PROVIDENCE
Seward
Medical & Care Center

Seward
Community Health Needs Assessment
2015

Providence Seward Medical and Care Center
Seward, Alaska

Prepared by:
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2015 Community Health Needs Assessment

Message to Our Community

To the residents of Seward,

This 2015 Seward Community Health Needs Assessment (CHNA) was sponsored by Providence Seward Medical and Care Center (PSMCC), Providence Health and Services Alaska (PHSA), and the Providence Seward Health Advisory Council.

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

The 2015 CHNA survey was a great success thanks to the efforts of the CHNA Advisory Group that guided the effort, the 671 Seward residents who completed the survey and over 30 community volunteers who administered it. It was truly a collaborative community effort.

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

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

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

Joseph Fong
Administrator
Providence Seward Medical and Care Center

Introduction

Creating healthier communities, together

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

This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided $848 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2014.

Serving Seward, Alaska

Providence Health & Services has a long history of serving Alaska, beginning when the Sisters of Providence first brought health care to Nome in 1902 during the Gold Rush. This pioneering spirit set the standard for modern health care in Alaska and formed the foundation for Providence's growth as the state's leading health care provider.

Today, Providence serves Alaskans in six communities - Anchorage, Eagle River, Kodiak Island, Mat-Su, Seward, and Valdez. In partnership with physicians and health care providers throughout the state, Providence provides a lifetime of care for Alaskans of all ages. Providence sees partnerships and collaboration as the most sustainable and effective way to address community needs.

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

Our Values
Respect, Compassion, Justice, Excellence, Stewardship

Our Vision
Simplify health for everyone

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

Providence Seward Ministries

Providence continues its mission of service in Seward through Providence Seward Medical Center and Providence Seward Mountain Haven, collectively known as Providence Seward Medical & Care Center.

PSMCC provides quality health care to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, physical, speech, and occupational therapies, and a long term care facility. Our team of physicians, nurses, and support staff deliver compassionate, quality care to all

patients. PSMCC has the experience and facilities necessary to diagnose and treat a wide range of medical conditions.

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

2015 Seward Community Health Needs Assessment Findings Overview

Providence and its partners directed the CHNA process from its inception to completion. The group selected and analyzed key indicators collected from the Seward community survey and federal and state data sources to identify Seward's significant health needs. The following is a brief overview of the CHNA findings and priority health needs in the Seward community.

Prioritized Need #1 Overweight/Lack of Physical Activity

Overweight and lack of physical activity have significant impact on physical and mental health, and overall wellbeing.

Data Point	2012 CHNA	2015 CHNA
Adults overweight or obese	65.0%	63.6%
Number of days per week respondents engaged in physical activity for 30 minutes or more		
• Adults overweight or obese	65.0%	63.6%
• 1-2 days	27.4%	29.4%
• 3-4 days	34.1%	32.5%
• 5+ days	26.2%	29.1%

Prioritized Need #2 Poor Mental Health and Lack of Access to Mental Health Services

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

Data Point	2012 CHNA	2015 CHNA
Needed mental health services in past 12 months	9.9%	9.4%
• Needed mental health services in past 12 months and unable to get needed care	43.2%	32.3%
Felt so sad or hopeless every day for two weeks or more that they stopped doing usual activities	14.2%	11.6%
Thought about committing suicide	4.5%	4.5%

Prioritized Need #3 Alcohol/Substance Abuse

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

Data Point	2012 CHNA	2015 CHNA
Adults engaged in binge drinking in last 30 days	*	29.3%
• Adults engaged in binge drinking 4 or more times in the last 30 days	*	7.7%
Percent of respondents that find recreational use of alcohol acceptable	*	90.3%

*Question new to 2015 survey

Prioritized Need #4 Low Utilization of Preventive Care

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

Data Point	2012 CHNA	2015 CHNA
Needed Health care in last the last 12 months and were NOT able to receive it	8.5%	12.9%
• Percent of those unable to receive needed care in last 12 months that went without **'basic care'**	36.7%	39.0%
• Percent of those unable to receive needed care in last 12 months that went without **'Preventive care/annual exams'**	34.7%	36.6%
Use Emergency room as main source of health care	9.2%	9.5%
Had preventive dental visit (check-up, cleaning or exam) in last 3 years	42.2%	67.0%

Description of community

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

The service area of PSMCC was defined with input from the PSMCC and Providence leadership teams. The CHNA focused on the needs of the greater Seward community, which includes the communities of Seward, Bear Lake, and Moose Pass ("Seward"). While every effort was taken to gather detailed data for the Seward community, it was necessary in certain areas to expand the definition of the service area to the Kenai Peninsula Borough. This was done to collect census and County Health Rankings data that is only available for the defined area.

Population and age demographics

Total population is 4868, which is a decrease of 3% from 2012 (population, 5020). The middle age group (40-64 years) is nearly twice as large as the youth age group (0-19 years). .The population comprises:

- 21.1 percent youth (0-19 years)
- 29.6 percent young adults (20-39 years)
- 41.3 percent older adults (40-64 years)
- 8.0 percent seniors (65 years and older)

Ethnicity

Among Seward residents, 73.2 percent were White, 13.3 percent were Alaska Native or American Indian, 2.9 percent were Hispanic or Latino, 1.9 percent were Asian1.9 percent were African American or Black, 0.5 percent were Native Hawaiian or other Pacific Islander, and 6.3 percent were of two or more races.

Income levels and housing

Due to data availability, housing and income data were analyzed for the Kenai Peninsula Borough. The median household income for the Kenai Peninsula Borough was $65,189 and the unemployment rate was 8.0 percent. The median household income for the Kenai Peninsula Borough is slightly lower than Alaska, but well above the Nation. Over the next five years, income levels are expected to rise in the Kenai Peninsula Borough, Alaska, and the Nation. While the Borough unemployment rate has remained fairly steady over the past three years, it is still higher than the rates of Alaska and significantly higher than the Nation.

Children in poverty data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. From 2012-2014, the trend was fairly consistent (approximately 15 percent) and on par with Alaska and the Nation. A significant drop to 11 percent in 2015 indicates conditions are improving for those once below the poverty thresholds

Health care and coverage

The share of adult Kenai Peninsula Borough residents who are uninsured was 25 percent in 2015. According to the community survey data (primary data) collected for this community health needs assessment, 6.4 percent of respondents did not have health insurance; the primary reason respondents indicated for not having health insurance is “too expensive.”

Health and wellbeing

In Seward, 63.6 percent of adults are overweight or obese. When surveyed how many days per week do you engage in physical activity for a total of 30 minutes or more, 38.4 percent of respondents indicated none or 1-2 days. Additionally, nearly 38 percent of respondents indicated they did not have an annual exam with a health care provider for preventive purposes in the past year

When asked “what are the top health care needs in Seward”, 10.5 percent of survey respondents identified mental health services/counseling and 12.8 percent identified substance abuse rehab/counseling. The number of Kenai Peninsula adults that report excessive alcohol use is in line with Alaska and 9 percent higher than the national benchmark. Kenai Peninsula adults report and average of three mentally unhealthy days in the past 30 days; this has been above Alaska and national benchmarks for the past three years.

Process, participants and health indicators

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

Assessment process

Every three years, Providence Health Services, Alaska Region and Providence Seward Medical and Care Center conduct a community health needs assessment (CHNA) for the greater Seward community. The CHNA is an evaluation of key health indicators of the community.

In 2015, Wipfli LLP (Wipfli) was engaged by leadership at Providence to facilitate the CHNA process on behalf of the hospital. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

The CHNA process that Wipfli utilized to conduct the assessment has been adopted from several of the leading sources on the subject. These sources include:

Association for Community Health Improvement,
Flex Monitoring Team, and
Rural Health Works.

The following outline explains the process that Wipfli followed to conduct the CHNA. Each process is described in more detail throughout the report.

- Formation of a CHNA advisory committee
- Definition of the community served by PSMCC
- Data collection and Analysis
- Demographics of the community
    - Primary data
    - Secondary data/Demographics
    - Existing health care facilities and resources
- Identification and prioritization of community health needs and services to meet community health needs
- Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
- Dissemination of priorities and implementation strategy to the public.

Participants

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

Alaska's Institute of Technology (AVTEC)

Dave Paperman, Lead Department of Residence Life
AVTEC is a post-secondary vocational school operated by the State of Alaska Department of Labor and Workforce Development, and offers residential housing and a recreation program for its approximately 600 students each year in Seward. Dave is responsible for student activities, logistics and non-academic discipline as well as recruitment and general assistance for students, many of whom are experiencing their first living situation out of their family home. Dave has been a Board Member of the Seward Community Health Center for 4 years and is active in many different community organizations. Originally from New Jersey, Dave has lived in Alaska full time since 1995 and in Seward since 1999.

Chugachmiut

Gertrude (Trudy) Valenza, Tobacco Prevention and Control Program (TPC) Coordinator
Chugachmiut oversees the TPC Program which provides tobacco prevention education and support to Seward, five Tribes (Qutekcak Native Tribe, Chenega Bay IRA, Tatitlek Village IRA Council, Port Graham Village Council and Nanwalek IRA Council) and two school districts (Chugach School District and Kenai Peninsula Borough School District) in the Chugach Region. Trudy is the co-chair for the Leadership for Eliminating Alaskan Disparities (LEAD), Alaskan Native subgroup, and is a working group member of LEAD group 3 – College campuses. Furthermore Trudy is a member of Seward Wellness for All, Seward Prevention Coalition and Tobacco Information Network Coalition.

City of Seward

Kris Erchinger, MPA, CGFM, Finance Director
Kris has worked for the City of Seward for 15 years. Kris is a 45 year resident of Seward and serves as the City of Seward's healthcare liaison with PSMCC and Seward Community Health Center. She also is currently serving on the Providence Seward Health Advisory Council (12 years); Trustee of Alaska Retirement Management Board (6 years); Treasurer of Alaska Municipal League Joint Insurance Association (4 years). Previous: Secretary, Providence Alaska Region Community Ministry Board (9 years); Board member, Providence Graduate Medical Education Committee (5 years); President, Alaska Government Finance Officers Association; Board member, Alaska Municipal League.

Sarah Spanos, Personnel Officer
Sarah is the personnel officer for the operations of the City's Emergency Operation Center and chair for the City's Safety and Wellness Committees. Sarah is also a member of the Providence Seward Health Advisory Council. Her volunteer activities include Secretary for PTA, Board Member for Seward Tsunami Swim Club, volunteer parent for Seward Little League and volunteer for various Parks and Recreation events.

Public Health

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

Providence Seward Medical & Care Center

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

Providence Seward Health Advisory Council

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

John (Craig) Williamson, EdD, Licensed Alaska Psychologist
Craig is a member of the Providence Seward Health Advisory Council. He is a retired Trooper Sergeant (Arizona Department of Safety), retired Mental Health Clinician (Alaska Department of Corrections), Community Emergency Response Team (CERT) member, U.S. Coast Guard Auxiliary (15 year member), FCC Ham Radio General Class License, Certified Information Security Manager (CISM) Qualified, Alaska Psychiatric Institute (API) Advisory Board.

SeaView Community Services

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

Seward Community Health Center (SCHC)

Patrick Linton, Executive Director
SCHC is a federally qualified health center that opened in March 2014 and provides comprehensive primary care and urgent care services to the residents and visitors of the Seward and Moose Pass communities. Patrick has served as a health care and community health administrator for over 35 years including holding Chief Administrative Officer positions in three acute care hospitals and two community health centers.

Seward Family Dentistry (Dr. Michael P. Moriarty, P.C.)

Maya Moriarty, Manager/Owner
Seward Family Dentistry is a locally owned and operated general dentistry clinic providing general dentistry services to the Seward community for over 24 years. Maya has been on several community boards and coalitions including Seward Site-Based Council, Seward Wellness for All, Seward PTA, Seward Tsunami Swim Club, Seward Wesley Rehab & Care Center, and Parents Advocating Recreating Kids (PARKS) which built the Seward Community Playground. She currently serves on the Seward Community Health Center board and the Medicaid committee of the Alaska Dental Society. She is the mother of two and volunteers at school and athletic functions.

Seward High School

Martha Fleming, Counselor/Teacher
Seward High School is a rural, public high school. In addition to her role as a teacher and counselor at the high school, Martha serves as a Seward Community Health Center Board Member, and City of Seward Planning and Zoning Commissioner.

Seward Parks and Recreation Department and Seward Parking Operation

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

Seward Prevention Coalition

Katie Cornwell, Seward Prevention Coalition Coordinator.
The Seward Prevention Coalition was established in 2005. Their mission is partnering to promote all dimensions of wellness through education, advocacy, and support. Their long term goal is to create a community where families and individuals are free from harmful effects of substance use, dependency, and addiction. Katie has been working in the field of community organizing since 2005 and has been working in the community of Seward for the past 2 years.

Seward Senior Center

Dana Paperman, Executive Director
The Seward Senior Center supports free will donation senior nutrition services through Meals on Wheels and in a dining room setting, transportation, health promotion and wellness programs, information and referral services, and Medicare/Social Security enrollment education and support. The center has been providing senior services in Seward since 1978 to help ensure seniors independence and help maintain a meaningful, quality life. Dana is the Executive Director for the Seward Senior Center, Member and Secretary for Providence Seward Health Advisory Council, Seward Coordinated Transportation Group and a PTA member.

United Methodist Churches of Seward and Moose Pass

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

Data collection

Primary Data

A community survey was published online and distributed by the advisory committee and PSMCC staff. The survey was developed based on an existing template utilized by Providence Health Services – Alaska Region among its affiliated hospitals, and augmented to capture input regarding unique health-related characteristics that exists within the Seward community. Results from the community survey can be found in Appendix I.

Secondary Data

Secondary data was collected from the following major sources:

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

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

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

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

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and PSMCC Board-approved implementation plan.

Community and stakeholder input

Key informational interviews were conducted with members of the community served by PSMCC. These individuals were identified by the CHNA Advisory Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in the key informational interviews. A summary of the key findings from the key informational interviews can be found later in this document. A list of the interviewees and the interview notes can be found in Appendix II.

Information gaps

Primary data was collected via surveys and a series of interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community. Quantitative information for demographic and health status was available at the service area level for Kenai Peninsula. Therefore, to the extent that health status differs significantly between the Kenai Peninsula Borough and the community of Seward, health information was not available at that granularity

Identification of significant health needs

Results from the three data collection methods including demographic data, primary data, and secondary data were analyzed. Significant findings were grouped into health issues under three distinct categories. The categories, which include continuum of care, access to health care, and health and wellbeing were used to organize the health issues into common themes so that they could be combined later on in the prioritization phase of this process.

Health Indicators and trends

HEALTH AND WELLBEING

The following factors play a significant role in the health care continuum in Seward. The organizations providing health care within the Seward community, and their collaboration in providing a full continuum of care to individuals, plays a vital role in maintaining the health of the community at large.

OVERWEIGHT/LACK OF PHYSICAL ACTIVITY

Response	20%	40%	60%	80%	100%	Count	2015	2012*	2008*
A - Underweight						13	2.0%	*	*
B - Normal						**219**	**34.4%**	*	*
C - Overweight						205	32.2%	*	*
D - Obese						166	26.1%	28%**	28%**
E - Morbidly Obese						34	5.3%		
Not Answered						34			
						Responses	**637**		

*Not included in survey that year.
2007 and 2012 data from BRFSS for the **Kenai Peninsula. 2015 survey data is for Seward alone.

- When surveyed how many days per week do you engage in physical activity for a total of 30 minutes or more, **38.4%** of respondents indicated none or 1-2 days (Survey Question 19)
- **63.6%** of survey respondents reported BMI of overweight, obese or very obese (Survey Question 23 & 24)
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "We have a high rate of obesity."

LOW UTILIZATION OF PREVENTIVE SERVICES/NOT ENGAGED IN PREVENTIVE CARE

- When surveyed, **37.8%** of respondents indicated no to having had an annual exam with a health care provider for preventive purposes in the past year (Survey Question 21)
- When surveyed, **51.1%** of respondents indicated no to having had biometric screening completed in the past year (Survey Question 22)
- Of those who had biometric screening in the past year, **33.7%** of respondents indicated that they took no further action based on the results (Survey Question 22a)
- When asked what type of health care did you go without when you could not receive needed care, **36.6%** identified preventative care/annual exams (Survey Question 1c)
- Kenia Peninsula percent of female Medicare enrollees receiving mammography screening is in line with Alaska and **15%** below the national benchmark (Secondary Data)
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "Public health and prevention. It's a problem because patients don't proactively utilize preventative care."
- **When asked, what could be done to improve the health care system in Seward?** (Key Stakeholder Interview)
    - "We are underutilizing the potential of the ACA. There has been no concerted effort to help people learn about it, access it, and understand the benefits of having insurance. The big picture is we are lacking the preventative piece."

CHRONIC CONDITIONS

- When surveyed, **17.5%** of respondents indicated that their most recent health care visit was for a chronic condition (Survey Question 1a)
- When asked what type of health care did you go without when you could not receive needed care, **12.2%** identified care for a chronic condition (Survey Question 1c)
- The number of Kenai Peninsula adults reporting poor or fair health is slightly higher than Alaska and **4%** higher than the national benchmark (Secondary Data)
- Kenai Peninsula percent of adults that report smoking is in line with Alaska and **7%** higher than the national benchmark (Secondary Data)
- Kenai Peninsula percent of adults that report a BMI>=30 is in line with Alaska and **3%** higher than the national benchmark (Secondary Data)
- Kenai Peninsula percent of diabetic Medicare enrollees that receive HbA1c screening (81%) is below the national benchmark (**90%**) but above the Alaska rate (**76%**) in 2015 (Secondary Data)
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "Chronic disease care for conditions such as diabetes, obesity, and COPD. This is in part because people are choosing not to access care, but also because it's difficult to access care."

MENTAL HEALTH/SUBSTANCE ABUSE

- **40.5%** of respondents indicated that their health insurance covers treatment for substance abuse (Survey Question 4)
- **9.4%** of respondents indicated they needed mental health service in the past 12 months (Survey Question 6)
- **32.3%** of those who needed mental health services in the last 12 months indicate they were not able to receive the needed services. (Survey Question 6a) The following reasons were given: (Survey Question 6b)
- **47.6%** cited lack of services as the reason.
- **28.6%** cited confidentiality issues
- **19.0%** didn't know where to go
- **11.6%** of respondents indicated they felt depressed in the past 12 months (Survey Question 7)
- **4.5%** of respondents indicated they had thought about committing suicide at some point in the past 12 months (Survey Question 8)
- **1.4%** of respondents report that they needed substance abuse treatment in the last 12 mos. (Survey Question 9)
- **13.5%** of respondents indicated that they do not have insurance coverage for substance abuse treatment (Survey Question 4)
- **45.5%** of respondents who needed substance abuse treatment indicated they were not able to receive the needed services (Survey Question 9a) The following were the reasons given: (Survey Question 9b)
    - No insurance/couldn't afford it
    - Insurance wouldn't cover it
- When asked what are the top health care needs in Seward, **10.5%** of respondents identified Mental health services/counseling and **12.8%** identified Substance abuse rehab/counseling (Survey Question 25)
- Kenai Peninsula adults that report excessive alcohol use is in line with Alaska and **9%** higher than the national benchmark (Secondary Data)
- Kenai Peninsula average number of mentally unhealthy days reported in the past 30 days has been above Alaska and national benchmarks for the past three years (Secondary Data)

- **When asked, what groups or vulnerable populations in your community are underserved regarding their health care needs and what is the nature of their needs?** (Key Stakeholder Interview)
    - "Patients with mental health issues. We cannot provide inpatient mental health care—those patients need to be transferred to Anchorage—but Seaview Community Services provides outpatient care."
    - "The nature of psychiatric illness contributes to it being an underserved population. Services are limited, which presents a challenge. We do not have drug/alcohol rehab services. Seaview will see them, but there is no inpatient rehab."
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interviews)
    - "Behavioral health"
    - "Mental health"

SOCIAL AND ECONOMIC DETERMINATES OF HEALTH

- **6.0%** of respondents reported going without basic needs in the last 12 months (Survey Question 27)
- **56.1%** of those reported going without health care, 48.8% reported going without dental care, and **24.4%** reported going without prescriptions (Survey Question 27a)
- **11.9%** of survey respondents reported that a member of their household needed in-home services in the last 12 months (Survey Question 14a)
    - **37%** of those respondents could not access the needed services
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "Lack of low income housing. Anecdotally I hear about a lot of people forgoing things, including healthcare, in order to pay for housing and bills."
- **When asked, what are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed?** (Key Stakeholder Interview)
    - "We have a large low income population. Around 30% of the senior population is under poverty level. I'm not sure whether the Community Health Center has addressed that problem."
- **When asked, what groups or vulnerable populations in your community are underserved regarding their health care needs and what is the nature of their needs?** (Key Stakeholder Interview)
    - "People who are in need of home health care or other nursing care who don't qualify for skilled nursing care. For home health, it's an economic feasibility issue. We used to have a home health program, but it was ended 5-7 years ago. And there's not enough state and federal reimbursement to make it possible to have an Anchorage based program."
    - "The long term seasonal employees who work in fisheries and canneries from March-October are the most vulnerable. They work poor hours, their pay is dependent on things they cannot control, and a significant portion of them do not speak English as a first language. As a result, they neither have the time available nor the income to access care. The Community Health Center's sliding fee scale has addressed the problem to an extent, but they are still vulnerable."
    - "Our transient senior population. They come in the warmer months with RVs and tents. Some don't have phones."

ACCESS TO HEALTH CARE

The following issues concern Seward residents' ability to gain access to the care they need. Challenges people face in gaining access to the care they need include cost, service availability, access to primary and specialty care, insurance coverage, and attracting and retaining medical providers to name a few.

UNINSURED/COST OF CARE AS A BARRIER TO ACCESS

- **8.5%** of survey respondents indicated that they were unable to receive needed care in the last 12 months (Survey Question 1)
    - **19.6%** indicated not being able to receive needed services due to no insurance/couldn't afford it (Survey Question 1b)
    - **4.3%** indicated that they could not afford the co-pay (Survey Question 1b)
- **6.4%** of survey respondents indicated that they do not have health insurance (Survey Question 3)
    - **62.5%** responded that it was too expensive (Survey Question 3b)
- **100%** of the survey respondents who could not access needed substance abuse treatment in the last 12 months indicated that it was because they had no insurance/couldn't afford it (Survey Question 9b)
- **17.8%** of respondents indicated they do not have dental insurance (Survey Question 4)
- **7.1%** of respondents indicated their dependent children do not have dental insurance (Survey Question 5)
- The number of uninsured adults in the Kenai Peninsula **(25%)** is higher than Alaska **(22%)** and significantly higher than the national benchmark **(11%)** (Secondary Data)
- **When asked, how does the lack of insurance impact the population/constituency that you serve or represent and what tool or resources might help address those issues?** (Key Stakeholder Interview)
    - "In the past, we've provided services regardless of a patient's ability to pay, but as a result the agency has been on financial thin ice for years. Now that we are being more fiscally responsible, we give the uninsured information upfront regarding recommended treatment and cost, with the expectation that they will have to pay their bill rather than treating them and hoping they will pay. As a result, their insurance status does affect their ability to receive treatment. We do have a sliding fee scale, and we try to be proactive in identifying the uninsured and giving them the resources they need to get insurance."
    - "Un-insurance isn't a problem post ACA, but underinsurance is. People are excited to finally have insurance, but because of the high deductibles they only use the insurance for emergencies. On the ground counseling or education for people on the topic of the ACA would help."
    - "The uninsured often wait to receive care until they are feeling pain, instead of accessing preventative dental care. Ideally, there would be a combined effort between mental health, overall health, and oral health to educate groups around Seward. People need to know it doesn't need to hurt for there to be something wrong, and that prevention is less expensive."
    - "Some people can't afford their outpatient meds, so they end up in the ER or an inpatient stay. People don't stay because they are worried about the costs. Some end up requiring more extensive care as a result."
- **When asked, what are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed?** (Key Stakeholder Interview)
    - "Lack of insurance is getting better with the ACA, but it's still a barrier."
    - "There is a financial barrier."
    - "There are financial barriers, as some people cannot afford care."

    - "There is a financial barrier. Even those who have insurance tend to have high deductible health plans, which make it difficult to afford care."
- **When asked, what groups or vulnerable populations in your community are underserved regarding their health care needs and what is the nature of their needs?** (Key Stakeholder Interview)
    - "The under and uninsured are vulnerable because they can't access care."
    - "The uninsured. They rely on charity care, which isn't sustainable for the community. This includes seasonal workers who stay after the season finishes and regular residents without insurance."
    - "It would probably be the uninsured, however, with the CHC's minimum amount and sliding fee scale access to care has increased."
    - "There is a fair number of uninsured who make enough money that the sliding scale presents a challenge financially to appropriately address care."
- **When asked, what are the greatest weaknesses of the health care system in Seward?** (Key Stakeholder Interview)
    - "Financial access is a problem. Even with health insurance, people still can't afford certain care."

AVAILABILITY AND ACCESS TO PRIMARY CARE SERVICES

- **When asked why they couldn't access needed health care, survey respondents indicated the following:** (Survey Question 1b)
    - "Couldn't get an appointment"
    - "No appointment available for 5 days"
    - "Clinic did not have room, even after trying for 3 days to get in. I went to the ER instead."
    - "Appointment time delayed."
- **39%** of respondents who responded that they could not get needed care could not access basic primary care (Survey Question 1c)
- **9.5%** of survey respondents reported using the ED as their main source of care (Survey Question 2)
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "The community needs a provider who can see kids. A lot of patients leave the community to receive pediatric care."
    - "Adequate provider supply. There are no female physicians in the community. There are a lot of people who leave town because of this. Additionally, people do not perceive the local physicians as being as good as the ones in the city, and there is a long history of physician turnover. 12 physicians have left in the past 11 years. The lack of continuity drives patients elsewhere, and the lack of physicians can make getting an appointment slot difficult."
    - "Same day appointments. The Community Health Center has some, but never enough to address demand."
    - "Better physical access to care."
- **When asked, what are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed?** (Key Stakeholder Interview)
    - "Despite the Community Health Center, I still see patients in the ER who can't get a clinic appointment and come for non-emergent conditions."
    - "It's difficult to access the services the community provides."
    - "There is a problem with provider hours and accessibility. Most of the providers are only open during business hours. The CHC does have 1 day a week when it stays open later. We can't extend the hours, because the small community couldn't support the overhead required to do so, but we could make sure providers have pagers and on call hours."

- **When asked, have you or anyone you know had to leave Seward to receive needed health care services and if so, what was it for?** (Key Stakeholder Interview)
    - "People leave Seward for dental care, pediatric care, primary care, and prenatal and obstetric care."
- **When asked, what are the greatest weaknesses of the health care system in Seward?:** (Key Stakeholder Interview)
    - "There is limited access to primary care."
- **When asked, what could be done to improve the health care system in Seward?** (Key Stakeholder Interview)
    - "A well run, organized primary care infrastructure without physician turnover would help bring people in for primary care. Turnover wasn't great before the transition to the FQHC, but now the new clinic physicians are "outsiders" and the patients don't know if they can trust them."
    - "We need to maintain the services that are offered. In the past we had a problem with physician turnover, which led to a lack of faith in the system. That has been remedied since the community health center opened, but we need to ensure that it remains that way."
    - "We need to avoid returning to the high rate of turnover we used to experience by ensuring that medical providers have incentive to stay in Seward."
    - "We need a stable supply of providers. We have seen turnover over the years. It's difficult to improve communication and develop programs with the high turnover."

ACCESS TO SPECIALTY SERVICES

- **13%** of respondents who indicated they could not access needed care needed a specialist that was not available in Seward (Survey Question 1b)
- **24.4%** of respondents who could not access needed care indicated that the type of care they went without was specialist care (Survey Question 1c)
- **46.2%** of respondents who left Seward for healthcare services indicated that they needed services/procedures/tests not available in Seward (Survey Question 15)
- **18.6%** of respondents indicated dental care as a top health care need in Seward (Survey Question 25)
- **26.0%** of respondents indicated female health care (OBGYN) as a top health care need in Seward (Survey Question 25)
- **24.5%** of respondents identified specialist care as a top health care need in Seward (Survey Question 25)
- **31.2%** of respondents indicated that they do not access regular dental care (Survey Question 10)
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "Dental care. Currently those who are uninsured or poor do not have access to local dental care. Many patients come to the ER with pain that I cannot treat. Their only option is to go to a dentist with a sliding fee scale in Anchorage."
    - "Specialty care. We could do a better job of partnering with other communities for visiting specialists."
    - "Local obstetrics care."
    - "Specialty care. Even or regular orthopedic care, you have to wait for the once/month visit or go to Anchorage. The problem is especially pronounced with ortho, OB/GYN, and cardiac care."
    - "Access to specialty care. People have to travel out of the city for certain specialists, including orthopedists and OB/GYN."
    - "Specialty care. We used to have visiting specialists through Providence, but we no longer do."

    - “Lack of specialty care, especially OB/GYN. The size of our community can’t support regular specialists, but we would benefit from consistent visiting specialists.”
    - “More visiting specialists.”
- **When asked, what are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed?** (Key Stakeholder Interview)
    - “The community is not large enough to support robust in town services, and taking advantage of telemedicine could help alleviate some of that.”
    - “Because the volume of patients who need specialty care is low, the per-incidence cost is very high. It’s not attractive for private practitioners to come to town permanently, because they can’t get the volume they need.”
    - “Complexity of healthcare in a rural setting makes it difficult to keep providers. With specialists, the space, billing, and finding specialists to come on is difficult.”
- **When asked, have you or anyone you know had to leave Seward to receive needed health care services and if so, what was it for?** (Key Stakeholder Interview)
    - “People leave Seward for dental care, pediatric care, primary care, and prenatal and obstetric care. Access to specialist care is limited, because we have no surgeon, no neurologist, no intensive care, etc. I have to send patients who need care to Anchorage. Historically, we had visiting specialists, like orthopedists and ENTs, but they stopped coming for various reasons including lack of patients and a lack of relationship with the administration. It’s difficult to coordinate visiting specialist care because there needs to be sufficient volume.”
    - “Yes, I have had to leave Seward for OB care and orthopedics.”
    - “We had an employee who had to go to Texas for 1.5 months for a complicated pregnancy; I have had to go to Anchorage for cardiac care; a client had to be airlifted to Anchorage recently for emergency care.”
    - “We have had to leave for pediatric care, care for a back surgery, OB/GYN, and oral surgery.”
    - “I’ve had to leave for OB/GYN care. In fact, I only know of one baby who was born in the community in the 15 years I have been here. People actually move to Anchorage sometimes because they can’t access the needed care here.”
    - “Yes, dermatology, OB/GYN, orthopedics, most surgery, and glasses.”
    - “Yes, OB/GYN, orthopedics, pediatrics, and immunizations for younger age groups.”
- **When asked, what are the greatest strengths of the health care system in Seward?:** (Key Stakeholder Interview)
    - “For such a small community, the hospital has great equipment and much more access to specialty care off-site (E-ICU and Radiology Reads, etc.)
- **When asked, what groups or vulnerable populations in your community are underserved regarding their health care needs and what is the nature of their needs?:** (Key Stakeholder Interview)
    - “In general there is less care available for infants.”

CONTINUUM OF CARE

The following factors play a significant role in the healthcare continuum in Seward. The organizations providing healthcare within the Seward community, and their collaboration in providing a full continuum of care to individuals, plays a vital role in maintaining the health of the community at large.

COORDINATION OF CARE AND EDUCATION REGARDING SERVICES AVAILABLE

- **19.0%** of those who reported that they could not access needed mental health care services, indicated that it was because they did not know where to go (Survey Question 6b)
- **When asked, how does the lack of insurance impact the population/constituency that you serve or represent and what tool or resources might help address those issues?:** (Key Stakeholder Interview)
    - "We could address issues by encouraging community members to practice prevention. Ideally this would be through a combined effort between mental health, overall health, and oral health to educate groups around Seward. People need to know that it doesn't need to hurt for there to be something wrong, and that prevention is less expensive."
- **When asked, what are the three most significant health care needs in your community?** (Key Stakeholder Interview)
    - "Access to preventative care. It's not a problem on the provider end. It's a problem because patients don't proactively utilize care."
- **When asked, what are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed?** (Key Stakeholder Interview)
    - "Patients don't necessarily know they should us primary care instead of the ER."
    - "There are personal barriers. People either don't want to access care or they feel uncomfortable accessing care. It's a small town, so everyone, including health care providers, knows each other. It can be addressed with PR, advertising, etc. regarding the impact of preventative care and chronic disease."
    - "Marketing would help. FQHC doesn't mean anything to the average person, and we need to get information to the public with special events."
- **When asked, what are the greatest strengths of the health care system in Seward?:** (Key Stakeholder Interview)
    - "The collaborative process among the providers in the community, such as pharmacy, the hospital, the clinics, and SeaView. We have the Seward Health Collaborative, which addresses administrative issues in meetings once per month, and the Seward Clinical Health Collaborative meets to discuss clinical issues."
    - "It's easy to navigate. There is only 1 dentist, a native clinic, the health clinic, and the ED, so patients don't have to worry about deciding which provider to see in order to access care. Most people who have been in the community for more than a few months know people who work in health care and can direct them to the proper place to receive care."
    - "We have multiple providers, such as the Community Health Center and Providence, and we're starting to see networking among the providers, via intercommunication from director to director or group to group and referrals. In the past, social workers have had trouble lining up the services swing bed patients need when they return home, and I've seen some improvement with that."
    - "Communication among providers, specifically regarding public health. Mental health, primary care, etc. are trying to talk to each other to come up with things that are good for the community."
- **When asked, what are the greatest weaknesses of the health care system in Seward?:** (Key Stakeholder Interview)

    - “There is not enough knowledge among providers about the services of other providers in the community. There is an opportunity there to reduce redundancies.”
    - “The fact that this is a small town, and providers are within the community is a problem. People don’t necessarily feel that they can access care privately.”
    - “There’s not enough marketing. There is still a population that needs to know and understand what the health care institutions do.”
    - “Communication among providers regarding individual patients. Even though providers are working together to meet the needs of the community, there isn’t enough communication about the patient as an individual. If a patient presents in the ED with multiple co-morbidities, they don’t necessarily get referred to the appropriate services. Even if they do get a referral, there is no system in place to ensure that they actually receive care.”
- **When asked, what could be done to improve the health care system in Seward?: (Key Stakeholder Interview)**
    - “We have a community health center, a private physician practice, behavioral health, a native clinic, and a chiropractor. Until recently they’ve all been pretty independent, without formal collaboration. We’ve recently been looking at ways to partner with each other, including health fairs, emergency preparedness, etc.”
    - “Advertising, marketing, and PR to inform people of what’s available would improve access.”

Identified priority health needs

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

Prioritization process and criteria

In October of 2015, members of the CHNA Advisory Committee were asked to rate the health issues identified previously according to three key variables, including:

- SIZE: How significant is the scope of the health issue - number of people affected?
- SERIOUSNESS: How severe are the negative impacts of this issue on individuals, families, and the community?
- ABILITY TO IMPACT: What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc.)

The committee convened after individually rating the health issues to come up with the top priorities as a group. Four priorities were identified by the CHNA Advisory Committee:

1. Overweight and lack of physical activity
2. Poor mental health and lack of access to mental health services
3. Alcohol and substance use
4. Low utilization of preventative care (medical and dental)

Priority health issues and baseline data

Priority Health Issue	Rationale/contributing factors
1. Overweight and lack of physical activity	Overweight and lack of physical activity have significant impact on physical and mental health, wellbeing and longevity. The remote, dark and rainy climate of Seward poses unique challenges to the Seward community in terms of both physical activity opportunities and access to fresh and healthy foods. The following are a few Seward indicators related to overweight and lack of physical activity. • **63.6%** are overweight or obese (**32.2%** overweight, **31.4%** obese) • **45.7%** did not make a personal lifestyle change related to better health in the past year • **38.4%** indicate engage in physical activity for > 30 minutes from 0-2 days per week
2. Poor mental health and lack of access to mental health services	It is challenging for small communities to maintain a broad array of mental health services available in larger communities. The remote, dark and rainy climate and the stigma of mental health issues in a small community serve to exacerbate the challenges of those suffering from mental health issues in Seward. The following are a few Seward indicators related to poor mental health and lack of access to mental health services. • **11.6%** so sad/hopeless every day for >2 weeks they could not engage in usual activities in past 12 mos. • **4.5%** thought about committing suicide at some point in the past

	12 months • **9.4%** needed mental health services in the past 12 months • **32.3%** of those who needed mental health services indicated they were not able to receive needed services for the following reasons - 47.6% cite lack of services - 28.6% cite confidentiality concerns
3. Alcohol and substance use	Alcohol and substance abuse has significant health and social impacts both for individuals and the community. Raising awareness of the impacts of substance abuse, addressing the cultural acceptance of alcohol/substance use and providing healthy alternatives for youth can have a substantial impact on the health of the community. • **29.3%** reported engaging in binge drinking in last 30 days (5+ drinks on one occasion) • **7.7%** reported engaging in binge drinking more than 4 times in last 30 days • **82%** believe 'most community members' binge drink • **80.3%** believe recreational use of alcohol is acceptable • **59.9%** believe recreational use of marijuana is acceptable • **26.1%** believe recreational use of prescription drugs is acceptable
4. Low utilization of preventative care (medical and dental)	Incentivizing, improving access to, and increasing the understanding of the benefits of preventive care will help address the leading causes of death and other health conditions and risk factors identified in the assessment. It can also serve to help reduce the economic burden of healthcare in the community. • **9.5%** use the emergency room for their main source of health care • When asked what type of health care did you go without when if you were unable to receive needed care, **36.6%** identified preventative care/annual exams • **37.8%** did not have an annual exam for preventive purposes in past year • **51.1%** did not have a biometric screening in the past year • **20.9%** last dentist visit more than one year, but less than 3 years ago (**1%** have never been to dentist)

Resources potentially available to address significant health needs

Providence and partners cannot address the significant health needs independently. Improving community health requires collaboration across community stakeholders. A complete list of health care and other facilities and resources available within the community to meet the health needs including location, contact information, and description of services can be found in Appendix IV.

Addressing identifed needs

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

Plan development

Providence will consider the prioritized health needs identified through this community health needs assessment and develop implementation strategies to address each need. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. Implementation strategies will be documented in a community health improvement plan (CHIP). The CHIP will describe how Providence plans to address the health needs. If Providence does not intend to address a need, the CHIP will explain why[1].

Upon finalization of this CHNA, PSMCC will engage community stakeholders and partners to explore collaborative opportunities to address identified community needs. The resulting components will be addressed in the resulting plan:

- Objectives/Strategy
- Tactics (How)
- Programs/Resources to Commit
- Impact of Programs/Resources on Health Need
- Accountable Parties
- Partnerships/Collaboration

The CHIP will describe the actions Providence intends to take to address the health need and the anticipated impact of these actions. Providence will also identify the resources the hospital plans to commit to address the health need. Because partnership is important to addressing health needs, the CHIP will describe any planned collaboration between Providence and other facilities or organizations in addressing the health need.

The improvement plan will be approved by the Providence Community Ministry Board by May 15, 2016. When approved, the CHIP will be attached to this community health needs assessment report in Appendix V.

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

Evaluation of impact from 2013 – 2015 Community Health Improvement Plan

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

Following the prior CHNA, Providence collaborated with community partners to develop a community health improvement plan (CHIP) to address the needs identified below. The top health issues for the 2012 CHNA/CHIP were:

The top health issues for the 2013-2015 CHNA/CHIP were:

1. Low-Utilization of Preventive Care
2. Overweight/Lack of Physical Activity
3. Alcohol/Substance Abuse
4. Lack of Access to Care

Prioritized Need #1 Low Utilization of Preventive Care

Data Point	2012 CHNA	2015 CHNA
Needed Health care in last the last 12 months and were NOT able to receive it	8.5%	12.9%
• Percent of those unable to receive needed care in last 12 months that went without **'basic care'**	36.7%	39.0%
• Percent of those unable to receive needed care in last 12 months that went without **'Preventive care/annual exams'**	34.7%	36.6%
Use Emergency room as main source of health care	9.2%	9.5%
Had preventive dental visit (check-up, cleaning or exam) in last 3 years	42.2%	67.0%

Subsidized programs and services

Providence provided numerous subsidized programs and services to the community. These are clinical and social services Providence chooses to provide, regardless of financial loss, because they serve to address a community need not met elsewhere in the community. Subsidized programs and services that address Low-Utilization of Preventive Care include:

- **PSMCC Charity Care and Sliding fee schedule** – PSMCC provided financial assistance to low income patients seeking needed care at PSMCC. A sliding fee scale based on income was implemented in 2012. Providence provided this funding support to qualifying low-income patients to remove cost as a barrier to access to needed care. PSMCC provided roughly $1.5 million in charity care annually from 2013-2015 to serve the poor and vulnerable who might not have otherwise had access to care and to serve the healthcare needs of the community of Seward.

- **Seward Health Fair** – The Seward Health Fair offers fee health education and screenings and provides low-cost blood tests annually to the Seward community. PSMC has been and continues to be a big supporter and co-sponsor of the annual Seward Health Fair to increase community access to health services and to promote preventive screening and education in the community.

Other Providence programs, activities and services that benefit the community

Providence also provided programs and services that meet community needs, but are not categorized as "subsidized" or as "community benefit" by IRS definition, as no unreimbursed costs are incurred in the delivery of the service. Of these programs and services, those that address healthy Low-Utilization of Preventive Care include:

- **Seward Community Health Center** - PSMCC worked collaboratively with the City of Seward and the Seward Community Health Center board in support of an application for a Federally Qualified Health Center (FQHC) in Seward. Providence supported the effort to establish an FQHC in Seward because the designation would allow for better reimbursement and help make primary care more affordable, sustainable and accessible to the Seward community. Upon award of FQHC status for Seward, PSMCC closed Providence Seward Family Care clinic and worked collaboratively with City of Seward and Seward Community Health Center to open the Seward Community Health Center within the PSMCC facility in March of 2014. The transition of primary care services from the Seward Family Care clinic (PSMCC) to the Seward Community Health Center as an FQHC has resulted in an increase from roughly 18 patients served per day to 26 patients served per day.

- **City of Seward's "Know your Numbers" employee program** – The City's "Know Your Numbers" employee program works to increase employee health by promoting active and preventive health screenings. PSMCC supports this effort in collaboration with Seward Wellness for All to identify health risks before they result in harmful health conditions and to promote prevention as a more effective means of improving health in the community.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence sometimes provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to support education and advocacy around Low-Utilization of Preventive Care include:

- **SeaView Community Services** provides a wide array of services and programs including, but not limited to, behavioral health, substance abuse, family development, crisis response, infant learning, prevention, safety net support and senior disability services. Providence provided community investment funding to SeaView to make transportation more readily available to those who need it to help eliminate transportation as a barrier to access to needed services.

- **Seward Wellness for All** was formed in response to the 2008 Providence CHNA and with funding from Providence to serve as a community based effort to improve community health and address business and community wellness initiatives. Providence provided the seed money to establish Seward Wellness for All and most recently has provided in-kind support in the form of a part-time coordinator for SWFA. Providence also provided free lab testing for up to 100 residents to receive free lab testing as well as nutrition counseling and support in the SWFA Health and Wellness Project.

Prioritized Need #2 Overweight/Lack of Physical Activity

Data Point	2012 CHNA	2015 CHNA
Adults overweight or obese	65.0%	63.6%
Number of days per week respondents engaged in physical activity for 30 minutes or more		
• Adults overweight or obese	65.0%	63.6%
• 1-2 days	27.4%	29.4%
• 3-4 days	34.1%	32.5%
• 5+ days	26.2%	29.1%

Subsidized programs and services

Providence provided numerous subsidized programs and services to the community. These are clinical and social services Providence chooses to provide, regardless of financial loss, because they serve to address a community need not met elsewhere in the community. Subsidized programs and services that address Low-Utilization of Preventive Care include:

- **Seward Health Fair** – The Seward Health Fair offers free health education and screenings and provides low-cost blood tests annually to the Seward community. PSMCC has been and continues to be a big supporter and co-sponsor of the annual Seward Health Fair to increase community access to health services and to promote preventive screening and education in the community.

Other Providence programs, activities and services that benefit the community

Providence also provided programs and services that meet community needs, but are not categorized as "subsidized" or as "community benefit" by IRS definition, as no unreimbursed costs are incurred in the delivery of the service. Of these programs and services, those that address healthy Low-Utilization of Preventive Care include:

- **City of Seward's "Know your Numbers" employee program** – The City's "Know Your Numbers" employee program works to increase employee health by promoting active and preventive health screenings. PSMCC supports this effort in collaboration with Seward Wellness for All to identify health risks before they result in a harmful health conditions and to promote prevention as a more effective means of improving health in the community.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence sometimes provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to support education and advocacy around Low-Utilization of Preventive Care include:

- **Seward Wellness for All** was formed in response to the 2008 Providence CHNA and with funding from Providence to serve as a community based effort to improve community health and address business and community wellness initiatives. Providence provided the seed money to establish Seward Wellness for All and most recently has provided in-kind support in the form of a part-time coordinator for SWFA. Providence also provided free lab testing for up to 100 residents to receive free lab testing as well as nutrition counseling and support in the SWFA Health and Wellness Project.

Prioritized Need #3 Alcohol/Substance Abuse

Data Point	2012 CHNA	2015 CHNA
Adults engaged in binge drinking in last 30 days	*	29.3%
• Adults engaged in binge drinking 4 or more times in the last 30 days	*	7.7%
Percent of respondents that find the recreational use of alcohol acceptable	*	90.3%

*Question new to 2015 survey

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence sometimes provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to support education and advocacy around Low-Utilization of Preventive Care include:

- **SeaView Community Services** provides a wide array of services and programs including, but not limited to, behavioral health, substance abuse, family development, crisis response, infant learning, prevention, safety net support and senior disability services. Providence provided community investment funding to support SeaView to remove transportation as a barrier to access to needed services.

Prioritized Need #4 Lack of Access to Care

Data Point	2012 CHNA	2015 CHNA
No health insurance	9.2%	9.5%
Respondents with dependent children that do not have health insurance coverage		6.2%
Needed mental health services in last the last 12 months and were **NOT** able to receive it	4.3%	3.0%
Needed health care in last the last 12 months and were **NOT** able to receive it	8.5%	12.9%

Subsidized programs and services

Providence provided numerous subsidized programs and services to the community. These are clinical and social services Providence chooses to provide, regardless of financial loss, because they serve to address a community need not met elsewhere in the community. Subsidized programs and services that address Low-Utilization of Preventive Care include:

- **PSMCC Charity Care and Sliding fee schedule** – PSMCC provided financial assistance to low income patients seeking needed care at PSMCC. A sliding fee scale based on income was implemented in 2012. Providence provided this funding support to qualifying low-income patients to remove cost as a barrier to access to needed care. PSMCC provided roughly $1.5 million in charity care annually from 2013-2015 to serve the poor and vulnerable who might not have otherwise had access to care and to serve the healthcare needs of the community of Seward.

- **Seward Health Fair** – The Seward Health Fair offers fee health education and screenings and provides low-cost blood tests annually to the Seward community. PSMC has been and continues to be a big supporter and co-sponsor of the annual Seward Health Fair to increase community access to health services and to promote preventive screening and education in the community.

Other Providence programs, activities and services that benefit the community

Providence also provided programs and services that meet community needs, but are not categorized as “subsidized” or as “community benefit” by IRS definition, as no unreimbursed costs are incurred in the delivery of the service. Of these programs and services, those that address healthy Low-Utilization of Preventive Care include:

- **Seward Community Health Center** - PSMCC worked collaboratively with the City of Seward and the Seward Community Health Center board in support of an application for a Federally Qualified Health Center (FQHC) in Seward. Providence supported the effort to establish an FQHC in Seward because the designation would allow for better reimbursement and help make primary care more affordable, sustainable and accessible to the Seward community. Upon award of FQHC status for Seward, PSMCC closed Providence Seward Family Care clinic and worked collaboratively with City of Seward and Seward Community Health Center to open the Seward Community Health Center within the PSMCC facility in March of 2014. The transition of primary care services from the Seward Family Care clinic (PSMCC) to the Seward Community Health Center as an FQHC has resulted in an increase from roughly 18 patients served per day to 26 patients served per day.

- **City of Seward's "Know your Numbers" employee program** – The City's "Know Your Numbers" employee program works to increase employee health by promoting active and preventive health screenings. PSMCC supports this effort in collaboration with Seward Wellness for All to identify health risks before they result in a harmful health conditions and to promote prevention as a more effective means of improving health in the community.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence sometimes provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to support education and advocacy around Low-Utilization of Preventive Care include:

- **SeaView Community Services** provides a wide array of services and programs including, but not limited to, behavioral health, substance abuse, family development, crisis response, infant learning, prevention, safety net support and senior disability services. Providence provided community investment funding to SeaView to make transportation more readily available to those who need it to help eliminate transportation as a barrier to access to needed services.

- **Seward Community Health Center** provides affordable primary care services to the Seward Community. Providence provided community investment funding to support SCHC in their efforts to ensure greater primary and preventive care access to the Seward community. The transition of primary care services from the Seward Family Care clinic (PSMCC) to the Seward Community Health Center as an FQHC has resulted in an increase from roughly 18 patients served per day to 26 patients served per day.

- **Ground Transport Services** - Providence provided community investment funding to help support access to emergency ground transportation services for the Seward community.

- **Hospice Services** - Providence provided community investment funding in the Seward community to help ensure compassionate care to those facing terminal illness or injury.

2015 CHNA approval

This CHNA was adopted on November 17, 2015 by the Providence Community Ministry Board and Executives. The final report was made widely available[2] March 2016.

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Providence Seward Medical and Care Center

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

[2] Per § 1.501(r)-3 IRS Requirements

Appendices

Appendix I – Health indicators and trends

Community/Demographic Profile – Secondary Data

Due to small sample sizes in state and federal community health surveys, most data sources only reflect data down to the borough level. This fact is the principle reason this needs assessment included a robust primary data collection effort in the form of a community survey as reflected in the previous section. Even though borough level data is of limited value for the Seward community, it is included in the hopes that it would provide some additional level of insight into health needs in the Seward community.

Age Distribution (Seward, Bear Creek and Moose Pass)

	City of Seward		Bear Creek		Moose Pass		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total population	2,693	100.0%	1,956	100.0%	219	100.0%	4868	100.0%
Under 5 years	137	5.1%	123	6.3%	12	5.5%	272	5.6%
5 to 9 years	98	3.6%	115	5.9%	14	6.4%	227	4.7%
10 to 14 years	100	3.7%	117	6.0%	17	7.8%	234	4.8%
15 to 19 years	156	5.8%	123	6.3%	17	7.8%	296	6.1%
20 to 24 years	294	10.9%	95	4.9%	5	2.3%	394	8.1%
25 to 29 years	250	9.3%	118	6.0%	16	7.3%	384	7.9%
30 to 34 years	205	7.6%	129	6.6%	17	7.8%	351	7.2%
35 to 39 years	179	6.6%	124	6.3%	7	3.2%	310	6.4%
40 to 44 years	177	6.6%	138	7.1%	13	5.9%	328	6.7%
45 to 49 years	210	7.8%	197	10.1%	23	10.5%	430	8.8%
50 to 54 years	255	9.5%	232	11.9%	23	10.5%	510	10.5%
55 to 59 years	226	8.4%	208	10.6%	16	7.3%	450	9.2%
60 to 64 years	151	5.6%	127	6.5%	14	6.4%	292	6.0%
65 to 69 years	101	3.8%	54	2.8%	13	5.9%	168	3.5%
70 to 74 years	45	1.7%	18	0.9%	6	2.7%	69	1.4%
75 to 79 years	34	1.3%	18	0.9%	4	1.8%	56	1.2%
80 to 84 years	39	1.4%	17	0.9%	0	0.0%	56	1.2%
85 years and over	36	1.3%	3	0.2%	2	0.9%	41	0.8%

Race (Seward, Bear Creek and Moose Pass)

	Percent
White alone	73.23%
American Indian and Alaska Native alone	13.27%
Hispanic or Latino (of any race) alone	2.86%
Asian alone	1.89%
Black or African American alone	1.87%
Native Hawaiian and Other Pacific Islander alone	0.47%
Some Other Race alone	0.12%
Two or More Races	6.29%

Kenai Peninsula Population

The population for the Kenai Peninsula Borough is 59,180. According to future projections provided by ESRI for the Kenai Peninsula Borough the population is expected to grow modestly over the next five years, by 5.3% or 3,138 people. Alaska is anticipated to grow by 4.4% or 32,496 people over the next five years, while the US population is expected to grow by 3.8%.

2015 and 2020 Population

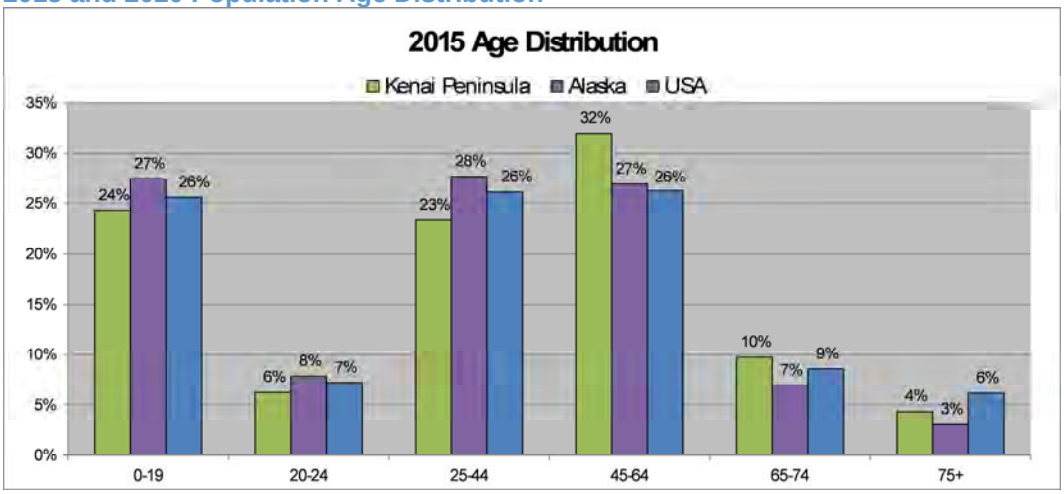
	2015	2020	% Change (2015-2020)	Change (2015-2020)
Kenai Peninsula	59,180	62,318	5.3%	3,138
Alaska	741,123	773,619	4.4%	32,496
USA	318,536,439	330,622,575	3.8%	12,086,136

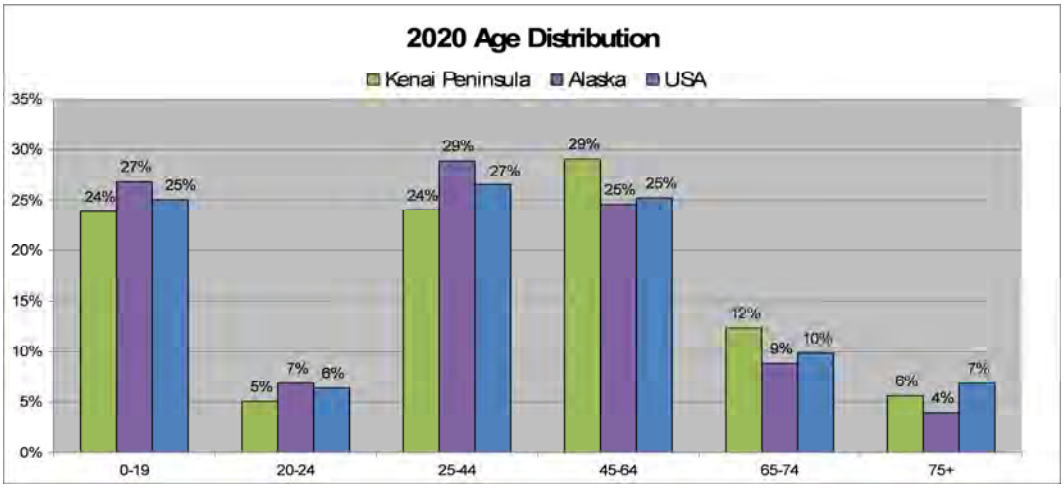
ESRI Business Information Solutions, 2015

Population by Age

Population was grouped into major age categories for comparison. In general, the Kenai Peninsula Borough has a significantly higher proportion of people ages 45-64 than Alaska and the Nation. Conversely, the proportion of people ages 25-44 is lower than Alaska and the Nation. The service area population is expected to continue aging over the next five years, as the proportion of people ages 65-74 continues to rise. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

2015 and 2020 Population Age Distribution

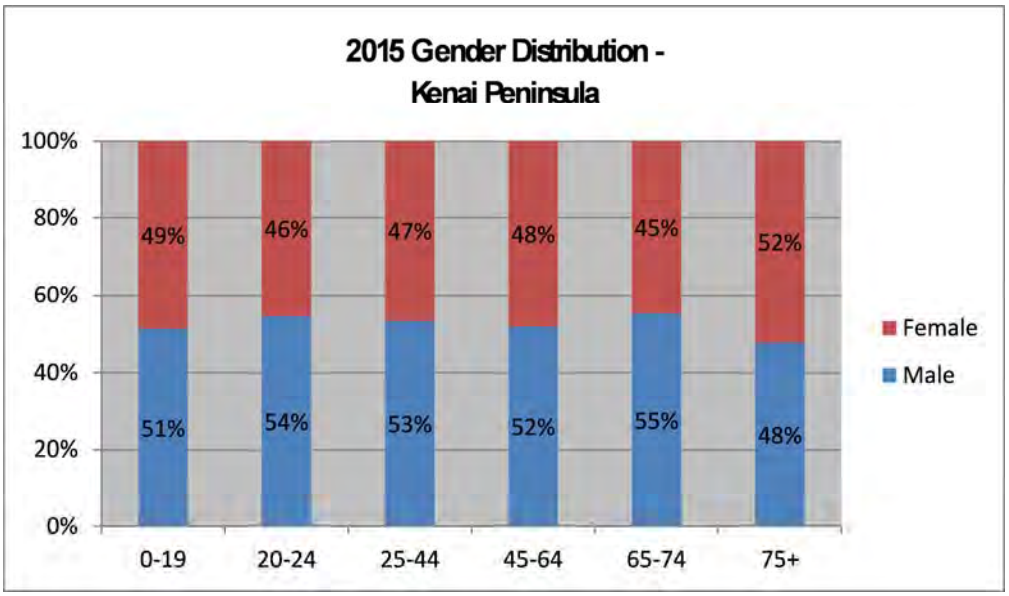


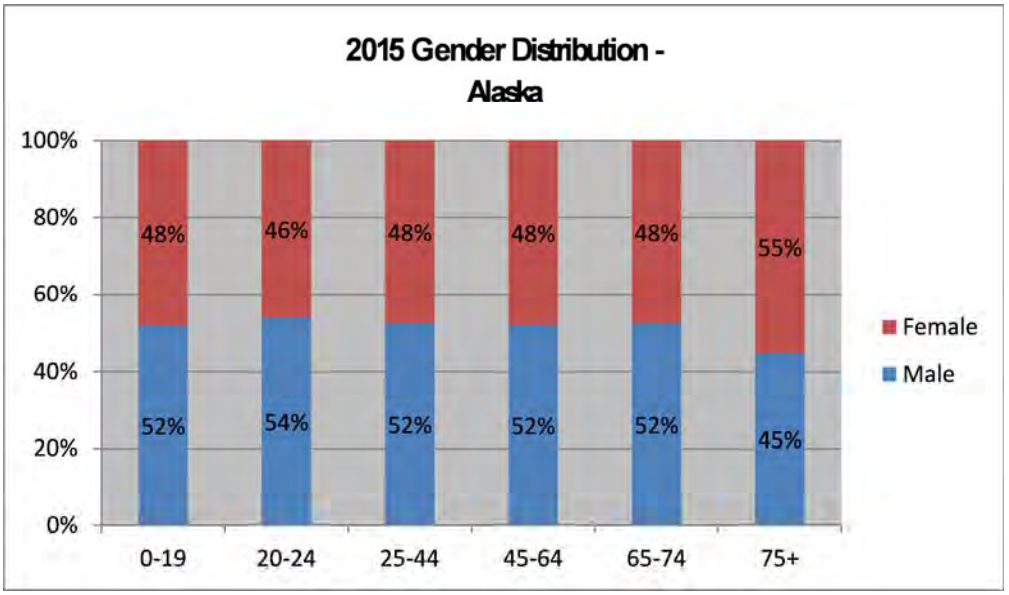


ESRI Business Information Solutions, 2015

Population by Gender Distribution

Population was grouped into gender categories for comparison. In general, the Kenai Peninsula Borough has a slightly higher proportion of males than females, consistent with Alaska.





ESRI Business Information Solutions, 2015

Kenai Peninsula Borough (KBP) Population by Race and Ethnicity

The KPB service area is less racially diverse than Alaska, with 83% of the population White Alone, while Alaska Natives make up roughly 7% of the population. It is important for PSMCC to continue outreach with all population groups to ensure that the health needs of all population groups within the community are being met.

2015 and 2020 Population by Race

2015 - Population by Race	Kenai Peninsula		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	49,230	83%	480,493	65%	225,901,735	71%
Black Alone	601	1%	29,680	4%	40,703,996	13%
Alaska Native Alone	4,321	7%	106,129	14%	3,101,260	1%
Asian Alone	783	1%	43,303	6%	16,673,820	5%
Pacific Islander Alone	181	0%	9,313	1%	593,610	0%
Some Other Race Alone	483	1%	14,296	2%	21,205,679	7%
Two or More Races	3,581	6%	57,909	8%	10,356,339	3%

2020 - Population by Race	Kenai Peninsula		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	50,940	82%	486,415	63%	229,472,961	69%
Black Alone	978	2%	35,464	5%	42,837,301	13%
Alaska Native Alone	4,486	7%	108,671	14%	3,295,938	1%
Asian Alone	930	1%	48,956	6%	19,090,285	6%
Pacific Islander Alone	249	0%	11,746	2%	658,299	0%
Some Other Race Alone	616	1%	17,301	2%	23,435,249	7%
Two or More Races	4,119	7%	65,066	8%	11,832,542	4%

ESRI Business Information Solutions, 2015

Housing

Housing data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. Over the five-year period analyzed below, the Borough indicates a higher homeownership rate than Alaska and the Nation, with median home value below Alaska but above the Nation. Persons per household are maintained at a very reasonable level and are consistent with Alaska and the Nation.

2009 - 2013	Kenai Peninsula	Alaska	USA
Homeownership rate	72.7%	63.8%	64.9%
Housing units in multi-unit structures	11.7%	24.0%	26.0%
Median value of owner-occupied housing units	$204,900	$241,800	$176,700
Households	21,720	251,899	115,610,216
Persons per household	2.5	2.8	2.6

U.S. Census Bureau: State and County QuickFacts

Income

Income data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. 2015 data reveals that Median household income for the Kenai Peninsula Borough is slightly lower than Alaska, but well above the Nation. Average household income in Kenai Peninsula Borough is lower than Alaska but higher than the Nation. Over the next five years, income levels are expected to rise in the Kenai Peninsula Borough, Alaska, and the Nation.

2015 and 2020 Income Levels

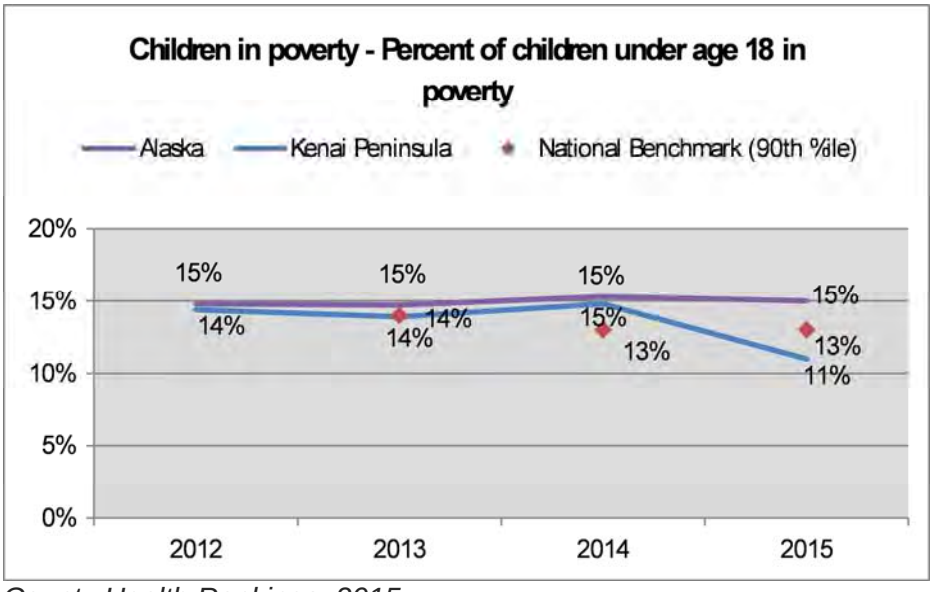
2015	Kenai Peninsula Number	Alaska Number	USA Number
Median Household Income	65,189	66,825	51,407
Average Household Income	73,792	81,678	68,599

2020	Kenai Peninsula Number	Alaska Number	USA Number
Median Household Income	75,435	77,228	57,762
Average Household Income	82,431	92,881	78,624

ESRI Business Information Solutions, 2015

Kenai Peninsula Borough Poverty

Children in poverty data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. From 2012-2014, the trend was fairly consistent and on par with Alaska and the Nation. A significant drop in 2015 indicates conditions are improving for those once below the poverty thresholds.



County Health Rankings, 2015

Educational Attainment

Educational data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. The Borough has a strong high school graduation rate, but interestingly, has a lower college completion percentage than Alaska and the Nation. Both rates have been increasing since 2010, which is a positive indication.

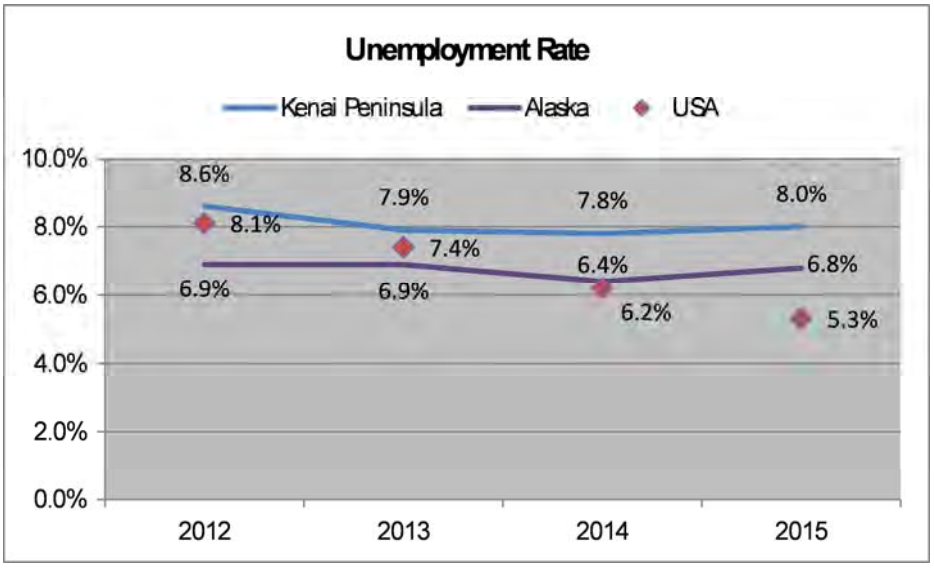
2009 - 2013	Kenai Peninsula	Alaska	USA
High school graduate or higher*	92.8%	91.6%	86.0%
Bachelor's degree or higher*	23.7%	27.5%	28.8%

*Persons age 25+

U.S. Census Bureau: State and County QuickFacts

Unemployment

Unemployment data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. While the Borough unemployment rate has remained fairly steady over the past three years, it is still higher than the rates of Alaska and significantly higher than the Nation.



Alaska Department of Labor and Workforce Development, Research and Analysis Section, 2015

Note: Kenai Peninsula Borough data is not seasonally adjusted, as that data in not available. Alaska data is seasonally adjusted.

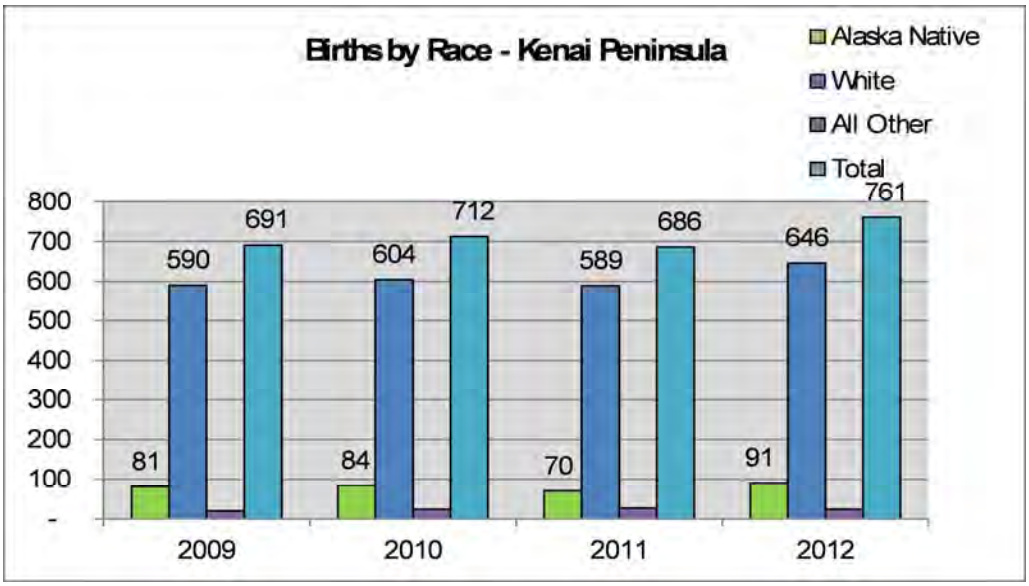
Secondary Data Results

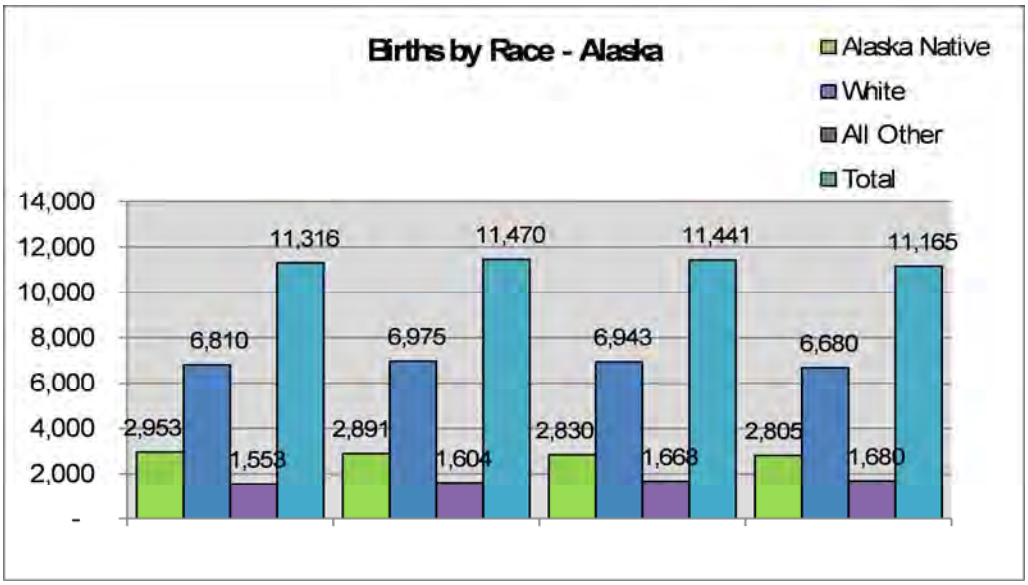
The County Health Rankings display health rankings of nearly every county in the nation and what influences the health of a county. They measure four types of health factors: health behaviors, clinical care, social and economic and physical environment factors. In turn, each of these factors is based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

Overall, the Kenai Peninsula Borough ranked #5 out of 23 Boroughs/Counties/Census Areas ranked in the state for health outcomes based on the data collected by County Health Rankings.

Birth Statistics

Number of births for the Kenai Peninsula Borough have generally increased from 2009-2012, while Alaska has seen a decrease in total number of births.

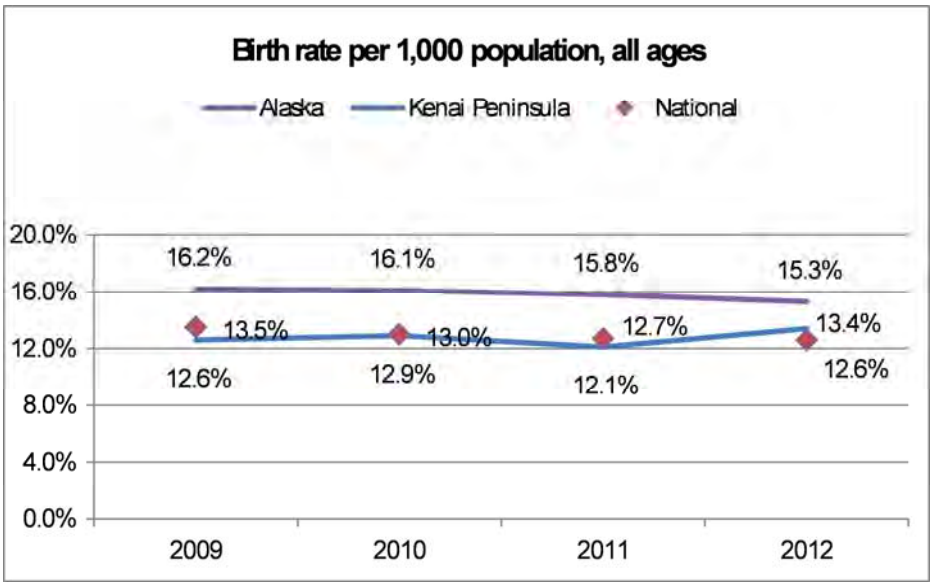




Alaska Bureau of Vital Statistics, 2013

Birth Rate

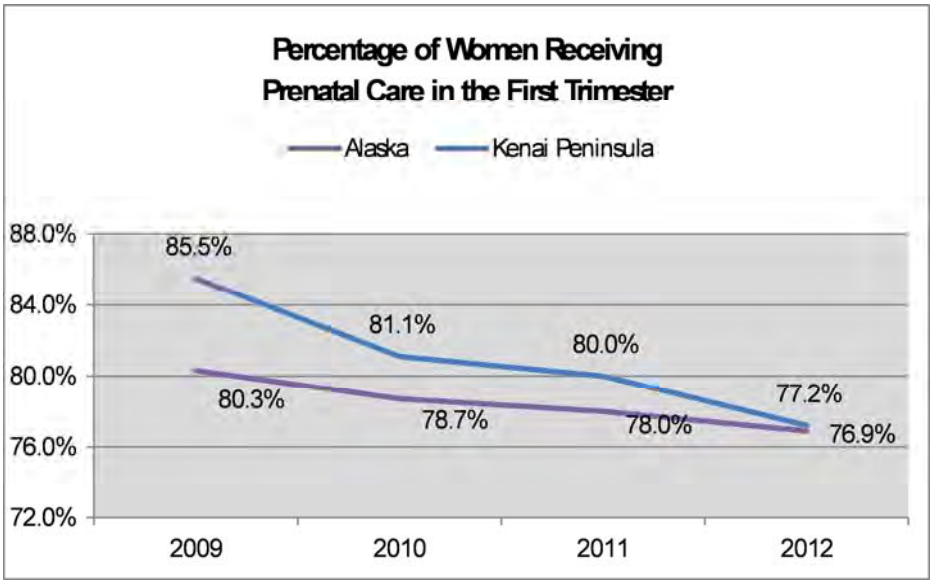
Low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival.



County Health Rankings, 2015; National Vital Statistics Reports, Vol. 64, No. 1, January 15, 2015

Prenatal Care

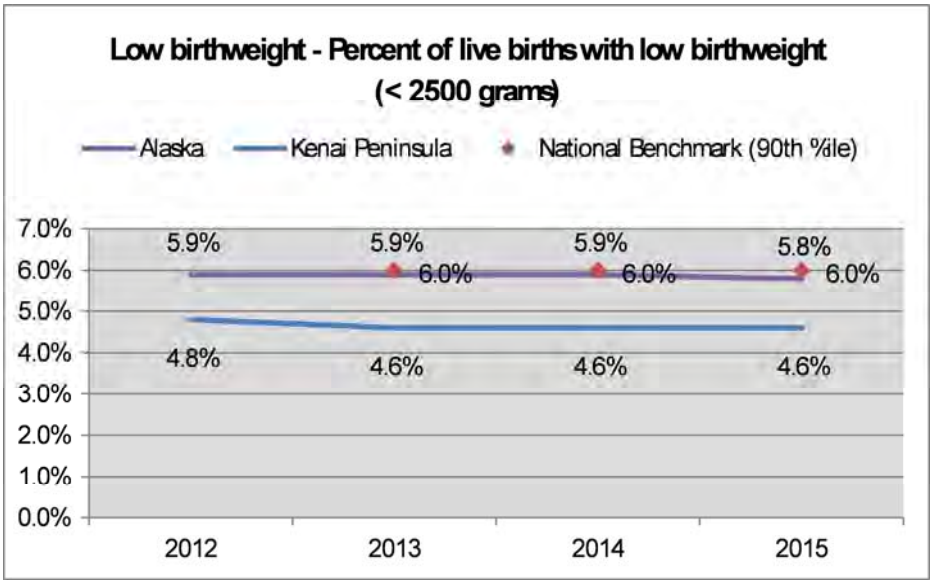
Women who receive prenatal care in the first trimester typically have better birth outcomes. The percentage of women receiving this care was analyzed for the Kenai Peninsula Borough and compared to Alaska. Both geographies are seeing a downward trend in prenatal care in the first trimester, likely noting a need that could be addressed.



Alaska Bureau of Vital Statistics, 2013

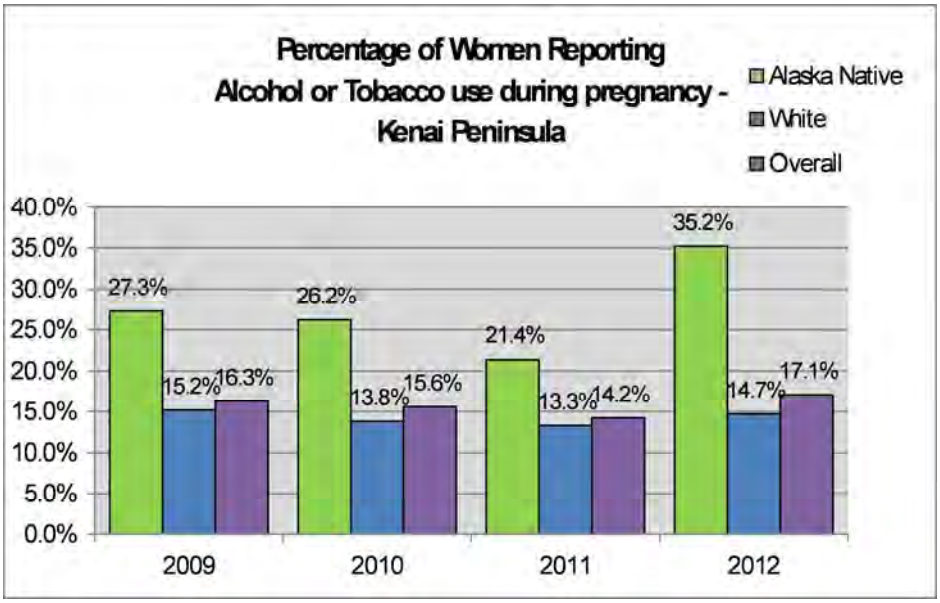
Birth weight

Low birth weight percentages in the Kenai Peninsula Borough have been lower than the state and national benchmark from 2012-2015. Rates in the Borough have remained flat at approximately 4.6%.



County Health Rankings, 2015

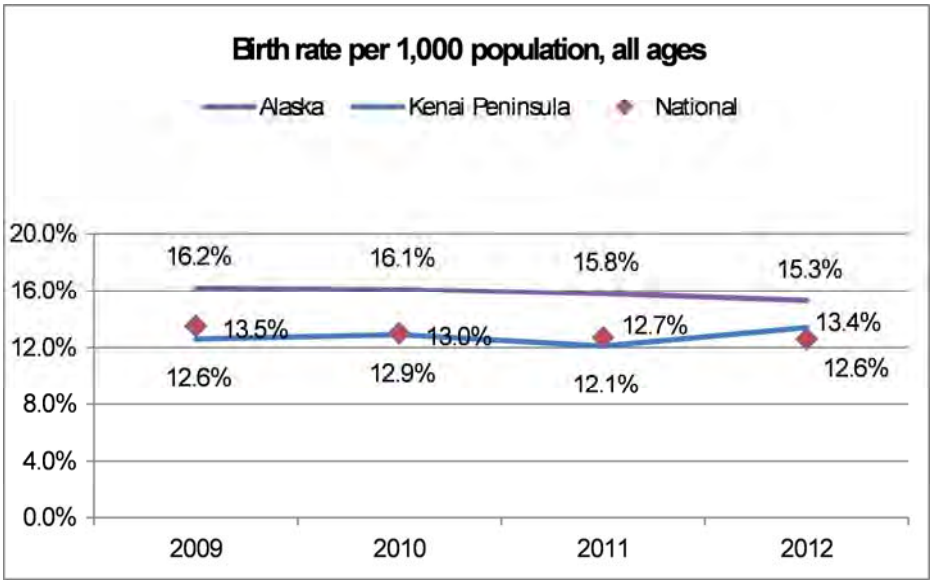
Another contributing factor to low birth weight and other complications is alcohol and tobacco use during pregnancy. Within the Borough, Alaska Natives are reporting significantly higher alcohol and tobacco use than the rest of the population. This represents an opportunity to address a significant health concern in the Borough. The trend of Alaskan Natives holds true across Alaska as well.



County Health Rankings, 2015

Teen Birth Rates

Teen birth rates were also analyzed for the Kenai Peninsula Borough and compared to Alaska and the Nation. Teen birth rates in the Borough are significantly lower than Alaska but higher than national benchmarks. The rate has been fairly steady over the past three years.



County Health Rankings, 2015

Death Statistics

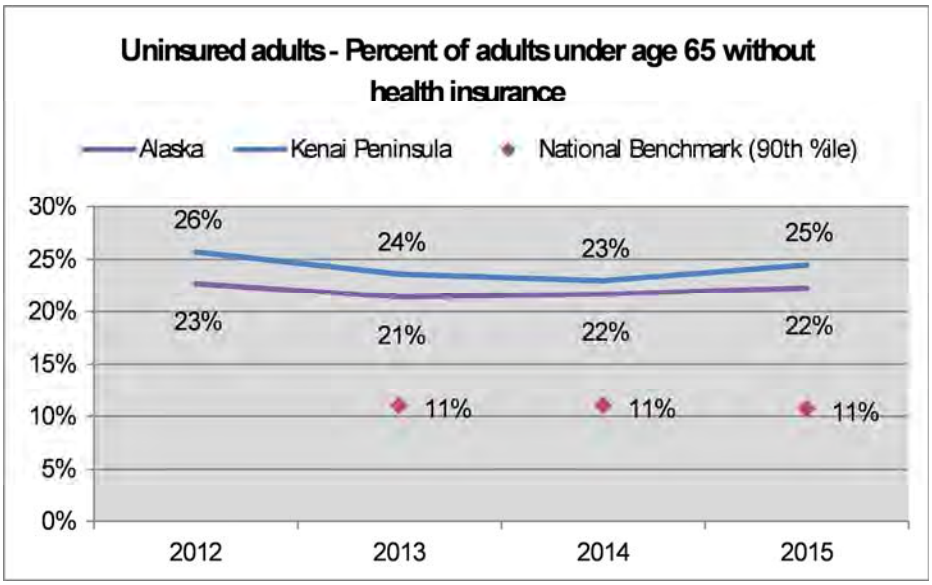
The top five leading causes of death in the Kenai Peninsula Borough were analyzed for 2011-2013 and compared to Alaska. Historically, cancer has ranked as the number one leading cause of death, however, in 2013, heart disease became the leading cause, as indicated below. Rates of unintentional injuries are 21% higher than Alaska, which reflects environmental factors that should be considered as ongoing health issues within the community. Suicide deaths for the Borough totaled 47 with a crude rate of 27.6, higher than the statewide crude rate of 21.9

Cause of Death (ICD-10 Codes)	Rank	Deaths	Crude Rate[3]	Age-Adjusted Rate[4]	AK Rank	AK Crude Rate[3]	AK Age-Adjusted Rate[4]
Diseases of the Heart (I00-I09, I11, I13, I20-I51)	1	88	154.8	157.4	2	95.7	132.2
Malignant Neoplasms (C00-C97)	2	87	153.0	129.4	1	137.4	167.5
Unintentional Injuries (V01-X59, Y85-Y86)	3	33	58.0	66.5	3	48.1	52.4
Chronic Lower Respiratory Diseases (J40-J47)	4	21	36.9	34.0	4	26.8	37.0
Cerebrovascular Diseases (I60-I69)	5	20	35.2	38.9	5	25.5	39.9
TOTAL DEATHS		378	664.8	664.3		542.8	712.7

[1]Leading causes with less than 3 deaths are not reported.
[2]Borough or Census Area
[3]Crude rates are per 100,000 population
[4]Age-Adjusted rates are per 100,000 U.S. year 2000 standard population.
*Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution.
**Rates based on fewer than 6 occurrences are not reported.
Alaska Bureau of Vital Statistics, 2013

Insurance

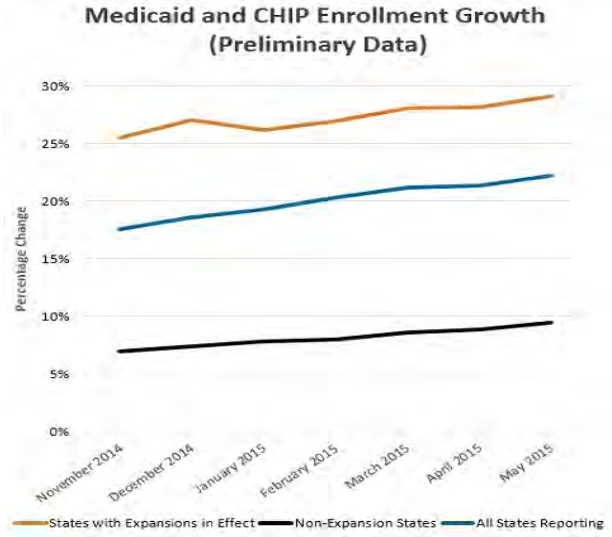
Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act, which took effect in 2014, is to lower the rate of uninsured persons and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured adult rate in the Kenai Peninsula Borough is 25%, which is higher than Alaska, and more than double the national benchmark.



County Health Rankings, 2015

Medicaid and Denali KidCare Enrollment

Specific populations eligible and enrolled for Medicaid and KidCare can also help create beneficial health outcomes. Nationally, states that expanded the Medicaid program as part of the ACA have had significantly more success in increasing Medicaid and KidCare enrollments, as the chart below indicates. Alaska is a state that did not expand its Medicaid coverage and as a result has seen a slight decrease in overall Medicaid and KidCare enrollment since 2013. As a percentage of eligible beneficiaries, Alaska has reported an 82.0% enrollment rate, compared to 88.3% rate nationally.



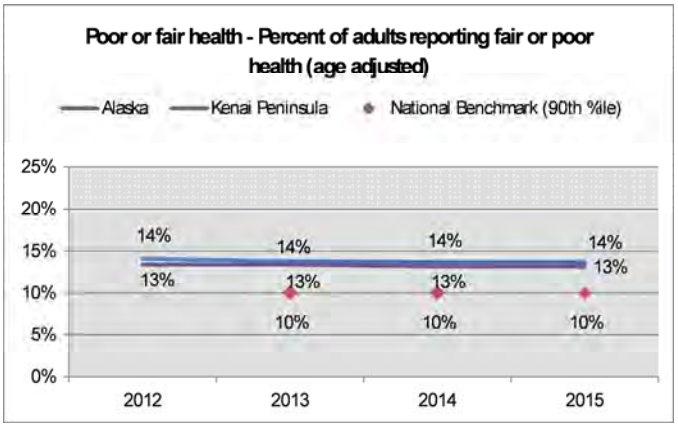
Medicaid.gov

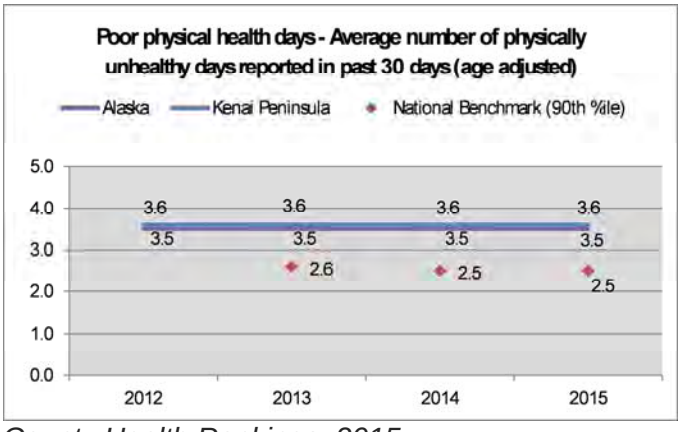
State	State Medicaid & CHIP Enrollment			National		
	Total Medicaid & CHIP Enrollment (May 2015) (Preliminary)	Comparison of May 2015 data to July-September 2013 Average Enrollment		Total Medicaid & CHIP Enrollment, all States (May 2015) (Preliminary)	Comparison of May 2015 data to July-September 2013 Average Enrollment	
		Net Change	% Change		Net Change	% Change
Alaska	121,780	-554	-0.45%	71,637,638	12,820,582	22.18%

Medicaid.gov

General Population Health

One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of "poor or fair health" in the Kenai Peninsula Borough was higher than Alaska, and both are higher than the Nation. What this means is that the population in the Borough considers themselves to be less healthy in general compared to other Alaskans. A similar self-reported measure is "poor physical health days," which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in the Kenai Peninsula Borough are also above Alaska and significantly above the National benchmark. Both rates have been steady from 2013 to 2015 in the Borough, consistent with trends in Alaska and nationally.

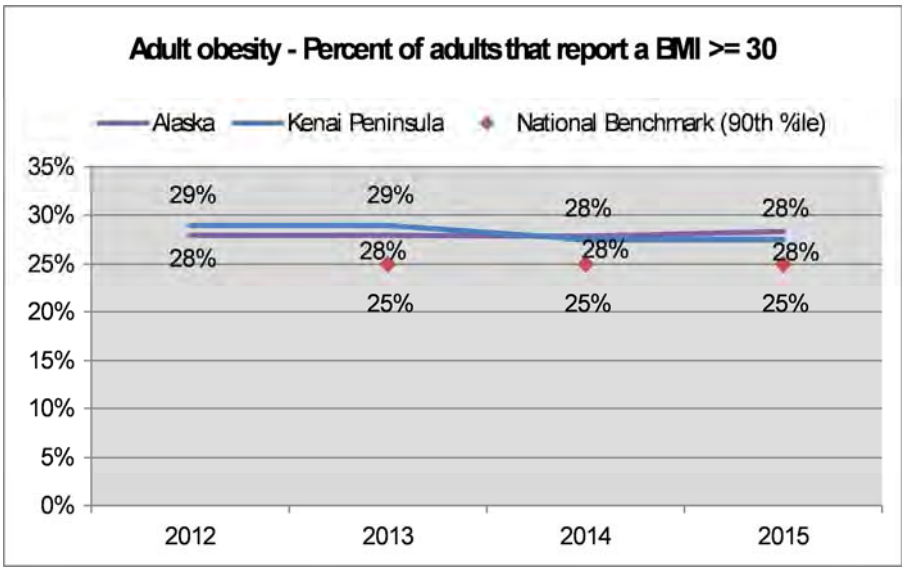




County Health Rankings, 2015

Adult Obesity

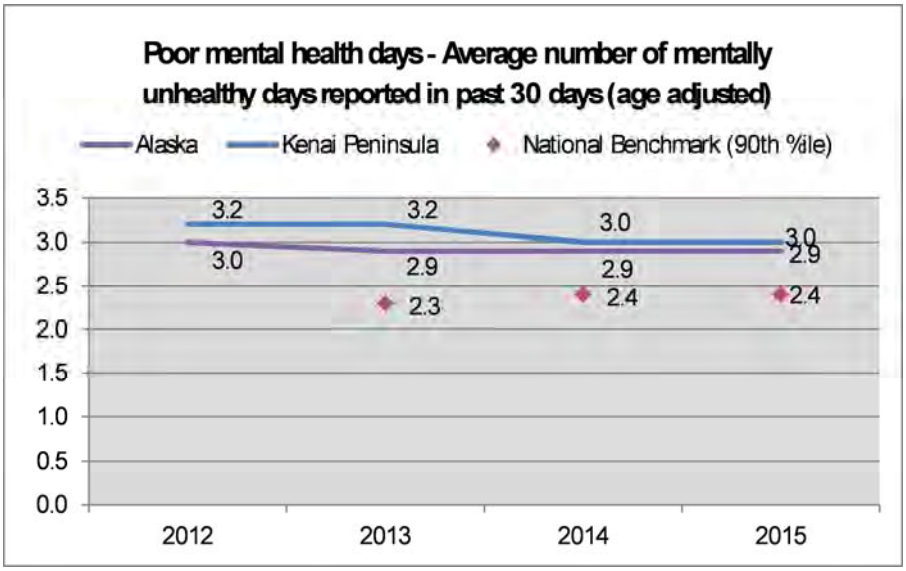
A third measure of general health of the population is the percentage of adult obesity. Nationally, the 90th percentile benchmark rate has been around 25% of the population. In the Kenai Peninsula Borough, the percentage of adults who are obese has dropped slightly from 29% in 2013 to 28% in 2015. This falls in line with the Alaska rate which has been steady at 28% over the past three years.



County Health Rankings, 2015

Mental Health

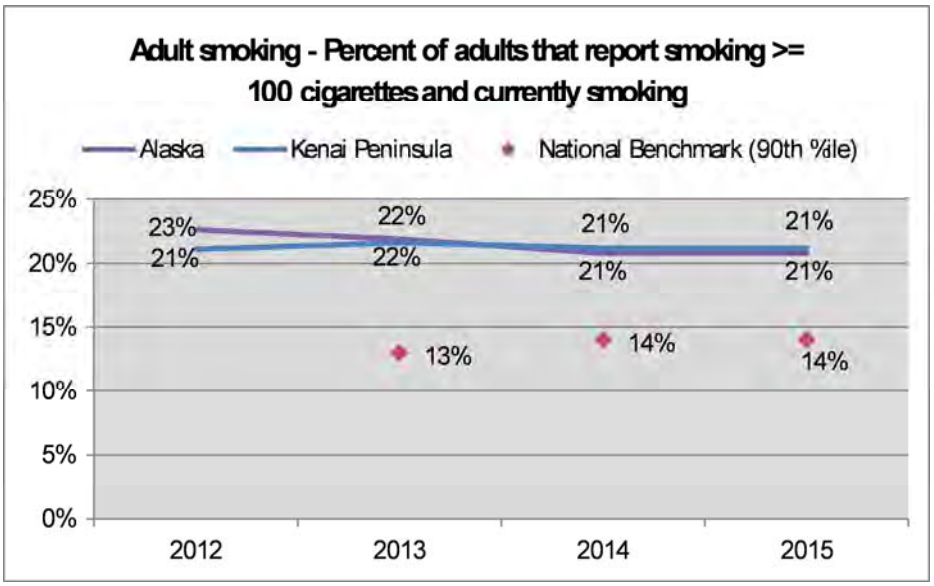
Another indicator, "Poor mental health days," refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in the Kenai Peninsula Borough are higher than Alaska, and significantly above the national benchmark. The rate did drop slightly from 2013 to 2015 in the Borough which represents an improvement.



County Health Rankings, 2015

Adult Smoking

Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The percentage of adults that report smoking in the Kenai Peninsula Borough has declined from 22% in 2013 to 21% in 2015. These rates are consistent with Alaska, and significantly above the national benchmark rate of 14%.



County Health Rankings, 2015

Substance Use By Students

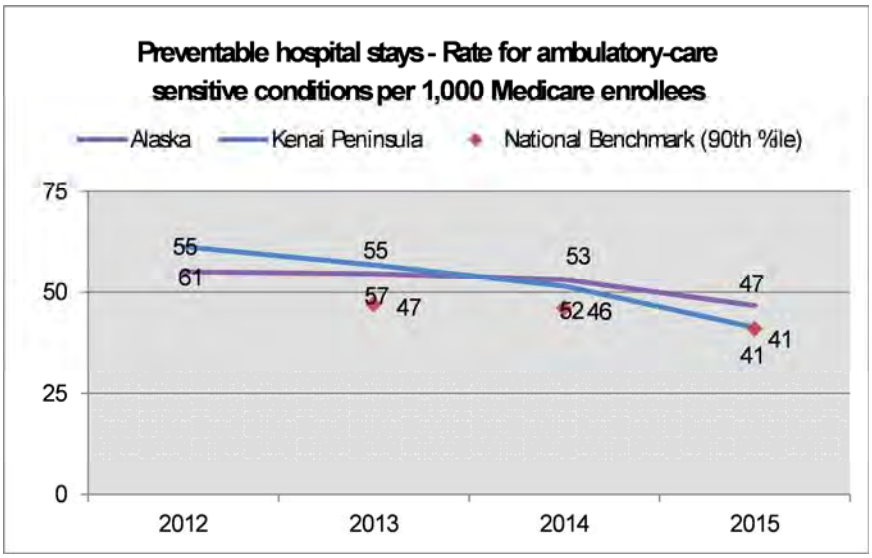
Substance abuse beginning at a young age is a leading indicator of future habits. The below excerpt highlights substance abuse trends among Alaska high school age students over a 10-year period. For each category, trends have been declining over that time, possibly indicating better understanding and awareness of the effects these substances can have on long-term health.

2003	2005‡	2007	2009	2011	2013	Trends*
Smoked cigarettes on at least one of the past 30 days (current cigarette smoker):						
19.2%		17.8%	15.7%	14.1%	10.6%	⊖ Decreased 2003-2013
Used chewing tobacco, snuff, or dip on one or more of the past 30 days (current smokeless tobacco user):						
11.2%		10.4%	13.6%	8.4%	9.1%	No change
Had at least one drink of alcohol on one or more of the past 30 days (current alcohol drinker):						
38.7%		39.7%	33.2%	28.6%	22.5%	⊖ Decreased 2003-2013**
Had five or more drinks of alcohol within a couple of hours on one or more of the past 30 days (current binge alcohol drinker):						
26.5%		25.8%	21.7%	16.7%	12.8%	⊖ Decreased 2003-2013**
Used marijuana one or more times during the past 30 days (current marijuana user):						
23.9%		20.5%	22.7%	21.2%	19.7%	⊖ **Decreased 2003-2013†**

Alaska Youth Risk Behavior Survey, 2013

Preventable Hospital Stays

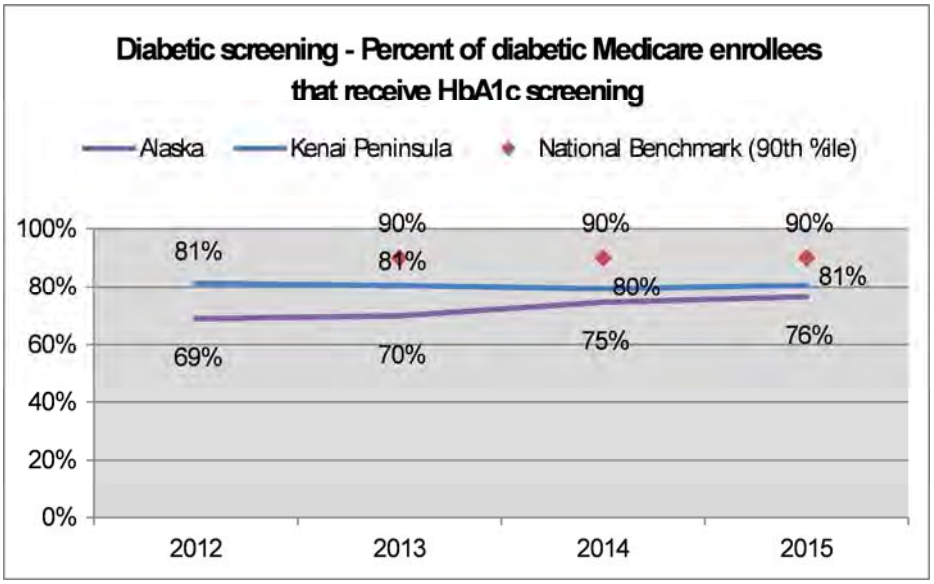
Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates in the Kenai Peninsula Borough have been dropping considerably over the past four years, and in 2015 remain significantly below the Alaska benchmark and consistent with the national benchmark.



County Health Rankings, 2015

Screening

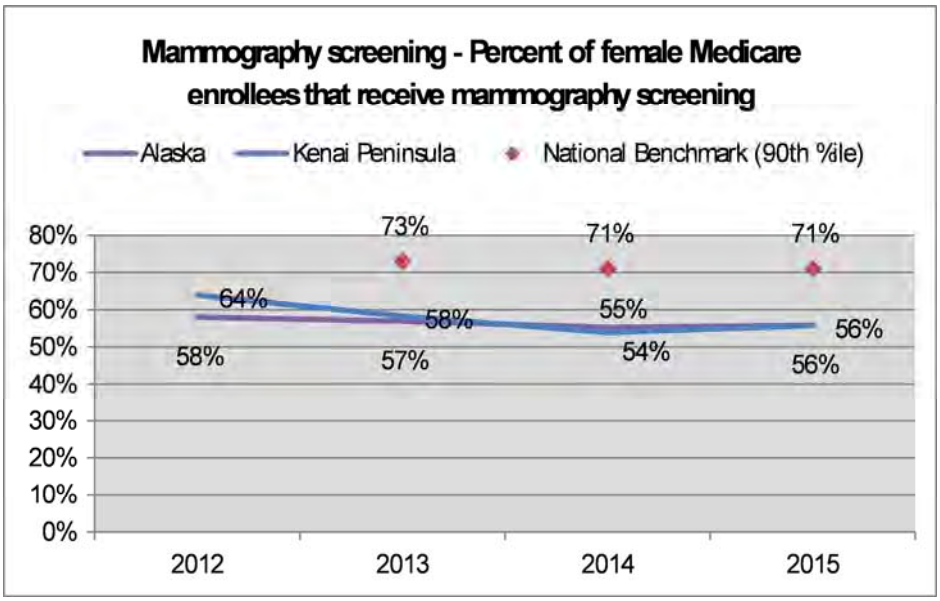
Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates in the Kenai Peninsula Borough have remained steady at 81% from 2012 to 2015. This reflects an opportunity for the Borough in terms of achieving screening rates toward the national benchmark rate of 90%. Alaska rates also rose from 2013 to 2015 to 76% diabetic screening rates.



County Health Rankings, 2015

Mammography

Mammography screening rates in the Kenai Peninsula Borough have mostly declined over the past four years, with a slight increase in screening rates to 56% in 2015. This rate is similar to the Alaska screening rate which dropped from 57% in 2013 to 56% in 2015. The national benchmark for screening rates is around 71%, well above the Borough rates.



County Health Rankings, 2015

1. Have you needed health care in the last 12 months and were you able to receive it?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						513	77.5%	87.1%	73.4%
No						56	8.5%	12.9%	26.6%
Didn't need health care						93	14%		
Not Answered						9			
						Valid Responses	662		
						Total Responses	671		

1a. If yes, what was the primary reason for your most recent visit?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Emergency care						82	15.9%	13.9%	*
Acute (new) problem						118	22.9%	19.3%	*
Chronic (ongoing) problem						90	17.5%	21.5%	*
Preventive care						111	21.6%	22.9%	*
Required physical/annual examination						69	13.4%	16.5%	*
Other (specify)						45	8.7%	5.9%	*
Not Answered						10			
						Valid Responses	515		
						Total Responses	525		

1a. Other responses

Response
OB (5)
Injury (3)
Chiropractic (2)
Imaging (2)
Lab tests (2)
Medication renewal (2)
Acute, chronic and preventive care
Back
Broken arm
Cold
Crohn's infusion
Diabetic
Ear infection
Exacerbation of old injury
Follow-up appt.
Foot surgery
Had an issue that needed care and did not have time to go to Anchorage. Went to emergency room.
Heart attack

Inoculations
Medication review
No confidence in local medical
Physical therapy
Post-Op
Post-partum checkup
Pre-op
Required TB test
Sick
Sick kids/pregnancy
Sleep insomnia
Sore throat
Staph infection
Surgery
Swelling of legs
Well baby
Wrist surgery

1b. If no, why couldn't you receive it?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
No insurance/couldn't afford it						9	19.6%	43.1%	*
Insurance wouldn't cover it						2	4.3%	2.0%	*
Couldn't afford co-pay						2	4.3%	11.8%	*
Needed a specialist that was not available in Seward						6	13.0%	13.7%	*
Services not available						15	32.6%	17.6%	*
Confidentiality issues						0	0.0%	5.9%	*
Wanted but couldn't find same gender provider						2	4.3%		*
Other (specify)						10	21.7%	25.5%	*
Not Answered						17	17		
					Valid Responses		46		
					Total Responses		63		

1b. Other responses

Response
Long wait time (5)
N/A
Established relationship with provider

1c. If no, what type of health care did you go without? (Mark all that apply)
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Basic care						16	39.0%	36.7%	*
Preventive care/annual exams						15	36.6%	34.7%	*
Specialist						10	24.4%	10.2%	*
Chronic (ongoing) problem						5	12.2%	26.5%	*
Acute (new) problem						8	19.5%	22.4%	*
Prescription medications						4	9.8%	14.3%	*
Other (specify) --						5	12.2%	18.4%	*
						Valid Responses	41		
						Total Responses	57		

1c. Other responses

Response
Prenatal
Mammography
N/A

2. Do you use the emergency room for your main source of health care? This would be for illness as well as emergencies.
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						63	9.5%	9.2%	13.4%
No						600	90.5%	90.8%	86.6%
Not Answered						8			
						Valid Responses	663		
						Total Responses	671		

3. Do you have health insurance?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						612	92.7%	86.4%	79.3%
No						42	6.4%	13.6%	20.7%
Don't know						6	0.9%		
Not Answered						11			
						Valid Responses	660		
						Total Responses	671		

3a. If yes, where do you get your health insurance?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Employer or spouse's employer						430	69.8%	76.9%	*
Alaska Health Insurance Exchange						14	2.3%		*
Private insurance you purchased on your own						25	4.1%	7.1%	*
State or federal program (such as Medicaid or Medicare)						74	12.0%	10.1%	*
Other (specify)						73	11.9%	5.9%	*
Not Answered						9			
						Valid Responses	616		
						Total Responses	625		

3a. If yes, where do you get your health insurance? (Other responses)

Response
VA (8)
Alaska Retirement (7)
Health Insurance Exchange (7)
Parents (7)
Retirement (7)
Indian Health Service (5)
TriCare (5)
Secondary AARP (3)
ILWU (2)
Public Employees Retirement System (2)
Blue Cross
COBRA
College
Employer or spouse's employer & State or federal program (such as Medicaid or Medicare)
Health co-op
Medicaid
Medicare/AARP Supplement
Medicare/Tricare
Moda (Private Insurance Purchased on Your Own)
Other
Sharing program-Samaritan Ministries
South Central Foundation (BIA)
VA/Danali & Tribe
VA/Tricare
VA (8)
Alaska Retirement (7)
Health Insurance Exchange (7)
Parents (7)

3b. If no, why not? (Choose all that apply)
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Employer doesn't offer health insurance						6	15.0%	25.5%	*
Too expensive						25	62.5%	69.4%	*
Not eligible for employer health insurance						8	20.0%	13.3%	*
Other (specify)						8	20.0%	17.3%	*
					Valid Responses		40		
					Total Responses		43		

3b. If no, why not? (Other responses)

Response
Have cover oversea, plus travel insurance while living in the US
Haven't found the right policy
Haven't applied
No nonprofit / [illegible] option in AK
Crishan Coop Ins.
Native Health Care

4.Does your health insurance cover or do you have additional coverage for:
(Respondents could only choose a single response for each topic)

		Yes	No	Don't know	Total
Prescriptions?	Count	549	34	27	610
	% by Row	90.0%	5.6%	4.4%	100.0%
Treatment for substance abuse? (alcohol/drugs, etc.)	Count	242	81	275	598
	% by Row	40.5%	13.5%	46.0%	100.0%
Vision care?	Count	465	106	32	603
	% by Row	77.1%	17.6%	5.3%	100.0%
Long-term care? (nursing home)	Count	129	215	251	595
	% by Row	21.7%	36.1%	42.2%	100.0%
Dental care?	Count	480	108	18	606
	% by Row	79.2%	17.8%	3.0%	100.0%
Home health?	Count	111	146	334	591
	% by Row	18.8%	24.7%	56.5%	100.0%
Total	Count	1976	690	937	3603
	% by Row	54.8%	19.2%	26.0%	100.0%

5. Do your dependent children have:
(Respondents could only choose a single response for each topic)

		Yes	No	Don't know	Don't have dependent children	Total
Health insurance?	Count	279	39	7	307	632
	% by Row	44.1%	6.2%	1.1%	48.6%	100.0%
Dental insurance?	Count	273	44	8	292	617
	% by Row	44.2%	7.1%	1.3%	47.3%	100.0%
Total	Count	552	83	15	599	1249
	% by Row	44.2%	6.6%	1.2%	48.0%	100.0%

6. In the last 12 months, have you needed mental health services (counseling or other help)?
(Respondents could only choose a single response)

Response	20% 40% 60% 80% 100%	Count	2015	2012	2008
Yes		62	9.4%	9.9%	14.4%
No		600	90.6%	90.1%	85.6%
Not Answered		9			
	Valid Responses		662		
	Total Responses		671		

6a. If yes, were you or a family member able to receive the needed mental health services?
(Respondents could only choose a single response)

Response	20% 40% 60% 80% 100%	Count	2015	2012	2008
Yes		44	67.7%	56.8%	60.0%
No		21	32.3%	43.2%	40.0%
Not Answered		10			
	Valid Responses		65		
	Total Responses		75		

6b. Why couldn't you (or family member) receive needed mental health services? (Choose all that apply)
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
No insurance/couldn't afford it						1	4.8%	15.8%	*
Insurance wouldn't cover it						3	14.3%	10.5%	*
Couldn't afford co-pay						3	14.3%	5.3%	*
Didn't know where to go						4	19.0%	26.3%	*
Services not available						10	47.6%	42.1%	*
Confidentiality Issues						6	28.6%	31.6%	*
Other (specify)						6	28.6%	10.5%	*
						Valid Responses	21		
						Total Responses	30		

6b. Other responses

Response
Appointment was canceled at last moment due to lack of staff
Therapist retired, no adequate replacement
Small town, didn't want Seward to know my business
Limited trusted resources.
Only male therapists, wanted female
Not timely help - had crisis first

7. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities? (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						77	11.6%	14.2%	*
No						584	88.4%	85.8%	*
Not Answered						10			
						Valid Responses	661		
						Total Responses	671		

8. Have you thought about committing suicide at any time in the past 12 months?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						30	4.5%	4.5%	*
No						633	95.5%	95.5%	*
Not Answered						8			
						Valid Responses	663		
						Total Responses	671		

9. In the last 12 months, have you needed substance abuse treatment?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						9	1.4%	1.7%	*
No						649	98.6%	98.3%	*
Not Answered						13			
						Valid Responses	658		
						Total Responses	671		

9a. If yes, were you able to receive the needed substance abuse treatment?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						6	54.5%	69.2%	*
No						5	45.5%	30.8%	*
Not Answered						14			
						Valid Responses	11		
						Total Responses	25		

9b. Why couldn't you receive needed substance abuse treatment? (Choose all that apply)
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
No insurance/couldn't afford it						3	100.0%	100.0%	*
Insurance wouldn't cover it						1	33.3%	0.0%	*
Couldn't afford co-pay						0	0.0%	0.0%	*
Didn't know where to go						0	0.0%	0.0%	*
Services not available						0	0.0%	0.0%	*
Confidentiality issues						1	33.3%	0.0%	*
Other (specify)						0	0.0%	0.0%	*
						Valid Responses	3		
						Total Responses	16		

9b. No other responses

Response		
	Total Responses	0

10. About how long has it been since you last visited a dentist, hygienist, or orthodontist? (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Have never visited						5	0.8%	0.1%	*
Within the last year						454	68.8%	59.5%	*
More than 1 year but less than 3 years ago						138	20.9%	14.1%	*
Don't know						63	9.5%	2.0%	*
Not Answered						11			
						Valid Responses	660		
						Total Responses	671		

11. What was the main reason for the visit to the dentist (or dental specialist/dental hygienist)? (Mark only one)
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Something was wrong, bothered/hurt me						89	13.8%	17.3%	*
Went for treatment of a condition that the dentist discovered at an earlier check-up or examination						44	6.8%	6.8%	*
Went in for check-up, exam or cleaning						481	74.7%	57.3%	*
Other (specify)						30	4.7%	4.0%	*
Not Answered						27			
						Valid Responses	644		
						Total Responses	671		

- What was the main reason for the visit to the dentist (or dental specialist/dental hygienist)? (Other responses)

Response
Braces
Bridgework needed replacement
Broken tooth (2)
Cavities
Dentures (11)
Don't know
Don't remember
Mouth guard
My wife made me
Receive services in Anchorage
Root canal--still not finished
Surgery
Teeth pulled (2)
Too busy
Went to Mexico
Wisdom teeth

12. Do you…
(Respondents could only choose a single response for each topic)

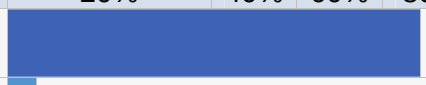
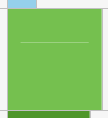
		Every day	Some days	Not at all	Total
Smoke tobacco cigarettes?	Count	64	25	575	664
	% by Row	9.6%	3.8%	86.6%	100.0%
Use Smokeless tobacco?	Count	14	16	631	661
	% by Row	2.1%	2.4%	95.5%	100.0%
Use e-cigarettes?	Count	5	24	633	662
	% by Row	0.8%	3.6%	95.6%	100.0%
Use Lozenges (Nicotine)?	Count	3	6	653	662
	% by Row	0.5%	0.9%	98.6%	100.0%
Use Orbs (Dissolving Tobacco)?	Count	0	0	659	659
	% by Row	0.0%	0.0%	100.0%	100.0%
Use Snus (different from snuff)?	Count	0	1	655	656
	% by Row	0.0%	0.2%	99.8%	100.0%
Total	Count	86	72	3806	3964
	% by Row	2.2%	1.8%	96.0%	100.0%

12 continued.

(Respondents could only choose a single response for each topic)

		Yes	No	Don't use tobacco	Total
Would you like to quit tobacco (any kind)	Count	72	46	531	649
	% by Row	11.1%	7.1%	81.8%	100.0%
Have you attempted to quit tobacco (any kind) in the last 12 months?	Count	57	70	514	641
	% by Row	8.9%	10.9%	80.2%	100.0%
Have you sought help to quit?	Count	29	95	515	639
	% by Row	4.5%	14.9%	80.6%	100.0%
Total	Count	158	211	1560	1929
	% by Row	8.2%	10.9%	80.9%	100.0%

13. 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? (Mark all that apply)
(Respondents were allowed to choose multiple responses)

Response	20% 40% 60% 80% 100%	Count	2015	2012	2008
No, I got the care I needed		468	75.0%	72.5%	*
Dentist did not accept Denali kid care/Medicaid insurance		5	0.8%	2.4%	*
No dentist available		25	4.0%	10.0%	*
No transportation		12	1.9%	2.9%	*
Difficulty getting appointment		26	4.2%	11.8%	*
Dentist hours were not convenient		17	2.7%		*
No insurance		48	7.7%		*
Did not know where to go		13	2.1%	4.7%	*
Not serious enough		25	4.0%	17.1%	*
Don’t like/believe in dentists		10	1.6%	4.7%	*
Could not afford		73	11.7%	62.4%	*
	Valid Responses		624		
	Total Responses		671		

14. Mark any in-home services below that you or a member of your household needed in Seward during the last 12 months.
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Hospice (end of life care)						10	21.3%		
Respite care						10	21.3%		
In-home health care provided by licensed personnel						18	38.8%		
Support for activities of daily living (Personal Care Attendant)						25	53.2%		
					Valid Responses		47		
					Total Responses		671		

14a. Were you or a member of your household able to receive the needed services?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						44	7.5%		
No						26	4.4%		
Didn't need						518	88.1%		
Not Answered						83			
					Valid Responses		588		
					Total Responses		671		

15. In the last 12 months, if you or a member of your family left Seward to obtain health care elsewhere was it because: (Mark all that apply). (Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
I didn't leave Seward to obtain health care elsewhere						160	25.5%	33.5%	*
Needed services/procedures/tests not available in Seward (Please Specify):						290	46.2%	61.9%	*
Wanted but couldn't find same gender provider						34	5.4%		*
Confidentiality issues						57	9.1%	10.9%	*
Prefer the quality of out of town health care						143	22.8%	22.1%	*
Employer reimburses travel costs for health care						5	0.8%	1.6%	*
I had other business to take care of in a larger city						54	8.6%	11.7%	*
Referred to another provider by your family doctor						87	13.9%	19.1%	*
Other (specify):						65	10.4%	15.8%	*
					Valid Responses		628		
					Total Responses		671		

15. In the last 12 months, if you or a member of your family left Seward to obtain health care elsewhere was it because: (Other responses)

Response
Have established relationship with provider elsewhere (11)
Don’t like the doctors or service here (5)
Less Expensive (5)
Dental care (3)
Insurance coverage (2)
Mental Health (3)
Only live in Seward part of the year (3)
Specialty Care (3)
VA (3)
At the time there was no MD at CHC (2)
IHS (2)
Sick while vacationing (2)
Surgery (2)
Also needed eye exams only available in Anchorage
Childbirth and service related to birth defect
Couldn't get vaccinations for my child
Different Care in ANC
Existing treatment
I don’t live in Seward, but do some work there.
I like my current eye dr.
Military
My provider referred me
Naturopathy
No doctors except ER
Pediatrician
No services here!
Personal choice
Regular doc lived here; moved to Anchorage.
Went to Mexico--better healthcare and a hell of a lot cheaper

16. Considering all types of alcoholic beverages, during the past 30 days about how many times did you (question 16a), or do you think most community members (question 16b) had 5 or more drinks on an occasion? (The definition of a drink is 1 can/bottle of beer, I glass of wine, or 1 cocktail, or 1 shot of liquor)

16a.Number of times for you:
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
None						443	70.7%		
1-3						136	21.7%		
4-6						32	5.1%		
7-10						8	1.3%		
More than 10						8	1.3%		
Not Answered						44			
						Valid Responses	627		
						Total Responses	671		

16b. Number of times you think most community members have 5 or more drinks on an occasion: (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
None						98	18.7%		
1-3						217	41.4%		
4-6						114	21.8%		
7-10						31	5.9%		
More than 10						64	12.2%		
Not Answered						147			
						Valid Responses	524		
						Total Responses	671		

17. How acceptable do you find the use of the following for recreational or non-medicinal use? (Respondents could only choose a single response for each topic)

		Very Acceptable	Somewhat Acceptable	Not at all acceptable	Total
Alcohol	Count	198	324	128	650
	% by Row	30.5%	49.8%	19.7%	100.0%
Marijuana	Count	121	268	260	649
	% by Row	18.6%	41.3%	40.1%	100.0%
Prescription Drugs	Count	49	120	479	648
	% by Row	7.6%	18.5%	73.9%	100.0%
Total	Count	368	712	867	1947
	% by Row	18.9%	36.6%	44.5%	100.0%

18. Would you say that, in general, your physical health is: (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Excellent						84	12.8%	11.8%	15.4%
Very Good						259	39.4%	41.9%	38.6%
Good						254	38.7%	35.8%	34.1%
Fair						49	7.5%	8.5%	10.2%
Poor						11	1.7%	2.0%	1.7%
Not Answered						14			
						Valid Responses	657		
						Total Responses	671		

19. 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? (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
None						59	9.0%	12.3%	10.5%
1-2 days						194	29.4%	27.4%	31.5%
3-4 days						214	32.5%	34.1%	35.6%
5 or more days						192	29.1%	26.2%	22.4%
Not Answered						12			
						Valid Responses	659		
						Total Responses	671		

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.
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
No						231	35.5%	25.1%	*
Considered it but didn't take action						66	10.2%	8.2%	*
Made permanent lifestyle change						216	33.2%	33.5%	*
Made lifestyle changes that lasted more than a month but was not permanent						93	14.3%	20.6%	*
Made short-term changes that lasted a month or less						44	6.8%	12.6%	*
Not Answered						21	21		
						Valid Responses	650		
						Total Responses	671		

20a. If yes, what was that change?

Response
Increased Activity (71)
Better eating habits (54)
Diet and exercise (36)
Weight loss (24)
Exercise and weight loss (10)
Quit tobacco (9)
Drinking Less (8)
Consume less sugar (7)
Weight loss, diet and exercise (4)
Increased activity and reduced stress (3)
Vitamins (3)
Attempted to lose weight (2)
Changed jobs (2)
Exercise, diet, and decreased alcohol consumption (2)
Had a baby (2)
Improved diet and weight loss (2)
Increased water intake and increased activity (2)
Meditation (2)
More activity/less alcohol (2)
Moved and changed jobs (2)
Quit drinking soda (2)
Retired (2)

Stress reduction (2)
Better support for low back issues such as modifying types of recreation and intensity.
Crohn's infusion and diet changes
Cut out sugar and drink more water
Decreased Caffeine Intake
Decreased sugar intake and increased activity level
Diet, exercise, and decreased alcohol and tobacco consumption
Diet, juicing, and decreased tobacco consumption
Diet, location change, pets
Diet, quit smoking and MD treatment
Do not have an electric blanket anymore. Wear cotton pajamas at night.
Exercise and decreased alcohol and tobacco consumption
Gastric bypass
Gluten free
Health
Improve nutrition and stress management
Increased activity and decreased tobacco use
Juicing
Lazy
Meditation and exercise
More travel / exercise
Moved
Moved, lost weight, changed diet, more active
No longer deployed to Afghanistan
No longer eat meat from unsustainable sources
Not eating after 7:00pm – weight loss
On HTN meds
On-going improvement
Personal
Quit business
Quit smoking; diet
Quit using alcohol completely and began daily meditation
Reduced milk/dairy products; started detoxing and using essential oils to clean system.
Soaking walnuts, almonds & oatmeal overnight before rinsing/consuming. Added plank exercise and squats to regular routine.
Stopped eating meat for one month
Stopped smoking and stopped taking drugs
Stress management and mindful eating
Weight loss, diet and dental hygiene
Weight loss, diet, exercise and decreased alcohol consumption

21. In the past year have you had an annual exam with a health care provider for preventive purposes? For example, a wellness screen, mammogram, or prostate exam. (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						409	62.2%	64.4%	61.0%
No						249	37.8%	35.6%	39.0%
Not Answered						13			
					Valid Responses		658		
					Total Responses		671		

22. Have you had biometric screening complete in the past year (cholesterol, blood glucose, Body Mass Index - BMI)?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						319	48.9%	58.7%	*
No						334	51.1%	41.3%	*
Not Answered						18			
						Valid Responses	653		
						Total Responses	671		

22a. Did you take further action based on the results? (Mark all that apply)
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Physician consultation						78	25.2%	25.5%	*
Made lifestyle changes (diet or physical activity)						93	30.1%	33.6%	*
Went on medication						41	13.3%	14.3%	*
Online research						28	9.1%	14.3%	*
Compare new results to previous results						68	22.0%	26.7%	*
None						104	33.7%	28.3%	*
Other (specify)						13	4.2%	4.1%	*
						Valid Responses	309		
						Total Responses	339		

22a. Did you take further action based on the results? (Other responses)

Response
Further action wasn't needed (3)
Waiting for results (3)
Adjusted medication
Colonoscopy
Continued with lifestyle change [vegan & exercise]
Homeopathic doctor
Not yet
Started Vitamin D supplement
Stayed on medication

23-24. Please use the chart below to find your height and weight and select the corresponding category.
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
A - underweight						13	2.0%	2.8%	1.1%
B - Normal						219	34.4%	35%	34.1%
C - Overweight						205	32.2%	30.6%	36.6%
D - Obese						166	26.1%	31.6%	28.3%
E – Morbidly Obese						34	5.3%		
Not Answered						34			
						Valid Responses	637		
						Total Responses	671		

25. What do you consider to be the top two health care needs in Seward (Please mark two responses) *Note – A few of the paper survey respondents included more than 2 responses.(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Dental Care						121	18.6%	12.7%	*
Diagnostic equipment (MRI, X-Ray)						79	12.2%	15.5%	*
Elderly Care/Assisted Living						106	16.3%	9.0%	*
Long term care						35	5.4%	5.3%	*
More specialists/specialty care providers						159	24.5%	27.0%	*
More doctors						202	31.1%	17.3%	*
Mental health services/counseling						68	10.5%	8.3%	*
OBGYN/Female Health Care						169	26.0%	20.3%	*
Pediatric care						112	17.2%	12.9%	*
Substance abuse rehab/counseling						83	12.8%	7.2%	*
Vision Care						136	20.9%	21.9%	*
Other (specify)						103	15.8%	11.8%	*
						Valid Responses	650		
						Total Responses	671		

25. What do you consider to be the top two health care needs in Seward (Other responses)

Response
Hospice (15)
Physician retention (15)
Home Health Care (7)
Don't know (6)
OB/GYN (5)
Transport service to Anchorage (4)
Bigger and better hospital (3)
Emergency care (3)
Wellness and prevention (3)
Accessibility (2)
All of the above (2)
Better Dentist (2)
Female doctors/providers (2)
Qualified providers (2)
Podiatrist (2)
PT (2)
None (2)
Urgent Care (2)
Weight loss counselors (2)
Availability of doctors
Cancer specialist
Colonoscopy
Dental care that is recognized as a primary provider by insurance companies
Detox
Diabetes specialist
Dietician
Glacier Family
Hearing
Hire PAs and NPs
Longevity of doctors and ability to treat patients locally without medevac for minor issues
More caring MDs
More mental health care
Naturopathy
Pain management
People using the ER as primary care
Senior housing
Too much meth and heroin available to the kids

Overall, how satisfied are you with your health care services in Seward?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Very satisfied						106	16.4%	21.6%	36.0%
Somewhat satisfied						432	66.7%	65.5%	55.3%
Not at all satisfied						110	17.0%	12.9%	8.7%
Not Answered						23			
					Total Responses		671		

27. In the last 12 months did you or your family have to go without basic needs such as food, child care, health care, or clothing?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Yes						39	6.0%	10.5%	12.6%
No						616	94.0%	89.5%	87.4%
Not Answered						16			
					Valid Responses		655		
					Total Responses		671		

27a. What did you go without? (Mark all that apply)
(Respondents were allowed to choose multiple responses)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Health care						23	56.1%	52.6%	60.5%
Dental care						20	48.8%	53.9%	60.5%
Prescriptions						10	24.4%	18.4%	39.5%
Clothing						8	19.5%	32.9%	7.9%
Child care						9	22.0%	9.2%	2.6%
Food						13	31.7%	32.9%	21.1%
Choosing food we wanted						17	41.5%	36.8%	21.1%
Rent/housing						9	22.0%	13.2%	10.5%
Heat/fuel/utilities						19	46.3%	38.2%	23.7%
Other (specify)						6	14.6%	9.2%	13.2%
					Valid Responses		41		
					Total Responses		61		

27a. What did you go without? (Other responses)

Response
Vision (2)
Vehicle
No OB care available during pregnancy. Had to go to Anchorage for ALL OB visits. End stage pregnancy had to go weekly.
Were late in payments
Gas money

28. Which of the following best describes your race/ ethnic group? (Mark one response) (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
White/Caucasian						550	84.2%	89.2%	*
Hispanic/Latino						11	1.7%	2.1%	*
Alaska Native/Native American						47	7.2%	10.0%	*
African American						2	0.3%	1.0%	*
Filipino						1	0.2%	1.0%	*
Pacific Islander						3	0.5%	1.1%	*
Asian						4	0.6%	1.0%	*
Multi-ethnic						20	3.1%	1.4%	*
Other (specify)						15	2.3%	2.3%	*
Not Answered						18			
						Valid Responses	653		
						Total Responses	671		

28a. Other (Specify) - Which of the following best describes your race/ ethnic group? (Other responses)

Response
American (5)
Human (2)
A.N. x N.A.
Afro AM/Hispanic
Not Native
Spanish/not Hispanic or Latino

29. What income range best describes your annual household income?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Less than $10,000						25	3.9%	3.8%	*
$10,000 to $19,999						45	7.1%	8.3%	*
$20,000 to $29,999						48	7.5%	8.3%	*
$30,000 to $39,999						52	8.2%	10.5%	*
$40,000 to $49,999						48	7.5%	9.5%	*
$50,000 to $59,999						60	9.4%	10.6%	*
$60,000 to $74,999						102	16.0%	13.0%	*
$75,000 to $99,999						111	17.5%	16.1%	*
$100,000 to $124,999						70	11.0%	11.9%	*
$125,000 or more						75	11.8%	8.0%	*
Not Answered						35			
						Valid Responses	636		
						Total Responses	671		

30. What is the highest level of education you have completed?
(Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
No high school diploma						14	2.1%	2.5%	4.1%
High school diploma or GED						239	36.6%	19.8%	17.9%
Associates degree						108	16.5%	8.1%	10.0%
Four year college degree						183	28.0%	28.1%	25.1%
Master's degree or higher						109	16.7%	13.2%	15.8%
Not Answered						18			
						Valid Responses	653		
						Total Responses	671		

31. What is your age in years? (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
18 - 24						29	4.4%	5.0%	
25 - 34						108	16.4%	19.8%	
35 - 44						152	23.1%	27.1%	
45 - 64						276	41.9%	27.5%	
65 - 74						74	11.2%	17.8%	
75 or more						19	2.9%	2.7%	
Not Answered						13			
						Valid Responses	658		
						Total Responses	671		

32. What is your gender? (Respondents could only choose a single response)

Response	20%	40%	60%	80%	100%	Count	2015	2012	2008
Male						223	34.4%	37.2%	
Female						425	65.6%	62.8%	
Not Answered						23			
						Valid Responses	648		
						Total Responses	671		

Appendix II – Summary of Community Input

This section describes how the hospital took into account input from persons who represent the broad interests of the community. It summarizes in general terms input provided, including how and over what time period such input was provided.

Summary of Written Comments

Written comments on the prior needs assessment were solicited via the Providence website (http://alaska.providence.org/about-us/community-health-needs-assessments). No comments were received from the general public.

Seward Stakeholder Interview Results

Key informational interviews were conducted with members of the community. These individuals were identified by the CHNA Advisory Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in the key informational interviews.

Organizations that participated in the stakeholder interviews

Response	
Seaview Community Services	
AVTEC - Alaska's Institute of Technology	
Seward Public School District	
State Public Health Official (Retired)	
Seward Senior Center	
Seward Family Dentistry (Provider and Staff Member)	
Providence Seward Medical & Care Center (Administrator and Emergency Room Provider)	
Total Responses	**9**

Summary of Questions and Responses

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

Response
I started practicing in the community with a primary outpatient clinic, covering the ER and hospital in a more traditional family practice model. I transitioned to a hospitalist role several years ago, and I currently work with inpatients and in the ER.
The organization serves the entire community/general population.
I work as the Director of Behavioral Health at Seaview Community Services. We provide mental health care and care for the disabled from infancy through adulthood. We have infant learning programs, community support programs, a residential group home for those with serious mental illness or dual disability and behavioral health diagnoses, and provide outpatient clinical services.
I work as the director of residence life at AVTEC, a state wide vocational school run by the state department of labor. I serve as the liaison between the students and the community. At any given time we have 400-700 students, who are in town for anywhere from 6-8 weeks to 10 months. We don't have any health care programs locally, and provide training in mechanics, plumbing, technology, sewer and water treatment plan operation, power plant operation, etc.

I've been the executive director of the senior center for 15 years. We provide meals on wheels, a congregate dining hall, health promotion, core balance and strength training, computer education, transportation, social security counseling, Medicare counseling, referrals for public assistance for those 60+. I also serve on the Providence Health Care Advisory.
I am the office manager and owner of the only local dental practice. My husband has been the primary dentist in the community since 1991, and had a partner until 2004. We see Medicaid patients, offer senior discounts, and do some pro-bono work. There is a dental clinic through Indian Health Service, but they are only open one or two weeks per month. In addition to patients from the Seward area, we see some from as far as Hope and Anchorage. I have also been involved with community organizations, and am on the board for the Seward Community Center. My husband is on the national dental board, and in the past served on the state dental board.
ER and inpatient medicine.
I volunteer a lot. I'm on the Board of the CHC, the Providence Health Council, Alaska preparedness exercises and health affairs, and the Infant Learning Program Advisory Committee.
Work with kids age 3-12

	Total Responses	**9**

How, specifically, does the lack of insurance impact the population/constituency you serve or represent? What tools or resources might help address those issues?

Response
When people don't have insurance, they are more likely to go to the ER in place of primary care. Those with high deductible health plans are more reluctant to visit the ER. Some of those people are more likely to go to the clinic instead, but others may be less likely to visit the ER when they need it. Increasing access to primary care in the clinic could address the issue, and it would help improve patient health. Neither Medicaid not Medicare effect access in the community.
There's a fairly high percentage of underinsured or uninsured in the population. However, we do offer fairly generous sliding fee scale of up to 400% of federal poverty level (compared to the typical 200% of federal poverty level). Anecdotally, I know that there are people who don't seek care because they feel they cannot pay for it. I haven't seen specific numbers as to the impact of the marketplace, but the state didn't expand Medicaid and fewer than 10,000 people in Alaska have obtained insurance via the marketplace. I don't know how many of those came from Seward. Our billing and financial counselors are certified to sign people up, but I'm not sure if they actually did sign anyone up. We have no active outreach program, but the community health center is making efforts to do additional outreach, sharing their programs and services. They're doing fairly well, and have gotten to about 65% of the population in the year they have been open. Long story short, the impact has been minimal.
In the past, we've provided services regardless of a patient's ability to pay, but as a result the agency has been on financial thin ice for years. Now that we are being more fiscally responsible, we give the uninsured information upfront regarding recommended treatment and cost, with the expectation that they will have to pay their bill, rather than treating them and hoping they will pay. As a result, their insurance status does affect their ability to receive treatment. That being said, we do have a sliding fee scale, and we try to be proactive in identifying the uninsured and giving them the information and resources they need to get insurance. The facility is funded primarily through state grants, particularly the comprehensive behavioral health treatment and recovery grant, and Medicaid and private insurance reimbursement.
Today, most of the students are insured, either through the Indian Health Service or a

parent's plan. The school also provides injury/accident insurance for injuries sustained at the school or during training. Access has improved over time due to the ACA and the community health center; in the past it was difficult for students to access care, so they would instead deal with things like the flu or broken ribs on their own. For the insured students, the community health center has given them access to same day appointments which they could not access through the Providence clinic. For the uninsured students, the ACA provided insurance for many through their parents, and the community health center provided access to affordable appointments.
Un-insurance isn't a problem post ACA, but underinsurance is a problem. People are excited to finally have insurance, but because of the high deductibles they only use the insurance for emergencies. On the ground counseling or education for people on the topic of the ACA would help.
The uninsured often wait to receive care until they are feeling pain, instead of accessing preventative dental care. There are probably a number of patients who never make it to us, instead accessing care in Anchorage or the ED. Seasonal workers, for example, may end up getting care in their next port of call. The Medicaid patients keep up with preventative care well. A small percentage of our dental patients have purchased dental insurance through the marketplace, but since it's not an ACA requirement there haven't been many. Even those who do purchase it often aren't well advised, so they end up purchasing a prevention only plan. In fact there are a handful of periodontal patients who only have preventative plans. We could address the issues by encouraging community members to practice prevention. Ideally this would be through a combined effort between mental health, overall health, and oral health to educate groups around Seward. People need to know that it doesn't need to hurt for there to be something wrong, and that prevention is less expensive.
People not being able to afford their outpatient meds, so they end up in the ER or inpatient stay due to not affording meds at home. People don't stay because they are worried about the costs since they don't have insurance. Some end up requiring more extensive care as a result. Because we don't have home health, this impacts people with and without insurance. More affordable access to home health would help.
The uninsured can get acute care when needed with the sliding scale, but it's difficult for them to access preventative care. The marketplace has not impacted the number of uninsured as much as we would have liked, in part because of public misconceptions. They don't feel that it is worth the cost. A lot of that is miscommunication about how it works, so it's a difficult process to make it work.
Impacts my school nurse, as she is the primary care giver; kids come to school to have their needs met, or they go to the ER

	Total Responses	**9**

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

Response
• Pediatric care: The community needs a provider who can see kids. A lot of patients leave the community to receive pediatric care. • Adequate provider supply: There are no female physicians in the community. There are a lot of people who leave town to get primary care because of this. Additionally, people do not perceive the local physicians as being as good as the ones in the city, and there is a long history of physician turnover. 12 physicians have left in the last 11 years. The lack of continuity drives patients elsewhere, and the lack of physicians can make getting an appointment slot difficult. • Public Health Nurse: We lost our public health nurse 1-2 years ago, and although the FQHC is stepping into the role in some ways the public health needs of the

community are not being met. The public health nurse provided well child care, immunizations, contraception, STI counseling, and served as a resource to the providers. • Dental Care: Currently those who are uninsured and poor do not have access to local dental care. There is one private practice dentist in town who only accepts cash up front. Many patients come to the ER with pain that I cannot treat, beyond giving them antibiotics and pain relievers. Their only option is to go to a dentist with a sliding fee scale in Anchorage, but most of those patients do not have the resources to get to Anchorage or pay for lodging. The community would benefit from a visiting dentist from Anchorage.
• Behavioral Health: We have a service in town, but it is entirely grant funded and access is still somewhat limited. Additionally, they have social workers and other behavioral health practitioners, but there is no physician component beyond telehealth services. • Lack of Low Income Housing: Anecdotally, I hear about a lot of people forgoing other things, including healthcare, in order to pay for housing and related bills. I don't know exactly why there is a lack of housing, but there is a lack of land and construction costs are high due to the location. • Specialty Care: The town only has 5,000 people, so we can't expect to have the same level of specialty services as a larger community. We offer similar services to other towns of our size. That being said, we could be doing a better job of partnering with other communities for visiting specialists. The community health center is starting to do that, and the hospital is looking to partner with the clinic for inpatient specialty care. • Home health and hospice: There is a group setting up a volunteer hospice, but there is no clinical equivalent.
• Lack of local obstetrics care • Emergency Trauma care: we've had 3 or 4 clients in the last month who have had to be air lifted to Anchorage due to a lack of local facilities and providers with the skill set to treat them. When someone needs to be transported, they are typically airlifted by helicopter. It is not financially feasible for an ambulance company to operate with the long trips. • Specialty Care: Even for regular orthopedic care, one has to wait for the once/month visit or go to Anchorage. The problem is especially pronounced with ortho, OB/GYN, and cardiac care.
• Chronic disease care for conditions such as DM, obesity, COPD: This is in part because people are choosing not to access care, but also because it is difficult to access care for those who don't fall into the sliding fee scale. • Access to preventative care: It's not on the provider end. It's a problem because patients don't proactively utilize care. • Access to specialty care: People have to travel out of the city for certain specialists, including orthopedists, OB/GYN, pediatricians.
• Specialty care: We used to have monthly visiting specialty clinics through Providence, but we no longer do. • Same day appointments: The community health center has some, but never enough to address demand. This doesn't increase ED visits, though. Instead, people just forgo care until they can get it at the clinic. • Family Planning Services: There is a lack of family planning resources, especially because public health will be closing soon. They are occupying their office until the lease runs out at the end of the year, and as of now they are only staffing the office 2 days per month. They provide family planning, childhood immunizations, and well-baby checkups.

• Lack of specialty care, especially OB/GYN. The size of our community can't support regular specialists, but we would benefit from consistent visiting specialists. For example, in our office, we have an eye doctor and an orthodontist that visit every month. Otherwise, specialty turnover is high. The CHC did recently sign an agreement with an OB/GYN. • Mental health. Although we have mental health services through SeaView, I'm not sure it is used well. • Public health and prevention. We have a high rate of obesity and tobacco use, specifically.	
• Good continuity of primary care. There have been improvements, with stabilization of the clinic this should enable more continuous care • More visiting specialists • Better physical access to care	
• Substance abuse among teens. There are not enough alternative activities for them • Lack of access to affordable healthcare. It's a problem with preventative and specialty care. With the CHC, appointment access and ease of getting an appointment improved, but it's difficult to access all preventative care. It is not affordable for the uninsured and the clinic just started offering full immunizations. • Lack of the public health center. It's difficult to access family planning resources, immunizations, and other preventative care with very limited hours at the center. • Home care/adult day care. We've talked about it, but haven't gotten to providing it yet. There's a huge need, and there are very few resources for family members of people who need care.	
• Mental Healthcare • Alcohol Abuse • Drug abuse	
Total Responses	**9**

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

Response
Despite the Community Health Center, I still see patients in the ER who can't get a clinic appointment and come for non-emergent conditions. It's an educational barrier. Patients don't necessarily know they should use primary care instead of the ER. Lack of insurance is getting better with the Affordable Care Act, but it is still a barrier. There is a financial barrier. It's difficult to access the services that the community provides.
The community is not large enough to support robust in town services, and taking advantage of telemedicine could help alleviate some of that. Alaska is behind other states in terms of telehealth adoption—including both provider acceptance and regulations and reimbursement policies.
Because the volume of patients who need specialty care is low, the per incidence cost is very high. It's not attractive for private practitioners to come to town permanently, because they can't get the volume they need. We experience this with our 24/7 psychiatric crisis line.
There are financial barriers, as some people cannot afford to access care. There are also personal barriers. People either don't want to access care or they feel uncomfortable accessing care. It's a small town, so everyone, including health care providers, knows each other. It can be addressed with PR, advertising, etc. regarding the impact of preventative care and chronic disease.
We have a large low income population. Around 30% of the senior population is under federal poverty level. I'm not sure whether the community health center has helped address the problem. People don't share that stuff with me. The best way to address it would be

economic development in the community, so more people will be employed. In the absence of that, marketing would help. FQHC doesn't mean anything to the average person, and we need to get information to the public with special events like free clinics.
There's a financial barrier. Even those who have insurance tend to have high deductible health plans which make it difficult to afford care. There are grant funds available for some services. For example, Seaview has been able to get funds to pay for a patient's oral health care. However, these grants are difficult to get and can't pay for everyone. There is also a problem with provider hours and accessibility. Most of the providers are open only during business hours. We are open 8-5 Mon.-Fri. The CHC does have one day a week when it stays open later. I'm not sure about Seaview's operating hours. We can't extend the hours, because the small community couldn't support the overhead required to do so, but we could make sure providers have pagers and on call hours to address emergencies.
Complexity of healthcare in a rural setting makes it more difficult to keep providers. With specialists, the space, billing and finding specialists to come in is difficult. Space issues in the hospital.
With the loss of the community health center, the availability of family planning and preventative resources has decreased. Far reaching funding cuts to social services and health have exacerbated it. To an extent, the CHC is making an impact with accessible hours and the private clinic is picking up some of the slack. To fully pick up the slack from the loss, more collaboration needs to happen among providers, and the community needs to become more aware about available services within the community.
For mental healthcare it is the stigma of getting help. We have a mental health place in town but people don't want to do that. Cost of services in AK are more expensive than other areas, so people go without care or put it off. Especially true for dental care.
Total Responses **9**

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

Response
People leave Seward for dental care, pediatric care, primary care, and prenatal and obstetric care. Access to specialist care is limited, because we have no surgeon, no neurologist, no intensive care, etc. I have to send patients who need care to Anchorage. Historically we had visiting specialists, like orthopedists and ENTs, but they stopped coming for various reasons, including a lack of patients and a lack of relationship with the clinic when the administration turned over. It's difficult to coordinate visiting specialist care because there needs to be sufficient volume. Additionally, a lot of patients need testing that requires equipment in Anchorage, so it makes sense for them to see the provider in Anchorage as well.
Have had to leave Seward for OB care, orthopedics.
We had an employee who had to go to Texas for 1.5 months for a complicated pregnancy; I have had to go to Anchorage for Cardiac care; A group home client had to be airlifted to Anchorage recently for emergency care.
We've had to leave for pediatric care, care for a back injury, OB/GYN, and oral surgery.
I've had to leave for OB/GYN care. In fact, I only know of one baby that was born in the community via water birth in the 15 years I've been here. People actually move to Anchorage sometimes because they can't access the needed care here.
Yes, dermatology, OB/GYN, orthopedics, most surgery, and glasses—even though we have a visiting optometrist, you need to go to Anchorage if you need a last minute prescription.
Yes, OB/GYN, orthopedics, pediatrics. Immunizations for younger age groups.
Yes. One left for specialty care. Another person left because they could not get a timely appointment in Seward.
Yes, everyone who has a child has to leave Seward because they don't deliver here.

Surgical services, orthodontic, family/marriage counseling	
Total Responses	**9**

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

Response
Patients with mental health issues. The services we offer locally are adequate, so the problem speaks more to the state and national system-wide issues. We cannot provide inpatient mental health care—those patients need to be transferred to Anchorage—but SeaView Community Services provides outpatient care. They help people with disabilities, cognitive challenges, those in group homes with mental illness, and clients with severe psychiatric disorders with counselors, case managers, and tele-psychiatry.
The under and uninsured are vulnerable because they can't access care. So are people in need of home health care or other nursing care who don't qualify for skilled nursing care in the SNF. For home health, it's an economic feasibility issue. We used to have a home health program, but it was ended 5-7 years ago for that reason. Additionally, there's not enough state and federal reimbursement to make it possible to have an Anchorage based program with a Seward satellite.
The uninsured. They rely on charity care, which isn't sustainable for the community. This includes seasonal workers who stay after the season is finished and general residents without insurance.
The long term seasonal employees (those who work in fisheries, canneries, etc. from around March-October) are the most vulnerable. The short term seasonal employees, who work in the tourist industry from May-August, aren't too vulnerable, in part because they have to stay in good health in order to do their jobs. However, the long term employees work poor hours, with their pay dependent on things they cannot control, and a significant portion of them do not speak English as a first language. As a result, they neither have the time available nor the income to access care. The community health center sliding fee scale has addressed the problem to an extent, but they are still vulnerable.
Our transient senior population. They come in the warmer months with RVs and sometimes only tents. Some don't have phones from which they can be contacted. I do know that some of them are VA.
It would probably be the uninsured however, with the CHC's minimum amount and sliding fee scale, the ability to access care has increased. That being said, patients covered through the Indian Health Service and Medicaid can get transfers to Anchorage covered, while the uninsured cannot.
There is a fair number of uninsured who make enough money that the sliding scale presents a challenge financially to appropriately address care. In general there is less available care for infants, though this may have changed. The nature of a psychiatric illness contributes to it being an underserved population. Services are limited which presents a challenge. We do not have drug/alcohol rehab services. Sea view will see them but there is no inpatient rehab.
Young adults and teens. It is hard for them to access preventative care, including but not limited to family planning services. They don't have the availability or the money to get care. Teens can't afford to pay for confidential care, and other young adults are often working many, low paying jobs with hours that conflict with the clinic's hours. None of the clinics are open on weekends, and the public health center is only open once every two months, with the intention of closing permanently soon.
Low income, transient population who are here for 6 months to 1 year; they have the potential to be underserved; Veterans are underserved, must go to Anchorage for care
Total Responses	**9**

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

Response	
The hospital and ER operate well. They are a level IV trauma center with experienced, skilled doctors and a good supply of experienced nurses.	
The relationship with the larger Providence organization—without that support, it would be even more difficult to provide services. The city owns the facility, but we have a management contract with Providence. On lean months, we've been able to defer payments to Providence and pay the city first. It's been almost like having a bank to draw and defer funds off of. Additionally, they give access to leverage when contracting, purchasing, etc.	
The collaborative process among the providers in the community, such as the pharmacy, the hospital, the clinics, Seaview. We have the Seward Health Collaborative, which addresses administrative issues in meetings once per month, and the Seward Clinical Health Collaborative, which meets to discuss clinical issues.	
It's easy to navigate. There is only 1 dentist, a native clinic, the health clinic, and the ED, so patients don't have to worry about deciding which provider to see in order to access care. The fact that it is a small town also helps. Most people who have been in the community for more than a few months know people who work in health care and can direct them to the proper place to receive care.	
We have multiple providers, such as the community health center and Providence, and we're starting to see networking among the providers, via intercommunication from director to director or group to group and referrals. In the past, social workers have had trouble lining up the services swing bed patients need when they return home, and I've seen an improvement with that.	
Communication among providers, specifically regarding public health. Mental health, primary care, etc. are trying to talk to each other to come up with things that are good for the community. For example, we weren't able to have a health fair last year, but we managed to re-instate it this year. Also, the majority of the population has insurance.	
For such a small community, the hospital has great equipment and much more access to specialty care off-site (E-ICU and Radiology Reads, etc.). There is a lot of potential with the community health center and sea view, which is a great resource.	
Collaboration is getting stronger, and providers are trying to work together more and identify gaps.	
Hospital with ER, physician assistant in town who runs a practice, mental health agency in town; if you need service you can usually get it	
Total Responses	**9**

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

Response
There is limited access to primary care and dental care.
We are relatively close to Anchorage (120 miles) and unlike many communities in Alaska we are on a road system. As a result, there's an expectation from the community members to have access to services locally. That community expectation has become a weakness.
There is not enough knowledge among providers about the services of other providers in the community. There's an opportunity there to reduce redundancies.
Financial access is a problem. Even with health insurance, people still can't afford certain care. The fact that this is a small town, and providers are within the community is also a problem. People don't necessarily feel that they can access care privately because they will see their providers about town.
There's not enough marketing. There's still a population that needs to know and understand what the health care institutions do.
Communication among providers regarding individual patients. Even though providers are working together to meet the needs of the community, there isn't enough communication

occurring about the patient as an individual. For example, if a patient presents in the ED with multiple co-morbidities, they don't necessarily get referred to the appropriate services like dental or mental health. Even if they do get a referral, there is no system in place to ensure that they actually receive care.	
Lack of ground transportation (ambulance), so you either have to use helicopter or fixed wing.	
We still need to find and fill in the gaps as far as service provided.	
Lack of privacy if you need mental health services; lack of choice due to the number of people they employ	
Total Responses	**9**

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

Response	
A well run, organized primary care infrastructure without physician turnover would help bring people in for primary care. Turnover wasn't great before the transition to the FQHC, but now the new clinic physicians are "outsiders" and the patients don't know if they can trust them.	
We have a community health center, a private physician practice, a native clinic, behavioral health, and an independent chiropractor. Until recently, they've all been pretty independent, without formal collaboration beyond business agreements. We've recently been looking at ways to partner with each other, including health fairs, emergency preparedness, etc.	
We are underutilizing the potential of the ACA. There's been no concerted effort to help people learn about it, access it, and understand the benefits of having insurance. The big picture is that we are lacking in the preventative piece.	
Advertising, PR, and marketing to inform people of what's available would improve access. We also need to maintain the services that are offered. In the past, we had a problem with physician turnover, which led to a lack of faith in the system. That has been remedied since the community health center opened, but we need to ensure that it remains that way.	
We need to avoid returning to the high rate of turnover we used to experience by ensuring that medical providers have incentive to stay in Seward.	
We need a stable supply of providers. The dental clinic has been here the longest, so we have seen the turnover over the years. We've worked with groups of providers in the past, teaching them about emergency dental issues, only for them to leave and be replaced by another provider. It's difficult to improve communication and develop programs with the high turnover.	
Ground transportation, people get stuck here too long during emergencies. Good primary continuity care can be invaluable. Access to affordable medications.	
I would like to see Urgent care or CHC hours on the weekends.	
If people are interested in getting healthcare services, they can do it. I don't think we have a public health nurse; there is a native clinic	
Total Responses	**9**

Appendix III – Partners in the Community Health Needs Assessment

Community participants in 2015 community health needs assessment

Organization	Community Representation
Providence Seward Medical & Care Center – Administrator	Community health, poor and vulnerable
Providence Seward Medical & Care Center – Emergency Room Provider	Community Health, Healthcare provider community
Seward Family Dentistry (Provider and Staff Member)	Community Health, poor and vulnerable, Healthcare provider community
State Public Health Official	Public health, Medically underserved
SeaView Community Services (Mental Health)	Notable subpopulations: mental health and poor and vulnerable
AVTEC – Alaska's Institute of Technology	Notable subpopulation: College Students
Seward Public School District	Notable subpopulation: Youth
Seward Senior Center	Notable subpopulation: Seniors

Appendix IV – Resources potentially available to address the significant health needs identified through the CHNA

Health Services

CHIROPRACTIC & ACUPUNCTURE

- **Progressive Chiropractic:**
  224-8680, 11694 Seward Hwy, Suite C
- **Seward Acupuncture & Chiropractic Clinic:**
  224-8777, 208 Fourth Avenue

DENTAL HEALTH SERVICES

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

MEDICAL & BEHAVIORAL HEALTH SERVICES

- **Chugachmiut Health Services/Northstar Clinic:**
  224-3490, 201 Third Avenue, Suite 201 www.chugachmiut.org/services/health/Northstar
  Serving Alaskan Native/American Indian Beneficiaries. Primary Care Clinic, Behavioral Health Services, Diabetes Prevention, Tobacco Prevention & Control, Maternal/Child Health, Contract Health Services.
- **Glacier Family Medical Clinic:**
  224-8733, 11724 Seward Hwy, Suite D
- **Providence Seward Medical & Care Center:**
  224-5205, 417 First Avenue
  http://alaska.providence.org/locations/psmcc/Pages/default.aspx
  Services include a 24-hour emergency department, in-patient Hospital Swing Bed Program, laboratory and radiology services, physical, speech and occupational therapies. Accepts all medical insurances including Medicare and Medicaid. In addition, financial counseling and assistance is available to all patients who qualify.
- **Providence Seward Mountain Haven Long Term Care:**
  224-2900, 2203 Oak Street
  Services include: Skilled Nursing Care, Intermediate Nursing Care, Physical, Speech and Occupational Therapies, Full Dietary Services including Certified Dietitians, Social Services, Activity Therapy and Spiritual Services.
- **SeaView Community Services:**
  224-5257, 302 Railway Avenue www.seaviewseward.org
  Services include: Behavioral & Mental Health Counseling, Disability Services, Domestic Violence & Sexual Assault Program, Substance Abuse Recovery, Infant Learning Program, Public Assistance, Emergency Assistance, Prevention Programs.
- **Seward Community Health Center:**
  224-CARE (2273), 417 First Avenue www.sewardhealthcenter.org
  Services include: Family medicine, urgent care, wellness visits, chronic disease management, minor office procedures, immunizations, labs, well child care, prenatal perinatal and post-partum care, nutritional counseling, wound care, school, sport, CDL and FAA physicals, health education, care coordination, patient prescription assistant program, family health and planning. We do not discriminate based on ability to pay.

- **Seward Public Health Center:**
  224-5567 www.hss.state.ak.us/dph/nursing
  Provides a wide variety of health assessment, health promotion, and disease prevention services. Available to all Alaskans. No one is denied services due to an inability to pay.

OCCUPATIONAL THERAPY

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

PHARMACY

- **Chugachmiut Health Services Pharmacy:**
  224-4907, 201 Third Avenue, Suite 201
  Serving Alaskan Native/American Indian Beneficiaries
- **Safeway Pharmacy:**
  224-6960, 1907 Seward Hwy

PHYSICAL THERAPY

- **Advanced Physical Therapy:**
  224-7848, 11724 Seward Hwy, Suite G
- **Providence Physical Therapy:**
  224-2800, 2203 Oak Street

SPEECH THERAPY

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

Community Resources

ALASKAN NATIVE SERVICES

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

CHILDREN'S SERVICES

- Children's advocacy center:
  235-8943, 201 Third Avenue, Suite 101 www.havenhousealaska.org
- Office of Children's services:
  224-5236, 410 Adams Street www.hss.state.ak.us/ocs

CRISIS INTERVENTION

- Seward Crisis Line:
  907-224-3027 Local counselors are available 24-hours a day, 365 days a year.
- Alaska Careline:
  877-266-HELP (4357) www.carelinealaska.com
  Offers free, immediate and confidential help 24-hours a day, 365 days a year.
- National Suicide Prevention Lifeline:
  800-273-8255 www.suicidepreventionlifeline.org
  Offers free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.

DOMESTIC VIOLENCE & SEXUAL ASSAULT

- **Seward Crisis line:** 907-224-3027
- **Seward Police**: (911) 907-224-3338

PUBLIC ASSISTANCE

- **Alaska Family Nutrition Program** – Kenai/Seward:
  283-4172: 601 Frontage Road Suite 102, Kenai kenaiwic@yahoo.com
  WIC is a nutrition program that provides nutrition and health education, healthy food and referrals free of charge.
- **He Will Provide Food Pantry:**
  362-3033, 2101 Seward Hwy
- **Qutekcak Native Tribe Public Assistance Program:**
  224-3118, 221 Third Avenue
- **SeaView Community Services Public Assistance Program:**
  224-5257, 302 Railway Ave.
- **The Compassion Closet:**
  224-7052, 809 Fourth Avenue. Located inside the Church of the Nazarene, the Closet offers clean, gently used maternity, infant, children and teen clothes. Open Tuesdays 3:30 – 5:30pm.

RECOVERY SUPPORT

- **Alcoholics anonymous (AA):**
  224-3843
- **Narcotics Anonymous (NA):**
  886-258-6329

SENIOR & DISABILITY SERVICES

- **Hope:**
  260-9469, PO Box 1933 www.hopealaska.org
  Providing services and supports designed by individuals and families who experience disabilities that result in choice, control, family preservation and community inclusion.
- **Independent Living Center:**
  224-8711, 201 Third Avenue www.peninsulailc.org
  An aging and disability resource center promoting choice, independence, and quality of life for persons and families living with disability.
- **Meals on Wheels:**
  224-5604, 336 Third Avenue www.sewardsenior.org
- **Qutekcak Native Tribe Elder Care Programs:**
  224-3118, 221 Third Avenue www.sewardaknatives.com
  Services designed to meet personal needs of Alaskan Native/American Indian elders.
- **SeaView Community Services Disability Services Program:**
  224-5257, 302 Railway Avenue www.seaviewseward.org
  Services to support individuals in the home and community to promote independence, and prevent institutional care.
- **Senior Center:**
  224-5604, 336 Third Avenue www.sewardsenior.org
  Serving the nutritional, transportation, recreational and social needs of Seward seniors since 1978. Insuring honor, dignity, security and independence for the older Alaskan; assisting seniors in maintaining meaningful, quality lives.
- **Social Security Administration:**
  800-772-1213, 410 Adams Street www.socialsecurity.gov
  Representative visits Seward City Hall once a month.

Appendix V – 2016-2018 Community Health Improvement Plan with CHNA Executive Summary

PROVIDENCE
Seward
Medical & Care Center

Seward

Community Health Needs Assessment Executive Summary

2015

Community Health Improvement Plan

2016-2018

Providence Seward Medical and Care Center
Seward, Alaska

Community Health Needs Assessment

Introduction

Creating healthier communities, together

As health care continues to evolve, Providence is responding with dedication to its Mission and desire to create healthier communities, together. Partnering with others of goodwill, we conduct a formal community health needs assessment1 (CHNA) to learn about the greatest needs and assets in our community, especially considering members of medically underserved, low-income, and minority populations or individuals.

This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health and Services provided $848 million in community benefit across Alaska, California, Montana, Oregon and Washington during 2014. In 2014, Providence Alaska dedicated nearly $60 million in community benefit2.

Assessment Process

Every three years, Providence Seward Medical and Care Center (PSMCC) and Providence Health and Services, Alaska (PHSA) conduct a CHNA for the greater Seward community. The CHNA is an evaluation of key health indicators of the Seward community. PSMCC conducts the CHNA in collaboration with community partners in order to identify and address the most significant community health need priorities in Seward.

In spring of 2015, PSMCC initiated the process of conducting a community health needs assessment in partnership with community organizations, including AVTEC, Chugachmiut, City of Seward, Public Health, Seaview Community Services, Seward Community Health Center, Seward Family Dentistry, Seward High School, Parks and Rec, Seward Prevention Coalition, and Seward Senior Center. Additionally, Providence leadership engaged Wipfli LLP to help facilitate the CHNA process on behalf of the hospital. Representatives from each of the partner organizations comprised the Anchorage CHNA Advisory Group, which directed the assessment process from its inception to completion.

- **Spring** – Establish and convene CHNA Advisory Group to review prior assessment and determine 2015 CHNA process and health indicators
- **Summer/Fall** – Collect and analyze health indicator data
- **Fall** – CHNA Advisory Group review health indicator data to identify priority health needs in the community. Providence Alaska leadership and community ministry board reviewed and approved the Seward CHNA and identified needs (November 17, 2016).
- **Fall/Winter** – Finalize and publish CHNA report

Prioritized Community Health Needs

The top four health-related priority needs identified in the 2015 Seward CHNA were:

1. Overweight / Lack of physical activity
2. Poor Mental Health and Lack of Access to Mental Health Services
3. Alcohol / Substance abuse
4. Low utilization of preventive care

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[1] Find full assessment at: http://alaska.providence.org/about-us/community-health-needs-assessments

[2] Learn more about community benefit on our website: http://communitybenefit.providence.org/alaska/

Description of community

The service area of PSMCC was defined with input from the PSMCC and Providence leadership teams. The CHNA focused on the needs of the greater Seward community, which includes the communities of Seward, Bear Lake, and Moose Pass ("Seward"). While every effort was taken to gather detailed data for the Seward community, it was necessary in certain areas to expand the definition of the service area to the Kenai Peninsula Borough. This was done to collect census and County Health Rankings data that is only available for the defined area.

Population and age demographics

Total population is 4868, which is a decrease of 3% from 2012 (population, 5020). The middle age group (40-64 years) is nearly twice as large as the youth age group (0-19 years). .The population comprises:

- 21.1 percent youth (0-19 years)
- 29.6 percent young adults (20-39 years)
- 41.3 percent older adults (40-64 years)
- 8.0 percent seniors (65 years and older)

Ethnicity

Among Seward residents, 73.2 percent were White, 13.3 percent were Alaska Native or American Indian, 2.9 percent were Hispanic or Latino, 1.9 percent were Asian1.9 percent were African American or Black, 0.5 percent were Native Hawaiian or other Pacific Islander, and 6.3 percent were of two or more races.

Income levels and housing

Due to data availability, housing and income data were analyzed for the Kenai Peninsula Borough. The median household income for the Kenai Peninsula Borough was $65,189 and the unemployment rate was 8.0 percent. The median household income for the Kenai Peninsula Borough is slightly lower than Alaska, but well above the Nation. Over the next five years, income levels are expected to rise in the Kenai Peninsula Borough, Alaska, and the Nation. While the Borough unemployment rate has remained fairly steady over the past three years, it is

still higher than the rates of Alaska and significantly higher than the Nation.

Children in poverty data was analyzed for the Kenai Peninsula Borough and compared to the state of Alaska and the Nation. From 2012-2014, the trend was fairly consistent (approximately 15 percent) and on par with Alaska and the Nation. A significant drop to 11 percent in 2015 indicates conditions are improving for those once below the poverty thresholds

Health care and coverage

The share of adult Kenai Peninsula Borough residents who are uninsured was 25 percent in 2015. According to the community survey data (primary data) collected for this community health needs assessment, 6.4 percent of respondents did not have health insurance; the primary reason respondents indicated for not having health insurance is “too expensive.”

Health and wellbeing

In Seward, 63.6 percent of adults are overweight or obese. When surveyed how many days per week do you engage in physical activity for a total of 30 minutes or more, 38.4 percent of respondents indicated none or 1-2 days. Additionally, nearly 38 percent of respondents indicated they did not have an annual exam with a health care provider for preventive purposes in the past year

When asked “what are the top health care needs in Seward”, 10.5 percent of survey respondents identified mental health services/counseling and 12.8 percent identified substance abuse rehab/counseling. The number of Kenai Peninsula adults that report excessive alcohol use is in line with Alaska and 9 percent higher than the national benchmark. Kenai Peninsula adults report and average of three mentally unhealthy days in the past 30 days; this has been above Alaska and national benchmarks for the past three years.

Identified priority health needs

Prioritization process and criteria

In October of 2015, members of the CHNA Advisory Committee were asked to rate the health issues identified previously according to three key variables, including:

- SIZE: How significant is the scope of the health issue - number of people affected?
- SERIOUSNESS: How severe are the negative impacts of this issue on individuals, families, and the community?
- ABILITY TO IMPACT: What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc.)

The committee convened after individually rating the health issues to come up with the top priorities as a group. Four priorities were identified by the CHNA Advisory Committee:

1. Overweight and lack of physical activity
2. Poor mental health and lack of access to mental health services
3. Alcohol and substance use
4. Low utilization of preventative care (medical and dental)

Priority health issues and baseline data

Priority Issue	Rationale/contributing factors
1. Overweight and lack of physical activity	Overweight and lack of physical activity have significant impact on physical and mental health, wellbeing and longevity. The remote, dark and rainy climate of Seward poses unique challenges to the Seward community in terms of both physical activity opportunities and access to fresh and healthy foods. The following are a few Seward indicators related to overweight and lack of physical activity. ▪ 63.6% are overweight or obese (32.2% overweight, 31.4% obese) ▪ 45.7% did not make a personal lifestyle change related to better health in the past year ▪ 38.4% indicate engage in physical activity for > 30 minutes from 0-2 days per week
2. Poor mental health and lack of access to mental health services	It is challenging for small communities to maintain a broad array of mental health services available in larger communities. The remote, dark and rainy climate and the stigma of mental health issues in a small community serve to exacerbate the challenges of those suffering from mental health issues in Seward. The following are a few Seward indicators related to poor mental health and lack of access to mental health services. ▪ 11.6% so sad/hopeless every day for >2 weeks they could not engage in usual activities in past 12 mos. ▪ 4.5% thought about committing suicide at some point in the past 12 months ▪ 9.4% needed mental health services in the past 12 months ▪ 32.3% of those who needed mental health services indicated they were not able to receive needed services for the following reasons - 47.6% cite lack of services - 28.6% cite confidentiality concerns

3. Alcohol and substance use	Alcohol and substance abuse has significant health and social impacts both for individuals and the community. Raising awareness of the impacts of substance abuse, addressing the cultural acceptance of alcohol/substance use and providing healthy alternatives for youth can have a substantial impact on the health of the community. ▪ 29.3% reported engaging in binge drinking in last 30 days (5+ drinks on one occasion) ▪ 7.7% reported engaging in binge drinking more than 4 times in last 30 days ▪ 82% believe 'most community members' binge drink ▪ 80.3% believe recreational use of alcohol is acceptable ▪ 59.9% believe recreational use of marijuana is acceptable ▪ 26.1% believe recreational use of prescription drugs is acceptable
4. Low utilization of preventative care (medical and dental)	Incentivizing, improving access to, and increasing the understanding of the benefits of preventive care will help address the leading causes of death and other health conditions and risk factors identified in the assessment. It can also serve to help reduce the economic burden of healthcare in the community. ▪ 9.5% use the emergency room for their main source of health care ▪ When asked what type of health care did you go without when if you were unable to receive needed care, 36.6% identified preventative care/annual exams ▪ 37.8% did not have an annual exam for preventive purposes in past year ▪ 51.1% did not have a biometric screening in the past year ▪ 20.9% last dentist visit more than one year, but less than 3 years ago (1% have never been to dentist)

Community Health Improvement Plan

Introduction

The Affordable Care Act requires non-profit hospitals to not only conduct a community health needs assessment (CHNA) at least once every three years, but to subsequently produce a community health improvement plan (CHIP). The CHIP must include a description of:

- Providence Activities: Activities the Providence intends to take to address the needs;
- Collaboration/Community Investment Support: Collaborations Providence intends to pursue with other organizations to address the needs;
- Resources: Resources Providence intends to commit to the needs;
- Measurement: Expected measureable impact of Providence activities, collaborations and community investment support

PSMCC developed the following Seward CHIP in response to the needs identified in the 2015 CHNA. The development process included input from Providence caregivers, community partners and the Providence Health and Services Alaska Community Ministry Board.

The CHIP is restricted to the years 2016-2018 due to the fact that another CHNA will be conducted in 2018, at which time the priority needs may change. While the plan reflects 2016-2018, we intend to revisit the plan annually to ensure our efforts achieve the greatest impact. The Seward CHIP was approved by the PHSA Community Ministry Board and PHSA Regional Executive Team at the April 2016 Community Ministry Board meeting.

Great attention has been paid to establishing meaningful measures by which we intend to evaluate the impact of our activities and the activities of our partners. In some cases, our efforts have been confounded by the lack of or limited availability of data. The effort to measure our impact will be an ongoing challenge and journey as we seek to improve the health of our community.

Prioritized Community Health Needs:

Priority health need 1: Overweight / Lack of physical activity

This section outlines Providence's plan to impact the need for Healthy Behaviors in our community.

Goal(s)

- Our goal is a Seward community where school-age children are healthy, engage in regular physical activity and are of a healthy weight.

Providence Activities

- **SQORD** – Providence intends to continue its SQORD pilot partnership with the Seward Elementary School in an effort to increase physical activity and reduce overweight and obesity amongst school-age children. The Providence SQORD program leverages technology and social connectivity to create fun – a new way to inspire a life-long habit of healthy behaviors. Providence provided 150 Seward elementary school students with durable, 3-axis accelerometers called Boosters that convert intensity and duration of activity into points that are tracked online. In the virtual environment, individuals can customize a PowerMe avatar, check their activity tracker, earn medals and rewards by collecting points, join in friendly challenges, and communicate with others. This unique hardware-software platform is designed to make physical activity more interactive and engaging for kids.

Collaboration/Community Investment Support

- **Seward Wellness for All** - Providence intends to continue supporting collaboration with, and Providence representation on, the Seward Wellness for All (SWFA) coalition in an effort to address identified needs in the Seward community - with a particular focus on the SQORD project and on the SWFA effort to establish a YMCA Diabetes Prevention Program in the Seward community.

Resources

- Providence intends to continue SQORD program support through staff and funding.
- Providence intends to continue its collaboration with, and representation on Seward Wellness for All advisory group.

Measurement

Intermediate measures

- Increased activity levels of school age children in Seward[3]
- Long range measures
- Reduced number Seward school-aged children identified as overweight or obese

[3] The Institute for Social and Economic Research (ISER) from the University of Alaska Anchorage has been contracted to evaluate the SQORD 3 year program

Priority health need(s) 2: Poor mental health / Access to services & 3: Alcohol / Substance abuse

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

Goal(s)

- Our goal is a Seward community that promotes and supports mental, emotional and behavioral well-being.

Providence Activities

- **Tele-health** – Providence intends to increase remote and out-of-clinic access to care through piloting two tele-health initiatives. If successful, these two tele-health services could be offered in Seward.
    - Tele-health for remote delivery of substance abuse and behavioral health counseling
    - Tele-psych for remote delivery of emergency de-escalation psychiatric consults

Collaboration/Community Investment Support

- **Seward Healthcare Collaborative (SHC)** – Providence will work with the members of the SHC to develop a community-wide collaborative response and plan to address priority health needs two and three. The SHC is comprised of PSMCC, SeaView Community Services, State Public Health, and the Northstar Clinic (Chugachmiut).
- **Seward Prevention Coalition** – Providence intends to continue supporting its collaboration with, and representation on, the Prevention Coalition executive committee in the effort to address identified needs in the Seward community - with a particular focus on the initiative to reduce underage drinking and drug use.
- **Recover Alaska** – Providence intends to continue its collaboration with, and community investment support for, Recover Alaska to reduce harm caused by excessive alcohol consumption. The purpose of this community investment funding is to increase awareness and substance abuse prevention efforts in Alaska, advocate for effective substance abuse related policy and increase access to substance abuse recovery services. A specific focus within this initiative will be to establish a Recovery Resource Center to improve the referral process and improve access to available services. Providence will also maintain a Providence leadership representative on the Recover Alaska Board.

Resources

- Providence will continue providing resources necessary to support the tele-health initiatives listed above.
- Providence intends to continue its support for Recover Alaska through community investment funding and staff collaboration.
- Providence intends to continue its collaboration with, and representation on, the Prevention Coalition Executive Committee.

Measurement

Intermediate measures

- Operational substance abuse, behavioral health and psychiatric tele-health services

Long range measures

- Decreased number of people that report feeling so sad or hopeless every day for two weeks or more that they stopped doing usual activities.
- Decreased number of Seward youth engaged in alcohol or substance use
- Additional measure(s) to be considered pending results of the aforementioned Seward Healthcare Collaborative planning effort

Priority health need 4: Low utilization of preventive care

This section outlines Providence's plan to address impacts of low utilization of preventive care in our community

Goal(s)

- Our goals are to improve overall health of the Seward community by increasing effective utilization of preventive care services in the Seward community.

Providence Activities

- **Emergency Department** – Providence will monitor ambulatory sensitive conditions* use of the Emergency Department and collaborate with Seward Community Health Center in the effort to get people the care they need at the right time and right setting to avoid unnecessary ED utilization.
- **Duke University** - Population Care Coordination Program (PCCP) – Providence will convene a population health steering committee, the members of which will participate in the 12 week PCCP. The Population Care Coordination Process provides a framework for each collaborating provider and organization to deliver more effective multilevel care based on population- and patient-centered principles. The community collaboration will involve Seward Community Health Center and PSMCC, as well as members from clinics and hospitals in Kodiak, Valdez and Anchorage.

Collaboration/Community Investment Support

- **Seward Community Health Center** – Providence intends to continue collaboration with SCHC to improve the utilization and effectiveness of preventive care in Seward through the following initiatives:
    - Duke University Population Care Coordination collaboration (see above)
    - **Emergency Department** collaboration related to ambulatory sensitive conditions[4] presenting to the ER. (see above)
    - **Electronic Medical Record** (EPIC Provisioning) – SCHC has chosen to convert their EMR system to the Providence build of Epic, through the Providence Community Connect program. This facilitates and eases collaboration and care management between PSMCC and SCHC with shared health information. Patients will be able to access hospital and clinic information through a single portal, MyChart.

Resources

- Providence will continue providing resources necessary to support the Emergency Department effort to monitor ambulatory sensitive conditions presented to ED.
- Providence will continue providing resources necessary to support the care-coordination initiative through the Duke University Population Care Coordination Program.
- Providence will provide resources to convert SCHC's electronic medical records to the Providence hosted Community Connect version of EPIC.

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

Measurement

- Reduce number of ambulatory sensitive conditions presented to the ED
- Decrease number of multiple ED visits for similar illnesses
- Increase use of preventive health services

Community Health Improvement Plan (CHIP) Approval

This CHIP was adopted on April 19, 2016 by the Providence Community Ministry Board and Executives.

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Request a copy, provide comments or view electronic copies of current and previous CHNA/CHIPs:

http://alaska.providence.org/about-us/community-health-needs-assessments