PROVIDENCE
Alaska
Medical Center

Anchorage

2018 Community Health Needs Assessment

Providence Alaska Medical Center and St. Elias Specialty Hospital

Anchorage, Alaska

A collaboration of:

- Providence Alaska Medical Center
- St. Elias Specialty Hospital
- United Way of Anchorage
- Municipality of Anchorage, DHHS
- State of Alaska, DHSS
- Anchorage Neighborhood Health Center
- Catholic Social Services
- Southcentral Foundation

TABLE OF CONTENTS

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:
a. Improves access to health services;
b. Enhances public health;
c. Advances increased general knowledge; and/or
d. Relieves government burden to improve health.
Note: Community benefit includes both services to the economically poor and broader community.

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

MESSAGE TO THE COMMUNITY

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

In 2018, Providence Alaska Medical Center and St. Elias Specialty Hospital conducted a Community Health Needs Assessment (CHNA) in partnership with the Anchorage Department of Health & Human Services, United Way of Anchorage, State of Alaska Division of Public Health, Anchorage Neighborhood Health Center, Southcentral Foundation and Catholic Social Services. Providence, in its commitment to its Mission and our steadfast commitment to improve the health of communities we serve, conducts a CHNA for Anchorage at least once every three years. The goal of this collaborative effort is to help us better understand the most significant health-related needs in Anchorage and to work together with our community partners to address them.

Our CHNA findings guide Providence's ongoing commitment to community health investment and programs that touch lives in the places where relief, comfort and care are needed. These investments not only support the health and well-being of our patients, but the whole community. In 2017, Providence Alaska dedicated $65.2 million in community benefit - which includes charity and subsidized care and many community health services - to address unmet community need and to improve the health and well-being of our community. Through programs and direct community investment, Providence's community benefit connects families with preventive and acute care services to keep them healthy, fills gaps in community services and provides opportunities that bring hope in difficult times.

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

1. Poverty / Social Determinants of Health
2. Mental Health
3. Healthy Behaviors
4. Substance Misuse
5. Access to Healthcare

We encourage you to take this opportunity to review the information in this report and to share it with others in the community. We hope you find the Anchorage CHNA informative and that it inspires you to join us in the effort to improve health and well-being in Anchorage.

Sincerely,

Ella Goss
Chief Executive
Providence Alaska Medical Center

Micaela Jones
Chief Executive
St. Elias Specialty Hospital

ACKNOWLEDGEMENTS

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

1. Dr. Dick Mandsager, Rasmuson Foundation
2. Lily Gadamus - Southcentral Foundation
3. Lisa Aquino - Catholic Social Services
4. Lisa McGuire – DHSS, State of Alaska
5. Michelle Tierney Southcentral Foundation
6. Dr. Monica Gross - United Way of Anchorage
7. Natasha Pineda – DHHS, Municipality of Anchorage
8. Shannon Savage - Anchorage Neighborhood Health Center
9. Tammy Green - Anchorage Neighborhood Health Center
10. Tari O'Conner – DHSS, State of Alaska

INTRODUCTION

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

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

Who We Are

Providence Alaska Medical Center (PAMC) is an acute-care hospital located in Anchorage, Alaska. St. Elias Specialty Hospital is the only long term acute care hospital in Alaska and is located in Anchorage. Providence continues its mission of service in Providence continues its Mission of service by providing Alaskans with health care offered nowhere else in the state. Among its unique services are Alaska's only children's hospital and Level III Newborn Intensive Care Unit. Providence also provides treatments and technologies available only at Providence Alaska Medical Center (PAMC), a 401-bed acute care facility and nationally recognized trauma center. PAMC is the state's largest hospital and only comprehensive tertiary referral center serving all Alaskans. PAMC also features heart and cancer centers, the state's largest emergency department, full diagnostic, rehabilitation and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children. Providence's family practice residency program and primary care and specialty clinics serve the primary care, behavioral health, specialty and subspecialty needs of Anchorage and Alaska residents. Additionally, Providence's service to the community is strengthened by a continuum of senior and community services ranging from primary care at Providence Medical Group Senior Care to long-term skilled nursing care at Providence Extended Care.

Our Commitment to Community

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

Providence Health & Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of 739,795). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g. telestroke and eICU services). Providence Alaska Medical Center, a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children's Hospital at Providence (the only one of its kind in Alaska), the state's only Level III NICU, Heart and Cancer Centers, the state's largest adult and pediatric Emergency Department, full diagnostic, rehab and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children. PHSA also has a 59 bed long-term acute care hospital. PHSA has a family practice residency program, a continuum of senior and community services, and a developing medical group. PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. Community mental health centers are operated in Kodiak and Valdez. PHSA also partners to provide additional services through four joint ventures including: Providence Imaging Center, Imaging Associates, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

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

Our Mission, Vision, and Values

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

Our Vision - *Health for a Better World.*

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

OUR COMMUNITY

Description of Community Served

The Municipality of Anchorage is the largest community in the state of Alaska. It is located in Southcentral Alaska along Cook Inlet. Anchorage sits in a bowl with Cook Inlet on one side and Chugach State Park on the other. Home to nearly half the state's residents, Anchorage has a population of 301,010 and includes the communities of Anchorage, Chugiak, Eagle River, Girdwood, and Joint Base Elmendorf-Richardson. It is the hub of Alaska's infrastructure and business community. Ethnically and culturally diverse, three of the top 10 most diverse census tracts in the United States are within Anchorage[3]. Seventeen percent of Anchorage residents speak a language other than English in their homes.

The CHNA assessed the broad Anchorage community but did take a special look at a few key subpopulations: youth, and the poor and vulnerable, especially homeless and underserved residents. The purpose of this assessment was to identify the health needs in the Anchorage area, which is Providence Alaska Medical Center's primary service area[4]. The assessment area comprised the communities within the Municipality of Anchorage.

[3]McCoy, Kathleen. *Hometown U: Data show Mountain View is most diverse neighborhood in America* http://www.adn.com/2013/04/06/2855271/hometown-u-data-show-mountain.html, April 6, 2013

[4] Providence Health & Services Alaska also supports CHNAs in Kodiak, Mat-Su Valley, Seward, and Valdez.

Hospital Service Area

PAMC is the largest acute care hospital in the state of Alaska and serves the entire state with many services not available anywhere else in the Alaska. St. Elias Specialty Hospital is the only long term acute care hospital in Alaska. PAMC's and St. Elias' primary service area is the Municipality of Anchorage, where the majority of patients seeking services reside. PAMC's and St. Elias' secondary service area is the Matanuska Borough, where the second largest population of patients seeking care reside. As the largest and most comprehensive acute care hospital and health system in Alaska, PAMC, St. Elias and Providence Health and Services Alaska are the tertiary provider for the rest of the state of Alaska.

COMMUNITY PROFILE

Population and age demographics

Total Anchorage population is 294,356

- 27.4% youth (0-19 years)
- 37.1% adults (20-44 years)
- 25.1% older adults (45-64 years)
- 10.5% seniors (65 years and older)

Race and Ethnicity

- 64.5% White/Caucasian
- 9.8% Asian
- 9.2% were Hispanic or Latino
- 8.8% were Alaska Native or American Indian
- 6.0% were African American or Black
- 2.6% were Native Hawaiian or other Pacific Islander
- 8.2% were of two or more races.

Income and Housing

- $82,271 median household income
- 4.9% unemployment
- 8.1% total population below poverty
- 12.3% children less than 18 years old below poverty
- 5.5% households with public assistance income
- 4.3% homeless students served by Anchorage School District

Health Care and Health Access

- 14.5% population without health insurance
- 12.4% unable to get needed health care due to cost of care
- 7.9% did not take prescribed medication because of cost
- 61.3% had routine checkup in the last year

Health and Wellbeing

- 66.4% adults are overweight or obese
- 36.4% youth are overweight or obese

- 56.4% adults that report 150 or more minutes per week of moderate-vigorous exercise
- 16.4% youth physically active for 60 minutes per day or more for last 7 days
- 16.3% adults report binge drinking in last 30 days
- 13.3% students report binge drinking in last 30 days

Health Professions Shortage Area

The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The Municipality of Anchorage service areas within it that have been identified as mental health, primary care and dental health professions shortage areas.

Medical Underserved Area

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

OVERVIEW of CHNA FRAMEWORK, PROCESS AND FINDINGS

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

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

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

METHODOLOGY: DATA COLLECTION PROCESS – COLLABORATIVE PARTNERS

As part of the CHNA process, a CHNA Community Advisory Committee was formed by Leadership at PAMC. 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.

- Form and convene CHNA advisory committee comprised of an array of community members and leaders that represent the broad interests of the community (Appendix 2)
- Secondary data collection and Analysis
- Engage the CHNA advisory Committee in the analysis of data and engage them in a prioritization process to identify the top community health needs based on that information.

The Committee was comprised of a wide variety of Anchorage community leaders from the United Way, Southcentral Foundation, Rasmuson Foundation, Providence Health and Services Alaska, Anchorage Neighborhood Health Center, State of Alaska Department of Health and Social Services – Division of Public Health, the Municipality of Anchorage Department of Health and Human Services and Catholic Social Services. A list of the collaborative partners who were part of the CHNA data collection and prioritization process can be found below and in Appendix 2 – CHNA Community Advisory Committee.

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

Alaska Department of Health and Social Services

Representative: Teresa O'Conner, Section Chief - Chronic Disease Prevention and Health Promotion; Lisa McGuire, Program Manager - Healthy Alaskans 2020

The mission of the Department of Health and Social Services is to promote the health and well-being of all Alaskans through the wide array of services and programs which include – assisted living, psychiatric acute care, behavioral health, juvenile justice, children's protective services, substance misuse and prevention, public assistance, public health and senior and disability services.

Anchorage Department of Health and Human Services – Municipality of Anchorage

Representative: Natasha Pineda, Director

DHHS enhances the quality of life for the people of Anchorage by promoting good physical and mental health, preventing illness and injury, protecting the environment, and providing helping services to people in need. (See List below) DHHS provides sliding fee scale for its clinic services as well as free services for a broad array of the most at-risk populations in Anchorage. In the CHNA process, DHHS represented the public health perspective and the interests of members of medically underserved, low-income, and vulnerable populations of Anchorage.

- Reproductive health
- Food safety and sanitation
- Disease prevention and control
- Air, water and food safety/ sanitation
- Women Infants and Children Program
- Child care licensure
- homeless services
- Senior services/aging-disability resource center
- Community safety/domestic violence prevention
- Animal care and control

Anchorage Neighborhood Health Center

Representative: Tammy Green, Executive Director and Shannon Savage, Development and Marketing Director

The mission of ANHC is to improve wellness by providing high quality, compassionate healthcare regardless of ability to pay. ANHC is a Federally Qualified Health Center. It was Alaska's first community health center and remains the state's largest, serving over 12,000 individual patients through over 40,000 visits per year. ANHC represented the interests of members of medically underserved, low-income, and minority populations and individuals in the CHNA process. Their services include:

- Primary care
- Behavioral health
- Dental
- Pharmacy
- Laboratory and X-ray
- Women's services
- Children and family care
- Clinical program support

Catholic Social Services

Representative: Lisa Aquino, Executive Director

Catholic Social Services serves those most in need by working to end poverty, create opportunity and advocate for just communities. They provide shelter, meals, employment assistance and medical care to those experiencing homelessness. They offer assistance to children and their families, help immigrants and refugees adjust to life in Alaska, and serve people with disabilities. CSS represented the broad

interests of the community based on its history of serving, feeding, housing and advocating for the most vulnerable members of the Anchorage community.

Providence Health and Services, Alaska

Representatives: Ella Goss, M.D., Chief Executive; Cindy Gough, Area Operations Administrator; Kathleen Hollis, Director of Mission Services; Nathan Johnson, Regional Director – Community health investment; Lindsie Mills, Grants Manager – Providence Alaska Foundation

Providence Health and Services Alaska is the largest private health system with the largest hospital (Providence Alaska Medical Center) and broadest continuum of care in Anchorage and Alaska. The services it provides includes, but not limited to:

- Acute care
- Primary care
- Behavioral health
- Pediatric specialty care
- Long-term care /assisted living
- Laboratory/imaging services
- Pharmacy
- Home health

As a not-for-profit Catholic health system, Providence's Mission includes a special emphasis on serving those who are poor and vulnerable. This enduring commitment results in Providence investing a significant amount of community benefit and charity care to the community.

Rasmuson Foundation

Representatives: Dick Mandsager, MD, Senior Fellow (Homelessness)

Rasmuson Foundation is a private family foundation working to promote a better life for Alaskans and is one of the largest and most influential foundations in Alaska. The Rasmuson Foundation recently brought Dr. Dick Mandsager (retired CEO of Providence Alaska Medical Center) on as their first Senior Fellow to work closely with the Mayor and the Anchorage Homelessness Leadership Council to address the persistent problem of homelessness in Anchorage.

Southcentral Foundation

Representatives: Michelle Tierney, Vice President – Organization Development and Innovation; Lily Gadamus, Health Program Analyst

Southcentral Foundation (SCF) is an Alaska Native nonprofit 501c(3) health care system, which provides health care and related services to Alaska Native and American Indian people. SCF provides a wide range of programs to address the physical, mental, emotional, and spiritual wellness for about 65,000 Alaska Native and American Indian people. SCF uses a wide range of delivery mechanisms to provide health care service offerings, including ambulatory office visits, home visits, learning circles, email and telephone visits, health information and education, outpatient services, behavioral services, and day and residential treatment. Southcentral Foundation, with 33 facilities in and around Anchorage, also provides care to 55 remote village sites, many of which are accessible only by plane. It employs 2,200 employees, of whom 54 percent are Alaska Native or American Indian people.

United Way of Anchorage

Representatives: Monica Gross, MD., Vice President - Health Impact

Achieving shared common goals by working together is the core of what United Way of Anchorage works to do. United Way's focus is to identify and resolve pressing community issues, and to make measurable changes in communities through partnerships with schools, government agencies, businesses, organized labor, financial institutions, community development corporations, voluntary and neighborhood associations, the faith community, and others.

Secondary Data Sources:

The advisory group selected the key indicators that would comprise the data set for the 2018 Anchorage CNHA. In the process of selecting the final indicators, the advisory group gave consideration to a number of guiding principles for data characteristics, which included:

- Integrity of data source
- Multi-year availability of data to better understand past and future trends
- Broad community representation, especially to ensure inclusion of poor, vulnerable and underserved populations
- Continuity with prior assessment and resulting priorities
- Alignment with Healthy Alaskans 2020 initiative to the extent possible

The data was collected from local, state and federal data sources including:

- Alaska Bureau of Vital Statistics
- Alaska DHSS Obesity Prevention and Control Program
- Anchorage Homeless Point in Time Survey
- Anchorage School District
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Community Commons
- Providence Alaska Medical Center Emergency Department utilization data
- United States Census Bureau
- U.S. Department of Labor
- Youth Risk Behavioral Survey (YRBS)
- Health Alaskans 2020

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. While health-related data exists for the Municipality of Anchorage as a whole, sample sizes do not permit further statistically valid subdivision of the community into neighborhood profiles. Where possible this report reflects community health status indicators at the population level, at and above 200 percent of the poverty level and at and below 199 percent of poverty level to help better understand and demonstrate the relationship and impact of income on health disparities.

Community Input

To better understand the community's perspective, opinions, experiences, expertise and knowledge regarding the health-related needs in the Anchorage community, Providence leadership elected to use a multi-pronged approach. In addition to giving the community the opportunity to provide input through

our online CHNA website, Providence leadership selected the Community Health Needs Assessment Advisory Committee with great care to ensure that the members represented the broad interests of the community and had direct line of site to the needs of the poor, vulnerable and underserved populations. The CHNA Advisory Committee provided guidance and input in every element of the process, from design, implementation, analysis and prioritization of identified community needs and will be further engaged to provide input and collaborative support to the development and implementation of the Community Health Improvement Plan to be finalized by May 15, 2019.

Process for Gathering and Summary of Comments on Previous CHNA

Comments were solicited throughout the 2015 community health needs assessment and community health improvement planning process. Once posted online, our website offered the community the opportunity to provide further comments and provided email and phone contact numbers.

No comments were received specifically regarding the prior CHNA following its publication. The primary focus of subsequent community input was in regards to the CHIP and opportunities to further address identified needs with our community partners.

HEALTH INDICATORS AND TRENDS DATA

The CHNA data set was too lengthy to include in the summary portion of the CHNA, but can be found in the following appendices.

- Appendix 1: CHNA Data (Secondary Data Sources)

PRIORITIZATION PROCESS AND CRITERIA

The prioritization process is conducted as follows:

1. **Aggregate Data and Identifying Key Health Issues** – Local community health-survey responses, state and national data and local qualitative stakeholder-interview responses are aggregated and analyzed by PHSA strategic-planning staff and the CHNA data-collection contractor. High-level issues and themes are identified and result in the identification of key issues or broad areas of need for the community (i.e. behavioral health, prevention, health care access, healthy behaviors, social determinants of health, etc…)

2. **CHNA Advisory Committee Provides Preliminary Prioritization Input** – The aggregated data and stakeholder interview responses are then provided to the local CHNA advisory Committee for review and analysis. An online prioritization survey, based on the key issues (areas of need), is provided to help ensure the voice and input of each of the local CHNA Advisory Committee members is represented in the prioritization results. The survey has two elements:
    - **Criteria Based Ranking –** The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need). The members score each issue on a Likert-type scale based on the following criteria prior to the in-person health needs prioritization meeting:
        - ✓ SIZE = How significant is the scope of the health issue - number of people affected?
        - ✓ SERIOUSNESS = How severe are the negative impacts of this issue on individuals, families, and the community?

- ✓ ABILITY TO IMPACT = What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc…)

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

3. **CHNA Advisory Committee Identifies Top Health Needs** –The results of the online Likert-type scale, criteria-based ranking and the qualitative-community experience ranking are presented to the CHNA Advisory Committee in a face-to-face meeting as a starting point for identifying the CHNA priorities for their community.
    - The top 4-5 health needs issues identified in the CHNA Advisory Committee survey are discussed, confirmed and/or modified based on the discussion and local knowledge of the CHNA Advisory Committee
    - Then members of the Committee are asked to give specifics as to what in particular made them select each of the top 4-5 needs to fully capture the unique aspects of the 'high-level' issues (areas of need) for their community.
    - The top 4-5 needs and detailed input of the CHNA Advisory Committee members are then captured and summarized to give greater specificity to the intent of the Committee and their collective understanding of the nature of each priority to help drive the subsequent community health improvement planning effort

4. **Governance - Board Validation of CHNA Community Priorities** – PHSA Community Ministry Board (CMB) validates the CHNA Advisory Committee priority findings.

PRIORITY HEALTH NEEDS - 2018 Anchorage Community Health Needs Assessment Findings Overview

Prioritized Need #1 Poverty / Social Determinants of health

There is substantial and increasing evidence that socio-economic factors play as large a role in an individual's health across the life span as genetics and health care.

Data Point	2015 CHNA	2018 CHNA
Percent of Anchorage population that live below the poverty level	7.9%	8.1%
Homelessness community point-in-time count	1208	1094
Percent of students served by Anchorage School District that are homeless	4.6%	4.3%
Percent annual unemployment	5.0%	5.6%

Prioritized Need #2 Mental Health

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

Data Point	2015 CHNA	2018 CHNA
Suicide rate per 100,000	17.9	30.7
Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities in last year	28.2%	35.7%
Students who would feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life	38.9%	48.3%

Prioritized Need #3 Healthy Behaviors

Roughly fifty percent of the determinants of an individual's health are due to their behaviors, with environmental, genetic, and health care related factors combined making up the remaining fifty percent.

Data Point	2015 CHNA	2018 CHNA
Percentage of adults who do NOT currently smoke cigarettes	82.3%	84.1%
Percentage of students who had NOT smoked cigarettes, cigars, or used smokeless tobacco on one or more days of the past 30 days	88.7%	88.9%
Adults who are overweight or obese	65.2%	66.4%
Youths who are overweight or obese	36.3%	36.5%

Prioritized Need #4 Substance Misuse

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

Data Point	2015 CHNA	2018 CHNA
Percentage of students who had five or more drinks of alcohol in a row within a couple of hours, during the past 30 days*	10.8%	13.3%*
Percentage of adults (age 18 years and older) who report binge drinking in the last 30 days based on the following criteria:	20.7%	16.3%

**The 2017 YRBS question was modified to differentiate between male and female levels of consumption. As a result the 2017 response indicates the 'Percentage of students who had 4 or more drinks of alcohol in a row (if they were female) or 5 or more drinks of alcohol in a row (if they were male), during the past 30 days'*

Prioritized Need #5 Access to Healthcare

Data Point	2015 CHNA	2018 CHNA
Needed Health care in the last 12 months and were NOT able to receive it	13.8%	12.4%
Percentage of population without health insurance	18.5%	14.5%

Percentage of population without a routine check-up in the last 12 months	44.1%	38.7%

COMMUNITY ASSETS AND RESOURCES

A list of existing health care facilities and resources available in Seward to address significant health needs can be found in Appendix 4.

See Appendix 4: Existing Health care Facilities and Community Resources available to address significant health needs

Addressing identified needs

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

PAMC and PHSA leadership will consider the prioritized health needs identified through this community health needs assessment and develop strategies to address needs considering resources, community capacity and core competencies. The CHNA community partners will be engaged in planning to establish strategies that will respond to identified community need.

Those strategies will be documented in a community health improvement plan that describes how PAMC plans to address the health needs. If PAMC does not intend to address a need or have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions PAMC intends to take but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need. Because partnership is important to addressing health needs, the CHIP will describe any planned collaboration between PAMC and other community organizations in addressing the health need. The improvement plan will be approved by the Providence community ministry board by May 15, 2019. When approved, the CHIP will be attached to this community health needs assessment report in Appendix 5.

See Appendix 5: Addressing Identified Needs through the 2019-2021 Community Health Improvement Plan

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

Community Benefit[5,6] Program Accomplishments

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

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

1. Poverty
2. Healthy Behaviors
3. Substance Abuse
4. Access to Affordable Care

Priority health need 1: Poverty

Goal(s)

- Our goal is an Anchorage community where all people have consistent access to needed food and safe shelter.

Data Point	2015 CHNA	2018 CHNA
Percent of Anchorage population that live below the poverty level	7.9%	8.1%
Homelessness community point-in-time count	1208	1094
Percent of students served by Anchorage School District that are homeless	4.6%	4.3%
Percent annual unemployment	5.0%	5.6%

Providence Activities

Serving the poor and vulnerable is core to Providence's Mission. However, providing the basic food and shelter needs of the community directly is not within the core competencies or services of Providence. To address this issue, Providence collaborates with, and provides community investment funding

[5] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:
a. Improves access to health services;
b. Enhances public health;
c. Advances increased general knowledge; and/or
d. Relieves government burden to improve health.
Note: Community benefit includes both services to the economically poor and broader community.

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

support to sister agencies and organizations that directly address the causes and impacts of poverty. (See collaboration below)

- **Respite Care** – In 2015 Providence initiated a 2 bed respite care pilot project with Brother Francis Shelter (Catholic Social Services) to provide necessary respite care to homeless patients in the shelter - with Providence home health care nurses, social workers and other health care professionals who will visit as needed. Inspired by a similar program in Spokane that partners with Catholic Charities there – Providence brought the idea to the Anchorage community and sat at the table in a historic partnership of all of the hospitals in Anchorage around healthcare and homelessness. As a result of that partnership, in 2017 the pilot was converted into a 10 bed program run by Catholic Social Services with funding coming from Providence Health and Services Alaska (50%), Alaska Regional Hospital (25%) and Alaska Native Medical Center (25%). Providence has provided $287,500 in community health investment funding support from 2016-2018. The program served 132 individuals from March 2017 to March 2018 for 2,626 bed nights. Serving these individuals at Brother Francis Shelter respite instead of in an acute care hospital setting for those 2,626 bed nights allowed for a savings of roughly $7.2M. To date 61% of the homeless respite patients were successfully discharged to long term stable housing.

Collaboration/Community Investment Support

- **Providence Homelessness Convener Fund** – In 2015 Providence convened community partners to seek collaborative solutions to address poverty and homelessness-related needs in Anchorage. It has also designated $1.1M in one-time pilot community-investment funding to help fund client-centric, collaborative initiatives that address poverty and homelessness. PHSA has since invested $3.15M over the course of 2016-2018, roughly $1M annually. The intent of the investment was to drive systems change to enable more effective interagency coordination a through the build out of the Homeless Management Information System and establishment of the coordinated entry system. From January through November of 2018, 60 single adults, 39 families representing 118 individuals and 22 transitional aged youth were housed through the coordinated entry system

- **Catholic Social Services –** Providence provided community investment funding of $3.3M. support to CSS to address the issues of homelessness and food security through provision of services to vulnerable populations, including homeless men, women and children, respite care:
    - Shelter, daily meals, basic care clinic services, showers, laundry, and housing case management services at Brother Francis Shelter; - 309,601 bed nights were provided to those seeking shelter from 2016-2018.
    - Food for individuals and families at St. Francis House Food Pantry, including seniors, children and veterans;
    - Meals and food staples at Clare House, a shelter for women with children;
    - Temporary housing, food and case management services to a small number of refugees to the US through the Refugee Assistance and Immigration Program.

- **Covenant House –** Providence provided $1.3M funding support for Covenant House's comprehensive services for homeless teens – specifically in providing shelter, basic care clinic and mental health services at Covenant House 2016-2017.

- **Food Security –** Providence provided community investment funding support to the following organizations to address the need for food security for low-income individuals and families from 2016-2018.
    - Bean's Café (Including Children's Lunch Box) - $185,800
    - Lutheran Social Services - $90,000
    - Food Bank of Alaska - $150,000

Priority health need 2: Healthy Behaviors

Goal(s)

- Our goal is an Anchorage community where adults and school-age children are healthy and are of a healthy weight.

Data Point	2015 CHNA	2018 CHNA
Percentage of adults who do NOT currently smoke cigarettes	82.3%	84.1%
Percentage of students who had NOT smoked cigarettes, cigars, or used smokeless tobacco on one or more days of the past 30 days	88.7%	88.9%
Adults who are overweight or obese	65.2%	66.4%
Youths who are overweight or obese	36.3%	36.5%

Providence Activities

- **SQORD** – Providence continue its SQORD pilot partnership with the Anchorage School District 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 is providing 10,000 Anchorage students with a durable, 3-axis accelerometer 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

- **Healthy Futures** Providence has supported Healthy Futures since 2009 and continued community investment funding support ($300,000 2016-2018) for Healthy Futures following the 2015 CHNA in order to increase opportunity and awareness of the need for children to engage in daily physical activity. Healthy Futures will work to accomplish this through partnership with the school district and other children's' programs. Their goal is to *empower Alaska's youth to build the habit of daily physical activity.*

Priority health need 3: Substance Abuse (*Inclusive of related behavioral health services)

Goal(s)

- Our goal is an Anchorage community:
  - That is aware of the impacts of substance abuse on individuals and the community;
  - That actively works to prevent and treat substance abuse;
  - Where everyone is able to receive the recovery and treatment services they need.

Data Point	2015 CHNA	2018 CHNA
Percentage of students who had five or more drinks of alcohol in a row within a couple of hours, during the past 30 days*	10.8%	13.3%*
Percentage of adults (age 18 years and older) who report binge drinking in the last 30 days based on the following criteria:	20.7%	16.3%

**The 2017 YRBS question was modified to differentiate between male and female levels of consumption. As a result the 2017 response indicates the 'Percentage of students who had 4 or more drinks of alcohol in a row (if they were female) or 5 or more drinks of alcohol in a row (if they were male), during the past 30 days'*

Providence Activities

- **Providence Crisis Recovery Center –** Providence added a psychiatrist to the Crisis Recovery Center and received a designation to provide ambulatory detox. There are billing structure challenges need to be worked through with the State of Alaska to proceed with full implementation of ambulatory detox.

- **Providence Breakthrough** – Providence expanded treatment to pregnant women that have Opioid Use Disorder (OUD) and are actively working with our maternity center to develop an OUD clinical pathway that is able to identify, screen and treat OUD with trauma informed evidenced based practice within the medical center and ensure referral to outpatient resources. Providence was able to increase the number of people served in the Breakthrough program by roughly 20% through successful advocacy with the State of Alaska to allow the program to bill Medicaid to serve community need in this area.

- **Telehealth** – Providence is increasing remote and out-of-clinic access to care by adding Tele psychiatry to Providence Alaska Medical Center Emergency room in Anchorage, Providence Valdez Medical Center, Providence Seward Medical Center, Seward Mountain Haven long term care facility, Providence Transitional Care Center, and Providence Extended Care Center. These services help to improve care in the emergency room and help patients to receive psychiatric medications, treat psychiatric disorders and help with acute intoxication and withdrawal.

- **Providence Psychiatric Emergency Department –** Providence is currently the only Anchorage facility with 24/7 emergency psychiatric and substance abuse care. Providence continued to provide this necessary community service to address emergent community need for acute psychiatric and substance abuse care, especially as there is no other provider doing so in the Anchorage community. The PAMC psychiatric emergency department has operated at - and has flexed to extend beyond - capacity on a regular basis to accommodate the increased burden that has resulted from capacity challenges and setbacks at the state run Alaska Psychiatric Institute. The acuity of the patients has

increased and the lack of beds at API makes this a vital service that is being stressed by the lack of resources in our community.

Collaboration/Community Investment Support

- **Recover Alaska –** Providence continued collaboration with, and provided $200,000 in community investment support for Recover Alaska from 2016-2018. The purpose of this community investment funding is to increase awareness and substance abuse prevention efforts in the community, advocate for effective substance use related policy and increase access to substance use disorder services. Providence also maintained its commitment by continuing Providence leadership representation on the Recover Alaska Board. Our investment helped support Recover Alaska's establishment of the 211 resource line which now provides referrals for anyone seeking alcohol use disorder services through the 211 resource line. Collaborative efforts have been underway to develop and launch a statewide underage drinking prevention campaign and to establish a symposium for Alaskan providers regarding Medication Assisted Treatment for Alcohol Use Disorder.

*While the specific health need identified was 'Substance Abuse', the Advisory Group felt that mental health issues related to, and co-occurring with, substance abuse should be included within the scope of the intervention activities.

Priority health need 4: Access to Affordable Care

Goal(s)

- Our goal is an Anchorage community where all people are able to receive needed health care services regardless of their economic status

Data Point	2015 CHNA	2018 CHNA
Needed Health care in the last 12 months and were NOT able to receive it	13.8%	12.4%
Percentage of population without health insurance	18.5%	14.5%
Percentage of population without a routine check-up in the last 12 months	44.1%	38.7%

Providence Activities

- **Charity Care/Financial Assistance –** Providence continued to provide medically necessary health care services to members of the community who are unable to pay for such services. Providence Alaska has provided an annual average of $60.5M for charity care and financial assistance from 2016 -2018.

- **Primary Care Clinic (Now includes the Senior Care Clinic) –** Providence continued to address the health care needs of the aging by addressing the shortage of providers accepting Medicaid and/or Medicare in the community. The Senior Care Clinic was integrated into a larger Primary Care Clinic that serves patients of all ages. Since 2016, five doctors have been hired, two mid-level providers, and staff to create three and a half multi-disciplinary care teams, which has increased appointment availability. The clinic has expanded hours including Saturday hours to increase access and innovated with their scheduling model to ensure same day appointments are available to help patients who have minor acute symptoms that need to be addressed quickly. As of December 2018, there are no seniors on the wait list for the Primary Care Clinic (Senior Clinic).

- **Alaska Family Medicine Residency –** Providence continued to provide primary care services at the Alaska Family Medicine Residency on a sliding fee scale to remove cost as a barrier to needed care with roughly 37,000 visits annually with a 50 percent Medicaid and 29 percent Medicare patient panel. FMC residents and faculty continued to support community health needs for underserved populations in a variety of ways, including:
    - Visiting the Pioneer Home
    - Street Medicine Program
    - Adolescent Wellness Clinic for patients who present to the PAMC Psychiatric emergency department that do not have a current primary care provider
    - Psychiatric Consult Clinic
    - High Risk OB Clinic for patients in Anchorage and outside of town who are uninsured or underinsured and otherwise would struggle to find access and continuity of care.
    - Partnership with the Refugee Assistance and Immigration Services (RAIS) program as part of Catholic Social Services to provide initial health screenings for newly resettled refugees in Anchorage.

- **Nurse Family Partnership –** Providence continued support of the Nurse Family Partnership program, providing education and support services to first-time low-income mothers to improve maternal-child outcomes. The program has served 701 households between 2016 and 2018.

Collaboration/Community Investment Support

- **Anchorage Project Access –** From 2016 through 2018, Providence provided $100,000 annually in community investment funding support for Anchorage Project Access to help ensure the coordination of a volunteer network of health care providers who deliver health care to those who would not otherwise be able to access care.

- **Anchorage Neighborhood Health Center –** Providence provided $100,000 in community investment funding support for ANHC the only Federally Qualified Community Health Center in the Anchorage community to support access to primary care, dental, behavioral health and lab services to the low income population of Anchorage.

- **Alaska Dental Society –** Providence provided $50,000 in community investment funding support for the Alaska Dental Society's 'Mission of Mercy' clinic in 2016, which increases access to needed dental care for low income members of the community.

- **Anchorage School District** – Providence provided two years of community investment funding in support of expansion of school based clinics in two additional high schools ($45,000 annually 2016-2017) to increase access to affordable care for school aged children. Providence Family Medicine Center residents and faculty provided no-charge services at Anchorage School District school-based clinics on Friday mornings at Begich Middle School, Clark Middle School, East High School, and Bartlett High School. These clinics occur approximately twice per month when school in session and at other times as providers are available.

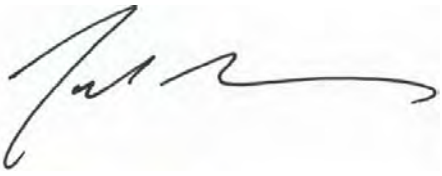
- **Brother Francis Shelter Clinic** - Providence continued providing faculty and residency physician support to the Brother Francis Shelter Clinic in order to provide needed health care services to the homeless population through May of 2018 when a permanent solution was found with Southcentral Foundation opening up a Medicaid clinic within the Brother Francis Shelter.

2018 CHNA GOVERNANCE APPROVAL

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

Bruce Lamoureux Date: 11/13/2018
Senior Vice President
Regional Chief Executive, Alaska Region

Sarah Barton Date: 11/13/2018
Chair
Providence Health and Services Alaska Community Ministry Board



Joel Gilbertson Date: 12/20/18
Senior Vice President, Community Partnerships
Providence St. Joseph Health

CHNA/CHIP contact:

Nathan D. Johnson
Alaska Regional Director, Community Health Investment
Providence St. Joseph Health
3760 Piper Street, 3051
Anchorage, AK 99508
Nathan.Johnson@Providence.org
Request a copy, provide comments or view electronic copies of current and previous community health needs assessments:
https://alaska.providence.org/about-us/community-health-needs-assessments

Appendix 1

Anchorage CHNA Data

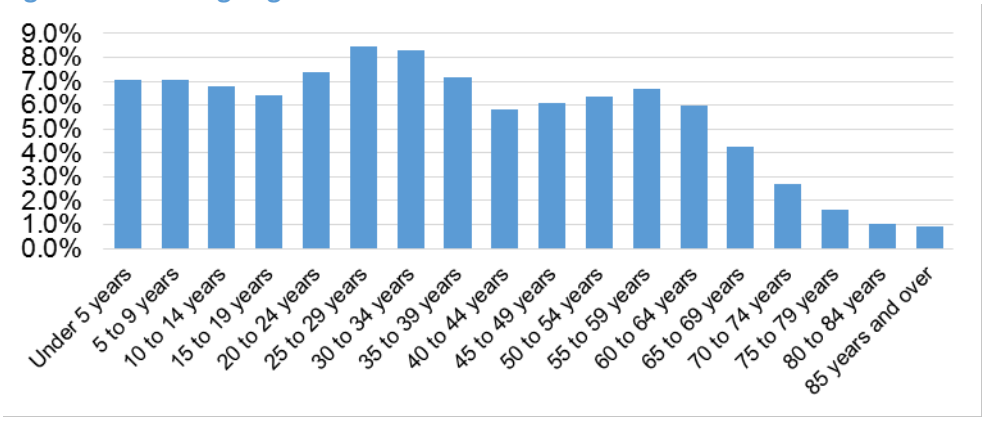
Demographics: Anchorage Population

Figure 1: Table of Anchorage population

Anchorage	2017 Census Estimate			
Population	**Male**	**Female**	**%**	**Population**
Under 5 years	7.1%	7.0%	7.1%	20,974
5 to 9 years	7.2%	7.0%	7.1%	21,046
10 to 14 years	6.9%	6.6%	6.8%	20,148
15 to 19 years	6.6%	6.3%	6.4%	19,074
20 to 24 years	7.8%	7.0%	7.4%	22,016
25 to 29 years	8.6%	8.3%	8.5%	25,148
30 to 34 years	8.3%	8.2%	8.3%	24,600
35 to 39 years	7.1%	7.2%	7.1%	21,241
40 to 44 years	5.8%	5.9%	5.8%	17,345
45 to 49 years	6.0%	6.1%	6.1%	18,080
50 to 54 years	6.3%	6.4%	6.3%	18,876
55 to 59 years	6.6%	6.7%	6.7%	19,869
60 to 64 years	5.9%	6.0%	6.0%	17,794
65 to 69 years	4.2%	4.3%	4.3%	12,715
70 to 74 years	2.7%	2.7%	2.7%	8,033
75 to 79 years	1.4%	1.8%	1.6%	4,755
80 to 84 years	0.9%	1.2%	1.0%	3,049
85 years and over	0.7%	1.2%	0.9%	2,720
Total	**50.2%**	**49.80%**	**100%**	**297,483**
Population	**Male**	**Female**		
Total	50.2%	49.8%		

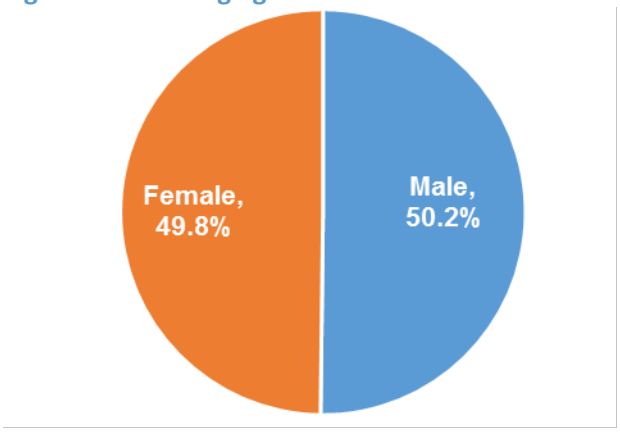
Data Source: US Census Bureau

Figure 2: Anchorage age distribution



Data Source: U.S. Census Bureau

Figure 3: Anchorage gender distribution



Data Source: U.S. Census Bureau

Anchorage households

Figure 4: Table of Anchorage households

	Total Households	Total Family Households	Non-family Households*[2]*	Family Households [1]	Families with Children (Under 18 yrs)	Families with Children (Under 18 yrs), % of Total Households
Anchorage	104,969	69,876	33.4%	66.6%	36,407	34.7%
Alaska	250,235	166,629	33.4%	66.6%	87,209	34.9%
U.S.	117,716,237	77,608,829	34.1%	65.9%	37,299,113	31.7%

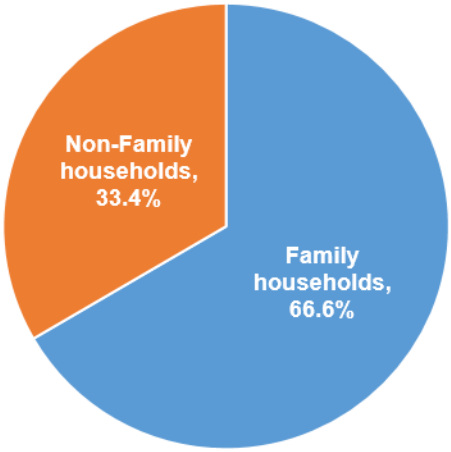
Data Source: US Census Bureau, American Community Survey (2012-2016)

Data Source: U.S. Census Bureau

[1] A household that has at least one member of the household related to the householder by birth, marriage, or adoption is a "Family household." Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households, even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[2] "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

Figure 5: Family versus nonfamily households



Data Source: U.S. Census Bureau

Diversity Characteristics

Figure 6: Table of race and ethnicity

Race/Ethnicity	Anchorage	Alaska	U.S.
White alone	64.5%	65.8%	76.6%
Black or African American alone	6.0%	3.7%	13.4%
American Indian and Alaska Native alone	8.8%	15.3%	1.3%
Asian alone	9.8%	6.5%	5.8%
Native Hawaiian and Other Pacific Islander alone	2.6%	1.4%	0.2%
Two or More Races	8.2%	7.4%	2.7%
Hispanic or Latino	9.2%	7.1%	18.1%

Data Source: U.S. Census Bureau

Figure 7: Table of percent of population with language other than English spoken at home

Percent of population with language other than English spoken at home	% of Population
Anchorage	17.5
Alaska	16.2
United States	21.1

Data Source: US Census Bureau, American Community Survey (2012-2016)

Figure 8: Table of percent of population with any disability

Percent of Population with any disability	% Population
Anchorage	10.6
Alaska	11.3
United States	12.5

Data Source: US Census Bureau, American Community Survey (2012-2016)

Figure 9: Table of veterans as percent of population

Veterans as Percent of Population	% Population
Anchorage	13.2
Alaska	12.8
United States	8.1

Data Source: US Census Bureau, American Community Survey (2012-2016)

Figure 10: Table of foreign born persons as % of population

Foreign born persons as percent of Population	% Population
Anchorage	10.3
Alaska	7.5
United States	13.2

Data Source: US Census Bureau, American Community Survey (2012-2016)

Poverty / Social Determinants of Health

Figure 11: Table of households with public assistance

Households with Public Assistance Income	% Households
Anchorage	5.5
Alaska	6.3
United States	2.7

Data Source: US Census Bureau, American Community Survey (2012-2016)

Figure 10: Table of median household income by family composition

Median Family Income by Family Composition	Married-Couple Families ***without*** Children	Married-Couple Families **with** Children	Single-Males **without** Children	Single-Males **with** Children	Single Females **without** Children	Single Females **with** Children
Anchorage	$113,119	$106,188	$88,225	$61,650	$70,450	$38,888
Alaska	$102,810	$99,244	$71,188	$51,931	$61,470	$34,750
U.S.	$78,162	$87,757	$53,570	$39,618	$44,636	$25,130

Data Source: US Census Bureau, American Community Survey (2012-2016)

Figures 11: Population and Poverty

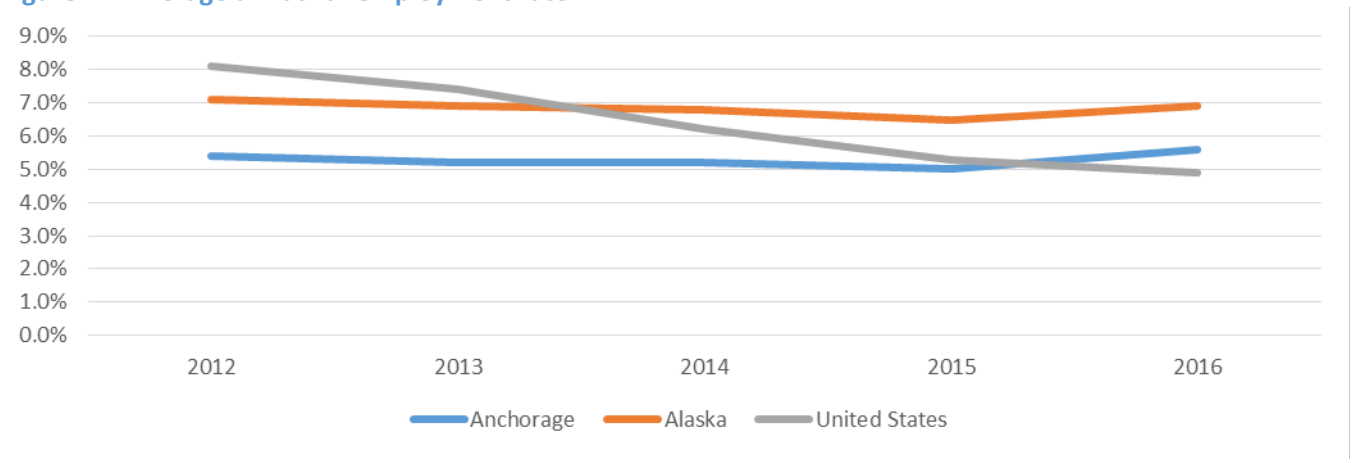
Federal Poverty Level (FPL)					
	Children < 18 Years old		**Total Population**		
	Below **100%** FPL	Below **200%** FPL	Below **50%** FPL	Below **100%** FPL	Below **200%** FPL
Anchorage	12.3%	29.5%	3.6%	8.1%	21.1%
Alaska	14.4%	34.0%	4.5%	10.1%	25.4%
United States	21.2%	43.3%	6.7%	15.1%	33.6%

Source: US Census Bureau, American Community Survey (2012-2016)

Healthy Alaskans 2020		**Anchorage Baseline**	**HA2020 target**	**Anchorage Current***
LHI 24	Increase the percentage of the population living above the federal poverty level (as defined for AK)	89.0%	89.0%	**83.3%**e

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
e 2010-2015

Figure 12: Average annual unemployment rate



Source: U.S. DOL

Figure 13: Table of average annual unemployment rate

Percent average Annual Unemployment Rate	2012	2013	2014	2015	2016
Anchorage	5.4%	5.2%	5.2%	5.0%	5.6%
Alaska	7.1%	6.9%	6.8%	6.5%	6.9%
United States	8.1%	7.4%	6.2%	5.3%	4.9%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018

Access to housing

Figure 14: Table of homeless point in time count

Homelessness Point in Time Count	2015	2016	2017	2018
Anchorage	1208	1105	1128	1094
Balance of the State Excluding Anchorage	748	835	717	922

Data Source: Point-in-Time Summary

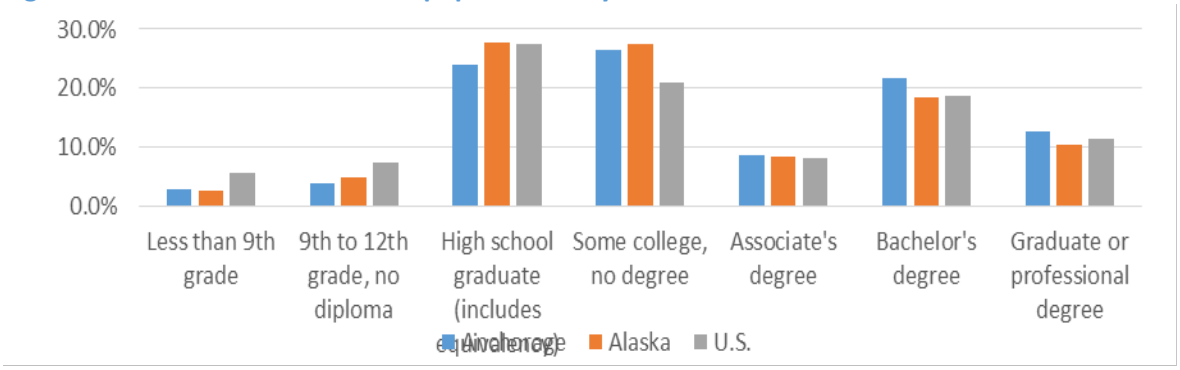
Figure 15: Homeless students served by Anchorage School District by school year

Homelessness Students served by Anchorage School District by School Year	# Homeless Students	Total Students	% Homeless Students
2014-2015	2195	48088	4.6%
2015-2016	2198	48332	4.5%
2016-2017	2537	48323	5.3%
2017-2018	2070	47703	4.3%

Data Source: Anchorage School District

Educational attainment

Figure 16: Educational attainment population 25 years and over



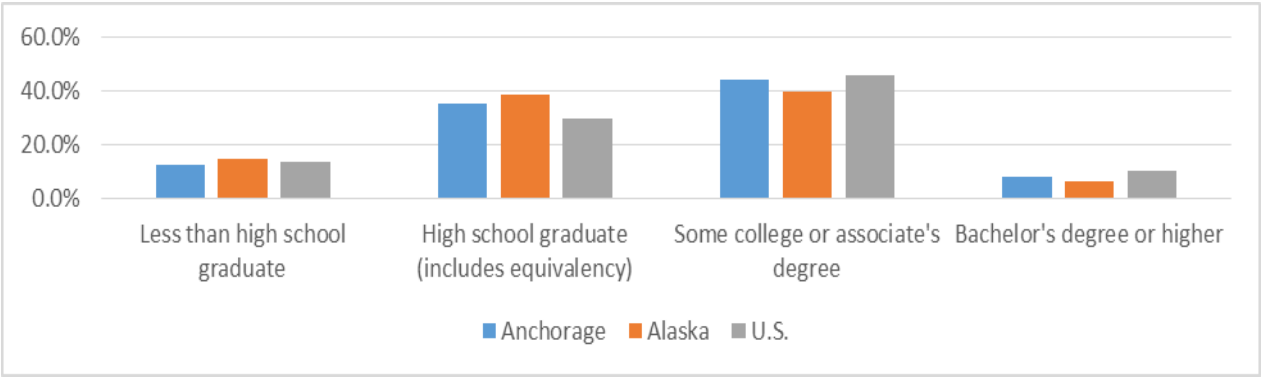
Source: US Census Bureau, American Community Survey (2012-2016)

Figure 17: Table of educational attainment population 25 years and over

Educational Attainment	Anchorage	Alaska	U.S.
Less than 9th grade	2.8%	2.7%	5.6%
9th to 12th grade, no diploma	3.9%	4.9%	7.4%
High school graduate (includes equivalency)	24.0%	27.7%	27.5%
Some college, no degree	26.5%	27.5%	21.0%
Associate's degree	8.5%	8.3%	8.2%
Bachelor's degree	21.7%	18.4%	18.8%
Graduate or professional degree	12.6%	10.4%	11.5%
Percent high school graduate ***or higher***	93.3%	92.3%	87.0%
Percent bachelor's degree ***or higher***	34.3%	28.8%	30.3%

Source: US Census Bureau, American Community Survey (2012-2016)

Figure 20: Educational attainment population 18-24 years



Source: US Census Bureau, American Community Survey (2012-2016)

Figure21: Table of educational attainment population 18-24 years

Educational Attainment	Anchorage	Alaska	U.S.
Less than high school graduate	12.7%	14.9%	13.8%
High school graduate (includes equivalency)	35.3%	39.0%	30.0%
Some college or associate's degree	44.1%	39.8%	46.0%
Bachelor's degree or higher	7.9%	6.4%	10.2%
Percent high school graduate ***or higher***	87.3%	85.2%	86.2%
Percent bachelor's degree ***or higher***	7.9%	6.4%	10.2%

Source: US Census Bureau, American Community Survey (2012-2016)

Access to Health Care

Figure 22: Percent of population without health insurance

Percent of population without health insurance	
Anchorage	14.5%
Alaska	16.9%
United States	11.7%

Source: US Census Bureau, American Community Survey (2012-2016)

Figure 23: Percent of population unable to get needed care due to cost of care

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2014	13.8%	10.0%	32.3%
2015	14.1%	10.6%	30.0%
2016	12.4%	11.4%	21.5%

Source: BRFSS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 23	Reduce the rate of adults (age 18 years and older) reporting they could not afford to see a doctor in the past 12 months	12.5%	14.0%	**14.1%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 24: Percent of population that did NOT take prescribed medication because of cost

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2013	5.2%	3.3%	11.8%
2014	7.9%	6.5%	15.0%

Source: BRFSS

Figure 25: Population *with* routine checkup in the last year

	Total Anchorage	200% of Poverty and	Below 200% Poverty

	Community	above	
2014	59.5%	61.8%	47.1%
2015	55.9%	55.5%	56.1%
2016	61.3%	61.7%	59.6%

Source: BRFSS

Figure 26: Percent of seniors receiving annual flu vaccine

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2014	51.8%	53.7%	40.3%
2015	55.3%	57.9%	42.9%
2016	52.5%	53.1%	50.1%

Source: BRFSS

Figure 27: Percent of population ages 18+ receiving annual flu vaccine

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2014	37.1%	38.1%	32.0%
2015	34.5%	35.3%	31.3%
2016	37.7%	40.1%	26.3%

Source: BRFSS

Figure 28: Have seen a doctor, nurse or other health professional in past 12 months

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2014	80.7%	80.6%	81.0%
2015	64.2%	65.9%	55.9%
2016	72.1%	72.1%	*

Source: BRFSS

*Insufficient response rate to report

Figure 29: Percent of women delivering live births without prenatal care in first trimester

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 21	Reduce the percentage of women delivering live births who have not received prenatal care beginning in the first trimester of pregnancy	18.5%	19.0%	**18.9%**

Source: Healthy Alaskans 2020 (HA2020)

*Baseline 2010 and current data 2015 unless otherwise noted

Healthy Behaviors

Figure 30: Percentage of adults (age 18 years and older) who report 150 or more minutes per week of moderate or vigorous exercise

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2013	54.2%	57.2%	41.6%
2015	56.4%	58.5%	47.8%

Source: BRFSS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 6a	Increase the percentage of adults (age 18 years and older) who report 150 or more minutes per week of moderate or vigorous exercise, where each minute of vigorous exercise contributes 2 minutes to the total	57.4%b	61.0%	**56.4%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
b *2011*

Figure 31: Table of students who were physically active for at least 60min per day on fewer than 7 of last 7 days

Percent students who were physically active for at least 60min per day for 7 of the last 7 days	
2015	20.4%
2017	16.4%

Data Source: YRBS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 6a	Increase the percentage of adolescents (high school students in grades 9-12) who do at least 60 minutes of physical activity a day, every day of the week	18.4%a	23.0%	**20.4%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
a 2009

Figure 32: Percentage of adults that eat 5+/daily servings of fruits/vegetables

	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2013	22.1%	23.9%	14.8%
2015	19.9%	21.2%	14.6%

Figure33: Percentage of adults (age 18 years and older) who meet criteria for overweight

Percentage of adults (age 18 years and older) who meet criteria for **overweight** (body mass index of ≥ 25 and < 30 kg/m2)	**Total Anchorage Community**	**200% of Poverty and above**	**Below 200% Poverty**
2014	36.0%	37.3%	29.8%
2015	38.8%	39.9%	33.9%
2016	36.4%	36.6%	34.7%

Data Source: BRFSS

Healthy Alaskans 2020		**Anchorage Baseline**	**HA2020 target**	**Anchorage 'Current'***
LHI 4a	Reduce the percentage of **adults** (age 18 years and older) who meet criteria for **overweight** (body mass index of ≥ 25 and < 30 kg/m2)	37.9%	36.0%	**38.8%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 34: Percentage of adults (age 18 years and older) who meet criteria for obesity

Percentage of adults (age 18 years and older) who meet criteria for **obesity** (body mass index of ≥ 30 kg/m2)	**Total Anchorage Community**	**200% of Poverty and above**	**Below 200% Poverty**
2014	29.2%	27.5%	37.2%
2015	28.0%	26.5%	34.7%
2016	30.0%	28.7%	41.0%

Healthy Alaskans 2020		**Anchorage Baseline**	**HA2020 target**	**Anchorage 'Current'***
LHI 4b	Reduce the percentage of **adults** (age 18 years and older) who meet criteria for **obesity** (body mass index of ≥ 30 kg/m2)	28.2%	27%	**28.0%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 35: Percentage of adults who meet criteria for overweight or obesity

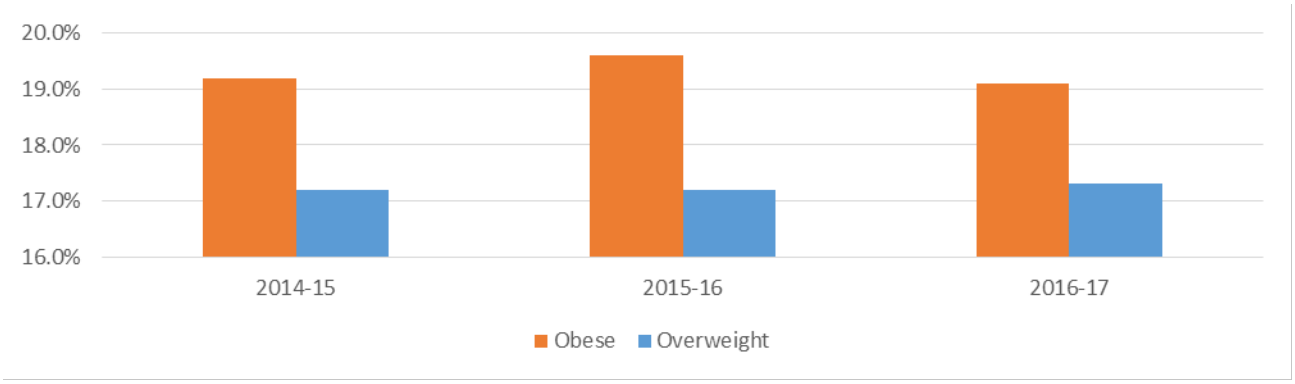
Percentage of adults (age 18 years and older) who meet criteria for **overweight** or **obesity**	**Total Anchorage Community**	**200% of Poverty and above**	**Below 200% Poverty**
2014	65.2%	64.8%	67.0%
2015	66.8%	66.4%	68.6%
2016	66.4%	65.3%	75.7%

Data Source: BRFSS

Figure 36: Youth weight status (overweight / Obese) by school year

School Year	Overweight & Obese	Obese	Overweight
2014-15	36.3%	19.2%	17.2%
2015-16	36.8%	19.6%	17.2%
2016-17	36.5%	19.1%	17.3%

Data Source: AK DHSS Obesity Prevention and Control Program/Anchorage School District
(NOTE: in this table, RED numbers indicate negative movement relative to prior year, Green indicates positive movement relative to prior year)



Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 5i	Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for **overweight** (age- and sex-specific body mass index of ≥ 85th and < 95th percentile)	16.2%a	12%	**15.20%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 5ii	Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for **obesity** (age- and sex-specific body mass index of ≥ 95th percentile)	11.3%a	10%	**13.80%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 37: Youth weight status (overweight / obese) by race/ethnicity and school year

Youth Weight Status by Race/Ethnicity	2014-2015 ASD students		2015-2016 ASD students		2016-2017 ASD students	
Race/Ethnicity	**Obese**	**Overweight**	**Obese**	**Overweight**	**Obese**	**Overweight**
White	12.3%	16.0%	12.3%	15.3%	12.6%	15.6%
Black	21.2%	17.3%	21.0%	17.8%	21.3%	18.4%
Alaska Native / American Indian	25.7%	20.0%	24.5%	24.0%	24.8%	19.0%
Hispanic	22.9%	16.7%	22.0%	19.2%	20.1%	19.2%
Asian (non-Pacific Islander)	20.8%	16.9%)	21.2%	17.2%	20.4%	16.9%
Pacific Islander	50.8%	21.0%	54.4%	19.5%	51.8%	21.3%
Multi-ethnic	19.2%	18.0%	20.2%	18.3%	18.9%	18.0%

Data Source: AK DHSS Obesity Prevention and Control Program/Anchorage School District
(NOTE: in this table, RED numbers indicate negative movement relative to prior year, GREEN indicates positive movement relative to prior year)

Figure 38: Youth weight status by socioeconomic status

Youth Weight Status by Socioeconomic status	2014-2015 ASD students		2015-2016 ASD students		2016-2017 ASD students	
Race/Ethnicity	**Obese**	**Overweight**	**Obese**	**Overweight**	**Obese**	**Overweight**
Free/Reduced Lunch Enrolled (Low Income)	24.9%	18.2%	25.9%	18.6%	24.8%	19.0%
Non-Enrolled Students	13.4%	16.1%	13.1%	15.9%	13.5%	15.6%

Data Source: AK DHSS Obesity Prevention and Control Program/Anchorage School District
(NOTE: in this table, RED numbers indicate negative movement relative to prior year, Green indicates positive movement relative to prior year)

Figure 9: Percent of high school students who HAVE NOT used tobacco products on in the past 30 days

Percentage of students who had not smoked cigarettes, cigars, or used smokeless tobacco (excluding Iqmik) on one or more days of the past 30 days	
2015	88.7%
2017	88.9%

Data Source: YRBS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 2	Percentage of students who had not smoked cigarettes, cigars, or used smokeless tobacco (excluding Iqmik) on one or more days of the past 30 days	82.7%a	80.0%	**89.5%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
Note: The discrepancy between the HA2020 89.5% and the above YRBS 88.7% for the year 2015 is due to a statistical adjustment that was done after HA2020 published their regional scorecards.

Figure 40: Percentage of adults (age 18 years and older) who do not currently smoke cigarettes

Percentage of adults (age 18 years and older) who do not currently smoke cigarettes	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2014	82.3%	85.9%	65.3%
2015	84.9%	89.9%	62.2%
2016	84.1%	85.4%	71.9%

Data Source: BRFSS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 3	Increase the percentage of adults (age 18 and older) who do not currently smoke cigarettes	83.0%	83.0%	**84.9%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 41: Cancer mortality rate per 100,000 population

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 1	Cancer mortality rate per 100,000 population	164.1	162	**149.1**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 42: Unintentional Injury mortality rate

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 16	Reduce the unintentional injury mortality rate per 100,000 population	52.9	54.8	**51.5**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 43: Incidence rate of Chlamydia trachomatis

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 18	Reduce the incidence rate of Chlamydia trachomatis per 100,000 population	978.7	705.2	**826.7**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Mental Health

Figure 44: Mean number of days adults (18 years and older) report being mentally unhealthy

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 9	Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy	3.3	2.9	**3.8**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 45: Percentage of students who felt so sad or hopeless

Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities during past 12 months	
2015	28.2%
2017	35.7%

Data Source: YRBS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 8	Reduce percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months	27.6%a	23%	**28.6%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
a 2009

Figure 46: Students who would feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life

Students who would feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life	
2015	28.2%
2017	35.7%

Data Source: YRBS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 10	Students who would feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life	42.1%a	47.0%	**48.3%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
a 2009

Figure 47: Students who had been physically hurt on purpose by someone they were dating/going out with one or more times during past 12 months

Among students who dated or went out with someone, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months	Anchorage
2015	9.3%
2017	8.2%

Data Source: YRBS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 13	Among students who dated or went out with someone, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months	7.2%c	8.0%++	**9.6%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
c 2013
++Modified due to change in data collection methodology

Figure 48: Suicide rate per 100,000

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 7a	Reduce the suicide mortality rate per 100,000 population, among the population age 15-24 years	28.5+	43.2	**41.8**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
+Rate based on fewer than 20 occurrences and statistically unreliable, but not suppressed

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 7b	Reduce the suicide mortality rate per 100,000 population, among the population age 25 years and older	23.2	23.5	**30.7**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Substance Misuse

Figure 49: Students who had engaged in binge drinking in the last 30 days

Percentage of students who had five or more drinks of alcohol in a row within a couple of hours, during the past 30 days*	Anchorage
2015	10.8%
2017	13.3%*

Data Source: YRBS

**The 2017 YRBS question was modified to differentiate between male and female levels of consumption. As a result the 2017 response indicates the 'Percentage of students who had 4 or more drinks of alcohol in a row (if they were female) or 5 or more drinks of alcohol in a row (if they were male), during the past 30 days'*

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 15b	Reduce the percentage of adolescents (high school students grades 9-12) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days	23.3%a	17.0%	**11.3%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted
a 2009
Note: The discrepancy between the HA2020 11.3% and the above YRBS 10.8% for the year 2015 is due to a statistical adjustment that was done after HA2020 published their regional scorecards.

Figure50: Adults who have engaged in binge drinking in the last 30 days

Percentage of adults (age 18 years and older) who report binge drinking in the last 30 days based on the following criteria: 5 or more alcoholic drinks for men; 4 or more alcoholic drinks for women, on one occasion.	Total Anchorage Community	200% of Poverty and above	Below 200% Poverty
2014	21.8%	21.7	21.9
2015	20.7%	20.9	20.0
2016	16.3%	17.0	9.4

Source: BRFSS

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 15a	Reduce the percentage of adults (age 18 years and older) who report binge drinking in the last 30 days based on the following criteria: 5 or more alcoholic drinks for men; 4 or more alcoholic drinks for women, on one occasion.	23.60%	20%	**20.70%**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 51: Alcohol induced mortality rate

Healthy Alaskans 2020		Anchorage Baseline	HA2020 target	Anchorage 'Current'*
LHI 14	Reduce the alcohol induced mortality rate per 100,000 population	15.4	15.3	**23.6**

Source: Healthy Alaskans 2020 (HA2020)
*Baseline 2010 and current data 2015 unless otherwise noted

Figure 52: Rate of opioid-related overdose deaths

	Anchorage	Matsu	Interior	Statewide
Opioid-related deaths per 100,000 population	11.0	13.0	7.0	9.0

Source: State of Alaska – Alaska Opioid Data Dashboard

Appendix 2

Community Health Needs Assessment Advisory Committee

Name	Title	Organization	Community Representation
Cindy Gough	Area Operations Administrator	Providence Health and Services Alaska	Health Systems, rural and medically underserved, community health, poor and vulnerable, homeless, post-acute care
Dr. Dick Mandsager	Senior Fellow (Homelessness)	Rasmuson Foundation	Physician, Public health; medically underserved; poor and vulnerable; homeless
Ella Goss	CEO	Providence Alaska Medical Center	Health Systems, medically underserved, community health, poor / vulnerable,
Kathleen Hollis	Director of Mission and Family Support Services	Providence Alaska Medical Center	Notable subpopulation, community health, poor and vulnerable, homeless
Lily Gadamus	Health Program Analyst	Southcentral Foundation	Health Systems, rural and medically underserved, Alaska Native, community health, poor and vulnerable,
Lindsie Mills	Grants Manager	Providence Health and Services Alaska	Medically underserved; poor and vulnerable; homeless, community health
Lisa Aquino	Executive Director	Catholic Social Services	Notable subpopulations: medically underserved, homeless, poor and vulnerable
Lisa McGuire	Program Manager, HA 2020	State of Alaska, DHSS	Public Health, community health
Michelle Tierney	VP, Organization Development and Innovation	Southcentral Foundation	Health Systems, rural and medically underserved, Alaska Native, community health, poor and vulnerable,
Dr. Monica Gross	Vice President, Community Impact	United Way of Anchorage	Physician, notable subpopulation: community health, poor and vulnerable, homeless
Natasha Pineda	Director	Municipality of Anchorage - DHHS	Public health; medically underserved; community health, poor/vulnerable; homeless
Nathan Johnson	Regional Director, Community Health Investment	Providence St. Joseph Health	Health Systems, rural and medically underserved, Alaska Native, community health, poor and vulnerable,
Shannon Savage	Development and Marketing Director	Anchorage Neighborhood Health Center	Medically underserved, community health, poor and vulnerable
Tammy Green	Executive Director	Anchorage Neighborhood Health Center	Notable subpopulation: community health, poor and vulnerable
Teresa O'Conner	Section Chief, Chronic Disease Prevention and Health Promotion	State of Alaska, DHSS	Public health; medically underserved; poor and vulnerable; homeless

Appendix 3

PHSA Region Community Ministry Board

Name	Organization	
Dr. Alan Wolf	Providence Kodiak Island Medical Center	Hospital
Bruce Lamoureux	Providence Health and Services Alaska	Health Care
Chris Swalling	Swalling and Associates CPAs	Business
Christine Kramer	Alaska Hospitalist Group	Health Care
Doug Capra	Providence Seward Medical and Care Center Health Advisory Council	Health Care
Dr. Eli Powell	Orthopedic Physicians Alaska	Health Care
Dr. Estrada Bernard	Anchorage Neurosurgical Associates	Health Care
Dr. Kathy Hurleburt	Private Practice -Family/Internal Medicine	Health Care
Lisa Aquino	Catholic Social Services	Community based organization, education, affordable housing
Dr. Noah Laufer	Medical Park Family Clinic	Health Care
Pam Shirrell	Retired Public Health, Providence Valdez Medical Center Health Advisory Council	Public Health, health care
Pat Branson	City of Kodiak	Government
Sarah Barton	ConsultNorth	Business
Stephanie Kesler	General Communications Inc. (GCI)	Business
Dr. Steve Smith	Providence Kodiak Island Medical Center	Hospital
Dr. Tim Bateman	Alaska Hospitalist Group	Health Care
Tim Escher	Purinton Technology	Business / Health Care

Appendix 4

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

Organization or Program	Description	Associated Community Need(s)
Alaska Dental Society	Provides free dental care to low income members of the community.	Access to care
Alaska School Activities Association	Educates school youth about substance abuse and better choices and health through school activities.	Substance Abuse/Behavioral Health
Anchorage Department of Health and Human Services	Promotes good physical and mental health, preventing illness and injury, protecting the environment, and providing helping services to people in need	Poverty, Healthy behaviors, Substance Abuse/Behavioral Health, Access to care
Anchorage Neighborhood Health Center	Provides primary care, dental, behavioral health and lab services to the low income population.	Poverty, Healthy behaviors, Substance Abuse/Behavioral Health, Access to care
Anchorage Project Access	Coordinates a volunteer network of health care providers to deliver health care to those who would not otherwise be able to access care in our community.	Access to care
Anchorage Running Club	Provides coordination and support for healthy community running events for all ages	Healthy Behaviors
Anchorage School District	Provides school based clinics in two diverse, low-income neighborhood schools – both focus on health with one specializing in behavioral health.	Access to care, Behavioral Health
Catholic Social Service	Compassionately serves the poor and those in need, strengthens individuals and families, and advocates for social justice. Services include Clare House, Brother Francis Shelter, and St. Francis House.	Poverty, Substance Abuse/Behavioral Health, Access to care

Organization or Program	Description	Associated Community Need(s)
Covenant House	Provides comprehensive services for homeless teens, including housing and a basic care clinic and mental health services	Poverty, Access to care
Food Bank of Alaska	Provides food to low income individuals and families.	Poverty
Healthy Futures Program	Provides programs to increase healthy behavior and activities of school aged children	Healthy Behaviors
Lutheran Social Services	Provides aid to low-income individuals and families	Poverty
Neighborworks	Dedicated to improving the quality of life for families and individuals by preserving homes, creating new housing opportunities and strengthening neighborhoods.	Poverty
Providence Health and Services Alaska	Addresses community need through programs and services across the continuum including: Nurse Family Partnership, Health Ministry Outreach, Healthy promotion activities, 24/7 Psych ED, Behavioral Health and Substance Abuse Treatment, Pediatric Specialty services, Senior services, Family medicine residency program, and community investments	Poverty, Healthy behaviors, Substance Abuse/Behavioral Health, Access to affordable care
Recover Alaska	Works collaboratively with community partners to reduce harm caused by excessive alcohol consumption in Alaska focusing on systems, policy, statutory and practice changes.	Substance Abuse/Behavioral Health
Ernie Turner Center	Detox and inpatient substance use disorder treatment	Substance Abuse / Behavioral Health
Akeela House	Substance use disorder and mental health treatment services	Substance Abuse / Behavioral Health
Anchorage Community Mental Health Services		Substance Abuse / Behavioral Health
Rational Recovery		Substance Abuse / Behavioral Health
Stone Soup Group	Provides information, support, training and resources to assist families caring for children with special needs.	Poverty, Access to affordable care
United Way of Anchorage	Combines efforts with partners to ensure Anchorage has strong families, successful kids, healthy kids and adults, workforce affordable housing, and connecting people through a statewide referral system for health and human services information	Poverty, Healthy behaviors, Access to affordable care

Organization or Program	Description	Associated Community Need(s)
University of Alaska	Provides education through their nursing school and the Center for Community Engagement.	Access to affordable care
YWCA	Committed to empower women and eliminate racism. Programs include Economic Empowerment, Women's Wellness, Youth Empowerment, Women's Empowerment, and Social Justice	Poverty, Healthy Behaviors

ANCHORAGE ACUTE CARE HOSPITALS

Alaska Native Medical Center	167 bed acute care hospital
Alaska Psychiatric Institute	80 bed psychiatric acute care hospital
Alaska Regional Hospital (HCA)	250 bed acute care hospital
North Star Hospital	140 psychiatric acute care beds (3 locations)
Providence Alaska Medical Center	401 bed acute care hospital
St. Elias	59 bed long term acute care hospital

Appendix 5

Addressing Identified Needs
2019-2021 Community Health Improvement Plan

PAMC, St. Elias Specialty Hospital and PHSA leadership considered the prioritized health needs identified through this community health needs assessment and developed strategies to address needs considering resources, community capacity and core competencies.

Providence Alaska Medical Center
And St. Elias Specialty Hospital

Anchorage, Alaska

2019-2021 Community Health Improvement Plan

PROVIDENCE
Alaska
Medical Center

St. Elias
Specialty Hospital
a Providence Partner

TABLE OF CONTENTS

EXECUTIVE SUMMARY

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

In 2018, Providence Alaska Medical Center and St. Elias Specialty Hospital conducted a Community Health Needs Assessment (CHNA) in partnership with the Anchorage Department of Health & Human Services, United Way of Anchorage, State of Alaska Division of Public Health, Anchorage Neighborhood Health Center, Southcentral Foundation and Catholic Social Services. Providence, in its commitment to its Mission and our steadfast commitment to improve the health of communities we serve, conducts a CHNA for Anchorage at least once every three years. The goal of this collaborative effort is to help us better understand the most significant health-related needs in Anchorage and to work together with our community partners to address them.

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

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

6. Poverty / Social Determinants of Health
7. Mental Health
8. Healthy Behaviors
9. Substance Misuse
10. Access to Healthcare

As a result of these finding Providence Health and Services Alaska, Providence Alaska Medical Center and St. Elias Specialty Hospital have outlined in the following document our plans to help improve health in the Anchorage community in the five areas of need identified in the Anchorage Community Health Needs Assessment.

MISSION, VISION, AND VALUES

Our Mission

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

Our Vision

- *Health for a Better World.*

Our Values

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

INTRODUCTION

WHO WE ARE

Providence Alaska Medical Center (PAMC) is an acute-care hospital and St. Elias Specialty Hospital is a long term acute care hospital. Both are located in Anchorage, Alaska. Providence continues its mission of service in Providence continues its Mission of service by providing Alaskans with health care offered nowhere else in the state. Among its unique services are Alaska's only children's hospital and Level III Newborn Intensive Care Unit. Providence also provides treatments and technologies available only at Providence Alaska Medical Center (PAMC), a 401-bed acute care facility and nationally recognized trauma center. PAMC is the state's largest hospital and only comprehensive tertiary referral center serving all Alaskans. PAMC also features heart and cancer centers, the state's largest emergency department, full diagnostic, rehabilitation and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children. Providence's family practice residency program and primary care and specialty clinics serve the primary care, behavioral health, specialty and subspecialty needs of Anchorage and Alaska residents. Additionally, Providence's service to the community is strengthened by a continuum of senior and community services ranging from primary care at Providence Medical Group Senior Care to long-term skilled nursing care at Providence Extended Care.

OUR COMMITMENT TO COMMUNITY

Providence Health and Services Alaska (PHSA) including PAMC and St. Elias 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 2018, PHSA provided $84.3 Million in community benefit - which includes charity and subsidized care, community health services, education and research - in response to unmet needs and to improve the health and well-being of those we serve in the Alaska region.

Providence Health & Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of 739,795). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g. telestroke and eICU services). Providence Alaska Medical Center, a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children's Hospital at Providence (the only one of its kind in Alaska), the state's only Level III NICU, Heart and Cancer Centers, the state's largest adult and pediatric Emergency Department, full diagnostic, rehab and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children. PHSA also has a 60 bed long-term acute care hospital St. Elias Specialty Hospital. PHSA has a family practice residency program, a continuum of senior and community services, and a developing medical group. PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. Community mental health centers are operated in Kodiak and Valdez. PHSA also partners to provide additional services through four joint ventures including: Providence Imaging Center, Imaging Associates, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

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

PLANNING FOR THE UNINSURED AND UNDERINSURED

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

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

OUR COMMUNITY

Definition of Community Served

The Municipality of Anchorage is the largest community in the state of Alaska. It is located in Southcentral Alaska along Cook Inlet. Anchorage sits in a bowl with Cook Inlet on one side and Chugach State Park on the other. Home to nearly half the state's residents, Anchorage has a population of 301,010 and includes the communities of Anchorage, Chugiak, Eagle River, Girdwood, and Joint Base Elmendorf-Richardson. It is the hub of Alaska's infrastructure and business community. Ethnically and culturally diverse, three of the top 10 most diverse census tracts in the United States are within Anchorage[7]. Seventeen percent of Anchorage residents speak a language other than English in their homes.

[7]McCoy, Kathleen. *Hometown U: Data show Mountain View is most diverse neighborhood in America* http://www.adn.com/2013/04/06/2855271/hometown-u-data-show-mountain.html, April 6, 2013

The CHNA assessed the broad Anchorage community but did take a special look at a few key subpopulations: youth, and the poor and vulnerable, especially homeless and underserved residents. The purpose of this assessment was to identify the health needs in the Anchorage area, which is Providence Alaska Medical Center's primary service area[8]. The assessment area comprised the communities within the Municipality of Anchorage.

Hospital Service Area

PAMC is the largest acute care hospital in the state of Alaska and serves the entire state with many services not available anywhere else in the Alaska. St. Elias Specialty Hospital is the only long term acute care hospital in Alaska. PAMC's and St. Elias' primary service area is the Municipality of Anchorage, where the majority of patients seeking services reside. PAMC's and St. Elias' secondary service area is the Matanuska Borough, where the second largest population of patients seeking care reside. As the largest and most comprehensive acute care hospital and health system in Alaska, PAMC, St. Elias and Providence Health and Services Alaska are the tertiary provider for the rest of the state of Alaska.

[8] Providence Health & Services Alaska also supports CHNAs in Kodiak, Mat-Su Valley, Seward, and Valdez.

COMMUNITY PROFILE

Population and age demographics

Total Anchorage population is 294,356

- 27.4% youth (0-19 years)
- 37.1% adults (20-44 years)
- 25.1% older adults (45-64 years)
- 10.5% seniors (65 years and older)

Race and Ethnicity

- 64.5% White/Caucasian
- 9.8% Asian
- 9.2% were Hispanic or Latino
- 8.8% were Alaska Native or American Indian
- 6.0% were African American or Black
- 2.6% were Native Hawaiian or other Pacific Islander
- 8.2% were of two or more races.

Income and Housing

- $82,271 median household income
- 4.9% unemployment
- 8.1% total population below poverty
- 12.3% children less than 18 years old below poverty
- 5.5% households with public assistance income
- 4.3% homeless students served by Anchorage School District

Health Care and Health Access

- 14.5% population without health insurance
- 12.4% unable to get needed health care due to cost of care
- 7.9% did not take prescribed medication because of cost
- 61.3% had routine checkup in the last year

Health and Wellbeing

- 66.4% adults are overweight or obese
- 36.4% youth are overweight or obese
- 56.4% adults that report 150 or more minutes per week of moderate-vigorous exercise
- 16.4% youth physically active for 60 minutes per day or more for last 7 days
- 16.3% adults report binge drinking in last 30 days
- 13.3% students report binge drinking in last 30 days

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs, Assets, Assessment Process and Results

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

The Committee was comprised of a wide variety of Anchorage community leaders from the United Way, Southcentral Foundation, Rasmuson Foundation, Providence Health and Services Alaska, Anchorage Neighborhood Health Center, State of Alaska Department of Health and Social Services – Division of Public Health, the Municipality of Anchorage Department of Health and Human Services and Catholic Social Services.

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

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

PRIORITIZATION PROCESS AND CRITERIA

The prioritization process was conducted as follows:

1. **Aggregate Data and Identifying Key Health Issues** – Local community health-survey responses, state and national data and local qualitative stakeholder-interview responses were aggregated and analyzed and high-level issues and themes are identified and result in the identification of key issues or broad areas of need for the community (i.e. behavioral health, prevention, health care access, healthy behaviors, social determinants of health, etc…)

2. **CHNA Advisory Committee Provides Preliminary Prioritization Input** – The CHNA data was then provided to the local CHNA advisory Committee for review and analysis. An online prioritization survey, based on the key issues (areas of need), was provided to help ensure the voice and input of each of the local CHNA Advisory Committee members is represented in the prioritization results. The survey has two elements:

   Criteria Based Ranking – The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need). The members score each issue on a Likert-type scale based on the following criteria prior to the in-person health needs prioritization meeting:

   - ✓ SIZE = How significant is the scope of the health issue - number of people affected?
   - ✓ SERIOUSNESS = How severe are the negative impacts of this issue on individuals, families, and the community?

- ✓ ABILITY TO IMPACT = What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc…)

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

3. **CHNA Advisory Committee Identifies Top Health Needs –**The results of the online Likert-type scale, criteria-based ranking and the qualitative-community experience ranking are presented to the CHNA Advisory Committee in a face-to-face meeting as a starting point for identifying the CHNA priorities for their community.
    - The top 5 health-related needs identified in the CHNA Advisory Committee survey were discussed, confirmed and/or modified based on the discussion and local knowledge of the CHNA Advisory Committee
    - The top 5 needs and detailed input of the CHNA Advisory Committee members were then captured and summarized to give greater specificity to the intent of the Committee and their collective understanding of the nature of each priority to help drive the subsequent community health improvement planning effort

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

Prioritized Anchorage Community Health Needs

1. Poverty / Social Determinants of Health
2. Mental Health
3. Healthy Behaviors
4. Substance Misuse
5. Access to Healthcare

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

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

2019-2021 Community Health Improvement Plan

1. Community need being addressed: #1. Poverty/Social Determinants of Health (Homelessness)

Goal (anticipated impact): Reduction in the number of individuals and families experiencing homelessness in Anchorage

Scope (Target Population): Individuals and families experiencing homelessness in Anchorage

Outcome Measure	2018 Baseline	2019 Target	2021 Target
Reduce rate of individuals experiencing Homelessness as measured by the annual HUD Anchorage Point-In-Time Count. (target 5% annual reductions)	1,094	1,039	938

Strategy(ies)	Strategy Measure	2018 Baseline	2019 Target	2021 Target
A. Homeless Respite Program Ten bed respite program partnership between Providence, Alaska Regional Hospital, Alaska Native Medical Center and Catholic Social Services which runs the program at their Brother Francis Homeless Shelter	Percentage of homeless respite patients who were successfully discharged to permanent, stable housing within that year	73% (96/132)	75%	80%
B. Homeless Convener Fund Initiative A community-based collaborative strategy to implement sustainable systems change to create a more coordinated, client-centric model of care that reduces homelessness and addresses the dignity and needs of those experiencing homelessness. The key partners are Providence Alaska Medical Center, Municipality of Anchorage, United Way of Anchorage, and the Anchorage Coalition to End Homelessness (ACEH)	Number of homeless housed through Anchorage Coordinated Entry* program	209	Pending Built for Zero system build out	Pending Built for Zero system build out
	Build out key operational infrastructure and processes necessary for a functioning 'Built for Zero' homeless response system	**Phase 0:** Assess 'Built for Zero" model for Anchorage adoption and develop community plan to address homelessness	**Phase 1:** (2019) Develop and sustain a quality By-Name-List for veterans and chronically homeless individuals	**Phase 2 (**2020) prioritize needs of those on the list and launch community systems to support **Phase 3:** (2021) attain functional zero** for veterans and the chronically homeless and expand to families and youth

Coordinated Entry: *A centralized assessment and referral process that coordinates various community housing agencies, to quickly match people experiencing homelessness to the resources they need.*

***Functional zero:** At any point in time, the number of people experiencing sheltered or unsheltered homelessness and are seeking housing will be no greater than the current monthly housing placement rate for people experiencing homelessness.*

Other Community Benefit Activities and Strategies that address Poverty/Social Determinants of Health

Providence provides community benefit funding and numerous subsidized programs and services to the community. These are services Providence chooses to provide, ***regardless of financial loss***, because they serve to address a community need not met elsewhere in the community. Community benefit activities and strategies that address Poverty and Homelessness include:

C. **Homeless Shelter and Support** – Providence has a long history of collaborating with and providing funding support to community partners that address the need for shelter and supportive services. Providence will continue to collaborate with community partners and utilize an application process to identify the partners best positioned to address needs identified in the community health needs assessment. Some of our partners in this area include Covenant House, Catholic Social Services - Brother Francis Shelter, Salvation Army – McKinnel House, AWAIC Shelter, and RuRAL CAP.

D. **Basic Needs and Food Security –** Providence continues to provide daily meals in-kind to Brother Francis Shelter and Clare House and has provided 2019 funding support to Food Bank of Alaska, Catholic Social Services, and Bean's Café and Children's Lunchbox to address food insecurity in the Anchorage Community. Providence has a long history of collaborating with and providing funding support to community partners that address food security. Providence will continue to collaborate with community partners and utilize an application process to identify the partners best positioned to address needs identified in the community health needs assessment. Some of our partners in this area include Beans Café, Children's Lunchbox, Catholic Social Services – Brother Francis Shelter, Food Bank of Alaska, Clare House and Food Bank of Alaska.

Evidence Based Sources:

- **Medical Respite Programs for Homeless Patients** - https://nyuscholars.nyu.edu/en/publications/medical-respite-programs-for-homeless-patients-a-systematic-revie
- **Coordinated Entry** - https://endhomelessness.org/resource/coordinated-entry-community-samples-resource-library/
- **Rapid Rehousing:** http://www.evidenceonhomelessness.com/topic/rapid-re-housing/
- **Built for Zero** – https://www.community.solutions/what-we-do/built-for-zero

Key Community Partners:

1. United Way of Anchorage
2. Catholic Social Services
3. Alaska Native Medical Center
4. Alaska Regional Hospital
5. Anchorage Coalition to End Homelessness
6. Built for Zero
7. Municipality of Anchorage

Resource Commitment:

Providence will continue to utilize an application process to determine annual community partner funding with special attention paid to Mission-aligned organizations serving the poor and vulnerable and directly addressing the needs identified in the community health needs assessment. Providence leadership will continue its commitment of staff time to further support Anchorage's strategic plan on homelessness ("Anchored Home") through membership on the Anchorage Coalition to End Homelessness Board and ongoing collaboration on related advocacy and planning activities.

2. Community need being addressed: #2. Mental Health

Goal (anticipated impact): An Anchorage community that promotes and supports mental, emotional and behavioral well-being – where everyone is able to receive the mental health services they need.

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

Providence programs, activities and strategies that address Mental Health:
Providence provides programs and services that address community needs, but are not all categorized as "Community Benefit" by IRS definition. Providence programs, activities and services that benefit the community by addressing Substance Misuse but are not reported as Community Benefit include:

A. **Psychiatric Emergency Department -** Providence is currently the only Anchorage facility with 24/7 emergency psychiatric and substance abuse care. This service provides emergent psychiatric assessments, both in the field (Mobile Clinician) and within the hospital psyche emergency department. Providence will continue providing this necessary community service to address emergent community need for acute psychiatric and substance abuse care, especially as there is no other provider doing so in the Anchorage community.

B. **Inpatient Adult Psych Unit** – Providence has the only inpatient psych unit (12 bed) with medical treatment that provides a comprehensive form of milieu treatment (therapy, discharge planners, case and meds management etc.) as well as individual, family and group therapy.

C. **Discovery Program (Inpatient Adolescent Psych Unit)** – Providence will continue its acute, inpatient program (15 bed) for adolescents (ages 13-18) in need of intensive crisis intervention, stabilization and behavioral health treatment.

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

E. **Crisis Recovery Center -** Providence added a psychiatrist to the Crisis Recovery Center and received a designation to provide ambulatory detox. There are billing structure challenges need to be worked through with the State of Alaska to proceed with full implementation of ambulatory detox. We anticipate this service will be operational in the fall of 2019.

- **Compass Program** - Providence will continue the Compass Program which is an 8 bed / 24-hour crisis intervention program that serves to stabilize the acute psychiatric symptoms of adult patients in crisis through effective symptom management and improved coping skills. This serves the population that are not sufficiently high risk to warrant psych ED inpatient admission.
- **Directions Program** – Directions is an early intervention program for adolescents (ages 13-18) providing residential individual, group and family therapy. Providence will continue the Directions Program (8 bed / 24 hour), serving adolescent patients in a residential sub-acute setting. The

program provides an alternative to inpatient hospitalization for behavioral issues that are not sufficiently high risk to warrant psych ED inpatient admission.

F. **Residential Treatment Program** – Providence will continue the Residential Treatment Program (10 bed / 24 hour) that serves girls ages 12-18 with one prior admit who are unable to be stabilized and maintained in an outpatient setting and require long term residential treatment.

G. **Providence Medical Group Alaska Behavioral Health Clinics** – Providence will continue to provide outpatient mental health services for children, adolescents, and adults. Outpatient mental health services include diagnostic interviews, outpatient psychiatric assessment, medication management, neuropsychological and psychological testing, individual, group, marriage and family therapy services.

H. **Employee Mental Health** – Providence is one of the largest employers in Alaska and is committed to caring for our caregivers more effectively. Our new Employee Assistance Program through Lyra Health is improving access and offering up to 25 sessions of therapy to serve the mental health needs of our caregivers.

I. **PAMC Social Work** – Providence has increased support for patients leaving PAMC into skilled nursing or assisted living who suffer from mental health and substance use disorder by partnering with these organizations and teaching clinical interventions and support in developing care plans for care outside of the hospital. This continued support is expected to better serve our discharged patients in outside care settings and reduce the need for related ED or inpatient readmissions in the future.

Key Community Partners: State of Alaska Department of Behavioral Health, Alaska Psychiatric Institute

Resource Commitment:
Providence will continue to fund and operate critical mental health services in the community. Providence will continue to utilize an application process to determine annual community partner funding with special attention paid to those serving the poor and vulnerable and that address needs identified in the community health needs assessment. Providence leadership will continue its commitment of staff time and advocacy within the community to further community collaborations and partnerships that seek to address mental health in the community.

Community Need being addressed: #3. Healthy Behaviors

Goal (anticipated impact): An Anchorage community where healthy behaviors improve the lives of its residents and reduce the need for acute medical care.

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

Community Benefit Activities and Strategies to address Access to Healthcare
Providence provides community benefit funding and numerous subsidized programs and services to the community. These are services Providence chooses to provide, *regardless of financial loss*, because they serve to address a community need not met elsewhere in the community. Community benefit activities and strategies that address the need for greater Access to Healthcare include:

A. **Faith Community Nursing** - Providence provides a nurse coordinator, educator and resource person for parishes and churches of any denomination interested in starting a Faith Community Nurse / Health Ministry team in their local church community. The goal is to increase health literacy and promote healthy behaviors at the community level to improve understanding of health issues, prevention, healthy behaviors and health care.

B. **Health Ministry Outreach** – Providence provides Health Ministry Outreach to Increase health literacy of English learners, specifically immigrants and refugees. Trains in-community leaders in health literacy to improve understanding of health issues, healthy behaviors and access care for English learners.

C. **Injury Prevention** – Providence will continue its injury prevention and outreach program Safe Kids Alaska – the primary mission of which is childhood injury prevention. The program engages in community outreach and education which includes a wide array of areas including pedestrian safety, bike safety, smoke and carbon monoxide detector education, water safety and car seat fitting and inspection.

D. **Healthy Behaviors Community Partner Collaboration and Support** – Providence has a long history of collaborating with and providing funding support to community partners that address prevention and healthy behaviors in the community. Providence will continue to collaborate with community partners and will continue to utilize an application process to determine annual community partner funding with special attention paid to those serving the poor and vulnerable and that address needs identified in the community health needs assessment. Some of our partners in this area include State of Alaska Healthy Futures, American Cancer Society, American Lung Association, Anchorage Parks Foundation, and Anchorage Dome - Community Health Initiative.

Other Providence programs, activities and strategies that address Access to Healthcare
Providence also provides programs and services that address community needs, but are not categorized as "subsidized" or as "community benefit" by IRS definition. The other Providence programs, activities and services that benefit the community by addressing the need for greater Access to Healthcare include:

E. **Nurse Family Partnership** - Registered nurses will provide in-home intensive family services in accordance with NFP evidence based practice to low-income, first-time mothers in the Municipality of Anchorage to improve Pregnancy Health and Outcomes, Child Health and Development and Maternal Outcomes from pregnancy through the child's second year.

F. **Medicaid Coordinated Care Demonstration Project** – Providence Family Medicine Center will continue the Medicaid Coordinated Care Demonstration Project. This Patient Centered Medical Home model of care delivery, utilizes an Integrated Direct Care Team (IDCT) comprised of behavioral health, social work, nurse case management, home visits, and pharmacy services all coordinated with the patient's primary care physician to increase access, decrease inappropriate utilization, and improve patient outcomes. The promotion of prevention and healthy behaviors is at the center of this model of care.

Key Community Partners: State of Alaska, American Lung Association, American Cancer Association, Anchorage faith community/churches, Recover Alaska

Resource Commitment:
Providence will continue to fund critical mental health services in the community. Providence will continue to utilize an application process to determine annual community partner funding with special attention paid to Mission-aligned organizations serving the poor and vulnerable and directly addressing the needs identified in the

community health needs assessment. Providence leadership will continue its commitment of staff time and advocacy within the community to further community collaborations and partnerships that seek to address Healthy Behaviors in the community.

4a. Community need being addressed: #4. Substance Misuse (Opioid Use Disorder)

Goal (anticipated impact): Reduction in the rate of opioid overdose deaths in Alaska communities we serve (per 100,000 persons)

Scope (Target Population): Individuals experiencing opioid use disorder (OUD)

Outcome Measure	2018 Baseline	FY19 Target	FY21 Target
Reduction in the rate of opioid overdose deaths in Alaska communities we serve (per 100,000 persons)	14	12	8

Strategy(ies)	Strategy Measure	Baseline	FY19 Target	FY21 Target
A.Improve access to Medication Assisted Treatment (MAT)	Increase rate of PHSA OUD patients that are offered MAT	Gathering data	Pending Establishment of Baseline	Pending Establishment of Baseline
B. Increase suboxone waivered providers providing Medication Assisted Treatment (MAT).	Number of suboxone waivered providers in Providence Alaska service areas as measured by SAMSHA	Gathering data	Increase PAMC provider waivers by 30%	TBD
C. Establish Substance Misuse and Prevention Council (SMPC) and community partnerships addressing OUD	Operational SMPC and number of additional partnerships	N/A	Establish charter & internal stakeholders & engage 2 new partners	Increase partners by 1 per quarter
D. Implement clinical pathways (integrated care pathways) process management strategies to the improvement of patient healthcare **for OUD**	Number of implemented OUD clinical pathways	No existing OUD clinical pathway	OUD Pathways fully implemented piloted at PAMC	Sustained OUD Pathways
E. Implement Screening, Brief Intervention and Referral Tool (SBIRT)	SBIRT implementation in clinical settings	Trauma designated patients are receiving SBIRT in inpatient and Providence Family Medicine	Identify additional clinical settings for SBIRT expansion	TBD

Evidence Based Sources:

- SAMSHA-HRSA Center for Integrated Health Solutions – MAT https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview
- SAMSHA-HRSA Center for Integrated Health Solutions - SBIRT https://integration.samhsa.gov/clinical-practice/sbirt

Key Community Partners: State of Alaska Department of Health and Human Services as well as Primary Care and Substance Use Disorder service providers across Anchorage (community-wide).

Resource Commitment:
Providence will continue to fund and implement critical substance use disorder services in the community. Providence leadership will continue its commitment of staff time and advocacy within the community to further community collaborations and partnerships that seek to address Opioid Use Disorder in the community.

4b. Community need being addressed: #4. Substance Misuse (General)

Goal (anticipated impact): An Anchorage community:

- That is aware of the impacts of substance abuse on individuals and the community;
- That actively works to prevent and treat substance abuse;
- Where everyone is able to receive the recovery and treatment services they need.

Scope (Target Population): Broader community and individuals experiencing substance use disorder

Community Benefit Activities and Strategies that address Substance Misuse
Providence provides community benefit funding and numerous subsidized programs and services to the community. These are services Providence chooses to provide, *regardless of financial loss*, because they serve to address a community need not met elsewhere in the community. Community benefit activities and strategies that address the Substance Misuse include:

A. **Recover Alaska -** Providence will continue to collaborate with and support Recover Alaska to increase awareness and substance abuse prevention efforts in the community, advocate for effective substance use related policy and increase access to substance use disorder services. Providence leadership will continue its engagement with the Recover Alaska Board.

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

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

C. **Providence Crisis Recovery Center -** Providence added a psychiatrist to the Crisis Recovery Center and received a designation to provide ambulatory detox to expand capacity to meet community need. There are billing structure challenges need to be worked through with the State of Alaska to proceed with full implementation of ambulatory detox which are pending as of the writing of this plan.

D. **Providence Breakthrough –** In 2018, we expanded our services to treat pregnant mothers and offer free pre-treatment for people that have to wait for an assessment. In 2019, we have expanded our services to treat adolescents. We also have applied for a grant that would allow us to increase capacity for Medication Assisted Treatment for Opioid Use Disorder. We intend to continue to provide and expand chemical dependency programs to help address the growing need for substance use disorder treatment programs in Anchorage and Alaska.

E. **Crisis Recovery Center -** Providence added a psychiatrist to the Crisis Recovery Center and received a designation to provide ambulatory detox. There are billing structure challenges need to be worked through with the State of Alaska to proceed with full implementation of ambulatory detox. We anticipate this service will be operational in the fall of 2019.

- **Compass Program** - Providence will continue the Compass Program which is an 8 bed / 24 hour crisis intervention program that serves to stabilize the acute psychiatric symptoms of adult patients in crisis through effective symptom management and improved coping skills. This serves the population that are not sufficiently high risk to warrant psyche ED inpatient admission.
- **Directions Program** – Providence will continue the Directions program which is an early intervention program for adolescents (ages 13-18) providing residential individual, group and family therapy Providence will continue the Directions Program (8 bed / 24 hour), serving adolescent patients in a residential sub-acute setting. The program provides an alternative to inpatient hospitalization for behavioral issues that are not sufficiently high risk to warrant psyche ED inpatient admission.

Key Community Partners: State of Alaska Department of Health and Human Services as well as Primary Care and Substance Use Disorder service providers in Anchorage (community-wide).

Resource Commitment:
Providence will continue to fund and implement critical substance use disorder services in the effort to meet community need. Providence leadership will continue its commitment of staff time and advocacy within the community to further community collaborations and partnerships that seek to address substance misuse in the community.

5. Community need being addressed: #5. Access to Healthcare

Goal (anticipated impact): Remove barriers to receiving needed care, especially where it concerns critical community services and low-income and vulnerable populations

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

Community Benefit Activities and Strategies to address Access to Healthcare
Providence provides community benefit funding and numerous subsidized programs and services to the community. These are services Providence chooses to provide, *regardless of financial loss*, because they serve to

address a community need not met elsewhere in the community. Community benefit activities and strategies that address the need for greater Access to Healthcare include:

G. **Pediatric Subspecialty Clinics –** Providence continues its commitment to providing critical pediatric subspecialty clinics to meet the specialized medical service needs of children in the community.

H. **Alaska Family Medicine Residency (AFMR) -** Providence continues to provide primary care services at the Alaska Family Medicine Residency on a sliding fee scale to remove cost as a barrier to needed care. Another key function of the AFMR is to provide student residents (roughly 36 at any given time) with the necessary experience and training to become family physicians. The retention within Alaska of graduating physician residents exceeds 80 percent, which helps fill the need for primary care physicians within Anchorage and across Alaska.

I. **Homeless Respite Program Partnership** - Providence will continue its partnership with Alaska Native Medical Center, Alaska Regional Hospital and Catholic Social Services to maintain the 10-bed respite program at the Brother Francis Shelter to improve the health of homeless patients (post-hospital discharge) and increase their chances of obtaining and maintaining stable housing once they have sufficiently healed.

J. **Nursing and Non-nursing clinical preceptorships** – Providence offers these preceptorships to provide practical and clinical nursing and non-nursing clinical training for students or novices under the supervision of a preceptor to help build the necessary workforce to meet community need.

K. **Palliative Care** – Providence will continue to provide palliative care to help patients and their families live as fully as possible when faced with a life-threatening illness, focusing on providing patients with relief from the symptoms, pain and stress of a serious illness.

The shared goal of the following two programs is to serve the needs of children and adults who have suffered physical and sexual abuse and to help ensure that they are not further victimized by the systems designed to aid and protect them.

L. **Alaska CARES** - Alaska CARES is the only accredited Children's Advocacy Center (CAC) outpatient clinic in Anchorage. Alaska CARES provides sexual and physical abuse evaluations and follow-up services 24/7, 365 days a year for children, newborn to age 18 years for the State of Alaska.

M. **Forensic Nursing Services Program** - FNSP will continue to provide physical and sexual assault evaluations and follow-up services 24/7, 365 days a year for victims 16 years of age and older.

Other Providence programs, activities and strategies that address Access to Healthcare
Providence also provides programs and services that address community needs, but are not categorized as "subsidized" or as "community benefit" by IRS definition. The other Providence programs, activities and services that benefit the community by addressing the need for greater Access to Healthcare include:

N. **Pediatric and Psych Emergency Departments** – PAMC has the only pediatric emergency department as well as the only psychiatric emergency department in the Anchorage community. Both services provide access to specialized emergency care that is not available elsewhere in Anchorage.

O. **Primary Care/ Senior Clinic -** Providence Medical Group Primary Care will continue to offer a Patient-Centered Medical Home model of care and is one of the only primary care practices in the Anchorage area accepting new Medicare patients – serving an underserved and growing senior population that has had significant and increasing difficulty receiving needed primary care services in the Anchorage area.

P. **Nurse Family Partnership** - Registered nurses will provide in-home intensive family services in accordance with NFP evidence based practice to low-income, first-time mothers in the Municipality of Anchorage to improve Pregnancy Health and Outcomes, Child Health and Development and Maternal Outcomes from pregnancy through the child's second year.

Q. **St. Elias Specialty Hospital** – Providence will continue to provide for the long term acute care needs of the community through the continued operation of St. Elias. St. Elias is the only Long Term Acute Care Hospital (60 bed) in the State of Alaska, enabling Alaskans in need of long term acute care to remain in Alaska for their care.

Evidence Based Sources:

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270052/
- https://www.ncbi.nlm.nih.gov/pubmed/29304235

Key Community Partners:

1. State of Alaska
2. Alaska Native Medical Center
3. Alaska Regional Hospital
4. Catholic Social Services
5. Forensic Nursing Services Program
6. Anchorage Police Department
7. Office of Children's Services
8. Alaska State Troopers
9. Standing Together Against Rape
10. Southcentral Foundation
11. Office of Public Advocacy
12. Division of Juvenile Justice
13. District Attorney Office
14. Attorney General's Office
15. Anchorage Municipal Prosecutor
16. Division of Corrections
17. Anchorage School District
18. CID OSI military law enforcement
19. Federal Bureau of Investigation

Resource Commitment:

Providence will continue to fund critical services in the effort to provide access to healthcare. Providence leadership will continue its commitment of staff time and advocacy within the community to further community collaborations and partnerships that seek to ensure access to needed healthcare.

2019 ANCHORAGE CHIP GOVERNANCE APPROVAL

This community health improvement plan was adopted on April 16, 2019 by the PHSA Community Ministry Board – the authorized body[1] of the hospital. The final report was made widely available[2] on May 15, 20019

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

Pam Shirrell
Chair, Community Ministry Board
Providence Health and Services Alaska

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

CHNA/CHIP contact:

Nathan D. Johnson
Regional Director, Community Health Investment
Providence Health and Services Alaska
3760 Piper St. - Anchorage, AK 99508
Nathan.Johnson@Providence.org

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

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

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

Definition of Terms

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

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

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

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

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

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

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

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

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

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

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

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: "How will you know if you're making progress on goal?" It should be quantitative, objective, meaningful, and not yet a "target" level.