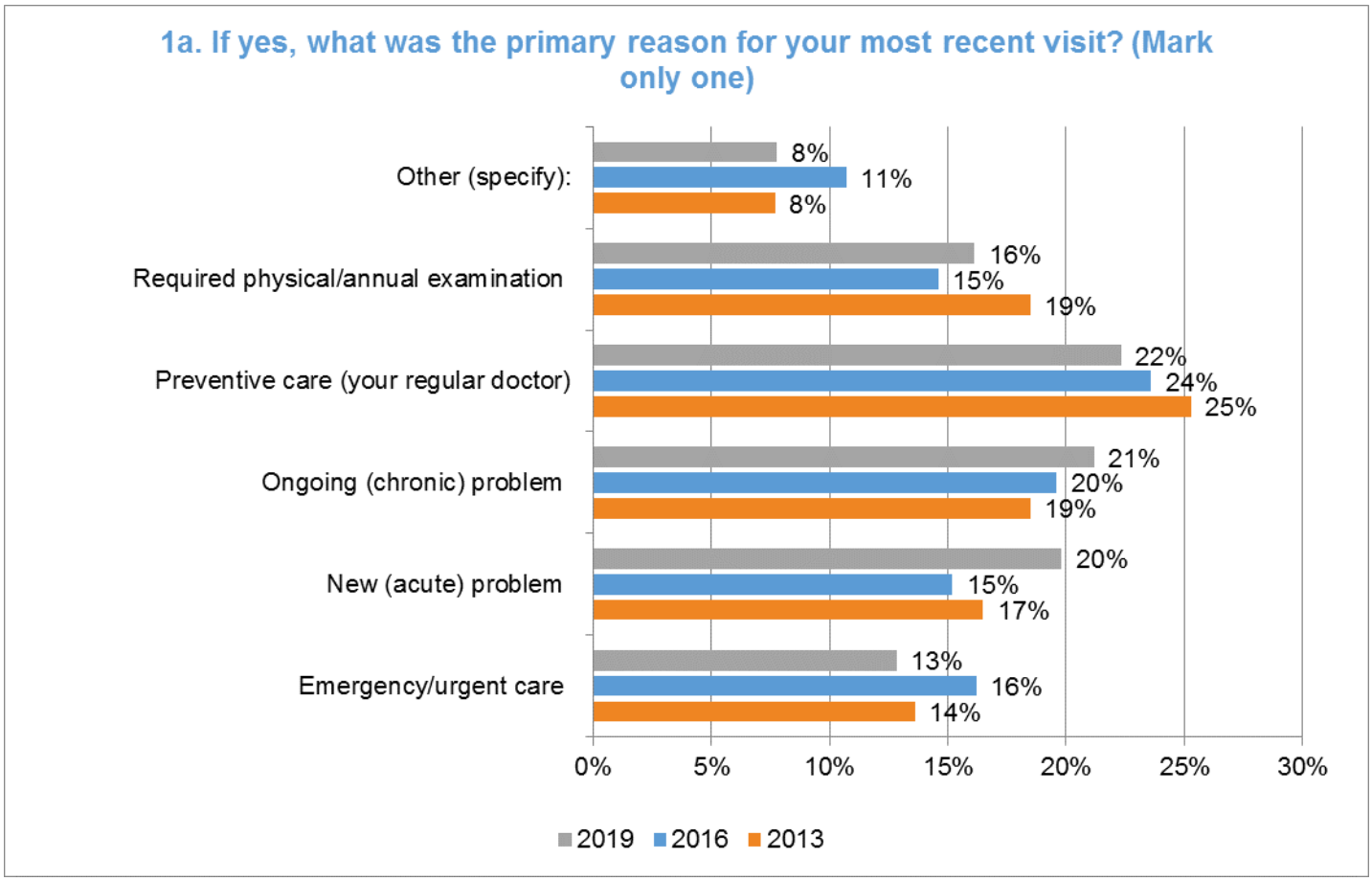
In 2019, the way that mammography screening is measured changed from previous years. Mammography screening is currently based on the percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. In prior years, it was based on the percentage of female Medicare enrollees ages 67-69 that received mammography screening. An increase in the age range assessed for mammography screening percentages likely contributed to the sharp decline in screening observed in 2019. Mammography screening percentages in the Kodiak Island Borough are at 26% which is substantially below the Alaska percentage of 33%. The national benchmark in 2019 was 49%, nearly twice the percentage observed on Kodiak Island.



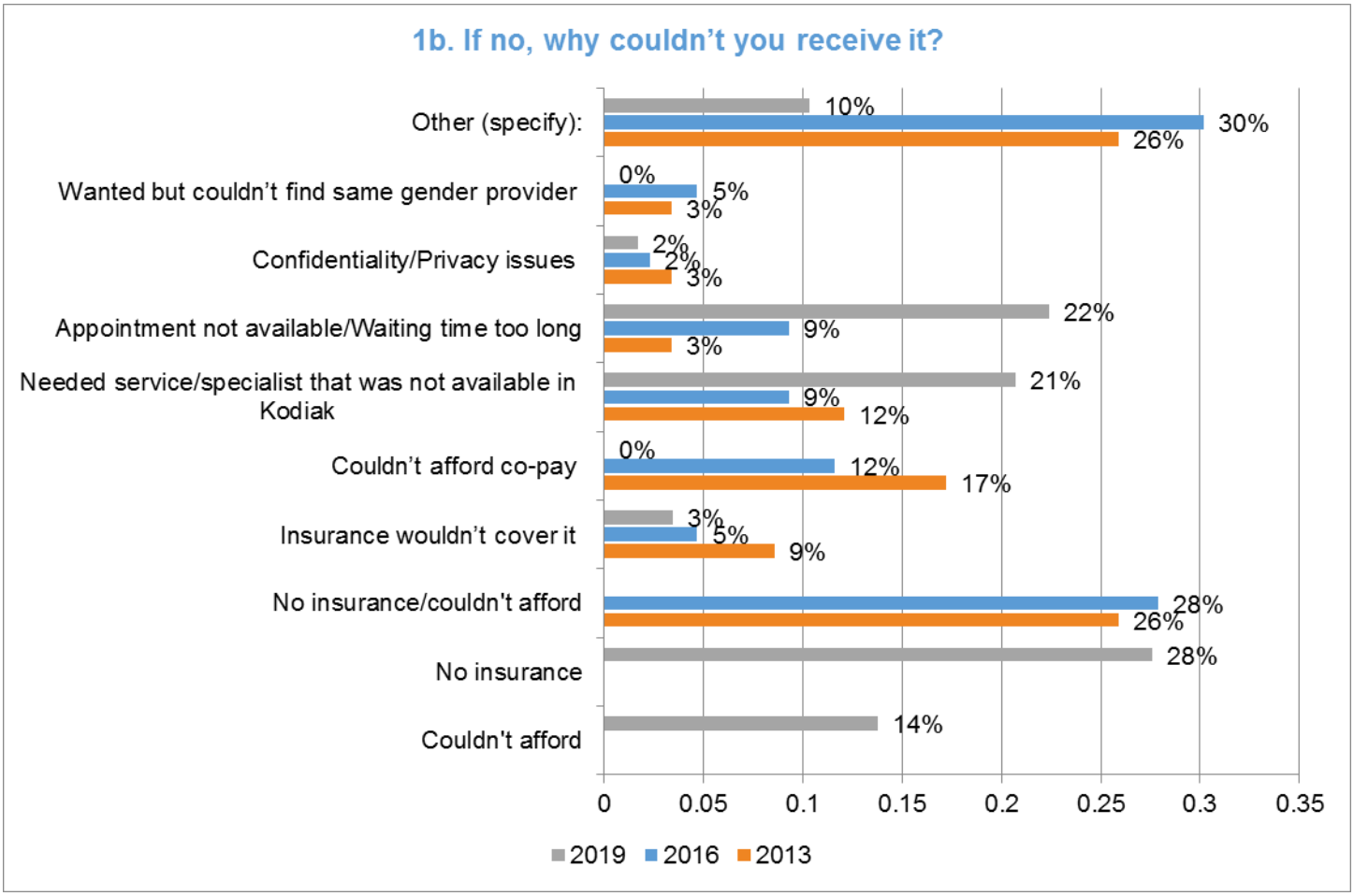
County Health Rankings, 2019

Appendix 1B: Kodiak Community Health Survey

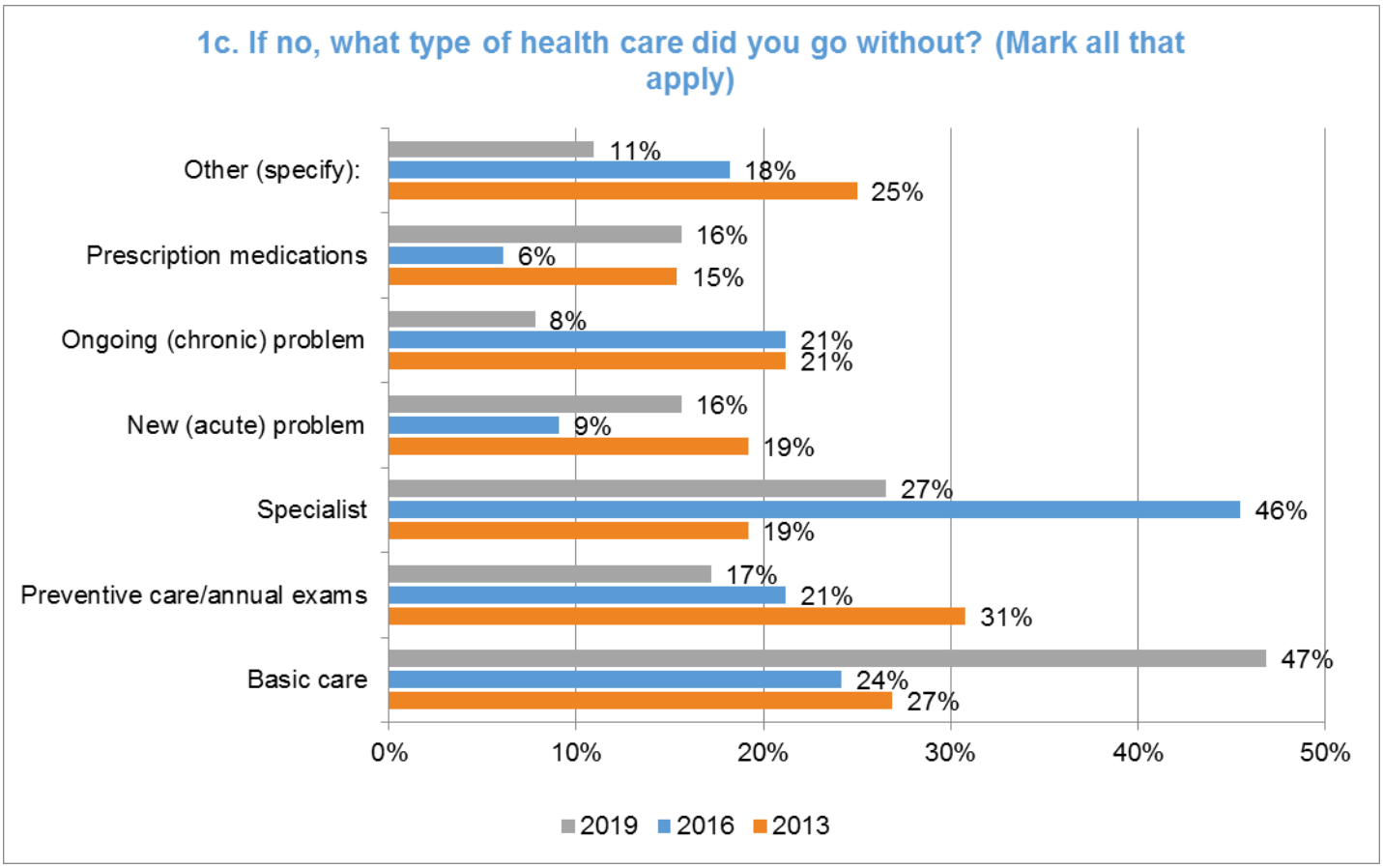




1a. If yes, what was the primary reason for your most recent visit? (Other)			
Response	**Responses:**	**Response**	**Responses:**
DERMATOLOGY	**2**	**FOLLOW UP (from surgery or acute)**	**2**
Dermatology	2	Follow-up from acute problem	1
WOMEN'S HEALTH/PREGNANCY/DELIVERY	**13**	Ongoing and surgery	1
Pregnancy care	1	**IMAGING**	**1**
Prenatal care	2	CT scan	1
Pregnancy/delivery	1	**ACUTE PROCEDURES/ILLNESS/INJURY**	**5**
Pregnancy child birth	1	Tonsillectomy in Anchorage	1
Delivery of baby	2	Infection	1
Gynecologist	2	Back injury and received referral for treatment and then follow-up at KCHC clinic	1
Delivery of baby	2	Ear aches	1
SEASONAL ILLNESS	**2**	Colonoscopy	1
Flu	1	**DENTAL**	**2**
Bad cold	1	Tooth infection	1
PHYSICAL / YEARLY CHECK UPS	**4**	Regular dental oversight	1
Annual check up	2	**OFFICE PROCEDURES**	**1**
Needed a school physical	2	Office procedure	1
BEHAVIORAL HEALTH	**3**	**URGENT CARE**	**1**
Mental health	1	Urgent/emergent care for children	1
Psychological	1	**MISCELLANEOUS**	**4**
Behavioral health and acute problems	1	Worker's compensation	1
CHRONIC DISEASE	**3**	Back	1
Vestibular schwannoma	1	Prescription refill	1
Cancer treatment	1	Ongoing and surgery	1
Chronic pain	1	**LABORATORY PROCEDURES**	**1**
		Lab	1
		Total Responses -	**44**

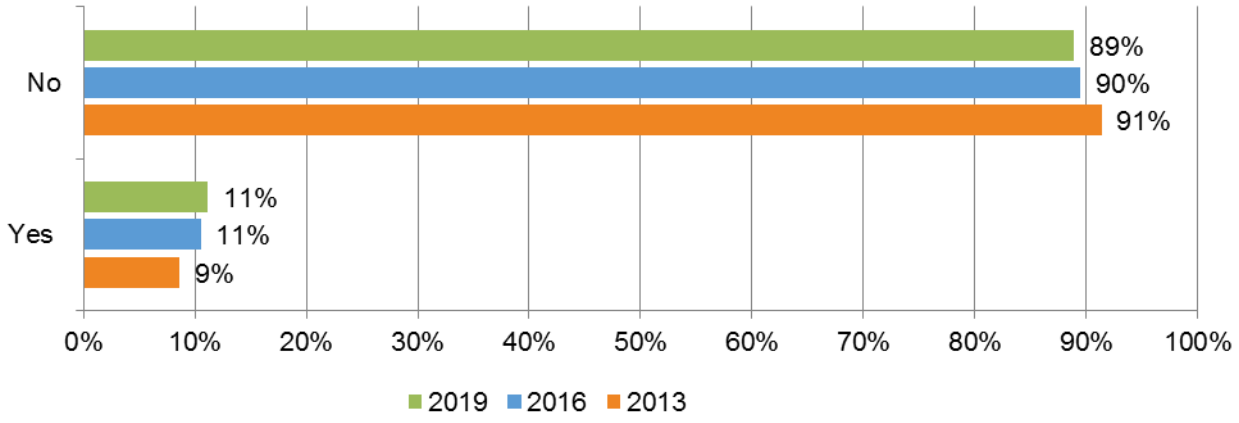


1b. If no, why couldn't you receive it? (Other)
Response
Already got insurance
Difficulty getting appointment/wait time too long and needed service not available in Kodiak
Didn't need any health care needs
Don't trust you guys and you guys lie to your patients
Service not needed as of yet
No care for retiree dependent even though I am civilian employee too.
Total Responses - 6

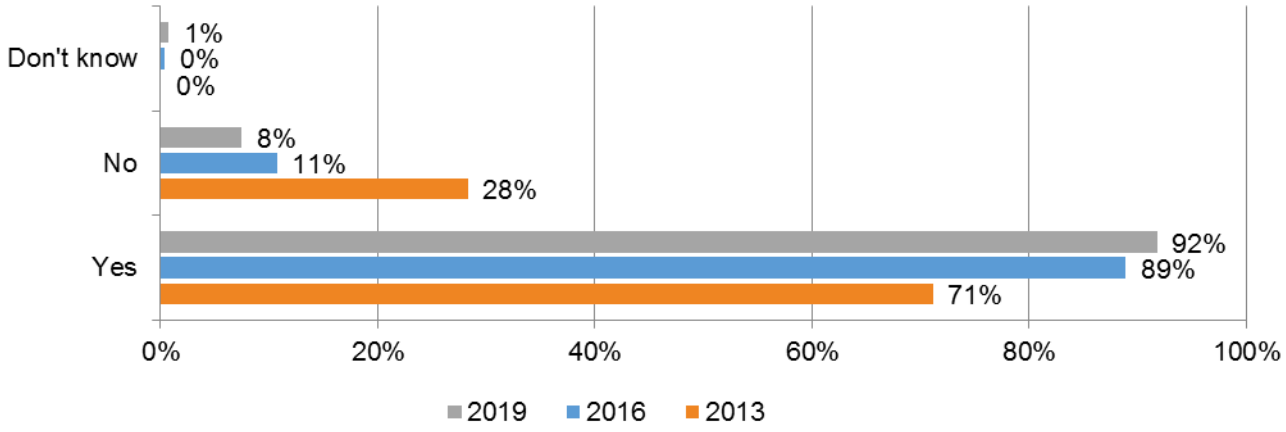


1c. If no, what type of health care did you go without? (Other)
Response
n/a
Mental health
Expensive tests
I go to Anchorage for Dr, Dentist, and eye exams due to not getting good service in Kodiak
Choose not to share
Mental
No care in Kodiak community either but with low fever to be able to go to emergency room
Total Responses - 7

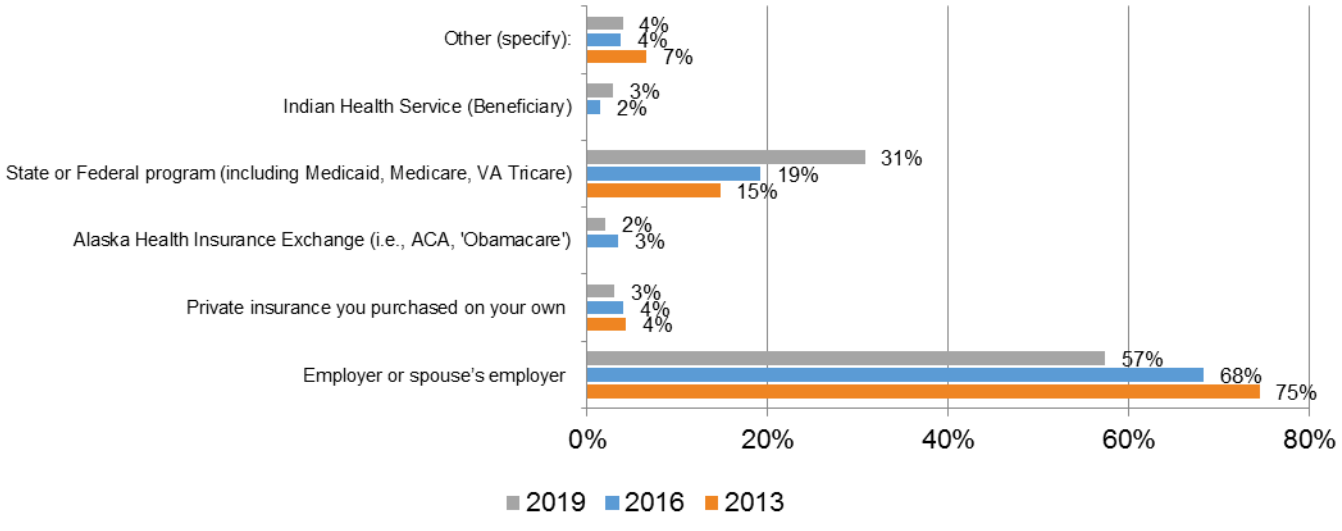
2. Do you use the emergency room for your main source of health care? This would be for illness as well as for emergencies.



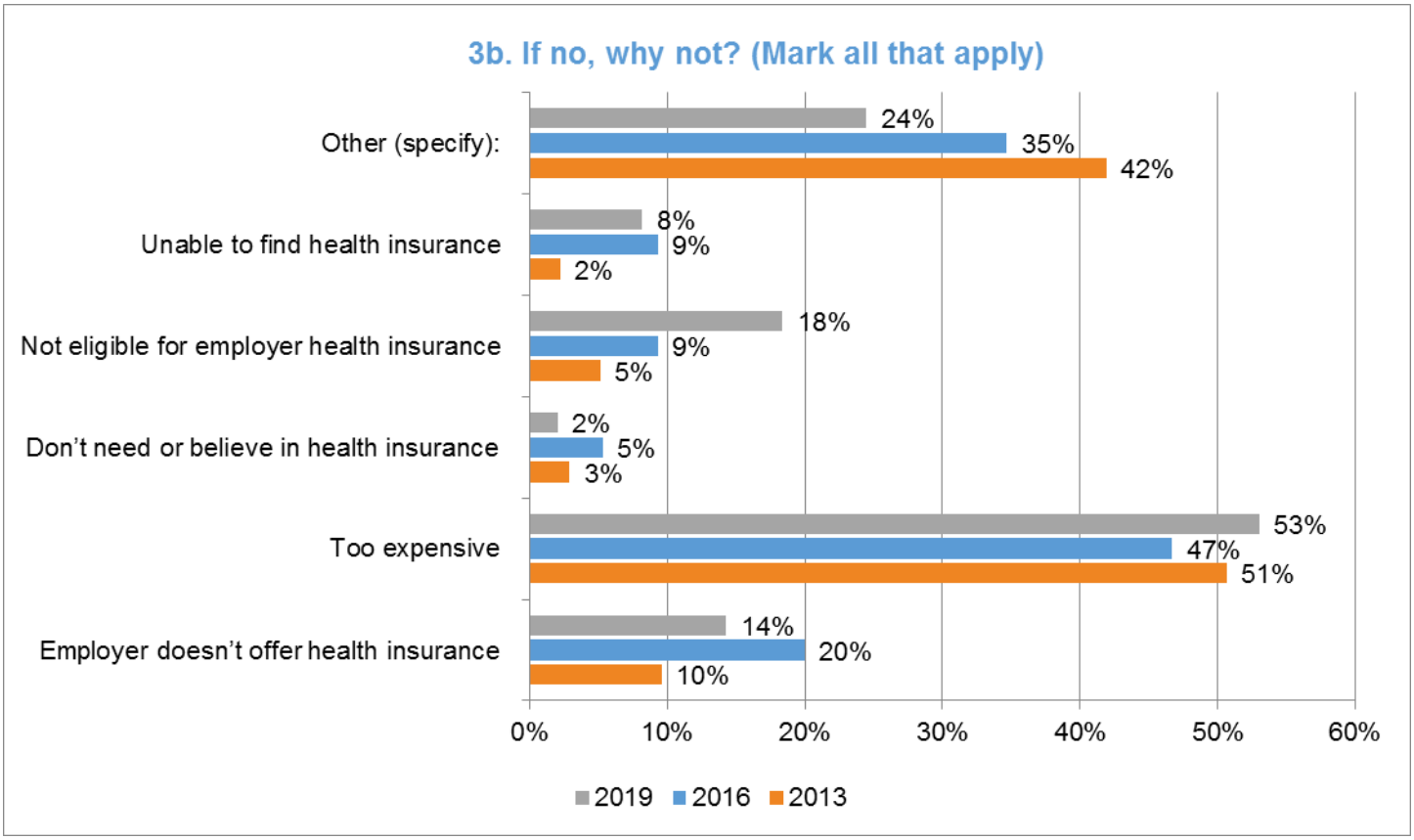
3. Do you have health insurance?



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

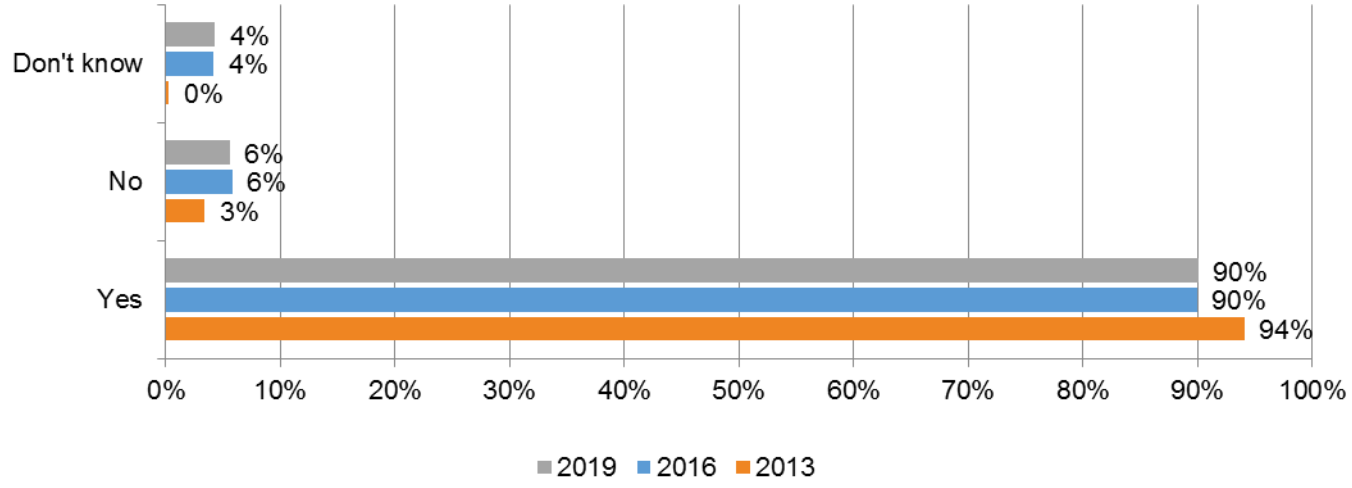


3a. If yes, where do you get your health insurance/health coverage? (Other)	
Response	**Responses:**
MEDICARE/MEDICAID	**3**
Medicare and 2 Aetna's through the state retirement system	1
IHS. Medicaid. Medicare.	1
Medicare and retirement insurance	1
PARENTS INSURANCE	**8**
Parent's employer	1
Parent's insurance	4
From mother until I turn 26	1
Parent's private insurance	1
Was under my parent’s health plan	1
STATE/FEDERAL PROGRAMS	**7**
State (CT) retirement	\
Alaska retirement	2
Washington State Health Exchange	1
State retirement	1
VA and Tricare	1
Tri care prime remote	1
TRICARE VIA MILITARY	1
MISCELLANEOUS	**3**
medishare (not actually insurance but cost sharing)	1
Walmart	1
Providence Kodiak Island Medical Center	1
INDIAN HEALTH SERVICES	**2**
KANA	1
I have private insurance and Indian Health Service	1
EMPLOYER	**1**
Work health insurance	1
Total Responses -	**24**

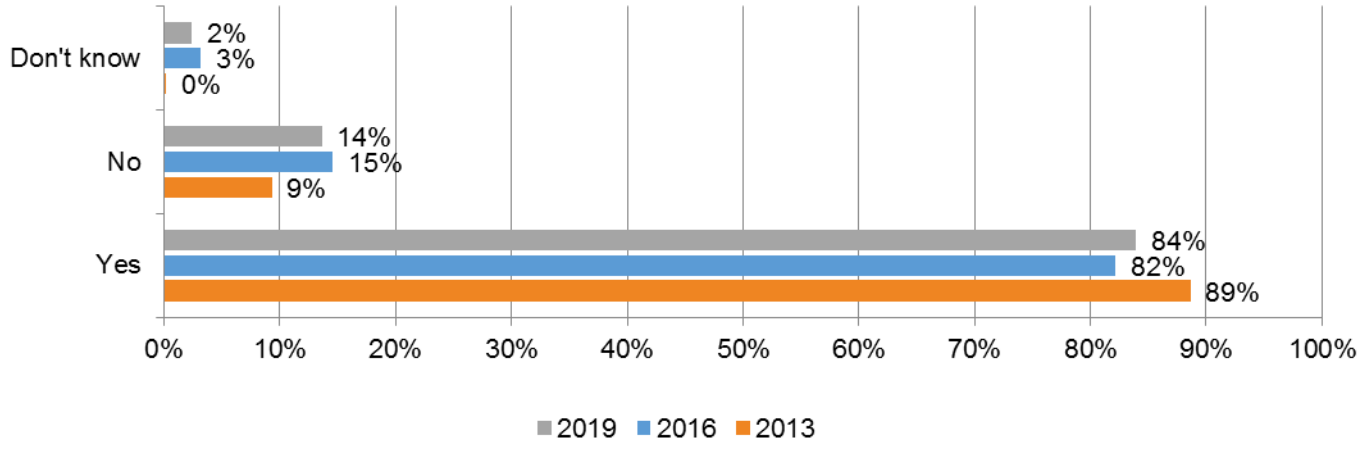


3b. If no, why not?	
Response	**Responses:**
INDIAN HEALTH SERVICE/NATIVE BENEFICIARY	**2**
I am an eligible Indian Health Service beneficiary and receive care through the Kodiak Area Native Association	1
Indian Health Services	1
DENIED/DO NOT QUALITY FOR PROGRAMS	**2**
Denied for Medicaid	1
Don't qualify for assistance	1
MISCELLANEOUS	**8**
n/a	4
Recently divorced	1
Part of a medical sharing program which isn't technically insurance	1
Between jobs	1
I work 3 jobs but cannot find childcare for the hours I work. So I can only do the minimum hours at each place to make some money but can't get health ins through them.	1
Total Responses -	**12**

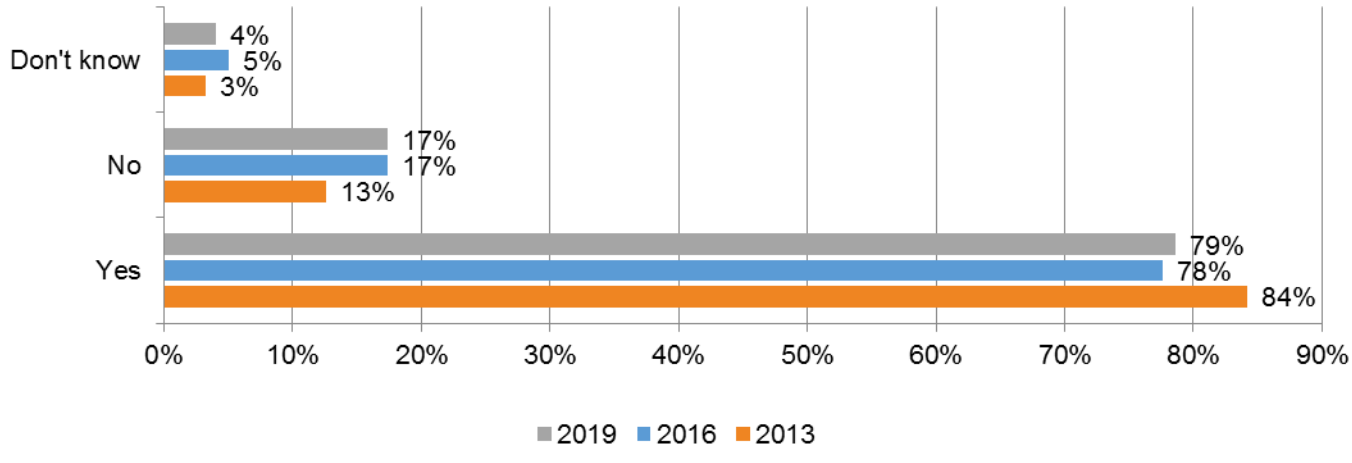
4a. Does your health insurance cover, or do you have additional coverage, for prescriptions?



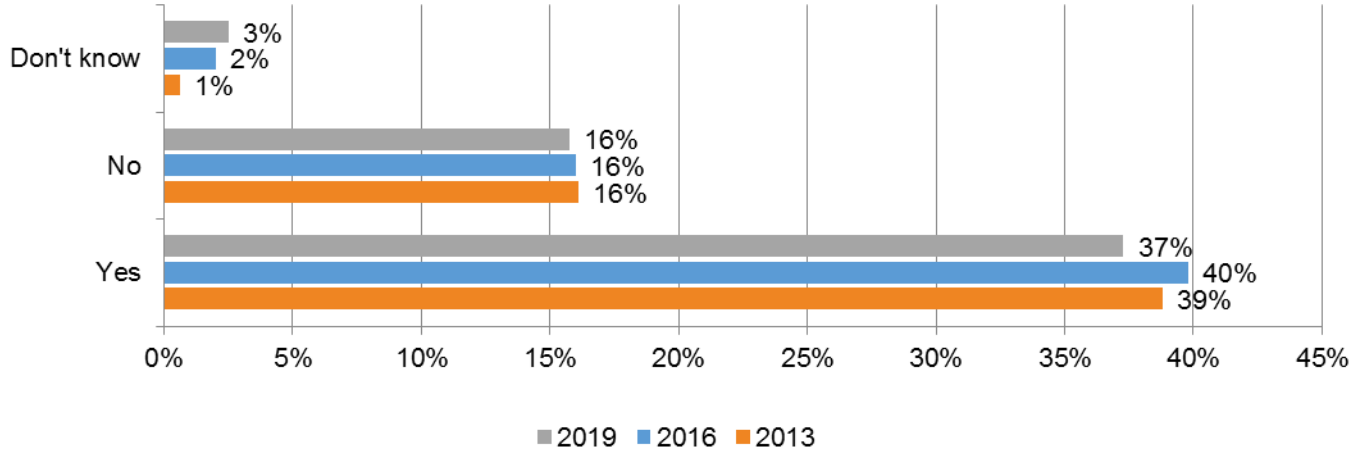
4b. Does your health insurance cover, or do you have additional coverage, for dental care?



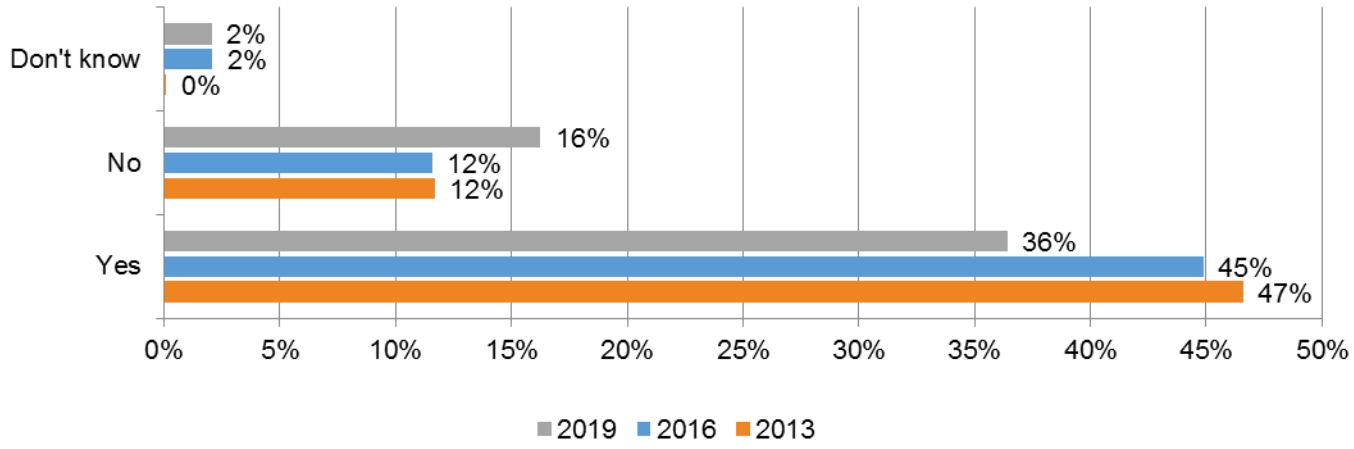
4c. Does your health insurance cover, or do you have additional coverage, for vision care?



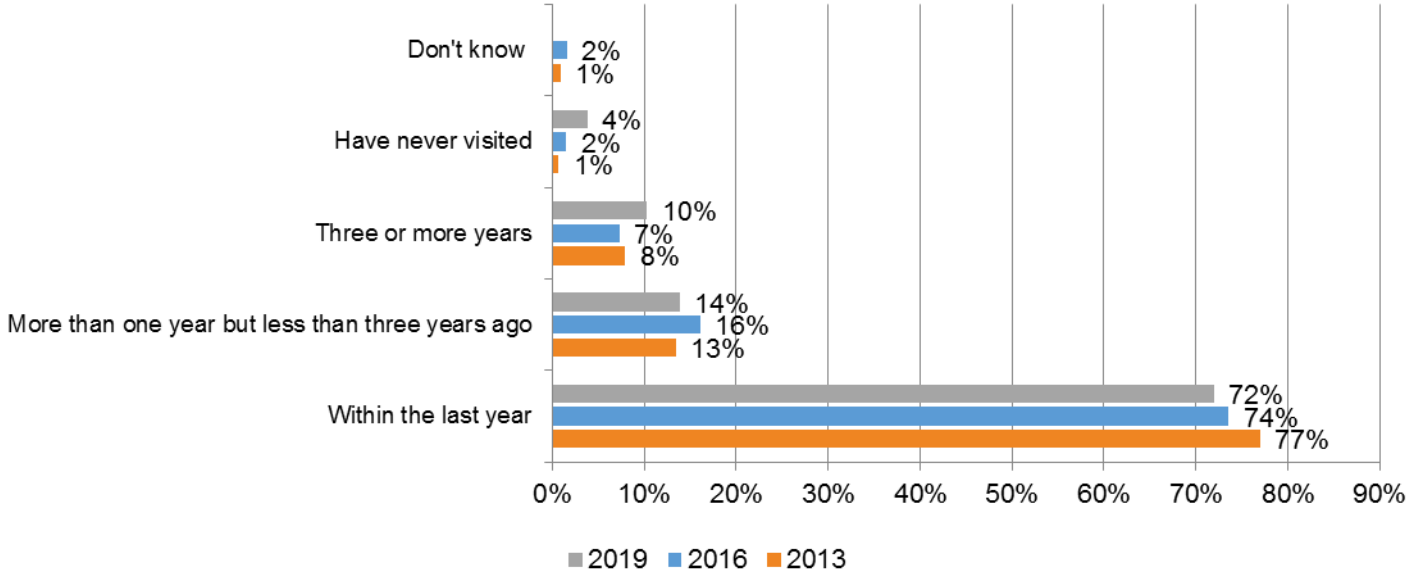
5a. Do your dependent children have health insurance/Denali Kidcare?



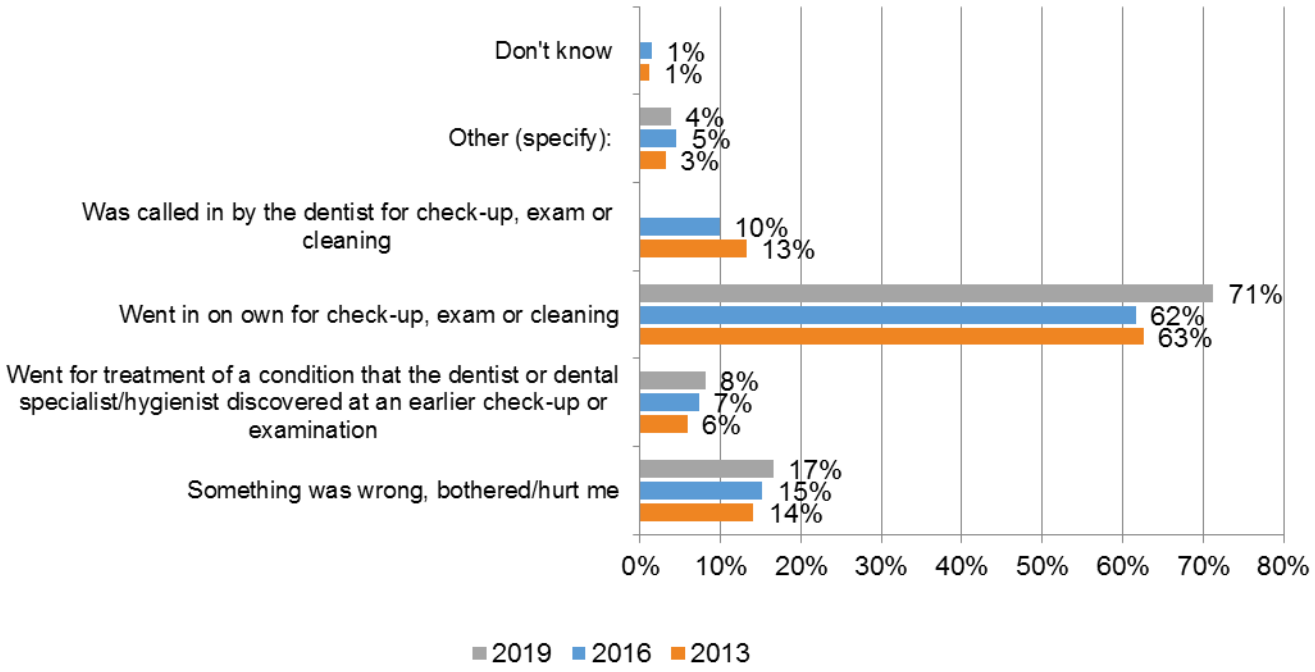
5b. Do your dependent children have dental insurance/ Denali Kidcare?



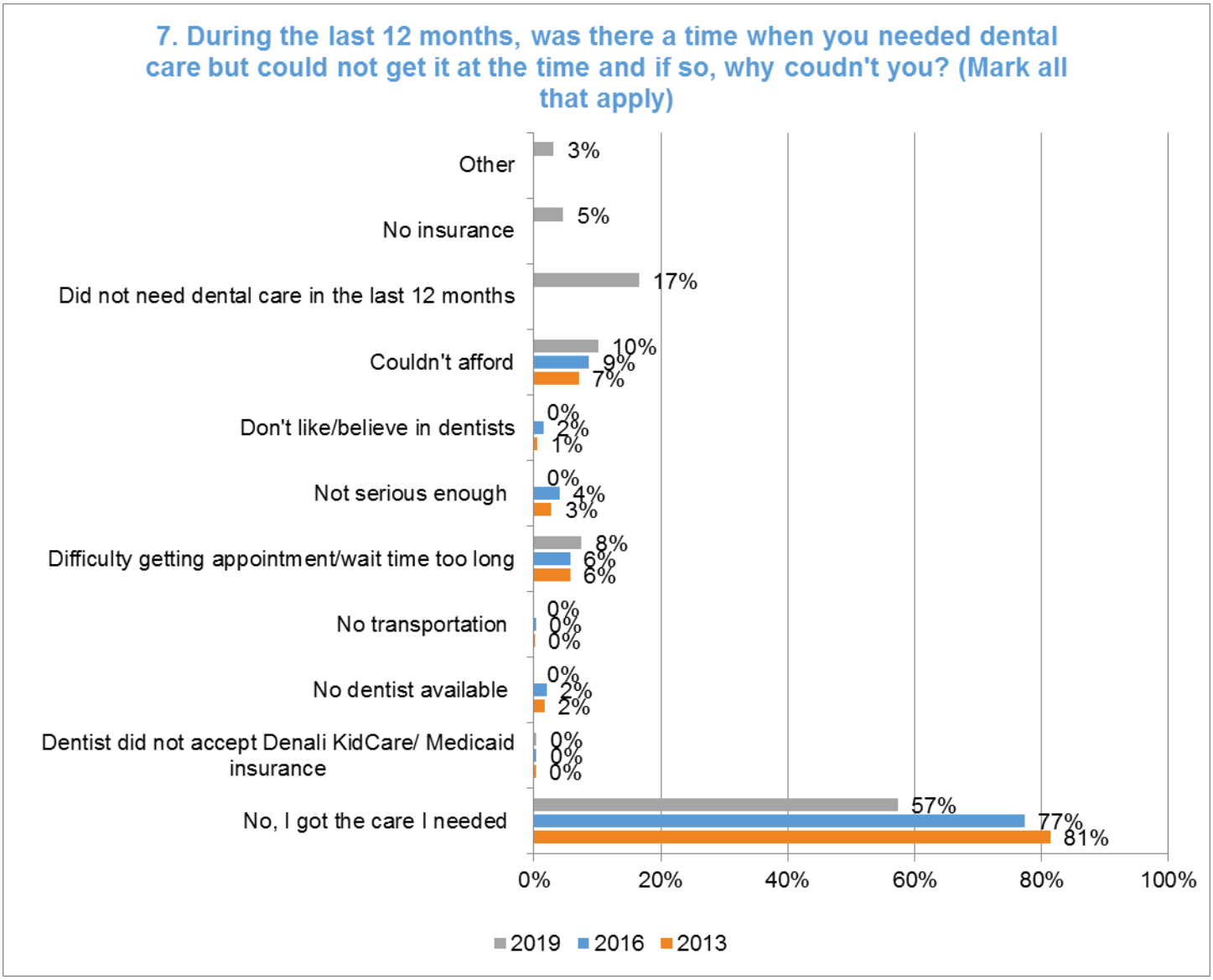
6. About how long has it been since you last visited a dentist or dental specialist/dental hygienist?



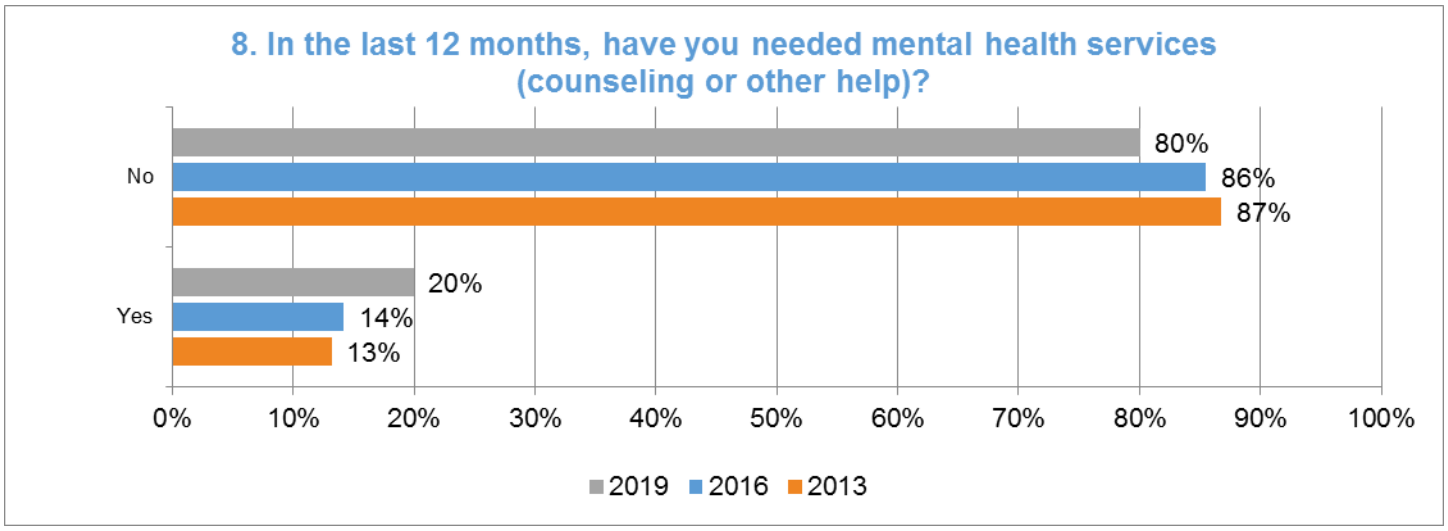
6a. What was the main reason for the visit to the dentist or dental specialist/dental hygienist? (Mark only one)

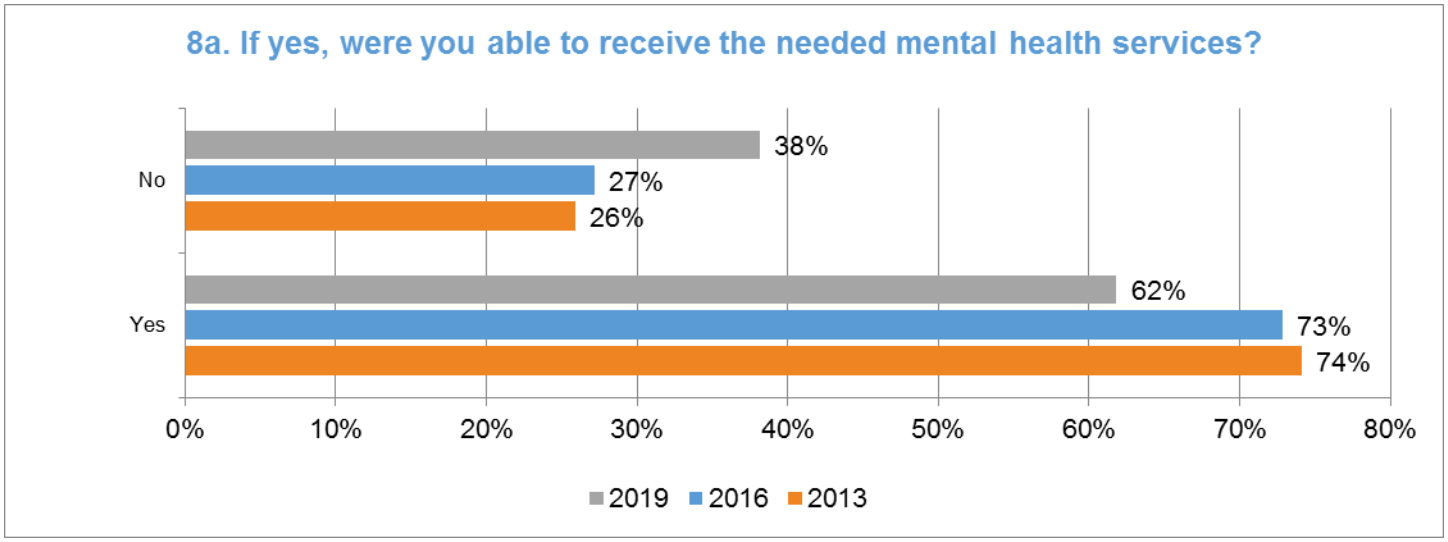


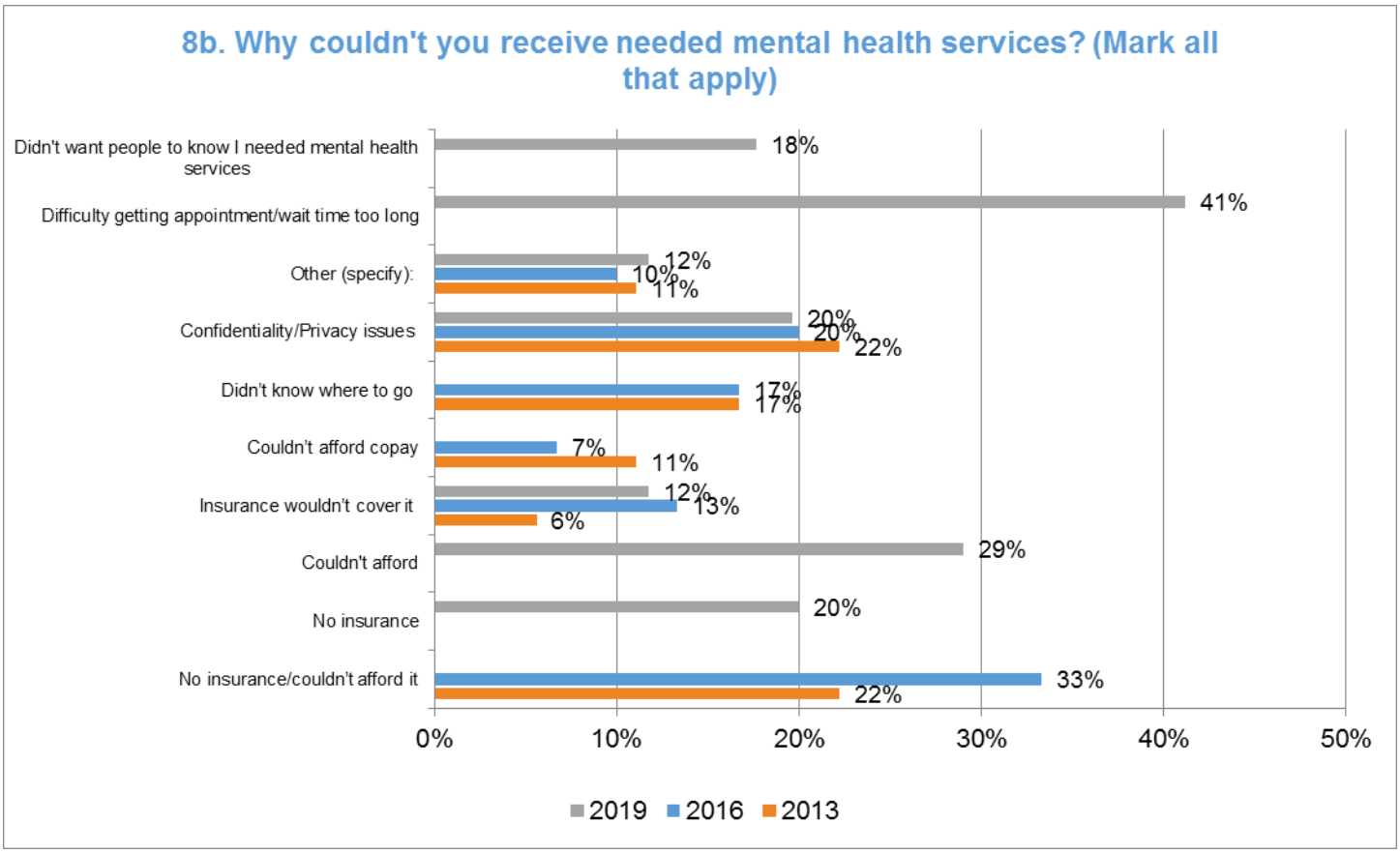
6a. What was the main reason for the visit to the dentist or dental specialist/dental hygienist? (Mark only one)			
Response	**Responses:**	**Response**	**Responses:**
REGULAR EXAM/CLEANING	**3**	**REPAIR/INTERVENTION**	**10**
Regular cleaning	1	CAPS	1
Routine visit - 2x a year	1	Tooth extraction	1
Regular scheduled checkups	1	Implant	1
MISCELANNEOUS	**4**	Wisdom teeth removal	3
n/a	3	Teeth alignment	1
Required for work	1	Orthodontics/braces	2
DENTURE	**5**	Broke a crown	1
Dentures	5	**INSURANCE**	**2**
		Not insured	1
		Do not have dental or medical ins	1
		Total Responses -	**24**



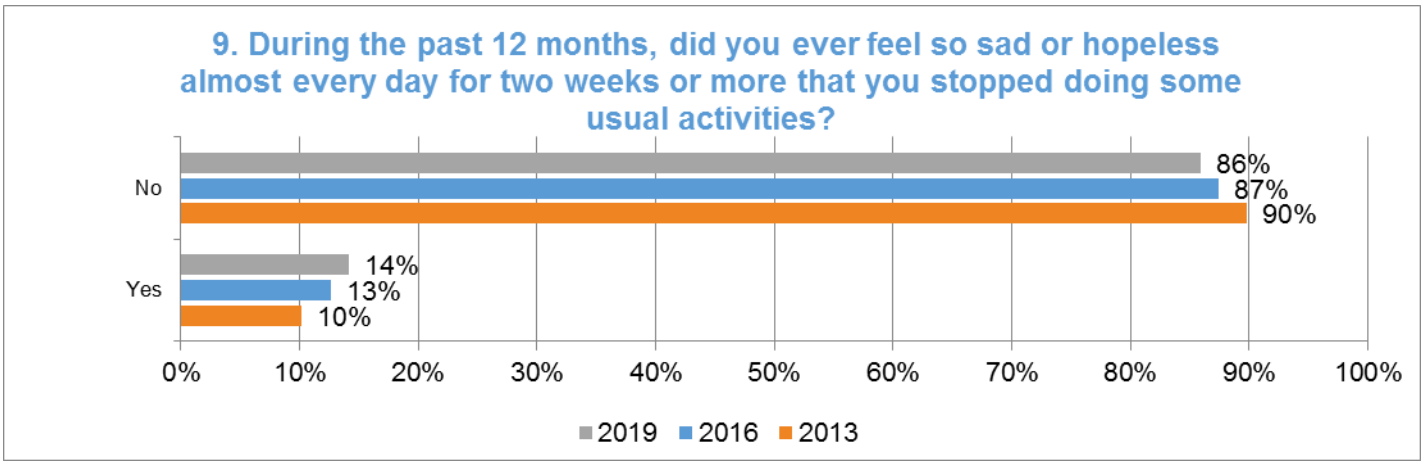
7. During the last 12 months, was there a time when you needed dental care but could not get it at the time, and if so, why couldn't you? (Other)			
Response	**Responses:**	**Response**	**Responses:**
SOUGHT CARE ELSEWHERE	**1**	**INSURANCE/COST**	**4**
Sought care in Anchorage	1	Insurance didn't cover needs	1
CONCERNS OVER QUALITY OF CARE	**1**	Quite hesitant because of the 20% copay	1
Don't like oral hygienists on island	1	Did go. Have insurance	1
INABILITY TO PERFORM SERVICES	**3**	Crown was too expensive	1
Dentist didn't want to perform needed services	1	**MISCELLANEOUS**	**9**
No one on island could do a root canal	1	n/a	7
Certain procedures had to be done in Anchorage, the only specialist for others only comes to Kodiak on weekends every 6 weeks.	1	Lack of childcare	1
WAIT TIME	**2**	Work responsibility	1
Waited 1 1/2 months to get in	1		
No dental hygienist available for annual cleaning; I am on a wait list.	1		
		Total Responses -	**20**



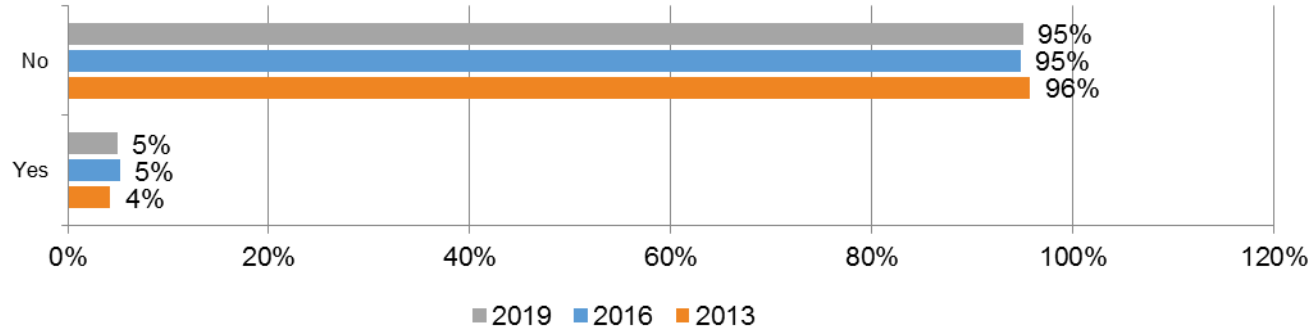




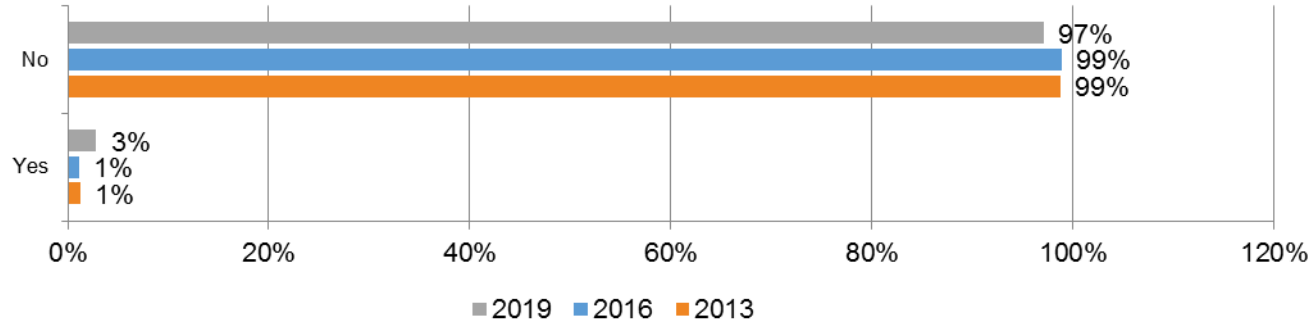
8b. Why couldn't you receive needed mental health services? (Other)	
Response	**Responses:**
n/a	1
Quality of providers in the area not very good	1
Started care, then psychiatrist died, difficulty scheduling appt afterwards	1
No psychiatrist	1
Not enough doctors/specialist	1
Never receive calls back, wait times for a return phone call is up to a week, and the business constantly needs to be pestered and reminded to call you back, they are terrible.	1
Total Responses -	**6**



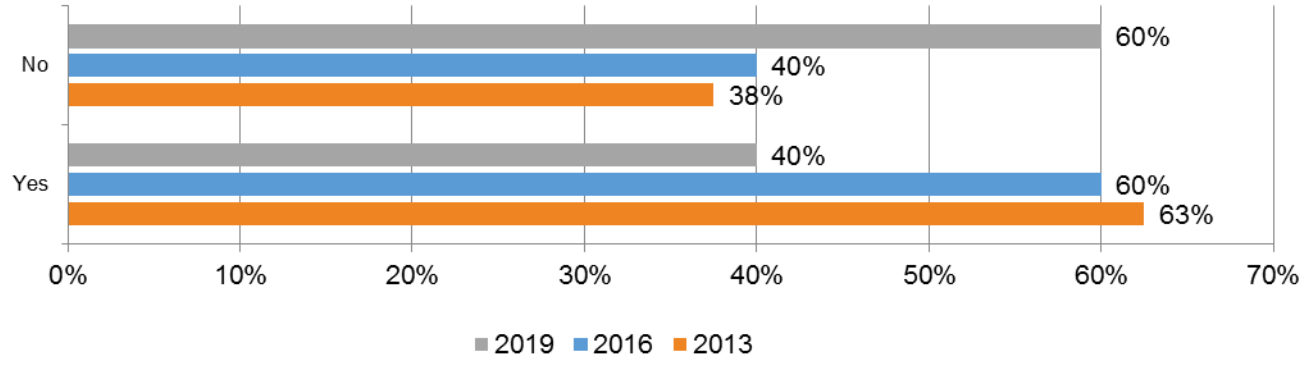
10. Have you thought about committing suicide at any time in the past 12 months?



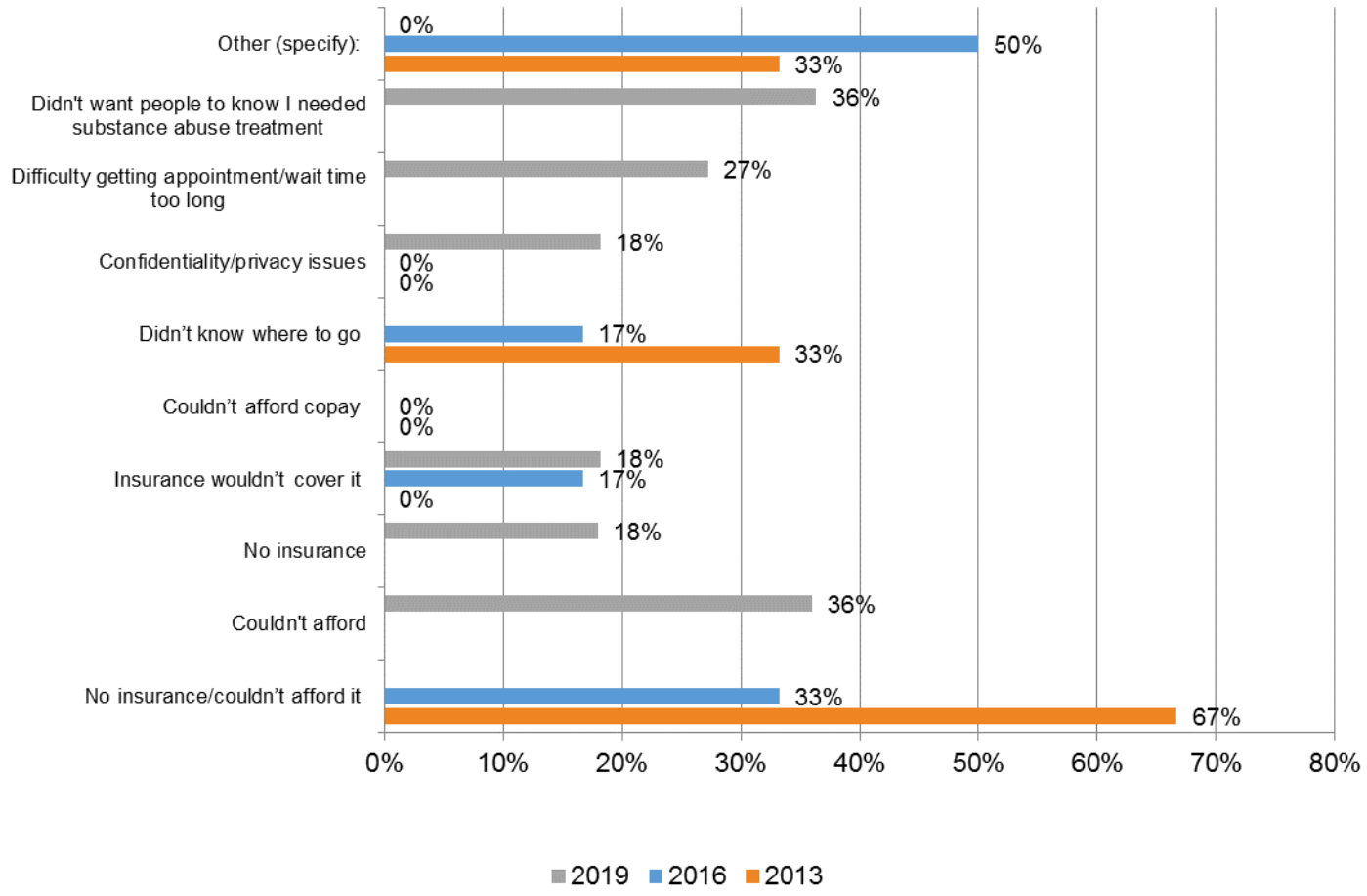
11. In the last 12 months, have you needed or tried to get substance abuse treatment?



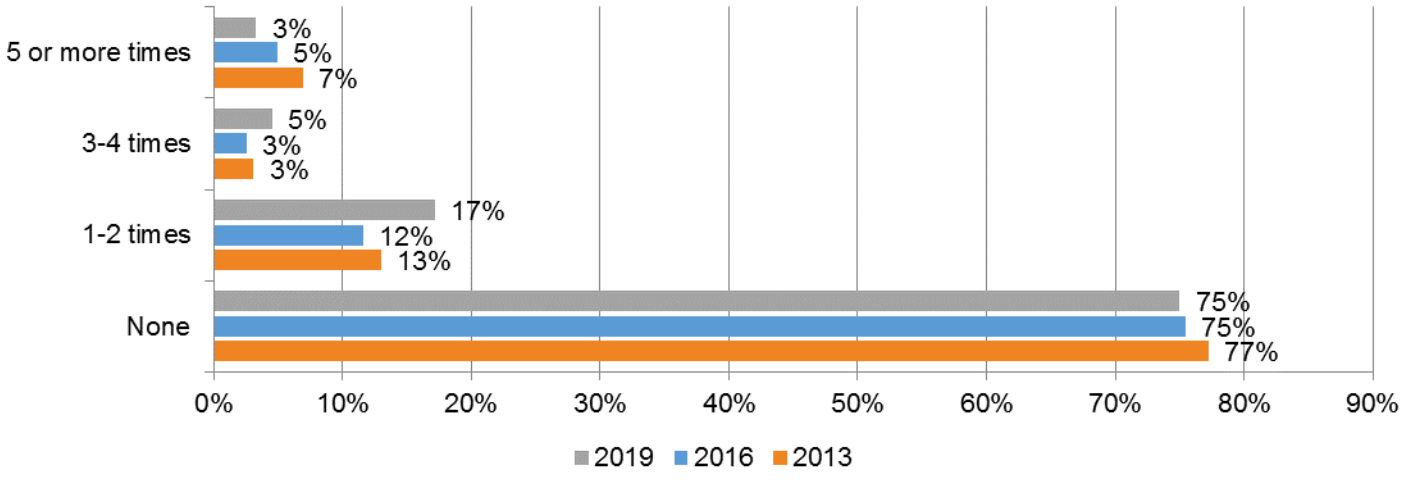
11a. If yes, were you able to receive the substance abuse treatment?

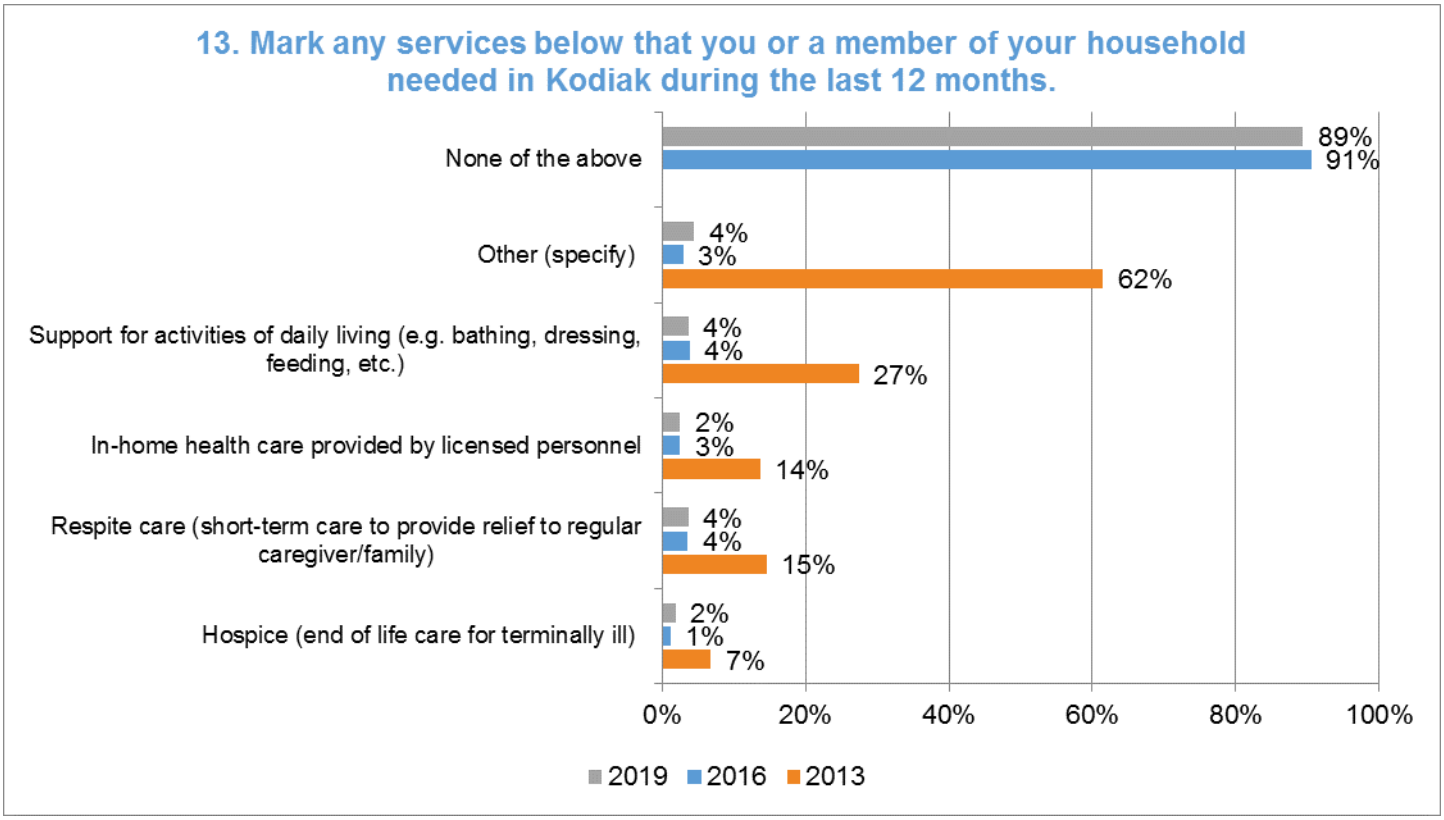


11b. If no, why couldn't or didn't you receive needed substance abuse treatment?



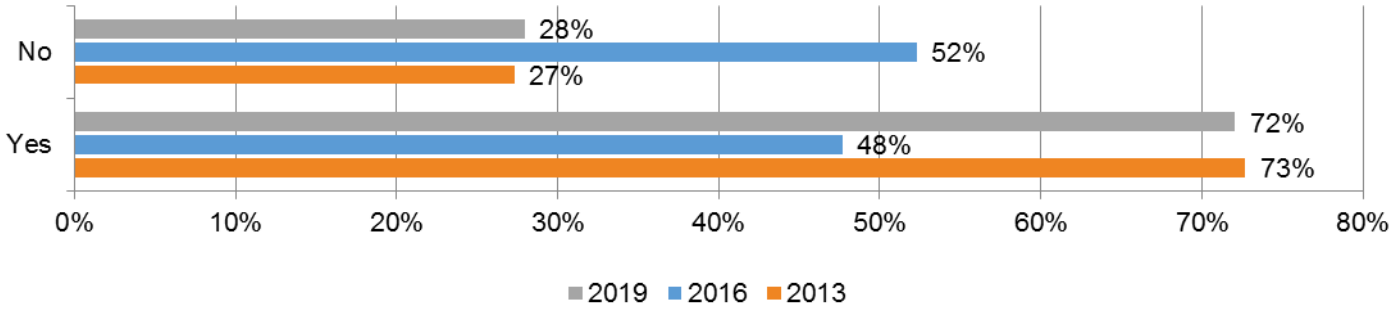
12. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours. (The definition of a drink of alcohol is 1 can/bottle of beer, 1 glass of



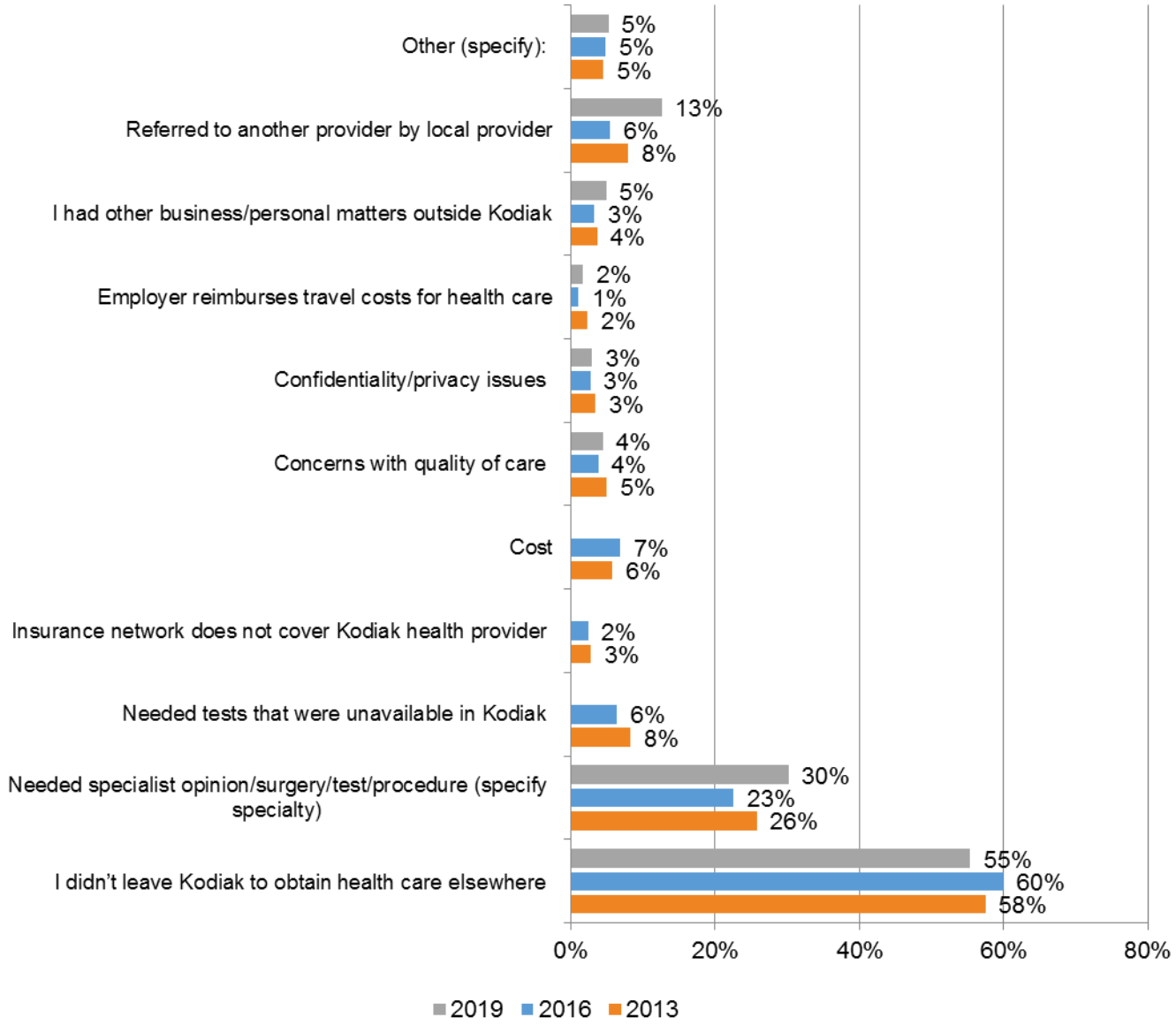


13. Mark any services you or a member of your household needed in Kodiak during the last 12 months (Other)			
Response	**Responses:**	**Response**	**Responses:**
HOUSEKEEPING	**3**	**SPECIALTY CARE**	**7**
Housekeeping	2	OB	1
Cleaning	1	Orthopedics	2
BEHAVIORAL HEALTH	**3**	Better doctors, dentists, and optometrists	1
Psychiatry	1	Dental, vision, sports physical	1
Mentally ill visiting daughter needed care for extreme panic attack.	1	General medical treatment. There is a 1-2 month wait to get into the clinics to be seen, way too long to wait!	1
Counseling	1	Dental and wellness check ups	1
REHAB/THERAPY	**3**	**DIALYSIS**	**3**
PT/OT	1	Hemodialysis	1
Physical therapy, Chronic pain control, orthopedic	1	Dialysis	2
Speech therapy, OT	1	**MISCELLANEOUS**	**4**
ELDER CARE/ASSISTED LIVING	**2**	n/a	2
Elder house	1	CPAP and Oxygen	1
Sister in assisted living for 3+ years	1	Infant learning program and speech therapy	1
		Total Responses -	**25**

13a. Were you or a member of your household able to receive the needed services?



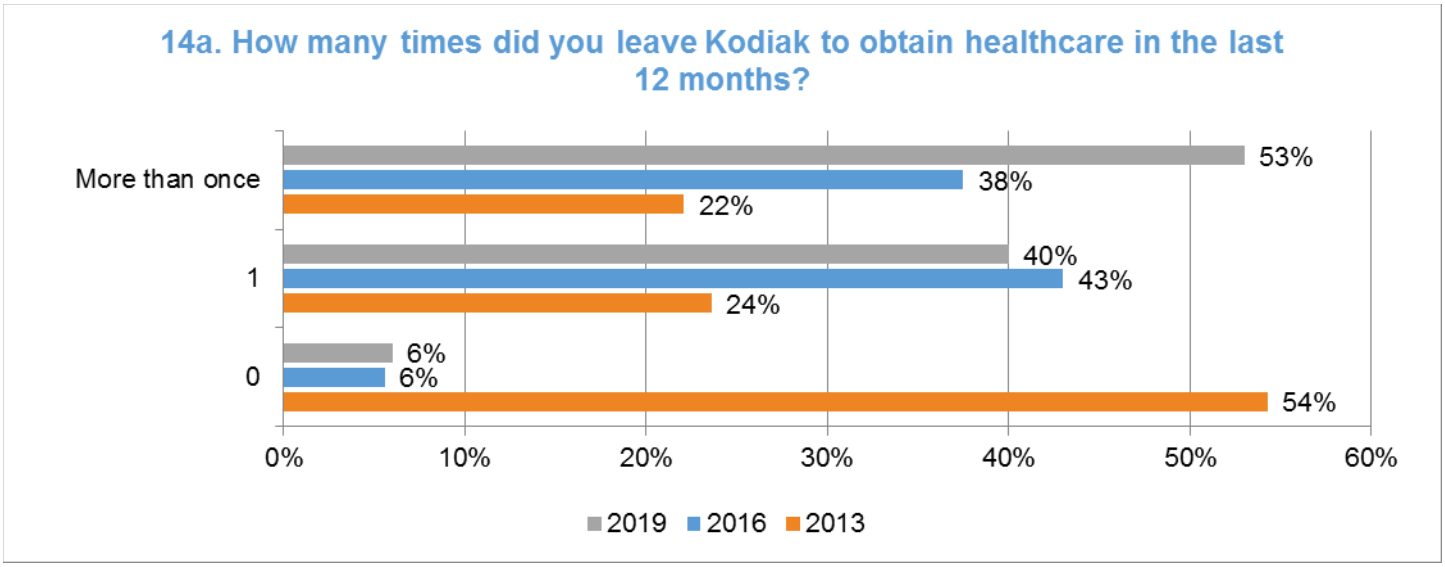
14. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because:

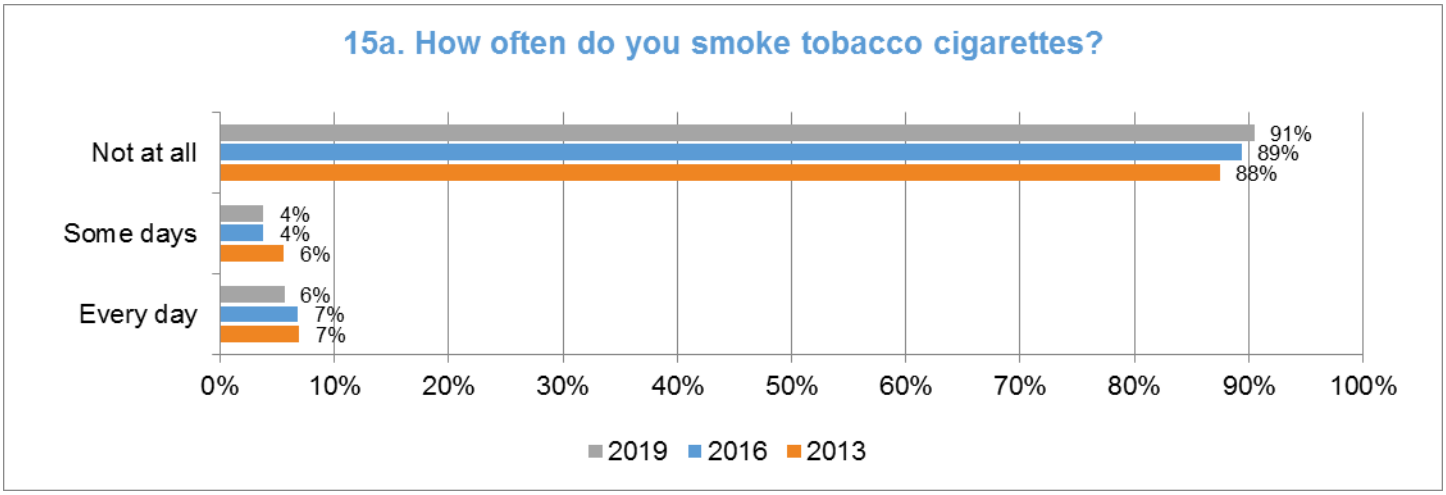


14. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because:			
Response	**Responses:**	**Response**	**Responses:**
ALLERGIST	**1**	**ORTHOPEDICS**	**2**
Yes allergist visit	1	No orthopedic surgeon on island	1
CARDIOLOGY (HEART)	**1**	Orthopedic services	1
Wife needed a cardiologist	1	**PLASTIC SURGERY**	**1**
INSURANCE/COST	**5**	Rhinoplasty	1
Cost	1	**MISCELLANEOUS**	**14**
Price	1	VA	1
PKIMC IS TOO EXPENSIVE FOR AN MRI	1	n/a	3
Cost of services	1	Do most medical care in Seattle	1
High cost in Kodiak	1	But plan on leaving Kodiak to obtain health care in the future	1
DENTAL	**1**	Wanted holistic care	1
Dentist - Mexico	1	Went with friend to Anchorage for healthcare	1
DERMATOLOGY	**1**	Visiting specialist canceled Kodiak visit	1
Dermatology	1	Required for a research study	1
EYE	**4**	I don't live in Kodiak	1
Eye exams	1	TMJ Doctor appointment	1
Eyes	1	KANA sends patients off island for a lot. Inconvenient but very good care in Anchorage	1
Vision checkup out of town due to local provider does not accept my insurance	1	I should have care at Anchorage for specialist, but work do not allow. Also, transportation is difficult.	1
Much cheaper for eye glasses out of town	1	**CONCERN OVER QUALITY OF CARE**	**2**
NEUROLOGY	**2**	I do not trust Kodiak health care!!!	1
Neurology	1	Our doctors are not good	1
Neurologist	1	**NEPHROLOGY (KIDNEY)**	**1**
		My family member needed hemodialysis and no clinic for this kind of services in Kodiak	1
		Total Responses -	**35**

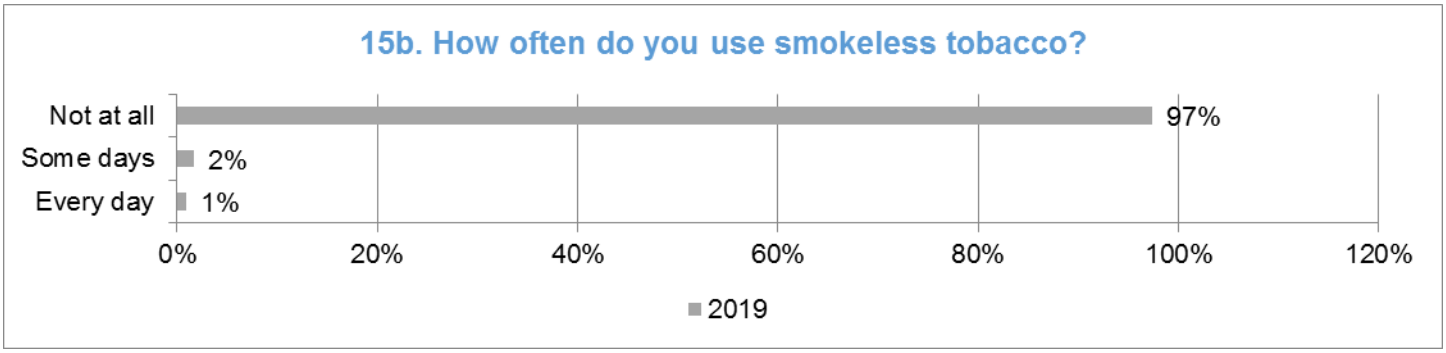
14. If you left Kodiak because you needed specialist opinion/surgery/test/procedure, please specify specialty:			
Response	**Responses:**	**Response**	**Responses:**
VISION	**9**	**GASTROENTEROLOGY**	**9**
Eye / ear	1	Colonoscopy	1
Eye Surgery	1	Colorectal	1
I had to have eye injections for blood behind eye.	1	GI	2
Cataract surgery	1	Gastroenterology	1
Eye care	1	Hernia	3
Eyes	1	Endoscopy	1
Vision	1	**CARDIOLOGY**	**19**
Cataracts	1	Cardiologist	10
Eye surgery	1	Cardiology	7
DENTAL	**9**	Here in Kodiak no specialist like cardiologist	1
Dental	4	Cardiac stress test	1
Dentist	1	**NEUROLOGY**	**6**
Dental surgery for wisdom tooth removal	1	Neurology	1
Periodontist	2	Neurosurgery	2
Root Canal	1	Neurosurgeon	1
ONCOLOGY (CANCER)	**4**	Neurosurgery for back issue	1
Oncology	2	Neurologist	1
Cancer surgery and treatment	1	**UROLOGY**	**7**
Oncology for cancer	1	Prostate	1
ORTHOPEDICS	**34**	Pediatric urologist	2
Ortho	4	Bladder biopsy cystoscopy	1
Orthopedics	11	Urology	1
Hip replacement	1	Vasectomy	1
Orthopedic Surgery	2	Prostate biopsy	1
Orthopedic consult and surgery	1	**PAIN MANAGEMENT**	**5**
Surgery, Left knee replacement	1	Pain specialist	1
Broken ankle needed surgery	1	Pain management	3
Hip replacement	1	Back pain injection and surgery	1
Orthopedic procedure	1	**WOMEN'S HEALTH**	**11**
Ortho consult	1	Women's health	1
Orthopedic hand surgery	1	OBGYN	4
Spine specialist	3	Gynecology	3
My son’s right arm was fractured & need to have a surgery In Seattle	1	Maternal/Fetal Medicine	1
Lower back fusion and disc replacement	1	OB	1
No orthopedic surgeon on island	1	Breast care	1
Needed to see an orthopedic surgeon	1	**PODIATRY**	**7**
Orthopedic surgeon	1	Podiatry	4
ACL Reconstruction Surgery	1	Podiatrist	1
OPTHAMOLOGY	**2**	Foot & Ankle Specialist	1
Ophthalmologist	2	Pediatric podiatrist	1

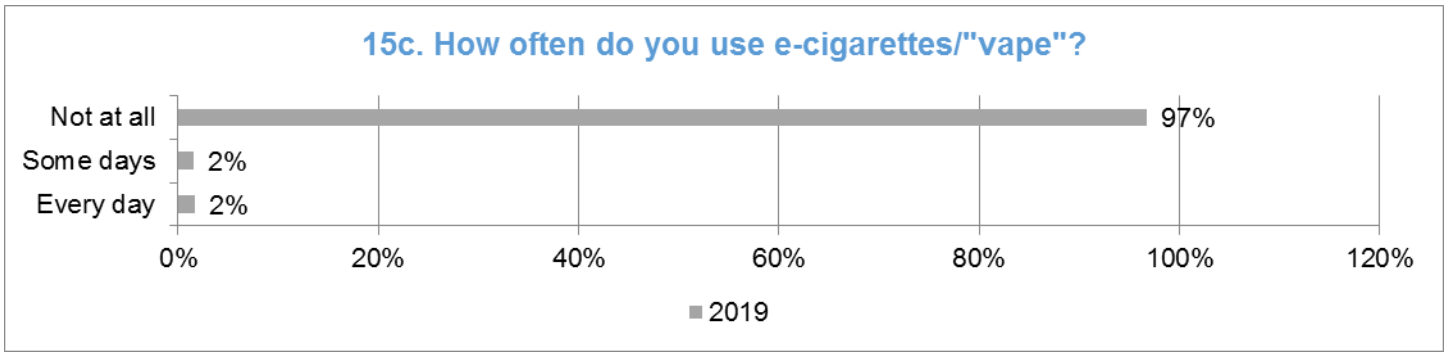
SURGERY	**8**	**VEIN**	**4**
Surgery - No DR in Kodiak	1	Varicose veins	1
Shoulder surgery	1	Vein specialist	1
I went for my Tonsillectomy. The procedure could have been done in Kodiak, but the timing worked better to have the procedure done in Anchorage.	1	Venous	1
Breast surgery	1	Vascular	1
Surgery - No DR in Kodiak	1	**NEPHROLOGY**	**4**
Surgical	1	Nephrologist	1
Surgery	1	Kidney	2
Surgical care center	1	Need to do Kidney Biopsy	1
COSMETIC	**5**	**IMAGING**	**5**
Cosmetic	1	Ultrasound	1
Plastic surgery, liposuction, tummy tuck	1	MRI	1
Breast reduction	1	CT scan not provided by kana. Was referred to ANMC	1
Plastic surgery	1	Ultra sound	1
Rhinoplasty	1	Electrophysiology	1
ENDOCRINOLOGY	**1**	**MISCELLANEOUS**	**21**
Endocrinologist	1	Sleep study	3
BEHAVIORAL HEALTH	**2**	2nd opinion	1
Psychiatric evaluation	2	Thermography	1
ALLERGY	**13**	Check up	1
Allergy	3	For travel	1
Asthma immunology center for allergy testing	1	Broken nose. Needed urgent ENT procedure. Not available in Kodiak.	1
Allergist	6	Pulmonology	2
Needed allergy testing	1	Broken Nose	1
Allergy panel	1	Tongue tie revision	1
Asthma/allergy	1	Specialist	1
DERMATOLOGY	**4**	Pediatric ophthalmology	1
Dermatologists	1	Nutritional counseling	1
Dermatology	3	Child's adenoids removed	1
AUDIOLOGY	**4**	Sleep apnea	1
Audiology	2	Genetics	1
Audiologist	1	Plantar fibroma	1
Audiologist hearing aid help	1	MAYO Clinic for DX	1
		Specialists, and procedures not available on island	1
		Total Responses -	**193**

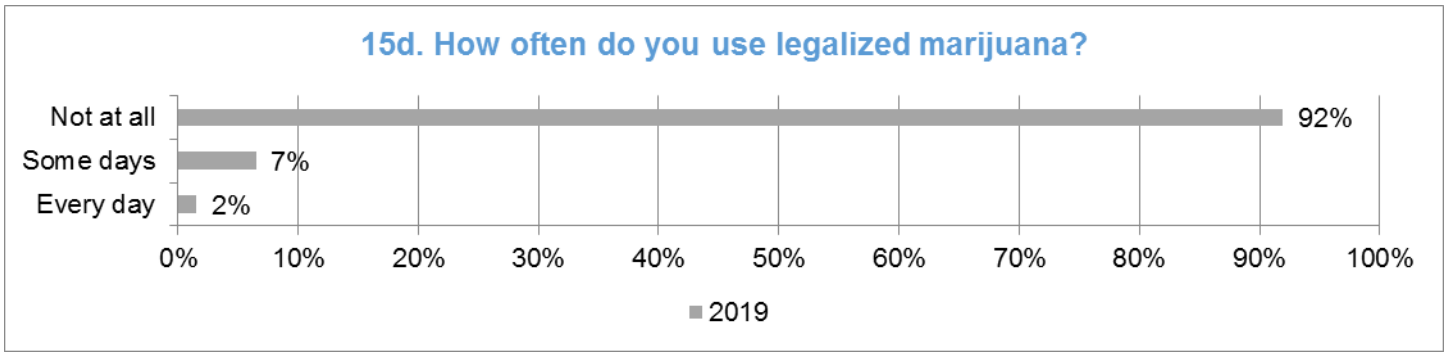


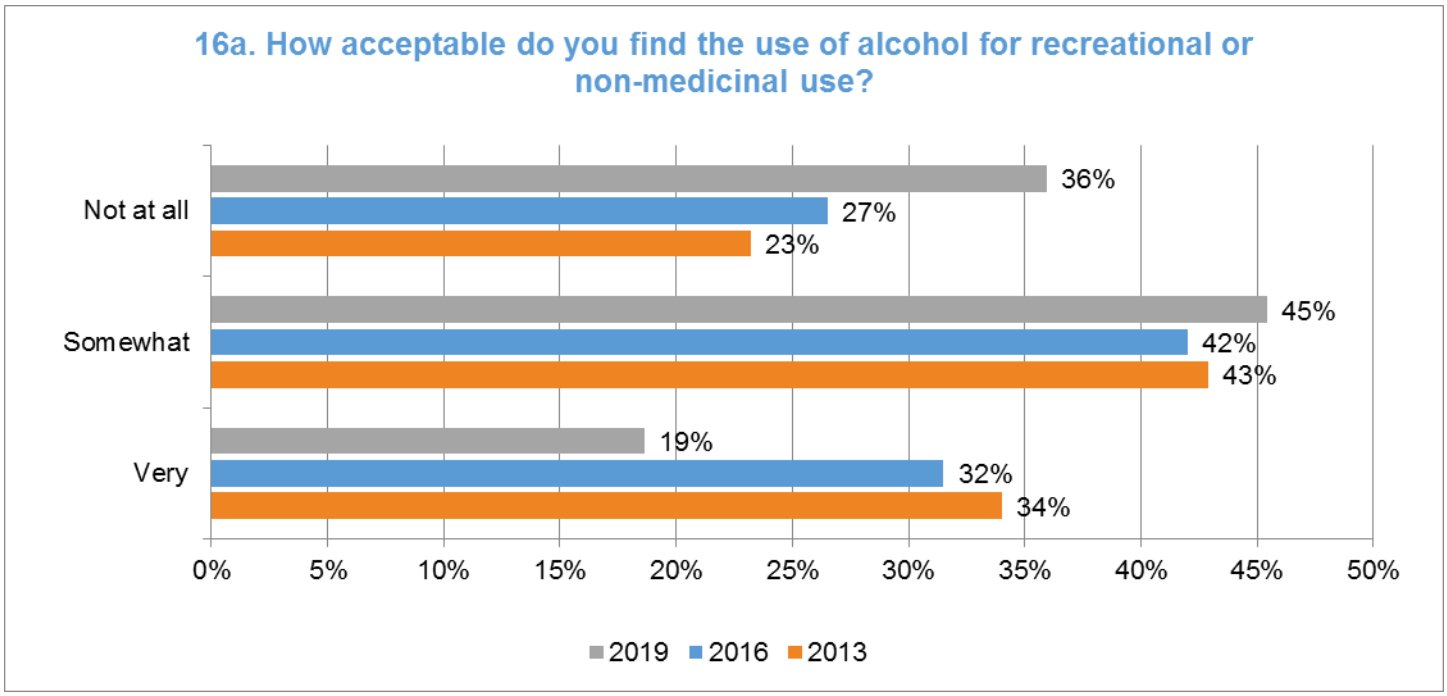


Note: The phrasing of this question changed for the 2019 community health survey. Previous community health surveys have phrased this question as the following: How often do you smoke tobacco products or use smokeless tobacco?

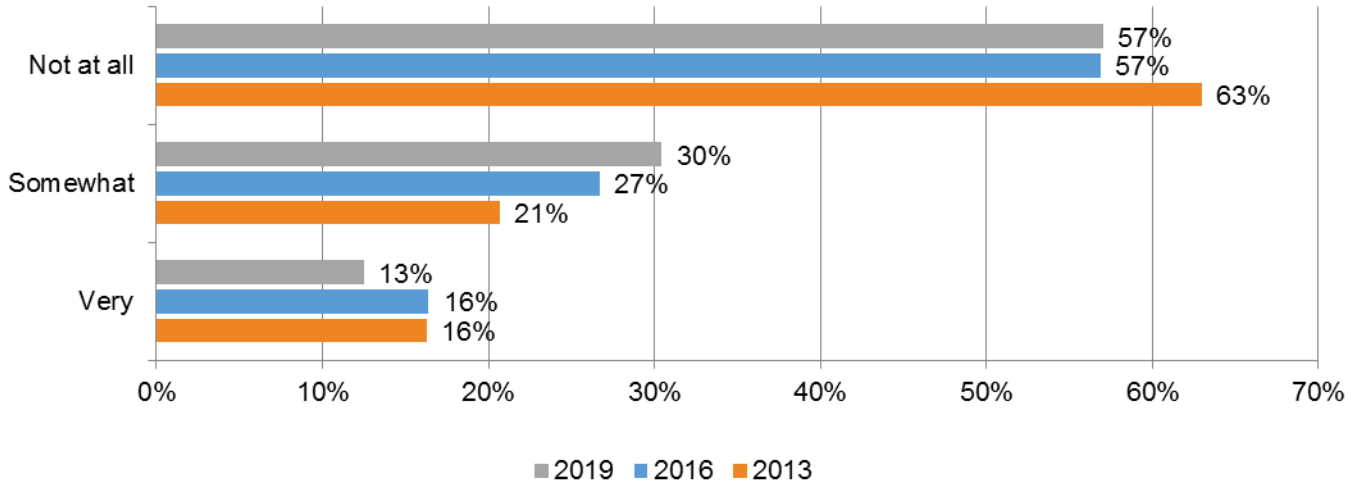



15c. How often do you use e-cigarettes/"vape"?
Not at all
Some days
Every day
97%
2%
2%
0%
20%
40%
60%
80%
100%
120%
2019

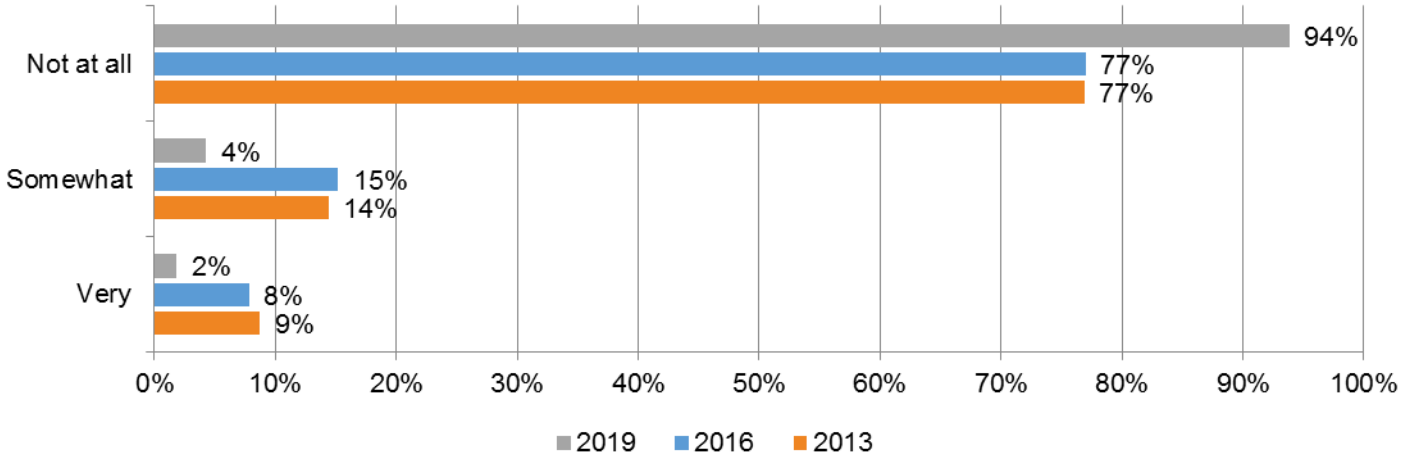

15d. How often do you use legalized marijuana?
Not at all
Some days
Every day
92%
7%
2%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
2019

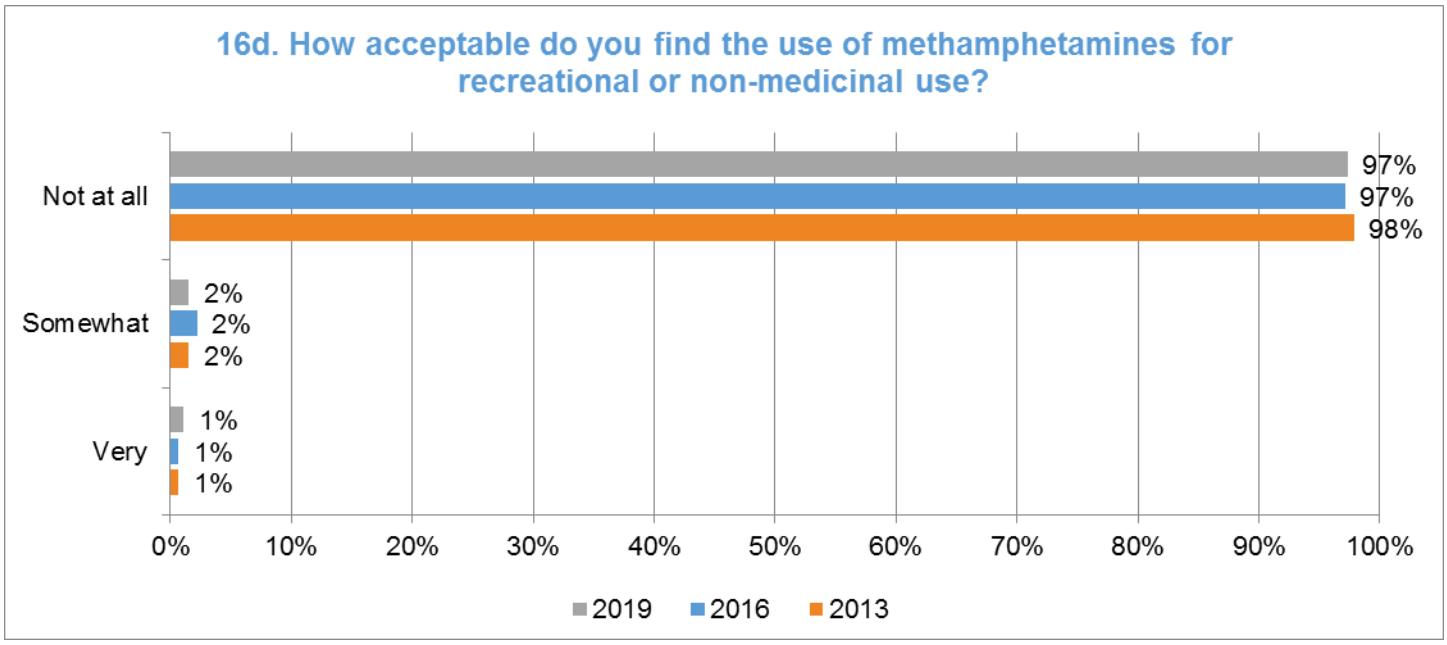

16a. How acceptable do you find the use of alcohol for recreational or non-medicinal use?
Not at all
Somewhat
Very
36%
27%
23%
45%
42%
43%
19%
32%
34%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%
2019
2016
2013

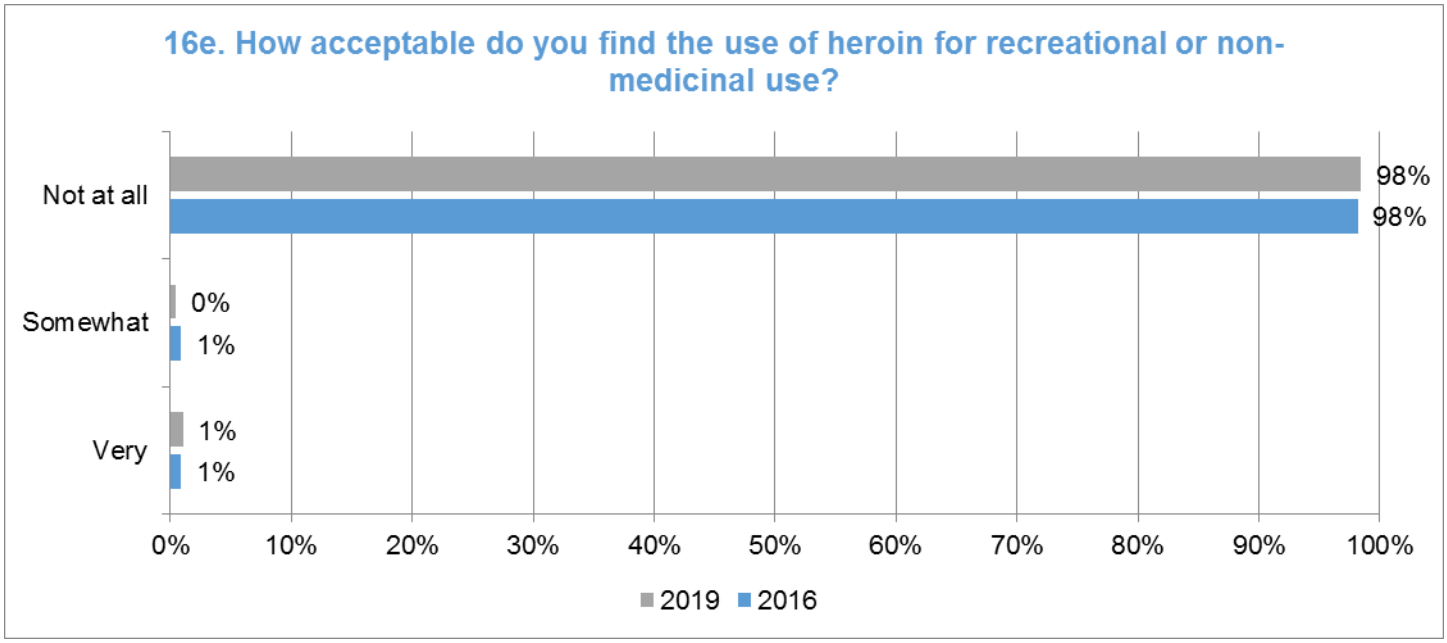
16b. How acceptable do you find the use of marijuana for recreational or non-medicinal use?

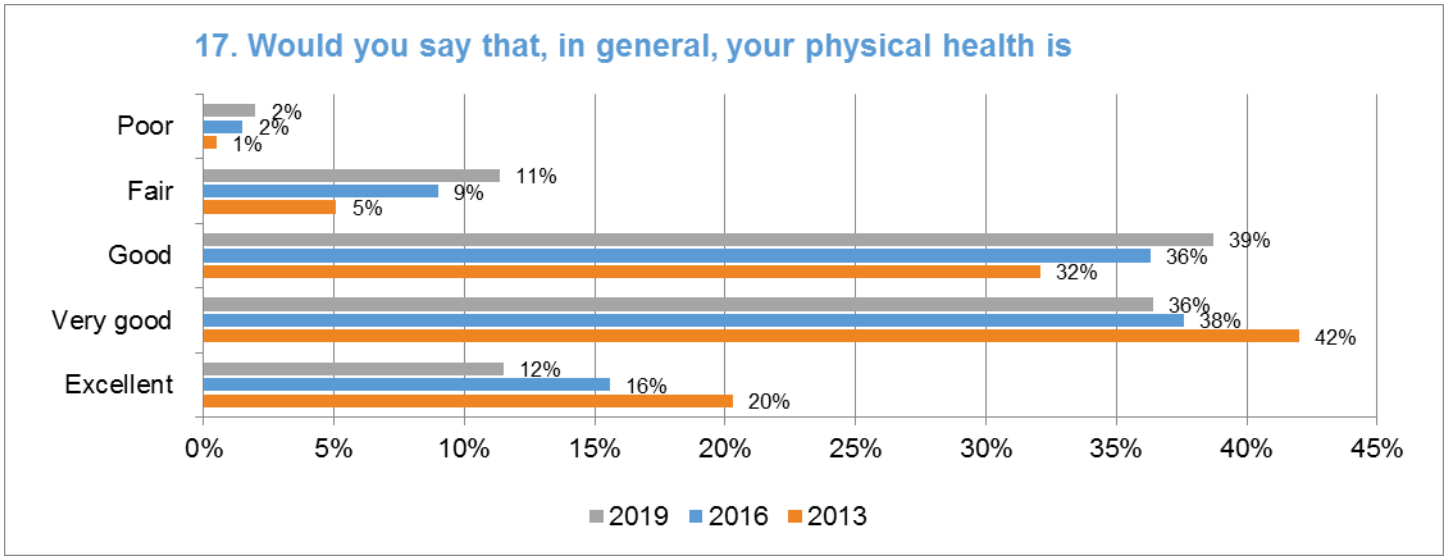


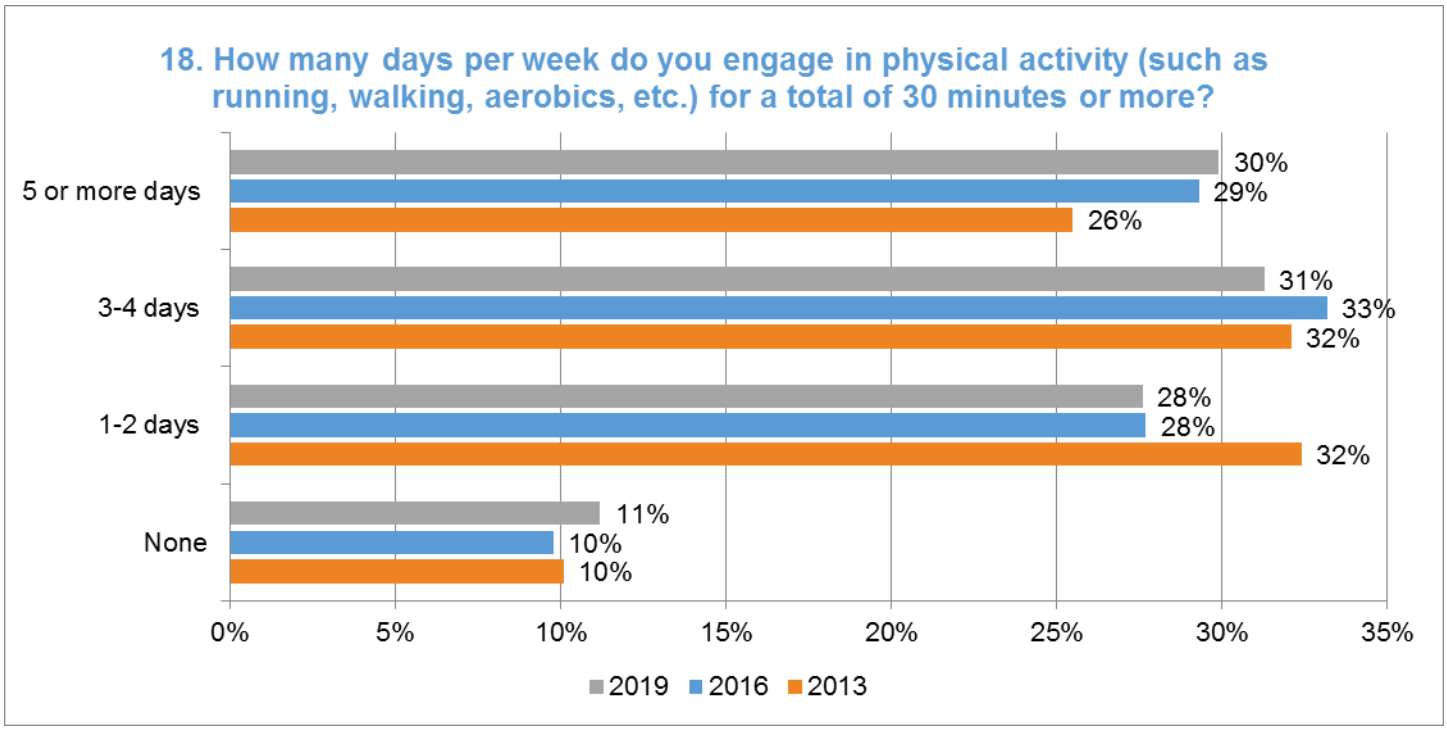
16c. How acceptable do you find the use of prescription drugs for recreational or non-medicinal use (recreational use - not used as prescribed)?



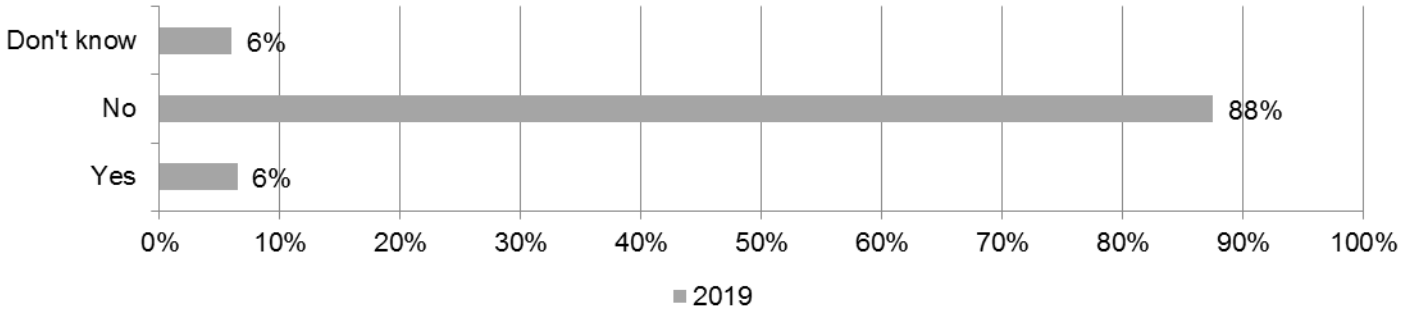

16d. How acceptable do you find the use of methamphetamines for recreational or non-medicinal use?
Not at all
Somewhat
Very
97%
97%
98%
2%
2%
2%
1%
1%
1%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
2019
2016
2013


16e. How acceptable do you find the use of heroin for recreational or non-medicinal use?
Not at all
Somewhat
Very
98%
98%
0%
1%
1%
1%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
2019
2016

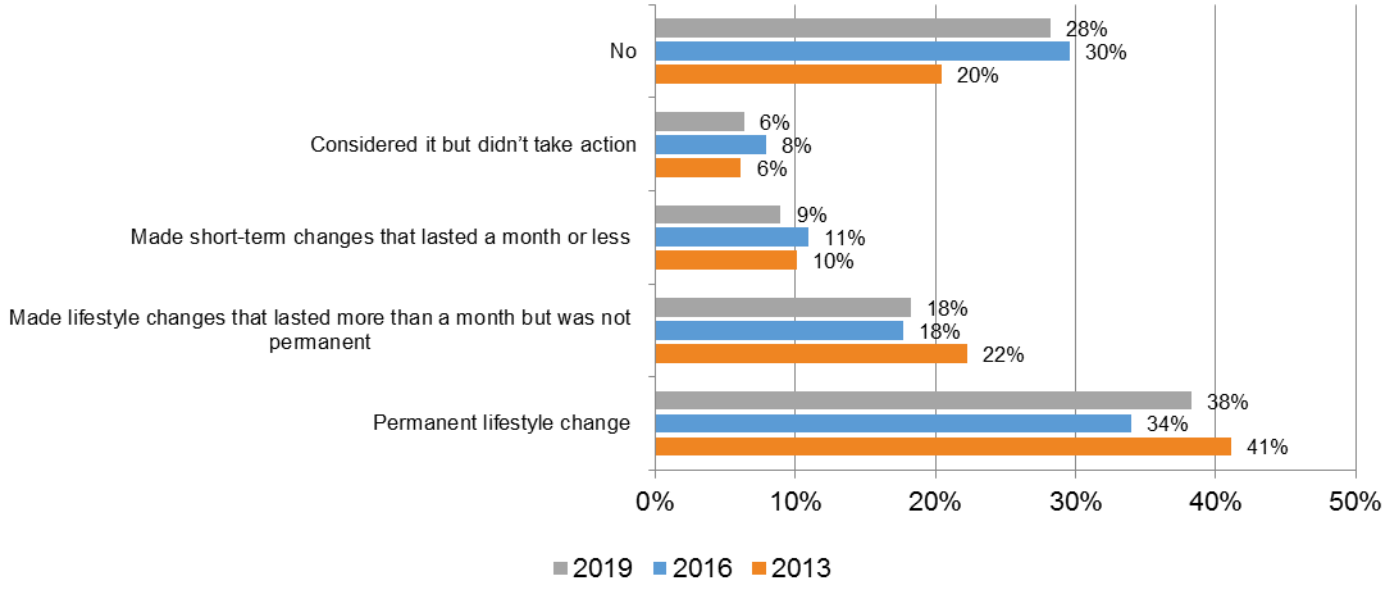

17. Would you say that, in general, your physical health is
Poor
Fair
Good
Very good
Excellent
2%
2%
1%
11%
9%
5%
39%
36%
32%
36%
38%
42%
12%
16%
20%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
2019
2016
2013


18. How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?
5 or more days
3-4 days
1-2 days
None
30%
29%
26%
31%
33%
32%
28%
28%
32%
11%
10%
10%
0%
5%
10%
15%
20%
25%
30%
35%
2019
2016
2013

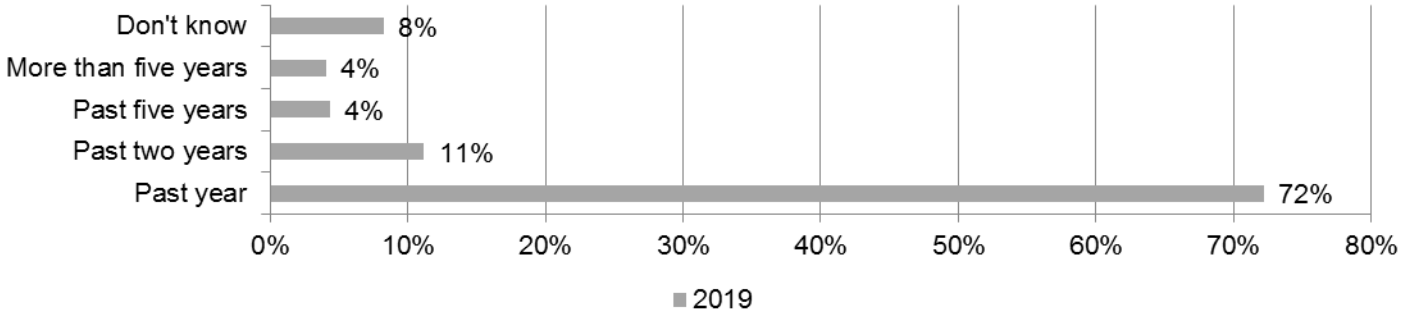
19. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a healthcare provider's office or shopping?

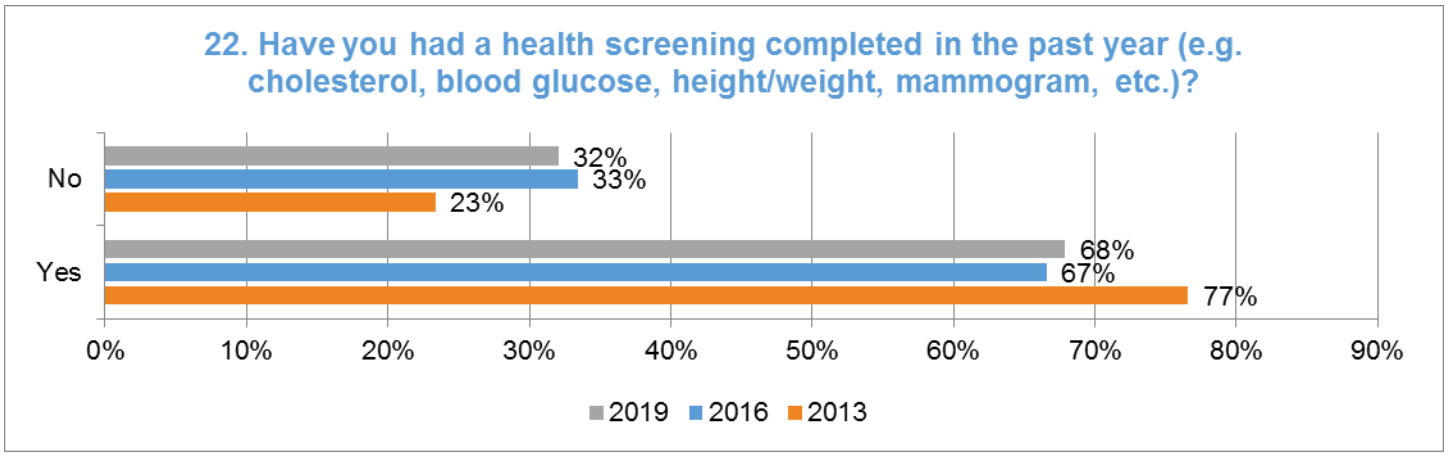


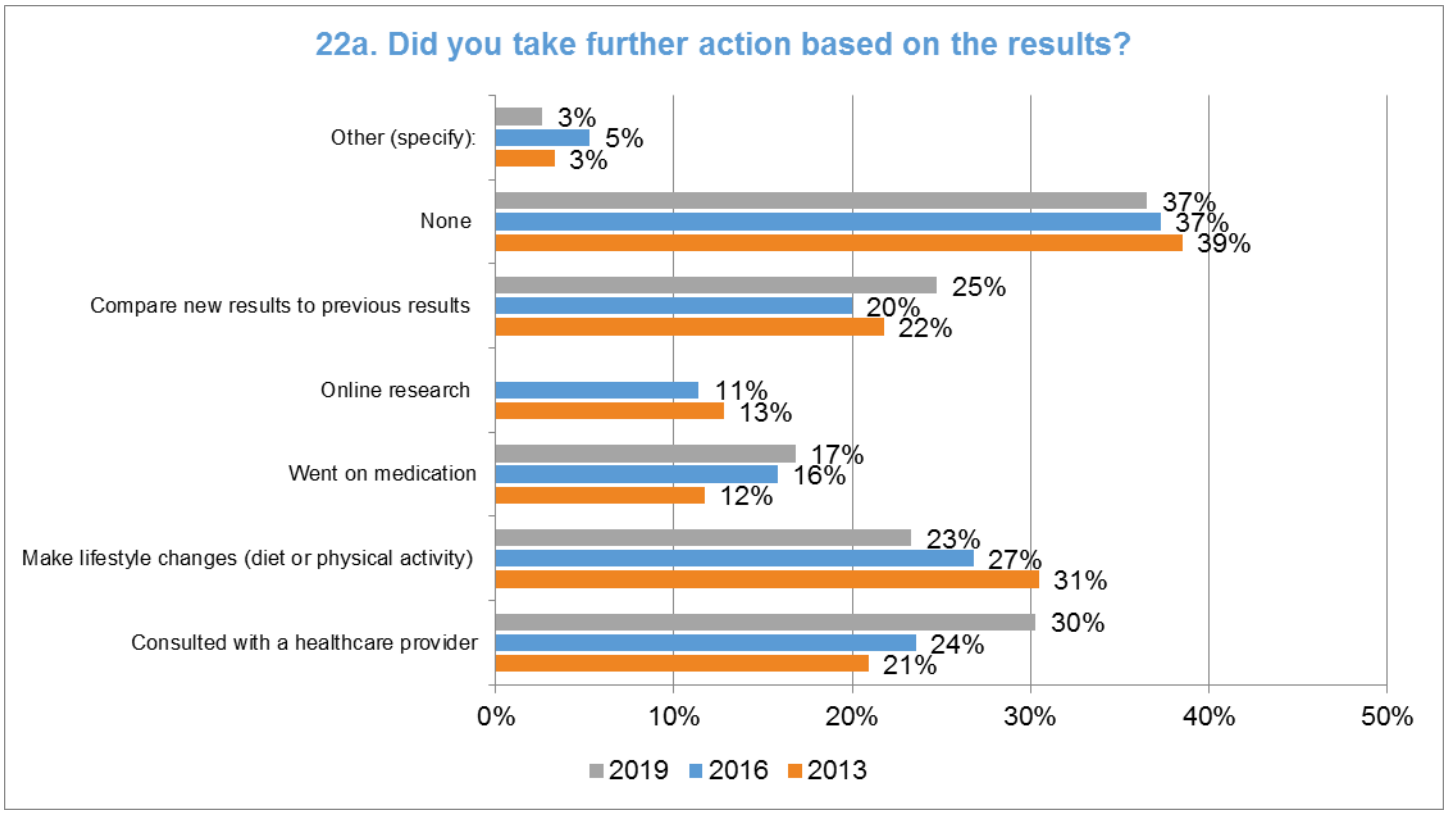
20. Within the past year have you made a personal lifestyle change related to better health? (For example, lost weight, changed diet, became more physically active, reduced stress, decreased alcohol or tobacco use)



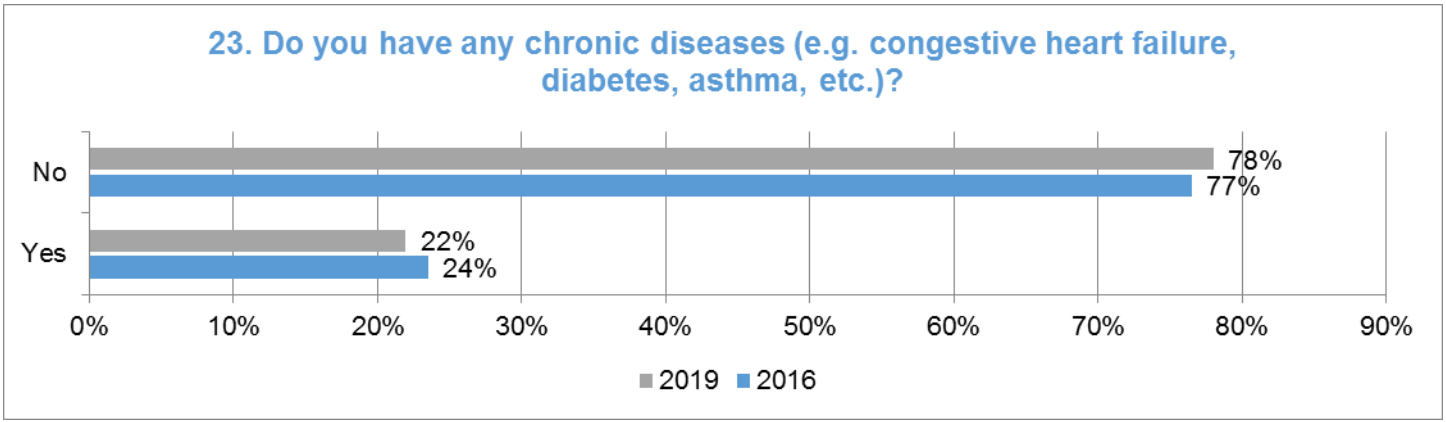
21. About how long has it been since you last visited a healthcare provider for a routine check-up?





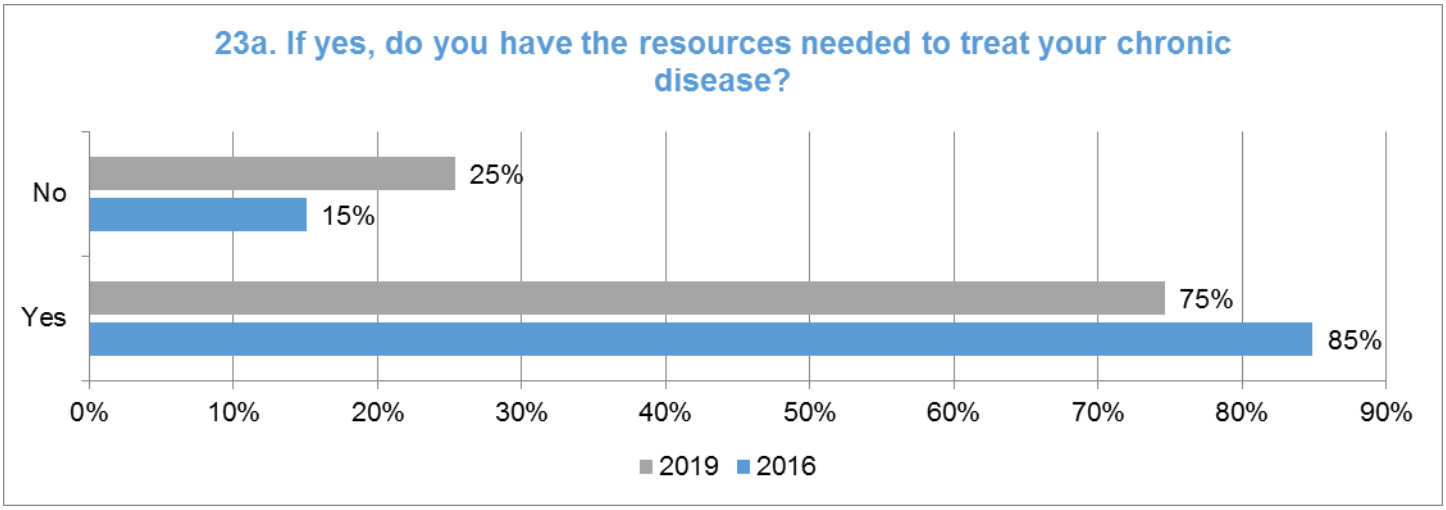


22a. Did you take further action based on the results?	
Response	**Responses:**
Hip Surgery	1
More medical tests	1
More needed	1
Didn't need any	2
None were needed, living a good lifestyle, good results	1
No action necessary	1
Dose adjustments made on meds	1
Saw an allergist	1
Health care provider never contact me after the labs & CT scan.	1
Stopped taking medication	1
Total Responses -	**11**



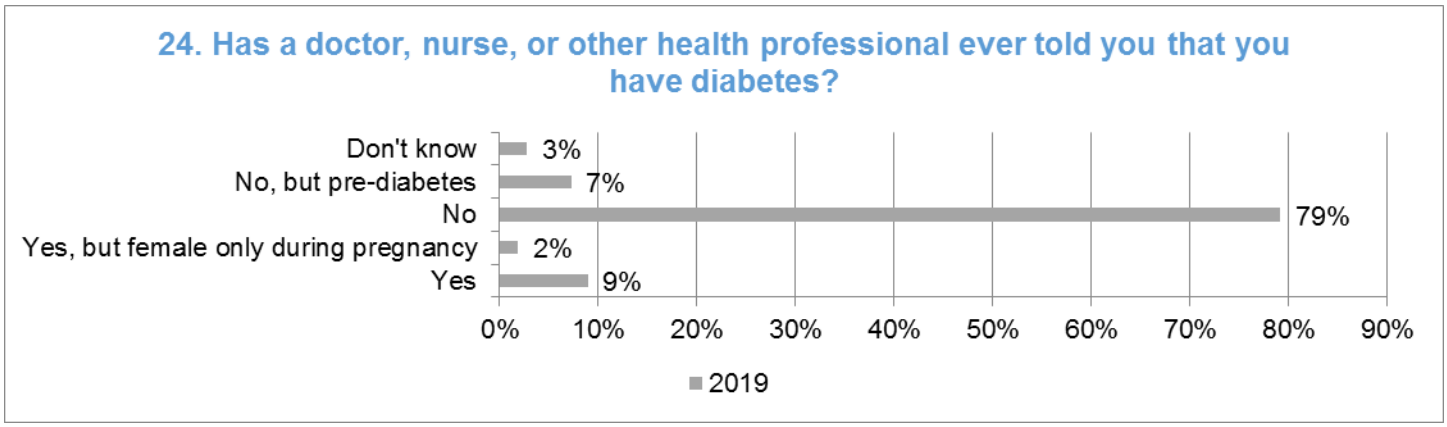
23. Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?			
Response	**Responses:**	**Response**	**Responses:**
ALLERGIES	**4**	**INTESTINAL**	**6**
Allergies	4	Crohn's	1
ARTHRITIS	**8**	Colitis	1
Arthritis	8	PCOS	3
CHOLESTEROL	**4**	Ulcerative Colitis	1
High cholesterol	4	**HEAD/BRAIN/NEURO**	**8**
DIABETES	**35**	Atypical Parkinson's	1
Diabetes	35	Migraines	4
KIDNEY/BLADDER	**2**	Pseudotumor cerebri	1
Kidney transplant	1	Seizure Disorder	1
Kidney	1	Autonomic failure	1
Interstitial cystitis	1	**IMMUNE SYSTEM**	**3**
CARDIOVASCULAR	**28**	Lupus	2
Heart failure	1	Graves' disease	1
Heart	2	**CANCER**	**2**
Hypertension	6	Cancer	1
Congestive heart failure	1	Ongoing CML, now in remission	1
High blood pressure	11	**MISCELANNEOUS**	**14**
Heart enlargement	1	IPE	1
Coronary Artery Disease	1	Trigeminal neuralgia	2
Heart valve replaced	1	Prefer not to specify	1
Heart murmur	1	Carpal tunnel syndrome, low sugar, hip fracture, other	1
Cardiovascular diagnoses	1	Psoriasis	1
MVP	1	Endometriosis	1
Pacemaker	1	Venous reflux	1
PULMONARY/RESPIRATORY	**34**	Low back pain	1
COPD	2	Got a knee replacement 2018 and need another knee replacement thee other	1
Chronic Sinus Infections	1	Spondylosis, degenerative Disc Disease, HTN, hypokalemia, anemia, B12 deficiency	1
Asthma	31	Hypermenorrhea, hypermenorrhea	1

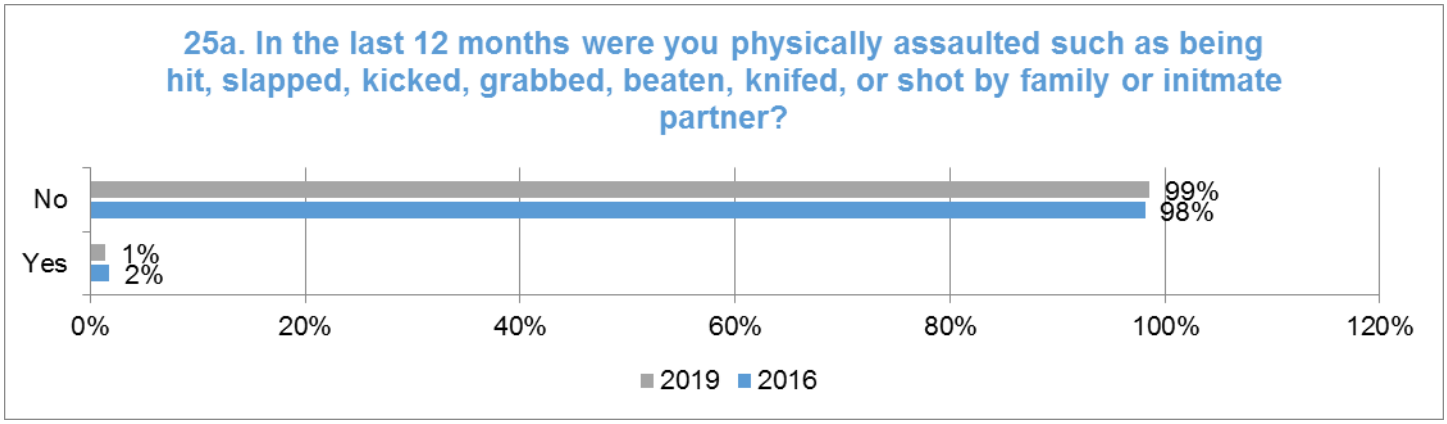
SLEEP DISORDER	**2**	GIRD (acid reflux)	1
Sleep apnea	2	GERD	1
ENDOCRINE	**10**	**MENTAL HEALTH**	**2**
Hypothyroidism	8	Anxiety	1
Metabolic syndrome	2	ADHD	1
		Total Responses -	**143**

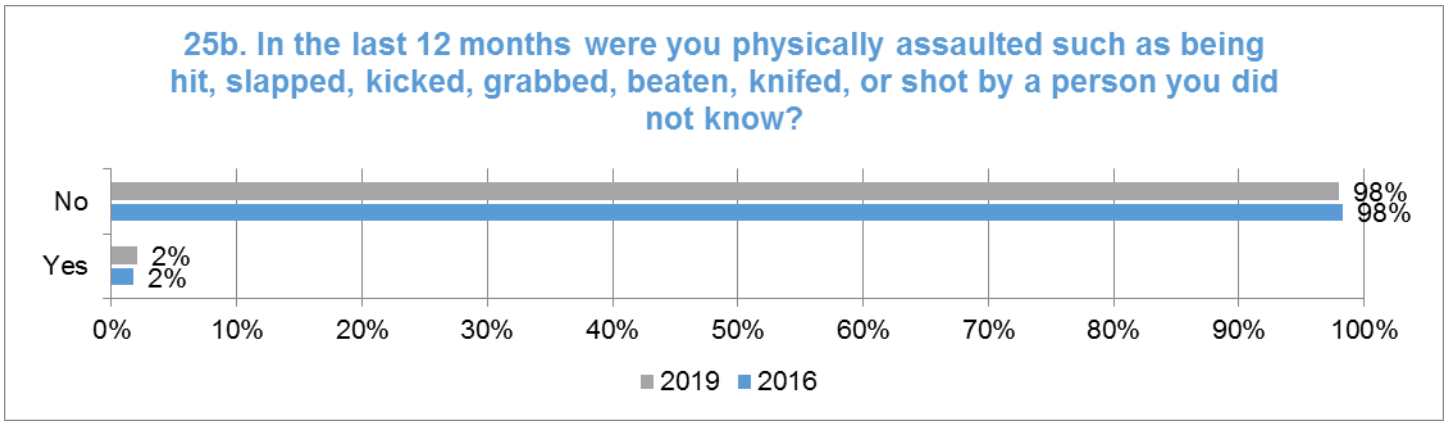


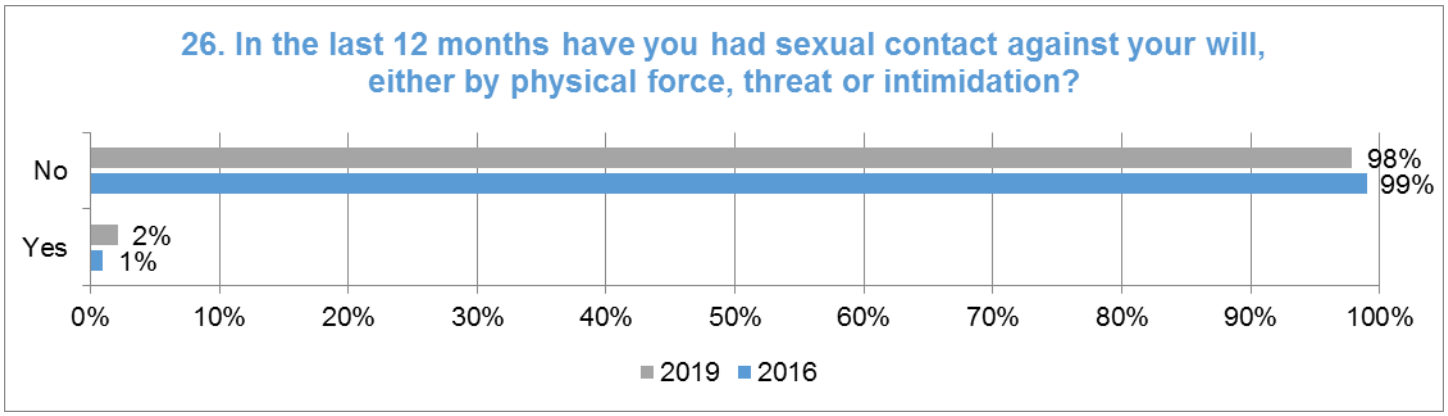
23a. If no, Specify	
Response	**Responses:**
n/a	12
It's not treatable	1
Yes, but difficult because of expensive travel	1
PT/OT	1
Need to go off island	1
RX refill are too expensive	1
Have to visit the VA clinic or other providers in anchorage	1
Have to go out of town for cardiologist	1
Not sure I understand when it is bad enough I should see doctor	1
There is no specialist located on island	1
Little access to specialists, difficulty persuading local providers to prescribe medication	1
I wish I didn't have to leave town to see my doctor	1
Must visit specialist	1
My Doctor left Kodiak	1
Unknown	1
Too hard	1
No pain management clinic	1
All but my spine	1
I had to go to Anchorage for sleep study and CPAP	1
No neuro on island	1
Not on island	1
Gynecology does not exist on island	1

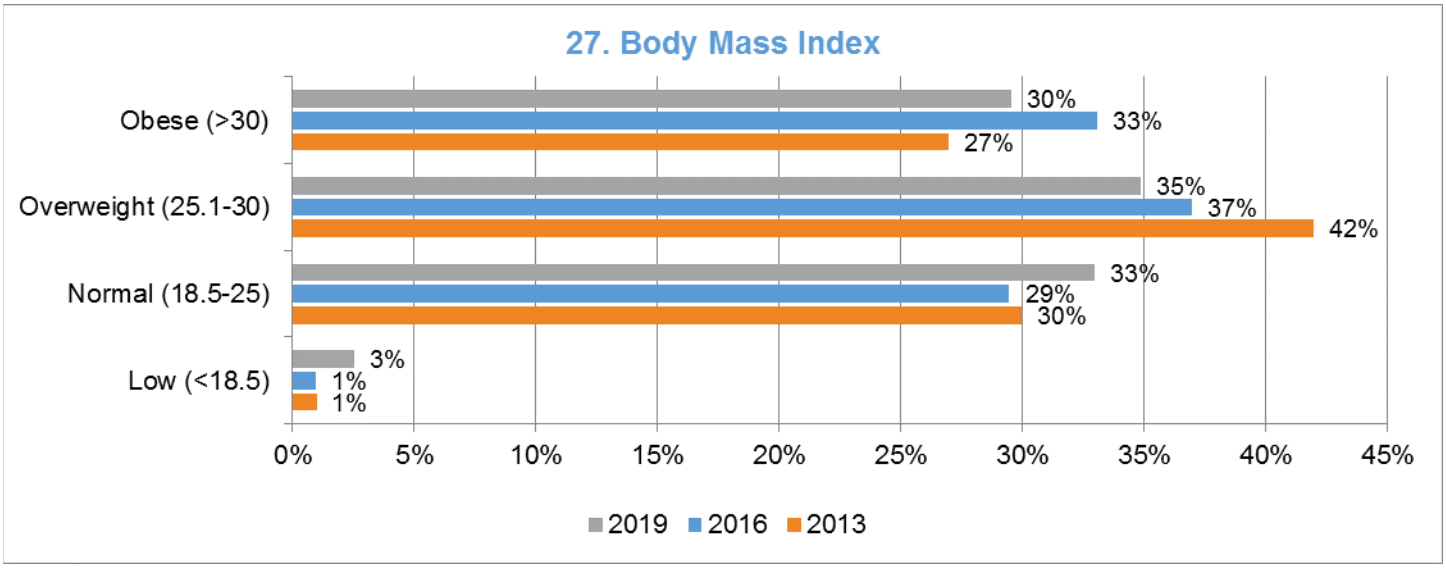
Medicine	1
No specialist available	1
No opportunity to follow up and health care providers does not do follow up. Always the appointment schedule is full. Takes months.	1
Need asthma/allergy Dr here at least monthly	1
Total Responses -	**36**



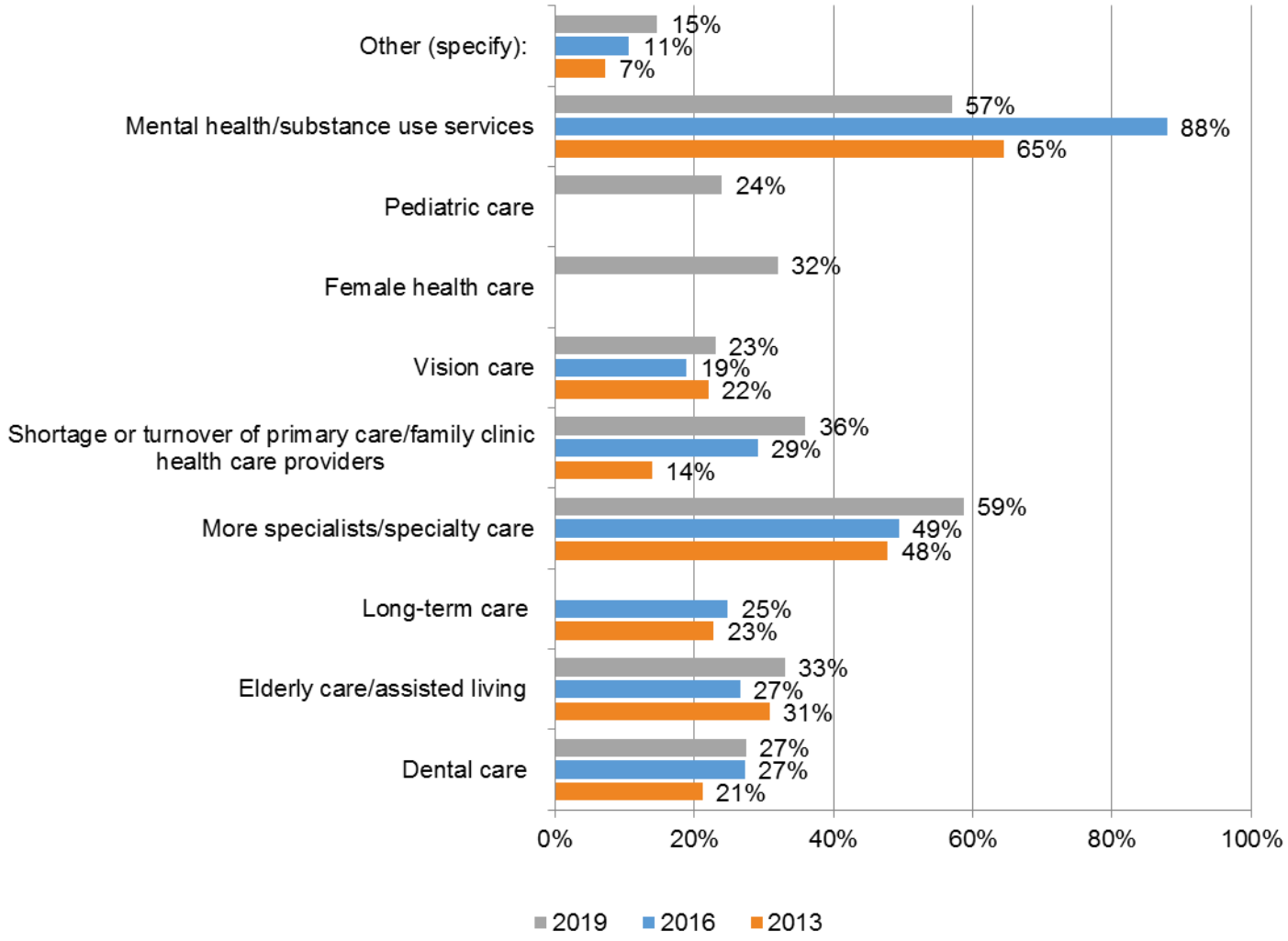





26. In the last 12 months have you had sexual contact against your will, either by physical force, threat or intimidation?
No
Yes
98%
99%
2%
1%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
2019
2016

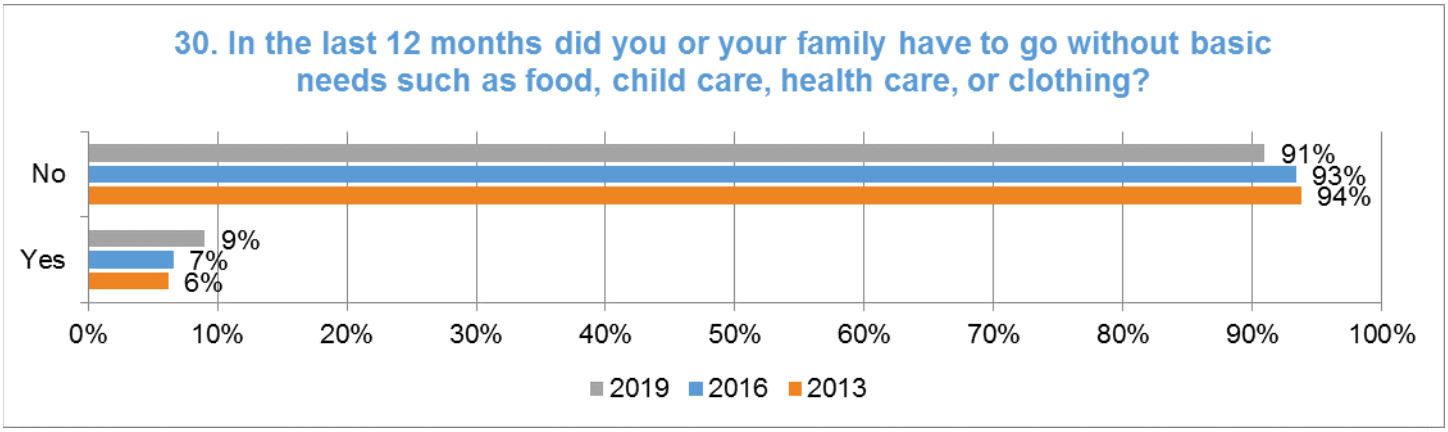

27. Body Mass Index
Obese (>30)
Overweight (25.1-30)
Normal (18.5-25)
Low (<18.5)
30%
33%
27%
35%
37%
42%
33%
29%
30%
3%
1%
1%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
2019
2016
2013

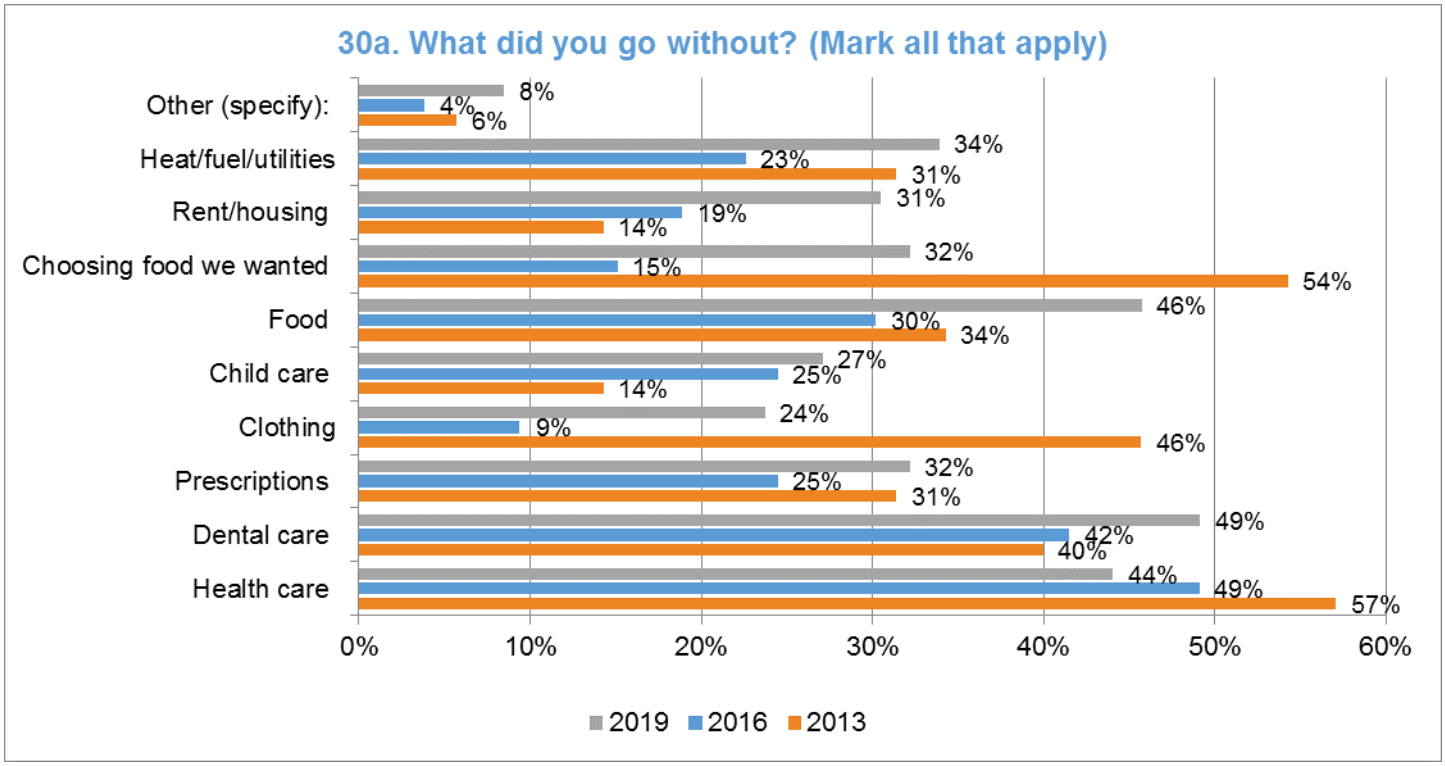
29. What do you consider to be the top three greatest health care needs in Kodiak?



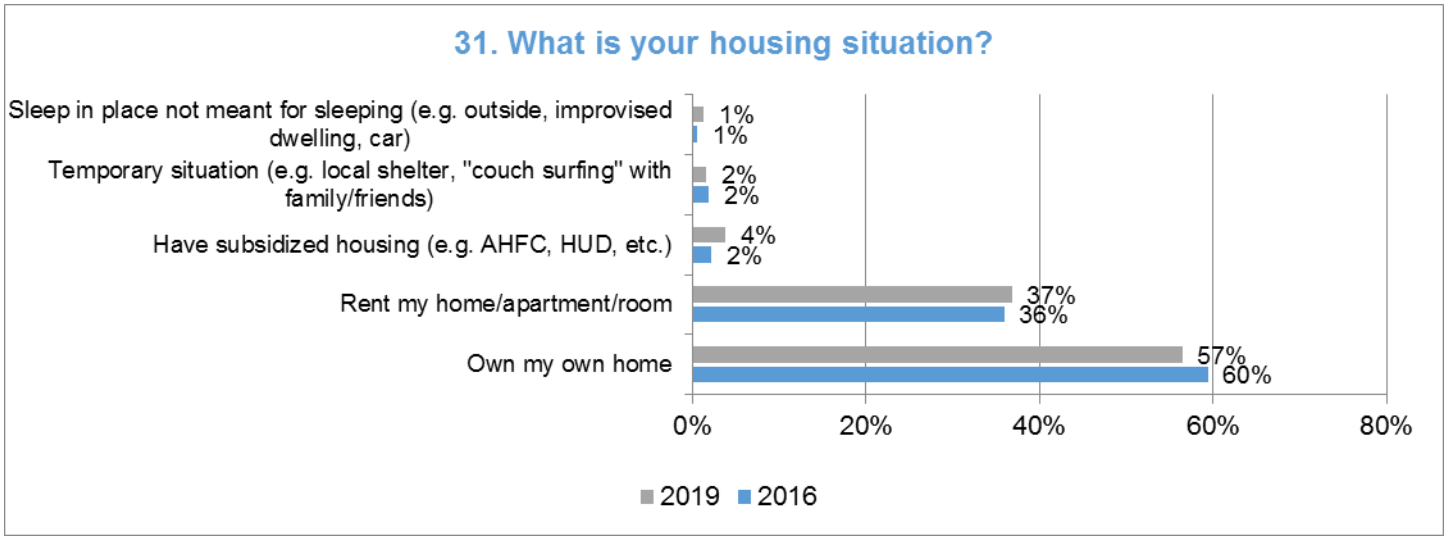
29a. What do you consider to be the top three greatest health care needs in Kodiak? (Other)			
Response	**Responses:**	**Response**	**Responses:**
ASSISTED LIVING	**3**	**PEDIATRICS**	**2**
Non-elderly assisted living	1	Permanent pediatrician	1
Aging in place / adult survivors of childhood trauma	1	Children OCS ICWA	1
In home assisted living	1	**SUBSTANCE ABUSE**	**2**
DENTAL	**4**	Finding needles on the road or in the grass is insane	1
Wisdom teeth removal	1	Long term substance abuse treatment facility here in Kodiak	1
Affordable Dental Options	1	**MENTAL HEALTH**	**5**
Not more dentists, but reasonably priced dentists	1	Psychiatrist	1
For dental needs, we especially need an oral surgeon	1	Counseling	1
DIABETES	**2**	Psychiatric care	1
Diabetes care - Type 1	1	Mental Health Drug abuse better Psychiatric resources	1
Diabetes education	1	Suicide	1
KIDNEY	**7**	**RESPITE/HOME HEALTH**	**5**
Dialysis	2	Respite care desperately needed	1
Kidney specialists	1	Home health	2
Nephrologist	3	Home health services	1
Hemodialysis	1	Home health care	1
HEARING	**4**	**SPECIALISTS**	**12**
Hearing	4	Ear specialist	1
HOLISTIC MEDICINE	**5**	Podiatrist	4
Massage	1	Dermatology	2
Massage therapist	1	Ophthalmologist	1
Naturopath	2	Endocrinology	1
We need access to alternative care givers, specifically a naturopath would be great	1	Endocrinologist	1
LOWER COST OF CARE	**8**	Though we currently have two optometrists, one accepts limited insurance; both are retirement age and will need to be replaced within the next 5 years if not sooner.	1
Better Prices! Too expensive	1	OB-GYN	1
Affordable care	3	**ORTHOPEDICS**	**19**
Affordable	1	Orthopedics	13
REDUCE THE COST OF YOUR SERVICES PKIMC	1	Orthopedic surgeon	1
Lower cost procedures/ contract w Native health so locals can receive care in town	1	There is no orthopedic care here or primary care physicians that I would even consider going to	1
More AFFORDABLE care	1	Ortho	2
ACCESSIBILITY OF CARE	**8**	Ortho care	1
Selected everything, need another clinic	1	We need an Orthopedic surgeon	1

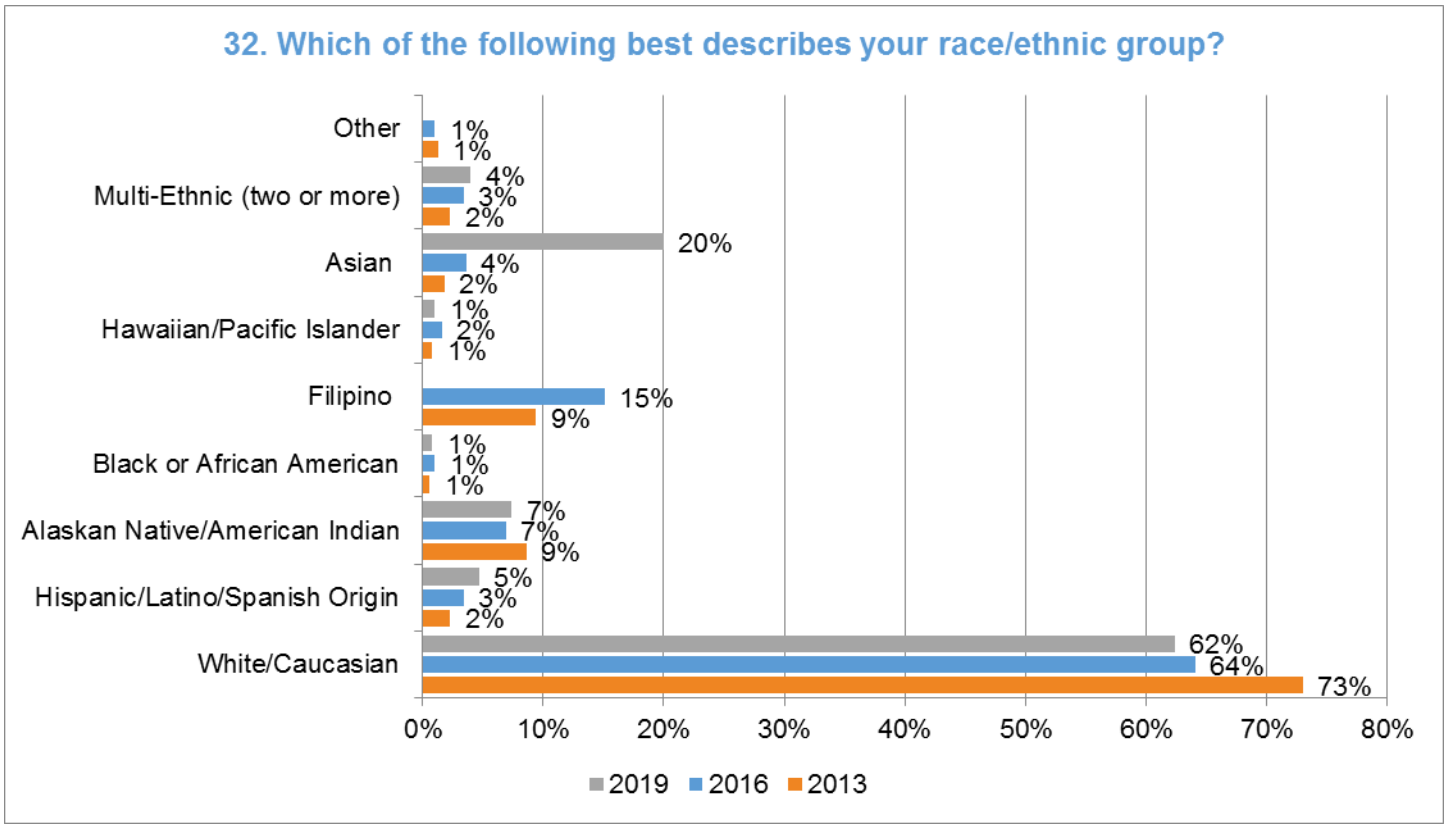
Easier to get to general practice KIMA	1	**BRAIN**	**4**
Walk-in clinic	1	Neurology	3
Most people leave in Kodiak needs health care	1	Head injury	1
Availability of Provider (Doctors) to see patients at least 3 days waiting time and not a month or two just to get an appointment.	1	**CANCER**	**2**
Primary care providers and a few specialists are needed	1	Cancer	2
Urgent care appointments NOT ER	1	**MISCELLANEOUS**	**4**
It takes 3 weeks to get an appointment, wait is too long	1	Cone beam CAT scan	1
CARDIOLOGY	**4**	Sexual Health - Counseling Support, Testing, and Treatment	1
Cardiologist	3	Pain	1
Hypertension	1	Weight coaching	1



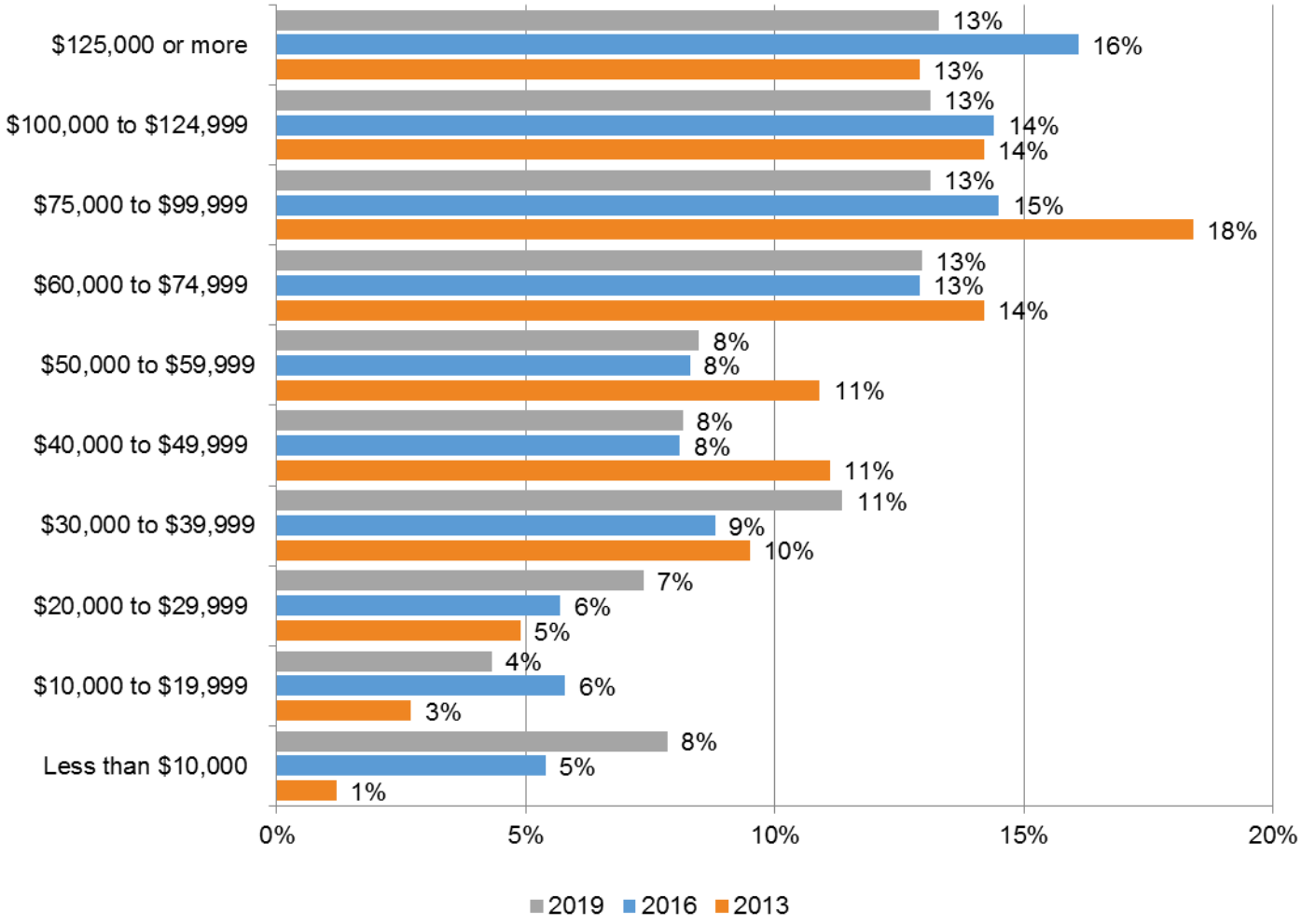


30a. What did you go without? (Other)	
Response	**Responses:**
n/a	1
Money	2
It's hard to have nothing extra for medicine	1
Having only beans and rice	1
Medicine	1
Total Responses -	**6**

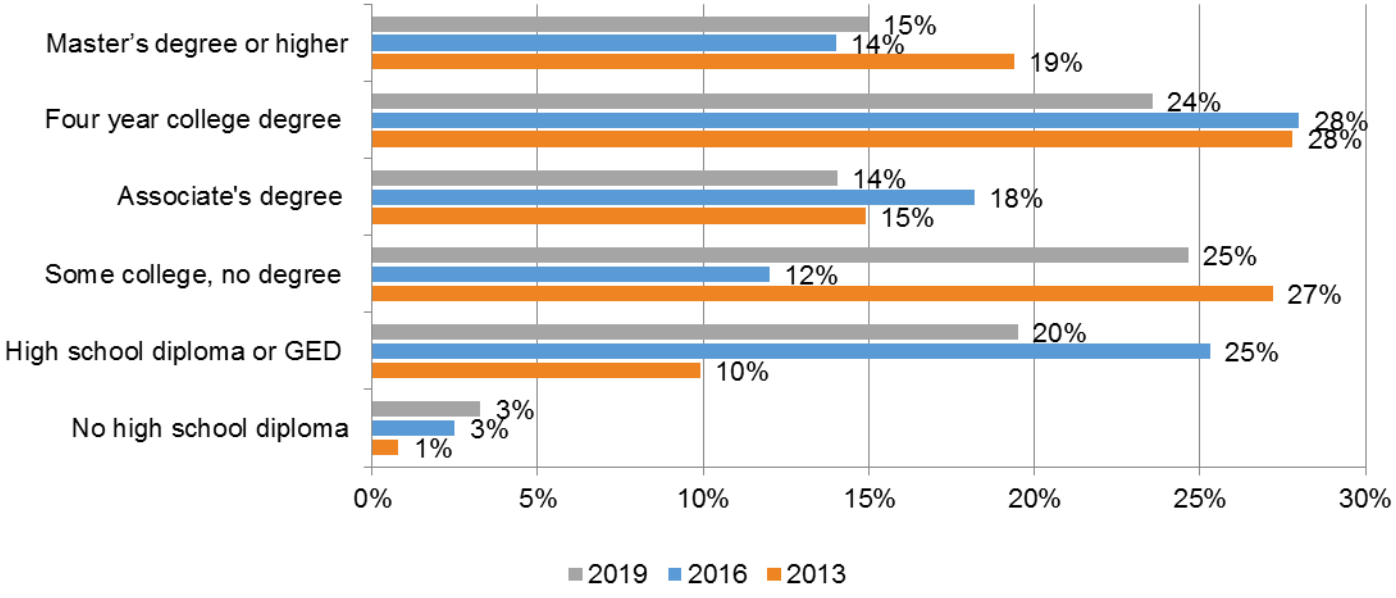


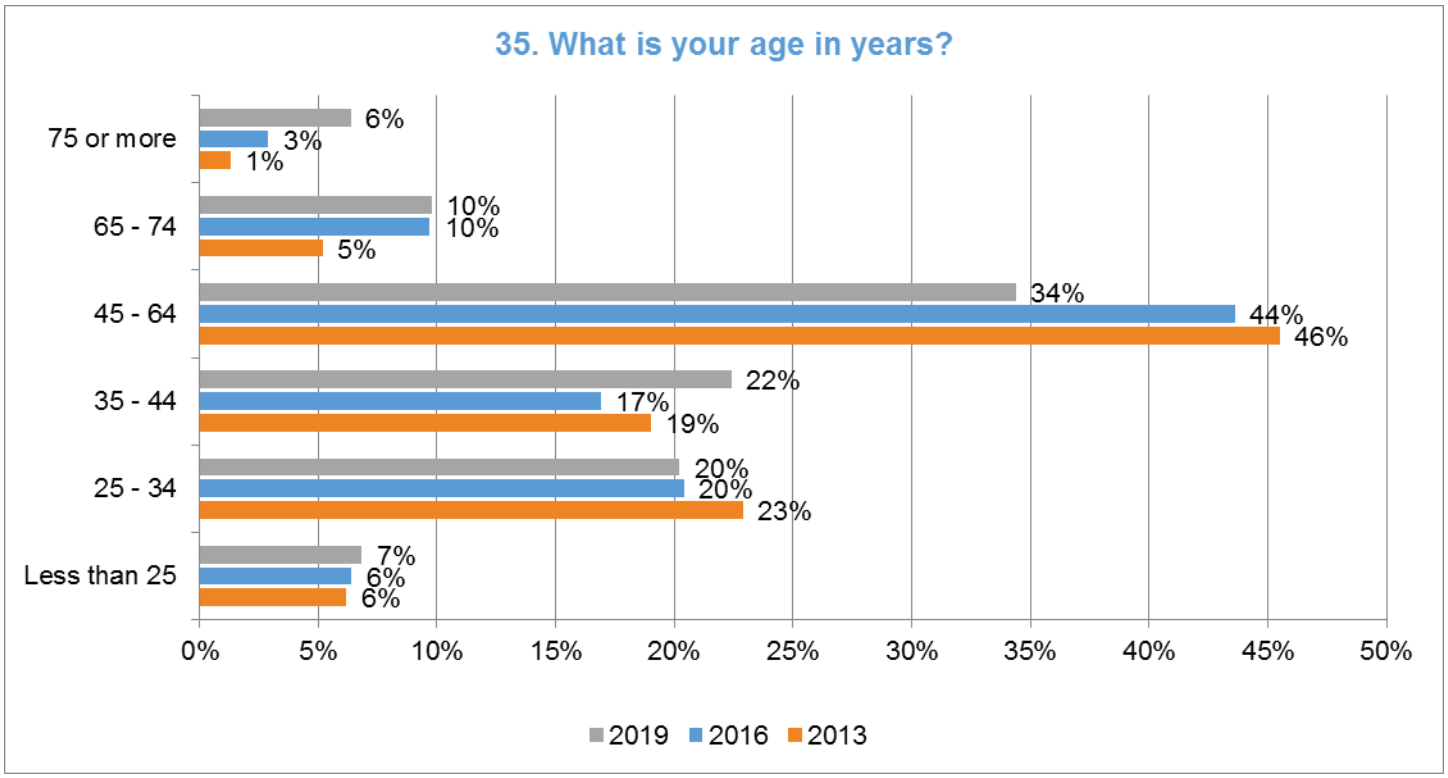


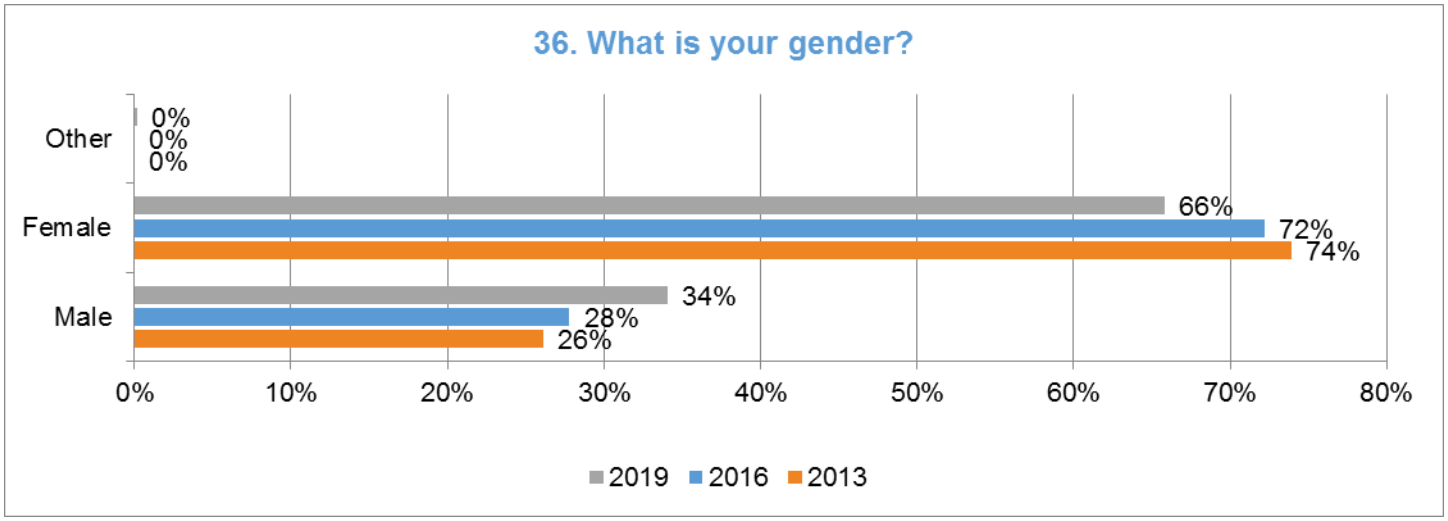
33. Which income range best describes your annual household income?



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




35. What is your age in years?
75 or more
65 - 74
45 - 64
35 - 44
25 - 34
Less than 25
6%
3%
1%
10%
10%
5%
34%
44%
46%
22%
17%
19%
20%
20%
23%
7%
6%
6%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%
2019
2016
2013


36. What is your gender?
Other
Female
Male
0%
0%
0%
66%
72%
74%
34%
28%
26%
0%
10%
20%
30%
40%
50%
60%
70%
80%
2019
2016
2013

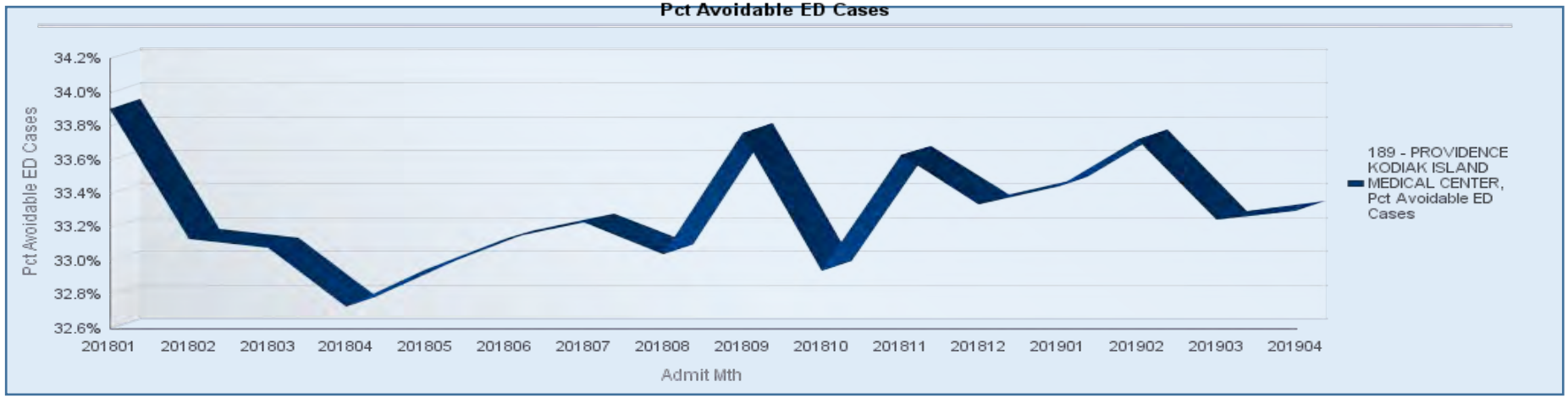
Appendix 1C: Hospital Utilization Data

Prevention Quality Indicators (Per 1,000 Admissions) by Hospital Facility 2018

	PQI #01 Diabetes Short-term Complications Admission Rate	PQI #02 Perforated Appendix Admission Rate	PQI #03 Diabetes Long-Term Complications Admission Rate	PQI #05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	PQI #07 Hypertension Admission Rate	PQI #08 Heart Failure Admission Rate	PQI #09 Low Birth Weight Rate	PQI #10 Dehydration Admission Rate	PQI #11 Community Acquired Pneumonia Admission Rate	PQI #12 Urinary Tract Infection Admission Rate	PQI #14 Uncontrolled Diabetes Admission Rate	PQI #15 Asthma in Younger Adults Admission Rate	PQI #16 Lower-Extremity Amputation Among Patients with Diabetes Rate
PKIMC - Kodiak	11.81	3.94	1.97	95.24	7.87	25.59	13.99	-	11.81	11.81	3.94	-	-
PAMC – Anch.	9.26	3.66	5.02	53.08	5.78	26.96	53.86	2.09	9.22	8.28	3.30	4.95	3.46
Age Committee													
18 to 39 yrs.	13.04	-	-	-	-	-	7.14	-	13.04	8.70	-	-	-
40 to 64 yrs.	8.13	1000.00	-	25.00	16.26	16.26	333.33	-	16.26	8.13	-	-	-
65 to 74 yrs.	14.49	-	-	191.18	14.49	57.97	-	-	-	28.99	28.99	-	-
75+ yrs.	11.63	-	11.63	117.65	11.63	81.40	-	-	11.63	11.63	-	-	-
	11.81	**1000.00**	**1.97**	**95.24**	**7.87**	**25.59**	**13.99**	**-**	**11.81**	11.81	**3.94**	**-**	**-**
Gender													
FEMALE	3.29	1000.00	-	111.11	6.58	-	-	-	6.58	16.45	-	-	-
MALE	24.51	1000.00	4.90	84.85	9.80	63.73	24.69	-	19.61	4.90	9.80	-	-
	11.81	**1000.00**	**1.97**	**95.24**	**7.87**	**25.59**	**13.99**	**-**	**11.81**	**11.81**	**3.94**	**-**	**-**
Payor													
CAPITATION	-	-	-	-	-	-	-	-	-	-	-	-	-
COMMERCIAL	10.42	10.42	-	-	20.83	-	-	-	10.42	10.42	-	-	-
MEDICAID	20.41	-	-	36.36	-	-	23.81	-	20.41	13.61	-	-	-
MEDICARE	11.90	-	5.95	145.45	11.90	71.43	-	-	11.90	17.86	5.95	-	-
OTHER	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER GOV.	-	-	-	-	-	-	17.86	-	-	-	11.63	-	-
SELF PAY	-	90.91	-	-	-	90.91	-	-	-	-	-	-	-
All Payors	**11.81**	**3.94**	**1.97**	**95.24**	**7.87**	**25.59**	**13.99**	**-**	**11.81**	**11.81**	**3.94**	**-**	**-**

Avoidable Emergency Department Visit

The Avoidable Emergency Visit (AED) Tables show the rolling year number of Avoidable ED Cases and Total ED Cases along with the percentage of Avoidable ED Cases. The AED trended tables and graph show a rolling year AED percentage calculated at the indicated month and year.



% Avoidable ED Cases	2018												2019			
	2018 JAN	2018 FEB	2018 MAR	2018 APR	2018 MAY	2018 JUN	2018 JUL	2018 AUG	2018 SEP	2018 OCT	2018 NOV	2018 DEC	2019 JAN	2019 FEB	2019 MAR	2019 APR
PKIMC	33.9%	33.1%	33.1%	32.7%	32.9%	33.1%	33.2%	33.0%	33.8%	32.9%	33.6%	33.3%	33.4%	33.7%	33.2%	33.3%

Avoidable ED Cases	2018												2019			
	2018 JAN	2018 FEB	2018 MAR	2018 APR	2018 MAY	2018 JUN	2018 JUL	2018 AUG	2018 SEP	2018 OCT	2018 NOV	2018 DEC	2019 JAN	2019 FEB	2019 MAR	2019 APR
PKIMC	1,197	1,188	1,195	1,201	1,206	1,222	1,215	1,191	1,218	1,172	1,191	1,181	1,171	1,168	1,149	1,134

Total ED Cases	2018												2019			
	2018 JAN	2018 FEB	2018 MAR	2018 APR	2018 MAY	2018 JUN	2018 JUL	2018 AUG	2018 SEP	2018 OCT	2018 NOV	2018 DEC	2019 JAN	2019 FEB	2019 MAR	2019 APR
PKIMC	3,531	3,586	3,613	3,670	3,661	3,689	3,657	3,605	3,608	3,558	3,542	3,543	3,502	3,464	3,457	3,406

Top 20 MSDRGs, ICD-10 Sub Categorizations and ICD-10 Codes for AED Visits

Rank	MSDRG Code Description	cases	% of Total Cases
1	153 - Otitis Media & Uri W/O Mcc	172	15.2%
2	603 - Cellulitis W/O Mcc	96	8.5%
3	897 - Alcohol/Drug Abuse Or Dependence W/O Rehabilitation Therapy W/O Mcc	95	8.4%
4	690 - Kidney & Urinary Tract Infections W/O Mcc	94	8.3%
5	552 - Medical Back Problems W/O Mcc	65	5.7%
6	556 - Signs & Symptoms Of Musculo-skeletal System & Conn Tissue W/O Mcc	64	5.6%
7	607 - Minor Skin Disorders W/O Mcc	45	4.0%
8	203 - Bronchitis & Asthma W/O Cc/Mcc	44	3.9%
9	392 - Esophagitis, Gastroent & Misc Digest Disorders W/O Mcc	43	3.8%
10	149 - Dysequilibrium	41	3.6%
11	192 - Chronic Obstructive Pulmonary Disease W/O Cc/Mcc	34	3.0%
12	880 - Acute Adjustment Reaction & Psychosocial Dysfunction	31	2.7%
13	195 - Simple Pneumonia & Pleurisy W/O Cc/Mcc	21	1.9%
14	103 - Headaches W/O Mcc	18	1.6%
14	159 - Dental & Oral Diseases W/O Cc/Mcc	18	1.6%
16	125 – Other Eye Disorders W/O Mcc	17	1.5%
16	305 - Hypertension W/O Mcc	17	1.5%
18	639 - Diabetes W/O Cc/Mcc	16	1.4%
19	101 - Seizures W/O Mcc	12	1.1%
19	191 - Chronic Obstructive Pulmonary Disease W Cc	12	1.1%
19	950 - Aftercare W/O Cc/Mcc	12	1.1%
19	951 - Other Factors Influencing Health Status	12	1.1%
	Top 20 MSDRGs Grand Total	979	86.3%

Rank	Principal ICD Dx Sub Categorization	Cases	% of Total Cases
1	Acute upper respiratory infections	141	12.4%
2	Mental and behavioral disorders due to psychoactive substance use	99	8.7%
3	Infections of the skin and subcutaneous tissue	96	8.5%
4	Chronic lower respiratory diseases	93	8.2%
5	Other diseases of the urinary system	75	6.6%
6	Other joint disorders	66	5.8%
7	Other dorsopathies	61	5.4%
8	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	42	3.7%
9	Symptoms and signs involving cognition, perception, emotional state and behavior	40	3.5%
10	General symptoms and signs	29	2.6%
11	Diseases of middle ear and mastoid	28	2.5%
12	Influenza and pneumonia	26	2.3%
12	Symptoms and signs involving the skin and subcutaneous tissue	26	2.3%
14	Diabetes mellitus	21	1.9%
15	Noninfective enteritis and colitis	20	1.8%
15	Renal tubulo-interstitial diseases	20	1.8%
17	Hypertensive diseases	18	1.6%
18	Diseases of oral cavity and salivary glands	16	1.4%
19	Diseases of esophagus, stomach and duodenum	13	1.1%
19	Mood [affective] disorders	13	1.1%
	Top 20 ICD-10 Sub Categorizations Grand Total	943	83.2%

Rank	Principal ICD Dx Code Description	Cases	% of Total Cases
1	J06.9 - Acute upper respiratory infection, unspecified	60	5.3%
2	R42 - Dizziness and giddiness	40	3.5%
3	J44.1 - Chronic obstructive pulmonary disease with (acute) exacerbation	37	3.3%
4	M54.5 - Low back pain	36	3.2%
5	J02.9 - Acute pharyngitis, unspecified	32	2.8%
5	N30.01 - Acute cystitis with hematuria	32	2.8%
7	F10.129 - Alcohol abuse with intoxication, unspecified	31	2.7%
8	J02.0 - Streptococcal pharyngitis	26	2.3%
9	K52.9 - Noninfective gastroenteritis and colitis, unspecified	20	1.8%
9	N39.0 - Urinary tract infection, site not specified	20	1.8%
11	F10.229 - Alcohol dependence with intoxication, unspecified	19	1.7%
11	J18.1 - Lobar pneumonia, unspecified organism	19	1.7%
11	N30.00 - Acute cystitis without hematuria	19	1.7%
14	I10 - Essential (primary) hypertension	18	1.6%
15	K04.7 - Periapical abscess without sinus	16	1.4%
15	R51 - Headache	16	1.4%
17	R21 - Rash and other nonspecific skin eruption	15	1.3%
18	M54.2 - Cervicalgia	14	1.2%
18	N12 - Tubulo-interstitial nephritis, not specified as acute or chronic	14	1.2%
20	L03.116 - Cellulitis of left lower limb	13	1.1%
	Top ICD-10 Codes Grand Total	497	43.8%

Appendix 2

Qualitative Data: Community Input

A. Community Stakeholder Interviews
B. Kodiak Community Forum / Dialogue

Appendix 2A: Community Stakeholder Interviews

As part of the CHNA process, the following individuals participated in stakeholder phone interviews conducted by Wipfli LLP - a contractor engaged by Providence to process the community survey data and conduct the stakeholder interviews. Below are paraphrased responses of the stakeholder interviewees.

The following is a list of the individuals and organizations that participated in the stakeholder interviews:

1. **Dr. Curtis Mortenson** – Medical Director (Kodiak Community Health Center), ED Physician (Providence Kodiak Island Medical Center)
2. **Dr. Elise Pletnikoff** – Physician (Kodiak Area Native Association Clinic)
3. **Dr. Gina Bishop** - Chief Executive (Providence Kodiak Island Medical Center)
4. **Dan Rohrer** – Assemblyman (Kodiak Island Borough), Owner (Subway)
5. **Erin Bohner** – Administrator (U.S. Coast Guard Rockmore-King Medical Clinic)
6. **Ken Jass** – Director and Public Health Nurse (Alaska Department of Health and Human Services)
7. **Lt. Tim Putney** – Chief of Police (Kodiak Island Police Department)
8. **Mary Guilas-Hawver** – Director (Providence Kodiak Island Counseling Center), President (Filipino-American Association)
9. **Pat Branson** – Mayor (City of Kodiak), Executive Director (Senior Citizens of Kodiak), Chair (Providence Kodiak Island Medical Center Advisory Board), Member (Providence Alaska Region Board)

1. How would you describe your organization's role within the community?

Response:
Police department that serves the entire community.
PKIMC primary serves the township of Kodiak Island, although some of their patient population consists of individuals who live in remote villages on the Island. PKIMC also has a level 4 trauma center that serves the Aleutian chain of islands in Alaska, specifically the Coast Guard. Patients in need of trauma services will often be transported to PKIMC before being transferred to care in Anchorage or Seattle.
Health administrator for the US Coast Guard Rockmore-King clinic, which provides health services for active duty CG members and their dependents. Nearly 1,000 members of Kodiak are active duty members, with another 2,500 – 3,000 dependents. Nearly 1/3 of the Kodiak community is CG affiliated. The RK clinic provides primary healthcare services to active duty members and their dependents. They also coordinate care outside of the service area if members need to leave Kodiak Island to receive specialty care. The clinic also ensures that the health needs of incoming CG members can be provided by the Kodiak community before those members transfer here.
KANA was originally a tribal health organization (THO), now non-profit and THO. Medical/dental, economic development, social services to Kodiak and outlying villages. Tobacco prevention, WIC program, Kodiak Child Advocacy Center, ICWA, parenting programs for teens/adults, medical, dental, social services, substance use and behavioral health, pharmacy, lab, physical therapy. Have been serving since 1966, opened village clinic to public between 2006-2011, became VA clinic in 2012, community health center in 2015.

2. How would you describe the community your organization serves? Please include the geographic area.

Response:
Primarily serves active duty USCG members and their dependents.
The PKICC provides out-patient services for those requiring counseling, mental health, and substance use disorder treatment; ensuring that patients have safe transitional housing (before going to an in-patient or residential treatment facility); and ensuring that patients have transitional housing between in-patient treatment to the community.
Encompasses most of the community through primary affiliation with the Kodiak city government. However, I am involved with a number of local, regional, and national organizations, including the Alaskan Marine Transport Board, the Alaska Commission on Aging, the Alaska Municipal League (which encompasses 165 communities in the state and in which she is the former president of), and the National Council on Aging. The Kodiak community is very diverse, with a significant Filipino and Hispanic population.
Serve patients in city of Kodiak and surrounding villages. Have clinics in remote villages, providers travel to villages 1-2 days per month, two clinics in town.
I am affiliated with both the KCHC and the PKIMC, but these different organizations have similar role and provide care to similar people in the community. Describes KCHC as an effort to improve health services for un- and underinsured community members. The KCHC is a "safety net" for underserved communities. However, given the recent closure of Kodiak's primary care facility, KCHC has expanded its patient population to serve the general community instead of just the vulnerable community. Through role as an emergency department physician with PKIMC, have been exposed to more substance abuse and mental health issues and the legal circumstances that surround both. May see the same patient population across both his roles, just in different venues.
PKIMC primary serves the township of Kodiak Island, although some of their patient population consists of individuals who live in remote villages on the Island. PKIMC also has a level 4 trauma center that serves the Aleutian chain of

islands in Alaska, specifically the Coast Guard. Patients in need of trauma services will often be transported to PKIMC before being transferred to care in Anchorage or Seattle.
Involved in the state department of public health, where I serve as a member of the emergency preparedness committee through education. Also involved in providing immunizations to low-income and immigrant community members who lack insurance and / or a medical provider. Primarily works with individuals between the ages of 3 and 29. The state department also offers STD screening and treatment, primarily for minors, free of cost. The people that I see day-to-day are those who fall through the holes in the system
Small community that includes Kodiak Island.

3. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health, such as housing, transportation, and access to care, just to name a few.

Response:
Mental health and substance abuse. Trying to get chronic users help. Online help is not cutting it; Encounter suicidal people. There is a 14 day wait to get help. During that time period, they end up committing suicide; Housing. There is a need for clean sober housing. There is transitional housing through the salvation army.
Primary care – the hospital receives concerns regarding the lack of primary care accessibility. A local primary care office that served between 3,000 and 3,500 patients in the community closed two years ago, which greatly limited accessibility. Currently, per patient and hospital staff feedback; patients wait about 6-12 weeks for primary care appointments. Behavioral health – The local psychiatrist recently passed away, which left a significant gap in services. PKIMC has been attempting to recruit a new psychiatrist and considering alternative care model options to provide some psychiatric care to the community, but Kodiak needs an on-site psychiatrist in order to meet the current volume of needs. Hospital admissions for behavioral health have significantly increased since the loss of this psychiatrist. Orthopedics – the community lost both orthopedic surgeons last year and, as a level 4 trauma center, orthopedic care is necessary for the community. Recruitment has been a slow and difficult process given the environmental and logistical constraints of living and working in Kodiak Island. Housing is also a significant issue. Housing in KI is very expensive, and most families need 2+ incomes to afford housing. Expensive housing has led to overextended homes in the community and a significant homeless population. The senior population is particularly affected by the lack of assisted living facilities and home care. PKIMC has a long-term care facility, but a limited number of beds are offered, and all are currently full. Seniors who have lived in KI for their entire lives do not want to have to move off the island for care.
Accessibility to primary care is one of the most prominent needs in Kodiak, although substance abuse and mental health issues and access to health care and home care resources for the aging population are also prominent. While accessibility to primary care is an issue in more recent years given the closure of the local primary care facility, and while the emergency department resources are getting pressured because of this limited access to primary care, historically, Kodiak has had a generous amount of providers relative to the size of the population. However, access may appear to be worse than it used to be, but that access to primary care may not be objectively poor compared to the rest of the country. Also limited accessibility to specialty care, which is often brought on by the retirement of the head of that care department and is costly as patients seeking this care must travel outside the island. For example, orthopedic care hasn't been offered at PKIMC for the past year because the head surgeon retired. There are limited resources to take care of aging population. Kodiak and the state of Alaska have historically been a younger state and may not possess the appropriate infrastructure and resources for the rate at which their population is not only aging but retiring. The lack of dedicated facilities, such as assisted living, residential care, or nursing homes, also puts pressure on hospitals as elderly patients are kept in these health care venues because they have no other place to go. The lack of use of mental health and substance use education and treatment is also prominent. The death of a local psychiatrist, the only psychiatrist on the island, put a crunch in mental health-related services and caused much distress

to the community in need in Kodiak. KANA and KCHC both have telepsychiatry services where patients can speak virtually with a psychiatrist, which has relieved some pressure. Providence has a part-time psychiatrist, but those services are not meeting the current need for psychiatry services. KANA and KCHC also have medication-assisted treatment programs and integrated behavioral health providers. Access to substance abuse and / or intensive out-patient access is decent, but there are no residential treatment options. Not sure as to whether Kodiak would benefit from one of these treatment facilities given their expensiveness, but there needs to be more options across the state. About 25-50% of the cases that are in the emergency room is self-inflicted, whether it be through attempted harm or substance use. Suicide is a prevalent issue in Kodiak.

Lack of access to affordable housing and subsequent overcrowding in living spaces is also a significant issue. Kodiak's rental prices are some of the highest in the state and some of the most affordable housing in Kodiak was recently evicted (a trailer park). As a result, multiple families, especially immigrant or migrant families, may stay together in a single apartment. Transportation doesn't seem to be an issue given the small size of the town.

The willingness to engage in treatment for substance use and substance use disorders is lacking. There has been recent push for an in-house treatment facility for mental disorders, but that few people engage in the program to begin with to make such a facility financially feasible. For example, despite the current opioid and alcohol abuse in Kodiak, only seven individuals are involved in PKICC's treatment program. Moreover, the lack of financial support for mental health services and benefits for in-patient facilities from the government is also a significant drawback. The current allotment of $250 per day does not nearly meet the cost of the average cost of about $1,000 per day for in-house treatment. Neither the patients nor the community can absorb the extra $750 to house psychiatric patients. Stigmatization also exists, especially cultural stigmatization given the prominent Filipino community in Kodiak.

Kodiak lacks an in-house detoxification facility where individuals with substance abuse disorders can receive medically-assisted withdrawal treatment. This detox facility could be taken up by a new urgent care center, a recently-opening pain clinic, or an independent entity.

Mental health services are further inhibited by the inability to recruit and maintain a resident psychiatrist. Current candidates are unwilling to work the number of hours or days per week needed to meet the psychiatric needs of Kodiak. The PKICC is considering employing psychiatric nurse practitioners and a part-time "overseeing" psychiatrist to fill that gap.

Other problems include lack of accessibility to affordable care, cost of treatment, and lack of health insurance from employers. Some canneries and other mega-employers in Kodiak do not pay their employees enough money to cover the cost of living of Kodiak, nor do they offer their employees benefits. Therefore, community members delay seeking care despite them preferring to seek care when health problems or needs arise. When care is needed, Kodiak community members utilize expensive health care, such as an emergency department, which puts pressure on these institutions and is costly for both the hospital and the patient.

Access to inpatient psychiatric care, common to admit but often hold them (to transfer to IP psychiatry unit in Anchorage, which are usually full, hold up to 3 weeks) if unstable and do not intervene during that period (no treatment); home health services for elderly patients (one private Committee in town provides these services, skilled and unskilled, payment is difficult people can't afford, difficult to find providers to provide these services, end up keeping elders in hospital for long periods of time because OP services are inadequate), inpatient substance use

treatment, and elder assisted living (one SNF in community, require Medicaid before patients can get into it, takes 6 months – year to get processed and admitted, have to leave the island, many long-term residents).

Unmet health needs include behavioral health support (particularly for mental health, addiction, and treatment options for both), lack of primary care access, and limited availability of specialty clinics.
• Two of the principle primary care physicians in the town recently retired, and their clinic near the local hospital is now vacant.
• The local community health clinic is now the only primary care alternative for residents.
• The wait time for primary care is about 6 weeks.
• Specialty clinics often have longer wait times
• The Coast Guard, which is a significant community in Kodiak (Kodiak has the largest coast guard base in the country), does not have access to hospital-based care but has their own clinic.
• The Kodiak Native Association, which was initially launched to serve veteran needs, has now expanded to provide health services to other members of the community to address this gap.
In regards to socioeconomic needs... cited that lack of affordable housing and transportation options for handicap individuals, particularly for the geriatric population.
• Kodiak is very expensive to live in, which is problematic as many residents work in manual labor (the canneries) and earn small incomes.
• The Coast Guard contributes significantly to the demand for housing, but the CG are now building their own housing for their own community.
• Public transportation is the only handicap-accessible transportation system in the township, giving this population about 2,000 rides per month. Handicap residents heavily rely on public transportation to get around.

There are several unmet health-related needs: lack of services and providers for mental health; lack of support for low-income immigrant families, both in terms of insurance and steady employment; substance abuse; lack of affordable housing; lack of services for abortion and female health; and lack of entertainment and activity options appropriate for the younger generation of Kodiak.

In regards to mental health, while there could be more mental health and counseling providers, the issues that the community perceives with primary care may just be the result of previous stigmas. People hold negative views of the accessibility of primary care because these services were problematic a few years ago, but have since improved. Communicating these improvements in accessibility could help alleviate the perceived negative mindset surrounding primary care in Kodiak.

Also turnover in the medical provider community is quite significant – patients may see a different doctor every time they go in for health care, which may result in the perceived inaccessibility of primary care.

Access to reproductive health services is also an unmet health need. Currently, access to abortion services in Kodiak is problematic as the main health care provider is a Catholic institution. In order to access these services, people must leave the island, which is expensive. Moreover, Kodiak does not have any OB-GYN services.

Some of the youth drug use crisis may stem from the lack of activities and entertainment for youth and younger adults in Kodiak. Drug use may simply result from boredom in these populations.

Accessibility to mental health and orthopedic surgery are major unmet health-related needs for the CG community. The RK clinic regularly sends individuals off the island to access military/DoD mental health professionals and psychiatrists, which often requires transporting to an Air Force Army base in Anchorage, AK. I don't think that there is enough demand for an in-patient facility in Kodiak, but the RK clinic is submitting a request to the CG for a military mental health professional that could work for them to handle their mental health needs in house.

The lack of accessibility to orthopedic surgery options is another unmet need. The community of Kodiak used to have

access to two surgery providers, and now has access to zero.

Access to child care is something that the Kodiak community has trouble with. While the CG base has access to their own child care, the lack of accessibility in the general population puts a strain on families financially and limits work opportunities.

4. Can you prioritize these issues? What are your top concerns?

Response:
Home health, then long-term SNF for elders, then IP psychiatry, then IP substance use
Primary care – when all clinics in KI were operational, the clinics worked collaboratively with one another to prevent the mis-utilization of emergency care services. Now, some patients are mis-utilizing ED services because they can't be seen by a PCP, and others that have health issues are waiting until their issue becomes serious when they should have sought care earlier. The pressure on the hospital is coming from the community wanting to see primary care services offered by the hospital. Then behavioral health, orthopedics, and housing.
Identified mental health provider accessibility; communicating accessibility of medical providers; home healthcare for the aging population; and more activities / entertainment for younger adults as the top concerns for Kodiak.
Above are the top three issues.
Inaccessibility to primary care has risen to be the primary unmet health need given the retirement of the two primary care physicians this past year. Primary care is currently tied with behavioral health as an unmet need.
Lack of accessibility to or use of substance abuse and mental health resources; lack of accessibility to primary care; and lack of infrastructure for the aging population are the top concerns.
Mental health is a more significant priority over access to orthopedic surgery. Providing mental health services is typically more time consuming, while surgical services are more "cut and dry" / a simpler, shorter term process.

5. Please identify the three most important "issues" that need to be addressed to make your community healthy (i.e. aging problems, mental health challenges, lack of transportation, obesity, etc.)

Response:
Jobs – In talking to business owners, a lot of them are hiring; Mental Health and Substance Abuse – Need to have more resources and clean safe sober housing.
KCHC up to 6 weeks for appointments at PCP, emergency misutilization – KANA has less than a one day wait to get in, so could work together to avoid ER misutilization; Access to affordable and safe housing for people of all ages; home health services for elderly; high cost of living
Accessibility to affordable primary care; lack of support (insurance, financial, employee benefits, etc.) from employing organizations; lack of resources and high cost of living.
The remoteness of Kodiak Island means that there is a lack of opportunities for entertainment / activity / things to do, especially during the winter months. These issues negatively affect mental health.

6. Are there specific populations or Committees in your community who are disproportionately affected by these unmet health-related needs?

Response:
The Filipino community is disproportionally affected. The Filipino community is an "integral" part of the Kodiak community. While occupational opportunities are improving for the younger generation, most older Filipino community members work in manufacturing jobs in the canneries that are subject to replacement by automation. One reason why this community may be disproportionately affected is due to language and literacy barriers.
Minority population get limited resources on island such as housing; There are more resources available for some communities.
Poor and elderly are the most affected by these health needs. The Filipino community in particular, who often work in the canneries and experience dysfunctional hours and long shifts, are exposed to the most adversity. Language barriers make it difficult to navigate the health system as well. Other laborers, such as fishermen, also often don't have health insurance, but are generally younger and thus healthier. Homelessness is less rampant in Kodiak, and these individuals often show up in the emergency department. I am concerned that these marginalized communities will continue to experience limited access to resources, especially from the KCHC, because the demand for primary care has risen. I believe that people with more wealth and resources are more likely to advocate for themselves to receive the care that they want and need, while immigrant and poorer communities are unlikely to do so.
Immigrant and migrant communities are disproportionally affected by these health-related needs. Most immigrants work for the canneries, which lack employee benefits including health insurance. The work schedule for the cannery can be very unpredictable and uncontrollable, meaning that employees may not have consistent employment and income, which reduces resilience to Kodiak's socioeconomic pressures.
All Kodiak residents are affected by these unmet community health needs. Individuals do not relocate to or stay in Kodiak long-term because the community cannot provide the employment and services, particularly healthcare, to sustain life there... the community is "dwindling down" and that residents, unless they are independently wealthy, will relocate to cities with more opportunities.
The Coast Guard community tends to be insulated from some of the problems experienced by the greater Kodiak community.
Everyone is affected by lack of primary care – senior populations and youth populations are most affected by these unmet health needs in the long term though. Other vulnerable community members, such as the homeless population, have access to community resources, particularly transitional housing (provided by Brother Francis shelter, Salvation Army, PKIMC counseling center).
Elderly patients, low SES individuals (not unique to Kodiak Island, have poorer health outcomes – disproportionally affected by cost of living)

7. Please identify and discuss specific gaps in community services for the persons you serve that contribute to the unmet health-related needs you identified earlier. We have a particular concern for those that are low income, vulnerable or are experiencing health inequities.

Response:
The gap in affordable housing, transportation options, and the standard of living for low-income families are significant. Income-related factors are expected to become more exacerbated as manufacturing jobs are replaced by automation, which a major processor in Kodiak has already done... Kodiak needs a decent minimum wage, as it is common for community members (especially older ones) to work several jobs to cover the cost of living. For example, it is common for community members to live on $14,000 per year that they receive through social security. Specialty care, especially when its needed immediately or in a short time frame, is also a gap. Kodiak has specialty care services but is limited by the specialist that is currently in Kodiak at any given time or how often they come. Immediate needs to specialty care may result in community members traveling to Anchorage, which can cost upwards of $500 round trip.
The Coast Guard typically provides plenty of opportunities and activities for their members and their dependents. He also mentioned that people tend to do better in Kodiak, mentally and physically, when they aren't forced to transfer up there. Typical problems that affect the Kodiak community, including lack of affordable housing and high cost of living, do not affect the CG community as much. Members of the CG actually receive extra stipends for living in Kodiak.
Gaps in services in the community ultimately exist due to the lack of funding. The community has made significant efforts to improve case management and coordination of resources, but are ultimately limited by the lack of local, state, and federal funding.
The lack of social work and cohesive case management services are a major gap in community services that contributes to Kodiak's health needs. KANA and KCHC are both looking to hire a case manager to help connect in-patient care to out-patient care and resources in the community; to help navigate the health care system, especially with the complications that arise with needing to travel off the island for specialty care; and to help navigate any other barriers, such as language barriers or physical mobility barriers (in the case of the elderly). Moreover, cohesive case management between the health care organizations in Kodiak is especially lacking as each organization tends to work independently of one another.
Kodiak is limited on what they provide. It takes a long time to schedule a doctor's appointment. There is a provider downtown that has a walk-in clinic. The Community Health Center is very good however it has a high turnover rate.
There is a gap involving opioid prescriptions that largely stems from the opioid crisis in Alaska and the lower 48 States. Because of the crisis, pharmacists are dispensing opioids more strictly, often in one-week quantities. However, if a prescription is for longer than one week, the patient must return to their doctor and have them write another prescription, which is inconvenient and costly for patients. Rules due to the opioid crisis brings about complications when patients may be prescribed a different opioid when the previous doesn't work. Restrictions on accessibility to opioids may be having unintended consequences on patients that both doctors and the pharmacists are not aware of.
Home health services, transitional housing for patients who are homeless (a couple options, but not enough options), more substance use treatment options (opioid use, alcohol use, have medication-assisted therapy program).

8. Please identify and discuss specific barriers for the persons you serve that contribute to the unmet health-related needs you identified earlier.

Response:
Kodiak is very self-dependent and rural, but must be self-dependent because of their geography. High environmental quality (clean water and air) and opportunities for outdoor physical activity limits problems that are more apparent in the lower 48 states, particularly obesity. Kodiak is also extremely energy efficient, pulling most of their energy from renewable resources (wind and hydro). However, their isolation also presents challenges for food accessibility, and some residents have even begun growing their own produce to make up for this lack of accessibility.
Financial barriers and provider accessibility barriers as the most significant contributors to these unmet health-related needs. Turnover of leaders in advocacy and community needs positions (such as support services like food banks) as a barrier to community services being provided. Also the lack of steady income and employment and language barriers as factors that specifically affect the Filipino immigrant / migrant community. Language barriers make it especially difficult for Filipinos to navigate the health care system. Also a barrier specific to the immigrant and migrant population is how often they leave the community to travel home to family elsewhere. The Filipino community will often travel back to their home community for weeks or months at a time. Children are often brought with on these trips, which not only limits children education but also the employment opportunities available for this community specifically.
Three years ago, Senate Bill 91 (Criminal Justice Reform). Prior to the bill, law enforcement was able to put individuals in jail. All drugs were considered a felony. Now they are considered a misdemeanor. People that get arrested don't really care since they know there are no consequences. As a result, thefts and burglaries have increased to fuel drug crimes. Kodiak only has one prosecutor and 12 officers. There are repeat offenders (20 people are responsible for 80% of the crimes).
Language barriers between immigrant community and health providers and administrators; mobility barriers for the elderly, especially when it comes to traveling off the island for specialty care; socioeconomic barriers; employment barriers, especially for blue collar workers without access to health insurance

9. What existing community health initiatives or programs in your community are helpful in addressing the health-related needs of the persons you serve, especially in relation to the health-related needs you identified earlier? Can you rank them in terms of effectiveness?

Response:
Following their CHNA in 2016, Kodiak conducted a mayor summit which put together social service Committees to see what resources the township has and what is needed to address unmet needs. This mayor summit eventually evolved into a coalition that continues that mission. Kodiak was also chosen to be a pilot project for the state of Alaska given their response to their previous CHNA, which emphasized collaboration across different Committees in the township. Kodiak has also striven to improve their self-sufficiency, particularly regarding food and energy. However, Kodiak relies on their connection to Providence to provide health services that are difficult to access to fulfill in Kodiak, particularly specialty services. Kodiak has attempted to collaborate with the local community health center to encourage them to relocate to the recently-closed primary practice facility near the hospital, but has mostly been working with them to address their needs.
Local clinics and hospitals in town are trying to provide mental health services, counseling, and outreach. The CG administration provides a dedicated set of staff for their members and their dependents, including a work-life balance coach, assistance coordinator, family advocacy, family resource, and financial planning and management services. This staff provides case management resources to help connect CG members to the appropriate resources. Some collaboration between the local health care systems and the CG has helped increase the accessibility of specialty care to CG members. The health systems will notify the CG when visiting specialists are in town and how long they'll be in town for, which improves accessibility and affordability of specialty services that members may have otherwise had to travel off the island for.
There are several community health initiatives to help people suffering from these health needs, particularly for substance abuse and violence (Kodiak Area Mentorship Program, Narcotics Anonymous, Women's Resource Center), lack of housing (Brother Francis shelter), and age- or circumstance-related needs (the local Senior Center, Meals on Wheels). Johnathan Strong is a local community member who works heavily in senior access to health care and substance use. He runs the local senior center in Kodiak and recently started his own assisted living facility.
Not sure as to whether any person or organization can assist with addressing these health needs. An initiative (1115 waiver) that is currently being pursued, which would offer funds to build a long-term care facility to house those who are aging with severe mental illness. Kodiak medical professionals are not well trained regarding how to assist these patients in their facilities, and current payment schemes do not reward organizations like the PKICC for coming in and assisting with mental health issues. While some companies are coming in and building affordable housing, other companies (the canneries, Walmart) are limiting competition in the area. Moreover, the lack of purchasing volume that Kodiak's community provides means that companies are unlikely to come in and invest their operations in the community.
Several community support services, such as homeless shelters, women's shelters, and food banks and food pantries that help combat the socioeconomic barriers in Kodiak. Two separate services, Kodiak Kindness and the Imagination Library, that improve the accessibility of home support for new mothers and help improve literacy in the population.
"Hospice and pallative care of Kodiak is a local non-profit that has volunteers that attend to patients in late life – try to cover gap due to lack of home care, have "physical" presence but can't provide nursing care KANA has many programs to address "whole patient care", but no IP behavioral health treatment, but have added treatment options and integrated behavioral health in clinics; also trying to improve children's health with our programming.

Kodiak Area Mentor Program ("KAMP") is a non-profit organization that started five years ago. The individuals in the organization visit people in jail and help them find ways to break unhealthy behaviors such as substance abuse. They have all sorts of resources that they use to help the inmates.
Mayor's drug summit – lots of work in behavioral health, social determinants of health, improving youth education and food security – started originally focused on behavioral health / substance use, now expanded, also includes case management, housing, etc. – used funds to provide training, education to people working in these at-risk communities Women's shelter – serves the homeless, domestic violence, and children Brother Francis shelter and women's crisis resource center have programs to get people back on their feet KANA programs for physical / sexual abuse, to get exams, treatment, private place so they don't have to be in a bad situation

10. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?

Response:
A few years ago, the Kodiak Community Coalition of Drugs was created. They started out strong. KAMP was brought into the mix. Now the interest is slowing if not totally lost. During the last meeting only four people attended the meeting. There needs to be a way to revive this. There is also a need to try and not duplicate the services offered in Kodiak.
Organizations are "working in silos", and not working together. There are several reasons why organizations in Kodiak are unlikely to work with one another: one, because there is limited enough staff and resources that these organizations are often focused on simply keeping their own organizations running; and two, because there is a lot of distrust and political drama between the healthcare organizations, particularly the older members of the leadership teams. This distrust is a "power struggle" for who is going to provide medical care to the Kodiak community. Ultimately, the patients pay the price for this conflict. In recent years, there has been improvement between local organizations like the ones described above and the medical care centers (especially for substance abuse), although things could be streamlined with additional case managers.
KCHC and KANA work together nicely, both offer good services, bigger problem is when PKIMC took away home health services, more difficult to provide long-term care to the community. Home health nursing used to be provided by PKIMC, but program was eliminated to provide palliative care provider, who moved (sole on-call person, which created strain), lost that service – if somehow between the three organizations if we'd be able to provide additional provider(s) (4 skilled nurses would be adequate) that would be ideal.
Breaking down communicative barriers and turf battles between residents and organizations. I often meet one-on-one with agency and organization representatives to open lines of communication to help developing a plan for moving forward. Communal focus should be on the residents, not on individual organization needs.
Financial funding is a significant need for improving community collaboration. While local coalitions have lots of "big dreams" regarding what they want to achieve in the community, the lack of funding to execute those goals and provide needed services to the community significantly inhibits these collaborative efforts.
For the most part, steps are being taken to collaborate on these health issues in the community. He serves on the community advisory board for Providence as a representative of the CG community and their needs.
While there were efforts to improve collaboration after the 2016 CHNA, which resulted in a Mayoral Summit and dedicated community summit regarding substance abuse in Kodiak, collaboration between different organizations is ultimately limited due to the competition driven by the lack of financial resources. Organizations seem leery to be fully open with one another in developing solutions, which limits working together to improve unmet health needs.

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Organizations in Kodiak are not working together and collaborating with one another – two big Committees who feel like they are competing with one another, smaller people aren't necessarily competing with one another given their size, but competition is an issue.

11. What other things do you think we should hear about?

Response:
I believe that the Kodiak medical community needs to provide for their patients to their fullest capacity instead of limiting their own personal hours and days of service, which negatively affects the availability of healthcare to the community.
Alaska's rapidly-growing senior population, resulting from retention of seniors into their retirement years, could mean that in the future Kodiak will require more senior housing and assisted-living facilities. While their current demands are being met by the available infrastructure, and while their current continuum of care is meeting resident needs, the trend towards more senior citizens may mean that Kodiak may need to plan for the future by investing in new senior infrastructure. Home health for senior citizens is a gap that is currently not being addressed.

Appendix 2B: Kodiak Community Forum / Dialogue

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Executive Summary

Providence Kodiak Island Medical Center recognizes the value in having community members and community stakeholders participate in the Community Health Needs Assessment (CHNA) process and share their perspectives. As the people who live and work on Kodiak Island, they have first-hand knowledge of the needs and strengths of their community. To capture these perspectives, Providence Kodiak Island Medical Center hosted a community forum with opportunity for small group break-out discussion and larger group share-out. Qualitative data, or data in the form of words instead of numbers, provide additional context and depth to the CHNA that may not be fully captured by quantitative data alone.

Community Forum

Providence Kodiak Island Medical Center hosted a community forum with the goal of learning more about community members' vision for a healthy community and the health-related needs they would like to see prioritized. Community members and stakeholders were divided into six Committees, which included staff and board members from Providence Health and Service Alaska. This forum was an opportunity for Kodiak Island community members to share more about their community with Providence caregivers (i.e. staff members) and board members. In a small group environment, a facilitator guided the conversation by asking a couple of broad questions. Following are the dominant themes from the community forum:

Vision for a healthy community

- People are cared for and no one is left behind
- All people can access timely and affordable health care
- There are educational opportunities for all
- There are good paying, local job opportunities for all
- The community is proactive and problems are prevented
- The community is diverse and inclusive of the voices of all people

Community needs

- Timely access to health care services and more comprehensive primary health care
- Behavioral health services, including substance use treatment centers
- Services and resources to support the aging population and help people age in place
- Affordable and supportive housing

Community Forum

Introduction

Providence Kodiak Island Medical Center hosted a community forum to learn from community members and stakeholders about what they see as their community's needs and strengths. The goal of the community forum was to learn more about community members' vision for a healthy community and the health-related needs they would like to see prioritized. Community members and stakeholders were divided into six groups, which included staff and board members from Providence Health and Services Alaska. This forum was an opportunity for Kodiak Island community members to share more about their community with Providence caregivers (i.e. staff members) and board members. In a small group environment, a facilitator guided the conversation by asking a couple of broad questions.

Methodology

Selection and recruitment

One community forum, including six small groups, was conducted with a total of roughly 40 community members. A wide array of community members and community leaders were recruited from a variety of community-based organizations, local and state government and local businesses.

Facilitation Guide

The facilitation guide was developed by Providence St. Joseph Health and included two questions. Participants were asked the following questions:

1. What makes a healthy community? How can you tell when your community is healthy? (Consider in the context of entire community: youth, elders, low-income, marginalized, etc.)
2. What are the most important issues that need to be addressed to improve the health of your community?

Training

One note-taker was selected from the participants at each table. While they did not receive formal training, Providence St. Joseph Health provided a note-taking template to guide and organize their notes. Note-takers were asked to record key topics from the conversation and any quotes that captured an idea particularly well. Additionally, the template provided space to document the key takeaways as a way to summarize the conversation.

Data collection

Two sets of notes were collected for each table during the community forum. Table note-takers recorded the conversation in-real time using the provided template. Each note-taker then shared out the key takeaways from their conversation. A separate note-taker from Providence St. Joseph Health documented the share-out portion. The discussions were not recorded due to logistical constraints and to increase participants' willingness to share. Note-takers recorded key points from the listening session as well as any notable quotes from participants. The table note-taker notes as well as the share-out notes were compiled and used for analysis.

Analysis

Qualitative data analysis of the community forum was conducted by an analyst from Providence St. Joseph Health using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the table groups, while preserving the individual voice.
The analyst typed all notes exactly as written and merged the two sets of notes (table notes and share-out notes) from each table group into one set of notes. The table notes were used as the basis for the merged notes, while the share-out notes were used to fill in details and context.
Each table was assigned a de-identifying number and no participant names were included. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded two domains relating to the topics of the questions: 1) vision for a healthy community and 2) community issues/needs.
The analyst then coded the information line by line. All information was coded and new codes were created as necessary. All quotations, or other discrete information from the notes were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were grouped together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code. The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

Findings

One community forum with six small groups was completed with roughly 40 community participants. Participants were asked broad questions about their vision for a healthy community and the health-related needs of their community. The following paragraphs are the dominant themes expressed throughout the groups.

Vision

Listening session participants were asked, "What makes a healthy community? How can you tell when your community is healthy?" Participants described their vision for a healthy community. The most common themes shared in the groups were the following (ranked in order based on the number of groups that mentioned the theme):

People are cared for and no one is left behind

Participants shared that in a healthy community all people are cared for and no one is left behind. One participant shared, "If one person isn't healthy, then we're all not healthy. It has to be all or none." Participants spoke to knowing, supporting, and caring for one another to prevent anyone from being socially isolated. This idea of equity and the importance of all people being taken care of is evident throughout the remaining themes.

All people can access timely and affordable health care

Participants spoke to the importance of access to affordable primary and specialty care within their community. Particularly important was being able to recruit and retain providers so that people can get care without long wait times.

There are educational opportunities for all
Participants expressed that a healthy community invests in educational opportunities for young people and all children benefit. Participants noted these educational opportunities contribute to hopefulness and the ability to control one's own future.

There are good paying, local job opportunities for all
Forum participants agreed that a healthy community has a stable economy with thriving businesses. There are good paying job opportunities for all people and the businesses hire locally.

The community is proactive and problems are prevented
Community members noted that a healthy community should be proactive instead of reactive. In a healthy community problems are prevented. For example, the community invests in preventive health care to keep people healthy.

The community is diverse and inclusive of the voices of all people
Participants shared that a healthy community is diverse and the community's diversity is celebrated. They noted diverse voices are included in leadership, education, and health care. When making decisions, people ask, "Who are we missing in this room?" to ensure that decisions benefit everyone. In health care, providers reflect the people they serve to provide more responsive and relevant care.

Needs

Community forum participants were asked, "What are the most important issues that need to be addressed to improve the health of your community?" Community members shared ways their community could improve to better meet their vision described above. The themes from the forum were the following (ranked in order based on the number of groups that mentioned the theme):

Timely access to health care services and more comprehensive primary health care
Participants shared their community needs improved recruitment and retention of providers, particularly primary care providers. They would like to be able to access primary and urgent care services with shorter wait times. Additionally, they would like to see primary care be more responsive to individuals' unique needs and cultures, including case management and integrated behavioral health.

Behavioral health services, including substance use treatment centers
Participants shared there are insufficient behavioral health services available on Kodiak Island, particularly related to substance use treatment. They stated the community needs a residential treatment program, more conversations around substance use disorder to reduce shame and stigma, and early interventions. Additionally, participants noted the need for mental health services, particularly to support people who may be experiencing both homelessness and mental health challenges.

Services and resources to support the aging population and help people age in place

Participants were concerned there are not sufficient services to support the aging population on Kodiak Island. Participants saw a need for more affordable and accessible long term care services, in-home support services, and handicap accessibility in homes.

Affordable and supportive housing
Participants shared there needs to be more affordable housing available on Kodiak Island. In particular, they noted a need for housing for people who may have difficulty qualifying for a lease and housing for people with substance use or mental health issues.

Limitations

Providence Kodiak Island Medical Center invited community residents and leaders to participate in the forum and those interested and available attended. Only one community forum was conducted. Therefore, participants' voices do not represent the entire community and the data are not generalizable beyond the context in which it was gathered. The community forum was only conducted in English.
Note-takers were recording topics and quotes by hand in a fast-paced environment while also participating in the conversation. Therefore, they may not have been able to capture all of the information shared in the forum. Additionally, because the note-takers were quickly documenting the themes, their own perspectives and biases may have influenced their interpretation of certain comments. Note-takers were not formally trained and therefore may not have captured all of the information shared. Because of the fast-paced nature of the sessions, very few complete and reliable quotes were collected by the note-takers. Therefore, very few quotes are included in the findings.
The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

Listening Session Supporting Documents - Community Forum Codebook

Code	Definition	Example from Notes
01 Vision	Tags responses to question 1: "What makes a healthy community? How can you tell when your community is healthy?"	Employment opportunities, stable economy, healthy economics
02 Issues/ Needs	Tags responses to question 2: "What are the most important issues that need to be addressed to improve the health of your community?"	Adequate treatment for behavioral health: substance misuse and mental health
Access to care	References to accessing health care services. Includes references to insurance, number of providers, specialists, preventive care, and cost.	Timely access to primary care and urgent care
Access to social services	References to access to social services, such as case management or financial support.	Social service accessibility, options and what's available—people are educated on what's available
Activities for young people	References to activities for children and young people, such as after school or sports programs.	Lack of summertime activities for middle school age, early teenage years
Behavioral health	References to mental health and substance use. Includes references to treatment services and behavioral health providers.	Behavioral health: "Drugs is a big issue." Need to overcome shame, not something to hide, it's a problem

		for the whole community
Diversity	References to diversity and inclusivity of different cultures.	Diversity (education, economy, employment opportunities, culture and inclusion). Community allows for diverse voices
Educational opportunities	References to educational opportunities for young people.	Prepare children for the future: K-12 post-secondary educational opportunities
Food security	References to grocery stores, good quality and nutritious food, and affordable food.	Food security—reasonable prices/ timed appropriately
Housing/ homelessness	References to housing, homelessness, shelters, homeless services, housing stability, and evictions.	Affordable housing/ sufficient housing (not too many in space)
Other	References comments that do not fit existing categories.	Clean air and water!
Proactive/ preventive	References to being proactive or preventing problems. Includes preventive health care.	Not crisis driven, proactive, access before issues become problem
Resources for older adults	References to aging population, aging in place, support services in the home, and long-term care.	Continuum of care: Accessible activities for aging population- people can age in place
Social connection	References to caring for one another, cooperation, working together, social isolation, and the importance of all community members.	Everyone is important and the problems need to be owned by everyone
Strong economy/ employment opportunities	References to jobs, the local economy, good pay, and local employment.	Thriving businesses, job opportunities for all
Volunteerism/ engagement	References to people giving back, volunteering, and engaging in community improvement.	Getting more people involved in solutions, i.e. voting, volunteering

Appendix 3

Kodiak Community Resource List

Resources Potentially Available to Address the Significant Health Needs Identified in the CHNA

Resources Potentially Available to Address the Significant Health Needs Identified in CHNA

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

1. **Behavioral Health** (Inclusive of substance use disorder *and* mental health)
2. **Primary Care Utilization and Access**
3. **Healthy Lifestyle/Chronic Conditions**

Organization or program	Description	Associated community need
Kodiak Community Health Center	FQHC - Its mission is to provide high quality, accessible, and sustainable primary and preventive health services to everyone in the Kodiak Island Borough	1-3
Kodiak Area Native Association	THO / FQHC - Kodiak Area Native Association is a dually funded Tribal Health Organization and Federally Qualified Health Center that provides primary medical, dental, mental health, and substance use disorder services to all residents of Kodiak Island, as well as social services for Alaska Native / American Indians of the Koniag region.	1-3
U.S. Coast Guard Rockmore-King Clinic	Provides outpatient and dental care services to active duty personnel and outpatient medical care to family members on a space available basis	2-3
State of Alaska Public Health	Their primary areas of focus are traditional public health activities, medical education, well baby and child examinations (primarily one month to five years old), screening examinations of children, immunizations for children and adult, and control of infectious disease	3
Providence Kodiak Island Counselling Center	Counseling for all age groups, family and couples therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment	1
Kodiak Women's Resource and Crisis Center	Dedicated to the prevention and elimination of domestic violence and sexual assault by providing education and promoting community awareness	1
Kodiak Child Advocacy Center	Multidisciplinary team of representatives from many agencies work together to conduct interviews, provide medical care and make team decisions about the investigation, treatment, management and advocacy of child maltreatment cases	1
Kodiak Island Ambulatory Care Clinic	Private primary care practice	2-3
North Pacific Medical Center	Private primary care practice	2-3

Kodiak Health Care Provider List

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

Providence Kodiak Island Medical Center

1915 East Rezanof Drive, Kodiak, AK 99615
907-486-3281

PKIMC is owned by the Kodiak Island Borough with operational management by Providence Health & Services Alaska. It is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. It also includes inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, speech therapy, respiratory therapy, palliative care and diagnostic imaging services. The outpatient Specialty Clinic provides additional support services including pediatrics, urology, dermatology, podiatry, obstetrics/ gynecology, audiology and ear, nose, and throat specialists. The Chiniak Bay Elder House, PKIMC's extended care facility, has 21 long-term care beds.

Kodiak Community Health Center

1911 Rezanof Drive, Kodiak, AK 99615
907-481-5000

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

Providence Kodiak Island Counseling Center

717 East Rezanof Drive, Kodiak, AK 99615
907-481-2400

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

Kodiak Area Native Association (KANA)

3449 East Rezanof, Kodiak, AK 99615
907-486-9800

KANA Mill Bay Health Center

2414 Mill Bay Rd
907-486-7300

KANA Carolyn Street Clinic

323 Carolyn St
907-486-7300

Community based services include Women, Infants, and Children (WIC), Infant Learning Program (ILP), Kodiak Children's Advocacy Center, Childcare Assistance, Indian Child Welfare Act (ICWA), Tribal Temporary Assistance for Needy Families (TANF), and Parenting with Love and Limits (PLL). KANA Health provides medical, dental and social services which include medical clinics, dental clinics, and behavioral health options including substance use, and preventative health

and wellness. KANA's clinics support a pharmacy, waived laboratories, specialty referral clinics, purchased and referred care for Alaska Native beneficiaries, the Community Health Aide Program (CHAP) and a physical therapy department. Dental and oral hygiene services are available to all patients at KANA. The behavioral health team at KANA supports traditional behavioral health, intervention and outreach services, substance use disorder treatment and prevention, Medication-Assisted Treatment (MAT), Batterers Intervention Program, as well as non-clinical community mental health and youth prevention projects. KANA also includes integrated behavioral health consultants in our Patient Centered Medical Home (PCMH) accredited medical clinics.

U.S. Coast Guard Rockmore-King Medical Clinic

46 5th Street, Kodiak AK 99619
487-5757

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

State of Alaska Kodiak Public Health

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

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

Independent medical providers

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

Independent dental providers

- **Alaska Smile Center**
  411 East Rezanof Drive, Kodiak, AK 99615
  486-3475
- **Jim Arneson, DDS**
  506 Marine Way West, Kodiak, AK 99615
  486-3269
- **Brett Bass, DDS**
  1317 Mill Bay Road, Kodiak, AK 99615
  486-3291
- **Robert Hillis, DDS**
  413 East Rezanof Drive, Kodiak, AK 99615
  486-4094
- **Gentle Dentistry**
  204 East Rezanof Drive Ste 201, Kodiak, AK 99615
  481-3567
- **Kodiak Community Health Center**

1911 Rezanof Drive, Kodiak, AK 99615
481-5000

Independent vision providers

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

Other health resources

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

Appendix 4

Prioritization Protocol and Criteria

The Kodiak CHNA Advisory Committee reviews and analyzes the aggregated quantitative and qualitative data. Then they complete an online prioritization survey. The prioritization survey tool has two elements:

- **Criteria-based ranking –** The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need) based on the following criteria prior to the in-person health needs prioritization meeting:
  - ✓ SIZE/SCOPE: How significant is the scope of the health issue - number of people affected?
  - ✓ SERIOUSNESS: How severe are the negative impacts of this issue on individuals, families, and the community?
  - ✓ ABILITY TO IMPACT: What is the probability that the community could succeed in addressing this health issue? Respondents consider resources such as community resources, whether there are known interventions and community commitment.
- **Qualitative - community experience ranking** – As a check step, the CHNA Advisory Committee members are each asked what they personally view as the top health needs for their community.

CHNA Advisory Committee identifies top health needs –The results of the online criteria-based ranking and the qualitative community experience ranking are presented to the CHNA Advisory Committee during an in-person meeting as a starting point for identifying the CHNA priorities for their community.

- The top three to four health needs identified in the CHNA Advisory Committee survey are reviewed, confirmed and/or modified based on the discussion and local knowledge of the advisory Committee members.
- Members are then asked to give specific reasons why they selected each of the top three to four needs. This step helps fully capture the unique aspects of the 'high-level' issues (areas of need) for their community.
- The top three or four needs and detailed input of the CHNA Advisory Committee members are then documented and summarized to drive subsequent community health improvement planning.

Appendix 5

Process Governance and Oversight

A. Providence Alaska Region Board
B. Kodiak Community Health Needs Assessment Advisory Committee

Appendix 5A: Providence Alaska Region Board

1. Pamela Shirrell, RN, Chair
2. Christine (Potter) Kramer, DNP, Vice Chair
3. Stephanie Kesler, Secretary
4. Lisa D.H. Aquino, MHS
5. Sarah Barton
6. Tim Bateman, MD
7. Estrada Bernard, Jr., MD, FACS
8. Pat Branson
9. Doug Capra
10. Tim Escher
11. Joe N. Faulhaber
12. Scott Habberstad
13. Kathy Hurlburt, MD
14. T. Noah Laufer, MD
15. Donna Logan
16. Eli Powell, MD
17. Preston Simmons, DSC – ex officio member
18. Steve Smith, MD
19. Chris Swalling

Appendix 5B: 2019 Kodiak CHNA Advisory Committee

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

Kodiak Area Native Association

Ashley S. Frost, MHA, MLS ASCP^{CM}, clinic operations director

- **Lieutenant Commander,** United States Public Health Service

Kodiak Area Native Association (KANA) became a nonprofit organization in 1966 addressing health, economic development, education and social services to Kodiak and six outlying villages. KANA has been providing health and community services on Kodiak Island in the following facilities and communities: KANA Main Health Center, Wellness Center, Mill Bay Health Center, Carolyn Street, Near Island, and village clinics at Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie, and Port Lions.

LCDR Frost serves as the Clinic Operations Manager for Kodiak Area Native Association. She works with the clinical departments at KANA to ensure comprehensive care for the whole patient from the various services the organization provides. LCDR Frost has worked in healthcare in rural Nome, Alaska, and in several roles within KANA in Kodiak. She has been an officer in the United States Public Health Service for 9 years and has supported health, wellness, and emergent care to communities during times of disaster and need.

Providence Kodiak Island Medical Center

Gina Bishop, RN, PhD, chief executive officer

Providence Kodiak Island Medical Center (PKIMC) provides comprehensive health care to residents and visitors of Kodiak Island. As a critical access hospital, PKIMC features 25 acute care beds and boasts a variety of inpatient and outpatient therapies and specialists. In addition, PKIMC's extended care facility has 22 long-term care beds.

Gina joined PKIMC in 2012 as the manager of the emergency department and later served as chief nurse executive and interim administrator before being selected chief executive officer in April of 2018. Prior to joining Providence, she worked as a nurse manager, educator and staff nurse for emergency services at hospitals in Colorado and Arizona. Gina is a U.S. Air Force veteran with 12 years of service. Gina earned a Bachelor of Science in nursing, Master of Science in healthcare nursing education and Doctor of Philosophy in nursing from the University of Phoenix.

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

Pat Branson, executive director

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

SCOK's mission is "To enhance the lives of older adults." Senior Citizens of Kodiak was the first senior center in Alaska to be nationally accredited through the National Council on Aging and the only Alaska senior center to have achieved this designation four times. There are only seven senior centers in the country who have achieved this designation. SCOK provides congregate meals 5 days a week; home delivered meals 7 days a week; adult day program 7 days a week; family caregiver support; case management; chore, respite and Lifeline; information & referrals, special events and activities including exercise and is the lead agency for the only handicapped accessible transportation service in Kodiak: KATS.

Pat is a 37 year resident of Kodiak. She served 12 years on the Kodiak Island Borough Assembly, one year on Kodiak City Council; was President and now serves on the Alaska Municipal League Board; is on the Alaska Marine Highway Transportation Advisory Board; was on the Alaska Commission on Aging for 8 years; received The Founders Award from the National Council on Aging, Vic Fisher Local Government Leadership Award, the Cornerstone Award and President's Award from the Kodiak Chamber of Commerce.

Kodiak Public Health Center, State of Alaska DHSS, Division of Public Health

Ken Jass, RN, director

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

Ken is a recent addition to Alaska, first in Kenai and now in Kodiak for almost 3 years. His community involvement includes active membership in the Local Emergency Planning Committee, the Kodiak Mayors' Summit on Drugs, and the United States Coast Guard Auxiliary- Kodiak flotilla. Ken has a Bachelor's of Science in Nursing degree from the University of Virginia. Ken was credentialed as an AIDS Care Registered Nurse (ACRN) - HIV/AIDS Nursing Certification Board.

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

Mary Guilas Hawver, director

- **Board Chairman,** Filipino American Association of Kodiak
- **Director,** Providence Kodiak Island Counseling Center
- **President,** Kodiak Filipino Women's Council against DV

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

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

Mary is a 30 plus year resident of Kodiak. She is a member of the PKIMC Community Advisory Board, served in many different Boards including; Fil-Am Association, Kodiak Filipino Women's Council, Kodiak Women's Resource and Crisis Center Intercultural Task force, Kodiak Island School District Strategic Planning effort, Baranov Museum Acquisition, International Scholar, American Psychological Association, National Association of Social Workers, Farmers' Market, and Community Summit on Drugs. Mary developed and pioneered the Kodiak Filipino Women's Council, a non-profit organization that advocates for women who are victims of domestic violence. She was instrumental in initiating the St. Mary's Children Catechism program. She is a community builder, a behavioral health consultant and an active community advocate.

Kodiak Community Health Center

Carol Austerman, executive director

As a National Health Service Corps site, the Kodiak Community Health Center promises to: serve all patients, without discrimination, accept insurance, and offer discounted fees for patients who qualify. Its mission is to provide compassionate and comprehensive primary care to the entire Kodiak community. KCHC is in its 15 year of providing quality care to patients.

Carol grew up in Kodiak and has been with KCHC for 8 years, in both board member and staff roles. She has a BA in Communications from the University of Alaska and more than 25 years managerial experience. Carol has led teams in private industry, government and non-profit agencies. She is an ex officio member of the PKIMC Hospital Community Advisory Board and is on the Board of Directors for Hospice and Palliative Care of Kodiak and the Alaska Primary Care Association.

Kodiak Island Borough

Dan Rohrer, assemblyman and small business owner (Subway)
Kodiak Island Borough was created as a regional government to serve the public by financing and administering the primary functions of Education, Assessment and Collection of Taxes, Land Use through Planning and Zoning, Mental and Physical Health, and General Administration. Other services include Solid Waste Collection and Disposal, Parks and Recreation, Economic Development, and Animal Control. 82

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

City of Kodiak Police Department

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

Tim is a Kodiak High School graduate and has lived in Kodiak for 20 years, and has worked at the Kodiak Police Department since 2003. He has an AAS in Law Enforcement through the University of Alaska Southeast, an undergraduate certificate from the University of Virginia, and is a graduate of the FBI National Academy. He serves on the board for Alaska Association of Chiefs of Police and the Controlled Substances Advisory Committee.

Rockmore-King Clinic, United States Coast Guard

CWO2 Erin Bohner, administrator
The Rockmore-King Clinic (RKC) is the third largest clinic in the Coast Guard with a dedicated staff of 40 medical professionals responsible for the medical well-being of the 1,100 Active Duty Coast Guard members stationed in the Kodiak Area of Responsibility. They also coordinate all medical travel orders and medical overseas screenings for all Coast Guard beneficiaries across the entire state of Alaska. The RKC was recently selected as the Coast Guard Health Care Facility of the Year for 2018.

CWO2 Bohner joined the RKC in July 2017 and is responsible for the daily activities of the clinic including medical readiness, travel to obtain healthcare, financial management and maintaining accreditation standards. He has served in multiple units across the Coast Guard ranging from Michigan, Virginia, Mississippi, California and Alaska. He has earned his Bachelors of Science in Organizational Leadership from Thomas Edison University and is currently taking classes towards his MHA from the University of the Incarnate Word. He is currently married with two young children and is hoping to be selected for another tour in Alaska for the 2020 transfer season.

Steven G. Honnold, Alaska Department of Fish and Game, Westward Region Division of Commercial Fisheries, Regional Supervisor (retired 2015)

The **Alaska Department** of **Fish and Game** (ADF&G) is a department within the government of Alaska. ADF&G's mission is to protect, maintain, and improve the fish, game, and aquatic plant resources of the state, and manage their use and development in the best interest of the economy and the well-being of the people of the state, consistent with the sustained yield principle.

The mission of the Division of Commercial Fisheries is to manage subsistence, commercial, and personal use fisheries in the interest of the economy and general well-being of the citizens of the state, consistent with the sustained yield principle, and subject to allocations through public regulatory processes. The division's core services ensure the conservation of natural stocks of fish, shellfish and aquatic plants based on scientifically sound assessments.

Mr. Honnold was Regional Supervisor stationed in Kodiak, Alaska, from 2009 to 2015; he was responsible for all fisheries management and research activities within the Kodiak, Chignik, and Alaska-Aleutian Islands management areas. This the largest region, geographically, within the State and also supports some of the largest and most lucrative commercial fisheries in the world. Mr. Honnold also served as the Finfish Research Supervisor, Regional Resource and Development Biologist, and Finfish Research Biologist throughout his 28 year career for the department.

Mr. Honnold has served on the PKIMC community advisory board for 20 years and was also chairman of the Kodiak Counseling Center advisory board for many years.

Carol Juergens, MD, FACP (retired)

Carol is a board-certified internist who practiced general internal medicine in Kodiak for 37 years before retiring in September 2017. She was co-founder with her husband of the Kodiak Island Medical Associates (KIMA)—a full-service family medical clinic that included both outpatient, inpatient, obstetrical, and extended care services including 24/7 availability and coverage of the PKIMC emergency room. KIMA closed its doors at the time of Carol's retirement but many of its providers and employees continue to serve the community through the Kodiak Community Health Center.

Carol is a member of the PKIMC Community Advisory Board, former Kodiak Community Health Center Board member, and long-time volunteer in Kodiak Island schools. She has a BS in Physical Science from Stanford University and an MD from Mayo Clinic School of Medicine. She was recognized by her Anchorage colleagues in 2017 with a Lifetime Achievement Award from the American College of Physicians Alaska Chapter.

Rieth, Pediangco & Co

Mary Jane Pediangco, C.P.A
Rieth, Pediangco & Co. is a boutique accounting firm that specializes in small business and individual tax planning and preparation. Our firm offers a wide range of services to our individual and business clients such as financial statement preparation, accounting services, business consulting, succession planning, retirement planning, payroll services, and QuickBooks training.

Mary Jane is a Certified Public Accountant licensed to practice in Alaska. She began her accounting career at George Rieth, C.P.A., P.C. in 1998. Mary Jane became a director and shareholder of the firm in 2005. She has over 20 years of experience in tax services including simple to complex individual, partnership, and corporate returns. She provides consulting services with an emphasis on tax compliance and business problem consulting in addition to bookkeeping and financial statement preparation.

Mary Jane graduated cum laude from the University of Alaska Anchorage with a Bachelor of Business Administration in Accounting. She is a member of the American Institute of Certified Public Accountants (AICPA) and the Alaska Society of Certified Public Accountants (AKCPA)

Ocean Beauty

James Turner, plant manager
Ocean Beauty Seafoods processes and distributes a variety of fresh Alaskan seafood products throughout the world. It started on the waterfront in Seattle, WA in 1910. It expanded into Alaska in the 1930's and by 1954, it was the first seafood company to portion and vacuum pack seafood steak and fillets in the state of Alaska. By the 1980's, Ocean Beauty Seafoods established 6 processing plants in Alaska along with 9 fresh seafood distributions centers throughout the United States and 1 location in Tokyo, Japan.

James joined the Kodiak, AK processing plant of Ocean Beauty Seafoods in December 2014 as the plant manager. He manages up to 300 employees at the plant along with 72 varying types of fishing vessels all year round. In addition to running the Ocean Beauty Seafoods Kodiak plant, James just finished his 1st year of a 3-year term as an Assembly Member on the Kodiak Island Borough. Prior to joining Ocean Beauty Seafoods, he was a commercial fisherman for 20 with a company that is based out of Seattle, WA but fished year-round in Alaska all throughout the Bering Sea.

University of Alaska

Margaret Susan Draskovich Mete
Mrs. Mete is employed as an Associate Professor of Nursing for the University of Alaska Anchorage (UAA) and has managed the outreach site at the Kodiak Campus since 2002. She has been an RN for 42 years with a Master's Degree in Public Health through the University of South Florida (USF) and Masters of Science in Nursing Science through UAA. She anticipates completing her Ph.D. in Indigenous Studies from the University of Alaska Fairbanks (UAF) within the next year. Her research focus is: Exploring Indigenous Holistic Healing Practices.

Previous positions in Kodiak included working as the Community Mental Health Coordinator at the Kodiak Area Native Association (KANA) where she was responsible for providing on-going technical and educational assistance to the Village Response Teams (VRT) for behavioral crisis, intervention and follow-up. She also participated in the Kodiak Village Services Network (KVSN) to address village coordination, staff training and team building, case management and protocol development. As a member of KVSN during that time, she was involved in the initial planning, development and implementation of the Sexual Assault Response Team in Kodiak and after its formation participated as a Sexual

Assault Nurse Examiner. Work as a nurse in a casual position at Providence Kodiak Island Medical Center (PKIMC) until April 2019 encompassed staff coverage at the Counseling Center, on the Acute Care floor, in the Emergency Department, the Elder House, and Surgical Services.

Prior board member experiences in Kodiak include the Women's Resource and Crisis Center (KWRCC), the Baranov Museum, the Providence Kodiak Island Counseling Center (PKICC), and others. Volunteer hours included community agencies such as Audubon, the Humane Society, the American Red Cross, and the Kodiak Wildlife Refuge as examples.

She is married to Greg Mete, PA-C who is also a long-time Kodiak resident and health care provider.