

2022 - 2024

COMMUNITY HEALTH IMPROVEMENT PLAN

**Providence Seward
Medical Center**

Seward, AK



To provide feedback on this CHIP or obtain a printed copy free of charge,
please email Nathan Johnson at Nathan.Johnson@Providence.org.

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EXECUTIVE SUMMARY

Providence continues its Mission of service by providing Alaskans with healthcare offered nowhere else in the state. Providence Health and Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of over 730,000). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g., telestroke and eICU services).

Providence Seward Medical Center (PSMC) is a critical-access hospital with 6 licensed beds with roughly 50 employees. PSMC provides quality healthcare to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, and physical, speech, and occupational therapies.

The greater Seward area includes not only the City of Seward (population about 2,700), but the communities of Bear Creek (population about 2,100), and Moose Pass (population about 220). Bear Creek is located just north of and adjacent to the City of Seward. Moose Pass is located 28 miles north of Seward and is a very small community that is largely reliant upon the services available in Seward.

Providence Health and Services Alaska (PHSA), including PSMC, dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2021, PHSA provided \$75 Million in Community Benefit¹ – which includes charity and subsidized care, community health services, education, and research – to respond to unmet needs and improve the health and well-being of those we serve in the Alaska region.

The Community Health Needs Assessment (CHNA) is an opportunity for PSMC to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, information was collected from the following sources: local community health survey responses, state and national public health data, qualitative data from stakeholder interviews, and hospital utilization data. Stakeholder interviews were conducted with representatives from organizations that serve people who have chronic conditions, are from diverse communities, have low incomes, and/or are medically underserved.

PSMC Community Health Improvement Plan Priorities

As a result of the findings of our [2021 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PSMC will focus on the following areas for its 2022-2024 Community Benefit efforts:

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY:

¹ Per federal reporting and guidelines from the Catholic Health Association.

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorder):

Behavioral health is foundational to quality of life, physical health and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole.

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH:

Roughly thirty percent of the determinants of an individual’s health are due to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors combined making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to preventive and acute care has an impact on individuals’ ability to maintain good health.

INTRODUCTION

Who We Are

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

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

PSMC is a critical-access hospital with 6 licensed beds with roughly 50 employees. PSMC provides quality healthcare to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, and physical, speech, and occupational therapies.

Providence Seward Mountain Haven has 40 beds – four homes designed for 10 elders each – with about 95 employees. 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 actively involved in all facets of life, including cooking, planning menus and activities, picking furnishings and decor, and controlling their own schedules. Even direct caregivers offer a different kind of support, working in the home to build strong relationships while providing for elders’ health needs and personal care. Elders who live in Green House homes like Seward Mountain Haven experience a better quality of life and improved health.

Our Commitment to Community

Providence Health and Services Alaska (PHSA), including PSMCC, dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2021, PHSA provided \$70 Million in Community Benefit² – which includes charity and subsidized care, community health services, education, and research – to respond to unmet needs and improve the health and well-being of those we serve in the Alaska region.

PHSA further demonstrates organizational commitment to the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) process through the allocation of staff time, financial resources, participation, and collaboration to address identified community need.

Health Equity

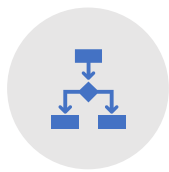
At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we

² Per federal reporting and guidelines from the Catholic Health Association.

believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

Community Benefit Governance

The PSMC hospital administrator is responsible for coordinating implementation Federal 501r requirements as well as providing the opportunity for community leaders, the PSMCC Health Advisory Council, the PHSA Region Community Ministry Board, internal hospital Executive Management Team members, physicians, and other staff to work together in planning and implementing the CHIP.

2021/2022 PROVIDENCE ALASKA REGION BOARD

Providence Health & Services Alaska

CHRISTINE (Potter) KRAMER, DNP, chair Anchorage, AK	JOE N. FAULHABER Fairbanks, AK
STEPHANIE KESLER, vice chair Anchorage, AK	SCOTT T. HABBERSTAD Anchorage, AK
DONNA LOGAN, secretary VP-Anchorage Operations McDowell Group Anchorage, AK	Kristen Solana-Walkinshaw, MD PAMC – Chief of Staff Family Medicine Residency Medical Director Anchorage, AK

PAMELA SHIRRELL, RN Valdez, AK	TANYA KIRK Anchorage, AK
LISA D.H. AQUINO, MHS Anchorage, AK	WALTER WILLIAMS, IV Anchorage, AK
SARAH BARTON Palmer, AK	STEVE SMITH, MD Providence Kodiak, Chief of Staff Kodiak, AK
PAT BRANSON Chair, PKIMC Advisory Board Kodiak, AK	SCOTT WELLMAN Anchorage, AK
MARTIN PARSONS Anchorage, AK	KAREN KING Anchorage, AK
KIM REITMEIER Anchorage, AK	
PRESTON SIMMONS, DSC, FACHE Ex officio member CEO, Providence Health & Services Alaska Anchorage, AK	

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why PSMC has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

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

OUR COMMUNITY

Description of Community Served

Seward is located on Resurrection Bay, a fjord of the Gulf of Alaska on the Kenai Peninsula. Seward is situated on Alaska’s southern coast and at the southern terminus of the Seward highway, which is the only road in or out of Seward. The greater Seward area includes not only the City of Seward (population about 2,700), but the communities of Bear Creek (population about 2,100), and Moose Pass (population about 220). Bear Creek is located just north of and adjacent to the City of Seward. Moose Pass is located 28 miles north of Seward and is a very small community that is largely reliant upon the services available in Seward.

PSMC is the only hospital in the Seward area. The service area of PSMC is defined as the greater Seward community, as described above. The service area was defined with input from the PSMC and Providence leadership teams, as well as the Seward CHNA Advisory Committee. Due to the remote location of these communities and local geography, PSMC only has one service area, rather than broader and high need service areas.

Community	ZIP Code
Seward/ Bear Creek	99664
Moose Pass	99613

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

- Soldotna, Alaska: 94 miles northwest
- Anchorage, Alaska: 125 miles north



Figure 2. Map of Alaska, Including Seward’s Location

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The Kenai Peninsula Borough has a population of 58,799 people, according to the 2020 Decennial Census. There are slightly more males (52%) than females (48%). Almost 60% of the population is between the ages of 20 and 64 years.

POPULATION BY RACE AND ETHNICITY

The population in the Kenai Peninsula Borough is primarily White (82.5%), although 7.8% identify as American Indian or Alaska Native. Four percent of the population identifies as Hispanic or Latino.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for the Kenai Peninsula Borough

Indicator	Kenai Peninsula Borough	Alaska
Median Income	\$66,064	\$75,463

Source: 2019: ACS 5-Year Estimates

The median income in the Kenai Peninsula Borough is \$66,064, which is over \$9,000 lower than the median income for the state of Alaska (\$75,463).

Full demographic and socioeconomic information for the service area can be found in the [2021 CHNA](#) for PSMC.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

In August 2021, representatives from PSMC conducted 9 stakeholder interviews with 11 people who are invested in the well-being of the community and have first-hand knowledge of community needs and strengths. Listening to and engaging with the people who live and work in the community is crucial. The goal of the interviews was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically poor and vulnerable. PSMC aimed to engage stakeholders from social service agencies, healthcare, education, housing, and government, among others, to ensure a wide range of perspectives. Included in the interviews was a Public Health Nurse and Nurse Manager from Kenai Peninsula Public Health, State of Alaska.

Key community stakeholder participants included:

Organization	Name	Title	Sector
Dr. Michael P. Moriarty, P.C. (DBA Seward Family Dentistry)	Michael Moriarty, DDS	Dentist	Dental care
	Maya Moriarty	Office Manager	
Kenai Peninsula Borough School District	Yolanda Ifflander, RN	Registered Nurse, School Nurse	Education, school-based health
Alaska Department of Health and Social Services, Division of Public Health	Amanda McKinley, RN	Public Health Nurse 2	Public health, healthcare
	Leslie Felts, MSN, RN	Nurse Manager	
Providence Seward Medical Center	Robert Rang	Administrator	Healthcare
Providence Seward Medical Center	Amy Bukak, MD, MPH	Medical Director	Healthcare
SeaView Community Services	Tommy Glanton, LCSW	CEO - Elect	Mental health and substance use disorders

Seward Community Health Center	Craig Ambrosiani	Executive Director	Healthcare
Seward Prevention Coalition	Katie Cornwell	Executive Director	Community well-being, substance use disorders
Seward Senior Center	Dana Paperman	Executive Director	Aging services

Significant Community Health Needs Prioritized

As a result of the findings of our [2021 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PSMC will focus on the following areas for its 2022-2024 Community Benefit efforts:

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY:

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorder):

Behavioral health is foundational to quality of life, physical health and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole.

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH:

Roughly thirty percent of the determinants of an individual’s health are due to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors combined making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to preventive and acute care has an impact on individuals’ ability to maintain good health.

needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

As part of the CHNA, a CHNA advisory group was established to inform and guide the process and identify the top health priorities for the community based on CHNA community health data. The committee was comprised of local community leaders and health-related experts that represent the broad interests and demographics of the community. The CHNA advisory committee engaged in a facilitated process to identify the top health priorities. The process started with the findings of the key stakeholder interview qualitative analysis. These findings were used to frame the discussion of the top health issues facing the community. A review of the quantitative data (community-wide Health and Wellbeing Monitor survey and health care utilization data) was conducted to validate and enrich the discussion of the key stakeholder interview key findings. Through the facilitated discussion of the qualitative and quantitative data, the CHNA advisory group identified the priorities below.

The following criteria were considered in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- Providence service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need

2021 PROVIDENCE SEWARD HEALTH ADVISORY COUNCIL AND CHNA ADVISORY COUNCIL

Name	Title	Organization	Sector
Doug Capra, Chair	Chair/ Community member	PSMCC Health Advisory Council and Providence Alaska Region Board	Community
Dana Paperman, Secretary	Executive Director	Seward Senior Center	Senior
Tom Tougas	Business Owner	Major Marine Tours, Hotel 360, Hertz Seward,	Business
Linda Lynch	Retired/ Volunteer	Seward Volunteer Ambulance Corps	Healthcare
Chris Sheehan	Executive Director	SeaView Community Services	Behavioral Health
Martha Fleming	Retired	Seward Public Schools	Education
Craig Ambrosiani (Ex Officio Member)	Executive Director	Seward Community Health Center	Healthcare

Janette Bower (Ex Officio Member)	City Manager	City of Seward	Government
Robert Rang (Ex Officio Member)	Hospital Administrator	Providence Seward Medical Center	Healthcare

The 2022-2024 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the [2021 CHNA](#), though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

PSMC anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by PSMC in the enclosed CHIP.

Addressing the Needs of the Community: 2022- 2024 Key Community Benefit Initiatives and Evaluation Plan

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY

Long-Term Goal(s)/ Vision

A community that has access to the information and transportation needed to meet their basic needs

Table 2. Strategies and Strategy Measures for Addressing Basic Needs Economic Security

Strategy	Population Served	Strategy Measure
1. Collaborate with community partners to identify viable solution to <u>transportation barriers</u> for basic needs (E.g. Health and Behavioral Health Services, groceries, etc...)	Special needs, low-income, broader population	Decrease resident report of transportation as barrier. (CHNA)

<p>2. Collaborate with community partners to ensure United Way <u>211 essential community services</u> system has thorough information for the Seward community and educate the Seward residents about the benefits of the 211 system</p>	<p>Special needs, low-income, broader population</p>	<p>Increased Seward resident utilization '211' Increase resident confidence in ability to achieve maintain the level of health that is best for you? (CHNA)</p>
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Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

- Seaview Community Services
- Seward Community Health Center
- Seward Prevention Coalition

PRIORITY B: BEHAVIORAL HEALTH

Long-Term Goal(s)/ Vision

A community of wellness and early intervention where behavioral health supports and services are available to all who need them.

Table 3. Strategies and Strategy Measures for Addressing Behavioral Health

Strategy	Population Served	Strategy Measure
<p>1. Establish a 'warm handoff' process between PSMC ED and Seward primary care providers for patients who present at PSMC who do not have an established <u>primary care</u> provider</p>	<p>Broader population – individuals without primary care home</p>	<p>Documented process approved by partners Increase % utilizing PC within last 12 mos. (CHNA)</p>
<p>2. PSMC, Seaview Behavioral Health Services and the Seward Community Health Center to solidify referral processes, screening tool utilization and active follow-up with patients who present to the <u>ED for behavioral health</u> and/or issues related to substance use disorder.</p>	<p>Individuals experiencing acute behavioral health crisis</p>	<p>Documented process approved by partners Follow-ups occur within 10 business days Reduce psyche ED visits</p>

<p>3. Collaborate with community partners to ensure United Way <u>211 essential community services</u> system has thorough information for the Seward community and educate the Seward residents about the benefits of the 211 system</p>	<p>Special needs, low-income, broader population</p>	<p>Increased Seward resident utilization ‘211’ Increase resident confidence in ability to achieve maintain the level of health that is best for you? (CHNA)</p>
<p>4. Collaborate with community partners to identify viable solution to <u>transportation barriers</u> for basic needs (E.g. Health and Behavioral Health Services, groceries, etc...)</p>	<p>Special needs, low-income, broader population</p>	<p>Decrease resident report of transportation as barrier. (CHNA)</p>

Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

- Seaview Community Services
- Seward Community Health Center
- Seward Prevention Coalition

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Long-Term Goal(s)/ Vision

A community of wellness where all have access to the services they need, especially the most vulnerable and marginalized in our community.

Table 4. Strategies and Strategy Measures for Addressing Healthy Behaviors / Physical Health

Strategy	Population Served	Strategy Measure
<p>1. Establish a ‘warm handoff’ process between PSMC ED and Seward primary care providers for patients who present at PSMC who do not have an established <u>primary care</u> provider</p>	<p>Broader population – individuals without primary care home</p>	<p>Documented process approved by partners Increase % utilizing PC within last 12 mos. (CHNA)</p>
<p>2. PSMC, Seaview Behavioral Health Services and the Seward Community Health Center to solidify referral processes, screening tool utilization and active follow-up with patients who present to the <u>ED</u> for <u>behavioral health</u></p>	<p>Individuals experiencing acute behavioral health crisis</p>	<p>Documented process approved by partners Follow-ups occur within 10 business days Reduce psyche ED visits</p>

and/or issues related to substance use disorder.		
3. Collaborate with community partners to ensure <u>United Way 211 essential community services</u> system has thorough information for the Seward community and educate the Seward residents about the benefits of the 211 system	Special needs, low-income, broader population	Increased Seward resident utilization '211' Increase resident confidence in ability to achieve maintain the level of health that is best for you? (CHNA)
4. Collaborate with community partners to identify viable solution to <u>transportation barriers</u> for basic needs (E.g. Health and Behavioral Health Services, groceries, etc...)	Special needs, low-income, broader population	Decrease resident report of transportation as barrier. (CHNA)
5. <u>Nurture healthcare workforce</u> to ensure sustainable staffing, caregiver satisfaction, quality, and succession planning	Broader population	Reduce burnout index Improve job satisfaction scores Sufficient workforce to meet community need

Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

- Seaview Community Services
- Seward Community Health Center
- Seward Prevention Coalition

2022- 2024 ANCHORAGE CHIP GOVERNANCE APPROVAL

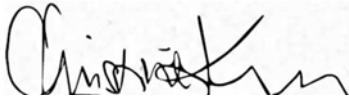
This Community Health Improvement Plan was adopted by the Providence Alaska Region Board on April 19, 2022. The final report was made widely available by May 15, 2022.



4/21/2022

Preston M. Simmons, DSc, MHA, FACHE
Chief Executive, Alaska Providence St. Joseph Health

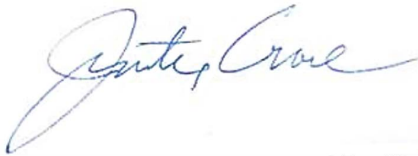
Date



4/21/2022

Christine Kramer, ANP
Chair, Providence Alaska Region Board
Providence Health and Services Alaska

Date



4/28/2022

Justin Crowe
Senior Vice President, Community Partnerships
Providence

Date

CHNA/CHIP Contact:

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Providence St. Joseph Health—Alaska Region
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Nathan.Johnson@Providence.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.

2022 Seward Community Health Improvement Plan (CHIP)

CHNA Strategies / Areas of Focus (Linked with identified needs)	Outcome Measure	Behavioral Health <i>(Mental Health/ Substance Misuse)</i>	Healthy Behaviors / Physical Health	Basic Needs / Economic Security
1. Establish a 'warm handoff' process between PSMC ED and Seward primary care providers for patients who present at PSMC who do not have an established primary care provider	<ul style="list-style-type: none"> Documented process approved by partners Increase % utilizing PC within last 12 mos. (CHNA) 	X	X	
2. PSMC, Seaview Behavioral Health Services and the Seward Community Health Center to solidify referral processes, screening tool utilization and active follow-up with patients who present to the ED for behavioral health and/or issues related to substance use disorder.	<ul style="list-style-type: none"> Documented process approved by partners Follow-ups occur within 10 business days Reduce psyche ED visits 	X	X	
3. Collaborate with community partners to ensure United Way 211 essential community services system has thorough information for the Seward community and educate the Seward residents about the benefits of the 211 system	<ul style="list-style-type: none"> Increased Seward resident utilization '211' Increase resident confidence in ability to achieve maintain the level of health that is best for you? (CHNA) 	X	X	X
4. Collaborate with community partners to identify viable solution to transportation barriers for basic needs (E.g. Health and Behavioral Health Services, groceries, etc...)	<ul style="list-style-type: none"> Decrease resident report of transportation as barrier. (CHNA) 	X	X	X
5. Nurture healthcare workforce to ensure sustainable staffing, caregiver satisfaction, quality, and succession planning	<ul style="list-style-type: none"> Reduce burnout index Improve job satisfaction scores 	X	X	X