

Providence Valdez Medical Center
Valdez, Alaska

VALDEZ

Community Health Needs Assessment



2014

Prepared by:

WIPFLI^{LLP}
CPAs and Consultants

Table of Contents

Introduction	1
Methods	1
CHNA Process	2
CHNA Advisory Committee	3
Community Served Determination.....	7
Data Collection and Analysis.....	7
Information Gaps.....	8
Summary of Key Findings	9
Summary of Prioritized Needs.....	21
Existing Health Care and other Facilities and Resources.....	23
Implementation Plan.....	23
References.....	24
Appendix 1 – List of Interviewees for Community Input.....	25
Appendix 2 – Demographic, Primary and Secondary Data	27
Appendix 3 – Community Health Survey	39
Appendix 4 – Community/Demographic Profile	60
Appendix 5 – Community Resource List.....	77
Appendix 6 – CHNA Executive Summary and Implementation Plan	84

Introduction

Providence Valdez Medical Center (PVMC) is an 11 bed critical access hospital (CAH) that provides quality inpatient and outpatient health care to Valdez residents and visitors with an array of local services.

- 24-hour Emergency Services
- 11 acute care and 10 long-term care beds
- Obstetrical services, anesthesia, labor & delivery, post-partum care
- Laboratory - CLIA-certified
- Imaging services to include ultrasound, CAT scan, and bone densitometry
- Physical, Occupational and Speech Therapy
- Stress testing
- General medical care
- Endoscopy and minor surgical services
- Sleep disorder studies
- Specialty Physician Clinics

Our team of physicians, nurses, and support staff deliver compassionate, quality care to all patients.

Methods

Wipfli's Role

In 2014, Wipfli LLP (Wipfli) was engaged by leadership at PVMC and Providence Health Services Alaska to facilitate a community health needs assessment (CHNA) process on behalf of the hospital. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

CHNA Process

The CHNA process that Wipfli and Providence Health and Services Alaska (PHSA) utilized to conduct the assessment has been adopted from several of the leading sources on the subject. These sources include:

- Association for Community Health Improvement,
- Flex Monitoring Team, and
- Rural Health Works.

The following outline explains the process that Wipfli and PHSA followed to conduct the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee
2. Definition of the community served by PVMC
3. Data collection and Analysis
 - a. Demographics of the community
 - b. Primary data (community survey and key-stakeholder interviews)
 - 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

The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, including the identification of health issues and prioritized health needs within the community. The committee consisted of the following members:

Barbara Bigelow, Chief Administrative Officer, Providence Valdez Medical Center. PVMC provides comprehensive health care to residents and visitors of Valdez; Prince William Sound and Richardson Highway communities. As a critical access hospital (CAH), PVMC features 11 acute care and swing beds. PVMC delivers about 45 babies annually and provides general acute care services, including emergency care; diagnostic lab; an imaging center, soon to include an MRI (end of 2014); a sleep center; and rehabilitation therapy (PT, OT & Speech) services. In addition PVMC provides 10 extended care beds and a counseling center.

Joshua Buffington, Administrative Coordinator, Valdez Fisheries Development Association, Inc. (Human Resources, Safety and Occupational Health, Information Technology, Permitting, Grants) Joshua currently holds positions with the Valdez Local Emergency Planning Committee as Chair, PVMC HAC, and communications for Epiphany Church in Valdez. He has worked as a Paramedic in Emergency Medical Services for 17 years, including holding the rank of Captain and Director of Operations. Formerly Joshua served as the Deputy Director for the State of Kansas Immunization Program.

John Cullen, MD, General Partner, Valdez Medical Clinic; Chief of Staff, PVMC; and member of the PVMC Health Advisory Board. The Valdez Medical Clinic is a full-service family practice clinic, consisting of four physicians, that includes coverage of the hospital's emergency room. It is the only primary care clinic located in Valdez.

Dave Dengel, CEO, Copper Valley Telecom, PVMC Health Advisory Council Member. Copper Valley Telecom is a telecommunications provider offering Wireline, Internet, Cellular, Long Distance and long haul fiber in the Valdez, Prince William Sound and Copper Basin.

Pauline Doucet, Assistant Administrator-Director of Clinical Services, PVMC. Her responsibilities include community outreach, physician engagement and day-to-day management of clinical operations (Acute Care departments and Long Term Care- as LTC Administrator and Manager). She brings 30 years of clinical nursing experience to her role at PVMC.

Marianne Freebury, PVMC Health Advisory Council Member. She is a registered nurse with over 30 years experience in hospital, long term care, home care/hospice, quality improvement, wellness and disease management, as well as in data analytical areas of healthcare.

Joan Heikens, BSN. Care Coordinator, Valdez Senior Center and PVMC Health Advisory Council Member. She has worked in nursing since she was 16. She began her work with seniors as an aid in a nursing home and continues her service to seniors as a care coordinator at the Valdez Senior Center.

Valencia (Val) Hiebert is a lifelong, Native Alaskan originally from Southeast AK and has been residing in Valdez since 1987. She is a PVMC Health Advisory Council Member and her goals pertaining to health care are elder care and advocacy and further developing quality health care to rural communities. She has worked in the oil industry in areas pertaining to automation and operations of oil production and transportation.

Ruth E. Knight, Teacher- Valdez City Schools, City Council member - City of Valdez, and PVMC Health Advisory Council Member. Valdez City Schools is a rural, public school district with one elementary school, one middle school, one high school, and one home school program.

Nancy Lethcoe, Retired tourism business owner and owner of Prince William Sound Books, PVMC Health Advisory Council Member and a 25 year resident of Valdez. Her volunteer work includes a Buddhist Paper Sangha for prisoners, the Valdez Food Bank, Epiphany Church Council, and the Providence Health Advisory Council.

Jeremy O'Neil, CFO - PVMC, Director - Providence Valdez Counseling Center (PVCC). PVMC provides comprehensive health care to residents and visitors of Valdez; Prince William Sound and Richardson Highway communities. PVCC is the sole behavioral health service provider in Valdez offering a variety of services and is staffed by a Psychiatrist, Licensed Professional Counselors, a Licensed Clinical Social Worker, Certified Chemical Dependency Counselors, and a Case Manager.

Cindy Rymer, Administration, City of Valdez Public Works Department and PVMC Health Advisory Council Member. She is a 39 year resident of Valdez and has been a part of the Hospital in one way or the other as a member of the Hospital Task Force , Hospital Auxiliary, as well as the Advisory board since 1999.

Pam Shirrell, Registered Nurse (RN), Licensed Nursing Home Administrator, 25 year resident of Valdez. 12 years acute care experience as an RN prior to moving to Valdez, 6 years as Health Services Director, Harborview Developmental Center, and 17 years as the Valdez Public Health Nurse retiring in 2013. Currently: Chair, Providence Valdez Health Advisory Board; Member, Providence Regional Ministry Board; Chair, Prince William Sound Community College; Member, Valdez Local Emergency Planning Committee; Co-Chair, Prince William Sound Traveling Health & Safety Fair.

Todd Wegner, Assistant City Manager - City of Valdez, PVMC Health Advisory Council Member. The City of Valdez is responsible for a variety of public services, including emergency services and public safety, community planning, public facilities and city lands, hazard mitigation and flood zone management, harbor management, snow and

garbage removal, water and wastewater provision, parks and recreation, annual budgeting, Valdez permanent fund management, and governance. Healthcare Continuum of Care has been a long-standing priority for the community of Valdez, as it strives promote a superior healthcare system for its residents.

Tina Fifarek, Former Board Chairperson of Sound Wellness Alliance Network (SWAN) and member since SWANS' inception. Executive Assist/HR Specialist, City of Valdez- 13 years at COV Middle and High School Cheer Coach-entering 7th year coaching at HS level, 4th at MS level.

Hope Finley, Sound Wellness Alliance Network (SWAN) Coordinator - PVMC. SWAN was established in 2009 to address needs identified in the 2008 Valdez Community Health Needs Assessment. Its mission is to provide every Prince William Sound Resident the opportunity to improve their health and well being. To achieve its mission, SWAN sponsors numerous healthy living programs and activities in Valdez including which have included Healthier biometric screening campaigns, community hikes and runs, Ski-For-Free program and Health Fairs.

Jenny Heckathorn, Biology/PE/Health Teacher, Valdez High School and a member of the SWAN Core Team. Valdez High School is a comprehensive four-year high school serving the educational needs of 186 students in grades 9 – 12 residing in the City of Valdez.

Sarah Histand, Health & Fitness Center Coordinator, Prince William Sound Community College (PWSCC). She is the PWSCC representative to SWAN and is currently the Chair of the SWAN Core Team. PWSCC Health and Fitness Center provides workout facilities, equipment, and classes to Valdez community members, students, and visitors.

Joe Kuchin, Valdez Operations Business Strategy Manager, Alyeska Pipeline Service Co., Valdez, Sound Wellness Alliance Network core team member. Alyeska operates the Trans Alaska Pipeline System, including the Marine Terminal and the Ship Escort & Response Vessel System in Valdez. Alyeska is the largest private employer in Valdez.

Sara Pullen, Public Health Nurse, State Division of Public Health, DHHS - Valdez Public Health Center and a SWAN core team member. The Valdez Public Health Center provides an array of sliding-fee-scale public health services including immunizations, family planning, STD screening, well-child checks and newborn visits, nutritional screening vision screening, infectious disease screening and referral services.

Mo Radotich, Director of Ancillary Services, PVMC and SWAN Core Team member and co-founder. SWAN was established in 2009 to address needs identified in the Valdez Community Health Needs Assessment. Its mission is to provide every Prince William Sound Resident the opportunity to improve their health and well being. PVMC provides comprehensive health care to residents and visitors of Valdez; Prince William Sound and Richardson Highway communities.

Captain Darryl P. Verfaillie, USCG (Ret), Director, City of Valdez Parks, Recreation & Cultural Services Department. The City of Valdez Parks, Recreation & Cultural Services Department operates and maintains the city's numerous parks, recreation areas, and recreational service programs for residents and visitors. The Department also partners with many community and state organizations to bring new, exciting ideas into its programming to enhance the community's quality of life.

Community Served Determination

The service area for PVMC was created with input from the PVMC and Providence leadership team. The CHNA focused on the needs of the greater Valdez community. While every effort was taken to gather detailed data for the Valdez community, it was necessary in certain areas to expand the definition of the service area to the Valdez-Cordova Census Area. This was done to collect census and County Health Rankings data that is only available for the Census Area.

Data Collection and Analysis

Primary Data

Key stakeholder interviews were conducted with members of the community served by PVMC. These individuals were identified by the CHNA Advisory Committee 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. Interviewees were contacted and asked to participate in the key informational interviews. A list of the interviewees can be found in Appendix 1. A summary of the key findings from the key informational interviews can be found later in this document, and the interview notes can be found in Appendix 2.

A community survey was published online and distributed by the advisory committee and PVMC staff. The survey was developed based on an existing template utilized by Providence Health Services Alaska among its affiliated hospitals, and augmented to capture input regarding unique health-related characteristics that exist within the Valdez community. Results from the community survey can be found 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)
- US 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 PVMC Board-approved implementation plan.

Information Gaps

Primary data was collected via surveys and a series of interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community. Secondary data (BRFSS, NVSS, SAHIE) is only available at the Valdez-Cordova Census Area level. Therefore, to the extent that health status differs significantly between the Valdez-Cordova Census Area and the community of Valdez, health information was not available at that granularity in the secondary data sources.

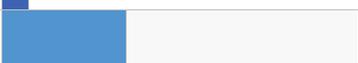
Summary of Key Findings

Results from the three data collection methods including demographic data, primary data, and secondary data were analyzed. Significant findings were grouped into health issues under three distinct categories. The categories, which include continuum of care, access to health care, and health and wellbeing were used to organize the health issues into common themes so that they could be combined later on in the prioritization phase of this process.

HEALTH AND WELLBEING

The following factors play a significant role in the health care continuum in Valdez. The organizations providing health care within the Valdez community, and their collaboration in providing a full continuum of care to individuals, plays a vital role in maintaining the health of the community at large.

1. Overweight/Lack of Physical Activity

Response	20%	40%	60%	80%	100%	Count	2014	2011*	2007*
A - underweight						7	1.3%	*	*
B - Normal						173	33.1%	*	*
C - Overweight						176	33.7%	*	*
D - Obese						144	27.6%		
E – Morbidly Obese						22	4.2%	28%**	31.8%**
Not Answered						39			
	Responses					522			

*Not included in survey that year.

2007 and 2012 data from BRFSS for **Valdez/Cordova census area. 2014 survey data is for Valdez alone.

- When surveyed how many days per week do you engage in physical activity for a total of 30 minutes or more, 36.6% of respondents indicated none or 1-2 days (Survey Question 15)
- 65.5% of survey respondents reported BMI of overweight, obese or very obese (Survey Question 21)
- When asked what are the three most significant health care needs in your community, one response given was “A big portion of the population struggles with living a healthy lifestyle, especially regarding their weight. I see many high school kids that already make unhealthy decisions, especially with food and exercise. Even with SWAN programs lack of education and lack of exercise are problems.” (Key Stakeholder Interview)

2. Low Utilization of Preventive Services/Not engaged in preventive Care

- a) When surveyed, 80.2% of respondents indicated yes to having insurance coverage for preventive care/annual exam (Survey Question 4)
- b) When surveyed, 8.9% of respondents indicated no to having insurance coverage for preventive care/annual exam (Survey Question 4)
- c) When surveyed, 11.0% of respondents indicated don't know to having insurance coverage for preventive care/annual exam (Survey Question 4)
- d) When surveyed, 38.2% of respondents indicated no to having had an annual exam with a health care provider for preventive purposes in the past year (Survey Question 19)
- e) When surveyed, 45.0% of respondents indicated no to having had biometric screening completed in the past year (Survey Question 20)
- f) Of those who had biometric screening in the past year, 32.2% of respondents indicated that they took no further action based on the results (Survey Question 20a)

3. Chronic Conditions

- a) When surveyed, 18.6% of respondents indicated every day or some days to smoking cigarettes or using smokeless tobacco (Survey Question 12)
- b) When asked what are the three most significant health care needs in your community, one response given was "Diabetes/treatment." (Key Stakeholder Interview)
- c) When asked what groups or vulnerable populations in your community are underserved regarding their health care needs and what is the nature of their needs, one response given was "Patients with chronic diseases such as diabetes and COPD are underserved. There are no support groups for them. We often don't see them until there is a crisis and they have to come to the hospital. People needing home health, hospice, or skilled care are underserved. We don't have community based skilled care, no outreach or delivery model for sub-acute care. In general we have a pretty homogenous community. The Native American population is well served in their delivery system. The migrant workers who work in the fisheries could be an underserved population." (Key Stakeholder Interview)
- d) Valdez/Cordova percent of adults that report smoking is slightly higher than Alaska and significantly higher than the national benchmark (Secondary Data)
- e) Valdez/Cordova Percent of adults that report a BMI ≥ 30 is in line with Alaska and 3% higher than the national benchmark (Secondary Data)
- f) Valdez/Cordova percent of diabetic Medicare enrollees that receive HbA1c screening (86%) is slightly below the national benchmark (90%) but above the Alaska rate (75%) in 2014 (Secondary Data)

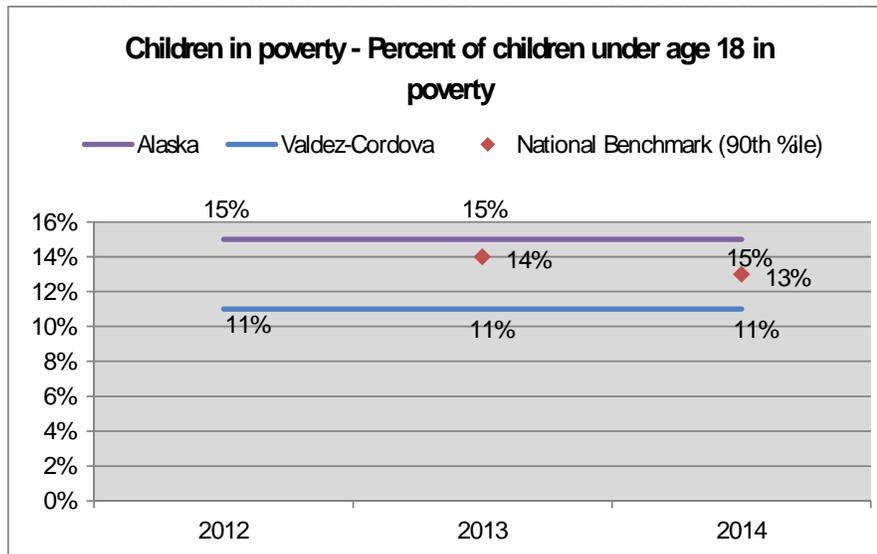
4. Mental Health/Substance Abuse

- a) **43.0%** of respondents indicated that their health insurance covers treatment for substance abuse, (Survey Question 4)
- b) **15.1%** of respondents indicated they needed mental health service in the past 12 months (Survey Question 6)
- c) **25.6%** of those who needed mental health services in the last 12 months indicate they were not able to receive the needed services. (Survey Question 6a)
- d) 42.1% of respondents unable to receive needed mental health services in the last 12 months identified the lack of insurance/inability to afford as the reason. (Survey Question 6b)
- e) **13.5%** of respondents indicated they felt depressed in the past 12 months, yes (Survey Question 7)
- f) **5.0%** of respondents indicated they had thought about committing suicide at some point in the past 12 months. (Survey Question 8)
- g) **1.1%** of respondents report that they needed substance abuse treatment in the last 12 mos.
- h) **42.9%** of respondents who needed substance abuse treatment indicated they were not able to receive the needed services, (Survey Question 9a) The following were the reasons given:
 - i) When asked what are the three most significant health care needs in your community? (Key Stakeholder Interview)
 - “Mental illness.”
 - “Alcohol and drug abuse.”
 - “Counseling services.”
 - “Substance abuse treatment and support.”
 - j) Valdez/Cordova average number of mentally unhealthy days reported in the past 30 days has been above Alaska and national benchmarks for the past three years (Secondary Data)

5. Social and Economic Determinates of Health

- a) What are the three most significant health care needs in your community? (Key Stakeholder Interview)
 - “Homelessness.”
- b) What are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed? (Key Stakeholder Interview)
 - *“Housing for those who cannot or do not care to live by themselves any longer is another major issue. The hospital has a number of swing beds and there is a home outside of town that has a few rooms with assistance, but there is no assisted living facility in Valdez. Many of those needing this relocate to Anchorage, leaving family and friends behind, isolating them in an unfamiliar city.”*
- c) What groups or vulnerable populations in your community are underserved regarding their health care needs and what is the nature of their needs? (Key Stakeholder Interview)

- “The low income population, but now they have access with the healthcare act.”
- “The unemployed is one group, and the 18-30 year olds who do not seem to fit anywhere after they leave school. We see many cultural groups from the Philippines and other places who come for work in the canneries in the summer. Public Health reaches out to them for the time they are here.”



ACCESS TO HEALTH CARE

The following issues concern Valdez 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.

6. Uninsured/Cost of Care as a Barrier to Access

- a) **39.5%** of survey respondents indicated not being able to receive needed services due to no insurance/couldn't afford it (Survey Question 1b)
- b) Valdez percent of uninsured varies in the two separate surveys – possible causes of variation Valdez survey includes respondents 65+ years of age and the secondary data source includes both Valdez and Cordova.
 - **2014 CHNA survey** - **10.6%** of Valdez respondents indicated they are uninsured (Survey Question 3)
 - (24%) Valdez/Cordova percent of adults under age 65 without health insurance (24%) is slightly higher than Alaska (22%) and significantly higher than the national benchmark (11%) (Secondary Data)
- c) **31.0%** of uninsured respondents indicated they do not have insurance because employer doesn't offer health insurance (Survey Question 3b)

- a) **62.1%** of uninsured respondents indicated the reason for not having health insurance as too expensive (Survey Question 3b)
- d) **11.0%** of respondents indicated their dependent children do not have dental insurance (Survey Question 5)
- e) When surveyed why individuals or their family members couldn't receive needed mental health services,
- f) **42.1%** of respondents indicated not receiving needed mental health services due to no insurance/couldn't afford it (Survey Question 6b)
- g) How does the lack of insurance impact the population/constituency that you serve or represent and what tool or resources might help address those issues? (Key Stakeholder Interview)
- *“Lack of insurance is a major issue, even with the ACA and the insurance marketplace. Many people are distrustful of the government in the first place, and the information they need is not getting out, and not getting to those who need it. It is not only the leadership but everyone’s responsibility to get the resources and information to those who are in need of it.”*
- h) How does the lack of insurance impact the population/constituency that you serve or represent and what tool or resources might help address those issues? (Key Stakeholder Interview)
- *“we do not refuse service to anyone, with or without insurance. Several people now have insurance through the health insurance market place, but I have not seen a huge impact from it. What would make a big difference is the Medicaid expansion, to fill the gap for those who cannot afford insurance but do not qualify for Medicaid. I am advocating politically for this.” (Key Stakeholder Interview)*
 - *“Those without insurance don’t come in, skip important medical tests, and they don’t see the specialists when needed I Anchorage. Some come in anyway and the people with insurance pay more to cover the uninsured or underinsured.”*
 - *“It has a tremendous impact. People come in looking for natural alternatives for their medical problems. I see it especially among the season workers that don’t have insurance. I haven’t noticed that the health insurance marketplace has impacted this at all but maybe it is too soon.”*
- i) When asked what are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed? (Key Stakeholder Interview)
- *“Lack of insurance or underinsured.”*

- *“Many of our families without insurance do not seek or receive the preventative care they and their children need, especially dental and basic exams and screenings.”*
- j) **62.1%** of uninsured respondents indicated the reason for not having health insurance as too expensive (Survey Question 3b)
- k) **42.1%** of respondents indicated not receiving needed mental health services due to no insurance/couldn't afford it (Survey Question 6b)
- l) How does the **lack of insurance impact the population/constituency** that you serve or represent and what tool or resources might help address those issues? (Key Stakeholder Interview)
- *“It doesn't affect our workers as the union and non-union contractors provide health insurance. I really don't have a good understanding of the uninsured in our community but this is a terrible place to live without insurance due to the cost of health care.”*
- m) When asked what are the **main barriers to obtaining health care** in the community or taking care of significant health needs and how can those barriers be addressed? (Key Stakeholder Interview)
- *“Not enough funding; funding is limited. If we had a situation where someone ran up a \$20,000 ER bill for instance, we wouldn't have the funds to cover that.”*
- n) What groups or **vulnerable populations in your community are underserved** regarding their health care needs and what is the nature of their needs? (Key Stakeholder Interview)
- *“Those who don't qualify for Medicaid and those who need personal care assistance are very underserved. There have been huge cutbacks, and the number of personal care hours allotted has been drastically reduced. We help with public assistance applications and many of our clients fall through the cracks. They may have a Medicare waiver but have no paper trail or medical visits and do not qualify for a PCA.”*
- o) What are the greatest **weaknesses of the health care system in Valdez?** (Key Stakeholder Interview)
- *“Higher costs; health care costs are higher here.”*

7. Availability and Access to Primary Care Services

- a) What are the three most significant health care needs in your community? (Key Stakeholder Interview)
- *“Valdez needs an after hour clinic so you don't have to go to the ER if it's after 5:00.”*

- *“Preventative care in general.”*
 - *“To get an appointment at the clinic it's several weeks out. You have no option if you have an immediate need but to sit and wait but many people don't bother doing that.”*
- b) **35.2%** of respondents indicated more primary care providers as a top three health care need in Valdez (Survey Question 23)
- c) **48.7%** of respondents indicated timely access to care in a physician clinic (appointment in a reasonable timeframe) as a top three health care need in Valdez (Survey Question 23)
- d) What are **the three most significant health care needs** in your community? (Key Stakeholder Interview)
- *“The doctors we have are overworked.”*
 - *“I believe we are doing well in providing needed services, but having another doctor or two would be ideal. We are looking to hire another general practitioner who can help cover the ER and has surgical skills. Having one or two more doctors would help us maintain the safety net of care for Valdez.”*
 - *“Access to quality, efficient, and timely primary care. Geriatric care, chronic illness, and obstetrics. Recruitment and retention of physicians.”*
 - *“Inability for people to get a quick health care exam if they need something. The clinic is so backed up. If they need something right away they need to wait in the clinic for 3 hours or go to the ER which is so expensive.”*
- e) What are the main barriers to obtaining health care in the community or taking care of significant health needs and how can those barriers be addressed? (Key Stakeholder Interview)
- *“We are a rural community, so it seems hard to keep good doctors here. We are working hard to attract them, and hopefully have them stay. The infrastructure is in place and there is space available.”*
 - *“The lack of health care workers. We don't have people who are able and/or willing to do the work.”*
 - *“There is a breakdown in communication. Lab results might take a week and if you think there is something seriously wrong with you, that is a long time to wait.”*
 - *“Lack of enough family practitioners, they are a vanishing breed. The quick fixes from the federal government don't apply here. Family practitioners choose not to come here because of the compensation and oftentimes lack of respect from big city doctors.”*
- f) Have you or anyone you know had to leave Valdez to receive needed health care services and if so, what was it for?
- *“yes, many go there for specialty care or even primary care if they can afford it. There is a lack of primary care here and it can be 3-4 hours wait in the clinic or ER. An appointment may be up to a month or more out.”*
(Key Stakeholder Interview)
- g) What are the greatest weaknesses of the health care system in Valdez? (Key Stakeholder Interview)

- *“Physician recruitment and retention.”*
 - *“Not utilizing mid-level providers.”*
 - *“There are long wait lists to be seen by a doctor right now as we just lost one of our four doctors and really need five.”*
 - *“Our doctors are overworked. We need quicker response times and thoroughness.”*
 - *“We need more doctors as there is a limited number here and wait times can be long.”*
- h) What could be done to improve the health care system in Valdez? (Key Stakeholder Interview)
- *“Healthcare in Valdez could be greatly improved if we could use mid-level providers, like nurse practitioners and physicians’ assistants. The model has worked well in other small communities and could have an impact here too. They can free up the doctors’ schedules to allow them to see acute patients while the NPs and PAs handle routine visits. If this alternative were pursued, this could save long waits in the clinics and ER; if they staffed a walk-in clinic, especially after hours, it would save many visits to the ER for routine services. Hiring mid-level providers would also increase the workforce here and provide better health coverage. As it is now our doctors are overworked, but some [doctors] do not want to allow or hire NPs or PAs. We think the community would be open to this alternative, and we ourselves have been seen by NPs.*
 - *“Hiring one or two primary care doctors so we would have a team of up to five would be ideal.”*
 - *“Finding a new and better model for health care delivery or primary care services; improving accessibility to primary care.”*
 - *“Getting enough practitioners will do it. We have terrible wait times right now. We have a new doctor coming in July but still need one more. I don’t think hiring NPs and PAs is the answer. They can’t work in the ER by themselves or do surgery.” (Key Stakeholder Interview)*

8. Access to Specialty Services

- a) **31.6%** of respondents indicated they needed a specialist that was not available in Valdez as a reason for not receiving healthcare (Survey Question 1b)
- b) **41.9%** of respondents who went without needed healthcare services indicated that they type of health care they went without was a Specialist (Survey Question 1c)
- c) **37.8%** of respondents who went without needed healthcare services indicated that a needed specialist opinion/surgery/procedure was not available (specify specialty) (Survey Question 11)

- d) **39.3%** of respondents indicated dental care as a top three health care need in Valdez (Survey Question 23)
- e) **25.6%** of respondents indicated female health care (OB/GYN) as a top three health care need in Valdez (Survey Question 23)
- f) When asked what are the three **most significant health care needs** in your community? (Key Stakeholder Interview)
- *“dental care.”*
 - *“Dental.”*
 - *“Dental services.”*
 - *“specialty doctors; we are starting to bring in more to the community.”*
 - *“Choice. There is a lack of choice; for example we only have one dentist.”*
 - *“Prenatal screenings and education for prenatal and parenting skills.”*
 - *“Access to quality, efficient, and timely primary care. Geriatric care, chronic illness, and obstetrics. Recruitment and retention of physicians.”*
 - *“Consistent, wide-ranging general medical care including OB, surgery, psychiatry, etc. We need a good solid health care system that can handle 95 percent of common medical needs.”*
 - *“Heart disease and stroke. We have a lot of stroke victims here. Cancer, a lot of cancer here; lung, uterine, breast, and brain.”*
- g) What are the main **barriers to obtaining health care** in the community or taking care of significant health needs and how can those barriers be addressed?
- *“The main barrier is access to care. We are limited in what services we provide also, i.e., specialty services. People have to travel to Anchorage for specialty care. There is not enough business for specialty physicians to live here.” (Key Stakeholder Interview)*
 - *“Cost/complexity of traveling to Anchorage for specialty services. People have a hard time getting off of work to go or paying for travel.”*
- h) When asked have you or anyone you know **had to leave Valdez to receive needed health care** services and if so, what was it for? (Key Stakeholder Interview)
- *“Yes, for dialysis, good dental care, and major surgery. We do have traveling doctors who come to Valdez, but there is little choice of service providers.”*
 - *“yes, everyone has to leave Valdez and go to Anchorage for anything serious like cancer.”*
 - *“We medevac serious injuries or emergency situations to Anchorage. People will also go there if they are referred by their doctor. We have quality doctors and most people are satisfied here.”*
 - *“Yes, many go there for specialty care or even primary care if they can afford it. There is a lack of primary care here and it can be 3-4 hours wait in the clinic or ER. An appointment may be up to a month or more out.”*
 - *“Yes, I have left for cataract surgery. My wife has left for dermatology and optometry/glasses (personal choice). Also women’s health. My kids have had to leave for orthodontics, dental, and oral surgery. My child had*

a broken bone that got set here in Valdez but the doctor wanted a second opinion in Anchorage.”

- *“I refer patients to specialists in Anchorage for any number of reasons. MRI is probably one of the major reasons, and we try to schedule this along with any follow up that may be needed with a specialist. I have referred for hysterectomies and other major surgery, neurology, oncology, etc. We do have chemo treatments here but for more extensive oncology I refer patients.”*
 - *“Yes, people have to travel to receive pediatric, OB, orthopedics, and oncology care. Sometimes patients with insurance choose to seek primary care outside of Valdez also.”*
 - *“Yes, my son had to have an appendectomy and I don’t think I would have wanted him to have the surgery here as a burst appendix is pretty tricky.”*
 - *“People leave for everything from chronic allergies to oncology to complicated births. They do their best here but we could do a better job for post-operative care so people don’t have to travel back and forth to Anchorage. There is a lot of breakdown in communication. An elderly man who I am friends with is diabetic and has cancer and his medications weren’t being carefully monitored.”*
- i) What are the **greatest strengths of the health care system** in Valdez? (Key Stakeholder Interview)
- *“The hospital. It was built for the community and has served it well, especially Physical Therapy and Rehab. This has allowed people to return to their own homes. Providence has provided good oversight of management and the professional staff. The building itself is welcoming to the community and is seen as a friendly place. MRI and telemedicine will have an influence on healthcare.”*
 - *“We have a robust system of care here that provides CAT scans, surgery, OB, and other services. We recently had a woman who needed a Caesarian section for twins and we were able to do that and delivered two healthy babies.”*
 - *“We have a good array of services for a small town. If all the doctors are in town they can perform emergency surgeries if they need to. They all pull together.”*
- j) When asked what are the **greatest weaknesses of the health care system** in Valdez? (Key Stakeholder Interview)
- *“We have a robust system of care in place here, but we cannot do major surgeries or provide MRI services. We only have one dentist in town and he is very good, but we could probably use another. Another primary care doctor or two would also help.”*
- k) When asked what could be done to **improve the health care system** in Valdez? (Key Stakeholder Interview)
- *“There is no anesthesiologist on staff at the hospital so only minimal surgeries are performed. Hire an anesthesiologist.”*

- l) Have you or anyone you know had to **leave Valdez to receive needed health care** services and if so, what was it for? (Key Stakeholder Interview)
- *“We were just in Anchorage this week for dental/orthodontic care. Many people go to Anchorage for specialists”*
- m) What groups or **vulnerable populations in your community are underserved** regarding their health care needs? (Key Stakeholder Interview)
- *“I think anyone who needs specialty services is underserved as they have to leave to receive them.”*

CONTINUUM OF CARE

The following factors play a significant role in the healthcare continuum in Valdez. The organizations providing healthcare within the Valdez community, and their collaboration in providing a full continuum of care to individuals, plays a vital role in maintaining the health of the community at large.

9. Aging and the Elderly

- a) Survey Question 4 - Does your health insurance cover or do you have additional coverage for:

	Yes	No	Don't know	Total	
Long-term care? (nursing home)	Count	119	131	233	483
	2014	24.6%	27.1%	48.2%	
	2011	22.2%	27.4%	50.4%	
	2007	25.8%	40.3%	33.9%	

- b) When asked how specifically, based on your experience, what are the **three most significant health care needs** in your community? (Key Stakeholder Interview responses)
- *one response given was “There is a definite need for an assisted living facility here. The hospital offers some long-term care and the Senior Center has some independent living, but there is no assisted living available.”*
 - *“Hospice and in-home care that will bill insurance.”*
 - *“long-term care.”*
 - *“Elder care.”*
 - *“I see the assisted living as the biggest need. The hospital does a good job here of taking care of health needs.”*
 - *“We have some PCAs to help the elderly in their homes, but they are stretched very thin. Many need palliative care or hospice and may have to leave their homes to go to Anchorage for this. They are not able to stay in their homes or to die at home because of lack of resources. Home health*

care would serve a greater good in keeping them in the community where they are familiar and have family and friends.”

- c) What groups or **vulnerable populations in your community are underserved** regarding their health care needs and what is the nature of their needs? (Key Stakeholder Interview responses)
- *“Those needing assisted living. As it is now people need to move to Anchorage or another town when they need assisted living and that takes them a long way from Valdez and family and friends.”*
 - *“Elderly. Services that won’t allow them to stay in their homes (Alzheimer’s Resource of Alaska and Connecting Ties serves them but resources are limited).”*
- d) When asked what are the **greatest strengths of the health care system in Valdez?**
- *“The hospital is really doing a great thing in Valdez. They are doing a good job with long-term care, the staff is eager to learn and are good people. Unfortunately the LTC is too small, they need more assisted living facilities. The LTC is short staffed and spread too thinly really.”*
- e) What are the **greatest weaknesses of the health care system in Valdez?** (Key Stakeholder Interview responses)
- *“No assisted living.”*
 - *“One weakness is not offering hospice and home health services through the hospital. Also, there is no nursing home in Valdez and only limited assisted living.”*

10. Coordination of Care and Education regarding Services Available

- a) What are the three **most significant health care needs** in your community? (Key Stakeholder Interview responses)
- *“Consistent, wide-ranging general medical care including OB, surgery, psychiatry, etc. We need a good solid health care system that can handle 95 percent of common medical needs.”*
- b) What are the **main barriers to obtaining health care** in the community or taking care of significant health needs and how can those barriers be addressed? (Key Stakeholder Interview responses)
- *“The main barrier is access to care. We are limited in what services we provide also, i.e., specialty services. People have to travel to Anchorage for specialty care. There is not enough business for specialty physicians to live here.”*
 - *“Getting referrals takes longer than it should.”*
- c) What are the **greatest strengths of the health care system in Valdez?** (Key Stakeholder Interview responses)
- *“Dedicated doctors and support staff at the hospital and clinic have been very creative in meeting people’s needs. They are also involved in the community. The hospital also has a non-profit support group through the Board.”*
 - *“Being able to provide health care to the Indian population through the grant money we receive.”*

- *“From the top on down, we have quality healthcare. There is great leadership from Providence and the Director of the hospital. We have quality doctors, nurses, and staff who work as a team to provide quality customer service. They have also done a great job fiscally. We also have a fully staffed counseling center.” (Key Stakeholder Interview)*
 - *“Our mass dispensing clinic. Once a year Public Health partners with the City of Valdez, Providence Hospital, and the medical clinic to give flu shots to the entire community. We have used the Civic Center and its three ballrooms, over 70 volunteers and professional healthcare workers to immunize up to 400 people an hour. It is well organized and well received. Also SWAN and the regional health fair, also serving surrounding communities.*
 - *“We have a robust system of care here that provides CAT scans, surgery, OB, and other services.”*
 - *“Greatest strengths of the health system in Valdez is a professional management of the hospital (they have high patient satisfaction scores too). Health care is close, safe, and personal; you are never a number here. We have an engaged Health Advisory Counsel for hospital services delivery.”*
 - *“As of recently, we have had consistency in doctors and nurses. It’s nice for patients to see the same person more than once.”*
- d) What are the **greatest weaknesses of the health care system in Valdez?**
(Key Stakeholder Interview responses)
- *“Our health care system is becoming centralized and one size doesn’t fit all.”*
 - *“Physicians having a hard time embracing and optimizing technology.”*
- e) What could be done to **improve the health care system in Valdez?**
- *“Nursing staff at the hospital is understaffed, and most are part-time to save on benefits. We have no nursing home and one limited assisted living facility in Valdez. They need to be offered FT status with benefits and hire more.”*

Summary of Prioritized Needs

In September of 2014, members of the CHNA Advisory Committee were asked to rate the health issues identified previously according to three key variables, 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 convened after individually rating the health issues to come up with the top priorities as a group. The following two priorities were identified by the CHNA Advisory Committee:

1. Overweight/Lack of Physical Activity

Roughly 2 out of 3 Valdez adults are either overweight or obese. The obesity rate for Valdez adults is over 3% greater than the rate for Alaskan adults as a whole. Being overweight or obese is directly linked to some of the most life-threatening conditions and diseases, such as diabetes, cancer, coronary heart disease, high blood pressure and stroke. This threat to the health and well being of Valdez residents is compounded by Valdez's remoteness and climate. The remote location of Valdez makes fresh healthy foods costly and its rainy northern climate makes outdoor activity more challenging for during the dark and rainy season.

2. Availability and Access to Primary Care Services

Improved availability and access to primary care services were identified by the community as a significant issue. Nearly 50% of the survey respondents identified "Timely access to care in a physician clinic (appointment in a reasonable timeframe)" as one of the top 3 health care needs in Valdez. According to survey respondents and stakeholder interviews, access to primary care in Valdez has been challenged with issues of clinic through-put, maintaining sufficient physician-to-population ratios, physician recruitment and retention, appointments that are 2-3 weeks out and long wait times. Roughly 1 in 10 respondents indicated they use the emergency room as their main source of healthcare.

3. Mental Health/Substance Abuse

Poor mental health and the related issue of substance abuse were identified as problems in the Valdez community. Rainy climates and long dark winters are known to negatively impact mental health and is frequently associated with increased substance abuse. Roughly 1 in 7 Valdez adults report needing mental health services in the last 12 months. The same number of respondents report having felt so sad or hopeless almost every day for two weeks or more in the last 12 months that they stopped doing some usual activities. Roughly 1 in 20 Valdez adults report having thought about committing suicide during the past 12 months. Drug and alcohol abuse are closely associated with mental illness and health. Roughly 1 in 20 Valdez residents report having engaged in binge drinking within the past 30 days.

Existing Health Care and other Facilities and Resources

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 can be found in Appendix 5.

Implementation Plan

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy addresses top community health priorities identified through the CHNA by the CHNA Advisory Committee and describes how PVMC plans to address the health priorities

With input from the CHNA Advisory Committee and leadership at Providence Health Services Alaska the PVMC Leadership Team developed the implementation strategy. 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

The detailed implementation strategy for each priority can be found in Appendix 6, including supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy. PVMC will continue to work with the community to address the needs identified in the CHNA.

References

- Alaska Department of Public Health
- Alaska Vital Statistics
- Association for Community Health Improvement
- County Health Rankings
- ESRI Business Information Solutions, 2014
- Flex Monitoring Team
- Rural Health Works

Appendix 1

Key Stakeholder Interviews

The following are a list of organizations that had representatives who participated in the community stakeholder input process of the CHNA.

- Alyeska
- Alzheimer's Resource of Alaska
- City of Valdez
- Connecting Ties
- Food Bank
- Valdez Native Tribe
- Providence Valdez Counseling Center
- Providence Valdez Medical Center
- Rogues Garden
- State of Alaska Public Health Nursing
- Valdez Medical Clinic
- Valdez School District
- Valdez Senior Center

Appendix 2

Valdez Stakeholder Interview Results

Primary data was collected via surveys and a series of interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community.

Valdez Stakeholder Interview Results

Stakeholder Name

Response	
Alyeska/SERVs	
Alzheimer's Resource of Alaska	
City of Valdez	
Connecting Ties	
Food Bank	
Valdez Native Tribe	
Providence Valdez Counseling Center	
Providence Valdez Medical Center	
Rogues Garden	
State Public Health Nurse	
Valdez Medical Clinic	
Valdez School District	
Valdez Senior Center	
Total Responses	13

Do you or your organization serve or represent a particular population or constituency in the community (i.e. 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	
We serve seniors in a variety of ways. Seven days a week we deliver Meals on Wheels and also have an in-house meal program. There are a few independent living apartments here. We are able to offer rides to seniors to appointments and stores at a minimal cost to them.	
We serve seniors and those of any age with developmental disabilities and/or low income within a 100-mile area. Our services are non-profit and include advocacy, vocational rehab, a second-hand store that offers training, respite care, transportation for low income and those with disabilities.	
Yes we are subcontracted by the Federal Government to serve the native Alaskans and American Indians. In order to qualify they have to have a certificate of Indian blood. We have 430 people that we serve.	
I serve the whole community.	
Our focus is on the uninsured and the underserved. Public Health is a safety net, a safe place where people can come for health services but also referrals in other areas of life. Our healthcare services include immunizations, well-child checks, pregnancy and STD screenings, and family planning counseling, among others. We also can give referrals to clients who are abused, addicted, homeless or have other problems. We have one RN and one admin person on staff.	
No. We are an oil pipeline service company that operates the marine terminal. We load the oil on the tankers and send it south. We employ about 350 people here year-round which is a significant demographic of our community.	
We serve the entire population of Valdez, not just a particular population. We are available to everyone, from labor and delivery to the elderly, and those without insurance or on Medicaid as well as insured. Our services are quite extensive, including occupational health, testing, surgery, and most basic services. We have a contract with the Valdez Native Tribe and also the Coast Guard.	
We are an 11-bed acute care hospital and 10-bed licensed long term care facility. We are also a counseling center.	
No we serve everybody.	
We serve elders age 60 and up. We do a lot of training/consultation with elders' loved ones and the community on how to keep elders in their home. If they need long term care we advise on the next steps. Our goal is to keep people in their home as long as possible. We also hire in-home care workers. Our main challenge is finding in-home workers.	
We are a health food store and are open to the public.	
I work at the Food pantry. We provide food and emergency services like fuel and housing. We serve everyone including children and seniors. We coordinate a backpack program with food for kids that is sent home with them on Friday's.	
I am a high school teacher, teaching biology, sciences, and PE, so I serve primarily teenagers but also interact with their families.	
Total Responses	13

How, specifically, does the lack of insurance impact the population/constituency you serve or represent? What tools or resources might help address those issues?

Response	
Most of our population qualifies for Medicare or Medicaid.	
All of our clientele have Medicaid, grants, or self-pay their health care.	
This doesn't affect our population because they qualify for free health insurance through the Federal Government.	
I am not aware of the impact it may have. There are others who would be more knowledgeable about that issue.	
Lack of insurance is a major issue, even with the ACA and the insurance marketplace. Many people are distrustful of the government in the first place, and the information they need is not getting out, and not getting to those who need it. It is not only the leadership but everyone's responsibility to get the resources and information to those who are in need of it.	
It doesn't affect our workers as the union and non-union contractors provide health insurance. I really don't have a good understanding of the uninsured in our community but this is a terrible place to live without insurance due to the cost of health care.	
We do not refuse service to anyone, with or without insurance. Several people now have insurance through the health insurance market place, but I have not seen a huge impact from it. What would make a big difference is the Medicaid expansion, to fill the gap for those who cannot afford insurance but do not qualify for Medicaid. I am advocating politically for this.	
It's possible that a lack of insurance causes the uninsured not to seek services. Anyone that seeks services from us is not turned away though due to our generous assistance program (sliding fee). We promote our sliding fee scale. Overall the community is getting a high level of care compared to similar communities. We partnered with the Benefits Group in Alaska to help un/under insured enroll in Obamacare through The Affordable Care Act. We had a trained financial counselor travel here to help enroll people. Unfortunately there was a less than stellar turnout of people coming in to sign up despite our attempts to communicate and educate. Other communities in Alaska didn't have boots on the ground like we did to help enroll people. We think this could be due to the bad publicity surrounding the implementation of Obamacare coupled with the lack of education on what the benefits are. Economically this is a strong community with good growth and a strong industrial workforce. Valdez is in the enviable position of having a strong payer mix, largely due to the influence of the pipeline. There are some people living on the margins of life though. Around ten percent of the patients we see are uninsured or underinsured. According to the United Way, 25 percent of our populations regularly visit the food bank.	
Those without insurance don't come in, skip important medical tests, and they don't see the specialists when needed in Anchorage. Some come in anyway and the people with insurance pay more to cover the un or underinsured.	
Lack of insurance doesn't really affect the elder population for our services. Either they are on Medicaid or they qualify for our generous sliding fee scale made available through state grants. The state grant doesn't look at the elder's assets only their income. Not one family has had to use their private insurance to pay for our services.	
It has a tremendous impact. People come in looking for natural alternatives for their medical problems. I see it especially among the season works who don't have insurance. I haven't noticed that the health insurance marketplace has impacted this at all but maybe it's too soon.	
I have no idea.	
Many of our families without insurance do not seek or receive the preventative care they and their children need, especially dental and basic exams and screenings. Only one family that I know of has been happy with the insurance through the HC Marketplace. Am not sure if others have used it or not. Athletes do receive help with the required physicals through the District so they can participate in sports.	
Total Responses	13

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

Response	
There is a definite need for an assisted living facility here. The hospital offers some long-term care and the Senior Center has some independent living, but there is no assisted living available.	
Hospice; in-home care that will bill insurance; dental care.	
Not sure.	
<ol style="list-style-type: none"> 1) Long term care; we are addressing that. 2) Specialty doctors; we are starting to bring in more to the community. 3) The doctors we have are overworked. 	
1) Mental illness; 2) Elder Care; 3) Alcohol and drug abuse. There are many others, including homelessness	
<ol style="list-style-type: none"> 1. Choice: There is a lack of choice; for example we only have one dentist. 2. Isolation: If you have an emergency you end up having to fly to Anchorage for treatment. 	
I believe we are doing well in providing needed services, but having another doctor or two would be ideal. We are looking to hire another general practitioner who can help cover the ER and has surgical skills. Having one or two more doctors would help us maintain the safety net of care for Valdez.	
Access to quality, efficient, and timely primary care. Geriatric care, chronic illness and obstetrics. Recruitment and retention of physicians.	
<ol style="list-style-type: none"> 1. Consistent, wide-ranging general medical care including OB, surgery, psychiatry, etc. We need a good solid health care system that can handle 95 percent of common medical needs. 2. Dental services 3. Counseling services 	
<ol style="list-style-type: none"> 1. Substance abuse treatment and support. I hear that meth and heroin is a new problem in China. 2. Diabetes/treatment 3. Heart disease and stroke. We have a lot of stroke victims here. 4. Cancer; a lot of cancer here; lung, uterine, breast and brain. 	
<ol style="list-style-type: none"> 1. Dental 2. Inability for people to get a quick health care exam if they need something. The clinic is so backed up. If they need something right away they need to wait in the clinic for 3 hours or go to the ER which is so expensive. 	
Personally I think Valdez needs an afterhours clinic so you don't have to go to the ER if it's after 5.	
<ol style="list-style-type: none"> 1) A big portion of the population struggles with living a healthy lifestyle, especially regarding their weight. I see many high school kids that already make unhealthy decisions, especially with food and exercise. Even with SWAN programs lack of education and lack of exercise are problems. 2) Prenatal screenings and education for prenatal and parenting skills. 3) Preventative care in general. 	
Total Responses	13

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
I see the assisted living as the biggest need. The hospital does a good job here of taking care of health needs.
Housing for those who cannot or do not care to live by themselves any longer is another major issue. The hospital has a number of swing beds and there is a home outside of town that has a few rooms with assistance, but there is no assisted living facility in Valdez. Many of those needing this relocate to Anchorage, leaving family and friends behind, isolating them in an unfamiliar city.
Not enough funding; funding is limited. If we had a situation where someone ran up a \$20,000 ER bill for instance, we wouldn't have the funds to cover that.
We are a rural community, so it seems hard to keep good doctors here. We are working hard to attract them, and hopefully have them stay. The infrastructure is in place and there is space available.
We do not have the ability or the resources to care for many mentally ill persons in their homes. There is some counseling but not home care on a daily basis. We are seeing an alarming incidence of suicide or attempted suicide in the 18-30 age groups. We have few if any intervention resources. We have some PCAs to help the elderly in their homes, but they are stretched very thin. Many need palliative care or hospice and may have to leave their homes to go to Anchorage for this. They are not able to stay in their own homes or to die at home because of lack of resources. Home health care would serve a greater good in keeping them in the community where they are familiar and have family and friends. There is very little help for those with addictions. There seems to be abuse of drugs and alcohol on both ends of the financial spectrum—those who can afford it may do so recreationally, and the others to dull their pain and cope with their situations. Although many do not acknowledge homelessness it is here. Many times teachers at school recognize and discover it in children living in campers or busses. The school serves breakfasts and lunches and will send home a box from the food pantry on Friday; they also may refer the family to an agency that may be able to help.
<ol style="list-style-type: none"> 1. Transportation: its 600 miles round trip to Anchorage. 2. Cost of services
Some people have self-imposed barriers, for whatever reason, but basic healthcare is available here. Our location and the level of medicine we require is a barrier to attracting more doctors here, but we continue to look to hire.
The main barrier is access to care. We are limited in what services we provide also, i.e. specialty services. People have to travel to Anchorage for specialty care. There is not enough business for specialty physicians to live here.
<ol style="list-style-type: none"> 1. Lack of insurance or under insured. 2. Cost/complexity of traveling to Anchorage for specialty services. People have a hard time getting off of work to go or paying for travel.
<ol style="list-style-type: none"> 3. Lack of enough family practitioners, we are a vanishing breed. The quick fixes from the federal government don't apply here. Family practitioners choose not to come here because of the compensation and often times lack of respect from big city doctors.
To address the lack of family practitioners we need to encourage medical schools to keep teaching the full range of family practice skills including those for practicing in a truly rural environment vs. Seattle.
We need to encourage medical students to train in other locations not just big cities because then they think they can't do their job without a big medical system behind them. It's also a money situation. We need to pay family practitioners for working here which take a lot of expertise and time.
<ol style="list-style-type: none"> 1. Transportation; lack of public transportation. We need to figure out a way to subsidize public transportation. (Gas is so expensive here.)

2. The lack of health care workers. We don't have people who are able and/or willing to do the work.

To solve these problems I would set up more small, localized centers like in Kennedy Lake (where she resides) so people don't have to drive to Valdez. These could be staffed with people who are trained in many things, not just one including counseling, medical care and substance abuse treatment. This could be similar to "Doctors Without Borders" programs that leave the US but could be done right in Alaska. Develop teams of people who would live in the community for free in exchange for at least a two year commitment. We need to bring the services to the people instead of the other way around.

Trust and confidence. I've lived here a long time and people report that they have been misdiagnosed or not taken seriously. Because of this many of them feel more confident going to Anchorage.

There is a breakdown in communication. Lab results might take a week and if you think there is something seriously wrong with you that's a long time to wait.

Getting referrals takes longer than it should. Kathy Todd is great but for some reason it seems hard to get referrals through.

To get an appointment at the clinic it's several weeks out. You have no option if you have an immediate need but to sit and wait but many people don't bother doing that and I'm one of them.

I see the cost of healthcare as prohibitive to many of our families, but also lack of knowledge/education as to what free or low cost services are available to them.

	Total Responses	13
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Have you or anyone you know had to leave Valdez 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 Valdez? If so, for what?)

Response	
	Yes. I have had friends and family members go to Anchorage or Fairbanks for major surgery.
	Yes, for dialysis, good dental care, major surgery. We do have traveling doctors who come to Valdez, but there is little choice of service providers.
	Yes, everyone has to leave Valdez and go to Anchorage for anything serious like cancer.
	We medevac serious injuries or emergency situations to Anchorage. People will also go there if they are referred by their doctor. We have quality doctors and most people are satisfied here.
	Yes; many go there for specialty care or even primary care if they can afford it. There is a lack of primary care here, and can be a 3-4 hours wait in the clinic or ER. An appointment may be up to a month or more out.
	Families have moved to Anchorage to be closer to primary or specialty care.
	Yes. I have left for cataract surgery. My wife has left for dermatology and optometry/glasses (personal choice). Also women's health. My kids have had to leave for orthodontics, dental and oral surgery. My child had a broken bone that got set here in Valdez but the doctor wanted a second opinion in Anchorage.
	I refer patients to specialists in Anchorage for any number of reasons. MRI is probably one of the major reasons, and we try to schedule this along with any follow up that may be needed with a specialist. I have referred for hysterectomies and other major surgery, neurology, oncology, etc. We do have chemo treatments here but for more extensive oncology I refer patients.
	Yes. People have to travel to receive pediatric, OB, orthopedics and oncology care. Sometimes patients with insurance choose to seek primary care outside of Valdez also.
	Of course. I left for cardiology follow up and a breast MRI. We don't have an echo cardiac machine here because it wouldn't be cost effective. I refer my patients all the time.
	Yes.
	Yes. My son had to have an appendectomy. I don't think I would have wanted him to have the surgery here as a burst appendix is pretty tricky.
	People leave for everything from chronic allergies to oncology to complicated births. They do their best here but we could do a better job for post op care so people don't have to travel back and forth to Anchorage. There is a lot of breakdown in communication. An elderly man who I am friends with is diabetic and has cancer and his medications weren't being carefully monitored.
	Yes.
	Yes. We were just in Anchorage this week for dental/orthodontic care. My husband has also has knee surgery in Anchorage, and we have had need of ENT services and podiatry. Many people go to Anchorage for specialists.
	Total Responses
	13

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	
	Those needing assisted living. As it is now people have to move to Anchorage or another town when they need AL, and that takes them a long ways from Valdez and family and friends.
	Those who don't qualify for Medicaid and those who need personal care assistance are very underserved. There have been huge cutbacks, and the number of personal care hours allotted has been drastically reduced. We help with public assistance applications and many of our clients fall through the cracks. They may have a Medicare waiver but have no paper trail of medical visits and do not qualify for a PCA.
	No one is underserved.
	The low income population, but now they have access with the healthcare act.
	The unemployed is one group, and the 18-30 year olds who do not seem to fit anywhere after they leave school. We see many cultural groups from the Philippines and other places who come for work in the canneries in the summer. Public Health reaches out to them for the time they are here.
	Good question. I know several elderly people who seem to be getting their health care needs met locally for managing diabetes for example. I do know of one horror story of a man who had to take a new job at a grocery store and with that a pay cut. Then his child broke his growth plate and had to go to Anchorage. They have now lost their lease and are homeless, living in a tent.
	We offer care to all, and I am not aware of any particular group or population that is underserved. BCHC (Breast Cancer and Cervical Health) checks are available to women who meet certain income guidelines, and many do use the service.
	Patients with chronic diseases such as diabetes and COPD are underserved. There are no support groups for them. We often don't see them until there is a crisis and they have to come to the hospital. People needing home health, hospice or skilled care are underserved. We don't have community based skilled care, no outreach or delivery model for sub-acute care. In general we have a pretty homogeneous community. The Native American population is well served in their delivery system. The migrant workers who work in the fisheries could be an underserved population.
	There are street people who don't come here as well as Natives who are forced to deliver their babies in Anchorage in order to have it paid for. They are forced into less than optimum dynamics by their insurance company.
	1. Elderly: services that allow them to stay in their homes.(Alzheimer's Resource of Alaska and Connecting Ties serves them but resources at both are limited). 2. Children at risk
	For sure the underinsured and uninsured. I think the Denali Kid Care which is free health care for kids is still around (I hope) and it's great.
	I think anyone who needs specialty services is underserved as they have to leave to receive them.
	I am aware of the low income population. I do not know about the needs of the elderly or other groups. Because they cannot afford the cost or do not have insurance many do not seek medical help when it is necessary. I have seen knee and other sports-related injuries that go untreated longer than they should. Many students come to me, coaches, and other teachers because we do not have a school nurse. One of our teachers is an EMT and others have knowledge of sports medicine and we do pretty well. Alaska does have some school health coverage that is available to students.
	Total Responses
	13

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

Response		
We have a modern hospital that is well-maintained. The clinic also sees to health care needs. Med-evac services are also available when needed.		
Dedicated doctors and support staff at the hospital and clinic have been very creative in meeting people's needs They are also involved in the community. The hospital also has a non-profit support group through the board.		
Being able to provide health care to the Indian population through the grant money we receive.		
From the top on down, we have quality healthcare. There is great leadership from Providence and the director of the hospital. We have quality doctors, nurses and staff who work as a team to provide quality customer service. They have also done a great job fiscally. We also have a fully staffed counseling center.		
<p>-The Hospital; it was built for the community and has served it well, especially Physical Therapy and Rehab. This has allowed people to return to their own homes. Providence has provided good oversight of management and the professional staff. The building itself is welcoming to the community and is seen as a friendly place.</p> <p>-MRI and telemedicine will have an influence on healthcare.</p> <p>-The people are committed to affordable healthcare.</p> <p>-Our Mass Dispensing Clinic. Once a year Public Health partners with the City of Valdez, Providence Hospital and the medical clinic to give flu shots to the entire community. We have used the Civic Center and its three ballrooms, over 70 volunteers and professional healthcare workers to immunize up to 400 people per hour. It is well organized and well received.</p> <p>-SWAN</p> <p>-The regional health fair, also serving surrounding communities.</p>		
I'm impressed with the medical center here. They provide a good standard of care. The fact that a small, remote community of our size even has health care is strength in itself. I had to have a cat scan and was surprised that I could get one here. Later, when seeing my eye doctor in Anchorage he was able to use that MRI for my eye needs and told me that many times they have redo the ones from the "small town docs" so that was a nice surprise.		
We have a robust system of care here that provides CAT scans, surgery, OB, and other services. We recently had a woman who needed a Caesarian section for twins, and we were able to do that and delivered two healthy babies. I have been here 20 years and my partner 35 years, so we offer a lot of experience and stability to healthcare in Valdez.		
Greatest strengths of the health system in Valdez is the professional management of the hospital (they have high patient satisfaction scores too). Health care is close, safe and personal; you are never a number here. We have an engaged Health Advisory Counsel for hospital services delivery.		
As of recently we have had consistency in doctors and nurses. It's nice for patients to see the same person more than once. We offer a lot of services for our size partly due to the City of Valdez helping with cash flow.		
The hospital is really doing a great thing in Valdez. They are doing a good job with long term care, the staff is eager to learn and are good people. Unfortunately the LTC is too small, need more assisted living facilities. The LTC facility is short staffed and spread too thin really. Their physical therapy department is great, but we don't have it here. We need a mobile PT unit here.		
<ol style="list-style-type: none"> 1. We have a good array of services for a small town. If all the doctors are in town they can perform emergency surgeries if they need to. They all pull together. 2. We have a fancy hospital with a lot of diagnostic equipment but I'm not sure we have the people who know how to use it always. For example, I don't think we have an onsite radiologist. 		
Our ER staff is top notch. The ER takes care of us!		
<ol style="list-style-type: none"> 1) The people who work in the HC profession here. They are concerned and quite capable. 2) The diagnostic capabilities we do have here: CAT scans, x-rays, ultrasounds, etc. 		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Total Responses</td> <td style="width: 30%; text-align: center;">13</td> </tr> </table>	Total Responses	13
Total Responses	13	

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

Response	
No assisted living.	
One weakness is not offering hospice and home health services through the hospital. There is no nursing home in Valdez and only limited assisted living. We are also limited by the Medicare-Medicaid dilemma.	
Higher costs; health care costs are higher here.	
I don't see many, if any, weaknesses, but if I needed to name one area it might be the EPIC system we recently got. Everyone is doing well at learning it, but I think it may fit a larger hospital better than ours.	
[See previous answers, especially to Questions 2, 3 & 4]	
Lack of choice and limited expertise. When I first moved here 14 years ago I used to hear many anecdotal stories about people who weren't getting better with their local treatment so they finally went to Anchorage and it turns out their problem was being treated completely wrong locally. In the last 5 to 10 years I rarely hear those kinds of stories anymore.	
We have a robust system of care in place here, but we cannot do major surgeries or provide MRI services. We only have one dentist in town and he is very good, but we could probably use another. Another primary care doctor or two would also help.	
<ul style="list-style-type: none"> •Our health care system is becoming centralized and one size doesn't fit all. •Physicians having a hard time embracing and optimizing technology. •Physician recruitment and retention •Not utilizing midlevel providers 	
<ol style="list-style-type: none"> 1. There are long wait lists to get seen by a doctor right now as we just lost one of our four doctors and really need five. 2. Providence is in a mode of "centralization" right now which causes a waste of a lot of local energy that is spent fighting the parts of the system that don't fit in Valdez. For example, they have a hiring freeze so it's taking forever to advertise for getting another doctor in Valdez. They also have a formula for the number of bandages we get. You can't predict our bandage usage from month to month. 	
<ol style="list-style-type: none"> 1. Lack of people to do the work. It's very difficult to find in-home workers for the elderly. Connecting Ties does a good job but they are spread too thin as they cover those with developmental disabilities as well as the elderly. I know 3 or 4 families that could benefit from in-home care but there are no workers. 2. Valdez can't cover everything. Many people in Kenny Lake go to Glen Allen or Anchorage for any health care need. 	
Our doctors are overworked. We need quicker response times and thoroughness.	
I believe it's trying to get in for an appointment.	
Our lack of specialists. We do have visiting specialty doctors, but they may come only once or twice a year.	
Total Responses	13

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

Response
The hospital and clinic do a good job for Valdez.
Nursing staff at the hospital is understaffed, and most are part-time to save on benefits. We have no nursing home and one limited assisted living facility in Valdez. They need to be offered F-T status with benefits and hire more. Our traveling doctors cannot buy into the clinic, so they generally stay only 3 years. Being allowed a stake in the community might entice them to stay. There is no anesthesiologist on staff at the hospital so only minimal surgeries are performed. Hire an anesthesiologist. The med-evac helicopter was good, being able to land right at the hospital, but now with the med-evac jet a lot of time is lost preparing for and transporting the patient to the airport, both here and then back to the hospital in Anchorage. Get the chopper back!
We need more doctors as there is a limited number here and wait times can be long.
I cannot think of any way to improve. Valdez is a great place and has a good partnership with Providence.
Healthcare in Valdez could be greatly improved if we could use mid-level providers, like nurse practitioners and physicians' assistants. The model has worked well in other small communities and could have an impact here too. They can free up the doctors' schedules to allow them to see acute patients while the NPs and PAs handle routine visits. If this alternative were pursued this could save long waits in the clinics and ER; if they staffed a walk-in clinic, especially after hours, it would save many visits to the ER for routine services. Hiring mid-level providers would also increase the workforce here and provide better health coverage. As it is now our doctors are overworked, but some [doctors] do not want to allow or hire NPs or PAs. We think the community would be open to this alternative, and we ourselves have been seen by NPs.
I have no clue! There is a concern that we will get the high technology in our local health care system but then won't be able to maintain the expertise to use it effectively.
Hiring one or two more primary care doctors so we would have a team of up to five would be ideal.
<ul style="list-style-type: none"> -Finding a new and better model for health care delivery of primary care services. -Improving accessibility to primary care. Initiatives we are working on currently to improve health care include expanding pharmacy accessibility, increasing access to primary care physicians and helping to recruit physicians.
<ol style="list-style-type: none"> 1. Getting enough practitioners will do it. We have horrible wait times right now. We have a new doctor coming in July but still need one more. I don't think hiring NPs and PAs is the answer. They can't work in the ER by themselves or do surgery. People say "let them see the cold". Well we need the colds to pay for the people on call. 2. We are still transitioning to EMR. I think EMR will always take more time than paper charts until the product improves.
See above.
It would help to get more alternative medicine providers in town. I know one doctor is stubborn about letting them have an office in the hospital. A lot of people go to Anchorage for alternative care. It would be nice if they could get it here.
I think if our walk in clinic had one doctor assigned to see only walk ins that would help all of their appointments getting pushed back.
<ol style="list-style-type: none"> 1) More education. We have only limited requirements for Health Education in the school system. 2) More preventative care at affordable costs.

Appendix 3

Primary Data Valdez Community Survey Results

Primary data was collected via surveys and a series of interviews. The responses reflect the opinions of the survey and interview respondents and may not reflect the needs of the entire community.

Valdez Community Health Survey

1. Have you needed health care in the last 12 months and were you able to receive it?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						410	73.0%	77.6%	73.0%
No						54	9.6%	8.1%	16.1%
Didn't need health care						98	17.4%	14.3%	10.9%
Not Answered						7			
						Valid Responses	562		
						Total Responses	569		

1a. If yes, what was the primary reason for your most recent visit?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Emergency care						59	14.3%	17.0%	20.4%
Acute (new) problem						94	22.8%	25.8%	22.3%
Chronic (ongoing) problem						69	16.7%	17.5%	24.9%
Preventive care						88	21.4%	18.5%	23.0%
Required physical/annual examination						62	15.0%	19.1%	-
Other (specify)						40	9.7%	2.1%	9.2%
Not Answered						11			
						Valid Responses	412		
						Total Responses	423		

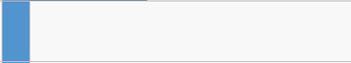
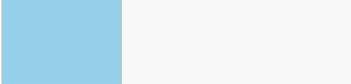
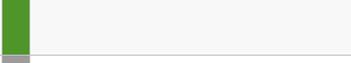
1a. Other responses

Response		
Clinic	blood tests, barium swallow	colonoscopy
Pregnancy	multiple visits for various reasons	injury
possible break	ENT clinic	pancreatic cancer

Flu	ongoing skin cancer surgery	pregnancy
OB	Pre-Surgery Testing	nose bleed
Disabled	Blood Work & X-rays	lab work
accident	Cesarean operation	Follow-up from surgery 6 years ago
blood draw	O.T.	broken bone
surgery	Child Birth	pre-natal
broken bones	Lab Tests and Physical Therapy	stitches
dentist emergency	Pregnancy	birth of baby
ARC	Pregnancy	blood work
OB	heart murmur discovered	ear specialist
Valid Responses		39
Total Responses		570

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

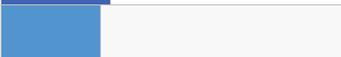
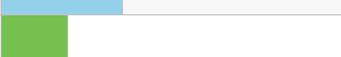
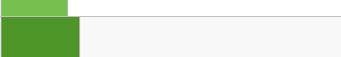
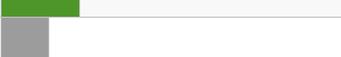
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
No insurance/couldn't afford it						15	39.5%	42.3%	32.4%
Insurance wouldn't cover it						1	2.6%	3.8%	10.8%
Couldn't afford co-pay						1	2.6%	7.7%	5.4%
Needed a specialist that was not available in Valdez						12	31.6%	30.8%	10.8%
Services not available						1	2.6%	3.8%	32.4%
Confidentiality issues						1	2.6%	15.4%	-
Wanted but couldn't find same gender provider						1	2.6%	-	-
Other (specify)						6	15.8%	3.8%	5.4%
Not Answered						22			
Valid Responses						38			
Total Responses						60			

1b. Other responses

Response			
not sick			
Have to go to Anchorage			
Native bennies			
Never appointments available when needed			
not needed			
wasn't sick			
		Valid Responses	6
		Total Responses	570

1c. If no, what type of health care did you go without? (Mark all that apply)
(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Basic care						10	32.3%	21.4%	31.3%
Preventive care/annual exams						9	29.0%	35.7%	31.3%
Specialist						13	41.9%	25.0%	37.5%
Chronic (ongoing) problem						11	35.5%	25.0%	35.4%
Acute (new) problem						6	19.4%	3.6%	18.8%
Prescription medications						7	22.6%	14.3%	29.2%
Other (specify) --						4	12.9%	14.3%	16.6%
Valid Responses						31			
Total Responses						53			

1c. Other responses

Response			
skin problem			
dental			
x-rays			
wasn't sick			
		Valid Responses	4

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

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						52	9.4%	7.6%	9.5%
No						501	90.6%	92.4%	90.5%
Not Answered						14			
Valid Responses						553			
Total Responses						567			

3. Do you have health insurance?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						504	88.9%	89.5%	86.5%
No						60	10.6%	10.1%	12.5%
Don't know						3	0.5%	0.4%	1.0%
Responses						567			

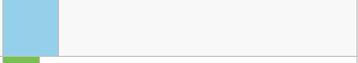
3a. If yes, where do you get your health insurance?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Employer or spouse's employer						377	75.4%	87.2%	*
Health Insurance Marketplace (Enroll Alaska or government website)						11	2.2%	-	*
Private insurance you purchased outside the Health Insurance Marketplace						25	5.0%	4.1%	*
State or federal program (such as Medicaid or Medicare)						57	11.4%	6.2%	*
Other (specify)						30	6.0%	1.4%	*
Responses						500			

*Not included in survey that year.

3b. If no, why not? (Choose all that apply)
 (Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Employer doesn't offer health insurance						18	31.0%	42.6%	*
Too expensive						36	62.1%	63.8%	*
Don't need or believe in health insurance						1	1.7%	4.3%	*
Not eligible for employer health insurance						7	12.1%	8.5%	*
Unable to find health insurance						3	5.2%	10.6%	*
Unable to navigate Health Insurance Marketplace						2	3.4%	-	*
Other (specify)						14	24.1%	6.4%	*
	Responses					58			

*Not included in survey that year

4. Does your health insurance cover or do you have additional coverage for:
(Respondents could only choose a **single** response for each topic)

		Yes	No	Don't know	Total
Prescriptions?	Count	449	32	17	498
	2014	90.2%	6.4%	3.4%	
	2011	95.2%	3.5%	1.4%	
	2007	94.6%	3.1%	2.3%	
Treatment for substance abuse?	Count	202	60	208	470
	2014	43.0%	12.8%	44.3%	
	2011	55.6%	6.8%	37.6%	
	2007	50.2%	11.5%	38.3%	
Preventive care/annual exam?	Count	388	43	53	484
	2014	80.2%	8.9%	11.0%	
	2011	82.5%	12.8%	4.7%	
	2007	79.3%	13%	7.7%	
Long-term care? (nursing home)	Count	119	131	233	483
	2014	24.6%	27.1%	48.2%	
	2011	22.2%	27.4%	50.4%	
	2007	25.8%	40.3%	33.9%	
Dental care?	Count	422	56	18	496
	2014	85.1%	11.3%	3.6%	
	2011	91.9%	7.9%	0.2%	
	2007	89.5%	8.6%	2.0%	
Home health?	Count	89	100	288	477
	2014	18.7%	21.0%	60.4%	
	2011	21.2%	18.1%	60.7%	
	2007	19.7%	32.6%	47.7%	
Vision care?	Count	414	43	29	486
	2014	85.2%	8.8%	6.0%	
	2011	87.1%	10.1%	2.8%	
	2007	84.2%	12.6%	3.2%	

5a. Do your dependent children have:
(Respondents could only choose a **single** response for each topic)

		Don't have dependent children	Yes	No	Don't know	Total
Health insurance?	Count	219	251	30	9	509
	2014	43.0%	49.3%	5.9%	1.8%	
	2011	42.4%	50.8%	6.8%		
	2007	38.4%	53.1%	8.6%		

5b. Do your dependent children have:
(Respondents could only choose a **single** response for each topic)

		Don't have dependent children	Yes	No	Don't know	Total
Dental insurance?	Count	189	228	53	10	480
	2014	39.4%	47.5%	11.0%	2.1%	
	2011	44.0%	48.2%	7.8%		
	2007	39.9%	50.5%	9.6%		

6. In the last 12 months, have you needed mental health services (counseling or other help)?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						83	15.1%	13.2%	16.1%
No						467	84.9%	86.7%	83.9%
	Responses					550			
	Total Responses					567			

6a. If yes, were you or a family member able to receive the needed mental health services?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						67	74.4%	65.2%	63.8%
No						23	25.6%	34.8%	36.2%
	Responses					90			

6b. Why couldn't you (or family member) receive needed mental health services? (Choose all that apply)
(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
No insurance/couldn't afford it						8	42.1%	34.8%	36.4%
Insurance wouldn't cover it						0	0.0%	8.7%	-
Couldn't afford co-pay						1	5.3%	26.1%	-
Didn't know where to go						3	15.8%	8.7%	9.1%
Didn't want people to know I/family member needed mental health services						2	10.5%	21.7%*	27.3%*
Services not available in Valdez (specify)						3	15.8%	8.7%	27.3%
Other (specify)						6	31.6%	4.3%	4.3%
	Responses					19			

6b. Other responses

Response		
No kids		
Live in Anchorage		
Services withheld because not able to pay upfront costs		
Lost in system - no one would help		
confidentiality		
	Valid Responses	5

7. 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?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						76	13.5%	*	*
No						485	86.5%	*	*
	Responses					561			
	Total Responses					567			

*Not included in survey that year

8. Have you thought about committing suicide at any time in the past 12 months?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						28	5.0%	*	*
No						534	95.0%	*	*
	Responses					562			
	Total Responses					565			

*Not included in survey that year

9. In the last 12 months, have you needed substance abuse treatment?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						6	1.1%	4.6%	*
No						553	98.9%	95.4%	*
	Responses					559			

*Not included in survey that year

9a. If yes, were you able to receive the needed substance abuse treatment?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						4	57.1%	39.1%	*

No		3	42.9%	60.9%	*
	Responses	7			

*Not included in survey that year

9b. Why couldn't you receive needed substance abuse treatment? (Choose all that apply)
(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
No insurance/couldn't afford it						1	50%	35.7%	*
Insurance wouldn't cover it						-	-	14.3%	*
Couldn't afford co-pay						-	-	14.3%	*
Didn't know where to go						-	-	-	*
Services not available (specify)						-	-	7.1%	*
Didn't want people to know I needed substance abuse treatment services						1	50%	28.6%	*
Other (specify)						-	-	14.3%	*
	Responses					2			

*Not included in survey that year

9b. No other responses

Response		
	Valid Responses	0
	Total Responses	570

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

(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Hospice (end of life care)						8	1.6%	*	*
Respite care						6	1.2%	*	*
In-home health care provided by licensed personnel						4	0.8%	4.8%	*
Support for activities of daily living (Personal Care Attendant)						15	2.9%	*	*
Did not need any of these services						485	94.9%	95.2%	*
	Responses					511			

*Not included in survey that year

10a. Were you or a member of your household able to receive the needed services?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						26	61.9%	41.7%	*
No						16	38.1%	58.3%	*
Not Answered						43			
Responses						42			

*Not included in survey that year

11. In the last 12 months, if you left Valdez to obtain health care elsewhere was it because: (Mark all that apply)

(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007*
I didn't leave Valdez to obtain health care elsewhere						191	35.9%	58.0%	31.6%
Needed specialist opinion/surgery/procedure (specify specialty)						201	37.8%	36.8%	
Needed tests that were unavailable in Valdez						101	19.0%	15.6%	
Not insured in Valdez						11	2.1%	1.6%	
Needed cancer treatment						13	2.4%	-	3.8%
Concerns with local care						66	12.4%	12.6%	
Confidentiality issues						27	5.1%	6.2%	
Prefer the quality of out of town health care						70	13.2%	12.2%	2.8%
Employer reimburses travel costs for health care/medical tourism						29	5.5%	4.0%	7.0%
I had other business to take care of in a larger city						43	8.1%	7.6%	11.7%
Referred to another provider by your family doctor						63	11.8%	10.4%	23.7%
Other (specify)						52	9.8%	4.6%	
Responses						532			

*2007 asked this question in an open ended format. 2011 and 2014 gave the above options to choose from and gave an "Other (specify)" to identify reasons not listed. The difference between the 2011 and 2014 numbers and the 2007 numbers may be due to the difference in survey methodology.

11. Other responses

Response		
hip replacement	Urologist, ophthalmologist	Endocrinologist
consult on tooth/oral surgery	Orthopedic	NICU for infant children
allergies	ophthalmologist	podiatrist
CT Scan	Children- Ear tubes	Gynecology
thyroid	anmc	Orthopedic surgeon
Diagnostic mammography	Foot Surgery	ophthalmology
skin	Rheumatology	Orthopedic care
broken legs	Medevac for surgery X2	gyn surgery
shoulder surgery	full hysterectomy	umbilical hernia op.
orthopedic	Daughter sees a specialist in	advanced mammogram
surgery	MRI	OB GYN
RH Dr.	Dermatologist	mammogram
cancer	neurology	acute back problems
Endocrinology	Vein surgery - result of blood	gastroenterologist, internal medicine
orthopedic surgery	hearing/vision	ophthalmologist
procedure	Rheumatologist	ophthalmologist, gastro, dental
allergy; hand surgery	Back surgery	Eye surgery
orthopedics	Trigger finger surgery	neurologist/pain mgmt.
knee replacement	Basal cell carcinoma	Ophthalmology
heart & diabetes	Hearing	Oral surgeon
surgery	DENTAL	orthopedic / fracture
surgery	Pedi Cardio	labor & delivery / gall bladder
orthopedic surgeon	Orthopedics	trimaleal fractures; two surgery & two
cardiac	Lip Tie Removal	pain management - shots
orthopedic surgeon	OBGYN	GI
back surgeon	OBGYN	VA
chiropractic	Whipple procedure	orthopedic
oral surgery	Dentist/root canal	MRI
Mental health /	dental, skin, OBGYN, etc.	Internal Medicine
/ Neurologist	hand and shoulder surgery	
	Valid Responses	87
	Total Responses	570

11a. How times did you leave to obtain healthcare in the last 12 months?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
None						172	32.9%	*	*
1-2 times						210	40.2%	*	*
3-4 times						87	16.6%	*	*
5 times or more						54	10.3%	*	*
Not Answered						41			
Responses						523			

*Not included in survey that year

12. Do you smoke cigarettes or use smokeless tobacco?
(Respondents could only choose a **single** response)

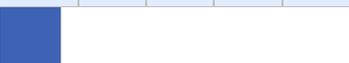
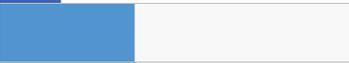
Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Every day						61	11.0%	12.6%	12.8%
Some days						42	7.6%	5.9%	8.1%
Not at all						450	81.4%	81.5%	79.2%
Not Answered						11			
Responses						553			

13. 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)

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
None						373	67.5%	73.8%	78.4%
1-2 times						115	20.8%	15.0%	11.3%
3-4 times						37	6.7%	4.8%	5.6%
5 times or more						28	5.1%	6.2%	4.8%
Not Answered						11			
Responses						553			

14. Would you say that, in general, your physical health is:
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Excellent						73	13.3%	13.9%	17.5%
Very Good						197	35.9%	35.6%	38.3%
Good						203	37.0%	39.9%	31.7%
Fair						71	12.9%	10.0%	9.9%
Poor						5	0.9%	0.6%	2.6%
Not Answered						15			
	Responses					549			

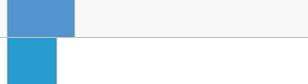
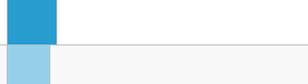
15. How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
None						51	9.2%	9.8%	6.6%
1-2 days						152	27.4%	25.8%	29.5%
3-4 days						196	35.3%	33.3%	33.4%
5 or more days						156	28.1%	31.1%	30.5%
Not Answered						9			
	Responses					555			

16. 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.

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Permanent lifestyle change						191	34.6%	38.4%	*
Made lifestyle changes that lasted more than a month but was not permanent						96	17.4%	19.6%	*
Made short-term changes that lasted a month or less						68	12.3%	10.3%	*
Considered it but didn't take action						59	10.7%	9.1%	*
No						138	25.0%	22.7%	*
Not Answered						12			
	Responses					552			

*Not included in survey that year

17. Do you feel Sound Wellness Alliance Network (SWAN) is making a difference in the health of Valdez residents?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Frequency	Count	2014	2011	2007
Yes							258	46.8%	84.0%	*
No							34	6.2%	16.0%	*
Don't know							259	47.0%	*	*
Not Answered							13			
Responses							551			

- Note that "don't know" was not given as an option in 2011 which may negatively impact the ability to meaningfully compare the 2011 and 2014 data.

18. Have you participated in any of the SWAN co-sponsored healthy living events and activities in the past year?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						215	39.4%	41.8%	*
No						331	60.6%	58.2%	*
Not Answered						17			
Responses						546			

*Not included in survey that year

18a. Which Programs?

(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Healthier You						180	83.7%	74.9%	*
Ski for Free						70	32.6%	27.1%	*
Hike Alaska's Wild Kountry (HAWK)						56	26.0%	16.7%	*
Run Series						58	27.0%	14.8%	*
Responses						215			

19. In the past year have you had an annual exam with a health care provider for preventive purposes?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						342	61.8%	62.4%	61.1%
No						211	38.2%	37.6%	38.9%
Not Answered						9			
Responses						553			

20. Have you had biometric screening complete in the past year (cholesterol, blood glucose, Body Mass Index - BMI)?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Yes						303	55.0%	61.2%	
No						248	45.0%	38.8%	
Not Answered						11			
Responses						551			

20a. Did you take further action based on the results? (Mark all that apply)

(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Health care provider consultation						53	17.8%	13.8%	*
Made lifestyle changes (diet or physical activity)						96	32.2%	32.7%	*
Went on medication						28	9.4%	8.4%	*
Online research						32	10.7%	10.4%	*
Compare new results to previous results						91	30.5%	24.6%	*
None						96	32.2%	39.7%	*
Other (specify)						12	4.0%	*	*
Responses						298			

*Not included in survey that year

20a. Other responses

Response	
I am healthy & OK	bought vitamins
Didn't need to	no adjustment needed
Excellent results!	counseling per employer - due to weight
had good score	Added a vitamin
diet / consultation	Quit smoking...again

21. Please use the chart below to find your height and weight and select the corresponding category.
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011*	2007*
A - underweight						7	1.3%	*	*
B - Normal						173	33.1%	*	*
C - Overweight						176	33.7%	*	*
D - Obese						144	27.6%	28%**	31.8%**
E – Morbidly Obese						22	4.2%		
Not Answered						39			
Responses						522			

*Not included in survey that year.

2007 and 2012 data from BRFSS for **Valdez/Cordova census area. 2014 survey data is for Valdez alone.

22. Overall, how satisfied are you with your health care services in Valdez?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Very satisfied						180	33.6%	31.0%	41.6%
Somewhat satisfied						316	59.1%	60.6%	47.3%
Not at all satisfied						39	7.3%	8.4%	11.1%
Not Answered						26			
Responses						535			

23. What do you consider to be the top three health care needs in Valdez (Choose up to three responses)
(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Dental Care						209	39.3%	12.4%	-
Diagnostic services (tests)						127	23.9%	16.1%	6.7%
Elderly Care/Assisted Living						108	20.3%	19.5%	5.4%
Long term care (Nursing home)						66	12.4%	8.1%	4.0%
More specialists/specialty care providers						160	30.1%	37.7%	19.5%
More primary care providers						187	35.2%	25.5%	17.4%
Mental health services/counseling						65	12.2%	3.9%	3.4%
Female Health care (OB/GYN)						136	25.6%	12.0%	8.1%
Pediatric care (children's health care)						69	13.0%	9.4%	10.7%
Substance use rehab/counseling						57	10.7%	6.4%	4.0%
Timely access to care in a physician clinic (appointment in a reasonable timeframe)						259	48.7%	-	-
Other (specify)						43	8.1%	-	-
Responses						532			

23. Other responses

Response		
Emergency coverage	vision	ALL are needed. I don't know what priority is needed.
Not responsive to messaging; clinic doesn't return calls. Valdez Clinic lost my girlfriend's medical records.	Valdez needs a doctor clinic that is managed according to current practice standards. The care I receive with my external doctors (waits, billing, safety, medical record notes) is far better than this private clinic. (Ex: Mary Gilson closing daily for 2h!	home health
Dermatologist!	Ophthalmologist	home health
Timely access to care in a clinic is an ongoing problem	dermatology	Better food program in hospital
None	Doctors that will stay at the clinic long enough to build a relationship with them.	Needs covered as needed
Hospice	ophthalmologist	MRI
do not know	hospice	**OB/GYN**YES

MRI	MRI	vision
vision care	better pharmacy	home health
whoever needs it	Rx are difficult to fill! constant (monthly) mistakes w/ clinic and pharmacy	N/A
don't know	access to mid-level care providers	eye doctor
Sliding scale fee clinic	Sliding Fee Scale Clinic	Public health clinic needs staff!!!
I don't know	eye doctor	vision
Valid Responses		39

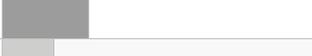
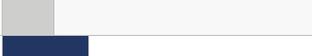
24. In the last 12 months did you or your family have to go without basic needs such as food, child care, health care, or clothing?

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Frequency	Count	2014	2011	2007
Yes							33	6.0%	7.6%	8.0%
No							520	94.0%	92.4%	92.0%
Responses						553				

24a. What did you go without? (Mark all that apply)

(Respondents were allowed to choose **multiple** responses)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Health care						19	55.9%	45.9%	52.0%
Dental care						18	52.9%	48.6%	56.0%
Prescriptions						18	52.9%	37.8%	24.0%
Clothing						4	11.8%	35.1%	16.0%
Child care						3	8.8%	18.9%	4.0%
Food						6	17.6%	21.6%	12.0%
Choosing food we wanted						8	23.5%	40.5%	32.0%
Rent/housing						4	11.8%	18.9%	20.0%
Heat/fuel/utilities						8	23.5%	35.1%	12.0%
Other (specify)						1	2.9%	-	4.0%
Responses						34			

24a. Other

Response
water at home

25. 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.

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Less than 33%						222	42.2%	41.6%	42.4%
Between 33% - 49%						181	34.4%	34.2%	36.3%
Between 50% - 74%						96	18.3%	18.0%	19.1%
75% or more						27	5.1%	6.2%	2.2%
Responses						526			

26. Which of the following best describes your race/ ethnic group? (Mark one response)

(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
White/Caucasian						448	82.2%	89.8%	85.7%
Hispanic/Latino						17	3.1%	2.3%	2.0%
Alaskan Native/Native American						37	6.8%	3.3%	5.0%
African American						3	0.6%	0.8%	1.3%
Filipino						4	0.7%	0.6%	0.3%
Pacific Islander						3	0.6%	0.2%	1.0%
Asian						8	1.5%	1.2%	1.0%
Multi-ethnic						15	2.8%	0.8%	2.0%
Other						10	1.8%	0.8%	1.7%
Responses						545			

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

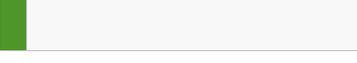
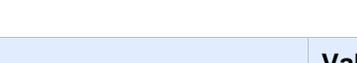
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Less than \$10,000						26	4.9%	3.7%	5.3%
\$10,000 to \$19,999						25	4.7%	3.9%	6.3%
\$20,000 to \$29,999						35	6.6%	5.8%	6.3%
\$30,000 to \$39,999						31	5.8%	6.9%	9.2%
\$40,000 to \$49,999						29	5.4%	7.5%	8.8%
\$50,000 to \$59,999						45	8.4%	8.2%	10.6%
\$60,000 to \$74,999						61	11.4%	11.0%	11.6%
\$75,000 to \$99,999						99	18.6%	17.9%	16.9%
\$100,000 to \$124,999						69	12.9%	17.0%	15.8%
\$125,000 or more						113	21.2%	18.1%	9.2%
Responses						533			

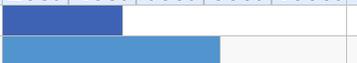
28. What is the highest level of education you have completed?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Less than a high school diploma						10	1.8%	0.6%	2.3%
High school diploma or GED						115	20.9%	16.2%	14.3%
Some college, no degree						154	28.1%	29.7%	42.2%
Associates degree						62	11.3%	13.7%	12.3%
Four year college degree						126	23.0%	22.9%	17.9%
Master's degree or higher						82	14.9%	16.8%	11.0%
Responses						549			

29. What is your age in years?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Frequency	Count
18 - 24						7.8%	43
25 - 34						18.1%	99
35 - 44						13.5%	74
45 - 64						49.6%	272
65 - 74						8.9%	49
75 or more						2.0%	11
Not Answered							12
						Valid Responses	548
						Total Responses	560

30. What is your gender?
(Respondents could only choose a **single** response)

Response	20%	40%	60%	80%	100%	Count	2014	2011	2007
Male						189	35.7%	31.7%	33.7%
Female						341	64.3%	68.3%	66.3%
Not Answered						30			
Responses						530			

Secondary data - 2010 U.S. Census Bureau population ages for Valdez

Gender	%
Male	53.30%
Female	46.70%

Appendix 4

Secondary Data Valdez-Cordova Census Area

Secondary data (BRFSS, NVSS, SAHIE) is only available at the Valdez-Cordova Census Area level. Therefore, to the extent that health status differs significantly between the Valdez-Cordova Census Area and the community of Valdez, health information was not available at that granularity in the secondary data sources.

Community/Demographic Profile – Secondary Data Results

Valdez - 2010

Age	% Population
0-19	27%
20-24	7%
25-44	27%
45-64	33%
65-74	4%
75+	2%

Race	% Population
White	81%
Black	1%
Alaska Native	8%
Asian	2%
Pacific Islander/Samoan	1%
Some Other Race	1%
Two or More Races	6%

As mentioned above, secondary data is only available at the Valdez-Cordova Census Area level due to source data challenges with small sample sizes and their impact on statistical validity. The following data is for the Valdez-Cordova Census Area.

The population for the Valdez-Cordova Census Area is 9,940. According to future projections provided by ESRI for the Valdez-Cordova Census Area the population is expected to grow slightly over the next five years, by 3.4% or 342 people. Alaska is anticipated to grow by 6.7% or 49,833 people over the next five years, while the US population is expected to grow by 3.6%.

2013 and 2018 Population – Secondary Data Valdez-Cordova Census Area

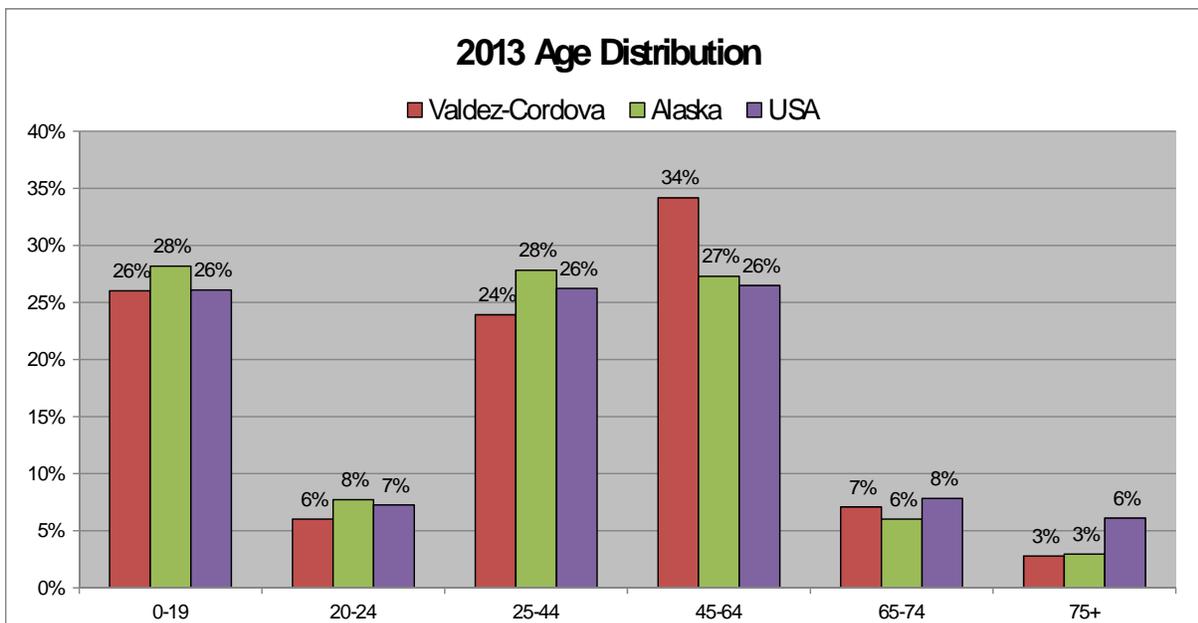
	2013	2018	% Change (2013-2018)	Change (2013-2018)
Valdez-Cordova	9,940	10,282	3.4%	342
Alaska	738,934	788,767	6.7%	49,833
USA	314,467,933	325,843,774	3.6%	11,375,841

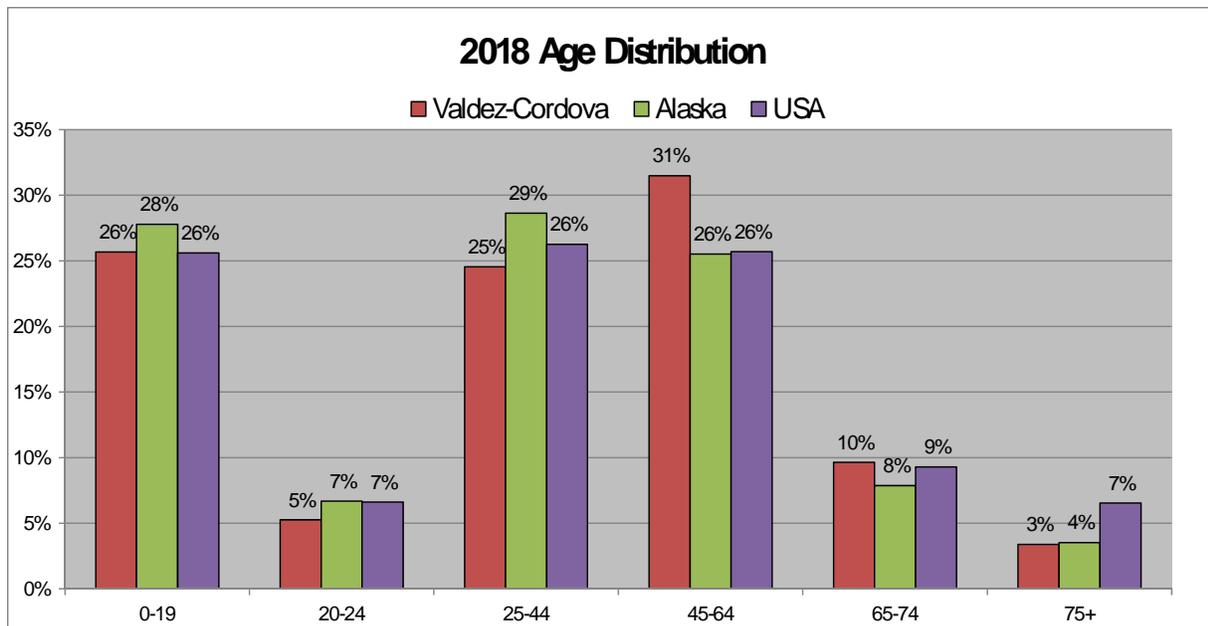
ESRI Business Information Solutions, 2014

Population by Age

Population was grouped into major age categories for comparison. In general, the Valdez-Cordova Census Area has a significantly higher proportion of people ages 45-64 than Alaska and the Nation. Conversely, the proportion of people ages 25-44 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 also continue to shift toward disease categories that tend to present at an older age.

2012 and 2017 Population Age Distribution





ESRI Business Information Solutions, 2014

Population by Race and Ethnicity

PVMC's service area is less racially diverse than Alaska, with 72% of the population White Alone. Alaska Natives make up roughly 13% of the population, with Asians making up 5%. It is important for PVMC to continue outreach with all population groups to ensure that the health needs of all population groups within the community are being met.

2013 and 2018 Population by Race

2013 - Population by Race	Valdez-Cordova		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	7,108	72%	488,095	66%	225,133,215	72%
Black Alone	151	2%	27,369	4%	39,908,859	13%
Alaska Native Alone	1,328	13%	106,612	14%	3,031,820	1%
Asian Alone	461	5%	41,380	6%	15,403,001	5%
Pacific Islander Alone	68	1%	7,809	1%	561,152	0%
Some Other Race Alone	52	1%	11,804	2%	20,674,421	7%
Two or More Races	772	8%	55,865	8%	9,755,465	3%

2018 - Population by Race	Valdez-Cordova		Alaska		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	6,927	67%	509,096	65%	228,373,774	70%
Black Alone	378	4%	35,079	4%	42,035,961	13%
Alaska Native Alone	1,321	13%	111,448	14%	3,222,728	1%
Asian Alone	624	6%	47,701	6%	17,066,539	5%
Pacific Islander Alone	95	1%	9,026	1%	614,999	0%
Some Other Race Alone	54	1%	12,914	2%	23,445,305	7%
Two or More Races	883	9%	63,503	8%	11,084,468	3%

ESRI Business Information Solutions, 2014

Income

Income data was analyzed for the Valdez-Cordova Census Area and compared to the state of Alaska and the Nation. 2013 data reveals that Median household income for the Valdez-Cordova Census Area is higher than Alaska and the Nation. Average household income in Valdez-Cordova Census Area is lower than Alaska but higher than the Nation. Per capita income in Valdez-Cordova is above Alaska and the Nation. Over the next five years, income levels are expected to rise in Valdez-Cordova Census Area, Alaska, and the Nation.

2012 and 2017 Income Levels

2013	Valdez-Cordova	Alaska	USA
	Number	Number	Number
Median Household Income	67,308	66,464	51,314
Average Household Income	82,815	84,591	71,842
Per Capita Income	34,725	31,882	27,567

2018	Valdez-Cordova	Alaska	USA
	Number	Number	Number
Median Household Income	77,300	79,499	59,580
Average Household Income	94,586	98,049	83,667
Per Capita Income	39,882	36,987	32,073

ESRI Business Information Solutions, 2014

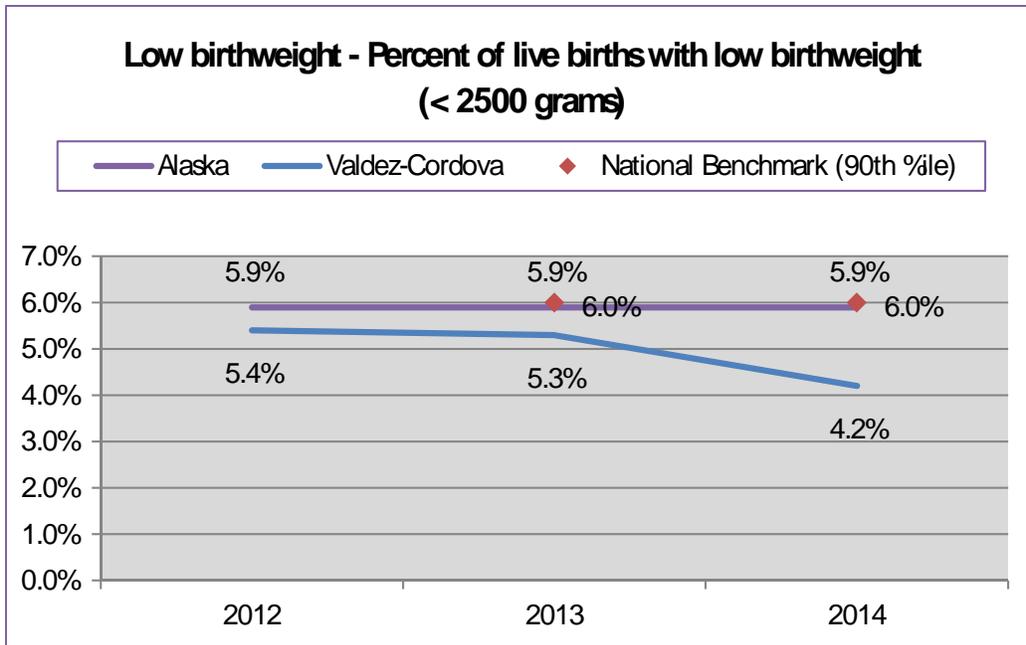
Secondary Data Results

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 Valdez-Cordova Census Area ranked #9 out of 23 Boroughs/Counties/Census Areas ranked in the state for health outcomes based on the data collected by County Health Rankings.

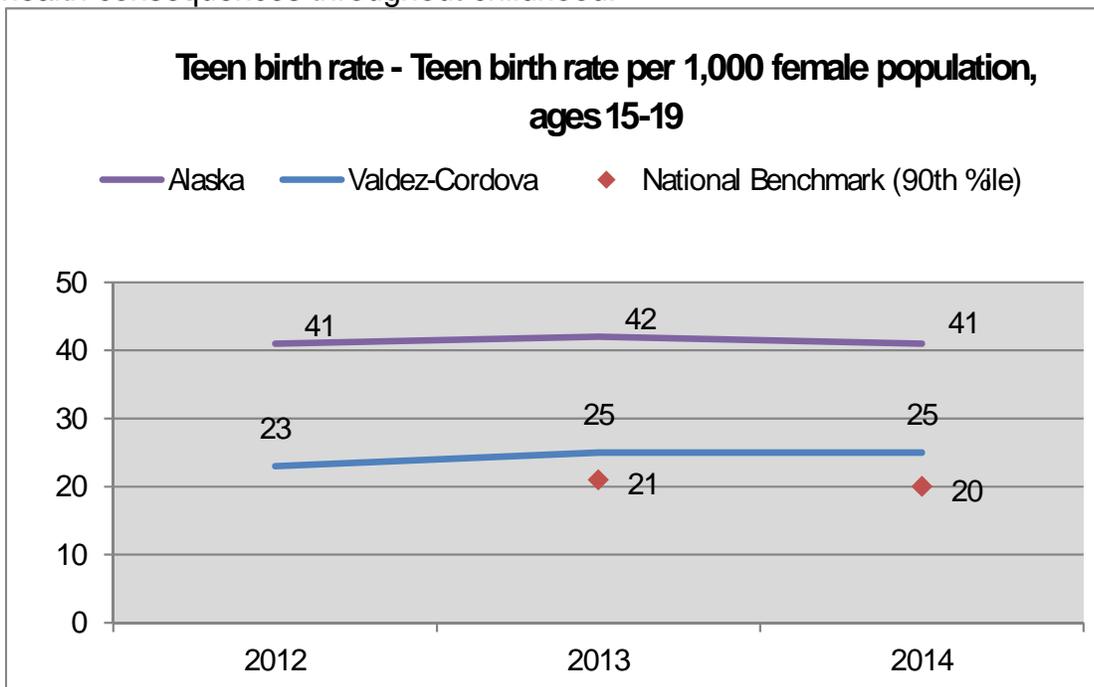
Birth Statistics

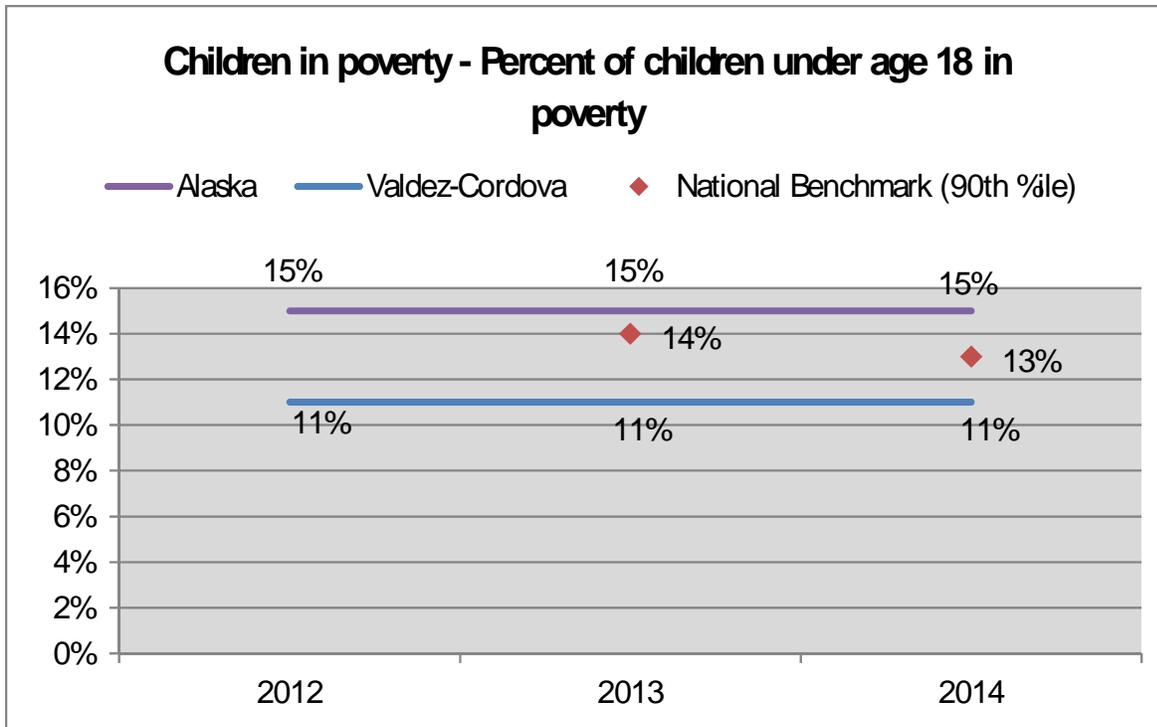
Rates of low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birthweight percentages in the Valdez-Cordova Census Area have been lower than the state and national benchmark from 2012-2014. Rates in the Census Area dropped significantly from 2013 to 2014, while they remained flat nationally.



County Health Rankings, 2014

Teen birth rates were also analyzed for the Valdez-Cordova Census Area and compared to Alaska and the Nation. Teen birth rates in the Census Area are significantly lower than Alaska but slightly higher than national benchmarks. The rate has been fairly steady over the past three years. The percentage of children in poverty in the Census Area is significantly lower than in Alaska and slightly lower than the national benchmark, and has remained flat over the past three years. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood.





County Health Rankings, 2014

Death Statistics

The top five leading causes of death in the Valdez-Cordova Census Area were analyzed for 2007-2009 and compared to Alaska. Cancer ranks as the number one leading cause of death, followed by heart disease. Rates of unintentional injuries are nearly 50% higher than Alaska, which reflects environmental factors that should be considered as ongoing health issues within the community.

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	36	127.0	157.0	1	126.0	182.9
Diseases of the Heart (I00-I09, I11, I13, I20-I51)	2	31	109.4	145.3	2	94.9	151.2
Unintentional Injuries (V01-X59, Y85-Y86)	3	21	74.1	77.1	3	50.0	55.3
Cerebrovascular Diseases (I60-I69)	4	12	42.3*	80.8*	5	23.8	43.1
Chronic Lower Respiratory Diseases (J40-J47)	5	11	38.8*	71.5*	4	26.8	46.5
TOTAL DEATHS		164	578.7	769.1		515.6	764.3

¹Leading causes with less than 3 deaths are not reported.

²Borough or Census Area

³Crude rates are per 100,000 population

⁴Age-Adjusted rates are per 100,000 U.S. year 2000 standard population.

*Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution.

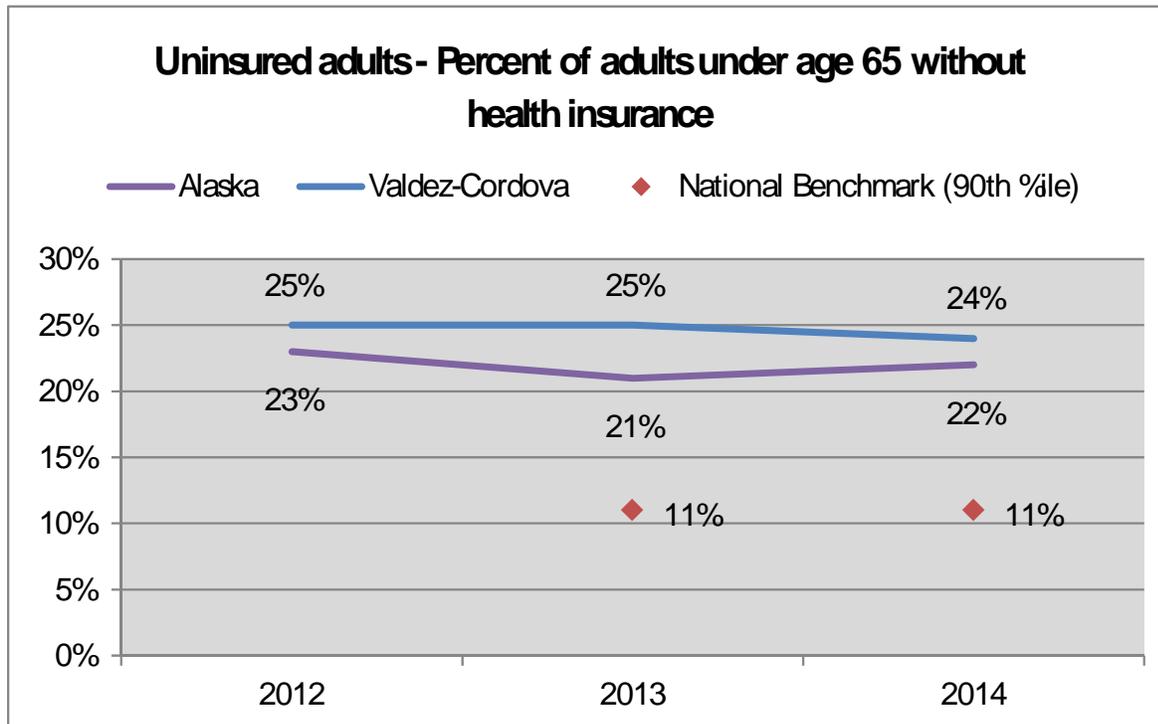
**Rates based on fewer than 6 occurrences are not reported.

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 took 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

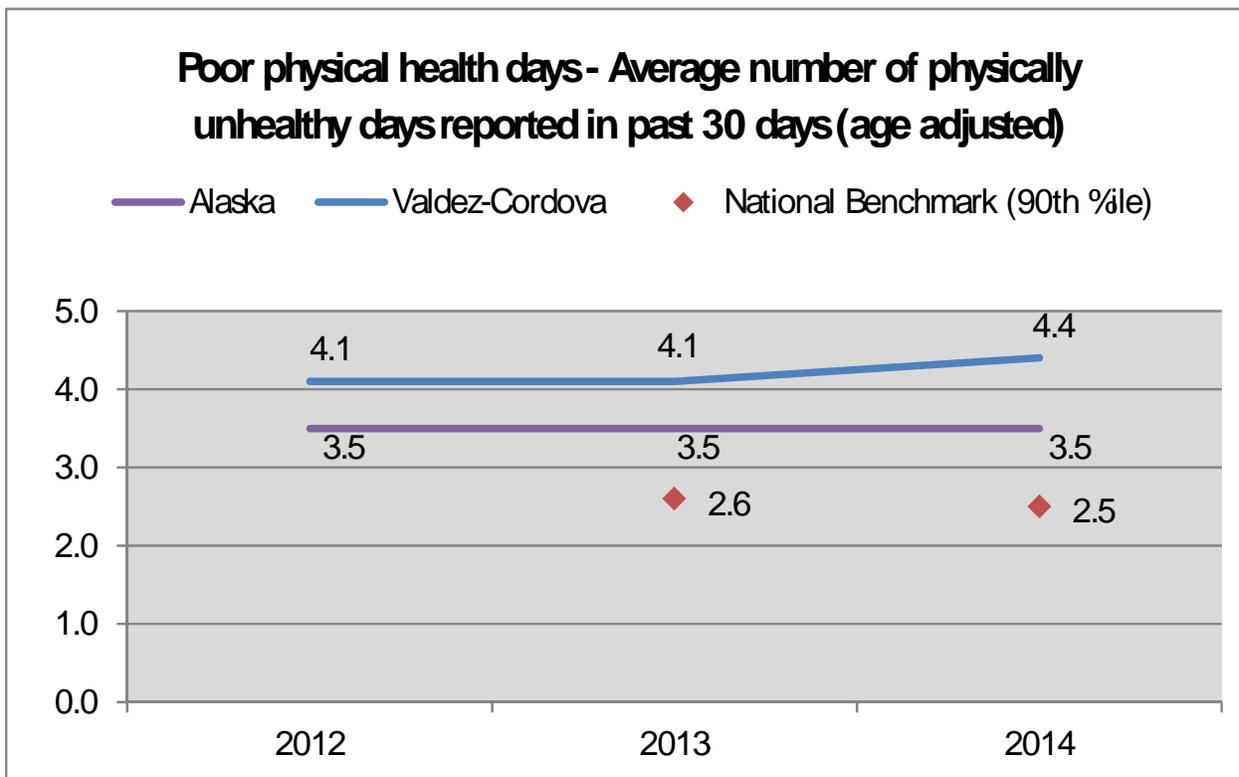
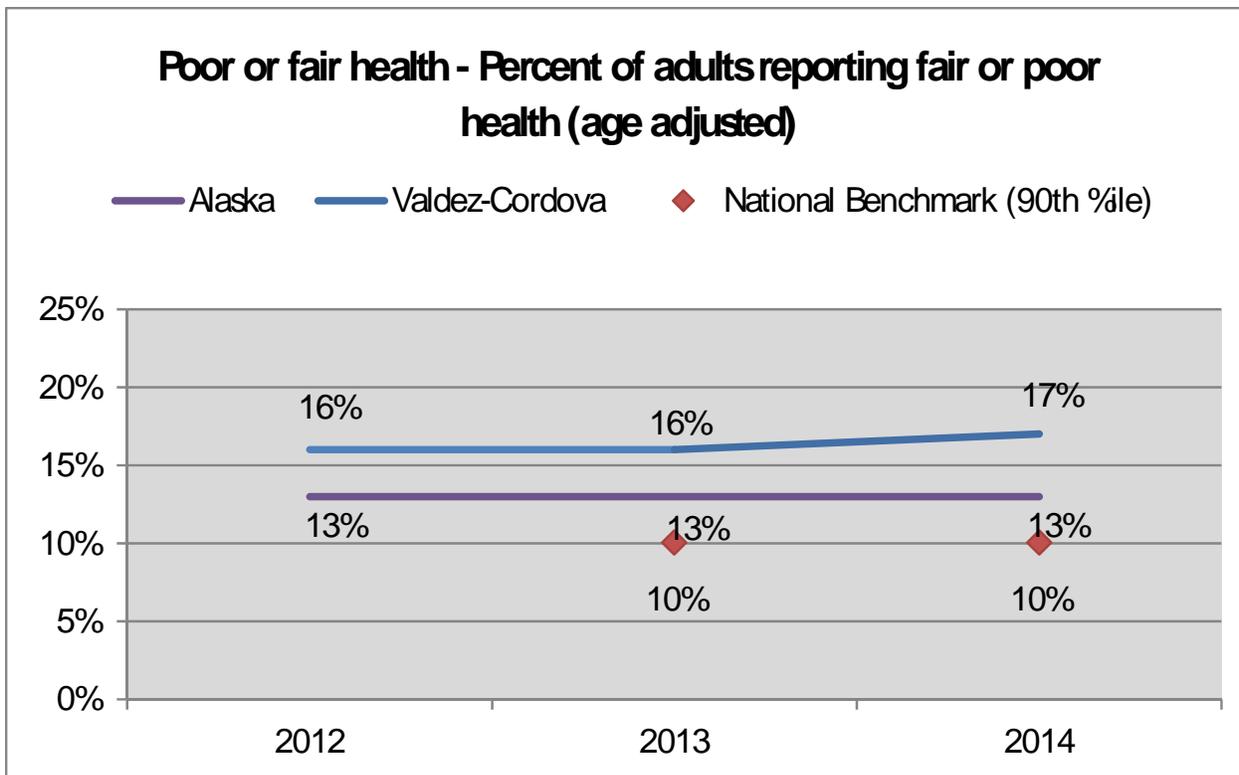
uninsured rate in the Valdez-Cordova Census Area is 24%, which is higher than Alaska, and more than double the national benchmark. The uninsured rate based reported by respondents on the community survey however was 10.6%. This is significantly lower than the County Health Rankings rate, and likely reflects a more accurate uninsured rate because it does not include the community of Cordova.



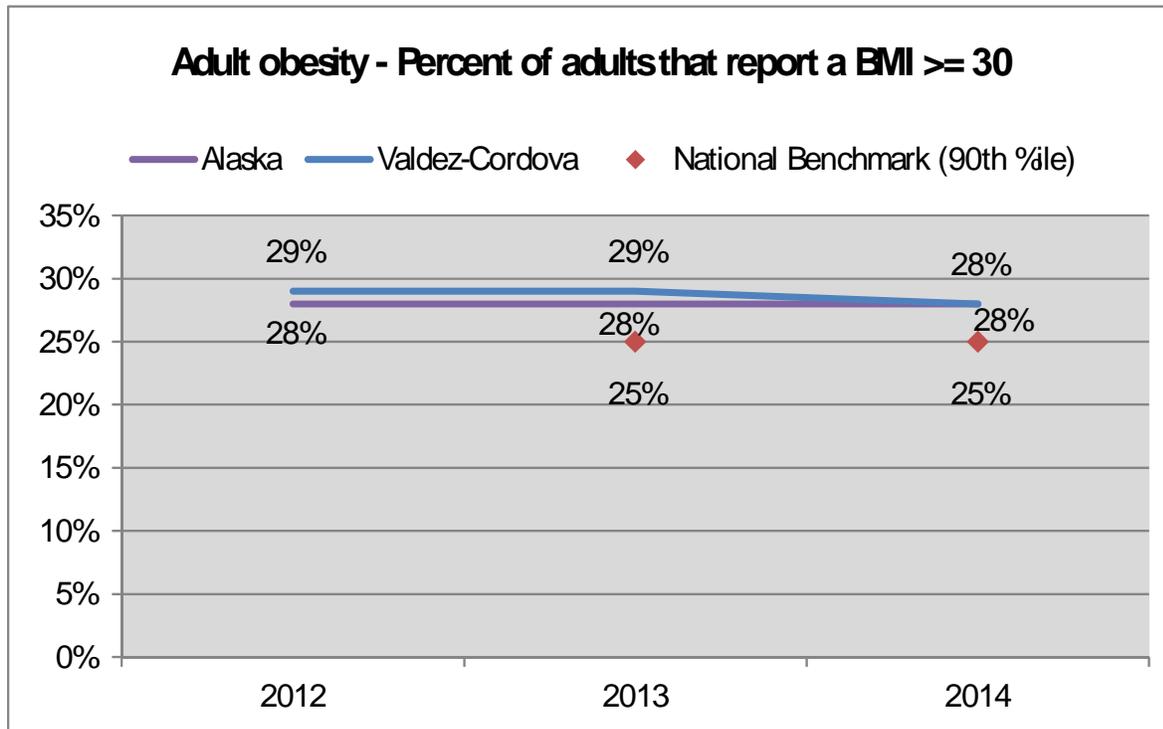
County Health Rankings, 2014

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 Valdez-Cordova Census Area was higher than Alaska, and both are higher than the Nation. What this means is that the population in the Census Area considers themselves to be less healthy 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 Valdez-Cordova Census Area are also above Alaska and significantly above the National benchmark. Both rates have been rising from 2013 to 2014 in the Census Area, which is a concern as trends in Alaska and nationally have been flat or declining.

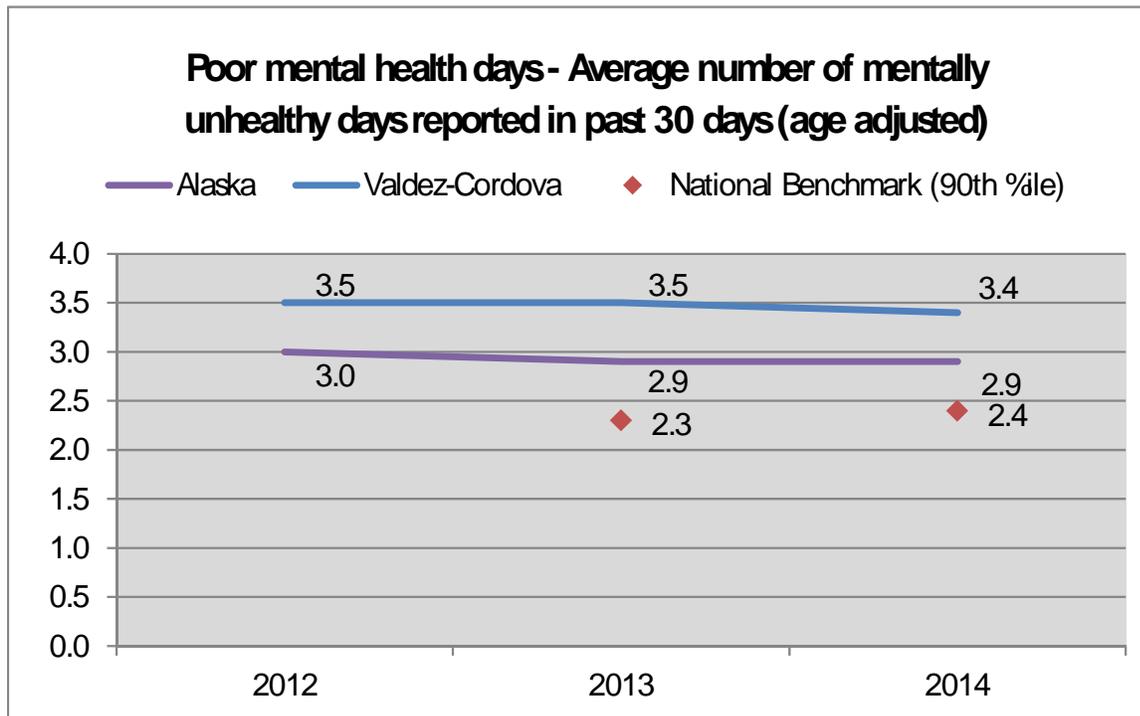


A third measure of general health of the population is the percentage of adult obesity. Nationally, the 90th percentile benchmark rate has been around 25% of the population. In the Valdez-Cordova Census Area, the percentage of adults who are obese has dropped slightly from 29% in 2013 to 28% in 2014. This falls in line with the Alaska rate which has been steady at 28% over the past three years.



County Health Rankings, 2014

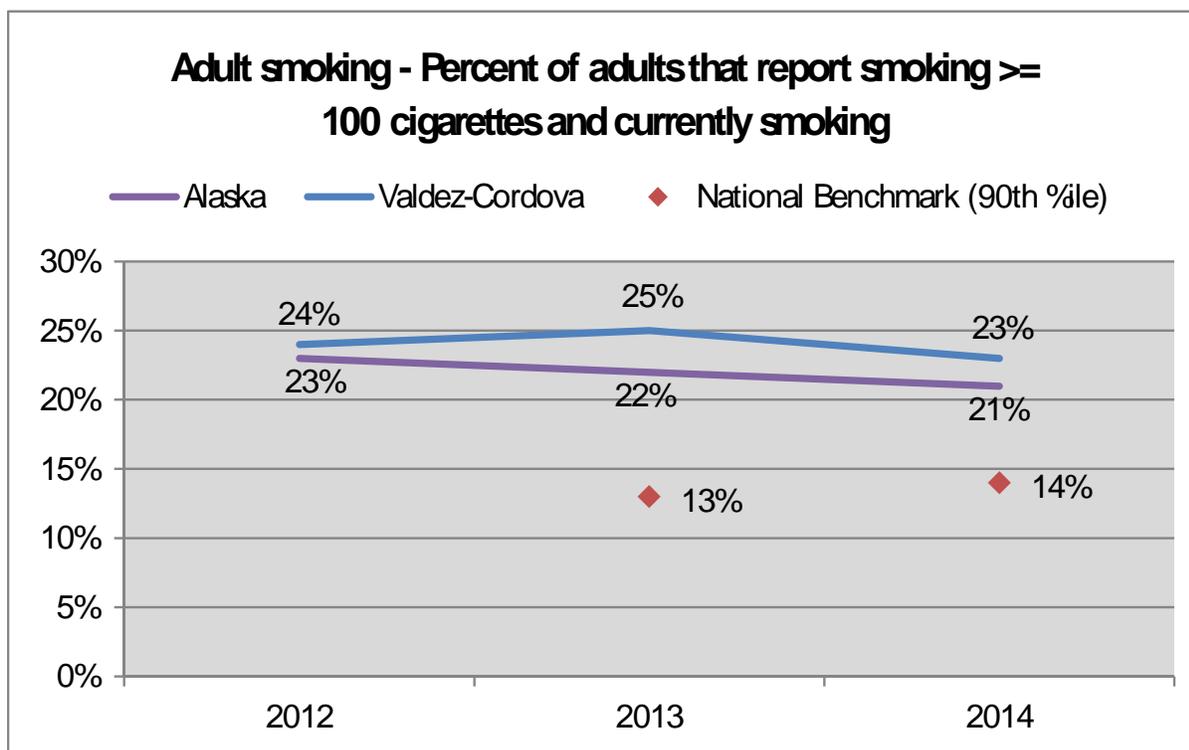
Another indicator, “Poor mental health days,” refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in the Valdez-Cordova Census Area are higher than Alaska, and significantly above the national benchmark. The rate did drop slightly from 2013 to 2014 in the Census Area which represents an improvement.



County Health Rankings, 2014

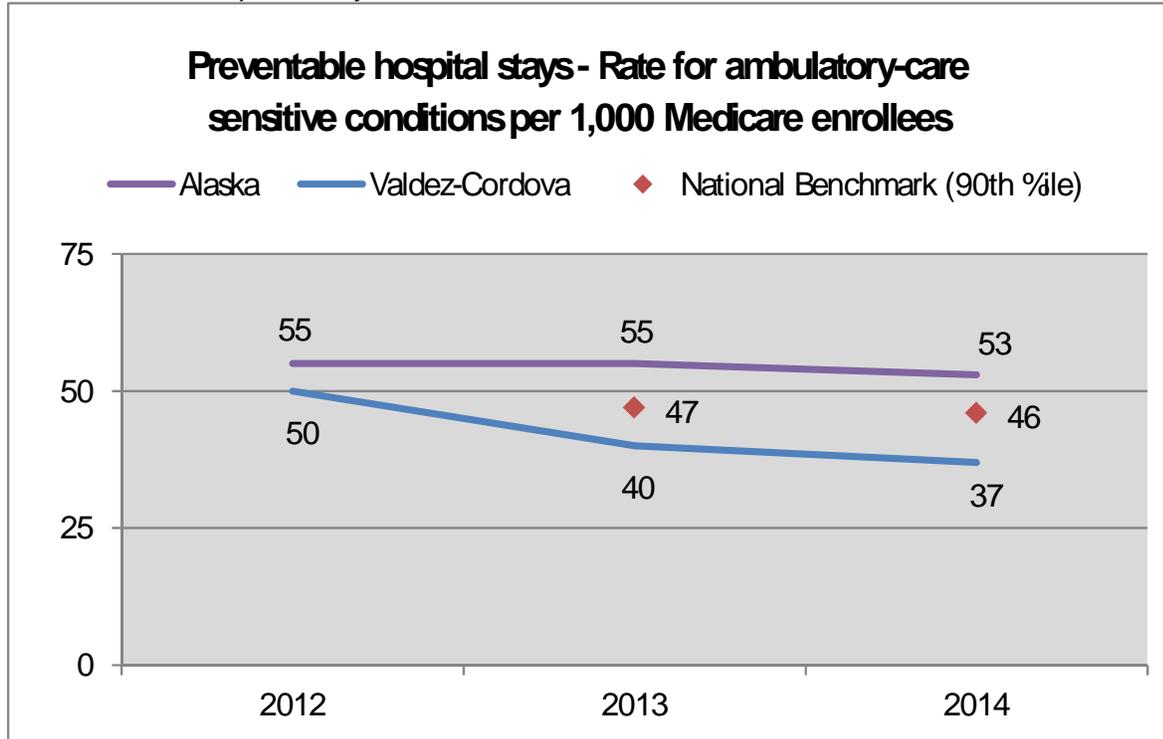
Adult Smoking

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 Valdez-Cordova Census Area has declined from 25% in 2013 to 23% in 2014. These rates remain above Alaska though, and significantly above the national benchmark rate of 14%.



County Health Rankings, 2013

Preventable Hospital Stays

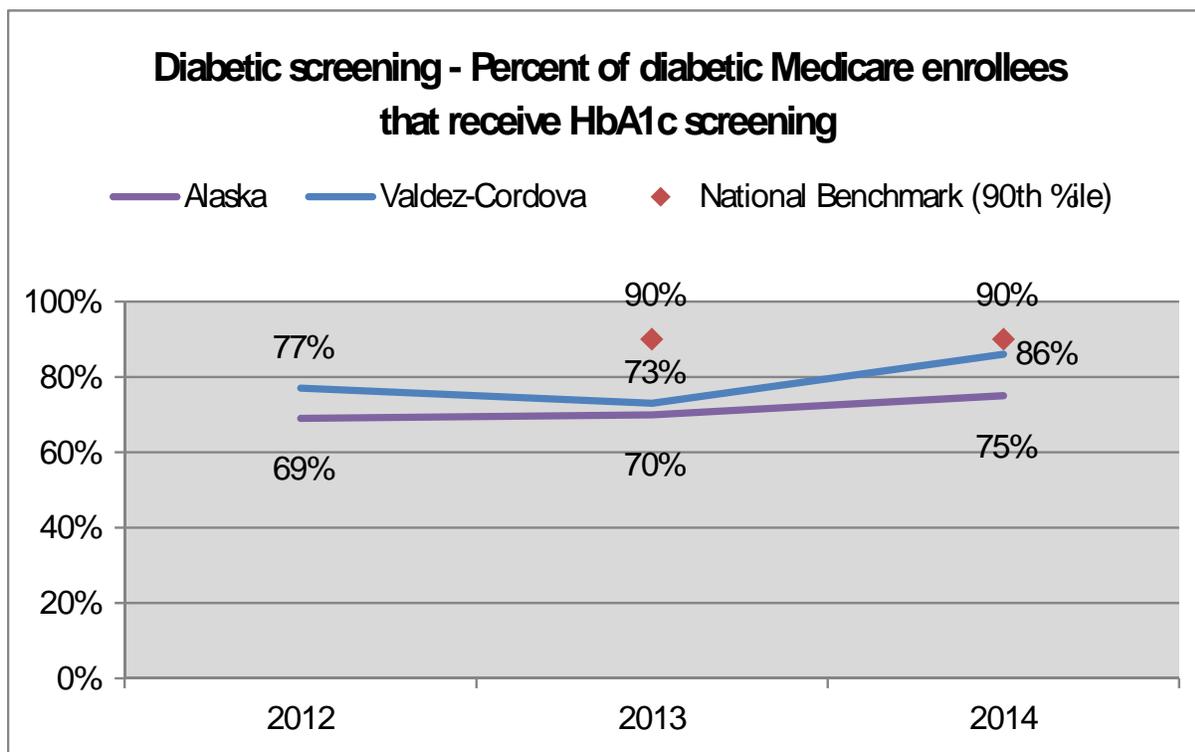


Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates in the Valdez-Cordova Census area have been dropping considerably over the past three years, and in 2014 remain significantly below both the national benchmark as well as Alaska.

County Health Rankings, 2014

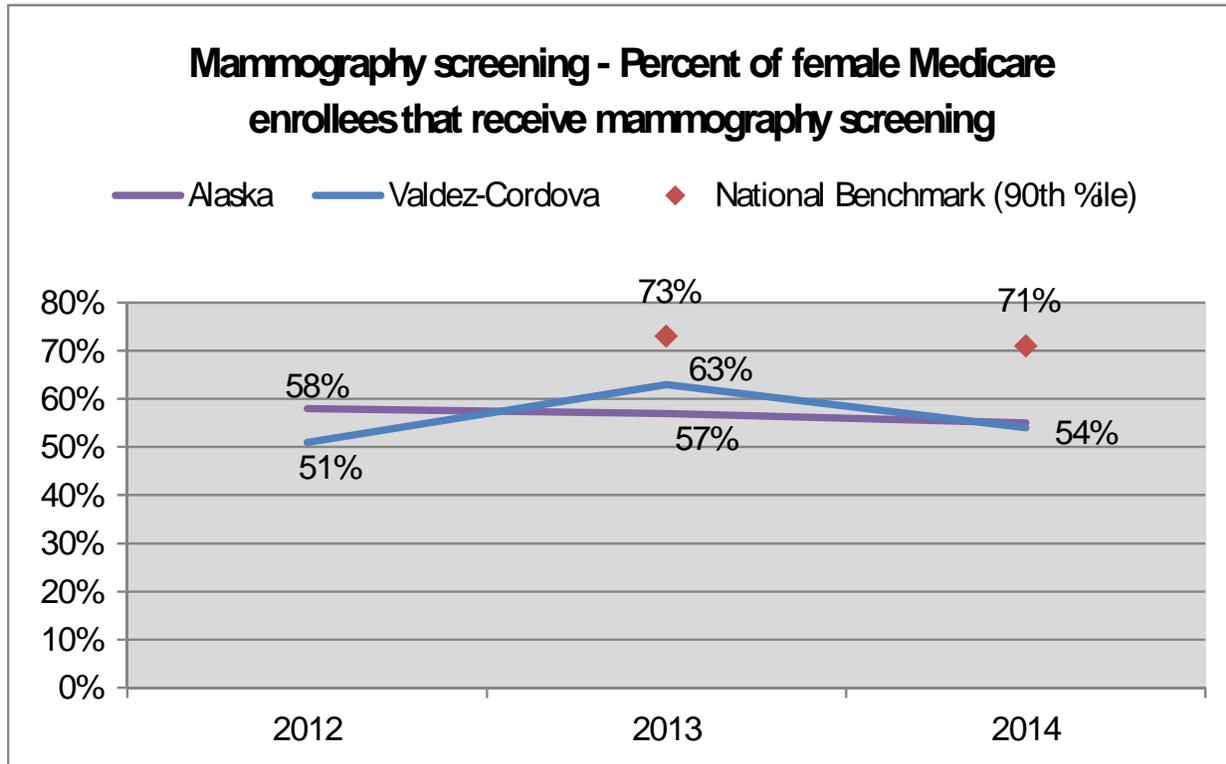
Screening

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 Valdez-Cordova Census Area have risen significantly in 2014, after a slight drop in 2013. This reflects a great advancement for the Census Area in terms of screening rates toward the national benchmark rate of 90%. Alaska rates also rose from 2013 to 2014 to 75% diabetic screening rates.



County Health Rankings, 2014

Mammography screening rates in the Valdez-Cordova Census Area have fluctuated over the past three years, with a significant drop in screening rates to 54% in 2014. This rate is similar to the Alaska screening rate which also dropped from 57% in 2013 to 54% in 2014. The national benchmark for screening rates are around 71%, well above the Census Area rates.



County Health Rankings, 2014

Appendix 5

Community Resource List

Valdez community health care needs are currently served by Providence Valdez Medical Center (PVMC), Valdez Medical Clinic, Valdez Public Health Center, and numerous other wellness, support, counseling and long-term care organizations.

Providence Valdez Medical Center

Hours: Emergency Room 24 hours/day, 7 days/week

Business Office: Monday to Friday, 8:00 AM to 5:00 PM

Phone: (907) 835-2249

Business Fax: (907) 834-1890

Confidential Fax: (907) 834-1885

Physical Address: 911 Meals Avenue, Valdez

Mailing Address: P.O. Box 550, Valdez, AK 99686

Website: www.providence.org/alaska/valdez

- 24-hour Emergency Services
- 11 acute care and 10 long-term care beds
- Obstetrical services, anesthesia, labor & delivery, post-partum care
- Laboratory - CLIA-certified
- Imaging services to include ultrasound, CAT scan, and bone densitometry
- Physical, Occupational and Speech Therapy
- Stress testing
- General medical care
- Endoscopy and minor surgical services
- Sleep disorder studies
- Specialty Physician Clinics

Providence Valdez Counseling Center

Hours: Monday to Friday 8:30 AM to 5:30 PM

Evening Group Sessions, and Local Emergency On-Call Staff

Phone: (907) 835-2838

Fax: (907) 835-5927

Physical Address: 911 Meals Avenue, Valdez

Mailing Address: P.O. Box 1050, Valdez, AK 99686

Website: <http://www.providence.org/alaska/valdez>

- Individual and Group Therapy
- Psychiatric Services & Medication Management
- Substance Abuse Prevention and Treatment
- Outpatient Counseling
- Domestic Violence Intervention & Treatment
- Anger Management
- Case Assessments and Referrals
- Case Management Services
- Prime for Life Youth Group
- Alcohol Drug Information School (ADIS)

- Supervised Visitation
- Parenting Classes
- Couples & Family Counseling
- 24 hour Emergency Services
- Crisis Intervention
- Behavioral Health Disaster Response
- Community Education and Outreach

Valdez Medical Clinic

Hours: Monday to Friday 8:00 AM to 5:00 PM / Closed 12:30-1:45 daily

Phone: (907) 835-4811

Fax: (907) 835-5162

Physical Address: 1001 Meals Avenue, Valdez (Adjacent to the hospital)

Mailing Address: P.O. Box 1829, Valdez, AK 99686

- Family practice clinic
- Medical treatment by appointment (preferred) or on walk-in basis during business hours
- Physicians provide emergency on-call service at the hospital
- Patient Referrals as appropriate

Valdez Public Health Center

Hours: Monday to Friday 8:00 AM to 4:30 PM

Phone: (907) 835-4612

Fax: (907) 835-2419

Physical Address: 1001 Meals Avenue, Valdez

Mailing Address: P.O. Box 950, Valdez, AK 99686

- Newborn baby visits and health checks
- Weight and height checks
- Infant and child nutritional information
- Nutritional screening and education, obesity and healthy lifestyle
- Breastfeeding information
- Well-child checks and developmental screenings
- Parenting concerns and information
- Childhood immunizations for children from birth to 18 years
- Infectious disease and tuberculosis screening and service
- Domestic violence and interpersonal violence screening and referral
- Vision screening for all ages
- Emergency Planning
- Family Planning Services or Women and Men:
- Pap Smears, breast screening and birth control
- Reproductive services
- STD Screening
- Services to children and adults sliding scale based on ability to pay

- No one will be refused services due to inability to pay
- All services available through in-community and office visits
- Referral services as needed

Connecting Ties, Inc.

Office Hours: Monday to Friday 8:00 AM to 5:00 PM

Phone: (907) 835-3274

Fax: (907) 835-3512

Toll free: 866-835-3275

Physical Address: 128 Chenega Street, Ste A, Valdez

Mailing Address: P.O. Box 2017, Valdez, AK 99686

Website: <http://www.connectingt看ies.org/>

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

Valdez Food Bank

Hours: Thursday, 3:00 PM to 4:30 PM prep and 4:00 PM to 6:00 PM distribution

Phone: (907) 835-3663

Physical Address: 278 Rich Hwy., Valdez

Mailing Address: P.O. Box 848, Valdez, AK 99686

Website: <http://www.foodbankofalaska.org>

Our mission is to assist people in need and lacking sufficient nutrition through regularly scheduled distribution of basic food items. Our clients are underemployed, on disability, unemployed, or experiencing circumstances beyond control. The Valdez Food Bank also provides other types of emergency assistance such as heating, electricity, dental services, medical prescriptions and treatment. Such assistance is awarded on a case by case basis by the board and requires evidence of actual dire need. This assistance is given in the absence of other available sources.

Valdez Senior Citizens Center

Hours: Monday to Friday 8:00 AM to 4:00 PM

Phone: (907) 835-5032

Fax: (907) 835-2518

Physical Address: 1300 E. Hanagita Place, Valdez

Mailing Address: P.O. Box 1635, Valdez, AK 99686

Website: <http://www.valdezsенiorcenter.org>

- Home delivered and congregate meals to seniors & adults with disabilities 7 days per week Noon to 1:00 PM

- Personal care Attendants & Medicaid Choice Waiver services to eligible adults
- Exercise programs, swim programs, activities, crafts, and transportation for individuals unable to drive

Sound Wellness Alliance Network (SWAN)

Varied Hours: Monday to Friday 8:00 AM to 1:00 PM

Phone: (907) 834-1807

Fax: (907) 834-1890

Physical Address: 911 Meals Avenue, Valdez

Mailing Address: P.O. Box 550, Valdez, AK 99686

Website: www.swanalaska.org

SWAN's mission is to promote health and wellness for all. In partnership with other local organizations our programming includes:

- Ski for Free – Free Nordic ski checkout
- Healthier You – A three month event engaging the community to make healthy positive change.
- Know Your Numbers – Providing Biometric Screenings at no cost
- Valdez Run Series – a series of 5K's and half-marathons throughout the summer months

Bodies in Balance

Phone: (907) 831-0884 or (907) 835-9114

Physical Address: 225 Harbor Dr., Valdez (next to Anadyr)

Mailing Address: P.O. Box 631, Valdez, AK 99686

Massage Therapy

Frontier Community Services

Hours: Monday to Friday 8:00 AM to 5:00 PM

Phone: (907) 835-4504

Fax: (907) 835-4527

Mailing Address: P.O. Box 1310, Valdez, AK 99686

Website: www.fcsonline.org



Frontier Community Services, nationally accredited through the Council on Accreditation (COA), provides independent living support to Adults with Physical and Developmental Disabilities (APDD), Children with Complex Medical Conditions (CCMC), Intellectual and Developmental Disabilities (IDD) and Alaskans Living Independently (ALI). The Home and Community Based waiver services we provide in Valdez are assisted living, respite care, nursing oversight, chore services, supported employment, day habilitation,

supported living, and care coordination. We are committed to providing the highest level of care for our consumers and will continue to expand our services to meet the needs of all the people living in this special community. Our aim is to provide choices to local residents in need of services to ensure their health, safety, and quality of life.

Valdez Hospital Auxiliary

Physical Address: 911 Meals Ave, Valdez

Mailing Address: P.O. Box 94, Valdez, AK 99686

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

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

Local Emergency Planning Committee (LEPC)

Office hours: 8:00 AM to 10:00 PM

Phone: (907) 834-3467 or 1-907-835-9119

Fax: (907) 834-3411

Mailing Address: P.O. Box 601, Valdez, AK 99686

Website: <http://www.valdezlepc.org/>

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

Arctic Chiropractic

Hours: Monday to Friday 9:00am to 1:00pm and 3:00pm to 6:00pm

Phone: (907) 835-8777

Fax: (907) 835-8702

Physical Address: 501 E. Bremner

Mailing Address: P. O. Box 1706, Valdez, AK 99686

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

* Now accepting Medicaid for patients under 21

Valdez Native Tribe

Phone: (907) 835-4951

Fax: (907) 835-5589

Physical Address: 750 Zurich Loop Road, Valdez

Mailing Address: P.O. Box 1108, Valdez, AK 99686

Village Pharmacy

Hours: Monday to Thursday 9:00 AM to 1:00 PM and 2:00 PM to 6:00 PM

Friday 9:00 AM to 1:00 PM and 2:00 PM to 7:00 PM

Saturday 10:00 AM to 12:00 PM

Phone: (907) 835-3737

Fax: (907) 835-5757

Physical Address: 109 E. Pioneer Dr., Valdez

Mailing Address: P.O. Box 248, Valdez, AK 99686

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

PWSCC Health & Fitness Center

Hours: Monday through Friday, 5:00 AM to 8:45 PM

Saturday and Sunday, 9:00 AM to 8:45 PM

Phone: (907) 834-1684

Fax: (907) 834-1691

Physical Address: 303 Lowe Street, Valdez, AK 99686

Mailing Address: P.O. Box 397, Valdez, AK 99686

Website: <http://www.pwscc.edu/health-fitness>

Full gym, including weight room, cardio floor, exercise classes, showers, and towel service.

Home of the Ski for Free program: Free access to Nordic ski equipment (skis, boots, poles), snowshoes, GPS units, headlamps, gaiters- membership not required for this access

Appendix 6

Providence Valdez Medical Center
Valdez, Alaska

Community Health Needs Assessment Executive
Summary and Implementation Plan

Completion Date	<ul style="list-style-type: none"> ▪ October 2014 (Board approved October 20, 2014)
Service Area/Region/Ministry	<ul style="list-style-type: none"> ▪ Providence Valdez Medical Center (PVMC) serves the Valdez community in the Alaska Region
Sponsor	<ul style="list-style-type: none"> ▪ Barbara Bigelow, 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 2014 Providence Valdez Medical Center (PVMC) initiated the process of conducting a community health needs assessment (CHNA) 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 550 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 Valdez community. ▪ The Valdez CHNA data was analyzed and grouped into 10 areas of need. The areas of need were reviewed by community members, agency leaders, public health representatives, providers, and community leaders (the advisory group). The group identified three of the ten issues as top community needs based on community impact, ability to affect the need and linkages to other community initiatives. ▪ PVMC 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 Valdez community. PVMC is the only hospital located in Valdez.
Targeted Subpopulations	<ul style="list-style-type: none"> ▪ The CHNA assessed the broad Valdez 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 Valdez community.

<p>Major Issues/Needs Identified Within the Community</p>	<p>1. Overweight/Lack of Physical Activity Roughly 2 out of 3 Valdez adults are either overweight or obese. The obesity rate for Valdez adults is over 3% greater than the rate for Alaskan adults as a whole. Being overweight or obese is directly linked to some of the most life-threatening conditions and diseases, such as diabetes, cancer, coronary heart disease, high blood pressure and stroke. This threat to the health and well being of Valdez residents is compounded by Valdez’s remoteness and climate. The remote location of Valdez makes fresh healthy foods costly and its rainy northern climate makes outdoor activity more challenging for during the dark and rainy season.</p> <p>2. Availability and Access to Primary Care Services Improved availability and access to primary care services were identified by the community as a significant issue. Nearly 50% of the survey respondents identified “Timely access to care in a physician clinic (appointment in a reasonable timeframe)” as one of the top 3 health care needs in Valdez. According to survey respondents and stakeholder interviews, access to primary care in Valdez has been challenged with issues of clinic through-put, maintaining sufficient physician-to-population ratios, physician recruitment and retention, appointments that are 2-3 weeks out and long wait times. Roughly 1 in 10 respondents indicated they use the emergency room as their main source of healthcare.</p> <p>3. Mental Health/Substance Abuse Poor mental health and the related issue of substance abuse were identified as problems in the Valdez community. Rainy climates and long dark winters are known to negatively impact mental health and are frequently associated with increased incidence of substance abuse. Roughly 1 in 7 Valdez adults report needing mental health services in the last 12 months. The same number of respondents report having felt so sad or hopeless almost every day for two weeks or more in the last 12 months that they stopped doing some usual activities. Roughly 1 in 20 Valdez adults report having thought about committing suicide (‘suicide ideation’) during the past 12 months. Drug and alcohol abuse are closely associated with mental illness and health. Roughly 1 in 20 Valdez residents report having engaged in binge drinking within the past 30 days.</p>
<p>Implementation Plan (How Providence is Addressing the Major Issues/Needs (projects/programs – Implementation Strategy))</p>	<p>1. Overweight/Lack of Physical Activity</p> <ul style="list-style-type: none"> • Increase support for Sound Wellness Alliance Network coordination and planning by adopting the Collective Impact Framework of community change. Providence Valdez Medical Center along with support from the Providence Health and Services Alaska (PHSA) region will serve as a fundamental “backbone” element in the coordination of community collaboration surrounding the effort to address overweight and lack of physical activity in Valdez. <p>2. Availability and Access to Primary Care Services</p> <ul style="list-style-type: none"> • Collaborate with Valdez Medical Clinic to explore and establish a primary care delivery model that will address primary care access, wait times and scheduling problems and reduce inappropriate emergency department utilization. <p>3. Mental Health/Substance Abuse</p> <ul style="list-style-type: none"> • Identify tele-psyche initiatives that may help expand access to needed mental health and substance abuse services. • Implement a ‘well-being’ plan to address the mental health needs of the mental health services providers to reduce burnout and turnover and review industry pay scale to determine if PVMC pay is sufficiently competitive to attract and retain qualified mental health service providers.

	<ul style="list-style-type: none"> • Engage in more aggressive community outreach and education surrounding mental health issues, awareness, and available services. • Collaborate with school counseling program to better address mental health needs of the children of Valdez
Why Providence Selected These Projects/Programs/ Collaborations	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, PVMC chose strategies that involved collaboration with other key community stakeholders to address needs identified in the Valdez needs assessment.
How Others in the Community Are Addressing the Major Issues/Needs	<ol style="list-style-type: none"> 1. Overweight/Lack of Physical Activity <ul style="list-style-type: none"> • Sound Wellness Alliance Network (SWAN) coordinates a number of programs aimed at getting Valdez residents to work to improve their health and engage in physical activity (i.e. Ski For Free, Healthier You, Know Your Numbers Campaign, Run Series, Valdez Library Health Books and Hike Alaska’s Wild Kountry). • The City of Valdez Parks and Recreation continues to offer a wide variety of opportunities for physical activity in Valdez and is an active partner with SWAN. 2. Availability and Access to Primary Care Services <ul style="list-style-type: none"> • Valdez Medical Clinic works to attract and retain primary care physicians to meet community need. 3. Mental Health/Substance Abuse <ul style="list-style-type: none"> • Valdez Schools counseling program for school age children. • Alcoholics’ Anonymous group offered 7 days a week.
Major Issues/Needs that Are Not Addressed by Providence or Others in the Community	PVMC’s implementation plan includes elements that address all three of the top health priorities identified by the Valdez CHNA advisory group and the CHNA.
Goals and Objectives of the Community Benefit Plan	<ol style="list-style-type: none"> 1. Overweight/Lack of Physical Activity <ul style="list-style-type: none"> • Increased prevalence of Valdez residents reporting their health as ‘good’ or ‘excellent’. • Decreased prevalence of overweight and obesity in Valdez. 2. Availability and Access to Primary Care Services <ul style="list-style-type: none"> • Increase access to primary care services by reducing wait times and time to scheduled appointment. • Reduced prevalence of people reporting using the emergency room as their primary form of health care. 3. Mental Health/Substance Abuse <ul style="list-style-type: none"> • Maintain consistency in qualified mental health service providers to meet community need. • Increased awareness of symptoms of mental health issues and of service available in Valdez. • Improved mental health indicators for Valdez residents

Attachment I: Providence and Community Advisory Group

Valdez CHNA Advisory Group Member	Position- Community Role/Organization
Barbara Bigelow	Administrator/ PVMC – PVMC HAC – SWAN core team member
Joshua Buffington	Tech Medic- Emergency Response/Doyon Universal Services – PVMC HAC member
John Cullen, MD	Physician-Chief of Staff/PVMC- Partner Physician/Valdez Medical Clinic – PVMC HAC member
Dave Dengel	CEO/Copper Valley Telecom – PVMC HAC member
Pauline Doucet	Assistant Administrator-Director of Clinical Services/PVMC
Tina Fifarek	Human Resources/City of Valdez – SWAN core team member
Hope Finley	SWAN Coordinator/PVMC - SWAN core team member
Marianne Freebury	Registered Nurse-Sr. Clinical Analyst/ PVMC HAC member - SWAN core team member
Joan Heikens	Care Coordinator/State of Alaska
Jenny Heckathorn	Gym Teacher/ Valdez City Schools - SWAN core team member
Joe Kuchin	Operations Manager/ Alyeska Pipeline - SWAN core team member
Val Hiebert	Facility Coordinator/ Conoco Phillips
Ruthie Knight	Teacher/ Valdez City Schools – City Council Member/City of Valdez – PVMC HAC member
Jeremy O’Neil	Director/Providence PVCC - PVMC HAC member
Nancy Lethcoe	PVMC HAC member and Valdez Food Bank Volunteer
Sarah Pullen	Public Health Nurse/State of Alaska
Mo Radotich	Ancillary Services Director/PVMC - SWAN core team member
Cindy Rymer	Public Works/City of Valdez - PVMC HAC member
Pam Shirrell	Retired Public Health Nurse/State of Alaska
Darryl Verfaillie	Parks and Recreation Director/City of Valdez - - SWAN core team member
Todd Wegner	Assistant City Manager/ City of Valdez – PVMC HAC member

HAC = Health Advisory Council

SWAN = Sound Wellness Alliance Network

PVMC = Providence Valdez Medical Center

PVCC = Providence Valdez Counseling Center