

Anchorage

Community Health Needs

Assessment

2015

A collaboration of:

- Providence Alaska Medical Center
- United Way of Anchorage
- Municipality of Anchorage
- Anchorage Neighborhood Health Center
- Catholic Social Services

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Message to Our Community

To the residents of Anchorage

Among the most far reaching challenges we face in Anchorage is the ongoing health of our community and its members. 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 2015, Providence Alaska Medical Center conducted the Anchorage Community Health Needs Assessment (CHNA) in partnership with the Anchorage Department of Health & Human Services, United Way of Anchorage, Anchorage Neighborhood Health Center, and Catholic Social Services. This effort allows us, in collaboration with community partners, to better understand and address the health needs of Anchorage. Providence, in its commitment to its Mission and desire to *create healthier communities together*, conducts a CHNA for Anchorage at least once every three years.

Our CHNA findings guide Providence's ongoing commitment to community benefit spending that touches 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 2014, Providence Alaska dedicated nearly \$60 million in community benefit¹. Through programs and donations, Providence's community benefit connects families with preventive care to keep them healthy, fills gaps in community services and provides opportunities that bring hope in difficult times.

Today, we 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 four health-related priority needs identified in the 2015 Anchorage CHNA were:

1. Poverty
2. Healthy behaviors
3. Substance abuse/behavioral health
4. Access to affordable care

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,

Richard Mandsager, M.D.
Chief Executive
Providence Alaska Medical Center

Monica Anderson
Chief Executive
Chief Mission Integration Officer
Providence Health & Services Alaska

¹ Learn more about community benefit on our website: <http://communitybenefit.providence.org/alaska/>.

Acknowledgements

We express our sincere gratitude to participants who provided feedback during the CHNA and for our subsequent health implementation plan.

- **Lisa Aquino**, Catholic Social Services
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- **Tari O'Connor**, Municipality of Anchorage Public Health
- **Randi Sweet**, United Way
- **Charles J. Utermohle, Ph.D.**, State of Alaska Division of Public Health
- **Jon Zasada**, Anchorage Neighborhood Health Center

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Introduction

Creating healthier communities, together

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

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

Serving Alaska

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

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

Our Mission

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

Our Values

Respect, Compassion, Justice, Excellence, Stewardship

Our Vision

Simplify health for everyone

Our Promise

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

Providence Anchorage ministries

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.

Providence Alaska partners to provide additional services through five joint ventures, including: Providence Imaging Center in Anchorage, Eagle River, and Soldotna; St. Elias Long Term Acute Care Hospital; Imaging Associates of Providence in both Anchorage and Wasilla; LifeMed Alaska (a medical transport/air ambulance service); and Creekside Surgery Center.

Our partners in the community health needs assessment

Anchorage Department of Health and Human Services

The Department of Health & Human Services 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.

Anchorage Neighborhood Health Center

The mission of Anchorage Neighborhood Health is to improve wellness by providing high quality, compassionate health care regardless of ability to pay. In 1974, ANHC began service to Anchorage with a handful of clinicians in a trailer. Since that time, it has grown to become one of Alaska's largest and most comprehensive primary care medical and dental practices. ANHC is a Federally Qualified Health Center (FQHC). 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.

Catholic Social Services

Catholic Social Services serves those most in need by working to end poverty, create opportunity and advocate for just communities. Their programs help over 21,000 children, families and individuals each year, regardless of their faith. Since its founding in 1966, CSS has grown, and continues to grow, in response to unmet needs. 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. They are working to improve quality of life for the entire Anchorage community by advocating on behalf of its most vulnerable members.

United Way of Anchorage

Achieving shared common goals by working together – this is the core of what United Way of Anchorage does. United Way combines efforts with partners to be more efficient and effective. Creating a thriving community in economically challenging times takes commitment, coordination and individual engagement. United Way cares about:

- Strong Anchorage Families: Empowering families to save for the future, build assets, and increase their income levels.
- Successful Prepared Kids: Ensuring that all children are ready for kindergarten, stay on track and graduate prepared for work, life and continued education.
- Healthy Kids and Adults: Connecting people to affordable healthcare options and supporting healthy life choices is a community responsibility.
- Workforce Affordable Housing: Working with the community to increase the availability of housing for residents of all income levels to create a thriving city.
- Alaska 2-1-1: Providing a free, confidential and multilingual statewide referral system for health and human services information.

Assessment findings overview

Providence and its partners directed the CHNA process from its inception to completion. These partners formed the Anchorage CHNA Advisory Group. The group selected and analyzed key indicators collected from federal and state data sources in order to identify Anchorage's significant health needs. The advisory group took into account the scope, severity and ability to impact each need, in order to prioritize the significant health needs. The following is a brief overview of the CHNA findings and health indicators.

Prioritized need #1: Poverty

The impact of socio-economic factors on health is most apparent in the context of poverty. Addressing the conditions that create and sustain poverty is an important and effective way of improving health in the community.

Data point	Previous CHNA	Current CHNA
Homeless students served by Anchorage School District	2270 (2012-13)	2195 (2014-15)
Children below 100% federal poverty level	N/A	11% (2013)
Population below 100% federal poverty level	15.9% (2011)	7.9% (2013)

Prioritized need #2: Healthy behaviors

Behavior is widely recognized as the single greatest determinant of an individual's health. Reputable studies put it at least 50 percent, greater than or equal to the impact of genetics, environment, health care and socio-economic status combined.

Data point	Previous CHNA	Current CHNA
Students overweight or obese	35.5% (2012-13)	36.3% (2014-15)
Students physically active for >60 minutes a day fewer than 5 days of past 7 days	59.4% (2009)	58.9% (2013)
Adults overweight or obese	66.2% (2011)	64.7% (2013)
Adults did not have a routine check-up last year	59.9% (2011)	58.4% (2013)

Prioritized need #3: Substance abuse/behavioral health

Substance abuse has broad impacts on mental, physical, and social health of the community.

Data point	Previous CHNA	Current CHNA
High school students engaged in binge drinking in last 30 days	22.6% (2009)	11.9% (2013)
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	27.5% (2009)	25.9% (2013)
Suicide rate per 100,000 students	15.6 (2009-11)	17.9 (2011-13)
Adults engaged in binge drinking in last 30 days	18.4 (2011)	18.6% (2013)

Prioritized need #4: Access to affordable care

Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care, which often leads to expensive emergency intervention.

Data Point	Previous CHNA	Current CHNA
Lack of health insurance	18.7% (2011)	18.5% (2013)
Unable to get needed care due to cost of care	14.9% (2009)	14.5% (2012)
No personal doctor or provider	59.9% (2011)	58.4% (2013)
Preventable hospitalizations due to ambulatory sensitive conditions	44 per 1000 admissions (2009)	39.9 per 1000 admissions (2012)

Description of community

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

The 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 Anchorage². 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 area³. The assessment area comprised the communities within the Municipality of Anchorage.



Population and age demographics

Total population is 301,010, with an annual growth rate of about 0.5 percent in 2014. Age demographics are fairly evenly distributed, with age groups 0 to 19, 20 to 39, and 40 to 64 each making up 29 to 33 percent of the population. The oldest age group (65 years and older) comprised the smallest proportion of the population (7.3 percent).

²McCoy, 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

³ Providence Health & Services Alaska also supports CHNAs in Kodiak, Mat-Su Valley, Seward, and Valdez.

Ethnicity

Among Anchorage residents in 2014, 66.1 percent were Caucasian, 9.2 percent Asian, 8.9 percent were Hispanic or Latino, 8.2 percent were Alaska Native or American Indian, 6.3 percent were African American or Black, 2.4 percent were Native Hawaiian or other Pacific Islander, and 7.8 percent were of two or more races.

Income levels and housing

In 2014, the median household income for Anchorage was \$76,337, and the municipality's unemployment rate was 5.2 percent. The share of those with incomes 200 percent below the federal poverty line for all ages in Anchorage was 22.4 percent from 2009 to 2013. In the same time frame, 31.6 percent of Anchorage youth under age 18 were living 200 percent below the FPL. This is lower than the state and national averages. Anchorage households that receive public assistance (6.3 percent) are slightly lower than Alaska overall (6.4 percent) and significantly higher than the United States (2.8 percent).

The 2014 Anchorage Point-in-Time Count found 1,024 homeless persons, which was an 8.7 percent decrease over 2013. The 2014-2015 school year counted 2,195 school-aged children as homeless in the Anchorage School District, which was five students higher than the 2013-2014 school year.

Health care and coverage

The share of Anchorage residents who are uninsured was 18.5 percent in 2013. In 2012, 14.5 percent of Anchorage residents were unable to get needed care due to the cost of care. In the same time period, 41.7 percent of Anchorage residents report not having a personal doctor or provider. Within Anchorage adults, 40 percent did not have a routine check-up in the previous year. Avoidable hospital admissions (hospitalizations due to conditions preventable by use of preventive and primary care services) have decreased to 39.9 per 1000 hospitalizations in 2012.

Health and wellbeing

In Anchorage, 36.3 percent of students and 64.7 percent of adults are overweight or obese. Overweight and obesity plague low-income students at a greater rate (43.1 percent) than the broader student population.

Anchorage and Alaska residents drink heavily and binge drink at a greater rate than the national average; 11.9 percent of high school students and 18.6 percent of adults engaged in binge drinking in the last 30 days. Substance abuse has broad impacts on the mental, physical, and social health of the community.

Process, participants and health indicators

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

Assessment process

Every three years, Providence Alaska Medical Center (PAMC) conducts a CHNA for Anchorage. The CHNA is an evaluation of key health indicators of the Anchorage community. PAMC conducts the CHNA in collaboration with community partners in order to identify and address the most significant community health need priorities in Anchorage. The results of the assessment are used by PAMC and agencies across Anchorage and Alaska in their efforts to address community need.

In spring of 2015, PAMC initiated the process of conducting a community health needs assessment in partnership with the United Way of Anchorage, Anchorage Neighborhood Health Center, Catholic Social Services and the Anchorage Department of Health and Human Services. Representatives from each of the partner organizations comprised the Anchorage CHNA Advisory Group, which directed the assessment process from its inception to completion.

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

The resulting assessment may be used as a tool for concerned community members to not only better understand the health of the community, but also to make data-based decisions to improve the lives of Anchorage residents.

Participants

Providence Alaska partnered with the United Way of Anchorage, Anchorage Neighborhood Health Center, Catholic Social Services and the Anchorage Department of Health and Human Services. 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.

Anchorage Department of Health and Human Services

Representative: Teresa O’Conner, Division Manager

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: Jon Zasada, 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. Their programs help over 21,000 children, families and individuals each year, regardless of their faith. 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: Dick Mandsager, M.D., Chief Executive; Kathleen Hollis, Director of Mission Services; Nathan Johnson, Strategic Planner

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.

United Way of Anchorage

Representatives: Michele Brown, Executive Director; Randi Sweet, Director 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.

Data collection

Secondary Data

The advisory group selected the key indicators that would comprise the data set for the 2015 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)

See Appendix I for all health indicators and trends

Community and stakeholder input

In addition to secondary data, community and stakeholder input was viewed as important to help ensure that the broad interests of the community were represented in the process, especially those members of medically underserved, low-income, and minority populations.

Community and stakeholder input opportunities were made available as follows:

- Written comments from the general public
- CHNA Advisory Group partner meetings
- Providence Health and Services Alaska Community Ministry Board meetings

See Appendix II for a summary of community input and other details.

Identification of significant health needs

Upon aggregating the data from the above mentioned sources the CHNA Advisory Group analyzed the results in light of its broad health care, social services and public health expertise. The advisory group gave particular attention to the following during its analysis:

- Comparing Anchorage data to Alaska and U.S. baselines
- Looking for correlating trends across the full data set
- Reviewing multi-year trends where available
- Identifying any indications that needs identified in the prior assessment improved or worsened
- Considering needs of the underserved, poor and vulnerable

In addition to the above considerations the advisory group used the following questions to help determine the significance of the need:

- Size - How significant is the scope of the health issue? How many people are affected?
- Severity - How serious are the negative impacts of this issue on individuals, families, and the community?

The partners of the advisory group collectively reflected on their many years of service to the Anchorage community. Their stories and anecdotal experiences gave rich context when analyzing and understanding the implications of the assessment results.

Identified priority health needs

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

Prioritization process and criteria

The CHNA Advisory Group elected to pay special attention to indicators related to needs identified in the 2012-2013 CHNA to determine if indicators related to those needs reflected improvement or resolution of the identified need. In the prioritization process, the group generally considered three criteria in relation to the data – size, severity and ability to impact.

The group determined that preference should be given to priorities identified in the previous CHNA unless there was strong evidence that a much greater priority had emerged since, or that one of the previous priority needs had improved to the point where it was no longer significant. The group reasoned that community and public health improvement initiatives require sustained and coordinated community action and constant priority shifts fragment community resources and disrupt effective service to the community.

Upon analyzing the data based on the criteria and considerations above, the advisory group determined that the previous top health needs persisted as the top health needs in 2015:

1. Poverty
2. Healthy behaviors
3. Substance abuse/behavioral health⁴
4. Access to affordable care

The advisory group selected the same needs as 2012 not only because they were confirmed by the data, but also to ensure sustained focus and progress in the area of population health.

Priority health issues and baseline data

Priority need	Description and baseline data
1. Poverty	<p>Socio-economic factors are increasingly understood to be amongst the strongest determinants of a person’s health. The impact of socio-economic factors on health is most apparent in the context of poverty. Addressing the conditions that create and sustain poverty is an effective way of improving health in the community. Some issues impacting poverty are housing, education, income, food security, disability and language barriers.</p> <p>Anchorage indicators related to these issues include:</p> <ul style="list-style-type: none">• 2179 homeless students served by Anchorage School District last year• 11 percent of children live below federal poverty level and 31.6 percent below 200 percent poverty level• 7.9 percent of population live below poverty level and 22.4 percent below 200 percent poverty level

⁴ Because of the frequency of co-occurrence and relationship between substance abuse and behavioral health, the advisory group elected to expand the definition of ‘substance abuse’ as a priority to include behavioral health.

2. Healthy behaviors

The Centers for Disease Control, World Health Organization and many other leading health organizations recognize behavior as the single greatest determinant of an individual's health. Reputable studies put it at 50 percent or more, greater than or equal to the impact of genetics, environment, health care and socio-economic status combined. The following are a few Anchorage indicators related to healthy behaviors.

Youth

- 36.3 percent students are overweight or obese (19.1 percent overweight, 17.2 percent obese)
- 43.1 percent low-income students were overweight/obese vs. 29.5 percent for non-low-income
- 58.9 percent students physically active for more than 60 minutes a day fewer than five of the past seven days

Adults

- 64.7 percent are either overweight or obese (35.0 percent overweight, 29.7 percent obese)
- 22.9 percent use tobacco products
- 41.6 percent did not have a routine check-up last year
- 39 percent of seniors did not get the annual flu vaccine

3. Substance abuse/behavioral health

Anchorage and Alaska residents drink heavily and binge drink at a greater rate than the national average. Substance abuse has broad impacts on the mental, physical, and social health of the community. In Anchorage the cultural acceptance of alcohol use is believed to contribute to increased abuse of alcohol and other substances. The following are a few Anchorage indicators related to substance abuse/behavioral health.

Youth

- 11.9 percent of high school students engaged in binge drinking in last 30 days
- 25.9 percent 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 the past twelve months
- 17.9 suicides per 100,000 students

Adults

- 18.6 percent of adults engaged in binge drinking in last 30 days

4. Access to affordable care

Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care which often leads to expensive emergency intervention. The following are a few Anchorage indicators related to access to affordable care.

- 18.5 percent of people are without health insurance
 - 14.5 percent of people report being unable to get needed care due to cost of care
 - 41.6 percent of people report not having a personal doctor or provider
 - 39.9 per 1,000 hospitalizations were due to ambulatory sensitive conditions preventable by use of preventive and primary care services
-

Resources potentially available to address significant health needs

Providence and partners cannot address the significant health needs independently. Improving community health requires collaboration across community stakeholders. See appendix IV for a list of community resources potentially available to address identified community needs.

Addressing identified needs

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

Plan development

Providence will consider the prioritized health needs identified through this assessment and develop a strategy to address each need. Strategies will be documented in a community health improvement plan (CHIP). The CHIP will describe how Providence plans to address the health needs. If Providence does not intend to address a need, the CHIP will explain why⁵.

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

The improvement plan will be approved by the Providence Alaska Community Ministry Board by May 15, 2016. When approved, the CHIP will be attached to this assessment report in Appendix V, and made publicly available.

Providence prioritized needs

For development of its community health improvement plan, Providence Alaska Medical Center chose to adopt the same community needs and prioritization as recommended by the Community Health Needs Advisory Group.

Providence prioritized needs
<ol style="list-style-type: none">1. Poverty2. Healthy behaviors3. Substance abuse/behavioral health4. Access to affordable care

⁵Reasons may include resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to address the need, the need being a relatively low priority, and/or a lack of identified effective interventions to address the need.

Evaluation of impact from 2013-2015 Community Health Improvement Plan

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

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

1. Poverty
2. Healthy behaviors
3. Alcohol/substance abuse
4. Access to affordable care

Prioritized need #1: Poverty

Data point	Previous CHNA	Current CHNA
Homeless students served by Anchorage School District	2270 (2012-13)	2195 (2014-15)
Children below 100% federal poverty level	N/A	11% (2013)
Population below 100% federal poverty level	15.9% (2011)	7.9% (2013)

Other Providence programs and services that benefit the community

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

- **Nurse Family Partnership** provided education and support services to first time low-income mothers. Providence provided this program to improve outcomes for low-income first-time mothers during their pregnancy and through their child’s second year of life.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to address poverty and homelessness include:

- **Alaska Literacy Project** – provided peer language navigators and health literacy support for community members who have low or no proficiency in English. Providence provided support to help remove language as a barrier to health information and access to health care.
- **Covenant House** – provided comprehensive services for homeless teens. Providence supported efforts to improve the lives of homeless teen through investment in the Basic Care Clinic and Mental Health Services at Covenant House.

- **Catholic Social Services** – provided many services to vulnerable populations, including homeless men, women and children. Providence investments in CSS services include:
 - Daily meals, basic care clinic services at Brother Francis Shelter
 - Food bank at the St. Francis House
 - Meals and food staples at Clare House (shelter for women and children)
- **Food Bank of Alaska** – provided food to low income individuals and families. Providence invests to address the need for food security in the community.
- **Lutheran Social Services** – provided aid to low-income individuals and families. Providence makes regular community investments to support Lutheran Social Services annual winter clothing drive for school-aged children.
- **Neighborworks** – provided affordable rental housing to low-income individuals and families. Providence invested to help support women and children transitioning from homelessness or substandard living to better quality, affordable housing.
- **Stone Soup Group** – provided information, support, training and resources to assist families caring for children with special needs. Providence provided community investment funding to support care coordination for children with special needs.
- **YWCA** – advocated to empower women and eliminate racism. Providence provided funding support for their Economic Empowerment - Gender Pay Gap initiative; the goal of this initiative is to close the gender pay gap in Alaska by 2025.

Prioritized need #2: Healthy behaviors

Data point	Previous CHNA	Current CHNA
Students overweight or obese	35.5% (2012-13)	36.3% (2014-15)
Students physically active for >60 minutes a day fewer than 5 days of past 7 days	59.4% (2009)	58.9% (2013)
Adults overweight or obese	66.2% (2011)	64.7% (2013)
Adults did not have a routine check-up last year	59.9% (2011)	58.4% (2013)

Subsidized programs and services

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

- **Health Ministry Outreach** – delivered health education, wellness coaching and chronic disease management through the Faith Community Nursing program. Providence provided this service to improve health literacy in diverse ethnic and lower socio-economic populations.
- **Injury Prevention Outreach** – provided injury prevention education. Providence provided this program to promote safe kids, child passenger safety, fall prevention and pedestrian safety.
- **SQORD** – provided digital physical activity tracking bands to the Anchorage School District. Providence funded this program to encourage and improve healthy behaviors in youth.

Other Providence programs and services that benefit the community

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

- **Employee Wellness Program** – promoted, supported and incentivized healthy behaviors and screening. Providence provided this service to improve and maintain employee health.
- **Nurse Family Partnership** – provided education and support services to first time low-income mothers. Providence provided this program to improve maternal/child outcomes for low-income, first-time mothers during their pregnancy and through their child’s second year of life.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence provided community investment funding support to help ensure critical community needs were addressed. Organizations that have received community investment funding from Providence to address healthy behaviors and prevention include:

- **Anchorage Running Club** – provided coordination and support for community running events for all ages. Providence provided community investment funding to support

community events and activities that support healthy lifestyles with a specific focus on physical activity for children.

- **Alaska Run for Women** – sponsored annual charity run to promote healthy behaviors and raise funds to address breast cancer. Providence provided community investment funding support to help promote healthy behaviors and support breast cancer research, as well as treatment and awareness in the community.
- **Healthy Futures Program** – provided programs to increase healthy behavior and activities of school aged children. Providence provided community investment funding to improve healthy behaviors in youth.
- **Screening, education and prevention**
Providence also provided community investment funding support to numerous organizations that work to increase screening, education and prevention in order to improve community health and address community need. These included:
 - American Cancer Society
 - Breast Cancer Focus
 - Men’s Cancer Research and Ride for Life-Alaska
 - American Diabetes Association
 - American Foundation for Suicide Prevention
 - American Heart Association
 - Arthritis Association
 - March of Dimes
 - Alaskan Aids Assistance
 - Cystic Fibrosis Foundation

Prioritized need #3: Alcohol/substance abuse

Data point	Previous CHNA	Current CHNA
High school students engaged in binge drinking in last 30 days	22.6% (2009)	11.9% (2013)
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	27.5% (2009)	25.9% (2013)
Suicide rate per 100,000 students	15.6 (2009-2011)	17.9 (2011-2013)
Adults engaged in binge drinking in last 30 days	18.4 (2011)	18.6% (2013)

Other Providence programs and services that benefit the community

Providence provided programs and services that met community needs, but are not categorized as “subsidized” or as “community benefit” by IRS definition, as no unreimbursed costs are incurred in the delivery of the service. Of these programs and services, those that address alcohol/substance abuse include:

- **Psychiatric Emergency Department** – provided 24/7 acute psychiatric and substance abuse care. Providence provided 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.
- **Breakthrough** – provided chemical dependency programs. Providence provided this program to help address the growing need for substance abuse programs.
- **Residential treatment** – serves adolescent girls ages 12-18 with one prior admit. Providence provided this service to serve the behavioral health treatment needs of adolescent girls ages 12-18 that are unable to be maintained by outpatient services
- **Crisis Recovery Center** – stabilizes acute psychiatric symptoms of individuals in crisis through effective symptom management and improved coping skills. Providence provided this service to reduce the number of psychiatric crisis that result in critical emergency or inpatient care.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to address substance abuse/behavioral health include:

- **Alaska School Activities Association** – educated school youth about substance abuse and better choices and health through school activities. Providence provided community investment funding support to help promote healthy behaviors in youth.
- **Recover Alaska** – worked collaboratively with community partners reduce harm caused by excessive alcohol consumption in Alaska focusing on systems, policy, statutory and practice changes. Providence provided community investment funding to Recover Alaska to help the community better understand and address the growing problem of substance abuse in Alaska.

Prioritized need #4: Access to affordable care

Data point	Previous CHNA	Current CHNA
Lack of health insurance	18.7% (2011)	18.5% (2013)
Unable to get needed care due to cost of care	14.9% (2009)	14.5% (2012)
No primary care doctor or provider	59.9% (2011)	58.4% (2013)
Preventable hospitalizations due to ambulatory sensitive conditions	44 per 1000 admissions (2009)	39.9 per 1000 admissions (2012)

Subsidized programs and services

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

- **Pediatric Sub-specialty Clinic** – provides access to specialized care on a regularly scheduled basis for children throughout Alaska. Providence provided this service so that children and their families can remain as close to home and family as possible and still receive critically needed care.
- **Family medicine residency** – provided primary care for the community and training for the next generation of health care providers. Providence provided this service to help ensure access to affordable and quality health care.
- **Senior Care Clinic** – provided primary care for seniors, especially Medicare beneficiaries. Providence provided this service to help address the health care needs of the aging and to address the shortage of caregivers accepting Medicaid in the community.
- **Outpatient clinic support** – provided in-kind rent free space for clinics and support centers. Providence provides this support to help increase access to care, especially the poor and vulnerable
- **Infusion therapy** – provided infusion therapy to the underinsured and uninsured populations. Providence provided this service to help address the health care needs of the poor and vulnerable and to help provide affordable care to the community.
- **Alaska CARES** – provided crisis intervention and follow-up to children who were victims of sexual assault, physical abuse and related trauma. Providence provided this service to help ensure the most vulnerable in our community had access to needed care.
- **Forensic nursing** – provided crisis intervention and follow-up for adult victims of sexual assault. Providence provided this service to help ensure the most vulnerable in our community had access to needed care.
- **Palliative care** – provided specialized medical care for people with serious illnesses. Providence provided this service to help ensure the most vulnerable in our community had access to needed care.

Other Providence programs and services that benefit the community

Providence also provided programs and services that met community needs, but are not categorized as “subsidized” or as “community benefit” by IRS definition, as no unreimbursed costs are incurred in the delivery of the service. Of these programs and services, those that address access to affordable care include:

- **Nurse Family Partnership** – Provided education and support services to first time low-

income mothers. Providence provided this program to improve maternal-child outcomes for low-income first time mothers during pregnancy and throughout the child's second year of life.

- **Medicaid expansion advocacy** – Providence was a longtime advocate for broadening eligibility in the Alaska Medicaid program. Providence engaged in this advocacy to help address the health care needs of the poor and vulnerable in our community and expand access to tens of thousands of underinsured and uninsured Alaskans.

Community investment funding support

There are many organizations that provide services in the community that address community needs. Rather than duplicate services, Providence provided community investment funding support to help ensure critical community needs are addressed. Organizations that have received community investment funding from Providence to address access to affordable care include:

- **Anchorage Project Access** – coordinated 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. Providence provided community investment funding to support access to affordable care for the poor and vulnerable.
- **University of Alaska** – provided education through its nursing school and the Center for Community Engagement. Providence provided community investment funding support to help sustain and expand the nursing program (in Anchorage and Kodiak) and the Center for Community Engagement to improve access to quality and affordable care.
- **Anchorage School District** – provided school based clinics in two diverse, low-income neighborhood schools. Both focus on health with one specializing in behavioral health. Providence provided community investment funding to support access to affordable care for the poor and vulnerable.
- **Anchorage Neighborhood Health Center** – provides primary care, dental, behavioral health and lab services to the low income population. Providence provided community investment funding to support access to affordable care for the poor and vulnerable.
- **Alaska Dental Society** – provided free dental care to low income members of the community. Providence provided community investment funding to support and sponsor a dental event for the uninsured and in need of dental services
- **Stone Soup Group** – provided information, support, training, care coordination and resources to assist families caring for children with special needs. Providence provided community investment funding to support care coordination for children with special needs.

2015 CHNA approval

This CHNA was adopted on Nov. 17, 2015 by the Providence community ministry board and executives. The final report was made widely available⁶ February, 2016.

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

⁶ Per § 1.501(r)-3 IRS Requirements

Appendices

Appendix I – Health indicators and trends

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Demographics

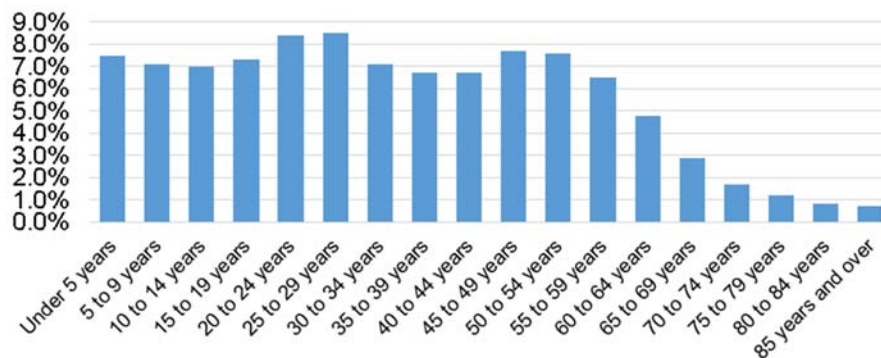
Anchorage population

Figure 1: Table of Anchorage population

Anchorage Population Age Category	2010 Census			2014	
	Male	Female	%	Population	Estimate
Under 5 years	3.9%	3.6%	7.5%	21,961	22,576
5 to 9 years	3.6%	3.5%	7.1%	20,618	21,372
10 to 14 years	3.6%	3.4%	7.0%	20,443	21,071
15 to 19 years	3.8%	3.5%	7.3%	21,187	21,974
20 to 24 years	4.5%	3.9%	8.4%	24,379	25,285
25 to 29 years	4.4%	4.1%	8.5%	24,820	25,586
30 to 34 years	3.6%	3.5%	7.1%	20,620	21,372
35 to 39 years	3.4%	3.3%	6.7%	19,569	20,168
40 to 44 years	3.4%	3.3%	6.7%	19,493	20,168
45 to 49 years	3.8%	3.9%	7.7%	22,394	23,178
50 to 54 years	3.8%	3.8%	7.6%	22,175	22,877
55 to 59 years	3.3%	3.2%	6.5%	19,088	19,566
60 to 64 years	2.5%	2.3%	4.8%	13,940	14,448
65 to 69 years	1.4%	1.4%	2.9%	8,347	8,729
70 to 74 years	0.8%	0.9%	1.7%	4,962	5,117
75 to 79 years	0.5%	0.7%	1.2%	3,482	3,612
80 to 84 years	0.3%	0.5%	0.8%	2,386	2,408
85 years and over	0.2%	0.4%	0.7%	1,962	2,107
Total	50.8%	49.20%	100%	291,826	301,010
Population	Male	Female			
Total	50.8%	49.2%			

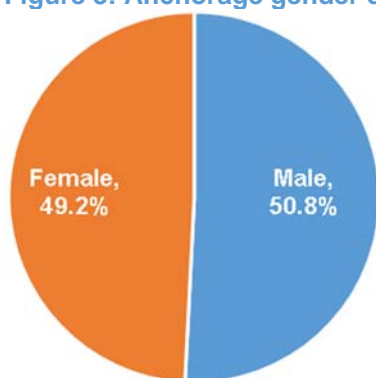
Data Source: US Census Bureau

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

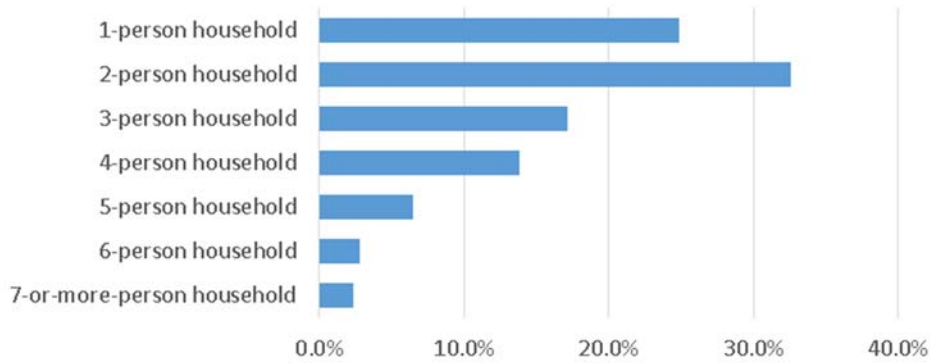
Total households	100.0%	107,332
Family households [1]	65.7%	70,544
Male householder	44.5%	47,715
Female householder	21.3%	22,829
Nonfamily households [2]	34.3%	36,788
Male householder	18.5%	19,897
Living alone	13.1%	14,034
Female householder	15.7%	16,891
Living alone	11.9%	12,727
Household Size		
1-person household	24.9%	26,761
2-person household	32.6%	35,040
3-person household	17.1%	18,332
4-person household	13.8%	14,813
5-person household	6.5%	6,970
6-person household	2.8%	2,998
7-or-more-person household	2.3%	2,418
Total households	100.0%	107,332
Average household size	2.6	
Average family size	3.2	

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."

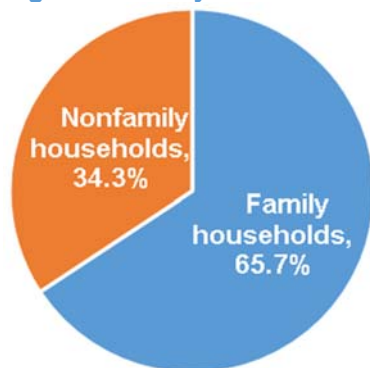
[2] "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

Figure 5: Persons per household



Data Source: U.S. Census Bureau

Figure 6: Family versus nonfamily households



Data Source: U.S. Census Bureau

Diversity Characteristics

Figure 7: Table of race and ethnicity

Race/Ethnicity	Anchorage	Alaska	U.S.
White alone	66.1%	66.9%	77.4%
Black or African American alone	6.3%	3.9%	13.2%
American Indian and Alaska Native alone	8.2%	14.8%	1.2%
Asian alone	9.2%	6.1%	5.4%
Native Hawaiian and Other Pacific Islander alone	2.4%	1.3%	0.2%
Two or More Races	7.8%	7.1%	2.0%
Hispanic or Latino	8.9%	6.8%	17.4%

Data Source: U.S. Census Bureau

Figure 8: 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	17.3
Alaska	16.2
United States	20.7

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Figure 9: Table of percent of population with any disability

Percent of Population with any disability	% Population
Anchorage	10.3
Alaska	11.0
United States	12.1

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Figure 10: Table of veterans as percent of population

Veterans as Percent of Population	% Population
Anchorage	14.4
Alaska	13.8
United States	9.0

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Social and economic factors

Income Factors

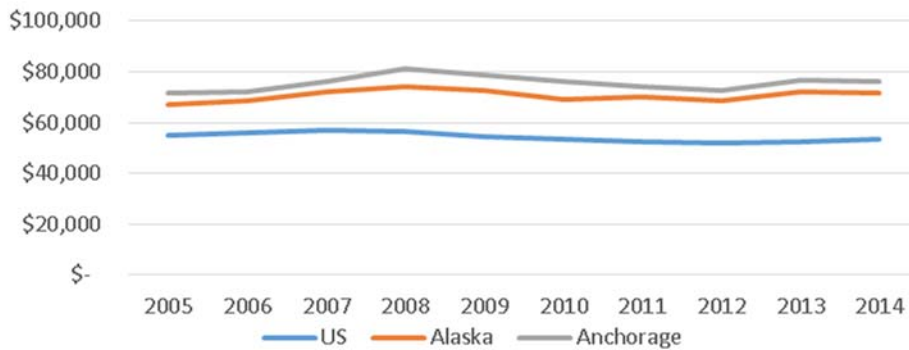
Figure 11: Table of households with public assistance

Households with Public Assistance Income	% Households
Anchorage	6.28
Alaska	6.41
United States	2.82

Data Source: Community Commons

<http://assessment.communitycommons.org/CHNA/report?page=2&id=768&reporttype=libraryCHNA>

Figure 12: Median household income



Data Source: U.S. Census Bureau

Figure 13: Table of median household income

Median Household income	Anchorage	Alaska	US
2005	\$ 71,809	\$ 67,101	\$ 55,178
2006	\$ 72,224	\$ 68,620	\$ 55,978
2007	\$ 76,391	\$ 72,277	\$ 57,006
2008	\$ 81,181	\$ 74,067	\$ 56,290
2009	\$ 78,967	\$ 72,713	\$ 54,541
2010	\$ 76,379	\$ 68,992	\$ 53,469
2011	\$ 74,261	\$ 70,248	\$ 52,306
2012	\$ 72,532	\$ 68,695	\$ 52,117
2013	\$ 76,831	\$ 72,237	\$ 52,250
2014	\$ 76,337	\$ 71,583	\$ 53,657

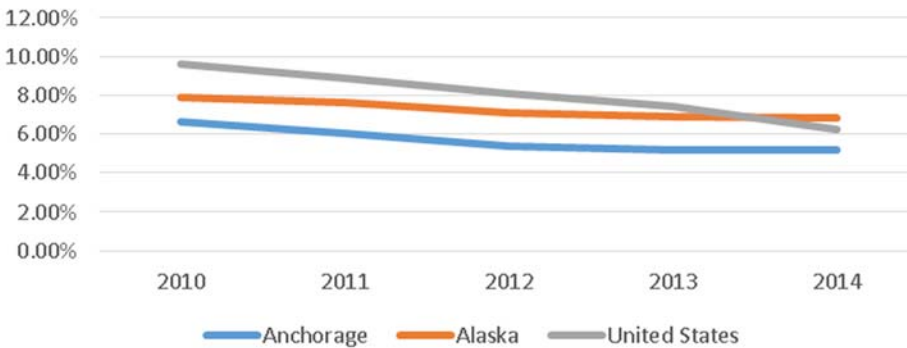
Data Source: U.S. Census Bureau

Figure 14: Table of federal poverty level

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	11.00%	31.60%	3.80%	7.90%	22.40%
Alaska	13.40%	34.60%	4.40%	9.90%	26.10%
United States	21.60%	43.80%	6.80%	15.40%	34.20%

Data Source: U.S. Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Figure 15: Average annual unemployment rate



Data Source: U.S. DOL

Figure 16: Table of average annual unemployment rate

Percent average Annual Unemployment Rate	2010	2011	2012	2013	2014
Anchorage	6.60	6.00	5.40	5.20	5.20
Alaska	7.90	7.60	7.10	6.90	6.80
United States	9.60	8.90	8.10	7.40	6.20

Data Source: U.S. DOL

Access to housing

Figure 17: Table of homeless point in time count

Homelessness Point in Time Count	2013	2014	% change
Anchorage	1122	1024	-8.70
Balance of the State Excluding Anchorage	824	761	-7.60

Data Source: Point-in-Time Summary for AK-500 COC 2013-2014

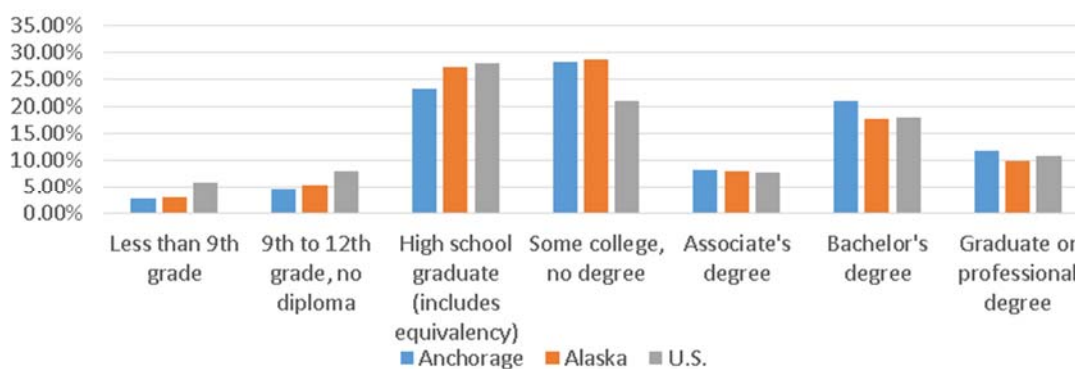
Figure 18: Homeless students served by Anchorage School District by school year

Homelessness Students served by Anchorage School District by School Year	# Homeless Students
2012-2013	2270
2013-2014	2190
2014-2015	2195

Data Source: Anchorage School District

Educational attainment

Figure 19: Educational attainment



Data Source: U.S. Census Bureau

Figure 20: Table of educational attainment

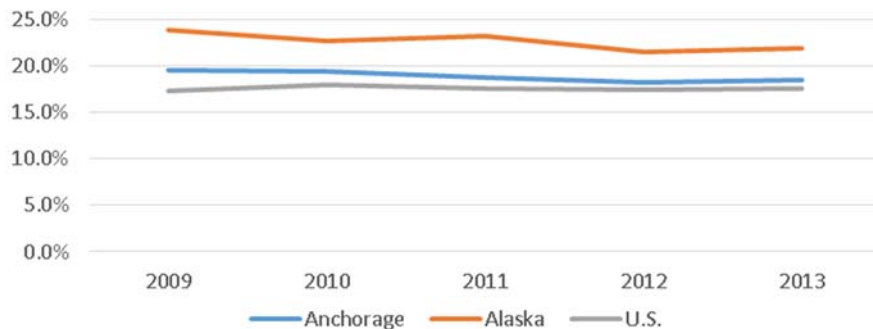
Educational Attainment	Anchorage	Alaska	U.S.
Less than 9th grade	2.80%	3.00%	5.90%
9th to 12th grade, no diploma	4.70%	5.30%	8.00%
High school graduate (includes equivalency)	23.20%	27.30%	28.10%
Some college, no degree	28.30%	28.80%	21.20%
Associate's degree	8.20%	8.00%	7.80%
Bachelor's degree	21.10%	17.70%	18.00%
Graduate or professional degree	11.70%	9.80%	10.80%
Percent high school graduate or higher	92.50%	91.60%	86.00%
Percent bachelor's degree or higher	32.80%	27.50%	28.80%

Data Source: U.S. Census Bureau

Access to health care

Access to health insurance

Figure 21: Population without health insurance



Data Source: BRFSS

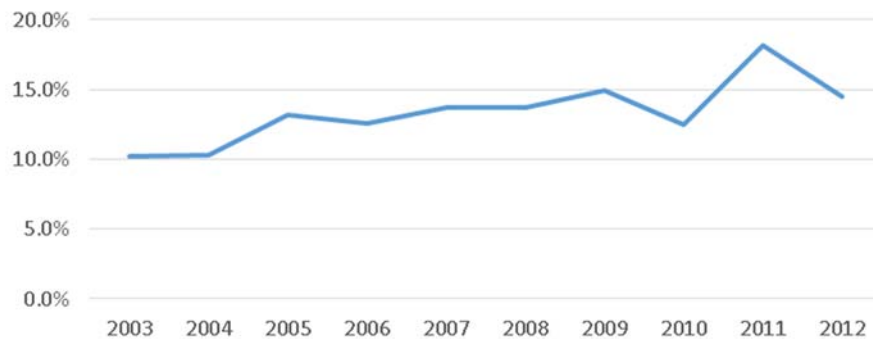
Figure 22: Table of population without health insurance

Percent population without Health Insurance	Anchorage	Alaska	U.S.
2009	19.5	23.8	17.3
2010	19.3	22.7	17.9
2011	18.7	23.2	17.5
2012	18.2	21.4	17.4
2013	18.5	21.8	17.5

Data Source: BRFSS

Cost of care as a barrier to access

Figure 23: Population unable to get needed care due to cost of care



Data Source: BRFSS

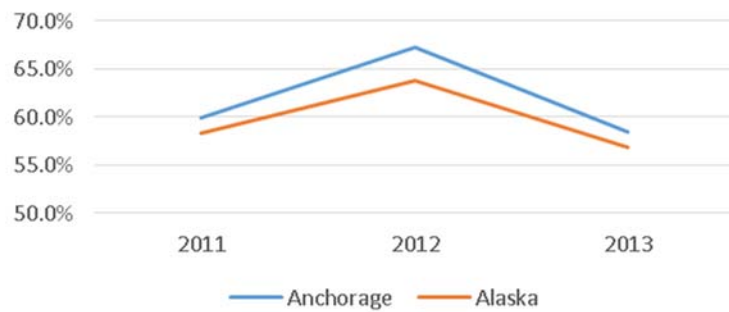
Figure 24: Table of population unable to get needed care due to cost of care

Percent population unable to get needed care due to cost of care	Pop. %
2003	10.2
2004	10.3
2005	13.2
2006	12.6
2007	13.7
2008	13.7
2009	14.9
2010	12.5
2011	18.2
2012	14.5

Data Source: BRFSS

Access to preventive care

Figure 25: Population with routine checkup in the last year



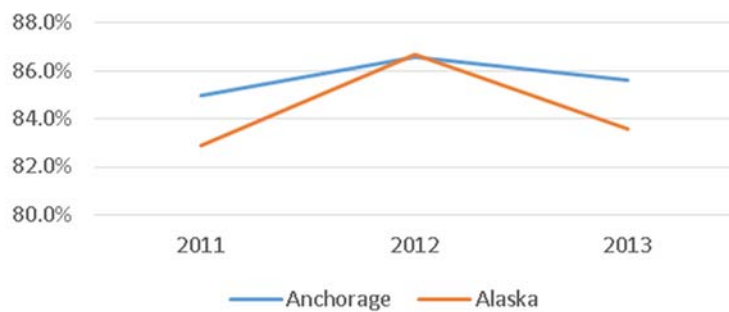
Data Source: BRFSS

Figure 26: Table of population with routine checkup in the last year

Percent population had a routine checkup in last year	Anchorage	Alaska
2011	59.9	58.3
2012	67.2	63.8
2013	58.4	56.9

Data Source: BRFSS

Figure 27: Population with a personal physician or provider



Data Source: BRFSS

Figure 28: Table of population with a personal doctor or provider

Percent population with a personal doctor or provider	Anchorage	Alaska
2011	85.0	82.9
2012	86.6	86.7
2013	85.6	83.6

Data Source: BRFSS

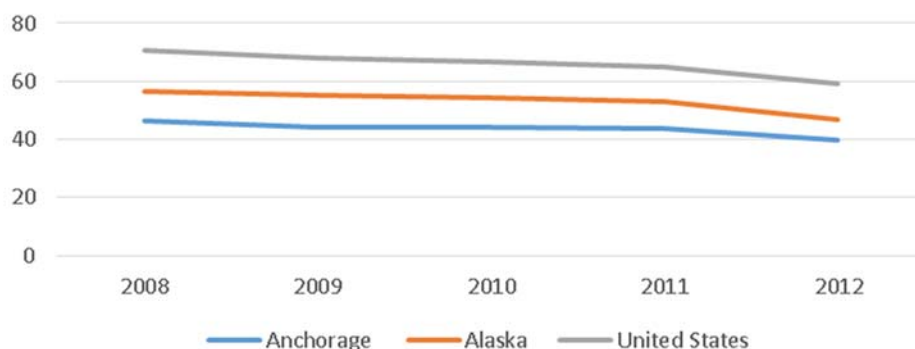
Figure 29: Table of seniors receiving annual flu vaccine

Percent senior receiving annual flu vaccine 2009-2013	Anchorage	Alaska
2009-2013	61.3	55.3

Data Source: BRFSS

Hospital utilization

Figure 30: Rate of ambulatory care sensitive condition discharges



Data Source: Community Commons

[1] This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Figure 31: Table of rate of ambulatory care sensitive condition discharges

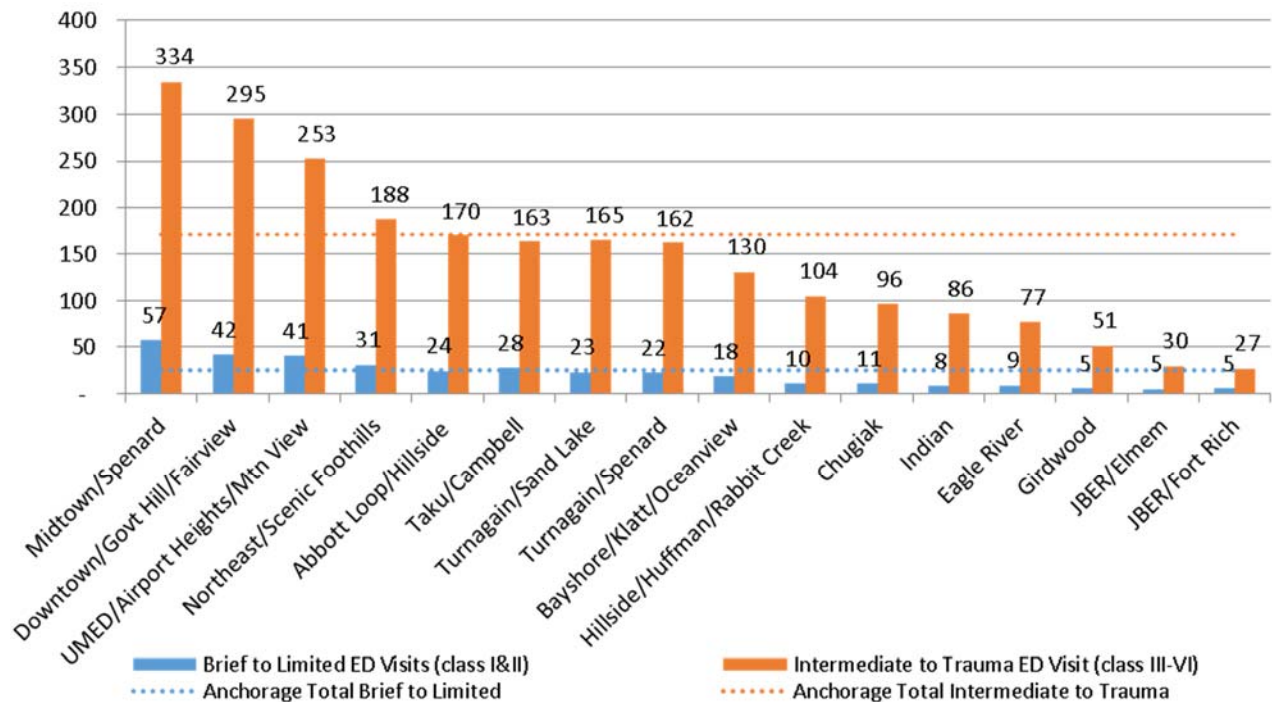
Preventable Hospitalizations per 1000 people 1,000 Medicare Part A Beneficiaries	2008	2009	2010	2011	2012
Anchorage	46.31	43.97	44.08	43.79	39.86
Alaska	56.67	55.05	54.54	53.12	46.68
United States	70.5	68.16	66.58	64.92	59.29

Data Source: Community Commons

<http://assessment.communitycommons.org/CHNA/report?page=4&id=515&reporttype=libraryCHNA>

[1] This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

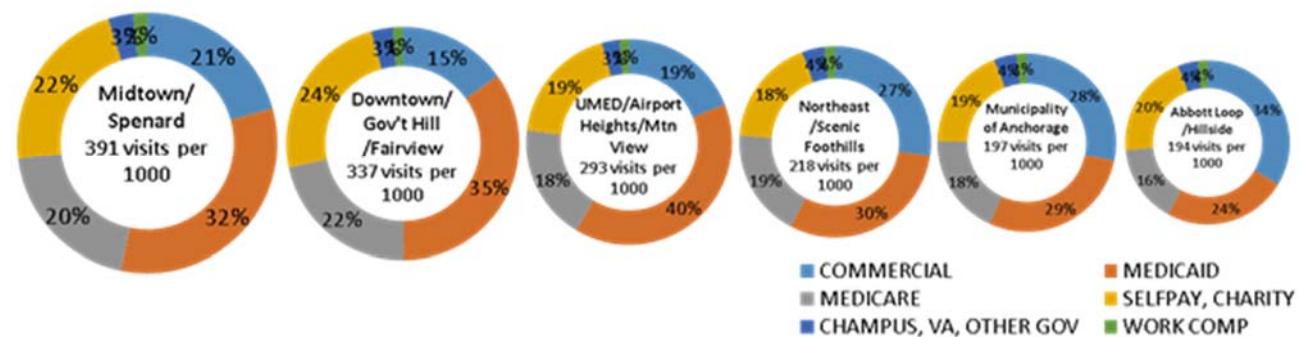
Figure 32: Emergency department use per 1000 people by Anchorage neighborhood



Sources: PAMC Emergency Department Discharges 2014 (Charge coding was utilized to determine the level of the treatment provided in the ED. Class I is defined as a brief encounter; Class VI is defined as a trauma encounter.) Population: © 2015 The Nielsen Company, © 2015 Truven Health Analytics Inc.

[1] Emergency department (ED) utilization can be indicative of health needs within a community. Because EDs provide open access for all patients, they may be utilized for less emergent treatment when patients cannot access lower care settings. Similarly when patients forgo preventive care, the emergency department often treats more severe preventable illnesses. PAMC is one of four emergency departments in Anchorage. Although this data does not provide a full picture of emergency department utilization in our community, it does tell a directionally correct story.

Figure 33: Insurance source in neighborhoods with highest ED utilization



Source: PAMC Emergency Department Discharges 2014, population source 2015 The Nielsen Company, 2015 Truven Health Analytics Inc.

Note: This data was provided by Providence to supplement the Community Health Needs Assessment data..

Health and well-being

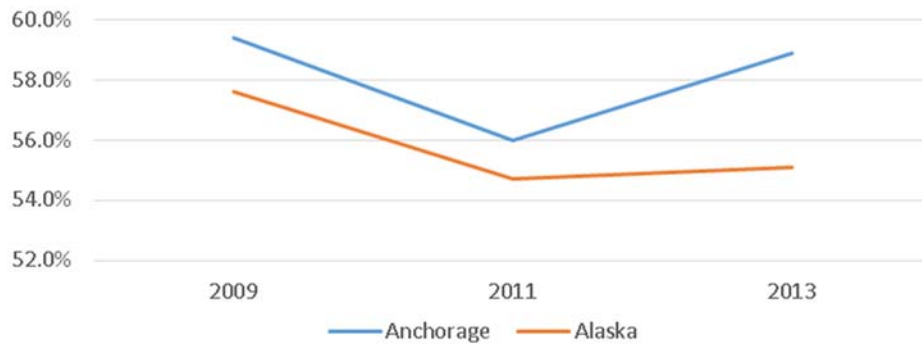
Physical inactivity

Figure 34: Table of adults who believe they get enough physical activity

Percent of adults who believe they get enough physical activity	Anchorage	Alaska
2013	53.9	57.0

Data Source: BRFSS

Figure 35: Students who were physically active for at least 60min per day on fewer than 5 of last 7 days



Data Source: YRBS

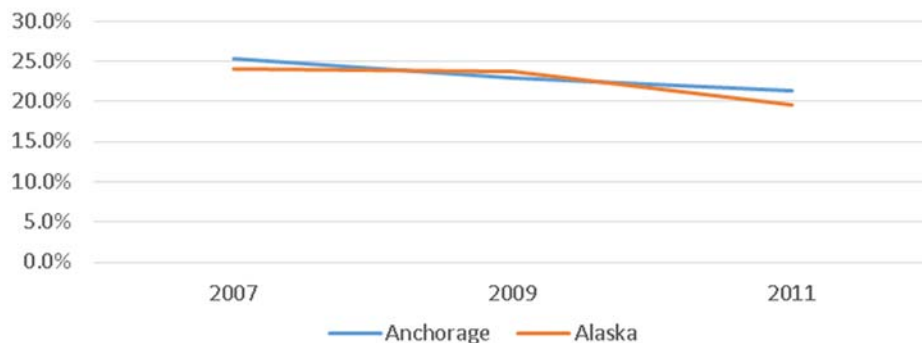
Figure 36: Table of students who were physically active for at least 60min per day on fewer than 5 of last 7 days

Percent students who were physically active for at least 60min per day on fewer than 5 of last 7 days	Anchorage	Alaska
2009	59.0	57.6
2011	56.0	54.7
2013	58.9	55.1

Data Source: YRBS

Fruit and vegetable consumption

Figure 37: Adults eating 5+ daily servings of fruits/vegetables



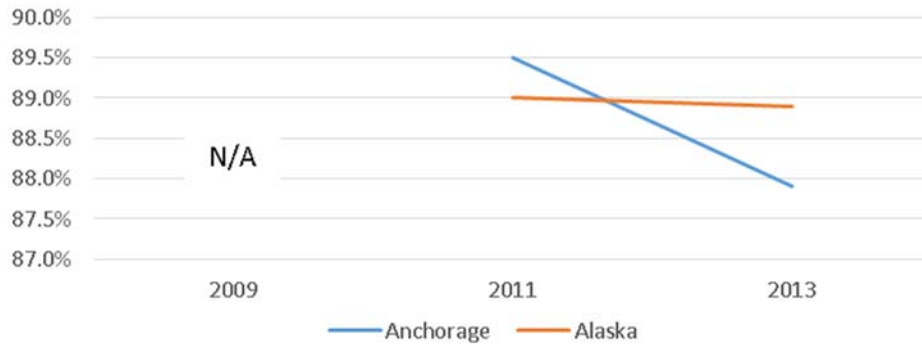
Data Source: BRFSS

Figure 38: Table of adults eating 5+/daily servings of fruits/vegetables

Percent adults eating 5+/daily servings of fruits/vegetables	Anchorage	Alaska
2007	25.3	24.0
2009	22.9	23.7
2011	21.3	19.6

Data Source: BRFSS

Figure 39: Students who ate fruits less than 2 times and vegetables less than 3 times in past 7 days



Data Source: YRBS

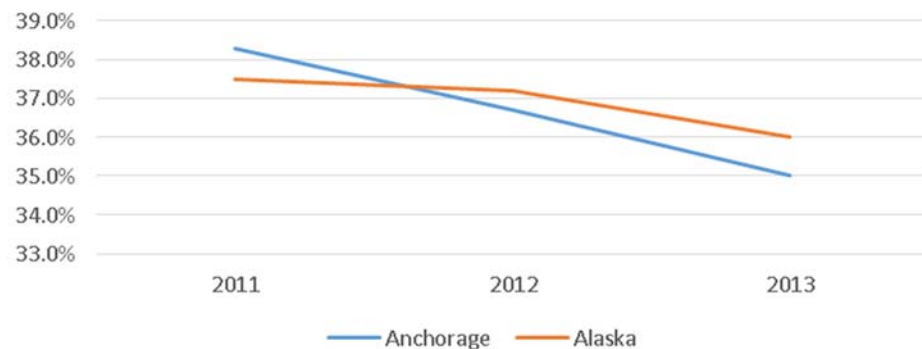
Figure 40: Table of students who ate fruits less than 2 times and vegetables less than 3 times in past 7 days

Percent students who ate fruits less than 2 times and vegetables less than 3 times in past 7 days	Anchorage	Alaska
2009	N/A	N/A
2011	89.5	89.0
2013	87.9	88.9

Data Source: YRBS

Weight status

Figure 41: Overweight adults



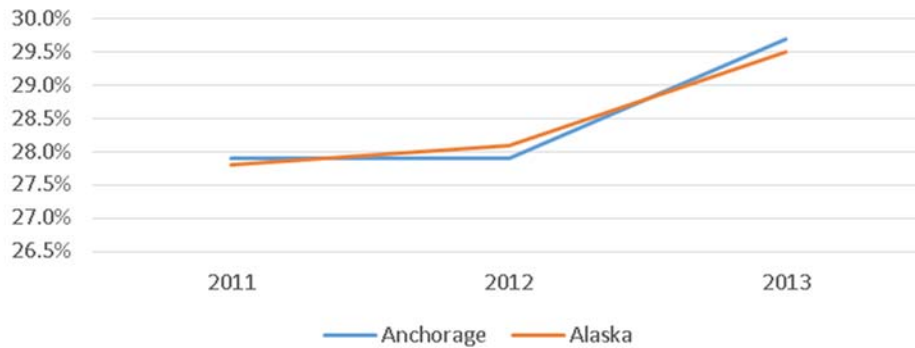
Data Source: BRFSS

Figure 42: Table of overweight adults

Percent overweight adults	Anchorage	Alaska
2011	38.3	37.5
2012	36.7	37.2
2013	35.0	36.0

Data Source: BRFSS

Figure 43: Obese adults



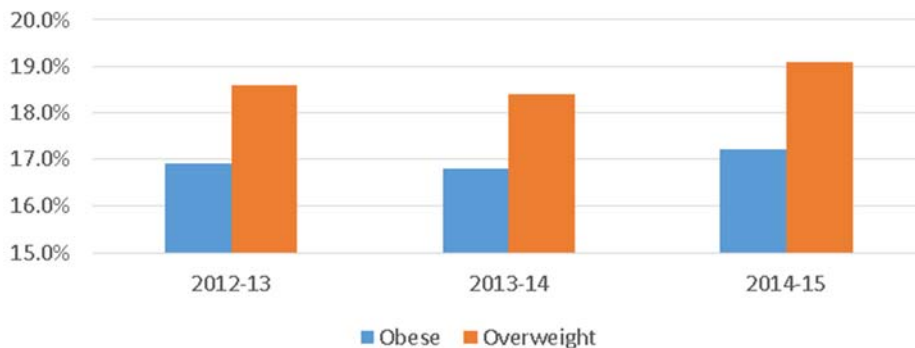
Data Source: BRFSS

Figure 44: Table of obese adults

Percent obese adults	Anchorage	Alaska
2011	27.9	27.8
2012	27.9	28.1
2013	29.7	29.5

Data Source: BRFSS

Figure 45: Youth weight status by school year



Data Source: AK DHSS Obesity Prevention and Control Program

Figure 46: Table of youth weight status by school year

School year	Overweight & obese	Obese	Overweight
2012-13	35.5%	16.9%	18.6%
2013-14	35.3%	16.8%	18.4%
2014-15	36.3%	17.2%	19.1%

Data Source: AK DHSS Obesity Prevention and Control Program

Figure 47: Table of youth weight status by race/ethnicity

Race/ethnicity	Overweight & obese	Obese	Overweight
White	28.3%	12.3%	16.0%
Black	38.4%	21.2%	17.3%
Alaska Native / American Indian	45.7%	25.7%	20.0%
Hispanic	39.6%	22.9%	16.7%
Asian (non-Pacific Islander)	37.7%	20.8%	16.9%
Pacific Islander	71.7%	50.8%	21.0%
Multi-ethnic	37.2%	19.2%	18.0%

Data Source: AK DHSS Obesity Prevention and Control Program

<http://www.dhss.alaska.gov/dph/Chronic/Pages/Obesity/weightstatus.aspx>

[1] Data is for 2014-2015 Anchorage School District school year

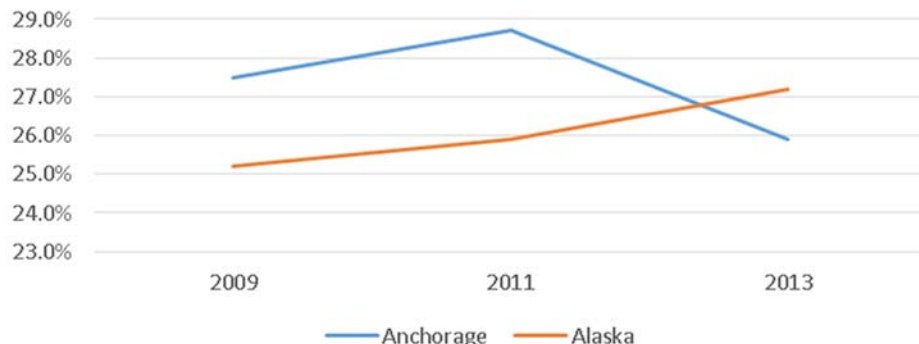
Figure 48: Table of youth weight status by socioeconomic status

Student socioeconomic status	Overweight & obese	Obese	Overweight
Free/Reduced Lunch Enrolled (Low Income)	43.1%	18.2%	24.9%
Non-Enrolled Students	29.5%	16.1%	13.4%

Data Source: AK DHSS Obesity Prevention and Control Program

Youth well-being

Figure 49: 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



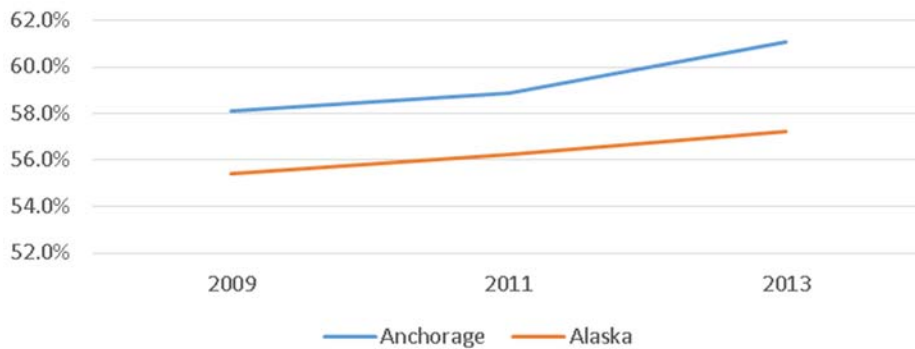
Data Source: YRBS

Figure 50: Table 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

Percent 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	Anchorage	Alaska
2009	27.5	25.2
2011	28.7	25.9
2013	25.9	27.2

Data Source: YRBS

Figure 51: Students who WOULD NOT feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life



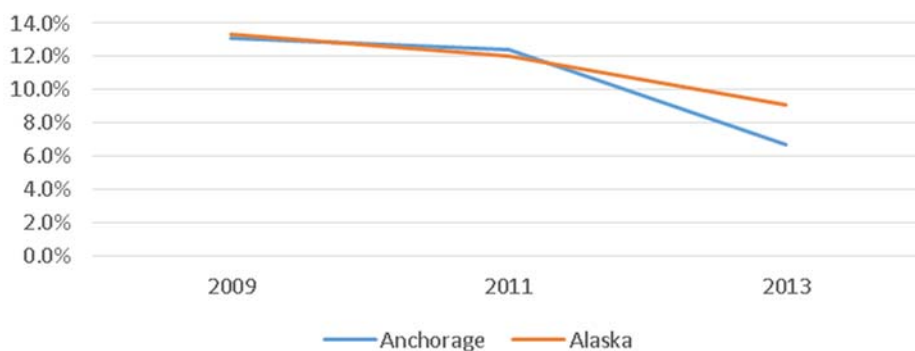
Data Source: YRBS

Figure 52: Table of students who WOULD NOT feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life

Percent students who WOULD NOT feel comfortable seeking help from at least 3 adults besides their parents if they had an important question affecting their life	Anchorage	Alaska
2009	58.1	55.4
2011	58.9	56.2
2013	61.1	57.2

Data Source: YRBS

Figure 53: Students who had been physically hurt on purpose by someone they were dating/going out with one or more times during past 12 months



Data Source: YRBS

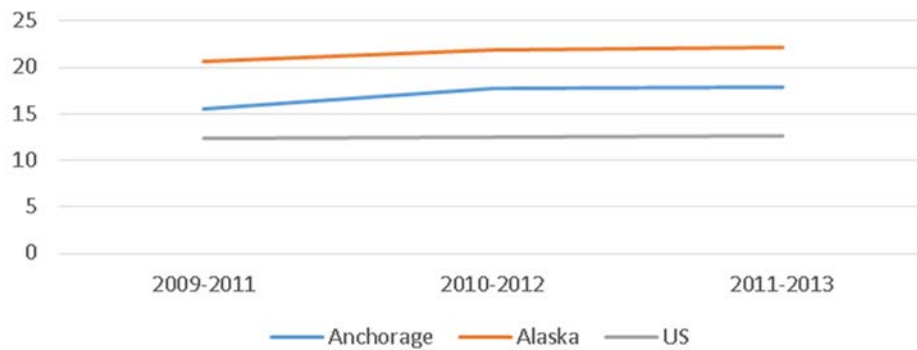
Figure 54: Students who had been physically hurt on purpose by someone they were dating/going out with one or more times during past 12 months table

Percent students who had been physically hurt on purpose by someone they were dating/going out with one or more times during past 12 months	Anchorage	Alaska
2009	13.1	13.3
2011	12.4	12.0
2013	6.7	9.1

Data Source: YRBS

****Note - language change from 2009/2011 to 2013 (Boyfriend/Girlfriend to Dating/going out with)**

Figure 55: Suicide rate per 100,000



Data Source: Alaska DHSS Vital Stats and US Vital Stats

Figure 56: Table of suicide rate per 100,000

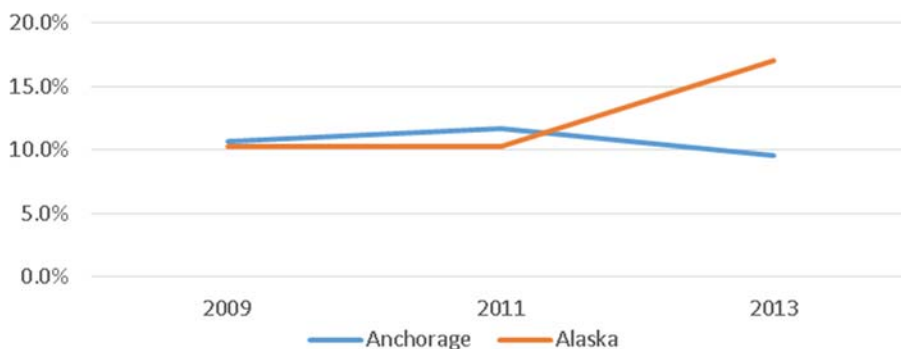
Suicide rate per 100,000	Anchorage	Alaska	US
2009-2011	15.6	20.7	12.3
2010-2012	17.8	21.9	12.5
2011-2013	17.9	22.2	12.6

Data Source: Alaska DHSS Vital Stats and US Vital Stats

Based on 3 year rolling average

Alcohol and tobacco consumption - Youth

Figure 57: Students who used tobacco products on at least one of the past 30 days



Data Source: YRBS

[1] Tobacco products included: smoked cigarettes, cigars, cigarettos, little cigars, or used chewing tobacco, snuff or dip

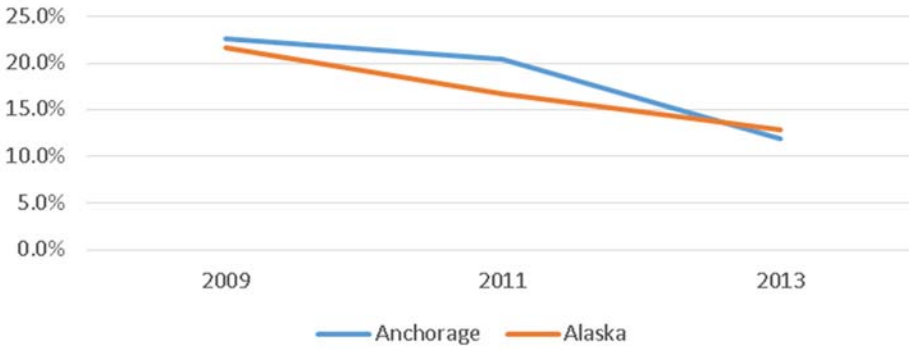
Figure 58: Table of students who used tobacco products on at least one of the past 30 days

Percent students who smoked cigarettes, cigars, cigarettos, little cigars, or used chewing tobacco, snuff or dip on at least one of the past 30 days	Anchorage	Alaska
2009	10.7	10.3
2011	11.7	10.3
2013	9.6	17.1

Data Source: YRBS

[1] Tobacco products included: smoked cigarettes, cigars, cigarettos, little cigars, or used chewing tobacco, snuff or dip

Figure 59: Students who had engaged in binge drinking in the last 30 days



Data Source: YRBS

[1] Binge drinking is considered 5 or more drinks on one occasion

Figure 60: Table of students who had engaged in binge drinking in the last 30 days

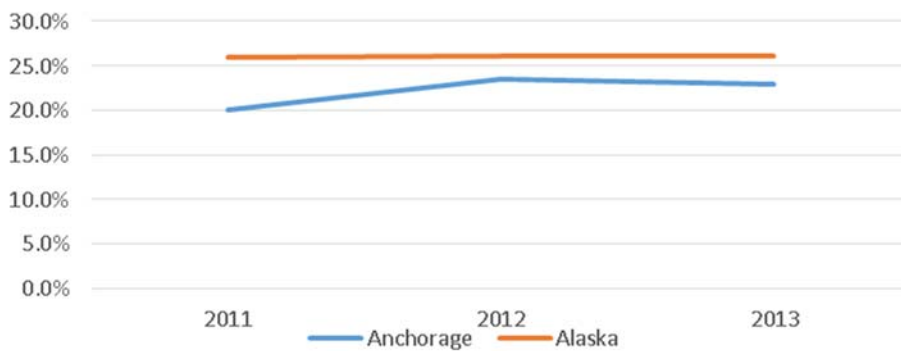
Percent students who had engaged in binge drinking in the last 30 days (5 or more drinks on one occasion)	Anchorage	Alaska
2009	22.6	21.7
2011	20.5	16.7
2013	11.9	12.8

Data Source: YRBS

[1] Binge drinking is considered 5 or more drinks on one occasion

Alcohol and tobacco consumption - Adult

Figure 61: Adults who currently use tobacco or new tobacco products



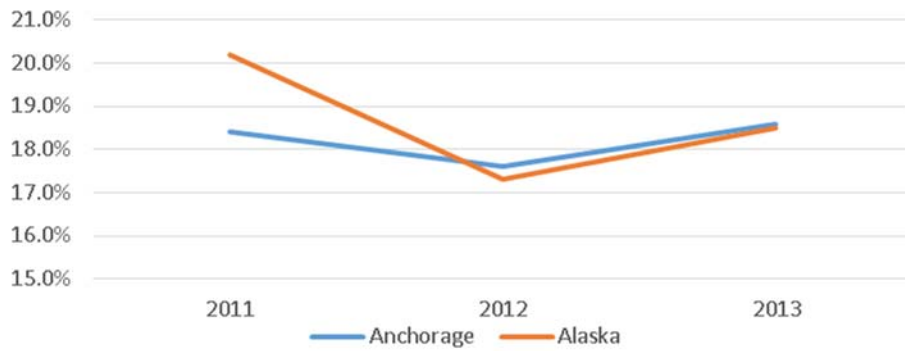
Data Source: BRFSS

Figure 62: Table of adults who currently use tobacco or new tobacco products

Percent adults who currently use tobacco or new tobacco products	Anchorage	Alaska
2011	20.0	26.0
2012	23.5	26.1
2013	22.9	26.1

Data Source: BRFSS

Figure 63: Adults who have engaged in binge drinking in the last 30 days



Data Source: BRFSS

[1] Binge drinking is considered 5 or more drinks on one occasion

Figure 64: Table of adults who have engaged in binge drinking in the last 30 days

Percent adults who have engaged in binge drinking in the last 30 days (5 or more drinks on one occasion)	Anchorage	Alaska
2011	18.4	20.2
2012	17.6	17.3
2013	18.6	18.5

Data Source: BRFSS

[1] Binge drinking is considered 5 or more drinks on one occasion

Appendix II – Summary of community input

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

Summary of Advisory Group input

The prioritized health needs were determined and discussed by the Anchorage CHNA Advisory Group on Oct. 15, 2015 (Providence Alaska Medical Center, Anchorage Department of Health & Human Services, United Way of Anchorage, Anchorage Neighborhood Health Center, and Catholic Social Services). The following were the most notable instances of input from the group that impacted the way the assessment was conducted and how priorities were set.

- Given the Mission and broad community interest of the Advisory Group, the majority of input was in regards to ensuring close attention was paid to the needs of the underserved, poor and vulnerable in both the assessment, priorities and resulting health improvement planning.
- Because of the frequency of co-occurrence and relationship between substance abuse and behavioral health, the advisory group elected to expand the definition of ‘substance abuse’ as represented in the prior assessment to include behavioral health. This was considered important by the group due to the fact that risk factors, protective factors and treatment interventions for substance abuse and behavioral health issues substantially overlap and are significantly related to one another.
- The group gave input that preference should be given to priorities identified in the previous CHNA unless there was strong evidence that a much greater priority had emerged since, or that one of the previous priority needs had improved to the point where it was no longer significant. This preference was in recognition that community and public health improvement initiatives require sustained and coordinated community action and that constant priority shifts fragment community resources and disrupt effective service to the community.

Summary of written comments

Comments were solicited via the Providence website in accordance with IRS guidelines. (<http://alaska.providence.org/about-us/community-health-needs-assessments>). No comments were received from the general public.

Additional sources of input

The Anchorage CHNA and prioritized needs were presented to the Providence Alaska Community Ministry Board on Nov.17, 2015. The CMB has delegated responsibilities for Providence Health and Services Alaska that include quality and health needs assessment. This group consists of various individuals from across the State of Alaska; many members are residents of and have a special interest in the Anchorage community. Following their approval of the CHNA and identified priorities, the CMB expressed the importance of collaborating with the community and demonstrating measurable improvement towards addressing community need.

Appendix III – Partners in Community Health Advisory Group

Community participants in 2015 community health needs assessment

Name	Title	Organization	Community representation
Lisa Aquino	Executive Director	Catholic Social Services	Notable subpopulations: homeless, poor and vulnerable
Michele Brown	Executive Director	United Way	Community health impact
Teresa O’Conner	Division Manager	Anchorage Department of Health and Human Services	Public health; medically underserved; poor and vulnerable; homeless
Randi Sweet	Director Health Impact	United Way	Community health impact
Jon Zasada	Development and Marketing Director	Anchorage Neighborhood Health Center	Notable subpopulation: community health, poor and vulnerable
Dr. Dick Mandsager	Chief Executive	Providence Alaska Medical Center	Physician / hospital executive
Kathleen Hollis	Director, Mission Services	Providence Alaska Medical Center	Community partnership
Nathan Johnson	Strategic Planner	Providence Health and Services, Alaska	Staff

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

Organization or Program	Description	Associated Community Need(s)
Alaska Dental Society	Provides free dental care to low income members of the community.	Access to affordable 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 affordable 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 affordable 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 affordable 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 affordable care
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 affordable care
Covenant House	Provides comprehensive services for homeless teens, including housing and a basic care clinic and mental health services	Poverty, Access to affordable 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

Organization or Program	Description	Associated Community Need(s)
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
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
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, Access to affordable care

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

Anchorage

Community Health Needs Assessment Executive Summary 2015

Community Health Improvement Plan 2016-2018

Community Health Needs Assessment

Introduction

Creating healthier communities, together

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

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

Assessment Process

Every three years, Providence Alaska Medical Center (PAMC) conducts a CHNA for Anchorage. The CHNA is an evaluation of key health indicators of the Anchorage community. PAMC conducts the CHNA in collaboration with community partners in order to identify and address the most significant community health need priorities in Anchorage.

In spring of 2015, PAMC initiated the process of conducting a community health needs assessment in partnership with the United Way of Anchorage, Anchorage Neighborhood Health Center, Catholic Social Services and the Anchorage Department of Health and Human Services. Representatives from each of the partner organizations comprised the Anchorage CHNA Advisory Group, which directed the assessment process from its inception to completion.

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

Prioritized Community Health Needs

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

1. Poverty
2. Healthy Behaviors
3. Substance abuse/behavioral health
4. Access to affordable care

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

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

Description of community

The 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 Anchorage³. 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 area⁴. The assessment area comprised the communities within the Municipality of Anchorage.



Population and age demographics

Total population is 301,010, with an annual growth rate of about 0.5 percent in 2014. Age demographics are fairly evenly distributed, with age groups 0 to 19, 20 to 39, and 40 to 64 each making up 29 to 33 percent of the population. The oldest age group (65 years and older) comprised the smallest proportion of the population (7.3 percent). 8.0 percent seniors (65 years and older)

³McCoy, 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.

Ethnicity

Among Anchorage residents in 2014, 66.1 percent were Caucasian, 9.2 percent Asian, 8.9 percent were Hispanic or Latino, 8.2 percent were Alaska Native or American Indian, 6.3 percent were African American or Black, 2.4 percent were Native Hawaiian or other Pacific Islander, and 7.8 percent were of two or more races.

Income levels and housing

In 2014, the median household income for Anchorage was \$76,337, and the municipality's unemployment rate was 5.2 percent. The share of those with incomes 200 percent below the federal poverty line for all ages in Anchorage was 22.4 percent from 2009 to 2013. In the same time frame, 31.6 percent of Anchorage youth under age 18 were living 200 percent below the FPL. This is lower than the state and national averages. Anchorage households that receive public assistance (6.3 percent) are slightly lower than Alaska overall (6.4 percent) and significantly higher than the United States (2.8 percent).

The 2014 Anchorage Point-in-Time Count found 1,024 homeless persons, which was an 8.7 percent decrease over 2013. The 2014-2015 school year counted 2,195 school-aged children as homeless in the Anchorage School District, which was five students higher than the 2013-2014 school year.

Health care and coverage

The share of Anchorage residents who are uninsured was 18.5 percent in 2013. In 2012, 14.5 percent of Anchorage residents were unable to get needed care due to the cost of care. In the same time period, 41.7 percent of Anchorage residents report not having a personal doctor or provider. Within Anchorage adults, 40 percent did not have a routine check-up in the previous year. Avoidable hospital admissions (hospitalizations due to conditions preventable by use of preventive and primary care services) have decreased to 39.9 per 1000 hospitalizations in 2012.

Health and wellbeing

In Anchorage, 36.3 percent of students and 64.7 percent of adults are overweight or obese. Overweight and obesity plague low-income students at a greater rate (43.1 percent) than the broader student population.

Anchorage and Alaska residents drink heavily and binge drink at a greater rate than the national average; 11.9 percent of high school students and 18.6 percent of adults engaged in binge drinking in the last 30 days. Substance abuse has broad impacts on the mental, physical, and social health of the community.

Identified priority health needs

Prioritization process and criteria

The CHNA Advisory Group elected to pay special attention to indicators related to needs identified in the 2012-2013 CHNA to determine if indicators related to those needs reflected improvement or resolution of the identified need. In the prioritization process, the group generally considered three criteria in relation to the data:

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

The group determined that preference should be given to priorities identified in the previous CHNA unless there was strong evidence that a much greater priority had emerged since, or that one of the previous priority needs had improved to the point where it was no longer significant. The group reasoned that community and public health improvement initiatives require sustained and coordinated community action and constant priority shifts fragment community resources and disrupt effective service to the community.

Upon analyzing the data based on the criteria and considerations above, the advisory group determined that the previous top health needs persisted as the top health needs in 2015:

1. Poverty
2. Healthy behaviors
3. Substance abuse/behavioral health⁵
4. Access to affordable care

The advisory group selected the same needs as 2012 not only because they were confirmed by the data, but also to ensure sustained focus and progress in the area of population health.

Priority health issues and baseline data

Priority Issue	Rationale/contributing factors
1. Poverty	<p>Socio-economic factors are increasingly understood to be amongst the strongest determinants of a person's health. The impact of socio-economic factors on health is most apparent in the context of poverty. Addressing the conditions that create and sustain poverty is an effective way of improving health in the community. Some issues impacting poverty are housing, education, income, food security, disability and language barriers. Anchorage indicators related to these issues include:</p> <ul style="list-style-type: none">• 2179 homeless students served by Anchorage School District last year• 11 percent of children live below federal poverty level and 31.6 percent below 200 percent poverty level<ul style="list-style-type: none">▪ 7.9 percent of population live below poverty level and 22.4 percent below 200 percent poverty level

⁵ Because of the frequency of co-occurrence and relationship between substance abuse and behavioral health, the advisory group elected to expand the definition of 'substance abuse' as a priority to include behavioral health.

2. Healthy behaviors

The Centers for Disease Control, World Health Organization and many other leading health organizations recognize behavior as the single greatest determinant of an individual's health. Reputable studies put it at 50 percent or more, greater than or equal to the impact of genetics, environment, health care and socio-economic status combined. The following are a few Anchorage indicators related to healthy behaviors.

Youth

- 36.3 percent students are overweight or obese (19.1 percent overweight, 17.2 percent obese)
- 43.1 percent low-income students were overweight/obese vs. 29.5 percent for non-low-income
- 58.9 percent students physically active for more than 60 minutes a day fewer than five of the past seven days

Adults

- 64.7 percent are either overweight or obese (35.0 percent overweight, 29.7 percent obese)
- 22.9 percent use tobacco products
- 41.6 percent did not have a routine check-up last year
 - 39 percent of seniors did not get the annual flu vaccine

3. Substance abuse/behavioral health

Anchorage and Alaska residents drink heavily and binge drink at a greater rate than the national average. Substance abuse has broad impacts on the mental, physical, and social health of the community. In Anchorage the cultural acceptance of alcohol use is believed to contribute to increased abuse of alcohol and other substances. The following are a few Anchorage indicators related to substance abuse/behavioral health.

Youth

- 11.9 percent of high school students engaged in binge drinking in last 30 days
- 25.9 percent 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 the past twelve months
- 17.9 suicides per 100,000 students

Adults

- 18.6 percent of adults engaged in binge drinking in last 30 days

4. Access to affordable care

Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care which often leads to expensive emergency intervention. The following are a few Anchorage indicators related to access to affordable care.

- 18.5 percent of people are without health insurance
 - 14.5 percent of people report being unable to get needed care due to cost of care
 - 41.6 percent of people report not having a personal doctor or provider
 - 39.9 per 1,000 hospitalizations were due to ambulatory sensitive conditions preventable by use of preventive and primary care services
-

Community Health Improvement Plan

Introduction

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

- Activities the Providence intends to take to address the needs;
- Collaborations with other organizations to address the needs;
- Resources Providence intends to commit to the needs;
- Measures to evaluate impact of Providence activities, collaborations and community investment.

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

The CHIP is restricted to the years 2016-2018 due to the fact that another CHNA will be conducted in 2018, at which time the priority needs may change. While the plan reflects 2016-2018, we intend to revisit the plan annually to ensure our efforts achieve the greatest impact.

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

Prioritized Community Health Needs:

- | | |
|------------------------------|---------------|
| 1. Poverty | Page(s) 8-9 |
| 2. Healthy Behaviors | Page(s) 10 |
| 3. Substance Abuse | Page(s) 11-12 |
| 4. Access to affordable care | Page(s) 13-14 |

Priority health need 1: Poverty

This section outlines Providence's plan to address impacts of poverty in our community.

Goal(s)

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

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

- **Respite Care** – Providence intends to continue its 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.

Collaboration/Community Investment Support

- **Providence Convener Fund** – Providence will convene 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.
- **Catholic Social Services** – Providence intends to continue community investment funding 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:
 - Shelter, daily meals, basic care clinic services, showers, laundry, and housing case management services at Brother Francis Shelter;
 - 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 intends to continue 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.
- **Food Security** – Providence provided 2016 community investment funding support to the following organizations to address the need for food security for low-income individuals and families.
 - Bean's Café
 - Children's Lunch Box
 - Lutheran Social Services
 - Food Bank of Alaska

Resources

- Providence set aside \$1.1M in one-time pilot community-investment funding for 2016 to seek collaborative solutions to address poverty and homelessness related needs.

- Providence intends to continue community investment funding support for Covenant House and Catholic Social Services
- Providence provided 2016 community investment funding support to Bean's Café, Children's Lunch Box, Food Bank of Alaska and Lutheran Social Services

Measurement

Intermediate measures

- **Food security** – meals served (CSS, Bean's Café, Children's Lunchbox, Lutheran Social Services, Food Bank of Alaska)
- **Shelter** – Bed nights (nights of stay) provided to all those who seek shelter on any given night (CSS)
- **Self-sufficiency** – Case managers support those experiencing homelessness in finding permanent housing and in finding employment (CSS).
- 80% of families experiencing homelessness and working with CSS housing case managers will increase their score on the Self Sufficiency Matrix in categories overall by at least 1 point between intake and exit.
- 75% of newly arrived refugees will be employed after being in the US for 6 months.
- *Additional measure(s) to be considered pending outcomes of the above mentioned Providence Convener Fund collaboration.*

Priority health need 2: Healthy Behaviors

This section outlines Providence's plan to address impacts of Healthy Behaviors in our community.

Goal(s)

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

Providence Activities

- **SQORD** – Providence intends to 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 intends to continue community investment funding support for Healthy Futures 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.*

Resources

- Providence intends to continue SQORD program support through staff and funding.
- Providence intends to continue community investment funding support for Healthy Futures.

Measurement

Intermediate measures

- Increased activity levels of school age children in Anchorage*

Long range measures

- Reduced number Anchorage school-aged Children identified as overweight or obese

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

Priority health need 3: Substance Abuse

This section outlines Providence's plan to address the issue and impacts of Substance Abuse in our community.

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.

Providence Activities

- **Providence Crisis Recovery Center** – Providence intends to add ambulatory psychiatric/substance-abuse detoxification services to the CRC to help address unmet need in the community for detox services. This effort requires approval of requested changes in state grant requirements. CRC currently stabilizes acute psychiatric symptoms of individuals in crisis through effective symptom management and improved coping skills.
- **Providence Breakthrough** – Providence intends to continue to provide and expand chemical dependency programs to help address the growing need for substance abuse programs in Anchorage and Alaska.
- **Telehealth** – Providence intends to increase remote and out-of-clinic access to care by piloting two tele-health initiatives.
 - Tele-health for remote delivery of substance abuse and behavioral health counseling
 - Tele-psyche for remote delivery of emergency de-escalation psychiatric consults
- **Providence Psychiatric Emergency Department** – Providence is currently the only Anchorage facility with 24/7 emergency psychiatric and substance abuse care. 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.

Collaboration/Community Investment Support

- **Recover Alaska** – Providence intends to continue collaboration with, and community investment support for Recover Alaska to reduce harm caused by excessive alcohol consumption. The purpose of this community investment funding is to increase awareness and substance abuse prevention efforts in the community, advocate for effective substance abuse related policy and increase access to substance abuse services. A specific focus within this initiative will be to establish a Recovery Resource Center to allow better referrals and access to available services. Providence will also maintain a Providence leadership representative on the Recover Alaska Board.
- **Alaska Native Tribal Health Consortium (ANTHC) and Cook Inlet Tribal Council (CITC)** Providence intends to continue collaboration with ANTHC and CITC to increase detoxification capacity in the Anchorage community with a specific focus on addressing the need for nurse and staffing shortage solutions and collaborations.
- **Anchorage Faith and Action Congregations Together (AFACT)** - Providence intends to continue collaboration with AFACT in its community-wide collaborative effort to address the need for detoxification services in Anchorage.

*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.

Resources

- Providence will continue providing resources necessary to support the operation of the Crisis Recovery Center, Breakthrough, the tele-health pilot initiatives and Psychiatric Emergency Department.
- Providence intends to continue community investment funding support for, and staff collaboration with, Recover Alaska

Measurement

Intermediate measures

- Increased recovery-services utilization volumes as measured by CRC and Breakthrough
- Increased detox capacity in the Anchorage community as measured by increased capacity community-wide
- Operational Ambulatory detox services added to CRC services

Priority health need 4: Access to Affordable Care

This section outlines Providence's plan to address impacts of lack-of-access to affordable care in our community

Goal(s)

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

Providence Activities

- **Charity Care/Financial Assistance** – Providence will continue to provide medically necessary health care services to members of the community who are unable to pay for such services. Providence has provided an annual average of \$32M for charity care and financial assistance from 2010-2015.
- **Senior Care Clinic** – Providence intends to increase the service capacity in the Senior Clinic to address the health care needs of the aging by addressing the shortage of providers accepting Medicaid and/or Medicare in the community.
- **Alaska Family Medicine Residency** – Providence will continue 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.
- **Nurse Family Partnership** – Providence intends to continue support of the Nurse Family Partnership program, providing education and support services to first-time low-income mothers to improve maternal-child outcomes.

Collaboration/Community Investment Support

Providence intends to continue to provide community investment funding support to Anchorage Project Access, Anchorage Neighborhood Health Center and Alaska Dental Society. Providing funding to these organizations serves to broaden Providence's impact in the effort to eliminate cost as a barrier to needed care.

- **Anchorage Project Access** – Providence intends to continue 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 intends to continue community investment funding support for ANHC to support access to primary care, dental, behavioral health and lab services to the low income population.
- **Alaska Dental Society** – Providence intends to continue community investment funding support for the Alaska Dental Society's 'Mission of Mercy' clinic, which increases access to needed dental care for low income members of the community.
- **Anchorage School District** – Providence intends to provide one to two years of community investment seed funding in support of additional school-based clinics as the ASD Board decides to establish additional clinics. The intent of this funding would be to increase access to affordable care for school aged children. Providence will continue to provide faculty and residency physicians on a no-charge basis to school based clinics.
- **Brother Francis Shelter Clinic** - Providence intends to continue providing faculty and residency physician support to the Brother Francis Shelter Clinic in order to provide needed health care services to the homeless population. Providence will also continue to collaborate with community partners, including other healthcare providers, to develop a more

comprehensive solution to providing medical services at Brother Francis Shelter.

Resources

- Providence will continue to provide medically necessary health care services to members of the community who are unable to pay for such services.
- Providence intends to continue providing resources necessary to support the operation and expansion of the Senior Clinic.
- Providence intends to continue community investment funding support for Alaska Dental Society's 'Mission of Mercy' clinic, Anchorage Project Access, and Anchorage Neighborhood Health Center.
- Providence will continue to provide faculty and residency physicians on a no-charge basis to school-based clinics.

Measurement

- No seniors on wait list for the Senior Clinic
- Numbers served by Alaska Dental Society's 'Mission of Mercy' clinic, Anchorage Project Access Brother Francis Shelter clinic, and Anchorage Neighborhood Health Center.

Community Health Improvement Plan (CHIP) Approval

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

Dick Mandsager

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

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