To provide feedback about this CHNA or obtain a printed copy free of charge, please email Nathan Johnson at Nathan.Johnson@Providence.org
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EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Valdez Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2023 CHNA was approved by the Providence Alaska Region Board on October 17, 2023, and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. Across the Valdez community, information collected includes local community health survey responses, state and national public health data, qualitative data from key informant interviews, and hospital utilization data. Key informant interviews were conducted with representatives from organizations that serve people who have chronic conditions, are from diverse communities, have low incomes, and/or are medically underserved.

While care was taken to select and gather data that would tell the story of the hospital’s service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

The Valdez CHNA Advisory Committee guided the CHNA process from inception to completion. The committee was comprised of local community leaders and health-related experts that represent the broad interests and demographics of the community.

The Valdez CHNA Advisory Committee supported the Regional Director of Community Health Investment in establishing questions for a community-wide health survey, identifying relevant state and federal data, and selecting community key informants to participate in interviews regarding community needs and strengths. The committee was also tasked with reviewing and analyzing the resulting information to identify and prioritize the top health-related needs in the community. After reviewing the quantitative and qualitative data, the Valdez CHNA Advisory Committee established the top needs for Valdez using a criteria-based prioritization process. The top four rank-ordered health-related needs identified through the process were the following:
PRIORITY 1: BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE MISUSE)

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

PRIORITY 2: BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security, food security, and the availability of affordable childcare and housing all play a foundational role in a person’s health and well-being.

PRIORITY 3: PHYSICAL HEALTH

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

PRIORITY 4: ACCESS TO HEALTHCARE

Access to healthcare means receiving the right care at the right time and in the right place or setting—the timely use of personal health services to achieve the best outcomes. Barriers to achieving that include the lack of locally available and accessible primary care and specialty care services, lack of means to pay or being uninsured, and can include cultural, language, and transportation challenges.

Providence Valdez Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

Measuring Our Success: Results from the 2020 CHNA and 2021-2023 CHIP

This report evaluates the impact of the 2021-2023 CHIP. Providence Valdez Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and
leading practices. In addition, we invited written comments on the 2020 CHNA and 2021-2023 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2020 CHNA and 2021-2023 CHIP. The 2020 CHNA and 2021-2023 CHIP priorities were the following: Mental health/ substance misuse, healthy lifestyle (e.g. chronic disease, overweight/obesity, physical activity, etc.), barriers to appropriate healthcare access (right care, right time, right place), and social determinants of health. A few of the key outcomes from the previous CHIP are listed below:

- Established virtual Intensive Outpatient Treatment for Substance Use Disorder to bring services to individuals who are not able to receive services in person.
- Achieved City Council approval for the PVMC Health Campus Expansion Master Plan to implement four long-term care beds, expand the ED, and upgrade the CT scanner and Sterile Processing to better meet community need.
- PVMC resumed specialty services in Podiatry and Ear, Nose, and Throat (ENT) care in 2023, bringing back needed specialty services in Valdez.
INTRODUCTION

Who We Are

| Our Mission | As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable. |
| Our Vision | Health for a Better World. |
| Our Values | Compassion — Dignity — Justice — Excellence — Integrity |

Providence continues its Mission of service in Valdez through Providence Valdez Medical Center (PVMC) and the Providence Valdez Counseling Center (PVCC). PVMC is a critical access hospital that features 11 acute care beds and 10 long-term care beds, located in Valdez, Alaska. Major programs and services offered to the community include the following:

- 24-hour emergency services
- Obstetrical services, anesthesia, labor and delivery, postpartum care
- Laboratory – CLIA-certified
- Imaging services to include ultrasound, CAT scan, and bone densitometry
- Physical, occupational, and speech therapy
- Stress testing
- General medical care
- Endoscopy and minor surgical services
- Sleep disorder studies
- Specialty physician clinics

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.
Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our health equity statement can be found online: https://www.providence.org/about/health-equity.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

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

**Approach**
- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language

**Community Engagement**
- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities

**Quantitative Data**
- Report data at the census tract level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools
CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.

Data Sources

In gathering information on the communities served by the Providence Valdez Medical Center we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.
We reviewed data from the following sources:

<table>
<thead>
<tr>
<th>Primary Data Sources</th>
<th>Secondary Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Key informant interviews</td>
<td>• American Community Survey</td>
</tr>
<tr>
<td>• Health and Wellbeing Monitor community health survey</td>
<td>• Behavioral Risk Factor Surveillance System (BRFSS)</td>
</tr>
<tr>
<td>• Internal hospital utilization data</td>
<td>• U.S. Decennial Census</td>
</tr>
</tbody>
</table>

**Data Limitations and Information Gaps**

To better understand the makeup of the Valdez community, we consulted publicly available demographic data, although due to small sample sizes, the data should be interpreted with caution and in context. We also fielded our own survey, the 2023 Valdez Community Health Survey, to collect up-to-date data. Additionally, community input provides some context to the quantitative data and helps tell a more complete story.

While care was taken to select and gather data that would tell the story of the hospital’s service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2020 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in December 2020 (CHNA) and May 2021 (CHIP), as well as through various channels with our community-based organization partners. No comments were received.
OUR COMMUNITY

Hospital Service Area and Community Served

The service area of Providence Valdez Medical Center is defined as the city of Valdez. Valdez is located on Prince William Sound and surrounded by the Chugach Mountains. The city is connected to the interior of Alaska by the Richardson Highway and is roughly 300 miles by road from Anchorage. The area sees significant annual precipitation with an average snowfall of nearly 300 inches per year. Valdez is a fishing port for both commercial and sport fishing. It is also the terminus of the Trans-Alaska Pipeline System where Alaska North Slope oil is loaded onto ships for transport to external markets.

Valdez includes a population of approximately 3,985 people, an increase of 125 people from the prior assessment (3,870 from the 2018 ACS 5-year estimate).

Due to PVMC being the only acute care hospital in Valdez, as well as the availability of data and geographic access to the facility, the community served by the hospital is defined as the entirety of the city of Valdez.

*Figure 1. Providence Valdez Medical Center Service Area*
Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The 2020 Decennial Census reported the total population of the city of Valdez as 3,985 people, with a slightly higher percentage of males (52.9%) than females (47.1%). Almost 66% of the population is between the ages of 18 and 64 years.

Table 1. Population and Age Demographics in Valdez

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Valdez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>3,985</td>
</tr>
<tr>
<td>Population by Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52.9%</td>
</tr>
<tr>
<td>Female</td>
<td>47.1%</td>
</tr>
<tr>
<td>Population by Age Group</td>
<td></td>
</tr>
<tr>
<td>Youth (Under 18 years)</td>
<td>24.3%</td>
</tr>
<tr>
<td>Adults (18-64 years)</td>
<td>65.7%</td>
</tr>
<tr>
<td>Older Adults (65 years and older)</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Source: 2020 Decennial Census

POPULATION BY RACE AND ETHNICITY

The population in Valdez is primarily white (75.66%), although 10.34% of the population identify as two or more races and 7.75% identify as American Indian and Alaska Native. Almost 7% of the population identify as Hispanic or Latino. (2020 Decennial Census)
**Figure 2. Population by Race in Valdez City**

- Population of two or more races: 10.34%
- Some Other Race: 2.06%
- Native Hawaiian and Other Pacific Islander: 0.78%
- Asian: 2.58%
- American Indian and Alaska Native: 7.75%
- Black or African American: 0.83%
- White: 75.66%

**Table 2. Hispanic Population in Valdez**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Valdez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>6.75%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>93.25%</td>
</tr>
</tbody>
</table>

**Source:** 2020 Decennial Census

**INCOME AND HOUSING INDICATORS**

In comparison to the state of Alaska, Valdez has a higher median household income, as well as lower levels of poverty. The median household income in Valdez is $99,151 and the average household size is 2.42 persons. The median gross rent in Valdez, $1,250, is similar to that of Alaska at $1,279. Based on the 2023 Valdez Community Health Survey, 5% of residents are sleeping in a place not meant for sleeping (e.g. as outside, improvised dwelling, or in a car) or in a temporary situation (e.g. “couch surfing” with family or friends or in a shelter).
Table 3. Income and Housing Indicators in Valdez

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Valdez</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>$99,151</td>
<td>$80,287</td>
</tr>
<tr>
<td>% children under age 18 living in poverty</td>
<td>7.6%</td>
<td>13.1%</td>
</tr>
<tr>
<td>% of residents of all ages living in poverty</td>
<td>4.4%</td>
<td>10.4%</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average household size</td>
<td>2.42</td>
<td>2.72</td>
</tr>
<tr>
<td>Median gross rent</td>
<td>$1,250</td>
<td>$1,279</td>
</tr>
<tr>
<td>% of owner-occupied homes</td>
<td>72.7%</td>
<td>65.7%</td>
</tr>
<tr>
<td>Individuals experiencing homelessness (sleeping in a place not meant for sleeping or in a temporary situation)</td>
<td>5%</td>
<td>Comparable statewide data not available</td>
</tr>
</tbody>
</table>

Source: 2023 Valdez Community Health Survey

Source: 2021 ACS 5-Year Estimates

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). All of Valdez is designated a mental health, primary care, and dental care HPSA.

MEDICALLY UNDERSERVED AREA/ MEDICALLY UNDERSERVED POPULATION

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area’s level of medical “under service.” MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. Valdez is classified as a Medically Underserved Area.
HEALTH INDICATORS

Community Survey

Due to the limited data available for Valdez through state and federal sources, Providence fielded an online survey from May 13, 2023, through August 14, 2023. A total of 277 responses were received. Every effort was made to ensure the survey responses represented the diversity of the community and captured input from people with low incomes and otherwise underserved in the community. The survey leveraged the questions from the Health and Well-being Monitor™ developed by the Providence Institute for a Healthier Community to more holistically assess community strengths and indicators of well-being. The report groups findings into six dimensions of well-being: connections and relationships; physical health; mental/emotional and spiritual health; security and basic needs; neighborhood and environment; and work, learning and growth.

See Appendix 4 for Quantitative Data from Community Survey

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence’s Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2022, our data showed the following key insights:

- Of all the Emergency Department cases that presented at PVMC in 2022, 23.5% were considered avoidable. The most common diagnoses for all avoidable visits during this time were:
  - Urinary Tract Infections (10.4%)
  - Skin Infections (8.5%)
  - Acute Otitis Media and Sinusitis (7.3%), commonly known as ear and sinus infections.
- Children, under the age of 18 years, had a higher percentage of visits that were considered avoidable (30.0%) compared to the population overall (23.5%).

For additional information regarding these findings, please contact Nathan Johnson at Nathan.Johnson@Providence.org.
Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Providence conducted 11 key informant\textsuperscript{1} interviews in Valdez with representatives from community-based organizations and agencies between June and July 2023.

See Appendix 1 for methodology, participant details, and in-depth findings

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these strengths to address needs. This is an important question because all communities have strengths. The following themes emerged:

- People enjoy living in Valdez and speak highly of its beauty
- There is a strong sense of community where people rely on each other, particularly in difficult times
- Valdez has resources, which contribute to great programs and public services, like schools
- Organizations and agencies partner and collaborate to address complex needs

Community Needs

HIGH-PRIORITY UNMET HEALTH-RELATED NEEDS

<table>
<thead>
<tr>
<th>Behavioral health challenges and access to care (includes mental health and substance use/misuse)</th>
<th>Key informants frequently prioritized addressing behavioral health, including mental health and substance use/misuse, as a need in the community. They spoke highly of the behavioral health services available, noting that the main issue is people seeking appropriate services to address their mental health or substance use/misuse issue. There is concern that people are using/misusing substances, including alcohol, methamphetamines, and opioids, and in response there are efforts to distribute naloxone kits. Mental health challenges have increased in the past few years, particularly due to increased stress and isolation from the COVID-19 pandemic. Suicide and suicidal ideation are concerns, with key informants noting that suicide prevention needs to be a community effort and start with connection and care for one another. In a small town like Valdez, people may be concerned about being seen needing behavioral health services. This stigma, along with the unwillingness to seek care and the cost of care, can prevent people from addressing their behavioral health need. Telehealth has reduced some of these barriers. School-aged children and</th>
</tr>
</thead>
</table>

\textsuperscript{1} Key informants are defined as people with knowledge of community needs and strengths because of their experience as community leaders, professionals, and/or residents of Valdez. Key informants have a wide range of knowledge related to community health and well-being and work within organizations or agencies serving residents, including diverse communities, people with low incomes, and people experiencing barriers to care.
young adults may have unique behavioral health support needs, particularly to develop healthy coping skills for stress. Key informants emphasized the importance of social connection as a component of mental health. Because people are self-reliant and independent, they may be hesitant to reach out for help, particularly when it relates to behavioral health.

Key informants spoke to behavioral health care reimbursement models as inadequate, with not enough investment in the care. Behavioral health needs are often viewed as personal problems rather than community responsibilities. Maintaining behavioral health staff is difficult with turnover, along with a lot of the workforce experiencing exhaustion and burnout from the COVID-19 pandemic. Key informants spoke to the importance of creating a pipeline for developing the behavioral health workforce in jobs like social work.

| Affordable childcare and preschools | Most key informants discussed that there are no childcare centers in Valdez and emphasized it is an urgent issue that a task force is currently working on addressing. Affordable childcare is critical for supporting early development and school readiness, particularly for children zero to three years old. Childcare is also critical for the workforce and without it, businesses have difficulty finding employees and attracting families to move to Valdez. A lack of childcare has affected health care, education, and more, making it difficult to hire needed professionals in these sectors. Understanding that there needs to be a community investment, even by people that do not directly use the services, is part of the effort to address this challenge. Ensuring that families can afford childcare, in addition to a high cost of housing, is also an important factor for supporting the economic security of families. Opening childcare centers is one step, as well as thinking about building up a pipeline of childcare providers and staff through college programming. |
| Access to health care services | Key informants shared accessing health care services in Valdez can be challenging due to limited staffing and resources. There is limited access to specialists within Valdez, with people typically having to go to Anchorage or even Seattle for certain health care services. While people want more specialists locally, there is not the volume of patients to make that feasible. Transport to Anchorage for emergencies can also be difficult depending on weather. Wait times for primary care appointments are long due to limited staffing. This can contribute to unmanaged chronic health conditions and avoidable Emergency Department (ED) visits. An intermediate level of care, something like urgent care, would be beneficial. Transportation to Anchorage and cost of care may be a barrier for people seeking services. Although, telehealth has made accessing some specialty care easier. In-home health care services and assisted living facilities are needed to help people remain in Valdez as they age. Providence recently assumed management of the largest primary care clinic in Valdez, which will hopefully contribute to more integration between the clinic and the hospital. Key informants shared the COVID-19 pandemic contributed to burnout among health care providers, as well as some providers leaving. The rise in |
disinformation and mistrust of health care has also created stress and reduced job satisfaction for some providers. Recruiting and retaining primary care physicians in rural communities is a continuing challenge. Cost of staffing, lack of and competition for applicants, and lack of affordable housing and childcare affect recruiting and retaining staff. Key informants shared that it takes “a special kind of person” to want to come work in a more remote area like Valdez.

### MEDIUM-PRIORITY UNMET HEALTH-RELATED NEEDS

| Housing stability and homelessness | Key informants were primarily concerned about a lack of housing stock and the high cost of housing. Housing is expensive in Valdez, with some families unable to afford housing in addition to their other basic needs, like healthy food. There is also a limited amount of housing stock available in the community, keeping prices high and making housing competitive. As people leave the community, they may hold on to their homes and use them for tourism and short-term rentals, further limiting the housing stock. While the community is a relatively wealthy one, there are people that are couch surfing and people that are living in sub-standard housing, like mobile homes or trailers, that may lack heating and running water. Affordable housing is key to workforce development and needed to recruit and retain workers in health care, education, and other sectors. The cost of housing prevents people from moving to Valdez, even if offered well-paying job. Housing for people participating in job training and education programs is also a worthwhile investment for helping the community grow. Particularly for young adults and people in entry-level roles, the cost of housing may force individuals to move out of the community or prevent them from moving to the community. This affects the growth of Valdez. |
| Economic security and income inequality | Key informants described Valdez as a community with people either on the high or low end of the economic spectrum. Economic security is connected to many other needs, including affordable housing, childcare, and food security. Families cannot afford to have one person stay home with children and meet the cost of living in Valdez. While there are jobs available in Valdez, many organizations have difficulty recruiting workers because of these other challenges, like a lack of housing and childcare. Economic security can also be connected to families’ abilities to afford recreational activities, like camp, for children, which can affect their well-being and socialization. |

See Appendix 1 for methodology and participant details
SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through the community survey. Additionally, needs were identified after review of the quantitative data.

The Valdez CHNA Advisory Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Mental Health
- Access to Healthcare (e.g. primary care, specialty care, dental, and acute care)
- Basic Needs / Economic Security (e.g. affordable housing, access to childcare, food insecurity, etc.)
- Physical Health (e.g. healthy behaviors, chronic conditions, etc.)
- Substance Use / Misuse

Identification and Prioritization of Significant Health Needs

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

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

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

The CHNA Advisory Committee identifies top health needs – The results of the online criteria-based ranking and the qualitative community experience ranking are presented to the CHNA Advisory Committee during an in-person meeting as a starting point for identifying the CHNA priorities. The top three to four health needs identified in the CHNA Advisory Committee survey are reviewed, confirmed and/or modified based on the discussion and local knowledge of the Advisory Committee members.

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in order of priority:

**PRIORITY 1: BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE/MISUSE)**

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

**PRIORITY 2: BASIC NEEDS / ECONOMIC SECURITY**

There is substantial and increasing evidence that socio-economic factors are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security, food security, and the availability of affordable childcare and housing all play a foundational role in a person’s health and well-being.

**PRIORITY 3: PHYSICAL HEALTH**

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

**PRIORITY 4: ACCESS TO HEALTHCARE**

Access to healthcare means receiving the right care at the right time and in the right place or setting - the timely use of personal health services to achieve the best outcomes. Barriers to achieving that
include the lack of locally available and accessible primary care and specialty care services, lack of means to pay or being uninsured, and can include cultural, language, and transportation challenges.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health Providence Valdez Medical Center. In addition, there are numerous social service non-profit agencies, faith-based organizations, and school district that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 2.

See Appendix 2 for a full list of resources potentially available to address the significant health needs
The 2020 CHNA and 2021-2023 CHIP priorities were the following: Mental health/ substance misuse, healthy lifestyle (e.g. chronic disease, overweight/obesity, physical activity, etc.), barriers to appropriate healthcare access (right care, right time, right place), and social determinants of health. This report evaluates the impact of the 2021-2023 Community Health Improvement Plan (CHIP). Providence Valdez Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

### 2021-2023 CHIP for Mental Health/ Substance Use/Misuse

<table>
<thead>
<tr>
<th>Progress/Outcomes 2021-2023</th>
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<tbody>
<tr>
<td>a. Establish Substance Use Disorder (SUD) recovery supported activities and peer support programs with education and referrals to provide enriching learning, social and physical activities in substance free environment</td>
</tr>
<tr>
<td>Hired a peer support specialist who provided programming activities including monthly recovery dinner, cribbage club, wellness hours at the community college gym without membership, bingo and game nights to support alcohol and drug free activities for those in recovery.</td>
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<tr>
<td>Created an easily recognizable logo for events in the community that are recovery, events demonstrating an alcohol-free environment with staff that have received mental health and SUD training to better support the individuals attending these events.</td>
</tr>
<tr>
<td>This logo and the recovery event programming provides opportunities for PVCC to engage community partners in training and education about mental health and substance use and decrease stigma by promoting healthy event programming in the community.</td>
</tr>
<tr>
<td>b. Explore innovative opportunities to expand local SUD treatment continuum and modernize behavioral health services and supports to go beyond the walls of PVMC to meet need ‘in’ the community</td>
</tr>
<tr>
<td>Established virtual Intensive Outpatient Treatment for Substance Use Disorder to bring services to individuals who are not able to receive services in person. Initiated co-response with law enforcement for crisis intervention to better support first responders, as well as families and individuals in crisis in the community.</td>
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### 2021-2023 CHIP for Healthy Lifestyle

#### Progress/Outcomes 2021-2023

<table>
<thead>
<tr>
<th>a. Establish parent education and engagement opportunities to foster healthy behaviors and lifelong wellness</th>
<th>Established community activities, including disc golf for families and children to increase healthy activities utilizing disc golf as a model challenge to explore and think through fixed vs. growth mindset as a tool to apply in other settings. PVMC also established a partnership with Little Sparrow, a new local pregnancy center, supporting prenatal and childbirth education, lactation support, and car seat distribution.</th>
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<tbody>
<tr>
<td>b. Establish Home Based Family Treatment Service Line</td>
<td>Established virtual Intensive Outpatient Treatment for Substance Use Disorders to bring services to individuals who are not able to receive services in person. Initiated co-response with law enforcement for crisis intervention to better support first responders as well as families and individuals in crisis in the community.</td>
</tr>
<tr>
<td>c. Monitor and respond to community Children and Family wellbeing with evidence-based interventions</td>
<td>Addressing childcare needs has been a community focus, with PVMC continuing to partner with Families Alliance to address the 0-3 need and as a member of the City of Valdez Childcare Task Force to develop a Childcare Strategic Plan.</td>
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### 2021-2023 CHIP for Barriers to Appropriate Healthcare Access

#### Progress/Outcomes 2021-2023

<table>
<thead>
<tr>
<th>a. Continue health campus expansion work (outpatient services expansion, PVCC redesign/expansion, Primary Care and public health, et al.)</th>
<th>The PVMC Health Campus Expansion Master Plan was approved early in 2023 by City Council. PVMC has prioritized the following projects and are working with Architects Alaska on the Design: Long Term Care 4 Bed Expansion with a significant increase in functional spaces, the Emergency Department Expansion/Redesign, and upgrading our CT Scanner. Additionally, PVMC is in the process of completely renovating and upgrading our Sterile Processing Department.</th>
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<tbody>
<tr>
<td>b. Nurturing healthcare workforce to ensure sustainable staffing, caregiver satisfaction, quality, and succession planning.</td>
<td>PVCC initiated a six-month resilience building course for nursing, providing wellness and resilience strategies. PVMC also joined a Caregiver Wellness and Burnout Pilot project through the Alaska Hospital and Healthcare Association in 2023. Our in-depth assessment revealed very detailed areas to focus on in 2023. The PVMC action plan has included focused activities in the areas of safety/security, staffing, and caregiver wellness through breaks/nutrition/hydration. We have intensively addressed staffing issues through directly employing traveling staff,</td>
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partnering with PWSC on pipeline programs (Certified Nursing Assistant and Registered Nursing Programs), hiring temporary (non-agency) staff, and additional recruitment strategies. We have reached the fewest vacancies in the past several years.

c. Develop relationships with specialty providers that will invest in Valdez to address unmet need.

PVMC resumed specialty services in Podiatry and ENT in 2023. Additionally, we are working towards adding a consulting psychologist to support onsite psychological assessments. With taking on the operations of the Primary Care Clinic in 2023 and launching EPIC in the practice, we now will be able to quantify community needs for specialty care, further supporting the business case to expand the onsite services.

<table>
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<tr>
<th>2021-2023 CHIP for Social Determinants of Health</th>
<th>Progress/Outcomes 2021-2023</th>
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<tbody>
<tr>
<td>a. Identify and outreach to populations at higher risk for poor health due to SDOH, especially those associated with higher risk due to job roles in Valdez</td>
<td>Conducted regular outreach to Fish Processing workers and Prince William Sound College students to educate these vulnerable populations about wellness including review of ACEs studies, mental and physical health, wellness strategies, and community resources.</td>
</tr>
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Addressing Identified Needs

The Community Health Improvement Plan developed for the Providence Valdez Medical Center service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Providence Valdez Medical Center plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Providence Valdez Medical Center intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Providence Valdez Medical Center and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2024.
This Community Health Needs Assessment was adopted by the Providence Alaska Region Board of the hospital on October 17, 2023. The final report was made widely available by December 28, 2023.

Ella Goss, MSN, RN  
Alaska Region Chief Executive  
Providence  
10/17/2023

Stephanie Kesler  
Chair, Providence Alaska Region Board  
10/17/2023

Kevin Brooks  
Chief Executive, North Division  
Providence  
12/12/2023

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3760 Piper Street Anchorage, AK 99508  
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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

See Appendix 3: Providence Alaska Region Board
APPENDICES

Appendix 1: Community Input

METHODOLOGY

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Providence conducted 11 key informant interviews in Valdez with representatives from community-based organizations and agencies between June and July 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included the Public Health Nurse from State of Alaska Department of Health as a key informant to ensure the input from a state, local, tribal, or regional governmental public health department.

Participants

Table_Apx 1. Key Community Key Informant Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Sector</th>
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<tbody>
<tr>
<td>Angela Alfaro, MD</td>
<td>MD &amp; Owner</td>
<td>The Alfa Doc (family medicine clinic)</td>
<td>Health care</td>
</tr>
<tr>
<td>Bart Hinkle</td>
<td>Chief of Police</td>
<td>Valdez Police Department</td>
<td>Public Safety, Government</td>
</tr>
<tr>
<td>Dan O'Connor</td>
<td>Retired President/Director</td>
<td>Prince William Sound College</td>
<td>Education</td>
</tr>
<tr>
<td>John Cullen, MD</td>
<td>Chief of Staff</td>
<td>Providence Valdez Medical Center, Providence Valdez Medical Clinic</td>
<td>Health Care</td>
</tr>
<tr>
<td>Kate Dugan</td>
<td>Valdez Community and Public Relations Manager</td>
<td>Alyeska Pipeline</td>
<td>Resource</td>
</tr>
<tr>
<td>Matthew Wadsworth</td>
<td>Sr. Clinical Manager</td>
<td>Providence Valdez Counseling Center</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Melanee Tiura</td>
<td>Administrator</td>
<td>Providence Valdez Medical Center</td>
<td>Health care</td>
</tr>
<tr>
<td>Sharon Scheidt</td>
<td>Mayor</td>
<td>City of Valdez</td>
<td>Government</td>
</tr>
<tr>
<td>Terri Lynch</td>
<td>RN, Public Health Nurse III</td>
<td>State of AK Dept of Health</td>
<td>Public Health</td>
</tr>
<tr>
<td>Tim Bauer</td>
<td>School Superintendent</td>
<td>Valdez City Schools</td>
<td>Education</td>
</tr>
<tr>
<td>Tracy Raynor</td>
<td>Fire Chief</td>
<td>Valdez Fire Dept.</td>
<td>Public Safety, Government</td>
</tr>
</tbody>
</table>

3 Key informants are defined as people with knowledge of community needs and strengths because of their experience as community leaders, professionals, and/or residents of Valdez. Key informants have a wide range of knowledge related to community health and well-being and work within organizations or agencies serving residents, including diverse communities, people with low incomes, and people experiencing barriers to care.
Facilitation Guides

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant’s organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant’s permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.
The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as “other,” and similar codes were grouped together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

**Limitations**

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst’s unique identities and experiences.

**FINDINGS FROM KEY INFORMANT INTERVIEWS**

**Community Strengths**

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these strengths to address needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

**People enjoy living in Valdez and speak highly of its beauty**

Key informants overwhelmingly shared that they enjoy living in Valdez and they see residents as wanting to be there.
“Valdez, it’s a very welcoming community in the sense that people want to be here. People that live here really enjoy it and appreciate it.”—Key Informant

Many described it as a “wonderful” and “beautiful” place to be. Valdez’s beauty was emphasized by many people who talked about the incredible access to nature and recreation. They also described the town itself as a great place to live.

“It's beautiful. It's a beautiful place. It's good people. The schools are excellent. The streets are safe.”—Key Informant

“[Valdez is] a wonderful place to be.”—Key Informant

There is a strong sense of community where people rely on each other, particularly in difficult times. Key informants shared there is a strong “community spirit” in Valdez. They described a tight-knit, self-reliant (partially out of necessity) community, that leans on one another in times of difficulty. They shared examples of people helping one another in response to fires, the COVID-19 pandemic, family deaths, and other times of need.

“Valdez, there is a sense of ‘we belong to each other.’ If there's some disaster, somebody dies, somebody's house burns down, you can count on the compassionate town, like ‘that's one of our own,’ and people will do amazing efforts to make sure that person feels cared for and loved.”—Key Informant

“The community is very self-reliant. If something does happen, I've always been very impressed how the community comes together to help each other.”—Key Informant

“I think community spirit and the willingness to come together when somebody's in need is first thing that comes to mind.”—Key Informant

Many participants shared that they see this as unique to Valdez and described experiences of living in other places where community members supporting each other was not as apparent.

“I think that that’s something I've not experienced where I've lived in other places, and it’s every man, woman, and child for themself type of thing. Here, everybody seems to really pitch in and try to help where they can.”—Key Informant

People in Valdez take pride in their community, and they work together to meet needs and support one another. They described the people as engaged and involved in the community because people really care about one another.

“We're a community that supports each other and works hard to make things happen.”—Key Informant
To leverage this community strength, key informants suggested more formalized or organized opportunities for volunteerism, along with incentives. This approach emphasizes that everyone contributes to the community and has a responsibility to give of their time and talents.

They also suggested streamlining the number of events and fundraisers taking place, focusing on fewer priorities to ensure more engagement, rather than spreading the community thin.

Valdez has resources, which contribute to great programs and public services, like schools

Key informants shared that Valdez’s financial resources, particularly relative to its size, are a huge benefit to the people that live there. There are good programs that support the community and fund initiatives to address needs. They emphasized that the community resources contribute to a great school district and many educational opportunities.

“The educational components here in Valdez are a real strength for a small community.”—Key Informant

To leverage these resources, key informants would like to see a more coordinated approach towards common goals and initiatives. They recognize that having money to address a problem is not enough, but rather there needs to be strong collaboration and partnership to make progress. Another opportunity is to be more strategic with how money is spent, ensuring it addresses the most pressing needs.

Organizations and agencies partner and collaborate to address complex needs

Key informants described the local organizations and agencies as collaborative and already working on many initiatives together to address complex needs and challenges. The COVID-19 pandemic is an example of multiple entities working well together and communicating. They would like to see the relationships and communication developed during the pandemic continued and strengthened.

“We all did a really good job in working together with COVID. ... Everybody knew their job. We all communicated constantly. That's the strength, is how we try to have the medical community works together.”—Key Informant

The size of the community helps facilitate relationships and ensures that people know one another. This encourages communication and aids in collaborative efforts.

“I think the greatest strength in the community is somewhat based on its size. Not only is it small, but it's also very interconnected, so very good relationships with other partners in the community. ... Because of our size, I think we all know each other. It's easy to get the right partners in the room to have conversations about things that we need to do. Then we can leverage each other's resources.”—Key Informant
Partnership is critical when addressing complex community needs, including childcare, housing, and workforce issues. The childcare task force is an example of multi-sector collaboration. Key informants emphasized that these needs cannot and will not be addressed by one organization working in isolation.

“Valdez traditionally works together to come up with solutions. We have resources, and we have good community partners, and often it takes us working together to solve these problems and issues.”—Key Informant

“The community has to come together as partners, and figure out how to solve the housing issue, the childcare issue, and other issues. ... It's got to be a community effort.”—Key Informant

To leverage this strength, key informants encouraged organizations to stay engaged in these partnerships and look for other opportunities to have conversations. They would like to see more collaborative efforts to address workforce challenges in health care. They would also like to see more conversations between Emergency Medical Services (EMS) and health care to better coordinate when a patient is going to call needing help getting to an appointment. Advance planning could reduce some of the burden on EMS.

Conversations between organizations can also ensure that the community is leveraging resources in the most effective way possible and not duplicating efforts. One way to ensure this happens is to understand the strengths of each organization and agency. Entities with specific expertise or skills can take lead on addressing certain problems, while others can support those efforts.

Additionally, key informants shared that the size of the community, the wealth of resources, and the collaborative spirit mean that Valdez as a community can be creative in addressing needs and work together to come up with new solutions.

**High-Priority Unmet Health-Related Needs**

Key informants were asked to identify their top five health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Two additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Behavioral health challenges and access to care (includes mental health and substance use/misuse)
2. Affordable childcare and preschools
3. Access to health care services

**Behavioral health challenges and access to care (includes mental health and substance use/misuse)**

Key informants frequently prioritized behavioral health, including mental health and substance use/misuse, as a need in the community. They spoke highly of the behavioral health services available,
noting that the main issue is people seeking appropriate services to address their mental health or substance use/misuse challenge.

“We have an excellent behavioral health facility here. Excellent, it's probably the best I've ever seen.”—Key Informant

Key informants were concerned about the use/misuse of alcohol, methamphetamines, marijuana, cocaine, and opioids. There have been efforts to distribute naloxone kits to prevent opioid overdoses, although there is a potential need for inpatient substance use disorder (SUD) treatment in the community.

Key informants identified there have been increased mental health challenges in the past few years, particularly due to increased stress and isolation from the pandemic. Emergency Medical Services (EMS) is seeing more calls to 911 related to mental health needs. Health care providers are also experiencing mental health needs because of the stress and pressure put on them from the pandemic.

“COVID had made everything harder, but it did affect jobs and it did affect things like that. I think it has affected mental health issues, too. It has contributed to some more mental health issues or brought them out.”—Key Informant

They noted more concern about suicide and suicidal ideation, noting that suicide prevention needs to be a community effort, rather than only a clinical one. People helping people and connection is important for identifying people that may have suicidal ideation and getting them support.

To address community behavioral health needs, key informants would like to see more funding for behavioral health care and improved staffing. Key informants spoke to behavioral health care reimbursement models as inadequate, with not enough investment in the care. In general, people may look at behavioral health needs as personal problems, rather than a community one that requires community investment. Mental health care can also be prohibitively expensive for people, with some people not able to afford the care they need.

“Mental health is not valued across the board. There are people who really value mental health, but the rest of society does feel like it is probably a personal problem, and we don't have any obligation to help them. If they can't pay, no go.”—Key Informant

Maintaining behavioral health staff is difficult with turnover, along with a lot of the workforce experiencing exhaustion and burnout from the COVID-19 pandemic. Key informants spoke to the importance of creating a pipeline for developing the behavioral health workforce in jobs like social work. Subsidizing education and cost of living to help train people is one opportunity to invest in the workforce to meet the needs of the community.

“I think that it would be in our best interest to ramp up the college programming for the jobs that we need. ... I also want to see social work program set up. Then let's
recruit bachelor’s level social workers and create these pipelines where we really support and create this learning thing.”—Key Informant

Barriers to accessing behavioral health needs include the following:

- **Stigma:** In a small community, people may worry about being seen accessing services or running into their provider in public. This stigma may make people uncomfortable seeking services.

  “If people are stigmatized by going there to the local place [for behavioral health services], then we need a lot of resources for other places or for more confidential off-site. Again, that small town mentality of, ‘I’m going to see [my provider] at the grocery store.’”—Key Informant

- **Unwillingness to seek care:** People may not see their substance use/misuse as an issue and opt not to seek services. Seeking help is usually voluntary and people may not be ready for help.

- **Cost of care:** Behavioral health services can be expensive and not everyone may be able to afford the care.

Telehealth services, particularly in response to COVID-19, may have reduced some of these barriers, particularly some of the stigma of accessing care in a small community.

Key informants were particularly concerned about the mental health of the following groups:

- **School-aged children:** There is a need for more mental health resources for students to address the increasing mental health needs. Key informants shared they have seen an increase in mental health and behavioral challenges in school-aged children since the COVID-19 pandemic. They would also like to see young people develop healthier coping skills for stress.

  “We have seen a tremendous rise in concerning behaviors and need for [addressing] mental health concerns with [school-age children].”—Key Informant

- **Young adults:** Young adults out of high school or in their early twenties are in a transitional phase of learning to be independent. Key informants were concerned about substance use/misuse for this group and spoke to the importance of mentorship and support as these young people seek employment and stability.

Key informants also spoke to social connection as an important component of mental health. Living in a more remote area means that people need to rely on one another. Engaging with people creates wellness and good social connections make people less likely to rely on negative coping strategies.

“I think when people have negative coping strategies, really what we’re looking at is social connection. When people have really good social connection, they don't want those other things.”—Key Informant
Key informants shared they are seeing more people that are disconnected from the community and disengaged. They are also seeing bullying in schools, where children are made to feel alone and scared. Because many people in Valdez are self-reliant and independent, they may be hesitant to reach out for help, particularly when it relates to behavioral health needs. They key is social connection and community engagement, showing up day-to-day, not only in times of disaster, to care for one another.

“Okay, I would say unmet health needs would be social connection, by far, is the number one. … [Community members] understand that we’re all on the island at the end of the road, we’re going to help each other, but not in a way like showing up every day. I guess I would say they would climb the mountain for someone, but they wouldn’t do the dishes.”—Key Informant

**Affordable childcare and preschools**

Most key informants discussed the lack of childcare in Valdez and emphasized it is an urgent issue and one that a task force is currently working on addressing.

“Childcare is an issue, a huge issue. I know we are not the only ones, but it seems to be a greater issue here.”—Key Informant

There are currently no childcare centers in Valdez.

“We have, at this point, no access to childcare from a childcare center.”—Key Informant

Key informants shared affordable childcare is important for a variety of reasons, including that it is critical for early development and school readiness. Providing care for young children goes beyond babysitting, but really entails nurturing their development. They identified early education as a long-term investment in children and emphasized the importance of supporting children zero to three, in particular.

“[Childcare is] education. There’s [sic] things you can do with these children that help develop their brains and to help them, prepare them better for school even at an early age, and cope, and have proper nutrition and things like that.”—Key Informant

“We had this little seminar here in town on resilience, and it talked about the critical need for zero to three [early education]. Working with infants, toddlers, et cetera to address social determinants of health at an early age and the impact that has on their lifetime health benefits.”—Key Informant

“I do think some kind of coordinated effort to tackle childcare and early education would pay dividends eventually.”—Key Informant
Childcare is also crucial for the workforce. Without childcare, it is more difficult to attract families to move to Valdez and for the community to grow. A lack of childcare has contributed to businesses having difficulty finding employees. It is critical for the economic growth of the community.

“You can’t really have the rest—economic security and housing and all of that—if you don’t have this workforce. ... [To say—] ‘Yes, come in and have this marvelous job. No, sorry there’s no one to take care of your child. You’re going to have to stay home and take care of your kid’—that doesn’t make sense.”—Key Informant

Key informants shared that recruiting health care professionals is affected by a lack of childcare, which affects every person in Valdez.

“We, right now, are dealing with [a] childcare crisis in our community, and I think that directly relates to health care. That’s a big one. It’s a huge priority for our council and the City of Valdez. We’re working very hard on that. That’s a huge one. That’s one hundred percent unmet.”—Key Informant

Education is also affected. Teachers and administrators in the school district have not been able to keep their contracts because of a lack of childcare and housing costs. People cannot afford to have one parent stay home to look after young children.

“When I would try to hire people, I would lose people because they couldn’t come here. They wanted the job, they wanted to be here, extremely talented, but there was no daycare. They couldn’t afford to either have their spouse or somebody stay at home, couldn’t do it, and that is across the board.”—Key Informant

Everyone in the community, whether they have young children or not, is affected by a lack of childcare. Understanding that there needs to be a community investment, even by people that do not directly use the service, is part of the effort to address this challenge.

“Currently there is [no childcare]. There is zero. That has impacted every operation in town, from... the school district, to the hospital, to the city. Every person that works, that has a family is impacted by this. There’s [sic] socioeconomic impacts of the whole childcare thing.”—Key Informant

Ensuring that families can afford childcare, in addition to a high cost of housing, is also an important factor for supporting the economic security of families.

Opening childcare centers is an important step, as well as thinking about building up a pipeline of childcare providers and staff. One way to do this is to build up college programming for jobs in childcare. Recruiting childcare providers can be difficult because workers are often not paid well.

“The other problem we have with childcare is getting workers, then we’re asking these childcare workers to work for nothing and no insurance.”—Key Informant
Access to health care services

Key informants shared accessing health care services in Valdez can be challenging due to limited staffing and resources. There is limited access to specialists within Valdez, with people typically having to go to Anchorage or even Seattle for specific care. While people want more specialists locally, there is not the volume of patients to make that feasible. Having to travel for specialist appointments can be a barrier for older adults, particularly as they age and may need more frequent care. Wait times for specialist appointments are typically months out.

“People are going to have to go to Anchorage or Seattle [for specialty care]. The travel in and out is always problematic. The weather, again, it’s part of the dynamics. As people age, they go, ‘You know what, I need specialty care on a regular basis. I can’t stay here.’”—Key Informant

“There are different types of specialty care and surgeries and things that we cannot get here. We do have to go to Anchorage for. There’s a long list of those.”—Key Informant

Patients may also need to travel for emergency care, depending on the situation. If they do need to be medically evacuated out of Valdez, weather may prevent a helicopter from landing, forcing them to drive hours away to reach the medical evacuation. This is a reality of the weather and location of Valdez and makes it more challenging for people to age in the community.

Primary care in Valdez can also be somewhat limited due to staffing. Key informants shared that it can take a long time to get an appointment to see a provider, with people sometimes waiting a couple of months to be seen. This can contribute to unmanaged health conditions and avoidable Emergency Department (ED) visits because illnesses are not addressed in a timely way. An intermediate level of care, like an urgent care facility, would be helpful for getting illness or injuries addressed quickly.

“This time of year we have a huge influx of workers of the canneries, the fishing fleet is in. You’re talking a number of injuries, but most of the injuries are very minor type stuff that they could go to an [urgent] care. Like I said, a broken finger, a laceration on the arm, or something that is not a full-blown, they don’t need to go to the ER type situation, but that’s the only option they have.”—Key Informant

Long wait times for care are worsened by a backlog of people seeking preventive care and screening since COVID-19. People are behind on their annual visits, colonoscopies, mammograms, and more. Some people may have put off seeking care as to not burden staff that were already very busy. Others may have simply gotten out of the habit of going. Key informants are concerned about the long-term effects of people not having their cancer screenings and annual checks.

“We were not able to do a lot of the screening tests [during COVID-19] that we usually do. I think that’s going to have a big impact down the road.”—Key Informant
Accessing care in Anchorage or elsewhere can be difficult. Transportation to Anchorage can be a barrier for people, as there is not reliable transportation to Anchorage, such as a shuttle. Having more technicians for the MRI machine or a specialized echocardiogram tech in Valdez could lessen some of the need for patients to travel.

“There isn’t a really good transport system between here and Anchorage as far as a shuttle or anything like that.”—Key Informant

Telehealth has also improved people’s access to care. The COVID-19 pandemic really drove the uptick of telehealth services, which has reduced the need to travel for some patients.

“From the initial onset [of COVID-19], being able to see patients virtually has been a benefit. That has opened up the doors for being able to meet the needs of people where they’re at.”—Key Informant

Cost of care may also be a barrier for families that are uninsured or underinsured. They may avoid seeking care if they have an unpaid medical bill or are concerned about receiving a bill. Accessing Medicaid has also been difficult.

“Everybody’s not on Medicaid. Everybody doesn’t have insurance, so there’s a lot of people who falling through the cracks. Especially the last couple of years when even getting approved for Medicaid was like pulling teeth.”—Key Informant

Health care services for older adults to meet their needs as they age is another priority. There is a huge lack of resources for people that need in-home health care services.

“Home services, we have a huge void of any kind of home nursing, home services, home therapies. We have zero in our community. A few private duty individuals that are helping, but nothing organized. Helping people to age in their homes healthily and safely is a gap in our community.”—Key Informant

There are people living alone with dementia or other illness without family in the area. Therefore, they rely on neighbors or friends to check in. These older adults may not be able to get themselves to a health care appointment and rely on EMS to fill that gap and take them to appointments. Better coordination between EMS and health care could be beneficial to ensure EMS has the capacity to meet non-emergent needs, like transport to scheduled appointments.

There are no assisted living facilities for people that cannot live on their own and need assistance. Key informants emphasized Alaska is a tough place to age, which is why some people end up leaving to be closer to needed medical care.

“Alaska is a tough place to live anyway. Then to try to grow old here, it's even harder.”—Key Informant
Providence recently assumed management of the largest primary care clinic in Valdez, which will hopefully contribute to more integration between the clinic and Valdez Medical Center. It will also potentially help with recruiting more physicians. Key informants shared the COVID-19 pandemic contributed to burnout among health care providers, including nurses, doctors, therapists, pharmacists, and more. People are exhausted, as health care providers took on huge amounts of responsibility to meet the urgent health needs of the community.

“In our community, I would say [COVID-19 has] really influenced us because of the health care workforce. It’s really put a strain on the entire system. From the ground up in the hospital system, from the support staff to the CNAs to the nurses, for heaven’s sakes, our poor nurses are exhausted, overworked, and trying to get temporaries in there to help them out. Then the physicians, we’ve had physicians come and go through this situation, and it’s been exhausting for the ones who have stayed.”—Key Informant

Key informants shared that the pandemic was considered traumatic for some providers as they were affected by the responsibility and stress of their job. Some providers even opted to leave. Providers leaving and limited health care staffing contributes to overworked staff, which is an ongoing concern.

“I think it’s really important to have enough physicians that nobody gets burned out. Unfortunately, we’re not in that position at this point.”—Key Informant

“Having a healthy and not burnt out medical community is really important.”—Key Informant

With the rise of disinformation and some mistrust of health care during the pandemic, providers have experienced more pushback on their expertise. This created additional stress and frustration, and ultimately contributes to less job satisfaction.

“The satisfaction of the [health care] job is very difficult. You’re bombarded by people who now are experts, who have read their research on the internet, who come in and argue with you about what you have poured your life and soul into learning and trying to educate someone on, and it’s exhausting.”—Key Informant

To be fully staffed in the hospital and clinic, there needs to be five family physicians. There are currently only two. This lack of staffing affects ED capacity and could affect availability of other procedures, like delivering babies.

Recruiting and retaining staff is complex and difficult for a few reasons:

- Cost of staffing: The cost of staffing has increased during the COVID-19 pandemic, making it more difficult to be competitive in terms of salaries.
• Lack of applicants and competition for application: There is a lack of primary care physicians nationally. There are even fewer physicians that are capable of and willing to work in more remote areas, increasing the competition for recruiting them.

• Lack of affordable housing and childcare: Recruiting health care providers is more difficult because of a lack of housing stock and affordable housing, as well as a lack of childcare.

Key informants shared that it takes “a special kind of person” to want to come work in Valdez. It is a rural and somewhat remote area. A physician that will be successful in this environment can do obstetrics, emergency medicine, and outpatient care. They would also need to be interested in living in a small community and want to enjoy the recreational opportunities in the area.

“It's not that people don't want to come here, it's just that it takes a special person that wants to come here because they want to ski, they want to snowshoe, they want to fish, they want a small community, they want to practice general medicine.”—Key Informant

Developing a fourth year rural medicine fellowship to train new providers in rural medicine could help alleviate some of the pressure on the physicians in Valdez and build up the pool of trained physicians.

Medium Priority Unmet Health-Related Needs

Two additional needs were often prioritized by key informants:

1. Housing stability and homelessness
2. Economic security and income inequality

Housing stability and homelessness

Key informants were primarily concerned about a lack of housing stock and the high cost of housing. Housing is expensive in Valdez, with some families unable to afford housing in addition to their other basic needs, like healthy food.

“The rent here or the ability to find a decent place or the availability of good housing is just not here. When they do find something, their rent’s so high. I don’t understand how a single parent who works at [a grocery store] or as a waitress or something—they can’t afford childcare and pay rent and live adequately.”—Key Informant

Affordable housing is connected to economic security, along with affording childcare.

“There aren’t [homes available], and those that are, are priced out of the range of an average family. That is really problematic if you have kids, and now I got to pay for daycare, or I’ve got to stay home and can’t work, so we have one income. That dynamic makes it difficult to afford a house.”—Key Informant
There is also a limited amount of housing stock available in the community, keeping prices high and making housing competitive. A lot of housing is found by word of mouth, making it difficult for people moving to the community to find a home unless they are physically there. As people leave the community, they may hold on to their homes and use them for tourism and short-term rentals. This may also contribute to diminished housing stock.

While the community is a relatively wealthy one, there are people that are couch surfing and people that are underhoused, meaning living in sub-standard housing.

“I would say that while our community is certainly wealthy by the numbers, that makes the folks who have less or not enough, less visible, and there is a not insignificant population of uninsured or underinsured in our community and unhoused or under housed in our community.”—Key Informant

Some of the sub-standard housing that exists in the community are mobile homes or trailers that are not good quality. Some of them lack heating and running water. The trailers were brought in as temporary housing more than fifty years ago and were never designed to last. For families that cannot afford a home in Valdez, this may be their only option.

“In the winter, [children] sleep in homes without heat, and it’s alarming, because of the cost of the housing.”—Key Informant

Affordable housing is key to workforce development. A lack of housing stock and affordable housing makes recruiting and retaining workers more difficult. This affects health care, education, and more sectors. Key informants spoke to losing candidates because of the cost of housing and the lack of housing in general, even for people will well-paying jobs.

“People, they can't commit to their [employment] contracts because of the lack of housing and childcare. ... Valdez is on the path to where it’s without affordable housing or childcare. That divide, it’s going to force out a large part of our workforce. That's critical.”—Key Informant

To address other community needs, such as access to health care, behavioral health, and childcare, there needs to be more workforce pipelines comprised of college programs and job skill training. Without the necessary housing, this programming and pipeline cannot take place and the community cannot continue to grow. While this would be a large investment up front, it would help the community in the long run.

“It would be in our best interest to ramp up the college programming for the jobs that we need... and the housing has to be included. Everybody has to stomach that and just bite the bullet so to speak. They have to do that. It costs us a lot of money now without having [housing] because the absence of that we can’t do the work and we can’t recruit the people. Our town becomes a little bit of a lame duck. We’re not
Particularly for young adults, such as recent high school graduates and adults in their early twenties, they may not be able to afford to live in the community. This forces these young people to move away, unless they are housed with family. This could prevent people in entry level roles or early in their professional career from moving to or remaining in the community.

**Economic security and income inequality**

Key informants described Valdez as a community with people either on the high or low end of the economic spectrum.

> “There are a lot of... people that are at the high-end of the [economic] spectrum with housing and income, and then there are [people on] the other end. There's not a whole lot of people in the middle. There's [sic] people who are doing the basic entry-level jobs.”—Key Informant

> “My perception of Valdez is it's an incredible community, but there's a socio-economic divide. There doesn't seem to be a middle ground.”—Key Informant

People that are experiencing economic insecurity can access community resources, like the food bank, that are meant to support people with lower incomes. Economic security is connected to many other needs, including housing, childcare, and food security:

- **Housing**: the high cost of housing and utilities, including heating, makes it more difficult for people to afford other needs. It can be very difficult for single parents or homes with one income to afford to live in Valdez.
- **Childcare**: Without affordable childcare, people cannot work, and employers cannot find people to fill positions.
- **Food security**: Healthy and nutritious food is expensive. Families spending their income on housing and other basic needs may experience food insecurity.

> “I was looking at economic insecurity, the lack of a living wage, that's huge. That stood out and food insecurity. Food is so expensive here but that all comes together with the housing and the daycare and everything like that because they all interconnect, they're all together for one household.”—Key Informant

There are jobs available in Valdez and many local organizations have had issues recruiting workers. Other economic pressures, like expensive housing and a lack of childcare, affect workforce recruitment and retention.
“I think probably every single organization in our town has had issues with the workforce.”—Key Informant

Economic insecurity can also be connected to families’ abilities to afford recreational activities for children. Families with low incomes may not be able to afford camps and other programming, which can affect children’s well-being and socialization.
Appendix 2: Community Resources Available to Address Significant Health Needs

Providence Valdez Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

PROVIDENCE VALDEZ MEDICAL CENTER
Phone: (907) 835-2249
Business Fax: (907) 834-1890
Confidential Fax: (907) 834-1885
Physical Address: 911 Meals Avenue, Valdez
Mailing Address: P.O. Box 550, Valdez, AK 99686
Website: www.providence.org/alaska/valdez
- 24-hour Emergency Services
- 11 acute care and 10 long-term care beds
- Obstetrical services, anesthesia, labor & delivery, post-partum care
- Laboratory - CLIA-certified
- Imaging services to include MRI, ultrasound, CAT scan, and bone densitometry
- Physical, Occupational and Speech Therapy
- Stress testing
- General medical care
- Endoscopy and minor surgical services
- Specialty Physician Clinics

PROVIDENCE VALDEZ COUNSELING CENTER
Evening Group Sessions, and Local Emergency On-Call Staff
Phone: (907) 835-2838
Fax: (907) 835-5927
Physical Address: 911 Meals Avenue, Valdez
Mailing Address: P.O. Box 1050, Valdez, AK 99686
Website: http://www.providence.org/alaska/valdez
- Individual and Group Therapy
- Psychiatric Services & Medication Management
- Substance Abuse Prevention and Treatment
- Outpatient Counseling
- Domestic Violence Intervention & Treatment
- Anger Management
- Case Assessments and Referrals
- Case Management Services
• Prime for Life Youth Group
• Alcohol Drug Information School (ADIS) 79
• Supervised Visitation
• Parenting Classes
• Couples & Family Counseling
• 24-hour Emergency Services
• Crisis Intervention
• Behavioral Health Disaster Response
• Community Education and Outreach

VALDEZ MEDICAL CLINIC
Phone: (907) 835-4811
Fax: (907) 835-5162
Physical Address: 1001 Meals Avenue, Valdez (Adjacent to the hospital)
Mailing Address: P.O. Box 1829, Valdez, AK 99686
• Family practice clinic
• Medical treatment by appointment (preferred) or on walk-in basis during business hours
• Physicians provide emergency on-call service at the hospital
• Patient Referrals as appropriate

THE ALFA DOC, LLC
Phone: (907) 835-2532
Physical Address: 154 Fairbanks Drive, Valdez, AK 99686
Mailing Address: P.O. Box 2507, Valdez, AK 99686
Email: livingwell@thealfadoc.com

The Alfa Doc, LLC aims to guide the way through personalized education, supporting individual accountability and interpreting complex health information for everyone to be their healthiest self.

VALDEZ PUBLIC HEALTH CENTER
Phone: (907) 835-4612
Fax: (907) 835-2419
Physical Address: 1001 Meals Avenue, Valdez
Mailing Address: P.O. Box 950, Valdez, AK 99686
• Newborn baby visits and health checks
• Weight and height checks
• Infant and child nutritional information
• Nutritional screening and education, obesity and healthy lifestyle
• Breastfeeding information
• Well-child checks and developmental screenings
• Parenting concerns and information
• Childhood immunizations for children from birth to 18 years
• Infectious disease and tuberculosis screening and service
• Domestic violence and interpersonal violence screening and referral
• Vision screening for all ages
• Emergency Planning
• Family Planning Services or Women and Men:
  • Pap Smears, breast screening and birth control
  • Reproductive services
  • STD Screening
  • Services to children and adults sliding scale based on ability to pay
• No one will be refused services due to inability to pay
• All services available through in-community and office visits
• Referral services as needed

CONNECTING TIES, INC.
Phone: (907) 835-3274
Fax: (907) 835-3512
Toll free: 866-835-3275
Physical Address: 128 Chenega Street, Ste A, Valdez
Mailing Address: P.O. Box 2017, Valdez, AK 99686
Website: http://www.connectingties.org/

Provides community support and opportunities to individuals who experience a disability. Home and community-based waiver services for: children with complex conditions, Alaskans living independently and persons with developmental disabilities. Medicaid Consumer directed personal care services. Fee agent for Medicaid. Low-cost voucher for local transportation needs. We are here to help or assist you in any way we can, to make your life more enjoyable and enable you to attain the necessary services to live in the community of your choice in a safe and healthy environment.

VALDEZ FOOD BANK
Phone: (907) 835-3663
Physical Address: 278 Rich Hwy., Valdez
Mailing Address: P.O. Box 848, Valdez, AK 99686
Website: http://www.foodbankofalaska.org

Valdez Food Bank’s mission is to assist people in need and lacking sufficient nutrition through regularly scheduled distribution of basic food items. Our clients are underemployed, on disability, unemployed, or experiencing circumstances beyond control. The Valdez Food Bank also provides other types of emergency assistance such as heating, electricity, dental services, medical prescriptions and treatment. Such assistance is awarded on a case by case basis by the board and requires evidence of actual dire need. This assistance is given in the absence of other available sources.
VALDEZ SENIOR CITIZENS CENTER
Phone: (907) 835-5032
Fax: (907) 835-2518
Physical Address: 1300 E. Hanagita Place, Valdez
Mailing Address: P.O. Box 1635, Valdez, AK 99686
Website: http://www.valdezseniorcenter.org
- Home delivered and congregate meals to seniors & adults with disabilities 7 days per week Noon to 1:00 PM
- Personal care Attendants & Medicaid Choice Waiver services to eligible adults
- Exercise programs, swim programs, activities, crafts, and transportation for individuals unable to drive

SOUND WELLNESS ALLIANCE NETWORK (SWAN)
Phone: (907) 834-1807
Fax: (907) 834-1890
Physical Address: 911 Meals Avenue, Valdez
Mailing Address: P.O. Box 550, Valdez, AK 99686
Website: www.swanalaska.org
SWAN's mission is to promote health and wellness for all. In partnership with other Local organizations our programming includes:
- Ski for Free – Free Nordic ski checkout
- Healthier You – A three month event engaging the community to make healthy Positive change.
- Valdez Run Series – a series of 5K’s and half-marathons throughout the summer months

FRONTIER COMMUNITY SERVICES
Phone: (907) 835-4504
Fax: (907) 835-4527
Mailing Address: P.O. Box 1310, Valdez, AK 99686
Website: www.fcsonline.org
Frontier Community Services, nationally accredited through the Council on Accreditation (COA), provides independent living support to Adults with Physical and Developmental Disabilities (APDD), Children with Complex Medical Conditions (CCMC), Intellectual and Developmental Disabilities (IDD) and Alaskans Living Independently (ALI). The Home and Community Based waiver services we provide in Valdez are assisted living, respite care, nursing oversight, chore services, supported employment, day habilitation, supported living, and care coordination. We are committed to providing the highest level of care for our consumers and will continue to expand our services to meet the needs of all the people living in this special community. Our aim is to provide choices to local residents in need of services to ensure their health, safety, and quality of life.
VALDEZ HOSPITAL AUXILIARY
Physical Address: 911 Meals Ave, Valdez
Mailing Address: P.O. Box 94, Valdez, AK 99686

The Valdez Community Hospital Auxiliary also provides support to hospital and community services through the purchase of equipment, and by volunteer efforts. Membership is open to all interested individuals willing to support the Auxiliary’s activities through personal volunteering.

- Hospital gift shop
- Health education
- Safe Sitter program
- Education brochures
- Newborn gift bags
- Healthcare scholarship

LOCAL EMERGENCY PLANNING COMMITTEE (LEPC)
Phone: (907) 835-4560 or 1-907-255-6056
Mailing Address: P.O. Box 601, Valdez, AK 99686
Website: http://www.valdezlepc.org

- Provides community right-to-know reporting on hazardous and toxic chemicals
- Provides emergency planning services for the community of Valdez

ARCTIC CHIROPRACTIC
Phone: (907) 835-8777
Fax: (907) 835-8702
Physical Address: 501 E. Bremner
Mailing Address: P.O. Box 1706, Valdez, AK 99686

- Primary focus of neck pain, back pain, headaches, and migraines
- Chiropractic adjustments
- Massage therapy
- Vibration therapy
- EMS therapy
- DOT and Sports Physicals

VALDEZ NATIVE TRIBE
Phone: (907) 835-4951
Fax: (907) 835-5589
Physical Address: 1750 Zurich Loop Road, Valdez
Mailing Address: P.O. Box 1108, Valdez, AK 99686
SAFEWAY PHARMACY
Phone: (907) 835-1226
Physical Address: 1313 Meals St., Valdez, AK 99686

- Prescription pharmacy
- Health-related products
- Physician’s Formula Cosmetics (hypo-allergenic)

PWSCC HEALTH & FITNESS CENTER
Phone: (907) 834-1684
Fax: (907) 834-1691
Physical Address: 303 Lowe Street, Valdez, AK 99686
Mailing Address: P.O. Box 397, Valdez, AK 99686
Website: http://pwsc.alaska.edu/health-fitness-center

Full gym, including weight room, cardio floor, exercise classes, showers, and towel service. Home of the Ski for Free program: Free access to Nordic ski equipment (skis, boots, poles), snowshoes, GPS units, headlamps, gaiters- membership not required for this access.
Appendix 3: Process Governance and Oversight

- Providence Valdez Medical Center CHNA Advisory Committee
- Providence Alaska Region Board

**Table Apx 2. Community Health Needs Assessment Committee Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Alfaro., M.D.</td>
<td>Physician and Owner</td>
<td>The Alpha Doc, LLC (Family Medicine Clinic)</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Dan O’Connor</td>
<td>Retired Campus Director</td>
<td>Prince William Sound College</td>
<td>Education</td>
</tr>
<tr>
<td>Debbie Plant</td>
<td>Retired ED</td>
<td>Valdez Senior Center</td>
<td>Senior Care</td>
</tr>
<tr>
<td>John Cullen., MD</td>
<td>Chief of Staff</td>
<td>Providence Valdez Medical Center</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Jon Berkeley</td>
<td>High School Principal</td>
<td>Valdez City Schools</td>
<td>Education</td>
</tr>
<tr>
<td>Melanee Tiura</td>
<td>Hospital Administrator</td>
<td>Providence Valdez Medical Center</td>
<td>Healthcare</td>
</tr>
<tr>
<td>Kate Dugan</td>
<td>Community and Public Relations Manager</td>
<td>Alyeska Pipeline Services Company</td>
<td>Private Sector</td>
</tr>
<tr>
<td>Pam Shirrell</td>
<td>Retired Public Health Nurse</td>
<td>State of Alaska, Dept. of Health and Human Services</td>
<td>Public Health</td>
</tr>
<tr>
<td>Tim Bauer</td>
<td>Superintendent</td>
<td>Valdez City Schools</td>
<td>Education</td>
</tr>
</tbody>
</table>

**PROVIDENCE ALASKA REGION BOARD**

The Providence Alaska Region Board serves as the CHNA approving body. The members are as follows:

- Admiral Tom Barrett
- Carol Gore
- Daniel Safranek, MD
- Donna Logan, Vice-Chair
- Ella Goss, Ex officio member
- Jeffrey Wolf
- Jyll Green
- Karen King
- Lisa D.H. Aquino, MHS
- Pamela Shirrell, RD Pat Branson
- Sarah Barton
- Scott T. Habberstad
- Scott Wellman, Secretary
- Sean Parnell
- Stephanie Kesler, Chair
- Tanya Kirk
Appendix 4: Quantitative Data from Community Survey

- Health and Wellbeing Monitor Community Survey Report
Health & Well-being Monitor
2023 Results Report
Valdez, Alaska

With Valdez 2020 Benchmark Results

Prepared for:
Nathan Johnson, Senior Director
Community Health Investment Programs
September 2023

Prepared by:
PROVIDENCE
Institute for a Healthier Community
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11 Individual Can-Do
12 Community Efficacy
13 Relationships & Social Connections
14 Discrimination
15 Mental, Emotional & Spiritual Health
16 Neighborhood & Environment
17 Work, Learning & Growth
18 Security & Basic Needs
20 TotalHealth9
21 Physical Health
22 Tailored Questions
A spirit of learning and growing in each of these dimensions is important if we are to feel fulfilled and whole as individuals and communities, both in the absence and presence of disease!
Summary Six Dimension of Health:
What Your Community is Telling You

Relationships & Social Connections
- Personal relationships show some strain, with fewer (39%) rating their relationships with others highly than in 2020 (48%).
- Community connections remain low with only a third having a strong sense of belonging. Community efficacy has also decreased: Fewer than 2 in 5 (17%) rate themselves highly in this area, vs. 25% in 2020.
- The number experiencing discrimination is similar to 2020, with 19% having experienced some form of discrimination in the past year.

Mental & Emotional Health
- Emotional health was unchanged from 2020, with about a third each reporting high, medium, and low levels of emotional/mental health.
- Religion and spirituality was statistically unchanged, though the number who are low on this measure was up, and fewer landed in the middle.
- Purpose and meaning declined significantly, with only 39% rating highly, vs. 51% in 2020; nearly a third (30%) rated low this year.

Neighborhood and Environment
- Satisfaction with neighborhoods was down, with nearly a third (22%) rating low, compared to 13% in 2020. That being said, nearly half (49%) continue to rate their neighborhoods highly.
- Most believe the community is an excellent (50%) or good (35%) place to raise children (a new measure this year).
- However, fewer rate the community as an excellent (25%) or good (35%) place to grow old (another new measure).

Physical Health
- The state of community physical health was statistically unchanged from 2020: About twice as many rate their physical health low (43%) as rate it highly (16%).
- However, consumption of fruits and vegetables saw an uptick, with residents averaging 3.6 days per week, vs. 3.3 in 2020.
- Exercise is also up from 3.9 days per week in 2020 to 4.4 days in 2023; zero days are down significantly.
Summary Six Dimension of Health (cont.):
What Your Community is Telling You

**Work, Learning & Growth**
- Work satisfaction trended down, with a third reporting low satisfaction with their work or job (35%), versus 25% in 2020; a third rate their job highly, however.
- Perceived opportunities for learning and growth are also down, with a third rating them low (32%, vs. 23% in 2020). A third (32%) rate highly, but that is down from 2020 as well (40%).
- Job insecurity remains fairly low however, with only 8% insecure in their employment.

**Security & Basic Needs**
- Financial security is down significantly, with nearly half (45%) insecure (vs. 31% in 2020). Likewise, only 27% are highly secure, compared to 38% in 2020.
- Likewise, ability to meet basic needs is down: While half (51%) rate this ability highly, that is low compared to the 76% who said the same in 2020. The number rating low has doubled (20%, vs. 9% in 2020). The top needs are healthcare (31%), power & water (22%), and education (22%).
- Ability to access medical care and health care information is also down vs 2020.
Summary Six Dimension of Health: How Your Community Can Flourish

**Relationships & Social Connections**
- **4\textsuperscript{th} most impactful** determinant of well-being: Relationships with other people
- **7\textsuperscript{th} most impactful** determinant of well-being: Feeling like part of a community
- Encourage growing relationships with other people & developing connections that give meaning
- Support & provide opportunities for learning and growth
- Improve community belonging

**Mental & Emotional Health**
- **Most impactful** determinant of overall well-being: Current state of mental/emotional health
- **3\textsuperscript{rd} most impactful** determinant of well-being: Sense of purpose and meaning
- Encourage growing relationships with other people
- Support job satisfaction
- Provide opportunities for learning and growth

**Neighborhood and Environment**
- Encourage growing relationships with other people
- Provide opportunities for learning and growth
- Support mental & emotional health
- Help meet basic needs (which also greatly impacts rating of one’s neighborhood)

**Physical Health**
- **2\textsuperscript{nd} most impactful** determinant of overall well-being
- Encourage moderate daily exercise
- Help develop a sense of purpose and meaning
- Encourage growing relationships with other people
- Provide opportunities for learning and growth
Summary Six Dimension of Health (cont.): How Your Community Can Flourish

Work, Learning & Growth

- **6th most impactful** determinant of overall well-being: Opportunities for learning & growth
- **8th most impactful** determinant of overall well-being: Work or job satisfaction
- Support financial security and job satisfaction
- Help meet basic needs
- Encourage growing relationships with other people
- Improve ability to impact community (efficacy)

Security & Basic Needs

- **5th most impactful** determinant of overall well-being: Financial security
- Support ability to meet basic needs
- Help with ability to get medical care/health information
- Provide opportunities for learning and growth
- Encourage relationships with others
## Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
<th>Education Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>54%</td>
<td>Did not finish high school</td>
<td>4%</td>
</tr>
<tr>
<td>Female</td>
<td>46%</td>
<td>High school diploma / GED</td>
<td>33%</td>
</tr>
<tr>
<td>Self-describe</td>
<td>1%</td>
<td>Vocational/Technical school</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some College</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NET: College+</td>
<td>31%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
<th>Employment Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>6%</td>
<td>Bachelor's Degree</td>
<td>15%</td>
</tr>
<tr>
<td>25-34</td>
<td>21%</td>
<td>Graduate School</td>
<td>15%</td>
</tr>
<tr>
<td>35-44</td>
<td>20%</td>
<td>Employed full time</td>
<td>61%</td>
</tr>
<tr>
<td>45-54</td>
<td>16%</td>
<td>Employed part time</td>
<td>13%</td>
</tr>
<tr>
<td>55-64</td>
<td>22%</td>
<td>NET: Employed</td>
<td>73%</td>
</tr>
<tr>
<td>65-74</td>
<td>13%</td>
<td>Not currently employed</td>
<td></td>
</tr>
<tr>
<td>75 or older</td>
<td>1%</td>
<td>Student</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retired</td>
<td>17%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
<th>Income Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>12%</td>
<td>NET: Less than $50k</td>
<td>29%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>4%</td>
<td>NET: $50k-$99.9k</td>
<td>29%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1%</td>
<td>NET: $100k+</td>
<td>41%</td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>83%</td>
<td>Less than $25,000</td>
<td>14%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>3%</td>
<td>$25,000 to $49,999</td>
<td>15%</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>6%</td>
<td>$50,000 to $74,999</td>
<td>15%</td>
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<td></td>
<td></td>
<td>$75,000 to $99,999</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>$100,000 to $124,999</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$125,000 to $149,999</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150,000 to $199,999</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$200,000 or more</td>
<td>7%</td>
</tr>
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<td></td>
<td></td>
<td>$25,000 to $49,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$50,000 to $74,999</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>$200,000 or more</td>
<td></td>
</tr>
</tbody>
</table>
Core4 Well-being Index Score

The Core4™ are measures of satisfaction across four well-being areas.
Scores are averaged across these four measures to create the composite score below.

Core4 Index Score: C-

Key Influences
These measures are the most likely to impact your overall Core4 Index Score. They span across the 5 of the 6 dimensions of health and well-being and are in rank order:

- Current State of Mental/Emotional Health (MES)
- Current State of Physical Health (PH)
- Sense of Purpose and Meaning (MES)
- Relationship Satisfaction (RSC)
- Feel Secure about Financial Future (SBN)
- Opportunities for Learning and Growth (WLG)
- Feel Like Part of a Community (RSC)

Core4 Well-being Score:
Averages on 0-10 scale, where 10=completely satisfied

<table>
<thead>
<tr>
<th>Overall Life Satisfaction</th>
<th>2023</th>
<th>2020</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33%</td>
<td>37%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>29%</td>
<td>37%</td>
<td>34%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction with Physical Health</th>
<th>2023</th>
<th>2020</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45%</td>
<td>46%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>42%</td>
<td>36%</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction with Mental or Emotional Well-Being</th>
<th>2023</th>
<th>2020</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>33%</td>
<td>38%</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction with Overall Well-Being</th>
<th>2023</th>
<th>2020</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31%</td>
<td>22%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>42%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Low: 0-6  Medium: 7-8  High: 9-10

Arrows signify statistically significant difference from previous year.
One Thing That Would Make Life Better

If you were to name one thing that would make your life better, what would that be? (2)

Here are key themes:

- Health & healthcare
- Work, job & retirement
- Cost of living & money
- Family, home & time
- Basic needs like housing and food
- Government & community
- Weather & sunshine
- Government & community
Well-being Segments

The HWBM Well-being segments give a picture of how each member of your community is doing across all four Core4 measures.

- People who score highest (9-10) on all four are **FLOURISHING**.
- Those whose scores are all positive (7-10) are **DOING WELL**.
- People with a mix of lower and higher scores (0-10) are **MIXED**.
- People whose scores are all low (0-6) are **STRUGGLING**.

Key Findings

- This year sees a shift in well-being levels across Valdez residents compared to 2020:
  - More are Struggling and Fewer are Flourishing than in 2020, which is consistent with other research indicating an ongoing negative impact of the COVID 19 pandemic;
  - There are also shifts in the middle, with more "Doing Well," and fewer Mixed.
- The end result is a similar number who are Struggling/Mixed (56%) and Doing Well/Flourishing (44%) as in 2020.
Well-being Segment Demographics

The HWBM Well-being segments differ across demographic characteristics in your community. Understanding these demographic characteristics can help you to better target groups most in need of additional help or resources.

While we can identify trends across demographics and well-being segments, it is important to note that some portion of each demographic falls into each segment. However, these profiles provide a good overview of who is most likely to be flourishing, struggling, etc.

Key Findings

- **FLOURISHING.** Most likely flourishing in your community include women, couples, and those with kids.
- **DOING WELL.** Similarly, those most likely doing well include women, those age 55+, and couples, but also those with no kids and higher income earners ($100k+ per year).
- **MIXED.** About a third of each demographic group is mixed.
- **STRUGGLING.** Most likely to be struggling in your community are men, those age 18-34, single people, and individuals with incomes under $100k.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>26% ▲</td>
<td>36%</td>
<td>33% ▼</td>
</tr>
<tr>
<td>11% ▼</td>
<td>37%</td>
<td>41%</td>
</tr>
<tr>
<td>11%▲</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>18-34</th>
<th>35-54</th>
<th>55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>38% ▲</td>
<td>35%</td>
<td>20% ▼</td>
<td>7%</td>
</tr>
<tr>
<td>21%</td>
<td>35%</td>
<td>35%</td>
<td>10%</td>
</tr>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household*</th>
<th>Kids in HH</th>
<th>No Kids in HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>43%</td>
<td>29%</td>
</tr>
<tr>
<td>17%</td>
<td>35%</td>
<td>43% ▲</td>
</tr>
<tr>
<td>▲</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Less than $50k</th>
<th>$50k-$99.9k</th>
<th>$100k+</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>35%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>28%</td>
<td>34%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td></td>
</tr>
</tbody>
</table>

* Multi-generational households excluded from analysis here and throughout the report due to small sample size (n6).
Community Efficacy

Community Efficacy is an individual’s belief that they can influence well-being on a community-level.

While, Can-Do provides insights into respondents’ capacities to improve their individual well-being.

Key Findings

• Community efficacy is down versus 2020, with fewer than 2 in 10 believing strongly that they can impact their communities. Community efficacy is particularly low among those Struggling and Mixed.
  • This points to the importance of feeling like part of a community as driving a heightened sense of well-being.
Relationships & Social Connections

Healthy relationships are vital to health. Strong family ties, friendships, and partnerships can increase our sense of security, self-esteem, and belonging and provide a buffer against stress, anxiety, and depression. Low social connection is linked to declines in physical health, healing and mental health.

How Your Community Can Flourish

Relationships with other people have the 4th strongest impact on overall well-being and have the highest impact on emotional/mental well-being.

Key indicators with the most impact on these relationships include: Opportunities for learning and growth, sense of purpose & meaning, work or job, security about financial future, feeling like part of a community, and ability to meet basic needs.

Who is Most Impacted?: In your community, singles and men are more likely than other groups to face challenges with relationships and community connections. Singles, men, and those 18-34 are among the least likely to feel like they have efficacy in the community.

Key Findings

Personal relationships show some strain

- Relationships with other people: Significantly fewer (39%) rate their relationships with others highly than in 2020 (48%).

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>25%</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>2020</td>
<td>18%</td>
<td>34%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Community connections face challenges

- Part of a community/sense of belonging: As in 2020, about a third each rate their sense of community highly, medium, or low.

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>34%</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>2020</td>
<td>33%</td>
<td>34%</td>
<td>34%</td>
</tr>
</tbody>
</table>

- Community efficacy: Community efficacy is down versus 2020, with fewer rating highly, and more low.

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>47%</td>
<td>36%</td>
<td>17%</td>
</tr>
<tr>
<td>2020</td>
<td>40%</td>
<td>35%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Arrows signify statistically significant difference from previous year.
Discrimination

The impact of discrimination on well-being can be significant and detrimental on our health. Mental health, relationships, and physical health impacts include stress, anxiety, depression and chronic diseases. It can also erode confidence and a sense of belonging. Security and basic needs impacts include limiting opportunities to education, housing, employment and healthcare. It is crucial to address and combat discrimination in order to promote equality, inclusivity and overall well-being.

How Your Community Can Flourish

Promote cultures of belonging and help residents feel like part of a community and ensure that resident’s basic needs are met (a Security and Basic Needs measure).

Those most impacted by discrimination in your community include single people, and those with lower incomes ($50k or less). Singles are most likely to report being discriminated against for their abilities (13%), while those with lower incomes report racial discrimination as their biggest challenge (13%).

Key Findings

Reported discrimination similar to 2020

- Discrimination is similar to 2020, with 19% having experienced some form of discrimination in the past 12 months, vs. 16% in 2020.
- Top areas of discrimination include: Race (6%), gender (5%), Ability (5%), and age (5%).
Mental, Emotional & Spiritual Health

Recognizing your own and others’ emotions and responding appropriately makes a difference. It is the ability to cultivate positive thoughts, practice self-compassion, express emotions, and consciously choose your responses; including engaging in support systems to help cope. A strong sense of spirituality provides important benefits to health. It is linked with a sense of meaning and purpose which offers a sense of direction, shapes goals, influences behavior, and provides comfort during life’s challenges.

How Your Community Can Flourish

Emotional/mental well-being current state has the strongest impact on overall well-being. Sense of purpose and meaning has the 3rd strongest impact on overall well-being and have the highest impact on physical health.

Key indicators with most impact on driving positive outcomes in these areas include: Relationships with other people, opportunities for learning & growth, financial security, feeling like part of a community, and ability to meet basic needs.

Who is Impacted?: Single people and those age 18-34 are most likely to report low levels of emotional health and religious or spiritual devotion. Along with singles and 18-34, men and those with lower incomes (<$50k) are most likely to have challenges with finding purpose and meaning in their lives.

Key Findings

Emotional Health similar to 2020

- Emotional or Mental Health: Slightly more than a third each (35%) report a high or medium level of emotional health, vs. 29% who say their emotional health is low.

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>29%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>2020</td>
<td>26%</td>
<td>38%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Average (0-10 scale) 7.3

Religion and Spirituality is down: fewer in the middle

- Religion: More than half report a low level of religion and spirituality in their lives (53%); however, a third continue to rate this highly

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>53%</td>
<td>13%</td>
<td>34%</td>
</tr>
<tr>
<td>2020</td>
<td>47%</td>
<td>20%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Average (0-10 scale) 5.7

Purpose and Meaning sees a significant decrease

- Sense of Purpose and Meaning: Fewer than half (39%) report a high level of purpose, versus 51% in 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>30%</td>
<td>31%</td>
<td>39%</td>
</tr>
<tr>
<td>2020</td>
<td>22%</td>
<td>26%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Average (0-10 scale) 7.5

\[\downarrow\] arrows signify statistically significant difference from previous year
Neighborhood & Environment

In important ways, your location defines your health. Safe, connected, walkable neighborhoods with access to nutritional food, good education for children, and human services make it easier to enjoy well-being. Being in nature not only makes you feel better emotionally, it contributes to your physical well-being. It soothes, restores and connects. People who live near parks and natural areas are more physically active, live longer, and these open spaces draw people together, enhancing social connections.

How Your Community Can Flourish

On its own, Neighborhood & Environment is less impactful than other dimensions on overall well-being.

**However, there are key indicators here that greatly impact other measures:** neighborhood quality is highly impactful on the ability to meet basic needs, and to a lesser degree on one's physical health, opportunities for learning and growth, and relationships with other people.

**Who is Impacted:** Singles and those earning a lower income (<$50k) are the least satisfied with their neighborhoods, and are the least likely to agree that their neighborhoods are a good place to raise kids.

Those with kids - particularly couples with kids - are the least likely to see the Valdez community as a good place to grow old.

Key Findings

**Community satisfaction with neighborhoods down**

- **Neighborhood:** High ratings decreased, versus 2020, and low ratings were up significantly.

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>22%</td>
<td>29%</td>
<td>49%</td>
</tr>
<tr>
<td>2020</td>
<td>13%</td>
<td>30%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Average (0-10 scale) 8.0 ▼ 8.4

**Most agree their community is a good place to raise children**

- **Raise Children:** Despite the down trend in neighborhoods overall, most agree strongly (50%) or somewhat (35%) that their community is a good place to raise children.

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>16%</td>
<td>35%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Average 8.0

**Community as a place to grow old struggles**

- **Grow Old:** While most agree that Valdez communities are a good place to raise kids (85%), fewer rate them well as a place to grow old (60%).

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>40%</td>
<td>35%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Average 6.5

*arrows signify statistically significant difference from previous year*
Work, Learning & Growth

Employment, education and opportunities for personal growth are bedrocks of well-being. Using available resources to develop and create opportunities that resonate with your unique gifts, skills, and talents contributes to meaning and purpose, and helps you remain active and involved throughout life.

Opportunities for ongoing growth brings a sense of purpose and meaning. A work life or career consistent with your personal values, interests, beliefs and balances both work and can contributes greatly to all six dimensions of well-being.

How Your Community Can Flourish

Opportunities for learning and growth have the 6th highest impact on overall well-being, with work or job not far behind as 8th.

Key indicators with the most impact on Opportunities for Learning/Growth: Relationships with others, sense of purpose and meaning, work or job, ability to meet basic needs, financial security, and community efficacy.

Who is Impacted?: Those least satisfied with their work or job include singles, those earning $50k or less each year, and men. Single people and those age 18-34 are the most likely to report fewer opportunities for learning and growth.

Singles and those earning lower incomes are most likely to report job insecurity, while men and those age 18-34 indicate the most need for further education.

Key Findings

Work satisfaction is down versus last year

- Work Satisfaction. More rate their work or job poorly this year than in 2020; fewer rate highly.

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>25%</td>
<td>34%</td>
<td>41%</td>
<td>7.5</td>
</tr>
<tr>
<td>2023</td>
<td>35%</td>
<td>29%</td>
<td>36%</td>
<td>7.2</td>
</tr>
</tbody>
</table>

Perceived opportunities for learning and growth are down

- Opportunities: Opportunities for learning and growth are also down versus 2020.
- Need for education has nearly doubled (see TotalHealth 9).

<table>
<thead>
<tr>
<th>Year</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>23%</td>
<td>37%</td>
<td>40%</td>
<td>7.7</td>
</tr>
<tr>
<td>2023</td>
<td>32%</td>
<td>35%</td>
<td>32%</td>
<td>7.4</td>
</tr>
</tbody>
</table>

On a brighter note, job insecurity is relatively low

- Job Insecurity: Only 8% report insecurity in their jobs, compared to 10% in 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>2023</td>
<td>8%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Security & Basic Needs

Having enough, and freedom from worry. We need enough money for food, rent or mortgage, health care, medical bills and basic expenses of daily living. Lack of access to basic needs and personal safety are linked at all stages of life to physical and mental illness, post-traumatic stress, shorter lifespans and poorer quality of life. The experience of others affects you. 2019 Monitor™ research found that overall community well-being was measurably lower for ALL where rates of homelessness are higher. Research shows that ‘extras’ don’t really contribute to our well-being—unless it is for fun activities and friends, or expenses that match our values.

How Your Community Can Flourish

Financial security has the 5th highest impact on overall well-being. Key indicators with the most impact on Financial Security: Sense of purpose and meaning, ability to meet basic needs, relationships with other people, work or job, part of a community, opportunities for learning, and access to health care and health information.

Who is Impacted?: Segments scoring lowest on financial security include singles, those age 18-34, and those earning $50k or less per year. Singles and lower income earners are also those who face the most challenges in meeting basic needs and accessing health care and health information.

Key Findings

Financially security down significantly from 2020

- Financial Security: There has been a big change in feelings of financial security in the community, with nearly half insecure, vs a third in 2020; likewise, only a quarter are highly secure, vs. more than a third in 2020.

The ability to meet basic needs has also declined significantly.

- Meet Basic Needs: Although half report a high ability to meet basic needs, this is down from three-quarters in 2020.
- Half rate their ability to meet needs low (20%) or medium (28%), vs. 24% who rated low or medium in 2020.

arrows signify statistically significant difference from previous year
Security & Basic Needs

Key Findings (cont.)

- Future financial security (7d)
- Ability to Meet Basic Needs (6e)
- Access to Health Care and Information (6c)

Access to medical care and health information also down

- Access to Healthcare, Info: A third in the community rate their ability to get medical care or information low, and a quarter highly. This is opposite of 2020, where a third rated this ability highly, and a quarter rated as low

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>37%</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td>2020</td>
<td>25%</td>
<td>39%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Average (0-10 scale)

2023: 6.9
2020: 7.4

Arrows signify statistically significant difference from previous year.
Total Health 9

More than half (55%) reported having at least one need. Across those needs also measured in 2020, many increased including power & water, education, housing, and transportation.

Top Five Needs in 2023:
1. Healthcare: 31%
2. Power & Water: 22%
3. Education: 22%
4. Child care: 12%
5. Housing / Transportation: 10% (tie)

Who is Most Impacted?
1. Healthcare: Earn <$50k (52%), Singles (44%)
2. Power & Water: Earn <$100k (31%), Singles (31%), Age 18-34 (32%)
3. Education: Age 18-34 (38%), Singles (32%), Men (28%)
4. Child care: Kids in HH (26%), Women (21%), Age 18-54 (18%)
5. Housing / Transportation: Earn <$50k (27% / 26%), Singles (22% / 25%)

Key Findings

arrows signify statistically significant difference from previous year
Physical Health

Physical health is both a state of being and a practice. Behaviors such as diet, exercise, sleep and stress have a profound effect on disease conditions and well-being. Physical health is also directly linked to hygiene routines, use of tobacco, alcohol and other drugs, the use of personal protective equipment, workplace safety and following safety guidelines, not taking unnecessary risks and the wise use of healthcare resources, including regular checkups and recommended screenings.

How Your Community Can Flourish

Physical health has the 2nd highest impact on overall well-being, right behind mental/emotional well-being.

Key indicators with the most impact on physical health: Sense of purpose and meaning, financial security, relationships with other people, work or job, exercise, opportunities for learning and growth, and neighborhood.

Who is Impacted the Most? Singles are least likely to rate their physical health highly; those age 18-34 are most likely to face obstacles to eating fresh fruit and vegetables; women are most likely to lack regular exercise.

Key Findings

Physical health continues to need improvement.

- State of Physical Health: More than 2 in 5 rate their physical health low, and fewer than 1 in 5 rate it highly. These numbers are similar to 2020.

<table>
<thead>
<tr>
<th></th>
<th>Low (0-10 scale)</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>43%</td>
<td>40%</td>
<td>16%</td>
</tr>
<tr>
<td>2020</td>
<td>38%</td>
<td>41%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Slight improvement in consumption of fresh fruits and vegetables, and significant increase in regular exercise.

- Fruits & Vegetables: On average, Valdez residents ate fresh fruits and vegetables 3.6 times per week, up from 3.3 in 2020. Zero days also improved slightly.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>5+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>12%</td>
<td>21%</td>
<td>27%</td>
<td>40%</td>
</tr>
<tr>
<td>2020</td>
<td>16%</td>
<td>24%</td>
<td>27%</td>
<td>34%</td>
</tr>
</tbody>
</table>

- Exercise: Days of exercise also up from 3.9 per week in 2020 to 4.4 in 2023. Zero days are down significantly.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>5+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>15%</td>
<td>29%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>12%</td>
<td>19%</td>
<td>25%</td>
<td>44%</td>
</tr>
</tbody>
</table>

arrows signify statistically significant difference from previous year
Tailored Questions

A11. Which answer best describes your housing situation for the majority of the past 12 months?

- Own my home: 70% (2020), 56% (2023)
- Rent my home/apartment/room: 27% (2020), 26% (2023)
- Sleep in place not meant to be sleeping (outside, improvised dwelling, car): 0% (2020), 2% (2023)
- Subsidized Housing (AHFC, HUD, etc.): 4% (2020), 4% (2023)
- Temporary situation (e.g. "couch surfing" with family/friends, shelter): 2% (2020), 3% (2023)
- Other: 8% (2020), 8% (2023)

A2: In the last 12 months, have you or a family member needed mental health services (counseling or other help)?

- Yes: 32% (2023)
- No: 68% (2023)

A2a: Were you able to receive the needed mental health services?

- Yes: 62% (2023)
- No: 38% (2023)

A2br: Why couldn’t you receive needed mental health services?

- Didn’t know where to go: 27% (2023)
- No insurance/couldn’t afford it: 23% (2023)
- Insurance wouldn’t cover it: 19% (2023)
- Didn’t want people to know I/family member needed mental health services: 14% (2023)
- Other: 51% (2023)

Arrows signify statistically significant difference from previous year.
A3. Have you needed health care in the last 12 months and were you able to receive it?

- 2023
  - I needed health care and I was able to receive it: 65%
  - I needed health care and was unable to receive it: 11%
  - I didn't need health care: 24%

A3a: What was the primary reason for your most recent visit?

- Ongoing (chronic) problem: 26%
- Preventive care (your regular doctor): 22%
- New (acute) problem: 13%
- Emergency/urgent care: 13%
- Required physical/annual examination: 10%
- Other: 17%

A3b. Why couldn't you receive health care?

- Needed a specialist that was not available in Valdez (please specify): 51%
- No insurance/couldn't afford it: 42%
- Appointment not available/waiting time too long: 19%
- Confidentiality/privacy issues: 7%
- Insurance wouldn't cover it: 2%
- Other: 18%

A3c. What type of health care did you go without?

- Ongoing (chronic) problem: 61%
- Preventive care/annual exams: 38%
- Specialist: 37%
- Basic care: 20%
- Prescription medications: 12%
- New (acute) problem: 11%
- Other: 10%
A4. Have you had any thoughts of suicide at any time in the past 12 months?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>0%</td>
<td>90%</td>
</tr>
<tr>
<td>2020</td>
<td>15%</td>
<td>85%</td>
</tr>
</tbody>
</table>

A5. Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>2020</td>
<td>26%</td>
<td>74%</td>
</tr>
</tbody>
</table>

A5a. Do you have the resources needed to treat your chronic disease?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>72%</td>
<td>28%</td>
</tr>
</tbody>
</table>

A6. Tobacco use

<table>
<thead>
<tr>
<th>Tobacco Product</th>
<th>2023</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes, cigar, pipe</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>E-cigarettes/Vaping products</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Smokeless tobacco (e.g. chew, snuff)</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>No, I don’t use any of these</td>
<td></td>
<td>86%</td>
</tr>
</tbody>
</table>

A7. During the past 30 days, about how often did you have 5 or more drinks containing any kind of alcohol within a two-hour period?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2023</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>77%</td>
<td>69%</td>
</tr>
<tr>
<td>1 or 2 times</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>3 or 4 times</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>5 or more times</td>
<td>2%</td>
<td>9%</td>
</tr>
</tbody>
</table>
A8. Mark any services below that you or a member of your household needed in Valdez during the last 12 months.

- Respite care (short-term care to provide relief to regular caregiver/family): 7%
- Support for activities of daily living (e.g. bathing, dressing, feeding, etc.): 7%
- In-home Therapy Services (e.g. Physical Therapy, Occupational Therapy, etc.): 5%
- Hospice (end of life care for terminally ill): 1%
- In-home health care provided by Registered Nurse: 1%
- Other: 6%
- None of these: 85%

A12. If you were sick, could you easily find someone to help you with daily chores?

- Yes: 74%
- No: 26%

BMI by Year:

- 2023: Underweight (27%), Healthy weight (33%), Overweight (39%)
- 2020: Underweight (26%), Healthy weight (32%), Overweight (42%)