

Providence Kodiak Island Medical Center
Kodiak Island, Alaska

Kodiak

Community Health Needs Assessment



2013

Prepared by:

WIPFLI^{LLP}
CPAs and Consultants

Table of Contents

Introduction	1
Methods and CHNA Process	2
CHNA Advisory Committee	3
Community Served Determination	5
Data Collection and Analysis.....	5
Summary of Key Findings.....	6
Summary of Prioritized Needs	9
Existing Health Care and other Facilities and Resources	11
Implementation Plan	11
References	12

Appendix 1 – List of Stakeholders interviewed

Appendix 2 – Kodiak Community Key-Stakeholder Interviews

Appendix 3 – Community Health Survey

Appendix 4 – Community/Demographic Profile

Appendix 5 – Resource List

Appendix 6 – PKIMC Community Health Needs Assessment Implementation Plan

Appendix 7 – Community Health Needs Assessment/Implementation Plan Executive Summary

Introduction

The Kodiak Island Borough is situated in the Gulf of Alaska and is comprised of 16 major islands. The island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii. Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in culture, natural resources, other forms of wildlife and scenic beauty. Kodiak Island has the largest fishing port in the state and is the third largest fishing port in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities and tourism.

Providence Kodiak Island Medical Center (PKIMC) provides comprehensive health care to residents and visitors of Kodiak Island. As a critical access hospital (CAH), PKIMC features 25 acute care beds, including four birthing suites, two psychiatric care beds, and two ICU beds. In addition, the Care Center, PKIMC's extended care facility, has 19 long-term care beds.

PKIMC provides an extensive array of inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, and pharmacy. It is staffed by a mix of primary care physicians, surgeons, and specialists who provide family practice, internal medicine, obstetrics, radiology, and general practice services. The outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose, and throat specialists.

Methods

Wipfli's Role

Wipfli LLP (Wipfli) facilitated the 2013 community health needs assessment (CHNA) process on behalf of the community, Providence Health & Services Alaska, and Providence Kodiak Island Medical Center. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code. The Kodiak CHNA was completed and approved by the Providence Community Ministry Board September 24, 2013.

CHNA Process

Wipfli conducted the assessment utilizing a CHNA process adopted from several leading sources, including:

- Association for Community Health Improvement
- Flex Monitoring Team
- Rural Health Works

Wipfli conducted the CHNA based on the following process outline. More details about each process are described throughout the report.

1. Formation of a CHNA **Advisory Committee**
2. **Definition of the community served** by PKIMC
3. **Data collection and analysis**
 - a. Demographics of the community
 - b. Primary data
 - c. Secondary data/Demographics
 - d. Existing health care facilities and resources
4. **Identification and prioritization of community health needs** and services to meet community health needs
5. **Adoption of goals and implementation strategy** to respond to prioritized needs in collaboration with community partners
6. **Dissemination of priorities and implementation strategy** to the public.

CHNA Advisory Committee

Leadership at PKIMC formed the CHNA Advisory Committee. Advisory committee member selection was based on each member's history and knowledge of the community, community role, and unique vantage point in guiding the process of the CHNA. The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, which included identifying health issues and prioritizing health needs within the community.

Stakeholders participating in this project included: PKIMC, Kodiak Island Borough, Kodiak Island Medical Associates, State of Alaska Kodiak Public Health, Kodiak Community Health Center, United States Coast Guard, Filipino American Association and Director, Providence Kodiak Island Counseling Center, Senior Citizens of Kodiak, Kodiak Island Borough School District, Kodiak Area Native Association, and City of Kodiak. Additionally, Kodiak Community Health Center (KCHC) was also involved as a key collaborator in the design, interpretation and prioritization and strategic planning initiatives included in the CHNA, specifically targeting primary care and dental care. The results of this CHNA will be shared with the KCHC Board of Directors and provide the basis for the KCHC 2013 Board strategic planning session initiative.

The Advisory Committee consisted of the following members:

- **Donald Rush, CEO, Providence Kodiak Island Medical Center**
PKIMC provides comprehensive health care to residents and visitors of Kodiak Island. As a critical access hospital (CAH), PKIMC features 25 acute care beds, including four birthing suites, two psychiatric care beds, and two ICU beds. In addition PKIMC's extended care facility has 19 long-term care beds.
- **Bud Cassidy, Manager, Kodiak Island Borough**
Kodiak Island Borough was created as a regional government to serve the public by financing and administering the primary functions of Education, Assessment and Collection of Taxes, Land Use through Planning and Zoning, Mental and Physical Health, and General Administration. Other services include Solid Waste Collection and Disposal, Parks and Recreation, Economic Development, and Animal Control.
- **Carol Juergens, MD, Owner, Kodiak Island Medical Associates**
Kodiak Island Medical Associates is a primary clinic consisting of four family practitioners, two internists, and one physician assistant. It is a full-service family practice clinic that includes coverage of the hospital's emergency room.
- **Elsa DeHart, RN, Director, State of Alaska Kodiak Public Health Center**
Public health registered nurses serve the entire Kodiak Island Borough. Their primary areas of focus are traditional public health activities, medical education, well baby and child examinations (primarily one month to five years old), screening examinations of children, immunizations for children and adults, and control of infectious diseases.
- **JC Rathje, Executive Director, Kodiak Community Health Center**
As a National Health Service Corps site, the Kodiak Community Health Center promises to: serve all patients, without discrimination, accept insurance, and offer discounted fees for patients who

qualify. Its mission is to provide high quality, accessible, and sustainable primary and preventive health and dental services to everyone in the Kodiak Island Borough.

- **Julie A. Tierney, Clinic Supervisor, U.S. Coast Guard Rockmore-King Medical Clinic**
The U.S. Coast Guard Rockmore-King Medical Clinic, located on base, provides outpatient and dental care services to active duty personnel and outpatient medical care to family members on a space available basis.

- **Mary Guilas Hawver, Director, Providence Kodiak Island Counseling Center (PKICC) and President, Filipino American Association**
PKICC offers counseling for all age groups, family and couples' therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment.

The Filipino American Association of Kodiak (Fil-Am) is a non-profit cultural organization designed to provide assistance and advocacy to the Filipino American community of Kodiak. Their mission is to break down cultural barriers and foster positive change towards mainstream integration for the betterment of future generations.

- **Pat Branson, Executive Director, Senior Citizens of Kodiak**
Senior Citizens of Kodiak, Inc., (SCOK) was incorporated in 1973. This mission is to provide support services for those people 60 and older on Kodiak Island so they might live longer, with independence, honor, and dignity.
- **Stewart McDonald, Superintendent, Kodiak Island Borough School District**
The Kodiak Island Borough School District, established in 1948, is a rural, public school district. The island has one city, Kodiak, where the majority of the population is concentrated. The City of Kodiak has four elementary schools, one middle school, one high school, and one alternative learning center. Six outlying villages, accessible only by boat or small plane, have populations ranging from 40 to 260 persons. Village school enrollment ranges from 12 to 45 students per village.
- **Tammy Hansen, Vice President of Health Services, Kodiak Area Native Association**
The Kodiak Area Native Association (KANA) provides health, dental, and social services for the Alaskan Natives of the Koniag region. Services provided by KANA include Ambulatory Medical Care and Dental Care, Pharmacy, Contract Health, Community Health Aide Program, Substance Abuse Prevention, Intervention/Outreach, Social Services, non-clinical community Mental Health, and Youth Prevention Projects. The KANA Dental Clinic provides a full range of dental and oral health services. Providers travel to each of Kodiak Island's communities twice annually to provide Dental, Oral Hygiene, and Preventative Services.
- **TC Kamai, Kodiak Chief of Police, City of Kodiak**
The primary mission of the Kodiak Police Department is to coordinate and lead efforts within the community to preserve the public peace, protect the rights of persons and property, prevent crime, and generally provide assistance to persons in urgent situations.

Community Served Determination

For the purposes of complying with the Affordable Care Act, the defined service area for PKIMC was identified as the greater Kodiak Island community. Accordingly, every effort was made to ensure that the Community Health Needs Assessment is representative of the greater Kodiak Island community.

Data Collection and Analysis

Primary Data

Informational interviews were conducted with stakeholders and members of the Kodiak Island community. The CHNA Advisory Committee identified these individuals based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations in Kodiak. A list of the interviewees is detailed in Appendix 1. Findings from the informational interviews are summarized later in this document, and the interview notes are in Appendix 2.

A community survey was developed based on an existing template utilized by Providence Health & Services – Alaska Region among its affiliated hospitals, and augmented to capture unique health-related characteristics that exist in the Kodiak Island community. The survey was conducted online and distributed by the Advisory Committee and PKIMC staff. More than 700 Kodiak residents participated in the survey. Findings from the community survey are in Appendix 3.

Secondary Data Collection

Secondary data was collected from two major sources:

- ESRI, 2013 (Based on US Census Data)
- County Health Rankings

The secondary data includes a variety of service areas, state and national measures to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the service area level and wherever possible, compared to Alaska and National Benchmarks. Results of the secondary data can be found in Appendix 4.

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

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

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

Summary of Key Findings

Results from the three data collection methods including demographic data, primary data, and secondary data were analyzed. Significant findings were grouped into health issues and assigned to a common theme for prioritization purposes. The three distinct categories were: continuum of care, access to health care and health and well-being.

CONTINUUM OF CARE

The health care organizations in the Kodiak Island community provide a full continuum of care to individuals. Collaboration among these providers is vital to maintaining the health of the community at large. The following factors play a significant role in maintaining the health care continuum on Kodiak Island.

A. Aging and the Elderly

Stakeholder interviews indicated that the aging population on Kodiak Island is a significant health care need. Care for the elderly was described as a major need within the community, specifically more access to home health and assisted living options, and additional services catering to the non-Alaska Native population. It was found through the stakeholder interviews that the aging population is tending to stay longer in the community and needs will continue to rise as this trend continues. Stakeholders indicated that the non-white elderly population is difficult to reach and educate regarding available health care services. This group can sometimes have misconceptions regarding the benefits of visiting a physician. Interviewees mentioned concerns that many of the elderly population are required to go off-island for much of their care because such care is not offered in the community. Sometimes, this requires leaving the community permanently to treat chronic conditions more appropriately.

The community survey results found that elderly care and assisted living were top health care needs indicated by 30.8% of respondents, followed by the need for long-term care (22.8%). Several write-in responses indicated hospice was a top health care need. The community survey found that 27% of respondents indicated that a member of their household needed support for activities of daily living, 15% indicated a need for respite care, and 14% indicated a need for in-home health care. Of those respondents, 27% indicated that they were not able to receive these needed services.

B. Coordination of Care and Education Regarding Services Available

Coordination of care was brought up often during the stakeholder interviews. Education on the value of preventive care was discussed as an initiative to help improve the health care system in Kodiak. More specifically, discussions relayed the value of investing in population health today so people are less likely to face higher costs if a medical problem becomes more acute. Respondents suggested that the local health care organizations could do a better job of educating the population on what programs are available within the community. Similarly, educating and reaching out to the population to access preventive care was indicated as a major weakness of the current health care system on Kodiak Island. Lack of education about the importance of screening and availability of the sliding fee schedule available to lower-income individuals was discussed. One potential solution indicated by stakeholders was improving the coordination of care, which came up as a key weakness during interviews. Finally, stakeholders indicated that better coordination between primary care clinics within the community would be ideal.

Community survey results indicated that 9% of respondents utilize the ER as their main source of health care. This is further evidence of a need to triage more of the population into a primary care setting. Twenty-six percent of respondents have not had an annual exam or physical with a health care provider for preventive purposes.

C. Social and Economic Needs

Stakeholders indicated lack of public transportation as a potential barrier to obtaining health care in Kodiak. Further, the prevalence of the homeless population and individuals with difficulty finding affordable housing was indicated as a significant issue in the Kodiak Island community. Lack of affordable housing has led to difficulty in reaching out to these groups to address their health care needs. While the 2012 census data reveals that median household income for the Kodiak Island Borough is higher than Alaska, per capita income on Kodiak Island is slightly below Alaska.

ACCESS TO HEALTH CARE

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

D. Uninsured Population

The rate of uninsured adults in the Kodiak Island Borough is 28% according to County Health Rankings data. This is in line with community survey results, which found that 28% of respondents do not have health insurance. For the uninsured, 51% of respondents who do not carry health insurance do so because it is too expensive. According to community survey results, 26% of respondents did not receive needed health care in the last 12 months due to lack of insurance.

E. High Cost of Care

Stakeholders indicated that affordability of health care was a significant health care need in the community. The high cost of care was cited as a barrier to obtaining health care. More specifically, respondents indicated that the lack of affordability of dental services and surgical procedures was an issue on Kodiak Island. High deductibles are becoming more prevalent and making care less affordable. Stakeholders indicated that improving the health care system on Kodiak Island could include offering lower-cost services such as dental services, lab and specialty clinic.

F. Availability of Specialty Services

Lack of availability in health care services was a significant health care issue identified through the CHNA process. According to community survey results, 23.6% of respondents left once to obtain health care in the last 12 months. 22.2% left two or more times. Additionally, 12% of respondents who did not receive needed health care indicated they needed a service or specialist that was not available on Kodiak Island. The community survey found that 47.5% of respondents indicated more specialists as a top health care need in Kodiak. Of those respondents who left to obtain health care services in the last 12 months, 26% needed specialist opinion/surgery/procedure that wasn't available on Kodiak Island. For 8% of respondents, they left for needed tests that were unavailable on Kodiak Island. Write-in responses indicated respondents left for cardiology and orthopedic services.

In the stakeholder interviews, lack of services available was indicated as significant health care need. More specifically, cardiology, neurology, obstetrical/gynecological, mental health and surgical services were mentioned often as unmet services. Lack of radiation oncology was indicated as a barrier to obtaining health care in the community. Certain stakeholders suggested the hospital should monitor ongoing need for certain specialties. On the other hand, other stakeholder interview responses indicated that Kodiak Island has a good mix of specialties available, such as general surgery and orthopedics, as well as primary care services. The stability of medical staff is seen as an advantage on Kodiak Island.

HEALTH AND WELL-BEING

The following issues concern the health and well-being of Kodiak Island residents. These issues address health status and health behaviors that are known to have significant impact on the community and on the quality and length of individual lives.

G. Mental Health/Substance Abuse

Substance abuse and treatment was indicated as a major need in the community according to the stakeholder interview responses. More specifically, stakeholders considered it important to have services for people who need them, including an inpatient facility. The rate of illegal drug abuse is on the rise, according to stakeholders. It was mentioned that people with substance abuse issues experience barriers to obtaining care, especially inpatient services due to lack of service availability.

According to community surveys, 13% of respondents needed mental health services in the last 12 months, and 26% of those respondents were not able to receive needed mental health services. This was due to a variety of reasons, namely lack of insurance (22%) and confidentiality/privacy issues (22%). It was discovered through community surveys that 4.2% of respondents have thought about committing suicide in the past 12 months. Note that according to County Health Rankings data, the average number of poor mental health days reported in the Kodiak Island Borough are significantly lower than Alaska, and below the national benchmark, which is a positive indication.

H. Overweight/Lack of Physical Activity

Rates of obesity in the Kodiak Island Borough have reached 30%, according to County Health Rankings data. This is well above the 2013 National Benchmark of 25%. County Health Rankings reported general health of "poor or fair health" in the Kodiak Island Borough was 12%, which was slightly lower than Alaska at 13%. However, both are higher than the National benchmark which is 10%. The number of poor physical health days in a month reported in the Kodiak Island Borough is 2.8 days, which is below Alaska at 3.5 days and only slightly above the National benchmark of 2.6 days. This is a positive indication as people in the Kodiak Island Borough are reporting feeling better physically, compared to others in Alaska. Although the number of poor physical health days reported in Kodiak are lower than that reported in Alaska overall, the number in Kodiak has risen slightly over the past three years. Lastly, the leading causes of death include heart disease and chronic lower respiratory disease. These are frequently associated with being overweight and lack of activity, according to Alaska Vital Statistics.

I. Low Utilization of Preventive Services or Not Engaged in Preventive Care

26% of respondents did not have an annual exam or physical with a health care provider for preventive purposes in the past year. Additionally, 9% of respondents utilized the emergency room for their main source of health care. Thirty-one percent of respondents who did not receive needed

health care went without preventive care/annual exams. According to stakeholder interview responses, preventive health care/check-ups were indicated as a major need in the community.

J. Chronic Conditions

Mammography screening rates in the Kodiak Island Borough have dropped from 57% in 2011 down to 51% in 2013, which is below the Alaska rate of 57% and significantly below the National Benchmark rate of 73%.

According to community survey results, 21% of respondents who did not receive needed health care in the last 12 months went without care for ongoing (chronic) problems. Moreover, 23.4% of respondents have not had a health screening completed in the past year (cholesterol, blood glucose, height/weight, mammogram, etc.). Chronic conditions were indicated as a significant health care issue by interviewed stakeholders. Preventable hospital stays have increased from 70 per 1,000 to 74 per 1,000 from 2010 to 2012. This rise may be due to insufficient management of chronic conditions.

Summary of Prioritized Needs

In July of 2013, members of the CHNA Advisory Committee were asked to rate the health issues identified previously according to three key criteria, including:

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

The committee individually rating the health issues and the group convened to identify the top priorities. The CHNA Advisory Committee identified the following two priorities:

1. Uninsured and Affordability of Care as Barriers to Access

The lack of health insurance and the affordability of health care were identified by the community as significant barriers to receiving needed health care services. The impact of these barriers is compounded by the high cost of living in an isolated rural Alaskan community. 28% of Kodiak adults are uninsured which is up from 22% in 2010. 25% of respondents said they did not receive needed health care during the last year due to lack of insurance. Addressing the problem of the uninsured and affordability of health care will help address other problems identified in the needs assessment such as low utilization of preventive care and actively managing chronic conditions.

2. Substance Abuse

Substance abuse and the cultural acceptance of substance use were identified as problems in the Kodiak community. Twenty-three percent of respondents admit binge drinking from one to 28 times(s) in the prior 30 days. This is up from 20% in 2008. The numbers below reflects the percentage of respondents that found it acceptable or acceptable sometimes to use the following substances for recreational or non-medicinal use:

- 77% Alcohol
- 37% Marijuana
- 23% Prescription drugs
- 2% Methamphetamines

Substance abuse continues to negatively impact the mental and physical health of the community of Kodiak Island.

Existing Health Care and Other Facilities and Resources

Appendix 5 contains a complete list of health care and other facilities and resources available within the community to meet the health needs including location, contact information, and description of services.

Implementation Plan

The final step in the CHNA process involved developing an implementation plan to address the health priorities identified through the CHNA process. While other community partners are also working to address the needs identified, the Affordable Care Act specifically requires that non-profit hospitals publish their implementation plan. As a result, Appendix 6 incorporates PKIMC's implementation plan of this assessment.

With input from the CHNA Advisory Committee and leadership at Providence Health & Services – Alaska Region, PKIMC Leadership developed the implementation plan. The following implementation strategy components were addressed within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

Appendix 6 contains the detailed implementation strategy for each priority, including supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

References

- Alaska Department of Public Health
- Alaska Vital Statistics
- Association for Community Health Improvement
- County Health Rankings
- ESRI Business Information Solutions, 2012
- Flex Monitoring Team
- Rural Health Works

Appendix 1

List of Stakeholders interviewed

List of Participating Organizations for Community Input

Representatives from the following list of organizations participated in the community input process of the CHNA.

- ALMA - the Latin Association of Women in Alaska
- State of Alaska Public Health Center
- Brother Francis Shelter
- Kodiak Island Housing Authority
- Filipino American Association
- Kodiak Island Medical Associates
- Kodiak Area Native Association
- Kodiak Community Health Center
- Kodiak Chamber of Commerce
- Senior Citizens of Kodiak, Inc.
- Alaska Housing Finance Corporation
- U.S. Coast Guard Rockmore-King Medical Clinic

Appendix 2

Kodiak Community Key-Stakeholder Interviews

Kodiak Stakeholder Interview Results

Stakeholder Name

Response	
ALMA/Cece Esparza	
State of Alaska Kodiak Public Health Center/Elsa DeHart, RN	
Brother Francis Shelter/Monte Hawver	
Kodiak Island Housing Authority/Mindy Pruitt	
Filipino American Association/Mary Guilas Hawver	
Kodiak Community Health Center/JC Rathje, RN and Paul Zimmer, MD	
Kodiak Area Native Association/Bob Onders, MD	
Kodiak Chamber of Commerce/Trevor Brown	
Senior Citizens of Kodiak, Inc./Pat Branson	
Alaska Housing Finance Corp. (AHFC)/Robenett Sagalkin	
U.S. Coast Guard Rockmore-King Medical Clinic/Tim Estes	
	Total Responses
	11

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

Response

Our mission is to improve general conditions for women (primarily Hispanic) and their families. We serve a lot of undocumented workers and refugees. Most of them are cannery workers. In their own country (Ecuador, Guatemala) they had no educational opportunities. Some are here illegally from other Latin American countries but we help all of them no matter their status. The number one goal of our all-volunteer staff is to help them help themselves. We don't have a lot of money but how we serve them is through offering classes (depending on if we have the money through grants) on finances, legal concerns for immigrants, and starting a business. We offer a summer youth program where youth are hired as apprentices in local businesses and we pay their salary (minimum wage). Where we can we help people financially and encourage them to learn English, get their GED, and obtain citizenship if that's what they desire.

Public Health, I tend to see more underserved and rural. Serve new immigrants and uninsured. How they help clients includes: immunizations, well child checks, family planning for teens, TB, and other infectious disease investigations.

Yes. We represent the homeless and working poor. I am the Executive Director at a shelter where we feed and shelter the homeless and operate a homeless prevention program.

Yes. We represent low income Alaskan Native American and Indian families. We provide many services including low rent apartments, rental assistance, mortgage loans, weatherization, and modernization services to low income homeowners, senior housing, youth programs, and programs to encourage tenants to be self-sufficient.

Yes, I am the director of the Filipino American Association and represent the Filipino population. We encourage our next generation to learn the Filipino culture to keep it alive. We advocate for Filipino needs and fight discrimination. We promote cultural awareness and advocate for them in regard to politics, education, and health care, etc. I am the Director of the counseling center where we provide free services such as behavioral health, substance abuse counseling, marital and family therapy, assist in custody battles etc. We have clinicians that provide outreach by traveling to the villages to provide education. We work closely with many local agencies including domestic violence/sexual assault and the homeless shelter.

As an FQHC, they serve safety net poor and undeserved/uninsured, but also serve the population with insurance. They see the majority of recent immigrants from Philippines, and Central America as well as other hospital employees and local population. Majority of Alaska Natives are seen at Kodiak Native Clinic. Medicare/Medicaid/Self-pay. See a lot of fisher people, whose family often qualify for Medicaid. Have patient navigator to help population navigate services.

I serve Alaska Natives providing primary health care services.

I am from the Kodiak Chamber of Commerce. We advocate for the local businesses on mostly a local and state (sometimes national) level. We push for economic development within the community and contract with the city and boroughs. We are a 501c (6) and are separate from the visitors bureau. We organize major events in the community such as the Crab Festival, Commercial Fish Trade Show, and Coast Guard Appreciation.

As Executive Director of the senior center; serve people 65+, and under 60 who have traumatic brain injury/dementia; caregivers who serve the elderly, provide training, support groups and counseling.

The AHFC [not the Kodiak Island Housing Authority] is federally subsidized income-based housing, and so I serve the elderly, disabled, and low income families and individuals.

Yes, we serve active duty Coast Guard. I am the Clinic Administrator. We serve some Navy, Air Force, and any active duty members as well as some dependents.

Total Responses

11

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

Response	
Access to care/Ability to pay. I helped start the community health care clinic and they offer a sliding fee scale based on your income. I've been at the clinic when some people were not able to pay their bill and they were hassled. I made it known that I wasn't happy about that but I know they are working on it. Language barriers. Our population consists of primarily Filipino, followed by Hispanic, South Pacific, and the Alaska Natives. People have to take interpreters with them to their doctor appointments and GOOD interpreters are not necessarily available or interpret appropriately.	
Dialysis -Diabetes education and services -Affordability of HC services -Mental health needs.	
Preventative health care/check-ups. Diabetes education and management. Dental care/access.	
Affordability, accessibility and the problems associated with having to go off-island for medical care. There are many problems especially when an elder falls and breaks a hip for example. The family is often too poor to go with them to Anchorage and it causes anxiety for the elder and the family.	
1. Affordable health care: People are unable to pay for basic/preventative medical care. (The people at the canneries don't qualify for benefits unless they work 1,000 hours a year and they keep them under that threshold). I've seen many people die because it's too late by the time they seek medical help. 2. Aging population: Keep elderly in Kodiak self-reliant. More and more are getting diabetes and there is no support from the hospital for subsequent dialysis services. 3. Substance abuse: More and more bath salts, meth, and other illegal drugs being abused. We no longer have a residential treatment program. The Governor keeps pulling money for residential treatment; it doesn't make sense.	
1. Cost of care - Can't afford insurance - people don't know about the sliding fee schedule and therefore forgo care - lack of knowledge about what is available and how affordable it is; also more transient population 2. Need for diabetic education services and eye exams for diabetic patients - Hasn't been provided in a universal or affordable way 3. Chronic conditions (obesity, diabetes, hypertension, joint disease, chronic pain, and alcoholism) - Lack inter-agency chronic disease management. Lack of Tele-Medicine services for specialty care; Providence is working on providing this service	
1. Substance abuse treatment 2. Geriatric care 3. Housing. Housing is limited on island especially for the poor.	
Providence does a good job with the basics but there are not enough full-time specialists. People do complain about having to travel to Anchorage for these services.	
1. Substance abuse (alcohol and other drugs) - having services for people who need it; no inpatient facility 2. Mental Health services (outpatient) 3. Access to specialty services not offered on the Island: Cardiologist, Neurologist Other 4. Physical Therapy space is inadequate.	
Care for the elderly. We do have home health and very limited assisted living units, but we need more services for the elderly. -Some of my programs are tied in to the Alaska Native populations, and I am not sure if everyone who needs it is being served. -We need more specialized care. For instance, although our doctors deliver babies we have no OBGYN doctors on the Island.	
1. Orthopedic services 2. Mental Health services 3. Surgical services not offered on the island.	
Total Responses	11

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

Response		
1. Transportation. There is no public transportation and the taxis are very expensive. We need a bus system but unfortunately there is no money and we don't have the population to support it (we've tried it in the past). The reality is that state and federal money is drying up and people on the lower end of the socioeconomic scale are the losers.		
Cost -Accessibility, have to go off-island/travel for many services -Language barriers.		
People feel they can't afford the cost of dental care. Dental care is very expensive in Kodiak. On the medical side people feel they can't afford services, especially the specialty services. You can get colonoscopies here now but with no insurance it costs \$7,000. I think it would be helpful if there was a vigorous public campaign for preventive services; a media run that advertised a sliding fee for services like this based on your income. One on one financial counseling for people is needed.		
One of the barriers is the lack of an inpatient treatment program. Affordability; even if you have insurance it only covers certain services and here in Kodiak we are considered out-of-network providers for insurance.		
Too expensive and insurance is lousy, doesn't cover much. Who can afford a \$5,000 deductible? Many of our providers won't play the "preferred provider" game with the insurance companies. Idea: Regulate the insurance companies. Idea: Get more funding for public health services (vaccinations) and education. Their funding has gotten cut.		
1. Cost of care - sliding fee schedule 2. Education on what's available 3. Language barrier - Spanish and Tagalog - not many providers who speak the language - translation of services when translators are available 4. Cultural barriers - poor health literacy among Filipino community 5. Affordability of dental care - New FQHC sliding fee schedule for dental care; schedule of fisher people prevents adequate access to care.		
1. Cost: Due to our remoteness cost is high. Disproportionately higher to other regions. There is no competitive driver to lower costs. If you have to travel to Anchorage that is a high cost as well.		
Health care is odd here. The large coast guard population is covered by the military. The Alaska Natives are covered by the Government as well. I don't believe many of the people employed by the nine canneries have insurance. If they are offered it, it's very expensive.		
1. No inpatient treatment center; we did at one time but services were discontinued. 2. Location of mental services today is not comfortable or inviting; should be in a separate location, private. 3. lack of providers coming to the island to see patients.		
Cost for the uninsured. We do have Medicare, Medicaid, and Denali for Kids, but people are limited to doctors and facilities who accept these federal programs. Cancer-related diagnosis is not available here. We have no oncologists on the Island, and while we do have a chemotherapy infusion center we have no radiation treatment facility here.		
1. Limited number of providers. 2. Complicated OB-GYN care is not available on the island. 3. Limited number of dermatologists here. 4. Geographic issues of being on an island.		
Total Responses		11

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

Response		
Yes, I had to leave to get a pacemaker. Our new hospital started offering x-ray services in the last eight years but before that people had to go to Anchorage to get mammograms. I was part of a group that paid for women to go get mammograms. We have no cardiologists here so you have to go off-Island for that. We do have a specialty clinic that comes yearly, monthly, or quarterly but due to bad weather conditions gets cancelled sometimes.		
Yes, we have no services for acute mental health, dialysis, chemotherapy, many surgeries.		
Yes, my mother-in-law had to move to Anchorage because she needs to be on dialysis. It's difficult to offer dialysis services here because it takes specially trained nurses and if there is turnover you're in trouble.		
Yes. I make referrals all the time. I recently had to refer people to a neurologist, and an allergy specialist. I make several referrals a year for a residential substance abuse program. Sometimes the timing is off and there is no bed available when the person is ready to go. There is always the question of who is going to pay the bill too.		
Yes. My mother had to leave Kodiak due to her dialysis needs due to diabetes. She cries everyday but there is nothing we can do. In the last three years I know of 20 Filipinos who have had to leave Kodiak permanently because of dialysis. People have to leave Kodiak to see a nephrologist or oncologist.		
1. Many Filipino and Central American residents will get specialty care back in their home country. 2. Typically seen at specialty clinic at Kodiak Medical Center; for services not offered, patients are referred to Anchorage; cardiovascular, GI (cheaper); hospital services don't have volume necessary to offer competitive pricing; orthopedic joint replacements; cardiac catheterization, neuro, urology..		
Yes, I refer patients for any specialty you can think of especially when they need inpatient care; dialysis, oncology, total hip or knee replacement, etc.		
Yes, my wife had to travel for a special ultrasound when she was pregnant. A friend's child had chemical eye burns and had to leave for treatment as well as a friend who suffered a broken femur, ribs, and arm.		
Yes. Cardiology, substance abuse care, orthopedics (hip/knee replacement), hernia (could have been choice).		
People need to go to Anchorage for initial oncology and radiation treatments. The need for other specialized medical care is usually greater than the mobile specialty clinics we have. There are waiting lists for appointments, and many need help sooner than the specialist is scheduled to come.		
Yes, we make referrals to El Mendorf AFB or Anchorage if our local hospital can't meet the patient's need for orthopedics care, various surgeries, OBGYN or dermatology.		
		Total Responses
		11

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

Response

The aging population are tending to stay in the community as they age versus leaving like they did in the past so they have general unmet health needs. Public health services (i.e., immunizations) for kids keep being cut all the time.

New immigrants. The state won't let kids in our health care system until they've been here for five years now. We have a community health clinic with a sliding fee scale but it has gotten so cumbersome. The people that need the clinic have a hard time providing all the needed documents (i.e., fisher people) like their paystubs and the tax returns that they require.

The non-Anglo elderly population. They are very difficult to reach and they are hard to educate as the cultural barriers are difficult. I don't think language is as much of a barrier as Anglos think. Many believe that you get sick and die if you go to the doctor so it doesn't matter if they understand English or not. We need to have repetitive education for them stressing things like the flu shot, preventative care, smoking cessation, regular blood pressure checks, etc.

Elders. Our doctors do provide good medical care for their chronic illnesses. When something significant happens such as a stroke or a fall that's when it's hard because they have to go off-island for treatment. We do have a wonderful senior center too. Youth: We have a drug abuse problem in our community with meth, oxytocin, and now heroin. It is hard to get the OCS to admit a youth.

Filipinos, Hispanic, homeless, and the poor. Our clients at the counseling center are mostly Caucasian but don't have any insurance. The Alaska Natives can go to KANA. It is free but if they want to go somewhere else they are stuck. The nature of these groups' needs are primarily affordable health care. Many have substance abuse problems. The elderly. They end up having to leave permanently because they develop chronic conditions and it affects our entire community because the whole family leaves. This means fewer students, so less money for the schools. Results in fewer workers for the canneries too.

1. Recent Immigrants - FQHC 2. Self-employed and underemployed population - FQHC 3. Homeless shelter/Homeless population - FQHC 4. Young pregnant women 5. Substance abusers (alcohol) 6. Victims of domestic violence Nature of need is primary care / preventive care - populations end up hospitalized frequently; very physically demanding professions of fisher-people access to treatment rehab programs is a major issue; especially for those who cannot afford private care 4. Served by FQHC or Alaska Native Clinic; WIC program for women/infants/children 5. Safe Harbor, though services are under supplied due to no residential component; also too expensive, facilities off-island are too expensive (lack of inpatient Behavioral health) 6. Women's resource center for rape crisis and domestic violence; SANE program in hospital; services are not comprehensive

1. The poor, independent of race. Obstacle is cost.

Everyone but the Coast Guard and Alaska Natives. The poorer Caucasians are underserved as well. The villages have little clinics but are staffed to provide minimal services.

1. Those people with drug and alcohol problems - lack of resources. 2. People with traumatic brain injuries - small portion of population but growing. Could be more outreach to these groups. Providence Mental Health should be serving these groups; obstacles are staffing and waiting period for appointments are long, assessment is cumbersome to fill out. Weather is always an obstacle for people getting services off the Island.

The homeless. Many families who are not eligible for income-based housing cannot afford the market value housing. Even income-based housing has two different scales. -The availability of affordable housing. I have waiting lists for income-based housing, and there is just so much federal assistance available. Kodiak Island Housing Authority is building 30-40 housing units, but they will be fair market rents and not income-based. We have a housing shortage, much of which is related to available land and building costs.

We serve the Coast Guard and they are fortunate to have good care.

Total Responses

11

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

Response		
We have some very good doctors who are highly ethical and well-trained.		
All the clinics and providers work well together. We try to refer people to others if we can't help them . There is a lot of provider flexibility.		
We have a tremendous health care system here; tremendous specialties and two top notch surgeons. We have a very high doctor to patient ratio. I am a cancer survivor and I prefer to get all of my health care services in Kodiak. If Kodiak doesn't offer it I would go to the Mayo Clinic.		
When you live on an island you have to be willing to partner with the other organizations and agencies in the community. We (social workers, case workers at Senior Center, Office of Children's Services, Indian Health Services providers, etc.) meet regularly and do what we can to help a family in need. Kodiak is a progressive community. We are open. Don Rush (hospital leader) works very hard and is always forward thinking.		
We have a beautiful hospital and all of the employees are wonderful to the patients and their families. They are experts in what they do. Thanks to the new hospital we have almost no infections anymore at the hospital. The air exchange system is wonderful. The new providers have a fresh education and fresh ideas. The providers' level of confidentiality is high.		
1. Number of physicians available on the island and clinical quality of physicians (primary care, orthopedics, general surgeons) 2. Well-run hospital facility, great care 3. Supportive community for people with health issues 4. Medical providers and staff who are drawn to this area are mission-driven; medical community provides best jobs on the island		
Primary care		
As someone who grew up in rural Wisconsin I think the hospital does much more than I would expect. They try to stay on the cutting edge of technology. They do the best they can with their limited revenue stream. I've never heard anyone complain about the health care here. They can only do so much. You can't expect them to do everything.		
1. Association with Providence Health System 2. Physicians, providers, and services that we do have are excellent 3. Clinics accept patients with all payers regardless of income.		
Stability and competence of the medical staff here and the resulting ability to be compassionate. Both staff and patients know who they are dealing with because the staff live here and are stakeholders who in the community. It is a small island where people know each other. -Needs are being addressed. This survey/needs assessment is one of the ways that things will get changed.		
Outstanding health care services in Providence.		
Total Responses		11

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

Response		
Availability of health care services to the lower economic status folks. Immunization cutbacks.		
Access. We tell the people where they need to go but they never get in. The patients don't take the proper steps required to get the assistance.		
Cost prohibitive for health and dental care. The community health care clinic just added a part-time dentist but there is so much need. There is no longer a inpatient substance abuse program.		
It is a challenge for people to pay their portion of medical treatment. A tiered of sliding fee scale would be helpful. I worry when someone is ill and the family doesn't take them in because they are worrying about paying. I heard of someone who was refused treatment at a clinic because of an unpaid bill. Accessibility and affordability are issues.		
1. Dental costs. A filling costs \$3,000. 2. Eye care/glasses: A pair of eye glasses costs \$1,000 out of pocket easily. 3. Small town politics, people bad mouthing people. 4. New providers don't stay put in town. 5. Lack of nephrologists and oncologists in town.		
1. Remoteness makes it difficult to access specialty services 2. Not enough volume (economies of scale) to have more than one provider in a given specialty; makes call schedule very difficult 3. Duplication of services provided by individual organizations; lack of coordination of care and sharing of resources - due to tradition, culture, lack of similar incentives Island could be served by one large unified clinic instead of 4 clinics, would reduce overhead and increase coordination of care.		
Cost of health care.		
I care about people's concern for the lack of specialists coming here and the expense of health care.		
1. Mental health services 2. Dual-diagnosis services 3. Alcohol abuse and treatment (inpatient) Could be some duplication of services, especially outpatient clinic services.		
The cost of living here; specifically the cost of housing and health care. There are only so many professional jobs available, and many of my population are employed in the canneries and places like Wal-Mart that pay minimum wage. They have no insurance, so many times they go without the medical care they need...		
Limits presented by the geography of the island.		
		Total Responses
		11

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

Response		
More money but we don't have it, nor the population base. It would be great to have a cardiologist in town. Health care costs are too high. I realize the providers need to get paid but \$179 for a 15 minute visit for a cough is outrageous. Same as \$400 to see a specialist. I'm not sure if this is still true but it used to be that Kodiak had the most expensive dental and lab work charges in the whole state.		
Improve accessibility so people can be seen. There are too many silos in community. We need work together toward a common community goal. Because of the silos some things are done twice and other things are not accomplished at all. Sometimes people are protective in their silos also.		
Much like the rest of the country (we are no different) we need to increase accessibility of health and dental services for the uninsured. It's crazy that we won't pay \$500 to pull a 40-year old's tooth that could down the road cause heart problems and then we are paying to Medevac him to Anchorage. We need to pay for the preventative services now which is what Obama Care is trying to do.		
A residential treatment program on island would be great as there is a big gap there. There are parents here that can't hold a job because of substance abuse. We need community buy-in to make it happen as I've looked at the requirements and we can't do it alone. I do see value in outpatient treatment but if that's all someone gets and then goes back to their home environment they fall back.		
1. Affordability: The hospital is wonderful but has a monopoly and their charges are ridiculously high. People can't afford to stay in the hospital here. 2. Old time doctors needs to retire or expand their knowledge, technology, etc. 3. Add nephrologists and oncologists to serve all the people who need them. 4. The Governor needs to back up his plan with funding. Everyone is leaving behavioral health.		
Island could be served by one large unified clinic instead of 4 clinics, would reduce overhead and increase coordination of care; if we could integrate primary and specialty care for continuity, we could have better quality, chronic disease management, and reduce costs. Tele-medicine and having enough specialists willing to travel to the island to meet the need of the population; technology is available for connectivity - needs funding sources and coordination. Specialists in Anchorage are most well-compensated in the country; lack incentive to travel out to Kodiak. Other comments: We have great health care due to personal attention and caring staff, and supportive community; community is engaged in promoting health care.		
Addressing both housing and substance abuse treatment would significantly improve the health of the community.		
Continue to make specialty services available as they can within the revenue constraints.		
Add more robust mental health services, alcohol and drug abuse services (inpatient), and cardiology/Neurology Other: Having a good health care system in our community is an economic engine but also an attractive trait for people thinking about moving to Kodiak Island. We are thankful that Providence is here and that the partnership grows.		
Education and communication. We need to get the word out about the programs that the Island does have. I was not even aware of a new program that was started recently. Have more affordable housing.		
The hospital has good visiting specialists/providers. The hospital does an outstanding job with the limitations they have.		
Total Responses		11

Appendix 3

Kodiak Community Health Survey

Kodiak Community Health Survey

1. Have you needed health care in the last 12 months and were you able to receive it?

Response	Chart	Frequency	Count
Didn't need health care / Hindi nangailangan ng pangangalagang pangkalusugan		15.7%	111
Yes / Oo		78.9%	557
No / Hindi		5.4%	38
Not Answered			16
		Valid Responses	706
		Total Responses	722



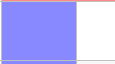



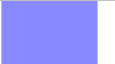
1a. If yes, what was the primary reason for your most recent visit?

Response	Chart	Frequency	Count
Emergency/Urgent care / Pang-emergency/Agaran na pangangalaga		13.6%	76
New (acute) problem / Bagong (malalang) problema		16.5%	92
Ongoing (chronic) problem / Nagpapatuloy (Pangmatagalan) na problema		18.5%	103
Preventive care / Pangangalaga sa pag-iwas sa sakit		25.3%	141
Required physical/annual examination / Nangailangan ng pisikal/taunang eksaminasyon		18.5%	103
Other (specify) / Iba pa (pakitukoy):		7.7%	43
Not Answered			40
		Valid Responses	558
		Total Responses	598

1b. If no, why couldn't you receive it?

Response	Chart	Frequency	Count
No insurance/couldn't afford it / Walang insurance (seguro)/hindi ito kayang bayaran		25.9%	15
Insurance wouldn't cover it / Hindi ito sakop ng insurance		8.6%	5
Couldn't afford co-pay / Hindi kayang bayaran ang co-pay (hating-bayad)		17.2%	10
Needed service/specialist that was not available in Kodiak / Kailangan ng serbisyo/espesyalistang wala sa Kodiak		12.1%	7
Appointment not available / Waiting time too long / Hindi available ang appointment/Masyadong matagal ang oras ng paghihintay		3.4%	2
Confidentiality/Privacy issues / Mga isyu sa pagiging Kumpidensiyal/Pagkapribado		3.4%	2
Wanted but couldn't find same gender provider / Nangailangan ngunit hindi nakahanap ng tagapangalagang may kaparehong kasarian		3.4%	2
Other (specify) / Iba pa (pakitukoy):		25.9%	15
Not Answered			153
		Valid Responses	58
		Total Responses	211



1c. If no, what type of health care did you go without? (Choose all that apply)

Response	Chart	Frequency	Count
Basic care / (Karaniwang pangangalaga)		26.9%	14
Preventive care/annual exams / Pangangalaga sa pag-iwas sa sakit/mga taunang eksaminasyon		30.8%	16
Specialist / Espesyalista		19.2%	10
New (acute) problem / Bagong (Malalang) problema		19.2%	10
Ongoing (chronic) problem / Nagpapatuloy (Pangmatagalan) na problema Malalang (bagong) problema		21.2%	11
Prescription medications / Mga inireresetang gamot		15.4%	8
Other (specify) / Iba pa (pakitukoy):--		25.0%	13
		Valid Responses	52
		Total Responses	198

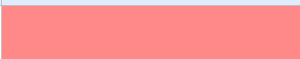


1c. If no, what type of health care did you go without?

Response	Valid Responses	Count
Reproductive care		
Alternative medicine providers		
Physical Therapy; Mental Health counseling		
Dental and Mental Health		
Na		
Dental		
None		
None		
		Valid Responses
		8
		Total Responses
		734





2. Do you use the emergency room for your main source of health care? This would be for illness as well as for emergencies.

Response	Chart	Frequency	Count
Yes / Oo		8.6%	46
No / Hindi		91.4%	492
Not Answered			5
		Valid Responses	538
		Total Responses	543

3. Do you have health insurance?

Response	Chart	Frequency	Count
Yes / Oo		71.1%	490
No / Wala		28.3%	195
Don't know / Hindi alam		0.6%	4
Not Answered			18
		Valid Responses	689
		Total Responses	707

3a. If yes, where do you get your health insurance?

Response	Chart	Frequency	Count
Employer or spouse's employer / Pinagtatrabahuan o sa pinagtatrabahuan ng asawa		74.5%	366
Private insurance you purchased on your own / Pribadong insurance na kayo ang bumili		4.3%	21
State or federal program (such as Medicaid, Medicare, Tricare) / Programa ng estado o pederal (gaya ng Medicaid o Medicare, Tricare)		14.7%	72
Other (specify) / Iba pa (pakitukoy)		6.5%	32
Not Answered			17
		Valid Responses	491
		Total Responses	508

3a. If yes, where do you get your health insurance?

Response
Tricare
Indian
KANA
KANA
State retirement plan
Retired AK State
Mother's insurance
Providence health insurance
PKIMC
PKIMC health insurance
Small business owner who buys insurance for self and employees
Parents
Indian Health Service
KANA
KANA

State of Alaska/retired		
Teacher's retirement		
Spouse's retirement health coverage		
Father's insurance through Affordable Care Act		
Parents		
TRICARE AND EMPLOYER		
VA		
Federal program as a divorced spouse of federal employee. I pay the federal governments share and my share		
Union		
Indian health care		
Both retired employee and Medicare		
TRS Retiree Insurance		
ACHIA		
Retired Benefits		
KANA		
Parents insurance		
	Valid Responses	31
	Total Responses	734

3b. If no, why not? (Choose all that apply)

Response	Chart	Frequency	Count
Employer doesn't offer health insurance / Hindi nag-aalok ang pinagtatrabahuhan ng insurance sa kalusugan		9.6%	13
Too expensive / Napakamahal		50.7%	69
Don't need or believe in health insurance / Hindi kailangan o naniniwala sa insurance sa kalusugan		2.9%	4
Not eligible for employer health insurance / Hindi karapat-dapat para sa health insurance sa pinagtatrabahuhan		5.1%	7
Unable to find health insurance / Hindi makahanap ng health insurance		2.2%	3
Other (specify) / Iba pa (pakitukoy):		41.9%	57
		Valid Responses	136
		Total Responses	206

3b. If no, why not?

Response
Indian Health Service
Unemployed
KANA
KANA
KANA Beneficiary
We have Indian Health
Kodiak Alaska Native Association
Unemployed
IHS
Self-employed & a student
I just cancelled it this month after paying \$278.00 for \$5,000.00 deductible. Too expensive for NEVER being sick. I will wait for Obama Care to kick in.
Can't afford it, and according to State regulations I don't qualify for Medicaid or Disability.
I am self-employed with \$10,000 deductible with Blue Cross-hence NEVER use emergency room-unless I was really having emergency i.e., Heart attack, hit by car etc.

Employees who work the casual position are not eligible for insurance--it is not fair.
Self employed
Not an emergency
See PPC
I didn't need to
I have health insurance but the copays are very high.
Because the ER is not to be used as a primary source for health care
I have health insurance and will avoid the ER unless it's critical because of the cost.
The ER is for emergencies and I haven't experienced an emergency.
I have a primary Dr. I go to.
I have a primary care physician
NO emergency
Didn't need services
Won't get right diagnosis
Only for emergencies
My physician is my main source of health care
Have not needed ER health care
Have my own doctor
Does this relate to the emergency room Q?
No issues
See family physician if not an emergency
Emergencies are for emergencies. Not for being sick.
Too busy and not the correct place for me to go.
Emergency Room is for emergencies only
Have regular MD office
I would choose to go to a clinic first if that choice was available and it wasn't an emergency.
See physician ongoing basis
Not sick enough
Did not need ER
Don't need it
KANA Medical

Not necessary for type of illness		
	Valid Responses	45
	Total Responses	734

4. Does your health insurance cover or do you have additional coverage for:







		YesOo	NoHindi	Don't knowHindi alam	Total
4a. Prescriptions? / Mga reseta?	Count	412	15	11	438
	% by Row	94.1%	3.4%	2.5%	100.0%
	% by Total	11.9%	0.4%	0.3%	12.6%
4b. Treatment for substance abuse? (alcohol/drugs, etc.) /Panggagamot para sa mapang-abusong paggamit ng substansiya? (alak/droga, atbp.)	Count	216	46	168	430
	% by Row	50.2%	10.7%	39.1%	100.0%
	% by Total	6.2%	1.3%	4.8%	12.4%
4c. Preventive care/annual exam? / Pangangalaga sa pag-iwas sa sakit/taunang eksaminasyon?	Count	389	31	19	439
	% by Row	88.6%	7.1%	4.3%	100.0%
	% by Total	11.2%	0.9%	0.5%	12.7%
4d. Long-term care? (nursing home) /Pangmatagalang pangangalaga? (nursing home)	Count	122	134	170	426
	% by Row	28.6%	31.5%	39.9%	100.0%
	% by Total	3.5%	3.9%	4.9%	12.3%
4e. Dental care? / Pangangalaga sa	Count	391	41	9	441

ngipin?					
	% by Row	88.7%	9.3%	2.0%	100.0%
	% by Total	11.3%	1.2%	0.3%	12.7%
4f. Home health? / Pangangalaga sa bahay?	Count	119	88	218	425
	% by Row	28.0%	20.7%	51.3%	100.0%
	% by Total	3.4%	2.5%	6.3%	12.3%
4g. Vision care? / Pangangalaga sa paningin?	Count	368	55	14	437
	% by Row	84.2%	12.6%	3.2%	100.0%
	% by Total	10.6%	1.6%	0.4%	12.6%
4h. Vaccines / Mga bakuna	Count	323	42	66	431
	% by Row	74.9%	9.7%	15.3%	100.0%
	% by Total	9.3%	1.2%	1.9%	12.4%
Total	Count	2340	452	675	3467
	% by Row	67.5%	13.0%	19.5%	100.0%
	% by Total	67.5%	13.0%	19.5%	100.0%

5. Do your dependent children have:

		Don't have dependent children Walang umaasang mga anak	Yes/Oo	No/Hindi	Don't know/Hindi alam	Total
5a. Health insurance/Denali Kidcare? / Insurance sa kalusugan/ Denali Kidcare?	Count	286	250	104	4	644
	% by Row	44.4%	38.8%	16.1%	0.6%	100.0%
	% by Total	23.3%	20.4%	8.5%	0.3%	52.5%
5b. Dental insurance? / Insurance sa dental?	Count	237	271	68	6	582
	% by Row	40.7%	46.6%	11.7%	1.0%	100.0%
	% by Total	19.3%	22.1%	5.5%	0.5%	47.5%
Total	Count	523	521	172	10	1226
	% by Row	42.7%	42.5%	14.0%	0.8%	100.0%
	% by Total	42.7%	42.5%	14.0%	0.8%	100.0%

6. About how long has it been since you last visited a dentist (or dental specialist/dental hygienist)? (Please include dental specialists and dental hygienists)?

Response	Chart	Frequency	Count
6 months or less / 6 na buwan o mas maikli		61.2%	410
More than 6 months, but less than 1 year / Mahigit sa 6 na buwan, pero mas maikli sa 1 taon		15.8%	106
More than 1 year, but less than 3 years ago / Mas mahigit sa 1 taon, pero mas maikli sa 3 taon ang nakalipas		13.4%	90
More than 3 years ago / Mahigit sa 3 taon ang nakalipas		7.9%	53
Never been to the dentist / Hindi kailanman nagpunta sa dentista		0.7%	5
Don't know / Hindi alam		0.9%	6
Not Answered			8
		Valid Responses	670
		Total Responses	678

6a. What was the main reason for the visit to the dentist? (or dental specialist/dental hygienist)?


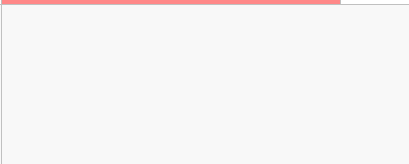

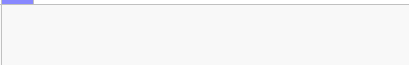






Response	Chart	Frequency	Count
Something was wrong, bothered/hurt me / May diperensiya, nakakaabala/sumasakit sa akin		14.1%	93
Went for treatment of a condition that the dentist discovered at an earlier check-up or examination / Nagpagamot para sa isang kundisyon na natuklasan ng dentista sa isang naunang pagpapatingin o eksaminasyon		5.9%	39
Went in on own for check-up, exam or cleaning / Mag-isang pumunta para magpatingin, eksaminasyon o pagpapalinis		62.6%	413
Was called in by the dentist for check-up, exam or cleaning / Tinawah ng dentista para magpatingin, eksaminasyon o pagpapalinis		13.2%	87
Other (specify): / Iba (tukuyin)		3.2%	21
Don't know / Hindi alam		1.1%	7
Not Answered			12
		Valid Responses	660
		Total Responses	672

6b. What was the main reason for the visit to the dentist? (or dental specialist/dental hygienist)?

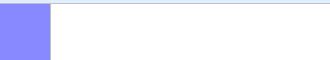

Response
Had been 4 years since a checkup
Flight physical
Broken tooth/toothache
Cleaning
Did not visit dentist
Braces

Orthodontist		
To get false teeth		
Work for a dentist		
Dental implant adjustment & new dentures		
To check my progress on my retainer		
Tooth extraction		
It had been 4 years since last appt.		
Crown popped off and he reset it		
Haven't gone, see above.		
Orthodontics		
Broken tooth and cleaning		
No insurance that time		
Cavity		
	Valid Responses	19
	Total Responses	734

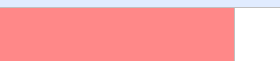
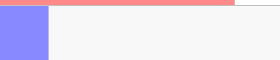
7. During the last 12 months, was there a time when you needed dental care but could not get it at the time?

Response	Chart	Frequency	Count
No, I got the care I needed / Hindi, nakuka ko ang pangangalagang kailangan ko		81.4%	531
Dentist did not accept Denali KidCare/ Medicaid insurance / Hindi tumanggap ang dentista ng Denali KidCare/ Medicaid insurance		0.3%	2
No dentist available / Walang dentista		1.7%	11
No transportation / Walang transportasyon		0.2%	1
Difficulty getting appointment / Nahirapang kumuha ng appointment		5.7%	37
Did not know where to go / Hindi alam kung saan pupunta		0.5%	3
Not serious enough / Hindi sapag ang pagkalala		2.8%	18
Don't like/ believe in dentists / Hindi gusto/naniniwala sa mga dentista		0.5%	3
Could not afford / Hindi sapat ang pera		7.1%	46
Not Answered			19
		Valid Responses	652
		Total Responses	671

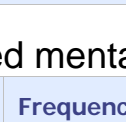
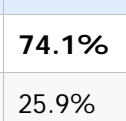

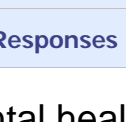
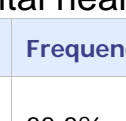
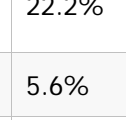
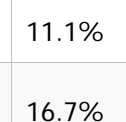
8. In the last 12 months, have you needed mental health services (counseling or other help)?

Response	Chart	Frequency	Count
Yes / Oo		13.2%	87
No / Hindi		86.8%	573
Not Answered			10
		Valid Responses	660
		Total Responses	670

8a. If yes, were you able to receive the needed mental health services?

Response	Chart	Frequency	Count
Yes / Oo		74.1%	63
No / Hindi		25.9%	22
Not Answered			14
		Valid Responses	85
		Total Responses	99

8b. Why couldn't you receive the needed mental health services?

Response	Chart	Frequency	Count
No insurance/couldn't afford it / Walang insurance/hindi ito kayang bayaran		22.2%	4
Insurance wouldn't cover it / Hindi ito sakop ng insurance		5.6%	1
Couldn't afford copay / Hindi kayang bayaran ang copay		11.1%	2
Didn't know where to go / Hindi alam kung saan pupunta		16.7%	3
Services not available / Hindi available ang mga serbisyo		11.1%	2
Confidentiality/Privacy issues / Mga isyu sa pagiging Kumpidensiyal/Pagkapribado		22.2%	4
Other (specify) / Iba pa (pakitukoy):		11.1%	2
Not Answered			16
		Valid Responses	18
		Total Responses	34

8b. Why couldn't you receive the needed mental health services?

Response		
KANA counseling		
No - no timely appointments available		
	Valid Responses	2
	Total Responses	734

9. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?

Response	Chart	Frequency	Count
Yes / Oo		10.2%	67
No / Hindi		89.8%	587
Not Answered			13
		Valid Responses	654
		Total Responses	667

10. Have you thought about committing suicide at any time in the past 12 months?

Response	Chart	Frequency	Count
Yes / Oo		4.2%	27
No / Hindi		95.8%	622
Not Answered			18
		Valid Responses	649
		Total Responses	667

11. In the last 12 months, have you needed or tried to get substance abuse treatment?

Response	Chart	Frequency	Count
Yes / Oo		1.2%	8
No / Hindi		98.8%	644
Not Answered			10
		Valid Responses	652
		Total Responses	662

11a. If yes, were you able to receive the substance abuse treatment?

Response	Chart	Frequency	Count
Yes / Oo		62.5%	5
No / Hindi		37.5%	3
Not Answered			16
		Valid Responses	8
		Total Responses	24

11b. Why couldn't or didn't you receive needed substance abuse treatment?

Response	Chart	Frequency	Count
No insurance/couldn't afford it / Walang insurance/hindi ito kayang bayaran		66.7%	2
Insurance wouldn't cover it / Hindi ito sakop ng insurance		0.0%	0
Couldn't afford copay / Hindi kayang bayaran ang copay		0.0%	0
Didn't know where to go / Hindi alam kung saan pupunta		33.3%	1
Services not available / Hindi available ang mga serbisyo		33.3%	1
Confidentiality/Privacy issues / Mga isyu sa pagiging Kumpidensiyal/Pagkapribado		0.0%	0
Other (specify) / Iba pa (pakitukoy):		33.3%	1
		Valid Responses	3
		Total Responses	15

11b. Why couldn't or didn't you receive needed substance abuse treatment? (Other response)

Response

Why are we still talking about this??		
	Valid Responses	1
	Total Responses	734












12. Mark any services below that you or a member of your household needed in Kodiak during the last 12 months.

Response	Chart	Frequency	Count
Hospice (end of life care) / Hospisyo (pangangalaga sa pagtatapos ng buhay)		6.8%	8
Respite care / Pangangalaga habang nagpapagaling		14.5%	17
In-home health care provided by licensed personnel / Pangangalaga sa loob ng tahanan na ipinagkaloob ng lisensyadong tao		13.7%	16
Support for activities of daily living / Suporta para sa mga araw-araw na gawain		27.4%	32
Other (specify) / Iba pa (pakitukoy):		61.5%	72
		Valid Responses	117
		Total Responses	658

12a. Were you or a member of your household able to receive the needed services?

Response	Chart	Frequency	Count
Yes / Oo		72.7%	232
No / Hindi		27.3%	87
Not Answered			338
		Valid Responses	319
		Total Responses	657

13. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because:

Response	Chart	Frequency	Count
I didn't leave Kodiak to obtain health care elsewhere / Hindi ako umalis sa Kodiak upang makakuha ng pangangalagang pangkalusugan sa ibang lugar		57.5%	354
Needed specialist opinion/surgery/procedure (specify specialty) / Nangailangan ng opinyon/operasyon/panggagamot ng espesyalista (pakitukoy ang espesyalidad):		25.8%	159
Needed tests that were unavailable in Kodiak / Nangailangan ng mga pagsusuring hindi available sa Kodiak		8.3%	51
Insurance network does not cover Kodiak health provider / Hindi sakop ng insurance ang Kodiak na tagapagbigay ng pangangalaga		2.8%	17
Cancer treatments / Mga panggagamot sa kanser		1.6%	10
Concerns with local care / May mga alalahanin sa lokal na pangangalaga		5.0%	31
Confidentiality/Privacy issues / Mga isyu sa pagiging Kumpidensiyal/Pagkapribado		3.4%	21
Prefer the out of town health care / Mas gusto ang pangangalagang pangkalusugan sa labas ng bayan		5.2%	32
Employer reimburses travel costs for health care / Binayaran ng pinagtatrabahuhan ang ginastos sa pagbibiyaha para sa pangangalagang pangkalusugan		2.3%	14
I had other business to take care of in a larger city / May iba pa akong mga kinailangang gawin sa mas malaking lungsod		3.7%	23
Referred to another provider by family doctor / Ini-refer sa isa		8.0%	49




pang tagabigay ng serbisyo ng doktor ng inyong pamilya			
Cost / Halaga		5.8%	36
Other (specify) / Iba pa (pakitukoy):		4.5%	28
		Valid Responses	616
		Total Responses	654

13. In the last 12 months, if you left Kodiak to obtain health care elsewhere was it because: (Other specify)

Response
Wisdom teeth removal
ENT
Nephrologist
Orthopedic, Cardiac, Neuro
Dentistry
Heart, kidney and eyes specialist
Breast specialist
Oncology
Dermatologist, Pediatrician
NICU for Infant
Endocrinologist
Sinus surgery
Dermatologist
Thyroid Treatment
Endocrinology (T1 DM)
Urologist
Surgery
Neurologist
Orif fractured wrist
Surgery
Foot surgery
Neurologist
Pediatric Neurologist


Prosthodontist		
Back surgery		
Eye and foot surgery		
Cardiac/Neurology		
Allergy and Dermatology		
ENT		
Shoulder arthroplasty		
Internal organ specialist		
Post-cancer checkup		
Cardio Specialist		
Private information		
Dermatologist		
My daughter needed to see a Pediatric Cardiologist		
Gynecology		
Ophthalmology		
Neurologist/g-bypass doctor and Gastroenterologist		
Ankle specialist		
Cataract surgery		
Root canal		
Cataract surgery		
Was told in Kodiak I Needed Pituitary gland surgery. Went to the Mayo and was told absolutely not!! Issue was from the meds given to me on Kodiak.		
Mental Health		
Pediatric Ophthalmologist		
Nose surgery		
ACL surgery		
Dental surgery requiring anesthesia		
Colonoscopy		
Cardiologist/Urologist		
	Valid Responses	51
	Total Responses	734

13a. How many times did you leave to obtain health care in the last 12 months?

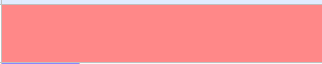







Response	Chart	Frequency	Count
0		54.3%	348
1		23.6%	151
2+		22.2%	142

Not Answered		12
	Valid Responses	641
	Total Responses	653

14. Do you smoke tobacco products or use smokeless tobacco?

Response	Chart	Frequency	Count
Every day / Araw-araw		6.9%	44
Some days / Paminsan-minsan		5.6%	36
Not at all / Hindi		87.5%	562
Not Answered			11
	Valid Responses	642	
	Total Responses	653	

15. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours. (The definition of a drink of alcohol is 1 can/bottle of beer, or 1 glass of wine, or 1 cocktail, or 1 shot of liquor)

Response	Chart	Frequency	Count
0		77.2%	497
1-2		13.0%	84
3-4		3.1%	20
5-6		2.2%	14
7-8		0.8%	5
9-10		0.9%	6
11-12		0.8%	5
13-14		0.9%	6
15-16		0.3%	2
17-18		0.2%	1
19-20		0.0%	0
21-22		0.0%	0
23-24		0.2%	1
25-26		0.2%	1
27-28		0.2%	1
29-30		0.2%	1
Not Answered			6
		Valid Responses	644
		Total Responses	650

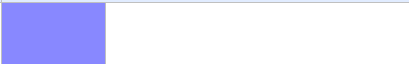
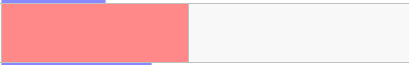

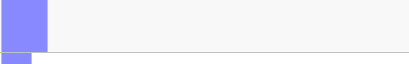

16. How acceptable do you find the use of the following for recreational or non-medicinal use?

		Acceptable Katanggap- tanggap	Acceptable Sometimes Katanggap-tanggap Minsan	Not at all acceptable Hindi Katanggap- tanggap	Total
Alcohol / Alak	Count	214	270	146	630
	% by Row	34.0%	42.9%	23.2%	100.0%
Marijuana / Marijuana	Count	101	128	390	619
	% by Row	16.3%	20.7%	63.0%	100.0%
Prescription Drugs / Mga Inireresetang Gamot	Count	54	90	479	623
	% by Row	8.7%	14.4%	76.9%	100.0%
Methamphetamines / Mga Methamphetamine	Count	4	9	594	607
	% by Row	0.7%	1.5%	97.9%	100.0%
Other (Specify) / Iba pa (pakitukoy):	Count	6	7	248	261
	% by Row	2.3%	2.7%	95.0%	100.0%
Total	Count	379	504	1857	2740
	% by Row	13.8%	18.4%	67.8%	100.0%

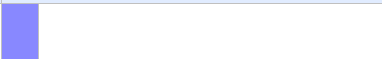
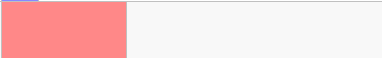
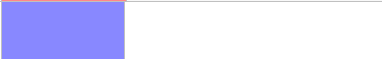

16a. Other specify

Response			
Mushrooms			
Herbal medicines			
Heroin, Cocaine, etc.			
Energy drinks			
Herbal remedies			
Any substance that causes changes in the mental status of a person.			
Heroin/other hard drugs			
Heroin			
You people are hypocrites			
Coffee			
Chiropractor, massages			
Diet			
Free country, all drugs should be acceptable			
Peyote			
Benzo's, cocaine, opiates			
Recreational drugs other than marijuana			
Prescription drugs given too often rather than preventative care			
		Valid Responses	17
		Total Responses	734


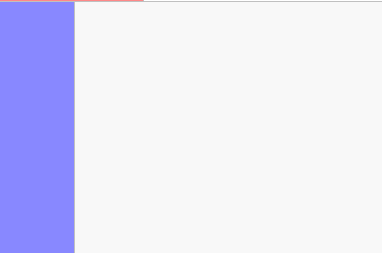
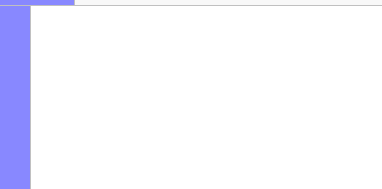
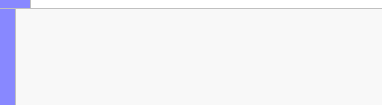

17. Would you say that, in general, your physical health is:

Response	Chart	Frequency	Count
Excellent / Talagang napakabuti		20.3%	130
Very good / Napakabuti		42.0%	269
Good / Mabuti		32.1%	206
Fair / Karaniwan		5.1%	33
Poor / Hindi mabuti		0.5%	3
Not Answered			5
		Valid Responses	641
		Total Responses	646



18. How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?

Response	Chart	Frequency	Count
None / Wala		10.1%	64
1-2 days / 1-2 araw		32.4%	206
3-4 days / 3-4 na araw		32.1%	204
5 or more days / 5 o higit pang mga araw		25.5%	162
Not Answered			8
		Valid Responses	636
		Total Responses	644

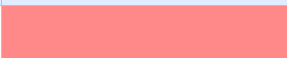
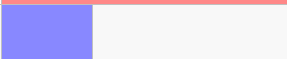
19. Within the past year have you made a personal lifestyle change related to better health? (For example, lost weight, changed diet, became more physically active, reduced stress, decreased alcohol or tobacco use)

Response	Chart	Frequency	Count
Permanent lifestyle change / Permanenteng pagbabago ng pamumuhay		41.1%	256
Made lifestyle changes that lasted more than a month but was not permanent / Nagsagawa ng mga pagbabago sa pamumuhay na tumagal nang mahigit sa isang buwan ngunit hindi naging permanente		22.3%	139
Made short-term changes that lasted a month or less / Nagsagawa ng mga panandaliang pagbabago na tumagal nang isang buwan o mas maiki		10.1%	63
Considered it but didn't take action / Pinag-isipan ito ngunit walang ginawa		6.1%	38
No / Hindi		20.4%	127
Not Answered			21
		Valid Responses	623
		Total Responses	644

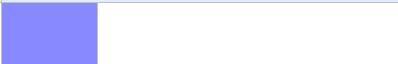
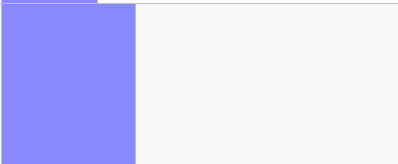
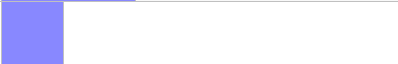
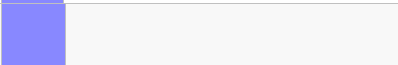
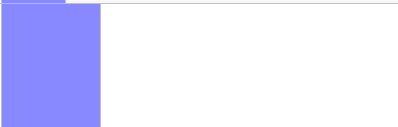
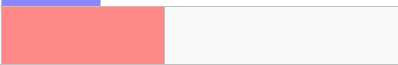

20. In the past year have you had an annual exam or physical with a health care provider for preventive purposes?

Response	Chart	Frequency	Count
Yes / Oo		74.0%	467
No / Hindi		26.0%	164
Not Answered			9
		Valid Responses	631
		Total Responses	640

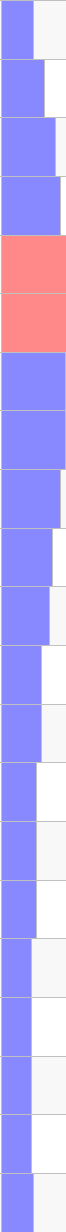
21. Have you had a health screening completed in the past year (cholesterol, blood glucose, height/weight, mammogram, etc...)?

Response	Chart	Frequency	Count
Yes / Oo		76.6%	485
No / Hindi		23.4%	148
Not Answered			7
		Valid Responses	633
		Total Responses	640

21a. Did you take further action based on the results?

Response	Chart	Frequency	Count
Physician consultation / Pagpapatingin sa doktor		20.9%	100
Make lifestyle changes (diet or physical activity) / Gumawa ng mga pagbabago sa pamumuhay (diyeta o pisikal na aktibidad)		30.5%	146
Went on medication / Nagpagamot		11.7%	56
Online research / Naghanap ng impormasyon online		12.8%	61
Compare new results to previous results / Kinumpara ang mga bagong resulta sa mga naunang resulta		21.8%	104
None / Wala		38.5%	184
Other (specify) / Iba pa (pakitukoy):		3.3%	16
		Valid Responses	478
		Total Responses	495









22. About how much do you weigh without shoes? Weight in whole pounds

Response	Chart	Frequency	Count
Under 80		0.2%	1
80 - 89		0.0%	0
90 - 99		0.3%	2
100 - 109		1.3%	8
110 - 119		4.0%	25
120 - 129		6.9%	43
130 - 139		8.6%	54
140 - 149		10.8%	68
150 - 159		10.8%	68
160 - 169		10.0%	63
170 - 179		9.4%	59
180 - 189		8.1%	51
190 - 199		6.4%	40
200 - 209		5.7%	36
210 - 219		3.5%	22
220 - 229		3.3%	21
230 - 239		1.9%	12
240 - 249		2.1%	13
250 - 259		2.2%	14
260 - 269		0.5%	3
270 - 279		0.8%	5
280 - 289		0.8%	5
290 - 300		0.6%	4
More than 300		1.6%	10
Not Answered			10
		Valid Responses	627
		Total Responses	637

23. About how tall are you without shoes? Round fractions to nearest inch

Response	Chart	Frequency	Count
Under 4' 6"		0.0%	0
4' 6" - 4' 7"		0.0%	0
4' 8" - 4' 9"		0.5%	3
4'10" - 5' 0"		4.7%	29
5' 1" - 5' 2"		12.5%	78
5' 3" - 5' 4"		21.0%	131
5' 5" - 5' 6"		19.9%	124
5' 7" - 5' 8"		14.6%	91
5' 9" - 5' 10"		11.9%	74
5' 11" - 6'		8.2%	51
6' 1" - 6' 2"		5.0%	31
6' 3" - 6' 4"		1.1%	7
6' 5" - 6' 6"		0.6%	4
6' 7" - 6' 8"		0.0%	0
6' 9" - 6' 10"		0.0%	0
6'11" - 7'		0.0%	0
Over 7'		0.0%	0
Not Answered			11
		Valid Responses	623
		Total Responses	634

24. Where do you get information about health care?








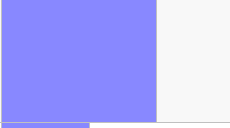

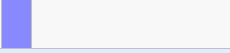
Response	Chart	Frequency	Count
Doctor/provider --- Doktor/tagabigay ng serbisyo		85.8%	538
Internet --- Internet		72.1%	452
Television --- Telebisyon		15.5%	97
Newspaper/magazines --- Pahayagan/magasin		27.1%	170
Friends and family members (word of mouth) --- Mga kaibigan o pamilya (nasabi o napag-usapan)		41.9%	263
Radio --- Radyo		9.4%	59
Scanner Channel (Community Bulletin Board Channel) --- Scanner Channel (Community Bulletin Board Channel)		0.3%	2
Work --- Trabaho		38.4%	241
Other (specify) --- Iba pa (pakitukoy)		6.4%	40
		Valid Responses	627
		Total Responses	634

24. Where do you get information about health care? (Other response)

Response
Work in health care industry
Education
NPR
Periodicals
Husband
Wife is CMA
Alcoholics Anonymous
Medical journals
Relatives are doctors.
Magazine
Father is physician
Classroom

Podcast		
Professional Journals		
Books, my own research...if you're asking about where I get my local info on health care it would be commercial radio and newspaper		
Wife		
Work in health care		
I read, NPR & PBS		
Library		
UC Berkeley news letter		
Meetings		
Insurance provider		
Network marketing health products		
Nursing school; nursing instructors		
Books		
Family		
Church		
Education, I am a RN		
Professional Journals		
I work in the health care field		
Medical books or sites		
Gym		
Books		
Books; journals		
	Valid Responses	34
	Total Responses	734

What do you consider to be the top three greatest health care needs in Kodiak?
(Choose up to three responses)




Response	Chart	Frequency	Count
Dental Care / Pangangala sa Ngipin		21.2%	132
Elderly Care/Assisted Living / Pangangalaga sa Matatanda/Tulong sa Pamumuhay		30.8%	192
Long term care / Pangmatagalang pangangalaga		22.8%	142
Lower costs for patients / Mas mababang gastos para sa mga pasyente		58.5%	365
More specialists/specialty care / Mas maraming espesyalista/espesyal na pangangalaga		47.8%	298
Shortage or turnover of primary care/family clinic health care providers /Kakulangan o turnover ng mga tagapagbigay ng pangangalaga sa kalusugan sa pangunahing pangangalaga/klinika ng pamilya		13.9%	87
Mental health services/counseling / Mga serbisyo sa kalusugan ng pag-iisip/pagpapayo		24.8%	155
Substance use rehab/counseling / Rehabilitasyon/pagpapayo sa paggamit ng substansiya		39.7%	248
Vision care / Pangangalaga sa paningin		22.0%	137
Other (specify) / Iba pa (tukuyin):		7.2%	45
		Valid Responses	624
		Total Responses	634

25. What do you consider to be the top three greatest health care needs in Kodiak? (Other responses)

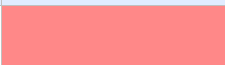


Response
Health club, for preventive health care. Most Kodiak citizens lack a quality health work out club, which is highly needed in winter months. This would go a long way to help prevent and curb life style of overweight conditions. Along with other needs.
Beds for mentally ill/suicidal
OBGYN
Etoh halfway house
Hospice care
Cheaper vision care
Domestic violence issues
Hospice
Better quality Doctors!
Hospice
Don't know
Orthodontist
Child support for single moms
OBGYN
Dermatologist
Pediatricians
Improved quality of specialists
OB/GYN's needed!!!
OB/GYN
More promotion of healthy lifestyles, preventive medicine...better diet, making exercise easier for people, healthy outlets as activities for people of all ages
Blood Dialysis care
Respite, assisted care programs
Lack midwives and birthing options
VBAC
Detox Center
Specialty care
Alternative medicine providers
Quality of physicians - no good doctors

Don't know		
VISION CARE! VISION CARE!! VISION CARE!!!		
Dialysis Center		
Exercise and Higher Quality Nutrition awareness and consumption		
Cardiologist		
Need an accessible gym		
Drug and alcohol treatment		
HOSPICE		
Free Indoor Gym/ physical fitness		
Preventative Care		
Individuals with disabilities		
Not sure		
Recreation center/ gym		
Healthy life style teaching K-12th grade in school thru out the curriculum		
Lack of health insurance coverage		
	Valid Responses	43
	Total Responses	734



26. Overall, how satisfied are you with hospital services in Kodiak?

Response	Chart	Frequency	Count
Very satisfied / Lubos na nasisiyahan		53.9%	333
Somewhat satisfied / Bahagyang nasisiyahan		42.2%	261
Not at all satisfied / Hindi nasisiyahan		3.9%	24
Not Answered			15
		Valid Responses	618
		Total Responses	633

27. Overall, how satisfied are you with your primary care/family clinic services in Kodiak?

Response	Chart	Frequency	Count
Very satisfied / Lubos na nasisiyahan		55.8%	346
Somewhat satisfied / Bahagyang nasisiyahan		39.8%	247
Not at all satisfied / Hindi nasisiyahan		4.4%	27
Not Answered			13
		Valid Responses	620
		Total Responses	633

28. In the last 12 months did you or your family have to go without basic needs such as food, child care, health care, or clothing?

Response	Chart	Frequency	Count
Yes / Oo		6.2%	39
No / Hindi		93.8%	588
Not Answered			5
		Valid Responses	627
		Total Responses	632

28a. What did you go without?

Response	Chart	Frequency	Count
Health care / Pangangalagang pangkalusugan		57.1%	20
Dental care / Pangangalagang sa ngipin		40.0%	14
Prescriptions / Mga inireresetang gamot		31.4%	11
Clothing / Damit		45.7%	16
Child care / Pangangalagang sa bata		14.3%	5
Food / Pagkain		34.3%	12
Choosing food we wanted / Pagpili sa pagkaing gusto namin		54.3%	19
Rent/housing / Upa/bahay		14.3%	5
Heat/fuel/utilities / Init/gasolina/kuryente, tubig		31.4%	11
Other (specify) / Iba pa (pakitukoy):		5.7%	2
		Valid Responses	35
		Total Responses	49

28a. What did you go without? (Other responses)

Response	Valid Responses	Count
Reliable transportation		
School supplies		
		Valid Responses
		2
		Total Responses
		734

29. How much of your total household take-home pay (income after taxes) goes to rent/housing costs? Housing costs are considered any type of payment having to do with housing, such as rent or mortgage payments, and utilities.

Response	Chart	Frequency	Count
Less than 33% --- Mas mababa sa 33%		33.4%	204
Between 33% - 49% --- Sa pagitan ng 33% - 49%		36.5%	223
Between 50% - 74% --- Sa pagitan ng 50% - 74%		21.1%	129
75% or more --- 75% o higit pa		9.0%	55
Not Answered			20
		Valid Responses	611
		Total Responses	631

30. Which of the following best describes your race / ethnic group?

Response	Chart	Frequency	Count
White/Caucasian - White/Caucasian		73.0%	452
Hispanic/Latino - Hispanic/Latino		2.3%	14
Alaskan Native/Native American - Alaskan Native/Native American		8.6%	53
African American - African American		0.6%	4
Filipino - Pilipino		9.4%	58
Pacific Islander - Pacific Islander		0.8%	5
Asian - Asian		1.8%	11
Multi-ethnic - Iba't iba ang etnisidad		2.3%	14
Other - Iba pa		1.3%	8
Not Answered			11
		Valid Responses	619
		Total Responses	630

31. Which income range best describes your annual household income?

Response	Chart	Frequency	Count
Less than \$10,000 / Mas mababa sa \$10,000		1.2%	7
\$10,000 to \$19,999 / \$10,000 hanggang \$19,999		2.7%	16
\$20,000 to \$29,999 / \$20,000 hanggang \$29,999		4.9%	29
\$30,000 to \$39,999 / \$30,000 hanggang \$39,999		9.5%	57
\$40,000 to \$49,999 / \$40,000 hanggang \$49,999		11.1%	66
\$50,000 to \$59,999 / \$50,000 hanggang \$59,999		10.9%	65
\$60,000 to \$74,999 / \$60,000 hanggang \$74,999		14.2%	85
\$75,000 to \$99,999 / \$75,000 hanggang \$99,999		18.4%	110
\$100,000 to \$124,999 / \$100,000 hanggang \$124,999		14.2%	85
\$125,000 or more / \$125,000 o higit pa		12.9%	77
Not Answered			32
		Valid Responses	597
		Total Responses	629

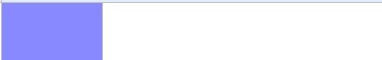

32. What is the highest level of education you have completed?

Response	Chart	Frequency	Count
No high school diploma / Walang high school diploma		0.8%	5
High school diploma or GED / Diploma sa high school o GED		9.9%	61
Some college, no degree / Nag-aral sa kolehiyo, walang degree		27.2%	168
AA degree / AA degree		14.9%	92
Four year college degree / Apat na taong degree sa kolehiyo		27.8%	172
Master's degree or higher / Master's degree o mas mataas		19.4%	120
Not Answered			11
		Valid Responses	618
		Total Responses	629

33. What is your age in years?

Response	Chart	Frequency	Count
Less than 25		6.2%	38
25 - 34		22.9%	141
35 - 44		19.0%	117
45 - 64		45.5%	281
65 - 74		5.2%	32
75 or more		1.3%	8
Not Answered			10
		Valid Responses	617
		Total Responses	627

34. Are you:

Response	Chart	Frequency	Count
Male/ Lalaki		26.1%	161
Female/ Babae		73.9%	456
Not Answered			10
		Valid Responses	617
		Total Responses	627

Appendix 4

Community/Demographic Profile

Community/Demographic Profile – Primary Data Results

Population

The population for the community of Kodiak Island is 14,081. According to future projections provided by ESRI for the Kodiak Island Borough the population is expected to grow slightly over the next five years, by 7% or 974 people. Alaska is anticipated to grow by 6.6% or 48,688 people over the next five years, while the US population is expected to grow by 3.5%.

2012 and 2017 Population

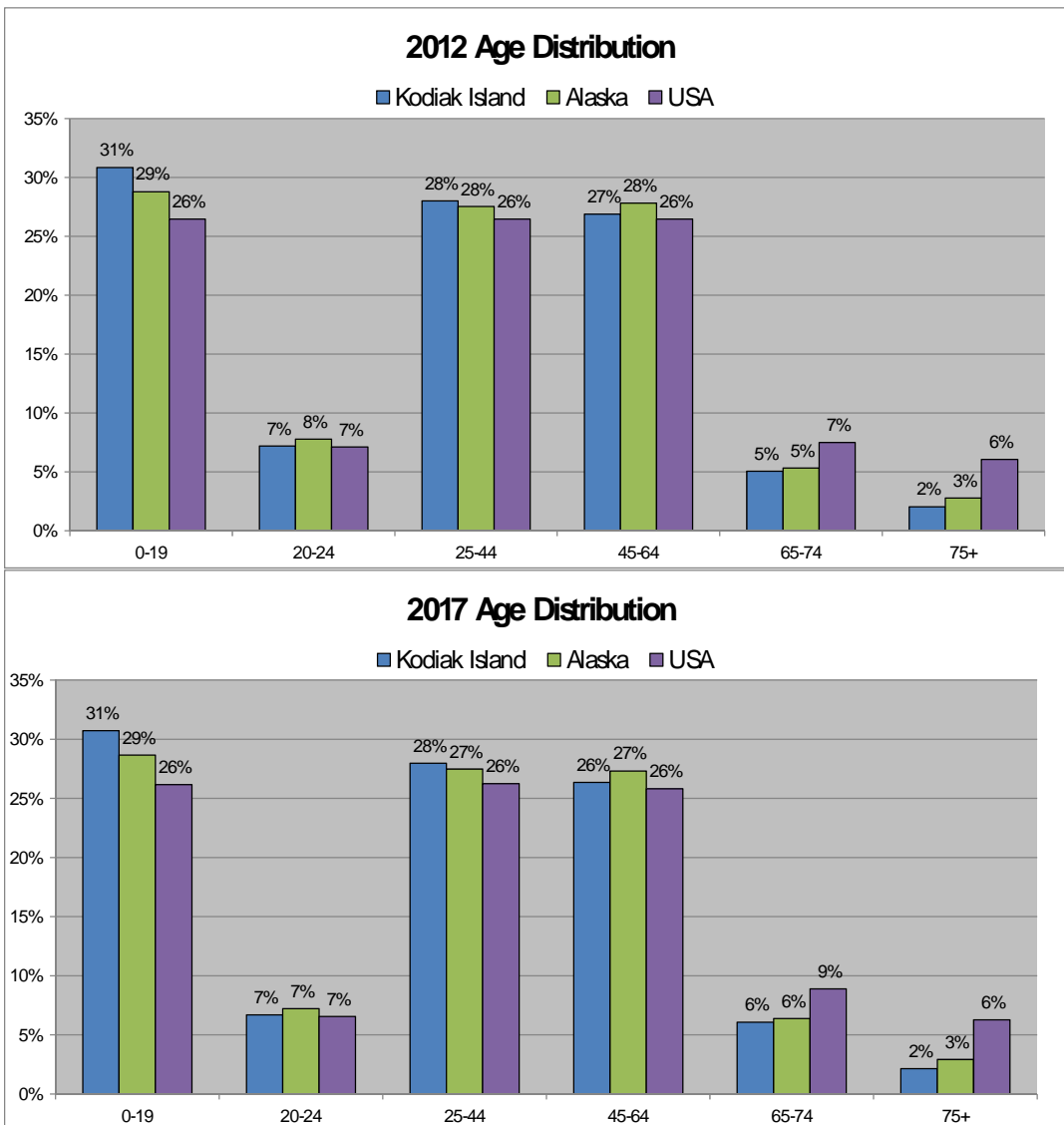
	2012	2017	% Change (2012-2017)	Change (2012-2017)
Kodiak Island	14,081	15,055	6.9%	974
Alaska	732,814	781,502	6.6%	48,688
USA	313,129,017	323,986,227	3.5%	10,857,210

ESRI Business Information Solutions, 2013

Population by Age

Population was grouped into major age categories for comparison. In general, the Kodiak Island Borough has a higher proportion of people ages 0-19 and 25-44 than Alaska and the Nation. Conversely, the proportion of people ages 20-24 and 45-64 is lower than Alaska and the Nation. The service area population is expected to continue aging over the next five years, as the proportion of people ages 65-74 continues to rise. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will continue to shift toward disease categories that tend to present at an older age.

2012 and 2017 Population Age Distribution



ESRI Business Information Solutions, 2013

Population by Race and Ethnicity

PKIMC’s service area is racially diverse, with 55% of the population made up of white alone. The Asian population makes up roughly 20% of the population, followed by Alaska Natives equating to roughly 13% of the population. The racial distribution is more diverse than Alaska, though the proportion of Alaska Natives in Alaska is slightly higher than the Kodiak Island Borough. It is important for PKIMC to continue outreach all population groups to ensure that the health needs of all population groups within the Borough are being met.

2012 and 2017 Population by Race

2012 - Population by Race	Kodiak Island		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	7,693	54.6%	485,176	66.2%	225,289,662	71.9%
Black Alone	150	1.1%	25,815	3.5%	39,536,577	12.6%
Alaska Native/Native American Alone	1,816	12.9%	106,729	14.6%	3,010,559	1.0%
Asian Alone	2,756	19.6%	40,441	5.5%	15,239,038	4.9%
Pacific Islander Alone	98	0.7%	7,633	1.0%	552,594	0.2%
Some Other Race Alone	484	3.4%	12,169	1.7%	20,008,464	6.4%
Two or More Races	1,084	7.7%	54,851	7.5%	9,492,123	3.0%

2017 - Population by Race	Kodiak Island		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	7,948	52.8%	506,122	64.8%	228,784,341	70.6%
Black Alone	275	2.0%	31,256	4.3%	41,359,936	13.2%
Alaska Native/Native American Alone	1,828	13.0%	111,701	15.2%	3,244,199	1.0%
Asian Alone	2,982	21.2%	46,571	6.4%	16,950,165	5.4%
Pacific Islander Alone	118	0.8%	8,757	1.2%	615,508	0.2%
Some Other Race Alone	682	4.8%	14,366	2.0%	22,299,085	7.1%
Two or More Races	1,222	8.7%	62,729	8.6%	10,732,993	3.4%

ESRI Business Information Solutions, 2013

Income

Income data was analyzed for the Kodiak Island Borough and compared to the state of Alaska and the Nation. 2012 census data reveals that Median household income for the Kodiak Island Borough is higher than Alaska and the Nation. Average household income in the Kodiak Island Borough is higher than Alaska and the Nation. Per capita income on Kodiak Island is slightly below Alaska but higher than the Nation. Over the next five years, income levels are expected to rise in the Kodiak Island Borough, Alaska, and the Nation in line with inflation.

2012 and 2017 Income Levels

2012	Kodiak Island Number	Alaska Number	USA Number
Median Household Income	68,806	64,362	50,157
Average Household Income	87,814	81,956	68,162
Per Capita Income	30,032	30,678	26,409

2017	Kodiak Island Number	Alaska Number	USA Number
Median Household Income	80,195	76,694	56,895
Average Household Income	99,783	93,232	77,137
Per Capita Income	34,307	35,042	29,882

ESRI Business Information Solutions, 2013

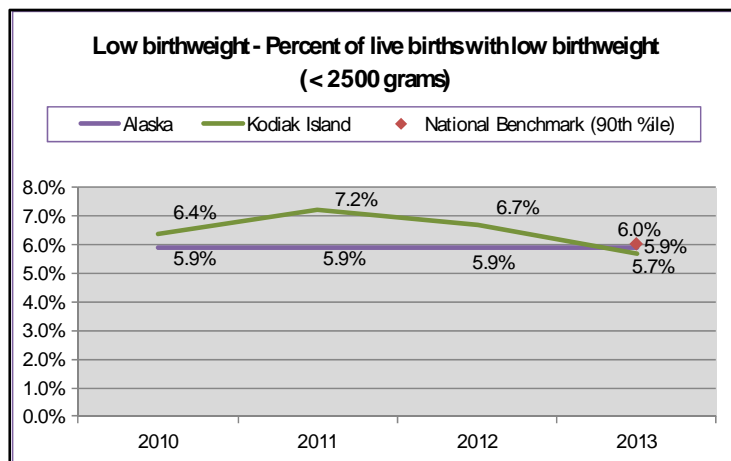
Secondary Data Results

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

Overall, the Kodiak Island Borough ranked #2 out of 23 Boroughs/Counties/Census Areas ranked in the state for health outcomes based on the data collected by County Health Rankings.

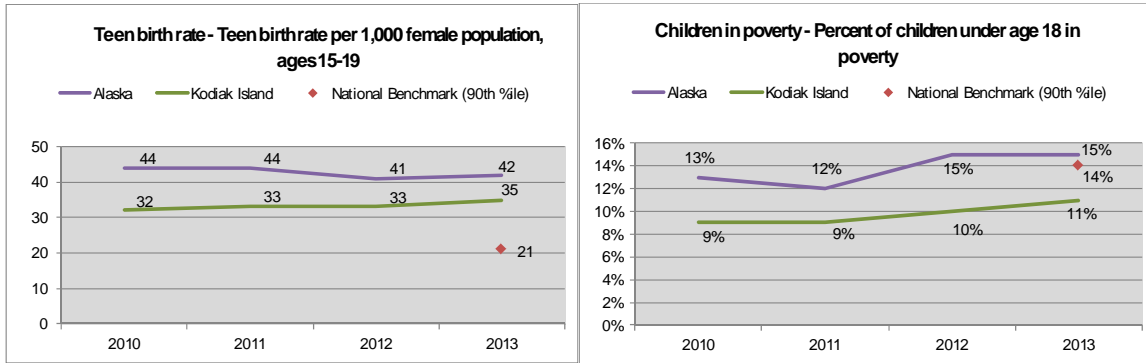
Birth Statistics

Rates of low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birthweight percentages in the Kodiak Island Borough have been slightly higher than the state and national benchmark from 2010-2012, however in 2013 the percentage of low birthweight births dropped significantly to below the national benchmark.



County Health Rankings, 2013

Teen birth rates were analyzed for the Kodiak Island Borough and compared to Alaska and the Nation. Teen birth rates in the Kodiak Island Borough are significantly lower than Alaska but higher than national benchmarks. The rate has been fairly steady over the past four years. The percentage of children in poverty in the Kodiak Island Borough is significantly lower than in Alaska and the national benchmark, though trending up slightly over the past two years. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood.



County Health Rankings, 2013

Death Statistics

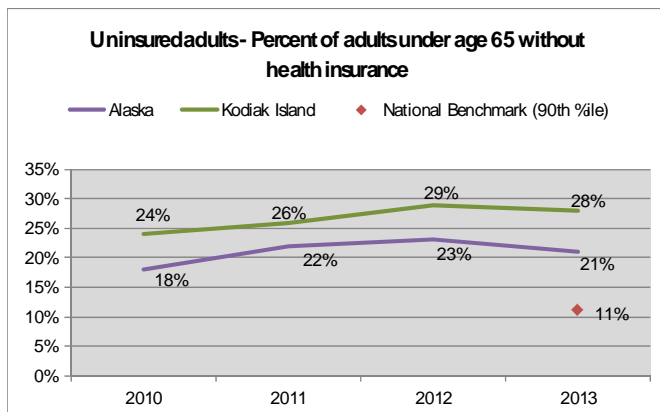
The top five leading causes of death in the Kodiak Island Borough were analyzed for 2007-2009 and compared to Alaska. Cancer ranks as the number one leading cause of death, followed by heart disease and chronic lower respiratory diseases.

Cause of Death (ICD-10 Codes)	Rank	Deaths	Crude Rate ³	Age-Adjusted Rate ⁴	AK Rank	AK Crude Rate ³	AK Age-Adjusted Rate ⁴
Malignant Neoplasms (C00-C97)	1	40	96.4	171.5	1	126.0	182.9
Diseases of the Heart (I00-I09, I11, I13, I20-I51)	2	31	74.7	158.4	2	94.9	151.2
Chronic Lower Respiratory Diseases (J40-J47)	3	13	31.3*	66.1*	4	26.8	46.5
Unintentional Injuries (V01-X59, Y85-Y86)	4	12	28.9*	33.0*	3	50.0	55.3
Intentional Self-Harm (Suicide) (X60-X84, Y87.0)	5	10	24.1*	23.1*	6	22.2	22.7
TOTAL DEATHS		175	421.9	718.3		515.6	764.3

Alaska Bureau of Vital Statistics, 2007-2009

Insurance

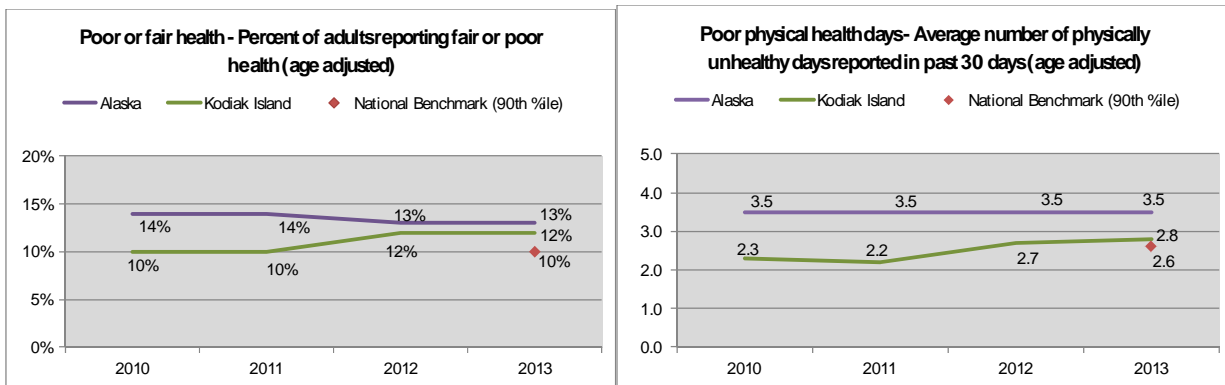
Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act, which should start to take effect in 2014, is to lower the rate of uninsured persons and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in the Kodiak Island Borough is 28%, which is higher than Alaska, and more than double the national benchmark. The uninsured rate based reported by respondents on the community survey was right in line with the County Health Rankings at 28%.



County Health Rankings, 2013

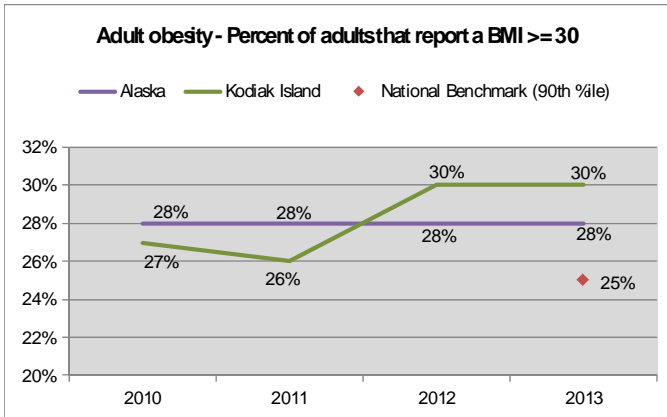
General Population Health

One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in the Kodiak Island Borough was slightly lower than Alaska, and both are higher than the Nation. What this means is that the population in the Kodiak Island Borough considers themselves to be slightly healthier in general compared to other Alaskans. A similar self-reported measure is “poor physical health days,” which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in the Kodiak Island Borough are below Alaska and slightly above the Nation. This is a positive indication as people in the Kodiak Island Borough are reporting feeling better physically, compared to Alaska. This rate has risen slightly though over the past three years.



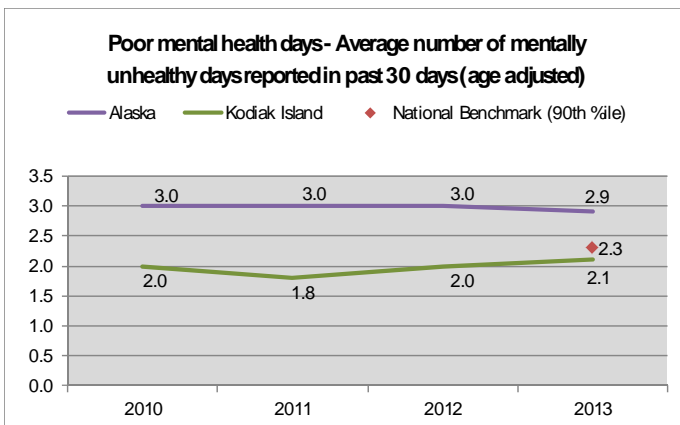
County Health Rankings, 2013

A third measure of general health of the population is the percentage of adult obesity. Nationally, the 90th percentile benchmark rate has been around 25% of the population. In the Kodiak Island Borough, the percentage of adults who are obese has risen sharply in 2012 from 26% to 30%, where it remains steady in 2013. The percentage is slightly higher than Alaska, where the obesity rate has remained fairly steady at 28%.



County Health Rankings, 2013

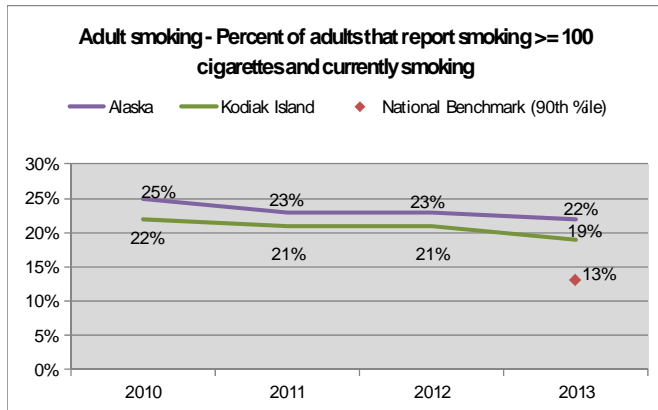
Another indicator, “Poor mental health days,” refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in the Kodiak Island Borough are significantly lower than Alaska, and below the national benchmark. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.



County Health Rankings, 2013

Adult Smoking

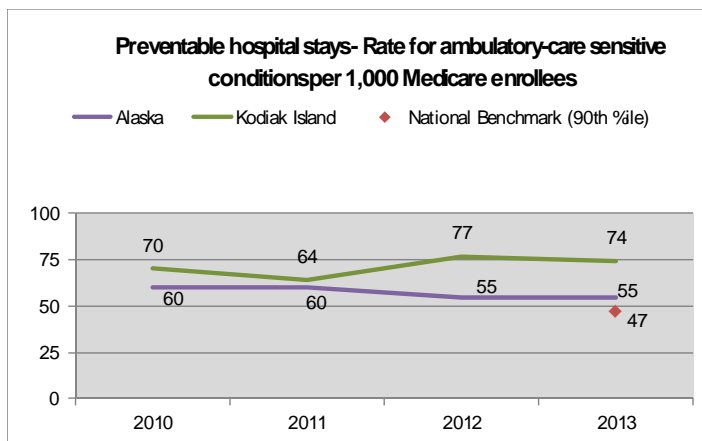
Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The percentage of adults that report smoking in the Kodiak Island Borough has declined from 22% in 2010 to 19% in 2013. These rates are consistently below Alaska, though they remain significantly above the national benchmark rate of 13%.



County Health Rankings, 2013

Preventable Hospital Stays

Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may represent a tendency to overuse hospitals as a main source of care. Rates for the Kodiak Island Borough have varied over the past four years, to 74 per 1,000 Medicare enrollees in 2013. The rate has been consistently higher than the rate for Alaska, and significantly above the national benchmark of 47 per 1,000 Medicare enrollees.

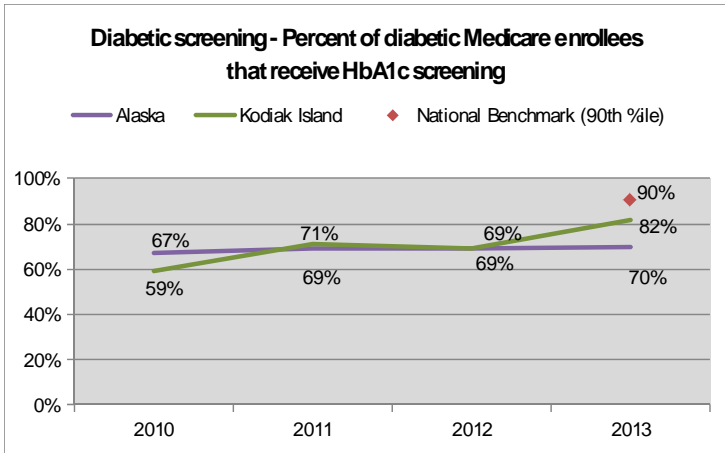


County Health Rankings, 2013

Screening

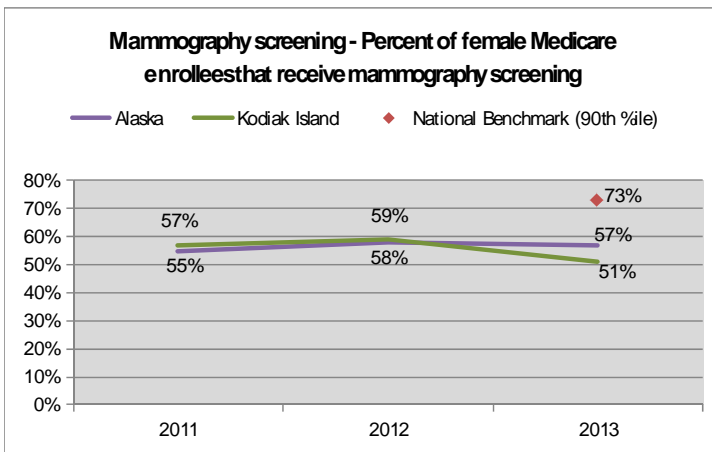
Screening for potential health issues is a major indicator of future health issues within a community. Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates in the Kodiak Island Borough have risen consistently over the past four

years from 59% to 82%, which surpasses the Alaska rate of 70%. The national benchmark rate for Diabetic screening is 90%.



County Health Rankings, 2013

Mammography screening rates in the Kodiak Island Borough have dropped from 57% in 2011 down to 51% in 2013, which is below the Alaska rate of 57% and significantly below the National Benchmark rate of 73%.



County Health Rankings, 2013

Appendix 5

Kodiak Resource List

Kodiak's primary health care needs are currently served by Providence Kodiak Island Medical Center (PKIMC), Kodiak Area Native Association (KANA) Clinic, U.S. Coast Guard Integrated Support Center/Rockmore-King Medical Clinic, and several private medical and mental health providers.

Providence Kodiak Island Medical Center (PKIMC)

1915 East Rezanof Drive, Kodiak, AK 99615
486-3281

PKIMC is owned by the Kodiak Island Borough with operational management by Providence Health & Services Alaska. It is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. Inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, palliative care and diagnostic imaging services. The outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose, and throat specialists. The Care Center, PKIMC's extended care facility, has 19 long-term care beds.

Kodiak Community Health Center (KCHC)

1911 Rezanof Drive, Kodiak, AK 99615
481-5000

As a National Health Service Corps site, the Kodiak Community Health Center promises to: serve all patients, without discrimination, accept insurance, and offer discounted fees for patients who qualify. Its mission is to provide high quality, accessible, and sustainable primary and preventive health and dental services to everyone in the Kodiak Island Borough.

Kodiak Island Medical Associates (KIMA)

1818 East Rezanof Drive, Kodiak, AK 99615
486-6065

Kodiak Island Medical Associates is a primary clinic consisting of four family practitioners, two internists, and one physician assistant. It is a full service family practice clinic that includes coverage of the hospital's emergency room.

Providence Kodiak Island Counseling Center (PKICC)

717 East Rezanof Drive, Kodiak, AK 99615
481-2400

PKICC offers counseling for all age groups, family and couples' therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment.

Kodiak Area Native Association (KANA)

3449 East Rezanof, Kodiak, AK 99615
486-9800

The Kodiak Area Native Association provides health, dental and social services for the Alaska Natives of the Koniag region. Services provided by KANA include an Ambulatory Medical Care and Dental Care, Pharmacy, Contract Health, Community Health Aide Program, Substance Abuse Prevention, Intervention/Outreach, Social Services, non-clinical community Mental Health and Youth Prevention Projects.

The KANA Dental Clinic provides a full range of Dental and oral health services. Providers travel to each of Kodiak Island's communities twice annually to provide dental, oral hygiene and preventative services.

U.S. Coast Guard Rockmore-King Medical Clinic

46 5th Street, Kodiak AK 99619
487-5757

The U.S. Coast Guard Rockmore-King Medical Clinic, located on base, provides outpatient and dental care services to active duty personnel and outpatient medical care to family members on a space available basis.

State of Alaska Kodiak Public Health

316 Mission Road Ste 215, Kodiak, AK 99615
486-3319

Public health registered nurses serve the entire Kodiak Island Borough. Their primary areas of focus are traditional public health activities, medical education, well baby and child examinations (primarily one month to five years old), screening examinations of children, immunizations for children and adult, and control of infectious disease.

Independent medical providers

- Kodiak Ambulatory Clinic
202 Center Street Ste. 102, Kodiak, AK 99615
486-6188
- North Pacific Medical Center
104 Center Street, Kodiak, AK 99615
486-4183

Independent dental providers

- Alaska Smile Center
411 East Rezanof Drive, Kodiak, AK 99615
486-3475
- Jim Arneson, DDS
506 Marine Way West, Kodiak, AK 99615
486-3269
- Brett Bass, DDS
1317 Mill Bay Road, Kodiak, AK 99615
486-3291
- Robert Hillis, DDS
413 East Rezanof Drive, Kodiak, AK 99615
486-4094
- Gentle Dentistry
204 East Rezanof Drive Ste 201, Kodiak, AK 99615
481-3567
- Kodiak Community Health Center
1911 Rezanof Drive, Kodiak, AK 99615
481-5000

Independent vision providers

- Kodiak Vision Clinic
214 East Rezanof Drive, Kodiak, AK 99615
486-6177
- Eye Care Excellence
3450 East Rezanof Drive, Kodiak, AK 99615
486-5504

Other health resources

- Arctic Physical Therapy Services
813 Lower Mill Bay Road, Kodiak, AK 99615
486-4499
- Creighton Chiropractic Clinic
814 East Rezanof Drive, Kodiak, AK 99615
487-9798
- Family Chiropractic Center
2414 Mill Bay Road #1, Kodiak, AK 99615
486-4042
- Hospice of Kodiak
PO Box 8682, Kodiak, AK 99615
204 Rezanof Drive, Kodiak, AK 99615
481-2450

Appendix 6

PKIMC Community Health Needs Assessment Implementation Plan

Providence Kodiak Island Medical Center

Community Health Needs Assessment Implementation Plan

2013

Table of Contents

Priority: 1 - Uninsured and Affordability of Care as Barriers to Access.....	1
Priority: 2 - Substance Abuse.....	2

Priority: 1 - Uninsured and Affordability of Care as Barriers to Access

The lack of health insurance and the affordability of health care were identified by the community as significant barriers to receiving needed health care services. The impact of these barriers is compounded by the high cost of living in an isolated rural Alaskan community. 28% of Kodiak adults are uninsured which is up from 22% in 2010. 25% of respondents said they did not receive needed health care during the last year due to lack of insurance. Addressing the problem of the uninsured and affordability of health care will help address other problems identified in the needs assessment such as low utilization of preventive care and actively managing chronic conditions.

Objective/Strategy

- Help the community navigate the Insurance Exchange to increase number of insured in Kodiak.

Tactics (How)

- Provide PKIMC marketing/advertising support for insurance navigators to help ensure broad community awareness of ACA requirements for individual coverage and available resources.
- Establish office space for Enroll Alaska insurance agent(s) by providing space at PKIMC and/or establishing space in other needed locations through collaboration with interested clinics.
- Utilize PKIMC admissions and other entry points to provide information and refer uninsured Kodiak residents to clinic navigators and/or insurance agent(s) and website.
- Establish web page on PKIMC website with information on Insurance Exchange and relevant links to state and federal sites.

Programs/Resources to Commit

- Hospital marketing/advertising resources
- Hospital/clinic office space
- Admission and point-of-entry services
- Hospital Website

Impact of Programs/Resources on Health Need and Success Measures

- Increase the percentage of people who have health insurance coverage in the Kodiak service area to improve their access to care
- Reduce the number of PKIMC patients who pay out-of-pocket (self-pay) for health services - a proxy measure that should indicate that more people are insured.

Accountable Parties

- Don Rush, CEO Providence Kodiak Island Medical Center

Partnerships/Collaboration

- Enroll Alaska
- Kodiak Community Health Center (KCHC)
- Kodiak Area Native Association (KANA)

Priority: 2 - Substance Abuse

Substance abuse and the cultural acceptance of substance use were identified as problems in the Kodiak community. 23% of respondents admit binge drinking from one to twenty-eight time(s) in the prior 30 days. This is up from 20% in 2008. The numbers below reflect the percentage of respondents that found it **acceptable** to use the following substances for recreational or non-medicinal use.

- 77% Alcohol
- 37% Marijuana
- 23% Prescription drugs
- 2% Methamphetamines

Substance abuse continues to negatively impact the mental and physical health of the community of Kodiak.

Objective/Strategy

- Educate the public regarding substance abuse numbers in Kodiak service area and the negative impacts of substance abuse.
- Identify gaps in substance abuse related services and identify sustainable means of addressing those gaps.
- Establish healthy alternatives to substance use for youth.

Tactics (How)

- Build on Recover Alaska's state-wide Media Project effort to ensure consistent media coverage of the impacts of alcohol in order to increase awareness of the impacts of alcohol on Kodiak residents.
- Collaborate with other community agencies to identify and obtain available grant funding (i.e. United Way CBSI, Mental Health Trust, Rasmuson Foundation) to coordinate a Kodiak substance abuse related services gap analysis and community efforts to address the substance abuse problem.
- Establish relationship and treatment referral process with the Kodiak School District and Teen Court to increase teen referrals to get youth the treatment they need and break the cycle.
- Build on existing collaborative efforts with **Kodiak Area Native Association** to ensure healthy activities and alternatives for youth.

Programs/Resources to Commit

- Hospital marketing/advertising resources
- Providence Kodiak Island Counseling Center
- Providence to participate in Healthy Tomorrow's

Impact of Programs/Resources on Health Need and Success Measures

- Reduced gaps in substance abuse related services which will result in more effective treatment – (number of service gaps that are filled or addressed)
- Funding acquired for substance abuse gap analysis
- Increased community awareness of the impacts of alcohol will change the cultural acceptance of substance use and help change behaviors and policy in Kodiak (Number of Kodiak media stories covering the impacts of alcohol)
- Reduce the number of Kodiak residents that find substance use “acceptable”
- Increased number of teen referrals for treatment from the School District and Teen Court.

Accountable Parties

- Don Rush, CEO Providence Kodiak Island Medical Center

Partnerships/Collaboration

- Providence Kodiak Island Medical Center and Counseling Center
- Kodiak Area Native Association
- Kodiak Law Enforcement
- Teen Court
- Kodiak Daily Mirror and other informational/media outlets
- Local organization providing substance abuse services

Appendix 7

Executive Summary

Community Health Needs Assessment and Implementation Plan

**Summary of the Kodiak Community
Health Needs Assessment and Community Benefit Plan**

Completion Date	<ul style="list-style-type: none"> ▪ September 2013 (Approved by Providence Community Ministry Board 9/24/13)
Service Area/Region/Ministry	<ul style="list-style-type: none"> ▪ Providence Kodiak Island Medical Center (PKIMC) serves the Kodiak Island community in the Alaska Region
Sponsor	<ul style="list-style-type: none"> ▪ Don Rush, Chief Executive
Planning/Mission Team	<ul style="list-style-type: none"> ▪ Monica Anderson, Chief Mission Integration Officer ▪ Nathan Johnson, Strategic Planning
Workgroup Participants	<ul style="list-style-type: none"> ▪ See Attachment 1: Providence and Community Advisory Group
Brief Description of How the Community Benefit Plan Was Developed	<ul style="list-style-type: none"> ▪ In early 2013 Providence Kodiak Island Medical Center (PKIMC) initiated the process of conducting a community health needs assessment along with a coalition of experts and key community stakeholders that served as the CHNA Advisory Group (See attachment 1 below) ▪ Both primary and secondary data was collected. Over 700 health needs surveys were completed by community members. This survey information was combined with state and national data to help give a picture of the health status and needs in the Kodiak Island Community. ▪ The Kodiak Community Health Needs Assessment data was analyzed and grouped into 10 areas. These were reviewed by community members, agency leaders, public health representatives, providers, and community leaders (the advisory group). The group identified two issues based on impact, ability to affect and linkages to other community initiatives. ▪ PKIMC leadership reviewed the top health needs, considered the community's advice and Advisory Group input, and evaluated previous community benefit investments in order to develop a community benefit/CHNA implementation plan that responds to community health needs.
Geographic Definition	<ul style="list-style-type: none"> ▪ The CHNA assessed the greater Kodiak Island community. PKIMC is the only hospital located on Kodiak Island
Targeted Subpopulations	<ul style="list-style-type: none"> ▪ The CHNA assessed the broad Kodiak Island community. The assessment was designed to capture specific demographic information, barriers to care, basic needs, insurance status, health status and other risk factors that would identify and affect subpopulations of the greater Kodiak Island community.

**Summary of the Kodiak Community
Health Needs Assessment and Community Benefit Plan**

Major Issues/Needs Identified Within the Community	Priorities	Priority Description
	<p>1. Uninsured and Affordability of Care as barriers to access</p> <p>2. Substance Abuse</p>	<p>The lack of health insurance and the affordability of health care were identified by the community as significant barriers to receiving needed health care services. The impact of these barriers is compounded by the high cost of living in an isolated rural Alaskan community. 28% of Kodiak adults are uninsured which is up from 22% in 2010. 25% of respondents said they did not receive needed health care during the last year due to lack of insurance. Addressing the problem of the uninsured and affordability of health care will help address other problems identified in the needs assessment such as low utilization of preventive care and actively managing chronic conditions.</p> <p>Substance abuse and the cultural acceptance of substance use were identified as problems in the Kodiak community. 23% of respondents admit binge drinking from one to twenty-eight time(s) in the prior 30 days. This is up from 20% in 2008. The numbers below reflects the percentage of respondents that found it acceptable or acceptable sometimes to use the following substances for recreational or non-medicinal use:</p> <ul style="list-style-type: none"> • 77% Alcohol • 37% Marijuana • 23% Prescription drugs • 2% Methamphetamines <p>Substance abuse continues to negatively impact the mental and physical health of the community of Kodiak Island.</p>
<p>How Providence is Addressing the Major Issues/Needs (projects/programs – Implementation Strategy)</p>	<p><u>Priority: 1 - Uninsured and Affordability of Care as Barriers to Access</u> - Help the community navigate the Insurance Exchange to increase number of insured in Kodiak.</p> <ul style="list-style-type: none"> • Provide PKIMC marketing/advertising support for insurance navigators to help ensure broad community awareness of ACA requirements for individual coverage and available resources. • Establish office space for Enroll Alaska insurance agent(s) by providing space at PKIMC and/or establishing space in other needed locations through collaboration with interested clinics. • Utilize PKIMC admissions and other entry points to provide information and refer uninsured Kodiak residents to clinic navigators and/or insurance agent(s) and website. • Establish web page on PKIMC website with information on Insurance Exchange and relevant links to state and federal sites. <p><u>Priority: 2 - Substance Abuse</u></p> <ul style="list-style-type: none"> • Educate the public regarding substance abuse numbers in Kodiak service area and the negative impacts of substance abuse. Build on Recover Alaska’s state-wide Media Project effort to ensure consistent media coverage of the impacts of alcohol in order to increase awareness of the impacts of alcohol on Kodiak residents. • Identify gaps in substance abuse related services and identify sustainable means of addressing those gaps. Collaborate with other community agencies to Identify and 	

**Summary of the Kodiak Community
Health Needs Assessment and Community Benefit Plan**

	<p>obtain available grant funding (i.e. United Way CBSI, Mental Health Trust, Rasmuson Foundation) to coordinate a Kodiak substance abuse related services gap analysis and community efforts to address the substance abuse problem.</p> <ul style="list-style-type: none"> • Establish healthy alternatives to substance use for youth. Establish relationship and treatment referral process with the Kodiak School District and Teen Court to increase teen referrals to get youth the treatment they need and break the cycle. Build on existing collaborative efforts with Kodiak Area Native Association (KANA) to ensure healthy activities and alternatives for youth.
<p>Why Providence Selected These Projects/Programs/ collaborations</p>	<p>Leveraging community assets through collaborative efforts is the most effective and sustainable way to address community problems. Rather than establish isolated initiatives to address community need, PKIMC chose strategies that involved collaboration with other key community stakeholders to address needs identified in the Kodiak needs assessment.</p>
<p>How Others in the Community Are Addressing the Major Issues/Needs</p>	<p>The Kodiak Community Health Center, with HRSA grant funding, has hired a full-time Outreach and Enrollment Coordinator to reduce the number of uninsured in Kodiak by educating and assisting Kodiak residents in signing up on the Insurance Exchange beginning on Oct 1, 2013.</p> <p>KANA engaged Agnew Beck Consulting, in conjunction with the Alaska Mental Health Trust Authority, to conduct a needs assessment and evaluation of Substance Abuse Treatment options on Kodiak Island. The project will include additional community partners, such as Providence Kodiak Island Medical Center, Providence Kodiak Island Counseling Center, Kodiak Community Health Center and others to initiate dialog and planning for increased or improved substance abuse treatment services.</p>
<p>Major Issues/Needs that Are Not Addressed by Providence or Others in the Community (include the reasons for not addressing these issues/needs)</p>	<p>PKIMC's implementation plan addresses both of the top health priorities identified by the Kodiak CHNA advisory group and the CHNA.</p>
<p>Goals and Objectives of the Community Benefit Plan</p>	<ul style="list-style-type: none"> • Increase the percentage of people who have health insurance coverage in the Kodiak service area to improve their access to care. • Reduce the acceptability of substance use by educating the public regarding substance abuse numbers in Kodiak service area and the negative impacts of substance abuse. • Identify gaps in substance abuse related services and identify sustainable means of addressing those gaps to meet community need. • Establish healthy alternatives to substance use for youth.

Kodiak Community Health Needs Assessment - 2013

Attachment I: Providence and Community Advisory Group

Kodiak CHNA Advisory Group Member	Affiliation	Role/Title
Pat Branson	SCOK Inc. Senior Citizens of Kodiak	Director
Stewart McDonald	KIBSD - Kodiak Island Borrough School District	Superintendant
Tammy Hansen	KANA - Kodiak Area Native Association	Vice President
TC Kamai	City of Kodiak	Chief of Police
Mary Guilas Hawver	FIL-AM Association and Providence Kodiak Island Counciling Center	President Fil-Am, Director PKICC
Julie A Tierney	USCG - US Coast Guard	Rockmore-King Clinic Clinical Administration
JC Rathje	KCHC - Kodiak Community Health Center	Executive Director
Elsa DeHart	State of Alaska , Public Health	Director and a nurse
Carol Juergens, MD	KIMA - Kodiak Island Medical Associates	KIMA owner
Bud Cassidy	KIB - Kodiak Island Borrough	Borough Manager
Don Rush	PKIMC - Providence Kodiak Island Medical Center	Chief Executive